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# Attitudes of program directors toward women in pediatric dentistry training programs

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## Abstract

*The number of women entering pediatric dentistry graduate programs is increasing. A formal survey was conducted in the fall of 1990 to determine what impact, if any, this increase is having on the programs. The survey sample consisted of the 57 pediatric dentistry graduate program directors from the United States and Canada. The survey form included program data about gender distribution in the current and previous classes, and female faculty distribution within the programs. The survey requested information about the attitudes of various groups of individuals who interacted with the residents relative to the gender of the resident and again, relative to whether the resident was pregnant. Inquiry was made concerning maternity leave policies and selected treatment scenarios involving pregnant residents. Finally, questions were asked about motivational factors, personal priorities, and policy change for female vs. male residents. Fifty forms were returned for a return rate of 88%. The 48 forms analyzed revealed that 52% of current classes are female and 51% of applicants for 1991 were female. Women comprise 23% of full-time and 26% of part-time faculty. There was no single issue perceived by program directors as a group to be a significant concern or problem relating to gender. Program directors would consider removing pregnant females from contact with combative patients (83%) and environmental hazards (85%), but fewer would consider removing them from contact with for HIV+ or Hb+ patients. (Pediatr Dent 14:105-9, 1992)*

## Introduction

Pediatric dentistry is attracting increasing numbers of women. Recent data indicate that 51% of the entering classes in advanced training pediatric dentistry programs for 1991 are female, compared to about 25% in 1981.<sup>1</sup> There are approximately 4500 pediatric dentists in the United States, of whom nearly 550 are female. On average, for all dental specialties, one fourth of the positions in 1990-91 were filled by women. Women accounted for 51% of the positions in pediatric dentistry, 43% in oral pathology, and 37% in dental public health. Oral and maxillofacial surgery programs had the least women (5%). Periodontics, prosthodontics, endodontics, and orthodontics all had approximately 21% of positions filled by women.<sup>2</sup>

The large number of women entering pediatric specialties is not unique to dentistry. In medicine, pediatrics also has seen a dramatic increase in the number of women. According to DeAngelis, 65% of pediatric residents are women, compared to only 4% of surgical residents.<sup>3</sup> Numerous articles address women in pediatric medicine and many discuss pediatric residency programs. These articles include topics such as pregnancy during residency, lack of female academic role models, child care concerns, salary inequities, and participation in medical specialty societies.<sup>4-10</sup>

More women are becoming pediatric dentists, but little information describes them as a group or identifies areas of specific interest or concern. Some information is available concerning female nonspecialists. Sur-

veys in the 1980s by Niessen et al., Price, Dolan and Lewis, and Waldman examined the practice characteristics of women dentists, their job satisfaction, and other related issues, and suggest differences in career and practice patterns between men and women.<sup>11-14</sup>

Pediatric dentistry training programs historically have been predominantly male, so increases in women entering programs have the potential effect of changing the programs. These changes may be related directly to the program, its requirements, and environment, or they may be related to plans for future career opportunities. A survey was mailed to all pediatric dentistry program directors to solicit their opinions regarding the effects on programs, if any, of increasing numbers of women entering the specialty.

## Materials and Methods

The program directors of 57 graduate programs in pediatric dentistry in the United States and Canada were mailed a questionnaire designed to collect their opinions about the impact of increasing numbers of women residents on their advanced training programs. The instrument was divided into two main sections. The first section was designed to determine the history of the program with respect to female residents and faculty, and included questions about the total number of current residents, the number of current female residents, the percentage of residents completing the program in the past five years who were female, and the

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2. No single issue was perceived by program directors as a group to be a significant concern or problem relating to gender.

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## More research needed concerning women and AIDS

More research should be conducted on the course of AIDS in women, according to an article that appeared in the *Journal of the American Medical Association*. Currently, little is known about the natural course of HIV infection in women. Howard L. Minkoff and Jack A. DeHovitz, MD, MPH, both of the State University of New York Health Science Center at Brooklyn and the authors of this study, indicated that increasing numbers of HIV-infected women and the possible interaction of gender and infection have created a need for guidelines for the care of HIV-infected women.

The article summarized current knowledge about the relationship in women between HIV and contraception, obstetric care, nongynecologic opportunistic infections and drug therapy." The authors advocated an interactive, innovative approach to women's health care. "To provide women with the best possible care, clinicians must adhere rigorously to standards, researchers should facilitate women's entry into clinical trials, and public policy must reflect a societal belief in the equality of individuals independent of their childbearing capacity," they noted.

date of acceptance of the program's first female. Inquiries about gender distribution of full- and part-time faculty also were included. The second section requested perceptions of program directors about attitudes of various groups who interacted with the residents relative first to the gender of the resident, and second, to whether the resident was pregnant. Also included were questions concerning maternity leave policies, patient treatment scenarios involving pregnant residents, availability of child care, and any program modifications available or planned to accommodate residents with children. Program directors were asked their perceptions of general issues, such as motivational factors and personal priorities of male and female residents, and the need to create policy changes for female residents. The questionnaires, along with return-address envelopes, were mailed to all directors.

The results were tabulated and reported as frequency of responses using a computer utility program which scans frequencies.

## Results

Fifty forms were returned for a return rate of 88%. Forty-eight forms were completed sufficiently to be analyzed.

### Program Data

The program data provided by the respondents indicated that most program directors (43 of 48) are male. There are currently 291 residents attending the 48 programs, of whom 52% (152) are female. Only three programs reported no women in the current classes. The total number of residents completing programs in the past five years, for the 48 programs which reported, was 635, of whom 42% (265) were female. Only three programs reported no women completing within the past five years. The 42 programs which responded to the question regarding total number of applicants for 1990 reported a total of 1249 applications, of whom 51% (636) were female. Eighty-three per cent of program directors reported that applications from women have been increasing for the past five years, while the remainder felt the number was the same.

Full-time faculty composition by gender is 23% female (46 of 200), with 48% (23 of 48) of programs reporting no full-time female faculty. Fifteen programs had one female full-time faculty member, four had two, and six had three or more. Part-time faculty composition was 26% female (79 of 309), and 14 programs reported no part-time female faculty. Ten reported one part-time female faculty member, 15 reported two, and nine reported three or more. Fifteen per cent (7) of programs reported no female faculty members, either full- or part-time.

The year of acceptance of the first woman into the graduate program ranged from 1950, when the first woman was accepted, to 1991 when one program accepted its first woman resident, with a cluster from 1970 to 1981, when 26 programs accepted their first women residents.

### Survey Information

When asked to rate their perceptions of the attitudes of various groups of individuals who interact with the residents, most program directors felt that there were no differences in attitudes of parents, patients, faculty, or other departments toward male or female residents. However, the attitudes of staff were slightly less clear, with a smaller majority (73%) of the respondents reporting no difference. The staff favoritism perceived to be shown by gender was directed evenly toward males and females (14%). These results are summarized in Fig 1.

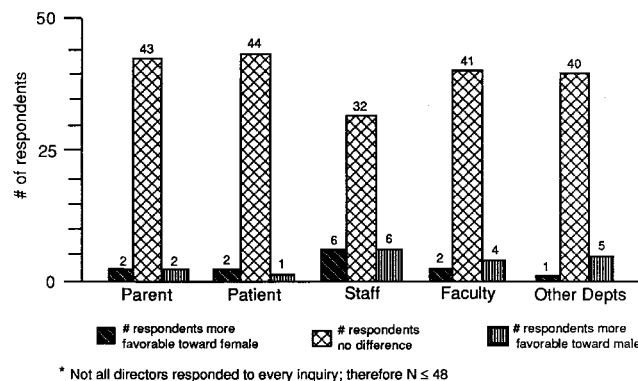


Fig 1. Attitudes of groups of individuals who interact with residents (N ≤ 48).

In the next section of the survey form, respondents expressed their opinions about a number of issues associated with pregnant residents. Sixty-two per cent (29) of the program directors reported having had a pregnant resident attend their program. These 29 respondents were asked to rate their perceptions of the attitudes of others toward the pregnant resident as favorable, neutral, and unfavorable. Parent and patient attitudes were viewed to be either favorable (29%) or neutral (71%) while staff and faculty attitudes were viewed to be neutral considerably less often (52 and 64%, respectively). Staff were more likely to be favorable and faculty were divided evenly between favorable and negative when they were not neutral. These results are summarized in Fig 2 (next page).

Program directors' responses revealed that 22 programs have formal written maternity leave policies, 14 have an informal (spoken) policy, and 12 have none. Twenty-four program directors reported that the policy is explained routinely to all students. The manner of presentation most often cited was an orientation, while

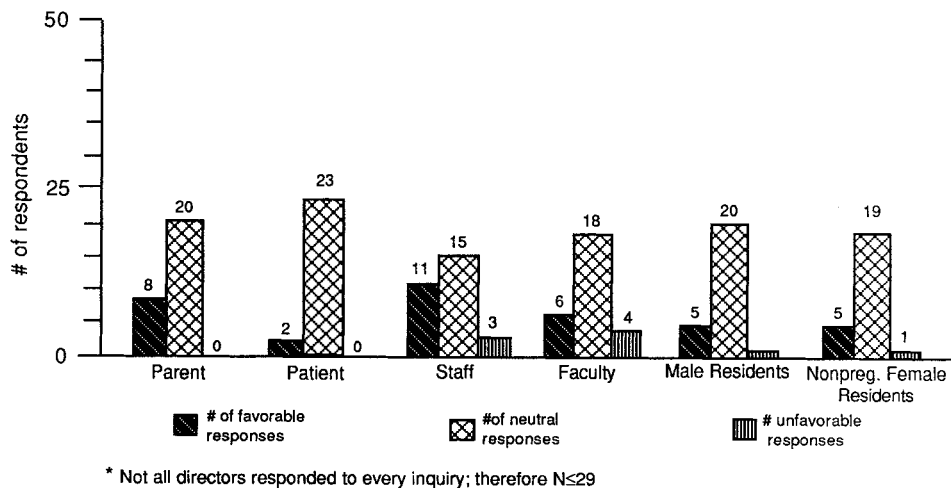


Fig 2. Attitudes of groups of individuals who interact with pregnant residents (N ≤ 29).

Table. Maternity leave policy

	Number of Programs N = 48
Written policy	22 (46%)
Informal spoken policy	14 (29)
No maternity leave policy	12 (25)
It is routinely explained to all students	24 (50)
Applied equally to men and women	7 (15%)

others explained the policy as the need arose. The policies were applied equally to men and women in only seven of the programs (Table). Twenty-one programs had a specific amount of time designated strictly for maternity leave, and the time periods ranged from two to 24 weeks, with the most often offered being six weeks.

Fig 3 illustrates how program directors handled the issue of a pregnant resident asking not to be exposed to certain situations. Concerning the issue of contact with a combative patient, 24 said they would honor the resident's wishes, six said no allowances would be made, and 13 reported that they would consider the request depending on circumstances. When the issue of treatment of an HIV patient was discussed, 22 said they would not force the resident to see the patient, 19 said the resident would not be excused, and one said it would depend on the circumstance. The same question was asked for treatment of a hepatitis patient; 21 responded that they would honor the resident's request, while 22 said she would have to treat the patient using proper precautions.

The issue of environmental hazards was presented, specifically with respect to nitrous oxide, general anes-

thesia, and X-ray exposure. Twenty-seven said they would honor the resident's request, 10 felt the hazards were controlled and they would not excuse the resident, and nine said it would depend on the trimester or health of the pregnancy. Three program directors cited additional issues of concern for the pregnant resident, specifically emergency call during the last trimester and "modifications recommended by the obstetrician." A number of directors stated that leave could be granted as

needed, but would have to be made up at the end of the program.

Directors were asked about program modifications in place or plans to accommodate residents with children. On-site child care was available in 13 programs, seven were considering it, and 24 were not considering it. Part-time positions were available in five programs, one was considering it and 41 were not considering it. Students enrolled on a part-time basis must be enrolled continuously and must complete the total curriculum in a period of time not to exceed twice the duration of the program for full-time students, to be in accordance with the guidelines for the American Dental Association Commission on Dental Accreditation.<sup>15</sup>

In the last section of the survey, program directors were asked to rate certain statements concerning gender issues in their programs on a five-point scale from strongly agree (1) to strongly disagree (5). When asked whether the increase in the number of women in pediatric dentistry training programs needs to be examined

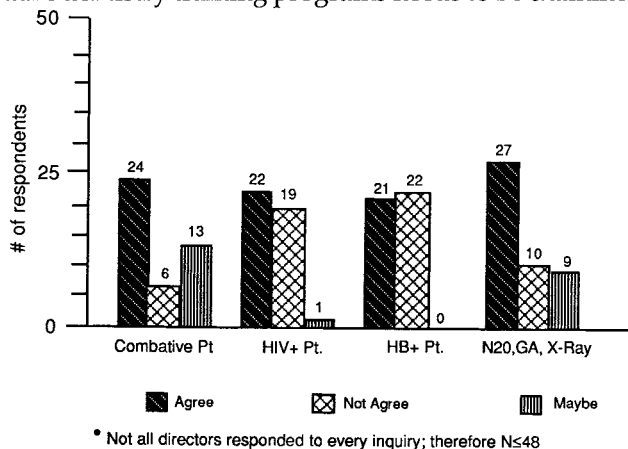


Fig 3. Program directors' response to pregnant resident's request not to be exposed (N ≤ 48).

for the impact, 25 strongly agreed or agreed, 10 were neutral, and nine disagreed or strongly disagreed. The question of safety, with respect to night calls, parking, etc. elicited the following responses: 19 strongly agreed or agreed, 10 were neutral, and 16 disagreed or strongly disagreed with the need for changes in or special policies for females. The question of the need for a change in dress codes produced the following: five strongly agreed or agreed, 18 were neutral, and 22 disagreed or strongly disagreed. Queries concerning whether male and female residents seem to have different personal priorities upon entering the program resulted in 14 directors who strongly agreed or agreed, 11 who were neutral, and 20 who disagreed or strongly disagreed. When the statement was made, "motivation factors between male and female residents appear to be different," the respondents replied as follows: 12 strongly agreed or agreed, 11 were neutral, and 23 disagreed or strongly disagreed. Respondents were asked whether female residents look to female faculty members as role models; 10 agreed that they do, 13 were neutral, and 16 said that they do not. Seven programs reported no female role models. When presented with the final statement in general terms, "the support staff treat the male and female residents the same," 27 felt they did, six did not have an opinion, and 12 felt they did not.

## Discussion

The results of this survey indicate increasing numbers of women in pediatric dentistry graduate programs. The data indicate a continuing increase in women entering the specialty, with 42% of graduates in the past five years, and 51% of the current class and applicant pool, being female.

It is interesting that 40% of the program directors do not believe that female residents look to female faculty as role models. This response may result from the lack of female role models, since most program directors (90%) are male, only 25% of the faculty are female, and fully 48% of the programs have no full-time female faculty. The lack of female role models is borne out in a survey of female pediatric dentists' experiences during their advanced training programs, in which a number of respondents replied that more female role models were needed.<sup>16</sup> These findings are also consistent with the medical literature.<sup>7, 8</sup>

A trend toward more differences in perceptions by staff and faculty of residents by gender agrees with the responses in the survey by Barr et al.<sup>16</sup> Their respondents reported that staff viewed them less favorably than they viewed male residents. Interestingly, the perception of the program directors in this study was that staff favoritism was divided evenly between male and female residents, while the female dentists in the Barr et al. study perceived more staff favoritism toward their

male colleagues.<sup>16</sup> Perceptions of the pregnant resident by the faculty and staff also were interesting. The faculty were the most likely to view the pregnant resident negatively, and they may have done so because the need to remove the pregnant resident from certain patient treatment situations caused a hardship for her fellow residents. The amount of concern voiced by the respondents in the survey by Barr et al. that their pregnancies not cause increased work for others would support the idea that this issue is certainly of concern to many of those involved.<sup>16</sup>

The number of programs without formal maternity leave policies is surprising, but in keeping with the findings of Barr et al.<sup>16</sup> One of the most frequently cited issues in their survey concerning pregnancy and maternity leave was a desire on the part of the respondents that policies be formal, announced in advance, and applied equally to men and women.

The patient treatment scenarios offered a variety of responses. Program directors are more likely to honor resident requests not to be exposed to combative patients than HIV and hepatitis patients. Several program directors commented that women should not be in pediatric dentistry if they request to be removed from any of these hazards while pregnant. Concern about hazards to the pregnant resident was mentioned in many of the survey comments from female pediatric dentists in Barr et al.<sup>16</sup> It appears that there is considerable concern from women in the profession for the program directors to determine the hazards relative to pregnancy, and to develop factual, sound policies concerning their potential risks if exposed during pregnancy.

The most disagreement between this study and that of Barr et al. was in the area of safety for the female resident.<sup>16</sup> According to Barr et al., women feel that safety issues need attention, yet 36% of the program directors disagreed that women's increased involvement in the programs had created a need for policies concerning safety, while another 22% were neutral on the issue.<sup>16</sup> Program directors and female residents appear to differ in their concern for safety.

In summary, it should be remembered that these results represent the perceptions of a predominantly male group of program directors. It is unclear if the perceptions reported accurately portray the actual situations. Collaborative survey or direct observation of programs would be beneficial to validate these perceptions.

## Conclusions

1. Women constitute slightly more than 50% of the current class and applicants in pediatric dentistry.