

# THE PROFILE OF FEMALE DENTISTS IN MOROCCO: A CROSS-SECTIONAL DESCRIPTIVE STUDY



LE PROFIL DES FEMMES MEDECINS DENTISTES AU MAROC : UNE ETUDE DESCRIPTIVE TRANSVERSALE

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| DOI: 10.5281/zenodo.15328130 | | Received May 01, 2025 | | Accepted May 10, 2025 | | Published May 16, 2025 | | ID Article | Kaoutar-Ref1-5-20ajiras010525 |

## RESUME

**Introduction** : Le domaine de la médecine dentaire au Maroc connaît une tendance à la féminisation, rendant le rôle des femmes dentistes crucial pour le développement de la profession. Cependant, il existe un manque de données quantitatives concernant le profil des femmes dentistes au Maroc en ce qui concerne le genre, le type de pratique, la spécialité, les postes de direction et les défis rencontrés. Cette étude vise à décrire le profil des femmes dentistes et à évaluer l'épanouissement des femmes dentistes marocaines dans les différents secteurs d'exercice. **Méthodes** : Une étude transversale descriptive a été menée à l'aide d'un questionnaire en ligne, diffusé de manière exhaustive à toutes les femmes dentistes exerçant au Maroc. **Résultats** : Les principaux résultats révèlent que les choix de carrière et le développement professionnel des femmes dentistes sont influencés par divers facteurs, notamment les responsabilités conjugales et maternelles, perçues comme des obstacles importants, en particulier dans le contexte social marocain. D'autres obstacles identifiés incluent la discrimination et le harcèlement. Néanmoins, les femmes dentistes marocaines excellent dans les domaines du leadership, de l'innovation, de la recherche scientifique et de l'engagement communautaire. **Conclusion** : Reconnaître le rôle des femmes dentistes dans le développement de la profession est essentiel. Comprendre et lever les obstacles freinant leur avancement professionnel est indispensable pour améliorer leur performance et contribuer au développement global de la médecine dentaire au Maroc.

**Mots clés** : Dentistry, Gender identity, Dentists, Women, feminization, Statistics, Numerical data, Morocco, leadership.

## ABSTRACT

**Introduction**: The field of dental medicine in Morocco is experiencing a feminization trend, making the role of female dentists crucial for the profession's development. However, there is a lack of quantitative data regarding the profile of female dentists in Morocco concerning gender, practice type, specialty, leadership positions, and faced challenges. This study aims to describe the profile of female dentists, and to assess the fulfillment of Moroccan female dentists across different practice sectors. **Methods**: A descriptive cross-sectional study was conducted through an online survey, distributed comprehensively to all female dentists practicing in Morocco. **Results**: The primary findings reveal that career choices and professional development of female dentists are influenced by various factors, including marital and maternal responsibilities, perceived as significant obstacles, particularly in the Moroccan social context. Other identified obstacles include discrimination and harassment. Nevertheless, Moroccan female dentists excel in leadership, innovation, scientific research, and community engagement. **Conclusion**: Recognizing the role of female dentists in the profession's development is crucial. Understanding and addressing the obstacles hindering their career advancement is essential to enhance their professional performance and contribute to the overall development of the dental medicine profession in Morocco.

**Keywords**: Dentistry, Gender identity, Dentists, Women, feminization, Statistics, Numerical data, Morocco, leadership.

## 1. INTRODUCTION

The feminization of a profession generally refers to the increase in the number of women in a given activity to the point where men become the minority [1]. In Morocco, there is a trend towards feminization in professions related to health sciences, especially in dentistry [2]. This evolution is not coincidental: the gender proportions among dental students in Morocco have changed since 1989, with a growing dominance of the female student population [3]. Indeed, dentistry, due to its history, is segregate from a "gender" perspective. Despite developments, female dentists face both horizontal and vertical professional discrimination. This may interfere with their career choices and professional advancement. However, there can be no development without the participation of women, who should be at the heart of any perspective on the economic development of a region or country [4]. Female dentists are an added value to the profession and have a place in leadership and innovation. So, what is the impact of the feminization of the dentistry in Morocco? To answer this question, we deemed it necessary to conduct a cross-sectional descriptive study with the main objective of describing the profile of female dentists in Morocco, as a first step towards understanding the impact of dentistry feminization on the profession.

## 2. MATERIELS AND METHODES

### 2.1 Study Design and Target Population

Our research is based on a descriptive cross-sectional epidemiological model aimed at exploring the professional situation of female dental surgeons in Morocco. The study population encompassed all female practitioners working in Moroccan territory, regardless of their sector of activity (private, public, or academic), origin of diploma (Moroccan or foreign institutions), or professional status (general practitioners or specialists). The only exclusion criteria applied concerned practitioners working outside Moroccan territory and those who declined the invitation to participate.

## 2.2 Study Population and Sampling

According to official data from the National Council of the Order of Dental Surgeons of Morocco, the total population of female dental surgeons practicing in Morocco amounted to 3,426 practitioners at the time of the study (December 2021), representing 53.8% of all dental professionals in the country. Our study adopted a comprehensive sampling approach, aiming to reach this entire population. The questionnaire was distributed electronically through professional networks, dental associations, and practitioner groups on professional social networks. Out of the 3,426 eligible practitioners, 987 completed the questionnaire in full, corresponding to a participation rate of 28.8%. An analysis of the sociodemographic and professional characteristics of the respondents was conducted to assess the representativeness of the sample relative to the target population. Although non-probabilistic, our sample presented a geographical and sectoral distribution similar to that of the overall population of female dental surgeons in Morocco, strengthening the external validity of our results.

## 2.3 Measurement Instrument and Data Collection Procedure

Data collection was carried out over a three-month period, from January 17 to April 26, 2022, using an electronic questionnaire developed on the Google Forms platform. This investigative tool consisted of twelve thematic sections carefully designed to gather comprehensive information on the various dimensions of the professional practice of female dental surgeons in Morocco. The sections covered: sociodemographic identification of participants, characterization of their sector of activity and practice structure, factors influencing their practice, geographical and temporal environment of their practice, their practice model and potential specialization, their relationships with patients, their financial satisfaction, work-life balance, obstacles encountered in their professional journey, as well as their engagement in entrepreneurship and scientific research.

## 2.4 Data Processing and Analysis Methods

All collected data underwent rigorous processing at the epidemiology-biostatistics laboratory of the Public Faculty of Dental Medicine in Casablanca. The SPSS (Statistical Package for the Social Sciences) software was used for all statistical analyses. Our analytical approach combined descriptive statistics to characterize the studied population, including frequency calculations for qualitative variables and measures of central tendency and dispersion for quantitative variables. Bivariate analyses were also conducted to explore potential associations between various variables of interest, with application of appropriate statistical tests according to the nature of the data and validity conditions.

## 2.5 Ethical Considerations and Scientific Validity

The ethical rigor of our study was guaranteed by dual institutional validation, coming from the Department of Oral Medicine and Surgery as well as the Thesis Commission of the College of Departments, which assumes the function of ethics committee within our institution. Data processing complied with the principles of anonymity and confidentiality, in strict accordance with regulatory provisions relating to the protection of personal information. Each participant was transparently informed of the objectives of the study and the intended use of the collected data before giving their explicit consent. The scientific validity of our approach is based on rigorous methodology, representative sampling, and appropriate statistical analyses, allowing for reliable results that can be generalized to the entire target population.

## 2.6 Methodological Limitations and Interpretative Precautions

Our methodology, although rigorously designed, presents certain limitations inherent to cross-sectional studies based on self-administered questionnaires. The electronic distribution mode, while allowing us to reach a large geographically dispersed sample, may induce a selection bias by favoring the participation of practitioners more familiar with digital tools. Similarly, the declarative nature of the collected data exposes our results to social desirability and recall biases. These potential limitations were taken into account when interpreting the results and formulating conclusions, with particular attention paid to data triangulation when possible, and caution in generalizing the findings most sensitive to identified biases.

## 3. RESULTS

The survey received 538 responses from female dentists across various sectors (public, academic, and private). The questionnaire achieved an 18.4% response rate. Participants' ages ranged from 24 to 55 years, with 63% falling between 24 and 35 years old (Table 1).

**Table 1:** The distribution of participants in our survey according to age.

Variable	Effective	Percentage
<b>Age</b>		
24-35 years old	339	63%
36-45 years old	117	21,7%
46-55 years old	50	9,3%
More than 55 years old	32	5,9%

**Sector, Structure, and Practice Status:** The majority of participants, 67.7%, worked in the private sector. Among female practitioners in the private sector, 80% had individual practices, while 20% worked in group practices. Those in the public and academic sectors were the minority, at 13.8% and 18.5%, respectively. Half of the participants were

salaried employees, while the other half were founders of their own practices. Factors influencing practice structure choices included financial considerations (53.8%) and family availability (38.5%) (Table 2).

**Table 2:** The distribution of participants in our survey according to sector, structure, and practice status.

Variable	Effective	Percentage
<b>Sector of practice</b>		
Private	362	67,7%
Public	74	13,8%
Academia	99	18,5%
<b>Status within hospital structure of practice</b>		
Founder	270	50,4%
Employee	266	49,6%
<b>Factors in the choice of this status</b>		
Financial factors	265	53,8%
The search for financial assurance	109	22,1%
Lack of entrepreneurial education	84	17%
Family availability	190	38,5%
Search for a university degree	99	20,1%
Search for a climate of sharing	85	17,2%
Teaching	73	14,8%

**Spatial-temporal exercise profile:** 94% of the participants in the study worked in urban areas, and the primary factor influencing their choice of practice location was the desire to be near family. The study data revealed that, on average, half of the participants worked between 5 and 6 hours per day, with 57.7% working 3 to 5 days per week. Regarding annual leave, 77.1% took 4 weeks or less, resulting in an average of 44 working weeks per year. The participants' hourly practice mode was mainly influenced by professional obligations (54.9%), but family availability also played a significant role (46.3%) (Table 3).

**Table 3:** The distribution of participants in our survey according to spatial-temporal exercise profile.

Variable	Effective	Percentage
<b>Geographical environment of practice</b>		
Urban environment	502	93,7%
Rural environment	34	6,3%
<b>Factors in the choice of the Geographical environment of practice</b>		
wish to join the family	339	63,1%
Community dental care needs in the region	67	12,6%
Contractual professional commitment	94	17,5%
The region's climatic features	48	8,9%
Geographical location of workplace	54	10%
<b>Number of workdays per week</b>		
< 3 days	22	4,1%
3-5 days	307	57,7%
> 5 days	203	38,2%
<b>Average hours worked per day</b>		
2-4 hours	85	15,9%
5-6 hours	266	49,8%
> 6 hours	183	34,3%
<b>Duration of annual leave</b>		
0-4 weeks	408	77,1%
5-8 weeks	98	18,5%
> 8 weeks	23	4,3%
<b>Factors regulating practitioners' time schedules</b>		
family availability	249	46,3%
Hobbies	90	16,8%
Professional obligations	295	54,9%
Patients	211	39,2%

**Specialization and practice model:** In our study, two-thirds of participants were general practitioners, while one-third were specialists. The most practiced specialty was orthodontics, followed by oral surgery, periodontics, pediatric dentistry, removable prosthodontics, conservative dentistry and endodontics, and fixed prosthodontics. Passion motivated 76% of specialists in their choice of specialty, 14.5% chose based on profitability, and 9.5% had their specialties imposed. Other factors influencing specialty choice included the quality of training and affinity with integrated service staff (Table 4).

**Table 4:** The distribution of participants in our survey according to specialization and practice model.

Variable	Effective	Percentage
<b>Practice model</b>		
Specialist	175	32,8%
General practitioner	358	67,2%
<b>Practiced specialty</b>		
Oral surgery	28	15,8%
Periodontology	27	15,2%
Pedodontics	19	11%
Endodontics	15	8,2%
Fixed Prosthetics	13	7,6%
Removable Prosthesis	17	9,8%
Orthodontics	56	32,1%
<b>Factors In Specialty Choice</b>		
Passion	133	76%
Financial Return	25	14,5%
Imposed	17	9,5%

**Patient-practitioner relationship and financial income satisfaction:** 96% of surveyed participants successfully retained patients. Two-thirds were praised by patients for effective listening, communication skills, and patience in our study. 59% of the participants in our survey stated that they were not satisfied with their financial income (Table 5).

**Table 5:** The distribution of participants in our survey according to patient-practitioner relationship and financial income satisfaction.

Variable	Effective	Percentage
<b>Ability to retain patients</b>		
Capable of retaining their patients	515	95,8%
Not capable of retaining their patients	23	4,2%
<b>Financial income</b>		
Satisfied	224	41,6%
Not satisfied	314	58,4%

**Obstacles of professional evolution:** Half of the participants in our study have children, and among them, 63% considered their maternal obligations as a hindrance to professional advancement. Other reported obstacles by participants include discrimination and harassment in the workplace. (Table 6).

**Table 6:** The distribution of participants in our survey according to obstacles of professional evolution.

Variable	Effective	Percentage
<b>The influence of maternal obligations on professional evolution</b>		
Bad influence	169	63%
No influence	99	37%
<b>Discrimination in workplace</b>		
Victim of discrimination	235	43,8%
Never been discriminated	295	54,8%
<b>Harassment in workplace</b>		
Victim of harassment	204	37,9%
Never been harassed	334	62,1%

### **The academic profile**

**Status in scientific research:** 54.5% of the participants working in the public and academic sectors have published scientific works. Among them, 46% have published from 1 to 10 scientific papers.

**Leadership status:** only 29.3% of the participants working in the public and academic sectors held a decision-making position. 61.7% of those not in such a position admitted not being interested in such a responsibility. Other factors were cited by practitioners not holding a decision-making position, including: lack of leadership training at 33.3%, underestimation of their leadership abilities by supervisors at 14.9%, gender discrimination and harassment in the academic environment at 10.6% and 7.9% respectively, scarcity of female role models and mentors in leadership at 3.5%, and the influence of societal patriarchal gender roles at 1.9%. According to the present study, positive leadership attitudes adopted by participants in decision-making positions included: communication (73.6%), recognition of efforts (63.9%), leading by example (61.1%), intellectual stimulation (28.2%), individual development of teams (28.2%), inspiring collaborators (21.4%), and collective decision-making (9.3%). As for negative leadership attitudes, they were less adopted by female dentists, such as vertical control (11.4%) and individual decision-making without involving the team (5.8%).

## 4. DISCUSSION

The increasing presence of women in healthcare, including dentistry, is noted globally. In Morocco, female participation in dentistry has risen since 1989 [3], with a feminization rate of over 73% in dental education. According to recent statistics from the High Commission for Planning in 2020. Researchers attribute this phenomenon to changes in the profession's characteristics, making it less attractive to men, and the significant access of women to medical education. [5] While considered a success for women's access to education and work, challenges hinder their advancement to leadership roles due to societal and familial pressures. The impact of this feminization on aspects like healthcare delivery and professional ideals prompts important questions about the profession's evolution.

### ***Sector, Structure, and Practice Status:***

The majority of participants in our survey work in the private sector. This trend is not specific to female dentists. Practitioners' desire for freedom and autonomy appears to be better fulfilled in the private sector, providing them the power to choose their practice location and manage their schedules as they wish. This is particularly beneficial for female practitioners, allowing them to thrive in their professional lives and adapt them to their family lives. Furthermore, 80% of them prefer solo practice which provides them more flexibility and allows them even more to balance professional and family obligations, considering family responsibilities [6].

The preference for the public and academic sectors among participants is driven by the desire for a hospital-university career. Studies indicate that female dentists are more inclined than males to work in the public sector, appreciating its shorter working hours and less stressful environment compared to the private sector [6]. In the public sector, practitioners work in hospital structures, with academic involvement in university hospital centers. Career paths, academic pursuits, and specialization influence choices, with assignments and preferences determining practice locations [6]. Half of the participants in our study work as salaried employees, while the other half are founders of their own practices. Several factors influence practitioners' choices regarding practice structures and their statuses within these structures:

-Profitability is more sought after by practitioners in solo private practice, whereas salary insurance is more desired by those in the public sector or those working in group practices [6].

-Family availability is a decisive factor for female dentists. A similar study in Saudi Arabia demonstrated that family responsibilities, childcare, and maintaining a work-life balance influence their career choices [7]. Another study in England comparing career orientations of male and female dental students showed that family and domestic responsibilities have a greater impact on women's career choices than on men's [8]. These findings are consistent in other countries like the United States and Brazil [7]. These obligations can make it challenging for women to thrive as entrepreneurs, leading them to choose salaried positions. Similarly, the freedom offered by private practice seems appropriate for achieving a balance between professional and personal lives for participants in our survey [6]. -Pursuing an academic career compels practitioners to work as salaried employees due to the absence of an alternative in private practice. On the other hand, the search for a collaborative and learning environment encourages practitioners to choose group practices or public structures.

### ***Spatial-temporal exercise profile:***

The Majority of our participants practice in urban areas. This may indicate that the dental profession is urbanized in Morocco, a result also observed in Canada [9]. The most cited factor influencing the geographical choice of practice by participants in our survey is the desire to be close to family. A study conducted in Nebraska showed that a higher proportion of graduates from rural high schools choose to work in rural areas compared to those from urban high schools. The results of this study also demonstrated that a greater proportion of men choose to practice in rural areas compared to women [10]. The feminization of the dental profession in Morocco, coupled with a low number of women practicing in rural areas, could lead to the creation of medical deserts: geographical areas lacking accessible healthcare professionals. This inequality in access to healthcare could pose a potential danger to the health of local populations [11]. The participants' working hours are primarily influenced by professional obligations, with a significant role also played by family availability. This dual responsibility for women, both professionally and in family matters, is heightened by the socio-cultural context in Morocco, where women are often seen as the primary caretakers of household needs.

The 2006 Canadian census indicates that male dentists in Ontario work an average of 39.5 hours per week and 47.2 weeks per year, while female dentists work 35.6 hours per week and 44.7 weeks per year. It has been observed that women dentists work fewer hours than their male counterparts [9]. A study conducted in the state of Washington revealed that female dentists, especially those aged 25 to 40, work 10% fewer days compared to male dentists [12]. The disparity in working hours between male and female dentists, as observed in Ontario, is attributed by Adams to marital status. Young married female dentists tend to reduce their working hours, particularly during child-rearing years. However, as both genders age, the number of hours worked per week becomes similar [9]. The majority of our participants anticipate retiring after the age of 50. Gender disparities in career duration, with women having a shorter average career span than men, could lead to future workforce shortages as more women enter the profession. This

pattern is observed in other countries, such as New Zealand, where female dentists tend to retire earlier than their male counterparts [13].

### ***Specialization and practice model:***

Two-thirds of Moroccan female dentists work as general practitioners, and one-third are specialists. 76% of specialists are driven by passion. Others choose specialties for profitability [14.5%], while 9.5% have specialties imposed on them. Specialty choice is also influenced by the quality of training and affinity with the integrated service staff. Studies have shown that female dentists are more inclined to choose pediatric dentistry as a specialty compared to any other specialty, especially oral surgery. According to these studies, oral and maxillofacial surgery is less chosen by female practitioners due to gender discrimination, sexual harassment that residents in this specialty may face, and the difficulty of having a fulfilling family and marital life alongside the demanding oral and maxillofacial surgery residency program [9,14]. However, in our study, the choice of pediatric dentistry comes in third place, and oral surgery comes in second place after orthodontics. When choosing a specialty, dental students are more influenced by the criterion of location and proximity to family [15]. The duration of specialty training conflicts with maternity years and may be a potential reason justifying the gender gap in specialization. In Ontario, the majority of women (60.7%) undertake postgraduate dental studies before having children, compared to 34.3% of men [9].

### ***Patient-practitioner relationship:***

In our survey, 96% of participants successfully retain their patients. A study in Curitiba, Brazil, revealed a preference for both male and female patients to be treated by female dentists, attributing this preference to qualities like delicacy, patience, kindness, empathy, and effective communication. The study highlights the importance of interpersonal skills over the gender of the dentist in fostering a positive patient-professional relationship [16]. In our study, two-thirds of female dentists are appreciated by their patients for their attentive listening, communication skills, and patience, aligning with existing literature findings.

### ***Financial income satisfaction:***

59% of the participants in our study stated that they were not satisfied with their financial income. In a 2000 study in Ontario comparing the financial incomes of female and male dentists, it was found that female dentists earned less than 58% compared to males. This disparity was attributed to the prevalence of female dentists working as associates, while males more frequently chose solo practice [17]. In Washington state, women dentists earned 10% less annually than men, a discrepancy attributed to factors such as treating and performing 10% fewer procedures due to differences in the time dedicated to their professional activities [12]. The principle of equality dictates that men and women should receive equal pay for equal work. Studies worldwide have reported gender pay gaps ranging from 7% to 32%, reflecting disparities in various healthcare systems and payment frameworks [17]. Hence, it is necessary to investigate the reasons for this wage gap and evaluate whether it is also present in the private sector in Morocco.

### ***Obstacles of professional evolution:***

63% of our participants who have children considered their maternal obligations as a hindrance to professional advancement. Therefore, it would be very beneficial for female dentists to have household help, sparing them from time-consuming daily tasks and enabling them to dedicate more time to their professional fulfillment [15]. The results of our study align with those of a study in Saudi Arabia, indicating that family responsibilities of female dentists conflict with their professional obligations, posing a barrier to their career advancement. Numerous pieces of evidence in the literature highlight that family responsibilities influence the career decisions of female dentists, with similar findings observed in other countries like the United States and Brazil [7]. Some feminist theoretical foundations argue that domestic tasks pose a hindrance to the career progression of women in higher education. Traditionally, domestic responsibilities such as childcare and household chores were viewed as tasks exclusively designated for women [18]. Contemporary evidence indicates that while some men have started to spend more time with their children, women still do more than double the household work compared to men. The reluctance of men to share domestic tasks and childcare responsibilities hinders the progress of women, making it a challenging balance between work and family life, leading to stress and frustration for many women [18].

The challenges faced by women are intensified in the Moroccan context, where women are primarily responsible for childcare and household tasks. The work-family conflict experienced by working women can be explained by cultural, social, and organizational factors, linked to gender social relations and the spatial-sexual division of labor. In this division, men are associated with production-creation in the public sphere, while women are expected to occupy the private sphere and handle reproduction-procreation, resulting in limited male involvement in family life [19]. Furthermore, discrimination and harassment in the workplace, not only has been reported by our participants, but has also been considered a huge obstacle in their professional evolution. Numerous studies have affirmed the existence of gender discrimination and harassment in medical professions, particularly in dentistry, categorizing them as impediments to the professional advancement of female dentists. A study in Saudi Arabia reported that 28.5% of female dentists acknowledged that gender discrimination poses a challenge to professional fulfillment [7].

A survey conducted in Japan with 249 female doctors reported that gender discrimination and workplace harassment were daily challenges hindering the career choices and progression of women in medicine [20]. Gender discrimination has

also been reported among female doctors in Scandinavia as a professional development obstacle, especially during specialty training [5]. A cross-sectional survey on the mental health of 571 Swedish female physicians in a university hospital revealed that degrading experiences and workplace harassment were significantly associated with suicidal thoughts among the surveyed female physicians [21].

A study on dental students' experiences revealed that women reported more disadvantages, including workplace sexual harassment, lack of respect from nurses and staff, and fewer opportunities to perform minor surgeries or examine patients compared to their male counterparts [22]. In general, these interpersonal challenges negatively impact female physicians, reflected in various aspects such as underrepresentation in leadership positions, slower academic promotion, fewer professional rewards, fewer opportunities for presentations or national conferences, financial inequalities, and psychological challenges leading to professional burnout, daily stress, and a sense of not belonging [23]. The impact of these challenges is observed among female physicians, including female dentists, affecting their quality of life, mental health, and professional productivity. The overall health of the population is closely tied to the well-being of its medical professionals. The negative repercussions of gender discrimination and harassment on the health of the medical workforce may compromise the quality of healthcare provided to the population.

### ***The academic profile***

Our survey revealed that 45.5% of female dentists in public and academic settings had not published any scientific work, while 54.5% had. Among those who had published, 8.5% had more than 10 scientific works, and 46% had published between 1 and 10. A report titled "Gender in the Global Research Landscape" found varying rates of increase in female participation in dental research over the past 20 years, with the most significant increase observed in Brazil, where 48% of researchers were women. In the United States, data from the National Institutes of Health indicated an increase in the percentage of women in dental research from 20% to 35% between 1995 and 2012 [24]. In 9 dental journals, only 13% of first authors and 9% of last authors (seniors) were women. Additionally, 12% of male dentists publishing articles held both DDS and PhD degrees, compared to only 1% of women.[9]

### ***Leadership***

While women's choices contribute to explaining their underrepresentation in leadership positions, the conventional view often underestimates the extent to which these choices are socially constructed and constrained.[25]

Recent data highlight a gender disparity in the percentage of female dentists in academia, regardless of whether societies are conservative or liberal. In various countries, including the United States, the United Kingdom, Japan, Germany, Australia, France, Saudi Arabia, Uganda, and Kuwait, there is a higher percentage of male faculty members in dental schools. This gender disparity extends to leadership positions, with a predominance of male access to decision-making roles [24].

The present study indicates that Moroccan female dentists in leadership positions tend to exhibit more positive leadership attitudes than negative ones. This supports the fact that female dentists have a place in leadership, and that their profiles align with recommended standards and attitudes for effective team management and leadership.[26]

A review of over forty studies on gender in leadership revealed more similarities than differences between male and female leaders [27]. In a recent Pew Research Center survey on women and leadership, the majority of the American public believes that men and women are similar in key leadership traits such as intelligence, honesty, ambition, decisiveness, and innovation. The main differences highlighted are in compassion and organization, where women are perceived as superior to men. Evidence consistently supports those women leaders tend to be more participative, democratic, and sensitive to interpersonal relationships compared to men. Women are noted for being more attentive to individuals they work with by providing guidance and considering their specific situations [25]. The findings also apply to dentistry, necessitating the implementation of new policies and strategies to promote more leadership positions for women dentists in Morocco. Proposed strategies include providing leadership training and enacting stricter laws addressing issues such as harassment and discrimination that women dentists may face.

## **5. CONCLUSION**

The field of dentistry in Morocco is experiencing feminization, a global trend that may significantly impact the profession. Women dentists are found to be heavily influenced by personal life conditions in their career decisions. The study highlights an imbalance between personal and professional life, with family obligations sometimes taking precedence over professional responsibilities, potentially affecting public health needs. The socio-cultural context, considering women as the primary caretakers at home, contributes to these challenges. Additional obstacles include gender discrimination and workplace harassment, which can hinder professional development and impact mental health. The study recommends the establishment and strict enforcement of laws to protect women dentists against discrimination and harassment. Lack of leadership training is identified as a barrier for women in dental leadership positions, and continuous entrepreneurship training is suggested to encourage women to pursue leadership roles in dentistry. The study concludes by emphasizing the importance of changing mindsets to support women dentists in achieving professional success and enhancing the overall quality of dental care in Morocco.

**Acknowledgments:** To all the participants of our survey.

**Conflicts of interest:** All authors declare no conflicts of interest related to the publication of this article.

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**How to cite this article:** EL KHALIFA Kaoutar, HAMZA Mouna et BEN YAHYA Ihsane. THE PROFILE OF FEMALE DENTISTS IN MOROCCO: A CROSS-SECTIONAL DESCRIPTIVE STUDY. *Am. J. innov. res. appl. sci.* 2025; 20(5): 15-22. [ DOI: [10.5281/ZENODO.15328130](https://doi.org/10.5281/ZENODO.15328130) ]

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