Effect of COVID-19 on Psychological, Socioeconomic Status and Performance of Clinical Practices of Dental Professional in Riyadh, Saudi Arabia

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Abstract

Background: Prevailing conditions of COVID-19 has hit all sectors of society including dentistry. Both personal and professional lives of dentists have been influenced. Several studies have been undertaken regarding aspects likes influence of clinical practices, awareness regarding the pandemic among patients and dentists. Only a few studies have been conducted in Saudi Arabia. The present study evaluates the impact of COVID-19 on Fear, anxiety, socioeconomic status and performance of clinical practices of dental professionals in Riyadh. Methods: A Questionnaire was designed as Google form and sent to 400 dental professionals and responses were statistically evaluated. Results: 244 males and 156 females' dental professionals participated in study. Most of the clinical practices were found to be open but with lower patient volumes. There was decline in both monthly volumes of patients and volumes of collections. Majority of dental professionals were in fear of getting COVID-19 and transmitting to their families. They were afraid of getting quarantined also. In general, all agreed that it will take more than a year for their practices to come back to normal but most of them did not want to shift their profession. There was found to be significant association between designation and effects of COVID-19. Conclusion: There was definite negative impact of COVID-19 on socioeconomic status and performance of clinical practices along with increase in Fear and anxiety among dental professionals.

Keywords: COVID-19; Psychological; Socioeconomic Impact; Dental Practices

Introduction

A new Virus high jacked the Year 2020 from the beginning and started affecting lives of millions. WHO declared it officially as pandemic. It was an acute respiratory syndrome, potentially lethal, [1] and was named as Coronavirus Disease (COVID-19). [2]

This tragedy affected the lives in many facets including Physical, social, mental and Financial status. Dentists were most hardly hit community from all. They were struggling as individual for their health but also were responsible for taking care of dental needs of community in this time of urgency. [3,4]

Earning a decent livelihood and maintaining respectable social status is also one of the outcomes that a dentist running his Private dental practice expects apart from being responsible for the commitment towards society. But this became far from reality owing to overall economic slowdown as a direct effect of Pandemic. Dental practices worldwide observed downward trend and plunged to bare minimum. This caused multifaceted effect on dentists causing many of the small dental practices to either shut down or bear heavy economic losses. [5] It not only affected dentist as individual but families that were directly dependent on the dentists.

Earlier, studies were carried out focusing awareness and preparedness of dentists for the Pandemic. ^[6] Also studies regarding impact of the disease on various aspects of lives were performed. ^[2,7,8] A few of the studies touched psychological and financial aspects of dental professionals but none of those were

carried out in Saudi Arabia.

The present paper focusses on the way in which the Pandemic has influenced socioeconomic lives and clinical practices of dental professionals in capital city Riyadh. It highlights direct impact of this crisis on psychological aspects like fear and anxiety among the professionals, future of their dental practices and safety concerns for their families.

Materials and Methods

Study design and procedure

The study was conducted from March till September 2020 involving 400 dental professionals [9] either owning or working in Private dental practice. They were divided based on their gender and designations. [5] A Questionnaire was designed in a manner that responses to questions 4-9 reflected effect of COVID-19 on socioeconomic status and clinical practices of dental professionals [10] in Riyadh whereas responses to questions 10-14 reflected Psychological status (fear and anxiety). [5] Questionnaire was prepared as google form and sent by mail, whatsapp or personally to the dental professionals. All responses were statistically evaluated using SPSS version 16.0.

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Confidence level of study was 95%, margin of error as 5% with response distribution of 50%.

Results and Discussion

Commendable and extensive reforms and rapid development were seen in cities of Saudi Arabia over the past 20 years. Riyadh is one of the world's fastest growing cities and 4% per year population growth was recorded at steady rate. [11] Therefore, Riyadh was chosen as centre for present study.

Table 1 demonstrates demographic distribution of participating dental professionals as per their age and designation. ^[5] Majority of participants [61%] were males as compared to female participants [39%]. Similarly, Specialist dentists participated most in the study followed by Consultants and General practitioners.

Table 2 demonstrates effect on socioeconomic status and clinical

Table 1: Demographic information of dental care professionals.						
		Frequency (N)	Percent (%)			
Gender	Male	244	61.0			
Gender	Female	156	39.0			
	20-30 Years	88	22.0			
Age	31-40 Years	140	35.0			
	41-50 Years	88	22.0			
	51-60 Years	56	14.0			
	Above 60 Years	28	7.0			
	General Practitioner	76	19.0			
Designation	Specialist	228	57.0			
	Consultant	96	24.0			

Practices of dental professionals due to COVID-19 t based on the various responses that were received. Majority of dental professionals (83%) agreed that there was negative effect of COVID-19 on their clinical practices, whereas there were a few dentists who even disagreed (4%). Dental practices were open but with lower patient volume for majority of dentists (68%) with some dental practices doing their business as usual (26%) and rest closed down their practices except for emergency cases (6%). This was because patients were not coming to dental clinics as usual except emergencies owing to apprehensions due to COVID-19. Monthly volume of patients was decreased from 50%-75% in 38% of dental practices whereas surprisingly patient volumes were reported to increase in 3% of the practices and no change in 7%. For other practices, there was variation in percentages fall in patient volume. Monthly volume of total collection was decreased from 50%-75% in 33% of dental practices whereas volume of total collection were reported to increase in 7% of the practices. This could be attributed to less number of patients visiting to dental practices. For other practices, there was variation in percentages fall in volume of total collection from 11%-28%. Most of all dental practices [85%] agreed that common reason for fall of patient volume was fear of COVID-19. 59% of dental practitioners agreed there was negative impact on their socioeconomic status with only 3% of them saying that there was no effect on their socioeconomic status. Therefore, as expected, there was negative effect of COVID-19 on dental practices. Most of them opened with lower patient volume. There was decrease in monthly patient volumes and collections affecting socioeconomic status of the dental professionals. Fear of COVID-19 was found to be major factor for fall in patient volume. [12,13]

Table 2: Effect on socioeconomic status and clinical Practices due to COVID-19.							
		Frequency	Percent				
		(N)	(%)				
	Do not Know	52	13.0				
Negative Effect on performance on practice	No	16	4.0				
	Yes	332	83.0				
	Open and Business as usual	104	26.0				
Current status of Practice	Open but lower patient volume than usual	272	68.0				
	Closed but seeing emergency patients only	24	6.0				
	Volume has increased	12	3.0				
	Less than 25%	72	18.0				
Fall in monthly values of Dationto	25%-50%	68	17.0				
Fall in monthly volume of Patients	50%-75%	152	38.0				
	More than 75%	68	17.0				
	No Change	28	7.0				
	It has increased	28	7.0				
	Less than 25%	44	11.0				
Fall in monthly volume of total collection	25%-50%	84	21.0				
	50%-75%	132	33.0				
	More than 75%	112	28.0				
	Patients were not aware of guidelines to be followed	16	4.0				
December Fall in nations values	Lack of trust in Infection protocol being followed in the clinic	4	1.0				
Reason for Fall in patient volume	Less dental problem in this time of the year	40	10.0				
	Fear of COVID-19	340	85.0				
	No Change	12	3.0				
Nagativa Effect on Cosine conomis -t-tu-	Low	52	13.0				
Negative Effect on Socioeconomic status	Medium	100	25.0				
	High	236	59.0				

Table 3 depicts Fear and anxiety due to COVID-19 on Dental care professionals. Most of the dentists [86%] were afraid of transmitting the infection to their respective families. This was quite expected as well because dentists are most prone of contracting the infection from patients and can become the potential source of transmission. Majority of them (81%) were afraid of getting quarantined. It was quite logical to understand as getting quarantined is going to affect already suffering dental practices. Also, 89% of dentists were in fear of getting COVID infection from patients for obvious reasons. It was seen that in spite of having such a negative effect of COVID-19, majority of dentists (79%) were not ready to shift to other professions that are least affected and only a few of them (13%) thought to change their profession. This reflects positive mindset of dental practitioners in Riyadh. Yet, most of dentists (60%) believed that it may take more than a year for their practices to come back to normal that showed that majority of dentists have realistic point of view on this issue. Whereas some of the dentists (12%) maintained that there was no effect of COVID-19 on their practices reflecting an absolute contrast and a few (2%) even thought that their practice will never come back to normal again showing negative mindset of some the

sionals.	y due to COVID-19 of	ii Deillai Cai	e profes-
		Frequency (N)	Percent (%)
	Do not Know	24	5.0
Fear of transmission to Family	No	36	9.0
ranny	Yes	344	86.0
F (" 0	Do not Know	32	8.0
Fear of getting Quaran- tined	No	44	11.0
unod	Yes	324	81.0
	Do not Know	12	3.0
Fear of getting COVID	No	32	8.0
	Yes	356	89.0
	Do not Know	32	8.0
Shift of profession due to COVID	No	316	79.0
OOVID	Yes	52	13.0
	Clinical Practice was not affected	48	12.0
Time for Practice to come	Less than a Year	104	26.0
back to normal	More than a Year	240	60.0
	Never	8	2.0

Table 3: Fear and anxiety due to COVID-19 on Dental care profes-

Table 4: Association of Fea	r, anxiety, socioeconomic status and effect	on Practices	of dental profe	essionals with their g	jender.
	-	Gender Pearson Chi-			
		Male	Female	Square, d.f	P value
	Do not Know	6	7		
	Do not Know	9.8%	17.9%		
Negative Effect on performance on	No	1	3		
practice	NO	1.6%	7.7%		
	Van	54	29		
	Yes	88.5%	74.4%		
	Ones and Business as usual	18	8		
	Open and Business as usual	29.5%	20.5%		
Command atatus of Departies		42	26	5.714,	
Current status of Practice	Open but lower patient volume than usual	68.9%	66.7%	2	
	Closed but seeing emergency patients	1	5		0.057 ^{NS}
	only	1.6%	12.8%		
	Mahama kan Sanaan and	3	0		
	Volume has increased	4.9%	0%		
		13	5		
	Less than 25%	21.3%	12.8%		
	05% 50%	11	6		
Fall in an author and particular	25%-50%	18.0%	15.4%	9.427,	
Fall in monthly volume of Patients	F00/ 7F0/	23	15	5	
	50%-75%	37.7%	38.5%		0.00010
	Mana Hara 750/	10	7		0.093 ^{NS}
	More than 75%	16.4%	17.9%		
	No Champa	1	6		
	No Change	1.6%	15.4%		
	It has increased	7	0		
	it has increased	11.5%	0%		
	Less than 25%	6	5		
	Less than 25%	9.8%	12.8%		
Fall in monthly volume of total col- lection	25%-50%	14	7	6.378,	
	25%-50%	23.0%	17.9%	4	
	50%-75%	20	13		.173 ^{NS}
		32.8%	33.3%		
	More than 75%	14	14		
	WOIE than 75%	23.0%	35.9%		

	Patients were not aware of guidelines to be followed	4	0		
		6.6% 1	.0% 0		
	Lack of trust in Infection protocol being followed in the clinic	1.6%	0%	2744	
Reason for Fall in patient volume		1.6%	5	3.741, 3	
	Less dental problem in this time of the year	8.2%	12.8%	3	221
	year	51	34		.291
	Fear of COVID-19	83.6%	87.2%		
		1	2		
	Do not Know	1.6%	5.1%		
		4	4	1.510;	
Fear of getting COVID	No	6.6%	10.3%	1.510,	
		56	33	_	.470 ^{NS}
	Yes	91.8%	84.6%		
		1	4		
	Do not Know	1.6%	10.3%		
		5	4	3.960'	
Fear of transmission	No	8.2%	10.3%	3.900	
		55	31	_	.138 ^{NS}
	Yes	90.2%	79.5%		
		2	6		
	Do not Know	3.3%	15.4%		
		7	4	4.738,	
Fear of Quarantine	No	, 11.5%	10.3%	4.736,	0.094 ^{NS}
		52	29	_	
	Yes	85.2%	74.4%		
		3	0		
	No Change	4.9%	0%		
		8	5		
Negative Effect on Socioeconomic	Low	13.1%	12.8%	2.296,	
status		16	9	3	
	Medium	26.2%	23.1%		.513 ^{NS}
		34	25		.515
	High	55.7%	64.1%		
		2	6		
	Do not Know	3.3%	15.4%		
		50	29	4.903,	
Shift of profession due to COVID	No	82.0%	74.4%	2	OOGNS
		9	4		.086 ^{NS}
	Yes	14.8%	10.3%		
		9	3		
	Clinical Practice was not affected	14.8%	7.7%		
		18	8		
Time for Practice to come back to	Less than a Year	29.5%	20.5%	2.739,	
normal	Mana than a Mana	33	27	3	
	More than a Year	54.1%	69.2%		.434 ^{NS}
	Nov	1	1		
	Never	1.6%	2.6%		

dental practitioners which can be attributed to impact of fear and anxiety among them. Table 4 demonstrates association of Fear, anxiety, socioeconomic status and effect on Practices of dental professionals with their Gender. Majority of males [88.5%] and female [77.4%] dental professionals agreed for negative effect of COVID-19 on their dental practices. It was observed that more percentages of females (12.8%) said that their practices were closed and were seeing only emergency patients as compared to males (1.6%). This reflected that Female practitioners were more careful in their approach and did not want to take risk in prevailing COVID-19 conditions.

Both male and female agreed by and large in same percentages that there was definite fall in monthly volume of patients and total collection. Only 4.9% of males reported increase in patient monthly volume and 11.5% of males confirmed increase in monthly total volume of collections. None of the female respondents reported such observations. This might be attributed to certain zones of practice where COVID-19 was in constraint and restrictions regarding movement of people were not employed. Majority of male (83.6%) and female (87.2%) respondents felt that main reason for fall in patient volume was fear of getting COVID. Majority of male (91.8%) and female

Part	Table 5: Associate	tion of Fear, anxiety, socioeconomic status	and effect on Pra	actices of denta	l professionals	with their desig	nation.
Nome		•			•	Pearson Chi-	
No				Specialist	Consultant		P value
Negative Effect on performance on practice or process or practice or practice or process or process or practice or process or proces		Do not Know					
Performance on practice Yes	Negative Effect on						
Pear of transmission		No					
Ves	practice						
Current status of Practice Pr		Yes					
Cument status of Priactices Principles							
Current status of Practice Open but lower patient volume than usual 12 (63.2%) (66.7%) (75.0		Open and Business as usual					
Practice Open both lower patient volume man usual 68,2% 66,7% 75,0% 4 Closed but seeing emergency patients only 5,3% 0% 20.8% 0.001** Volume has increased 0 0 4 15.8% 15.8% Less than 25% 44 15.8% 4 6 19.8% 26.3% 15.8% 5.036, 6 4 6 33.3% 7% 26.3% 5.036, 6 Patients 50%-75% 6 23 3 10 0.000** 6 Patients 70 No Change 1 0 7 0 0.000** 6 Patients 1 0 7 8 37.776, 0 0.000** 7 Eatl in monthly volume of Patients 25%-50% 6 7 8 37.776, 0	Current status of		12	38	18	18.298,	
Closed but seeing emergency patients only 0	Practice	Open but lower patient volume than usual	63.2%	66.7%	75.0%		
No change Less than 25% 15.8%		Closed but seeing emergency nationts only	1	0	5		0.001**
Volume has increased 0% 0% 15.8% 15.8% 14 15 4 15 4 15 4 15 4 16 16.8%		Closed but seeing energency patients only	5.3%	0%	20.8%		0.001
Pall in monthly volume of Patients Pall in monthly volume of total collections Pall in monthly volume of t		Volume has increased					
Fall in monthly volume of Patients 25%-50% 33.3% 7% 26.3% 5.036, 6 4 6 6 6 23 3 10 6 6 6 23 3 10 6 6 6 23 3 10 6 6 6 6 23 3 10 6 6 6 23 3 10 6 6 6 23 3 10 6 6 6 23 3 10 6 6 6 23 3 10 6 6 6 6 23 3 10 6 6 6 6 6 6 6 6 6		75.4.7.5 7.45 17.5.54554					
Fall in monthly volume of Patients		Less than 25%					
Fall in monthly volume of Patients Fall in monthly volume of Patients 50%-75% 6 23 3 10							
Fear of transmission Fear of transmissio	E-11 : 4b b b	25%-50%				5.000	
More than 75% 33.3% 40.4% 14.3%		1					
More than 75%	or rationts	50%-75%				10	
No Change							0.000**
No Change		More than 75%					0.000
It has increased							
Less than 25% 3 11 2 25% - 50% 66 7 8 37.776 6.8% 66 7 8 37.776 6.8% 66 7 8 37.776 6.8% 66 7 8 37.776 6.8% 66 7 8 37.776 6.8% 7 8 37.776 6.8% 7 8 37.776 6.8% 7 8 37.776 7 8 8		No Change	5.3%	0%	27.8%		
Less than 25% 15.7% 19.3% 31.6% 11.1 2 15.7% 19.3% 6.8% 15.7% 19.3% 6.8% 15.7% 19.3% 6.8% 15.7% 19.3% 33.3% 8 15.7% 19.3% 33.3% 8 15.7% 19.3% 15.7% 19.3% 15.3		lá la an imperanta	0	1	7		
Pall in monthly volume of total collections 25%-50% 66 7 8 37.776, 31.6% 12.3% 33.3% 8 12.3% 33.3% 8 12.3% 33.3% 8 12.3% 33.3% 12.		It has increased	0%	1.8%	31.6%		
Fall in monthly volume of total collections of the tota		Less than 25%		11	2		
of total collections 10		Less than 25%					
11.6% 12.3% 33.3% 8 50%-75% 6 19 3 31.6% 33.3% 12.3% 0.001** More than 75% 4 19 4 19 4 19 4 10 0		25%-50%					
No No No No No No No No	of total collections	2070 0070				8	
More than 75%		50%-75%					0.001**
Patients were not aware of guidelines to be followed 1							
Reason for Fall in patient volume Patients were not aware of guidelines to be followed 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		More than 75%					
Reason for Fall in patient volume Lack of trust in Infection protocol being followed in the clinic 5.3% 0% 0% 0% 27.307; 15.8% 0% 0% 0% 0% 0% 0% 0%		Patients were not aware of guidelines to be					
Reason for Fall in patient volume Lack of trust in Infection protocol being followed in the clinic 1 0 0 27.307; 0% </td <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-				
Reason for Fall in patient volume followed in the clinic 5.3% 0% 0% 27.307; 6		Lack of trust in Infection protocol being					
Patient volume Less dental problem in this time of the year Fear of COVID-19 13 48 24 68.4% 84.2% 100.0% Do not Know 1 0 2 5.3% .0% 83.3% No 0 2 6 17.712, 0.0% 3.5% 25.0% 4 No 18 55 16 94.7% 96.5% 66.7% Do not Know 1 0 4 1 0 4 1 0 4 1 0 4 1 0 4 1 0 4 1 0 4 1 0 4 1 0 0 4 1 0 0 4 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 0	Reason for Fall in		5.3%	0%	0%	27.307;	
Fear of COVID-19 13	patient volume	Long dental problem in this time of the year	1	9	0		
Fear of COVID-19 68.4% 84.2% 100.0% 1		Less dental problem in this time of the year	5.3%	15.8%	0%		
Fear of getting COVID No 1 0 2 5.3% .0% 8.3% 0 2 6 17.712, 0% 3.5% 25.0% 4 0.001** Yes 18 55 16 94.7% 96.5% 66.7% Do not Know 1 0 4 5.3% .0% 16.7% Fear of transmission No 0 5 4 14.060, 1007** Yes 18 52 16		Fear of COVID-19			24		0.000**
Fear of getting COVID No 5.3% .0% 8.3% No 2 6 17.712, ON 3.5% 25.0% 4 0.001** Yes 94.7% 96.5% 66.7% Do not Know 1 0 4 Fear of transmission No 0 5 4 14.060, Yes 18 52 16 ON 7**		real of GoviD 10					
Fear of getting COVID No 0 2 6 17.712, 4 17.712, 4 17.712, 4 17.712, 4 18 25.0% 4 0.001** Fear of transmission Do not Know 1 0 4 4 0.001** 1 0 4 14.060, 4 1 0.001** 1 0 1 0 0.001** 1 0.001**		Do not Know					
Fear of getting COVID No .0% 3.5% 25.0% 4 0.001** Yes 18 55 16 94.7% 96.5% 66.7% Do not Know 1 0 4 5.3% .0% 16.7% Fear of transmission No 0 5 4 14.060, -0% 8.8% 16.7% 4 -007** Yes							
Yes 18 55 16 0.001** Pear of transmission No 18 55 16 0.001** 10 0 4 16.7% 0 5 4 14.060, 10% 8.8% 16.7% 4 18 52 16 0.001**	Fear of getting COVID	No					
Yes 94.7% 96.5% 66.7% Do not Know 1 0 4 5.3% .0% 16.7% Fear of transmission No 0 5 4 14.060,						4	0.001**
Do not Know 1 0 4 5.3% .0% 16.7% Fear of transmission No 0 5 4 14.060, .0% 8.8% 16.7% 4 Yes 18 52 16 .007**		Yes					
Fear of transmission No							
Fear of transmission No 0 5 4 14.060, 0% 8.8% 16.7% 4 18 52 16 .007**		Do not Know					
Fear of transmission No .0% 8.8% 16.7% 4 .007** Yes							
.0% 8.8% 16.7% ⁴ .007** 18 52 16 Yes	Fear of transmission	No	0	5	4		
18 52 16 Yes		110	.0%	8.8%	16.7%	4	007**
94.7% 91.2% 66.7%		Voc	18	52	16		.501
		165	94.7%	91.2%	66.7%		

	Do not Know	1 5.3%	0 .0%	7 29.2%		
		0	10	1	25.573,	
Fear of Quarantine	No	.0%	17.5%	4.2%	4	0.000**
	.,	18	47	16		
	Yes	94.7%	82.5%	66.7%		
	No Change	0	0	4		
	-	0%	0%	15.8%		
	Low	0	10	11		
Negative Effect on		0%	17.5%	44.2%	20.653,	
Socioeconomic status	Medium	14	11	8	6	
		26.6%	19.3%	33.3%		.002**
	High	7	36	1		
		73.4%	63.2%	6.7%		
	Do not Know	1	0	2		
Shift of profession		5.3%	0%	9.2%	27.721,	
	No	12	50	22		
due to COVID	NO	63.2%	87.7%	90.8%	4	0.000**
	Yes	6	7	0		
	165	31.6%	12.3%	0%		
	Clinical Practice was not affected	0	6	5		
	Clinical Fractice was not affected	0%	10.5%	21.6%	16.634, 6	
	Less than a Year	5	13	11		
	Less man a rear	26.3%	22.8%	43.3%		
	More than a Year	13	38	7		
	More triair a real	68.4%	66.7%	30.9%	· ·	.023**
	Never	1	0	1		
	140.00	5.3%	0%	4.2%		

(84.6%) dental practitioners were afraid of getting COVID-19 from patients. Lesser percentage of Females (79.5%) had fear of transmission of COVID as compared to male [90.2%]. This may be due to more cautious and careful approach by Female practitioners. Mostly both male [85.2%] and female (74.4%) had fear of getting quarantined. Many of male [55.7%] and female (64.1%) agreed that prevailing COVID conditions had high negative effect on their socioeconomic status. This was quite expected seeing the earlier responses confirming fall in both patient's volume and monthly collections. Only very few of male (9%) and females (4%) felt the need of shifting profession as compared to majority of male (82%) and female (74.4%) practitioners who did not want to shift. This reflected common belief in system and optimism regarding getting all things back to normal in recent future. Majority of male (54.1%) and female (69.2%) respondents felt that it will take more than a year for their practice to get back to normal. It again shows realistic expectations of the dentists. But association of responses of dental practitioners with their Gender was not significant as p value was >0.05. [16,17]

Table 5 shows association of fear, anxiety, socioeconomic status and effect on Practices of dental professionals with their designation.

By Pearson chi square test, from Table 5 it was found that there is highly significant association Fear, anxiety and practice of dental professionals with their designation, p<0.01. Negative effect on Performance of Practice was found to be maximum for General practitioner (94.7%) followed by Specialist (86%) and consultants (66.7%). None of the General Practitioners and Specialists and only a few of consultants (4%) said that there was

no negative effect on their practices, It shows that consultants were least affected among the three. This can be attributed by the fact that consultants generally see complicated cases which are difficult to handle by specialist or general dentists and their practice is not that much affected by patient volumes. Status of Practice of consultant was Open but lower patient volume than usual 75%, which was significantly higher than others. Percentage of practice closed but seeing emergency patients was significantly higher for consultants than general practitioner and specialists. Percentage of practice open and business as usual was significantly lower for consultants than general practitioner and specialists. This again reflects that consultants were seeing higher number emergency cases that may not be handled by general dentist or specialist. Nature of practice for consultants is generally based on complicated or emergency patients. Fall in monthly volume of patients were seen more in case of specialist. Effect on number of patient Input decreased by 50%-75%. Was 40.4% for specialists, which was significantly high? It was least in case of consultants and in fact a few of them saw increase in number of patients even (15.8%) and no change in patient's volume in 27.8%. There was fall in monthly volume of total collections in all three designations. A few of general consultants saw increase on volume of total collections (31.6%). This again can be attributed to nature of practice of consultants which is least affected of all three designations. All the three designations agreed that fear of COVID-19 was major cause of fall in patient volumes. The reason for fall in patient due to Fear of COVID-19 was 100% in consultant. 96.5% specialist that is significantly high. 21% of General dentist also felt that unawareness of guidelines by patients was also one of the reasons for fall in

patient volumes. Fear of getting COVID-19 was confirmed by all three categories of designation with maximum % in specialist (96.5%) and General dentists (94.7%). All of the designations were afraid of transmitting the disease. Fear of transmission in general practitioner was 94.7%, which was significantly higher than others. This apprehension was least in consultant. This might be due to selected number of patients seen by them. All three classes were afraid of getting quarantined and Fear of Quarantine in general practitioners was 94.7%, which was significantly higher than others. It might be due to large number and all varieties of patients seen by general dentists. There was variable negative effect of COVID-19 on socioeconomic status of all three classes. It was medium to high impact on General dentist (26.6 and 73.4% respectively) and specialist (19.3% and 63.2% respectively). There was low to medium impact on consultants (44.2% and 33.3%) and even 15.8% of consultants reported that there was no change in their socioeconomic status. This is well attributed to earlier observations showing that consultants were least affected of all. [18-20]

Majority of the three categories did not want to shift the profession with consultants as 90.8%. It was important to note that 31.6% of General dentist wanted to shift profession. It was quite explainable by seeing earlier trends. Majority of all three classes felt that it will take some time for profession to come back to normal. 21.6% of consultants felt that their practice was not affected by Pandemic influence.

Conclusion

Following conclusions can be drawn based on observations made in questionnaire-based study:

- There was definite negative effect of COVID-19 on clinical practices of dental professionals. Majority of dental practices were open with lower patient volumes.
- Monthly volume of patients and total collections saw a definite decrease.
- Reason for fall in patient volume was agreed by most of dental practitioners as fear of COVID-19. Also, there was negative impact on socioeconomic status of dental professionals.
- Most of the dental professionals were afraid of transmitting the virus to their families and were in fear of getting quarantined. Also, they were afraid of getting COVID-19 from the patients.
- In general, dental professionals disagreed on shifting of their profession due to downslide in dental practices and were of belief that it will take more than a year for their practices to come back to normal.
- There was no significant association of Gender with Effect on Fear, Anxiety, socioeconomic status, and clinical practices of dental professionals due to COVID-19.
- There was significant association of Designation with Effect on Psychological, socioeconomic status, and clinical practices of dental professionals due to COVID-19. Clinical practice of consultants was least affected by COVID-19 as compared to General practitioner and specialists.

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Competing Interests

The authors report no competing (commercial/academic) interests.

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