Women’s Motivation to Become Dentists in Brazil

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Abstract: There has been a marked increase of women in dentistry in Brazil and in many countries around the world. The behavioral mechanisms behind the choice of career differ between men and women, and the inclination to care for others is thought by some to be more present in women than it is in men. This article discusses the reasons that lead women to choose dentistry as a profession in Brazil and the impact of feminization on the current and future profile of the profession, based on the ethics of care. The authors’ review of the relevant literature published between 2000 and 2011, primarily in Brazil, suggests that whereas men have tended to choose dentistry as a good business opportunity, women have tended to base their decision on relations with other people and the flexibility of practicing the profession. Many women dentists have been found to decide to work fewer hours, report more interruptions in their activities, and have less preference to work in private practice than men dentists. In the view of service users and dental auxiliaries in Brazil, women dentists invest more time in their patients and communicate in a more pleasant, sensitive, and friendly manner. The conclusion suggests that characteristics often associated with women can affect the dental profession in Brazil by introducing greater concern with the promotion of health and other people’s well-being in contrast to traditional dentistry based on curative procedures.

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it was reported in 2008 that women accounted for 20 percent of educators, 22 percent of management, and 31 percent of academic administrators in the country’s dental schools.\textsuperscript{16}

Such inequalities need to be taken into consideration in order to gain a better understanding of the repercussions of the growth in the number of female dentists in Brazil. These inequities may be related, at least in part, to behavioral mechanisms in the choice and conduct of the profession and the social representations that shape the way Brazilian men and women act. The objective of this study was to analyze in greater depth the reasons that lead women to choose dentistry as a profession and also the potential effects of the feminization of dentistry on the current and future profile of the profession in light of the ethics of care.

\textbf{Background}

\textbf{Gender Differences in Choice of Profession}

Differences between genders in Brazilian students' choice of professional careers have been found to exist, often as related to sociological aspects of professions such as those relating to social prestige or income expectations. In two studies, for example, women indicated a higher tendency than men to find difficulties in placement in the labor market and, for this reason, were found to seek wider information about the employment world and various opportunities available, whereas the men tended to plan their careers from start to finish and follow through with less deviation over time.\textsuperscript{5,17}

Career planning may also be affected by social configuration of male and female roles and the differences between them. In one study, Brazilian males were found to manifest greater clarity as to their place in society, perhaps for historical reasons, tending to choose professions in accordance with socially determined rules, while women who were advancing in the world of work and occupying traditionally male positions said they had greater difficulty in deciding their future based only on vocation.\textsuperscript{18} These women said they made decisions on the basis of aspects that transcend career and work. For them, the task of choosing a profession was linked to a broader life plan that included forming a family and having children, which may be in conflict with the task of planning a career. Another study of women in Brazil found they faced difficulties in selecting a place in the labor market that presupposed the exclusion of the choice of motherhood,\textsuperscript{19} and for this reason they showed greater identification with stereotyped professional characteristics relating to the female gender. Another study found that a group of women were more influenced by discrimination because they were educated, from childhood, to satisfy certain social needs.\textsuperscript{20} Some of the values these women mentioned included caring, affection, interdependence, and relationships.

Characteristics evidenced by personality and self-concept tests can help to explain work relations in Brazil with regard to gender. These relations might be highly contradictory when it comes to exercising power and personal satisfactions, especially within organizations.\textsuperscript{21} Whereas the men in one study manifested themselves in a way that expressed a self-concept of superiority, attributed to biological differences, the women confessed to being discriminated against, dissatisfied, and possessing few illusions as to professional growth in their jobs, which for the most part were lower on the hierarchical scale.\textsuperscript{22} Stereotypes may be reinforced by women themselves, echoing the discourse of men. In a study by Shein, both men and women in middle management positions in U.S. companies expressed the belief that the qualities needed for holding management positions were male and that the success of men in these activities was due to characteristics inherent to their gender.\textsuperscript{23} The construction of this belief may have arisen from the importance attributed socially to physical strength and intellectual superiority, sustaining the ideal of the male provider responsible for the family’s livelihood. However, in the era of information, such attributes are no longer decisive for survival or for a life of quality. In the choice of their careers, a group of undergraduate women in Brazil were found to prioritize altruism and quality of life as sources of motivation, whereas the male students valued enterprise and autonomy;\textsuperscript{24} another study found factors indicating that the differences between the genders were not restricted to the aptitudes demonstrated by men and women.\textsuperscript{25}

According to the Carlos Chagas Foundation, in a report on women in the Brazilian labor market,\textsuperscript{26} the proportion of women in occupations socially classified as female constitutes an absolute majority. This report found a strong influence of socially constructed female characteristics, such as caring and sensibility, among women in the health professions. Although more men than women were practicing...
medicine, women comprised the majority of those in the professions of pharmacy (63 percent), physiotherapy (95 percent), psychology (89 percent), and nutrition (95 percent).

Care as a Female Attribute?

The choice of occupations involving care for others, including dentistry, may be related to the attribute of care. Over the last few decades, women’s studies in the United States and Europe has developed in ways that challenge the essentialization of women; however, some more traditionally oriented approaches may still consider that women are more inherently caring than men. This notion became best known in the work of the psychologist Carol Gilligan in the 1970s and 1980s, who conducted research into the moral development of women using data collection instruments designed for the female gender. Following Gilligan, a Brazilian researcher found a contrast between the primary moral orientations of boys and men and that of girls and women, indicating that there were gender-related tendencies of employing thinking strategies and of applying moral themes and concepts when formulating and resolving ethical problems. That study reported that stances taken by females were more complex as they were based on elaborate arguments that take into consideration the interactions between people and not just individuality. Another Brazilian author argued that female ethics is not built on individual rights but was rather supported by a broader vision of the human being, while another study found that, even when doing jobs once considered to be the domain of men, Brazilian women expressed themselves as being more caring in the way they acted, made decisions, and related with others.

We believe that what we would define as female ethics is not explained only by socially defined roles, but also by the physiology that makes it possible for women to be mothers. This trait begins in the body and defines the paths and the tasks that women propose for themselves, so that, as Ferreira argued, it is not possible to isolate social factors from biological ones. In their professions, we believe that women do not abandon their caring traits but rather adapt them to the new roles they perform. As one author argued in the 1980s, motherhood develops in women the ability to negotiate with the reasonings of others, and this can be used in the cause of peace as the maternal way of thinking is averse to bellicosity and aggressive competition. Ferreira argued that a pacifying force in women’s way of being contributes to strengthening tolerance and reasoning, and when these characteristics are extrapolated into the public domain, they can contribute to more harmonious and less competitive working environments.

Methods

This study was undertaken in the form of a qualitative meta-synthesis of the literature, with the aim of analyzing and gaining a preliminary understanding of the phenomenon of the feminization of dentistry, especially in Brazil. The integrative review was based on theoretical elements and also on qualitative and quantitative data.

The procedures used in searching the literature followed criteria that resulted in sixty references, including articles from scientific journals, texts from books, and official Brazilian databases. The contextualization of female characteristics in the choice of professions and regarding the ethics of care was done with articles found using the keywords “male and female career choice” and “ethics of care as female attribute.” Initially, 4,307 articles published between the years 2000 and 2011 were found using Google Scholar. Articles that did not approach differences in behavior between the genders in choosing and exercising a profession were excluded. In addition, the SCIELO and PubMed/Medline databases were consulted on the theme of the role of women as dental professionals. The search was performed using the keywords “motivation and dental career choice; female and male and dental workforce or dental practitioners or dentists.” Of the 382 articles found, 165 were selected as being of interest for the overall objective of the study based on their titles and abstracts. Articles not published between 2000 and 2011 were excluded, as were those inadequate for the development of the theme owing to their not focusing on differences between men and women in relation to dentistry. Brazilian information databases were used to contextualize the position of women in the Brazilian labor market.

Results

Women as Dental Professionals

Around the world, the articles we reviewed support the idea that women have increasingly found
a place for themselves in the profession of dentistry. In the United Kingdom, the first woman graduated from the Edinburgh Dental School in 1895. It took a further seventeen years before a woman became qualified in dentistry at the Royal College of Surgeons of England. In the years that followed, women dentists became more accepted although even in the 1960s government publications encouraged women dentists to join the Child Welfare Service and the School Health Service. It was considered that this work would be particularly appropriate for women and that children would react better to female than male dentists.

Increases are occurring elsewhere as well. In the United States, in the 1970s, less than 2 percent of those taking dentistry courses were women, increasing to 20 percent in 1980, 38 percent in 1990, and 44.9 percent in 2006. In Bulgaria, 73 percent of dental professionals are female. Research in New Zealand has found that the number of women dentists is increasing and, at the same time, the domestic market has attracted professionals trained in other countries. This phenomenon is repeated in South Africa. In England, women dentists are the majority in the National Health Service (NHS) and in the Community Dental Service.

In Brazil, 50.9 percent of dental surgeons in 2002 were female. Since more than 75 percent of first-year dental students were female in 2009, this percentage will increase rapidly in the next ten years. The Federal Council of Dentistry reported that, of the 228,000 registered and practicing dental surgeons in Brazil in 2009, 101,000 were male, and 127,000 were female, meaning that 55 percent of the profession were then women.

Some studies have identified differences between men and women in their decision to pursue dentistry as a career and their professional plans. Studies conducted among Arab and Peruvian dental students found that the financial aspect was more important for the male than for the women students. A study by Scarbecz and Ross conducted in the United States found four distinct groups of motives for choosing a dental career: financial motives, good business possibilities, working with people, and flexibility. Those researchers reported that the women in their study were more inclined than the men to state that care and affection were reasons for choosing the profession, while the opposite was true with regard to the business factor. Other studies found that, especially when compared to medical students, dental students were less concerned about caring for people or interest in science and placed more value on job opportunities, regular working hours, and professional independence. A study conducted at one London dental school found that, for the male students, the greatest motivations for taking a dental course were job security, good business prospects, professional status, and regular working hours, whereas for the women it was the possibility of working with people.

A study of women dentists in one state of Brazil reported that 50 percent identified the opportunity of having an independent profession as the second most reported motive. Another study in Brazil found a tendency for women dentists to play what was perceived to be a more “female role” in the profession, undertaking activities associated with “care” and “maternal” aspects. In the United Kingdom, studies have found that women dentists not only hold inferior employment positions in the hierarchy of the NHS and the Community Dental Service, but they have less probability of owning a private practice because they are more concerned about community care.

In The Netherlands, women comprised the majority of dentistry students as long ago as 2005, but a smaller number of these women, when compared to men, would like to have a private dental practice or be in charge of health teams given their aspirations for their personal lives. The same tendency was found when analyzing the expectations of graduates from the University of Dundee, United Kingdom, regarding their professional future. Despite the majority of both men and women saying they wanted to work full-time after graduation, after five years 26 percent of the women reported wanting to work part-time whilst 98 percent of the men reported intending to continue working full-time.

### Care in Dental Practice

When associating the issue of care with the practice of dentistry, two elements need to be analyzed: the biological vocation for having children and career vocation. For those women dentists who choose to have children, child care may need to be balanced with their practice of a profession. Perhaps for those reasons, one study found that women dentists worked, on average, 12 percent fewer hours a week than men dentists. A study conducted in England in 2002 with a sample of 4500 women dentists reported that 65 percent worked part-time and that they identified housework/childcare as the principal reason for not having full-time jobs.
Women dentists who have children may also find their professional lives subjected to interruptions in the continuity of their work because of issues relating to caring for their children.\textsuperscript{32,53} Two studies that compared statistics on the number of patients seen and number of procedures performed per day by male and female dentists found no significant difference.\textsuperscript{54,55} However, they also found that, when considering the number of days worked, the women dentists in those studies carried out their activities in 10 percent fewer days than the men dentists. In South Africa, women dentists were reported to complain of the lack of part-time specialized training courses since their household duties limited the time they have for their profession and for specialized training.\textsuperscript{38} These women also reported wanting part-time jobs and courses for them to be able to resume their professional activities after taking motherhood-related leaves of absence.

Those who view women dentists’ career choices as being related to their caring for others may point to the female majorities in Brazil in the specialties of pediatric dentistry, public health, esthetic dentistry, and endodontics, all of which may be seen to involve less invasive practice and procedures requiring great delicacy.\textsuperscript{30} Female dentists are the majority among Brazilian dentists working in the public sector and constitute a 58 percent majority of dentists working in the Family Health Strategy, in which staff members are required to work eight hours a day.\textsuperscript{40} A 2000 study in the United Kingdom also found female dentists to be more concerned with community health care than planning and leadership positions and expressed little interest in private dental practice or being the owners of private dental clinics.\textsuperscript{53}

Some studies have also suggested that women dentists may experience ethical qualms in practicing dentistry that makes them less satisfied with the profession. A conflict between ideal and real dentistry in one study made Swiss female public health service dentists affirm that professional practice did not match what was expected of them in terms of moral values and career development, and the majority stated that they would not choose dentistry if they had a second opportunity to decide on a profession.\textsuperscript{56} In another study, a group of Australian women dentists said they were frustrated because the dentistry they practiced did not fulfill the goal of being a profession at the service of the human being.\textsuperscript{57}

Finally, the perceptions of patients and other members of the work team have shown differences between the genders. One study found that female patients preferred female dentists because they felt women would invest more time in their patients and be more pleasant and attentive.\textsuperscript{58} In studies in the United Kingdom, The Netherlands, and North Ireland, female allied dental professionals reported thinking that women dentists were friendlier in the way they communicate and more caring, whereas male dentists emphasized gender differences between themselves and their staff members.\textsuperscript{59,60} These findings are consistent with those who have suggested women are inherently concerned with others and communicate in a friendly manner.\textsuperscript{27,29}

Conclusion

The literature reviewed for this article suggests that the motives that lead Brazilian women to choose dentistry as a profession still appear to be related to traditional notions of the female vocation for care and relating with other people. However, a significant limitation of this review is that cultural factors were not taken into account. Such influences should be considered in any future attempts to understand the motivations underlying women’s interest in becoming dentists in Brazil as well as the differences in motivations between women in Brazil and other countries. Another limitation is that our study did not consider the historical aspect of change in motivations over time. A final limitation is that our search strategy may have excluded relevant publications. We acknowledge that consulting additional sources, especially regarding women in dentistry in the United States as well as in other countries around the world, would have provided a more complete and current portrait. In spite of these limitations, we hope that this preliminary look will contribute to understanding what may be the distinctive motivations of women for entering dentistry and the contributions they provide to the profession.

REFERENCES


