THE GENDER SHIFT IN PEDIATRIC DENTISTRY:
WOMEN AND THEIR LEADERSHIP ROLE

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ABSTRACT

Purpose. The scarcity of women in leadership positions in pediatric dentistry has persisted despite their increasing numbers in the pediatric dentist population and in pediatric dental training programs. This study investigated the disproportionately low number of female pediatric dentists who fill leadership positions in pediatric dental organizations. In order to understand the attitudes of female leaders in organized pediatric dentistry, motivations, obstacles, support systems, external and internal barriers to attaining leadership positions, and gender in relation to political progress were explored in one dental professional specialty.

Method. Open-ended interviews were conducted with twenty dentists who held leadership positions in 2004 in dental organizations such as the American Academy of Pediatric Dentistry, American Dental Education Association, American Association of Women Dentists and California Society of Pediatric Dentists. Eleven face-to-face interviews were audiotaped and fully transcribed, and nine interviews were done electronically over e-mail correspondence. The themes reported emerged from inductive analysis of the responses using standard qualitative techniques.
Results. Three-quarters of women interviewed felt that gender hindered their leadership paths at some point in their career. The most frequently cited reasons for women not pursuing leadership roles were to have a better balance with family life, lack of time, and financial sacrifice. Women felt strongly that males have stronger personal and professional support systems than women. Significant topics included domestic imbalance in the home, motherhood, and changing generational attitudes. Recurrent themes included academics as conducive to leadership involvement, importance of mentors, prioritization of motherhood, and transient leadership based on life phases. More flexibility in meeting schedules, leadership positions, and general proceedings would ultimately allow for more inclusion of women and enrich the leadership of the dental organizations of the future.

Conclusion. Participants acknowledged the historical external barriers to the advancement of women in leadership roles and explained the current continuance of internal barriers preventing women from pursuing leadership roles. Research implications include better ways of cultivating women in the dental and other health fields and implementing strategies to prepare them to enter leadership roles, perhaps through the development of leadership training, drawing upon the experiences of women who have been pioneers in leadership roles as mentors for future women in the field, developing networks to support women who are in organizational
leadership roles, and incorporating more technology into multiple aspects of the leadership paradigm.
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CHAPTER 1

INTRODUCTION

The scarcity of women leaders in healthcare

The current reality in the medical, dental, and research healthcare fields show disproportionately few women in key leadership roles compared to the numbers of women who have entered the health professions.⁴⁶ There are overwhelming challenges facing women health leaders. These challenges include being the first woman to fill a particular position, dealing with staff who were powerful in maintaining the status quo, dealing with “good old boys’ networks,” developing teamwork, and working extremely hard to be successful.⁷ There is a complex combination of women’s choices, sexism, cultural stereotypes, marginalization, and constraints in combining family responsibilities with professional opportunities and demands. These are all cumulative disadvantages relative to career advancement.¹

Some argue that the rising number of women entering health fields previously dominated by men will self-correct as more women become available in the pool of
individuals to choose from in nominations and appointments.\textsuperscript{1, 2} However, before assuming that this will automatically occur, an analysis of some of the underlying issues that may impede career progression for women is needed. While the number of women entering the health care fields is increasing, the number moving into leadership ranks has not expanded proportionately.\textsuperscript{1, 2, 5, 6}

Representation of women in leadership roles in the health professions lags far behind the number entering these fields. In the US in 1960’s 10% of medical students were female. By the 1990’s women made up 40% of graduating med students, and 17% of practicing physicians.\textsuperscript{8, 9} Equality in numbers of male and female students was projected by 2005.\textsuperscript{6} But the fact that many more women are becoming doctors doesn’t mean full gender equality within the profession. Research has shown that female physicians are at a disadvantage in educational attainment, remuneration, and training.\textsuperscript{9} Even accounting for women physicians’ younger ages and fewer years in practice, they are proceeding more slowly than their male colleagues into the upper levels of the profession. In 1970, women accounted for 24% of full time faculty. In 1995, they constituted 25% of all full-time medical faculty, and only 11% of full professors.\textsuperscript{1} The pool of women available for leadership positions in academic medicine is still small since the proportion of women in the top ranks of academic medicine remains relatively low.

Data suggest that greater representation of women in medical training and entry-level faculty positions will not eliminate sex differences in academic advancement over time. Female faculty members will remain at greater risk than
male colleagues for failing to meet their career aspirations and will continue to receive lower salaries.\textsuperscript{10,11} American women physicians' contemporary history vividly showcases slower progress, linked to continued obstacles to balancing personal and professional life, a slow increase in the level of racial/ethnic diversity, and an unanticipated continuity of interest in primary care and women's health.\textsuperscript{1}

While most of the existing literature focuses on the under-representation of women in academic medicine, this lack is also found in representation in policy-making roles in health professional organizations. More women are needed as leaders in health care practice, education, research, and professional organizations.\textsuperscript{5} In conjunction, more research is needed on women's attitudes about leadership, differences in leadership styles between men and women, and the success of programs that promote leadership training for women.\textsuperscript{12}
Women in pediatrics and pediatric dentistry

Pediatrics as a specialty has always attracted a large percentage of women, and by the year 2010 it is predicted that more than half of all pediatricians will be female.13 The highest proportions of female physicians are clustered in two specialties: pediatrics and obstetrics/gynecology. In both specialties, female residents comprise about 64% of the residency positions.1 The highest concentration of women faculty is in pediatrics with 41% of all female faculty teaching in this specialty.1

Trends in dentistry parallel those seen in medicine. The number of women entering the field of dentistry across the nation is fast approaching that of men. In 1970, only 1 percent of dental students were women.14 Today, women are nearly 44 percent of U.S. dental school students15 and 19 percent of active practitioners.16 Not surprisingly, the face of pediatric dentistry is also rapidly changing. In 1983, female enrollment in advanced education programs in pediatric dentistry was 38%; in 1988, female enrollment in pediatric dentistry surpassed 50%.17 A recent sharp increase in the number of applicants to pediatric dentistry residencies, due in part to publicity created by the drastic shortage of practitioners to treat very young, difficult, or special needs patients, and in part to the generous financial compensation that the specialty allows, has been coupled with a drastic increase in female graduates from
dental programs across the nation. The net result is a large number of female applicants to pediatric dental programs.

In 1999/2000, the American Dental Association Survey of Advanced Education reported 56% of students in pediatric dentistry programs were women, higher than any other specialty. The specialty of pediatric dentistry is popular and attractive to female dentists, analogous to pediatric medicine. Reasons for this include relatively flexible hours, control over scheduled work days, and overwhelmingly, the opportunity to work with children, which has traditionally been in the female realm and which continues to attract female physicians and dentists.
Equality in numbers, but not representation

Equality in numbers between males and females is fast approaching in the field of pediatric dentistry as older males retire and newly trained women begin careers. This phenomenon will coincide with the transitioning out of current leadership in organized dentistry. At a time when leadership is needed in all facets of dentistry, including organized dentistry, academia, and community dentistry, this gender shift prompts questions and speculation about the role of women. In a field ideal and convenient for women due to flexible hours, interaction with children, preference for female gender by some parents of patients, and generous compensation, leadership representative of the rapidly growing number of females lags behind. Though the great majority of pediatric dentists belong to the American Academy of Pediatric Dentistry with current membership estimated to be over 96% of the nation’s pediatric dentists, the organization has never seen a female president, and currently only three of the eleven board members are women.

Theories for this delay in equalization in leadership between the genders include speculation that numbers will even out in a matter of time, and sexism and discrimination against women moving up in the leadership ladder. Department chairs point to the constraints of traditional gender roles, manifestation of sexism in the medical environment, and lack of effective mentors.²
CHAPTER 2

STUDY PURPOSE AND METHODOLOGY

Purpose

The purpose of this work was to provide a qualitative analysis of female pediatric dentists in leadership roles. The stories and lives of these women provide valuable insight into the motivations for involvement in organized dentistry, as well as deterrents and obstacles these women had to face.

The goal of this study was to hear directly from female pediatric dentists about the challenges of pursuing a political position or career in organized dentistry or academia. The research explored the following questions:

- What sort of obstacles did these women have to overcome?
- Do they feel their gender helped or hindered the process?
- What acts as motivating factors spurring people to lead? And are these motives the same for both genders?
- What sort of support networks do these women have? Do they believe that men have the similar or dissimilar support systems?
What do these women feel are the similarities and differences in leadership qualities such as speaking styles, delegation of duties, management styles, negotiation, and organizational skills between the genders?

The study was designed to yield a comprehensive understanding of women's views of the sources of barriers to the advancement of a representative number of female pediatric dentists in dental organizations, as well as strategies to overcome them. The lack of prior research as well as the importance of capturing life experiences in the views of the participants necessitated a qualitative approach to this subject matter.

Qualitative research describes those instances of inquiry in which investigators do not summarize their principal results by measuring or counting. Instead of ensuring “validity” and “reliability,” approaches to “trustworthiness” have been used. In the interpersonal domain, the analytic methods used are historical, metaphorical, or interpretive accounts of dialogue with the subjects. A key aspect of qualitative research is placement of the results in the context of their observed presentation. This may run contrary to the presentation of results in quantitative research, however, the wholly different nature of qualitative research requires alternative methods of analysis and conclusion. Another point of significance is that the investigator is the “instrument” of observation and consequently the outcomes
reflect the history of inquiry and sensitivity of the investigator in understanding subjects' perspectives. Strong, trustworthy inferences and conclusions should be made with integrity, salience, and clarity. Relevance and credibility should be justified by subject selection.
Design

IRB approval to commence the study was obtained in December 2003 by the investigators, Dr. Paul Casamassimo, chief of dentistry at Columbus Children’s Hospital, and Dr. Sharine Thenard, pediatric dental resident and masters of science candidate. Between April 2004 and February 2005, Dr. Thenard gathered data through in-depth one-on-one interviews or via e-mail correspondence. The expense of flying cross-country to conventions or annual sessions to meet interviewees for in-person interviews limited the number of subjects who could be examined, therefore another method of data collection was needed. Telephone conversations were desired, but inability to record and therefore archive the interviews was an obstacle. The e-mail correspondences proved to be a reliable method to collect and keep data. Participants were assured their names would not be associated with specific quotes to enhance their comfort with the discussion. Confidentiality was maintained throughout data collection. The author maintained anonymity of participants by cleansing descriptions and removing indicators that may reveal identities.

The face-to-face interviews were conducted at the California Society of Pediatric Dentistry Annual Convention held in San Diego, the Maternal and Child Health Conference held in Seattle, and the American Academy of Pediatric Dentistry Annual Session in San Francisco. The interviews were audiotaped with the consent of the interviewee and ranged from 40 minutes to 1 hour and 30 minutes
in length. The e-mail correspondences were done with the consent of the interviewee and ranged from a total of 1.5 to 7 pages. Though ideally all interviews would have been completed in person and face-to-face with the benefit of the investigator present to prod and coax for more elaboration where clarity was needed, the e-mail interviews provided valuable opinions and personal accounts and the option existed for requestioning or rephrasing of questions if further explanation was needed from the email participant.
Participants

While "leadership" may be difficult to define, one can surmise that the trait is evident in those who take on leadership positions. There are those in professional leadership positions, and those who are less visible but equally important, bringing about personal and institutional changes. For purposes of this study, "leaders" were individuals who had committed themselves to leadership enough to hold or have held a recognized office or position in an organized dental organization such as the American Academy of Pediatric Dentistry (AAPD), the American Dental Education Association (ADEA), the American Association of Women Dentists (AAWD), and the California Society of Pediatric Dentistry (CSPD).

Eligible participants were dentists who have been, are in, or are poised to be in leadership positions in dental organizations or academia. Participants were recruited by their membership and involvement at a leadership level in a dental organization or dental academic organization. It is important to note that while the interviewees were selected based on their involvement in these organizations, it became apparent that many were simultaneously involved in other organizations such as their local pediatric dentistry chapter, state organizations, or other organized dentistry groups. While the author wished to investigate the outlooks and perspectives of female pediatric dentists in leadership roles, the low number of females in high positions of the American Academy of Pediatric Dentistry precluded
sole inclusion of this group. Therefore, the pool was extended to include women in leadership positions of other dental organizations such as state societies and American Dental Education Association and American Association of Women Dentists. In addition, two male pediatric dentists were included to provide a suggestion of how male pediatric dentists would agree or disagree with their female colleagues.
Questions

Participants were asked a specific group of questions, and more questions were asked if elaboration was needed or if conversation steered the way towards further investigation of a specific topic.

The prepared interview questions were:

1.) What organizations have you been active in and what leadership positions have you held in these organizations?

2.) Why are you involved in organized dentistry?

3.) How did you get involved in organized dentistry?

4.) How did you attain the leadership position you currently hold?

5.) What sort of obstacles did you have to overcome, if any? Do you feel that your gender helped or hindered the process?

6.) Why do you think women choose to lead? And why do you think men choose to lead? Are the reasons the same?

7.) What acts as support systems in your life giving you the opportunity to lead?

8.) What do you feel are the top 5 reasons for women choosing not to become leaders?

9.) Do you view male and female leaders as possessing the same leadership qualities such as speaking styles, delegation of duties,
management styles, negotiation, and organizational skills between the genders? Are there qualities that you attribute more to one gender that help/hinder leadership?

10.) Do you think that male and female pediatric dentists share the same values? Do you think that male and female dentists prioritize them the same way?
Method of Analysis

Method of analysis required complete compilation of responses from all participants. Once data had been collected, categories were created to capture various topics. Each category contained sections in which common responses were placed. Outlying responses were placed in their own category. Categories were sorted through and comprehensive excerpts that reflected commonly expressed attitudes and feelings were highlighted. In addition, unconventional or unique quotes were also marked. In the results presented below, the author carefully framed these quotes in the context in which they were stated. Extrapolation of common issues and concerns from the large and complex amount of data collected was complicated due to intricately related subject matter. Resulting overlap of topics in the results of analysis was unavoidable due to the nature of the research questions.
CHAPTER 3

RESULTS: ANALYSIS OF INTERVIEWS

The participants

The participants included eighteen women and two men. All were initially approached by the author via e-mail or telephone correspondence. All individuals accepted the invitation to participate in the study, however, two individuals were unable to do so due to complicated scheduling or lack of time. Three-quarters of the interviewees were academicians, many of whom were department chairs or postgraduate program directors. All were very involved with organized dentistry and all but one held current leadership positions. Of the twenty interviewed, two were male. These subjects were included to give a different perspective to the sample pool. All but one of the participants was trained in pediatric dentistry, and one was dual-trained in pediatric dentistry and orthodontics.

About half of the private practitioners who were involved in organized dentistry also taught at a dental college or university part-time. It can be surmised
that those people who participate at a high level in organized dentistry also show a commitment to teaching or staying involved in the education of dentistry.

The academicians held not only leadership positions in the American Academy of Pediatric Dentistry, but were also heavily involved in the programs at their university, sitting on multiple committees and serving in various capacities. They often served as officers on their local or state level as well. And nearly all of them participated in volunteer or advocacy groups. The interviewees were collectively involved in the ADA, the AAPD, the AAPD Foundation, AAWD, state pediatric dental components, local dental components, local County Health Departments, the ADEA, local Prevent Abuse and Neglect through Dental Awareness program, Smart Smiles Program of the Boys and Girls Clubs, Advisory Board for Dental Medicaid program, Gerontologic Society of America, the Occupational Safety and Health Administration, and grassroots groups. They served as consultants, reviewers, directors, evaluators, chairs, presidents, vice-presidents, secretaries, task force members, team leaders, media spokespersons and committee members.

Most of these individuals have had a long history of being heavily involved. One participant who served as a board member said that while she was new on the board, she has sat on councils for the past 17 years. Others have been involved for more than 20 years in various capacities on local, state, or national levels.
**Why become involved in organized dentistry?**

*Altruistic motives to better the profession:*

When asked why they joined organized dentistry, an overwhelming majority cited to make a difference or better the profession as their primary reason. Thirteen respondents felt their main motivation for involvement was altruistic volunteerism and betterment of the field as a whole.

“I believe that as a professional I am obligated to make an impact in my profession above and beyond my daily duties. I feel it is important to evolve and continue to make progress and improvements in the realm of our work and service to children. Larger voices of organized dentistry can do that more effectively than any one individual.”

“I can speak only for me, but I like leadership because I feel it’s important to serve and give back to a profession that has given so much to me and my family. I feel obligated to try to continually improve the profession. You can’t just sit back and let it stagnate. I also feel very strongly that if you don’t participate in something, even to a small degree, then you forfeit the right to criticize it. Complainers who are unwilling to roll up their sleeves and go to work to improve the situation don’t hold much credence in my book.”
Other explanations:

Other recurrent explanations included personal satisfaction, self-fulfillment, ability to make things happen, networking opportunities, having a unified voice, staying engaged with and informed of current issues, professional development, obligation to give back to the profession, and responsibility to shoulder the load associated with leadership positions. A number of women also mentioned the importance of being involved and serving as role models and mentors for younger women.

"Primarily because I feel a responsibility to my profession. I want to help to make things better. All of the good that results from these organizations is a result of donated time from their members. As a member, I owe it to my group to take my turn to shoulder the heavier load connected to leadership roles. Also, I feel that it is important for women to be involved and serve as role models and mentors for younger women. It was very moving for me when I received an honor from one of our state dental organizations and my daughters were in the audience. Their pride in me was incredibly powerful."

The women felt that it was important to lead by example and also be a model for other women as well as the future generation. One interviewee stressed that she felt it very important that she serve as a role model for her children: "Another reason I want to hold leadership positions is I want my children to become leaders. They have to see their parents doing these things so service and leadership become an
engrained notion... expected. We expect it from our daughter as well as our sons and we’re not directing them any differently.”

Another interviewee answered: “The motivation for my involvement in each of the professional organizations falls into two primary categories—professional development and lifelong learning, and avoiding professional isolationism. In our busy lives, it is easy to acquire tunnel vision and feel that the world begins and ends in our city or our specialty or our professional school. By maintaining contact with others within our profession and across professions, our world is much richer and our learning much deeper.”

One private practitioner who also taught part-time at a private dental school spoke of her involvement this way: “I’m interested in being a leader for self-fulfillment. Instead of sitting back and letting things happen, it’s nice to put your foot in the door and speak out. I don’t speak out a lot, but it’s just more involvement, so you know what’s going on. The more involved you get and sit on more committees, the more you know, the more you feel ‘out there.’”

The desire to stay involved and active in organized dentistry was apparent in all the people I spoke with. Some had been involved for a long time, and spoke of how different things were when they first began. One interviewee said that she started at a time when women in dentistry were few in number. “I am involved in organized dentistry because when I started in 1979 there were almost no women involved... It was easy to be noticed and stay noticed if you had credibility. I had a strong desire to become a somebody in the field.”
How they get involved in organized dentistry

Hand-selected or asked to join:

The people interviewed became involved through various ways. Half of the interviewees said that they were hand-selected or asked to join by someone in power. “The phone call came and I became involved.” Some individuals came to the attention of the Academy after doing something worthwhile like heading up an event or spearheading a project. But most of them said they were asked to take on a leadership position by someone high in the organization. “My involvement began when Dr. ___ called me and asked me to get involved to be a board member. The phone call came and I became involved."

“I was approached at an annual session of the AAPD to become a national media spokesperson and I agreed to do it. Then I met more people and was asked to serve in other positions. I found that I enjoyed interacting with other members and being productive.”

Encouraging mentors:

It seems that having good mentors was also an important contributor to leadership. Throughout my interviews, people mentioned how mentors introduced them to leadership, how they gave them advice and taught them leadership skills, and how they were an example to follow. Many of the interviewees stressed that
more mentors were needed for future leaders and that mentorship was an important aspect of being a good leader. The participants had mentors early on, from dental school, residency, and post-residency.

Multiple interviewees spoke of mentors who convinced women of the importance of being involved. “I was encouraged or asked by others to join into the leadership of the groups. I knew the woman who was ‘in line’ ahead of me in the ADEA section leadership, and she encouraged me to join. A former President of MAPD encouraged me to join the leadership, and although I waited a few years, I became one of the leaders as a direct result of her encouragement. I became the chair of the MAPD committee because the MAPD President asked me to do it.”

One woman became involved “Through mentors at ____ Children's Hospital. (Through talking with the mentors there) you get the feeling that it’s important to be involved in whatever you can.”

“My career in pediatric dentistry started in 1979 when I was a second year pedo grad student at ____ University. The chairman of my department was good drinking buddies with ____ , who at that time was on the AAPD Board of Trustees... I asked ____ how he became an AAPD big shot because I wanted to become a somebody within the Academy. He suggested that I ask to join a lot of AAPD committees. My first job was the clinic director for the combined pedo/ortho program at Children's Hospital of ____.”
Encouraging peers:

While many of these interviewees were encouraged by mentors to take leadership position in organized dentistry, others were nominated by their peers. “I was nominated for the positions I now hold by colleagues; the head of Pedo, former head of Prosthodontics and now in private practice, and the former executive secretary of the ___ Society of Pediatric Dentistry who is also in private practice.”

“I think when your colleagues sense you are doing a good job, you get asked to become involved at a level with higher responsibility.”

Being at the right place at the right time:

Some believe that serendipity had something to do with their leadership involvement. “I became interested in leadership when I became involved with our local pediatric group or component. At that time we were the ___ Association of Pediatric Dentists. I was welcomed warmly into that group and eventually became involved in the leadership. I became involved in leadership in the Academy I perceive quite by accident. Sometimes I was in the ‘right’ place at the ‘right’ time with the ‘right’ people.”

It has been noted that women have more complex developmental stages than men. Women’s careers are less likely to proceed incrementally upward because of family commitments. Many accounts from women in high leadership positions report that they become involved with leadership by “being at the right place at the
right time” and traditionally, women’s paths to leadership have been the “spiraling up” of women into leadership roles in combination with serendipity.5

Self-Initiative:

Some women took the lead to provide opportunities themselves. “How did I get involved: I have always been the behind-the-scenes director kind of person. In (my state association), we got constitution and bylaws, etc. and then it all went by the wayside again. So we had the academy meeting there a few years ago 2001, and our local arrangement chair was older and so a couple of ladies there we all chipped in and set it up. And so he made me the co-chair, and that got me noticed by the academy. That show cased what I could do. I came on as a trustee in my district. I just finished up my second year, so it’s been pretty recent.”

Self-initiative was a quality that repeatedly led to leadership opportunities. “I called up and let them know I was someone who wanted to be involved.” Other participants told of how they simply found committee or group leaders and told them they wanted to help. “Once I graduated from residency in 1999, I contacted my district trustee and the president of the AAPD to identify myself as someone who would like to be involved.” Clearly the willingness to volunteer time is a requirement of anyone desiring to be involved in an organization, and the simple expression of willingness may be all it takes to start the climb up in leadership.
Past history may indicate future involvement:

One overarching theme that repeatedly emerged through the course of the study was the history of these people. Nine of the interviewees specifically mentioned their history of leadership. Many of them had been involved with organized dentistry or government early on in their dental school training and their experiences translated into continued expectations to remain involved. This was an important component in their desire to become leaders in organized dentistry.

"I have held positions in pre-doc, dental school, and post-doc residency, so it was a natural transition to have a desire to be involved in organized dentistry."

"I have been involved in organized dentistry ever since being a dental student and an ASDA officer. That gave me the opportunity as a dental student to complete an externship in the Office of Government of Affairs for the American Dental Association. I spent a summer at the ADA headquarters learning about organized dentistry and the impact of policy on dental services. After that I was hooked. I met both a pediatric dentist (one of my future mentors) and an epidemiologist that summer and it inspired me to become a pediatric dentist and pursue a PhD in Epidemiology focusing on research that pertains to the utilization of dental services for children."

"I got involved in organized dentistry in dental school (ASDA) and became a member of the student children’s dentistry group. I was also a member of the Psi Omega dental fraternity and am now secretary for the University of ____ Chapter."
Another emerging theme was the relationship between dental academics and organized dentistry. "In my case, organized dentistry is really the organized dental education community. When I obtained my first faculty appointment, the chair of my department suggested that I join the American Dental Education Association (American Association of Dental Schools, at that time) and the American Public Health Association. While I enjoyed both associations, I found one to be more receptive to new faces and new ideas."

"It's easier for an academic to become involved, financially, especially. Most of the board members at (my local dental society) are (dental school) faculty. It's easier to get away. The thing to do is get part time faculty, part time private practice."
Obstacles they had to face and its relationship to gender

When asked about their path to leadership and whether they encountered any obstacles, gender-related or not, most women felt very strongly that they encountered obstacles related to their gender. Fifteen of the interviewees felt that their gender hindered their leadership paths at some point. “Barriers to leadership for women still exist. In the corporate world there are approximately 11 women who hold significant leadership roles in Fortune 500 Companies. I am not sure if these are self-imposed barriers or corporate barriers. I am inclined to believe that the corporate culture of most organizations still supports the male gender in leadership roles. In pediatric dentistry, I think times have changed with the changing demographics of our specialty. I believe approximately 50% of most dental classes are now female and I think that is probably also reflected in pediatric residency programs. I see more and more women involved in the Academy in leadership roles.”

“I think women are way above when it comes to obstacles. And for most women, it’s something that we’ve had to deal with all our lives. We have to be better than them to even be on the same playing field. They can’t accept that we are just at their level. Even at school, women had to excel to be seen as a colleague. Or it was when I was in dental school. Women just weren’t there. So our instructors didn’t
think that we should have been there, constantly putting us down, and so we've just had to suck it up and deal with it ourselves."

While some of the interviewees spoke of the hardships they had to endure while being some of the earliest women in dentistry, they acknowledged a different environment today. With dental schools graduating more women than ever before, being a female dentist is more common and is more readily accepted today. In fact, most of the younger women who were interviewed felt that external barriers imposed on them due to their gender just weren't there. Instead, they felt that obstacles were self-imposed or if they were mothers, by their family responsibilities, not by dental school faculty or other leaders of organized dentistry.

*Unequal domestic responsibilities:*

Women assume a multiplicity of domestic roles in addition to career roles and the overwhelming majority of women still care for the domestic duties on top of their professional career and aspirations. In marriages in which both partners are physicians, 80% of the women still assume primary responsibility for running the home, even when the female makes more money than her husband.21

Motherhood and domestic imbalances were clearly an important and immediate issue to many of the interviewees. Many respondents felt that bearing an uneven domestic load resulted in widespread attempt to balance family and leadership commitment. "If you're a mother, balancing is very difficult. My kids don't like it when I'm gone. Comfort is different. Dad doesn't run things as
smoothly. An obstacle is the hospital that I work for; have to use vacation time for meetings and other things that I have to do. Other things: I am an accreditation site visitor. Thing is, it's pretty much a financial sacrifice. On the advisory council of the ___, I am section chair. Travel is an obstacle, especially when flexibility is not an option."

"It's funny you can see the women, when we're answering e-mails and all this stuff, it's after midnight because we've been working! The males, they can come home and someone's cooked their food and someone's cleaned the house and someone's done the laundry, so they can go and do their little play thing."

"Obstacles for men and women the same? Absolutely not! I know many professional couples, and it's just the way it is that men just pack their suitcase and women plan everything else." This translates to the unequal division between domestic duties in the household. "In this world, women still run the home, and if you have your practice, you are taking care of a lot of things! You have time already committed in all these things and now you are looking for another niche."

_Societal expectations and guilt_

Most of the inequality is based on societal expectations in our culture. Many women have self-imposed obstacles due to the guilt they would feel if they weren't available for their family. The majority of the women I spoke to say that males wouldn't feel the same guilt nor have the same restraints.
“I don’t think men face the same constraints. They don’t plan the meals, they don’t do the laundry. Some do pick up the kids from school activity, but usually it’s the wife that does it. The men have more freedom in that sense. The wife will say ‘Go ahead, I’ll have dinner ready.’ But as a woman, I feel GUILTY. I feel that I have to have the dinner ready, and take the kids shopping for their clothes. I still do. As a woman, you take on these responsibilities. One thing that’s helped me is having a live-in. From the time my child was really little, I had a live-in. Now I have an au pair. The older one can take care of the little one. But it’s been a good challenge. My husband is very supportive, but that’s another thing that I have been faced with. My mother-in-law always felt that I should be home caring for the children. My mother-in-law never worked, I think she felt that I should cook and stay at home. I used to work 3 days, and that changed to 4 days, and then back to full time. My husband isn’t involved like I am involved. He just likes to do dentistry. He doesn’t do much political stuff.”

The balancing act:

The challenge of balancing a career with marriage and motherhood is apparent to every woman who attempts it. The self-pressure from trying to be perfect in all aspects of life manifests as a continual balancing act, often times resulting in the realization that there’s only so much to go around. “Obstacles...probably the same as everyone else - too much to do and not enough time to do it in!

Additionally, I have a large family - three stepdaughters and four young children to
raise. I was pregnant with triplets for one of my pregnancies... All of this took a great deal of time and energy, and there is only so much of both of these valuable resources to go around for anyone! Then I had to balance my aspirations of being the perfect mother and wife with the demands of my professional life... Rather quickly I learned that there is no such thing as a perfect mother or wife, but finding 'that place' where I felt that I was as good as I could be (and good enough) for the people that I loved and felt responsible for, was challenging and unfortunately somewhat murky in its definition. I almost always feel that I am in the wrong place - when my family needs me, I am at work, when work needs me, I am with family... I have had to draw the lines between work and home more clearly than my husband has done."

Women are also more likely to report that their partner's career considerations had had a major influence on their career development, and they were almost twice as likely to report that they had changed career plans because of their partner.¹² Men confirmed these constraints, acknowledging the extent to which their own career advancement depended upon sacrifices on the part of their wives.²

*Timing is everything:*

An issue of importance in women's lives is timing of having children, if they choose that at all. Timing was a key component in involvement for mothers. The women said that while they could spend time with dental organizations early in their career before children, once they had kids, they tapered their involvement down, and
waited until the children were older to reemerge in the leadership scene. “Obstacles to women: Timing. Depends on where they are in their career. Other factors come into play. They’ll get married and then drop out. Not the same for males. I think timing for some of the women has a lot to do with it. Most board members are older. When you are young, most people build up their practice and then when they get older, they get comfortable and bring on an associate. Then they have more time to do other things.”

An analysis of the effect of parenthood and home responsibilities on the careers of women versus men pediatricians found that women were more likely than men pediatricians to state that parenthood and family obligations affected their career choices, impaired their ability to begin a medical practice, and increased the likelihood of a career interruption. The primary reason female faculty left teaching was child rearing. Paradoxically, a larger proportion of male physicians over female physicians reported career delays because of family responsibilities. It may be that men perceive the burden of these responsibilities as more directly in conflict with the demands of their professional roles, while women learn to accommodate family responsibilities in the context of their professional and social roles.

The time demands of a mother don’t appear to put women off. In fact, most women appear to accept this and view it less of an “obstacle” and more “something that comes with the territory”. It can be viewed as simply time management. “The biggest obstacles are working within a group and all the outside demands of our time. The council is only as good as its charges, members and leader. We have had
our ups and downs with member participation to complete our goals. It can be
difficult to complete our charges by the due date, and with a toddler and another
baby on the way, my time demands are increasing all the time (in a good way!!)

The women in this study feel that especially when children are born, most of
their attention and time should go to raising their children. This has transpired into a
transient reprieve from leadership. When children get older and become more
independent, many of the interviewees felt it was then more convenient and more
acceptable to return to other professional activities such as pursuing leadership
positions. “Obstacles: time pressure, trying to balance. Had babies, commitment in
terms of time and energy. Felt like I couldn’t do a lot. Couldn’t do things until the
kids were school-aged.”

“A lot of my colleagues probably don’t have the time to get involved. I know
a woman in (my) area that would get involved, but the timing isn’t right. She used to
be around, but she had a child and now I don’t see her anymore. The timing is
wrong. But she’ll be back. When her child is about 10, she’ll probably be getting
involved more.”

“From a personal perspective I think the thing that limits my potential for
leadership is the conflict that sometimes exists inside. I am conflicted between being
a good and supportive wife and mother and taking on leadership roles within my
profession. For now I try to balance things, however, I believe that my most
important role is as the mother of my children. In a few short years they will be
‘gone’ in terms of everyday needs and support. They will always need their parents
but the need will be different in a few years. I fully anticipate that as my children reach late high school and early college years my husband and I will shift our emphasis and leadership and career endeavors will take a more prominent position in our lives. In essence, we are delaying our career moves to do the best job of parenting we can.”

*Gender as a non-issue:*

A minority of the interviewees felt that gender wasn’t a factor in attaining leadership positions. “Did my gender help/hinder my advancement in organized dentistry? A non-issue. I think the fact that I am dual trained makes others see me as someone with value... No overt obstacles. Nothing but encouragement from other people; boss, other colleagues.”

“I don’t think gender has been or will be a fact in my receiving or not receiving any positions. Perhaps this is naïve, and I know there have been and will continue to be good old boy clubs, but they haven’t been huge factors in any of the groups I have been involved with.”

“I was put in charge right away when I started public dentistry. That automatically put me in a leadership role. Came with that job. Plus, I was beginning my career and had a lot of energy. And I really enjoyed it because I thought I could make a difference and there was a clear impact on clinical dentistry. It was my most prominent role in terms of studying organized dentistry. In 1975 when I started dentistry, there were so few women. I wanted to be a dentist for myself. So I was
unaware of the bigger picture. And I think that the men I went to dental school with were open to that. They saw you working as hard as they did, the same hours they did, and it broke down barriers. I never felt like I was treated badly by my peers.”

*Woman’s advantage:*

Another woman said that being female was an advantage in this current era of political correctness. “I do not feel I had many obstacles to overcome, at least that I am aware of. I actually feel that being female has helped me in the process. I started into dental school in 1975. At that time there were very few women in the field. However, it has evolved that having women involved is a very politically correct thing to do, therefore it leads to being in a position of being wanted rather than rejected.”

The notion of “affirmative action” in recruiting more women into leadership positions is apparent to many as well. One woman stated, “I think sometimes it’s been my experience that women need to be encouraged, and be invited to things. Sometimes it’s happened to me because they were actively looking for women to be involved. They’ve made an effort to seek women out and get women involved.”

“I don’t think gender has impacted my experiences educationally, though in my current AAPD positions, I do feel there is a gender impact in the leadership of the Academy. It appears very sensitive to idea of female executive leadership.” This participant elaborated by saying that the Academy seemed to be making an effort to encourage female leadership.
Glass ceiling:

But most of the interviewees said that while affirmative action may have helped women in some respects, being female was still an obstacle to breaking the glass ceiling. “I believe that my gender has helped me and hindered me at different times. Sometimes I fit the demographics of various roles that were available because I am a woman, and other times it was a hindrance because I didn’t use the men’s restroom. I will tell you though, that I have begun to see some amazing conversations and interactions in ladies’ rooms lately!”

Some women view the glass ceiling as a more distant yet persistent presence. “I have seen and experienced the gender bias thing. I think being female initially helps you get started. But it is hard to move past a certain level because you’re not invited to the late night cigar parties or you like to think outside the box.” This allusion was to informal events which males have access to, such as the cigar parties she mentioned. Hunting trips, golf outings, and fishing trips were mentioned by multiple women who felt that being female disqualified them from getting invited to these events. Consequently, they missed out on the talks or debates that would casually carry over into these informal settings. This was just one but significant disadvantage. Others touched upon the disadvantage of being from a region, specifically, from a place other than the current seat of power. “There is definitely a glass ceiling within the academy-you can only go so far as a female with this southern male influence.”
“On balance, I feel that my gender hindered the process. I know that at some level some members felt that they were not ready for a woman in leadership positions in the association. Additionally, it has been well documented that women’s leadership style differs from men’s, and our communication styles differ as well. Although we succeeded in spite of these differences, I think that they were factors that had to be recognized and accepted by others and by me.”

*Lack of opportunities and mentors:*

Some women felt that leadership opportunities were lacking. “I don’t think leadership opportunities are really presented to women. Take for example when I was on the meeting planning committee. I didn’t get asked to chair it, and I was on the committee for 8 years. That’s okay for me. But I can’t figure it out.” The image of the supportive but silent woman in domestic context can carry over to other situations. Having women as part of the support system in a committee can be advantageous due to the more balanced appearance it creates, but keeping women there as worker bees while offering higher positions to males is problematic. “Sometimes women aren’t taken seriously. Need to prove and reprove that you have thoughts important to the dental group.”

According to the female pediatric dentists, not only were leadership opportunities lacking, so were mentors. “There were men who were mentors, but there was no one to push a female along. No matter what you did, there were others chosen.” Another woman said there were “No mentors. Took much longer to get
into any position. Eager, interested, always showed up, but the guy would always get
chosen. If you don't involve people immediately, they will get involved in other
organizations. Need to tap into these people.”

Communication between the sexes was sometimes an obstacle, but one that
could be overcome. One female interviewee talked of her difficulty communicating
with other leaders in ADEA. “Another obstacle was that I am not fluent in
‘mantalk’ and most of the leaders in dentistry are and were men. Men and women
are different creatures, and communication between the two groups is not always
simple because of our differences. I believe that this is getting better, but it is still an
obstacle at times. I believe that generally, women and men are both trying very hard
to improve our communication with each other.”
**Why people choose to lead**

*Gender neutral:*

When asked about why men and women pursue leadership positions, over half of the interviewees felt that the reasons for choosing to pursue leadership positions were gender neutral. Eleven of the twenty interviewees feel that motivations are based on individuals, not gender. The noble reasons including being part of a group, giving back to the profession, helping form something bigger than self, self-fulfillment, and child advocacy.

“I think that many of the reasons are the same—an interest in ‘helping’, feeding our egos and reinforcing our sense of self-worth, enjoying a sense of power, a sense of responsibility to our group, an opportunity to do something different than our day-to-day professional life, visibility and respect of our peers, and an opportunity to interact with our colleagues after the relative isolation of dental practice/academics. But I think that men may prioritize reasons that they choose to lead differently than women. I for one have little interest in visibility or need for power, but I really enjoy the interactions with colleagues, change of pace, and feeling that I am fulfilling my responsibilities and helping my profession and the patients who we serve.”

“I think for the most part the reasons are the same. I think we all choose to lead because we believe in the goals of a particular organization and want to be a part of furthering these goals.” The altruistic people wanted to work towards a
common good. "I think both men and women would like to better their profession and feel a sense of giving back and making a contribution. They are essentially the same."

"Men and women choose to lead because they feel like they have something to offer. They enjoy organizations, speaking up and being heard, getting the job done in an effective and efficient manner." The enjoyment that participants receive from being involved in a large organized group can come from contributing valuable ideas or completing duties efficiently, or from furthering a common cause. Some may enjoy the power they may be entrusted with. "Why do people choose to lead? Individual. I think some people do it because it's something bigger than them self. I think some people do it because they like the power and authority. Natural urges to organize." Some became involved because they grew up watching their parents do likewise. "Why people choose to lead? Not based on gender, more based on individual. Parents showed by example, they were both very involved in their organizations on a national level."

The less than noble reasons were stated with bluntness and honesty. "I think men and women lead for the same reasons. I think we have hidden inferiority complexes and need the constant gratification that comes with leadership."

One program director spoke of the impact of modeling and encouragement early, during residency, on the involvement of young men and women in organized
dentistry. "One powerful thing that helps tell them to be involved is the message they are getting in residency. We as program directors have a huge obligation while we have residents to begin from day one preaching participation, active on going participation in all levels; local, state, and national. It's the only way we have to affect the things you are going to do. If from day one they are brought to the meetings, they are taught to about leadership, they are convinced that they can become a leader, and if they plan and strategize, they can move into leadership roles. And I think that's huge. If you don't give that message, then it's easy for them to go off and practice in a little town someplace and feel like they can't make a difference and they don't want me and who am I and how can I fit in. Some of it is getting the message early that they have to be at the table or they can't complain about the way things are going. They need to know that they can impact the future."

"You just don't want to be sitting in an office doing dentistry for the rest of your life, without advancing or bettering yourself, or continuing to learn anything new. For me, I do want to lead to better things for children, but it's hard because of the politics. They just lead in a circular dead end. Leadership is a kind of thing just letting your face hang out. If you're the type of person that does what you say you're going to do, then that's a good thing."

"Why do you want to pursue leadership positions? I think it's important. I think I have valuable input to pediatric dentistry. If I don't give my input, then I don't have any right to complain. Anyone in leadership position has ego needs, because there is a certain amount of satisfaction, ego-stroking that goes on. You have
to enjoy, bask in the limelight. I like being involved, I like knowing what's going on. Find it energizing. Networking, enjoy the friends I have across the United States. As a female leader, I have the same issues that a male leader would have. I don't have an understanding of “female issues”. Issues change as you age, so I may not have an understanding of what young females think. I don’t know what young males think.”

“I believe that leaders seek leadership roles for different reasons. Some seek these roles to ‘make a difference,’ others seek them for personal accomplishment and success. I really don’t think motives are gender-specific, although leadership traits and types do differ between genders. I happen to have taken a course in leadership last semester and we addressed these differences. Male and female leaders differ in terms of communication styles, the way they arrive at decisions, and how they interact with subordinates and bosses.” While some may feel motives to be individual based, others sense a gender bias in the reasons to choose to lead.

*Gender differences:*

The other respondents felt that motivations were shaped by gender. Whether it be innate drives based on biological differences between males and females or social shaping from cultural influences, motives are indeed gender based, according to eight interviewees. Most of the respondents who felt this way pointed to power and ego as viable motives for males to take leadership office, and altruism and servitude as motives for women.
“In general, I think that men choose to lead to obtain power and recognition. In general, I think that women choose to lead because they feel that they can make a difference, can improve the status quo, and can make the association/organization/committee better. In general, I think that for men it is more about personal attainment, and for women more about making the world a better place to live.”

“I think men choose to lead because they have something that is important to them that they want to change or accomplish. I think women choose to lead because they want things to actually function or impact a program, institution, society, in a positive, or good way. ‘Men want to decide what will work and women know what works and want to make things work right.’”

Another woman had a historical perspective. “Perhaps men choose to lead because historically they have been leaders. Men are groomed to lead. It’s expected. It’s no secret that women traditionally have had a harder time achieving leadership positions. They have had to work harder and probably make more sacrifices.”

One of the male interviewees had a very biologically based reason for the differences in male and female motivations. “Difference is there’s more motivation for males; genetically determined, that they have to be in charge. May be testosterone driven. Perhaps there is a biological basis in their drive to be a leader. One may argue that women may do it for altruistic reasons. They don’t have a need to be a boss. They do it because they enjoy it. There’s an element of biological drive. More likely altruism is the motivation for a woman.”
While he was very decisive in his viewpoint, another interviewee was more general and felt that while there were perhaps gender influences, there was still overlap in the reasons. "I think men choose to lead because they enjoy having the power to lead a group and hopefully see a positive outcome. I think women lead because they feel an obligation to give back. I think there is overlap of the reasons for both genders."

One respondent noted that while gender differences may exist, the differences were positive and added to the value of the organization. She felt that males wanted female presence in the Academy. "I don't know with women. With the guys, it's ego. That's my take on it. But they have the willingness to serve and are interested in trying to help things. But the guys that tend to be the trustees will go up. The trustees that want to serve and not go any higher, they're willing to serve. And with the women, it's definitely the willingness to serve. I don't see anyone wanting to crash the ceiling. And with the men, they want women there... We do have different viewpoints and I see that."
Why females may not pursue leadership

Better family balance:

One consistent answer was the desire to have a better balance with family life. This went hand-in-hand with lack of time. Many of the respondents were mothers who strongly felt that motherhood would deter many potential female leaders from seeking positions. "Importance of family. It's not that it's not important to men, but most women who are dentists really prioritize their families." This is interesting when keeping in mind there is a proportion of females who enter the profession expecting to work 3-4 days a week in order to spend time with their kids. The inclination to prioritize motherhood over other activities such as leadership may be a significant characteristic in females who are attracted to the field of dentistry for the flexible hours and lifestyle it affords.

"For many women, they want to have a better balance with their family life. The husband is not going to be home taking care of the kids. As a leader, they are going to have to take care of the kids, do the laundry, and just be the superwoman." The requirement of mothers in leadership roles to be a 'superwoman' may be expecting too much, however some mothers may worry about leaving the child rearing to others, whether for their own sense of guilt or perhaps being perceived as less than an ideal mom. "Even if they have a stay at home husband and hire a nanny, they may be perceived as like they're not doing their duty. They should be at
home taking care of the kids. How could she miss her daughter's first grade play, etc? I would guess for dad to miss it it's okay. I am not saying that I agree with that, but that's the reality of the perception.”

“The top reason for women (choosing not to get involved in leadership) is probably conflict with family responsibilities, specifically child rearing. Also, I don't think that most women need leadership roles to feel good about themselves and believe that they are a 'success.' In spite of what may be true in some families, I do not believe that many male partners share the burden of childrearing equally with women. But then few women equally share the financial burden in families either.”

“Becoming a mom absolutely deters other women from becoming involved. Now dental school is much more equal, but I am in the tail end of the first generation of women dentists. Schools expect moms to do things too... Many women who are involved in organized dentistry do not have children or are not married. And other women have children who are grown up. It's going to get easier for me, I have another 5 years and then the kids will be out of high school. I plan on staying involved.”

Lack of time:

Lack of time in general is a major deterrent. “Why women not choosing to become leaders? Time, because it's hugely time consuming if you take on jobs and do them the way you're supposed to. Also, maybe a feeling of it being a good old
boys' club. Personality. Some people, both men and women, just don't want to do it. I think number one thing is time. They may have so much on their plate.”

*Financial hit:*

Financial sacrifice for private practitioners was also a large concern for many respondents. For single and married women alike, this was an issue. "Practice demands a lot of you. Because of the shortage, every single pediatric dentist is so busy. How can you take on more? It's almost ridiculous the joke is 'in my spare time…' The practice thing is probably the biggest thing. Being a single practitioner, and being single, it's a double whammy every time I am out of the office, when I am not producing."

"Time out of the office is a big hit. So every time you have to be out of the office, there's no recourse. A lot of that is my retirement that is not being replenished. It's a financial sacrifice. Not the same issue for men. I don't think it can be. The domestic issue isn't the same, no matter what anyone says."

The theme of domestic imbalance recurs resoundingly here with the perception that women and men do not share an equal distribution of familial responsibilities. "I think that to some degree, professional women may feel that if they are not being paid for their services and therefore increasing the family resources, then they would be wiser to spend the time focusing on family needs. This last reason may be a significant reason for men, but as I said earlier, I can't really know what men think since I am not one of them."
Intimidated:

Another deterrent that may prevent women from pursuing leadership positions is that women may be intimidated. One female interviewee said this: “I think that some women may be challenged by the perception that it’s a ‘boys’ club’ and they feel that they won’t find comfortable social interactions. But I don’t think that this is an important reason, certainly not as much as it may once have been.”

A male participant had thoughts along the same line. He said that women might not want to put themselves in an uncomfortable situation where they would have to be under scrutiny. “In order to come off as being effective, they have to do the same things that a man has to do, and they don’t want to subject themselves to that kind of judgment. Always having to defend things that men don’t have to defend.”

Another way of phrasing this is to say that women today are sure of themselves and do not feel the need to prove themselves. They do not feel the need to “crash the ceiling.” One interviewee said females might choose not to participate in leadership roles because “Today women don’t have to prove anything. They know who they are. Don’t have a lot of time to invest in the ‘good old boy network’.”

“I think that women do not lead because they don’t feel the need for the gratification, have family priorities (I decreased my involvement with organized dentistry a lot when my son was young), dirty politics, office sacrifice.”

Other reasons women may choose not to take on leadership position mentioned included: Practice obligations, simply no interest in politics or leadership,
not confident in ability to lead, too busy, conflict avoidance, the inability to visualize the reality of a leadership pathway within their current organization, and not wanting to play political games to be part of the club.
Why males may not pursue leadership:

People had different answers for why males choose not to lead. The most prominent appeared to be financial. “Family to an extent. But more focused on income. Knows how many days a year he wants to work, etc. It’s more important to him to hit a certain financial marker, etc. All other stuff of no value.”

Another respondent perceived these reasons to be important to males as well: Disinterest, busy with the practice, family. It’s interesting to note the order of the priorities contrasts starkly with the women’s priorities, with family being foremost in importance. Multiple respondents said that the issues for males and females may be the same, but the order of importance may vary.
Reasons both genders do not take leadership positions

One respondent said that time commitment, lack of political mentors, and personal priorities were top issues for both genders, but that for men “dislike of politics” and “unwillingness to compromise” may be issues while for women “not persisting in the face of setbacks” and “no need for external validation” were also possible reasons.

The majority of respondents felt that both genders choose not to lead because of the time commitment, though they felt the time commitments were for different reasons. Other reasons both genders choose not to get involved in leadership within the profession are having other interest such as boards and organizations perhaps outside of dentistry, having never been asked to join, having less time to treat patients, and having unsupportive partners. Another interviewee mentioned that some people would rather spend their time pursuing pleasure activities or hobbies instead of politics. Other reasons given were having low self-esteem, having limited family support such as an unsupportive spouse, feeling that “there’s nothing in it for them” as they focus only on personal benefits instead of considering the bigger picture, and lastly, that opportunities may not be available.
Values

When asked whether they felt that male and female pediatric dentists share the same values, the respondents stated that they felt there was not a difference in values, but there was a distinct gender-based prioritization of the values, with motherhood topping the list for women. In other words, nearly all the participants said that male and female pediatric dentists value career, practice, profession, family, general good for children and for the field of pediatric dentistry, but they felt that rank of these values was strongly determined by gender. "In general-yes I feel that most pediatric dentists share the same values whether they are male or female. I feel that most women however may put a higher value on family life than men do."

"I think they share the same values. It's just a matter of prioritization. I think women tend to prioritize family higher and men, work higher, but both can have an effect on time available for leadership commitments."

"Men might perceive themselves more as the breadwinner of the family and have more pressure to earn money, whereas a female may feel the pressure of raising a family and trying to mesh that with their career."

"I think all pediatric dentists share similar core values in the serving the needs of children. We provide not only dental care, but a voice to a population that has no political voice, no money, no vote. Male and female dentists must prioritize differently because the reality is that more women practice part-time than men. The
flexibility and positive reward and gratification in what pediatric dentistry provides is what attracts so many women and men into the profession. Regardless of gender, I think individuals strive to achieve a balance of what is expected of them professionally and what the needs of their family are, whether it is financial support, time, or parenting."

"I think for the most part, we do share the same values. However, I see women trying to do a better job of balancing the family versus professional issues. Instead of others embracing this concept we are seen as weak and non-committed."

Family in general was important, as one interviewee mentioned not only her children, but her aging parents as well. "Motherhood being the top priority; that deterring women from getting involved. Another thing on the horizon is parents getting older, having to take care of them. I would like to think that a male pediatric dentist would feel the same obligation, but I don't know if that's true."

The unanimity of these responses pose an interesting question. Is it truly a fact that maternal instinct is so strong as to pervade our very existence, or has this stereotype that women must raise the family and males raise the money been so deeply ingrained in our society that we attribute it to innate qualities of the female sex? Whatever the reason, it was an overwhelming consensus that women placed a very high value on motherhood and family while males highly valued their profession or income."
Women in general are less likely to value being in leadership positions.\textsuperscript{12,22} Though the reasons for differences in attitudes of male and female professionals towards leadership is unclear, women generally have greater family responsibilities, few female role models in positions of leadership, and different leadership styles, perhaps synergistically contributing to the lower value placed on leadership by women. For true gender equalization to occur in high levels of leadership, traditional presumptions that professional leaders should always resemble the dominant model of the past century: male, career driven, and married to a “supportive” wife,\textsuperscript{8} must be overturned.

The literature points to stark differences between men and women when it comes to values, working conditions, and symbols of success. Male physicians work more hours than women, participate in more scholarly activities, and place more emphasis on salary and prestige.\textsuperscript{22} In contrast, female physicians are less likely to value scholarship and national recognition as indicators of their career success. Women physicians are also more likely to serve in socio-economically deprived areas, less likely to be in clinical practice, and more likely to emphasize psychosocial issues.\textsuperscript{22}

The literature abounds with indications that women consider multiple factors in addition to career-related aspirations in their choice of work conditions and location. Women are more likely than men physicians to choose an employed position to assure geographic mobility and the opportunity to devote time to commitments outside of the profession.\textsuperscript{23} Women physicians choose primary care
specialties and non-tenure or employee status in greater numbers, and often choose successful but less powerful careers.⁸

Many women make these choices purposefully- to carry out a life plan that allows accommodation to balancing obligations to profession and family. Lack of adequate time for professional pursuits is not, in itself, the key issue for women. It is the time constraints coupled with the inflexibility of academic routines and promotion processes that inhibit the advancement of women in academics.² A similar coupling may hinder attainment of positions of power in political organizations as well.
Support systems in their life giving them opportunity to lead

Supportive spouse and family

Often the path to leadership is challenging. The pressures and expectations can be demanding, and the saying “it can be lonely at the top” can refer to the rise to the top as well as the stay in power. When asked about what sort of support systems they relied on during their climb to the high leadership positions they attained, the respondents quickly credited those who helped them the most. By far the number one answer was a supportive spouse. “In order to attain and be successful at any leadership position, I think that it is imperative to have a good support system. Having colleagues who are supportive is essential, and in my case having a supportive spouse is also essential.”

“The biggest supporting factor? Probably their marriage, supporting spouses that will allow them to do things, that believe in them, and help them, and want them to succeed and take care of things that they can help with. And for the women who aren’t married, it’s probably other women there who can share and help them and guide them, maybe mentors. My mentor and role model was a man, and I think mentoring and role modeling are key. Once you get in a leadership role, you’re a mentor and role model. Once you’re there, it’s having other people there like you, not being the only one. Having other women at the table. I love having other women at the table with me. I have been alone there a lot, having other people
there.” This respondent was unmarried but speculated as to the role that spouses
could play in the life of a politically successful pediatric dentist.

“I am very fortunate to have a very supportive husband who is comfortable in
the ‘spouse of the President’ role and is willing and capable of caring for our children
and home with me. There is friction at times between us, and my husband has
certainly mentioned my time commitments to professional organizations in a
negative way more than I have mentioned his commitments to him.”

The feeling that politically inclined women and men were able to achieve
success due to the consent and support of their spouses and partners was reiterated.
“As women become more powerful, if they have a partner who is threatened by that,
it can hold them back. It’s the same thing with men. If the person at home is not
independent enough, the complaining factor comes into play and draws people back.
I don’t know if it’s as much a gender influence as it is individual people.”

Interestingly, many of the women commented on society’s continued
expectation for working mothers to be superwomen, and the continued stigma of
stay-at-home dads. “I think women who take on leadership positions must have
someone very supportive. I am not married, never have been, but the ones that are,
they still are the same as every other female who has a job. The males still expect
certain things. I don’t think males in general are as supportive of women doing other
things than taking care of him. At least, people that I date, that’s what it’s like. And
it may not be so much that men demand it, as women are trained to feel guilty if they
can’t take care of him or the home. Their mom got them into that mode, and that’s
how they are. Some of my friends have guys that stay home and take care of the kids, but it’s still looked weirdly upon. But it makes sense. If the female dentist can make enough money to take care of the family and the male wants to stay home and spend time with the kids, then it makes sense, but people still think it’s weird if the guy stays home.”

“The women are superwomen. But a lot of them are married to men who can take care of the kids but don’t support the family. A woman who has it all is a great woman because she has a good education, she’s a great mom and stays home to take care of the kids. But if a man does it, people think ‘wow, what a loser’.”

Though times may be changing and it may have become more acceptable or common for men to stay home either full or part time, there still exists a double standard unfair to both males and females. In marriages containing a physician, there is an overwhelming gender difference in whether both partners work or whether one partner works. One study found that 95% of the married or partnered women physicians had partners who worked outside the home, compared with 60% of the married or partnered men physicians, meaning there are far more male physicians with stay-at-home wives than there are women physicians with stay-at-home husbands.²

One subject talked about female medical doctors she knew: “The physicians that I worked with, they had to have a nanny or something in order to manage. But they were always behind their husbands or male colleagues, because they either helped them to get there or were just behind. The men that I know, their spouses
take care of everything. The men leave at 6 in the morning, get home, and look at
the kids before they put them to bed, and then they’re back in lab till 10 at night.
How can a woman do that? I don’t think they could. They would need to have a
pretty amazing husband, or same gender partner, which could happen too.”

The last respondent touched upon another topic that came up repeatedly as
well, the trend that many of these families employ a nanny or an au pair. Many of
the interviewees mentioned the importance of having someone watch their children
and their reliance on this type of assistance. “I have a nanny (live out) for my 4 year
old daughter. I know that my daughter will be well taken care of by my husband and
her nanny when I am not available.”

Other support systems also mentioned were familial support and parental
support. “My parents are very supportive, they drive my kids around to lessons, etc.
My husband is very supportive, he just thinks I should say no to some more things.”

_Private practice and academics:_

While one interviewee stressed the importance of private practice life as an
enabling force in pursuing leadership position “Private practice does give you the
opportunity to do what you want to do. No buts about it. Schedule how you want,”
a large number of respondents said that being in academics was very conducive to
becoming politically active. “I do think that academics may provide more
opportunity for leadership because there is exposure to the larger world than private
practice and those individuals may be more interested in the bigger impacts of
leadership. Private practice lifestyle is very different from academics, I feel like sometimes academics are always thinking about their profession and issues 24/7, while private practice you leave at 5pm and don’t worry about it. As a private practitioner you are also paying the overhead for time out of an office to volunteer, while this is not necessarily so in academics. “

“I have found it easier in some respects to participate in organized dentistry leadership roles because I am in academics and these positions are perceived as having value by my superiors and the system that determines my promotion, raises, etc. If I was in full-time private practice, I don't think that I would have the same flexibility in scheduling and overall support.”

Mentorship

A significant source of support mentioned in numerous interviews was mentorship. “I think mentors are the most important aspect that influences leadership. They help plant the seeds of interest and can equip a person with the skills to achieve.”

“Mentors play a big role in the early development of leadership qualities. Two that stand out for me are my father and the chair of the Pediatric Dental Dept at ___.”

“As I mentioned previously, mentors have been very important to me. Most of mine have been female, but there have been some significant men who have been very supportive.” The person who said this was in the minority, as there were by far 61
more women who mentioned that they lacked female mentors. "I don’t have any female mentors, there aren’t any out there. But my male mentors are so focused on the kids. That is where my thoughts go. It’s not for the glory, it’s for the kids. It’s a hoot. It’s really fun."

"I had two excellent mentors. ___ suggested committees within AAPD to join and ___ would nominate me for those committees. I also published quite a bit during that time and established credibility through my publications, lectures, and AAPD committee work. Little by little I became well know within the pedo circle on the East coast and nationally."

There were also a few people who mentioned they had no mentors. "Mentors: not really. Have gotten great reinforcement, good feedback. So I am motivated by that."

"I don’t have a mentor I can name. Admire certain traits, and try to emulate. But I don’t think people have mentored me."

Understanding and encouraging department heads were also support systems to some individuals. "My department chief is very supportive. Thinks it’s great that I am doing this. Has bent hospital policy as far as possible. Have an advocate on my side. He’s a dual trained ortho/ped. More of an advocate, less of a mentor."

While those without mentors continued to become highly involved with organized dentistry, those with mentors felt that having mentorship was the single most important factor in their current involvement. "Mentors have been the most helpful part of getting involved. I also have a very supportive spouse. However, my
colleagues with stay-at-home spouses have even more time and flexibility to get involved in the biggest leadership roles.”

**Stronger support systems for men:**

The great majority of women felt very strongly that males have more support systems. Most of this was in reference to the unequal distribution of domestic responsibilities mentioned earlier, leaving women with less time and resources to pursue extra-familial activities such as organized dentistry. One female leader said this: “Support network is not the same for both genders. Many days I wished for a wife to keep the house clean, etc. With males, the male leaders who are married individuals with wives who are nurturing and stay home cannot accept women in leadership roles. Men whose wives are independent, free thinkers… those men aren’t intimidated by women in leadership roles. Other men have a whole different perspective of how you should be. In their eyes you are neglecting your responsibilities. I have the best relationship with the men whose wives are independent and have their own careers. For a man to have a life partnership with an aggressive female, they have a very good understanding of who they are.”

“Most of the successful men, and all those who have been president, have had a woman by their side, in their shadow. They never had to make any of their airline reservations, cook their own meals, take care of the kids, or pick them up when they’re sick, go to their soccer games, etc. The wife is like their personal assistant. Most of the women who are high up are single or divorced.”
Another respondent explained inequality in the domestic arena by acknowledging the difference in financial support provided by herself and her husband. "In our family, taking care of the kids, it's like 80%/20% between me and my husband. He's an endodontist, so he does understand organized dentistry. Most of the men have wives that they should give great credit to. Most of the men in organized dentistry have wives that make it possible for their husbands to become involved. My husband has made it financially possible. It's very enabling."

This perceived advantage that males have more support systems extends past domestic partnerships to include professional support systems as well. "In general, I think that men have stronger support systems in their life, both personally and professionally, that enables them to assume more leadership opportunities. A domestic partner, a professional mentor, professional social contacts through organizations, playing golf, etc. all contribute to an influence base that may be larger and stronger for men. The interesting thing is that women ascend to leadership positions without having as strong a base of support systems."

"I think that men have understanding spouses, who help them, partners who cover the office in their absence, and political clout (engage in back room deals). Women are less likely to have these." This comment was echoed by many of the women I interviewed. Overall, the women felt the men had stronger support systems and could more easily access leadership opportunities.
Leadership styles and qualities

Women and men have in general somewhat different ways to produce results in work and in life. Men value competition, economic issues, and prestige more than women.¹ Men succeed through their ability to identity, focus on, and solve problems. Women succeed through their ability to identify and cultivate relationships. In business, women have a work style influenced by a more diverse set of motivations than solely the motivation to work, and very much prefer to work with and to contact the public versus working in an isolating job.²⁴ Women’s cognitive style has been described as being more global and conceptual, while men’s cognitive style has been called linear and concrete.²⁴

These generalized gender characteristics are also visible in medicine. Female physicians have been shown to spend slightly more time with each patient and to engage in more supportive verbal and nonverbal communication.⁸ Female physicians’ visits were 29% longer, they engaged in more social exchange, and they were more encouraging and reassuring²⁵ than male physicians. Women physicians do seem to excel at doctor-patient communication, a central skill of clinical medicine. This may be a reflection of the strong social expectation for women physicians to be empathic. In addition, women have been thought to emphasize and derive satisfaction from relationship-oriented aspects of work more than from the tasks involved.²⁵ Women seem to be more people-oriented and value humanitarian
concerns, and have ability to relate to people, sensitivity, concern about social issues, empathy, and interest in patients as people. Reciprocally, women also have a greater need for empathy. Women also value cooperation, family life and relationships, responsibility, and concern with social issues more than men.

Though these generalizations of gender characteristics may reflect some truth, this may also hinder rather than help some women. When asked about their success, top female executives in Fortune 1000 companies gave their best explanation. The top two answers were “consistently exceeded performance expectations” and “adjusted personal style so it would not threaten male executives.” Women had to adjust their style to fit in with traditional gender stereotypes so that they would not be viewed as too domineering or aggressive. For example, behavior that is acceptable or even expected from men may be viewed negatively if exhibited by a woman. Behavior in men that is considered “goal-oriented” or “competitive” may be labeled “harsh” or “confrontational” when exhibited in women. Most respondents said they changed their styles to make male colleagues more comfortable. Thus, in order to be successful, women were forced to develop a whole skill set not required of men. The ability for women to excel, but only within the confines of socially acceptable gender-based norms, puts pressure on women to juggle their behaviors and their instincts while perhaps also limiting the number and type of female leaders who actually succeed to top positions.

This notion of gender-associated acceptable methods of communication and interaction came up in some of the responses from the participants as well. Most of
the responses were in agreement with the literature findings. “Different standards for
women and men… men can be assertive, women can be scary. We’re not all the
same. Women are treated differently than males. Women are held to different
standards. There are expectations that women are more nurturing. So if a woman
does something that a man would do, they may be considered harsh because they’re
different. Let’s face it, we’re not equal. There’s a derogatory name for aggressive
women. There really isn’t one for men. Strong women are sometimes viewed in a
negative way, even if they are being a good leader, which is unfair. Do women and
men lead differently? Yes.”

Some studies describe traditional stereotypical feminine and masculine
leadership models26,27 while others show that female and male managers seem to
behave quite similarly in leadership roles.28 Men have been called transactional
leaders, seeing job performance as a series of transactions with subordinates
exchanging rewards for services rendered or punishment for inadequate
performance. Women on the other hand are considered transformational leaders,28
transforming people’s self-interest into organizational goals. Characteristically
transformational leaders encourage participation, share power and information,
enhance individual’s self worth, and spread enthusiasm about their work.11,20,29

Transformational leadership is known as behaving in ways that bring out the
best in individuals and organizations. It may be considered a more androgynous
style, calling for the best of both masculine and feminine behaviors. This leadership
style includes those relationship-oriented behaviors that female managers are
somewhat more likely to claim than men, as well as task-oriented ones that help
groups reach important goals. Males tend to be stronger in aspects of vision
creations, while females excel at vision implementation and follow-through, as well
as employee and team development.31

Responses from the participants in this study generally supported findings
from previous studies with relation to leadership styles and vision formation and
implementation.

*Males: Leaving a mark*

Another common theme that arose was the perception that men felt a need to
leave their mark during their term, a sort of legacy that could be forever attributed to
that particular leader. Additionally, many women felt that males wanted to be king
of the mountain during their term, unwilling to compromise or negotiate.

“Sometimes I think men need to leave their mark. It’s like marking their territory.
It’s ego. And if you have people that will just take a strategic plan for movement of
the organization, and all they have to do is see to it that it gets carried through that
year’s worth of goals and get met and that they move on. That’s good leadership.
And I have a feeling that women will lead that way. I think they have less of a need
to mark their territory and leave a mark. I was president of the _____ dental society,
and I thought we ought to have an agenda where all the presidents did was forward
move this particular plan. I didn’t think I would have to do anything memorable or
make me special. I just wanted to move this plan forward. Remember where the
majority of men come from, from private practice. You run the show, you call the shots, you make the decisions. You decide who works there, who doesn't work there, and when they work there, what they do. The way I see it, the men who come in have a hard time doing committee work. They don't know how to work with people. They know how to be the chairman, but they don't know how to work with others. Committees work by consensus, and by people talking and say what they think and coming together. It's a very different model from 'king of the mountain', where I make the rules and you have to do what I say. I think women leaders will be more consensus builders and less the king of the mountain and more members of the group."

"Guys' styles are different, they seem to stick to one issue, don't really see the big picture. Gotta have the last word in type of thing. Leave their mark. It's different to me. They may sum it up or go off on a tangent, whatever, just to hear themselves talk. Some of the past presidents, their styles have been so different. Working with them has been a real hoot. What gets accomplished and what doesn't. Some micromanage, etc. With women? Can't compare because don't have women at that level. The council chairs who are women are getting the feel, but they don't have mentors out there who are women, so they are still trying to figure things out. In the last five years, that has really changed."

One of the male interviewees had an explanation for this. "Men go to their core because it's accepted for a man to come off as controlling and tough and domineering. It's less acceptable for a woman to do that. What is acceptable for a
woman is to be nurturing and caring. So if they deviate from that, they have to earn their right. But a man has to earn the right to be nurturing, so they come from opposite base points. Evolved because it works well or because innately determined? Both.”

Females: Organizational skill, time management, giving feedback

Women view the big picture and manage time better, according to the women interviewed. One participant felt that women in general manifest certain traits that help steer a group towards a goal. “At all the councils and stuff, it’s mainly the women who get the stuff done and generally are timely about it. It’s a very generic thing, but I think we are able to see the big picture better and manage time better. And the guys are always like ‘Here’s a problem, we are going to fix this one, and then this one, etc.’ I think women have a better organizational style. But of course this is very general. I think women have a willingness to serve, and that we can contribute to something that they aren’t giving.”

Women pull their own weight. With the obsessive need to compete and ‘prove oneself’ in the realm of being a woman in pediatric dentistry or dentistry at all, women have to be responsible for their actions and fulfill whatever duties they decide to take on. “The way men and women work in a group... I’ve noticed that some people pull their weight and some don’t. Most women on the committee seemed to pull their own weight. And women tend to put their nose to the grindstone and
actually come up with a product. They always come up with something. No one’s there to just have their name on a committee and put their name on a C.V.”

One interesting topic that one interviewee mentioned was the perceived propensity for women to invest in people, and spend more time in building relationships. “In my experience, more women are willing to commit additional time to good communication with their patients and their parents than most men because they are willing to make less money than men in general (this is what is reported in medicine as well). Please understand that there are many exceptions and these are not absolute statements, but I do think that women generally work very hard to ‘connect’ with the people they work with and this is not as much as a priority to men. One of the examples is the female pediatric dentist’s relationships with the primarily female staff; it is different than most male dentists’ relationships with their staff. Being a female dentist, I have found that many female staff members feel more comfortable and casual with me than they do with male dentists. It can be a real challenge to define your relationships with members of your own gender who do not have the same ‘level of power’ in the practice.”

Women give feedback, said one interviewee, and it’s usually positive feedback. She also touched upon the need for consensus felt by many female leaders. “What about leadership styles? Similarities and differences. Council of scientific affairs. Gotten a lot more feedback from the female chair. More encouraging. Females seem to understand the importance of positive feedback. Women leaders have been very careful to obtain consensus, everyone truly had a chance to
participate... and she even coaxed it out of some people. Some male leaders will give everyone a chance, and that's it; if you don't speak up, that's it.”

Females: Consensus building and power sharing

One topic that arose from these interviews was one that pervades most contemporary leadership books and one that is highly associated with the female gender according to many studies. It is the notion that female leaders often feel the pressure to reach consensus before making decisions. “Women successful styles: have to be consensus building situation. Special skills, better understanding. Need to listen well and encourage others. Listening skills are very important. Communication is very important. You are a model whether you want to be or not. Can't make offhanded remarks. The managerial style is to have consensus building, and obviously can't do that without listening. Also, a mothering role where you reinforce the people that you are working with. Encourage and positively reinforce.”

The idea of consensus building goes hand-in-hand with the idea of power sharing, that the control of an organization should be shared and used with general agreement of the individuals involved. Women are observed to use the team approach and place a higher value on communication. “Though I feel many of the qualities of a good leader are the same for both men and women, I feel women can be even more effective due to their better communication skills and ability to empathize, also to get people to work together as a team rather than be authoritative leaders.”
Another woman agreed, though with an interesting additional observation: “I think women have less authoritative leadership styles which can be more effective. They are willing to negotiate issues. However, the higher up the leader is regardless of gender, the more traditional I find their leadership to be.” What she meant with “traditional” leadership is the more authoritative style that is usually associated with the male gender.

Males: Delegation of duties

Often associated with authority is delegation of duties. While many leadership books and speakers tout delegating duties as key to being an effective leader, many of the interviewees felt that males were more readily able to delegate to others than women were. “I think males can sometimes be better at delegating, whereas females may sometimes feel it is just easier to do it themselves than to find someone to delegate it to.”

This do-it-yourself attitude may lead to time and effort being used to micro-manage, an accusation that is freely used to criticize individuals for both genders. But one female respondent said, “I think women may tend to over-manage while men delegate more.” Another interviewee reflected upon the process of leadership. “I think that in general, men are more comfortable delegating duties, and that men often focus on the product, while women are also concerned with the process. Male style here may hinder leadership.”
Transcending gender lines

The desire to keep the peace may be more often associated with female leaders, however, there is always an exception to the generalization as well overlap between the genders. The following quote from a woman illustrates the individuality of leaders, regardless of sex. “I think that more women are interested in pleasing others and ‘keeping peace’ than men. I think that men are more likely to make decisions that may be unpopular if they believe that that decision is the right one. Most women need consensus to feel good about making decisions. I don't really fit the typical mold of most women, and there have been many times that this has worked against me - with women and men - because I was expected to act like a woman and I acted more like the stereotypical male. Both of these differences can help or hinder leadership. In some situations, consensus is more appropriate and effective and in others, someone has to make the decision regardless of how the group feels.”

Individual styles not based on gender

Some individuals felt that there wasn’t a gender difference in leadership styles that they’ve observed. “I can’t say that men and women have different leadership styles. I know both male and female leaders who are very effective and use very similar leadership skills. I also know men and women who are terrible leaders, who also possess similar styles. The best leaders I know, male or female, do the following: consider the overall good of the company or organization before
considering personal gain, surround themselves with strong, talented people, recognize their weaknesses and try to improve them, also include people in the group who are strong in the leader’s weak area and learn from them, are compassionate and understanding but able to take emotion out of certain decisions and act objectively, are straight shooters who speak directly and don’t beat around the bush, recognize problems and address them quickly before the organization gets infected, continually improves their leadership skills, aren’t afraid of confrontation, but handle it with very little emotion. I know there have been a million books written about the differences in the ways men and women deal with situation or lead, but I think a good leader possesses qualities that are inherent or learned and then executed effectively, regardless of gender. Obviously, if the leader doesn’t have the right venue, they can have difficulties. But a true leader usually finds a way to overcome obstacles and lead.”

Another framed it this way: “Similarities and differences. I think I have seen all kinds of leadership styles in both women and men. My way or the high way. Other people are mediators and don’t step on toes just to get something accomplished. Doesn’t matter if it takes longer. In my local groups, there are people who are quiet and have to be sought after to speak up. I think it’s more individual than gender, especially as people get older and go through more experiences. I don’t know how women your age feel about it, like if you are taken seriously or if there’s opportunity to initiate change and share ideas. It may be our male colleagues are
ignoring us, but we just ignore them right back. There's been more talk and maybe more awareness of male and female differences."

Speaking styles:

When it came to speaking styles, many of the pediatric dentists felt that there was a definite difference between the genders. One talked about the amount of speech, another mentioned delivery and tone of speech. “I think that the male speaking style commands more attention and respect for a number of reasons: deeper tone, assertiveness. I think it helps leadership.”

Both felt that most of the differences were due to societal perception of traditional gender roles. “Between the two genders speaking styles are different. Men can say things off the cuff and be accepted. Women who do so are babbling. I try to say things short, to the point. Try to say things and then shut up. Men are more forgiving of other men who do that than for women.”

“Males and females have different styles. The women are more soft-spoken. It’s always men that make the motion and second the motion. We’ll voice our opinions, but not as vocal as the men.”

“Sometimes if a message comes from male, it's accepted. But if it comes from a woman, it’s ‘oh, she's in one of those moods’ and it appears more blunt. Sometimes you have to be aggressive with people. I was most involved with organized dentistry when I was involved in public dentistry. I was put in charge right away when I started public dentistry. That automatically put me in a leadership
role. Came with that job. Plus, I was beginning my career and had a lot of energy. And I really enjoyed it because I thought I could make a difference and there was a clear impact on clinical dentistry."
Politics

As I interviewed these women, each one of them had something to say about “politics”. Leadership is often associated with structured meetings and formal policies, conjuring up notions of backroom deals and the uglier and less glamorous aspects of the job, and this leads into the “politics” that is talked about with distaste and distrust.

One interviewer described her take on the AAPD and her place in it. “I certainly wouldn’t want to be a woman trying to advance in this academy because I can’t figure out the politics of it. So I am not trying to go anywhere. If I did, I would be very frustrated. I never wanted to be on the board of trustees because I was never able to figure out politics. I didn’t like it. People are saying one thing and doing another. I don’t like politics. Politics are really bad in the ___ and also on my state level. I really like the academy because it’s better. But still, the politics are overwhelming.”

“I was pretty naïve with it. I didn’t know there was the politics that there are. I thought we were past that, but it’s still that politics are politics. Some things that happen behind the scenes aren’t fair, but it happens. People still have agendas and they will do everything they can to meet that agenda. That’s gender neutral, goes both ways. That is tough. But I think you can still participate. It’s really behind the scenes kind of stuff. I have been doing this leadership stuff for a very long time and
still didn’t know it was at this level. You just gotta not worry about it. Just do what you do. It's human nature. Dirty politics. I did think it was just males. But I don’t know. I have seen some other things. I have been in the thick and thin of that too. It’s like the presidential election. People don’t seem to focus on the positives of the people. It's the bully mentally. I still think it’s dirty politics. It's still the good old boys club still trying to control things. They’re having a hard time because of the way the governance is set up now, but they’re still there. And they’re still trying to get their agendas met. I thought it was just a guy thing, but it's not. The females sometimes are worst. Just like in social ways, their competition is still very much there.”

Competition between individuals is a natural phenomenon. Whether there is more competition within one gender over another can be debated. While most would be quick to say that males in general are more competitive, it can be argued that perhaps in the higher echelons of leadership, the few women there have learned to take on the more dominant traits of the males around them. The predilection for women in high leadership position to be more assertive and strong in order to be seen as equal or worthy would results in more competitive women. This coupled with the fact that these women are not of the male gender can close some doors. Some have mentioned not getting invited to the hunting trips and cigar parties, more informal settings at which talks continue and political alliances are made. The women I spoke with felt that this was due to their gender. “It appears that there is an inner circle
within (the organization). I was not a fishing buddy or a drinking buddy or a golf buddy. Lots of male networking is done on boats, bars, and golf courses."

"Women don’t have the social overflow that males have, e.g. social events like golf, hunting. Nowhere for me to go to for bonding. So I miss out of all the conversation they have. And there’s no place for women to go on an informal basis... It’s a part of the way men are socialized, and women aren’t socialized that way. In my lifetime, men have the ability to section their lives. They have a time for relaxation. In my life, it’s all politics. Always on the go. I don’t have something that I do for me on a regular basis. I think when women get together, many times their comments are negative. More gossip. It’s enjoyable sometimes. But it’s a problem that I see. I’ve never been in a group of men like that. I’ve never been in a social situation where I am comfortable enough with a group of men to make the comments that I would make if I was with a group of women. Certain level of comfort there. Very seldom have that comfort level with a group of men.”

The number of women in organized leadership such as the AAPD is steadily rising, but is still very low and does not proportionally represent the genders of members in the academy. “The AAPD doesn’t represent the genders in pediatric dentistry field. In my state organization, it’s a lot better. However, in the AAPD, we still have yet to get our first female president. There are a few women on the board, but not many as men. In my experience, many of the women who would be great at it are busy doing something else. It’s very common that I am the single female on a board. Women are not being discouraged... I suspect that women who are asked
have said no. To a certain extent I think there may be some affirmative action going on. I may be sought out because I am of the correct gender; the gender they need more of at the right time, and I am an enthusiastic participant, and I am qualified. I suspect the committee was hoping to get a qualified person who was female... I think that gave me an edge over some of the males. I always feel like I have to over prepare and overdo to make sure I feel that I earned it, and to make sure they feel they made the right choice.”

This need to prove oneself was reiterated by many interviewees. Some spoke of their time in dental school during which they faced blatant discrimination and public degradation. Others say it started later in their career. “I think women still feel like they have something to prove to keep up with their male counterparts. I have experienced comments such as ‘Dentistry will be a nice hobby for you’ or ‘you don’t’ have to work if you don’t want to’ type things. I also feel it is the perception of older dentists who are trying to sell their practices and bring on associates that they wouldn’t have so much difficulty with this if there were more male pediatric dentists because the female dentists don’t want to work as much. I have dentists make comments like that to me. Personally, I never felt a gender difference until I started practicing dentistry. There is definitely a nice network of male dentists who like to golf or hunt together, and female dentists are often left out of this loop. But really, if you want to participate in leadership roles, no matter on what level or organization, I think you are most judged by your actions than your gender. There are many strong female leaders out there, and there may be style differences or
underlying stereotypes, butt here are so many great female leaderships and this will only continue to get better each year. So although I have felt my gender may be a little bit of a handicap, overall it is not something I notice or think about and certainly not something that would keep me from becoming involved in organized dentistry.”

“Right this minute, the reason there aren’t women in leadership roles has nothing to do with men not wanting them there. Maybe that if it is, the generation that’s feeling that way is quickly going to go, and there’s another generation behind that’s much more enlightened and feel that women can do a good job. I do know that when I was on the board, it was amazing. There were the women and there were the men. The men went off to dinner together and left us by ourselves. You had to be in the ‘in group’ and the good old boys network. That’s kind of what I’m talking about when I say there’s a group in control right now that will not relinquish it. They are damned determined to be sure they control the next person who comes into power. And all of that conniving and planning goes on within the group, and they don’t want anyone in the group who’s not part of that group and we weren’t a part of that group. So it’s a good old boys club or an anomaly in the academy that happens to have this power hungry very tight group of people, I don’t know. But I think that coming up are some wonderful material people. I think the future is extremely bright for the female leadership in the academy. I think that the guys are threatened by that. But I think there are bright young women coming, and I think
women will be in big leadership roles in this organization. They will be very effective, and I think they will be well represented."

Another person agreed with her, saying, "women who are interested can gather the time and resources to move forward, either as program directors or in the academy. I don’t think that there are few women because it’s a good old boy’s club, that we could only get so far and that’s it. I don’t think the presidency would be handed to a woman, but I don’t think that they would block someone who has good ideas, etc."
Technology: Making things better

There are a few things that can be done to help women get involved. Technology can enable women to stay active in leadership positions in organizations more easily and conveniently. “Technology has made things much more doable than perhaps things were 10 years ago. Can do things in your own time. I am my own secretary. Everything I send out to the Academy I type myself.” Another interviewee observed how technology has helped: “If you’re a council member, you can do a lot of e-mail. I think people can choose how involved they want to be and still be in a leadership role and be able to give your voice and your opinion. And it’s so rewarding, and you really can make a difference here. The way the governing is set up now, every person really can make a difference and it’s really nice to see.”

A few of the women mentioned inflexibility in scheduling meetings and dates as being one obstacle to women in general from getting more involved. Although there is some flexibility in being an officer or board member or council member, one woman said that even more could be done to help busy women become involved. “More could be invested in technology that allows for internet meetings and conference calls as opposed to face-to-face meetings. Creating networks for female dentists to build leadership skills and find mentors is badly needed.” Other ideas: “For certain meetings, can throw out certain dates and people can pick, so there’s more choice and a good day can be worked out. For annual session, I miss my
daughter's band recital every year because there's no flexibility.” Other participants mentioned a need for more flexible leadership positions in which women may be more comfortable with time constraints or demands.
CHAPTER 4

DISCUSSION AND IMPLICATIONS:

General insights gained from the study
Reflecting on gender roles and society's expectations

An emerging theme in the leadership field focuses on the importance of and need for women in leadership roles and the organizational changes to meet these needs. The complex combination of women's choices, sexism, cultural stereotypes, constraints in balancing family responsibilities with professional opportunities, and lack of effective mentoring combine to account for the low number of women in top leadership positions. Women who are interested in becoming active leaders have to deal with many more issues than do their male counterparts because they need to work in the current social context. This context includes stillshouldering more domestic responsibility in the household, even if both spouses work and earn the same amount of money. It includes women generally taking on more of the child
rearing responsibilities than men even in families where both parents work. So in addition to running the house, raising the kids, and leading a professional career, a woman who chooses to become involved in organizational politics juggles all these various roles and responsibilities plus the mantle of leadership. A survey of female dentists in 1995 revealed that women dentists spent an average of fifteen hours a week in leisure with children, eleven hours a week in childcare, and nine hours a week in housework. This accounts for double the amount of time their male colleagues spend with their children, and becomes essentially a "second shift" of work in their lives.

Leadership in pediatric dentistry is changing due to the increasing number of females graduating from pediatric residencies. Complex gender roles and aspirations make this population different from the male leaders of the past and present. The significance of examining leadership lies in the prolific amount of advocacy and policy shaping that the body of organized dentistry produces. The large majority of pediatric dentists belong to dental organizations, which mean that the governing bodies of organizations such as the AAPD have great influence over the profession of pediatric dentistry in general. The fact that pediatric dentistry is an integral specialty in the oral and general health of children and the reality that there is a vast and desperate shortage of pediatric dentists across the nation treating the most preventable disease in children loudly signals the continued need for pediatric dentists to strive towards their goals in ensuring communities have access to oral care. The need for children's advocacy is clearly obvious, and therefore the
importance of having focused and effective leadership in the organized body of pediatric dentistry is paramount.

Previous studies have concluded that women in general are less likely to value being in leadership positions.\textsuperscript{12,22} Though reasons for differences in attitudes of male and female professionals towards leadership is unclear, women generally have greater family responsibilities, few female role models in positions of leadership, and different leadership styles, perhaps synergistically contributing to the lower value placed on leadership by women. For true gender equalization to occur in high levels of leadership, traditional presumptions that professional leaders should always resemble the dominant model of the past century: male, career driven, and married to a "supportive" wife,\textsuperscript{9} must be overturned.

The results of this research validate mentorship and leadership training programs for women. Already, the American Association of Medical Colleges has outlined a comprehensive approach to increasing the number of female leaders, including mentoring programs and leadership training.\textsuperscript{12} They suggest that multiple approaches are required to overcome the cumulative disadvantages that professional health care women have to face: improving gender climate at academic medical centers, mentoring of women faculty, residents, and students, and providing skill-building opportunities for women. Institutions appear to be realizing that strong mentoring relationships among faculty increase the stability and health of the institution, contribute to a climate of cooperation, increase faculty and student

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satisfaction, enhance the career development of women and minorities, and develop future leaders.  

Additionally, there exists a need for women to have what the male leaders of the past had, a strong support system which includes the informal bonding events that allowed continuation of politics in a nonpolitical arena. Perhaps women lack the equivalent of bars, golf, and fishing trips because there haven’t been enough women to convene with, and because most women do not benefit from having spouses stay home and take care of the house and kids.

Results from this study also highlight the necessity for more technology to be incorporated into multiple aspects of the leadership paradigm, allowing for such advancements such as internet conference calls or e-meetings, scaling down financial expenditures and allowing for more efficient use of time. More flexibility in meeting schedules, leadership positions, and general proceedings would ultimately allow for more inclusion of women and enrich the leadership of the dental organizations of the future.
SPECIFIC INSIGHTS GAINED FROM THE STUDY

Findings:

- Three-quarters of the pool interviewed who hold high leadership positions in organized dentistry were academicians, either part time or full time. This may be due to the ease with which academicians may spend time in these types of leadership or volunteer activities, whereas women who depend financially on private practice earnings may be less able or willing to do so. Another reason may be that women who choose to teach are more inclined to volunteer or commit their time to advocacy or politics. Yet another reason may stem from the close network of present academicians who may serve as mentors or individuals who personally invite others to join the organization's leadership.

- Most interviewees said that they are involved on a leadership level for altruistic reasons, because they felt obligated to give back to the profession, to better the organization as a whole, and to promote child advocacy. The women also felt that it was important to serve as positive role models for other women as well as their own children.

- Half of the participants became involved because someone high in the organization hand selected them or asked them to join committees or fulfill a certain leadership position. The second most common reason for
involvement was encouraging mentors, followed by encouraging peers. Those who were mentored expressed the importance of mentors for modeling, encouragement, and advice early in their dental training and into their career.

- More than three-quarters of the women interviewed felt that their gender hindered their leadership paths at some point in their career. While some cited sexism and external barriers to their rise, most women felt that the continuing societal acceptance of unequal domestic division in duties at home was an obstacle they had to face. Motherhood especially was a huge deterrent, resulting in little or no time for leadership efforts since most of the child-rearing was left for the woman in the household. Another outcome of motherhood was guilt associated with spending time away from the family, thereby also limiting the efforts that women would otherwise give to organized leadership.

- More than half the interviewees felt that both men and women pursued leadership positions in organized dentistry for reasons based on individuality, not gender. Reasons included being part of a group, giving back to the profession, to make a positive difference, personal accomplishment, success, opportunity to interact with colleagues, attain visibility and respect from our peers, and the like. The other respondents felt that motivations were shaped by gender due to either biological differences or societal influences. They
cited power and ego as viable motives for males, and altruism and servitude as motives for women.

- When explaining why women choose not to pursue leadership roles, an overwhelming answer was to have better balance with family life. Lack of time in general was another major deterrent. Financial sacrifice was also a large concern for the interviewees, especially those in private practice.

- When explaining why men choose not to pursue leadership roles, the most common answer was income loss or prioritization of practice. Other reasons included disinterest and family.

- Most respondents stated that male and female dentists share the same values, but prioritization of the values were perceived to be gender based. The perception was the family was the first and foremost priority for females, and that profession or practice was the top priority for males.

- The interviewees felt that the support systems in their lives allowing them to pursue leadership positions were supportive spouses/family and mentors. Some of the women who were mothers mentioned having a nanny or au pair. Some private practitioners mentioned having a practice as enabling them to spend some time in leadership efforts, and those in academics mentioned the lifestyle of an academician as conducive to leadership efforts as well.

- The majority of the women felt strongly that males have stronger support systems than women. They pointed to most males having a supportive wife
who took care of domestic responsibilities and could also act as personal assistant, especially if that spouse stayed at home. Women also mentioned that males have stronger professional support systems such as more available mentors and access to traditional male activities that have been closed off to women such as golfing, fishing, or hunting events at which males could meet informally but still serve as strong bonding or socializing opportunities.

- Politics were spoken of and broadly encompassed good old boys' club, female affirmative action, and dirty politics. General consensus was that times are changing, and what is left of the good old boys' club is breaking down, leadership is changing to include more women, and though female affirmative action may seem like a good idea, many of the experienced females felt bringing up women through the ranks who were unready would lead to disappointment and disaster.

- Suggestions to improve the current state of unrepresentative number of women in leadership positions were given and included incorporating technology to allow for internet meetings and conference calls, creating networks and networking opportunities for female dentists, making female mentors more readily available, and having more flexible options of meeting dates.

- Just over half of the interviewees felt that leadership styles and qualities were gender-associated. Interviewees felt that women gave more feedback and
practiced consensus building while men delegated duties more easily.

Speaking styles seemed to differ as well, with women being more soft-spoken. This may be an outcome of social appropriateness, as a number of the respondents mentioned that something said by a man may be acceptable, but the same thing from a woman may be seen as overly aggressive or insensitive. The rest of the respondents felt that leadership styles crossed genders and were more based on individual personalities.
Recurring Themes:

- Past history of involvement may indicate future involvement
- Women's need to prove themselves may be generational attitude
- Women have to face obstacles, usually self-imposed, but usually accept it as simply part of the territory
- Mentors are extremely important and influential
- For women, timing in life and in career is crucial, time for motherhood is paramount, and disappearance from leadership may be transient
- Women need more informal gatherings at which political agendas and alliances may spill over
Implications for the future:

Research implications include identifying better ways of cultivating women in the dental and other health fields and implementing strategies to prepare them to enter leadership roles, perhaps through the development of leadership institutes, drawing upon the experiences of women who have been pioneers in leadership roles as mentors for future women in the field, and developing networks to support women who are in organizational leadership roles.


