

# Employment Preferences and Self-Perceived Confidence of House-Officers across Dental Teaching Institutions of Lahore

## Original Article

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## ABSTRACT

**Introduction:** Despite progressive statistics, the oral healthcare system suffers from an unevenly distributed workforce, lack of infrastructure, and reduced quality of dental education. As a result, dental graduates have decreased job satisfaction and limited career prospects. This article assesses the perceptions of dental graduates regarding their workforce skills, abilities, and employment preferences.

**Methodology:** This was a cross-sectional, questionnaire-based study targeting House-Officers from various randomly selected dental teaching institutes of Lahore. The study tool was a modified version of the questionnaire used by Manakil and George and assessed the perceptions of dental graduates regarding their workforce skills and preferences.[14] This study aimed to evaluate the self-perceived confidence of new dental graduates, and investigate the relationship between gender perceptions.

**Results:** The sample size was 256 House- Officers. Most participants were confident in their skills and abilities with 167 (65.4%) individuals confident in workforce integration, 166 (64.8%) confident in their patient management skills, 154(60.2%) confident in their interpersonal skills, and 163 (63.7%) confident in their leadership abilities. The mentorship was considered to be crucial by 207 (80.9%) individuals. Two hundred and thirty-three (91%) individuals were willing for an additional year of internship and 174 (68%) participants chose city-based employment. The government sector was the most preferred for employment by 122 (47.7%) individuals whereas research was least preferred.

**Conclusion:** Career development and mentorship programs must be put into practice, incentives are provided to work in rural areas and research culture is promoted.

**Keywords:** Employment, Dental, House officer, Lahore, hospital

## INTRODUCTION

Dental teaching institutes are vital in strengthening

the oral healthcare system by imparting the necessary skills required to produce competent professionals. The recent mushrooming of private dental institutes has led to a significant improvement in the dentist to population ratio.[1-2] However, the increased number does not guarantee an effective contribution to the dental healthcare system unless essential competencies and skills are acquired.[3] Dental teaching institutions are expected to provide their students with improved competencies, including sufficient clinical training and research opportunities. Nevertheless, there are evident shortcomings in dental education despite advancements in the teaching curriculum from the traditional to the integrated curriculum. The absence of a research culture has led to a shortage of quality faculty. Moreover, dental education and professional competence are inadequately monitored, with malpractice surfacing cases now and then.[4] There is a lack of a regulatory system in our profession, which can have serious dental education consequences in the long run. AA Khan (2018) highlighted that the dental workforce continues to be unevenly distributed, with most dental practitioners centralized in urban areas.[5] Moreover, despite the vast majority of the population with unmet dental needs, many dental practitioners are concerned with a lack of patients unless they are willing to relocate to less profitable rural areas.[5] The lack of patients can be attributed to most dentists being clustered in urban areas, which are home to about 37% of the Pakistani population.[6] With limited



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oral healthcare awareness in the population, there are limited career prospects, job insecurities, and decreased job satisfaction among the increasing number of dentists.[7-9] To assess dental graduates' perceptions regarding their workforce skills, abilities, and employment preferences, house-officers across various dental teaching institutes of Lahore were approached. The house-officers are expected to demonstrate competence in a range of clinical procedures and competence in interpersonal skills, leadership abilities, and patient management. Investigating the self-evaluations of new dental graduates and the differences between gender perceptions is necessary to encourage academic institutions and policymakers to reduce dental graduates' barriers. Doing so will ensure a workforce that is motivated, well-qualified, and well-prepared for future healthcare initiatives.

## RATIONALE

Several studies have explored the skills, attitudes, and preparedness of dental students.[10-13] However, this article aims to evaluate the self-perceived confidence of new dental graduates for the workforce, investigate the relationship between this self-evaluation and gender predispositions, and finally, to shed light upon the perceptions of new dental graduates concerning their preferences in order to help educators and policymakers to identify the needs of new dental graduates and address them accordingly. It is necessary to highlight these self-evaluations and perceptions to encourage an environment of increased quality and enhanced motivation for new graduates.

## MATERIALS AND METHODS

This was a cross-sectional, self-reported questionnaire-based study[[Supplementary Material 1](#)]. The study tool was a modified version of the questionnaire used by Manakil and George [14] and asked questions about confidence levels in workforce integration, clinical abilities, and employment preferences. To assess dental graduates' perceptions regarding their workforce skills, abilities, and preferences, House-Officers across various randomly selected dental teaching institutes of Lahore were approached. Through simple random probability sampling, the study population was identified in 5 out of 9 different dental teaching institutes across Lahore & a total of 330 questionnaires were printed and distributed amongst House-Officers employed in University of Lahore, Lahore Medical & Dental College, Fatima Memorial Hospital, Combined Military Hospital, and Sharif Medical & Dental College. The questionnaires were distributed through a third party to maintain anonymity. Data were collected

during a period of nearly three months from June 2018 to August 2018. The introductory page clearly stated that the participants' information was confidential, voluntary, and would solely be used for research purposes. Respondents answered questions about their confidence in integrating into general practice, patient management skills, interpersonal skills, and leadership abilities. The questionnaire also implored the strongest clinical skills, employment preferences, and mentorship. The data collected was coded and entered SPSS v.22 for Microsoft windows. The findings were analyzed by applying descriptive statistics to calculate numbers and percentages. A p-value >0.05 was considered to be significant. The researchers were permitted to carry out their research work by the University of Lahore's ethical review board. (Ref no: UCD/ERCA/18/02a, dated 19.03.2018). Everyone had an equal chance to participate. However, incomplete questionnaires and questionnaires were excluded from the data.

## RESULTS

Out of the 330 questionnaires distributed, 270 questionnaires were returned. After the exclusion of incomplete questionnaires, the sample size was 256 House- Officers. Hence the response rate was calculated to be 77.6%. Out of the 256 House-Officers responding to the questionnaire, 181 (70.7%) were females, and 75 (29.3%) were males. Two hundred and fourteen (83.6%) of the participants were in 20 to 24 years. Participants were most confident in their workforce abilities and skills: One hundred and sixty-seven (65.4%) individuals were confident in workforce integration. One hundred and sixty-six (64.8%) were confident in their patient management skills. One hundred and fifty-four (60.2%) were confident in their interpersonal skills, and 163 (63.7%) were confident in their leadership abilities. (Graph 1). Regarding gender-based differences in confidence levels, males were comparatively more confident regarding smooth integration into the workforce, patient management skills, interpersonal skills, and leadership abilities[Graph 1].

The mentorship was considered a crucial factor for participants, with 207 (80.9%) indicating that it was imperative to have a mentor during the first few years in clinical practice. Two hundred and thirty-three (91%) individuals were willing for an additional year of internship. Concerning employment preferences, 174 (68%) participants chose city-based employment over a rural-based one, and 234 (91.4%) participants were keen on opening an independent practice. When given a choice to practice in a partnership, sole or as an

**Areas of Strongest Experience**

gender			Frequency	Percent	Valid Percent	Cumulative Percent
male	Valid	perio	7	9.3	9.3	9.3
		restorative	56	74.7	74.7	84.0
		prosthodontics	12	16.0	16.0	100.0
		Total	75	100.0	100.0	
female	Valid	perio	46	25.4	25.4	25.4
		restorative	105	58.0	58.0	83.4
		prosthodontics	30	16.6	16.6	100.0
		Total	181	100.0	100.0	

Table 1 shows the difference between male and female areas of strongest experience

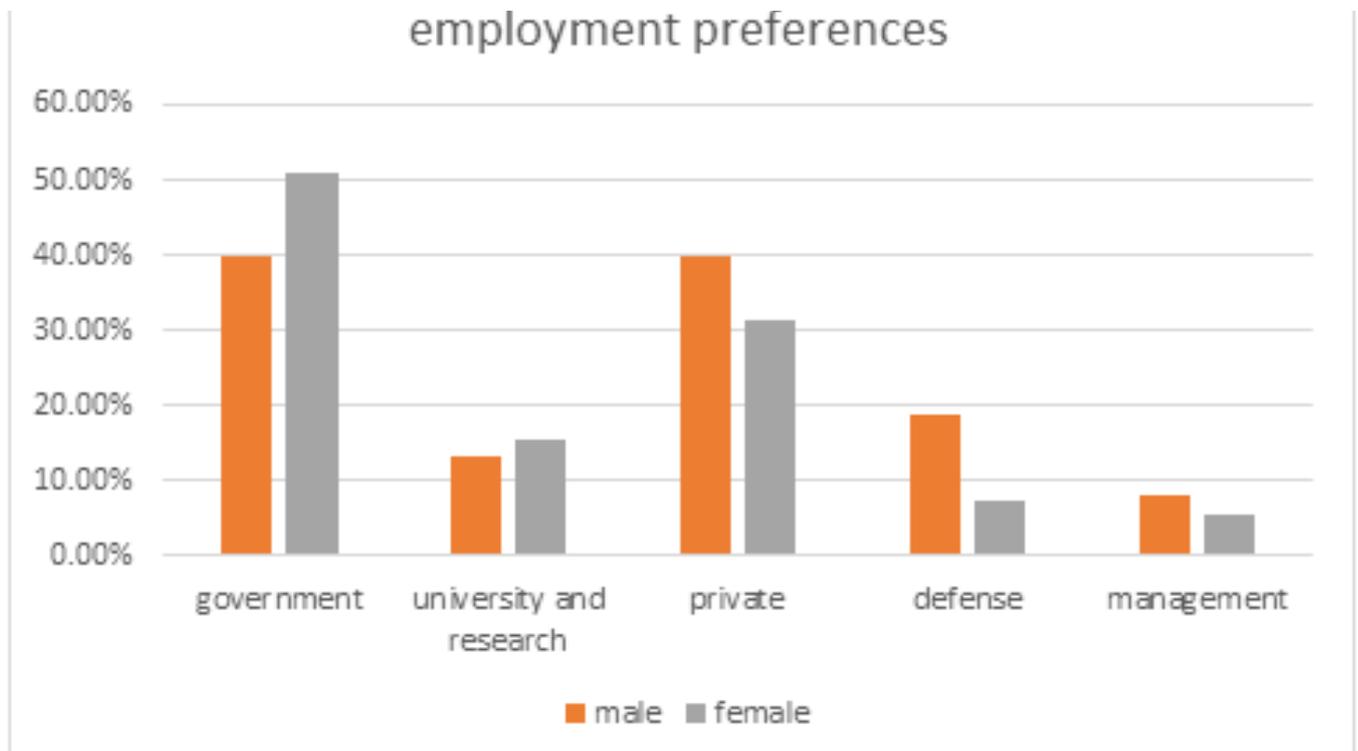
**Preference of Practice**

Gender			Frequency	Percent	Valid Percent	Cumulative Percent
Male	Valid	partnership	32	42.7	42.7	42.7
		employee	16	21.3	21.3	64.0
		sole	27	36.0	36.0	100.0
		Total	75	100.0	100.0	
Female	Valid	partnership	73	40.3	40.3	40.3
		employee	86	47.5	47.5	87.8
		sole	22	12.2	12.2	100.0
		Total	181	100.0	100.0	

Table 2 demonstrates the differences in preference of practice in males and females



Graph 1 - demonstrates differences in confidence levels between males and females. 54 (72%) males were confident in their patient management skills as compared to 112 (61.9%) females. 51(68%) males were confident regarding interpersonal skills compared to 103(56.9%) females. 50 (66.7%) males showed confidence in their leadership abilities compared to 113(62.4%) females.



**Graph 2** indicating the preferred employment of male and females. The government sector was most preferred followed by the private sector. Research, management and defense sectors were not as preferred.

employee, 86 (47.5%) females preferred to work as employees, whereas 32 (42.7%) males showed more preference towards partnerships [Table 1]. The government sector was the most preferred for employment by 122 (47.7%) individuals, followed by the private sector, which was preferred by 87 (34%) individuals). University & Research, Defense, and Management were not as preferred [Graph 2]. Regarding areas of strongest experience, 56 (74.7%) males were more confident in their restorative skills than 105(58%) females. 46 (25.4%) females were more confident in their periodontology skills than 7(9.3%) males [Table 2].

## DISCUSSION

Many respondents were confident in their patient management skills, interpersonal skills, and leadership abilities, with males demonstrating more confidence than their female counterparts. The differences in gender predisposition towards confidence demonstrated in this study followed numerous other studies such as the one done at Cornell University, which indicated that men often overestimated their work performance and abilities, whereas women tended to underestimate both.[15-17] An internal report by Hewlett Packard in 2018 showed that men applied for a job or promotion when they met 60% of the qualifications, but women applied only if they met 100% of them.[18] This could be attributed to a finding by previous studies showing that women tended to underestimate their abilities even if they were high

achievers.[19-20] These findings indicated that female participants of this study might have been capable, competent, and high achievers but underestimated themselves and, as a result, were not as confident in their abilities. More women showed their preferences to work as employees, whereas males preferred partnerships. This finding can be supported by a study showing that females were less confident regarding their work performance and anticipated less support from team members when in a leadership position.[21] Additionally, males regarded restorative dentistry as their most substantial area of experience. This can be compared to a recent study that found that male dental students had a better perception of facial and dental aesthetics.[22] This finding is also comparable to a study at The University of Hong-Kong that new graduates were more confident regarding restorative dentistry than other areas of general dentistry.[23] City-based practices were preferred over rural-based ones. This finding has also been demonstrated in studies across the world where even though half of the world's population is based in rural areas, only a quarter of health professionals prefer employment there.[24-26] This can be due to a lack of incentives, difficulty in professional career growth, and unfavorable living and working conditions.

This is a cause of concern as oral cancer is a significant public health issue globally, the second most common malignancy in Pakistan and the dentist-

population ratio continues to be alarmingly uneven across the nation with a dire need for Dental Surgeons to be employed in poorly developed rural areas.[27-29] There was a lack of interest in research, with most of the participants opting for government and private practices. This can be attributed to insufficient research funding of public universities and the lack of vision and dedication of private academic institutions.[30] As a result, there will be a lack of substantial research and low-quality work that will not meet global requirements. [31-32] An overwhelming majority of participants were keen on an additional year of internship and expressed a need for being mentored. Similarly, a survey by the American Dental Association demonstrated that over 80% of dental students were interested in mentorship programs.[33] Mentoring has been depicted to provide education and training that strengthens workforce capacities and capabilities and aids in individuals' personal and professional growth.[34-35] Mentorship programs have also been indicated as an empowering tool for men and women alike as these lead to career optimism and leadership readiness, personal satisfaction and professional development, and lower levels of dropout.[36-38]

Although Pakistan has gradually improved its healthcare delivery system, it is still necessary to take healthy initiatives to better the oral health sector.[39] As indicated by this study, female dentists are less confident in their workforce abilities. To empower them, programs need to be put into place to encourage leadership, healthy communication skills, and inclusivity. Openness in idea exchange needs to be practiced while respecting that males and females can have equally good ideas.[40] A research culture needs to be embedded at the undergraduate level, where institutional departments need to be at the forefront of research promotion. Moreover, incentives to work in rural areas must be provided, such as establishing rural and urban healthcare connections, improving the quality of facilities, career development programs, and financial incentives.

## CONCLUSION

This study has illustrated new dental graduates' perceptions regarding critical topics such as employment preferences, attitudes towards mentorship, and self-evaluation of confidence levels. Career development and mentorship programs must be put into practice, incentives are provided to work in rural areas, and research culture is promoted. This article aimed to shed some light on these issues for decision-makers to correctly identify the compensatory measures to be taken to better the Oral healthcare

system.

## LIMITATIONS

This study has potential limitations such as the sample's readiness for participation, difficulties in distributing and collecting filled questionnaires. The study was also limited in time and resources. Besides, one individual's perception of the questions may be influenced by the department they were working in at the time of answering the questionnaires.

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### **E-OP**

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The views and opinion expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any other agency, organization, employer or company.

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All the data shared is under terms of [CC BY](#). The Supplementary Material includes;

1. Questionnaire in PDF format size less than 1000 kb can be accessed from this URL: <https://wp.me/abyAqB-Dt>
2. Additional tables and graphs in PDF format, size less than 500 kb, can be accessed from this URL: <https://wp.me/abyAqB-DF>