

Original Article

Title: Assessment of dental practitioner's perception of COVID-19 pandemic effects on their clinical practice: A questionnaire-based study

¹Sridevi Ugrappa, ²Ajay Jain, ³Vijay Kumar Ugrappa

¹Senior Lecturer, Faculty of Dentistry, AIMST Dental Institute, AIMST University, Semeling 08100 Bedong, Kedah, Malaysia.

²Associate Professor, Faculty of Dentistry, AIMST Dental Institute, AIMST University, Semeling 08100 Bedong, Kedah, Malaysia.

³Private Practitioner, DentaKare Multi-speciality Dental Hospital & Implant Center, Kukatpally, Hyderabad, Telangana-500072, India.

Corresponding Author:

Assoc. Prof. (Dr.) Ajay Jain

Faculty of Dentistry, AIMST Dental Institute, AIMST University,
Semeling 08100 Bedong, Kedah, Malaysia.

Email: jainajay9@gmail.com

Mobile: +60109454204

Running title:Dental practitioner's perception on their clinical practice in post-lockdown period amid COVID-19 pandemic

Abstract

Aim: To evaluate the dentist's perception regarding the effects of COVID-19 pandemic on their clinical practice in the post-lockdown period.

Materials and Methods: The present study was conducted among dentists, practicing in India, through an online close-ended structured questionnaire. Both convenience and snowball sampling were used for the distribution of online forms. The frequency distribution test and chi-square test ($\alpha=0.05$) were performed for the demographics, clinical expenditure of the dentists & treatment provided to the patients by the dentists and to evaluate their perception of clinical practice in post-lockdown period, respectively. The null hypothesis stated that there is no difference in their clinical practices and alternative hypothesis stated that the dentists did anticipate and felt the change in their clinical practices amid COVID-19 pandemic. The data were tabulated and analysed using IBM SPSS for Windows, v. 21.0 (IBM Corp., Armonk, USA).

Results: The response rate was 98.52% and the p-value for all the questions related to the perception of their clinical practice amid COVID-19 pandemic was less than 0.05, suggested that the dentists have anticipated and felt that there will be a change in their clinical practice amid COVID-19 pandemic.

Conclusion: The dentists had the perception that their clinical practices will be highly affected in post-lockdown period and they are seeking support from the government in terms of tax waiving on dental products, to cope up with their clinic expenses and seeking

support from the dental council in terms of standardization of treatment charges and waste management protocol in the post-lockdown period.

Keywords: COVID-19 pandemic; financial crisis; novel coronavirus; private dental practitioners; post-lockdown period.

Introduction

The coronavirus (COVID-19) has challenged many health care professions including dentistry and prevention of its transmission is critically important for the safety of dentists itself, their patients, and the staff. Preventive measures have been taken by many countries like isolation, quarantine, social distancing, and community containment to curb COVID-19 pandemic [1]. The movement control order, commonly referred to as MCO, is a *cordon sanitaire* implemented as a preventive measure by the federal government of most of the countries. This order is commonly refereed in local and international media as “lockdown” or “partial lock-down” [2].

More than 1.3 billion people across India have been living under lockdown for more than a period of the month, the government is trying to blunt the effect of corona-virus infection and prevent health-care facilities from being overwhelmed by a wave of the infection and has simultaneously lead to the high disruption of the economy in the country. It can be easily appreciated from Figure 1, that the COVID-19 pandemic has great impact at every aspect of global business, with Indian business, is close to recession or well below potential. One of the studies has shown that up to 53% of businesses in the country are significantly affected so far [3].

The spread of COVID-19 has posed significant challenges in the field of various health care professions like dentistry and dental schools of all affected countries, especially developing countries like India. The New York Times reminded the world, that dentistry has the most risk of any profession concerning COVID-19 [4]. Furthermore, despite many innovations and huge investments in personnel protective equipment’s (PPE) and training courses for infection control (such as a sensor-based dental chair, UV chamber disinfectant, etc), yet dental clinics stand out as one of the highest risk environment for cross-infection. To protect staff, preserve PPE and patient care supplies, as well as expand available hospital capacity during the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) recommended that dental facilities postpone elective procedures, surgeries, and non-urgent dental visits; prioritize urgent and emergency visits now and for the coming several weeks. This aligns with recommendations from the American Dental Association (ADA) and the American Dental Hygienists Association (ADHA) to postpone non-emergency and elective dental procedures [5].

There is a lot of speculation about what the future holds for dentistry when the pandemic is behind all of us. The dentists work in close proximity to the patients and are more prone to contract the virus, as the transmission of the virus is mainly through inhalation/ingestion of saliva droplets. In the case of asymptomatic carriers, the virus can survive up to nine days on the hands, objects, or surface which were exposed to infected saliva. And, with the use of antiseptic mouthwashes, only infectious amount of virus load can be reduced but cannot be eliminated [6,7]. Dental practitioners are now facing a challenge, which they have not been

prepared for, as their practice is not going to be the same in the post-lockdown period as it was earlier until enduring management for this viral infection evolves worldwide.

So, what are all things going to be changed? The changes would be in terms of safety for doctors and their supporting staff, dental management of asymptomatic COVID infected patients, prevention of cross-infection, and establishments of disinfection methods. As the post-lockdown period would be challenging for the dental practitioners and at the same time, would be painstaking to prevent cross-infection among themselves, their staff, and the patients.

Since most practitioners are now compromised financially due to uncertainty, they are waiting for the favourable steps that must be taken by the government in the coming days and simultaneously, it also has an unfortunate impact on the salary of their staff. It is likely that dentists have to wait and watch, how the inflow of the patients and extra investment incurs to manage them, in the post-lockdown period. Some may still get move on with their practices while others may defer the move for the future. It is very difficult to predict what the future holds for private dental practitioners. Since many studies [8,9] are conducted on knowledge, practices, and attitude (KPA) of dental practitioners on COVID-19, the present study was intended to assess the private dental practitioner's perception of their clinical practice, with the objective of managing the financial burden for the maintenance of their clinics regarding infection control, and their future perspectives in post-lockdown period amid COVID-19 pandemic.

Material and Methods

Setting and Design:

This cross-sectional questionnaire study was conducted among the dental practitioners of India by collecting the data through an online structured close-ended questionnaire using Google forms and it is available at <https://docs.google.com/forms/d/e/1FAIpQLSeyoN4QGuPrm-EsnQj9YeBIRxPU57ohYuj1DeeCgwM2u4mkqg/viewform>. The ethical clearance was obtained from the institution ethical committee, prior to conduct the study. To prevent the duplicate responses, there was an option of limiting the responses to one in the form, so that the respondents have to login before filling and thus next time they try to enter the same form, they will be directed to the last page showing that they have already completed it. The duration of the survey was limited to three days only. All the respondents were informed about the study objectives and the participation in the study was purely voluntary and informed consent was obtained from the respondents.

Sampling Criteria:

Both convenience sampling and snowball sampling were used, so that maximal participation could be ensured. The link to the form was promoted on social media platforms to continue recruiting eligible participants for the survey. The inclusion criteria for the study were 1.) the dentists who have completed their dental graduation and currently practicing dentistry, 2.) the submission was considered only when the 'submit' button was clicked at the end of the questionnaire. The exclusion criterion is if a dentist failed to answer ≥ 1 question. (**Figure 2**).

Questionnaires Method:

There were in total of twenty questions, which were divided into four categories: 1) socio-demographic characteristics of the participant's clinics, 2) monthly clinical expenditure, 3) type of treatment provided to the patients during the lock-down period and 4) their perception towards the situation of the clinical practice in post-lockdown period. Face validity and test-retest reliability of the questionnaires was established before the beginning of the study. The null hypothesis stated that the dentists did not seem to be affected by the pandemic in their clinical practices and the alternative hypothesis stated that the dentists did anticipate and felt the change in practices due to COVID-19.

Statistical analysis

The frequency distribution test and chi-square test ($\alpha=0.05$) were performed for the demographics, the clinical expenditure of the dentists & treatment provided to the patients by the dentists and to evaluate their perception of clinical practice in the post-lockdown period respectively. The data were tabulated and analyzed using IBM SPSS for Windows, v. 21.0 (IBM Corp., Armonk, USA).

Results

A total of 204 submissions were recorded, among which 201 were complete responses and were included in the analysis (response rate: 98.52%). (**Figure 2**) There was no drop of the respondents noted.

Socio-demographic characteristics of dental practitioners: (Table 1)

Most of the dental practitioners (46.26%) had clinical experience of more than 10 years and 85.07% of their clinics were located in an urban area with 67.16% fell into the COVID-19 alert zone.

Approximate clinical expenditure of dental practitioners: (Table 2)

Most of the dental practitioners (71.64%) had a clinical expenditure of more than 15k INR (198 USD) and approximately 17.9% of them were not able to pay the salary to their staffs and the salary of their staff (55.22%) recorded were in between 5k to 10k INR (68 USD-130 USD).

Patient's management during the lock-down period by dental practitioners: (Table 3)

The emergency treatment was provided to the patients by approximately 13.43% of dental practitioners and approximately 40.29% of dental practitioners provided telephonic consultation to the patients.

Perception of dental practitioners on clinical practice situation during post-lockdown period: (Table 4)

94% of dental practitioners had an opinion in modification to be done in their private clinical set up at the entrance and at waiting room (like thermal testing, h/o quarantine and COVID-19 recovery, maintaining social distance etc.) ($p=0.00$) during the post-lockdown period. 90% of dental practitioners were in favor to strengthen the training of their staff regarding pre-screening triage and infection control protocol in their clinic ($p=0.00$) during the post-lockdown period. 67.1% of dental practitioners believed that there will be a reduction in the

patient's visit to their clinics ($p=0.00$) and 84.1% of dental practitioners were primed to invest in additional PPE during the post-lockdown period for treating the patients ($p=0.00$) during post-lockdown period. 64.2% of dental practitioners believed to increase the treatment charges to the patient ($p=0.00$) for the additional cost of PPE, since the treatment charges presumed to be increased after using PPE, 71.1% of dental practitioners believed that all the treatments, including cosmetics, should be covered under insurance ($p=0.00$) during the post-lockdown period. 87.6% of dental practitioners believed that the government should provide relief on GST on the dental materials to compensate for the treatment charges to support them ($p=0.00$) during the post-lockdown period. 83.1% of dental practitioners believed that there should be standardization of the treatment charges among all private dental clinics ($p=0.00$) and 91% dental practitioners believed that there should be a change in the standard operating procedures (SOP) in waste management in dental clinics ($p=0.00$) during post-lockdown period. Since there will be an increased risk of cross-infection in treating the patients during the post-lockdown period, 17.41 % of dental practitioners would like to discontinue their practice ($p=0.00$).

Discussion

Despite many innovations and huge investments in PPE and training courses for infection control protocol, dental clinics stands out as one of the highest risks environments for cross-infection. As we all are aware of the spread of COVID-19 and its significant challenges for dental practitioners in the future, especially in developing countries like India, currently, it is very difficult to predict "what the future holds for private dental practitioners".

In a survey conducted by Khader Y et al in 2020 among Jordian dentists [8], they were well versed with the symptoms of COVID-19 and could be able to identify the infected patients by analysing the symptoms of the respiratory system (85.9%), by asking the history of travel to areas experiencing transmission of COVID-19 (94.3%) and by asking the history of contact with possible infected patients (93.8%). In a multinational survey conducted by Kamate SK et al in 2020 [9], 65.5% and 90.2% of dentists realized that treating patients could be a great risk for their health and for their patient's health, respectively.

Since the studies have been conducted on the dentist's assessment in diagnosing the affected patients and the risk of treating them [8,9], the present study has been undertaken to assess their perception on how to move on their clinical practice in post-lockdown period, presuming that substantial issues have been faced by them financially during the lockdown period.

In the present study, most of the respondents (46.26%) had more than 10 years of clinical experience in the field of dentistry. It must be understood with the fact that the more experience a person is, the more perfect he/she is in managing the most critical situation. From the present study, most of the clinics for the dental practitioners were in urban areas (85.07%) and COVID-19 affected areas (67.16%). In this critical situation, it is of utmost importance to understand the location of the clinic, as COVID-19 has severely affected the urban areas when compared with rural areas. In our study, we have observed that 59.20% of the respondents had their rental clinic, 33.33% had their own, 3.48% had a sharing basis, and the remaining 3.98% were, either employed practitioners or consultants to other clinics. The

previous studies have shown that the number of budding dentists is increasing tremendously every year with the fear of unemployment and a sense of hopelessness [10,11]. Nevertheless, it is challenging for dental clinicians to own a clinic in India, followed by huge investment for their clinical set-up, they are not sure about the number of patients visiting and undergoing treatment in their clinics in the future.

It is presumed that, in the post-lockdown period, it would be challenging for the dental practitioners in terms of financial management of clinics like clinic utility, payment of salaries for supporting staff etc., as they have been already facing financial crisis currently. It has been observed from our study that 55.22% of the respondent's staff's approximate salary is between 5k-10k INR (68 USD-130 USD) and the number of staff in more than half clinics (57.71%) were two in numbers. Monthly expenditure on the clinic utility and maintenance was found to be approximately more than 15k INR (198 USD) by 71.64% of respondents. If we calculate altogether, an average of 20k-25k INR (263 USD-330 USD) per month is needed by the practitioners to move on their clinics as a usual practice. When we asked about the status of the staff salary (paid or unpaid), 48.25% of the respondents paid full salary, 33.83% of the respondents paid a partial salary (30%-50%) and remaining 17.91% could not be able to pay the salary to their staffs. In that case, dental practitioners are also seeking for the favorable steps that must be taken by the government for supporting them financially, as they are supporting other sectors.

As per Centre for Disease Control and Prevention (CDC) recommendations, postponing of elective procedures and prioritizing urgent and emergency visits, in our study, we have observed that 40.29% of the respondents had received the consultation on the phone and 13.43%, respondents had performed emergency treatment for the patients in their clinics. More than half (55.22%) of the respondents treated a maximum of five patients, 31.84% of the respondents treated a maximum of ten patients and remaining 12.93% of the respondents treated more than ten patients either at their clinics or on phone calls. It shows the patient's need for the dentist at this point of crisis towards dental treatment in the community.

In developing countries, purchasing extra PPE (gowns, gloves, etc.) and the cost of the fumigation of the dental clinic will have a great impact on the dental clinician financially [9]. PPE can provide protection as well as reduce the risk of any nosocomial infections and cross-transmission in the dental setting [12,13]. From the present study, 84.1% and 64.1% of the respondents, had an opinion to invest on additional PPE and to increase the treatment charges to the patients at the cost of PPE respectively, in the post-lockdown period, and it may be due to the fact that investing extra money on PPE would be beneficial for both the practitioners as well as for the patients, as it can prevent the transmission of infection. We presume that there would not be any violation of the dental practicing principle in charging the extra cost for PPE from the patient, as long as the transmission of the virus is preventable. It is also noted from the present study that, most of the dental practitioner (71.1%) had an opinion for the insurance coverage of all dental treatment procedures, including cosmetic treatment. As dentists are at high risk to expose aerosol/droplets from saliva produced during any type of dental treatment, additional PPE is mandatory. Therefore, to be beneficial both for the dentists and population of society, insurance coverage for all types of dental treatment procedures is recommended. Obtaining prior history related to COVID-19 infection like

travel history, history of COVID infected and recovery or any contact with any family member or any infected person can help significantly reduce the transmission of the disease. This will also help the clinician for extra cautious and necessary modifications to impose during treatments [9]. In the present study, when asked about modifications to be made in the clinical setup (like performing thermal testing, provide mouth mask and hand sanitizer, maintain social distancing, the practice of hand wash, recording travel/quarantine history and COVID-19 recovery), 94% of the respondents had an opinion of making these changes in the post-lockdown period before the patient enters the clinic. The result of the present study was in favor of the previous study [8], which has shown that 74.7% dentists believed that it is necessary to ask patients to sit far from each other, wear masks while in the waiting room, and wash hands before getting in the dental chair, while 21.7% believed that this was not necessary and could cause panic. One of the studies has shown that, 96.2% of the dentists admitted including the travel history while recording the case history of the patient [9].

All the clinical staffs must be sensitized as per the WHO guidelines for the prevention of COVID-19. Alarmingly, in one of the survey, only 43.8% of the dentists reported that their staff was sensitized and it has to be addressed immediately and care should be taken to sensitize the auxiliary staff as per the current CDC and WHO guidelines to combat the spread of this disease [9]. In the present study, when asked about strengthening the training of the staff regarding pre-screening triage and infection control, 90% of the respondents were in favor of this protocol. This huge difference in percentage should be understood by the fact that the previous study recorded the responses from the dentists when COVID-19 was spreading to other nations, little was known about the characteristics of the virus and there was less information regarding the patients cured of COVID-19, but the present study was conducted when all of us carrying a lot of knowledge about the virus.

The outbreak of COVID-19 has shown a drastic effect on one's social life since limitation of the movement in the society and avoidance of all mass gatherings and social events to reduce the transmission rates of infection. In that case, it is presumed that the number of patients visiting the dental clinic would be less in the post-lockdown period. In the present study, 67.1% of the respondents had an opinion that the number of patients in the post-lockdown period would be reduced in number. It must be understood with the fact that many people are living in the society as an asymptomatic carrier of COVID-19 and there will be fear of getting infected with asymptomatic patients.

The government must have a program to small scale businesses including private dental clinics, that have been financially affected by the COVID-19 pandemic. In the present study, when asked about the support of the government in providing relief of goods and service tax (GST) on the dental materials to compensate for the treatment charges in the post-lockdown period, 87.6% of respondents had an opinion to waive of this tax as it could be beneficial for them in terms of managing their clinical expenses and compensation on the extra investment made on PPE. This high percentage on standardization of the treatment charges among all private dental clinics (83.1%) and standard operating procedures (SOP) in waste management in dental clinics (91%) during the post-lockdown period must be understood

with the fact that standardization will reduce the burden on dental practitioners and SOP of waste management will reduce the risk of cross-infection.

Recently, Holden Thorp published an editorial entitled “*Time to pull together*” in which he mentioned the changes that may take place in the world amid COVID-19 and also focused on that these changes are not the permanent one, as some events the world has faced in the past (like 9/11 or the 2008 global financial crisis), either life can go back to their normal way as it is or the changes will be beyond our imagination [14]. In context with his statement, if we look at the clinical practice of dentists, they will have to wait to see the number of patients visiting their clinic in post-lockdown period and expenses to be made on the modifications of clinical set up with additional usage of PPE to treat them.

Conclusion

It can be concluded from the present study that the dentists had a perception that their clinical practices will be highly affected in post-lockdown period amid COVID-19 pandemic and they are seeking support from the government in terms of tax waiving on dental products, to cope up of their clinic expenses and seeking support from the dental council in terms of standardization of treatment charges and waste management protocol in the post-lock-down period. One of the limitations of the current study are, the short duration of data collection, the reason being is, to spread the awareness of the dental practitioner’s perception in managing the financial crisis in the post-lockdown period before the MCO lifts, at least the government and council can make some policies, which are favourable for the practitioners. Another limitation of the study is the number of participants involved. However, this is considered a moderate sample size. It also shows the need for a dentist at this point of time in the treatment of the patients in the lock-down period. It is the need of an hour to innovate cost-effective infection control measures in the dental clinical set-up, so that the treatment in clinics is affordable by even low socio-economic status patients.

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Figure legends:

Figure 1: COVID-19 pandemic impact at global businesses

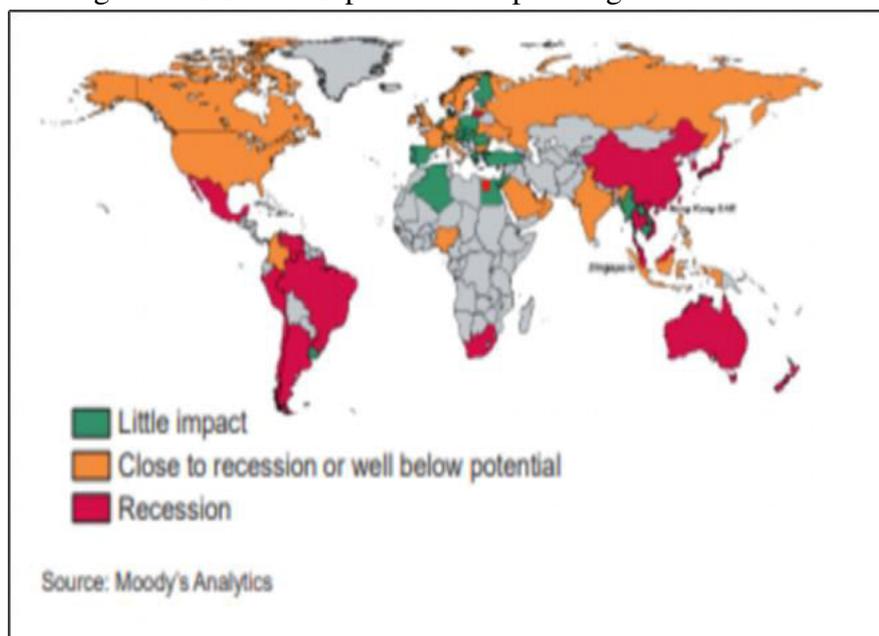
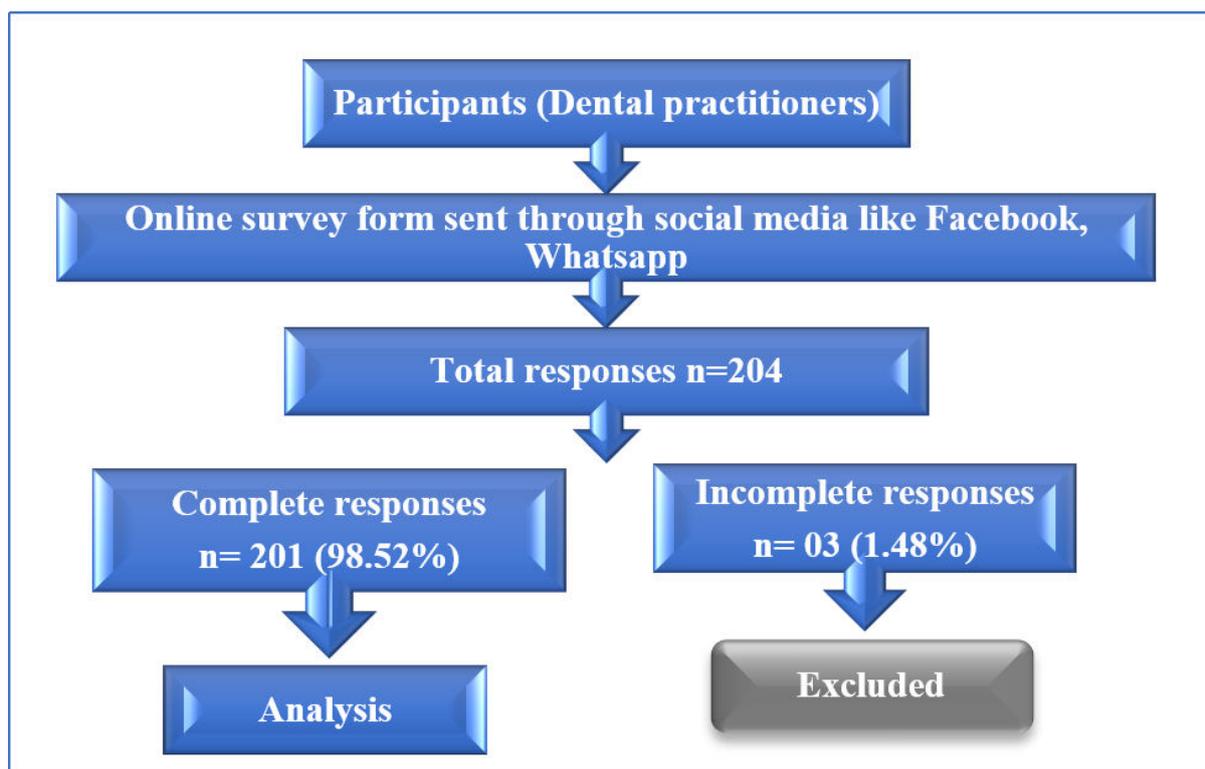


Figure 2: Schematic representation of the study design

**Table 1: Responses on socio-demographic characteristics (n=201)**

Number of years of private dental/clinical practice	
less than 5 years	49 (24.37%)
5 to 10 years	59 (29.35%)
more than 10 years	93 (46.26%)
Does your clinic fall into alert zone of COVID-19?	
Yes	135 (67.16%)
No	66 (32.83%)
Dental clinic or practicing area located in	
Urban area	171 (85.07%)
Rural area	30 (14.92%)
Dental clinical setup belongs to following categoryy	
Own	67 (33.33%)
Rental	119 (59.20%)
Sharing basis	7 (3.48%)
Others (employed practitioner, consultant to other clinics etc)	8 (3.98%)
Number of staffs in the clinic (which includes dental auxiliaries, dental hygienists, cleaners etc.)	
Two	116 (57.71%)
Three	42 (20.89%)
Four	21 (10.44%)
More than four	22 (10.94%)

Table 2: Responses on the clinical expenditure (n=201)

Approximate salary for all the staffs per month	
Less than 5000 INR (less than 68 USD)	19 (9.45%)
5000 to 10,000 INR (68 USD-130 USD)	111 (55.22%)
More than 10,000 INR (more than 130 USD)	71 (35.32%)
Approximate expenditure of the clinic per month (general maintenance like rental, utility bills etc.)	
Less than 5000 INR (less than 68 USD)	4 (1.99%)
5000 to 10000 INR (68 USD-130 USD)	17 (8.45%)
10000 to 15000 INR (130 USD-198 USD)	36 (17.91%)
More than 15000 INR (198 USD)	144 (71.64%)
Did you manage to pay salary to your staff during lock-down period?	
Full salary	97 (48.25%)
Partial salary (30 to 50%)	68 (33.83%)
Not able to pay salary	36 (17.91%)

Table 3: Responses on the treatment provided to the patients during lock-down period (n=201)

The practice during lock-down period is limited to	
Emergency care only	27 (13.43%)
Clinic closed all the time	93 (46.27%)
Patient consultation on phone	81 (40.29%)
Number of patients treated at emergency care and /or consultation on phone per week	
Less than 5 patients per week	111 (55.22%)
5-10 patients per week	64 (31.84%)
More than 10 patients per week	26 (12.93%)

Table 4: Responses on the clinical practice situation during post lock-down period (n=201)**Table 4: Responses on the clinical practice situation during post-lockdown period**

Questionnaire items		Overall n=201	Chi-Square ($\alpha=0.05$)	p value
1. Do you require any modification to be made in your private clinical setup (like thermal testing, provide mouth mask and hand sanitizer, maintain social distancing, practice of hand washing, recording travel/quarantine history and COVID-19 recovery etc. for the patients) during post-lockdown period?	Yes	189 (94%)	333.25	0.00
	No	7 (3.5%)		
	Not Sure	5 (2.5%)		
2. Do you feel that you need to strengthen the training of the staff regarding pre-screening triage and infection control protocol in your clinic, which will incur financial burden to you?	Yes	181 (90%)	291.70	0.00
	No	5 (2.5%)		
	Not Sure	15 (7.5%)		
3. Do you feel that the flow of patients will be reduced in number during post-lockdown period?	Yes	135 (67.1%)	119.13	0.00
	No	13 (6.5%)		
	Not Sure	53 (26.4%)		
4. Do you have any plans to invest on additional PPE during post-lockdown period for treating the patients?	Yes	169 (84.1%)	234.83	0.00
	No	8 (4%)		
	Not Sure	24 (11.9%)		
5. If yes, you will charge the patient for the additional cost of PPE?	Yes	129 (64.2%)	109.46	0.00
	No	8 (4%)		
	Not Sure	64 (31.8%)		
6. Do you feel that all the treatments (including cosmetics), should be covered under insurance as the treatment charges will be increased after using PPE?	Yes	143 (71.1%)	138.98	0.00
	No	11 (5.5%)		
	Not Sure	47 (23.4%)		

7. Should government provide relief on GST on the dental materials to compensate for the treatment charges to support the dental practitioners?	Yes	176 (87.6%)	266.89	0.00
	No	7 (3.5%)		
	Not Sure	18 (8.9%)		
8. Do you feel that there should be standardization of the treatment charges among all private dental clinics in post lock-down period?	Yes	167 (83.1%)	224.35	0.00
	No	13 (6.5%)		
	Not Sure	21 (10.4%)		
9. Do you feel that there should be change in the standard operating procedures (SOP) in waste management in dental clinics in post-lock down period?	Yes	183 (91%)	301.73	0.00
	No	5 (2.5%)		
	Not Sure	13 (6.5%)		
10. Do you feel that you should continue your practice, as there will be increased risk of cross-infection in treating the patients during post-lockdown period,	Yes	77 (38.03%)	24.00	0.00
	No	35 (17.41%)		
	Not Sure	89 (44.27%)		

$p < 0.05$ (statistically significant)