Is the Future of the Dental Profession and the Dental 'Glass Clog' Feminine?

A Qualitative Study of How Students Perceive the Feminization of the Male-Dominated, Knowledge-Intensive Dental Profession

by

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Abstract

Title	Is the Future of the Dental Profession and the Dental 'Glass Clog' Feminine?
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Course	BUSN49 Degree Project - *Managing People, Knowledge & Change*, Business Administration, 15 ECTS
Authors	Esther Donk and Sarah Grenestedt
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Purpose	This research focuses on the phenomenon of knowledge-intensive professions undergoing rapid feminization and transforming into a female-dominated profession. To create a deeper understanding of the phenomenon, the purpose of this research is to make sense of how dental students in a male-dominated profession that changes into a female-dominated profession perceive gender stereotypes and the ongoing feminization.
Research Question	How do dental students make sense of the ongoing feminization within dentistry and what impact do they believe it has on the dental profession?
Methodology	This study is based on a qualitative method, following the interpretive and critical feminist tradition and abductive approach. To understand the students' perceptions and understandings of the phenomenon, the data collection is done by conducting 11 in-depth, semi-structured interviews with master students enrolled in the dentistry program of Radboud University.
Theoretical Perspectives	The main theoretical framework outlines previous research on diversity and inclusion as well as occupational sex segregation, particularly the concept of and theories on feminization. Additionally, this study draws upon Ashcraft's (2013) 'glass slipper' metaphor in relation to occupational identity. Furthermore, (occupational) gender stereotypes and the theories on (re)doing gender are used to understand the role of gender in feminization.
Contributions	This thesis contributes to the literature by creating a unique, in-depth insight into how feminization is perceived to influence occupational identity. Specifically through the understanding of gender and discursive struggle leading to the redefinition of occupational identity and occupational gender stereotypes.
Keywords	Feminization, Occupational Sex Segregation, Inclusion-Exclusion, Occupational Gender Stereotypes, Doing Gender

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1. Introduction

1.1 Background

Worldwide, there is an increasing number of women going into knowledge-intensive professions (e.g., Central Bureau of Statistics (CBS), 2019; Pew Research Center, 2016). Even though it is more common for both women and men to opt for higher education than in the past, 52% of the women between the age of 25 and 35 in the Netherlands are highly educated, whereas 42% of the men are (CBS, 2019). However, although the total workforce is becoming more gender diverse, many industries and professions are still dominated by either male or female workers (Cech, 2013). This can also be seen in study programs. For example, there are more female students than male students in studies related to health and wellbeing and more male students in studies related to information technology and engineering (CBS, 2019).

Previous research regarding sex segregated occupations mainly focuses on how women perceive themselves and are perceived by others in male-dominated industries and occupations (Simpson, 2004). Hence, there is limited research regarding men's perspectives working in female-dominated professions. Furthermore, the existing research on men's perspectives primarily focuses on men's experiences in traditionally female-dominated professions, such as nursing and preschool teaching (e.g., Pullen & Simpson, 2009). Thus, research calls for further examination regarding perceptions in traditionally male-dominated professions that are now becoming female-dominated. This shift can be conceptualized as feminization.

One traditionally male-dominated knowledge-intensive profession currently becoming female-dominated is the dental profession (e.g., Norberg, 2019; Pallavi & Rajkumar, 2011). In the Netherlands, dentistry is still a male-dominated profession. However, female participation in the profession of dentists rose from 23% in 2002 to 46% in 2020 (KNMT, 2020). Moreover, the percentage of female dental bachelor students has increased to 72% in 2019 (NT, 2020). Whereas the dental hygienist and assistant professions have been highly female-dominated for a long time, the feminization of the dental profession in the Netherlands started steadily in the 1980s. This resulted in older dentists being predominantly male and younger dentists being predominantly female in 2019 (Doorne-Huiskes, 2017). Noteworthy is

that in 2016, only 12% of the dental surgeons were female. However, there were more females in the younger age categories (Doorne-Huiskes, 2017). Among the orthodontic specialists, 34% were female in 2016. Here too, females were represented more in younger age categories (Doorne-Huiskes, 2017). Whereas the feminization of the dental profession started in the 1980s, the feminization of the knowledge-intensive medicine profession in The Netherlands started in the 1970s (Van der Velden, Hingstman, Heiligers & Hansen, 2008). Since 1989 there have been more female medicine students than male students. Furthermore, there have been more female general practitioners than male since 2013, and in 2018 58.1% of all general practitioners were female (CBS, 2020). On the other hand, in 2019, males made up for the most medical specialists (CBS, 2019). Thus, while both study programs for the highly-paid knowledge-intensive professions of dentists and doctors are female-dominated, the dental profession and specific specializations in medicine are (still) male-dominated.

Current literature shows contrasting views on the effects of feminizing professions on the people working in a profession and people studying to become a professional. One view is given by Jary & Jary (1995) and Mandel (2018), who argue that the entry of females into professions can devalue the status of these professions and reduce the average wages. Mandel (2018) further argues this is because females' skills and characteristics and femininity are devalued despite an individual's educational and professional achievements.

1.2 Problematization and Research Aim

This research focuses on the phenomenon of male-dominated knowledge-intensive professions undergoing feminization and transforming into female-dominated professions. To create a deeper understanding of the phenomenon, this research will further examine the ongoing feminization of the dental profession in the Netherlands. The feminization of the dental profession has been researched to some extent. Nevertheless, most research on the dental profession focuses on *why* this shift occurs and uses quantitative research methods (e.g., Adams, 2005; Pallavi & Rajkumar, 2011). Furthermore, researchers have extensively focused on the gender preferences of dentists among patients, the differences between male and female dentists, and how these differences arose (e.g., Kfouri et al., 2019; Smith, M.K. & Dundes, L., 2008; Bruers & Van Dam, 2017; Jerković–Ćosić, 2017). This research aims to fill the gaps by focusing on how the future workforce - dental students, in a male-dominated

profession that changes into a female-dominated profession, make sense of the ongoing feminization.

Researchers have conducted extensive research about gender roles and feminization in professions, of which only some are mentioned above. However, this research aims to qualitatively analyze the quantitative change; a continuously rising number of women entering the dental profession, by creating a deeper understanding of how the future workforce understands this phenomenon. As academics like Ashcraft (2013) argue that work and diversity cannot be considered separately as people derive their identity from their work and work derives the identity of people who associate themselves with a profession, the concepts of gender and feminization in this thesis are seen as inextricably intertwined. Therefore, we aimed to use the concepts of gender and gender stereotypes to make sense of the students' interpretation of feminization.

The purpose of this research is to create a deeper understanding of the phenomenon in which a traditionally male-dominated profession is being feminized and presumably becoming female-dominated. In addition, the study aims to research how dental students at Radboud University in Nijmegen, the Netherlands, perceive the feminization of dentistry based on their experiences and expectations of their female-dominated study program and the male-dominated profession of dentistry. In order to fulfill the purpose, this thesis aims to answer the following research question:

> *How do dental students make sense of the ongoing feminization within dentistry and what impact do they believe it has on the dental profession?*

1.3 Outline of the Thesis

This section provides a brief overview of the content of the following chapters of the thesis. This first chapter outlined the theoretical and practical background that has determined the aims and objectives for this research. The following chapter will present the literature review based on three main concepts and theories: diversity and inclusion-exclusion, occupational sex segregation, and feminization. As a part of the literature review, we also outlined previous research on feminization within the dental profession in the Netherlands to provide the reader

with a deeper understanding of the phenomenon. The chapter will furthermore serve as the theoretical framework for chapter five: the discussion.

In the third chapter, we present the chosen research methodology to answer the research question and how the empirical data has been collected and analyzed. It also includes the philosophical grounding, limitations of this thesis, and researchers' reflections on the trustworthiness and authenticity of the thesis. The fourth chapter is where the findings and analysis of the empirical data are presented using several themes that we came across when sorting and reducing the empirical data. The most meaningful quotes that were considered relevant to answer the research question are presented in this chapter. The fifth chapter includes the discussion of our findings by connecting the findings to the concepts and theories described in the literature review. Finally, in the concluding chapter, we answer the research question and present our practical and theoretical contributions. Furthermore, we provide suggestions for future research.

2. Literature Review

This chapter will present the theoretical background that is later being used in the analysis of the empirical findings. It is structured based on three main themes; diversity and inclusion-exclusion, occupational sex segregation, and feminization. The first section about diversity and inclusion-exclusion presents an overview and background to the subject. Secondly, we present occupational sex segregation and theories on premises for a segregated workforce. Finally, the chapter displays feminization, its relation to status, and the feminization of dentistry.

2.1 Diversity and Inclusion-Exclusion

Compared to fifty years ago, the current labor market shows an increased level of diversity among workers. Roberson (2006) states that diversity in organizational literature is often described as the composition of groups. Moreover, Martins and Milliken (1996, in Roberson, 2006) argue that the concept of diversity can be defined in terms of observable and unobservable characteristics. Characteristics as gender, race, and age are observable dimensions, whereas examples of unobservable characteristics are sexuality, disabilities, and cultural background (Martins & Milliken, 1996, in Roberson, 2006). In contrast to the claim that gender is observable, Katz-Wise (2020) argues that the gender of people who identity as gender-fluid, which fits under the transgender and nonbinary umbrella, might not be readily observable. Here, the gender expression and/or gender identity might not match the sex assigned at birth (Katz-Wise, 2020). Moreover, Konrad, Prasad, and Pringle (2006, p. 3) argue that diversity is not only about individual differences but should be defined as "*intergroup interaction*", which includes power differences and historical discrimination of different identity groups. This paper uses the latter definition of diversity as it recognizes the role of past discrimination and power differences on today's stereotypes of different identity groups.

Whereas Konrad et al. (2006, p. 2) argue that workplace diversity is about "*matters of difference and inclusion*", scholars such as Roberson (2006) and Mor Barak (2015) state diversity is about differences while inclusion is a separate term about the individual's perception of how they are appreciated and encouraged to participate. The separation of these two concepts describes the critical difference between having a diverse group of workers and the organizational ability to use diversity and inclusion as a source to positively affect the

functionality of an organization (Mor Barak, 2015; Roberson, 2006). This study follows the separation of the terms to acknowledge that having a diverse group composition does not automatically lead to an environment where all participants feel included.

According to Ashcraft, Muhr, Rennstam, and Sullivan (2012), the literature on diversity presents two views on diversity problems in professions. Firstly, there is the belief that one should strive to have a diverse representation and rectify exclusion, presuming "*that the perks of professional status are secure properties of the work itself*", also called the absence view (Ashcraft et al., 2012, p. 468). The second view on diversity problems in professions claims that historically speaking 'Others' are included, and successful contemporary inclusion undermines occupational worth, also called the presence view (Ashcraft et al., 2012, p. 468). There is a relation between the absence view - contemporary exclusion - and the presence view - historical inclusion. For example, from the absence view, the underrepresentation of females could be seen as excluding females in higher hierarchical occupations. On the other hand, from the presence view, the exclusion derives from the inclusion of females in support roles such as dental assistants (Ashcraft et al., 2012). However, aiming for inclusion by increasing the number of females in higher hierarchical occupations does not immediately lead to inclusion. Therefore, Ashcraft et al. (2012) argue that both views fail to clarify a way to explain and establish contemporary inclusion. Ashcraft et al. (2012, p. 484) reconsidered the two views into an additional third view; "*one that avows the sobering force of history while pursuing an equally robust model of possibilities for contemporary inclusion*". This can be connected to Konrad, Prasad, and Pringle's definition of diversity (2006), acknowledging the historical discrimination in which different identity groups were both excluded and included in the occupations. This is also reflected in the theories of Roberson (2006) and Mor Barak (2015), which emphasize the intertwined yet different views of diversity and the relationship between inclusion and exclusion.

2.2 Occupational Sex Segregation

Despite the rise of female participation in the labor market, the level of occupational sex segregation remains high (e.g., Anker, 1998, Cech, 2013). Occupational sex segregation describes the distribution of workers of different genders across and within industries and occupations (Charles & Grusky, 2005). Additionally, Cech (2013, p. 747-748) writes that occupation sex segregation is "*one of the most consequential factors in economic gender*

inequality more broadly and disadvantages women in prestige, pay and power". There are different views on how occupational sex segregation arises. In the following subsections, we will discuss these different but also often intertwined views.

2.2.1 Vertical and Horizontal Sex Segregation

According to Charles and Grusky (2005), there are two segregation processes: vertical and horizontal segregation. Vertical segregation stands for unequal hierarchical career opportunities for specific genders and can lead to gender-related inequalities as gender-pay gaps (EurWORK, 2017). To illustrate, Charles and Grusky (2005) argue that males tend to dominate managerial positions, whereas females generally have non-managerial roles. On the other hand, horizontal segregation stands for the over- and under-representation of males and females in different industries or occupations (Charles & Grusky, 2005; EurWORK, 2017). Charles (2003) argues that biological gender differences could have contributed to occupational sex segregation as females are seen to have a reproductive, nurturing role, and males have physical strength. This is also emphasized by Anker (1998), who writes about biologically determined differences between males and females as a reason for occupational segregation by sex. From this perspective, the segregated workforce seems to be explained by focusing on the sex differences in skills and abilities. However, Anker (1998, p. 10) also argues that one should consider males and females as individuals instead of based on their biologically determined average differences. She exemplifies this by saying; "*many women are stronger than many men*" (Anker, 1998, p. 10). Furthermore, both Anker (1998) and Charles (2003) argue the biological gender differences have become idealized and began to be seen as the only truth, which will be further elaborated on in subsection 2.2.3 about (occupational) gender stereotypes.

2.2.2 The Role of Inclusion-Exclusion in Segregated Occupations

As previously discussed in section 2.1, Ashcraft et al. (2012) write about three views on historical and contemporary diversity and inclusion-exclusion. However, they also addresshow occupational sex segregation is happening. Rather than focusing on biological gender differences, they discuss different presumptions for sex segregation in occupations. From the absence view - contemporary exclusion, one of the presumptions is that the historical exclusion of females from hierarchical positions continues in the contemporary world (Dreher, 2003, in Ashcraft et al., 2012). This can be related to the vertical segregation

described by Charles and Grusky (2005). According to Alvesson and Billingson (2000, in Ashcraft et al., 2012), this can be explained by the fact that femininity and management are recurrently perceived as conflicting. Based on the problem of the 'Others', Crump, Logan, and McIlroy (2007, as cited in Ashcraft et al., 2012, p. 469) argue that "*those who gain access to white masculine professions are often re-segregated into 'softer' (that is, feminized and devalued) sides of the work*" as certain professions are not seen as "*'natural' for female or racial Others*". Contrarily, males in female-dominated occupations seem to have access to 'the glass escalator' with hidden advantages to reach hierarchical positions (Williams, 1992). Williams' (1992) theory on the advantages of males will be further elaborated upon in subsection 2.3.1. From the presence view, focusing on historical inclusion, a segregated workforce arises from how people construct professions that can undermine occupational worth. Ashcraft et al. (2012) argue that people not only align occupations with people enrolled in these roles but also contrast themselves to 'lower Others'.

From the third view - contemporary inclusion, they argue that to manage present-day inclusion-exclusion tensions, one has to acknowledge that occupational branding takes place through strategic collective identity work (Ashcraft et al., 2012). Occupational branding can be used "*as an explicit identity lens to professionalization*" to trace "*how knowledge exclusivity is won through persuasive constructions of work, the knowledge it requires and who should logically exercise it*" (Ashcraft et al., 2012, p. 476). In today's world, various professions have achieved an exclusive status which can be partly related to the sex of people working in the occupations. By reformulating the relation of exclusion and inclusion and acknowledging this complex relationship as a crisis, Ashcraft et al. (2012) argue that contemporary inclusion and the segregation of industries and occupations can be better understood.

2.2.3 (Occupational) Gender Stereotypes

Ashcraft et al.'s (2012) view on how a sex segregated workforce arises can be connected to Anker's (1998), Ceci, Williams, and Barnett's (2009, in Forsman & Barth, 2017), and Charles' (2003) arguments, that instead of sex differences in skills and abilities, societal pressures and gender stereotypes result in the segregated labor force. To understand occupational sex segregation and, therefore, also (occupational) gender stereotypes, it is important to acknowledge the distinction between sex and gender. According to Oakley

(1985, p. 16), "*'Sex' is a word that refers to the biological differences between male and female:(...) the related difference in procreative function. 'Gender', however, is a matter of culture: it refers to the social classification into 'masculine' and 'feminine'"*. Hence, whereas sex is the biological and relatively stable contrast to gender, the definition of gender is fluid and can mean different things within and across time, culture, and among different groups (Kimmel, 2001). Worth mentioning is that much of the management literature and a majority of the interviewees do not distinguish between females/males and women/men. Consequently, we will not be able to distinguish gender from sex at all times. Therefore, to understand the socially constructed concept of gender, it is essential to define gender stereotypes. In this thesis we follow one of the foremost definitions of gender stereotypes: *"the structured sets of beliefs about the personal attributes of men and women"* (Ashmore & Del Boca, 1979, p. 222 in Six & Eckes, 1991).

Anker (1998) argues that for females to enter a non-traditional occupation, sex stereotyping of all females regardless of their educational and professional achievements needs to be changed. This brings us to the concept of occupational gender stereotypes. Cejka and Eagly (1999) argue that occupational gender stereotypes can be understood based on the gendered beliefs of what qualities are beneficial within a male-dominated versus female-dominated occupation. They argue that masculine cognitive abilities like being analytical and good at problem-solving are perceived to be most highly valued. This is followed by feminine cognitive abilities like imaginative and creative, and feminine personality characteristics as affectionate and sensitive. In the fourth place, masculine personality characteristics, as competitive and dominant, are considered beneficial. However, the order of these skills and characteristics changes when viewed within male-dominated versus female-dominated occupations (Cejka & Eagly, 1999). For example, masculine cognitive characteristics were considered most important in male-dominated occupations and feminine personality attributes in female-dominated occupations (Cejka & Eagly, 1999). When not acting in accordance with the stereotypes, there is usually some kind of devaluation or punishment (Cejka & Eagly, 1999; Ellemers, 2018). This is further emphasized by Prentice and Carranza (2002). However, they also argue that females and males can be rewarded when performing non-stereotypical acts, but only as long as some gender stereotypic characteristics are performed. For example, *"women who are strong and sensible, competent and effective should receive very favorable reactions, so long as they remain caring, modest, and well-groomed"* (Prentice & Carranza,

2002, p. 280). According to Prentice and Carranza (2002), females have competing role demands as they occupy roles that are not stereotypically feminine, for example, entering male-dominated workplaces. To perform, females have to take on additional roles that are generally less desirable for females, such as being rational and effective. This means that females have to perform based on both the prescriptive feminine characteristics and the masculine characteristics. By contrast, the desirability reflects the typicality of males' characteristics. Males are thus affected by *"only one set of societal pressures"* (Prentice & Carranza, 2002, p. 275).

Furthermore, Cejka and Eagly (1999) explain that individuals choose occupations depending on whether it will be advantageous for their other gender-influenced objectives. This can be connected to Eagly's Social Role theory (1987 in Forsman & Barth, 2017), which shows how males and females historically have had different roles, which leads to behavioral differences and gender stereotypes linked to specific genders and their relation to different occupations. Furthermore, people *"evaluate themselves against a stereotype of the 'model person' for a field, and perceived similarities between the model and oneself",* which in turn influences their interest in certain occupations (Cheryan, 2010 in Forsman & Barth, 2017, p. 461). Related to this, Ellemers (2018) argues that people are evaluating and being evaluated based on their gender, which affects their possibilities and future opportunities in, for example, their career and education. To illustrate, Cech's (2013) research about the effects of college students' self-expression in choosing an occupation that is possibly female- or male-dominated is relevant. In her research, she argues that females and males are often encouraged and expected to choose a career that 'fits' them, leading to students reproducing gender stereotypes (Cech, 2013). Lastly, Cejka & Eagly (1999) argue that gender stereotypes are based on the interpretation of the proportions of males and females within the occupation. According to Cejka and Eagly (1999), people tend to perceive the segregation in occupations as lower than they actually are. As occupational gender stereotypes can change if the demographic of a profession changes, the perceived segregation can influence occupational gender stereotypes (Koenig & Eagly, 2019).

Occupational gender stereotypes are addressed by West and Zimmerman (1987, p. 128) who argue the Western society often *"(...) see[s] differences between the two [female and male] as fundamental and enduring - differences seemingly supported by the division of labor into*

women's and men's work and often elaborate differentiation of feminine and masculine attitudes and behaviors that are prominent features of social organizations". Furthermore, they argue that many societal roles are gender-marked and exemplify how female doctors and male nurses have to be seen as exceptions to the natural condition (West & Zimmerman, 1987). Similarly, Forsman and Barth (2016) argue that occupational gender stereotypes affect the under-represented gender's interest within an occupation. Ashcraft (2013, p. 21) further highlights *"the discursive struggle over occupational identity"*. She argues that the social reconstruction of the associated practitioners takes place in a battle over the relationship between work and body. Thus, instead of considering work and diversity separately, Ashcraft (2013) claims that this is not maintainable as work derives the identity of people who associate themselves with an occupation, and workers derive identity from their work (Ashcraft, 2013). Therefore, Ashcraft (2013, p. 26) presents the metaphor of a 'glass slipper' which explains the "*occupational identity by association*". The metaphor of the 'glass slipper' further shows how some occupations are seen as 'naturally' more suitable for specific people while improbable for others (Ashcraft, 2013). She suggests that the relationship between body and work can be conceptualized by the collective-associative view "*in which the nature of work is known by the embodied social identities aligned with it*" (Ashcraft, 2013, p.10). She exemplifies how the profession of airplane pilots used to be associated with *"rugged, manly heroes"* but later on, was temporarily redefined to be associated with safety and simplicity as it was associated with 'lady fliers' to *"shame men into flying"* (Ashcraft, 2007 in Ashcraft, 2013, p. 22). This is related to the association of occupations and "*who should logically exercise it*" (Ashcraft et al., 2012, p. 476). By diversifying an occupation or industry without looking at these social identities of occupations, there is a chance that the occupational character will decrease (Ashcraft, 2013).

Based on this discussion, we can summarize that both direct and indirect (e.g., in movies and advertisement) observations of sex segregated occupations (e.g., Cejka & Eagly, 1999; Eagly, 1987 in Forsman & Barth, 2017; Cheryan, 2010 in Forsman & Barth, 2017) and the discourse battle over figurative practitioners of occupations (Ashcraft, 2013; Ashcraft et al. 2012) can cause occupational sex segregation. Furthermore, Cejka and Eagly (1999, p. 421) explicitly state that "*occupational sex ratios and gender stereotypes are no doubt bidirectional*".

2.2.4 Dimensions of Masculinity and Femininity

As Cejka and Eagly (1987) describe, there is a clear relation between occupational sex segregation and (occupational) gender stereotypes. Therefore, it is essential to elaborate on the concepts of masculinity and femininity, which refer to the meanings and behaviors associated with males and females (Kimmel, 2001). Connel (1987, p. 296) argues that masculinities and femininities are interrelated and structured based on the *"global dominance of men over women"* and, therefore, are understood in a power hierarchy. However, According to Kimmel (2001, p. 9318), *"[m]asculinities and femininities are structured and expressed through other axes of identity such as class, race, ethnicity, age, and sexuality"*. Therefore, he suggests pluralizing the terms femininity and masculinity to better reflect the meaning of them for different identity groups at different times.

Academics have addressed various aspects of stereotypes. Consequently, there are different tools to assess gender stereotypes (e.g., Bem, 1974; Cejka & Eagly, 1999). One of these instruments is the Bem Sex-Role Inventory (BSRI) which uses gender-stereotypical characteristics to independently assess the dimensions of masculinity and femininity. The dimensions of the BSRI can be found in appendix A. The BSRI has been criticized and reevaluated. However, most of the characteristics have been validated in several types of research, indicating that the presented gender stereotypes are relatively persistent (e.g., Prentice & Carranza, 2002). Similar characteristics to the BSRI were also used by Cejka and Eagly (1999, p. 413) when they researched whether *"people believe that success in occupations dominated by one sex requires personal characteristics typical of that sex"*.

This research aims to use the theories and concepts of (occupational) gender stereotypes, and thereby gender-stereotypical skills and characteristics, to create a deeper understanding of the feminization of male-dominated knowledge-intensive professions. The physical dimensions of the theory presented by Cejka and Eagly (1999), which consists of attributes as 'sexy' and 'tall', are therefore less relevant. This research, consequently, utilizes the items in the BSRI and relevant dimensions from the article by Cejka and Eagly (1999) to understand how the interviewees are making sense of gender and stereotypical feminine and masculine attributes. However, as Kimmel (2001) argues, masculinity and femininity are nuanced, unstable concepts, we therefore also analyzed how the interviewees (re)produced gender in the social interactions. Hence, the following subsection will present a view of gender (re)production.

2.2.5 Doing and Redoing Gender

To make sense of occupational sex segregation and the impact and construction of gender stereotypes, the concept of 'doing gender' presented by West and Zimmerman (1987) will be reviewed. As previously mentioned, Kimmel (2001) emphasizes that gender is not static. Similarly, West and Zimmerman (1987) conceptualized 'doing gender', which describes how gender is reproduced in social interactions, not as a property of an individual. They argue *"[d]oing gender involves a complex of socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine 'natures'"* (West & Zimmerman, 1987, p. 126). Furthermore, West and Zimmerman (1987) elaborate on whether it is impossible not to do gender. They argue that *"[i]nsofar as a society is partitioned by "essential" differences between women and men and placement in a sex category[1] is both relevant and enforced, doing gender is unavoidable."* (West & Zimmerman, 1987, p .137). Kimmel (2001) further elaborates on the meaning of doing gender. He argues that doing gender is acting in a feminine or masculine way that is expected and desired from the people around us in certain situations.

The literature on doing gender has been accompanied by the concept of 'undoing gender' (Butler, 2004; Kelan, 2018). Kelan (2018) discusses the relation between 'doing gender', and 'undoing gender', which she argues is based on whether individuals' acts are reflected in gender-normative expectations. Furthermore, Kelan (2018) writes that doing and undoing gender can also be understood in relation to hierarchy and equality. Deutsch (2007) argues that doing gender creates gender differences and leads to gender inequality while undoing gender is challenging the normative expectations and reduces the gender differences. Drawing on the perspective of Deutsch (2007), Kelan (2018, p. 554) argues that *"gender difference is reduced by men enacting practices either associated with women or practices that reduce gender unequal outcomes"*. Thus, by engaging in non-stereotypical practices, Deutsch (2007) and Kelan (2018) argue that people can undo gender.

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[1] Sex category is established in everyday life and is based on the categorization of one's membership to one or the other sexes. However, the sex category does not necessarily have to correspond to one's sex (West & Zimmerman, 1987).

In response to the widespread articles on undoing gender, West and Zimmerman (2009) criticize the ignorance of gender accountability, which can be understood based on the membership of the sex category. Rather than undoing gender by challenging the normative expectations, West and Zimmerman (2009) refer to 'redo' gender as a shift in gender accountability. Accountability refers to the expectations about what is appropriate for the person dependent on their sex category. They, again, argue that doing gender is inevitable and therefore enacting in redoing gender is more accurate than undoing gender (West & Zimmerman, 1987; 2009). Here, redoing gender emphasizes the changes and shifts within the constructed gender, whereas undoing gender would imply not doing gender. In this thesis, the concepts and terminology of doing and redoing gender presented by West and Zimmerman (2009) are used since they acknowledge that accountability is the foundation of gender creation and cannot be abandoned, as suggested by the terminology of undoing gender.

2.3 Feminization

The major shift in the labor market where more females have entered and are entering the workforce can be conceptualized as feminization. According to Cacouault-Bitaud (2001), the term feminization is used to describe an occupation or an industry where female participation has increased, even though it is still male-dominated, and to describe occupations where males have become the minority. A third definition of feminization implies how an occupation itself changes once females enter a male-dominated occupation and become *"women's work with a consequent loss of income and status"* (Jary & Jary, 1995, p. 225). Similar to the definition by Jary & Jary (1995), Mandel (2018) argues that the entry of females into occupations can devalue the status of these occupations and reduce the average wages. Mandel (2018) argues that gendered beliefs of females may trigger occupational devaluation. Moreover, he describes that if females' skills and characteristics and femininity continuously are devalued despite an individual's educational and occupational achievements, occupational devaluation is expected to occur when high-paid male-dominated occupations are feminizing (Mandel, 2018). This thesis uses the concept of feminization to foremost describe an increased number of females entering a male-dominated profession, regardless of whether females or males dominate it. However, the other definitions of feminization will be used as analytical tools when discussing how the interviewees make sense of the phenomenon. The following subsection will elaborate on both definitions of feminization and

further elaborates on feminization in relation to status and the feminization of the dental profession.

2.3.1 Feminization and Gender Devaluation

The diversification of occupations can lead to a decrease in occupational character, as Ashcraft (2013) and Ashcraft et al. (2012) described. This can be associated with the definition of feminization of Jary and Jary (1995), because they too argue that the increasing number of females can decrease occupational status and wages. Charles & Grusky (2005) argue that in practice, both horizontal and vertical gender segregation often implies that females are overrepresented in occupations with lower salaries. Furthermore, Levanon, England, and Allison (2009) argue that by emphasizing gender diversity and low occupational sex segregation, wages in female-dominated occupations will improve as wages increase when males enter female-dominated occupations. Meanwhile, according to Murphy and Oesch (2015), the effects of feminization on occupations is not linear, so they separate occupations holding less than 50 percent females apart from occupations holding more than 60 percent females. As long as females are the minority within an occupation, the wages are not likely to decrease (Murphy & Oesch, 2015). However, when over 60 percent of the workers are female, there is a high risk of a decrease in wages (Murphy & Oesch, 2015). Murphy and Oesch (2015) argue that when an occupation changes into a female-dominated occupation, the wage imbalance and loss of status are due to gender devaluation. Hence, both Murphy and Oesch (2015) and Cejka and Eagly (1999) describe deep-rooted gender norms that cause the higher validation of male-related work, causing female workers' devaluation and possibly current male-dominated occupations that are being feminized. In contrast, Cejka and Eagly (1999) suggest that females moving into male-dominated positions could lead to a higher social status for these females. Nevertheless, if a male-dominated occupation is feminizing, the wages are likely to decrease since lower wages are associated with feminized occupations and women's work in today's world still seems to be devalued. However, Cejka and Eagly (1999) mention that the redefinition of a male-dominated occupation after it has been feminized and became female-dominated occurs slowly.

On the other hand, according to the concept of masculine identity management, males who are working in female-dominated professions are likely to be questioned and feel devalued (Forsman & Barth, 2017). West and Zimmerman (1987) further argue that males performing

an occupation associated with stereotypical feminine behaviors will perceive their masculinity as threatened. Evans and Frank's research (2003 in Forsman & Barth, 2017) indicates that males tend to engage in identity work and enhance masculine behaviors when they are in these situations. Their research shows those male nurses in their study:

> *"(...) sometimes engaged in practices that (re)affirmed themselves as men as a way to ward off the identity threats they faced from working in a female-dominated field. Some participants achieved this affirmation by doing "manly things" like assisting female colleagues in "muscle work," intervening when patients became violent, and avoiding doing 'feminine things'"* (Evans & Frank, 2003 in Forsman & Barth, 2017, p. 462).

Similarly, Robertsson's (2002) research shows that male nurses distance themselves from females and highlight their masculinity since they see a need to separate masculinity from femininity. Moreover, Besen (2007) argues that masculine identity work can further be understood based on the traditional view of males' responsibilities as providing for their families. Robertsson (2002) further mentions that due to the feminine characteristic of the nurse profession, there is a common understanding in society that male nurses are gay and tend to be more feminine.

Masculine identity management can thus be understood as an explanation for how males tend to choose masculine stereotyped professions over femininity stereotyped professions even though it would entail lower salary (Barth et al., 2015 in Forsman & Barth, 2017). According to the concept of masculine identity management, males who are considering themselves as having more feminine attributes are presumably more willing to work in occupations associated with femininity and also likely not to affirm their masculinity (Forsman & Barth, 2017). Furthermore, Williams (1992) writes about the advantages for males in female-dominated occupations using the metaphor of a 'glass elevator'. She argues that male tokens benefit from being male as stereotypically masculine attributes are highly valued in society. Furthermore, she argues that male tokens did not experience disadvantages of their minority status but rather advantages in being hired or promoted (Williams, 1992). Robertsson (2002) similarly argues that the males' participation in a female-dominated occupation is considered to raise the profession's status. In contrast, it is the opposite when females are the

minority group. In his research regarding male nurses, he further argues that the increased number of males becoming nurses does not automatically lead to equality and changes in gender perceptions and stereotypes. Budig (2002. p. 274) extends that argument and argues; "*token men (…) earn more and have faster wage growth than women (...) due to their status as male*". She argues not only token males in female-dominated occupations ride the 'glass elevator' but also males in male-dominated and non-segregated occupations. In summary, when a profession is becoming female-dominated, feminization can undermine the overall occupational worth and status. However, the theories presented also indicate that males who do choose to work in a female-dominated occupation benefit from being the minority group.

2.3.2 Feminization of Dentistry

While the dental profession in The Netherlands started feminizing steadily in the 1980s, the dental hygienist and assistant profession were 97 percent female-dominated in 2017, and the composition in this group changes very slowly (Jerković–Ćosić, 2017). As males have a hierarchical relationship with females more often than the other way around, "*gender interpretations can influence the perception of power in working relationships*" (Batalha et al., 2007, in Jerković–Ćosić, 2017, p. 557). Jerković–Ćosić (2017) argues that due to the differences in treatment and professional vision and the communication styles of female and male dentists, female dentists are more likely to have better cooperation with the dental hygienists. Furthermore, she argues that significant traditional differences between females and males regarding the number of working hours are fading gradually (Jerković–Ćosić, 2017). From Ashcraft et al.'s (2012) presence view, females have historically been included in the dental profession, however, not in the role of a dentist but as assisting roles.

Within the dental profession, McKay and Quiñonez (2012, p. 1) highlight that the rising number of females impacts "*work hours, practice models, professional incomes, the dentist–patient relationship, clinical philosophies, specialty practice, academia and leadership*". However, as females only recently started entering the dental profession, there is limited evidence of the long-term effect of feminization. Some trends that are being noticed are that female dentists relatively earn less than male dentists and that females are less prominent in specialties, academia, leadership, and dental practice owner roles (McKay & Quiñonez, 2012). Whereas McKay and Quiñonez (2012, p. 2) talk about the fact that female dentists have different traits and characteristics and are perceived as "*less rushed, more likely*

to discuss ailments with patients and more humane and caring", they do not explicitly talk about the devaluation of status and overall loss of income within dentistry. The results of their research can be compared to the results of Bruers and Van Dam (2017). Bruers and Van Dam (2017) studied the advance of female dentists within the Netherlands and their article explains the differences between male and female dentists. For example, female dentists work fewer hours, are less common to own a practice, work together more often, seem to have a personal approach to the patients' treatment plan, and pay attention to their patient's general health (Bruers & Van Dam, 2017). Furthermore, they cite Ceci, Williams, and Barnett (2009, in Bruers & Van Dam, 2017) and link the underrepresentation of females to their focus on people-oriented work areas, while males tend to be more interested in object-oriented work areas. Nevertheless, Bruers and Van Dam (2017) likewise do not write about the possible effects of feminization in terms of devaluation and decrease in average wages. Shannon et al. (2017) do write about the effect of feminization of the global health workforce on wages. They argue that the global wage gap for females and males increased over time, yet, it is doubtful whether these results reflect the effects on the Dutch dental profession.

Another example of a researcher examining the feminization of dentistry is Adams (2000; 2005). She argues that the profession is defined in terms of masculine characteristics and white middle-class men (Adams, 2000). In later research, Adams (2005) argues that there were no significant differences between the attitudes and characteristics of males and females in the dental profession. However, the study found that 55% of the female dental practitioners strongly believed that "*female dentists practice differently from male dentists*" compared to 8% of the males (Adams, 2005, p. 85). Furthermore, 40% of the dentists said to believe that the rising female participation in the labor market is changing the profession. Although Adams' quantitative study (2005) did not specifically focus on gender stereotypes, Adams suggests that females might be more "*emphatic, sympathetic, and gentle*" (Pratt, 1996, p. 20 in Adams, 2005, p. 86), which is similar to the results of McKay and Quiñonez (2012).

2.4 Chapter Summary

The literature review presented forms the theoretical framework that will be used as an analytical tool when discussing the empirical findings in chapter five. We have embedded the literature on diversity and inclusion-exclusion, occupational sex segregation, gender, and feminization. The tension of inclusion-exclusion can be understood and managed through the

concept of contemporary inclusion (Ashcraft et al., 2012). This concept offers a perspective on understanding diversity and inclusion-exclusion in the contemporary sex segregated labor market. Moreover, we discussed different views on how occupational sex segregation can be understood and arises. Subsequently, we aimed to elaborate on the theories and concepts of (occupational) gender stereotypes and doing and redoing gender (West & Zimmerman, 1987; 2009). Here, we have examined how people tend to judge the nature of the work by the people practicing it (Ashcraft, 2013) and how people do gender by acting in a way that is expected from them based on their gender (Kimmel, 2001). Finally, we concluded our literature review with an overview of relevant research on feminization in general and the feminization of dentistry.

3. Methodology

This chapter presents how we addressed the research question and how we completed our research. Therefore, we will discuss how we aimed for a reflexive approach towards different methodological concepts. Hence, this chapter will focus on our philosophical grounding, how we collected our data and whom we have interviewed, our approach to analyze and interpret the data. Lastly, we will present the reflections and limitations of our research project.

3.1 Philosophical Grounding

For our study, we adapted the ontological position of constructionism where "*social reality does not exist independent of human action*" (Charmaz, 2000, p. 521, in Bryman & Bell, 2011). This means that reality is not an objective phenomenon but socially constructed through social interaction and in a constant state of change (Bryman & Bell, 2011). From this ontological point of view, we interviewed students who experience their profession's feminization to create a deeper understanding of how they construct and contribute to their social reality through social interaction (Bryman & Bell, 2011). Therefore, we mainly adopted the interpretive tradition described by Prasad (2018). The interpretive approach focuses on the meanings and sense-making of the social world, which enabled us to analyze the acts interconnected to identities and gender roles rather than seeing these as objective parts of the individual (Prasad, 2018). More specifically, this study foremost uses the ethnomethodological and symbolic interactionism perspectives. Using the ethnomethodological view, we aimed to understand how the interviewees use their immediate, everyday life to construct their view of the world through social interaction (Prasad, 2018). Furthermore, we chose symbolic interactionism to understand how the interviewees attach meaning to actions and things (Bryman & Bell. 2011; Prasad, 2018). Thus, viewing the interviewees' perceptions as subjective truths, we aimed to create an in-depth understanding of how students make sense of gender stereotypes and the feminization of dentistry and how students create meaning of these concepts in social interaction (Prasad, 2018).

Moreover, we identify ourselves as feminists, which is the core of the feminist approach presented by Reinharz (1992). Our research, therefore, also takes a critical feminist perspective as we are challenging understandings of the gendered division of labor and the social concepts of masculinity and femininity (Prasad, 2018). Furthermore, we draw upon the

critical feminist perspective which influences the methodology in researching the phenomenon. The fact that we build upon critical feminist theories can, for example, be derived from the use of theories about masculinity being higher valued than femininity. Moreover, by using the critical feminist tradition, we concluded that the phenomenon matters. Worth mentioning is that *"the feminist tradition is sharply critical of past and continuing patterns of male dominance but is not uniformly opposed to men or maleness."* (Prasad, 2018, p. 181). Thus, we, too, aimed to look at feminization from a critical feminist perspective without automatically devaluing men or masculinity.

3.2 Data Collection

Our practical phenomenon is based on a quantitative change which called for a further qualitative explanation. When we searched for experiences, explanations, and perceptions of feminization, we found limited studies explaining the phenomenon. Therefore, we adopted the abductive approach, where both induction and deduction were used to formulate the research question and allowed us to go back and forth between theory and empirical data (Bryman & Bell, 2011). By collecting our data at the same time as searching for appropriate additional literature, we were able to, as Styhre (2013) writes, conduct research in a circular, non-linear manner.

Our research project is based on a qualitative method with in-depth semi-structured interviews (Bryman & Bell, 2011). This methodology was the most suitable for analyzing the participants' perceptions and understanding of the phenomenon (Bryman & Bell, 2011). Moreover, a qualitative method allowed us to, in accordance with the interpretive tradition, in-depth explore how the interviewees make sense of the ongoing changes within the dental profession through social interaction (Prasad, 2018). As this research aimed not to measure numbers but to understand processes, meaning, and qualities, a quantitative method was discarded (Rennstam & Wästerfors, 2015). To fulfill the purpose of the study, we interviewed the future dental workforce, that is, dental students. As this research is focused on the feminization of the dental profession, we considered it necessary for the interviewees to have experiences in the field. To make sure this criterion was met, the research initially solely focused on master students since a part of their study program includes working at the university's dental practice. However, we decided also to consider bachelor students as long

as they have practical experiences besides their study program. One third-year bachelor student was, therefore, included in our interview sample.

This research is based on eleven interviews that each lasted around 45 minutes. The number of interviews was initially chosen to reflect the proportions of men and women in the master's program. However, as we still wanted to get multiple answers from both men and women, we decided to go for a more gender-balanced sample. We did not receive responses from students who identify as non-binary or other gender identities. Due to the current COVID-19 pandemic, the interviews were conducted via video calls on digital platforms. With the interviewees' consent, the interviews were recorded to enable us to go back and listen and look at the recordings multiple times after the interview. Notwithstanding, according to Bryman and Bell (2011), recording interviews may also create an environment that can be off-putting for the interviewees. This could have resulted in the interviewees giving socially desired answers. To prevent ourselves from biasing the interviewees, we choose not to interview students with whom we have a personal connection and to assure the anonymity of the interviewees by omitting their names. Semi-structured interviews were chosen as the data collection method to follow up on questions and allow the interviewees to express their perceptions (Bryman & Bell, 2011; Rabionet, 2001). We decided to lead the interviews alternately. Nonetheless, both of us were present during all interviews, and the one not leading the interview complemented when necessary and took notes.

The interview guide (see appendix B) was used to get the information needed to analyze the phenomenon and answer the research question. The interview guide is divided into three main sections: (1) a general introduction of ourselves as researchers and the research topic, (2) the background information of the interviewee, and (3) the questions related to the research questions and based on the literature research. The interview questions were further divided into four sections; background, characteristics and skills of dentists, feminization, and the future of dentistry. By conducting one pilot interview with a dental student, we evaluated the interview guide and adjusted the questions for the dental students' context. The interviewees were informed about the research topic and told they did not need to prepare beforehand. Furthermore, we informed the interviewees that we would conduct the interviews in English. To minimize the language barrier and misinterpretations, we told the interviewees they could say things in Dutch if they did not know how to explain themselves in English. Moreover, we

focused on open-ended 'how' and 'what' questions to conceptualize and understand the interviewees' perceptions, which can be connected to Gubrium and Holstein (1997, in Rennstam and Wästerfors, 2018). Following Bryman and Bell (2011), we avoided asking questions with a negative undertone to prevent the interviewees from being biased.

3.2.1 The Case Study and Access

To find a university suitable for the purpose and research questions, we searched for dentistry study programs in the Netherlands. As one of the researchers had personal contact with a dental student at Radboud University, we could contact the program director. Thus, after establishing a collaboration, Radboud University, out of the three dental universities in the Netherlands, was selected for this research.

Radboud University has been the best dentistry degree program in the Netherlands for eight years in a row and is Dutch-taught (Keuzegids, 2020). For the last six years, the numerus clausus of first-year bachelor's dental students at Radboud University has been 67 (Van der Sanden, personal communication, 18 March 2021). Students gain practical experience as part of their three-year bachelor program and see around 20 patients for consultations (Van der Sanden, personal communication, 18 March 2021). In their master's program, students work at Radboud's dental practice for approximately 12 hours a week and treat around 40 patients per year. Here, the students are responsible for their own patients while supervised by Radboud's teachers. Of all master students in the school year of 2020/2021, 71% were female (Van der Sanden, personal communication, 18 March 2021).

Via the program director, we were able to reach all master students via email. When not receiving as many registrations for the interviews as desired, we chose to use the method of snowball sampling (Bryman & Bell, 2011). Therefore, we asked the dental students we were in contact with to reach out to other Radboud dental students. Since snowball sampling has been criticized for not being representative of the population, we have had to reflect critically on the impact of the method on the quality of our research. However, as Bryman and Bell (2011) argue that snowball sampling within a qualitative research approach is not as problematic as within quantitative research, and as the interviewees were still evaluated based on the established criteria, we consider snowball sampling as a suitable method for the purpose.

3.2.2 Sample

The interviewed dental students are all students at Radboud University in the Netherlands. The interviewees are between 23 and 32 years old. The following table provides an overview of the interviewees' gender identification, age, and year in the study program. To assure the anonymity of the interviewees, the names in this paper are fictitious.

Respondent	Gender	Year of study
Liam	Male	Third
Emma	Female	Fifth
Olivia	Female	Sixth
Charlotte	Female	Fifth
William	Male	Sixth
Mia	Female	Sixth
Harper	Female	Sixth
Benjamin	Male	Sixth
Sophia	Female	Fifth
Oliver	Male	Sixth
James	Male	Fifth

Table 1: Characteristics of the interviewees.

3.3 Data Analysis

As described by Charmaz (2006, in Rennstam & Wästerfors, 2018), sensitizing concepts are based on the assumption that data collection is not a neutral act and is therefore based on the researchers' presumptions of the phenomenon. The concepts of femininity and masculinity as sensitizing concepts are used during the data collection and coding of the empirical material. Depending on the relevance and coherence in relation to the phenomenon, these concepts could have been reevaluated and altered. However, we regarded them as relevant to understand the phenomenon, and they have therefore been further elaborated upon in the following chapters (Charmaz, 2006 in Rennstam & Wästerfors, 2018).

In the data analysis, we aimed to avoid personal biases by analyzing the data individually. However, after analyzing the data individually, we also discussed possible (mis-) interpretations to, as much as possible, prevent ourselves from wrongfully interpreting the data (Brinkman & Kvale, 2015). Furthermore, we transcribed the interviews to analyze how the interviewees expressed their perceptions and perspectives. We have sorted the data and created categories and codes based on compelling citations from the interviews. As the sorting and reduction of qualitative material can become quite chaotic, we chose to sort our data using codes in different colors (Rennstam & Wästerfors, 2018). Moreover, we coded the empirical data following Strauss and Corbin's coding model (1998 in Styhre, 2013). The first step was open coding, where we developed categories and codes to conceptualize the data from our interviews. We also engaged in axial coding, where we interconnected the categories and codes, again using colors to create an overview. Finally, we followed the process of selective coding to build a story that connected the categories and codes to produce one core category: 'Dentistry as a feminine profession' (Strauss & Corbin, 1998 in Styhre, 2013). However, we did not work with the empirical findings in a linear process but instead went back and forth and re-coded the data when necessary (Rennstam & Wästerfors, 2018). Therefore, we have sorted the data multiple times at different stages of writing the thesis to reduce our data and find the most relevant data for our analysis.

As we wanted to make it clear for the reader to see when interviewees paused in a sentence or when we have taken only parts of the quote, we used '(...)' in the analysis of the empirical data to show that we have taken out a part of the quote, and '…' to describe when the interviewee paused in a sentence.

3.4 Trustworthiness, Authenticity, Reflections, and Limitations

3.4.1 Trustworthiness and Authenticity

We have been reflecting on various critical concepts to enhance the quality of our research. For example, the concepts of validity and reliability are often used in quantitative research and sometimes also in qualitative research. However, Lincoln and Guba (1985, in Bryman & Bell, 2011) present an alternative terminology based on trustworthiness and authenticity. We used this terminology as it is more suitable for qualitative research (Lincoln & Guba, 1985, in Bryman & Bell, 2011).

Fundamental in Lincoln and Guba's suggestion (1985 in Bryman & Bell, 2011) is the term trustworthiness which describes the quality of a research project and is based on the following four terms: credibility, transferability, dependability, and conformability. The credibility of the research was increased by detecting contradiction in the interviewees' answers through the use of follow-up questions. This allowed us to ask them for specific examples and refer back to previously mentioned statements. Due to the nature of qualitative research, the transferability is limited, and it is therefore not possible to generalize the results (Bryman & Bell, 2011). However, the objective of our research was never to generate an utterly transferable result. The aim was instead to create an in-depth understanding of the dental students' perspective of the phenomenon. To enhance dependability and conformability, we initially coded and analyzed the interviews separately. This enabled us not to influence each other and make sure that we understood the social context. However, the qualitative research approach creates room for subjectivity as we aim to understand the sense-making of others. Therefore, we have tried to understand the concepts through the interviewees' eyes, as the interpretative tradition emphasizes (Prasad, 2018). Furthermore, we have been working in good faith, acknowledging the risk of influencing the study with personal beliefs.

In addition to trustworthiness, is the criteria of authenticity, which *"(...) raise a wider set of issues concerning the wider political impact of research"* (Lincoln & Guba, 1986 in Bryman & Bell, 2011, p. 398). Authenticity emphasizes whether the researchers influence and engage with the interviewees and whether the presentation represents different perspectives of the social reality being researched (Lincoln & Guba, 1986 in Bryman & Bell, 2011). This research is solely focused on the dental students' perceptions and can therefore be criticized for not representing all viewpoints in the social setting. However, we have made a conscious delimitation where we prioritized a narrower selection to generate an in-depth understanding of the sense-making process of a specific group.

3.4.2 Limitations

Through the data collection and analysis process, we aimed to take on the role of reflexive researchers by critically reflecting on every step of the way and carefully interpreting the empirical data. Hence, as mentioned, there are limitations in data collection and analysis as always in qualitative research. As reflexive researchers, we aim to further elaborate on our limitations to increase the trustworthiness of our research.

Firstly, we, again, want to highlight that we limited our research to analyze the interviewees' understanding based on binary genders as we did not have any responses from students who identified as non-binary. Moreover, the image of the profession affects both the people studying as those who already work within the profession. As we only interviewed dental students at Radboud University, our findings might not be relevant to dental practices or other dental study programs. Furthermore, as previously mentioned, this qualitative research is based upon (online) interviews in English, whereas the mother tongue of all interviewees is Dutch. However, we are confident that by (1) telling the potential participants the interviews would be in English before signing up to take part in our research, and (2) making clear that the interviewees could use Dutch words when necessary in the interviews, we have minimized the (mis-)interpretations due to language barriers. We also want to emphasize that although we aimed to analyze the perceptions of the interviewees, we are aware of the subjectivity of our interpretations of the interviewees' sense-making. In line with that, we want to highlight that we are two females who are also influenced by our own gender stereotypes, which, although taking measures, could have biased the data sampling and interpretations of the empirical data.

4. Empirical Findings and Analysis

The following chapter will present the empirical findings of the conducted interviews divided into themes that were recurring and found during the coding of the interviews. The first section explores how the interviewees make sense of past and ongoing changes within dentistry and how an increased number of female dentists influences the profession. To create a deeper understanding of how they make sense of the feminization of dentistry, we will elaborate on the valuation of femininity within the dental profession in the second section. Lastly, we will present the interviewees' views on the role of gender and sex in the feminization of dentistry.

4.1 A Distinction Between 'Old' and 'New' Dentistry

When analyzing how the interviewees interpret the increasing number of females going into dentistry, we found that the interviewees distinguish between the 'old' and 'new' dental profession. Some students initially stated that the increasing number of females entering the profession does not influence dentistry and instead mentioned other factors responsible for this change. However, after further discussing the role of gender, past, ongoing, and future changes within dentistry, most students explicitly or implicitly mentioned the impact of the increase in female dentists on the profession. To understand how students make sense of the shift from a male-dominated towards a possibly female-dominated profession, subsection 4.1.1 discusses what other, intertwined factors the interviewees highlighted that have contributed to the changes within dentistry. In subsection 4.1.2, we elaborate on *why* students think the feminization of dentistry is happening. Finally, subsection 4.1.3 will present the interviewees' perspectives on the effects of the increased number of female dentists. As mentioned, the interviewees stated various other factors that they believed give rise to the shift from the 'old' dentist-centered approach to the 'new' patient-centered approach. However, these factors were often seen as intertwined with effects from the increased number of female dentists. Therefore, it would be wrong for us to analyze them as 'either/or' as the interviewees generally mentioned both other factors and feminization as aspects changing the dental profession.

4.1.1 Other Factors Influencing the Dental Profession

All interviewees described that there have been changes within the dental profession, of which some interviewees mainly explained that these changes arose and are arising based on changes in research and a shift in patients' demand in general healthcare. For example, William emphasized that:

> *"I think the uppermost reason to shift something in dentistry is research and new methods. And that is, regardless of whether females or males are involved. So I think that we have a pretty strong basis on what our profession is, and whether a man or a woman is practicing it, that's not the reason for that shift I think."*

Here, it seems like William considered the increasing number of females as merely a quantitative change in the practitioners' gender and that it does not influence the profession. However, later on in the interview, William described feminization as "*a secondary shift*". He argued that it is more an effect of the shifted focus from accentuating practical skills towards a focus on communicative skills:

> *"60 years ago (...) dentistry was a male profession. (...) But then the profession was mainly focused on practical skills. Now the profession has shifted way more to communicating with the patient instead of only doing stuff. And I think that from being 100% males 60 years ago, and now seeing way more females that this shift is going parallel to the shift of communication being a bigger part of our job. I wouldn't say feminization is affecting the job, but I think we as society, what we expect of dentists nowadays is more connecting with females. And that's why that [feminization] is the secondary shift."*

When describing the differences between the 'old' and 'new' way of practicing dentistry, a majority of the interviewees similarly described a shift in patient demand by emphasizing the increased focus on prevention rather than just curing, and treating patients based on their wishes instead of doing what the dentist believes is necessary. For example, Emma said the following about how a changing patient demand influenced dentistry:

> *"(…) there's more room for communicative skills. And it's emphasized in our studies, (…) but, of course, everything has to make room for something. So right now, we don't learn as much technical skills as they used to, in the olden days they used to make their own golden crowns and stuff. We don't do that anymore. We focus more on general health and communication skills, for our patients."*

Furthermore, Emma explained that "*back in the days, one-man practices [independent practices each with only one (male) dentist] were the golden standard*" and only the dentist's opinion mattered: "*he was the only one with those skills or that knowledge in practice. So what he wanted to do was the right way, even though maybe it wasn't even the right way*". She mentioned that today, the *"patient is the boss of their own treatment line"* and that *"older people usually think that a dentist is a male, and maybe you'd [therefore also] be rude and a bit hard-handed"*. This was also mentioned by other students, for example, Sophia said that: "(…) *we are now more working together because it's not a solo practice anymore, it's nowhere to be found or some old men"*. Sophia highlighted that she finds this change "*for the better*" to emphasize a positive change within dentistry due to "*the change in general healthcare in the Netherlands*". Both Emma and Sophia referred back to older dentists as males, which is not surprising as the profession used to be completely male-dominated. When elaborating on what an 'older' person is, several interviewees mentioned people older than 50-60 years old. However, even though the interviewees presented their thoughts regarding a generalized stereotype of older, male dentists, we got the impression that they too recognize and agree with some stereotypes. For example, it seemed they saw male dentists' communication skills as less than those of female dentists and that older, male dentists are more 'hard-handed' and 'harsh'. Several interviewees perceived this as unfavorable, as they discussed contradictory characteristics and skills when describing a successful dentist. Even though Emma and Sophia both said that dentistry changed positively due to changes in general healthcare and patient demand, it can be argued they look at the profession as affected by feminization as they highlighted a distinction between the past "*one-man practices*" and current younger dentists.

4.1.2 Explanations for the Feminization of Dentistry

Before further going into how the interviewees perceive the increased number of females in dentistry has led to changes at the university, and the profession, we will first briefly outline two factors mentioned that are considered to have contributed to the feminization of dentistry.

We believe that it is crucial to note these underlying factors to understand how students make sense of the ongoing feminization fully. Hence, there is no apparent cause and effect, and instead these factors are talked about as inextricably intertwined. One often mentioned factor explaining why more females are going into traditionally male-dominated professions is the feminist movement. For example, Benjamin said that:

> *"Females generally became more empowered because of voting rights and feminism. And I think from a general perspective they are more about caring for children. And that extrapolated towards caring for people, first as nurses and then as doctors, and then also as dentists."*

Nevertheless, the most named reason for the ongoing feminization of dentistry is the application process for dentistry education in the Netherlands. All but two interviewees highlighted the competitive and challenging selection process and how they had to get top grades in high school to be admitted. In addition, a majority of the interviewees mentioned that females develop at a younger age and have higher rates in high school than males, which makes females score better in the application process. For example, Mia mentioned: *"I think women are more ambitious and a little bit more of an adult when they're younger. Boys[' development], I think, comes at a later age."*. When further elaborating on this, three male students expressed how they perceive the current application process as contributing to the feminization of dentistry. For example, James said:

> *"The exams are changing from really practical questions to a lot of texts, which I think guys are not very good at. (…) I really don't mind if there are less male people (…) I think, that the girls are more healthcare orientated. This could be a good shift for the profession."*

Whereas Benjamin expressed that it "*is not entirely fair maybe*", but that "*it's also fine because now there are so many men in dominant positions in organizations*". It is noteworthy that Benjamin motivated the feminization within dentistry 'is fine' by saying males have dominant positions elsewhere. Another comment was made by Liam, who exemplified a view of practitioners in male-dominated professions that are feminizing. He mentioned: *"(…) you hear those kinds of stories: 'Well, let's give women a chance. We'll see how it goes'. Yeah, but*

I don't hear anything bad now, so it might be the better choice to leave it as female-dominated.". To us, it seems as Liam, ironically, used a lower voice to express his view on how males in male-dominated professions sometimes emphasize that they are the ones 'giving' females a chance. At the same time, Liam and James both mentioned that they think feminization might even be 'good' for the profession, implying that feminization is influencing the profession.

4.1.3 How Feminization is Influencing the Profession

As previously mentioned, both feminization and other factors, as research and a shift in patients' demand, were mentioned by the interviewees as factors changing the dental profession. For example, although Emma said the focus on *"the inclusion of general health and communication courses"* is due to the change in patients' demand, she seemed to believe these artifacts actually are partly a result of more females in dentistry as these artifacts are stereotypically related to femininity and females:

> *"I think stereotypically women are more emphatic, and in general more patient and men more inpatient, and you see more often that they are a little less accessible to emotions because they cannot cope with them very well. For example, when you ask your patients 'How are you?' and they answer 'Well, not that good' and then they ask 'Oh is it your health or something?' and they say 'No, I'm just having a hard time at home'. The male dentist will probably say 'Oh that sucks, well lay down and open your mouth'."*

Emma is not the only interviewee who saw the focus on communication in relation to femininity. As there was an extra year added to the curriculum of the dentistry study program to include communicative courses, it could be that the students are partly biased in highlighting the need for communicative skills. However, as the interviewees do not only talk about the need for communicative skills but also about other soft skills and characteristics related to communication, it seems they do think it is important. Harper connected the focus on communication skills as a possible result of feminization: *"I know that the communication skill sets became a lot more important in the study. In the last 10-20 years (...) that wasn't a thing they were taught. (...) So I guess that might have to do with more women in the field.".*

When talking about how the increased focus on communication is related to females going into the profession, Harper further explained:

> *"(...) stereotypes of women are that they are more emphatic, can sometimes be more up and down with their feelings, are a bit softer, and men are the opposite. Men are supposed to be, like, tougher. It's still the stereotype for men; don't cry and keep it in, be strong."*

Hence, several interviewees relate the communication courses to stereotypical feminine skills as being empathic, patient, and creating space to talk about feelings. However, whereas Harper seems to be careful in concluding the focus on communication skills as a result of feminization, some interviewees explicitly highlighted that the increased number of females in dentistry has led to changes at the university as well as in the profession. Oliver, for example, said:

> *"I think [the shift in focus on communication] is positive, and I think nowadays that is necessary because you need a lot of patience with your patients. This is an effect of feminization because if you see the old dentist they prefer hierarchy. It's like they are the boss, and then you have the assistant and then come to patients. But nowadays, the patience comes first, and the dentist needs to be able to listen to the patient. So I see a shift in the hierarchy in dental care as a result of feminization."*

Oliver's comment can be interpreted as if he believes males generally prefer hierarchy, whereas females are more focused on patient-centered healthcare, which calls for communication in the courses. In contrast, Mia said *"I don't think it's because of women"*. However, a moment later she said: *"but I think if it was a male-dominant study it would have happened later or not [at all]"*. This implies that she and several other students do, to a certain extent, seem to believe that an increased number of females influenced how dentistry is practiced today.

The interviewees did not only talk about feminization influencing how to practice dentistry but also, among others, the average working hours, the focus on money, and how society looks at dentists. When further discussing the proportion of female (becoming) dentists,

Sophia presented another view. Rather than just focusing on more females entering the profession, she talked about why fewer males are interested in becoming dentists:

> *"I think that's the thing, why men don't do dentistry so much anymore, because of the opinion that it's healthcare. I can understand that they're in a way like 'Yeah I have to be manly'. You are straight, and you are a man, you have to be manly because otherwise, women will not like you."*

Similarly, Harper mentioned that males are less interested in the dental profession and other disciplines related to healthcare since they are not related to status and wealth in the same way as other professions. She said the following: "*The way society looks at the occupation, it's not the status of, like, economics or money anymore. I think it's more with engineering than medicine. But I guess that's also a thing, why maybe guys, don't go for healthcare jobs as much anymore.*". Furthermore, she mentioned that "*Some specializations have more status and I have the idea that men are more likely to go there, such as implantology.*" This is interesting as James early on in the interview said that dental care is now "*less about money*" but also put forward:

> *"I think it's a typical guy thing to do something that makes money. (…) I don't know if girls are the same; if they like status as well. I've never asked one, but for me, it's one of the things I like about being a dentist; the status part, it sounds a bit dumb, but it is. Yeah, like, I really like the part where people come to you, and you have something you know a lot about, and you have something to share with them."*

James here seems to confirm what Harper said about males tending to value status while choosing a particular profession and/or specialization. We found it captivating how James mentioned that he does not know if females are the same, indicating that he does not feel comfortable talking on their behalf but seems to have apparent stereotypes about males. Although Vera said that this is one reason for males not to study dentistry, she, James, and three other students also mentioned that they often get reactions such as *"Oh, but you get a lot of money"* when saying that they are becoming a dentist. It, therefore, seems feminization has not (yet) affected the high earning status of the dental profession. However, Harper did show her fear of the devaluation of dentistry in the future: *"I've got the feeling that whenever a field*

gets more feminine it loses its status a bit more, and I wish it weren't, but I feel like it is. It also seems to be [the case] with teaching and stuff. When it gets more and more feminine, people look at it differently".

This can be seen as a reason why fewer males go into the dental profession. In line with this, Liam explained males becoming the minority group as a reason that stops males from going into a dentistry. He exemplified this by referring to a previous experience when he was applying to a dental hygienist study program. "*I was the only white male there and felt pretty uncomfortable and awkward. … I don't know this may be a very generic stereotype but not all males know how it feels to work in a field that's not dominated by males*". Moreover, according to Emma, fewer males in the study program influences what teachers seem to expect more from female students. According to the interviewee, *"the boys can do what they want"* whereas female students "*always have to perform better*". Related to this comment, Sophia argued that female teachers do not treat female and male students differently, but "*male professors prefer boys more. And also say 'we don't have a lot of boys in our field, so we [females] have to stand up for them'"*. Sophia rolled her eyes while saying this. Therefore, it seems like she is annoyed with that kind of statement. Benjamin, similarly, described that male teachers sometimes treat males more like "*one of the boys*" whereas the male teachers are stricter on girls.

Furthermore, according to six interviewees, fewer males becoming dentists could lead to specific disadvantages and advantages for males. For example, a frequently named disadvantage for males is that people in the future might prefer a female dentist as, according to Mia, they are "*stereotypically speaking more gentle and sweet*". However, one of the advantages for males is mentioned by William and Benjamin, who said males have a greater chance of getting accepted to specific specializations as surgery and research since some committees are looking for a gender-diverse group. William mentioned: *"I know that they [certain committees] are looking for a 50/50 balance. Then my gender might influence the selection committee. So I think that once you go into that selection with four females on one male, that will be something they're looking at.".* Benjamin further mentioned:

> "*(…) male dentists stereotypically usually work full time as opposed to the female dentists. So I think with job offerings, that will be an advantage for me. And also,*

> *maybe dentists that want to sell their practice in the near future, usually being males*
> *of course. I think they will easier sell it to a male person, than to a female, because I'm*
> *probably not going to get children, and stuff like that."*

Interestingly, he used the stereotype of females working fewer hours when becoming a parent to emphasize that it is an advantage for male dentists, despite males being a parent or not.

In summary, based on the analysis in section 4.1, we can conclude that the students make sense of the feminization of dentistry by comparing the 'old' and 'new' way of dentistry. By doing so, the interviewees identified feminization, influenced by, among others, feminism and the application process, as one of the factors changing the dental profession. Thus, feminization in combination with factors, such as research and a shift in patients' demand, is perceived to have changed the 'old' dentist-centered way of practicing the profession into the 'new' patient-centered and communicative way. Closely related to this, the profession's association with females is perceived to create advantages and disadvantages for the genders.

4.2 Dentistry as a Feminine Profession

When talking about the dental profession as it is today and what characteristics and skills are desired to become a successful dentist, we found that several interviewees made a connection to stereotypical feminine attributes. This finding contributes to an interesting aspect when creating an understanding of how the interviewees make sense of the ongoing feminization. Three female interviewees and three male interviewees explicitly mentioned seeing dentistry as more of a feminine profession. This subchapter will present how the majority of the interviewees, either explicitly or implicitly, talked about the profession as feminine. Doing so will also indicate that certain masculine traits and characteristics were considered less appropriate for a dentist.

4.2.1 Feminine Skills and Characteristics Associated with Today's Dentists

To be successful in dentistry today, all interviewees emphasized that dentists need to have excellent communication skills, an empathic approach towards the patients, and be profoundly precise and patient. As partly already mentioned in subsection 4.1.3, these skills are seen as stereotypical feminine by most interviewees. For example, when describing characteristics in relation to femininity, Sophia explained the following: *"I think the social,*

empathic part that I mentioned, I think that's more dominant in females". When she further talked about the technical skills, she described: *"At practical stuff I think men always did better because women weren't allowed. But I think women at the end of it are as good or maybe a little bit better at, like, the really precise practical stuff"*. Furthermore, when Charlotte stated that to believe more females are entering the profession, she mentioned this is because: *"It's a more feminine profession than a masculine profession, because of the patients, and your communication skills, and women are more like precise in their work than men"*. This indicates that she thinks females are more suitable to become dentists, based on their soft skills and technical skills. Thus, although not every interviewee said females are naturally better suited for contemporary dentistry, stereotypical feminine skills and characteristics are highly valued.

Even though Charlotte emphasized that males do not have the same qualities as females, she further illustrated that these could be taught: *"I think, like, men are not really good at listening. They don't have a lot of patience, so that is a more feminine characteristic. (...) And, yeah, I think you can develop those skills. That's it, if you want to you can develop the skills"*. Benjamin, too, said that the characteristics highly valued are stereotypically more feminine. However, he clarified that people becoming dentists probably already possess some of these characteristics. He explained: *"(...) stereotypically, then of course women will be better in the emotional part and motivating the patient. But I don't really think that is necessarily true these days because if you go and study dentistry, then you have certain soft skills already"*. Regardless of whether the soft skills were considered teachable or naturally possessed by people choosing the dental study program, the students seemed to have a common understanding of the differences in skills and characteristics between female and male students.

Stereotypical masculine characteristics and skills, as leadership abilities and confidence, were also highlighted as necessary for dentists. For example, Benjamin highlighted a difference in females' and males' abilities to treat teeth:

> *"I thought I was really precise, but women are next level. When I thought 'Okay, this is great, this is like a nice preparation this piece is one millimeter' and then I looked over at one of my students was a female, and it looks way different. And you see that*

> *the shapes they make are more precise. So that's a clear difference between male students and female students. So that's in the Bachelor. During the Masters I feel like the male students are usually more confident, early on, even though they maybe don't have the skills to back up the confidence. But they just go with stuff and female students they question themselves more or in the like 'Oh right, is this what I'm doing really good?' and keep checking themselves for being really precise, but then more in the negative sense."*

A similar description of the way of practicing dentistry was highlighted by Tim, who illustrated: *"I think the most women I've seen are making less progression but making more secure progression, where most of my male colleagues would be making more progression. But at the end, not that much caution was in the treatment"*. Thus, both Benjamin and Tim's statements highlight that being confident is a masculine trait. However, they also seem to indicate that being overly confident can negatively affect dental treatments. Furthermore, by emphasizing that the women are more secure and precise, they seem to value the female way of working higher than males.

When further talking about the associated skills and characteristics of dentists, the students' view of their dental teachers became apparent. Several students identified differences between the way male students and teachers work and how female students and teachers work. For example, Emma mentioned that male students and teachers often are more confident, *"strict[,] and assertive"*. To illustrate, she explained: *"When looking at my teachers and my male coach students I think they are more like: 'I think this is the best [solution] so that is what we are going to do'"*. Based on how Emma and other students described that male teachers and students tend to believe themselves to know the best solution, we feel that the interviewees' perspectives are influenced by and are reinforcing gender stereotypes of male dental practitioners. Furthermore, as previously mentioned, several students stated that male dentists often want to *"quickly fix problems rationally"*. In contrast, female dentists are portrayed as responding in a more empathic way, taking time to consider different options, and exploring what went wrong. Mia further explained that: *"I think the older female teachers really are strict and their nature isn't being so strict, but they had to be strict in the past"*. Mia here also exemplified that females had to be harsh, strict, and authorial *"because, obviously when they studied there were a large group of men (...) who started this way of working"*. She

emphasized that to compete with male dentists, females in the past had to learn to be tougher and adopt specific masculine attributes, which they do not possess by nature. Here, she was making a distinction between older male and female dental teachers. Moreover, in regard to older male dentists, Liam, like three other interviewees, exemplified how *"(...) old white dentist male gave people dental fears"*. Thus, when making sense of the dental profession, the interviewees explained contemporary dentistry by emphasizing stereotypical feminine skills and characteristics and dentistry in the past highlighting more masculine skills and characteristics. In their descriptions, we found that the interviewees often devalued males and masculinity. Moreover, by the way Emma, Mia, and several other students talked about skills needed to be a successful dentist, one can understand it as they believe that females are more suitable for the role of a dentist.

4.2.2 Femininity Associated with Gay Dentists

According to the interviewees, the characteristics and skills necessary to become a dentist were explained as more feminine and linked to females. For example, Sophia highlighted the similarities in the feminization of medicine and dentistry and how this is related to femininity and female health care practitioners. However, later on in the interviews, we noticed that the interviewees also linked these feminine traits to gay males. Liam exemplified this by saying:

> *"I think that dentistry is very attractive to gay males, especially because it's something where actually feminine qualities are good for, but this is also a stereotyping (...) But I think that more gay males than lesbian women would apply for dentistry, that's what I think".*

This statement implies that Liam believes gay males are feminine and that femininity is a beneficial attribute for dentists. Furthermore, by contrasting it to lesbian females, he implied that lesbian females might be less feminine, which could influence their interest in dentistry. Oliver makes a similar statement regarding femininity and himself being homosexual. He highlighted that he feels "*in the middle*" as he has both feminine and masculine attributes. Oliver further explained: "*I think I treat a patient more in a feminine way. When I explain this, I think I'm more on the emotional and the social aspects than then on the technical side*". Additionally, this statement highlights how he sees social characteristics as feminine and technical skills as more masculine.

Several other interviewees mentioned sexuality, mainly focusing on homosexuality but also queer, both regarding their own sexuality and the sexuality of others. This topic was brought up at various moments of the interviews but mainly when asked how they believe they are perceived by others and/or when discussing gender stereotypes. This focus on sexuality surprised us as the interviewees made a clear connection between the dental students' characteristics as dependent on their sexuality. We did not include any questions about sexuality in the interview guide. Nevertheless, sexuality has been talked about with three male and three female interviewees. However, it can be seen as linked to the stereotype of gay males as more feminine, and by talking about this, it indicates that the interviewees reinforce this stereotype. For example, Olivia mentioned that *"the gays are obviously more feminine males"* when elaborating on why she believes there are many gay men in the study program. Moreover, although Liam initially mentioned that gender stereotypes do not influence him, he later mentioned he is more influenced by a stereotype of gay males rather than the stereotype of hetero masculine males:

> *"Well, I think I don't go by the stereotypes, so that I wouldn't be influenced by them. Okay, that's what I think, I don't go by the stereotype of males. I don't think that's anything that I need to worry about, maybe that other people like other med students need to. But I don't think it's relevant for me, that's what I think. ... Maybe I go by the stereotypical type that gay people are less masculine than straight men, but I do think there's something that's a bit of truth to it."*

Oliver also emphasized homosexuality with regard to gender stereotypes. He mentioned that:*"I don't really know, because I'm gay. I don't know if I really think as a male and I think I sometimes have more feminine things. Some people see me as a bit of a softy."*. Here, Oliver made a connection between femininity and being a *"softy"*. This shows how he believes to be understood by others. Thus, there seems to be a common understanding of the stereotypes of gay men are being associated with feminine attributes.

Interestingly, Sophia mentioned the following about heterosexual men:

> *"I think men are easily affected by those kinds of opinions, if they're not manly enough (...) If somebody says to me 'yeah you're not very feminine because ...', I'm like 'Yeah,*

okay, whatever'. But for men it's like 'Oh I'm not manly enough'. That's a bigger
thing. I think that's why men don't do dentistry so much anymore because of the
opinion about healthcare. I can understand that there are in a way things like 'yeah I
have to be manly'. If you are straight, and you are a man you have to be manly
because otherwise, women will not like you. This is a misconception I think. But, yeah,
for men I think that's [gender stereotypes] a very big thing."

This, again, indicates that the dental profession is closely related to femininity and could be more suited to people with feminine characteristics. However, the citation also highlights that the stereotypes of feminine males as being gay influences heterosexual males. By saying this, it can be understood as if Sophia implies that when dentistry started becoming female-dominated and occupational gender stereotypes changed, it became less desirable for 'manly' heterosexual males to enter it.

Although sexuality itself is not the main theme of this thesis, we realized that several students have different perceptions about sexuality in relation to feminization. Thus, the sexuality of specifically males is an essential aspect in the students' sense-making processes of the ongoing feminization and gender roles. Moreover, it is another indication that the profession is associated with femininity and shows how the profession is fitting for gay men who, in turn, are associated with femininity.

4.3 Gender and Sex Do Matter

The following section will present our findings related to the role of gender and sex in the interviewees' sense-making of the feminization of dentistry. We will do this by predominantly analyzing their views on (occupational) gender stereotypes. Some students highlighted that gender stereotypes do not influence them and that a dentists' gender does not matter or does not 'bother them'. However, most interviewees already started talking about dentistry in relation to the dentist's gender without us asking about it specifically. Moreover, all interviewees mentioned particular stereotypical feminine or masculine attributes while talking about dental practitioners and the dental profession. When the interviewees were asked about their view of existing stereotypes, they expressed divergent opinions on past and contemporary gender stereotypes both within the dental profession and society. For example, Oliver mentioned that "*I think it [gender stereotypes] still exists (...) and it has something to*

do with someone's educational level (…) in higher education there are fewer stereotypes". However, when asked about gender stereotypes within dentistry, he mentioned, *"I think that females are better in the way they deal with patients and communicating with them than males. Because I think some males are harder and just want to treat instead of talking with the patients".* This is compelling as it indicates that he still has stereotypical ideas about female and male dentists, despite being a higher educated person himself. Another view is emphasized by William when talking about gender stereotypes and how gender stereotypes are further seen in the dental profession:

> *"Stereotypes have really blown up in the last years from social media and stuff. … I don't really think I've ever had to bother with them [gender stereotypes] (…) I wouldn't say that I've had too much to bother with stereotypes. But I would say that maybe with extractions or with removing teeth, that that is more perceived as a man's job because sometimes you really need to have some strength to do that. Or you need to have the guts to just keep going. (…) But I don't really necessarily think that that is because of gender stereotypes."*

The excerpt can be interpreted as if William does not believe others judge him based on his gender. Noteworthy is the contradiction in how he explained extractions and removing teeth as a *"man's job"* since it takes courage and strength, but directly after that said that it is not due to gender stereotypes. Similar to what William said, James mentioned that gender stereotypes do not influence him. Likewise, as previously mentioned, Liam initially also mentioned gender stereotypes do not influence him, yet, he later does mention he might be judged by the stereotypes of gay men. Thus, we feel that even though some students mentioned that gender and gender stereotypes do not matter, they seem to have a clear view of what characteristics and skills are beneficial to practice dental work and how it is related to masculinity and femininity. Furthermore, we get the impression that they are aware of the gender stereotypes and wanted to explain that they disagree with them. However, it can be argued that the statements themselves can instead be seen as the interviewees reinforcing existing stereotypes about male and female dentists.

While talking about the gender diversity within dentistry, some interviewees also focused on dental assistants. Three of the male interviewees exemplified how they have been treated by

patients when working as dental assistants. This indicates that gender stereotypes connected to the profession can be further understood in social interactions and are partly based on the interviewees' perceptions of society's view of dentistry. Oliver, for example, mentioned the following:

"I work as an assistant. Many of my patients, when I get them out of the waiting room see, I think, the dentist as a male, and the assistant is always a female. And I think it's funny, because nowadays, I assist a female dentist, and I'm a male assistant. Here, the gender roles are the opposites. And I think it's funny because the patients mostly think that I'm the dentist and the female dentist is the assistant. But it's the other way around."

Similarly, Liam mentioned:

"(...) when I first became her dental assistant, people would start talking to me as referring to the dentist, so there is like this bias in the older generation that a dentist has to be male or such. (...) Then I look at her, and I'm like: 'she is the dentist'. It's quite funny sometimes."

Both Oliver and Liam said that the misunderstanding of them being the dentist instead of the dental assistant can be quite "*funny*". Benjamin, too, mentioned that when he walks into the waiting room, he "*automatically say[s] 'Okay, the implantologist is coming, I'm the dental assistant'*" to prevent misunderstandings. Linked to this, Sophia mentioned that when she tells people she is becoming a dentist, they tend to think she is becoming a dental assistant at first. When asked how she feels about that, she answered: "*when a girl is nice to see, they don't expect her to go to university. (...) But, I got used to it. Yeah, it's common*". While answering, Sophia sighed, and we noticed that she seemed annoyed by judgments like this. The way she talked about it indicates that she is tired of the stereotypes of females not being able to become dentists and of good-looking females not pursuing higher education. When we contrast the interviewees' answers, we see how Liam, Oliver, and Benjamin described they are often presumed to be the dentist because of their gender, while Sophia said that she is presumed to become a dental assistant rather than a dentist. This shows how the students understand gender stereotypes in social interactions. Furthermore, it is interesting to contrast

the view of the male interviewees, Oliver and Liam, describing it as *"funny"* and not feel like they are affected by stereotypes, while Sophia sees these presumptions as harmful and highly affecting her.

When further talking about the diversity of males and females in education and the profession, most interviewees had opinions saying that it is crucial to have a balance between the genders. The reasons for this, however, varied. Liam expressed that there are biological differences between the sexes, and therefore it is beneficial having both females and males in the profession in the following way:

> *"Sometimes it literally amazes me how smart a woman's brain is. It is stupid to say, but sometimes it's like: 'Oh my god you're so smart, why are you not a dentist yet?'. Sometimes I think they [females] may have a different view than males. So then it would maybe be good to have both in a practice: different kinds of views, and we optimize. Like the brains aren't the same, but that the goal is, so that you can work together. (...) No, I don't think males are better ... I mean like social ... No, I don't agree. I would say leadership is a bit more male oriented, I think. But nurturing a little bit more female. So maybe [females are] more empathetic."*

It is interesting how Liam emphasized how females can be smart while acknowledging that it might be 'stupid' to be surprised about that fact. However, later on, he said, *"No, I don't think males are better. (...) No I don't agree"* as if we, as interviewers, implied that males are better than females. Since that was not the case, we understood the statement as if he tried to contrast his perspective to a generalized view of males as superior. Accordingly, we argue that Liam is aware of the relation between the gender roles, but at the same time, he is reinforcing them by the way he talks about female and male dentists. Sophia also said having a gender balance is the best but mentioned this is because; *"I can tell you what I think women can do better in the first place. But I also think that there are characteristics for men, that we can learn from. (...) We can learn from both genders"*. Furthermore, Harper problematized gender diversity and the rising number of female dentists. According to her, as previously mentioned, dentistry might be losing its status as it becomes female-dominated. Therefore, she said: *"I think for the occupation itself it might be better if it was more 50/50. Mainly because of how*

the occupation is seen by society". Thus, while making sense of feminization, several students expressed the need for a gender balanced workforce, thereby implying that gender matters.

The interviewees' interpretations and explanations indicate they are aware of gender stereotypes but do not want them to exist or contribute to them. At the same time, we noticed that not only they had clear views and expectations of male and female dentists, they also experienced them within their study program, at the dental practices and/or in society as a whole. Therefore, we can conclude that concepts of gender and sex matter within the profession and are essential to understand how the interviewees make sense of the feminization of dentistry.

4.4 Chapter Summary

This chapter has presented the most captivating findings to illustrate how the interviewees make sense of the ongoing feminization within dentistry. Foremost, we found that the interviewees identified several changes in the profession that have taken place and take place. However, these changes where the focus shifted towards a 'new' more patient-centered and communicative way of practicing dentistry are not always solely linked to feminization but are understood as a combination of a few different factors. The two most mentioned different factors are the changes in patient demand and general health care. Secondly, we found how the interviewees described skills and characteristics of contemporary dentistry mainly as closely related to femininity, striking as the profession is male-dominated and has been for so long. Moreover, it seems as if several interviewees believe that these characteristics and skills have always been the most favorable since they talk negatively about how dentists were seen in the past and also caused dental fears. As there is an increasing number of females going into dentistry and the interviewees seem to believe that femininity is essential for them to succeed as a dentist, one can ponder whether the profession finally found its 'right' bodies; people with feminine characteristics. Lastly, based on the interviewee's interpretation and explanations, we could see that gender and sex do matter even though several students highlighted that their gender and/or gender stereotypes do not influence them. These findings will be further elaborated upon and discussed in relation to our literature review in the following chapter.

5. Discussion

As this thesis aims to create a deeper understanding of how dental students make sense of the ongoing feminization, this chapter will critically examine the empirical findings of chapter four in relation to the literature presented in chapter two. Therefore, this chapter will start by discussing how the interviewees generally understand the increasing number of females in the profession and their study program. After that, we will discuss how the occupational identity is perceived to have become feminine and how the profession seems to have found its 'right' bodies. Lastly, we demonstrate how the students are doing and redoing gender when making sense of the feminization of dentistry.

5.1 Perspectives on Feminization

We will start by presenting the interviewees' perspectives on the feminization of dentistry and how it can be understood in relation to the literature on sex segregation, feminization, and inclusion-exclusion. This section mainly focuses on the in-depth discussion of the empirical findings regarding section 4.1: 'A distinction between 'old' and 'new' dentistry'. However, as previously described, there is not one universal view on the factors responsible for the changes in dentistry. Therefore, parts of the other two findings, 'Dentistry as a feminine profession' and 'Gender and sex do matter', will also be used to put the findings in a greater context.

5.1.1 Feminization as a Change in Bodies Practicing Dentistry

As elaborated on in our analysis, all interviewees noticed how more women are becoming dentists. Nonetheless, while making sense of the feminization, the interviewees emphasized that the increasing number of women is not evenly distributed across the various specializations and positions. To further understand sex segregation, we will adopt the theory presented by Charles (2005). However, instead of comparing vertical and horizontal sex segregation between different professions, we will use the concepts to make sense of sex segregation *within* dentistry. For example, despite more women going into dentistry, several interviewees consider taking over and owning dental practices and choosing specific specializations as surgery and researching to be more beneficial and/or attractive for men. Moreover, these male-dominated specializations were also considered to be more prestigious by the interviewees. These trends, where men are still more prominent within the specific

areas, were also shown in the study of the dental profession conducted by McKay and Quiñonez (2012). Sex segregation within the profession can therefore be seen as horizontally and vertically segregated as male dentists are perceived to (still) dominate certain positions (Charles, 2005; Robertsson, 2002). As dentistry is only recently undergoing feminization in the Netherlands, it makes sense that mainly men currently own dental practices. However, despite men being a minority group within the female-dominated study program, some male interviewees are experiencing advantages or are considered to be preferred over female students in specific career opportunities. For example, several students mentioned that men have advantages when committees are looking for a gender-diverse group, and current dental owners favor men to take over dental practices. This can be explained by Williams' (1992) 'glass elevator' metaphor, which shows that men have certain advantages even when they are working in a female-dominated occupation, or in this case female-dominated study program.

The view of sex segregation within the profession despite the increased number of women correlates with Ashcraft's et al. (2012) view on historical inclusion. As our analysis shows, women are historically not wholly excluded from the dental industry, instead, they are included in the role of the lower 'Others' like dental assistants. The impact of this vertical role division of women and men is noticed by several interviewees and seems to, like Ashcraft et al. (2012) write, continue in today's world. We noticed this by, for example, how the interviewees talked about the position of a dental assistant and named examples of how society displays a dentist as having a 'higher' position. It becomes clear that in the contemporary world, the dental assistant is still considered as a 'lower' position that mostly women occupy. Alvesson and Billingson (2000, in Ashcraft et al., 2012) explain that vertical segregation arises as femininity and management are often perceived as conflicting. It can, however, also be related to what Ashcraft (2013, p. 1) calls the 'glass slipper' where people tend to "*judge the nature of work by the gender and race of associated practitioners"*. Based on our data, we see that the students perceive men as more likely to be seen as dentists and women are more likely to be seen as dental assistants or dental hygienists. Therefore, it seems the interviewees make sense of the feminization by elaborating on current gender stereotypes in society but also by the generalized association of which bodies are more common to be dental assistants and dentists. Here, we can affirm that diversity is not just about differences between women and men but also about the role of power differences between men and women and historical discrimination of women (Konrad et al., 2006). Thus, despite more and

more women entering the dental profession, the historical inclusion of women as lower 'Others' in combination with the historical exclusion of women as dentists and the socially constructed nature of (occupational) gender stereotypes causes a complex relationship between exclusion and inclusion. This relationship can, according to Ashcraft et al. (2012), hinder contemporary inclusion. Nevertheless, our analysis indicates that one way for students to make sense of feminization is to see it as the increase of female dentists in numbers as the definition of feminization presented by Cacouault-Bitaud (2001). Hence, noteworthy is that the interviewees also emphasized that feminization is not influencing the sex segregation of all dental roles and, consequently, feminization is not understood to create equal opportunities for men and women.

5.1.2 Feminization Changing the Way to Practice Dentistry

While making sense of feminization, the distinction between the 'old' and 'new' way of practicing dentistry and its relation to men and women is of importance for the interviewees. As previous researchers Jerković–Ćosić (2017) and McKay and Quiñonez (2012) showed, we also found that most interviewees perceive that the feminization of dentistry, to a certain extent, changed and changes how dentists practice today. This affirms that feminization is not just seen as a quantitative change where female participation has increased. Instead, most interviewees perceive feminization as a factor that is changing the profession's focus towards a more preventative and patient-centered profession where communication with both patients, co-workers, and other stakeholders is of great importance.

From our empirical data, we can conclude that the 'old' way of dentistry is perceived as "*hard-handed*", unfavorable and connected to older men, whereas the 'new' patient-centered way of dentistry seems to be the 'right' way to exercise the profession. Nonetheless, the 'old' way of doing dentistry was once considered 'right' by its practitioners and society. Our findings show that several students distinguish the skills and characteristics of women and men while talking about the 'old' and 'new' dentistry. According to Anker (1998), these differences between the sexes are a reason for sex segregated professions. Consequently, in the 'old' way of dentistry, a dentist is considered strong to pull out teeth, which the interviewees related to men. On the other hand, our findings show that the interviewees perceive the 'new' way of dentistry to be nurturing and precise, which is more related to

women. Thus, like Anker (1998) and Charles (2003) argue, the nurturing skills and abilities were considered feminine and the physical strength masculine.

Moreover, although some interviewees initially mentioned that the gender of a dentist does not matter and the rising numbers of female dentists are not of importance, several interviewees highlighted that they would rather see an equal gender balance within the dental profession. By emphasizing a '50/50' gender balance, the interviewees highlighted the importance of the even number of women and men represented in dentistry. The interviewees named varying reasons for it, of which one reason was to have a diverse work team where both genders can learn from each other. It, therefore, can be concluded that they believe women and men do have different skills and characteristics. Thus, it, again, becomes clear that the interviewees do not perceive feminization as simply a quantitative change that decreases the sex segregation within dentistry and that it is indeed considered to be a factor that is changing the profession.

Although our findings on the actual effects of sole feminization are inconclusive, they imply that the interviewees see feminization as both a cause and effect of the 'new' way of working. Therefore, it can be understood as an intertwined relationship between the nature of the work and the social identities occupying the profession (Ashcraft, 2013). When looking at feminization as a cause for the changes in the profession, one could argue that because the skills, characteristics, and interests are considered to be more (stereotypically) feminine, feminization played and still play an essential role in the changes in dentistry. Therefore, the change in bodies of the practitioners can be seen as a factor changing the nature of the work (Ashcraft, 2013). This is exemplified by, among others, Oliver who said that because more women are going into dentistry, there has been a shift towards a more patient-centered view, and a dentist now needs to be more responsive. Accordingly, our analysis shows that the interviewees' connected the skills and characteristics of women to the 'new' way of working. Furthermore, their views of the 'old' way of dentistry could be influenced by how the occupational gender stereotypes have changed now that the majority of the dental students are women. As our empirical data indicate, feminization can also be seen as an effect of the changes within dentistry. From this point of view, the 'new' way of practicing the profession is considered more related to female skills and characteristics, which could have led to and lead towards the rising numbers of women and fewer men going into dentistry. The nature of

the work can, therefore, also be seen as influencing the social identities (Ashcraft, 2013). Thus, based on our findings, we see that the ongoing feminization of dentistry is influenced by and influencing the patient-centered and communicative, female-related, 'new' way of practicing dentistry.

5.2 The Occupational Identity Becoming Feminine

Most interviewees separated 'old' and 'new' dentistry when making sense of the feminization of dentistry. As previously discussed in section 5.1, our findings show that the 'new' way of practicing dentistry is perceived to be more related to femininity and women and seems to always have been most favorable. Therefore, the increased number of female dentists can be understood as the dental profession finding its 'right' bodies. To further understand the relationship between feminization and the new ideal practitioner, we will utilize the theories on occupational gender stereotypes and occupational identity. Lastly, we will discuss how the view of the new figurative dentist is perceived to be related to occupational status.

5.2.1 The Profession Finding its 'Right' Bodies

As a result of the interviewees' perspectives on the distinction between 'old' and 'new' dentistry, it can be concluded that both the occupational gender stereotypes and occupational identity have changed and are changing. The literature focusing on the gendered ideas of beneficial qualities can be utilized to understand how the occupational gender stereotypes seemed to have changed (Cejka & Eagly, 1999). Therefore, the 'old' way can be related to the masculine cognitive abilities and masculine personality traits, for example, being *"quantitatively skilled"* and *"dominant"* (Cejka & Eagly, 1999, p. 416). The qualities of contemporary dentists that the interviewees highly emphasized can foremost be understood as what Cejka and Eagly (1999, p. 416) named feminine personality traits, like *"understanding"* and *"empathic"*. As previously mentioned, the majority of the interviewees identified 'new' dentistry with feminine skills and characteristics, of which most are reflected in the feminine attributes described in the Bem Sex-Role Inventory (Bem, 1974). This prioritization of the feminine personality traits does not correspond to the general order of desirable qualities in male-dominated occupations presented by Cejka and Eagly (1999). Instead, according to Cejka and Eagly (1999), male personality attributes are considered the most important in male-dominated occupations and feminine personality attributes in female-dominated occupations. Similarly, Ashcraft (2013) argues that people associate male-dominated

professions with males and masculinity and female-dominated professions with females and femininity. Interestingly, even though the dental profession is male-dominated, the interviewees associate the profession with femininity and women.

Furthermore, Cejka and Eagly (1999) present how occupational gender stereotypes can change by how the proportions of females and males are interpreted. As the occupational gender stereotypes are changing, although the dental profession is still male-dominated, one could argue that there might be a discrepancy between the actual proportions of women and men in the profession compared to the interviewees' perception of it. However, just as other study programs related to healthcare, the dental study program has been feminizing for some time already and is perceived to soon become female-dominated. This can be an explanation for why the profession is closely linked to femininity while being male-dominated. Thus, like Cejka and Eagly (1999) and Koenig and Eagly (2019) argue, occupational sex segregation, which is closely intertwined with feminization, influences occupational gender stereotypes and vice versa.

Similarly, Ashraft (2013) argues that occupational identity is not reliant on one factor but dependent on the relation between the associated bodies and work properties. Therefore, the entrance of more feminine bodies implies that the occupational identity of dentistry can be understood as changing so that the new bodies seem right for the profession. Parallel to this change, the occupational identity affects the view on the bodies previously associated with dentistry; masculine male bodies. The feminization of the dental profession can be set side by side Ashcraft's (2007) case of airline pilots where the profession changed from a dangerous activity for 'manly heroes', via a focus on safety by 'lady fliers', towards a reliable and technical airplane pilot where the 'lady fliers' are back in the roles of stewardesses. Although the presence of women varies among different occupations, Ashcraft's case (2007) shows that occupations are redefined throughout history and will continue to be redefined by the relation between the bodies embodied by the occupation and the organization of work. Hence, as the dental profession is undergoing a change in the social bodies of the practitioners, which simultaneously influences and is influenced by the nature of the work, the occupational gender stereotypes and the occupational identity are perceived to have changed and are changing (Ashcraft, 2007; 2013; Cejka & Eagly, 1999).

Based on how the interviewees see dentistry and dentists, it seems they believe that people with feminine characteristics are the ones who should *"logically exercise it"* (Ashcraft, 2013, p. 467). This exemplifies how the nature of the work is considered to have influenced and is influenced by the increased number of female practitioners, as Ashcraft (2013) emphasizes. Dentists with feminine attributes can be understood as the *"figurative practitioners"* as there are more male practitioners, which are stereotypically not associated with femininity (Ashcraft, 2013, p. 9). This shows the importance of symbolism in redefining the occupational identity (Ashcraft, 2013). Similarly, Cejka and Eagly (1999) emphasize how individuals tend to evaluate themselves against a stereotype of the dental practitioner, which is reflected in the findings. However, the interviewees seemed to understand the 'model person' as a dentist with feminine attributes rather than masculine and male dentists, regardless of the male-dominated profession. Furthermore, when the interviewees described how to practice dentistry, they valued the characteristics and skills stereotypically associated with femininity. This finding is fascinating as it seemed as if the interviewees view femininity as if it has always been eligible. Thus, instead of only changing occupational gender stereotypes and the occupational identity, it seems like the profession is also perceived as finally finding its 'right' bodies.

As mentioned, the interviewees seemed to have a common understanding of the people who *should* be associated with the profession, people who display feminine characteristics. When the interviewees make sense of who embodies femininity, it was mainly described as inseparable from females. Moreover, as the interviewees referred to masculinity as possessed by males and mainly associated dentistry with feminine attributes, it seems as if they believed females to be better suited for the profession. However, several interviewees also highlighted that they see femininity linked to gay men. Three of the male interviewees explicitly mentioned that due to their sexual orientation as homosexuals, they enhance more feminine attributes in relation to heterosexual men. Furthermore, three female interviewees also associated femininity with gay men, reflecting a stereotype of gay men (Robertsson, 2002). This, thus, shows how masculinities and femininities can be related to sexuality, as Kimmel (2001) emphasizes. Nevertheless, it does not mean that men do not fit the bodies of the 'new' dental practitioners, but rather different men fit the 'new' bodies of dentistry. Thus, the interviewees seemed to be using gay men to highlight the importance of femininity in relation to the feminization of the profession. Therefore, it can be seen as a representation of how

femininity is not only associated with female bodies but with whoever can display feminine attributes.

5.2.2 The Potential Loss of the Occupational Status

When making sense of the ongoing feminization, the interviewees elaborated upon what it means for the future workforce. Femininity seems to be highly valued to succeed as dentists. However, at the same time, the interviewees believe feminization and its link to femininity could lead to the devaluation of the dental profession in relation to other professions and society in general. The imbalance between femininity and masculinity in society is emphasized by Cejka and Eagly (1999), who argue that high wages and status are associated with professions that value masculine characteristics. This is reflected in our findings as, for example, Harper emphasized the fear of the profession losing its status as it is becoming female-dominated. This was further discussed by Harper and Sophia, who mentioned that men might be less interested in the profession as it is not associated with status in the same way as earlier. Thus, the ongoing feminization can also be understood as to how feminization can decrease the status and wages once it becomes female-dominated (Jary & Jary, 1995; Mandel, 2018). However, we cannot conclude anything based on Mandel's (2018) and Jary and Jary's (1995) theories since the dental profession is still male-dominated, and this thesis is solely focusing on the interviewees' perception of feminization. Moreover, as Cejka and Eagly (1999) argue, the views of occupational worth usually transform slowly after becoming feminized and female-dominated. Nevertheless, the empirical data already indicates that there is fear of devaluation of the profession even though it is still male-dominated.

Furthermore, the view of the occupational identity as feminine seems to influence the interviewees' understanding of their role and the role of gender within the profession. Besides identifying feminization as a potential factor that lowers the occupational status, the interviewees distinguish between the effects of feminization on women and men displaying femininity and masculinity while talking about what feminization means for the future workforce. As previously mentioned, regardless of the profession being associated with femininity and the minority status of men, men are perceived to be advantaged over women. On the other hand, as Forsman and Barth (2017) argue, masculine men are considered less willing to go into stereotypical feminine occupations as their masculinity then is perceived as threatened. In contrast, men with more feminine characteristics might not feel the same need

to affirm their masculinity and are more willing to go into stereotypical feminine occupations. Thus, feminization and feminine occupational identity are perceived to possibly lead to a loss of occupational status.

5.3 Doing and Redoing Gender Leading to the Dental 'Glass Clog'

Throughout the interviews, we noticed how the interviewees' statements about feminization were inextricably intertwined with their understanding of gender. Therefore, this section will mainly focus on discussing subsection 4.3: 'Gender and sex do matter'. However, as West and Zimmerman (1987; 2009) emphasize doing gender can be understood as inevitable. Therefore, we e will also include other fragments from our findings to in-depth discuss how the interviewees do and redo gender. Moreover, we will discuss how the interviewees use the social concepts of gender and gender stereotypes to make sense of feminization and occupational identity.

While making sense of the feminization, we early on noticed that the interviewees made distinctions based on other peoples' gender, but they also highlighted that they are being treated based on their gender by people at the university, dental practices, and society in general. They, therefore, seem aware of the existence of gender stereotypes as being socially constructed (Ashmore & Del Boca, 1979 in Six & Eckes, 1991). Furthermore, based on the empirical data, it initially seemed that many interviewees were conscious of their statements regarding gender. For example, Sophia, among others, was portraying herself as conscious about the existing gender stereotypes and highly problematized how that influences her and other people. However, despite her initial thoughts regarding the stereotypes, she and all other interviewees did reproduce traditional stereotypes in other contexts. Their participation in doing and redoing gender can be analyzed by what they said and how they said it. For example, Sophia mentioned that the social, emphatic attributes are stereotypically associated with women, and when exemplifying men's opinions, she used a deeper voice. This shows a discrepancy in how the interviewees understand gender in theory and how they participate in what can be understood as the social reproduction of gender and gender stereotypes (West & Zimmerman, 1987).

Moreover, several interviewees were challenging current stereotypes by highlighting that one can also have attributes that are stereotypically linked to the opposite gender. They, for

example, emphasized that men also participate in doing femininity and can possess certain soft skills. This could be explained by the literature by Kelan (2018), who argues that challenging stereotypes is an act of undoing gender and therefore reduces gender differences. However, most interviewees emphasized that possessing skills or characteristics stereotypically related to the opposite gender are seen as exceptions. Therefore, the interviewees can rather be considered to do gender as they are reinforcing the stereotypical view and redo gender as they emphasize a shift in accountability (West & Zimmerman, 1987; 2009). When challenging the traditional gender stereotypes, they still acknowledged the existence of gender and connected it to males and females. Therefore, our findings support the notion emphasized by West and Zimmerman (2009); that it is inevitable not to do gender.

Consequently, when the interviewees make sense of the ongoing feminization, they are (as always) doing and redoing gender, which influences their view on the changing occupational gender stereotypes and occupational identity. Gender can therefore be used both as a tool to (1) understand how the interviewees make sense of the occupational gender stereotypes and the occupational identity and (2) describe how the interviewees engage in the redefinition of occupational gender stereotypes and occupational identity. Thus, in addition to (re)doing gender, we believe that through feminization and the relation between bodies and work properties, the 'old' masculine occupational identity is perceived to be redone into the new, more feminine occupational identity. In summary, the discursive struggle, based on the (re)doing of gender, is leading to the 'glass slipper' (or more suitable in the case of dentistry: dental 'glass clog') fitting whoever can display feminine characteristics. Nevertheless, the dental 'glass clog' seems to be more easily adjusted to fit men regardless of which characteristics they display.

6. Conclusion

The following chapter will conclude the major findings in our thesis. Based on the discussion, we will present our three key findings and introduce our practical and theoretical contribution. By doing so, we hope this thesis will be to the advantage of understanding the role of gender (stereotypes) in feminizing industries, organizations, and professions. Lastly, we will, based on our research, suggest approaches for future research.

6.1 Key Findings

The purpose of our research was to explore how the future workforce in a male-dominated, knowledge-intensive profession that changes into a female-dominated profession perceives the ongoing feminization. Through our analysis, we identified three key findings in how the students make sense of the phenomenon; (1) the distinction between 'old' and 'new' dentistry, (2) the occupational identity becoming feminine, and (3) the role of (re)doing gender in changing the occupational identity and occupational gender stereotypes.

Firstly, our findings show that although some students initially mentioned the gender of a dentist does not matter, they generally do not perceive the ongoing feminization as 'just' a change in the increased number of female dental students and dentists. Instead, they emphasized that the increased number of women in the profession does not solve the unequal distribution of the genders in all positions. Furthermore, the students understand feminization as both a cause and effect of how dentistry is now practiced. On the other hand, feminization is not seen as the only factor changing the profession; new research, patients' demand, and general changes in the healthcare sector are also highlighted to have influenced and are influencing the dental profession. Therefore, it would be wrong for us to analyze 'either' feminization 'or' the other factors as individual factors affecting the dental profession. Instead, they are seen as inextricably intertwined. The separation between the description of dentistry in the past and dentistry of today is one way the students make sense of the ongoing feminization and its relation to gender. The 'old' way of practicing dentistry is described as more negative and is related to stereotypical masculine attributes. In contrast, the students relate the ongoing feminization and the contemporary profession with the 'new' patient-centered and communicative style of practicing dentistry, which they seem to connect more, hence not solely, to stereotypical feminine skills and characteristics.

Our second key finding relates to how feminization plays a role in what is associated with a successful dentist of today: more feminine characteristics and skills. Although masculine attributes are emphasized in specific dental specializations, and the dental profession is still male-dominated, the occupational gender stereotypes and occupational identity seem to already be associated with femininity. Nevertheless, men, regardless of their feminine or masculine attributes, are seen to have easier access to 'higher' positions, such as owning their own practices and getting admitted to specializations. On the other hand, several students view femininity as if it has always been eligible. Instead of just changing occupational gender stereotypes and the occupational identity, the profession is accordingly also perceived to finally find its suitable practitioners: people who display feminine attributes. Moreover, the students seemed to be using men's homosexuality to highlight the importance of femininity when making sense of the feminization of the profession. In the way the students emphasized the 'new' way of practicing dentistry and that women and gay men stereotypically possess the feminine characteristics and skills associated with a successful dentist, we get the impression that feminization leads to a 'naturalization' of dental practitioners. Thus, according to our findings, the increased number of women in dentistry is both a cause and effect of the creation of feminine figurative practitioners and the feminine nature of the work. However, even though the students believe femininity is essential to become a dentist, they believe that masculinity and men are higher valued in society. Thus, despite redefining the associations and accountabilities of women and men, power differences between the genders are still perceived to exist. This can be exemplified by how the feminine occupational identity is perceived to influence the potential loss of occupational status.

The third key finding is that by doing and redoing gender, the students make sense of the feminization of the profession, but they also participate in creating the associated practitioners and redefining occupational gender stereotypes. Therefore, feminization can be viewed as a crucial factor in the redefinition of occupational gender stereotypes and occupational identity. Accordingly, we believe feminization is perceived to symbolize the discursive struggle over the associated practitioners and the nature of the work. The dental 'glass clog' is now perceived to be redone into being suitable for people who display femininity. However, it also seems to be adjustable to fit men regardless of whether they 'do' femininity or not.

6.2 Practical Implications

We believe our results can be useful for industries, organizations, and professions going through different stages of rising female participation. Based on our research, the role of gender within dentistry became apparent to understand shifts in sex segregation and occupational identity. By doing so, we hope this thesis will contribute to a greater understanding of the feminization of the future (dental) workforce and hopefully contribute to discussions regarding gender, diversity, and inclusion-exclusion. However, gender is not the only characteristic worth a debate. Therefore, we also want to emphasize the importance of other relevant characteristics such as sexuality, race, etcetera. Moreover, by highlighting the process of 'naturalization', we hope this thesis will help dental practitioners and influential stakeholders to get a deeper understanding of the importance of diversification and inclusion in dentistry. Furthermore, we hope this thesis will shed light on integrated gender stereotypes, and, therefore, we want to emphasize the importance of redoing gender to create equal opportunities for women and men. One example of a practical implication could be that people responsible for recruitment processes look into the motivational factors and start using anonymous application processes to reduce discrimination and biases.

Furthermore, we believe this thesis can contribute to valuable insights for teachers at Radboud University and other universities to create awareness of their own understanding of gender as our findings show the students' gender matters in their communication with teachers. To illustrate, our findings show that some teachers participate in homosocial reproduction by favoring students of the same gender. We believe it would be of great value to stimulate conversations about the role of gender, and other characteristics, in dentistry and society by, for example, including it in the curriculum.

6.3 Theoretical Contribution

As described in our background and research aim, previous academic research regarding sex segregated professions and feminization mainly focus on women in traditionally male-dominated industries and occupations (e.g., Simpson, 2004) or men in female-dominated occupations (e.g., Pullen & Simpson, 2009). Hence, our study aimed to strengthen and fill the gaps in current research on the perceptions of the ongoing feminization within the traditionally male-dominated, knowledge-intensive professions. By emphasizing

the relation between gender diversity and work, we hope this thesis will further contribute to the awareness of the role of gender within management literature.

As our research focused on students' perceptions of feminization, we contribute to the research field with an in-depth understanding of how the changes in sex segregation are made sense of. Our research project sheds light on the gaps in the literature on (occupational) gender stereotypes as it can only partly explain how the students understood the 'model' dentist in a male-dominated profession. Consequently, we build upon Ashcraft's (2013) metaphor of the 'glass slipper' to emphasize how the dental 'glass clog' is perceived to *mostly* fit people who display femininity. However, it fails to explain why people who stereotypically possess masculine attributes, that is men, are considered to still be advantageous in the profession and might more easily fit the dental 'glass clog'. With this, we contribute to the literature by arguing that there might be exceptions to the collective occupational identity, which we believe requires further theoretical understanding.

6.4 Future Research

As mentioned, there is limited research regarding the workers' perceptions of feminization of knowledge-intense traditionally male-dominated professions. For this reason, we believe that it is beneficial to research the role of gender in other industries, organizations, and professions that are undergoing changes in sex segregation to create a deeper understanding of the feminization of knowledge-intense professions. In addition, while performing the interviews, we also saw the need for further research on characteristics as race, culture, sexuality, and other genders as non-binary in relation to feminization.

Although this study is focused explicitly on the feminization of traditionally male-dominated occupations that are still male-dominated, we think it would be beneficial to continue following the feminization of dentistry and other traditionally male-dominated professions to research its effect on the status and wages if they become female-dominated. On the other hand, there is a possibility that the dental profession does not become female-dominated. If that is the case, we suggest future research to focus on how the workforce makes sense of that shift in sex segregation and how this affects the profession. Moreover, we believe that additional methods could be used to create further understanding of the phenomenon. For

example, observations would be beneficial to see how students and/or workers are participating in doing and redoing gender in their daily work-life.

Finally, we believe that the occupational identity by association deserves further research to make sense of how specific social identities seem to fit better than others, even though the 'glass slipper' was not made for them. We hereby suggest future research to create an understanding of the mechanism allowing specific identities to be more adjustable to fit the 'glass slipper'.

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Appendix A: Masculinity and Femininity Items of the BSRI

The BSRI: Items on the masculinity, femininity and social desirability scales		
Masculine items	**Feminine items**	**Neutral items**
Act as a leader	Affectionate	Adaptable
Aggressive	Cheerful	Conceited
Ambitious	Childlike	Conscientious
Analytical	Compassionate	Conventional
Assertive	Does not use harsh language	Friendly
Athletic	Eager to soothe hurt feelings	Happy
Competitive	Feminine	Helpful
Defends own beliefs	Flatterable	Inefficient
Dominant	Gentle	Jealous
Forceful	Gullible	Likable
Has leadership abilities	Loves children	Moody
Independent	Loyal	Reliable
Individualistic	Sensitive to the needs of others	Secretive
Make decisions easy	Shy	Sincere
Masculine	Soft-spoken	Solemn
Self-reliant	Sympathetic	Tactful
Self-sufficient	Tender	Theatrical
Strong personality	Understanding	Truthful
Willing to take a stand	Warm	Unpredictable
Willing to take a risk	Yielding	Unsystematic

Appendix B: Interview Guide

<u>Section A: Introduction</u>

1. Interviewers introduce themselves
2. Introduce research focus and research goal
3. Confidentiality concerns
   a. Can we record the interview?
   b. The interviewees will be anonymous
4. Length and structure of the interview
   a. Do you have any questions before we start?

<u>Section B: Background information</u>

Characteristics of the interviewee:

   b. What is your name?
   c. What gender do you identify with?
   d. What is your age?
   e. What year of your study are you in?
   f. Do you have any dental experience besides the study program?
      i. If so, could you tell us a bit about this?

<u>Section C: Main questions</u>

Personal background of interviewee

1. What made you choose the dental profession?
2. What reactions do your friends and family members usually have when you say that you will become a dentist?
3. What do you like the most in your study program?

Characteristics and skills of a dentist

4. Could you elaborate on what it means to be a dentist?
5. Can you talk about your experiences becoming and being a dentist?

(explain the difference between skills and characteristics)

6. What skills do you think are necessary to become a dentist?

   a.   Any specific technical/soft skills?

7.   Which characteristics do you believe are beneficial to become a dentist?

8.   Would you consider these characteristics and skills to be more feminine or masculine?

   a.   In what way? Could you elaborate?

Feminization

(explain the quantitative change within dentistry)

9.   What are your thoughts about that?

10. What do you believe are the major factors behind the increasing number of females going into dentistry?

   a.   How does gender matter?

11. Could you describe how you perceive the increasing numbers of females going into dentistry in relation to the profession?

   a.   Could you give an example?

   b.   _If they have a student dental job outside the university:_ How do you notice this change in your dental job? Do you have a practical example of this?

12. Could you also describe this in relation to your study program?

   a.   _If they talk about gender stereotypes:_ ask why/how.

   b.   Could you give an example?

13. Do you think more females going into dentistry influences how people look at dentists?

   a.   How do you think this shift is affecting the view of feminine and masculine dentists?

Male and female (future) dentists at the university and in practice

14. How would you describe your interpretation of masculine and feminine dental students and dentists?

   a.   _If discussed: Is there a difference between males and females? Characteristics / skills?_

   b.   _If discussed: How do you consider your role in maintaining/changing gender stereotypes?_

15. How do teachers perceive (1) students of the opposite gender and (2) students of the same gender?

16. How do you think you are perceived by other students based on your gender?

    a. How are you influenced by other people's gender stereotypes? (advantages/disadvantages)

    b. How did that make you feel?

Gender stereotypes

17. What do you think of when we say gender stereotypes? Why, could you elaborate?

    a. How would you describe feminine and masculine stereotypes?

18. How would you describe gender stereotypes within dentistry?

Future expectations

19. Do you believe gender stereotypes influence your future career and/or the future career of other students?

    a. Would you say you have the same career as your colleagues of the opposite gender?

20. Do you think the increasing number of female dentists is affecting your future career?

    a. Could you tell us more about that?

Follow-up questions:

● Is there an example you could share with us?

● What do you mean with …?

● Do you have other examples showing the same / the contrary?

● Do you mean that …?

● Could you tell us more about …?

● How did that make you feel?

Section D: Conclusion

- Do you have anything you feel you have not mentioned yet and would like to share?

- Do you have any remaining or additional questions?

- Thank you for your participation.

- Are you interested in the results of our study?