ORIGINAL ARTICLE

Australian dental practitioner perspectives on academic careers

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Abstract

Objectives: Due to forecasted faculty shortages and increasing student enrollments in dental education, there is a need to attract talented clinicians into academia. To address this growing concern, we need to explore dental practitioners' perspectives on the academic career pathway, including enablers and barriers to entering the academic workforce.

Methods: A mixed-methods electronic survey was disseminated through professional associations and dental groups on social media in 2018. Qualitative responses were examined using an inductive thematic analysis.

Results: Participants (n = 85) considered an academic career highly regarded (80%) but indicated there was not a clear pathway (79%) and could not recall it being discussed during their dental studies (85%). It was perceived that experience, further study, and networks all played a significant role in forging an academic career. Perceived benefits to an academic career included professional development opportunities, good employment conditions, and making a meaningful contribution. Barriers included the geographical location of universities, losing clinical skills and the lack of a clear career pathway.

Conclusion: Despite being a highly regarded career, clinicians admit the career pathway to academia is not clear. Improving awareness of academic career paths might be achieved by educating dental students and providing accessible resources to the wider profession.

KEYWORDS

academic careers, career choice, dental education, dental hygienist, dentist

1 | INTRODUCTION

On a global scale, there has been a recognized shortage of dental leaders and dental school faculty to lead the dental industry into the future for many years.^{1,2} There is a need to attract talented clinicians and scientists into academia and retain them in our faculties. With increasing numbers of student cohorts, there is a recognized shortage of available teaching staff, as well as a forecasted shortage of senior academics to fill leadership positions, and the

imminent retirement of the baby boomer generation.³ Almost two decades ago it was predicted that retirements of dental school faculty would increase rapidly,⁴ and that there would need to be sufficient numbers of academics in the next generation to fill this void. However, reported shortages of dental faculty remain a critical issue.^{5,6} Similar crises have been identified in medicine,⁷ nursing^{8,9} and allied health.¹⁰

In an attempt to understand faculty shortages, existing research has focused the challenges of transitioning from

clinical work to faculty positions. Research investigating clinician's perceptions of entering academia in medicine has identified a number of barriers, including an unclear career pathway, poor financial reward, lack of autonomy, high levels of bureaucracy, poor work/life balance, challenges in balancing research with clinical commitments. lack of job security, lack of role models, lack of research funding, lack of family support, high expectations from employers, and lack of equal sex representation in senior academic positions.¹¹ In a study of novice teaching assistants in nursing, there were perceived expectations that they should have sufficient education and life and work experiences.⁸ A review of the literature identified numerous barriers to an academic career in nursing, including the need for advanced degrees, financial constraints, complexities, and challenges of managing academic workload and transitioning to a new workplace culture.⁹

Despite the burgeoning crisis in dental education, there is little evidence to help understand the perceptions of those outside of the academy, namely the wider clinical profession. There is very little literature exploring the barriers and enablers for dental practitioners in pursuing academic careers. Factors identified as contributing to the shortage of faculty members some 20 years ago include the attractiveness of private dental practice and the demands of academic dentistry.¹² Dentistry is an attractive profession; research has demonstrated that students chose a career in dentistry due to the job security and flexibility, prestige, and financial benefits.¹³ However, many of these perceived benefits also apply to academic careers.

Typically, new faculty are sourced from suitably qualified overseas-based academics, existing doctoral candidates, or clinical experts. Many new recruits are dentists that are transitioning away from clinical practice, in the later years of their career; while their clinical expertise is valuable, they are not suitable to mentor those seeking lifelong academic career paths.¹⁴ Alternatively, postgraduate students or postdoctoral fellows are used to temporarily fill the gap, although there appears to be little incentive for them to continue teaching following their training.⁷ There is evidence in allied health that clinicians are recruited for faculty vacancies, but induction strategies are necessary to improve confidence, build a sense of identity, and ultimately aid their transition.^{10,15}

Growing faculty shortages can have a significant impact on the outcomes of dental education, including the ability of programs to produce competent graduates and provide safe, high-quality clinical care of patients. Given the lack of existing evidence attempting to understand this crisis in dentistry, it is important to investigate the perceptions of dental practitioners towards a career in academia. A better understanding of the perceptions of dental practitioners may help identify the barriers and enablers that exist to pursuing an academic career. This project will investigate the perceptions of Australian dentists, dental hygienists, and oral health therapists on the pathway to academia in dentistry.

2 | MATERIALS AND METHODS

This study was approved by the University of Newcastle Human Ethics Committee (HREC-2018-0383). An electronic survey was used in this project to collect quantitative and qualitative data. The survey was designed to explore participants' perceptions on pathways to academia, experience, and credentials necessary for faculty, as well as identifying the enablers and barriers to entering the academic workforce. It also explored their personal level of interest in pursuing an academic career. The survey included openended questions, designed to uncover common themes and is based on work undertaken in medicine¹¹ and accounting.¹⁶ The survey (Table 1) was pilot-tested among a small group of academics prior to dissemination. Based on feedback regarding the definition of academia, the survey was amended to include a short introductory statement advising "For the purposes of this survey, academia is defined as a career involving teaching and/or research. Clinical demonstrating alone is not considered academia."

An electronic survey was created in Survey Monkey (Survey Monkey Inc., CA, USA) comprising 14 questions, including both multiple choice and written responses. This survey was then sent to all members of dental professional associations the Dental Hygienists' Association of Australia (approximately 1600 members), and the Australian Dental and Oral Health Therapists' Association (approximately 1200 members) and through the closed Facebook groups Dental Product Review (approximately 14000 members) and Hygienists, OHT's & Dental Teams (approximately 3400 members), the former including a large volume of dentist members. All associations and Facebook groups likely include nondental and student members; however, the information statement clearly advised only dentists, hygienists, and oral health therapists were eligible to participate. Inclusion criteria included registered dental clinicians who were not working in academia. Potential participants were provided with a 2-page information statement describing why the research was being done, what was being asked of participants, protection of privacy, and how the information collected will be used, as well as providing the link to the online survey. Informed consent was implied through the completion of the online survey.

Data from completed surveys was tabulated and reported using descriptive statistics. Qualitative responses



TABLE 1 Dental practitioner perspectives on academic careers survey

Ouestions	Response option/s
1. Do you think a career in academia is well regarded?	Yes, No, Unsure
2. Do you think there is a clearly defined pathway into academia?	Yes, No, Unsure
3. What is your understanding of the pathway to a career in academia?	Free text
4. What credentials and abilities do you feel are most important for an academic to have to best enable him/her to be an effective teacher and provide value to the students and the profession?	Free text
5. What are your perceptions of the benefits of a career in academia?	Free text
6. What are your perceptions of the barriers to/disadvantages of a career in academia?	Free text
7. How much do you think a full-time Associate Lecturer (starting level of academic) at a higher education institution is paid per year?	Free text
8. A career in academia was discussed during my dental degree.	Yes, No, Unsure
9. Have you ever considered a career in academia?	Yes, No
10. If yes, why are you not pursuing a career in academia?	Free text
11. If no, why have you never considered a career in academia?	Free text
12. What is your current level of interest in pursuing a career in academia?	Low, low/moderate, moderate, moderate/high, high
13. Which statement best applies to your interests?	I am interested in a teaching academic career only, I am interested in a research academic career only, I am interested in a teaching and research academic career
14. Role models in academia are available and accessible.	Yes, No, Unsure

were analyzed for common themes using an inductive thematic analysis. As described by Braun and Clarke,¹⁷ the analysis followed 6 key phases: familiarization with the data, generating codes, searching, reviewing and defining themes, and producing the report. A realist approach was applied, given that the aim of the study was to understand the clinician's perspectives of academic careers. The thematic analysis was conducted at the semantic level, that is, the data was organized to reflect what participants had actually written, prior to interpretation of patterns observed.¹⁷ Analysis commenced as the responses were submitted, and the survey was only closed once it was determined that there were no new themes emerging from responses.

3 | RESULTS

A total of 85 dental clinicians completed the survey. The vast majority (80%) felt a career in academia was highly regarded, but also indicated that there was not a clear pathway to an academic career (79%), and they could not recall it being discussed during their dental studies (85%).

When asked about their understanding of a career pathway to academia, 3 clear themes emerged from the written responses. Participant indicated that experience, further study, and networks all played a significant role in forging an academic career. Clinical experience focused on an individual's work experience and perhaps an initial start as a clinical tutor at a University.

> "Experience in the workplace, experience in tutoring" Participant 15

> "Adequate experience in said field and well regarded by others in the same field. Leadership qualities and teaching or tutor experience." Participant 64

Participants noted further study was involved if pursuing an academic career, with specific reference to completing postgraduate qualifications in education or a PhD.

> "Nowadays you would need to undertake postgraduate studies to be able to be an academic" Participant 74

> "The pathway to a career in academia would involve studying further your initial degree. For example, completing a Masters in Education, Public Health or doing a research project." Participant 56

Networking was also a clear theme, with respondents noting it was about your connections at the University and knowing the "right people."

"Connections. Knowing people who work in academia already" Participant 26

"Connections with others in Academia is the easiest pathway. Opportunities are scarce and not well advertised outside Academic Institutions." Participant 60

Clinicians responding to the survey were asked to describe the credentials and abilities that are most important for an academic, to best enable them to be an effective teacher and provide value to the students and the profession. Themes that emerged from their responses included clinical experience; teaching skills; and desirable character traits such as being approachable, understanding, and patient. Many respondents indicated that it was the combination of these themes that was important.

> "Appropriate qualifications, with 'hands on' experience in the field, good communication, respect, and enthusiasm. An ability to 'bring out the best' in the students." Participant 57

> "Full understanding of subject. Practical experience. Empathetic & inclusive person" Participant 51

> "I don't think clinicians should be allowed to demonstrate at undergraduate level without any formal teaching qualifications. Too many clinicians are developing and leading subjects / classes without any formal education qualifications." Participant 23

Participants identified many perceived benefits to a career in academia, with common themes centered on professional development opportunities, good employment conditions, making a meaningful contribution to the profession, and opportunities to do less clinical practice.

"Educating future clinicians. Promoting and representing the field. Personal satisfaction." Participant 64

"Diversity and opportunity to progress outside of clinical practise and profession" Participant 76 "Holidays. Freedom to work from home. Flexible hours." Participant 72

"Benefits the profession, as people within the profession can pass on their knowledge and experience and future generations can build up on it." Participant 46

Perceived barriers to an academic career were also acknowledged by the clinicians completing the survey, with poor working conditions, the geographical location of universities, loss of clinical skills, and the lack of a clear career pathway emerging as common themes.

> "Lack of pay whilst undergoing research projects. Loss of clinical skill whether that be physical skill (ie instrumentation) or practicing communicable skill (very different when dealing with the public as opposed to peers albeit research or other academics)." Participant 43

> "Loss of clinical skills, not as well paying and extra work load (outside of working hours)" Participant 70

> "narrow entry pathway, don't see jobs advertised, not much avenue for promotion, loose (sic) touch with patients and reality" Participant 83

Overall, some 83% have considered a career in academia. The level of interest among the participants was moderate to high; the distribution is displayed in Figure 1. Most participants were interested in an academic career that combined research and teaching (60%), with a further 35% interested in a teaching-only position. Respondents were asked whether role models in academia are available and accessible, and while 33% indicated they were, some 32% felt they were not, and a further 35% were not sure.

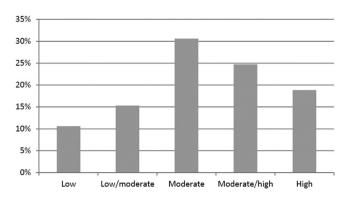


FIGURE 1 Level of interest in an academic career

DISCUSSION 4

Despite being a highly regarded career, and one many would like to pursue, there is a distinct self-identified lack of understanding about the career pathway to academia. This is substantiated by the lack of discussion about an academic career path during their dental studies. Similarly, Trotman and Bennett¹⁸ and Rupp and Jones¹⁹ also identified that students were ill informed about academic careers, and that education career pathways such as academia should be covered in their dental studies. Given that it is a healthcare profession, it is anticipated that most graduates will work in clinical practice; however, students have the right to be exposed to the full realm of career opportunities available to them including nonclinical career pathways such as academia and research in order to make an informed choice. It has been suggested that providing dental students with peer teaching opportunities can stimulate interest in academia as a career option, as well as being a valuable educational strategy.^{20,21} Participants did identify the impact of networking on academic prospects, however many responses given had a negative connotation:

> "Be in the click (sic). Then you get approached." Participant 84

> "I think its on a who you know basis rather than clinical experience" Participant 69

> "You have to know the right people" Participant 82

This is a potential concern and should be addressed with existing faculty. Recruitment processes should be transparent and objective. While selectively mentoring and sponsoring individuals identified as having potential is admirable, academia will lose respect from the wider industry if there is a perception of bias in the selection of candidates for tenured positions. A program to recruit future academic dentists failed to recruit using broad marketing, though a later focus on identifying suitable individuals was more successful³; this example demonstrates how a program can be transparent while also recognizing talent. Developing a resource that outlines the career path to academic dentistry, including case studies on novice academics and senior faculty as role models, may also be a useful strategy.

Participants identified that clinical experience, educational qualifications, and positive character traits would be helpful in pursuing a career in academia. While clinical experience is certainly highly valued, the evidence regarding educational qualifications is unfortunately to the

contrary, with many new dental academics having no formal training in education or knowledge of pedagogy.^{22,23} A study of junior dental faculty found that 90% were interested in pedagogy, but only 15% had attended training.²³ This is further supported in other health fields; in research exploring novice physiotherapy faculty, while all had been clinical educators prior to their teaching roles they identified a need to develop their knowledge and skills in pedagogy.¹⁵ In the current study, participants noted that personal qualities such as friendliness and confidence were important. This may be reflective of the academics they had positive interactions with while completing their studies. Interpersonal skills have also been identified as

important traits for academics in similar fields such as

nursing, where empathy, respect, approachability, support-

iveness, honesty are important for effective faculty.²⁴ Dental clinicians perceived there to be many benefits to an academic career, including job flexibility and security, meaningfulness, and professional development. Student motivations for entering dentistry translate to the perceived benefits of academic careers, which may be another reason to engage them in considering academia as a career path. Dental students largely pursue dentistry because they are seeking a secure career, where they can balance work and family life, and help the vulnerable and less fortunate.¹³ Therefore, students might be inspired to consider academic career in the future if the flexibility and security of academia are promoted, and their altruism may motivate them to help develop the next generation of dental practitioners. Opportunities for professional development in academia have also been identified in studies of early career academics.²³ However, this may be a misconception; much of what is learnt is on the job,²¹ and through observation, given the absence of training.²³ There is some evidence from the United States that dental programs have increased their professional development offerings;25 however, there appears to be no published literature on the status of professional development for academics in Australian dental programs. Respondents also indicated that an opportunity to reduce clinical practice was appealing. Dentistry is physically demanding on the body, and due to occupational factors, many clinicians experience musculoskeletal pain throughout their career²⁶ and even during their studies;²⁷ academia potentially offers an alternative path within the profession they are trained and passionate about.

Clinicians identified a number of substantial barriers to pursuing a career in academia. A reduction in remuneration was a concern, given that many dental clinicians can earn more in private practice clinics that they can as an academic. There are similar issues in midwifery, with clinicians who become academics having to adjust to a lower paycheck.²⁸ Another concern raised was the potential

-WILEY ADEA THE VOICE OF DENTAL EDUCATION loss of clinical skills. Recruitment strategies could be developed to counteract this misconception, as most Australian universities to permit full-time tenured faculty to have 1 day per week outside paid clinical work, plus many appointments involve preclinical education or clinical supervision. Participants in the current study indicated they lacked awareness of the career paths to academia, creating another barrier. While Australian programs do offer career development and leadership training, it is often focused on clinical practice settings, neglecting alternative pathways such as academia.²⁹ In the United States, where academic vacancies have been a critical issue for many years, dental schools are providing opportunities for students to learn about academic careers. The University of Pittsburgh provided flexible model which received positive feedback from students, by offering 3 tracks aligned with increasing levels of interest and commitment: extracurricular activities, electives, or a 2-year program.³⁰ A Teaching Honors Program at the University of Texas increased student awareness of an academic career and provided teaching education and practical experience, resulting in 21% of graduates pursuing academic careers postgraduation, a rate much higher than the national average.¹⁴ More recently, the University of Sydney has developed an elective unit for students interested in academic careers, completing modules on clinical teaching and leadership.³¹ In addition to increasing awareness and building capacity, student programs can also help identify those who are not suitable or not interested in an academic career, saving wasted time later.³ In other health professions experiencing similar academic shortages, they have raised awareness of academic careers by developing workshops focused on the benefits of diverse faculty,³² graduate mentorship programs³³ and advanced practical experiences;³⁴ these ideas could easily be translated in dental education.

It is worth noting that the findings of any survey are time and context specific. It would be remiss not to reflect on how recent events, notably the global pandemic, might alter the perceptions of clinicians on pursuing an academic career. During uncertain times, individuals may be unlikely to consider career changes as they seek stability. While healthcare workers largely continue to provide essential services, the higher education sector has been decimated with decreased international student revenue, and widespread budgetary cuts including employment.³⁵ However, there have been disruptions to dental service provision, resulting in some decreased job stability and certainty, and this can result in alternative career paths such as academia becoming more appealing. Changes in both employment and society can lead to individuals "taking stock" and re-evaluating their career and life aspirations.36

There are limitations to the current study that should be considered when interpreting the findings. Given the

voluntary nature of the survey, clinicians that already had some level of interest in an academic career may have been more likely to participate, which may have skewed the findings. Sampling bias should be considered given the professional associations for hygienist and oral health therapists were involved in recruitment, while the dentists association was not; however, in order to complete the research within the funding deadlines, it was not possible to delay for the ADA to approve promotion of the research. The use of social media reduced this potential bias, as the sampling frame reflected the distribution of Dental Board of Australia registration figures (dentists 17280, hygienists 1466, oral health therapist 1692).³⁷ Further, the small sample size means the results may not be generalizable to the wider dental profession. However, responses were collected until saturation of themes was reached to mitigate this bias. The study did not differentiate between the views of dentists, dental hygienists, and oral health therapists; future research may benefit from determining if there are any significant differences in the views of these individual professions.

5 **CONCLUSION**

This study investigated dental clinician perceptions of academic careers. While academic careers have many benefits and are well regarded, the avenues for pursing an academic career are unclear to clinicians. Improving awareness of academic career paths can be achieved by educating dental students and providing accessible resources to the wider profession. Further research could explore the current status of peer teaching programs in dental curriculum, and whether students then pursue an academic career. Also, ongoing research could be conducted across several nations in a comparative study, providing global insights. Curriculum development in Australian dental programs could include activities or modules that promote academic careers. Professional development for potential and novice academics would also be worth exploring.

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