## Knowledge, Attitude and Practice of CBCT Among Iraqi Orthodontists

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## **ABSTRACT**

This study aims to assess level of knowledge, attitudes, and practices regarding CBCT among orthodontists and orthodontic practitioners in Iraq. This cross-sectional study was conducted by using electronically constructed questionnaire distributed via email and social media to a total of 150 Iraqi specialists and orthodontic practitioners who were members of Iraqi Orthodontics Society. The questionnaires consisted of 32 multiple choice questions, divided into four segments: demographics (5 variables), knowledge (10 questions), attitude (8 questions) and current practice (9 questions). Demographic questions recorded age, gender, experience years, educational level, and practice sector. Only completed questionnaires were considered for statistical analysis. Mean, percentage, Pearson Chi square and Fisher exact test were performed using SPSS version 22, to compare participants' knowledge, attitude and practice in relation to their educational level and years of experiences, P-value  $\leq 0.05$ was considered to be statistically significant. 126 respondents' questionnaires were returned from a total of 150 Iraqi orthodontic practitioner and specialists. Majority of respondents were females (55.56%), while males were (44.44%), aged 30-39 years (47.62%), followed by 40-49 years (40.48%); most of them work in more than one place (49.21%) and have 1-5 years of experience (44.44%). Masters' degree's holders were the highest percentage (50.79%) among respondents, while the smallest group were having a doctoral degree in orthodontics (7.94%). According to respondents' qualification, no significant differences were found in both knowledge and practice, while significant differences were found only in one question related the attitude. However, there were significant differences among them in attitude and practice according to their years of experience while the knowledge questions showed no significant differences. Results highlight the widespread preference for CBCT among Iraqi orthodontists but reveals gaps in formal training and guideline adherence. Despite variations in attitudes and clinical applications, structured education remains more influential than years of experience in shaping CBCT competency.

Keywords: orthodontist, CBCT, knowledge, attitude, practice

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