

*Original Research Article*

# Effect of Dentists' Attire on Patient Preferences for Treatment and Diagnosis in Urban Settings of Karachi, Pakistan

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## Abstract

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A practitioner's attire can influence patients' confidence and trust in a dentist – it lays the foundation for the physician-patient relationship. This study aimed to understand the effect of a dentist's attire on patient's preferences for diagnosis and treatment in the urban settings of Karachi, Pakistan. 450 participants were provided with an interview-based questionnaire designed to evaluate patients' inclination towards choosing a dental practitioner for diagnosis and treatment after reviewing 2 sets of 6 pictures of a male and female dentist – all the pictures were the same except for the dentists' attire. The attire choices ranged from professional, surgical, traditional, western, religious, and casual. As per the results, 47.6% of the participants preferred a professionally dressed dentist (white coat) for their diagnosis, while there was an almost equal predilection for surgical scrubs (40.6%) and professional attire (39.7%) for treatment purposes. Overall, casual dressing was the least preferred option. Furthermore, for gender preference, males and females preferred practitioners from their own genders. Hence, it was concluded that the popularity of a professional white coat and surgical scrubs reflected the patients' opinions and preferences and have an important implication for setting dress codes in different healthcare settings.

**Keywords:** Dentist, Dentist Attire, Diagnosis, Patient Preference, Treatment

## INTRODUCTION

Many factors influence healthcare seeking behaviors. Such factors can act as inhibitors or facilitators, depending on their nature. The interplay of such aspects can determine a patient's satisfaction level with the services given and can affect their perceptions related to the type of care provided (Rocio-Belen et al., 2016). One such factor is the patient-physician relationship, which the foundation for all patient care. A positive relationship between a provider and a patient rests on mutual trust and respect (Petrilli et al., 2015).

The foundation of a relationship and the perception of a person begin to develop even before words are exchanged. In the first 12 seconds of an interaction, a person's clothes play a huge role in influencing an individual's perceived capability, poise, and integrity (Furnham et al., 2013). Thus, how a doctor dresses may

be an important factor in shaping the success of the physician-patient relationship (Lill and Wilkinson, 2005).

The significance of a physician's dress on the physician-patient relationship can be traced back to Hippocrates, who asserted that the doctor "must be clean in person, well dressed, and anointed with sweet-smelling unguents..." (Batais, 2014). Additionally, research in areas of psychology and sociology has proven the existence of a strong association between appearance and its effect on first impressions and social relationships (Tong et al., 2014).

When applied to the physician-patient relationship, this initial impression can influence patients' perceptions regarding the practitioner's level of expertise and create expectations concerning treatment and care (McKenna et al., 2007). A patient's perception of a physician's ability is

influenced by their appearance, which in turn can also affect the anxiety and comfort level of patients receiving treatment (Brosky et al., 2003). Patients exhibit increased compliance when they perceive their physicians as competent, compassionate, and courteous; they are more honest and comfortable with sharing sensitive information such as their sexual histories (Petrilli et al., 2015).

Hence, targeting physicians' appearance to improve patient satisfaction and experience has lately become a topic of substantial relevance (Petrilli et al., 2015). However, while the literature covers medical doctors, less attention has been directed towards dental practitioners. Research in such areas is essential as it can equip dentists with information to shape their practices according to the preferences of their patients (Tong et al., 2014).

The knowledge of patients' preferences regarding the appearance and attire of their dental doctors can help dentists gain a better understanding of public perceptions and expectations, and may encourage them to adapt to the trends that are most preferred by the society (Kelly et al., 2014). This can, in turn, enhance their interpersonal relationships with their patients and lead to improved patient experience and satisfaction.

Therefore, the objective of this study was to determine whether the way a dentist dresses is significantly associated with patient's self-report of their trust and confidence in the practitioner's abilities and competence for their diagnosis and treatment.

## METHODOLOGY

A cross-sectional, observational research design was used to conduct this study. The study setting was the dental OPD at the DOW University Hospital, Ojha Campus, located in Karachi, Pakistan. The participants were randomly selected, and data was collected over a period of 3 weeks.

An interview-based questionnaire was designed, and its reliability and validity were tested before the survey was administered. Two experts familiar with clinical research and instrument design were asked to assess content validity. After the recommended adjustments were made, a pilot test was conducted for the survey using twenty random volunteers. All of them attested that they had no difficulty understanding the questions and that they had clarity while answering. After one month, the survey was administered to the same group again, and a test-retest method was used to establish reliability by using a paired sample t-test analysis. The analysis showed a reliability of 86% with a non-significant t-value.

After establishing the instrument's validity and reliability, a convenience sample of patients and attendants was randomly selected in the dental OPD of the DOW University of Health Sciences during a 3-

week period. All genders and age groups were approached and asked for consent; care was taken to conduct the survey on a one-on-one basis when two or more people from a group were selected. This was done to minimize bias and to avoid other people getting influenced by someone else's answers. People excluded from the study included those who were non-communicative or presented language barriers and those who were blind.

The first part of the survey collected demographic information, including age, gender, religion, education, and area of residence. Subjects were also asked if they had ever visited a dentist before, their impressions, including the first thing they notice about a dentist, and whether a dentist's appearance can help them form an opinion about the practitioner's capabilities. The participants then reviewed pictures of dentists dressed in a variety of attire styles, and questions were asked about the participants' preferred style within the context of their diagnosis and treatment based on their trust, willingness, and confidence in their selected dentist.

Each participant was shown photographs to evaluate the inclination of patients towards choosing a dental practitioner for diagnosis and treatment after reviewing 2 sets of 6 pictures of a male and female dentist. All images of the male and female models had the following identical characteristics, respectively: background, physical appearance (except for attire), and hairstyle (except for religious clothing). Thus, the style of dress was the only true variant across all 6 pictures and included (See Appendix):

1. Professional attire: Formal shirt, pants, necktie, and white coat for the male dentist; shalwar kameez with a white coat for the female dentist
2. Western formal: Suit and tie for the male dentist; dress pants and dress shirt for the female dentist
3. Eastern formal (traditional): Shalwar kurta for the male dentist; shalwar kameez for the female dentist
4. Surgical scrubs for both, male and female dentists
5. Religious attire: Shalwar kurta with Islamic skullcap for the male dentist; shalwar kameez with headscarf/hijab for the female dentist
6. Casual attire: Button-down shirt and jeans for the male dentist; t-shirt and jeans for the female dentist

The data were analyzed using IBM SPSS v26.0 and used different statistical tests, including descriptive statistics for counts and percentages. Furthermore, chi-squared tests and cross-tabulations were performed to compare responses across subjects' gender, age, and education and to find significant associations.

## RESULTS

Table 1 shows the socio-demographic characteristics of the participants ( $n = 450$ ). The male and female distribution of the sample was almost equal. More than

**Table 1.** Socio-demographic characteristics

<b>Demographic Data</b>	<b>N = 450</b>	<b>%</b>
<b>Gender</b>		
Male	233	51.8
Female	217	48.2
<b>Age</b>		
Less than or equal to 20 years	64	14.2
21 – 40 years	243	54.0
41 – 60 years	116	25.8
61 – 80 years	27	6.0
<b>Education</b>		
No formal education	32	7.1
Secondary school or less	43	9.6
High school	95	21.1
Bachelors	179	39.8
Masters	71	15.8
Professional	30	6.7
<b>Socioeconomic Class</b>		
Low	107	23.8
Moderate	310	68.9
High	33	7.3
<b>Religion</b>		
Islam	448	99.6
Other	02	0.4

**Table 2.** First noticeable characteristic of the dentist

<b>Attribute</b>	<b>N = 450</b>	<b>%</b>
Attitude/personality	203	45.1
Appearance	115	25.5
Cleanliness	98	21.8
Other	34	7.6

half the participants (54.0%) were 21 – 40 years of age and belonged to a moderate socioeconomic class (68.9%). Furthermore, the education level of the subjects was majorly high school (21.1%) or bachelors (39.8%). The participants' religion was overwhelming Islam, with only 2 people (0.4%) belonging to other religious groups.

Concerning dental visits, 70.7% (n = 318) participants reported that they had previously visited a dental practitioner and that it was not their first visit. Furthermore, more than half the subjects (65.3%; n = 294) agreed that a dentist's appearance helped form an opinion about the dentists' capabilities. Table 2 summarizes the participants' response to the first thing they notice about a dentist; 45.1% (n = 203) reported that the first noticeable characteristic was the attitude or personality of the practitioner, while 25.5% (n = 115) agreed that it was the appearance of the dentist.

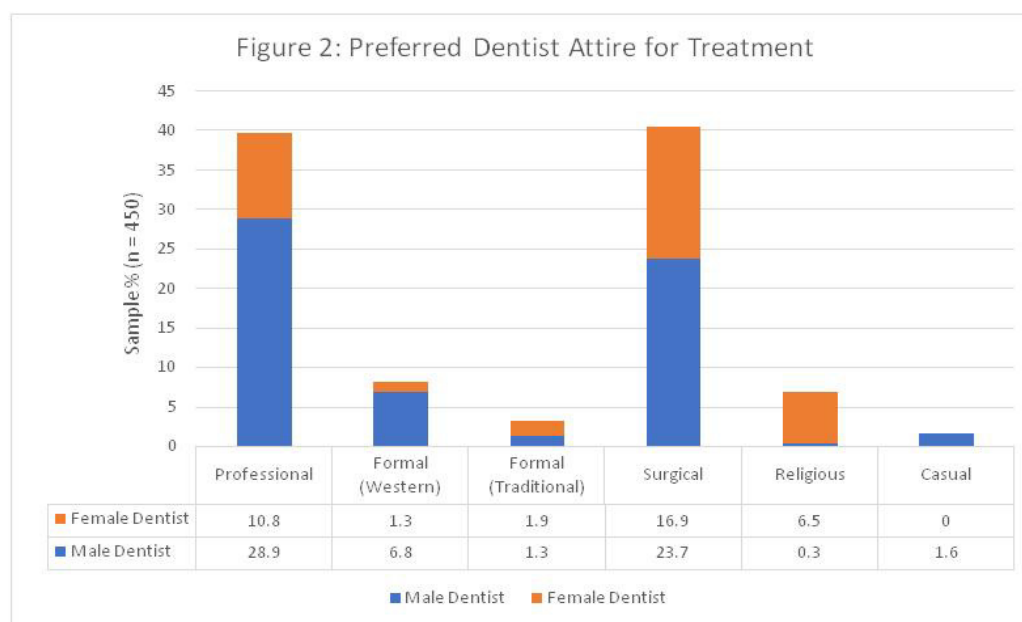
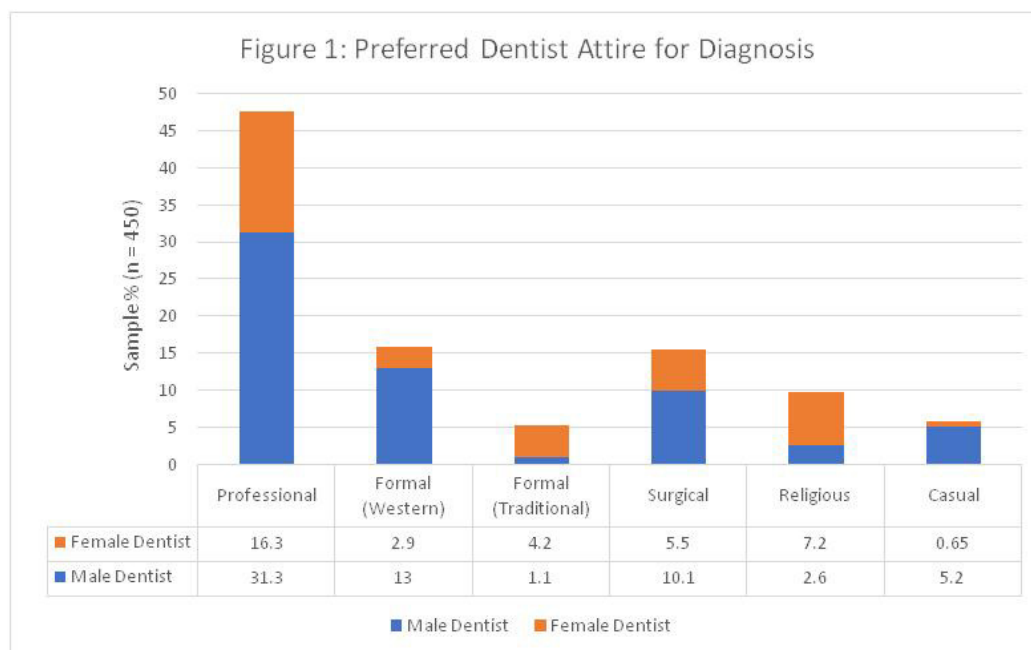
Figures 1 and 2 illustrate participants' responses while selecting the preferred dentist for diagnosis and treatment, respectively.

As can be seen, almost one-third (31.3%; n = 141) respondents chose a male, professionally dressed dentist as the preferred practitioner for their diagnosis, followed by a female, professionally dressed dentist (16.3%; n =

73). For treatment purposes, a professionally dressed male dentist was again the top choice (28.9%; n = 130), followed by a male dentist dressed in surgical scrubs (23.7%; n = 107).

On the other hand, the least popular choice for diagnostic purposes was a female, casually dressed practitioner (0.65%; n = 03), followed by a male dentist dressed in traditional wear (1.1%; n = 05). Similarly, not a single participant selected a casually dressed female practitioner for treatment purposes.. Therefore, it was the least popular choice (n = 0), followed by a religiously dressed male dentist (0.3%; n = 01).

Further analysis of data showed that preference for dentists for diagnosis and treatment differed according to gender, education level, and age. Out of 233 male participants, more than one-third (37.8%; n = 88) opted for a male, professionally dressed dentist for diagnostic purposes. Meanwhile, for diagnosis, female participants (n = 217) had a slight preference for a professionally dressed female (24.0%; n = 52) over a male (22.6%; n = 49) practitioner. Similarly, for treatment purposes, more than one-third of male participants again favored a male, professionally dressed dentist (37.3%; n = 87). However, female participants opted for a female dentist dressed



in surgical scrubs (24.0%; n = 52).

Preference also differed across age groups with almost 40% of the participants less than or equal to 20 years (n = 64) choosing a female, professionally dressed dentist for diagnostic purposes (n = 25) and a male dentist dressed in surgical scrubs (n = 25) for treatment. Meanwhile, more than one-third of respondents in age groups of 21 – 40 years (n = 243) and 41 – 60 years (n = 116) chose a male professionally dressed dentist for both purposes of diagnosis (n = 88; n = 40, respectively) and treatment (n = 82; n = 39, respectively). However,

respondents aged 61 – 80 years (n = 27) preferred a formally (Western) dressed male dentist for diagnosis (n = 11; 40.7%) and a male practitioner dressed in surgical scrubs for their treatment (n = 15; 55.6%).

Data was also analyzed among different education groups, and a professionally dressed dentist was the most selected option among all for diagnostic purposes with differences in gender preference. A male dentist was the most common choice among participants with no formal education (53.1%; n = 17), with high school

diplomas (41.1%;  $n = 39$ ), with a bachelors' degree (36.9%;  $n = 66$ ), and with a masters' degree (53.5%;  $n = 38$ ). Meanwhile, a professionally dressed female dentist was preferred among those respondents with a secondary school education or less (46.5%;  $n = 20$ ), and among professionals (43.3%;  $n = 13$ ).

For treatment, a male professionally dressed practitioner was again the best choice for subjects with no formal education (46.9%;  $n = 15$ ), with high school diplomas (33.7%;  $n = 32$ ), and among professionals (53.3%;  $n = 16$ ). Those respondents with a masters' degree had an equal preference for a male dentist dressed professionally or in surgical scrubs (33.8%;  $n = 24$ , for both, respectively). Similarly, participants with a bachelors' degree had equal predilection in opting for a male or female dentist dressed in surgical scrubs (25.7%;  $n = 46$ , for both, respectively). Meanwhile, more than half (55.8%;  $n = 24$ ) of those with secondary school education or less preferred a male practitioner dressed in surgical scrubs for their treatment needs.

## DISCUSSION

Our study is one of the first few studies conducted in Pakistan and in the subcontinent region that focuses on dentists' attire. Similar to other studies performed in different regions, our results made it overwhelmingly clear that patients preferred and trusted a professionally dressed dentist in a white coat for their diagnostic purposes – 47.6% of the total sample (Cha et al., 2004; Keenum et al., 2003; Major et al., 2005; Rehman et al., 2005; Gherardi et al., 2009; Sotgiu et al., 2012). Our result stands to show that despite differences in cultures and geographic locations, the white coat is a universal symbol for doctors, and it may create a sense of trust or comfort in patients (Kurihara et al., 2014).

According to Landry et al., a white coat helps infuse trust, confidence, and comfort in the first impression of a practitioner (Landry et al., 2013). This leads to a successful consultation experience, which is one of the most vital components of a physician-patient relationship and allows a patient to have a satisfactory experience (Ridd et al., 2009). Previous studies also suggest other possible explanations for the preference of the professional white coat. They are perceived as a sign of professionalism, act as an identification symbol for doctors in a busy setting and contribute to patient care by aiding communication and improving the physician-patient relationship (Landry et al., 2013).

For treatment purposes, our findings indicated that patients had an almost equal predilection for a professionally dressed dentist (39.7%) and a practitioner wearing surgical scrubs (40.6%). This suggests that surgical scrubs are another viable option, but only for treatment; for diagnosis, only 15.6% of the participants preferred surgical scrubs. Similar results for surgical attire

were observed in a study conducted in the United Kingdom where respondents explained that their preference was influenced by their perceived notion of professionalism and confidence in the dress code (Palazzo and Hocken, 2010). Hence, for treatment purposes, it can be implied that surgical scrubs are associated with increased patient approval and confidence in the practitioner's perceived skills, as highlighted by numerous studies in different settings (Keenum et al., 2003; Cha et al., 2004; Major et al., 2005; Sotgiu et al., 2012).

In contrast to other western studies on this topic, our study included traditional and religious wear as possible choices. Traditional attires worn by males and female healthcare providers in Pakistan are unique, with a shalwar kurta and Peshawari sandals for males and a shalwar kameez with dupatta for a female. Religious attires differ only with the addition of an Islamic skullcap/hijab for the male, and a headscarf/hijab for the female. These elements were included in the study to understand the penetration of traditions and religion in a strictly professional setting and explore the transition towards modernization while holding on to traditions.

However, despite being a proud traditional and Islamic nation, participants seemed to keep those preferences at bay when confronted with a healthcare setting, where perceived professionalism is seen in a white coat. Similar to the results of a study conducted by Al Amry et al. in Saudi Arabia (another country of traditional Islamic population), the traditional and religious dresses were not high on the list when compared to the white coat (Al Amry, et al., 2018). In our study, the preference for traditional attire was the lowest option (5.3%) for diagnostic purposes, while less than 10% of the participants preferred either attire for diagnosis or treatment.

While traditional attire was the least selected option for diagnosis, casual dressing was a close second with 5.85% as compared to 5.3% for traditional dressing. For treatment purposes, casual attire was the least popular option, with only 1.6% of the respondents opting for it. Therefore, our study did conclude that a casually dressed dentist was the least preferred option among patients. This is consistent with the results of other studies in both, medical and dental settings, where informal clothing has been consistently recorded as the least desired option of attire by respondents (Barrett and Booth, 1994; Rehman et al., 2005; Mistry and Tahmassebi, 2009; Tong et al., 2014; Sotgiu et al., 2012).

Additionally, a study by Kelly et al. concluded that there was a positive preference for providers wearing a white coat or scrubs, and a negative preference for those associated with casual clothing (Kelly et al., 2014). While practitioners may opt to dress casually to avoid the feared white-coat syndrome, many studies confirm that patients do not fear white coats, but instead many prefer them (Matsui et al., 1998; Keenum et al., 2003; Alsarheed, 2011; Kelly et al., 2014). Furthermore, a

casually dressed dentist is perceived as “unclean”, “unprofessional”, or “sloppy”, and oftentimes a patient cannot recognize that an individual is a doctor because of their casual dressing (Landry, et al., 2013). Hence, despite a recent transition in the Western culture towards a more relaxed and casual dress code within office settings, patients continue to prefer a formally attired dental provider (Brosky et al., 2003).

Our study also indicates that, for diagnosis and treatment, male participants preferred a male dentist while females opted for a female practitioner. This is in par with a study conducted by Turow and Sterling, where respondents expressed a strong gender preference for their doctors and were more comfortable and satisfied if being treated by a practitioner of the same gender (Turow and Sterling, 2004). However, if explicitly seen for dental treatment, our results contrast with a study performed by Shah and Ogden in 2006. They concluded that adult patients preferred a female dentist, independent of their gender, which could be reflective of their perception of females being gentler and more empathetic in clinics (Shah and Ogden, 2006). In the context of our study, it may also have religious implications: Muslims prefer same gender healthcare providers as per the religious ruling regarding cross-gender interactions (Hammoud et al., 2005).

For preference based on age, 40% of the younger participants aged 20 years or less preferred a female professionally dressed dentist for their diagnosis and a male dentist dressed in surgical scrubs for their treatment, regardless of their gender. This contrasts with a study conducted by Al Sarheed in 2011, which reported that children preferred to be treated by a dentist of the same gender (Alsarheed, 2011). However, the presence of the professional attire was supported by the author, and inferred that children are not afraid of a dentist in a white coat; they see a formally dressed dentist as more experienced and concerned (Alsarheed, 2011).

On the other hand, middle-aged patients preferred a professionally dressed male dentist for their diagnosis and treatment. This agrees with various studies that reported that older patients were significantly more likely to opt for healthcare providers dressed in a white coat (Sotgiu et al., 2012; Rehman et al., 2005). However, in our study, senior citizens aged between 61 and 80 preferred a male dentist dressed in a suit and tie for diagnosis purposes. While the absence of white coat contrasts with other studies, it confirms the findings by Shulman and Brehm, in which adult patients highly preferred a male practitioner dressed in a formal suit and tie (Shulman and Brehm, 2001).

Several limitations of our study can be highlighted. First, the study was conducted in an urban city, and it is possible that the preferences would have differed if the survey were conducted in a rural area. People in the interior region of the province may be inclined to opt for more traditionally dressed practitioners, as they are more

firmly rooted in customs. However, we did not have representation from such rural areas and were not able to make significant comparisons. To answer this question, the survey could have been administered in different parts of the country and among different types of patients.

Secondly, the survey was conducted by asking respondents to assess their preference using photographs. In real life, a patient uses other elements like the practitioner's charisma, tone of voice, behavior, and more to form an opinion about their first impression. Hence, it is unclear if the findings of this study can be generalized to face-to-face meetings.

Thirdly, the study design was cross-sectional, which restricts the analysis to a point estimate; a longitudinal study would have been better to analyze if the preference can cause a change in a long-term physician-patient relationship.

Finally, the age of the dental practitioner may have been a confounding factor and could have influenced patients' preferences. All our photographs showed a young dentist; it is uncertain if the responses would have been the same if the pictures showed an older dentist. This pitfall could have been avoided if pictures of dentists of different ages were included.

Despite the limitations, our study did have important strengths. In contrast to other studies, our research study took specific care to eliminate bias. For this reason, we ensured that everything in the pictures was identical, including the background, and posture; the only different thing was the attire. The models' faces were blurred to limit confounding associated with elements other than the dressing of the model. Furthermore, bias was also minimized by randomly changing the order of images for each respondent; this helped achieve greater internal validity.

Additionally, our findings may have policy implications and can be used to inform dental hospitals and clinics about patient preference concerning a practitioner's appearance. Hence, this data can be used to regulate dress codes for dentists so that patients can have a positive first impression regarding their provider, a vital component of a successful physician-patient relationship.

## CONCLUSION

In a dental setting, patients are more comfortable and trust practitioners dressed professionally in a white coat for their diagnostic needs. Furthermore, for treatment purposes, they prefer a dentist dressed in surgical scrubs as well as one dressed professionally. The choice of attire influences patients' perceptions of a dentist's capabilities and is a crucial element in cementing a successful physician-patient relationship. This is an important implication to consider when deciding upon dress code rules in different healthcare settings.

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Appendix



