

Exploring the Attitudes and Practices Regarding Alternative Revenue Streams among Indian Dental Professionals - A cross-sectional analysis

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ABSTRACT

Background

This study aimed to explore the attitudes and practices of dental professionals regarding alternative sources of revenue through a descriptive cross-sectional design and to explore other demographic factors which influence them.

Materials and Methods

A Descriptive Cross-Sectional study was conducted among 400 dental professionals selected using stratified random sampling and were approached either personally or through electronic medium to fill a pre-tested validated questionnaire assessing their attitudes and practices towards alternative sources of revenue. The data were analysed using IBM SPSS Statistics Version 26.0. Cross tabulations were made and statistical significance was assessed using Pearson's Chi-square test and Fisher's exact test. A Binary Logistic Regression model was developed to predict the practice of alternative sources of revenue based on gender, qualification, occupation, and experience.

Results

The results showed that about 36% of the participants are currently pursuing alternative sources of income with a significantly higher percentage of females involved ($p=0.005$). Most of the participants (37.6%) reported investing in stocks and finance followed by real estate, food industry, career guidance, product development etc. Around two-thirds of females reported being unsatisfied with their current income from dentistry and they have 1.76 times the odds of pursuing alternative sources compared to males ($p=0.022$). Undergraduate dentists have 2.51 times the odds of practising other means of revenue.

Conclusions

The study concludes that a substantial percentage of respondents had pursued alternative sources of revenue. Policymakers and educators can use these findings to develop strategies to promote entrepreneurship and financial literacy among dental professionals.

Keywords

Income, Dentist, Job satisfaction

INTRODUCTION

India has experienced significant growth in the number of dental professionals over the past few decades, with many dental colleges and universities offering dental programs at both undergraduate and postgraduate levels. The establishment of the first private dental college in 1966 marked a significant milestone in Indian dental education. Following this inception, there has been a notable surge in the number of dental

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institutions across the country¹. As of February 2023, there are approximately 324 dental colleges in India, with a total intake capacity of approximately over 30,000 students per year which is one of the highest in the world^{2,3}.

As a result, there has been a substantial increase in the number of dental graduates in India which is currently 3,05,590⁴. After graduation, most dental graduates opt to work in clinical practice or join a private dental clinic. However, there are also opportunities for dental graduates to work in government hospitals, dental research institutions, or teaching institutions⁵. Some people make their career decisions following the footsteps of their parents and/or elder siblings and find themselves in a line of work without truly understanding their profession⁶.

One of the main concerns arising from the increase in dental graduates is the issue of oversupply. While there is a growing demand for dental services in urban areas, the supply of dental professionals in these areas may be outstripping demand since more than 75% of dentist practice in urban areas⁷. This has led to increased competition among dental professionals, with some facing challenges in finding stable employment or attracting enough patients to maintain their practices⁸.

Furthermore, the surplus of dental professionals in India has led to a decrease in the average income of dental professionals, which may be affecting the attractiveness of the profession. Many dental graduates are choosing to pursue other career options or move to other countries to seek better employment opportunities^{9,10}. Unfortunately, there can be a perception of foreign-trained dentists having lower competence or qualifications, regardless of their actual capabilities¹¹. It can be partially true because a majority of advancements in dental education have been confined to dental schools in developed nations, leading to a growing disparity between established institutions and those in economically disadvantaged countries. This may impact their chances of finding employment or acceptance in certain countries^{12,13}.

The COVID-19 pandemic also had a significant impact on the dental profession. The pandemic has led to changes in patient behaviour, with many people delaying or cancelling dental appointments due to concerns about the disease. This has resulted in decreased revenue for dental practices and has led to financial struggles for many dental professionals¹⁴.

Overall, while the growth in the number of dental professionals in India may be seen as positive in some respects, there are concerns about the potential oversupply of dental professionals and its impact on the profession⁸.

The dental profession has seen significant changes in recent years, with an increasing number of dental professionals seeking alternative sources of revenue². This shift is driven by a range of factors, including changes in the healthcare industry, increased competition, and a desire for greater financial stability¹⁰. Despite these changes, little is known about the attitudes and practices of dental professionals towards alternative sources of revenue. Therefore, this study aimed to explore the attitudes and practices of dental professionals regarding alternative sources of revenue through a descriptive cross-sectional design and to explore other demographic factors which influence them.

MATERIALS AND METHODS

The present study followed a cross-sectional design and was conducted between January and March 2023 among dental professionals in the state of Tamil Nadu, India. The study followed the National Ethical Guidelines for Biomedical Research Involving Human Participants, given by the Indian Council of Medical Research.^[15] The ethical clearance was obtained from the Institutional Review Board after a detailed presentation of the study proposal (Dr MGRERI/TMDCH/ECC/2022-23/030109). The target population in the current study were dental professionals who have private practice and or work in teaching institutions. Dental graduates who have left the profession and those who are not willing to provide informed consent were excluded from the study.

QUESTIONNAIRE DEVELOPMENT AND VALIDATION

The survey form, which was specifically formulated for the study had two segments. The first part was used to record the participants' demographic details, and the second section had both open and closed-ended questions related to their attitudes and practices regarding alternative sources of revenue. Once the questionnaire was developed, an expert panel was

constituted to evaluate the content validity, and they assessed whether the questions included were reasonably measuring the construct envisioned and were suitable to measure the study objectives of interest. The content validity index score was 0.78. Internal consistency and test-retest methods were used to assess the reliability of the instrument. The questionnaire had adequate internal consistency (Cronbach's Alpha = 0.80). Test-retest reliability was estimated using Pearson's product-moment correlation coefficient (Pearson's $r = 0.75$).

Sample size estimation

The validation of the questionnaire was followed by a pilot study conducted among 40 participants from the target population to assess face validity and to get the required sample size. The sample size for the present study was estimated by the prevalence of alternative sources of income generation which was 36% among the study population. With an Alpha error probability of 5 % and 95 % confidence level, the estimated sample size was calculated by the formula:

$$N = \frac{t^2 \times p(1-p)}{m^2}$$

N = required sample size

t = confidence level at 95 % (standard value of 1.96)

p = estimated prevalence (36% from the pilot study)

m = margin of error at 5 % (standard value of 0.05)

$$N = \frac{1.96^2 \times 0.36(1-0.36)}{0.05^2} = 355$$

The sample size was increased to 400 to have enough participants in various subgroups of the study population.

Sampling Methodology

The list of dentists was obtained from the Indian Dental Association registry¹⁶. The participants were selected using stratified random sampling once they satisfy the inclusion criteria so that adequate participants are present in each stratum which included gender, qualification, and experience till the required sample size is achieved.

Data Collection

The data was collected by four investigators who were trained and calibrated in the department of public health dentistry. The selected dental professionals were

approached either personally or through an electronic medium (Google form) to reduce time and logistic constraints. The purpose and nature of the study were explained to them and informed consent was obtained. The participants were assured of confidentiality and requested to provide appropriate answers to the questions. Forms with incomplete and missing responses were excluded from statistical analysis.

Statistical analysis

Statistical analysis of the data was done using IBM SPSS Statistics for Windows, Version 26.0. Armonk, NY: IBM Corp. Descriptive statistics including mean, standard deviation, frequency and percentages were calculated for the demographic variables and responses provided by the participants. Cross tabulations were made and statistical significance between demography and responses was assessed using Pearson's Chi-square test and Fisher's exact test. A Binary Logistic Regression model was developed to predict the practice of alternative sources of revenue (Outcome variable) based on gender, qualification, occupation, and experience (predictor variables). Statistical significance was kept at $p < 0.05$ in the present study.

RESULTS

The current study was conducted among dental practitioners of ages ranging from 23 to 50 years with a mean age of 32. Male respondents were 45.3% and 46.5% have completed their master's degree in dentistry. Out of the 400 respondents, 132 individuals (33%) were in academics, 124 individuals (31%) were in both academics and private practice, and 144 individuals (36%) had only private practice. 38% had less than 5 years, 30.8% had 5 to 10 years, and 31.3% had more than 10 years of experience (Table 1).

Table 2 describes the percentage of respondents who have pursued alternative sources of revenue, based on their gender, qualification, occupation, and experience. A significant proportion of respondents had pursued alternative sources of revenue, with 36% currently doing so and 17.5% doing it in the past. Females tend to be more involved in pursuing alternative sources of revenue than males, and this difference is statistically significant ($p=0.005$). Respondents who are in both academics and private practice have a pursuing rate of 43.5%, which is significantly more when compared to the other two groups. Qualification and experience did

not possess any significant effect.

Figure 1 shows the most common alternative sources of revenue among the study participants. The majority (37.6%) reported investing in stocks and trading as their alternative source of income. Real estate, which included property buying and selling along with brokerage was the second most common alternative source of income, with 15.3% of participants reporting it, followed by the food industry including restaurant and cloud kitchen (13.2%), career guidance/coaching classes (11.1%), and product development (11.8%). These include designing, developing, patenting and selling of new products in dentistry like toothbrush, customary dental chair, patient education materials, softwares etc. Other sources of income reported by 11% of participants included cosmetology, photography, dealership, and general hospital management.

Table 3 presents the attitudes of the study participants towards their current dental revenue, based on gender, qualification, occupation, and experience. Regarding satisfaction with their income earned from the dental profession, 48.1% of males and 28.3% of females reported being satisfied, while 51.9% of males and 71.7% of females reported being unsatisfied. The difference was found to be statistically significant ($p=0.000$). Individuals who had an experience of more than 10 years are significantly more satisfied (57.6%) with their income compared to lesser experienced participants.

Regarding the belief that dentists should look for other options for income, the majority of respondents (96.1%-100%) agreed, and there were no significant demographic differences. Regarding interest in knowing about available options for additional income, most of the respondents (92.4%-100%) were interested, and there were significant differences based on qualification ($p=0.00$) and experience ($p=0.01$), but not based on gender or occupation.

When questioned about the most common barrier for alternative sources of income, the most frequently reported barrier was time constraints (36.4%-51.2%), followed by lack of knowledge/expertise (15.9%-27.4%) and limited financial resources (5.8%-19.4%). The differences were statistically significant based on qualification ($p=0.01$), occupation ($p=0.01$) and experience ($p=0.00$), but not based on gender.

The Practices regarding alternative sources of income

among the study participants are presented in Table 4. In terms of the overall duration of involvement, 49.3% of participants have been involved in the practice for less than 1 year, while 29.9% have been involved for 1 to 5 years and 20.8% for more than 5 years. The differences in duration of involvement were statistically significant for qualification and occupation, but not for gender and experience.

The most important reason for considering alternate sources of income was financial stability (52.4% females and 38.3% males), and the difference based on gender was statistically significant ($p=0.03^*$). The increasing competition was also a significant reason among participants with MDS qualifications (35.3%).

Regarding the nature of work, most participants pursued alternative sources of income independently (76.7% males and 65.5% females). However, collaboration was significantly more common among participants with lower qualifications (36.5% BDS).

A significant proportion of participants (75%) reported facing challenges while pursuing alternative sources of income. The differences in facing challenges were statistically significant for gender and experience but not for qualification and occupation.

Table 5 describes the results of a logistic regression analysis predicting the effect of gender, qualification, occupation, and experience on the odds of currently pursuing alternative sources of income among the study population. Females have 1.76 times the odds of pursuing compared to males ($p=0.022$). In terms of qualification, BDS dentists have 2.51 times the odds of practising other means of revenue compared to MDS ($p=0.002$). Respondents who are only in academics have 0.47 times fewer odds of practising alternative sources compared to private practitioners ($p=0.013$). Experience-wise, dentists with less than 5 years of experience have 0.344 times less odds of pursuing, compared to dentists with more than 10 years of experience ($p=0.002$).

DISCUSSION

The current study was among the first to examine the attitudes and practices of Indian dental professionals towards alternative sources of income, providing valuable insights into their current perspectives and behaviours. The findings of our study could not be

directly compared with other studies, since there is limited existing literature on this topic making our research particularly significant. The findings from this study will be valuable for dental professionals, policymakers, and educators to understand the current state of alternative revenue practices in the dental profession, and identify areas for improvement.

Gender and occupation are important factors that influence involvement in alternative sources of income among dentists, with a greater number of females tending to be involved than males. Females may have juggling work and family responsibilities can be challenging, and alternative sources of income may offer greater flexibility and control over their schedules.

Investing in stocks and finance was reported as the most common alternative source of income. This is not surprising given the increasing popularity of stock trading and the ease of access to financial markets through online platforms¹⁷. However, it is worth noting that investing in stocks can be risky and requires significant knowledge and experience. Therefore, it is essential to approach it with caution and seek professional advice when necessary.

Real estate was reported as the second most common alternative source of income and it can provide a steady stream of passive income through rental properties, house flipping, or other forms of property investment¹⁸. Nevertheless, it also requires significant capital, research, and knowledge of the market and regulations. The food industry, career guidance/coaching classes, and product development were also popular alternative sources of income as they offer opportunities for entrepreneurship and can be profitable if executed correctly¹⁹.

Other sources of income reported by 11% of participants included cosmetology, photography, dealership, and general hospital management. These diverse industries can offer flexible and creative ways to generate income.

Regarding satisfaction with their income earned from the dental profession, there was a statistically significant difference across gender in which around two-thirds of females reported being unsatisfied and these findings are comparable with a study conducted by Priya et al²⁰.

Another interesting finding is that individuals who had more than ten years of experience were significantly more satisfied with their income compared to those with lesser experience, which is identical to studies

conducted elsewhere^{21,22}. This suggests that income satisfaction may increase with experience and expertise, and new dentists may need to explore alternative sources of income to supplement their earnings¹⁷.

Regarding the belief that dentists should look for other options for income, most of the respondents agreed, irrespective of their gender, qualification, occupation, or experience. This finding highlights the recognition of the need for exploring alternative sources of income and suggests that dentists are willing to consider other options beyond their dental practice¹⁸.

Interestingly, when it comes to the interest in knowing about available options for additional income, there were significant differences based on qualification and experience, but not based on gender or occupation. This finding suggests that dentists with higher qualifications and experience may be more interested in exploring alternative sources of income than those with lesser qualifications and experience.

Finally, time constraint was reported as the most significant barrier to alternative sources of income, followed by a lack of knowledge/expertise and limited financial resources. Addressing these barriers through training and support programs can help dentists explore alternative sources of income.

Among the participants who pursue alternative sources, nearly half of them (49.3%) had been involved for less than one year, suggesting that many dental professionals are still exploring and experimenting with alternate sources of income. The most important reason for considering alternate sources of income was financial stability, with a significant difference based on gender. More females (52.4%) than males (38.3%) reported financial stability as the primary reason for pursuing alternative sources of income. This finding highlights the need for addressing the financial concerns of female dental professionals. The increasing competition was another significant reason for pursuing alternative sources of income, particularly among participants with MDS qualifications. This finding suggests that advanced education and specialized training may not always translate into financial stability and job security in the dental profession²³.

Regarding the nature of work, most participants pursued alternative sources of income independently, with collaboration significantly more common among participants with lower qualifications. This suggests

that dental professionals with lower qualifications may rely more on collaborations and partnerships to explore alternative sources of income.

Despite the potential benefits of alternative sources of income, a significant proportion of participants (75%) reported facing challenges while pursuing alternative sources of income. Interestingly, the differences in facing challenges were statistically significant for gender and experience, highlighting the need for tailored support and resources for different groups of dental professionals.

The study found that females had 1.76 times higher odds of pursuing alternative sources of income compared to males. This result is consistent with previous research that has shown that women are more likely to seek out additional sources of income compared to men. Women may face more financial challenges, which may drive them to pursue alternative sources of revenue²⁴.

The analysis also found that BDS dentists had 2.51 times higher odds of practising other means of revenue compared to MDS. This result suggests that BDS dentists may face more financial challenges and may be more likely to pursue alternative sources of income compared to MDS dentists. It is also possible that they may have a greater need to supplement their income due to a lower income level or higher debt burden²³.

In terms of occupation, respondents who were only in academics had 0.47 times fewer odds of practising alternative sources compared to private practitioners. This result may be because private practitioners have more flexibility in their work schedule and can take on additional income streams, such as consulting or part-time work, more easily than those in academic positions²⁵.

Finally, the investigation revealed that experience was a significant predictor of currently pursuing alternative sources of income. Dentists with less than 5 years of experience had 0.34 times fewer odds of pursuing alternative sources of income compared to dentists with more than 10 years of experience. This result suggests that as dentists gain more experience, they may have a better understanding of how to generate additional income apart from their dental practice and are more likely to seek out alternative sources of income²⁶.

While the study provides valuable insights into the attitudes and practices of Indian dental professionals towards alternative sources of income, it is important

to acknowledge some limitations that may impact the interpretation and generalizability of the findings. The study adopts a cross-sectional design, which captures data at a specific point in time. This design may not allow for establishing causality or capturing changes in attitudes and practices over time. The study relies on self-reported data from participants, which may be subject to social desirability bias or inaccuracies due to recall issues. Participants may overreport positive behaviours or underreport negative ones. The study does not explore potential regional variations as India is a diverse country with variations in socioeconomic factors, culture, and dental practice patterns, which could influence the findings.

We recommend future longitudinal studies to track changes which can help understand how dentists' perspectives and behaviours evolve as they progress in their careers and face different economic conditions. Comparative studies that include multiple healthcare professions to understand how dental professionals' attitudes and practices differ from those in other healthcare fields can be conducted. This could provide insights into profession-specific factors influencing the pursuit of additional income. Quantitative research should be complemented with qualitative studies, such as interviews or focus groups, to gain a deeper understanding of the motivations, challenges, and experiences of dental professionals in pursuing alternative sources of income.

CONCLUSION

To conclude, a significant proportion of respondents had pursued alternative sources of revenue, with the majority reporting investing in stocks and finance. Females tend to be more involved in pursuing alternative sources of revenue than males. Individuals who had more than 10 years of experience were significantly more satisfied with their income compared to lesser experienced participants. The most frequently reported barrier to pursuing alternative sources of income was time constraints. Financial stability was the most important reason for considering alternate sources of income. Policymakers and educators can use these findings to develop strategies to promote entrepreneurship and financial literacy among dental professionals. The results will also help dental professionals explore and evaluate alternative revenue options that may be

suitable for them. Additionally, the study highlights the need for further research to identify and address the barriers that dental professionals face in pursuing alternative revenue sources.

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Conflicts of interest

The authors declare no conflicts of interest.

Authors contribution

KR, VA.: Study conception and design, literature search, data acquisitions and analysis, manuscript preparation.

VRU, PN.: Study conception and manuscript review.

BS, AJ, KR: Study conception and design, data analysis, manuscript editing and review.

All the authors approved the final version of the manuscript publication.

Ethical policy and Institutional review board statement

The ethical clearance was obtained from the Institutional Review Board of Dr. MGr Educational and Research Institute after a detailed presentation of the study proposal (Dr MGRERI/TMDCH/ECC/2022-23/030109).

Patient declaration of consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity.

Data availability statement

Data supporting the results reported in the article can be found with the authors and will be made available on request.

Table 1: Demographic details of the Study Participants

Age group	Mean	SD
23 to 50	32.3	8.0
Gender	Frequency	Percentage (%)
Male	181	45.3

Age group	Mean	SD
Female	219	54.8
Qualification		
BDS (Bachelor of Dental Surgery)	214	53.5
MDS (Master of Dental Surgery)	186	46.5
Occupation		
Academics	132	33
Private Practice	144	36
Both (Academic and Private practice)	124	31
Years of Experience		
Less than 5 years	152	38
5 to 10 years	123	30.8
More than 10 years	125	31.3
Total	400	100

Table 2: Percentage of individuals explored alternative sources of revenue among the study population

Study groups		Yes	No	Done in past	p value
Gender	Male	33.1	42.5	24.3	0.005*
	Female	38.4	49.8	11.9	
Qualification	BDS	39.7	44.9	15.4	0.205
	MDS	31.7	48.4	19.9	
Occupation	Academics	25	56.8	18.2	0.007*
	Private Practice	39.6	45.8	14.6	
	Both	43.5	36.3	20.2	
Experience	Less than 5 years	35.8	48.8	15.4	0.17
	5 to 10 years	32.2	52	15.8	
	More than 10 years	40.8	37.6	21.6	
Total		36	46.5	17.5	

* Statistically Significant Pearson's Chi-square test

Table 3: Attitudes of Study Participants Regarding Current Dental Revenue (%)

Questions	Gender		Qualification		Occupation			Experience		
	Males	Females	BDS	MDS	1	2	3	1	2	3
Satisfied with Income earned from dental profession										
Yes	48.1	28.3	39.3	34.9	34.1	43.1	33.9	29.6	26	57.6
No	59.9	71.7	60.7	65.1	65.9	56.9	66.1	70.4	74	42.4
p value	0.000*		0.37		0.19			0.00*		
Dentists should look for other options for income										
Yes	97.2	93.6	91.1	100	97	91.7	97.6	95.1	94.1	96.8
No	2.8	6.4	8.9	0	3	8.3	2.4	4.9	5.9	3.2
p value	0.10		0.10		0.40			0.56		
Interested to know about options available										
Yes	96.1	95.4	98.6	92.5	92.4	100	94.4	94.3	99.3	92.8
No	3.9	4.6	1.4	7.5	7.6	0	5.6	5.7	0.7	7.2
p value	0.80		0.00*		0.20			0.01*		
Most common barrier for alternative source of income										
Time constraints	44.2	40.6	39.7	45.2	36.4	43.1	47.6	33.3	42.1	51.2
Lack of knowledge/expertise	22.1	20.5	15.9	27.4	27.3	20.1	16.1	22.8	21.7	19.2
Limited financial resources	5.8	7.2	12.1	14	12.1	8.3	19.4	10.6	8.6	19.2
Energy constraints	21	25.6	32	13.4	24.2	28.5	16.9	33.3	27.6	8.8
p value	0.72		0.00*		0.01*			0.00*		

*Statistically significant

Pearson's Chi-Square test and Fisher's Exact test

Occupation (1-Academics, 2- Private practice, 3 – Both)

Experience (1-Less than 5 years, 2- 5 to10 years, 3 – More than 5 years)

Table 4: Practices regarding alternative sources of income among study Participants (%)

Questions	Gender		Qualification		Occupation			Experience		
	Males	Females	BDS	MDS	1	2	3	1	2	3
Duration of Involvement										
Less than 1 year	41.7	54.8	68.2	22	57.6	63.2	29.6	65.3	52.3	31.4
1 to 5 years	31.7	28.6	17.6	47.5	33.3	19.3	38.9	26.5	29.5	33.3
More than 5 years	26.7	16.7	14.1	30.5	9.1	17.5	31.5	8.2	18.2	35.3
p value	0.22		0.008*		0.00*			0.30		
Most important reason for considering alternate sources										
Financial Stability	38.3	52.4	49.4	42.4	72.7	42.1	35.2	40.8	59.1	41.2
Work-life balance	16.7	6	8.2	13.6	0	7	20	0	6.8	23.5
Increasing competition	26.7	33.3	35.3	23.7	21.2	40.4	25.9	46.9	29.5	5.6
Job insecurity	18.3	8.3	7.1	20.3	6.1	10.5	18.5	12.2	4.5	19.6
p value	0.03*		0.051		0.001*			0.00*		
Nature of work										
Independent	76.7	65.5	63.5	79.7	57.6	61.4	87	65.3	65.9	78.4
Collaboration	23.3	34.5	36.5	20.3	42.4	38.6	13	34.7	34.1	21.6
p value	0.14		0.03*		0.003*			0.27		
Faced challenges while pursuing alternative source of income										
Yes	75	54.8	57.6	71.2	69.7	54.4	68.5	42.9	61.4	84.3
No	25	45.2	42.4	28.8	30.3	45.6	31.5	57.1	38.6	15.7
p value	0.01*		0.09		0.20			0.00*		

*Statistically significant

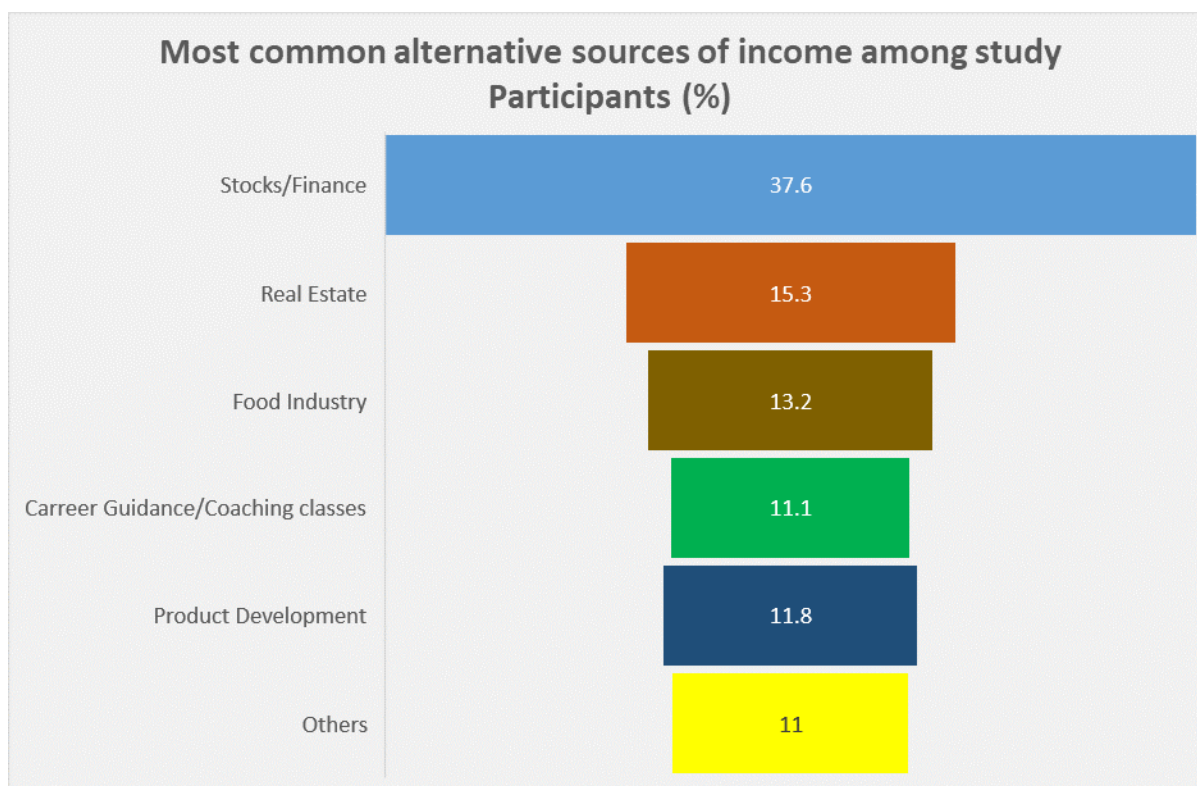
Pearson's Chi-Square test and Fisher's Exact test

Occupation (1-Academics, 2- Private practice, 3 – Both)

Experience (1-Less than 5 years, 2- 5 to10 years, 3 – More than 5 years)

Table 5: Binary Logistic Regression showing the association between demographic variables and pursuing alternative sources of revenue

Variables	Beta coefficient	Wald	p value	Odds ratio	95% C.I.for Odds ratio	
					Lower	Upper
Gender						
Males (Reference)				1		
Females	.570	5.20	.022*	1.768	1.084	2.883
Qualification						
BDS	.921	9.57	.002*	2.512	1.402	4.503
MDS (Reference)				1		
Occupation						
Private practice (Reference)				1		
Academics	-.741	6.23	.013*	.477	.266	.853
Both	.393	1.38	.239	1.481	.770	2.849
Experience						
Less than 5 years	-1.067	9.33	.002*	.344	.174	.682
5 to 10 years	-.467	2.50	.114	.627	.351	1.118
More than 10 years (Reference)				1		

**Figure 1**

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