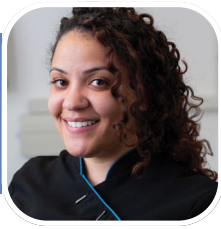


Misogyny, misandry, sexism and bias in the dental profession and workplace – does it exist?



Rebecca Silver¹ explores deep-rooted prejudices and their manifestations in dentistry and how we might address these issues.

The dental profession plays a crucial role in providing essential healthcare services to people. However, it is not immune to the issues of misogyny, misandry, sexism, and bias that persist in our society. Despite considerable progress towards gender equality, these deep-rooted prejudices continue to impact the experiences of both female and male dental professionals. This article explores the manifestations of misogyny, misandry, sexism, and bias within the dental profession and workplace, and highlights the importance of fostering an inclusive and equitable environment for all.

What is misogyny?

Misogyny can be defined as hatred or prejudice against women, usually displayed by men.¹ Misogynistic thought can be traced back to ancient time; Aristotle, the Ancient Greek philosopher, famously held beliefs that women were inferior to men. However, the word was not coined until the seventeenth century and is derived from the Greek word *misos*, meaning hatred, and *gunē*, meaning 'woman'.

Misogyny, according to feminist theory,² exists both because of gender norms and as a means of maintaining them. Women in traditionally patriarchal settings have been encouraged to assume roles that benefit

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men. Although it can be acknowledged that women's rights advanced during the twentieth century, some women in the early twenty-first century have continued to face backlash for taking on responsibilities that challenge males rather than support them.

Misogyny in healthcare

Before looking at dentistry it is prudent to look at healthcare as a whole in the UK and how and whether misogyny has affected it.

The NHS published a report for International Women's Day 2021 celebrating the number of women who make the NHS what it is. They found:

- 88.6% of the 342,104 nurses and health visitors are women
- 42.5% of 18,509 ambulance staff are women
- 77.6% of 172,267 scientific, therapeutic, and technical staff are women
- 62% of 22,552 managers are women
- 76.7% of 1.3 million NHS staff are women.³

An NHS Digital report completed in 2018 found that 45% of women are doctors and that 44% of all Chief executives across NHS Trusts, CCGs [clinical commissioning groups], supporting organisations and central bodies are women.⁴

These figures show that there is a proportionate number of women working within healthcare, but that does not mean that they are able to complete their jobs free of hate. Surviving in Scrubs⁵ is a campaign designed for all women in healthcare to tell and share their stories of harassment, misogyny, and hatred they have experienced within their job roles, purely for being a woman. The campaign is pushing for the General Medical Council (GMC) to renounce sexist and misogynistic behaviours towards female colleagues and to ensure that they are treated with the respect that they deserve.

Misogyny in dentistry

Although women form a majority of the dental workforce (Table 1)⁶ this does not mean that they do not face challenges regarding their professional role.

Anecdotally, colleagues have experienced misogyny in the workplace including:

1. Stereotyping – where patients and other colleagues have commented on the fact that they are female and may be better suited to certain professions, such as dental nursing or dental hygiene. Many dental nurses are told to study to become a dental hygienist, because that is the natural route – for a female dental nurse to become a dental hygienist, not a dentist

2. Double standards – men being held to different, usually lower standards and given more freedom than their female counterparts. Clinicians may be dictated to about how they will work, even if it does not align with their beliefs. Female members of staff may be forced to wear make-up, or comments might be directed at them about how lovely they look in make-up. These comments are not directed to male counterparts
3. Sexual harassment – usually in the form of comments about women and their attractiveness and how this translates to other areas

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4. Microaggressions – microaggressions can occur about the appearance of female members of staff regarding perceived attractiveness or weight. They are normally subtle so it can be difficult for a staff member to make a complaint as there is no substantial proof. Comments such as 'the girls on reception' may not be an intentional microaggression, but they all combine to create a hostile working environment.

While not all gender stereotyping is explicitly misogynistic, it can contribute to and perpetuate harmful biases and unequal treatment.

What is misandry?

While not necessarily as prevalent as misogyny, misandry is the hatred of men.⁷ Misandry can be and is present in dentistry, but it may not be as obvious as misogyny. Men may encounter stereotypes that they lack empathy or sensitivity purely based on their gender. It could be comments made by patients or staff about how men are given things because of their gender.

Misandry exists and should not be downplayed, but many more people need to speak out. As a nation and a profession, we cannot allow misandry to become acceptable or forgotten.

Sexism

Sexism is a pervasive issue that can affect both male and female dental professionals. It can also include gender stereotyping, assuming or expecting one group of people to act in a certain way due to their gender. It is a form of discrimination based on a person's gender. It typically involves treating individuals differently or unfairly because of their gender and it often results in the unfair privileging of one gender over another, most commonly favouring men over women. Sexism can manifest in a number of different ways such as stereotypes, unequal opportunities, unequal pay or harassment.

Some people believe that the current system present in the UK is a patriarchy and as such women in healthcare may default to certain roles, such as paediatric dentistry as a speciality or becoming a nurse. Yet this patriarchy affects men just as much as women by punishing men for not acting in a stereotypical 'manly' way. How many times have you heard a man been made fun of for not acting as a man? How many times have you made a comment about a man based on gender stereotypes?

Many people have grown up in this patriarchy and some will say that this is the reason there are fewer women in healthcare positions of management; in senior medical grades there are nearly 32,000 male consultants compared to 18,000 women.⁸

In terms of dental specialities (Table 2)⁶ there is a split on the number of men and women registered in each speciality, with some specialities 'stereotypically' having more of one gender applying to be able to practise them – such as paediatric dentistry having a higher percentage of women or endodontics having a higher percentage of men. This is not to discredit any specialist, but one may infer that there is a reason that there are higher splits in different specialities.

As there are fewer male dental nurses compared to female then these men may feel that they are questioned about their reasons

for choosing dental nursing compared to their female counterparts. Again, anecdotally some clinicians have said they do not want to work with male dental nurses because it 'isn't right'.

To be able to make a change to sexism one must acknowledge that sexism exists and that people who view themselves as progressive have made sexist comments or had sexist thoughts. How many of the below has happened or been said to you or about you? How many such comments have you made yourself?

- 'The girls on reception.'
- 'The ladies on reception.'
- 'You think like a man.'
- 'Women are too emotional.'
- 'Men are better at technical jobs.'
- 'It is a boys'/men's club.'
- 'She's too hard.'
- 'They're on their period.'
- 'Are you on your period?'
- 'Women are too hormonal.'

- Only asking male members of staff to move heavy pieces of equipment or boxes, whether or not they have had sufficient training
- Addressing a group as 'guys' when it includes both men and women
- Using derogatory terms relating to gender
- Mansplaining [a man explaining something to a woman in a condescending way]
- Giving unequal pay or making unequal pay remarks
- Sexual harassment.

It is important to recognise and address such comments and behaviours in the workplace to create a more inclusive and respectful workplace for all employees.

Gender bias

Gender bias is an extension of stereotyping and sexism and can also extend further than

creating an environment that encourages work-life balance benefits all dental professionals, regardless of gender.

2. Education and sensitisation

Education plays a critical role in addressing misogyny, misandry, sexism, and bias in the dental profession. Dental schools and professional organisations should incorporate gender sensitivity training, promoting awareness of these issues and fostering an environment of respect and understanding.

3. Breaking the glass ceiling

In the dental profession, as in many other fields, there is a metaphorical glass ceiling that impedes the advancement of women into leadership roles. Despite the increasing number of women entering dentistry, they have the potential to be underrepresented in positions of authority and decision-making. Breaking the glass ceiling requires active efforts from dental organisations and institutions to promote gender diversity in leadership and eliminate the barriers that prevent talented women, and men, from reaching their full potential.

4. Intersectionality and inclusivity

It is crucial to recognise that the issues of misogyny, misandry, sexism, and bias can intersect with other forms of discrimination, such as racism, ableism, and LGBTQ+ discrimination. An intersectional approach to addressing these problems acknowledges the unique experiences and challenges faced by individuals with multiple marginalised identities. Embracing intersectionality fosters a more inclusive and supportive dental community for all professionals and patients.

5. Advocating for change

To create lasting change within the dental profession, it is essential for individuals, professional organisations and dental institutions to actively advocate for equity and fairness. Dentists and dental professionals can use their platforms to raise awareness about these issues and work towards dismantling systemic biases. Collaborating with professional organisations and engaging in discussions on workplace diversity and inclusivity can propel the dental field towards a more equitable future.

6. Mentoring and sponsorship programmes

Mentoring and sponsorship programmes can play a crucial role in supporting the career advancement of underrepresented groups in dentistry. Encouraging established dental

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- 'Be a man.'
- 'She's promiscuous {insert derogative term}'.
- 'Grow some balls.'
- 'You're really good at this for a man/woman.'

How many of you have acted in the below way?

- Giving female staff jobs that clinicians do not have to do such as cleaning shared areas such as the kitchen or making a kitchen rota with only female members of staff a part of it
- Defaulting to the women on the team to oversee tea and coffee making
- Defaulting to the women on the team to organise lunches, work outings or something else that adds to their mental load
- Assuming female members of staff will provide emotional support to upset patients

between employers and employees.

Gender bias can also extend to patient interactions within the dental setting. Patients may unconsciously prefer clinicians of a specific gender, assuming that they possess certain traits or skills. Such biases can lead to patients undervaluing the expertise of dental professionals based on their gender, impacting the dynamics of the clinician-patient relationship.

Addressing these issues

There are many ways that practices can work to address these potential problems and they include:

1. The importance of workplace equality

To combat these issues, dental workplaces must actively promote a culture of equality and inclusion. Implementing policies that address wage disparities, ensuring equal opportunities for career advancement, and

Table 1 Registration data from the GDC Registration Report July 2023

Registration type	Male	Female	Gender unknown	Total
Orthodontic therapist	41	920	0	961
Dentist	20,931	23,021	1	43,953
Dental therapist	598	4,898	0	5,496
Dental technician	3,711	1,512	0	5,223
Dental nurse	963	61,224	0	62,187
Dental hygienist	659	8,547	0	9,206
Clinical dental technician	359	50	0	409

Table 2 Speciality list data taken from the GDC Registration Report July 2023

Speciality description	Males	Females	Gender unknown	Total
Dental and Maxillofacial Radiography	16	15	0	31
Dental Nurse	0	1	0	1
Dental Public Health	33	51	0	84
Endodontics	240	83	0	323
Oral and Maxillofacial Pathology	20	18	0	38
Oral Medicine	37	31	0	68
Oral Microbiology	1	4	0	5
Oral Surgery	487	255	0	742
Orthodontics	655	731	0	1,386
Paediatric Dentistry	44	211	0	255
Periodontics	261	134	0	395
Prosthodontics	340	108	0	448
Restorative Dentistry	215	87		302
Special Care Dentistry	65	205	0	270

professionals to mentor and sponsor emerging talent helps foster a supportive environment that cultivates diverse leadership within the profession.

7. Data collection and accountability

Collecting data on diversity, equity, and inclusion metrics within dental workplaces

is essential for identifying disparities and tracking progress. Dental organisations should be transparent about their efforts to promote equality and hold themselves accountable for achieving meaningful change.

Conclusion

The prevalence of misogyny, misandry,

sexism, and bias within the dental profession requires a concerted effort from all stakeholders to create a more equitable and inclusive environment. Embracing workplace equality, challenging stereotypes, addressing work-life balance challenges, and fostering intersectional inclusivity are crucial steps in dismantling systemic biases. By advocating for change, implementing mentorship programmes, collecting data, and promoting diversity in leadership, the dental profession can serve as a beacon of progress in breaking down barriers and creating a future where all dental professionals are empowered to thrive based on their skills, talents, and contributions, irrespective of gender or other identities.

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