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## Postaje li europska stomatologija žensko zanimanje?

### *Is European Dentistry Becoming a Female Profession?*

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#### Sažetak

Među stomatolozima u Europi neprestano raste udjel žena te već danas možemo govoriti o stomatologiji kao o ženskom zanimanju. Takva promjena u demografskoj strukturi radne snage svakako će rezultirati promjenama u struci, kao što je već uočila krovna organizacija europskih stomatologa ERO/FDI te je osnovala radnu skupinu nazvanu *Žene u stomatologiji*. Njezin je zadatak prikupiti podatke i predviđati moguće promjene. Koristeći se samo ispunjenim upitnicima, nakon četiri godine praćenja, stručnjaci su prikupili podatke koji pokazuju apsolutni porast broja stomatologinja među stomatolozima. Uspoređujući dobivene rezultate s drugim slobodnim profesijama, zaključili smo da su kretanja slična. Naša pitanja bila su vezana za demografske podatke, razvoj i prekid karijere, pozicije na razinama odlučivanja, te na prihode i umirovljenje.

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#### Ključne riječi

žene stomatolozii

#### Uvod

Od početka organizirane stomatološke edukacije (Ohio, Baltimore) među studentima je bilo i studentica. Godine 1866. Lucy Hobbs Taylor stekla je zvanje stomatologa (1). Iako su sljedećih stotinjak godina u struci prevladavali muškarci, žene su neprekidno bile zastupljene, iako u zanemarljivom broju.

Nakon Drugoga svjetskog rata počinje rasti udjel žena u svim strukama, pa tako i u stomatologiji. U nekadašnjim socijalističkim zemljama to je bila posljedica proklamirane ravnopravnosti, a u zapadnim odgovor na uspješno djelovanje organizacija za ženska prava. Velik porast broja studentica u sedamdesetim godinama prošlog stoljeća povezan je s početkom kontrole rađanja jer su žene mogle birati kada će se baviti karijerom, a kada im je primarna obitelj.

Ranih sedamdesetih godina 20. stoljeća u Danskoj, Švedskoj, Norveškoj i Francuskoj trećina stomatologa već su bile žene, a u Grčkoj čak i više od 50 posto. Istodobno su u Sjedinjenim Državama stomatološki studiji bili još ekskluzivno namijenjeni muškarcima (2). Sljedećih dvadeset godina znatno se povećao broj žena u stomatologiji, što 1996. prepoznaje i Europska regionalna organizacija stomatologa – ERO/FDI te utemeljuje radnu skupinu *Women in dentistry* sa zatomkom da prati promjene u rodnoj strukturi stomatološke struke. Kako se udjel žena povećavao diljem svijeta, krovna stomatološka organizacija – FDI osniva 2001. sekciju *Women Dentists Worldwide* koju utemeljuje i vodi žena – buduća predsjednica FDI-a Michele Aerden (3). Na godišnjem kon-

#### Introduction

From the very start of organized dental education (Ohio, Baltimore), dental students were both women and men. In 1866, Lucy Hobbs Taylor earned her dentistry degree (1). Although for almost the following one hundred years men constituted the majority in the profession, women were present continually, albeit in small numbers.

As the proportion of women in all professions increased after World War II, the same occurred in dentistry. While in the former socialist countries the increase in the number of working women was a consequence of the proclaimed policy of equality, in Western countries the rise was due to the successful campaigning of women's rights organizations. A significant increase in the number of female students in the 1970s was linked with the use of birth control methods which enabled women to plan their careers, i.e. the starting of their families.

By the early 1970s, women already accounted for one third of dentists in Denmark, Sweden, Norway and France, while in Greece their number exceeded 50%. At the same time, dental schools in the United States were still intended exclusively for men (2). Over the next two decades, the number of women in dentistry increased considerably. This trend was also recognized in 1996 by the European Regional Organisation of dentists (ERO/FDI) which established a working group "Women in Dentistry" that was to monitor changes in the gender structure of dentists. As the percentage of women in dentistry increased worldwide, in 2001 the umbrella dental organization, the FDI, established the

gresu FDI-a u Kuala Lumpuru (2001.) glavna je skupština prihvatila osnovni dokument djelovanja sekcije poznat pod nazivom *Deklaracija iz Kuala Lumpura (Kuala Lumpur Declaration)*.

FDI-ov *Women Dentists Worldwide* utemeljen je zbog usklađivanja aktivnosti nacionalnih skupina, prikupljanja informacija o ženama-stomatolozima i uvjetima njihova rada, utvrđivanja nejednakosti ako postoje, uspostavljanja kontakata između žena diljem svijeta i povećanja njihova sudjelovanja u svim granama struke.

Tim podacima želi se upozoriti na visok i stalno sve veći udjel žena u europskoj stomatologiji, što neki autori opisuju kao feminizaciju struke (4) te utjecaj na njezinu organizaciju i razvoj, pa ističu eventualne prepreke u profesionalnom razvoju.

### Ispitanici i postupci

U odabiru načina i metode skupljanja podataka koristili smo se sličnim istraživanjima kao i Europski ured za statistiku EUROSTAT (5), te smo pripremili upitnik poštujući smjernice Frascatijeva priručnika za demografska istraživanja (6). Kako je upitnik namijenjen nacionalnim asocijacijama i udrugama žena-stomatologa, bili smo svjesni da mora biti što jednostavniji kako bismo dobili što više točnih podataka. Zbog toga smo postavljali pitanja isključivo na makro razini.

U prvom redu zanimalo nas je koliki je uistinu postotak žena u struci, koliki su njihovi prihodi, kakve su im pozicije na razinama odlučivanja, što je s promjenama u radnom vremenu i prekidima karijere, te pravom na umirovljenje.

#### Primjer upitnika

Upitnik je 2006. godine poslan na adrese 38 nacionalnih asocijacija, a odgovore smo dobili od njih 25, odnosno od 66 posto ispitanika.

Godine 2010. poslali smo upitnike na adrese 38 asocijacija, a odgovore smo dobili od svih zemalja, no potpuno ga je ispunilo njih 17 (45 %) (tablica 1.).

Prvi upitnik poslan je 2006. te se to ponavljalo svake godine do 2010. Tablica 1. pokazuje udjel žena u struci u postotcima te promjene nastale nakon četiri godine.

Udjel žena u europskoj stomatologiji nerazmjern je broju žena u općoj populaciji (65 % : 54 %).

Iako se u nekoliko zemalja s posebno velikim brojem stomatologinja njihov postotak neznatno smanjuje (Latvija, Estonija i Litva), uočava se stalni trend povećanja u većini europskih država, posebice u članicama Europske unije, gdje je do nedavno stomatologija bila dominantno muško zanimanje. Znatno porast zabilježen je u Španjolskoj, Norveškoj, Austriji, Velikoj Britaniji i Turskoj.

Women Dentists Worldwide section which was started and run by the future first female president of the FDI, Michele Aerden (3). At the FDI's annual congress in Kuala Lumpur in 2001, the General Assembly of the FDI adopted a document known as the Kuala Lumpur Declaration that was the basic document on the section's activities.

FDI Women Dentists World Wide exist to co-ordinate the activities of national groups, promote the gathering of information about women dentists and their patterns of working; address inequalities where they exist, facilitate contacts between women worldwide and enhance their full participation in all branches of the profession.

The aim of the collected data is to point to the high and steadily rising percentage of women in European dentistry described by some as the feminization of the profession (4), to exert an influence on the organization and to develop the profession and, also, to point out possible barriers in professional development.

### Materials and Method

When choosing a data collecting method, we consulted similar research conducted by the European statistical office EUROSTAT (5) and prepared a questionnaire. In doing so, we took into account the Frascati Manual guidelines on demographic research (6). Since the questionnaire is intended for national associations and associations of women dentists, we were aware of the need for the questionnaire to be as simple as possible so that the data obtained be as accurate as possible. Therefore, the questions asked concerned only the macro level.

#### Questionnaire sample

The first questionnaire was sent to 38 national associations. In 2006, we received responses from 25 associations (66%). In 2010, we also sent 38 questionnaires, we received responses from all countries, but only 17 associations responded to all questions.

We were primarily interested in the actual percentage of women in the profession, their earnings, positions at decision-making levels, changes in working hours, career breaks and right to retirement, Table 1.

The first questionnaire was sent out in 2006 and was re-sent annually until 2010. Table 1 depicts the proportion of women in the profession expressed as a percentage as well as the changes that took place four years on.

The share of women in European dentistry is disproportionate to the share of women in the general population (65% : 54%).

Although in several countries with an especially high number of women dentists, a slight decrease in the percentage of women dentists is apparent (Latvia, Estonia, Lithuania), a constant upward trend is visible in the majority of European countries, in particular in those EU member states in which dentistry has until recently been a dominantly male profession. A significant increase is evident in Spain, Norway, Austria, Great Britain and Turkey.

FDI - ERO Upitnik • Questionnaire					
Zemlja • Country:					
Organizacija • Organisation:					
Broj stomatologa • Number of dentists	Ukupno • Total:		Prema spolu • By gender:	M _____ %	Ž • F _____ %
Radno vrijeme žena • Working schedule for women:				a) puno • full time b) skraćeno • part time	
Jesu li u javnom zdravstvu različite plaće za žene i muškarce? • In the public sector: Is there a difference in salary between male and female dentists?					da • yes / ne • no
Je li članstvo u asocijaciji obvezatno? • Is the membership of the national dental organisation:				obvezatno • compulsory: da • yes / ne • no dobrovoljno • voluntary: da • yes / ne • no	
Koliki je postotak žena u upravi asocijacije? • What is the % of women in the Council of your association?				_____ %	
Postoji li u vašoj zemlji posebna asocijacija za žene • Is there a separate association for women dentists?				da • yes / ne • no	
Rodiljski dopust • Maternity entitlement:					
Je li nakon rodiljskoga dopusta zajamčen povratak na posao? • Is there a guarantee to return to work after a maternity leave?				privatni sektor • In private sector: da • yes / ne • no javni sektor • In public sector: da • yes / ne • no	
Je li rodiljski dopust plaćen? • During the leave, is there any salary?				privatni sektor • In private sector: da • yes / ne • no javni sektor • In public sector: da • yes / ne • no	
Je li uobičajeno da žene prekidaju karijeru zbog obiteljskih razloga? • Is it usual for women to take a career break?				da • yes / ne • no	
Postoji li razlika u vremenu odlaska u mirovinu između muškaraca i žena • Are the retirement entitlements the same for male and female dentists?				da • yes / ne • no	
Molim, opišite razliku! • Details of the differences:					

Slika 1. FDI - ERO upitnik  
Figure 1 FDI - ERO questionnaire

## Prihodi

Ni jedna europska zemlja ne prihvaća različite plaće za isti posao, tako da možemo konstatirati kako su i žene i muškarci jednako plaćeni ako obavljaju isti posao. Ali, prema istraživanju EUROSTAT-a, u EU su žene za isti posao plaćene 17,4 posto manje od muških kolega, a slična istraživanja u europskim zemljama izvan Unije pokazuju da je riječ o manjoj razlici (5).

Kako je u Europi stomatologija više vezana za poduzetništvo (slobodna je profesija), a manje za rad za plaću (6), nema iskazane razlike u prihodima. Eventualno uočene razlike odnose se na poslijediplomsku izobrazbu.

## Prekid profesionalne karijere

U literaturi se ističe nekoliko razloga za prekid profesionalne karijere: trudnoća i majčinstvo, ostali obiteljski razlozi, ograničenja u profesionalnom napredovanju te loši ugovori. Prema odgovorima nacionalnih asocijacija i ženskih stomatoloških udruga mogu se zanemariti prekidi karijere zbog trudnoće i majčinstva. Isto je i s obiteljskim razlozima.

Prekide karijere zbog loših ugovora moći ćemo pratiti sljedećih godina jer još traje trend otvaranja javno-zdravstve-

## Earnings

As no European country allows different pay for the same job, one may conclude that men and women receive equal salary for doing the same job. However, according to EUROSTAT, women in the EU are paid 17.4% less than their male counterparts, while similar research conducted in European countries outside the EU reveals a smaller discrepancy (5).

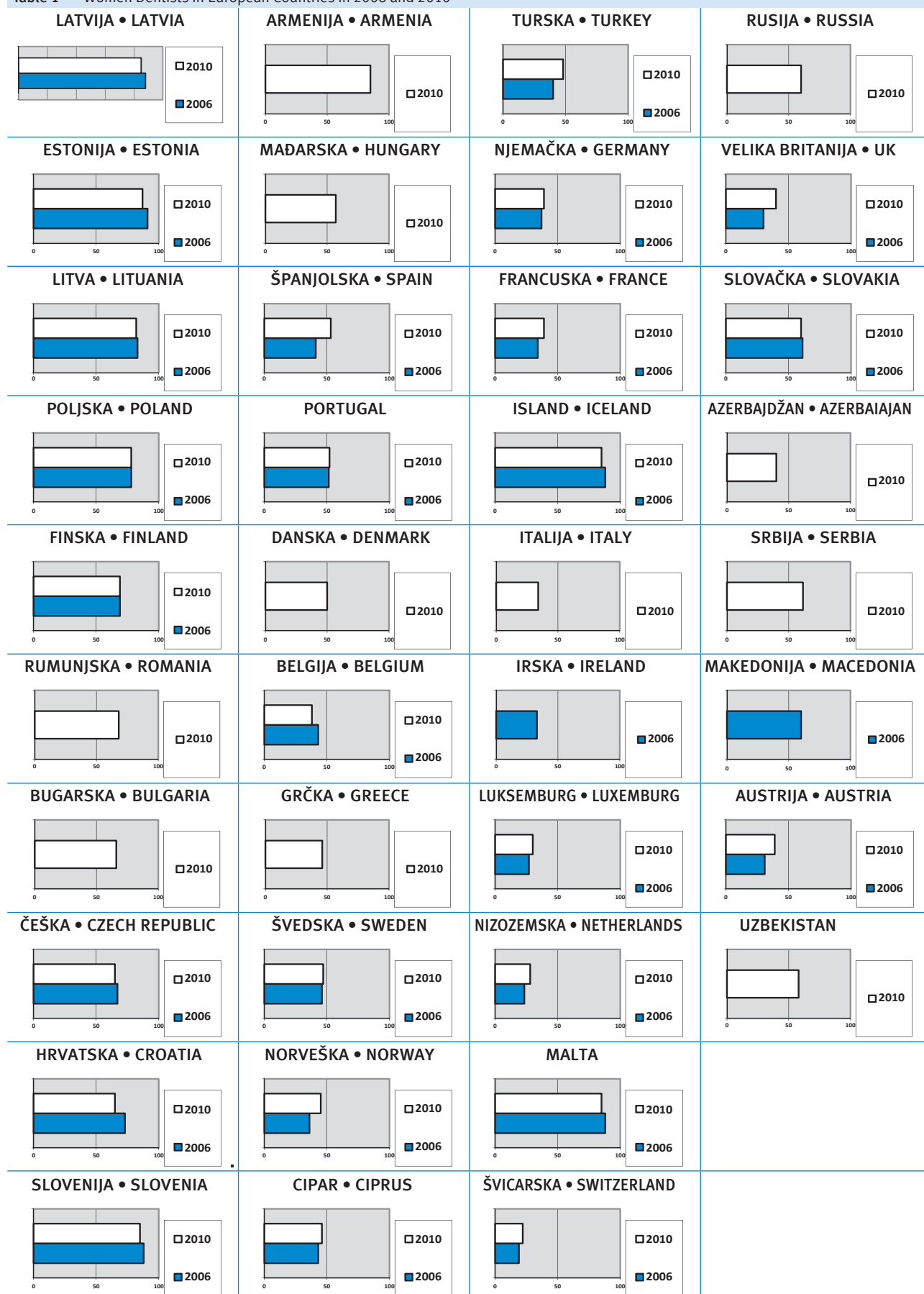
As dentistry in Europe is linked more to entrepreneurship (liberal profession) than to work for pay (7), there is no recorded difference in earnings. The possible differences that we encountered are related to postgraduate education.

## Career Break

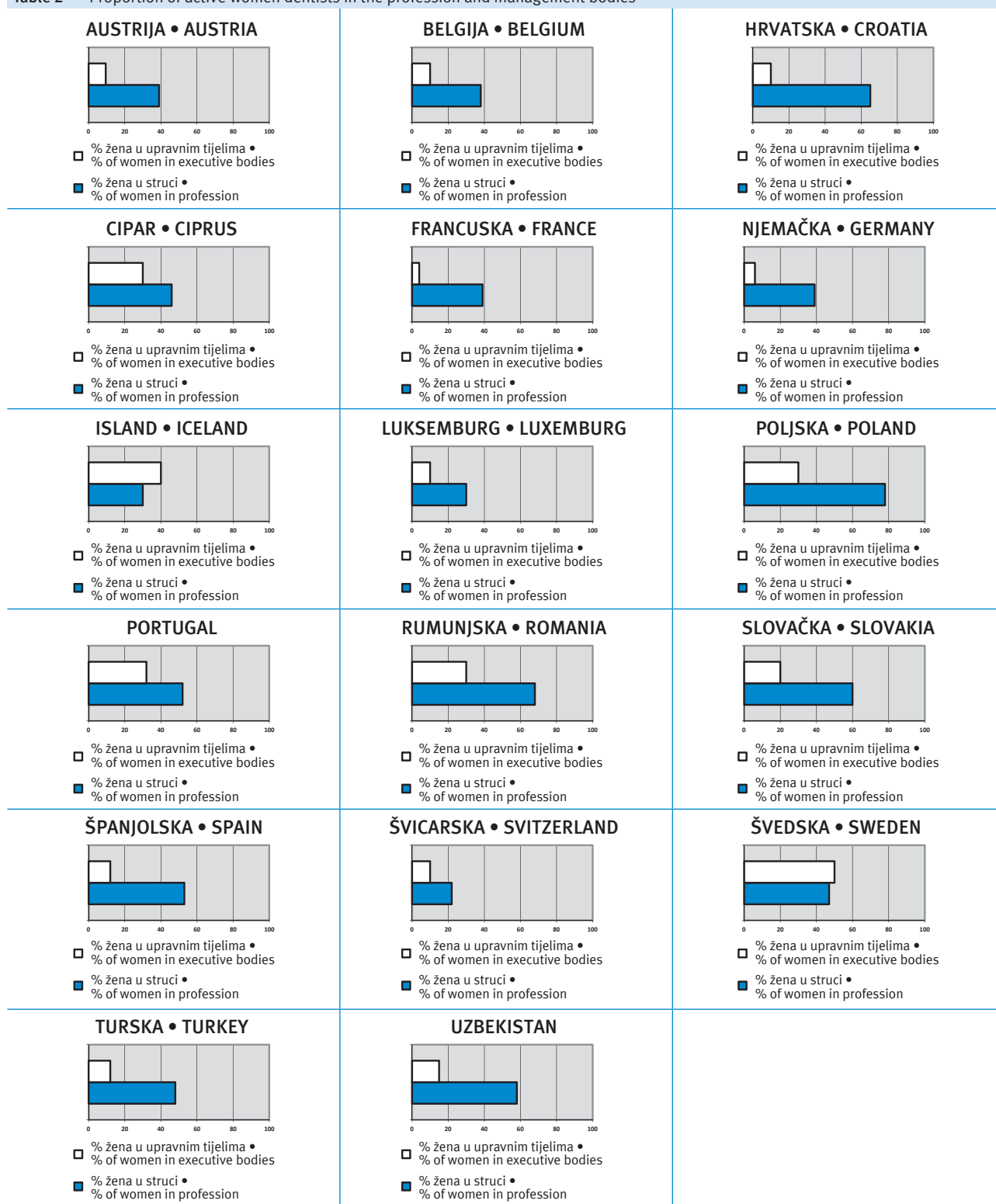
Literature identifies several reasons for taking a career break: pregnancy and motherhood, other family reasons, limits to professional advancement and bad contracts (8). The answers obtained from national associations and female dentistry associations reveal that career breaks due to pregnancy and motherhood as well as to family reasons are small in number.

In the upcoming years it will be possible to keep track of career breaks due to bad contracts as the trend in the opening

Tablica 1. Žene stomatolozi u europskim zemljama 2006. i 2010. godine  
 Table 1 Women Dentists in European Countries in 2006 and 2010



**Tablica 2.** Odnos aktivnih stomatologinja u struci i u upravnim tijelima  
**Table 2** Proportion of active women dentists in the profession and management bodies



nih ordinacija i ordinacija u vlasništvu osiguravateljskih tvrtki pa još nema dovoljno pokazatelja za takvu analizu.

### Umirovljenje

Promjene ekonomskog stanja u Europi uvjetuju i promjene u mirovinskim pravima. Iako je tendencija izjednačiti duljinu obvezatnog radnog staža i za žene i za muškarce, neke zemlje još uvijek za žene zahtijevaju kraći radni vijek. Tako, u odnosu na muške kolege, kraće rade žene u Austriji, Italiji, Latviji, Litvi, Poljskoj, Rumunjskoj, Slovačkoj, Rumunjskoj i Velikoj Britaniji. Smatramo li mogućnost ranijeg umirovljenja privilegijom, stomatologinje su u tim zemljama u boljem položaju.

### Žene u upravnim tijelima

Za analizu rodne strukture upravnih tijela odabrali smo uprave stručnih društava i komora. Europske zemlje nemaju jednoznačno propisane strukovne udruge. U državama u kojima postoje i stručna društva i komore, analizirali smo oboje. Zanimao nas je isključivo sastav upravljačkog tima, kao pokazatelj napredovanja žena u upravljačkim strukturama (tablica 2.).

Unatoč činjenici da su žene većina stomatologa u Europi, na čelnim dužnostima strukovnih udruga uglavnom su muškarci, odnosno u struci je itekako prisutan fenomen *staklenog stropa* (8), dobro poznat i opisan fenomen zapreka u napredovanju prema čelnim pozicijama. Čak i u zemljama u kojima žene čine izrazitu većinu, njihovo pozicioniranje na čelnim mjestima izrazito je nerazmjerno. Prema dostupnim podacima žene najčešće obavljaju dužnost tajnica, a na poziciji predsjednice još uvijek su rijetko (primjerice, u Švedskoj i Azerbajdžanu). Ovaj fenomen očit je i u članicama EU i u ostalim europskim državama. Iznimka su skandinavske zemlje.

Ni jedna europska zemlja nije u izborni proces uključila obvezne kvote.

### Zaključak

Sve veći broj žena u stomatološkoj struci nužno će rezultirati promjenama u obavljanju stomatološke djelatnosti, o čemu valja voditi računa kada se planira budući razvoj.

Nastavi li se trend porasta broja žena kao osnovnih djelatnika, dugoročno možemo očekivati promjene u nekoliko smjerova. Naime, psihološki profil žena okrenut je više prema prisnom odnosu s pacijentom i razumijevanju njegovih tegoba, pa očekujemo stomatologiju u kojoj će dominirati komunikacija i shvaćanje umjesto sadašnjega tehnicističkog pristupa.

Razvijat će se sve više aktivnosti vezanih za promicanje zdravlja, te preventivni i estetsko-kozmetički zahvati. Obiteljski zahtjevi povećavat će udjel zaposlenika s djelomičnim, skraćenim radnim vremenom, o čemu treba voditi računa pri planiranju stomatološke zaštite. Zbog velikoga broja zaposlenih žena s obiteljskim obvezama, poslodavci i osiguravatelji

of public surgeries and surgeries owned by insurance companies is ongoing. Therefore, there are not enough indicators to perform such an analysis.

### Retirement

Changes in retirement rights depend on changes in the economic situation in Europe. Although a trend towards the equalization of the mandatory working period has emerged, some countries still prescribe less years of service for women than for men. Thus, women in Austria, Italy, Latvia, Lithuania, Poland, Romania, Slovakia and Great Britain work fewer years than their male counterparts. If we consider the possibility of early retirement a privilege, then women dentists in these countries are privileged.

### Women in Management Bodies

The analysis of the gender structure of management bodies included the management boards of professional bodies and chambers. In Europe, the regulations on professional associations vary by country. In countries with both professional bodies and chambers, the analysis included both. We were only interested in the composition of the management team as an indicator for the advancement of women in management structures (Table 2).

Despite the fact that the majority of dentists in Europe are women, the top leadership positions in professional associations are still mostly held by men, i.e., the "glass ceiling" phenomenon – a well known and well described phenomenon designating obstacles in the advancement towards top-level positions – is very much present (9). Even in countries where women constitute the vast majority, their positioning at top leadership positions is markedly disproportionate. According to the available data, women most frequently perform the duties of the secretary, while their holding the post of president is still a rarity (e.g. Sweden, Azerbaijan). This phenomenon is equally present in EU member states as in other European countries. The exceptions are the Scandinavian countries.

Mandatory quotas have not been included in the election process of any European country.

### Conclusion

The growing number of women in dentistry will inevitably bring about changes in the practice of dental profession, which is something that must be taken into account when planning future development. If the trend reflecting the increasing number of women as basic staff continues, we may expect changes with respect to the following: the psychological profile of women is inclined towards a more intimate and understanding relationship with the patient than that of men so we expect that dentistry favoring communication and understanding will prevail over the present dominantly technical approach. Activities promoting health as well as preventive treatments and dental esthetics and cosmetics will develop increasingly. Family commitments will result in an increase in the proportion of part-time employees, which should be taken into account when planning dental care. The great number of working women with family



ske kuće, koje se unatoč stalnim upozorenjima struke sve češće pojavljuju kao poslodavci, imat će smanjene prihode (9). Takva rodna struktura osobito je opasna u slučaju gospodarske krize. Zbog toga se ženska populaciju mora educirati o vrijednostima vlastita rada te o upravljanju stomatološkim timom. Također je nužno poticati žene na veći angažman u strukovnim udrugama jer samo na čelnim dužnostima mogu upravljati vlastitim radom.

commitments will enable employers and insurance companies which, despite warnings from professional organizations, are increasingly appearing as employers to reduce earnings (10). Such a gender structure is especially dangerous at a time of economic crisis. For this purpose, it is absolutely necessary to educate the female population about the value of one's work and about dental team management. Furthermore, it is vital that women be incited to increase their engagement in professional associations because only if they hold top-level positions, will they be able to manage their professional activities.

#### Abstract

Among dentists in Europe, the proportion of women is constantly growing, regarding dentistry as a female profession. Changing demographics in the workforce will inevitably lead to changes in the profession, as was noticed by the umbrella organization of European dentists, ERO, which have established a working group Women in Dentistry in order to collect data and detect possible, expected changes. Using only a written questionnaire, data were collected, and after four years of follow-up, the absolute increase in the number of female dentists was observed, as well as in the number of female dental students. Comparing the movement with other university disciplines, from the requested data on the progress of the profession and working status, we obtained similar results. Consequently, we noted 5 points that distinguish the position of women in the profession: demographic data, career break, positions at the decision making level in the associations/chambers councils, incomes, retirement.

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