Abstract

Background

Globally, there is a rapidly increasing proportion of women studying and practising healthcare. This has been accompanied by a reducing proportion of males in most healthcare professions. This has been a contributory factor to the decreasing health staffing due to the tendency of females to work fewer hours and leave their profession earlier. Considering the current shortage of healthcare workers, it is of utmost importance to determine the factors generating these choices, so that recruitment of a significant number of males is not missed. The main objective of this study was to ascertain differences between factors that influence men and women who are students in one Irish university.

Methods

Semi-structured interviews were conducted with postgraduate and undergraduate Pharmacy, Nursing, Medicine, and Dentistry students. The interviews were then transcribed and a thematic analysis was applied to identify patterns and interrelationships in the data. Participants answered questions pertaining to the factors which influenced them to study healthcare.

Results

Fourteen students participated in recorded interviews, with 8 of them being women. The interviews lasted between 12 and 27 minutes (mean: 18 minutes). Four themes were identified: (1) student characteristics, (2) content interest needs, (3) perceived career characteristics, and (4) external encouragement. This study confirmed that there is a social perception of some healthcare professions as a women's profession. The factors that influence men and women to study healthcare differed in some ways; females were more drawn to careers by which they could use empathy, while males were more interested by career prospects.

Conclusions

This study offers insight into the decisions of students about their choice of healthcare profession. The study highlights factors that can be targeted by institutions wishing to increase the proportion of men or women in their professions. Using channels such as social media, school visits, and promotion of role models to demonstrate the variety of positions within each profession in terms of work-life balance, salary, career opportunity.

Keywords

Qualitative research; Pharmacy education; Gender; Recruitment

Introduction

One of today's greatest global health challenges is the shortage of skilled healthcare personnel. According to the World Health Organisation, shortages of nurses, midwives and physicians could mount up to 9.9 million by 2030 [1]. The worldwide shortage of healthcare workers affects the ability to achieve sustainable health goals and preparedness for crises such as COVID-19 [2]. The implications of this were seen during the pandemic, as staff faced burnout and many left their professions [3,4]. This trend may prove detrimental for the health of billions if not addressed.

In addition, the ratio of female to male healthcare workers is on the rise. While the gender imbalance in nursing is more pronounced and has been longer standing, the last thirty years have seen similar shifts in other areas of healthcare. In 2019, the ratio of female pharmacists registered in the General Pharmaceutical Council in Great Britain was 62% compared with 59.6% in 2008 and the American Dentists Association reported similar growth between 2009 and 2019 [4,5]. This trend is reflective of the ratios of female to male healthcare students. For example, 55% of all medical students in Ireland are female [6]. The increasing female to male ratio in medicine has been largely referred to as the "feminisation of medicine." It is well established that an even gender ratio is considered to be important among healthcare workers [7]. However, this trend has had some positive implications; there is evidence that women are more likely to see female doctors as they are better able to relate to them, and females exhibit higher levels of empathy, a desirable quality for the healthcare profession [8,9]. Opposingly, this trend is potentially troublesome as it is a major contributing factor to the insufficient healthcare workforce mentioned previously. Female doctors tend to work less hours than male doctors and some leave their professions earlier if they do not return after family leave [10,11]. This has contributed to staff shortage in areas which have been considered less attractive to females, including medical research, surgery, and leadership positions, and shortages in areas like nursing, which presents social barriers such as exclusion and gender bias for males to apply [12].

International organisations have developed policy recommendations in an effort to reduce these inequalities. It has been identified that gender stereotypes lead to occupational segregation and present a barrier for males entering professions traditionally seen as caring professions such as nursing[13]. The WHO recommended in a 2020 report that the Nursing should be presented as more of a science profession to offset its reputation as a caring profession[14]. In addition, increasing the status of profession through increased salary and opportunities for career development have the potential to increase male recruitment. Some work has been done to try and rectify this gender imbalance on a regional level. For example, in 2009 a college in Ireland changed their acceptance criteria to require a 52 female to 48 male ratio in Medicine place offers in response to a new aptitude test for medicine which appeared to favour females [15]. This is partially in response to the nature of the Irish university admissions process, which is managed by the Central Applications Office (CAO). Prior to the terminal secondary school examinations, students rank their preferences for university programmes. Students receive a score out of a maximum of 625 points. Places on a programme are assigned to students with the highest scores who expressed a first preference for the programme. The points for a programme are published annually and are the lowest points received by a student who secured a place on the programme. Females have consistently outperformed males in these exams in recent history[16].

An initiative from the University of Coventry encouraged males into under-represented professions such as Nursing, Occupational Therapy, and dietetics by providing funding for their programmes[17] , while the Queen's University of Belfast published two children's books centred on a male nurse as a means of challenging nursing stereotypes[18]. Other approaches of managing the feminisation of medicine includes the MedGoFem project which aims to improve career options for females in Medicine with the view to encourage females to stay in their careers longer [10]. The outcomes of these interventions have not been reported so it is difficult to measure their impact on balancing participation in healthcare professions.

It is well established that women in healthcare view themselves as comforters, while men view themselves as more practical and resolute workers[19,20]. These views can trace their origins to the 19th century in the perceived traits of men (rational, authoritative, and committed to their jobs) and women (motional, dependent, and less committed to employment)[20]. Even in recent times, it has influenced the specialities that women are better represented in; lower status fields such as paediatrics and psychiatry[21]. Additionally, some work has been done to suggest that certain aspects of healthcare are considered to be "woman-friendly"[22,23]. Lower grade positions have been seen as more amenable to women taking temporary absences during their childbearing years. Flexibility in working hours, steady working hours, and reduced necessity for travel have been aspects of healthcare that were deemed better suited to women[23].

Healthcare workforce retention rates in Ireland for certain areas of healthcare, mainly nursing, are poor [24]. The choice of college programme made by students shapes the landscape of human resources in healthcare for the future. There is an imminent need for students of all genders, backgrounds and ethnicities to study healthcare. Therefore it is important to ascertain whether students are deterred from healthcare on the basis of their gender or otherwise, and if so, to identify solutions to remedy this.

This study aims to identify the factors that influence and deter students to study healthcare and to pinpoint whether the feminisation of healthcare professions has an impact on their decisions. This study further aims to ascertain the differences in factors between males and females, and to suggest some interventions for improving male recruitment into healthcare as well as providing a basis for future research.

Methods

An exploratory qualitative study was conducted using thematic analysis of semi-structured interviews. The choices of students in selecting healthcare professions are affected by multiple factors as students' perceptions and experiences are variable, therefore qualitative methodology was used. Ethical approval was sought granted by the School of Pharmacy Social Research Ethics Committee (2022-013).

Participants

An email was sent to all undergraduate students of Pharmacy, Medicine, Nursing and Dentistry in an Irish university inviting them to participate in interviews. A reminder email was sent two weeks later to encourage participation. Convenience sampling of students was done by engaging with students after lectures. This study aimed to include a diverse sample of gender and profession types. The study aimed initially to include ten students and after three more interviews, if no new themes were found then it would be deemed that data saturation had occurred [25]. On receiving an email from an interested participant, the primary researcher provided the Participant Information Sheet and consent form with a request to return a scanned signed copy by email.

Data collection

Semi-structured interviews were conducted, stimulating respondents to talk freely about sensitive matters. Video-recorded interviews were conducted online by the primary researcher using Microsoft Teams. Interviews were placed following the availability of the participants. A topic guide with questions was used by the interviewer to guide the conversation and was based on information from the literature. The items focused on the participants' motivations in selecting a profession and was led by a topic guide (Appendix A). Follow up questions were used to attain a deeper understanding of students' motivations.

This study employed projective questioning. This is designed to elicit underlying motivations and beliefs which people find hard to articulate [26]. These questions were as follows: "What is the gender breakdown in your year? Why do you think that is?" This question encouraged the student to project their own beliefs upon others, thereby giving an insight into their own perception of the healthcare gender breakdown before deciding to study healthcare, and how this affected their choice.

Data analysis

Interviews were manually transcribed verbatim with participants' personal data being de-identified. Interviewees were assigned code names pertaining to their gender and profession. For example, "MD1" is code for the first male student studying dentistry who took part in an interview. Transcripts were checked against audio recordings and corrected. Each transcript was read twice to aid familiarisation with the content and NVivo 14 was used to code for student factors.

With having done fourteen interviews, data saturation was reached to attain the range of factors involved with healthcare choice selection.

Results

Interviews were conducted in November 2022. Fourteen students participated in an interview (See Table 1). Interview duration ranged from 12 to 27 minutes (mean: 18 minutes). Of these, 5 studied Pharmacy, 2 studied Medicine, 4 studied Dentistry and 3 studied Nursing. Students participating in the study ranged from 18 to 29 years old.All but two students had been through the Irish education system. Eight participants were female and 6 were male.

Major interview themes and subthemes were identified. An overview of factors is displayed in Table 2. The themes and subthemes are discussed below and additional supporting quotes are presented in Appendix B.

Student Characteristics

Students discussed various personal characteristics as factors which influenced them to choose their careers.

Academic Ability

Academic ability was a reason to choose dentistry.

MD1: *"The challenge is something that was appealing because I just have high academic ability."*

The majority of students enrolled in the study who had studied in the Irish education system suggested that the number of points required for the profession they wanted was a factor in their decision to study healthcare, in both positive and negative ways.

Some who believed they could achieve "high points" cited the pressure to "use them up";

FD2*: "I don't think I would have done like a 500 point course* because… I can get more than that, so why would I do that course?...If like, law was 625, maybe I would have chosen that."*

*University programmes are commonly referred to as *courses*. Subsequent mention to *courses* within quotes should be interpreted as such.

While some students felt dissuaded from putting their medical programme on their CAO due to perceived difficulty to attain the points required:

FP3: *"I wasn't convinced about Pharmacy, because the points were just a huge factor… I was never gonna bother putting it down on the CAO, because even though I wanted to do it is like I'm just never gonna get it…my mom forced me."*

Most of the students interviewed mentioned a talent for or enjoyment of science based professions.

MP1: *"I guess in school I would have been interested in science and particularly biology and chemistry, so I kind of naturally gravitated towards those subjects, so it was always going to be something in the healthcare field."*

Altruism

Students mentioned the desire to help others as an influence in their decision to choose a healthcare profession. The majority of these were female.

FD1: *"I couldn't imagine not meeting people on a daily basis and hearing their stories and stuff like that and being able to help them too. So I suppose I also am caring to certain extent"*

Childhood

Some interviewees had nurtured an interest in their chosen career since childhood. More females alluded to this than males.

FN1: *"I always wanted to do (nursing) and it was something that I was always on about when I was small, like from Santa, I got a stethoscope and a thermometer one year. And my mom said, like, I was going around at Christmas dinner taking temperatures and stuff."*

Students chooseing dentistry in particular reported an enjoyment of their visits during childhood.

MD2: *"I would just be trying to go the dentist as much as I could, which obviously for like a 7 year old is a bit odd"*

Personality

More male students than female students reasoned that their competitive personality was a factor in their decision to study healthcare.

FD2*: "'I'd say my friends would have influenced me to do a high point course. Like that was kind of a big thing for us…who can get the best points… and I think I'm a bit competitive"*

Perceptions of healthcare professions as challenging was both a positive and negative factor in students' decisions to study healthcare.

MD1: *"The challenge is definitely appealing thing because I'd rather be doing something that I'm being challenged in the whole time and forcing me to work hard."*

Content interest need

Comparison with other healthcare professions

Most students mentioned having had interest in other healthcare professions at some point.

Students who considered themselves to be sporty considered choosing Physiotherapy.

MN1: *"Originally cause I've kind of a big rugby background, I wanted to do physio so I actually had that on my CAO first…if I put down nursing it would be a good gateway into physio if i wanted to do it in the future."*

High achieving students choosing medicine, dentistry and pharmacy often considered the respective professions.

FD2: *"(On the CAO) I had Medicine above Dentistry…and I had Pharmacy below Dentistry… I was always between those three"*

Students who perceived themselves as caring people and were motivated by altruism considered Nursing, even if it wasn't their final choice.

MM1: *"I considered Nursing because I thought that…would be like be coming back to the interpersonal connection. You have a similar connection with patients that you're talking to them constantly."*

Some students decided to choose Nursing as a back door into another healthcare career such as Physiotherapy or Midwifery.

FN2: "So I feel like I did kind of like go into General Nursing completely like, not like fully aware of like what I'd be doing. And because like it wasn't like my first choice, it was like really just like complete backup into Midwifery"

Scientific reasons

An interest and affinity for science was also a factor mentioned by Pharmacy and Medicine students in particular.

MM1: "*The main reason I went into(medicine) was because I found it interesting… Learning about how the body works and about different diseases."*

Work with people

The majority of students enrolled in the study mentioned their desire to work with people as a reason to study healthcare.

FD2*: "I'd say I'm a people person, so that definitely encouraged me to go into healthcare course."*

Variability of work

At least one student from each of the four disciplines studied mentioned the variability of their day to day experience as a motivating factor to choose their profession.

FN2: *"The biggest factor that influenced me to study nursing was the unpredictability of your day... Every day is going to be different."*

In addition, the idea of having an active job, where one is not sitting at a desk was an intriguing factor mentioned by many participants.

MD1: *"To put into context, my dad is like a software engineer type deal, so he'd be in a big, fancy office and kind of locks himself away and will go coding and then to oppose that, my mom is out in the clinic and she has 20 odd people come into her day and she's just talking and working and helping. And so in my head it was like I can either go lock myself in an office or I can go dealing with people. So out of the two limited experiences I had that one was more interesting to me."*

Perception of career characteristics

Opportunity

Several different aspects of job opportunity were influential in the decision of students to study healthcare. The opportunity to travel with one's qualification was mentioned as an influencing factor for students of nursing.

FN2*: "I can get a job basically anywhere in the world fairly easily if I want one. I think that was kind of like one of the big (motivating factors) for me."*

The ability to own one's own business was cited as a factor to choose their healthcare profession by 3 participants. These participants were all male, 2 of which chose Dentistry and 1 chose Pharmacy.

MP1*: "I really like the aspect of… having the autonomy to make your own decisions and like just being in charge of something like, that's something I wanted to do as well… I kind of wanted to be like the head of what I was doing."*

Salary

Nursing students either did not consider salary when choosing their profession, or they saw it as a deterring factor.

FN1*: "I didn't really go into it looking at it from like a financial point of view, to be honest… I had heard of nurses' strikes and things like that, that they are not paid as much as they like need to be. But I didn't really look at it in that sense when I was picking it."*

While Pharmacy students pointed to salary as an endearing factor.

FP2*: "A major attraction point for me was the idea of the kind of lucrative lifestyle. I'll be honest that I have Google'd how As a pharmacist, you can make over 100K... That obviously was a big drawing factor for me."*

Stability

Stability was a factor for many students to choose healthcare professions. This was sometimes reinforced by parental advice.

FD2: "*(My parents) definitely wanted like a stable career (for me)."*

While other students, mostly males, had factored in stability independently.

MP1: *"One thing I didn't want to do was I didn't want to go into college to do a course that wouldn't guarantee me a stable job at the end of it"*

Work-life balance

Seven of the respondents listed perceived work-life balance as a factor that influenced them to choose their profession. The perceptions of work-life balance differed between professions. Perceived work-life balance was a major reason not to choose Medicine and Nursing, whereas it was a positive influence in the decisions to choose Pharmacy and Dentistry.

FD1: *"(Dentistry) wasn't the same as Medicine that you're up at all hours and on call and stuff like that. So that was probably my initial impression of the job. A good work life balance, which is appealing because I could pursue extracurricular interests,"*

External Encouragement

Encouragement from school

There were some students who felt encouragement from school was more likely to be a factor in directing them to choose Pharmacy, Dentistry or Nursing, while Nursing was not advertised.

MN1*: "I was in a secondary school where I was kind of like everybody's gonna do some business course, everybody's gonna go into Medicine or Law or like, you know…nobody ever came in and said, you could be a nurse."*

Experience with mentor or role model

Aside from parents and friends, more male than female students had a mentor who inspired them to study healthcare or provided them with pivotal information regarding their career which affected their choice of profession.

FN1: *"My neighbour does nursing, and then he kind of warned me about it and that it would be it would be hard, like any job, I suppose, but he also said, like if you love your job… there are going to be challenges to it, but sometimes the rewards… overlook the challenges."*

Family

Some students interviewed listed having family members in healthcare positions as a motivating factor to study healthcare.

FD1: "*Loads of my family members are working in healthcare like Physio, scientists in the lab and then more Nurses."*

Apart from having a parent as a healthcare worker, many participants cite their family's influence as a factor to choose healthcare professions, particularly parents.

MN1*: "I wouldn't have even known to put Nursing down if my dad hadn't mentioned it to me, to be honest... I genuinely hadn't ever considered it or knew the whole role of a nurse until he mentioned it,"*

Social media

Influencers and social media had an impact on some students when deciding on their profession. Some students were encouraged by what they saw on social media. These students described gaining in depth understandings of their chosen occupation via social media.

MD1: *"I followed a few dentists on Instagram who were… posting about what the what their job is like, the whole four day work week and stuff like that. I like the cosmetic side of it, so a lot of them were doing veneers and that's actually probably the one of the big reasons I got into it."*

While other students were deterred as they gained a better understanding of the job.

MP1: *"I was going through this phase of, I don't know, watching Doctor Mike videos and all those things on YouTube and just kind of following like influencers who were doctors at the same time and I could just see how difficult it was like working like…36 hour shifts in hospitals and just the whole process like after college, how long it actually takes to qualify as a doctor. And I just knew that wasn't me."*

Gender Perceptions

Finally, students were asked about the breakdown of males to females in their profession. All participants reported that there was a high ratio of females to males.

When asked about why they thought this was, both male and female respondents suggested that the caring nature of females as a factor, compared to males.

FD1: *"I suppose two different things. One of them is that the typical idea that women are more caring. So then lot the time they're gonna end up in healthcare courses,"*

Many students were aware that female representation in healthcare is on the rise, and some ascribe this to increased acceptability of women having full time jobs.

FD1: *"Dentists that I know are male but they're older…possibly women weren't able to go into jobs like that beforehand…maybe now there's more opportunities for girls."*

Female respondents also alluded to the "feminine nature" of their chosen career.

FP1: *"I saw Pharmacy was kind of more of a girl job…I feel like it's because every time I'm in a pharmacy I just see a woman."*

Both Medical students, who are male and female and studied outside of Ireland before commencing their current degree, suggested that female intake into medicine is increasing due to increased interest into women's health.

MM1*:"I think that there's a lot of things that we've studied in men that haven't studied in women and a lot of issues that are kind of not really being addressed in particularly women's health. And I think that that maybe is what attracted a lot of women to continue to, to get involved."*

Some students, mostly males, suggest the reason that females perform better in the terminal secondary school examination than males.

FD2*: "I think it's being proven that girls just are performing better in their Leaving Cert."*

Male and female pharmacy students suggested that males would be more attracted to Pharmacy if they were aware of the industry pathway.

FP3: *"I think because when somebody thinks of a pharmacist, they don't think of industry…Lads and men are just more. They're less interested in in dealing with people"*

In addition, students expressed the belief that males are more drawn toward STEM professions than healthcare.

MP1; *“There's this whole thing where males are more attracted to STEM courses.”*

Discussion

This study found a substantial range of factors which influence students the choice of healthcare profession and provides an insight into how these decisions are made.

Student Characteristics

Altruism

Altruistic factors were a major motivation for students to study healthcare, particularly for female candidates. Both nature and social conditioning gives rise to the exhibition of higher levels of empathy in females than males [27]. Coalesced with the influx of females into the labour force and social changes of recent years, these factors may be a large piece of the puzzle when looking at the gender disparity in healthcare (20).

Childhood

Females were likely than males to say they had a desire to study healthcare since childhood. This could be due to the social idea of healthcare as a vocation. It's been demonstrated that gender perceptions about professions begin in early childhood [28]. Furthermore, children develop their vision for their own future specifically by how similar they feel to individuals of the same gender [29]. Students in this study mentioned the idea that previous generations of women did not have the same opportunity to work and had more caring roles in the family. Perhaps the culmination of women's social conditioning and recent social change is to pursue a career in healthcare; empowering women to work while still fulfilling a caring role.

Personality

This study suggests that students who studied healthcare were intrigued by the idea of a challenge, as has been seen in the literature [30]. More males than females mentioned their competitive personality as a reason to study healthcare. Some studies suggest that males are more competitive than females [31]. The perceived difficulty gaining entry into and chooseing medical programmes may be a contributing factor for males with competitive personalities to study healthcare. A potential intervention would be to highlight this aspect of healthcare when developing recruitment strategies in order to attract more males.

Content interest needs

Comparison with other healthcare professions

In most cases, choosing a specific career in healthcare means foregoing alternatives. Students who referred to an interest in physiotherapy due to "sportiness" was consistent with findings in the literature [32]. Physiotherapy also has high entry requirements in Ireland.

For high achieving students interested in healthcare, there is a career path trifecta; pharmacy, medicine and dentistry. There may be a lack of knowledge of the differences between these professions; indeed, some students who fail to gain entry into one of the three often end up choosing the respective profession as a backup. It is possible that this lack of knowledge on chosen profession

contributes to dropout rates seen in Pharmacy [33], as some students reported a lack of knowledge on this profession prior to choosing it.

Perception of career characteristics

Opportunity

Solely male respondents noted the ability to own their own business as a reason to study pharmacy or dentistry, as confirmed in other studies [34–37]. This is in agreement with a study from the US that 84% of male dentists in private practices were owners, compared with 63% of women [38], while a UK study showed that 16% of male pharmacists in community were owners versus 2% female [39]. Studies on "the gender gap in entrepreneurship" show that the perception of a lack of equality may deter women from aspiring to own their own business even if effective policies are in place to protect them from this [40]. Provision of education is needed as part of recruitment processes or university curriculum to encourage entrepreneurship in these students.

Salary

Some international studies have found that salary is a more significant factor for males than females [36,41,42], however no such disparity was observed in this study. It could be that student of both genders studying in Ireland are equally motivated by salary. If males are indeed encouraged by high salary then highlighting this aspect of professions where there are male shortages may encourage them to give healthcare more consideration.

External Influence

Social media

Social media had an effect on the decision to study healthcare for a small number of students. It is possible that this may be a very effective means of recruitment. It has been found that television shows can alter perceptions of healthcare and thereby affect recruitment levels [43,44], but no studies been done on the effect of social media on a student's decision to study healthcare. Students have access to videos made by professionals in their field of interest, featuring procedures or "Day-In-My-Life" style videos, offering them a window into a specific career. Indeed, students who mentioned this factor seemed to have a better grasp of the field compared to some students who did little research.

Influencers have the potential to offer insight to students on their careers, potentially modifying uptake rates into healthcare professions. It may be beneficial to incorporate this content into career guidance classes in order to advertise a good understanding of these professions to students.

Social media campaigns which look at different areas of healthcare also may be helpful for students who find it hard to decide which field of healthcare they are most interested in.

Gender perceptions

Projective questioning was employed for the final section of the study, whereby students gave an insight into perceived attitudes towards the gender gap in healthcare.

The idea that females are the "gentler sex" has long been reality. Previous work has emphasised the difference in self-perceptions between male and female doctors; females as caring and self-sacrificing, males as effective, practical and resolute [45].

This study found that students are aware of the changing dynamics of gender ratios in healthcare. They recognise that a gradual influx of women into full time work is a relatively recent social change and they perceive women having full time jobs as increasingly normal.

An interesting finding in this study was the growing stereotype of healthcare as a "girl job,". According to one 2006 paper, the vocational and career interests of males and females differ because the opportunities presented to them from an early age also differ. This affects their beliefs on self-efficacy in a particular field [46]. Furthermore, females are thought to have lower self-efficacy than males for typically male-dominated fields, and vice versa for males in female-dominated fields[47]. This may explain why males are presently less interested in healthcare careers.

Medical students had a more objective approach than the other students towards the gender gap. They suggested that females choose medicine with the desire to deliver a long-needed improvement to women's health. This is reflective of these students' own opinions on women's health which has been found to be less attractive compared to other specialities [48].

Male students offered that more women are studying healthcare because they're simply more likely to meet competitive entry requirements. This is reflective of the male students' attitudes; as mentioned previously, students describe themselves as competitive, and while some of them attested to the idea that healthcare is more "feminine" due to the "caring nature" of the position, other male healthcare students did not acknowledge this aspect at all. This is in line with other studies about male healthcare worker's self-perceptions as practical and resolute [45].

The opinion held by many of the students interviewed that high achieving males are more likely to study maths, science and engineering bears some weight. Studies have shown that females chose science, technology, engineering, and mathematics (STEM) professions where they can help others, whereas males choose STEM professions for job opportunities [19,49]. The gender disparities seen in healthcare are reflected, in reverse, in other STEM careers [50]. It may be appropriate to repeat a study whereby males and females in both healthcare professions and other STEM professions are interviewed in an attempt to discern the reasons for gravitating towards healthcare as opposed to science or engineering degrees etc., and vice versa, further dissecting the differences between genders. A greater effort to recruit males to healthcare and to change perceptions of healthcare as a feminine vocation could also be arranged, as has been attempted in other studies (45).

Limitations

The sample size of this study was small (n=14) so generalisation should be cautioned.

Some students in older years may not have an accurate recollection of the factors which influenced them to study healthcare, or their recollection may have been warped due to experience of healthcare in the meantime. Additionally, the nature of the research depends on conscious awareness of influences by participants and as such this study may miss out on unconscious or systemic influences. Social desirability bias may have influenced some responses leading to an emphasis on the caring nature of the professions and minimising the desire for maximising salary and career prospects. These

limitations were mitigated by the interviewer providing prompts to students regarding potential influences and the interviews being conducted in a safe and non-judgemental atmosphere so that participants felt comfortable expressing their views.

Despite these limitations, this study lays the groundwork for future research on the topic. The study has identified factors that warrant further exploration. Future studies may also use these findings as a basis on which to develop targeted interventions to better balance gender representation in healthcare professions.

Conclusions

This study confirms that there are several differences between the factors motivating females and malesto choose healthcare professions, and that a growing stigma of healthcare as a “female profession” exists. Some respondents identified that the view of healthcare professions as “caring” professions and seeing less male representation in workplaces may act as a deterrent to males.

The perceived characteristics of the career following from the professions can attract or deter students from considering those professions. This perception can be built from many sources: family, mentors, schools, and social media. Many sources mean that there are many avenues for influencing these perceptions by ensuring that features of the careers valued by males are highlighted.

Social media campaigns have the potential to reach and educate young people about potential careers. Universities could distribute video advertisements across multiple social media platforms, featuring healthcare professionals of both genders, showing a day in their lives or answering questions, with the aim of better informing students on the nature of healthcare careers. Highlighting job opportunities such as salary and the ability to own one’s own business, and the challenging and competitive nature of healthcare may increase the recruitment of male students.

Other options may include the organising of healthcare career fairs or sending healthcare workers of both genders to schools to help to rouse interest among both genders, with special focus on the aforementioned themes.

CRediT authorship contribution statement

Roisin L Murphy: Conceptualisation, Methodology, Data curation, Formal analysis, Writing – original draft, Writing – review & editing. **Kevin D Murphy**: Supervision, Conceptualisation, Methodology, Writing – review & editing.

Declaration of Competing Interest

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Table 1: Participant demographics

Participant	Gender	Age	Profession	Graduate status	Year
A	F	18	Pharmacy	Undergraduate	1
B	M	19	Dentistry	Undergraduate	2
C	M	20	Pharmacy	Undergraduate	2
D	M	20	Nursing	Undergraduate	3
E	M	20	Dentistry	Undergraduate	2
F	F	20	Dentistry	Undergraduate	2
G	F	20	Dentistry	Undergraduate	1
H	M	21	Pharmacy	Undergraduate	4
I	F	21	Nursing	Undergraduate	3
J	F	21	Nursing	Undergraduate	3
K	F	23	Pharmacy	Postgraduate	1
L	F	24	Pharmacy	Postgraduate	1
M	M	25	Medicine	Undergraduate	1
N	F	29	Medicine	Undergraduate	2

Participant codes have been obfuscated to minimise the risk of accidental identification

Table 2: Identified themes and subthemes

Theme	**Subtheme**
Student Characteristics	• Academic Ability • Altruism • Childhood • Personality
Content interest needs	• Comparison with other healthcare professions • Scientific reasons • Working with people • Variability of work
Perceived career characteristics	• Opportunity • Salary • Stability • Work-life balance
External encouragement	• Encouragement from school • Experience with mentor or role model • Family • Social media

Appendices

Appendix A

Demographic questions (asked after oral consent given and prior to interview)

1. Course of study:_____
2. Gender:_____
3. Age:_____
4. Previous highest level of education:_____

Topic Guide

Study title: Analysis of factors influencing healthcare profession selection in an Irish university. Interview questions:

- What was the biggest influence in your decision to study this course? **Prompts**
    - **Personal interest:** How long had you been interested in studying this course? What was the initial attraction?
    - **Prior healthcare exposure:** Tell me more about your previous experience. What was it about this experience that made you want to choose this course?
    - **Self-efficacy (believed they were able for it):** How challenging would you have predicted the course to be, when choosing to study it? How did you form this impression?
    - **Job prospects**: income, opportunity, stability: How is this an attractive aspect for you? How did you come to be aware of this benefit of this course? How do you see these factors benefitting you in the future?
    - **Perceived nature of work:**
        - **want to work for oneself:** How important was this factor to you?
    - **Altruism:** "I want to help people," What was your perception of this job before you decided to study it?
    - **Desire to be hands-on:** How is this attractive to you? How would you describe yourself?
    - **Gender type:** How did you decide that this was the course for you?
- What experience did you have of this career before you decided to study this course? **Prompt**
    - Which of these aspects were attractive to you and why?
- Did you know anyone in this field?
- How did your friends influence your decision to study your course?
- How did your family influence your decision to study your course?
- How would you describe yourself?
- Did you consider studying other healthcare courses? **Prompt**
    - How were these attractive/unattractive to you?

Table B.1: Supporting quotes for study themes and subthemes

THEME	SUBTHEME	PARTICIPANT CODE	QUOTE
STUDENT CHARACTERISTICS	Academic Ability	FD2	"I was kind of good at school...I'd say my friends would have. Yeah, like, I guess they would have influenced me to do a high point course. Like that was kind of a big thing for us since it's, you know, like you get all wrapped up in it and like, who can get the best points whatever and, and I think I, I'm a bit competitive. So like I kind of was going to want to do the like top thing and yeah, like, I don't know. I guess it did work out for me. I might work out for someone else. Like and that was like a big factor for me, I really liked maths and music. I did like chemistry. I was good at chemistry."
		FP3	"I wasn't convinced about pharmacy, because the points were just a huge factor and like, I just wasn't, I was never gonna bother putting it down on the CAO, because even though I wanted to do it is like I'm just never gonna get it and my mom forced me."
		MD1	"The challenge is something that was appealing because. I you know, I just have high academic ability, to be honest so I'd be kind of, driven. Umm, so it appealed to me in that sense."
		MP1	"People like in the older years. Some maybe went on to do like medicine and they were like a bit of like, i wouldn't say they were an influence, but they were definitely like something that like motivated me to, like, work harder because like, if they could do it, I just kind of thought, like, why, why can't I also do it, you know?" "I guess in school I would have been interested in science and particularly biology and chemistry, so I kind of naturally gravitated towards those subjects, so it was always going to be something in the healthcare field.""
	Altruism	FD1	"I couldn't imagine not meeting people on a daily basis and hearing their stories and stuff like that and being able to help them too. So I suppose I also am, what's the word, not helpful- caring to certain extent"
		FM1	"But yeah, no, I worked in in, like, the emergency room to help patients that were being triaged and I worked in like the more geriatric areas as well, like in recreational kind of medicine. So, you know, just hanging out with them and making sure they felt like actual people, which is a part that's grossly underappreciated, if I'm gonna be quite honest. Yeah, that's, that's the most part." "It's kind of definitely been something that's underlying every application I've ever done and every time that I'm like sitting in the library for 14 hours, I'm like, why am I doing this? It's because there's people out there that don't trust in the healthcare system and don't feel like they're being seen."
		FN1	"I've always kind of since I was young like dolls and teddies, I've always kind of looked after them. So I suppose I always kind of knew I wanted to do nursing."

		FP1	"Um, because I wanted to be a girl boss and I just.. I wanted to be like the people on Grey's Anatomy. And then I wanted to help people. Like when the person's in bed and they're like, everything is really miserable, kind of in a hospital. But then, like, when you actually talk to them, they're so delighted to have someone to talk to. Even then, it's just like when there's, like. And it's not. I hate when it's too professional because then the person just kind of thinks it's more scary. Something like when they kind of chill joking with you."
		MM1	"I was a research associate, and even that gave me really great sense of accomplishment and determination was talking to patients. A lot of the people who I worked with, umm, who have substance use issues are often quite marginalized and vulnerable and alone. A lot of the time, to be frank. And they, they just, you know, need someone to talk to and, and being that person and helping them through whatever they need to go through was really, I found it really rewarding."
		MN1	"There's a compassionate element to it, which I did like and did attract be but I'm not sure if someone else would do it for the same reason." "Every patient has a different set of problems that you don't manage on many different way and like you've, you've literally everyday there's new drug or new way of doing something or a new way of managing a patient and obviously you get to interact with difficult patients with unbelievable patients, patients that were difficult to that return to their normal selves and it's, it's a good experience like to see all the but all those challenges and overcome them and whatever."
	Childhood	FM1	"I've been on and off interested in medicine since I was probably 5"
		FD2	"I guess I enjoyed going to the dentist when I was younger, so maybe I was already imagining myself then as a dentist."
		FN1	"I've always kind of since I was young like dolls and teddies, I've always kind of looked after them. So I suppose I always kind of knew I wanted to do nursing" "I've always kind of just liked the idea of nursing and Yeah, since I was small...." "And no, to be fair, my, my parents were actually very supportive because they knew I always wanted to do nursing and it was something that I was always on about when I was small, like from Santa, I got and a stethoscope and a thermometer one year. And my mom said, like, I was going around a Christmas dinner taking temperatures and stuff. Like, I can't even remember this myself. I was only small. But then yeah, I know, I just. My mom was like, Sarah, you'll get a job anywhere. Like so. And it's and like you've wanted to do it" "Like it was when I was small, I wanted to do the ambulance there for a while and she would like be a paramedic, but it was always kind of something to do with nursing and I don't think I would have ever done anything else".
		MD2	"It's weird enough since I was like 5 or 6, I was going to be a dentist no matter what. And then I went to I, I went to try get braces when I was seven, which obviously you're not able to but I used to be like, nearly addicted to going in. I was just fascinated with how, how the dental clinic was working, so I'd be, it was

			bizarre, but since I was really young, I would just be trying to go through dentist as much as I could, which obviously for like a 7 year old is a bit odd but uh, I don't know. I think it. I don't know where I got it from, but I think I probably the first time I went to the dentist, I was like, yeah, this is what I'd like to do."
	Personality	FD2	"I'd say my friends would have. Yeah, like, I guess they would have influenced me to do a high point course. Like that was kind of a big thing for us since it's, you know, like you get all wrapped up in it and like, who can get the best points whatever and, And I think I I'm a bit competitive. So like I kind of was going to want to do the like top thing and Yeah, like, I don't know. I guess it did work out for me. I might work out for someone else. Like And that was like a big factor for me" "I guess the way the system is put Let's say like if like law was 625, maybe I would have chosen that. I don't think it was. I think it was more of a like Competitive thing rather than, you know, which is kind of odd to say I guess."
		FM1	"The challenge was attractive for sure. Yeah, because I like being challenged and I like. Yup. I guess. What's the word I'm looking for? Uh. I can't think of. I can't think of the word, but you know, like I, I want something that's going to feel like an accomplishment at the end of the day, and I'm a pretty competitive person"
		MD1	"The challenge is definitely appealing thing because I'd rather be doing something that I'm being challenged in the whole time and forcing me to work hard, I suppose because I'd rather not be sitting back and doing nothing. So the challenge is well for something that was appealing because. I you know, I just have high academic kind of, That's how I'd be kind of, driven. Umm, so it appealed to me in that sense"
		MD2	"I was just told like, more like, like bluntly more or less in TY that like lower your expectations like it's, it's not gonna happen. And I was kind of like it just it just ****** me off. So then in 5th and 6th year I just went and studied like hell. But even in 5th year when I was getting there I was like, like it was for my own sake because I could see I was just killing myself. Studying like this isn't gonna work out. I didn't admit it. I was too competitive"
		MN1	"Yeah, I'd be competitive enough as well and so I think actually that would be, that was an attractive thing."
CONTENT INTEREST NEEDS	Comparison with other healthcare courses	FD2	"And well, like I had medicine above dentistry on myself and thought like I and I had pharmacy below dentistry, but like that was very much like in the end and. Like I. Yeah, like even the week before. Well. No, you know, like the week after leaving cert started you can still change the CAO like mine were completely different that week. And then I changed them. But I was always between those three." "I guess like medicine had a lot to do with my dad, like he's just like weak for someone to do medicine and then I considered pharmacy, because my sister does it. So I was Just copying her. Well, I wasn't. I wasn't like, I guess, to me like when I was doing my leaving cert, like all three of those courses were very much the same. Like I didn't see the difference." "i think that's why I was tossed up between medicine, pharmacy and dentistry. Like, I genuinely don't know what any of those careers really were."

		FM1	"I considered like things like physiotherapy And medical illustration, which is kind of like an offshoot for sure. But I don't. I considered nursing, but I don't know. It just didn't seem like the right fit for me. Mostly because nurses are treated like absolute trash in Canada. If I'm gonna be quite frank, like, it doesn't matter if you have a union, you're, it, They're not treated well. And in terms of physiotherapy like, there's just not enough like of a job opportunity. That's part of the security thing that we were mentioning earlier. I didn't want to go into you know a profession, where you kind of have to fight tooth and nail to Do the thing that you love so."
		FN1	"All my CAO was just for the nursing and I didn't think of anything else. And no, maybe like when I qualify, I might change my mind and want to do like physio or something. But i don't think I'll like stray out of healthcare."
		FN2	"I wouldn't have looked too much into general nursing, I would have looked more into midwifery. So I feel like I did kind of like go into general nursing completely like, Not like fully aware of like what I'd be doing. And because like it wasn't like my first choice, it was like really just like complete backup."
		FP1	"I was interested in other healthcare ones, like medicine. And I did the HPAT twice. But I actually liked pharmacy because you don't really have to do the icky stuff. Like it's, it's more like clinical. You don't get to touch the blood and stuff." ""I was studying OT for a year, you see, before I dropped out and tried again to get medicine in the CAO, but also put down pharmacy."
		FP3	"Um I wanted a course that was a mixture of science and people and medicine was my first thought. But the lifestyle of a doctor doesn't really see me either, so I kind of settled on pharmacy then, because I felt like it was a happy medium."
		MD1	"Originally I was going to do medicine and then in TYI did a program. I think it was mini Med program in the Waterford Hospital. So I just went down for a week and got talks from like surgeons and specialist surgeons and doctors and that and that that was very good. But I thought medicine would be like, like a, almost too stressful for me. I'd rather like something a bit more focused. And dentistry is kind of more like focused on a smaller area."
		MD2	"In second year the career guidance teacher came in and she kind of said does anyone know what they want to do. And then I came in with my answer and Oh yeah, I want to do dentistry and she looked in my results and she's like, well, you're not going to do dentistry like. and then I got my junior certain she was more or less like. Yeah, no, this isn't happening. And then 5th year like, yeah, this isn't happening. So I was gonna do Podiatry and I was gonna do. You know, stuff that are easier to get in the CAO and I was going to go abroad and everything, but I think no matter what, I ended up what it do and it would have been not dentistry. So I wouldn't have been happy."
		MM1	"I considered nursing because I thought that that was with that would be like be coming back to the interpersonal connection. You have a similar connection with patients that you're talking to them constantly

			and stuff like that. So that was definitely something that I was looking at. And that was a big kind of discussion with me and my family about, like, medicine or nursing, which, which one would I wanna do at the start earlier age was physiotherapy because I was very involved in sports and I knew that you could help out. And I want to work on like muscles and stuff like that. So those were other healthcare fields that were of interest. But yeah. Yeah."
		MN1	"Basically, if I put down nursing it would be a good gateway into Physio if i wanted to do it in the future. Then since going into nursing, I actually don't want to do physio at all, actually I kinda wanna stick with the nursing but Uh, that's gonna how I got, got into it was just I had it after physio to, as the potential backup route to physio, really."
		MP2	"Originally pharmacy actually wasn't the kind of plan. I actually had medicine down as my first choice And So pharmacy was like I think was it was like my second choice I'd like all the medicines down from like Galway, Dublin and Cork. And then I had like all the pharmacy courses down."
	Scientific reasons	FD1	"My initial impression of the course was that it was completely appealing to me, like I absolutely love biology, so it's covered all aspects of that and had the chemistry as well."
		FN1	"I struggled with junior cert science. But I loved biology and I loved like the experiments and stuff."
		FP2	"I guess in school I would have been interested in science and particularly biology and chemistry, so I kind of naturally gravitated towards those subjects, so it was always going to be something in the healthcare field. I don't think leaving school I necessarily knew exactly what area that would be, but pharmacy fit the bill anyway as time went on." "Kind of in school my very strong points would have been science and maths, so it was just kind of any career guidance and natural progression would have been kind of telling me to do a science course or something related to science."
		FP3	"I wanted a course that was a mixture of science and people and medicine was my first thought. But the lifestyle of a doctor doesn't really see me either, so I kind of Settled on pharmacy then, because I felt like it was a happy medium." "Chemistry was my particular favourite and I loved biology as well and but at the same time I didn't want to be stuck in the lab all the time."
		MD1	"I think studying the science courses in Junior Cert and Leaving Cert, that got me interested in kind of healthcare careers, that's what's kind of started it."
		MP1	"Various factors influenced me. So initially, like I was always kind of gifted at science subject in school,"
		MP2	"I liked chemistry and biology and science, so It kind of interested me in that sense, but like, I didn't just kind of want to do like a generic science course like I don’t know, like Biochem or something like."
		FP1	"I loved biology and chemistry in school, and then I went to a career advisor and he was like, you should do pharmacy. So that I had a big influence. As well."

		FD2	"I was kind of good at school...I'd say my friends would have. Yeah, like, I guess they would have influenced me to do a high point course. Like that was kind of a big thing for us since it's, you know, like you get all wrapped up in it and like, who can get the best points whatever and, And I think I I'm a bit competitive. So like I kind of was going to want to do the like top thing and Yeah, like, I don't know. I guess it did work out for me. I might work out for someone else. Like And that was like a big factor for me, I really liked maths and music. I did like chemistry. I was good at chemistry."
		FM1	“The pain reason I went into (medicine) was because I found it interesting, to be frank.. learning about how the body works and about different diseases and like the human interaction within that I thought was really interesting.”
		MM1	"I think that the all the experience that I had before kind of built up like the interest that I wanted to do it. I was very interested in what I had learned so far. So I knew it was hard going in, but I knew this is really what I wanted to do," ““The main reason I went into it was because I found it interesting, to be frank.. learning about how the body works and about different diseases and like the human interaction within that I thought was really interesting.”
	Working with people	FD1	"I’d say I'm a people person, so that definitely encouraged me to go into healthcare course like one of the health sciences because I love meeting new people and I couldn't imagine not meeting people on a daily basis and hearing their stories and stuff like that and being able to help them too."
		FM1	"learning about how the body works and about different diseases and like the human interaction within that I thought was really interesting." "But yeah, no, I worked in in, like, the emergency room to help patients that were being triaged and I worked in like the more geriatric areas as well, like in recreational kind of medicine. So, you know, just hanging out with them and making sure they felt like actual people, which is a part that's grossly underappreciated, if I'm gonna be quite honest. Yeah, that's, that's the most part."
		FN1	"I live really close to my nan and she's always kind of like she's always been very independent, but I suppose I love chatting to her and I love chatting to her friends and I love meeting new people, so I always kind of knew that I'd go into a job that would be with people and meeting people and sharing stories and stuff."
		FP1	"(The pharmacists) were just so smart. And caring, but then also really funny. Like there's a nice side to it that's not. You don't have to be overly professional all the time. Like you can have a laugh with the person as well." "That’s what I want in my day-to-day job, I think. To meet people. I'd hate to be in an office."
		FP2	"I was interested in something that was like patient facing roles."

		FP3	"Um I wanted a course that was a mixture of science and people and medicine was my first thought. But the lifestyle of a doctor doesn't really see me either, so I kind of Settled on pharmacy then, because I felt like it was a happy medium." "I didn't want to be stuck in the lab all the time. like some other courses that were kind of lower points, just like science courses like Biochem and stuff. I was looking at those for ages and they were kind of what I was set on because I never thought I'd get the points for pharmacy, but I just knew in my heart that I didn't want to do that because I want, I'm a people person despite loving science." "I've like been working since i was 15 and I've always been in a job where I've been dealing with people and even during the summer I got a new job in an office where I wasn't doing as much of that and I just found I missed it. And like my first thought would go into college was I so excited to meet new people and make loads of new friends like I consider myself like an extroverted introvert like I do need my time by myself to kind of recharge. But in general, I love being with people. I love talking to people. I love meeting new people and I just love doing all that." "I again love talking to people, love talking to people while I'm working huge. Like, that's just a huge part of my life. I always want to be surrounded by people, well, 99% of the time"
		MD1	"Definitely the social side. That's what I, that's what I definitely want to do."
		MM1	"For me, it was the interpersonal connections that you had with the patients like first and foremost,"
		MN1	"Every patient has a different set of problems that you don't manage on many different way and like you've, you've literally everyday there's new drug or new way of doing something or a new way of managing a patient. And obviously you get to interact with difficult patients with unbelievable patients, patients that were difficult to that return to their normal selves and it's, it's a good experience like to see all the but all those challenges and overcome them and whatever."
		MP1	"Pharmacy was kind of ticking the boxes for me. There was a science course where I could kind of build on all the kind of like science knowledge you learned in secondary school and it was also somewhat patients facing... I was kind of always exposed to people like interacting with the public and, you know, like just having a casual conversation with them, just small talk and that's kind of what I need in my career as well."
		MP2	"I wanted like the healthcare kind of aspect and like the interaction with people was kind of interesting rather than just like Being in the lab and doing a ton of like assays and, and biochemical tests and stuff like I know I feel like that could get a bit mundane."
	Variability of work	FN2	" The biggest factor that influenced me to study nursing was the unpredictability of your day... Every day is going to be different and I think that kind of enticed me. Like. It's just like, like, it's obviously not a boring job. It's a very like, Fast-paced environment and stuff."
		MD1	""To put into context, my dad is like a software engineer type deal, so he'd be in a big, fancy office and kind of locks himself away and will go coding and then to oppose that. My mom is out in the clinic and she has 20 odd people come into her day and she's just talking and working and helping. And so in my head it was like I

			can either go lock myself in an office or I can go dealing with people. So out of the two limited experiences I had that one was more interesting to me.”
		MP2	"I suppose in Healthcare is kind of, every day it's kind of different, Like, you know, we don't really know what's going to, what's going to come through the door if you're, you're in the pharmacy or if you're in like a GP practice like, you know, every everyone's different and everyone has a different issues to be to be sorted with them like you know, so it's a bit more interesting in that sense."
PERCEIVED CAREER CHARACTERISTICS	Opportunity	FD2	"I did really like the way, like, you can work your way up in dentistry. I do like that as well. Like, you can obviously, like, stop when you're finished. And just, like, work as a dentist, but you can also like. Like most of our lecturers like would, they wouldn't just be dentists like they're a lot more than that and there's like a lot of areas they can go into. And I didn't even actually know fully the amount of areas that dentist can go into. The dentist I went to was actually a paediatric dentist which I thought at the time was just a name she called herself like because she only saw kids. But yeah, it's actually not like. And then there's all like. You know like endodontics and periodontics all those like I thought that was kind of. Yeah, it's good to see that cause. Like if you did everyone to like upskill and like kind of You know Make your job a bit more interesting, I guess."
		FM1	"I am somebody that does not know what I wanna do. Like that's just the truth. And so having so many avenues that you can kind of try out like one of the great things about being in medicine is that you can kind of have a taste of a bunch of different specialties before you even go into them. So yeah, I think that's very important."
		FN1	"So that's why I chose general, because you can branch out and you can do other, um, things like when you finish the course and it's a Bachelor of Science and it's you're kind of you're done after the four years, you'll always find a job as well with it, which is one of the reasons why I chose it" "Yeah, like in some of my friends, older sisters now did nursing and they travelled to Australia. And, and like seeing their Instagrams and things like that, you know, and them traveling and even just hearing from the girls like what they were doing and stuff. And just hearing from people, to be honest and I wouldn't have like. See, none of my family really nurses, but like more my friends and stuff, they, they kind of had sisters and gone over and yeah."
		FN2	"That's why I would have put nursing down because I knew that like I had the option to do midwifery after and like it's actually the option that they tell you that you should do like most people say that it's best to go through general 1st and then specialize afterwards." "I think mainly like the opportunities that I had like I can get a job basically anywhere in the world fairly easily if I want one. I think that was kind of like one of the big ones or like even like anywhere in the country like especially in cork like we have some big hospital hospitals. So like it's fairly easy to get a job like obviously here they're close to home as well."

		MD1	"I liked the idea that I could be my own boss. I'd like to have my own business in the long run. So then I could afford to take maybe I could work, let's say a four day week or something like that, that would be nice I'd say nice to have a lot of time off like." "Yeah, well, I heard on the radio a while ago that there was a lack of dentists. So that's obviously good for a dental student and as well as that for further on, I plan on going to into orthodontics as a postgrad program."
		MD2	"It's more easy to Kind of start doing your own practice and branch out in tomorrow niche kind of business opportunity type stuff as well. So it just seemed Like a better deal. I was attracted to that."
		MM1	"It was the job prospect of like being able to work almost anywhere in the world, almost any hospital like anywhere like, so the stability that that has like I can work forever like anywhere. Any place really, and until whenever I want to stop practically. So is that stability that was really enticing, that I really enjoyed, yeah."
		MN1	"Originally cause I've kind of a big rugby background, I wanted to do physio so I actually had that on my CAO first. And originally my thinking was, well, my, my dad helped me now as well was that, Basically, if I put down nursing it would be a good gateway into Physio if i wanted to do it in the future. Then since going into nursing, I actually don't want to do physio at all, actually I kinda wanna stick with the nursing but Uh, that's gonna how I got, got into it was just I had it after physio to, as the potential backup route to physio, really."
		MP1	"I suppose, like I really I really like the aspect of kind of being at the at the top of your professional having the autonomy to make your own decisions and like just being in charge of something like, that's something I want to do as well. Like, I kind of want it to be like the head of what I was doing." "So I did a lot of research about, like, the income the job brings and like, just different career opportunities. And it really appealed to me that it's such a broad course under. It's like so many different, like job opportunities. And you actually end up with a master's degree at the end of it. So, like, automatically you're in higher demand by employers. So, like, yeah, absolutely no, that was Something that pushed me towards it."
	Salary	FD2	"I might have went to like the best possible situation on that work experience like, because like when I saw her life, I was like that's perfect. Like, she seemed to have lots of money and holidays and she only works like 2 full days and two half days a week. So I was like that. That is like all I need like if I can have money and a nice car and work like not that much then You know, and like, even like you'd get like a maybe a 5 minute break between every patient. Like, that's a really nice like you just don't have to, like, work hard all the time. Like, you can kind of, you know, like sit and talk for a bit and like, Yeah, like I guess money is a big factor to me. Like, I don't want to be poor, so."
		FM1	"Like I just need just need to like to have that sense of security and I want to be able to care for my parents as they get older. And so you do need a degree of financial stability in order to do that."
		FN1	"I didn't really go into it looking at it from like a financial point of view, to be honest. And but like, I kind of had heard of like nurses, strikes and things like that, that they are not paid as much as they like need to be. But I didn't really look at it in that sense when I was picking it. I said, look, I'll pick a college course that I want

			that I know like I like and I'll want to do like for the rest of my life and but it didn't really, no. It didn't really like impact my choice. To be honest."
		FP2	"A major attraction point for me and the idea of the kind of lucrative lifestyle. I'll be honest that I have Google'd how As a pharmacist, you can make over 100K." "It's something that's a real draw for me because I suppose being in all these different areas of healthcare, not being 100% sure exactly what one I want to do and then pharmacy standing out as a standalone point, that on graduation you can apparently make around 70K coming straight out. That obviously was a big drawing factor for me."
		FP3	"During the year when I was trying to fill out my CAO and my brother's girlfriend's sister is a pharmacist and like she's making loads of money, she has a great life and my brother said to me, he's like, I regret not doing pharmacy like you should really go and look at it. So he put me in contact with her and I rang her and we had a good chat about it and that then just like, really planted the idea in my head. So I put it at the top of the CAO then."
		MD1	"Like they money in salary obviously wouldn't be the main reason, but it would definitely be a big reason why I chose the dentistry."
		MM1	"Income is not was not that high on the list. I think that income comes after your interest. I like this is just mostly from like my family like they they've always drilled home the point that you need to like what you do before you think of like the money that you're bringing in like, there's no like, it means nothing if you bring in a lot of money while you don't like every single day of your life. And there's no point having a lot of money if you're not enjoying, if you can't spend it or whatever. Umm, so that was never really like in the forefront."
		MP1	"And of course I was looking to like the money side of it as well. And in terms of pharmacy, like I liked the aspect of it that like after the five years you're fully qualified and you have a master's degree, so like, automatically go into a well-paid job rather than doing a regular science degree"
		MP2	"It definitely did kinda make me pursue more, I suppose as well. Like, I can't lie. Like obviously we all want to have a good a good income at the end of it like,"
	Stability	FD2	"My parents definitely pushed me. And yeah, they definitely did. Like they definitely wanted like a stable career. Yeah, that was actually probably the main thing, to be honest. They, they definitely wanted to, like I'd say, yeah, as parents, like they wanted to ensure that I have, like a good life."
		FM1	"Security is definitely something that's important to me like, I don't want to go into a profession where ultimately I'll find myself struggling a lot of time financially. It's just. I can't" "Like I just need just need to like to have that sense of security and I want to be able to care for my parents as they get older. And so you do need a degree of financial stability in order to do that."
		FP3	"it was a great work life balance like she was doing locum work for years, so like essentially was picking her hours, picking when she wanted to work. And, and I always had the idea in my head is that it was a really stable job and people love pharmacists. There's never enough of them. I like my sister, my two sisters used to

			work in a pharmacy just on the like over the counter and they were just always in a rush, always understaffed like pharmacist wise and so. And I feel like stability. It's just like we always need people in healthcare.
		MD1	"Yeah, well, I heard on the radio a while ago that there was a lack of dentists. So that's obviously good for a dental student and as well as that for further on, I plan on going to into orthodontics as a postgrad program."
		MP1	"One thing I didn't want to do was I didn't want to go into college to do a course that wouldn't guarantee me a stable job at the end of it, I was kind of going into it with a purpose." "So I did a lot of research about, like, the income the job brings and like, just different career opportunities. And it really appealed to me that it's such a broad course under. It's like so many different, like job opportunities. And you actually end up with a master's degree at the end of it. So, like, automatically you're in higher demand by employers. So, like, yeah, absolutely no, that was Something that pushed me towards it."
		MP2	"Healthcare is very much like, OK, you're going to be in a, you're going to be a pharmacist, you're going to be working in this sector or like industry or Umm, like in a community or in a hospital and same with Doctor. Like it's very defined and you're always kind of gonna have, They're always going to have a job coming out, which kind of I think that kind of, kind of thing kind of spoke to me in a large way because, You know, I don't, I don't. I didn't want to be worrying about like You know, job opportunities or anything after, I guess and I'd agree. so I think that's kind of won that was one aspect of it definitely."
	Work-life balance	FD1	"I suppose, the lifestyle as well, the work life balance of a dentist is great. That was another appealing thing. that's really one of the big ones, the work life balance that encouraged me to study dentistry to pursue a career in dentistry. I think that there was a good work life balance was my initial impression of the job." "You know, it wasn't the same as medicine that you're up at all hours and on call and stuff like that. So that was probably my initial impression of the job." "A good work life balance, which is appealing because I could pursue extracurricular stuff then"
		FD2	"I might have went to like the best possible situation on that work experience like, because like when I saw her life, I was like that's perfect. Like, she seemed to have lots of money and holidays and she only works like 2 full days and two half days a week. So I was like that. That is like all I need like if I can have money and a nice car and work like not that much then You know, and like, even like you'd get like a maybe a 5 minute break between every patient. Like, that's a really nice like you just don't have to, like, work hard all the time. Like, you can kind of, you know, like sit and talk for a bit and like, Yeah, like I guess money is a big factor to me. Like, I don't want to be poor, so." "I wanted to know that I could, like, ensure that I had a good lifestyle. Like it wasn't going to be like if I worked harder than everyone else, I got it."
		FN1	"Probably night shifts as well, was one of the turnoffs"
		FP1	"Like, the work life balance of pharmacy is so much better in than what I thought medicine would be" "They have a great work life balance. That's what I liked cause I talked to like people in medicine or I talked to

			surgeons, and they were like, oh, your kids will grow up without you, you'll be like missing all of your kid's birthdays. And it will be horrible. And all pharmacists were like, you know, it's perfect you get home when the pharmacy closes."
		FP3	""it was a great work life balance like (my brother's girlfriend's sister) was doing locum work for years, so like essentially was picking her hours, picking when she wanted to work. And, and I always had the idea in my head is that it was a really stable job and people love pharmacists. There's never enough of them. I like my sister, my two sisters used to work in a pharmacy just on the like over the counter and they were just always in a rush, always understaffed like pharmacist wise and so. And I feel like stability. It's just like we always need people in healthcare" ""quality of life was a big, big thing. I'm because I like hope to have a family and get married and all that. So I knew that I would want to job where I could, you know, have my family go to work, but within reason and not have kind of one interfering with the other like my mom is a teacher and like, obviously her work life balance is amazing. And she's like was able to be at home with us basically all the time. And so that was a huge contributing factor as well. Was just the 9:00 to 6:00, Monday to Friday of most pharmacists."
		MD1	"I'd like to all my own business in the long run. So then I could afford to take maybe I could work, let's say a four day week or something like that, that would be nice I'd say nice to have a lot of time off like." "And that is nice about dentistry as well, isn't it, that you have like you can really kind of work as much as you want or as little as you want."
		MP1	"I wanted something I wanted nine to five job at the end of the day where I could go in and then like go home at the end of the day."
		MP2	"I liked that you could locum and pick your hours, that was attractive to me because I've always wanted to travel"
	Encouragement from school	FP1	"I went to a career advisor at school and he was like, you should do pharmacy. So that I had a big influence. As well.'
		FP2	"My career guidance at school, they were advising me to do medicine and nursing And pharmacy didn't really come into play only for the fact that I kind of was looking more into healthcare courses myself."
		MN1	"I was in a secondary school where I was kind of like everybody's gonna do some business course, everybody's gonna go into medicine or law or like, you know…nobody ever came in and said, you could be a nurse. It definitely would have given me a better idea what a nurse on the ward would do"
		MD2	"In second year the career guidance teacher came in and she kind of said does anyone know what they want to do. And then I came in with my answer and Oh yeah, I want to do dentistry and she looked in my results and she's like, well, you're not going to do dentistry like. and then I got my junior certain she was more or less like. Yeah, no, this isn't happening. And then 5th year like, yeah, this isn't happening. So I was gonna do Podiatry and I was gonna do. You know, stuff that are easier to get in the CAO and I was going to go abroad

			and everything, but I think no matter what, I ended up what it do and it would have been not dentistry. So I wouldn't have been happy."
	Experience with mentor or role model	FM1	"I would say that like, yeah, like Doctor (X) and Doctor (Y) and Doctor (Z), were probably like the ones that kind of pushed me the most and not like necessarily towards studying medicine, but just. Towards understanding that I could do more than I thought I could, you know. Umm. And that definitely had an impact on my decision to apply. Because I was like, oh, you're right. Like I am smarter than I think I am. And I do have the wherewithal to kind of tactile something that is a more challenging."
		FN1	*"My neighbour does nursing, and then he kind of warned me about it and that it would be it would be hard, like any job, I suppose. But he also said, like if you love your job, I like I, I guess there are going to be challenges to it, but sometimes the rewards are kind of they overlook the challenges that you kind of, that you face."*
		MD1	"My um, orthodontist. He, he was telling me about his son, who went to, I think it was Budapest to study dentistry. So that's where I was going to go if I didn't get the leaving cert points in Ireland. So he was kind of. I always like every appointment I went with him, I'd always ask him more questions about, like what it was like studying dentistry and stuff." "Yeah, I went to my school career guidance counsellor, and that was the decision I was trying to figure out whether to go with medicine or dentistry. So I went to him for, like, almost the good maybe the two or three years trying to figure that out. And then they also went to a career guidance person outside of the school. And she was good as well. And then my actual the chemistry and biology teachers again, they were like helpful because they like explained things to me and what would be like studying kind of scientific courses in the college. They asked the right questions. They asked like they kind of made me think about what's good and bad about the careers and what I actually like it."
		MM1	"People who I have worked underneath in terms of uh in the clinic or like doctors that I've mentored, like they've just reinforced really like the career path that I wanna go down...they've always been super encouraging. When I told them I wanted to become a doctor, that I got in, they'd say that, like, that was a great thing, and they're really proud of me."
		MP1	"Getting in contact with, like, my local pharmacy and pharmacists having a chat with them, what career actually entails. I just knew it was kind of more me than being a doctor."
	Family	FD1	"My mum's a nurse, so she was kind of trying to sway me towards dentistry over medicine because she's seen the burnout rates inside medicine and other courses like that. So I think that was the family side of things as well. I was being encouraged to go into dentistry in that aspect."
		FM1	"You know, because like my dad is a doctor. And so he would come home and talk about work. Like at dinner he'd be like oh like, We have this person who came in after a horrific motorcycle accident. I'd be like, Oh my

			God. Whoa, that's so nuts." "My dad's a doctor. Two of my brothers are doctors. My uncle's a doctor. My cousin is in medicine. My aunt was a nurse before she retired. Uh, my sister-in-law is a doctor as well." "he was encouraging, but he wasn't pushy about it, like he has always been one to say, like, no matter what you do in life, as long as you're happy and you love it, then it doesn't matter. So he was like you could, you know, you could be a teacher or you could be a janitor. You could Do anything you could be like Homeless. It doesn't matter, as long as you're happy. So yeah, it's definitely encouraging."
		FP3	"My dad is a care assistant and for people with disabilities, so I'm he's kind of in that area"
		MD2	"My mom would be a public health nurse, so she'd be she'd know a bit and So she'd be she was the whole time instead of going to the nurse or something or something, you know? But like, she was giving me a good idea of healthcare. And I was in with her and her clinic and stuff. So I kind of seen at a general idea of healthcare setting anyways."
		FP1	"I have two aunts who are both pharmacists. And I told them I was thinking about it. They were very encouraging. So those two and my family probably would have made the final decision for me. So having like someone close to you have the job and be able to tell you that like to go for it. That's good. That has an impact."
		MM1	"On my dad's side every…Guy, every male except my dad was a doctor before. That's it. All doctors. So everyone above my dad. So my dad's dad-my grandfather, his great grandfather, blah, blah, blah. All of them were doctors before."
	Social media	FP2	"There's lots of influencers and things, if you know where to look and they'd be making videos of their day to day, especially the doctors. It was really helpful actually, I think to actually see someone in that career. And I would just think, because I can see them doing the job, can i visualise myself doing what they do? and it was like no. But the pharmacists, they don't show you their work because of privacy and stuff. but you'd still get the idea and they seemed so accomplished and things. so i thought yeah let's try that."
		MD1	"I remember I followed a few with dentists on Instagram who were like, we're posting about what the what their job is like. And they were often doing that like the whole four day work week and stuff like that. I like the UM, the cosmetic side of it, so a lot of them were doing veneers and that's actually probably the one of the big reasons I got into it. So I just liked what they were doing basically."
		MP1	"I was going through this phase of, I don't know, watching Doctor Mike videos and all those things on YouTube and just kind of following like influencers who were doctors at the same time and I could just see how difficult it was like working like long 24 or something, 36 hour shifts in hospitals and just the whole process like after college, how long it actually takes to qualify as a doctor. And I just knew that wasn't me.