

## ORIGINAL ARTICLE

# Perception of Parents about Dentistry as a Career Option for their Children

Shazia Nawabi<sup>1</sup>, Usman Mahboob<sup>2</sup>

## ABSTRACT

**Objective:** To explore the perceptions of Pakistani parents about dentistry as a career option for their pre medical group children.

**Study Design:** Qualitative study.

**Place and Duration of Study:** Rawalpindi, Islamabad, Mirpur AJK and Lahore, 30<sup>th</sup> December 2014 to 15<sup>th</sup> August 2015.

**Materials and Methods:** Constructivist grounded theory approach was used as methodology. Data was collected from parents of pre-medical students (FSc, A-level) using purposive and convenient sampling method. In-depth semi-structured interviews were used as data collection tool. Data was analyzed using Constant comparative method for thematic content analysis. Computer Aided Qualitative Data Analysis Software NVivo was used for data analysis and management.

**Results:** Five major themes including, awareness in society, value in society, job opportunities, knowledge and balanced personal and professional life emerged from the data. Themes were broadly classified as sociocultural, socioeconomic and personal themes and helped in conceptualizing and generating "butterfly theory of career choice". Majority of parents perceived dentistry career as having lack of awareness and social acceptance.

**Conclusion:** In developing countries such as Pakistan, awareness of oral health is lacking and scope of dentistry is not as much as in foreign countries. So, parents overwhelmingly prefer medicine as a career choice for their children, rather than dentistry which they think is not as valuable in the society.

**Key Words:** *Achievement Related Perceptions, Career Development, Career Option, Congruence, Family Influence, Perceptions.*

## Introduction

Parents play an important role in children's career guidance and career selection from Various standpoints and influence their career choices both intentionally and unintentionally.<sup>1</sup> Research has shown that parents greatly influence their child's career selection<sup>2,3</sup> and many studies in literature have explored impact of parent's involvement on children's achievements and career selection as a general.<sup>4</sup> Some parents encourage their children by providing them financial and moral support to explore career options available and find out the best career fit for them, as opposed to other parents

trying to live out their own unrealized career dreams through their children.<sup>5</sup> It is pertinent to mention that since many studies have explored perceptions of parents about their children's career as a general but no study could be found that has been done specifically in perspective of dentistry as a career.

This study is important to understand preferences and insecurities of parents about future careers of their children especially in perspective of dentistry. It has been observed that parents in Pakistan usually insist to get their children admitted in medicine rather than dentistry and long counseling sessions are required to convince them for taking admission in dentistry. It has also been observed that parents are at times authoritative and play a critical role in career choices, which can affect children's academic achievements. Therefore it was thought important to uncover the hidden insights of parents and to know their point of view regarding vocation of their children.

This research will help to generate a substantive theory explaining the abovementioned behavior of Pakistani parents and ultimately developing a system

<sup>1</sup>Department of Prosthodontics

Qassim University, Saudi Arabia

<sup>2</sup>Department of Medical Education

Institute of Health Professions Education & Research

Khyber Medical University, Peshawar

Correspondence:

Dr. Shazia Nawabi

Associate Professor, Prosthodontics

Qassim University, Saudi Arabia

E-mail: drshazianawabi@yahoo.com

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model to be used for conducting career counseling sessions. It is assumed that results and predictive information from this study would be used for supporting and advising students and families, to get enrolled in a program according to current trends. The main objective of the study was to explore the perceptions of Pakistani parents about dentistry as a career option for their pre medical group children.

### Materials and Methods

This study utilized qualitative research approach and constructivist grounded theory research methodology. Reasons for selecting this research design were twofold. First was the intention to know in depth, the concerns and insecurities of the parents while selecting a career for their children. Second, was the aim to generate a substantive theory that will explain the observed phenomenon in a specific context.

Study was conducted in twin cities of Rawalpindi and Islamabad, Lahore and Mirpur AJK over a period of eight months, 30<sup>th</sup> December 2014 to 15<sup>th</sup> August 2015. Purposive sampling was done initially and parents of pre medical group students were included in the study. Later, convenience sampling method was used to include parents of students studying in eight different higher secondary schools including five private and three government schools (Roots IVY School Rawalpindi, City School Islamabad, Beacon house School system Islamabad, Federal College Islamabad, Sir Syed College Rawalpindi, Kashmir model College Mirpur, Army public School Rawalpindi and Lahore grammar School Islamabad). Those who volunteered themselves to participate in the interview via publicity of research project through personal meetings were also included in the study. Parents who were doctors or dentists himself/herself were not included in the study. Similarly parents who had children already studying in medicine or dentistry were also excluded from the study. Different venues were used for interviews according to the availability of participants, including Roots DHA-1 School premises, residence of participants, researcher's own residence, Garrison sports complex, Mirpur Public Park and other public places. Constructivist grounded theory approach was used for data collection and analyses.<sup>6</sup> Both data collection and analysis occurred simultaneously throughout the

study, Insight from initial data collection and analysis led to subsequent data collection. A semi-structured question guide was developed using "AMEE guide 87 developing questionnaire"<sup>7</sup> as reference (Table 1).

**Table 1: Summary of semi-structured question guide**

| Sequence                                     | Questions   |
|--|---|
| Engagement questions<br>Research question 1  | <ol style="list-style-type: none"> <li>1. How do you perceive successful career with respect to your children?</li> <li>2. What expectation do you have from your children's future profession?</li> </ol>  |
| Exploration questions<br>Research question 2 | <ol style="list-style-type: none"> <li>1. How do you perceive BDS as a career option for your children?</li> <li>2. How do you perceive MBBS as a career option for your children?</li> <li>3. Are there any social pressures/threats influencing career choice decisions?</li> </ol> |
| Exit questions<br>Research question 3        | <ol style="list-style-type: none"> <li>1. How good do you think is the standard of medical and dental education in Pakistan?</li> <li>2. How will you describe knowledge, skills and attitudes of Pakistani dentists?</li> </ol>  |

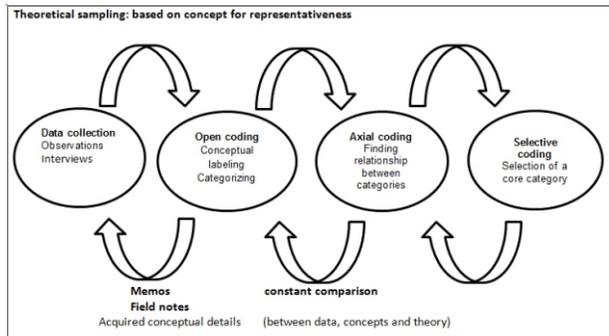
We pilot tested questions with faculty members of our institute before commencement of study for clarity and unambiguity. Their input helped in evaluation and Questions were further refined and elaborated.

Semi-structured, in-depth, one-to-one interviews were used as data collection tool. A mix of both in person and telephonic interviews were conducted by principal researcher. Interviews were audiotaped, and with the field notes were also taken to increase credibility of data. The duration of interviews varied considerably depending upon the respondent's interest and ranged from 15 to 40 minutes. Participants were interviewed in both English and Urdu language, which later was transcribed in English by researcher herself, having command on both Urdu and English languages. Interviews were done in confidentiality. For reporting purposes, and to protect participants' identities, each participant was assigned a number.

The total sample size was 18 based on data saturation. Data collection procedure took three months and included interviews followed by transcription of each interview.

Exploratory thematic content analysis was done

using constructivist grounded theory approach to find out pertinent concepts and emergent themes. Initially manual analysis using three cycle open, axial and selective coding was done to have a basic idea about categories, concepts and themes embedded in the data (Fig 1). Later Computer Aided Qualitative Data Analysis Software (CAQDAS) was used for data analysis. Data compiled in field notes and responses of the respondents were transcribed verbatim and then were imported into NVIVO version10. Analysis was done by making nodes and child nodes. Open coding was done for identification of themes. Themes that emerged from the data were coded using tree nodes. Coding comparison queries were run for interlinking of different themes. We made comparisons between and across empirical data,



**Fig 1: Data analysis procedure**

concepts and categories in order to reach higher levels of abstraction and conceptualization. On the basis of constant comparison, concepts and categories were identified, which resulted in formulation of substantive theory, “the Butterfly theory”. Formal theory could not be extracted from this substantive theory as the research was conducted in limited area in Pakistan.

Presentation and visualization of results was ensured using NVivo data tables, flow charts and models. Qualitative summaries were generated to help interpret the data according to issues and themes analyzed.

**Results**

Of the 18 survey participants, most respondents were in the 33 to 52 age bracket and belonged to middle and high socioeconomic status. All of the fathers surveyed were employed and generally belonged to professions including Army, Law, education and business. Whereas 40% of mothers surveyed were employed and associated with

teaching profession.

A total of 552 open codes were created (Table 2), which were merged into bigger (axial) codes or

**Table II: Total number of codes and references created from data**

| Name           | Codes      | References |
|----------------|------------|------------|
| Interviewee 1  | 43         | 246        |
| Interviewee 2  | 37         | 123        |
| Interviewee 3  | 36         | 146        |
| Interviewee 4  | 33         | 84         |
| Interviewee 5  | 30         | 60         |
| Interviewee 6  | 25         | 54         |
| Interviewee 7  | 28         | 52         |
| Interviewee 8  | 30         | 67         |
| Interviewee 9  | 30         | 73         |
| Interviewee 10 | 31         | 71         |
| Interviewee 11 | 31         | 75         |
| Interviewee 12 | 24         | 59         |
| Interviewee 13 | 36         | 84         |
| Interviewee 14 | 28         | 82         |
| Interviewee 15 | 30         | 69         |
| Interviewee 16 | 23         | 36         |
| Interviewee 17 | 18         | 27         |
| Interviewee 18 | 39         | 88         |
| -              | <b>552</b> | -          |

**Table III: Perception of parents about dentistry: categories created from data and references**

conceptual units showing perceptions of parents about dentistry as positive and limiting points in comparison to medicine (Table 3).

| Name                                   | Sources | References |
|--|---------|------------|
| Career Option Medicine or Dentistry    | 18      | 191        |
| Dentistry                              | 17      | 87         |
| Dentistry limiting points              | 16      | 64         |
| Dental graduates are not doctors       | 4       | 10         |
| Dentistry only second choice           | 5       | 6          |
| Inferiority complex in dental students | 4       | 6          |
| Its attraction is not that much        | 1       | 2          |
| Lack of awareness                      | 10      | 22         |
| Lack of job opportunities              | 2       | 3          |
| Less career progression than medicine  | 1       | 1          |
| Less parent's satisfaction             | 1       | 1          |
| Limited knowledge                      | 4       | 4          |
| Low merit than medicine                | 5       | 6          |
| Dentistry positive points              | 5       | 19         |

|  |    |     |
|--|----|-----|
| Balanced family life                             | 4  | 5   |
| Dentistry is good for girls                      | 3  | 7   |
| Less working hours                               | 2  | 2   |
| No emergencies                                   | 2  | 2   |
| Specialization in itself                         | 1  | 1   |
| Medicine   | 17 | 104 |
| Medicine limiting points                         | 2  | 4   |
| Emergencies                                      | 1  | 1   |
| Needs further specialization                     | 1  | 1   |
| No family life                                   | 2  | 2   |
| Medicine positive points                         | 16 | 78  |
| Better educational way towards CSS               | 1  | 4   |
| Better Future                                    | 8  | 14  |
| Easy to open up clinic                           | 1  | 3   |
| Opportunities are more, and scope is not limited | 5  | 6   |
| Professional security                            | 2  | 2   |
| Challenging task                                 | 2  | 3   |
| High merit                                       | 2  | 4   |
| Important profession                             | 1  | 2   |
| Life savers                                      | 1  | 1   |
| More valuable in our society                     | 13 | 37  |
| Good marriage proposals after medicine           | 3  | 9   |
| Having good place in life                        | 1  | 1   |
| Its big as compared to dentistry                 | 2  | 2   |
| More Knowledge                                   | 3  | 4   |
| Parent's satisfaction                            | 1  | 1   |
| Respect in society                               | 1  | 3   |
| Only medical graduates are doctors               | 4  | 5   |
| Versatile field                                  | 2  | 3   |

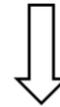
**Table IV: General description of themes**

| Categories           | Themes   |
|----------------------|--|
| Sociocultural themes | 1. Awareness in society<br>2. Value in society             |
| Socioeconomic themes | Job opportunities  |
| Personal themes      | 1. Knowledge<br>2. Balanced professional and personal life |

Fourteen categories were identified about perceptions of parents about dentistry as a career and five main themes emerged from data including Awareness in society, Value in society, Job opportunities, Knowledge and Balanced professional and personal life (Fig 2).

|                       |                       |                    |                        |                            |                      |                 |
|-----------------------|-----------------------|--------------------|------------------------|----------------------------|----------------------|-----------------|
| Focused               | Comfort in life       | Education          | Fame                   | Scope                      | Good job             | Moral values    |
| Personal satisfaction | Parent's satisfaction | Reasonable earning | Value/scope in society | Top position in profession | Full command on work | Choice of child |

Codes = 550, Sub themes = 14



|                      |                  |                   |           |               |
|----------------------|------------------|-------------------|-----------|---------------|
| Awareness in society | Value in society | Job opportunities | Knowledge | Balanced life |
| 22                   | 40               | 18                | 8         | 7             |

Five Themes

**Fig 2: Description of Sub themes and themes in data analysis**

These themes were broadly classified as sociocultural themes (theme 1 and 2), socioeconomic themes (theme 3) and Personal themes (theme 4 and 5).

Themes were presented as a perception model, "the butterfly model" due to its appearance as a butterfly (Fig 3).

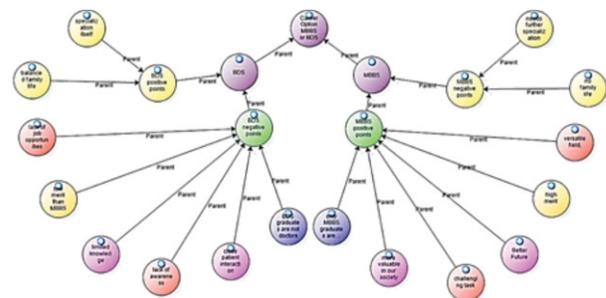
Most frequently discussed theme determining career choice was value and merit of profession in the society.

A representative statement from one of the interviews is as follows:

"So first of all respect and value of doctors in the society is more as compared to dentists, which is a trend in Pakistan" (Participant 14).

The second perception which influenced career decision was awareness of a particular profession in the society. A representative statement from one of the interviews is as follows:

"Awareness of dentistry is less in people and its importance and nuisance is not much in society." (Participant 3).



**Fig 3: Butterfly model of career perceptions**

Most of the participants mentioned that awareness of oral health and dentistry is low in society. Especially in small cities and villages, people do not

know about dentists and they give quacks and dentists equal status so they cannot appreciate importance of dentistry as a career in our society.

The third commonly found theme was earning that is related to the socioeconomic status within the society. Eighty percent of participants find dentistry career as having lack of Job opportunities.

A representative statement from one of the interviews is as follows:

“Because as a doctor everybody needs u, younger and elders, will come to your clinic from morning to evening and there are more vacancies for medical doctors in government hospitals and only few seats for dentists” (participant 8).

The personal themes included knowledge and then balanced professional life. A representative statement from one of the interviews is as follows.

“I like medicine more for my child, because in dentistry they study only specific area but medicine is a broad subject, and they have more knowledge” (Participant 16).

“For my son I will also choose dentistry because he can spend time with his family and can spend comfortable life” (Participant 4).

Slight differences were found between perceptions of participants demographically. Parents living in Mirpur (a small city in peripheral Pakistan) did not appreciate dentistry as an important career while parents living in Rawalpindi, Islamabad and Lahore (major cities) at least perceived dentistry as an important and latest field.

## Discussion

The present study looked at the perceptions of parents about dentistry as a career for their children. Parents generally want their child to have the best place in the society; they want to see them at the top of the pyramid, a finding in accordance with one of the previous studies.<sup>8</sup> The parents do not consider dental graduates as doctors and its attraction in society as career option is not found substantial according to the present study. Generally parents consider dental surgery as second option that is if their child is unable to get admission in medicine. They do not feel proud by announcing their child's admission in dentistry due to its low merit in medical colleges as compared to medicine. Since parents are convinced about lack of acknowledgement and value given to dentistry as profession in our society they do

not prefer it as career choice for their children. There is no supporting data available internationally on parental perceptions about dentistry; to be compared to results of the present study but the literature supports value, status and scope of dentistry internationally.<sup>9</sup> This finding is in contrast to other parts of the world where awareness of dentistry is high, for instance USA and European countries<sup>10,11</sup> and they prefer dental profession due to social and economic status offered by this profession. The present study also found economic status an important constituent of career choice decision which is lacking in dental profession. Different studies have explored this factor as indicator of successful career.<sup>12</sup> This finding is again in contrast to a previous study which concluded that dentistry is perceived as a profession which provides financially lucrative, contained career in healthcare, with professional status, job security and opportunity to work flexibly.<sup>13</sup> Participants are generally convinced that dentists have only limited knowledge and skill (particular to head and neck area) while they want to see their children having full command and knowledge of human body. Finally although parents think of dentistry as a career that offers opportunity to spend balanced professional and personal life with no emergency calls and extra duty hours, but they still are not ready to give it first choice, again due to dominancy of above mentioned factors.

Constant comparison and interlinking of themes helped conceptualizing and generating a substantial theory that was grounded in the data. Theory is given the name “butterfly theory” after the name of thematic representation model.

Key findings are:

- 1- In Pakistani culture, parents do not prefer dentistry as a career option for their premedical group children.
  - 2- Parents want their children to have value, fame and reasonable earning in the society, which they think is lacking in the dentistry career.
  - 3- Lack of oral health awareness is an important factor in limiting choice of dentistry as a career.
- Butterfly appearance of career preference model metaphorically explains the phenomena. Successful career is like a beautiful butterfly, with different colors of fame, respect, money, knowledge,

satisfaction and comfort. Doctors look like career butterflies to majority of parents in Pakistan.

Another explanation of butterfly model is that career is also like a butterfly going from one job to other like a butterfly goes from one flower to other until personal satisfaction is achieved. In present study, research model indicates one wing of butterfly as having all the colors of positive points regarding dentistry and opposite wing having equal limiting points for not opting dentistry as career choice, while its tentacles exhibit umbrella points which are indicators of any successful career.

This research helped to understand perceptions that influence parental insecurities and reservations about dentistry career and could be addressed by first conducting career counseling sessions for pre medical students. Secondly, dentistry awareness programs could be introduced at government and regulatory body level, in schools and colleges to educate students on their career choices especially finding a gap in job saturation.

### Conclusion

Parents do not prefer dentistry as a career option for their children. They perceive dentistry as a career with lack of social acceptance and low value in our society. Sociocultural and socioeconomic aspects are found dominant factors while selecting career. Lack of job opportunities and career progression make parents insecure about financial stability of their children and they consider dentistry only as second choice in case of inability to get admission in medicine. They attribute all these factors to lack of awareness about oral health and dentistry as a profession in Pakistan.

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