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DENTISTRY-THE WAY FORWARD: A CROSS SECTIONAL STUDY TO ASSESS THE CAREERS CHOSEN BY DENTAL GRADUATES

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ABSTRACT:

Introduction: Dentistry, today, faces a number of challenges especially as a career choice. This study seeks to understand if the dental surgeons produced, are still actively practicing dentistry or have shifted out of the profession for various reasons.

Methodology: Our study aimed to assess the careers chosen by dentists graduated from different dental colleges in Bangalore from 2002-2012 by using a Cross sectional design. The study participants from 16 dental colleges were selected by 2 stage stratified random sampling method. A self- administered online Questionnaire [CPAD-Q] was sent to 750 dental graduates. Data was analysed by Descriptive statistics in terms of number and percentage and inferential statistics like Chi-square test, binary logistic regression were used to assess the significant factors responsible for career choice.

Results: 310 dental graduates responded to our questionnaire (response rate-41%), of which 140 were males and 170 were females. Current Employment status revealed that 268(86.45%) were in dentistry and 42(13.55%) left dentistry. The main reasons for leaving dentistry were lack of interest and more job opportunities in other arena. Binary logistic regression showed females were found to be four times more likely to leave dentistry than males. Mother's Occupation and Educational qualification were other significant factors obtained after adjusting confounders.

Conclusion: This estimation of the 'Dentistry Attrition Rate' will help sensitize the policy stakeholders like University, Dental Council of India, Ministry of Health, Planning commission etc.to address the challenges of blind manpower production and the unpredictable and insecure future of dentists

Keywords: Careers, Dental graduates, Dentistry, Dental colleges, Health Sector

INTRODUCTION:

Dental Profession has witnessed a tremendous transition from the barbaric era to the most sophisticated techniques with the increase in number of dental colleges and dentists.[1] As the number of dentists increase, they face a significant challenge in their survival and maintaining their standard of living. Though we have 1.8 lakh dentists[2] existing in India, Oral disease burden remains standstill. One of the reasons for this can be dentists opting other professions, thus deviating from their dental career owing to a number of reasons like lack of interest, job dissatisfaction or better payment options available.[3]

Earlier starting a dental clinic was the best possible career after completion of BDS. Over the years, there witnessed a change in career opportunities. Doing a

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post-graduation has been of great interest among BDS graduates since late 1990's. Presently, the competition for acquiring MDS seat has become so severe that they feel confused and try to reach other alternatives for career growth. Some look for overseas like USA, UK, and Australia where after an initial period of struggle, the opportunities and returns are better.[4] Masters in Public Health and Masters in hospital management are the common alternatives chosen by many graduates nowadays. Some Dental graduates may even change their career field and move outside the health sector. There is growing body of evidence that dentists have become demotivated, with increasing rate of burnout, reflecting a failure of working conditions, to keep pace with the increasing complexity of work. [5]

Geographic imbalance, absence of adequate policies, funding and financial incentives, poor infrastructure has led to the attrition of qualified dentists from practice arena in India.[5] Dentists need to be given adequate facilities to be in dentistry, thus coping with the fast developing world

Thus this study aims to assess the diverse careers chosen by dentists who graduated from different dental colleges in Bangalore from 2002-2012 and to understand the factors associated with their career choice. This reflects the questionable and unpredictable future of dentistry and is sure to inform the stake holders to take positive steps in this regard.

MATERIALS AND METHODS:

A cross sectional study design was conducted in Bangalore for 1 year from November 2014 to 2015.

Study population

Our target population includes all the dental students graduated in the last 10 years from 2002 till 2012 (approximately 1200-1600 dental graduates every year from 16 dental colleges) in Bangalore. A representative sample will be taken for our study.

The inclusion criteria was the dentists who completed graduation from all dental institutions in Bangalore in 10 years from 2002-2012 and all dental colleges in Bangalore recognized by DCI since 1997.

Source of Data:

The list of dentists graduated from different dental colleges in Bangalore was obtained from the Rajiv Gandhi University of Health Sciences. The contact details of the selected dental graduates were obtained from a number of sources including dental institutions, alumni associations, social medias (Facebook, whatsapp, LinkedIn), Practo, Karnataka state dental directory and personal contacts.

The source of data to understand the factors associated with their career choice was obtained from the sample of

representative population with a self-developed and validated questionnaire.

Sample size

Final sample size was estimated to be 300, assuming that 75% of dentists are in dentistry with a 5% margin of error and 95% confidence interval.

$$N = \frac{Z^2 x\ PQ}{\Delta^2}$$

Z= 1.96 for 95 % Confidence level from Std. Normal Distribution

P =Proportion of dentists still in dentistry (0.75)

Q=1-P

Δ=0. 05(5% margin of error)

Substituting the values, we get 288, finally rounded off to 300

The questionnaire was sent to 750 dental graduates (60% non-respondent rate was accounted based on the findings of our pilot study).

Study Population:

Sampling strategy

Quota sampling: To achieve the sample size of 750 dentists over a period of 10 years, we have to select approximately 75 dentists every year [y1,y2….y10] for 10 years. Hence our sampling unit will be x dentists from each of the 16 dental colleges every year in Bangalore. This was achieved using a 2 stage stratified random sampling:

a. Stage 1 stratified random sampling: To determine the number of dentists[x1] from one dental institution [a1] in year one [y1]:

The number of dentists graduating from each college is not uniform every year. To achieve a representative sample from each institution per year, proportionate sampling method was utilized to calculate the number of graduates [x] from each institution to be included in the study. The calculated sample size[x1, x2…x16] for each institution [a1, a2...a16] was proportional to the number of graduating dentists in that college for that year [y1, y2…y10].

b. Stage 2 stratified random sampling: To achieve the sample size[x1] of one institution [a1] in year one [y1].

A list of the graduating dentists for institution [a1] was obtained from the various sources. From this secondary data, the calculated sample size[x1] for that institution [a1] was selected to be a part of the study using a simple random sampling method. This sampling method was followed for all 10 years across 16 dental colleges until the recommended sample size was attained.

Method of Data Collection

The study participants were contacted though telephone, email, face book and other media like whatsapp, linked in and practo. A questionnaire has been

developed to see if the dental surgeons produced are still actively practicing dentistry or have moved out of profession due to a variety of reasons.

A mixed method design was used for the development and validation of the data collection tool. Ten in-depth interviews were conducted in English with dental faculty, postgraduates and an undergraduate student by the researcher for questionnaire development. Content analysis was done on the transcripts from these interviews and a questionnaire CPAD-Q was developed.

The questionnaire comprises of 42 items, dealt mainly under the domains of personal information, current employment status, future plans and attitude/opinion towards dentistry. The questionnaire was in English language covering 8 pages. The questionnaire was checked for face and content validation. An online version of the questionnaire has been designed and sent to the study participants. A consent form has been attached to the google form. Reminders were sent to the participants at an interval of 10-20 days. We have sent 7 reminders. The questionnaire was send to 750 participants.

Data Analysis:

Descriptive statistics in terms of number and percentage was used to estimate the proportion of dentists in dentistry. Chi-square test was used to understand the factors associated with their career choice. Binary Logistic regression was used to estimate the determinants (major factors) of leaving dentistry. Data was entered in excel sheet and analyzed using SPSS version 19.

Ethical Principles

Ethical clearance was obtained to conduct the study from the institutional ethical review board (DAPM RV Dental College) [IRB No: 044/Vol-1/2013] .The ethical conduct has been strictly adhered to the Declaration of Helsinki .

Ethical principles of concern here are Autonomy and Confidentiality.

Autonomy is enhanced by voluntary participation of the dentists and an informed consent was obtained from the participants before participating in the study. Confidentiality has been addressed by assuring that their personal information will not be shared and individual identities will not be revealed in any reports/publications related to this study.

RESULTS:

310 [from a total of 750] dental graduates participated in our study with a response rate of 41.3%. The mean age of the study participants were 30.2+ 3.056. Of the 310 study respondents, 170 (54.8%) were females and 140(45.2%) were males. The detailed demographic characteristics of the study participants are depicted in table 1.

Current Employment Status

Of the 310 study respondents, 268(86.45%) were in dentistry and

42(13.55%) have moved away from dentistry. Amongst 42(13.55%) who have moved away from dentistry, 16(5.2%) were working within the health sector, 7(2.3%) outside the health sector and 19(6.1%) were not working (Table 2). Time trend analysis of study respondents who left dentistry from 2002-2012 is depicted in figure 1

Different Career Options of study participants

The different career options of study participants in dentistry (Table 3), Outside Dentistry, within the Health Sector (Table 4), Outside the Health Sector (Table 5) are depicted below.

There is one study participant (0.3%) who was doing business as well as medical transcription. Of the 42 who moved away from dentistry 19(6.1%) were not working

Reasons for Opting their Career Choices.

Reasons for choosing BDS (N- 310)

BDS was the first career choice for 92(29.7) study participants and 218(90.3) chose BDS due to a number of reasons. Amongst the different reasons for choosing BDS, unable to get MBBS was the reason chosen by 160 (51.6%) study respondents. Professional degree, Financial stability, Family Pressure were the reasons opted by 93(30%), 40(12.9%), 24(7.7%) study respondents respectively. Job security and desire to serve people were opted by 12(3.9%) and 9(2.9%) study respondents respectively. Multiple options were chosen by 28 study respondents.

Reasons for their Career Choice

Amongst 42(13.6%) study respondents who left dentistry, 19 (6.2%) females were not working. The various reasons for not working (Table 6), moving away from dentistry(Table 7), being in dentistry(Table 8) are depicted below

Association of Various factors with the career choice using Bivariable Analysis

To assess the influence of association of various factors with the career choice, we used Chi-square test at 95% Confidence Interval. The dependent variables with reference category subjected to bivariable analysis are depicted in table 9.

Multivariable Analysis for independent significant factors associated with career choice

Binary logistic regression was used to determine the independent factors associated with leaving dentistry. Those variables that showed p value less than 0.3 in bivariable analysis were entered into the regression model. The significant factors obtained after binary logistic regression are depicted in table 10. The coefficient of determination (Cox and Snell r square) obtained in this regression model was 0.078 which implies that 7.8% of the variability in the outcome of leaving dentistry can be predicted with these three factors.

DISCUSSION:

Dentistry, today faces a number of challenges especially with regard to job opportunities. To understand the trends in career choice, it is essential to see the difference in career choice that had occurred over years. Hence we decided to conduct a cross-sectional study with a time frame of 10 years that is from 2002-2012, assuming that they have settled in their professional life. 2013/2014 was not included as they will be in a state of confusion, and majority will be preparing for entrance examination.

The sampling frame used and the response rate determine how well results can be generalised to the population as a whole. After several consultative meetings and reviews, we decided to randomly select the dental graduates from all 16 dental colleges in Bangalore City from 2002-2012, stratified twice, college-wise and year-wise, as stratified random sampling is highly representative, ensures equal chance of participation, minimize bias and provides good quality data.

Though isolated studies are present in the literature measuring the dental student's perceptions on their career[3,6] and career retention rates[7], there was lack of availability of a pre-validated tool measuring the career pathways of dentists. Hence we developed a 42-item semi-structured self -administrated questionnaire with good face & content validity

Online survey methodology was opted due to its reachability as dental graduates were settled in different parts of India or abroad, less time consuming and more economical.

Our study had a response rate of 41%. The low response rate can be attributed to a variety of reasons such as undelivered emails due to invalid email ids, reluctance of participants to respond, time constraints of the participants, lack of interest in the study.

Studies have proven that response representativeness is more important than response rate in survey research. Recent research has shown that surveys with very low response rates can be more accurate than surveys with much higher response rates.[8] Sheehan and McMillan observed that response rates for e-mail surveys appear to be somewhat lower than those of traditional mail surveys. [9]

Our study revealed that 13.55% of the dental graduates moved away from dentistry during the time period of 2002-2012. This 10 year period witnessed an increasing trend of dentists leaving dentistry. Among those who had left dentistry, 1.6% was pursuing their career in research and 1.3% in business administration field. Research was one of the most neglected areas in India in earlier days. When we take into account, highly cited papers that is papers to be ranked top 10% in 22 fields, India witnessed a shift from 767 in 2002-2006 to 1608 in 2007-2011.[10] This may be

due to the realization of importance of research among the youth and their intense desire to be updated with the recent knowledge in the field.

The scope of MBA has attracted many graduates in the recent years especially since 2009. After completion of MBA, a wide range of jobs and career prospects are available in the industrial sector. One can easily get jobs of managerial or executive level after successfully completing their MBA degree.[11]

The dental graduates who left dentistry might not have been interested in filling up the questionnaire. This might have led to an underestimation of the attrition rate. But literature on future prediction of dental manpower for the year 2020 assumes 3% loss of manpower from practice.[12]

When we considered the admission quota of study participants, it was surprising to find that 14% of the general merit and only 13% of management quota deviated from dentistry. This could be due to the higher monetary investments made by the management quota students in pursuing their BDS course and also the availability of capital for setting up their own dental clinics, which ensure them good returns from dentistry.

Independent risk factors for leaving dentistry obtained in our study were female gender and mother being housewife. Having MDS qualification was obtained as a protective factor .A study in Lithuania in 2014 elicited influence of gender factor associated with diverse career pathways of dentists.[7]

More number of female students chose dentistry, but fails to remain in dentistry throughout their professional life. In our study 55% are female participants. This trend of increased female enrolment in BDS was seen in developed and developing countries[13].Dental student enrolment in the United States was 42% women, and in Finland 75% of practicing dentists were women. [14]

Fifty percent of new entrants to dental undergraduate courses in the United Kingdom were female, and by 2020, more than 50% of all practicing dentists will be females. India is also following the same trend and about 50 to 60% of students in all dental schools are females[].[15]

Those dental graduates whose mothers were housewives were 5.2 times more likely to leave dentistry than those whose mothers were employed. This might be due to employed mothers insisting on their children to pursue a professional career.

Nearly 17% of the BDS graduates left dentistry, whereas only 5.7% of MDS specialists left their dental career. It can be inferred that MDS gives them a more stable career both in terms of career satisfaction and financial reasons. Generally the people prefer to go to a specialist than the general practitioner, a stigma that exists in the society.

There were ample reasons for dental graduates to deviate from dentistry. But whether these reasons outweigh the lacunae in the existing dental education system and practices is a query that needs to be considered seriously.

In our study 51.6% choose dentistry because they were unable to get MBBS and only 2.9% chose dentistry because of the desire to serve people. A study done in 2006 in London reported that desire to serve people was the most influential factor in choosing dentistry. [16] Similar results were found in a study done in India in 2014. [6] Various studies all over the world had elicited similar reasons for choosing dentistry as a career. [15,17,18]

Interest in the alternate career they newly opted, better job opportunity and family priority were the three prime reasons for moving away from dentistry. This might be due to the attractive and fascinating elements other careers offered in comparison with the monotonous nature of dentistry.

The main challenge faced by the dental professionals lie in procuring a good job with adequate salary and infrastructure thus providing a sound career. Increasing and maintaining the quality rather than quantity should be the priority. Increased oral health awareness and increased employment opportunities for dentists in the government sector would attract them to work in rural areas, thereby addressing the issue of misdistribution of dental manpower and the issue of unemployment among young dentists. [19]

Internal Validity of the study was established by the use of a self - developed and validated tool CPAD-Q to assess the career pathways of dentists and a highly representative two stage Stratified random sampling technique. The whole data collection and analysis was done by a single researcher which ensures uniformity and avoids bias due to multiple researchers. The methodology and reporting of this study has been strictly adhered to the STROBE (Strengthening The Reporting Of Observational Studies In Epidemiology) guidelines. [20]

The results of this study can be very well generalizable to all 16 dental colleges in Bangalore as the sample was representative. Due to the homogenous nature of the dental education, job opportunities and exposures of dentists, the results of the study may be generalizable to Karnataka and even India. In other countries as the scenario differs in terms of education, curriculum and job opportunities, there is limited generalizability outside India, maybe except a few countries which resembles India in these factors.

The limitation of the study being, a lack of willingness for filling up the questionnaire is seen among those who left dentistry. This could have led to a slight underestimation of the attrition rate. Though we have tried our best to control bias, social desirability bias and

recall bias might have crept in while filling up the questionnaire.

CONCLUSION:

The findings of this study can be disseminated in the form of reports, written documents, personal briefings and seminars to Universities, Dental Council of India, Ministry of Health and Family Welfare, Ministry of Human Resource Development and to other stakeholders. The attrition rate of 13.55% can be utilised to convince the Central and state ministry for an increase in the number of job opportunities for dentists thus providing them a financially lucrative career. The overall goal should be to ensure equitable access to oral care for all segments of the population while at the same time allowing for economically sustainable working conditions for dentists, both in public service and private practice

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TABLES:

Table1: Table depicting the demographic characteristics of study participants

Sl No	Demographic Characteristics	Study Respondents N(%)
1.	Age Category	
	Less than 25	14(4.5)
	25-30 years	**161 (51.9)**
	31-35 years	112(36.1)
	More than 35 years	23(7.4)
2.	Marital Status	
	Married	**221(71.3)**
	Single	87(28.1)
	Divorced	1(0.3)
	Widowed	1(0.3)
3.	Mode of Admission	
	AIPMT	5(1.6)
	KCET	**127(41)**
	COMED- K	101(32.6)
	Minority exams	15(4.8)
	Management exams	62(20)
4.	Admission Quota	
	General Merit	**200(64.5)**
	OBC	19(6.1)
	SC/ST	6(1.9)
	Management/NRI	85(27.4)
5.	Father's Occupation	
	Non Skilled Worker	1(0.003)
	Professional	126(0.41)
	Govt. service	38(0.12)
	Business	117(0.38)
	Private Sector	1(0.003)
	Defense	5(0.016)
	Not Working	22(0.07)
6.	Mother's Occupation	
	Professional	75(0.24)
	Private employee	7(0.02)
	Business	12(0.04)
	Govt. service	5(0.02)
	Housewife	211(0.68)
7.	Spouse Occupation	
	Professional	124(0.56)
	Private employee	14(0.06)
	Business	15(0.07)
	Govt. service	3(0.01)
	Housewife	65(0.29)

N-Number of Participants; **AIPMT**- All India Pre Medical/Predental Entrance Test; **KCET**-Karnataka Common Entrance Test; **COMEDK**-Consortium of medical ,engineering,dental colleges of Karnataka; **OBC**- Other Backward Caste; **SC/ST**- Scheduled Caste/Scheduled Tribe; NRI-Non Residential Indian

Table 2: Table depicting the current employment status

Sl No	Outcome Variables	Number(N)	Percentage (%)
1.	**In Dentistry**	268	86.45
2.	**Moved Away From Dentistry**	42	13.55[10.12-17.64]
i.	Outside Dentistry within Health Sector	16	5.2
ii.	Outside Health Sector	7	2.3
iii.	Not Working	19	6.1
Total		310	100

Figure 1: Line Diagram depicting the time trend analysis : Attrition rate in dentistry from 2002-2012

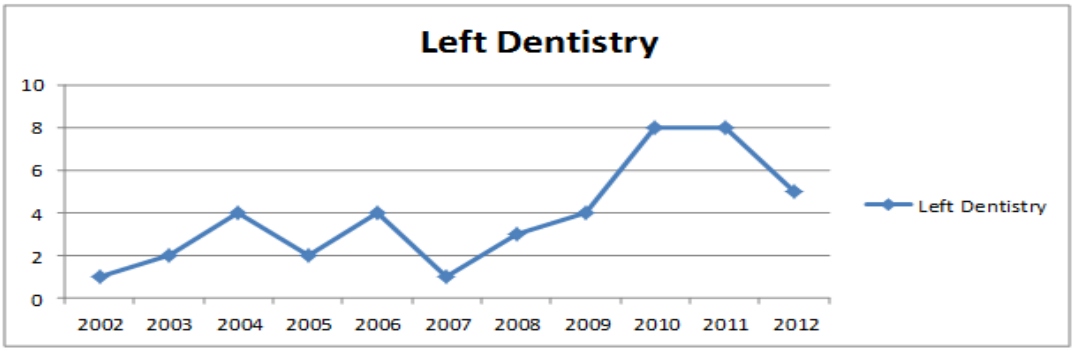

Table 3: Table depicting the Different Career Options in dentistry of study participants

Sl No	Different Careers in Dentistry	N(%)
1.	Private practice	168(54.2)
2.	Teaching faculty	29(9.4)
3.	Government service	12(3.9)
4.	Hospital	9(2.9)
5.	Specialist consultant	10(3.2)
6.	Defence service	8(2.6)
7.	Communityoral health programmer	1(.3)
8.	Searching jobs	4(1.3)
9.	Teaching faculty and Private practice	5(1.6)
10.	Doing pg	22(7.1)
Total		268(86.5)

Table 4: Table depicting the Different Career Options outside dentistry,within health sector

Sl No	Different Careers Outside Dentistry,within Health Sector	N(%)
1.	Hospital administrator	4(1.3)
2.	Research	5(1.6)
3.	Medical transcription	1(0.3)
4.	Health care IT	1(0.3)
5.	Fitness trainer	2(0.6)
Total		13(4.2)

Table 5: Table depicting the Different Career Options outside health sector of participants

Sl No	Different Careers Outside Health Sector	N(%)
1.	Business administration	4(1.3)
2.	Government service	1(0.3)
3.	Insurance sector	2(0.6)
4.	Business	2(0.6)
5.	Entertainment industry	1(0.3)
6.	Preparing for other entrance exams	1(0.3)
Total		11(3.54)

Table 6: Table depicting the reasons for not working

Sl No:	Reasons	N(%)
1.	Competition	1 (5.3)
2.	Family priority	**13 (31.6)**
3.	Low income	2 (10.5)
4.	Lack of interest	1 (5.3)
5.	Not willing to answer	2(10.5)
Total		19(6.2

Table 7: Table depicting the reasons for moving away from dentistry

Sl No	Reasons	Mean	SD	Median	IQR
1.	Family Priority	2.78	1.731	2	4
2.	Peer pressure	1.87	1.29	1	2
3.	Competition	2.04	1.43	1	2
4.	Financial stability	3.3	1.49	3	2
5.	Interest	3.35	1.695	4	4
6.	Job Opportunities	2.87	1.74	4	3
SD-Standard Deviation, IQR-Interquartile range					

Table 8: Table depicting the reasons for being in dentistry

Sl No:	Reasons	N(%)
1.	Interest	140 (45.2)
2.	Job flexibility	50 (16.1)
3.	Feeling of Accomplishment	27(8.7)
4.	Family Priority	14 (4.5)
5.	Financial stability	38(12.3)

Table 9: Table representing the factors associated with the career choice using Chi-square test

Sl No	Variable	Reference Category	p-value	OR	95% CI
1.	Age Category	30 and below	0.271	1.459	0.743-2.868
2.	Gender	Female	0.020*	2.286	1.123-4.654
3.	Marital Status	Married	0.698	1.157	0.554-2.417
4.	Religion	Christian	0.387	1.511	0.539-4.236
5.	Educational Qualification	MDS	0.003*	.280	.114-.688
6.	Father‘s Occupation	Business	0.035*	2.003	1.040-3.857
7.	Mother‘s Occupation	Housewife	0.001*	5.217	1.807-15.065
8.	Spouse‘s Occupation	Housewife	0.119	1.788	0.855-3.738
9.	QEE	AIPMT& KCET	0.708	1.133	0.589-2.180
10.	Admission Quota	GM,OBC,SC/ST	0.848	1.075	0.514-2.248
11.	Professional Degree,	No	0.385	0.739	0.373-1.764
12.	Unable to Get MBBS	No	0.577	1.203	0.627-2.308
13.	Desire to serve people	No	0.650	1.262	0.154- 10.351
14.	Family pressure	No	0.548	0.766	0.248- 2.363.
15.	Job security	No	0.499	1.755	0.221-13.995
16.	Financial stability	No	0.836	1.112	0.409-3.019
AIPMT- All India Pre Medical/Predental Entrance Test. KCET-Karnataka Common Entrance Test. COMEDK-Consortium of medical, engineering, dental colleges of Karnataka. OBC- Other Backward Caste.SC/ST- Scheduled Caste/Scheduled Tribe, GM-General Merit, QEE-Qualifying Entrance Examination, OR-Odds Ratio, CI-Confidence Interval, *p<0.05-statistically significant					

Table 10: Table depicting the determinants of leaving dentistry:Binary Logistic Regression

Sl No	Significant Factors	p-value	Crude OR	Adjusted OR	95% CI
1.	Gender	0.004*	2.286	4.804	1.648-14.009
2.	Mother’s Occupation	0.060*	5.217	2.024	0.138-4.222
3.	Educational Qualification	0.024*	0.280	0.347	0.870-0.971
* p < 0.05 statistically significant ;Cox and Snell r square is 0.078; OR : Odds Ratio					