

Implant dentistry and gender imbalance

- a German study

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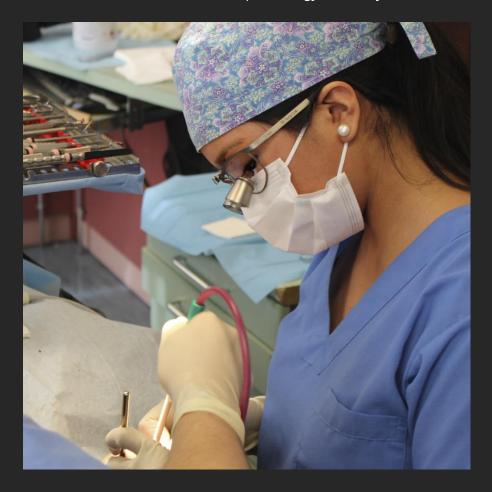
A close look at a paper entitled 'Gender aspects of implant dentistry: opportunities and career paths' revealed an interesting insight into the attitudes of women in implant dentistry.

### About the Source

This original paper, by A Boll and P Gehrke, was published in 2014 in the Z Zahnarztl Implantology 2014;30:267-287 and is one of very few research papers into this topic. It aimed to investigate the reasons for the gender imbalance of implant specialists in Germany, the motivation and demotivation of female implantologists and whether the decision to specialise in implant dentistry is gender-specific. The survey included 1,700 questionnaires distributed to 1,200 female and 500 male implantologists with a response rate of 29.6%.

#### What did we learn

In Germany, almost two thirds of dental graduates are female, but there are proportionally low female numbers in the specialists areas of oral surgery and implantology. This is similar to the situation in the United Kingdom, as reported on in the first WIN newsletter. The paper cited that female membership of the German Society for Dental and Oral maxillofacial Implantology was only 16% in 2011.



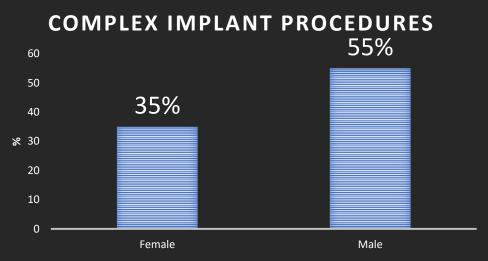
The situation is slowly improving but, as the paper states, 'society nowadays demands of women focusing on career advancement and at the same time managing the family'.

'This 'motivational mixture' may help to make women's professional biographies less targeted, less continuous and less career-focused than those of men.'

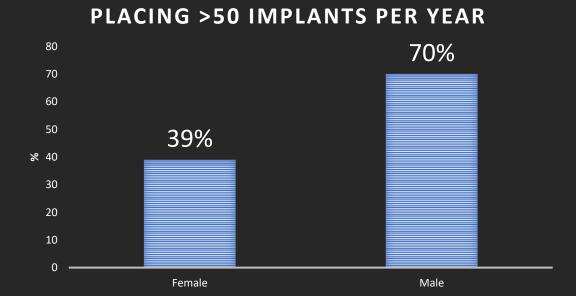
Questionnaires were divided into separate sections including: implantology training and scope of implant work; causes and circumstances of entering implant dentistry and social background.

The return rate of 29.6% corresponds to 504 questionnaires: 365 women and 129 men. Results were analysed statistically.

The questions exploring the scope of implant work identified some clear differences between the genders. Whilst there was a similar proportion of women and men carrying out straightforward implant treatment (78% men, 80% women), only 35% of the women carried out more complex procedures such as sinus lifts, compared with 55% of the men (Fig 6).



In addition, women placed fewer implants than their male colleagues: 70% of men place more than 50 implants per year, compared with only 39% of women (fig7).



The male respondents were more experienced than the females with 54% of the men having 10 or more years' experience, compared with 24% of the women. However, an interesting figure was that in the 5 years or less experience group, there were three times the number of women (37% compared to 13%).

# 'This implies that nowadays more women than men are becoming involved in implant dentistry at the entry level.'

The results of the section investigating the circumstances for becoming involved in implant dentistry revealed that men and women were driven by the same potential advantages and benefits that implant dentistry has to offer. In addition, men and women respondents followed very similar training paths. However, when asked about the negative aspects of implant treatment the female respondents were more aware of potential complications and risks (30% women compared to 24% men).



For us at WIN perhaps the most interesting question was respondents' assessments of the reasons why there are so few women in implantology. Unsurprisingly the male and female responses to this question were quite different. The women did not express a fear of surgery, but did express a fear of failures and a low willingness to take risks. 26% of women, versus 10% of men thought that low confidence and being more self

critical were a barrier to women being involved in implant dentistry and 31% of women (versus only 19% of men) felt that time demands of the training were a problem.

## TOP 3

reasons why women don't enter Implant dentistry

- 1. Fear of failures
- 2. Incompatible with family
- 3. Lack of interest in surgery

### Conclusions

In view of the limited study size we need to be careful how the results of this study are interpreted. However, it does identify some interesting trends within female implantologists and notably, there are distinct similarities to issues identified in the recent WIN survey.

There is an appreciation of the time demands of implant training and that this might be incompatible with family life. However, the more prevalent factors were based on female attitudes to implant treatment. Women appear to be more self critical and under confident and also more afraid of treatment risks and complications. Consequently, they are less likely to take on the more complex aspects of implant treatment such as sinus grafts.

Most respondents felt that improved education in implantology at an undergraduate level would encourage women into implantology. It could be argued that this would 'normalise' implant treatment to some degree. This concurs with the WIN survey - in that appropriate education is key to encourage women into this field.