Women in Dentistry: Negotiating the Move to Leadership

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Like most of you, I have lived the women’s movement into the professions as part of the overall women’s professional movement. A significant pool of college-educated women existed in the United States and Western Europe by the 1890s, yet society severely challenged women’s efforts to enter professional life. In fact, throughout the first half of the twentieth century, women were viewed with a jaundiced eye when it came to the traditional professions.

They told us we shouldn’t, and we did.
They told us we couldn’t, and we could.
They told us we wouldn’t succeed in practice, and we succeeded.

As we have debunked these myths, they created new ones.
They say that we work fewer hours, and they perpetuate these claims without validation.
They are almost out of myths!

In considering the conceptual framework of negotiating the move to leadership, I couldn’t help but think back to 1991—a mere fourteen years and a lifetime ago. I recognize this date as a milestone for women leaders in dentistry because in 1991, 125 years after the first U.S. woman dentist, Dr. Lucy Hobbs, graduated from dental school in 1866, the American Dental Association elected its first woman president, Dr. Geraldine Morrow, and at that same time, the Dallas County Dental Society elected its first woman president since World War II and only the second throughout its 126 years of existence. And that happened to be me. Yes, Geraldine Morrow and I were cohorts negotiating the leadership moves.

Dr. Jeanne Sinkford et al. wrote recently, “The dental profession was almost exclusively male until the mid-1970s.” That statement struck a chord with me, as I entered dental school in the summer of 1970 against the objections of those who firmly believed that there was no place in dentistry for women. In 1969 I was an associate professor of anatomical sciences at Baylor College of Dentistry when I announced my intention to seek entrance into the incoming class of 1970. Fairly immediately, I was called to the administration office to be “counseled” by the dean, who informed me that “one of [his] department chairs threatened to resign if Baylor admitted either a woman or a black.” After all, this was a mere fifty years after women had won the right to vote, and this was Texas. In time, this particular faculty member would come to recognize that success in the profession was not a function of gender or race but a reflection of sheer determination and perseverance. At any rate, I was not deterred and am pleased to say that department chair became my mentor and friend. In fact, it was he who nominated me for fellowship in the American College of Dentists. And, by the way, I was the only female in my class of 140.

Such events early in my professional life enhanced my awareness of the pioneers and firsts for women in dentistry and led me to attempt a reconstruction of the path of progress of our women dental leaders. From the 1870s to the 1970s—more than a century—the situation for women dentists in the United States was bleak: less than 2 percent of the individuals entering dental school were women. But what they lacked in number they made up for in talent. For example, Dr. Gillette Hayden founded what is now the American Academy of Periodontology in 1916, Dr. Maude Tanner became the first recorded woman delegate to the American Dental Association in 1920, and Dr. Anita Martin was the first female inducted into the dental honor society—Omicron Kappa Upsilon—in 1923.

In the 1970s, women entering dental school made up approximately 2 percent of all students. But the climate began to change, and by the mid-1980s,
19.8 percent of entering dental students were women. Women entrants made up 38 percent of all students by 1990, and today essentially half of entering dental students are women. The dean at Baylor College of Dentistry recently reported that this year’s incoming class will have more women than men.

No doubt, there has been a substantial increase in the numbers of women entering the profession during the past few decades, but what does this portend for women in regard to leadership positions? Sir Winston Churchill once said, “The further back you can look, the further forward you are likely to see.” Well, thanks to Lucy Hobbs Taylor, we can look pretty far back, and that view is pretty clear—our potential is unlimited. Given the legacy of longevity and the sheer numbers entering and serving in the profession since the late 1970s, it would appear that the future for women leaders in dentistry is bright, particularly when you consider the quality part of the equation as well as the sheer quantity. Indeed, women dental graduates number prominently in the dental honors program and in Omicron Kappa Upsilon. Dr. Phil Pierpont, associate dean of the University of Texas Health Science Center at Houston Dental Branch, reported that five of the top ten students in the 2003 graduating class were women and that the two top honors students were female (personal communication, 2005). This trend shows no signs of abating, with similar statistics for 2004 and 2005. So I would submit that women have a qualitative and quantitative advantage for leadership considerations.

As we continue to look at trends, women have moved into leadership positions relatively effectively during the past decade. Dr. Marjorie Jeffcoat was the first woman to edit the Journal of Dental Education, Rear Admiral Carol Turner was the first woman to serve as chief of the Naval Dental Corps, and Dr. Michèle Aerden is the first woman president of the Fédération Dentaire International (World Dental Federation).

Currently, in the United States, ten out of fifty-six dental school deans are women, and four women serve on the American Dental Association Board of Trustees (one is vying for president-elect of the American Dental Association). Seven women have served as president of the American Association of Dental Research, six of those since 1992, and several women have served as president of the International Association of Dental Research. Presently, four women serve on the Academy of General Dentistry Board of Directors. For the year 2002-03, I served as president of the Texas Dental Association, and in that year alone, four women served as state presidents—all firsts. As a first, and I’ve had that opportunity on several occasions, I always felt that my ultimate challenge was to ensure that I would not be the last. As you can see, women leaders are appropriately represented in the academic and scientific arenas; I’m sure this comes as no surprise to anyone here. I do believe that our profession is on the road to becoming less gender-focused and more oriented to the individual’s ability and performance. But regrettably, even in 2005, the leadership of the profession still remains largely male.

As Dr. Linda Niessen has said, “Women dentists are here to stay, but the ability to capitalize on their assets depends on the profession’s interests and ability to expand the necessary efforts and resources to support and develop women’s careers as the profession has done for men.”

The American Dental Education Association has impressive ongoing efforts to support women in dental education. But if women are to influence the health care system, greater numbers will need to advance to top leadership positions. A support system similar to ADEA’s is sorely needed for women practitioners and those women participating in organized dentistry.

I see the following challenges for women leaders in organized dentistry:

- Being the first to fill a particular position carries with it all of the attendant speculation.
- Dealing with a staff committed to maintaining the status quo requires determination.
- Dealing with the “old boys’ network,” which is a truly a different climate and culture, requires patience and fortitude.
- Developing a strong teamwork ethos—“collective efforts/collective credit”—takes time and patience.
- Working diligently to ensure that “although you were the first, you won’t be the last” and opening the leadership portal for other women are essential.

My recommendations for our support of women negotiating the move to leadership include the following:

- support continued recruitment of women into dentistry to ensure that the profession always attracts the best and brightest;
- develop a database regarding the progress of women into and through leadership positions;
- develop a networking system that crosses the boundaries of academia, organized dentistry,
industry, and science; recent personal communications lead me to believe that women dentists have not fully developed the fine art of networking across professional strata;

- encourage mentoring above and beyond role modeling; and
- identify and address barriers to women in leadership positions.

The successful execution of these strategies will take a commitment on the part of some group, perhaps our national dental associations or even a group such as this, which has the power to positively influence the existing system and prevailing attitudes—a system by and large constructed of male leadership style and characterized as highly political, hierarchical, and oriented toward command and control modes of operation. Susan Blumenthal, deputy assistant secretary for women’s health, U.S. Department of Health and Human Services, recently suggested that increased numbers of women in leadership roles in the health care fields can have the power to change the current system. Such changes in health care might result in a reorientation of our focus on diagnosis and treatment to a “more humanistic” approach to health care, including greater emphasis on primary prevention and health promotion.

In summary, I am reminded and quite frankly comforted by the words of Margaret Mead, who said, “Never underestimate the power of a small group of caring and committed citizens to change the world. . . . indeed, it’s the only thing that ever has.” No doubt our future successes will require more than sheer strength of numbers and intellectual pedigree. We, a small group, must commit to a concerted effort to advance a more representative number of women into top leadership positions across our profession. Movement of women into top leadership positions is inevitable, but it is not guaranteed. Let us commit to this worthwhile endeavor.

As populist spokeswoman and agrarian reformer Mary Elizabeth Lease allegedly said, “What we need to do is raise less corn and more hell.” And as we progress in assuming leadership positions, let us do all that we can to ensure that we are not the last.

REFERENCES