

Non Verbal Communication In Paediatric Dental Practice: A Study Of Children's Preferences For Dentists' Attire And Appearance

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Abstract

Objective: To evaluate the preferences for dentists' attire and appearance among children visiting a paediatric dental clinic

Methods: A questionnaire was used to obtain information on socio-demographic status of children and their preferences for different types of attire and general appearance of consulting dentists at the pediatric dental clinic of a tertiary health institution. Further information was elicited based on photographs presented to participants showing male and female dentists' with different attires and personal protective wears. Retrieved questionnaires were scrutinized for completeness and adequacy of responses and those found with unacceptable rate of missing data were excluded. Data obtained were analyzed with SPSS 20.0 and statistical significance set at $p \leq 0.05$.

Results: Questionnaires from 159 children; 85 (53.5%) males and 74 (46.5%) females with a mean age of $10.34(\pm 3.28)$ years were accepted and assessed. One hundred and eight (67.9%) had previous dental history of which 90 (83.3%) had symptomatic visits. Majority of participants, irrespective of gender, (57%) preferred female dentists' to male dentists' ($p=0.000$). One hundred and fifty four (96.9%) children like to have their dentists' wear a name tag. Eighty one (50.9%) prefer a dentist in all protective wears (i.e. a coat, face mask and protective glasses) while 124 (78%) prefer the conventional white coat. Most of the children do not like their female dentists wearing big earrings or use artificial fingernail or nail polish or their male dentists wearing dreadlocks, afro hairstyle or carrying full beards. Participants' preferences were not significantly influenced by previous dental visits or experiences ($P>0.05$)

Conclusion: Dentists' appearance matter to most participants and conventional use of white coat was most preferred. Past dental visits did not influence participants' preferences.

Keywords: Non verbal communication, dentist attire, nametags, protective equipment, dentist appearance.

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I. Introduction

Communication is essential for good doctor-patient relationship. Though language is the foundation of communication, the attire and general physical appearance; such as the hairstyle, facial expression, gesture and posture are important in non verbal communication^[1] especially at the first contact.^[2] This is because opinions and impressions are formed within a short period even before words are expressed.^[3] Non verbal communication has been reported to build relationships^[4] and when verbal and nonverbal communication are used in the same situation, patients tend to stick more with messages passed non verbally.^[1]

Organizational attire comprises the clothing and artifacts (such as name tag, jewelry etc) that employees wear while at work.^[3] Certain professions are readily identified by their attire of which the medical profession is one of such. Dressing style of the doctor inspires confidence and could improve compliance of the child patient with subsequent visits.^[5] The appearance of the doctor should communicate the focus of management, which is comfort, trust and safety which every patient needs.

Therefore, as part of patient care, the prevention of cross infection is paramount and dentists are required to don primary personal protection equipment (PPE) and appropriate clothing such as clinic /ward coat, hand gloves, protective eye shields/glasses and face masks in oral health-care setting. However, the appearance of the white protective coat may provoke fear/anxiety in some children who are previously sensitized and have associated such with a discomfoting experience.^[6] Hence, alternative coloured wears have been recommended and used especially by health personnel who deal with children.^[7,8] However, several studies have shown that the traditional white coat is still preferred by most patients.^[9-14] Zeren et al^[15] reported that though white coat

was generally preferred among older children, those that were anxious or had negative experiences in previous visits preferred coloured coats.

Apart from their professional dressing, dentists' personal grooming may affect patients. Basic grooming for both male and female dentists such as manicured short nails with no attachments/extendors. Painted nails are discouraged, since long nails and cracked painted nails have been shown to harbor microorganisms.^[16,17] Others have also encouraged a well trimmed hair and beard, or clean shaven chin,^[18] while the females are expected to keep their hair packed away from the faces and shoulders,^[19] and use small stud earrings.^[20] It has been reported that more microorganisms are found under jewelries than other exposed skin surfaces, and hand hygiene is compromised by the presence of these hand and wrist jewelries. Hence the recommendation that no jewelry should be used below the elbow when attending to patients.^[17,20,21]

Though there are many reports^[9-14] on preferences of children concerning their dentists' attire globally, there are hardly documented reports in Nigerian children. Hence, the objective of this study was to investigate the preferences of a cross section of Nigerian children population towards their dentists' attires and appearances and to determine the influence of previous clinical/dental exposure on their preferences.

II. Methods

The study was carried out among children aged between 6 and 16 years who visited the paediatric dental clinic of a tertiary health institution in Nigeria. A purposely designed questionnaire was used as the study instrument. The questionnaire was either self completed by participants or interviewer assisted for those who required help for better comprehension. It has three parts: The first part elicited information on child's demography; the sex, age as at last birthday, parent's educational level. The second part recorded information related to previous dental visits, type of treatment done, gender of dentist consulted, experience during the visit, and attire of the dentist. The third part elicited participant's preferences in terms of dentist's gender, attire and general appearances. This include, type of coat, use of name tags, infection control measures (i.e. personal protective equipment/clothing) and dentist's personal grooming such as hair styles, finger nails (length and colour) and use of perfumes etc. This section also included a display of standard photographs of dentists/doctors (Appendices I and II) in different types of attire and appearances whereby participants were requested to indicate their personal preferences. Appendix I showed male and female persons putting on; A- Protective Glasses with coat and gloves, B- face mask, gloves and coat, C- gloves, coat, mask and protective glasses and D- No mask Or glasses. While Appendix II showed persons wearing the white coat and coloured scrubs bare below the elbows (BBE)].

The data obtained were first entered into a spreadsheet, then into a software - version 23.0 of the statistical package of social sciences (SPSS) Illinois Chicago was used. Frequency and proportion tables were generated and associations between variables were carried out using Pearson Chi square and Fishers exact test with statistical level of significance placed at ≤ 0.05 .

Ethical consideration

Ethical approval was obtained from the ethical committee of the institution. Informed consent was obtained from the accompanying persons; parents. Assents were obtained from the children. The persons whose photographs were used gave their consent for use of their photographs in any publication, news releases, online and in any communication.

III. Results

One hundred and fifty nine (83.3%) of the 180 questionnaires were assessed, comprising 85 (53.5%) males and 74 (46.5%) females. They had a mean age of 10.34(\pm 3.28) years. One hundred and forty (88.1%) children had treatments during the visit of which 33 (23.6%) were orthodontic procedures. One hundred and eight (67.9%) had a previous dental history of which 18 (16.7%) came for routine checkups while 90 (83.3%) presented with symptoms.

Personal Protective (clothing) Equipment (PPE)

All the children believed their dentists should wear protective coat and surgical gloves at the minimum while 141 (88.7%) and 99 (62.3%) respectively prefer dentists that used face masks and protective glasses in addition. One hundred and twenty four (78%) children preferred dentists on white coats to those donning coloured child-friendly scrubs; there was no statistically significant ($p=0.70$) gender difference for this preference. Overall, 81 (50.9%) children preferred dentists who are completely kitted with surgical face masks, ward coats/scrubs, gloves and protective glasses.

Dentists' grooming and general appearances

Ninety five (84.8%) children liked their dentists to wear perfumes, majorly because of the fresh and nice fragrance. One hundred and thirty three (83.7%) and 109 (68.6%) children didn't like their female dentists wearing big/dangling earrings and artificial nails/nail polish, respectively. When they were asked about the hair styles of the male dentists, 138 (86.8%) and 99 (62.3%) children respectively will not accept treatment by a male dentist with dreadlocks or afro (shaggy) hairdo. One hundred and twenty nine (81.1%) are averse to male dentists wearing beards.

Relationship between Patient's gender and disposition to dentists' attire and appearance

One hundred children felt that attire and general appearance are important determinants of their choice of preferred dentist. Generally, the majority (57%) preferred female dentists and this choice is more significant among female participants ($p=0.000$) Also the majority [154 (96.9%)] irrespective of their gender would prefer that their dentists wear a name tag.

Figure 1 shows preferences for the use of PPE according to participants' gender; no statistical significant difference was observed ($p=0.72$). In addition, most of the children did not want female dentists with big earrings or artificial or polished fingernails. Likewise, they would not accept a male dentist with dreadlocks, afro or beards, also, no gender difference was associated with this disposition. (Details in Figure 2)

Effect of dentists' appearances on patient's preference and ability to cooperate

There were no statistically significant differences between types of procedures undertaken by children and their preferences towards dentist's attire/appearance. (Depicted in Table 1) Forty three (38.7%) children believe dentist's attire will affect their ability to co-operate during treatment procedures, this number is not statistically significant ($p=0.48$).

Children's preferences of the dentists' attire and appearance according to dental visits

There were no statistical significant differences between the children's with past dental visits and those having the first visit in terms of their preferences (Table 2). Similarly among those with past visits, reasons for the previous visits (i.e. routine check-up or symptoms prompted) made no difference to participants' preferences (Table 3).

IV. Discussion

Effective relationship requires good communication and in (oral) healthcare delivery this is very important especially for anxious patients who have fear for equipments and surgical instruments. Communication could be both verbal and non verbal. Though communication involves speaking and listening, there is an aspect that is non vocal which plays a significant part in the successful management of a child dental patient.^[4,22] This includes design of the clinic environment and the appearance and disposition of the care giver's team; especially of the dentist.

It is generally expected that female dentists will be better and more acceptable to children than their male counterparts. This expectation was confirmed in this present study, where the female dentists were more preferred by patients. It has been reported in several studies^[22-24] that female health practitioners have more empathy, warmth and genuineness towards their patients, this may be the reason for the majority preference. However, this finding differed from the report of Mistry and Tahmassebi^[10] and AlSarheed^[9], where the children preferred dentists of the same gender as themselves.

It has been reported that certain attires give expression to the profession. It was observed in this study that 50% of the subjects would want their dentists to put on the full complement of the Personal Protective Equipment (Wears). Though white coat syndrome has been reported among certain individuals, but there are contrary reports to this where the preference of patients was the traditional white coat.^[9-14] Despite the fact that coloured scrubs appear and are said to be more child friendly, in this present study, the majority (78%) preferred their dentists to put on white coat, because of the image of professionalism it portrays. This present study corroborates what has been reported by other studies.^[9-14]

In this study the subjects who wanted their dentists to wear surgical masks were more than those that preferred protective glasses, this could be because the subjects are not aware that there could be transmission of infective diseases via the mucosa of the eyes.^[10,11] Also, there may be less eye contacts when dentists use protective glasses as reported by Byrne and Heath.^[10,11] Furthermore, the protective glasses may appear scary to the children.^[9,11,22] Therefore, the purpose of the protective glasses as protective devices and other protective equipment may need to be explained to the children.

Being able to communicate with the health service provider is of utmost importance and no wonder a great majority wanted their dentists wearing a name tag or badge. Name tags help in identification and communication, thus enhancing rapport. Name tags are part of employees dressing, they were referred to as

artifacts of organizational attire.^[3] It is expected that people with name tags or badges would provide better services because they can be held accountable. The ability of one knowing who is treating them further strengthens children's confidence, which is of utmost importance in successful patient management.

It was observed that the general appearance of the dentists mattered to the children. A good majority wanted their dentist well groomed and to smell nice, which corroborated other reports.^[9,16-21] The smell of hospitals and its effect on the behavior of patients have been reported in earlier studies. Scents have been reported^[25] "to stimulate the limbic system, the part of the brain responsible for emotional responses." The pleasant scent from a dentist would affect the atmosphere around the patient and will further enhance the ability of a child to cooperate since it has a relaxing effect. Furthermore this endears the dentist to the child patient. The importance of a well groomed dentist who symbolizes warmth, confidence and competence can therefore not be over emphasized.^[3,19,20]

V. Conclusion

Children, in this study, want their doctors protected and preferred being managed by well groomed dentists. Though recently, dentists have been seen to wear coats of other colours especially those treating children, the traditional white coat is still preferred by the majority. The appearance of the dentist matters to most children. The male and female children preferred female dentists over the males. Past dental (visit) history had no influence in their preferences, as well as the type of treatment (orthodontic or other treatment). However no significant association existed between dentists' appearance and compliance of patients to treatment.

VI. Recommendation

For effective patient management, communication is very important. This communication can be done non-verbally by body language, appearance and attire. Based on the observations in this study, we recommend that to improve efficiency and rapport, the dentist should be well groomed and properly (professionally) dressed while attending to patients.

References

- [1]. Silverman J, Kinnersley P. Doctors 'non-verbal behaviour in consultations: look at the patient before you look at the computer. *Br J Gen Pract.* 2010; 60: 76–78
- [2]. Bixler S, Scherrer Dugan L. 5 steps to professional presence: How to project confidence, competence, and credibility at work. Avon, MA: Adams Media Corporation; 2000
- [3]. Furnham A, Chan PS, Wilson E. What to wear? The influence of attire on the perceived professionalism of dentists and lawyers. *J Appl Soc Psychol.* 2013; 43: 1838–1850.
- [4]. Brosky ME, Keefer OA, Hodges JS, Pesun JJ, Cook G. Patient perceptions of professionalism in dentistry. *J Dent Educ* 2003; 67: 909-915.
- [5]. Goyal E, Goyal E. Dress Code for Students in Dental Colleges. *JAMMR*, 22: 1-3, 2017; Article no.JAMMR.34771
- [6]. Asokan A, Kambalimath H, Patil R, Maran S, Bharath KP. A survey of the dentist attire and gender preferences in dentally anxious children. *J Indian Soc Pedod Prev Dent* 2016; 34. 30. 10.4103/0970-4388.175507.
- [7]. Jurko A Jr, Minarik M, Jurko T, Tonhajzerova I. White coat hypertension in pediatrics. *Ital J Pediatr.* 2016; 42: 4
- [8]. Babaji P, & Chauhan P, Churasia V, Kaur T, Singh, S, Augustine M. A cross-sectional evaluation of children preference for dentist attire and syringe type in reduction of dental anxiety. *Dent Res J* 2018; 15. 391. 10.4103/1735-3327.245228.
- [9]. AlSarheed M. Children's Perception of Their Dentists. *Eur J Dent* 2011; 5: 186–190
- [10]. Mistry D, Tahmassebi JT. Short communication: Children's and parent's attitude towards dentists' attire. *Eur Arch Paediatr Dent* 2009; 10:237-240
- [11]. McKenna G, Lillywhite GR, Maini N. Patient preferences for dental clinical attire: a cross-sectional survey in a dental hospital. *Br Dent J.* 2007; 22:203(12):681-5.
- [12]. Almutairi MA, Al-Essa NA. Children and parent's preferences of dentists' attire in pediatric dental practice. *Pak Oral Dent J* 2016; 36:417-420
- [13]. Santosh Babu PT. Preferences of dentists attire among children. *Int J Prev Clin Dent Res* 2016; 3:258-260
- [14]. Haridas OP, Patil SR, Gopal S V, Susanthi R, Kongkana K, Rai V, Nayyar AS. Children's preferences for different kinds of dental attires: The concept of psychological modulation of children's behavior by different kinds of attires in dental clinics. *Int J Pedod Rehabil* 2018;3:53-58
- [15]. Zeren AE, Oktem ZB, Can I, Bezgin T, Ozalp N. What to wear when practicing on pediatric dental patients? *J Pediatr Dent* 2016; 4:37-41
- [16]. Rathore MH, Jackson MA, AAP Committee on infectious diseases. Infection Prevention and Control in Pediatric Ambulatory Settings. *Pediatrics.* 2017;140(5):e20172857
- [17]. Cimon K, Featherstone R. Jewelry and Nail Polish Worn by Health Care Workers and the Risk of Infection Transmission: A Review of Clinical Evidence and Guidelines Ottawa CADTH; 2017 Mar
- [18]. Menahem S, Shvartzman P. Is our appearance important to our patients? *Fam Pract.* 1998;15:391-7
- [19]. Hurley J. Professional Attire Guidelines for the Dental Office. http://www.dentistryimageexpert.com/pdf/JaniceHurley_OfficeGuidelines_Jan2016.pdf accessed 01/05/19
- [20]. Bathula AVB. What should doctors wear?
- [21]. *BMJ* 2008; 337: a938
- [22]. Kohn WG, Collins AS, Cleveland JL, Harte JA, Eklund KJ, Malvitz DM. Guidelines for Infection Control in Dental Health-Care Settings --- 2003. Accessed <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm> accessed 11 /05/19
- [23]. Ravikumar D, Gurunathan D, Karthikeyan S, EMG Subbramanian EMG, Samuel VA. Age and Environment Determined Children's Preference Towards Dentist Attire - A Cross - Sectional Study. *J Clin Diagn Res* 2016; 10:

- [24]. Strauss C. Is Empathy Gendered and, If So, Why? An Approach from Feminist Psychological Anthropology. *Journal of the society of psychological anthropology*. 2004; 32: 432-457
- [25]. Howick J, Steinkopf L, Ulyte A, Roberts N, Meissner k. How empathic is your healthcare practitioner? A systematic review and meta-analysis of patient surveys. *BMC Medical Education BMC series – 2017; 17:136*. <https://doi.org/10.1186/s12909-017-0967-3>
- [26]. Naja M, Brée J, Zaichkowsky J. The Use of Ambient Scent to Improve Children's Hospital Experience. *Journal of Marketing Trends* 2012; 1: 77-84.

TABLES

Table 1: Children's Preferences towards dentists' attire and appearance according to the treatment procedure

	Restorative, preventive and minor surgical procedures	Orthodontics n (%)	Total n (%)	p value
Preference of doctor's sex				
Males	29 (29)	8 (24.2)	37(27.8)	
Females	57 (57)	21 (63.6)	78 (58.6)	
Indifference	14 (14)	4 (12.1)	18 (13.5)	p=0.80
Name tag of dentist				
Yes	105 (98.1)	30 (90.9)	135 (96.4)	
No	2 (1.9)	3 (9.1)	5 (3.6)	p=0.05*
Type of doctors' coat				
White	83 (79.8)	22 (66.7)	105 (76.6)	
Coloured	21 (20.2)	11 (33.3)	32 (23.4)	p=0.27
*PPE				
Mask, Coat, Gloves	41 (38.3)	10 (30.3)	51 (36.4)	
Coat, Gloves, Glasses	12 (11.2)	5 (15.2)	17 (12.1)	
Mask,Coat,Gloves,Glasses	54 (50.5)	18 (54.5)	72 (51.4)	p=81
Female doctors wearing big ear rings				
Yes	12 (11.8)	8 (25.0)	20 (15.0)	
No	90 (88.3)	24 (75.0)	114 (85.0)	p=0.17
Female doctors with artificial nail/varnish				
Yes	31 (30.4)	11 (33.3)	42 (31.1)	
No	71 (69.6)	22 (66.7)	93 (68.9)	p=0.65
Male doctors with dreadlocks				
Yes	12 (11.3)	5 (15.2)	17 (12.2)	
No	94 (88.7)	28 (84.8)	122 (87.8)	p=0.73
Male doctors with afro (shaggy) hair				
Yes	38 (36.2)	12 (36.4)	50 (36.2)	
No	67 (63.8)	21 (63.6)	88 (63.8)	p=0.73
Male doctors with beards				
Yes	15 (18.3)	5 (26.3)	20 (19.8)	
No	61 (74.4)	13 (68.4)	74 (73.3)	
Indifferent	6 (7.3)	1 (5.3)	7 (6.9)	p=0.72
Reaction to perfume use				
Yes	88 (83.0)	28 (84.8)	116 (83.5)	
No	18 (17.0)	5 (15.2)	23 (16.5)	p=0.81

* $p \leq 0.05$ statistically significant

Table 2: Children's preferences towards dentists' attire and appearance according to previous dental visits

	Previous dental visit	First timer	
Gender of Doctor			
Males	30 (28.8)	14 (29.8)	
Females	64 (61.5)	22 (46.8)	
Indifferent	10 (9.6)	11 (23.4)	P=0.06
Name tag on doctor			
Yes	104 (97.2)	50 (96.2)	
No	3 (2.8)	2 (3.8)	P=0.72
Colour of coat			
White	78 (74.3)	43 (84.3)	

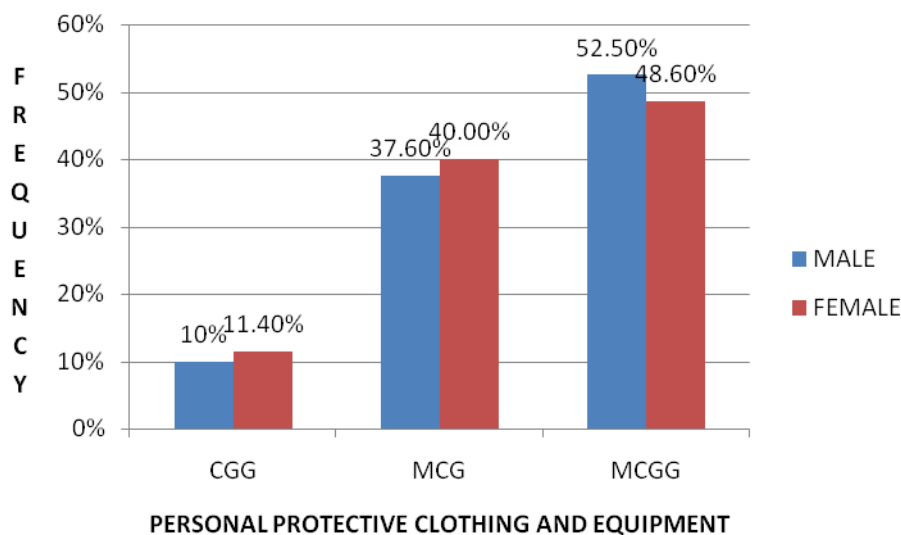
Coloured	25 (23.8)	7 (13.7)	P=0.34
Indifferent	2 (1.9)	1 (2.0)	
PPE			P=0.89
Mask, Coat, Gloves	42 (39.3)	18 (34.6)	
Coat, Gloves, Glasses	12 (11.2)	6 (11.5)	
Mask,Coat,Gloves,Glasses	53 (49.5)	28 (53.8)	
Female earrings			P=0.80
Yes	17 (16.7)	7 (13.7)	
No	84 (82.4)	43 (84.3)	
Indifference	1 (1.0)	1 (2.0)	
Female doctors' with nail/varnish			P=0.97
Yes	32 (31.4)	15 (29.4)	
No	70 (68.7)	36 (70.6)	
Male doctors wearing dreadlocks			P=0.11
Yes	14 (13.2)	5 (9.8)	
No	92 (86.8)	46 (90.2)	
Male doctors with afro hair			P=0.44
Yes	39 (36.8)	18 (35.3)	
No	67 (63.2)	33 (64.7)	
Male doctors with beards			P=0.89
Yes	15 (20.8)	7 (19.5)	
No	57 (79.2)	34 (82.9)	
Dentists use of perfume			P=0.21
Yes	92 (86.8)	41 (78.8)	
No	14 (13.2)	11 (21.1)	

Table 3: Children's preferences in dentists' attire and appearance according to the type of previous dental visits

Children's preferences	Routine checkup	Symptomatic visit	
Gender of Doctor			p=0.31
Males	6 (33.3)	24 (27.6)	
Females	12 (66.7)	53 (60.9)	
Indifferent	0	10 (11.5)	
Use of Name tag by doctor			p=0.65
Yes	17 (94.4)	87 (96.7)	
No	1 (5.6)	3 (3.3)	
Colour of doctors' coat			p=0.48
White	12 (66.7)	67 (76.1)	
Coloured	6 (33.3)	19 (21.6)	
Indifferent	0	2 (2.3)	
PPE			p=0.96
Mask, Coat, Gloves	8 (44.4)	34 (37.8)	
Coat, Gloves, Glasses	2 (11.1)	11 (12.2)	
Mask,Coat,Gloves,Glasses	8 (44.4)	45 (50.0)	
Female doctors with big earrings			p=0.71
Yes	2 (11.8)	16 (18.6)	
No	15 (88.2)	69 (80.2)	
Indifference	0	1 (1.2)	
Female doctors with nail/varnish			p=0.80
Yes	6 (33.3)	26 (30.6)	
No	12 (66.7)	59 (69.4)	
Male doctors wearing dreadlocks			p=0.30
Yes	1 (5.6)	13 (14.5)	
No	17 (94.4)	76 (85.4)	
Males with afro (shaggy) hair			P=0.89
Yes	7 (38.9)	32 (36.0)	
No	11 (61.1)	57 (64.0)	

Males with beards	Yes	3 (23.1)	12 (20.3)	P=0.97
	No	10 (76.9)	47 (79.7)	
Dentists use of perfume	Yes	18 (100.0)	75 (84.3)	P=0.07
	No	0	14 (15.7)	

FIGURES



p=0.72

CGG: COAT GLOVES, GLASSES
MCG: MASK, COAT, GLOVES
MCGG: MASK, COAT GLOVES GLASSES

Figure 1: Children's preferences of dentists' personal protective equipment/clothing according to gender

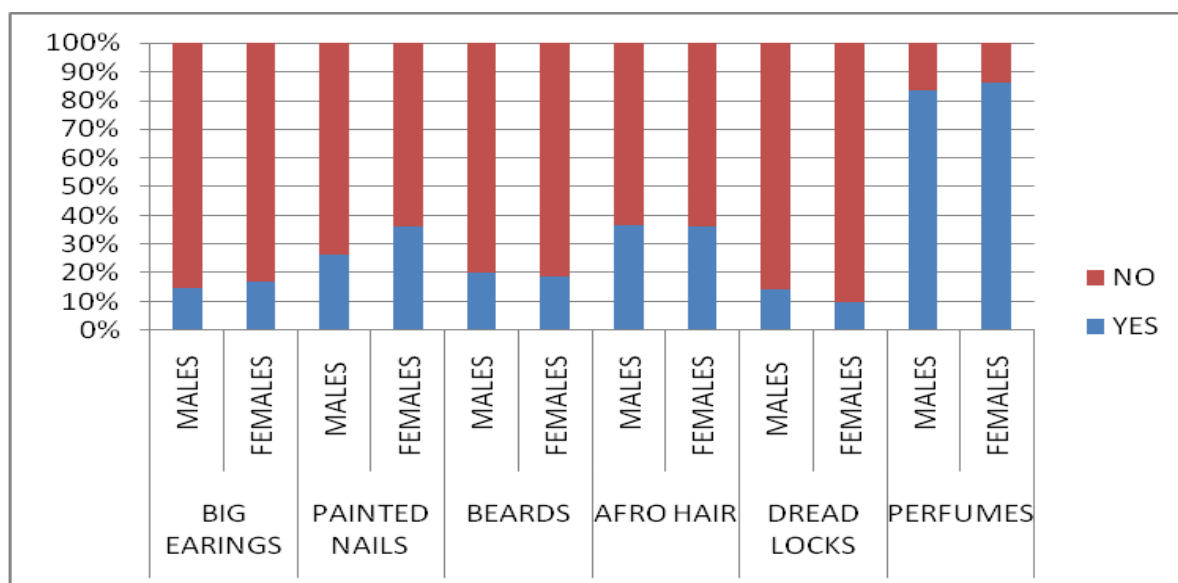


Figure 2: Relationship between Patient's gender and disposition to dentists' appearance

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