

Friendly or flirty?

Communication styles in the surgery

Do female dentists treat their colleagues differently to male dentists? Dr Ronald Gorter and Professor Ruth Freeman sought the opinions of 613 dental nurses.

Adapted from a *BDJ* article¹ by **Kate Maynard.**

Nearly all dental nurses are female and the majority of dentists are male. However, in the last few decades, the proportion of female dentists has been steadily rising. At least 50% of dental students are expected to be female in the next generations. But how does gender affect working relationships within the dental practice? Dutch Associate Professor of Social Dentistry and Behavioural Sciences Ronald Gorter and Professor Ruth Freeman from Queen's University Belfast decided to investigate.

Background

Previous studies in gender differences in communication indicate that women tend to engage in cooperative, emotion-focused communication patterns, whereas men have a more competitive, information-focused style. Dr Gorter and Professor Freeman carried out two earlier studies of

dentists and dental nurses in The Netherlands and Northern Ireland. In the first study interviews revealed that male dentists found communicating and working with their dental nurses easier than female dentists. Regardless of whether female dentists adopted a 'friendly' or 'business-like' style, nurses could ignore their instructions and/or react in a disruptive manner. Younger female dentists in particular found it hard to achieve a balance between establishing professional authority and being friends with their dental nurse. Male dentists experienced fewer difficulties.

The second study concluded that female dentists tended to adopt a 'friendly' leadership style; male dentists a 'gender-influenced' style reflecting the flirtatious dimension of the working relationship between male dentist and female nurse. It was apparent that in both The Netherlands and Northern Ireland the main factor affecting communication and interaction was gender.

Table 1 Person and practice characteristics of the respondents.

	Netherlands	Northern Ireland
Gender nurse		
Male	0.9%	1.2%
Female	98.4%	98.8%
Age nurse in years		
Minimum	17	18
Maximum	58	58
Average	34.6	32.3
Working hours per week		
Minimum	4	-
Maximum	50	-
Average	25.9	-
Gender dentist		
Male	76.1%	72.0%
Female	22.6%	26.8%
Age dentist in years		
Minimum	24	-
Maximum	67	-
Average	44.7	-
Practice organisation		
Solo practice	45.9%	41.5%*
Group practice	45.7%	*
Health care centre	4.0%	8.5%
Hospital	1.6%	48.8%
Other	2.4%	1.2%
Nurse is dentist's life partner		
Yes	2.4%	0%
No	96.7%	100%

*In Northern Ireland no distinction between solo and group practice was made.

Understanding dentist-dental nurse communication patterns is important to ensure working relationships within the dental practice are as stress-free as possible. Dr Gorter and Professor Freeman set out to examine the perception of the dentist from the perspective of the dental nurse. Most other research involving dental nurses is focused on occupational stress and job satisfaction — but this in itself has shown that the main element of nurses' job dissatisfaction involves poor working relationships and inappropriate interaction with colleagues.

Research into dental nurses' views can be used in the education of future generations of dental students, both male and female, so that when they come to working in a dental practice, it is easier for them to establish a communication framework, which benefits all members of the team. The research team aimed to find out if dental nurses would describe communication with female dentists as being more 'friendly' and with male dentists more 'business-like', and also if the difference in location — The Netherlands or Northern Ireland — had an impact.

The questionnaire

In 2003, Dr Gorter distributed questionnaires (in Dutch) to 1,348 dental nurses attending a conference in Amsterdam. Professor Freeman distributed 98 questionnaires (in English) to dental nurses in Northern Ireland who were registered to attend a course. The questions asked in the questionnaire were based on previous studies and interviews with focus groups. Five hundred and forty-nine of the Dutch dental nurses returned the questionnaires, anonymously (40%). Of the 98 dental nurses given questionnaires in the Belfast region, 84 returned them (86%). Table 1 gives an overview of the respondents' characteristics. Male dental nurses, six of whom responded to the questionnaires, were not included in this particular study.

‘Dutch dental nurses reported a higher level of “playful” interaction.’

Results

Dr Gorter and Professor Freeman's hypothesis was correct. Dental nurses working with a male dentist experienced a stronger 'gender-related' communication and working style, whereas those working with a female dentist experienced a stronger 'friendly relation' and 'personal attention' communication and working style. Location also had an impact: Dutch dental nurses reported a higher level of 'playful' interaction; Northern Irish dental nurses a higher level of 'friendly relation' and 'personal attention' style. This could suggest that interaction practices in Dutch surgeries are less formal than in Northern Ireland.

Age played a role in the dental nurses' perceptions, as some younger dental nurses had higher scores for 'gender-related' communication and working style, suggesting that they had adopted a more traditional,



subservient position with regard to the male dentist as 'boss'. Findings from the questionnaire also confirmed the results of previous studies in that dental nurses reported male dentists to be more business-like and female dentists more friendly in the work environment. Dental nurses working with female dentists gave higher scores to the benefits of having regular meetings. With the risk of role confusion between a female dentist and nurse, with inconsistencies between 'friendly' and 'business-like' styles, regular meetings could be the solution to avoid job dissatisfaction.

Previous studies have shown that job dissatisfaction is a key motive to leaving practice for dental nurses and staff relations is a key work stressor for dentists, so it is beneficial to both professions to work on satisfying communication conditions. The results of the current study suggest that nurses working with a female dentist do experience more job satisfaction in general. This could be the subject for further studies, which might also examine other influences such as sexual orientation of the dental nurse or the dentist, age, number of staff members and practice location.

'Younger female dentists in particular found it hard to achieve a balance between establishing professional authority and being friends with their dental nurse.'

As a result of this study it was concluded that it is important for dental schools to consider including management skills (such as having job feedback meetings, conflict management, and leadership skills) in their usual communication skills curriculum. This should emphasise that role confusion and staff conflict can easily develop when dentists shift from a friendly to a more authoritative approach. It goes without saying that understanding gender differences in communication patterns is relevant to dental nurse education as well.

1. Gorter R C, Bleeker J C, Freeman R. Dental nurses on perceived gender differences in their dentist's communication and interaction style. *Br Dent J* 2006; **201**: 159-164.

What communication style does your dentist have?

Are your experiences interacting with male or female dentists different to those found in this study?

Send your thoughts to vitaleditorial@nature.com.