

# Professional practice among woman dentist

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## Abstract

**Objective:** This review aims to give an inside view of professional career of a women dentist, addresses the unique demands of being a woman dentist, and highlight ways to address these issues. **Materials and Methods:** The Medline database, scholarly literature, and informal literature were considered for this review. **Results:** Working hours of female dentists do not differ significantly from the working hours of their male counterparts, until they have children. The female dentists' working hours showed a distinct drop as soon as they started a family. It was also found that women dentists are more likely to take career break. It is clear that childrearing and family responsibilities have a great impact on women's working life. Significant differences between males and females in work title and specialization were evident in an academic institution. Due to the societal orientation which regards women as primarily home makers, the responsibilities for family caretaking continues to fall disproportionately on women, and this fact could explain why women abandon their careers in the advanced stages. **Conclusions:** Efforts should be made to identify and reduce barriers to women's advancement in dentistry.

**Key words:** *Gender and career, woman dentist career, woman dentist*

## INTRODUCTION

The structure of the dental profession provides unique opportunities for both women and men to exercise a high degree of autonomy and flexibility and at the same time, enjoy the status awards associated with being a healthcare provider.<sup>[1]</sup> Worldwide, we are seeing an upward trend in women dentists.<sup>[2]</sup> Women also represent an expanding pool of possible applicants for dental schools.<sup>[1]</sup> The pioneer women in dentistry are worthy of recognition and admiration. They broke the traditional barriers for their gender and set the standards for those who followed in their path as dental professionals.<sup>[3]</sup> Presently, the number of women in dentistry is increasing significantly.<sup>[4,5]</sup>

Once women have entered a career path, they often encounter attitudes and practical obstacles to continuing or advancing in their careers. Those attitudes include insensitivity to gender, lack of female role models and mentors, dual family and professional responsibilities, lack of parity in rewards such as career advancement and salaries, gender discrimination and sexual harassment, lack of gender sensitivity, and special needs of minority women.<sup>[6]</sup> There are many unique challenges that women dentists face in achieving professional excellence and this has been given little attention by the researchers.

## OBJECTIVES

This review aims to give an inside view of professional career of a woman dentist, addresses the unique demands of being a woman dentist, and highlight ways to address this issues.

## MATERIALS AND METHODS

The Medline database was searched using the terms women dentist, practice, attitude, stress, income,

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work, commitment, and leadership skills. This formed only a small proportion of the formal medical literature, and, in particular, excludes the majority of scholarly literature published in other journals which are not in Medline. Also, it does not include the vast body of informal literature that might contain useful information (e.g., theses, evaluation reports, and the conference proceedings). Hence all the above mentioned sources for data collection were included.

Once data were collected, the articles that were (1) possibly or (2) highly likely to be relevant to the review, on the basis of title and abstract were identified. The full texts of articles identified as highly likely to be relevant were retrieved, and these articles provide the basis for this review.

Every article was screened based on the question: Did the article say anything about women dentist professional practice or needs? Key points emerging from each article were collected. The article was assessed for eligibility and methodological quality without consideration of the results. The data were extracted and checked for discrepancies and then they were included in the review.

## RESULTS

Of the 82 articles retrieved, 36 were identified as potentially relevant to the review. These selected papers were classified as follows:

1. Present scenario of women in dentistry
2. Career choice for woman in dentistry
3. Work, professional commitment, and income
4. Job satisfaction
5. Stress and burn out

Key points emerging from review are

### Present scenario of women in dentistry: Global perspective

The advancement of women in academic and research careers requires global attention and strategies. Dental student enrollment in the United States is now 42% women, and in Finland, 75% of practicing dentists are women. Women dentists in Russia constitute 48% of the dental workforce. Fifty percent of new entrants to dental undergraduate courses in the United Kingdom are female, and by 2020, more than 50% of all practicing dentists will be female. The United Kingdom has its first woman dental dean, China and Germany have women dental deans, and nine of the 56 U.S. dental deans are women.<sup>[2]</sup> India is also following the trend,

and about 15% of the deans in dental schools across the country are female. The same trends are occurring among students also, and about 50 to 60% of students in all dental schools in India are female.<sup>[7]</sup>

### Career choice in dentistry

Career choices for women dentist mainly vary from private practice to government sector or academic institutions. Private practices are usually administratively simple and small institutions, whereas government/academic institutions are usually administratively very complex and large institutions.<sup>[8]</sup>

#### Private practice

According to de Wet et al., majority of female dentists are in private practice.<sup>[9]</sup> Studies have indicated that females are more likely to work part-time in private practice than males. Very few articles have addressed and/or analyzed the reasons behind the decision to work part-time in private dental practices. The collective reasons behind working part-time were family or domestic commitments (caring for children), increasing competition in private practice, and limited amount of dental work available.<sup>[8]</sup> Also, it is found that women tend more to general dental practice and less to a combination of general and specialized practice.<sup>[10]</sup> Women general dental practitioners are significantly less likely to be sole proprietor of, or a partner in, a general practice. Consultants in the Hospital Dental Service are more likely to be male Senior Dental Officers.<sup>[11]</sup>

#### Career in an academic institutions or government sector

A considerably larger percentage of women dentist work for a salary in State clinics and at Universities.<sup>[9]</sup> It has been reported that significant differences between the males and females in the work title and specialization were evident in an academic institution, as more men were found to have a higher education, additional degrees, and specialization than females, a situation that could be explained by the additional responsibility of the female with the family and the household.<sup>[12]</sup>

Differences between males and females in occupying administrative/manager positions were also reported in the few study.<sup>[12]</sup> Most recent data maintained by the American Dental Education Association reveal that the number of women serving in significant administrative or leadership positions in dental colleges in the United States remains a small percentage of those employed. This disparity is particularly of concern as the number of female students has steadily increased. The classic “glass ceiling,” the invisible barrier that blocks women

from advancement to the top positions in the workplace organizational structure, also holds many women back in their careers. According to Lisa Tedesco, the glass ceiling exists because institutional culture embraces beliefs that hinder the advancement of women, such as stereotypes that women are easily diverted from careers by family; women cannot be tough, aggressive, and competitive; and women are only competent in certain roles in areas peripheral to core business activity.<sup>[13]</sup>

Studies conducted in Saudi Arabia have reported that female dentists working in the government sectors were usually given lower positions in the employment hierarchies, were paid less than men, were less likely to hold consultant positions, and were usually clustered at the lower end of the employment ranking, especially at universities.<sup>[12]</sup>

A study conducted in United Kingdom revealed that women dentists are more likely than male dentists to work in the Community Dental Service.<sup>[14]</sup> There is also increasing numbers of women leaders in dental and medical schools who have had no formalized leadership training or mentoring. Leadership training programs will prepare women to assume leadership positions and thus improve the culture for women in the academic health centers.<sup>[13]</sup> In conclusion, in some countries, women in science and research have limited opportunities; in other countries, some limited progress has been made; and in still others, women are making significant strides. Thus, the advancement of women in research, academics, leadership, and professional societies varies from country to country and region to region.<sup>[15]</sup>

### Work, professional commitment, and income

Studies have shown that gender, breadwinner status, and the presence and age of children have a marked influence on the working patterns of dentists. Studies in England, USA, and Australia have shown that the working hours of female dentists do not differ significantly from the working hours of their male counterparts, until they have children. The female dentists' working hours showed a distinct drop as soon as they started a family.<sup>[9,12,16,17]</sup>

A tendency for self-employed women to have relatively low earnings is well documented. According to Aronson (1991), the average annual income of full-time self-employed women was 37% of the income of full-time self-employed men.<sup>[18]</sup> Although males and females had similar work attitudes, they differed in work

experience—males worked more hours, saw more patients, and earned higher incomes.<sup>[19,20,-21]</sup> In a survey, only female dentists were reported to have a career break for more than six months compared with males. It is clear that childrearing and family responsibilities have a great impact on women's working life.<sup>[12]</sup>

There is a need for a retraining course for those who give up practice for any substantial period of time to help them overcome the fall-off in skill and confidence.<sup>[19]</sup>

### Job satisfaction

Working in a dental practice is recognized to be both physically and mentally demanding profession. Job satisfaction has been linked to various aspects of patient care and health system outcomes as well as to general life satisfaction and job performance.<sup>[22]</sup>

Women were much more contented with their work and enjoyed the contact with people, but they worked shorter hours and saw fewer patients than men.<sup>[1,23]</sup> Females, on the average, rate caring or helping motives more highly than do males.<sup>[1]</sup>

Contrarily, according to Bejerot, an example of widespread dissatisfaction, especially in public dentistry, is that every fifth female dentist in the Public Dental Health Service feels aversion toward going to work, compared with one woman in thirteen in private practice and in other work requiring academic training.<sup>[20]</sup>

### Stress and burnout among woman dentists

A study of Bourassa and Baylard (1994) found that occupation-related stressors are based on two dimensions: task or organization and interpersonal relations.<sup>[20]</sup> Burnout is defined by three coexisting characteristics—exhausted mentally or emotionally, depersonalization or dehumanization, and dissatisfied with their accomplishments and to evaluate themselves negatively.<sup>[24]</sup>

In a study by Ayers *et al.*, women dentist and those aged 40 to 49 years rated their lives as more stressful, with the least among those aged >50 years. They are more likely to be juggling work, family life, and financial pressures. High levels of stress can lead to “burnout” and contribute to musculoskeletal problems.<sup>[25]</sup>

It was also found that female dentists showed a higher level of “burnout” than that shown by female

physicians. Other problem areas were fatigue, worry, sense of being “locked-in,” and discontentment with managerial style within the organization. Other studies also indicate that female dentists are especially vulnerable to adverse work conditions and liable to long-term sickness absenteeism, pain and musculoskeletal problems, and work-related sickness.<sup>[20,25]</sup>

The gender differences for stress coping strategies were not unexpected, with males more likely to report using sports and alcohol as strategies to relieve stress and female dentists preferring to interact with people and spend money.<sup>[26]</sup> Majority of women dentist plan to retire from dentistry before 60 years of age.<sup>[17]</sup>

Dentists should be encouraged to make greater use of active coping strategies. Some stress is inherent in dental practice, requiring that woman dentists learn coping strategies to minimize the effects of stress.<sup>[24]</sup>

## DISCUSSION

Increased number of women in the dental profession creates an imperative that women be considered as vital intellectual capacity for the future. Discrepancies among male and female dentists in the employment are still reported after 140 years of female existence within the dental work force.

### Employment and career-related factors

As reported in many studies, female dentist with children work reduced hours, mainly to enable them to fit in domestic responsibilities. Women often anticipate career obstacles in connection with parenthood and abstain from a prestigious career. There is evidence that women work fewer hours per week, work part time, and take career breaks. However, this is only one measure of devotion to one’s career, given that quality and quantity of time are two separate facets of commitment. The reason for all these can be that the female dentists are influenced by conflict of trying to balance their professional careers with the competing responsibilities of marriage, homemaking, and childrearing.

### Biologic sex and gender: Implication on women’s career

It is necessary to explore the influences of biologic sex and gender as well as the interactions between them in order to optimize the understanding of challenges that women dentists face in their career. Sex is a biological

concept and gender is a social construct specifying the socially and culturally prescribed roles that men and women are to follow.<sup>[27]</sup> Sex differences in socialization experiences reflect adult role expectations that females will be mothers and males will be workers.<sup>[28]</sup> Biology requires that women give birth to children, but not that they alone rear them. Many mothers and fathers still think that childrearing is mainly the mother’s responsibility.

There is a sexist assumption in society that women should be the main carers and homemakers and this is exploitative of women’s career. Childcare role may also be taken on by the father, extended family, or childcare centers. Likewise, research on equally shared parenting demonstrates that parenting need not be gendered. Due to the societal orientation which regards women as primarily homemakers,<sup>[29]</sup> the responsibilities for family caretaking continues to fall disproportionately on women, and this fact could explain why women abandon their careers in the advanced stages.

### Gender segregation and gender equity

Although the profile of the dental profession has changed, the career paths in dentistry are still gender-biased. Horizontal and vertical gender segregation can be discernible. Horizontal segregation is evident from the differences in choice of specialty, with female dentist preferring pediatric dentistry and are less interested in some dental specialties than their male counterparts, specifically oral surgery.<sup>[30]</sup> The vertical gender segregation is reflected in the dental hierarchy. The higher positions in academia are mainly held by male dentists.

### Gender and society: Influence on career

All societies are divided by what is often called the “fault line” of gender. This means that males and females are treated differently. This may include being expected to take on gender-specific duties and responsibilities. The nature and degree of these divisions will vary between societies and communities, but they are always significant in shaping the individual women and men.<sup>[31]</sup>

US dental schools traditionally had hostile attitudes and stereotypes toward women, and viewed them as emotional, undependable, distracting, flighty, lacking in physical strength, undesirable for admission for training because they are more likely to get pregnant, and less capable than males.<sup>[32]</sup> This situation began to change around 1975 with the federal legislation granting funds and encouraging enrollments of women in professional health schools.

Women in the UK were considered to be working in the dental profession regarded by many as masculine. Over the following years, women dentists became more accepted, although as recently as the 1960's, women were encouraged to enter certain branches of the profession where it was thought that they would be most useful. Government publications of this era encouraged women dentists to join the Maternity and Child Welfare Service and the School Health Service. It was felt that this work would be particularly suitable for them and that child patients would react more favorably to women dentists.<sup>[33]</sup>

The situation for the increase in the number of female dentists recently in the Saudi Arabia has been different. The first reason could be that until recently, career options were limited for women other than education and medicine and the other reason is women prefer to be treated by female doctors, particularly in dentistry, gynecology, and obstetrics.<sup>[34]</sup> This could possibly explain the reason for clustering of women at the lower end of the employment ranking.

In conclusion, the concept of gender is rooted in societal beliefs about the appropriate roles and activities of men and women and in the behaviors and status that result from those beliefs. Gender difference is dynamic and socially constructed, and that what is considered appropriate gendered behavior can be changed over time. Hence, the goal is not just ensuring equal numbers of men and women (gender equality), but also guaranteeing fairness and justice in the professional opportunity structure (gender equity).<sup>[35]</sup>

On the personal front, since biological differences between males and females are unavoidable, programs such as paternity leave, childcare centers, increased involvement of father in childcare and family, extended family support along with flexible practice time, and job sharing that integrate family care with professional needs are likely to guarantee that the talent and the productivity of female dentists are not lost. To assist in overcoming barriers at the institutional level, efforts should continue to be made to identify and reduce barriers to women's advancement in science and research.<sup>[36]</sup>

### Recommendations: Addressing the issues

A Colloquium on Career Paths for Women in Health Sciences: A global perspective addressed perpetual problems of woman dentist in their career and identified a number of critical needs and potential solutions, which are as follows:<sup>[6]</sup>

- Collect and publicize data to change perspectives

and policies related to women in science, especially regarding documentation of gender biases, salaries, promotions, responsibilities, and mentoring;

- move plans into action, taking into account cultural or political loopholes for gender biases;
- make women aware of equity issues and recognize the role of women leaders;
- provide guidance to individuals through one-on-one mentoring, and formalized programs at the job site;
- make leadership part of the educational curriculum;
- collaborate regionally among organizations to overcome gender biases;
- centralize and share information on policies, priorities, and best practices for career advancement; and evaluate programs and efforts.
- Unless practices, attitudes, and relations of the society change, policies to promote gender equality will face an uphill struggle.<sup>[29]</sup> If we are to make real progress toward achieving gender equality, we must support women to challenge these strict gender divisions. Initiatives need to engage men and women as allies at home, at work, and in the community, using positive and relevant messages addressing the specific concern of gender equality.

## CONCLUSIONS

Although the status and representations of women in dentistry have improved, still they are underrepresented in certain areas such as promotion, salary differentials, etc. They face conflicts arising from career, parenthood, and family responsibilities. Efforts should be made to identify and reduce these barriers to women's advancement in dentistry. Women still need to overcome these perceived and real inequities of advancement opportunities. By highlighting the costs of gender inequality, as well as the benefits of gender equality—both for women and men as individuals, and as members of families and communities—programs can support women and men to reflect on, and ultimately resist, harmful constructions of femininity and masculinity. Researchers need to focus more on the variations in gender inequality that exist across societies, over time, and even within a society. It is critical to acknowledge and examine that variability so that we can understand the conditions under which change for the better occurs. At every step in human history, there comes a time when we have to reassert our beliefs and test the very foundation on which the pillars of a society are raised. In fact, the roles of the sexes, which determine the course of a civilization, form an integral part of society. Gender roles in society have undergone a sea of change and continue to do so...

## REFERENCES

1. Scarbez M, Ross JA. Gender differences in first-year dental students' motivation to attend dental school. *J Dent Educ* 2002;66:952-61.
2. Jeanne C. Sinkford. Global health through women's leadership: Introduction to the conference proceedings. *J Dent Educ* 2006;70:5-7.
3. Hyson JM. Women dentists: The origins. *J Calif Dent Assoc* 2002;30:444-53.
4. Seale NS. Women in dental research: Predictions for the future. *J Dent Res* 1993;72:962-3.
5. Adams TL. Feminization of professions: The case of women in dentistry. *Can J Sociol* 2005;30:71-94.
6. Pinn VW. Women's health research and health leadership: Benchmarks of the continuum. *J Dent Educ* 2006;70:27-34.
7. Hari Prakash VP, Mathur RD, Jhuraney B. Dental workforce issues: a global concern. *J Dent Educ* 2006;70:22-6.
8. Khalid Al-Balkhi, Majid Al-Mohaimed, Othman Al-Mutairy. The possible reasons why dentists in full-time primary employment engage in additional part-time private practice: The Saudi Dent J 2005;17:108-12.
9. de Wet E, Truter M, Ligthelm AJ. Working patterns of male and female dentists in South Africa. *J Dent Assoc S Afr* 1997;52: 15-7.
10. Shuval JT. Sex role differentiation in the professions: The case of Israeli dentists. *J Health Soc Behav* 1970;11:236-44.
11. Newton JT, Thorogood N, Gibbons DE. A study of the career development of male and female dental practitioners: *Br Dent J* 2000;188:90-4.
12. Ashri NY, Norah Al Ajaji, Mayyadah Al Mozainy, Rasha Al Sourani. Career profile of dentists in Saudi Arabia. *Saudi Dent J* 2009;21:28-36.
13. Turner SP, West KP. A Qualitative comparison of women's leadership programs at local and national levels. *J Dent Educ* 2006;70:41-6.
14. Newton JT, Thorogood N, Gibbons DE. The work patterns of male and female dental practitioners in the United Kingdom. *Int Dent J* 2000;50:61-8.
15. Zarkowski P. Advancement of women in academic and research careers: A working group report. *J Dent Educ* 2006;70:47-8.
16. Smith MK, Dundes L. The implications of gender stereotypes for the dentist-patient relationship. *J Dent Educ* 2008;72:562-70.
17. Ayers KM, Thomson WM, Rich AM, Newton JT. Gender differences in dentists' working practices and job satisfaction. *J Dent* 2008;36:343-50.
18. Hundley G. Male/female earnings differences in self-employment: The effects of marriage, children, and the household division of labor. *Indus Labor Relat Rev* 2000;54:95.
19. Whitehead C, Williams C, Eccles JD. Women dentists in Wales. *J Dent* 1997;5:107-12.
20. Bejerot E; Dentistry in Sweden- Healthy work or ruthless efficiency? Lund University, department of dental public health, center for oral Health Sciences: National Institute for working life department for work and health. *Arbete och Hälsa*; 1998. p. 14.
21. Kaldenberg DO, Becker BW, Anisa Zvonkovic. Work and commitment among young professionals: A study of male and female dentists. *Hum Relat* 1995;48:1355-77.
22. Jain M, Mathur A, Joshi S, Goklani P, Kothari BP, Rabu D, et al. Job satisfaction assessment among dentists and dental auxiliaries in india. *Internet J Dent Sci* 2009;7:2.
23. te Brake H, Bloemendal E, Hoogstraten J. Gender differences in burnout among Dutch dentists: *Community Dent Oral Epidemiol* 2003;31:321-7.
24. Rada RE, Johnson-Leong C. Stress, burnout, anxiety and depression among dentists. *J Am Dent Assoc* 2004;135:788-94.
25. Ayers KM, Thomson WM, Newton JT, Morgaine KC, Rich AM. Self-reported occupational health of general dental practitioners. *Occup Med (Lond)* 2009;59:142-8.
26. Ayers KM, Thomson WM, Newton JT, Rich AM. Job stressors of New Zealand dentists and their coping strategies. *Occup Med (Lond)* 2008;58:275-81.
27. Risberg G, Johansson EE, Westman G, Hamberg K. Gender in medicine - an issue for women only? A survey of physician teachers' gender attitudes. *Int J Equity Health* 2003;2:10.
28. Peggy Smith Mathieu, Sowa CJ, Niles SG. Differences in career self-efficacy among women. *J Career Dev* 1993;19:187-96.
29. Osarenren, Ogunleye. Gender differences in job ability, Perception and task performance among Professionals in male dominated Profession. *Edo J Couns* 2009;2:66-74.
30. Scarbez M, Ross JA. The relationship between Gender and Postgraduate Aspirations among First- and Fourth-Year students at public dental schools: A longitudinal analysis. *J Dent Educ* 2007;71:797-809.
31. Doyal L, Naidoo S. Why dentists should take a greater interest in sex and gender. *Br Dent J* 2010;209:335-7.
32. Sinkford JC, Valachovic RW, Harrison S. Advancement of women in dental education: Trends and strategies. *J Dent Educ* 2003;67:79-83.
33. Stewart FM, Drummond JR. Women and the world of dentistry. *Br Dent J* 2000;188:7-8.
34. Shaker RE, Babgi AA. Women in dentistry: A perspective on major universities in Saudi Arabia: *Saudi Dent J* 2009;21:103-12.
35. Reichenbach L, Brown H. Gender and academic medicine: Impacts on the health workforce. *BMJ* 2004;329:792-5.
36. Robinson ME, Wise EA. Gender bias in the observation of experimental pain. *Pain* 2003;104:259-64.

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