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RESEARCH ARTICLE

Systemic Barriers and Specialty-Specific Opportunities in Dental Career Planning: A Cross-Sectional SWOT Study of Final-Year Students

[version 1; peer review: awaiting peer review]

Maha Akkari [1], Mayssoon Dashash [2,3], Jina Alfeel [1]

[1]University of Kalamoon Faculty of Dentistry, Damascus, Damascus Governorate, Syria
[2]Damascus University Faculty of Dentistry, Damascus, Damascus Governorate, Syria
[3]Syrian Virtual University, Damascus, Damascus Governorate, Syria

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Abstract

Background

Understanding the factors that shape dental students' specialty choices is essential for effective workforce planning and curriculum development. However, a significant gap remains in understanding how perceived strengths, weaknesses, opportunities, and threats (SWOT) vary across different dental specialties.

Methods

A cross-sectional survey was conducted among 482 dental students in the final year (235 females, 247males) to assess their perceptions of four SWOT domains.

Results

Weaknesses and threats were uniformly distributed across all specialties, with no significant gender-based differences. However, Orthodontics and Oral and Maxillofacial Surgery (OMFS) exhibited superior strengths ($P = 0.047$ and $P = 0.023$, respectively). Marketing potential and research expansion emerged as the primary drivers of specialty preference within the opportunities domain.

Conclusion

Given that universal barriers and variable opportunities shape

specialty appeal through modifiable educational factors, achieving a balanced dental profession demands reducing shared threats, enhancing early clinical engagement, and fostering passion-driven learning.

Keywords
Keywords: Dental students, strengths, weaknesses, opportunities, threats, SWOT analysis.

Corresponding author: Maha Akkari (mahaortho@hotmail.com)

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Introduction

Senior dental students lack the confidence and clinical experience necessary for complex procedures,[1] which drives many toward specialization.[2] Specialty choices reflects both internal factors- such as personal interest and professional prestige- and external factors, including financial prospects and family expectations.[3] While Dental literature extensively documents specialty preferences and their drivers,[4] the relative weight of these influences varies considerably across contexts. Notably, students from lower-income countries show significantly greater interest in specialization than their counterparts from higher-income countries.[5]

Curriculum design, family background, and access to residency programs emerge as critical influences on specialty decisions[6] Sonkar et al. 2020).

Contemporary dental trainees increasingly prioritize flexibility, social impact, work–life balance, and meaningful clinical experience over financial compensation alone-a marked departure from earlier generations.[7]

As the dental graduate workforce expands amid rapidly evolving practice models,[8] strategic career planning has become essential.[9]

Effective professional development requires both self- assessment and awareness of external trends.[10] SWOT analysis provides a structured, evidence-based framework for this dual perspective, enabling[11] graduates to identify and leverage their strengths, address weaknesses, capitalize on emerging opportunities within dentistry, and anticipate potential challenges.[12]

This study employed SWOT analysis to examine how newly graduated dentists approach specialty decisions, revealing the interplay between internal capacities and external perceptions in shaping career trajectories. By providing dental educators and policymakers with evidence-based insights, these findings support informed curriculum development and workforce planning that better aligns with evolving oral health needs.

Methods

Ethical considerations

Ethical approval was obtained from the ethical committee of the University of Kalamoon (number: 7/EBR-UOK,2026). All data were securely stored on password- protected computers and deleted once no longer required.

The quantitative phase of the study was conducted and reported in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.[13]

Study design

A cross-sectional study was conducted using an online questionnaire administered to all final-year dental students enrolled in Syrian dental schools, who possess sufficient professional maturity to accurately assess their clinical competencies and understand specialty-specific demands.[14] Both public and private universities were included to represent the full range of academic institutions.

Recruitment followed a structured multi-channel process. For chain-referral sampling 30 purposively selected students from five dental schools received personalized invitations via official university emails, each asked to forward a unique survey link to up to three eligible peers. For convenience sampling, the link was disseminated through: (a) official administrative contacts at all 16 dental schools via institutional email lists; (b) ten closed social media groups for final-year students (e.g., Telegram, WhatsApp); and (c) official student channels at each participating university. Before starting the questionnaire, all participants viewed a mandatory electronic information page and actively provided informed consent by clicking a checkbox. Eligibility criteria required respondents to be recent dental graduates and willing to complete the questionnaire voluntarily.

Instrument of measurement

The questionnaire contained 37 items organized into four categories: (A) demographics (gender, university, academic performance, and preferred specialty); (B) Personal factors influencing specialty choice; (C) academic factors; and (D) societal factors. Section Part B, C and D used Likert-type scales) (B: 1 = 1strongly important to 5 = not important at all; C and D (extremely important (to 5 (not important at all). Items were systematically mapped to the four SWOT dimensions: strengths, weaknesses, opportunities, and threats. The questionnaire was pretested with 20 dental students to verify clarity and face validity. The anonymized questionnaire data used in this study are available in the Zenodo repository.[15]

Statistical analysis

Data were analyzed using Statistical Package for Social Sciences version 26.0 (SPSS 26). Cronbach's alpha assessed internal consistency for each domain. Descriptive statistics (frequencies, means, standard deviations) summarized responses across the four SWOT dimensions. One-way ANOVA, with post-hoc tests examined differences in domain scores by preferred specialty. The Friedman test ranked items within each domain to identify the most and least influential factors. Statistical significance was set at $p < 0.05$.

Results

Demographic variables

The study included 482 students from 16 Syrian dental schools. Males comprised 51.2% of participants. Aleppo University had the largest representation (14.2%), followed by Al wadi Private University (12.6%). Oral and maxillofacial surgery was the most preferred specialty (n = 161; 33.4%) followed by Orthodontics (n = 89; 18.5%) and Endodontics (n = 60; 12.4%). Findings are presented in Table 1.

Reliability of the questionnaire

The questionnaire demonstrated strong internal consistency with a Cronbach's alpha of 0.82. Reliability coefficients for the four SWOT domains ranged from 0.704 and 0.735, indicating acceptable consistency across the instrument.

Gender Differences in Specialty Preference

Among 482 participants, 235 were female and 247 were male. Chi-square analysis revealed statistically significant gender differences in two specialties: Male students demonstrated significantly greater preference for Oral and Maxillofacial Surgery (OMFS) compared to their female counterparts ($P = 0.002$), while female students preferred Pediatric dentistry more than male students ($P = 0.001$) as shown in figure 1. Independent t-test found no significant gender differences across the four SWOT dimensions. The effect size of gender differences was negligible to small across all domains (Cohen's $d < 0.20$) as shown in Table 2.

Table 1. Demographic details of participants.

Demographics			
		N	%
Gender	Male	247	51.2%
	Female	235	48.8%
Academic achievement level	Excellent	90	18.7%
	Very good	241	50%
	Good	134	27.8%
	Acceptable	17	3.5%
University	Aleppo University	91	18.9%
	Wadi International University	69	14.3%
	University of Kalamoon	58	12%
	Damascus University	52	10.8%
	Others	212	44%
Favorite Specialty	Oral and maxillofacial surgery	161	33.4%
	Orthodontics	89	18.5%
	Endodontics	60	12.4%
	Cosmetic dentistry	50	10.4%
	Fixed Prosthodontics	46	9.5%
	Restorative dentistry	32	6.6%
	Pedodontics	19	3.9%
	Periodontics	13	2.7%
	Other specialties (responds<10)	12	2.4%

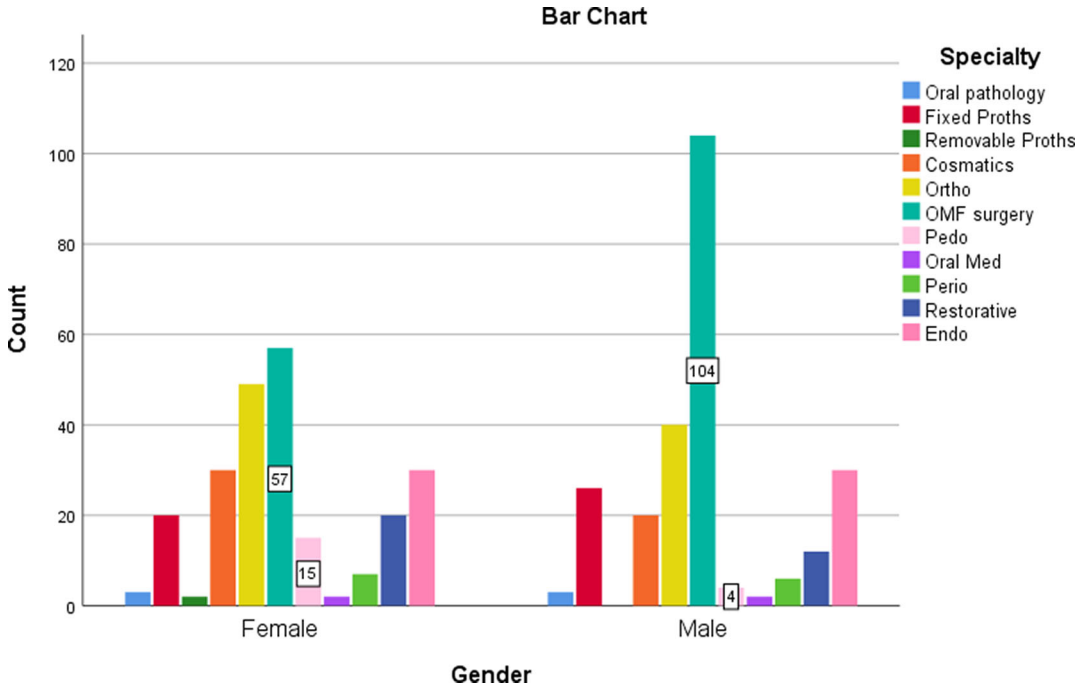

Figure 1. **Gender Differences in Specialty Preference.**

Table 2. **Gender Differences in SWOT analysis domains.**

Independent Sample t-Test for Equality of Means			Cohen D	
	dF	*P*		
Strengthen items	459.52	0.208	0.11	Small
Weakening items	471.89	0.069	0.12	Small
Opportunities items	480	0.305	0.17	Very small
Threats items	469.23	0.239	0.09	Small

Cross-specialty comparison across SWOT domains

Orthodontics demonstrated a significant difference compared to Restorative Dentistry (P = 0.047), and Oral and Maxillofacial Surgery also showed a significant difference relative to Restorative Dentistry (P = 0.023). In terms of opportunities, Orthodontics exhibited significant differences when compared to both Pedodontics (P = 0.026) and Restorative Dentistry (P = 0.015). Conversely, no statistically significant differences were observed among any of the specialties in the weakening points and challenges domains. The largest effect was observed for the opportunity's domain (F = 2.824, partial eta squared = 0.046), indicating a small-to-moderate effect size. Other scores had small effect sizes as presented in Table 3.

Ranking of Influencing Factors

For strength items, the Friedman test revealed a statistically significant difference ($p < 0.001$). Based on the mean ranks, the most influential factors were that the specialization increases the dentist's self-confidence, (M = 4.49) and passion for this specialty (M = 4.51). Regarding weakness items, the Friedman test revealed a statistically significant difference ($P < 0.001$).

Based on the mean ranks, the most affecting factors were that the specialty could be far from the student's residence (M = 3.98) and difficulty to access supplemental resources (M = 3.91). Concerning opportunities items, the Friedman test revealed a statistically significant difference ($P < 0.001$), the most affecting factor was that the specialization enhances marketing opportunities (M = 4.64). With respect to threats items, the Friedman test revealed a statistically significant

Table 3. Significant differences in SWOT domains across specialties.

Domain	Specialty	Specialty	Significant difference	Partial eta squared	F statistics	
Strength items	Orthodontics	Restorative dentistry	0.047	0.030	1.839	Small
	Maxillofacial surgery	Restorative dentistry	0.023			
Weakening items	No significant differences between any of specialties			0.021	1.268	Small
Opportunities items	Orthodontics	Pedodontics	0.026	0.046	2.824	Moderate
		Restorative dentistry	0.015			
Threats items	No significant differences between any of specialties			0.027	1.631	Small

difference ($P < 0.001$). Based on the mean ranks, the most affecting factor was high competition for limited specialty seats (M = 3.91) as shown in Table 4.

Discussion

Studying Syrian dental education required methodological flexibility. Given the absence of a centralized student registry, chain-referral and convenience sampling were pragmatic approaches to ensure institutional coverage across all 16 public and private dental schools.

This methodological adaptation yielded several noteworthy findings on dental career preferences.

While Oral and Maxillofacial Surgery OMFS and Orthodontics dominated student interest, Pediatric Dentistry and Periodontology received markedly lower preferences rates- a pattern consistent with findings from recent data from Chinese dental students.[6]

Lower interest in Pediatric dentistry likely reflects three factors; limited awareness of core competencies in this field,[16] insufficient limited exposure to pediatric patients,[17] and concerns about professional burnout (Chohan et al. 2020). Similarly, periodontology's low appeal may stem from its preventive maintenance-focused scope and students' limited exposure to complex cases during undergraduate training.[18]

Gender significantly influenced specialty choice in only two areas OMFS was predominantly preferred by male students, while Pediatric dentistry attracted more female students- findings consistent with prior research, (Balkanlıoğlu et al. 2026[19];. This gender disparity in OMFS may reflect differing attitudes toward role models' female students' lower interest in OMFS careers correlates with less positive perceptions of female role models in the field.[20]

Despite the relatively balanced gender composition of the sample, no statistically significant gender-based difference emerged across any of the four SWOT domains (strengths, weaknesses, opportunities, and threats). This finding aligns with recent evidence suggesting a shift toward gender parity in dental career aspirations similarly found no meaningful gender differences among students with well-defined career trajectories, indicating emerging gender equity in career planning among contemporary dental students.[21]

No statistically significant differences emerged in how students perceived specialty- related weaknesses. Two challenges dominated: geographic distance from training sites and limited access to educational resources. Geographic separating from home imposed burdens-both financial and psychological-including concerns about expenses of homesickness.[8] Restricted access to supplementary learning resources compounds this challenge. Many students struggled to locate and utilize informal educational materials, a gap exacerbated by inadequate institutional guidance and financial constraints.[22]

Students reported uniform concerns about threats, with no significant differences by specialty. High competition for training positions emerged as the primary threat. This pattern is particularly pronounced in OMFS, where application ratios substantially exceed those for standard specialty training posts.[23] Institutional resource limitations further constrain opportunities for career development. Insufficient equipment and inadequate funding, create persistent challenges to capacity-building and student preparation.[24]

Table 4. **Items of SWOT analysis domains.**

SWOT Domains		*M*	SD	Friedman Test
Strength items	I have a genuine passion for this specialty	4.49	0.649	*P* = 0.000
	I possess well-developed clinical skills in this specialty	4.05	0.773	
	More reasonable work hours than general dental practice.	4.24	0.771	
	Family support for specialization.	4.21	0.906	
	Postgraduate peer encouragement for this specialty.	3.85	1.013	
	Presence of role models in this specialty	3.89	1.054	
	Positive supervisory experience.	3.93	0.880	
	Parental expectation to follow their specialization.	2.09	1.206	
Weakening items	I prefer a specialty in proximity to my residence.	3.98	1.049	*P* = 0.000
	Financial constraints make distant specialization difficult.	3.70	1.099	
	Lack of guidance causes indecision.	3.40	1.062	
	Unwillingness to endure further academic pressure.	2.86	1.250	
	Fear of failing the national board examination.	3.75	1.165	
	Family obligations restrict my pursuit of specialization.	2.91	1.235	
	I find future planning challenging.	3.10	1.212	
	Long specialty duration (4–5 years).	3.69	1.035	
	Difficulty accessing informal learning resources.	3.91	1.054	
Opportunities items	This specialty provides a high income.	4.15	0.771	*P* = 0.000
	This specialty improves my self-confidence.	4.51	0.701	
	This specialty enhances my social value.	4.01	1.042	
	This specialty distinguishes me from others.	4.17	0.951	
	Specialization enhances the CV abroad.	4.51	0.707	
	This specialty enhances marketing opportunities.	4.64	0.564	
	This specialty expands my research possibilities.	4.59	0.616	
	Increased chances of a university lectureship.	4.08	1.127	
	This specialty allows to deliver better patient care.	4.35	0.851	
	Community needs motivate this specialty	3.90	1.056	
Threats items	High competition for limited specialty seats.	4.73	0.700	*P* = 0.000
	Lack of academic staff for supervision	4.30	0.834	
	Insufficient university resources.	4.42	0.810	
	Unclear admission criteria for specialty programs.	4.19	0.854	
	Patient demographics (children, young adults…)	3.56	1.027	
	Postgraduate burnout from academic stress.	4.04	0.933	
	Social pressures for immediate employment post-graduation	3.81	1.028	
	Equivalence and recognition challenges for Syrian degrees.	4.10	0.884	
	Patients' limited financial means.	4.16	0.886	
	Poor patient awareness of the specialty's importance.	4.36	0.907	

Regarding strengths, the presence of genuine passion toward the selected dental specialty emerged as the most prominent factor. Positive academic experiences appear to reinforce this interest, whereas negative experiences tend to foster disengagement, confirming that authentic passion, when nurtured by achievement, constitutes the strongest and most sustainable asset in specialty selection.[25]

Consistent with this, the present study found that OMFS and Orthodontics both outperformed restorative dentistry. The stronger performance of orthodontics can be attributed to positive clinical exposures, hands-on experiences, ongoing advancements in the field and interactions with faculty and role models, all of which enhance student' perception of its advantages.[26] Similarly, the strong performance of OMFS aligns with evidence that, regardless of gender or stage of training, intrinsic motivation is the most influential factor in postgraduate specialty selection, with dedication to hard work standing out as a leading motivator.[27]

Within the opportunities domain, marketing opportunity and expanding research possibilities emerged as the two most influential factors. Marketing opportunity ranked highest, likely reflecting specialists' greater marketing leverage through patient preference and referrals.[28] Expanding research possibilities also proved influential, aligning with the strong inclination toward postgraduate studies among senior dental students—a pathway closely tied to research engagement and academic career development.[29] Beyond these overarching drivers, Orthodontics also demonstrated greater perceived opportunities than both Restorative Dentistry and Pediatric Dentistry. This likely reflects the fact that Orthodontics consistently ranks among the most preferred specialties, owing to opportunities for further study, high income expectations, and strong personal interest.[6]

SWOT framework proved useful in this context because it captures both the internal and external dimensions of career planning. Building on this analysis, four interconnected strategic insights offer a clear roadmap for advancing dental education and workforce planning.

The first involves investing in universal barrier reduction, since factors such as competition, geographic distance, and resource limitations appear to affect all specialties similarly. Addressing these would require expanding training capacity providing relocation support, and ensuring equitable access to learning resources. The second centers on expanding early clinical engagement, which calls for curricula that integrate structured shadowing, simulation workshops, and longitudinal mentorship from the early years of training.[30] The third focuses on fostering passion-driven learning, given that intrinsic motivation appears to be the strongest predictor of career choice; accordingly, educational environments should prioritize self-efficacy, elective rotations aligned with student interests, and faculty development that inspires rather than merely instructs.[31] Fourth, given that marketing potential and research expansion dominated the opportunities domain, curricula should integrate research exposure, career awareness seminars, and mentorship with research-active faculty.[32]

Limitations and strengths

The use of a structured questionnaire may have limited the depth of responses. Future qualitative research, including in-depth interviews or focus groups, could further explore the underlying motivations and contextual nuances shaping career decisions. Nonetheless, the present study provides robust empirical evidence from an underrepresented context, with direct implications for dental education and workforce policy.

Conclusion

The findings suggest that perceived barriers to specialty training are relatively uniform across dental specialties, whereas perceived opportunities vary significantly. Factors such as competition, geographic distance, and resource limitations appear to affect all specialties similarly, pointing toward the value of systemic rather than specialty-specific interventions. Intrinsic motivation—reflected in personal enjoyment and dedication to meaningful work—emerged as the strongest predictor of career choice, outweighing financial or job security considerations. Marketing potential and research expansion also dominated the opportunities domain, suggesting that curricula should integrate research exposure, career awareness, and mentorship with research-active faculty to further enhance these factors.

For educators, these findings highlight the value of feedback-rich curricula and early clinical exposure. For policymakers, they underscore the importance of reducing structural barriers while fostering intrinsic motivation among students.

Ethics and consent

Ethical approval was obtained from the ethical committee of the University of Kalamoon (number: 7/EBR-UOK,2026). This study adheres to the ethical principles outlined in the Declaration of Helsinki.

Before starting the questionnaire, all participants viewed a mandatory electronic information page and actively provided informed consent by clicking a checkbox.

The quantitative phase of the study was conducted and reported in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.[13]

Data availability statement

Underlying data

The dataset supporting the findings of this study is available in the Zenodo repository under the identifier https://doi.org/10.5281/zenodo.21828063.[15]

This project contains the following underlying data:

- Excel.xlsx: Anonymized raw responses from a cross-sectional survey of 482 final-year dental students across 16 Syrian dental schools, capturing data on career preferences and specialty-related perceptions.

Extended data

- SWOT_Questionnaire_Mapping.pdf: A structured table mapping each survey item to the corresponding SWOT dimension (Strengths, Weaknesses, Opportunities, Threats).

- STROBE_Checklist.pdf: The completed STROBE checklist for cross-sectional studies, ensuring comprehensive reporting of the study methodology.

Data are available under the terms of the Creative Commons Attribution 4.0 International license (CC-BY 4.0).

Reporting guidelines

Zenodo: STROBE checklist for: Systemic Barriers and Specialty-Specific Opportunities in Dental Career Planning: A Cross-Sectional SWOT Study. https://zenodo.org/records/21828063

This project contains the following extended data:

STROBE_Checklist.pdf (Completed STROBE checklist for cross-sectional studies).

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