



Phenomenological Research of Dentist Experiences During the Covid-19 Pandemic

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Abstract. Background The Covid-19 pandemic has resulted in difficulties, including changes in the healthcare service flow, including dental and oral healthcare services, which have become potential sites or mediums for virus transmission. The worsening situation of Covid-19 has compelled dentists to limit procedures in their practice and reduce the number of dental appointments. During the COVID-19 pandemic, mandatory health protocols must be implemented in dental practices, including maintaining physical distancing, limiting direct contact with other individuals, and reducing the number of patient queues in waiting areas.

Purpose : Exploring by directly observing dentists regarding their service experiences during the COVID-19 pandemic to provide a concrete, focused, and more vivid description of the experiences felt by dentists based on phenomenological research.

Research Methodology : This research employed a qualitative research with a phenomenological approach. The research was conducted for approximately one month at Kaina Healthcare Clinic in West Jakarta. The research sample consists of dentists working at the clinic.

Results : Based on the outcomes obtained, 8 themes were identified: dental services continue to operate following health protocols, the most common service is emergency care and tooth abscess treatment, a different workload compared to before the pandemic, mental pressure on dentists, decreased income, ineffective telemedicine, stigma and discrimination, and discomfort when using personal protective equipment (PPE).

Conclusion : Based on the theory of organizational behavior, dentists may experience worry and anxiety about the possibility of contracting the virus from patients. However, they must continue to provide service despite the high risk of transmission and reduced income due to decreased patient visits. The information flow or learning effect is that Kaina Healthcare dental clinic continues to operate by following the service procedures during the COVID-19 pandemic. The clinic provides equipment to support COVID-19 prevention efforts. Based on the experience of dentists in providing services during the COVID-19 pandemic, capacity development that has been practiced includes the use of telemedicine. However, this approach has proven to be ineffective because it cannot address the underlying causes of dental problems that require dental treatment. Furthermore, there have been transformational impacts, such as a different workload compared to before the pandemic due to a decrease in patient visits and longer process flows.

Keywords: Covid-19, Experience, Dentist.

INTRODUCTION

In December 2019, the world was shocked by an outbreak of pneumonia in Wuhan, China, the cause of which was initially unknown and rapidly spread to other cities in China (Pedotti, M., Scapellato, S., Marciano, A., Costa, P., & Oteri, G. 2020). The pathogen responsible for the cases was later identified as belonging to the coronavirus family, and the disease was subsequently named Coronavirus Disease (COVID-19) (Ataş, Ö., & Yıldırım, T. 2020). This virus spread rapidly and uncontrollably worldwide, leading the World Health

Organization (WHO) to declare COVID-19 as a global pandemic on March 11, 2020 (Susilo, A. et al. 2020). The first case of COVID-19 appeared in Indonesia on March 2, 2020, specifically in Depok, West Java. As of September 2020, a total of 282,724 confirmed cases had been reported in Indonesia, with a mortality rate of 3.7% (10,601 cases).

COVID-19 can be transmitted through droplets, and recent research has even suggested that transmission can occur through airborne particles. In May 2020, the Indonesian Medical Association announced that a total of 25 doctors and 6 dentists had died during the pandemic due to COVID-19 infections. Globally, this pandemic has brought various challenges to frontline healthcare workers as they face an extraordinary workload and long working hours. Research has shown that witnessing patients', friends', and colleagues' illnesses or deaths, coupled with the fear of contracting the virus and transmitting it to family members and others, has contributed to an increased risk of fatigue and psychological stress among healthcare workers. During the pandemic, healthcare professionals are in a high-risk condition for transmission, including dentists who are also at high risk for COVID-19 transmission because they work in close contact with patients and have direct exposure to saliva and blood (Passarelli, P. C., Rella, E., Manicone, P. F., Garcia-Godoy, F., & D'Addona, A. 2020). Dental equipment such as *handpieces, air-water syringes, and ultrasonic scalers* can generate air droplets, saliva, blood, microorganisms, and other debris, making them highly susceptible to the transmission of viruses between patients and dental professionals or vice versa (Al-Nemrabiah, Z., Alkholuli, M., Laflouf, M., & Abdul-Hak, M. 2020). This poses a risk for dental practices to become high-risk cross-infection sites, potentially jeopardizing dental care. SARS-CoV-2 can remain viable in aerosols for at least 3 hours and can survive on inert surfaces for more than 72 hours (Hudiyono, R. et al. 2020; Liasari, I. & Lesmana, H. 2020). In early March 2020, during the pandemic, the *American Dental Association (ADA)* recommended dentists worldwide to postpone elective dental procedures for 3 weeks. ADA also provided guidance on conditions that needed to be considered as emergency and non-emergency dental treatments (Deldy, H. et al. 2020); (Abramovitz, I. et al. 2020); (Nahidi, et al. 2022). Alongside an unpredictable pandemic's ongoing impact and the necessity for urgent dental treatment, standard protective measures in dental care have proven insufficient in preventing the spread of COVID-19. Literature discussing COVID-19 prevention efforts in dental practice is still relatively scarce in Indonesia.

The factors underlying the conduct of this research include the outcomes at Kaina Healthcare Clinic in Jakarta where certain phenomena have occurred. Additionally, the experiences of dentists who became infected with the Covid-19 virus while treating patients,

changes in both the flow and service procedures, a decrease in patient visits, which has financial implications for dentists, and the apprehension among dentists regarding the presence of the Covid-19 virus during their practice.

THEORETICAL ANALYSIS

A. Definition of a Dentist

Dentistry is a branch of healthcare professions included in the field of medical services. According to the Law of the Republic of Indonesia No. 29 of 2004 regarding Dental Practice, dentists include general dentists and specialized dentists who are graduates of dental education programs, both within and outside the country, recognized by the Government of the Republic of Indonesia in accordance with applicable regulations. This profession is a job carried out based on knowledge, competence acquired through continuous education, and a noble mission oriented towards serving the community. The role of a dentist is to provide oral health services in healthcare facilities, encompassing preventive, prophylactic, curative, and rehabilitative measures to enhance health status, as well as to educate and empower the community in the field of oral health.

B. Dentist's Experience

Dentists are one of the professions at high risk of COVID-19 transmission. In their work, dentists have close interactions with patients and come into contact with potential transmission media of the COVID-19 virus, such as saliva, blood, and other respiratory tract fluids (Datta et al., 2021; Lin et al., 2022). Most dental procedures produce aerosols and splatters contaminated with saliva and blood. In response to the emergence of COVID-19 as a global pandemic, the *American Dental Association* (ADA) recommended the postponement of elective dental procedures on March 16, 2020 (American Dental Association, 2020). Similar steps were also taken by the Indonesian Dental Association (PDGI) on March 17, 2020 (Board of Directors of the Indonesian Dental Association, 2020). Therefore, the presence of teleneurology can become a potential alternative to continue providing oral healthcare services during the pandemic and beyond.

Teleneurology is a subunit of *telemedicine*, which is defined as the improvement of healthcare services, counseling, education, and dental treatment remotely by dental professionals to patients using information and communication technology without face-to-face interaction (Centers for Disease Control and Prevention, 2019; Lin et al., 2022). The COVID-19 pandemic has led to stigma surrounding visits to dental professionals, resulting in

increased interest in *telemedicine, including teleneurology*, among the public (Choi et al., 2021).

C. Pandemic Covid-19

1) Explanation

The Coronavirus Disease 2019, or COVID-19, is an infectious disease caused by the newly discovered coronavirus, known as the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). This novel disease was unknown before the outbreak in Wuhan, China, in December 2019. COVID-19 has since become a global pandemic, affecting many countries worldwide (World Health Organization, 2020).

2) Characteristics of COVID-19.

In the General Preparedness Handbook for Facing COVID-19 (2020), it is stated that COVID-19 causes mild to severe pneumonia and can be transmitted among humans. The coronavirus is sensitive to ultraviolet light and heat, and it can be effectively inactivated with almost all disinfectants except for chlorhexidine. (Kemenkes RI, 2020).

3) Mechanism of COVID-19 Transmission.

The COVID-19 Pandemic Handbook (2020) states that the coronavirus is zoonotic, suggesting the possibility that the virus originated in animals and was transmitted to humans. The exact process of transmission of the COVID-19 virus from animals to humans is not yet known for certain, but epidemiological data suggests that COVID-19 may also be zoonotic. Subsequent data development indicates 8 instances of human-to-human transmission, with COVID-19 primarily predicted to be transmitted through respiratory droplets and via direct contact. Aerosols or droplets may potentially be transmitted when individuals have prolonged direct contact with the infected person. In this case report, transmission is even said to have occurred when the index case had not yet exhibited symptoms (asymptomatic) or was still (Ministry of Health of the Republic of Indonesia, 2020b).

4) Symptoms and Clinical Characteristics of COVID-19

Based on current epidemiological research, the incubation period of COVID-19 ranges from 1 to 14 days, typically occurring within 3 to 7 days (Safrizal, 2020). According to the CDC in 2020, the following are signs and symptoms experienced by individuals with COVID-19, ranging from mild to severe. Symptoms can appear 2-14 days after exposure. The following are the symptoms experienced by individuals with COVID-19 (*Centers for Disease Control and Prevention, 2020*):

- a. Fatigue or lethargy
- b. Cough

- c. Shortness of breath or difficulty breathing
- d. Loss of appetite
- e. Body aches
- f. Headache
- g. Loss of taste or smell
- h. Sore throat
- i. Stuffy or runny nose
- j. Nausea or vomiting
- k. Diarrhea

RESEARCH METHOD

A. Tempat dan Waktu Penelitian

1) Waktu Penelitian

The time used by the researcher for this research was within approximately one (1) month from the issuance of the research permit. This time frame was allocated for data collection and data analysis, which included presentation in the form of a thesis and direct guidance sessions.

2) Research Location

The location of this research is at Kaina Healthcare Clinic, Jakarta, situated at Jalan Citra Garden VII No. 6, Kalideres, West Jakarta.

B. Research Background

1) Research Design

In this research, a qualitative research method is employed, utilizing a phenomenological approach.

2) Research Participants

In this research, the informants are experienced dentists who have been practicing for 2 years at Kaina Healthcare Clinic and have been practicing during the Covid-19 pandemic. The experience of practicing during the Covid-19 pandemic is a new aspect for the four dentists. Expert judgment is provided by the Director of Kaina Healthcare Clinic and a lecturer at Esa Unggul University.

3) Research Instrument

In this research, the instrument to be used is an interview guide developed by the researcher and validated by expert opinions, namely the Director of Kaina Healthcare Clinic and a lecturer at Esa Unggul University.

RESULTS AND DISCUSSION.

The informants in this research consisted of 4 (four) individuals, all of whom are dentists. The informants' ages ranged from 31 to 35 years, and they were all female. Their educational status is at the undergraduate level (S1).

No	Initials	Code	Gender	Age (Year)	Education
1	MU	Participant one	P	35	S1
2	IT	Participant two	P	38	S1
3	MA	Participant three	P	30	S1
4	V.	Participant four	P	31	S1

1. Theme 1: Dental Services Continue to Operate by Following Health Protocols (Practiced Capacity Development)

The Indonesian Dental Association (PB-PDGI) issued Circular Letter No. 2776 in 2020 regarding Guidelines for Dental Services during the SARS-CoV-2 Virus Pandemic. It mandates that dentists performing their duties during the Covid-19 pandemic should possess good mental and physical health and adhere to the use of Personal Protective Equipment (PPE) in accordance with established standards. The experiences described in this research are related to dental services continuing to operate by following service flow procedures during the Covid-19 pandemic.

a. Subtheme: Dental Services Continue to Operate by Adhering to Service Flow Procedures During the Covid-19 Pandemic

"Yes, there are certainly changes in the procedures, and we follow health protocols and service flow procedures during the Covid-19 pandemic. Unlike before when patients could come in and register for dental treatment immediately, now we conduct screening first with questions like whether there is a fever or cold, similar to typical Covid-19 screening questions. Patients also need to make appointments in advance during Covid-19, and we have to use Level 3 PPE, with the clinic providing Covid-19 prevention support equipment." **(Participant one)**

"Yes, we still follow the procedures, but we make appointments with patients in advance, limiting the number of visitors per day to manage patient queues." **(Participant two)**

"The Covid-19 pandemic has had a significant impact on dental care. At one point, the clinic was temporarily closed. However, it was later reopened, and patients are now

seen by appointment only, focusing on those who are truly urgent or in need of treatment. We also use Level 3 PPE, and patients undergo screening and antigen testing first." (Participant three)

"We still follow health protocols and service procedures during the Covid-19 pandemic, starting with patient appointments in advance. The service process is very different, and it aligns with our shift schedules for appointments. There is a Covid screening first, where patients are asked if they have a fever, cough, or cold, or if any family members have been exposed to Covid. Then, as part of the preparation for certain procedures, patients are required to undergo an antigen test." (Participant four)

b. Subtheme: Prior Patient Appointments

"Yes, based on appointments, only those who are truly urgent or require treatment are seen. So, for example, only scaling is not performed." (Participant two)

"During the Covid-19 pandemic, appointments are made in advance." (Participant three)

c. Subtheme: Patient Screening First

"Before any procedure, it starts with screening and the patient filling out a form or undergoing an interview as part of the screening process to assess their contact history and any symptoms they may have experienced." (Participant two)

"Yes, with screening first before any procedure." (Participant three)

d. Subtheme: Antigen Testing

"The patient undergoes testing first using a swab or antigen before any procedure can be performed." (Participant one)

"Antigen testing is still carried out to ensure that the patient is indeed healthy and to reassure the dentist that it is safe and there is no cross-contamination." (Participant two)

e. Subtheme: Gargling with Antiseptic Solution

"Gargle with an antiseptic solution before the procedure." (Participant one)

"The patient needs to gargle with an antiseptic solution first." **(Participant three)**

"The patient has to gargle with an antiseptic solution before the procedure can begin."
(Participant four)

f. Subtheme: Provision of Covid-19 Prevention Support Equipment Such as Air Purifier, Aerosol Suction, UV Light, Level 3 PPE

"Yes, they provide it, starting from Level 3 PPE, registration and screening forms, antigen tests, aerosol vacuum, UV light, and exhaust fans." **(Participant three)**

"Yes, they provide an air purifier, Level 3 PPE, face shield, extra-oral suction, and UV lamps for room sterilization." **(Participant four)**

2. Theme 2: Most Common Services are Emergency Dental Care and Tooth Abscess Treatment (Transformational Impact)

Dental treatment procedures during the Covid-19 pandemic can be categorized into five categories based on the urgency of the condition: (1) emergency procedures that can be life-threatening, (2) urgent procedures requiring immediate care that can be performed with minimal invasive measures and without aerosol generation, (3) urgent procedures requiring immediate care that involve invasive measures with aerosol generation, (4) non-urgent procedures not requiring immediate care, and (5) elective procedures.

a. Subtheme: Tooth Extraction

"During the height of Covid-19, we only accepted urgent cases first. Non-urgent services were postponed, such as tooth extraction for loose teeth that are uncomfortable and cannot be delayed." **(Participant one)**

b. Subtheme: Toothache

"Actions are only taken for urgent cases, such as swollen teeth and toothaches."
(Participant two)

"Toothaches, loose teeth that are uncomfortable when eating, swollen teeth, and tooth pain. Because they need immediate attention, they have to be handled promptly. Non-urgent procedures are postponed for the time being." **(Participant three)**

3. Theme 3: Workload Differs from Before the Pandemic (Transformational Impact)

The high number of Covid-19 cases has led to a decrease in patient visits and an increase in dilemmas for dentists in providing oral healthcare. This is evidenced by the interview results below:

a. Subtheme: Decreased Patient Visits

"Before the Covid-19 pandemic, we could see as many as 10 or even 12 to 15 patients per day. However, during the early days of the pandemic, there were days when we didn't have any patients at all, and most patients only consulted because we couldn't meet in person. Even after the pandemic, the number of patients who come in is not up to 10." (Participant three)

"Yes, it's quite a significant difference. While we used to handle up to 12 patients in one shift, during Covid, we can only accommodate 5 patients." (Participant four)

b. Subtheme: Longer Process Flow

"Yes, the process is quite different, and it's quite lengthy. Patients need to register first for appointments, and when they arrive, they are interviewed about whether they have a fever, cough, or cold, or if there is a family member with Covid-19. For some procedures, an antigen test must be done first, and before any procedure, the patient must gargle with antiseptic fluid." (Participant three)

"Yes, there's a longer process now. During the Covid-19 pandemic, there is a need for prior agreements, and actions are only taken for urgent cases. Before any procedure, a screening form is administered, and in some cases, even antigen testing is conducted." (Participant four)

4. Theme 4: Dentists Experience Mental Pressure (Emotional Elements)

In this research, there are factors that cause dentists to experience mental pressure, including:

a. Subtheme: Dentists Must Continue to Serve Despite High Risk of Transmission

"There is a sense of worry, but I still have to carry out my duties as a dentist." (Participant one)

"Yes, definitely... It's more of a burden on us as dentists, as we must continue to provide services and are the most vulnerable when it comes to direct patient care, since we have close contact with saliva and blood, which are the most common mediums for Covid-19 transmission, making us particularly susceptible during procedures."

(Participant four)

b. Subtheme: Feeling Worried and Anxious About Getting Infected from Patients

"Yes, we're afraid that we might get infected from the patient, right?" **(Participant two)**

"The risk of getting infected oneself, the doctor's family, or others, especially from and to patients, cross infection." **(Participant three)**

C. Subtheme: Patients Also Feel Afraid to Visit the Dentist

"Because patients are also afraid of going to the dentist, fearing that they might carry the virus even without symptoms, but there is still a sense of concern and anxiety."

(Participant one)

"Patients are also very cautious about their health, and they prefer not to come to the dentist for now." **(Participant two)**

5. Theme 5: Decreased Income

(Transformational Impact)

The impact of Covid-19 has significantly affected the economic system, and this has also occurred in the case of dentists due to a decrease in the number of patients, while the risks remain high.

a. Subtheme: Income, Workload, and Risks Are Not Proportional

"It's quite impactful because with the decrease in the number of patients, our income from the dental clinic has also decreased. There's also the risk of potentially getting infected with Covid-19, so that's the responsibility. In summary, the income, workload, and risks are just not proportional." **(Participant four)**

"It has a significant impact, especially on the income of dentists, as it has greatly decreased. Income and workload, the risks, they're just not balanced. So, dentists have

to have extra savings. Because we don't know how long this pandemic will last."

(Participant three)

B. Subtheme: Feeling Afraid to Practice but Need Income

Yes, the revenue has decreased because there's a reduction in the number of patients. Actually, there is fear and concern about becoming a carrier, but we also need income.

(Participant five)

6. Theme 6: Ineffectiveness of Telemedicine (Information or Learning Effects)

The Covid-19 pandemic has transformed the healthcare pathway into online consultations, and interview results indicate that this approach is less effective, as shown below.

A. Subtheme: Unable to Address the Causes of Toothache

"Not effective because dental care requires in-person services." **(Participant two)**

"In my opinion, telemedicine services for dentists are not effective because dental care requires in-person services. Using WhatsApp alone is not very effective because we cannot see the patient directly. When using only photos, there may be unfocused and unclear patient images, especially for those with toothaches, which is why only medication or antibiotics are provided. Moreover, continuous antibiotic use is not advisable." **(Participant three)**

B. Subtheme: Dental Care Requires Treatment

"It's not sufficient because you can only have consultations, but dental care usually requires an in-person examination and direct treatment or care. During telemedicine, only medication can be prescribed. Eventually, patients are still advised to come in because the medication is only a temporary measure to alleviate the pain before coming to the clinic." **(Participant one)**

7. Theme 7: Presence of Stigma and Discrimination (Emotional Aspects)

In this research, dentists require significant social support to assist, motivate, and provide encouragement in performing procedures on patients.

A. Subtheme: Dentists as Healthcare Professionals Vulnerable to Infection Exposure

"Being a healthcare worker, there is always a sense of unease, so I have to double up on protection with my equipment. I feel afraid even though patients may appear healthy on the surface because of the fear of being exposed to infection, as patients can be carriers even without symptoms, making them susceptible to transmission."

(Participant one)

B. Subtheme: Concerns When Meeting Family Members with Comorbidities and/or Young Children

"Yes, I felt very anxious, especially for families with a history of underlying illnesses or comorbidities, such as heart disease or diabetes. So, every time I returned from work, I had to take a shower and place my clothes in the laundry area, use hand sanitizer continuously, and perform disinfectant spraying everywhere. So, it was indeed very worrisome and fearful of getting infected." **(Participant two)**

"Yes, I felt very anxious because at the beginning of the pandemic, there was no vaccine yet. Moreover, in our household, there are elderly people with comorbidities, so I felt scared during practice. Especially when performing tooth extraction, which involves contact with blood and using a drill with air and water, so I was very careful to prevent Covid-19." **(Participant three)**

a. Subtheme: People Around Are Afraid/Avoiding

"In fact, it's more like some people tend to avoid, even though they used to just cross paths and walk away immediately." **(Participant four)**

8. Title 8: Feelings of Discomfort When Using Personal Protective Equipment (Emotional Elements)

The adaptation measures in the new normal era and efforts to prevent the transmission of Covid-19 in dental practice settings place a greater emphasis on the use of standard PPE based on job descriptions, which includes the use of level 3 PPE.

A. Subtheme: Reduced Visibility

"The use of level 3 PPE, initially introduced at the beginning of the Covid-19 pandemic, was not comfortable due to the use of hazmat suits, N95 masks, face shields, etc. It reduced visibility and was uncomfortable. However, it had to be done because

Covid-19 is transmitted through the air and water during dental procedures" (Three participants).

"Fearful of being susceptible to infection" (Four participants)

B. Subtheme: Feeling Breathless, Leading to Limited Mobility

"Of course, not really, especially from the beginning until now, there have been changes, especially when it's stuffy wearing a KN95 mask because it's thick and not used to it, it feels suffocating, and wearing a face shield reduces visibility and restricts movement as well." (one participants)

"Actually, the use of level 3 PPE is well-intentioned; however, because it is not commonly used, it makes doctors feel uncomfortable, almost like being in a sauna. Additionally, wearing a mask with three layers is uncomfortable, especially for those who wear glasses, as it causes fogging and impairs vision. Moreover, there is a feeling of restricted movement due to the snug fit of the PPE." (Two participants)

CONCLUSION AND SUGGESTION

A. Conclusion

Based on the research outcomes, the conclusions that have been drawn are as follows: According to Aho's theory of experience, there are several elements of the experience. Firstly, dentists experience emotional transformation; they feel worried and anxious about the risk of contracting the virus from patients. However, they must continue to provide care despite the high transmission risk. Secondly, there is stigma and discrimination from the environment due to being healthcare workers at high risk of Covid-19. Additionally, their income has decreased due to reduced patient visits. In terms of information or learning, the dental clinic services at Kaina Healthcare continue to operate by following the service flow procedures during the Covid-19 pandemic, and the clinic provides equipment to support Covid-19 prevention. Based on the experiences of dentists in providing services during the Covid-19 pandemic, capacity development practices include the use of telemedicine. However, it is not effective since it cannot address the underlying causes of dental pain that require dental treatment. The transformational impact is reflected in the different workload compared to before the pandemic due to reduced patient visits and a longer process flow.

From the results of this research, it is also found that the dental profession is, in fact, a high-risk medical occupation highly affected by the Covid-19 virus, yet they must continue to fulfill their duties and responsibilities to patients. Additionally, there is a longer change in the service process, a decrease in income, and an increased workload with disproportionate risks.

B. Implication

Implications serve the purpose of comparing the research outcomes between the previous studies and the newly conducted one. The following implications can be elaborated:

1. Theoretical Implications

Based on the results of the qualitative research, it was found that the dental clinic services at Kaina Healthcare continue to operate by following the service flow procedures during the Covid-19 pandemic. The clinic provides equipment to support Covid-19 prevention. According to the experiences of the dentists in providing services during the Covid-19 pandemic, the workload is different from before the pandemic due to reduced patient visits, and the process flow is longer. Dentists feel worried and anxious about the risk of contracting the virus from patients, but they must continue to provide care despite the high transmission risk and reduced income due to decreased patient visits. Telemedicine is being used; however, it is not effective as it cannot address the underlying dental issues that require dental treatment.

2. Managerial Implications

Based on the results of this research, the things that need to be improved are:

- a. During the Covid-19 pandemic, dental procedures need to undergo changes in patient management, taking into consideration infection prevention and transmission protocols.
- a. Dentists should always update themselves with the latest information regarding Covid-19 and its relevance to dental procedures in order to prevent the spread of Covid-19.

C. Suggestion

1. Recommendations for Clinic Management

- a. Clinics can maintain and even enhance healthcare services during the Covid-19 pandemic in accordance with existing health protocols. When facing

pandemics like this in the future, it is advisable to provide even better services.

- b. Further infection control education and training, as well as mental support, need to be provided to make dental clinics safer for both healthcare providers and patients.
- c. There is a need for steps or policies to be taken to ensure the continuity of dental education activities during the Covid-19 pandemic.

2. Recommendations for Future Researchers

It is hoped that future researchers will be able to conduct research with different variables and a larger sample size.

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