Gender Impact on the Socioprofessional Identification of Women Dentists in Bulgaria

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Abstract: Women comprise 73 percent of all dentists in Bulgaria. Almost all of them started their careers as salaried, and now they are self-employed. The purpose of this study was to show how female dentists in Bulgaria met the challenges of the social and health reforms during the period of transition from totalitarian to democratic rule. A field sociological survey was carried out between October 1996 and June 1997, involving a sample of 842 dentists. The questionnaire was designed to give information on dental demography trends, pattern of participation and practice of female dentists, and their career development. The data were treated statistically using an SPSS package. Results show that for the period 1991-96 women dentists owned more than 50 percent of the newly opened private practices in Bulgaria. They were more interested in improving their qualifications and more successful in obtaining specialty status than male dentists. Dentists in Bulgaria by the late 1990s, with no gender difference, tend to identify themselves as liberal practitioners within the pluralistic model of dental services delivery. The volume of services delivered and profile of women in professional practice and their social and professional mobility are highly competitive, despite the growing problems of maternity leave coverage and funding to reenter the profession.

Key words: dental profession, socioprofessional identification, female dentists, dental demography, oral health services reform

The dominant number of male members in a given socioprofessional group has been considered by sociologists a positive indicator of its economic and prestige status within the stratified market-oriented societies. And vice versa, the loss of some sociological features of a profession (autonomy, expertise, authority, and social service) has been found to correlate more or less with its feminization. On the other hand, along with the overall development of civil societies in industrialized countries, a gradual increase of women involved in professional occupations has been observed. The dental profession is such an example.

World dental demographic analyses for the last decade of the twentieth century have shown a slow but steady trend of increase in the percentage of female dentists in the national dental registers. Female dentists have demonstrated an increasing commitment to the dental labor force, changing their patterns of professional participation and practice. A number of studies support this point, focusing on such issues as age and gender distribution of dentists and the time they devoted to professional activity, student orientation and practice preferences according to gender distribution, and career development and academic contribution of female dentists.

In the former communist countries of Central and Eastern Europe, the marked feminization of dentistry and medicine is now giving way to a bigger male participation. Studies of the socioprofessional identification of dentists in Bulgaria during the period of transition in the last decade of the twentieth century demonstrated some of the particularities in female dentists’ professional realization.

The purpose of this study was to demonstrate the gender impact on the social and professional identification of dentists in Bulgaria during the period of transition and to show how female dentists meet the challenges of the radical social and health reforms.

Methods

Analysis of numerical distributions is based on statistical data provided by the National Health Information Institute, the National Statistical Institute of Bulgaria, the Register of Dental Practitioners, and my own field sociological survey carried out between July and October 1996.

A representative group of 842 dentists were interviewed (12 percent from a total of 7,129 dentists), providing dental care to 8.5 million people. Standardized direct individual interview was used to gather information related to gender particularities in the process of reprofessionalization. The questionnaire was designed to give information on dental demography trends,
2. patterns of participation and practice of female dentists, and
3. career development of female dentists.

The distributions by sex and age were analyzed according to ownership of practice, level of postgraduate professional education, and volume and profile of professional activities.

The statistical treatment of data was performed using SPSS package including Cramer test, alternative analysis (U-test), and chi-square (p<0.05 and n=1.96).

Results

Dental Demography Trends

The number of dentists registered in Bulgaria as of December 2000 was 7,129.3

During the last decade, the number of dentists in this country increased by 24 percent, compared to the world trend of 18 percent and to the EU trend of 15 percent for the same period.

The average age of dentists in Bulgaria is 39.67 years. More than 60 percent are younger than forty-five. Female dentists represent 72.57 percent of the total, and this percentage is expected to persist at least for the next two decades, based on age distribution.

The process of “defeminization” is demonstrated by two main facts. Since 1995 the male/female ratio among dental students has been fifty-six to forty-four.9 And there has been a decrease of female dentists in the junior group of the private sector.16

Pattern of Participation and Practice of Female Dentists

Since 1991, dentists in Bulgaria have started opening their own private practices. The leading trend for the transitional period was the existence of mixed sector (working both for the private and public sectors).14

Almost all dentists started their careers as salaried workers, but 43 percent left the public sector after legislative changes occurred (V=0.434). Only 7.3 percent of men and 3.3 percent of women started directly as private practitioners. Among men, 14.7 percent left the public job immediately, compared to 5.4 percent of women.

There is a significant difference between male and female dentists’ ownership of practices: 49.2 percent of men own their practices while only 27.3 percent of women do. About 40.9 percent of men work only in private practices versus 21.8 percent of women working only in private practices.3

The rate of growth of the private sector is significant and irreversible. Results show that 40 percent of the dentists working for the private sector are hoping to start their own practices, 7 percent of them are going to change their professional activities, and no one is planning to go back to public clinic. From the group still working for the public sector, 80 percent are hoping to work privately, and half of them hope to start their own practices. There is no significant gender difference. The dynamics of change of the pattern of practice is most intensive for young male dentists and older female dentists.14

Since July 1, 2000, 67 percent of dentists have signed contracts with the National Health Care Fund: 4,563 solo practitioners, 31 group practices with a total of 152 dentists, and 51 specialists’ dental practices.14

Career Development of Female Dentists

Most dentists work as general practitioners (V=0.264), in both the public and private sectors. Nevertheless, about half of them have a diploma in a specialized field. Barely one-third of all specialty holders practice exclusively as specialists. This is equal to 2 percent of the total of female dentists and 6 percent of the total of male dentists.

Pedodontic care is usually provided by general dental practitioners. Only 12 percent of all dentists have registered pediatric services. The female dentists working only with children represent 15.4 percent of the total number of female dentists.

Advanced General Dentistry is the choice of the greatest part of specialty holders. Female dentists prevail in pediatric and operative dentistry, while male dentists are found more frequently in oral surgery and prosthodontics.

Accordingly, the percentage of female dentists qualified as specialists is greater now than before the reforms that liberalized professional regulations. Women dentists show greater interest than males in continuing education. Among the total of dentists, 35 percent would spend between 1 percent and
3 percent of their annual income and up to two weeks per year for continuing education (0.23%). Only 5.1 percent of women versus 11.8 percent of men are not willing to pay at all for continuing education courses, and only 9.0 percent of women versus 14.2 percent of men do not wish to devote time to continuing education courses. A group of those interviewed (37.1 percent women and 23.6 percent of men) reported that they could not afford to pay for courses.

The number of women dentists is three times greater than the number of male dentists, yet they are three times less represented as senior researchers and full professors at the universities. (Today, for example, there are no women full professors at the dental school of Sofia; all eight positions are held by men. The other positions are distributed as follows: of the 105 assistant professors, fifty-eight are female; of the twenty associate professors, twelve are female.17) Women are underrepresented markedly in the National Dental Association Board and Commissions’ leading positions.

Discussion

Women dentists, representing the majority of the dental profession in Bulgaria, are now facing the advantages and disadvantages of being self-employed. Before the reforms, they were usually given lower-prestige jobs in the public health system and as a consequence were paid less than men. Nevertheless, they had the responsibility for the strategic sector of children’s and school-age oral health. They also were not encouraged to maintain or raise their qualification levels.16 In return, while in public service women dentists still enjoyed some social assistance in raising their children. The oversupply of dentists now (the patient/dentist ratio is under 1:1000 in 2003) is partly due to the feminization of the public sector for many years. On one hand, the planning of dental staff was calculated on the base of assured maternity leave.18 On the other hand, the very low salary rate allowed health state authority for an increase in the number of employees.

Nowadays, women dentists in the private sector have much less social protection. Equal opportunity for female dentists with young children either opening practices or being reintegrated in the dental profession after a prolonged maternity leave will soon be the main issues in the dental profession. One must recognize the slight decrease in the percentage of female dentists applying for postgraduate qualification. This trend should be observed as an important sign for the appearance of a new kind of social problems in the professional development of female dentists related to their double role of mothers and doctors under the market conditions.

These factors are leading to two main questions:
• If defeminization in an evolving market economy can be considered a positive indicator for the dental profession as a whole, is this trend good enough for female dentists, and how should they protect their special rights to be able to balance their personal and professional lives?
• If customizing dental services is a positive indicator for the liberalization of society, will society still be aware of female dentists’ role in promoting oral health for the public, and how can their invaluable community service contribution still be encouraged?

Conclusion

The dentists in Bulgaria by the late 1990s with no gender difference tend to identify themselves as liberal practitioners within the pluralistic model of dental services delivery. The volume and profile of women’s professional practice and their social and professional mobility are highly competitive despite the growing problem of maternity coverage and funding to reenter the profession.

I am persuaded that there is a good opportunity for female dentists to be active participants in the democratic society. These opportunities have to be seen not only through increase of the number of representatives but also through enhancement of the social dialogue leading to a real recognition of their contribution to the oral health promotion.

International cooperation via governmental and nongovernmental organizations is expected to assist both female dentists in the countries in transition and female dentists from industrialized countries. I hope that it will also help identify and encourage common strategies for better balance of the personal and professional lives of female dentists around the world.
REFERENCES