

THE BARRIERS WHICH PREVENT FEMALE DENTISTS FROM PURSUING THEIR CAREER IN PAKISTANI CULTURE

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ABSTRACT

The main objective of this study was to investigate the various reasons why female dentists drop out of the profession despite being twice in number according to the Pakistan Medical and Dental Council statistics. A constructivist approach, using qualitative phenomenological design was applied and semi-structured interviews with open-ended questions were the primary method of data collection. The interviews were transcribed verbatim. A qualitative content analysis was conducted, and the transcripts were coded and organized into themes and sub themes.

One of the major themes identified lack of social support system which included family / husband and supervisor / peer support system. Pressure of the society in the form of stereotyping the role of the women to be a home maker and raising the children was also quoted as another reason. Lack of adequate child care facility, and nonexistent policies by the government and employers for supporting the working women were also identified as major contributing factors. The service structure of the female dentists should be revised to make it more conducive for balancing the work family balance. Provision of flexible working hours, adequate child care, maternity leave and monetary benefits should be introduced to make it worthwhile for females to pursue their career.

Key Words: *Female dentist, profession, attitude, stress, income, motivation, support.*

INTRODUCTION

Dentistry is a profession where due to the phenomenal growth of Pakistani population, the ratio of dentists to population has greatly decreased and is currently 1:17,125.¹ The “feminization of dentistry”, is on the rise not only in Pakistan but across the globe.²⁻⁶ The number of female dentists registered with the PMDC (Pakistan Medical and Dental Council) is almost double (11039) as compared to male dentists which is 6086. However the postgraduate statistics show a reverse trend with only 556 female postgraduates as opposed to 1065 male postgraduates.¹ One reason for this disparity is females dropping out of the profession.

Pakistan is ranked 143 in gender equality which the lowest is South-East Asia and second lowest in the

world.⁷ The government of Pakistan spends millions of rupees on this highly technical and professional education; shall this be transformed into well-educated, good housewives? Another perspective according to a recent publication is that in many families the prevalent trend is to become a doctor solely to get the title and status associated with this noble profession. Parents believe that their daughters would get better suitors if they were doctors or dentists.

The question is; why do female dentists drop out of the profession when at the undergraduate level they were much more in number than the male students.

A possible answer to this question may be that females in Asian cultures encounter attitudes and practical obstacles when they embark on the journey of advancing in their careers. These attitudes include stereotyping of gender roles, lack of female role models and mentors, dual family and professional responsibilities, lack of parity in rewards such as career advancement and salaries, and sexual harassment.⁸⁻¹⁰ There are many unique challenges that women dentists face while striving to achieve work family balance and this has been given little attention by the researchers.

In this study a comprehensive investigation has been conducted into the various reasons why female dentists drop out from the profession.

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METHODOLOGY

A Constructivist approach, using qualitative phenomenological design was applied in this study. The study group consisted of ten respondents who fulfilled the inclusion criteria and were willing to participate. Between 5 and 15 participants are considered enough in a phenomenological study by Gray D.¹¹ The respondents were taken from different dental colleges of Lahore. Non-probability, purposive sampling was done. Purposive sampling is the selection of the participants who have knowledge or experience of the area being investigated. In this case female dentists who left dental profession within first 5 years of graduation were included. The participants consisted of ten female dentists (n=10). All were married and 8 of them had children.

Semi-structured interviews with open-ended questions were the primary method of data collection. The identity of the participants was kept confidential. Each participant was interviewed separately and privately in a private office. Some participants who were out of city were interviewed telephonically. The participants were encouraged to talk liberally about their experiences. The interviews lasted for approximately 35 to 45 minutes. However, the length and direction of each interview varied according to the participant's responses. The interviews were audio-recorded, with the permission and written consent of the participants. The interviews were carried out through open-ended questions while maintaining a relaxed environment. After every interview oral de-briefing was given for validation.

The interviews that were conducted and audio recorded were transcribed verbatim, where the written transcripts were compared with the audio-recorded interviews to ensure accuracy. A qualitative content analysis was conducted, and the transcripts were coded. The frame of reference of the data was narrowed down and made into smaller data contexts. The data was further organized into coded categories based on the highlighted words and labels. Categories and minor categories were grouped, based on similarities and differences. Data was kept confidential and using alphabets and numbers during analysis anonymity was ensured.

After familiarization of data, coding was employed to reach major themes emerging in the data. A member of the research team who was not involved with the interviewing process did the member check after going through the data. The internal validity was verified by taking out word frequency and word cloud by using N-vivo.

RESULTS

After comprehensive data analysis and triangula-

tion two broad themes were identified. These themes were further divided into subthemes.

Theme 1: Lack of social support system which included family/husband and supervisor/ peer support system

a) Sub-theme: Adaptations and Compromises in Marital and Maternal Roles:

Traditionally in our culture wives/mothers are solely responsible for the house hold responsibilities and bringing up children. Female dentists once married were faced with the challenge to come up to the society's expectation of an ideal wife and mother. Participant AB-1 said

"In our social set up we support working men when they have to go for their job, but we don't support working women"

Participant GH-4 pointed out that:

"Training gets tougher after marriage, as the females go back home they have to cook food and have to sort out issues of children, mood swing of husband"

Participant CD-2 said that *"if the family was supportive, there was less pressure subconsciously on the working mother, otherwise balancing work/home responsibilities became a double edged sword whereby the participant's ended up doing double the amount of work as compared to her counterpart"*.

The participant EF-3 mentioned:

"Once you are married and have a baby then it is difficult to handle everything simultaneously". She further added: "Mother is a mother after all; no one can understand and treat the child like a mother does."

These women mentioned that they had very less "personal time" because of their highly demanding work-family routine. This time varied from limited to nonexistent. Due to these compromises, the participants experienced high levels of stress and identified conflicts between their professional and maternal roles.

Subtheme b. Lack of support from husband/ Pressure from in-laws /Male dominated Society

Participant CD-2 said

"In Pakistani culture you can never succeed without the support of your husband & in-laws."

She further added *"My in-laws won't co-operate, I am horrified by this idea"*.

Participant GH-4 said that,

"Males (at times) have complexes about the higher education of their wives, her status, she thinks too much of herself."

Participant ST-10 said,

“Initially my husband had issues with me, working in very close proximity with male patients. He suggested that I should work on female patients only.”

There are many other cases where the husbands want their wives to treat the female patients only. Participants were of the opinion that if males choose a spouse for themselves they should consider her professional aspirations also. If they want a housewife for themselves then they should choose accordingly rather than marrying a professional girl and then forcing her to forsake her career and become a housewife.

Participant QR-9 was a topper of the batch and had joined back the job after both of her children went to school. According to her she could not manage the work and family together, she stated:

“My husband’s office routine got disturbed and he used to get upset. I felt this was probably because I could not manage my responsibilities. I felt that, everything got messed up due to me. Since he is the primary bread earner and the traditional head of the family if anybody has to leave the job it would be me.” She added further:

“On top of that when kids and husband complained that I was not at home, it was actually causing emotional disturbance which demotivated me.”

According to participant EF-3

“My mother-in-law was totally against my job”

Participant CD-2 described the attitude of an uneducated mother in law, who tauntingly said, *“Ladies don’t do any job in our family.”*

Another participant MN-7 added, *“When I got married, nobody was doing the job amongst the in-laws, and I was told that, “Job affects the family life so don’t do the job.”*

Also the financial independence of a female is not acceptable to certain husbands since financial autonomy empowers the female.

Participant KL-6 mentioned that initially the pressure is from the parents, to become a doctor and then husband and in-laws govern your life. Participant EF-3 said,

“As human beings, female or male, should have the right to do what-ever they want to and some ladies are strong in decision-making. It depends on personality type also and will power & commitment play the main role in shaping your destiny.”

However the participant MN-7 admitted that, *“everything ultimately boils down to husband being supportive.”* She suggested,

Most of the participants gave importance and preference to their husband’s career (keeping in view the traditional role of the male member as the bread earner) and hence their own career suffered. Participant

IJ-5 strongly supported the idea that,

“Marriage was huge, huge factor for sitting at home; leaving the family for five years for a working mother in pursuit of career is not even a remote possibility.”

“If there is choice between his or my career, I will choose his, as I want to facilitate him in any way that I can.”

Though, participant KL-6 did not have any children, even then she could not pursue her post-graduation as she was supporting her husband while he completed his post-graduation. Like most of the participants, she believed in the male member taking a leading role in career pursuit,

“Ours is a male dominated society with a hidden curriculum that wives have to obey their husband’s wishes.”

Mostly the participants, whose husbands relocated due to their nature of profession, lived in a nuclear family system, so complete responsibility was on the lady of the house. In these kinds of circumstances pursuing a career without any support system was also a difficult undertaking. At the end of the day it was the working mothers who needed to prioritize things according to their circumstances and choose the most important obligation, which was, of course family. Some of them, who were married to government officials or husbands having jobs that demanded frequent relocations, could not pursue their post-graduation. Another participant EF-3 had no children but she commented,

“My biggest headache is my husband’s posting, I can neither pursue a job nor any post-graduation.”

Participant QR-9 could not continue since she had to move to a new environment (due to husband’s relocation) where there was no relevant support.

“I was alone and there was no support, I did not want to leave my baby alone with the maid.”

Participant ST-10 reiterated,

“Post-graduation required that the candidate stayed in an institution for at least four to five years, but as my husband was in the army, FCPS was not possible.”

She further added:

“Also if one is posted in another province getting a job in a teaching institution becomes a problem for dentists, as domicile of the same area is required.” She shared,

Also some of them started to feel that their work at home was taken for granted by everyone and their job or education did not hold any importance to anyone at home. Respondent QR-9 reiterated:

“I had very strong feeling that I am nothing, my work didn’t have any acknowledgement at home.”

Subtheme c: Lack of understanding from supervisors

Various interviewees pointed out the importance of supportive supervisors and colleagues in managing their work life balance. Participant GH-4 shared her experience saying:

“But professional jealousy and anger from supervisors makes the routine tough So mental torture goes along with training and our level of stress is higher than that of housewives.....”

Subtheme d: Lack of good child care and domestic help

Also a few of them, who had three or four children, did say that they would not want to throw their responsibility on their mothers or their mothers-in-law. On the contrary they thought that a strong support system in premises i.e. adequate childcare facility would be a better idea so that the mother was present and could go and see the children when needed. The following are some of the quotes by the participants

“If a little flexibility in timings is shown then may be more females can work”

“There was no day care and I did not want to take my kid to the hospital environment”

“I want good facility of day care for my children”

“It’s not like I give my children to an untrained maid, I wanted a trained maid. I wish I could hire a Philippino maid to take care of my children but they are too expensive.”

Another hindrance was the pick and drop of the children. According to one of them

“Pick & drop was a major problem and affording a separate car was difficult”

Participant MN-7 who had four children stated that,

“I have done job for more than four years but motivation is not enough, now I need support.”

Theme 2: Motivation and Passion

Lack of motivation and passion were also identified as one of the factors

Sub theme a: Lack of inner motivation/Professional due to parental pressure

Some of the participants dropped out because they had chosen the dental profession for all the wrong reasons. Some of quotes of the participant about motivation are as follows:

“Parents think that if their daughters become doctors they will get better proposals, in such cases motivation is low”

“Internal motivation is very important, because if you didn’t have will power than people’s support could not do anything”

“I lack inner motivation, I wanted an easy life”

“My parents wanted me to achieve a good status in the society & other benefits along with it”

Sub theme b: Demotivation due to lack of opportunity and Progression/Remote area issues

Some of the female dentists were very motivated but their motivation was dampened by hindrance’s and setbacks. Also they did not find their job to be satisfying enough.

For example the candidate QR-9 had not done post-graduation, and now with children and family she could not keep up with the rigors of post- graduation, she was of the view that she could not see any progress in her professional career, foreseeing a stagnant career profile and inadequate financial returns, she felt there wasn’t much hope for progress in her career, so she left the job finally.

According to the participants maternity leave was a very important factor in their work/family balance. For mothers to join only after 40 days of the birth of a child was a very difficult task and led to neglecting of the baby and guilt trips on part of the mother. Participant ST-10 stated

“Alhamdulillah my husband was able to provide well to me, otherwise if I needed the money I would have looked for other options.”

Those mothers, who went back to work after forty days of maternity leave for monetary gain or because of job insecurity, went through a very rough patch in life. Young mothers were unable to concentrate on their work thinking about the baby, which in most cases were on mothers feed. Due to inadequate maternity leave the advantages of the baby to be fed on the mothers feed was also compromised. This not only affected the performance of women employees at work, but also had a negative effect on their personal lives. Participant MN-7 remarked that,

“You cannot sacrifice your child’s childhood or a mother can’t be selfish.”

All the participants agreed that maternity leave should at least be of six months if not of one year as is the rule in many developed and welfare states. According to one of the participants:

“Deep down inside, I admit that we (working mothers) tend to neglect our children when we do our jobs.”

DISCUSSION

The findings of this study indicate that work-family balance, workplace settings, societal obligations, financial concerns, and individual preference are the various factors which effect whether a female dentists will carry on with her professional life or not.

The majority of our participants identified their responsibilities to their family as the number one cause of dropping out of their profession. This finding is consistent with many other studies across the globe, which indicated that a woman's dual responsibility at home and at work is a major factor influencing their work patterns.⁸⁻¹⁸

In this study, almost all the participants thought that support system was the most common factor that can help the female dentists in pursuing their career. Social support system consisted of family/husband and supervisor/peer support system. This was found to be the most dependent factor, without which the job could not be continued after the females had children. Some sort of help in the form of mother, mother-in-law, nanny or any other alternative like day care center was deemed very important at that point in time. Husband's support also played an instrumental role at this stage, though in eastern society it is more of emotional support rather than anything else.¹⁹ This correlated with our study also, since most of the participants echoed about the importance of the joint family and support.

Dentistry is known to be mentally as well as physically, a very challenging and stressful profession. As dentistry tires you out physically and mentally, therefore the work leaves the female dentist stressed out and apprehensive.

The purpose of striving very hard both at home and work at the cost of her health and well-being for every married female dentist is to have a good quality of life. But this quality of life that she craves for is often influenced by work-life balance and repetitive failures which lead to loss of motivation. Even those who were strongly motivated even after marriage and children lost their motivation eventually in the face of constant adversity.

Another perspective according to a recent publication is that the trend to become a doctor or a dentist is to earn a certain title. It is a belief in the society that these females would get better proposals if they have the status of a doctor. Many females occupy a place initially, and leave the profession eventually, whereas a male student could have studied dentistry and practiced his profession. For those who continue to pursue their career, there is continuous instability between family and professional needs, and this becomes extremely challenging when dealing with family and work together.

Many women have felt self-imposed obstacles due to the guilt they feel if they are not available for the family.

Maternity leave was also a very important issue, as the participant shared, that those ladies who had financial issues join after 40 days of the birth of baby and had to go through a very tough time, whereas the

others mostly left the job at this point in time, as being a mother changes priorities in their life.

Ayers et al²⁰ found that dentists worked for fewer hours upon their return to work after having a baby. In an article about work family life adjustment,²¹ it was mentioned that, "All women had intense feelings of motherhood, though their careers were also of high importance to them". Quality time spent with children was worth the effort and had long lasting impact on their lives. This held true in our study also as those who did not continue their job, strongly felt that it was solely their duty to raise the children. They must fulfill their duties as mothers, unless their mother or mother-in-law was looking after their children.

This study also suggested that childcare was a very delicate issue for working mothers and there is no denying the fact that unavailability of day care facility at workplaces is a very important issue among working women in Pakistan.

Another problem, which was very common, was that small city hospitals did not offer house job to dentists and it became difficult for the participant to continue their job or complete their house job (which is the basic pre-requisite to get the job). The opportunities for the dentists to do a job or get into post-graduation program is low as the seats are less, which are also available in bigger cities only. Once you are relocated in smaller city your chance of doing post-graduation are doomed. Also, more critical indices are used to evaluate women. These are all cumulative disadvantages relative to career advancement. If there is no support, women are over worked with all these responsibilities and there is no quality time.

The attitude of some supervisors was also considered an obstacle in the pursuing of the career by female dentists since policies supporting working mothers are non-existent, hence most supervisors lacked any empathy for the working females.

According to most of the participants suggested that flexible working hours would facilitate the working females, as it would be convenient for her to balance both domains.

Since in Pakistan, teaching hospitals did not provide flexible timings, and only 45 days maternity leave was given by the College of Physicians and Surgeons and the private sector, so it was difficult to go back to work when the baby was so small. That left the option of private practice, which was not taken up by the majority of females, as it was complete responsibility that could not be taken up without experience, which in case of early marriage was not there.

This was also reflected in our study as the toppers of the batch sat at home since they were shy of joining back as they did not have enough skill and experience

to do the work. Those who joined back, after their children went to school, had to join at a lower level. They did not have a bright future, as they would have to work at the same level throughout their lives if they did not have a post-graduation degree.

Most of the issues mentioned in this study are not only similar to Eastern and Asian cultures like India and Japan, but such problems are also identified in other parts of the world like European countries and Canada.^{4,8-11,15}

CONCLUSION

The findings of this study can lead to an improved understanding of women-related issues and inform policy makers and educators so that they are able to make informed decisions about the societal role of female dentists and their work environment.

Keeping in view the loss of human resource and our cultural constraints, policies need major modification at governmental level to provide female dentists options like flexible working hours, adequate maternity leave and world-class child care facilities. Also media champagnes should be taken up to change the mind-set of the society to working women. It is important to develop the economic policy that will effectively confront the problems specific to gender balance, so that we may be able to mend the “leaky pipe” leading to both objective and subjective success in profession.

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