

Exploring the Professional Status of Female Dental Surgeons Practicing in Chattogram

Umme Forkan Modassera¹
M. Jalal Uddin^{2*}

¹Private Practitioner in Chattogram
Bangladesh.

²Department of Community Medicine
Chattogram Maa-O-Shishu Hospital Medical College
Chattogram, Bangladesh.

*Correspondence to:
Professor (Dr.) M. Jalal Uddin
Department of Community Medicine
Chattogram Maa-O-Shishu Hospital Medical College
Chattogram, Bangladesh.
Mobile : +88 01819 90 94 64
Email : drjalal65@gmail.com

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Abstract

Background: Any profession should aim for success and achieving these goals requires dedication. An accomplished person had a happy, balanced existence and, as a result, was well-liked by all. Self-sufficient people or those who look to their family for direction may also struggle with making decisions. But socially imposed gender roles, such the idea that males should support their families while women stay at home, have made it harder for women to juggle work and family obligations. Despite the fact that both genders work comparable hours, women are more likely than men to experience family interference. From this angle to determine the current professional position of female dentists in their practice.

Materials and methods: It was a descriptive observational study conducted from July to December 2023. A purposive sampling technique was utilized to collect the data. the total number of respondents were 120. A semi structured pretested questionnaire was given to female dental surgeons who were actively working in the Chattogram city area, visiting various hospitals, clinics, medical colleges and personal private chambers according to inclusion and exclusion criteria. Data was analyzed by using Microsoft excel and SPSS version 25, presented with various tables, graphs and percentages.

Results: The findings of the study indicate that the age range of female dentists practicing in different locations is between 24 and 50 years. In addition to their private practice 18% dental surgeons operate in the employment both in government and private sectors, while 75% work exclusively in the private practices. Approximately 91% female dentists are doing only graduation course while PhD and MS are 1% each only. 42% of them have assumed leadership positions at their places of practices, 27% of them are satisfied with their profession as a whole.

Conclusion: Presently, there is an upward trend in the quantity of female dentists, the majority of whom are private practitioners due to the scarcity of suitable employment prospects and their desire for flexibility. In academic position the number of female dentists is still very low.

Key words: Dental Surgeons; Female; Professional status.

INTRODUCTION

Dentistry is an exceptionally difficult and labor-intensive field of healthcare. Furthermore, while performing patient management, it is the responsibility of the dental surgeon to maintain complete focus on the patient throughout the procedure. The dental profession's structure provides exceptional prospects for individuals of all genders to benefit from the esteemed standing associated with healthcare provision, all the while exercising considerable autonomy and accountability. Furthermore, an increasing number of women are contemplating submissions to dental schools.¹ The changing gender composition of the dental profession has raised concerns about gender-based practice patterns that may impact the distribution of the workforce and

its ability to meet the needs of patients.² In order to attain professional excellence, female dentists encounter a multitude of distinct challenges. However, there is a scarcity of research conducted on this topic, particularly from the perspective of Bangladesh and Chattogram City.

The "Glass ceiling" effect suggests that discrimination could hinder individuals from attaining prestigious positions, undertaking research, or advancing their careers through leadership development in dental organizations.³ Harassment and discrimination on the basis of gender pose possible risks to the mental and professional health of female dentists. Constructivist paradigms have facilitated the integration of physicians' experiences with various social realities and factors, as well as their responses and interactions with said realities and factors.⁴ During the dialogues with the participants, the researcher endeavored to gain insight into the ways in which their experiences have influenced their contextual realities.

With comparable qualifications, men and women can begin in comparable positions as white-collar workers; however, men advance in their careers at a faster rate than women. As a result, a gendered promotion gap ensues. It is crucial that female dentists have the ability to alter people's perceptions of what leadership entails in order to provide qualified individuals with opportunities for advancement and participation. Even in situations where the qualifications of men and women are equivalent according to objective criteria, both male and female search committee members may have a negative perception of a woman candidate's credentials, especially the quality of her peer-reviewed publications. Furthermore, the lack of role models who are working mothers and instances of gender-based harassment serve as deterrents for numerous women seeking academic employment.⁵ In another study it is found that women comprise 30 to 40 percent of registered dentists in Europe, Oceania, Asia and Africa, despite the fact that the gender gap among dental students graduating in North America and the two most populous European countries (The United Kingdom and France) has narrowed.⁶ Higher-ranking leadership and academic positions in academic dentistry have been observed to be correlated with greater gender inequality in Saudi Arabia, the United Kingdom, the United States and various other European Union countries. Further disparities are evident in the domain of dentistry research, where the proportion of female researchers varies by region: 33% in the European Union, 35% in North America, 55% in Brazil and 25% in Japan. Multiple determinants impact the choices of women to engage in full-time academic employment, their research productivity and their leadership involvement.⁶

It is demonstrated that a dearth of mentorship has been identified as a factor impeding the personal and professional development of women.⁵ For instance, the lack of senior academic women in the medical field and the scarcity of effective mentorship programs are factors that contribute to the

challenge that a greater number of women than men report encountering when seeking same-gender mentors. Lack of leadership is a significant obstacle to the professional success of female dentists, but no data on this factor are available for the Chattogram region.

Considerable research has been devoted to female MBBS physicians who encounter a multitude of obstacles in the workplace and find it difficult to balance professional and familial responsibilities.^{7,8} However, there is a lack of comparable statistics or surveys pertaining to female BDS doctors in Bangladesh. In light of the ongoing evolution of the field in Bangladesh and the growing demand for female dental specialists, it is my intention to ascertain the most suitable course of action to address the issue and fulfill the requirement. The aim of the study to determine the current professional position of female dentists in their practice.

MATERIALS AND METHODS

This descriptive observational study was conducted on female dental surgeons at Chattogram City Corporation area who are performing active practices from July 2023 to December 2023.

Inclusion criteria

- The female dental surgeons who are practicing within Chattogram City corporation area and were willing to participate and available during data collection.

Exclusion criteria

- Those who stop practicing and not interested to participate or give time to face the research.

There are approximately 250–300 actively practicing registered female dentists in the Chattogram City Corporation among them a total of 120 respondents in this study provided their informed consent.

In this study, a purposive sampling method was employed due to its ease of administration and ability to incorporate willing participants. A pre-tested English semi-structured questionnaire was developed in conformity with the study's objectives and variables. Following the coding, sorting, and manual verification processes, the collected data was entered into the master sheet without any errors or omissions. Microsoft Excel was utilized to analyze the data, which was then described by frequency, percentage, etc. The findings were presented in various graphical formats, including tables, pie charts, bar charts and percentages. SPSS version 25 was also used for further analysis. This research was initiated with authorization from the Regional Center of Bangladesh Open University Ethical Committee Chattogram.

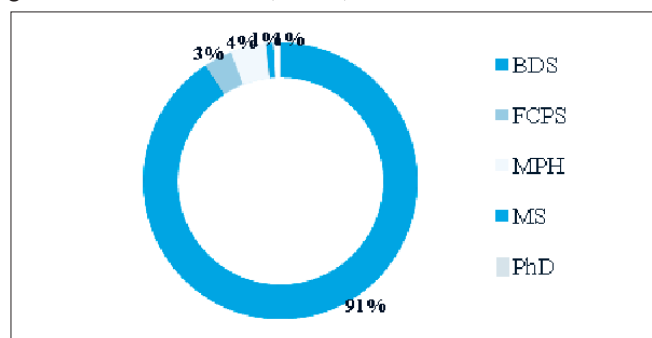
RESULTS

We conducted this research among 120 respondents where the interval of age group is 5, minimum age is 24, maximum age is 50 years.

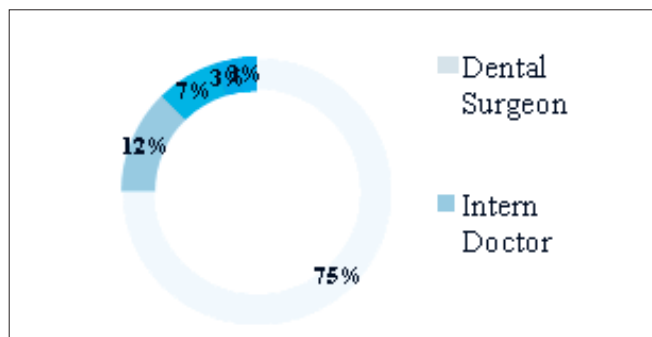
Table 1 Age Groups of Respondents

Group	Age in Years	Frequency Number	Frequency %	Minimum Age	Maximum Age	Mean Age	SD
1	≤ 30	65	54.17%				
2	31-35	34	28.33%				
3	36-40	10	8.33%	24	50	31	±5.51
4	41-45	9	7.50%				
5	≥ 46	2	1.67%				
	Total	120	100%				

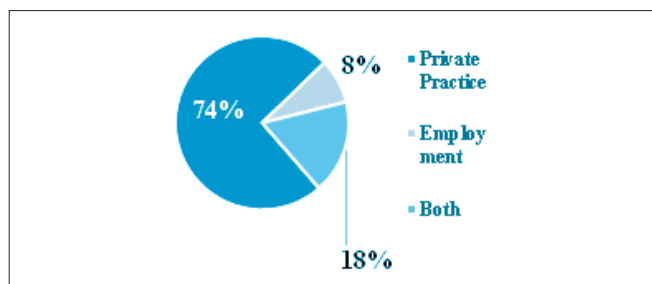
Among the respondents, most of the female dentists (91%) are completed only graduation course, others did various post-graduation included MPH, FCPS, MS or PHD.

**Figure 1** Educational Background of Female Dentists

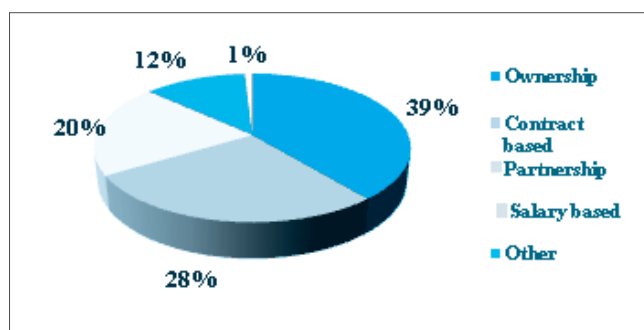
Most respondents (74%) are doing their practice as Dental Surgeon, only 6% are in academic position.

**Figure 2** Designation of Female Dental Surgeons

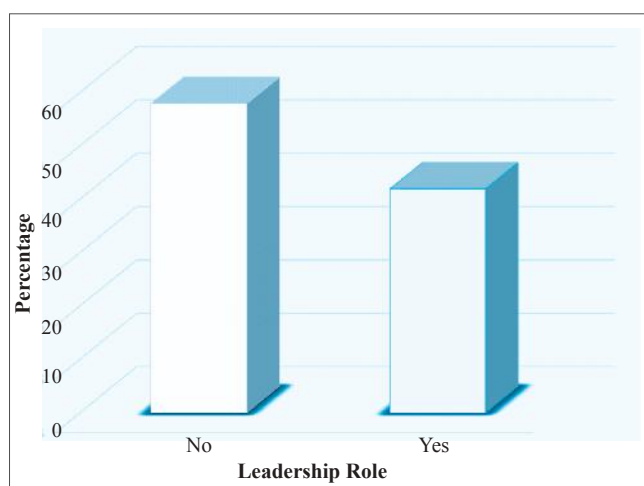
Most female dentists are doing only private practice (74%) 18% are doing both private practice and employment.

**Figure 3** Pattern of Job of Respondents

This figure is related with the respondents work patterns, such as the number of position held in both private practice & employment status or in employment only.

**Figure 4** Situation in Private Practice

Female dental surgeons are doing practice both in privately and in employment position. About 42% female dentists are in leadership position within their practice.

**Figure 5** Leadership Position

The figure shows that female dental surgeons are satisfied with their profession. Though 16% talks about the not satisfaction but the percentage is low in comparison with moderate (58%) and satisfied (26%).

**Figure 6** Job Satisfaction of the Respondents

Chi- squared test was used to assess the association of job satisfaction and job designation with the practicing female dental surgeons.

Table II Relation between different job designation and job satisfaction.

			Job_satisfaction			
			Moderate	not_satisfied	satisfied	Total
Job_designation	assistant_professor	Count□	2□	0□	1□	3
		% within job_designation□	66.7%□	0.0%□	33.3%□	100.0%
	dental_surgeon	Count□	51□	15□	24□	90
		% within job_designation□	56.7%□	16.7%□	26.7%□	100.0%
	Intern_doctor	Count□	12□	3□	0□	15
		% within job_designation□	80.0%□	20.0%□	0.0%□	100.0%
	Lecturer	Count□	2□	0□	1□	3
		% within job_designation□	66.7%□	0.0%□	33.3%□	100.0%
	medical_officer_opd	Count□	2□	1□	6□	9
		% within job_designation□	22.2%□	11.1%□	66.7%□	100.0%
Total		Count□	69□	19□	32□	120
		% within job_designation□	57.5%□	15.8%□	26.7%□	100.0%

Chi square p value =0.5144, $p > 0.05$, total $n=120$
so, job satisfaction is not dependent with job designation.

DISCUSSION

The study findings indicate that the minimum age of the 120 respondents is 24 years and the maximum age is 50 years; the mean age is 31 years, with a standard deviation of ± 5.51 . Comparable to a study that demonstrates that the majority of respondents fall within the age range of 25 to 55 years.⁹

The research reveals that the academic engagement of female dentists is inadequate, Maximum (91%) female dentists are completed only graduation course, a mere 6% have chosen to pursue a career in teaching and achieved advanced ranks or designations, predominantly as lecturers (3%) and a mere 3% currently occupy the esteemed position of assistant professor. Once more, post-graduate credentials beyond the BDS, such as a Ph.D., MS, FCPS or MPH, are ranked very low at 1%, 1%, 3%, and 4%, respectively. This is further supported by the findings of the different studies, which found that gender disparities among faculty members are significantly less pronounced than those observed between deanship and full professorship.^{6,9}

In accordance with the findings a mere 6.9% of the participants were employed by the public health system,⁹ while over 50% were self-employed professionals. Of the total employment status 75% (89 individuals) is comprised of private practice alone. The 18% (21 individuals) who were engaged in both morning employment and private practice. Merely 8% (10 individuals) engage in morning practice exclusively. However, this finding contradicts the results of a study where it demonstrated that a greater proportion of female dentists reported being employed as opposed to being owners.² The prevalence of solitary private practice may be attributable to the prevailing prejudice against women operating in unfamiliar professional environments. Moreover, employment prospects are relatively limited in Chattogram, specifically in the vicinity of the City Corporation.

Based on the findings of the analysis, it can be concluded that 39% (44 respondents) of practicing female dentists own their own private chamber. 20% (23 in number) are organized as partnerships, while thirty-one (Or 28 percent) are contractual. A mere 1% of employment contracts are salary-based, while the remaining 12% are position-based. Therefore, nearly half of them are afforded the opportunity to assume leadership positions. The leadership position of the participants is depicted in the graph, which indicates that approximately 59% (39+20) of them own practice facilities. This is comparable to the findings, which found that while women dentists were once more likely to work as employers, they are now more likely to operate out of their own private chambers.² This shift may be attributed to increased flexibility in the workplace.

In relation to job satisfaction, 26% of the 120 respondents rated themselves as satisfied and 58% as moderately satisfied. One inquiry about job satisfaction focused on the definition of career fulfillment provided by a female dental surgeon. Regarding the satisfaction criteria, it might be a person's subjective perceptions of her own profession as well as her level of job satisfaction.¹⁰ Consistent results were reported by another study, wherein they discovered that female employees experience greater job satisfaction.¹¹ This could potentially be attributed to their financial stability, work place security, flexibility in practice timing and strong commitment to their profession.

LIMITATIONS

- The sample size is not adequate and study period was very short.
- The budget of the study was inappropriate.
- The study is not a comparison with the male dental surgeons.

CONCLUSION

The need for equal participation for women has been emphasized by movements for women's empowerment and the abolition of discrimination since the founding of the educational system. There aren't enough female dentists holding the highest degrees in dentistry. there are many female dentists who function as competent private practitioners however there is in dearth of female dentists as teaching profession or in academic position or in employment responsibilities.

RECOMMENDATIONS

- Gender equity rather than equality is essential.
- The government should enhance employment opportunities.

DISCLOSURE

Both the authors declared no competing interest.

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