The Implications of Gender Stereotypes for the Dentist-Patient Relationship

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Abstract: This study assessed whether traditionally based gender stereotypes are applied to dentists. Awareness of gender-driven preconceptions can help dentists anticipate patient expectations that play a role in the clinician-patient relationship. A sample of 106 college students and fifty-four non-college students completed a one-page survey that assessed whether seven traits were viewed as more characteristic of male dentists, female dentists, or neither gender. While there was no trait that over 50 percent of respondents considered more typical of either gender, female dentists were viewed as significantly more likely to make patients feel relaxed and to take time to discuss ailments with them, perceptions found most frequently among those respondents who expressed a preference for a female dentist. Male dentists were perceived as significantly more likely to expect a patient to endure pain without complaints, more devoted to career than family, and more likely to seem to be in charge and to be attracted to the power of their profession. The findings indicate that dental students should be encouraged to consider how patients’ preconceived gender-based expectations and assumptions may influence rapport and communication between patients and dentists.

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As women enter the field of dentistry in increasing numbers, dentists should be aware of whether any gender stereotypes influence patients’ expectations as well as how such views relate to a patient’s preference for either a male or a female dentist. Gender stereotypes can lead to a variety of generalizations that affect the perceptions of patients. In general, females have been characterized as more apt than males to be caring, submissive, and expressive. They also are perceived as projecting emotions such as happiness, sadness, and fear. Other feminine qualities purportedly include humanness, compassion, a lack of competence in comparison to males, and communication through nonverbal cues. In contrast, men have been characterized as assertive, aggressive, competitive, decisive, business-like, stoic, less likely to be influenced by others’ opinions, more likely to express anger, and more competent than females.

The bulk of previous studies of the existence and consequences of gender stereotypes have been conducted by social scientists and generalized to clinical settings. Little research has explored the application of traditional gender norms to dentists or whether preferences for either a male or female dentist relate to such perceptions. In the past, patients who possessed a gender preference tended to favor clinicians of their own gender, especially when the visits involved intimate personal problems or examination of the genital region. However, an opposing trend has been noted in the field of dentistry, where patients have exhibited a preference for male dentists regardless of their own gender.

 Patients’ tendency to express a preference for dentists of a particular gender indicates a need for additional exploration of the extent of patients’ gender stereotypes, what factors they encompass, and if they relate to whether a patient has a preference for either a male or female dentist. Awareness of patients’ gender biases can give dentists insight into how their own demeanor could either fulfill or counter expectations that can affect patient satisfaction. In particular, empathy is integral to patient satisfaction and compliance. Sherman and Cramer found that empathy for patients among dental students declined substantially after their first year of training, which unfortunately coincides with greater patient contact. As a result, these investigators called for continued education in interpersonal skills throughout dental school. Their data, however, did not measure patients’ perceptions of their own dentist’s empathy nor whether the dentist’s gender influences such perceptions.

The research reported in this article addressed two questions: 1) should interpersonal skills training take into account gender stereotypes related to empathy, which could influence how patients perceive male versus female dentists? and 2) are female dentists seen as possessing the same degree of confidence
and devotion to their profession as their male counterparts? A greater understanding of these questions about patients’ gender stereotypes is critical to building an optimal clinician-patient relationship.

Methods

In April 2007, an anonymous, one-page survey of characteristics of dentists was distributed to a convenience sample comprised of forty-seven men (29 percent) and 113 women (71 percent) between the ages of eighteen and sixty (M=27.5 years, SD=12.2 years). Respondents consisted of undergraduate students from a private, liberal arts college of about 1,600 undergraduate students in Maryland; employees of an information technology firm based in Laurel, Maryland; and individuals who worked in a government office building in Baltimore, Maryland. Students comprised 66 percent (106) of the participants, while 34 percent (fifty-four) were nonstudents obtained from the noncollege sites. Data on the educational background of the nonstudent population were not collected.

At the private, liberal arts college, a convenience sample of undergraduates in two biology and two sociology courses, disciplines with relevance to the study topic, were recruited to complete the surveys during class and return them to a communal envelope. Despite the limitations of convenience sampling, this technique for data collection yielded a 100 percent response rate among the 106 students sampled, eliminating both nonresponse bias and voluntary response bias. To obtain nonstudent respondents, two male associates assisted with respondent recruitment for this study. At the places of employment noted above, each study associate approached coworkers individually and asked them to return the surveys to a mailbox located within their place of employment. Forty persons were approached at the information technology firm, thirty-two of whom returned the survey (80 percent response rate). Twenty-six individuals were asked to complete the survey at the government office building, twenty-two of whom returned the survey (85 percent response rate). Thus, of the sixty-six total nonstudents approached, fifty-four returned the surveys, an 82 percent response rate. These populations were selected in order to have a sample comprised of both students and nonstudents. The use of research associates who personally requested participation of persons with varied backgrounds at two different work locations minimized the sampling problems associated with a low response rate that might have occurred with a mailed survey.

The survey stated that the purpose was to assess factors underlying gender preferences for dentists and asked the participant’s gender and age. Respondents assessed seven traits by selecting one of three response options: whether the trait was more characteristic of dentists who are 1) male, 2) female, or 3) neither gender (described on the survey as “no difference”). The seven traits were as follows: which gender expects patients to withstand pain without complaints, which seems more in charge, which is more likely to appear rushed, which is more likely to discuss ailments rather than just solving them, which is more attracted to dentistry for power, which is more devoted to their job rather than family, and which gender makes the patient feel more relaxed. The last question specifically asked respondents which gender they would choose for their dentist (male, female, no preference) if they were moving to a new area.

Because of the lack of studies of gender stereotypes among dentists, research on physicians by Johnson et al. provided a basis for how to examine this phenomenon and served as the basis for construction of the survey instrument. The Johnson et al. study examined gender preferences for obstetrician-gynecologists, and much of the medical research on this topic relates to practitioners in this field. To create the survey used in our study, we adapted the Johnson et al. selection of traits such as sympathy, understanding, and spending time with patients, as well as their use of the categorical response options of men, women, or no (gender) preference. The survey was pilot-tested on students in two sociology courses, one an introductory course and the other a senior seminar. During this process, we modified the wording for maximal clarity and length and to ensure that the questions did not include inflammatory stereotypes. The data were analyzed using the chi-square test with the Statistical Package for the Social Sciences (SPSS 15.0) software.

Results

Out of 172 surveys distributed at all three study sites combined, 160 were returned, resulting in an overall 93 percent response rate. The sample population consisted primarily of females (71 percent) and undergraduates (66 percent). While all of the traits revealed gender stereotypes, there was no attribute
that over 50 percent of respondents deemed to be more characteristic of either males or females. In our analysis, we divided the statements by whether they were “empathy-related” (Figure 1) or involved “professional behavior and attitudes” (Figure 2).

For two of the four empathy statements, over half of the respondents indicated that the characteristic described neither males nor females: “less rushed” (55 percent) and “discusses ailment” (60 percent) (Figure 1). For professional statements, only one trait was perceived by the majority as not associated with either gender: “seems in charge” (56 percent) (Figure 2). However, many of the characteristics were associated with either a male or female dentist, even if this association was not found among most respondents. Gender of the respondent did not predict the proportion of respondents who saw no gender differences in all traits under examination (Figures 3 and 4).

Two empathy traits were viewed as more characteristic of either males or females by nearly half of the respondents: 46 percent of respondents perceived that male dentists would expect patients to endure pain without complaints, and 49 percent believed that female dentists are more likely to make patients feel relaxed. The other two empathy traits also showed gender differences: female dentists were more likely to be seen as “less rushed” than male dentists (29 percent versus 16 percent) and four times as likely to take the time to discuss a patient’s ailments (32 percent versus 8 percent) (Figure 1). Items assessing gender stereotypes of professional behavior and attitudes revealed a distinct trend in which between 40 and 50 percent of respondents saw male dentists as more devoted to their job than their family, attracted to the profession for its perceived power, and giving an impression of being “in charge” (Figure 2).

Most respondents expressed no gender preference for a dentist should they move and require a new practitioner: 15 percent of males and 22 percent of females preferred a male dentist if they were moving to a new area; 6 percent of males and 19 percent of females preferred a female dentist; and 79 percent of males and 59 percent of females expressed no preference.

Significant differences were found when comparing respondents who specified a gender preference for a dentist. Of the participants who preferred female dentists (15 percent of the total sample), 67 percent thought female dentists were more likely to discuss an ailment with the patient compared with 4 percent who thought male dentists were more likely to discuss an ailment and 29 percent who believed

![Figure 1. Gender stereotypes and empathy-related characteristics](image-url)

All differences are statistically significant at p<.01.
there was no difference. Of those who preferred male dentists (20 percent of the total sample), 31 percent thought female dentists were more likely to discuss an ailment with the patient as opposed to merely solving it, while 19 percent perceived the characteristic as more descriptive of male dentists and the remaining 50 percent thought there was no difference (Figure 5).

In addition, 88 percent of the respondents who preferred female dentists thought they were more likely to make a patient feel relaxed, while the other 12 percent associated the statement with neither gender. Of those who preferred male dentists, 47 percent deemed patient relaxation to be more characteristic of female dentists, while 28 percent associated the statement with male dentists and 25 percent believed there was no difference between the genders (Figure 6). Respondents who preferred female dentists also thought males were more likely to be attracted to the profession for power (58 percent) than were female dentists (8 percent). Those who preferred male dentists also believed they were more likely to be attracted to the profession for its perceived power (47 percent) compared to female dentists (28 percent). The gender and age of the respondents, and whether the respondent was a student, had no significant effect on gender-based perceptions of dentists.

Discussion

A majority of respondents in this study expressed that there was no difference in the extent to which a given trait would be found among male versus female dentists, a finding that varied very little by gender of the respondent. Yet there was some evidence that certain qualities are still associated with being a male or a female dentist. Because males are perceived as making their careers more of a priority than females and are seen as “more devoted to their jobs versus family,” patients could feel that they will receive better care from clinicians who are focused on their work, who perhaps are less likely to be distracted by family demands and more likely to stay current with the latest advancements. There is evidence that women work fewer hours per week than men on average, and that having children reduces the number of hours worked more for female dentists than male dentists. 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. Nevertheless, given that only 7 percent of respondents thought of women as more devoted to their career as dentists (versus 50 percent of respondents who saw men as more devoted), there is clearly a gender gap in patients’ perceptions. Males may seem more capable of juggling work and family because they are also viewed as being more “in charge” than females (expressed by 40 percent of respondents compared to only 4 percent who viewed female dentists as more...
“in charge” than males). This “in charge” perception may be a lingering artifact based on the history of dentistry when women traditionally served in supporting roles such as dental hygienists and assistants. However, women’s roles have evolved over the past few decades, and many female dentists are now the primary decision makers in a dental practice. Additionally, male dental students have stated that being their own boss was an important element in their career choice, compared to female dental students who placed less emphasis on that factor. Yet while male dentists are seen as more devoted than female dentists to their profession than family and more “in charge,” this perception of confidence may come with a downside in that almost half (47 percent) of respondents also saw male dentists as attracted to the profession because of the position of power that is associated with being a dentist.

Female dentists are more likely to be seen as possessing empathy-related traits that correlate with patient satisfaction and compliance. Studies that have suggested that female physicians spend more time with patients and tend to offer comprehensive explanations to patients are consistent with our data in that the respondents characterized female dentists as “less rushed” (29 percent) and more likely to discuss the ailment with the patient rather than just solving it (32 percent). In addition, female clinicians, both dentists and physicians, are often perceived as being more caring and humane, which may be why nearly half (49 percent) thought female dentists also made the patient feel more relaxed. Among those who preferred female dentists, there was an even greater proportion who considered female dentists to be more likely to make the patient feel relaxed and to discuss the ailment with the patient. The ability of clinicians to communicate is very important to patients, and proficient communication skills may also alleviate stress and help the patient relax. Some research indicates that female health care providers are more effective communicators than males because they interrupt less frequently in conversations, and proficient communication skills may also alleviate stress and help the patient relax. Some research indicates that female health care providers are more effective communicators than males because they interrupt less frequently in conversations, and proficient communication skills may also alleviate stress and help the patient relax. Some research indicates that female health care providers are more effective communicators than males because they interrupt less frequently in conversations, and proficient communication skills may also alleviate stress and help the patient relax. Some research indicates that female health care providers are more effective communicators than males because they interrupt less frequently in conversations, and proficient communication skills may also alleviate stress and help the patient relax. Some research indicates that female health care providers are more effective communicators than males because they interrupt less frequently in conversations, and proficient communication skills may also alleviate stress and help the patient relax. Some research indicates that female health care providers are more effective communicators than males because they interrupt less frequently in conversations, and proficient communication skills may also alleviate stress and help the patient relax. Some research indicates that female health care providers are more effective communicators than males because they interrupt less frequently in conversations, and proficient communication skills may also alleviate stress and help the patient relax.

Figure 5. How gender preference for dentist relates to which gender dentist is more likely to discuss ailments

<table>
<thead>
<tr>
<th>Gender Preference</th>
<th>Female Dentist More Apt to Discuss Ailments</th>
<th>Male Dentist More Apt to Discuss Ailments</th>
<th>No Gender Difference in Discussing Ailments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefers Female Dentist</td>
<td>67%</td>
<td>31%</td>
<td>50%</td>
</tr>
<tr>
<td>Prefers Male Dentist</td>
<td>31%</td>
<td>4%</td>
<td>50%</td>
</tr>
</tbody>
</table>

All differences are statistically significant at p<.001.

Note: 15% of males and 22% of females prefer a male dentist. 6% of males and 19% of females prefer a female dentist.
In addition, the communication styles of physicians can directly influence patient satisfaction. Clinicians who are expressive and have affiliative communication styles (e.g., two-way communication in which the practitioner elicits the patient’s point of view) receive higher patient satisfaction ratings than those who are not expressive and attempt to maintain authority. Hence, the ability of females to communicate well could contribute to the perceptions that they are more likely to make the patient feel relaxed, discuss the ailments, and be less rushed while males are viewed as more attracted to power and more in charge professionally.

Not only were female dentists seen as more likely to possess empathy-related traits, but male dentists were also perceived as more likely to expect the patient to endure pain (expressed by 46 percent of respondents) compared to female dentists (8 percent), perhaps because female clinicians communicate a greater degree of empathy to patients. Females observe higher pain intensity compared to males, which would likely cause them to administer more pain medication than males who perceive patients to be in less pain. However, these perceptions are inconsistent with findings that male health care practitioners are more likely to administer pain relief. Discrepancies between perceived stereotypes and actual practice are particularly important to address in training that covers the clinician-patient relationship.

Several factors limit the generalizability of this research. Because the study is based on a small, nonrandom sample, we cannot generalize the findings to a larger population. In addition, the majority (70 percent) of respondents were female. Furthermore, the traits included in the survey were by no means comprehensive. Other characteristics might have revealed greater or less degrees of gender stereotypes. The importance of the seven characteristics was not ranked by respondents, so we do not know which are the most influential in their selection of a dentist. Neither can our data address whether gender-based assessments of dentists are influenced by a myriad of other factors such as the office environment or interactions between the clinician’s gender and communication style.

Figure 6. How gender preference for dentist relates to which gender dentist makes a patient more relaxed

All differences are statistically significant at p<.001.

Note: 15% of males and 22% of females prefer a male dentist
6% of males and 19% of females prefer a female dentist

<table>
<thead>
<tr>
<th>prefere female dentist</th>
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<tbody>
<tr>
<td>Female dentist makes patient more relaxed</td>
<td>88</td>
</tr>
<tr>
<td>Male dentist makes patient more relaxed</td>
<td>28</td>
</tr>
<tr>
<td>No gender difference in making patient relaxed</td>
<td>25</td>
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</table>

15% of males and 22% of females prefer a male dentist.
6% of males and 19% of females prefer a female dentist.

All differences are statistically significant at p<.001.
Finally, we excluded the trait of competence, a limitation due to its importance in assessing a dentist and because males have been considered to be more competent. This decision was related to concerns about respondent honesty since this attribute is more related to acquired abilities rather than behaviors that are the result of gender-related socialization. Furthermore, our use of small convenience samples necessitates caution in generalizing the results outside of the study population. Future research should be based on a larger, random sample in order to have greater confidence in the external validity of the findings.

Conclusion

The extent to which evolving gender stereotypes affect patient perceptions is particularly significant as women form an increasingly large proportion of those training to be dentists. A greater understanding of such attitudes can help dentists anticipate expectations that influence the clinician-patient relationship.

This study investigated the need to consider gender stereotypes related to empathy in interpersonal skills training. Our data confirmed the need to incorporate such views into training curricula as 40 to 58 percent of respondents subscribed to various gender stereotypes of dentists, findings that are consistent with prior research revealing the persistence of gender stereotyping. Curricula that prepare dentists to build a strong rapport with patients should take into account that female dentists may be more likely to be seen as possessing empathy-related traits such as taking time to discuss ailments with patients and to make them more relaxed, perceptions that were especially notable among those patients who expressed a preference for a female dentist. While some patients will seek out a female dentist whom they perceive as having more effective communication and calming skills, others who seek male dentists might be pleasantly surprised if their male practitioner possesses these positive attributes that are more typically associated with females. The value and importance of these empathy-related traits should be stressed to dental students given their connection to patient satisfaction and compliance.

While women may benefit from patient expectations that they are more empathetic than their male counterparts, female dentists should also be aware of gender stereotypes that relate to the second research question: whether female dentists are seen as possessing confidence about and devotion to their profession equal to their male counterparts. Since male dentists are perceived as more devoted to career than family and more likely to be in charge, women should perhaps consciously consider means to counteract such preconceived ideas, perhaps by projecting confidence and commitment to their profession.

Awareness of patients’ preset notions about their dentists can help prepare dental students to relate to their patients. More research is warranted to establish the validity of these findings in order to optimally prepare dentists to address patients’ gender-driven mindsets as well as to determine the relationship among dental anxiety, gender stereotypes, and gender preferences.

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REFERENCES