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SUPPLEMENT ARTICLE

Breaking the bamboo ceiling and de-bunking the model minority myth

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Abstract

Leadership roles must incorporate representation from all involved individuals for the resulting decision-making process to reflect the interests and expertise of a diverse organization. Many resources have rightly focused on developing historically underrepresented racial and ethnic (HURE) leaders. Though numbers of Black and Hispanic dental school deans have increased, more work is needed for these and other HURE groups such as American Indians. Asians are not classified as HURE. As an aggregated group they have robust presence in the dental workforce in North America, the United Kingdom and Australia. The assumption is they are fine, so the group is ignored. Previous research indicates Asians are almost invisible in leadership roles in dentistry, and while the “Glass Ceiling” phenomenon for women persists, Asian women face even greater obstacles to leadership.

This paper explores cultural factors contributing to the “Bamboo Ceiling”, such as Confucian values emphasizing collectivism and deference to authority. It examines challenges faced by Asian women at the intersection of gender and race. The impact of the “Model Minority Myth” compounds these challenges, leading to overlooking diverse needs. The importance of dispelling these harmful myths is underscored. This paper provides strategies to combat them, urging proactive efforts from minorities and management. By shedding light on the “Bamboo Ceiling” and the “Model Minority Myth”, this paper aims to reassess existing norms, current policies and procedures pertaining to equitable representation and leadership opportunities for Asian women in academic dentistry, community oral health, research, and in dental corporations.

KEYWORDS

Asian, cultural characteristics, leadership, minority groups, women

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1 | INTRODUCTION

The National Institute of Health in the USA defines Asians as “A person whose origins are in any of the original populations of the Far East, Southeast Asia, or the Indian Subcontinent”, The Canadian census breaks down the Asian-origin groups into South Asians (e.g., Bangladesh, India, Pakistan), East Asians (e.g. China, Japan, Korea), Southeast Asians (e.g. Cambodia, Malaysia, Philippines, Thailand, Vietnam), West Asian (e.g. Lebanon, Turkey), and Central Asian (e.g. Afghanistan, Kazakhstan).

Lack of diversity affects problem solving,¹ excellence,² and hiring.² While Asians are well represented in the dental workforce in North America, the United Kingdom, and Australia, they are almost invisible from leadership roles³ in academic dentistry, community oral health, research, and corporations. This lack of representation extends to technology, finance, law, government, higher education, medicine and other industries and professions despite the robust representation of Asian Americans in the professional workforce in the USA.⁴ In the USA, Asians are the ethnic group least likely to be promoted to management.⁵

The challenge intensifies for Asian women, navigating the intersectionality of gender and race.⁶ Confronting the “Glass Ceiling” they also contend with the “Bamboo Ceiling” and challenges linked to the “Model Minority Myth” (MMM). This paper will explore the “Bamboo Ceiling” and the MMM including impacts on students and faculty in dental education, and pathways to leadership. Data and references will be primarily from the USA and Canada. Recent Australasian data is difficult to obtain, and Asians are only around 2.5% of Western Europeans. Shortage of representation in leadership can have negative downstream effects. This paper concludes with suggestions for breaking the “Bamboo Ceiling,” which may also help other minorities.

2 | THE GLASS CEILING

The “Glass Ceiling” coined in 1978 by Marilyn Loden, is a metaphor for barriers women face when striving to move upward in the workplace. Violating gender stereotypes, women are often perceived as less likable, and less competent compared with their male cohorts.⁷⁻⁹

In 2023, though women outnumber men in college and advanced degree graduates, women are severely underrepresented in c-suite and other executive roles. This phenomenon is worse for women of color including Asians.¹⁰ In North America 12% of dental faculty are women yet in 2023 Asian women are underrepresented in high leadership roles such as deans/heads of dental colleges/schools, and presidents of association. See Tables 1 and 2.

Lack of representation in leadership can make it more difficult for Asian women and other minorities to imagine themselves in those positions and to progress in their careers. Advancing one’s career is more challenging without role models, mentors, and sponsors. Leadership roles must incorporate representation from all involved individuals for the resulting decision-making process to reflect the interests and expertise of a diverse organization.

3 | THE BAMBOO CEILING

Implicit bias against Asians can be damaging to professional advancement. In a Canadian study, applicants with Asian sounding names were 28% less likely to be selected for interviews than applicants with Anglo sounding names when qualifications were the same.¹¹ In 2023, Americans were “less comfortable with Asian Americans in positions of power and leadership” than other ethnic groups.¹² In another study Asian women were perceived as the least fit for leadership compared with other genders and racial groups.¹³

Under-representation of Asians in leadership in the USA, Canada, Australia, and the UK cannot be totally explained by bias. The term “Bamboo Ceiling” was coined by Jane Hyun in 2005 as “a combination of individual, cultural, and organizational factors that impede Asian Americans’ career progress inside organizations.”¹⁴ It can apply to Asians in other Westernized countries.

Asian cultural values identified by psychologists are:

- ability to resolve psychological problems,
- avoidance of family shame,
- collectivism,
- conformity to family and social norms and expectations,
- deference to authority figures,
- educational and occupational achievement,
- filial piety,
- importance of family,
- maintenance of interpersonal harmony,
- placing others needs ahead of one’s own,
- reciprocity,
- respect for elders and ancestors,
- self-control and restraint,
- and self-effacement.¹⁵

Regardless of acculturation over generations and time since immigration, such Confucian values remain the same across groups.¹⁵

In the 2020’s the concept of “belonging” gained increasing attention, particularly in discussions about diversity, equity, and inclusion. People started to emphasize the

TABLE 1 Representation of Asian Women as Dental School Deans/Heads.

Country	Number of Dental Schools	Number of Asian Women Dental School Deans (Chief Academic Officers / Heads of Schools)	% Asians in the Population	% Women Dentists
USA	72	0	7.2 %	37.7 %
Canada	10	1	20.2 %	40 %
Australia	9	0	17.4 %	48 %
United Kingdom	18	0	9.3 %	50 %

Sources:

American Dental Association 2023, Health Policy Institute, Survey of Dental Practice.

At: <https://www.ada.org/resources/research/health-policy-institute/us-dentist-demographics>.

Accessed: February 11, 2024.

Australian Institute of Health and Welfare 2022, Health Workforce.

At: <https://www.aihw.gov.au/reports/workforce/health-workforce>.

Accessed: February 11, 2024.

Canadian Dental Association 2023. Women in Dentistry—The Changing Workforce.

At: chrome-extension://efaidnbnmnibpcjpcglclefindmkaj/https://www.cda-adc.ca/_files/about/membership/benefits/2_Women_in_Dentistry_DOTH_2022_LeaveBehind_EN.pdf.

Accessed: February 11, 2024.

Statista Annual Number of NHS Dentists in England 2023.

At: <https://www.statista.com/statistics/1045967/nhs-dentists-in-england-by-gender/>.

Accessed: February 11, 2024.

Census information was obtained for each country.

Information was obtained from dental schools' websites, and from the American Dental Education Association, Council of Deans.

TABLE 2 Representation of Asian Women Presidents in Dental Associations.

Since (year)	Association	Number of Asian Men Presidents	Number of Asian Women Presidents
1972	American Association of Dental, Oral and Craniofacial Research (AADOCR)	1	1
1860	American Dental Association (ADA)	1	0
1824	American Dental Education Association (ADEA)	1 (Chair of the Board)	0
1902	Canadian Dental Association (CDA)	0	0
1920	International Association of Dental Research (IADR)	4	1 (Same woman as for the AADOCR)

Data obtained from 2023 websites from the associations.

AADOCR At: <https://www.aadocr.org/about/leadership/aadocr-presidents>.

Accessed: February 11, 2024.

ADA At: <https://www.ada.org/en/about/presidents-of-the-ada>.

Accessed: February 11, 2024.

ADEA At: https://www.adea.org/about_adea/governance/pages/adeaboardofdirectors.aspx.

Accessed: February 11, 2024.

Obtained information from previous years' sites.

IADR At: https://www.iadr.org/about/leadership/iadr-presidents?_gl=1<1luuznu<_ga<MjUwOTYwOTUuMTcwNzc0MzQzMA..<_ga_1LRD8JH5EM<MTcwNzc0MzQyOS4xLjEuMTcwNzc0MzQ0MC4wLjAuMA..<_ga_DG1MMR0V3P<MTcwNzc0MzQyOS4xLjEuMTcwNzc0MzQ0MC4wLjAuMA..<_ga_LIQNB8JRES<MTcwNzc0MzQyOS4xLjEuMTcwNzc0MzQ0MC4wLjAuMA.

Accessed: February 11, 2024.

importance of creating environments where individuals can bring their authentic selves. However, Asian cultural values may be incongruent with what is needed for career advancement in Western culture.¹⁴

Asian values of conformity and harmony, respecting elders and deference to authority figures can lead to silence.^{16–18} A nuance is the role of women in patriarchal cultures where females are subservient to males in

their ethnic subcultures.^{19–21} Fear may also contribute to silence based on history, when staying silent kept one alive and out of prison. A proverb such as “the loudest duck gets shot” (Chinese), is contrary to “the squeakiest wheel gets the oil/grease” (American/British). Asian values of self-control and restraint can translate to refraining from verbal communication and preference for a more passive style,²² or communication that is more implicit, nonverbal, and intuitive.¹⁶ Therefore, Asians may be less likely to speak up than counterparts of other races in meetings or to their supervisors. They may not ask as many questions or complain but instead, wait their turn to speak.

In American culture, humility and conformity can be interpreted negatively as lacking confidence and motivation though they are valued as steadfastness in East Asian cultures.²³ In academia, underperformance of East Asian students in USA law and business schools was explained by lower assertiveness.²⁴ Assertive students are more likely to get what they need for academic success.²³ By inference, oral healthcare students, may hinder their own learning and navigation of the education system by refraining from asking questions of professors and administrators. Asian professors, due to differing expectations, may interpret student inquiries as disrespect. Faculty job dissatisfaction can contribute to burnout, and faculty turnover.²⁵

The silence of Asians can wrongly portray them as passive non-contributors who don't care or don't know the answers.²⁶ This could hinder their inclusion in committees and decision-making groups and affect performance evaluations and promotions in academic and corporate dentistry. Low assertiveness found in East Asians is incongruent with American norms concerning how leaders should communicate, and suggests why Asian groups hit the Bamboo Ceiling.²⁷ The same study found the Bamboo Ceiling does not exist for South Asians though it does for East Asians because South Asians communicate more assertively so have a better cultural fit. As Asians are less likely to complain, and appear to be doing fine, they become invisible. They may not receive the same attention and resources such as mentoring or coaching as more vocal peers.

Another study found that East Asians had a higher preference for interacting with individuals of the same ethnicity (ethnic homophily), compared with South Asians, and this contributed to the Bamboo Ceiling for East Asians, where it was not present for South Asians.²⁸ The explanations they presented were interactions with individuals from different ethnicities allowed greater access to information and different resources. Also mixing allows for integration into a broader social environment and enhances flexibility and creativity.

Respecting elders may deter Asians from pursuing dentistry as a profession. Asian students often choose careers

based on family expectations as an individual's accomplishment is a family's accomplishment.²⁹ Medicine has traditionally been favored as more crucial to parents' needs especially as they age. Due to filial piety, those from Asian ethnic backgrounds often feel a greater obligation to take care of their older parents.³⁰ In many countries, children may not have exposure to oral healthcare so likely would not consider professions they know nothing about, e.g., dental hygiene is not a recognized career in China or Taiwan.³¹ Students face more challenges without family support. Also, families may discourage careers in academic dentistry due to unfamiliarity and perceived financial drawbacks compared to private practice.

Asian collectivism emphasizes community over the individual, fostering selflessness, collaboration, consensus building, unity, and harmony.^{14,17} In collectivist cultures, social structures support community, family, and society. Individual sacrifices, putting aside needs and ambitions for the greater good of family, business and academic units may occur without complaint. Individual-level values of individualism-collectivism and cooperative behavior/performance were more strongly correlated in collectivistic societies compared to individualistic ones.³² The same researchers found this was also true at the organization-level. Collectivism values cooperation, aligning with idioms like “a big tree draws the wind” (Chinese) and proverbs like “the nail that sticks up gets hammered down” (Japanese). Asians may credit the group over themselves, find self-promotion challenging, and struggle to recognize their individual contributions to team success. This may lead to unnoticed contributions, unrewarded efforts, unmet potentials, and dissatisfaction, potentially resulting in burnout and turnover.

4 | THE MODEL MINORITY MYTH

The phrase “model minority” was first coined in 1966, referring to Asians as an “obedient and respectful model minority”.³³ It led to stereotyping Asians with seemingly positive attributes; however, the phrase is rooted in anti-Asian sentiment. During World War II, Japanese American and Japanese Canadian men, women, and children were incarcerated in concentration camps as suspected traitors.^{34–36} The sources cited are used in the next few paragraphs. Public messaging claimed these civilians were a threat to homeland security. They were evicted, lost homes, possessions, and livelihoods.

Post-war, former incarcerated were told to avoid their cultural practices, and instead assimilate into Western society. The “model minority” label was employed to assure the public the Japanese were no longer a threat, had overcome incarceration and successfully integrated

back into Western society. The same article,³³ while praising Asians, criticized other minorities, portraying Chinese, and Japanese Americans as passive and hardworking compared to protesting Black and Brown Americans as “problem minorities”. This divisive narrative, popularized by politicians and the media during the civil rights movements, erased a shared history of oppression, and drove a wedge between Asians and other minority groups.

Asians, the most diverse ethnic group, represented by forty-nine countries, were further stereotyped as quiet, compliant, industrious, intelligent, and self-sufficient,^{14,33} traits signifying their success at overcoming adversity. Other Asian subgroups were incorporated into the myth³⁶ despite differences in culture, history, language, English proficiency, education attainment, socio-economic status, health outcomes, acculturation, citizenship status, immigration, and refugee history.

In 1987, Time magazine published a cover story on “Those Asian American Whiz Kids”. The model minority stereotype characterized Asians as high-achieving educationally and economically due to their hard-working nature. Generalizations included intelligent, well-off, and excellent at math and science. Sociologists speculate the Confucian ethic may play a role, driving people to work hard, excel and pay their debts to their elders.³⁷ Due to implicit bias, and the perception of Asians being less creative than other ethnicities,³⁸ Asians are more likely given tasks requiring hard work and intellectual ability involving numbers, than creative tasks.

These harmful stereotypes place burdens on Asians to be perfect students and model citizens. When they cannot live up to the high standards, they may feel self-doubt and like failures.³⁹ Difficulty living up to expectations and societal pressures can lead to mental health problems.^{16,40} They may not feel they can ask for help.⁴¹ When they are high achievers, their accomplishments are diminished and attributed to their Asianness. The weight of ancestors, and not bringing shame to the family can result in additional stress. Many Asian families in addition to others have made sacrifices to give their children better opportunities. As educators, being aware of our implicit bias, and proactively checking-in on all our students is recommended.

The generalizations Asians are great workers, easy to manage, are often in subservient roles, and doing fine, can cause them to be overlooked for development opportunities, and leadership positions. Additionally, there is a side effect from “You can’t be what you can’t see”—Marian Wright Edelman. Asians may not imagine themselves in those leadership positions, or think they are attainable, so do not apply. This may be compounded by cultural values where Asians may not boast of

their individual accomplishments so go unrecognized and unpromoted.

When Asians are stereotyped as self-reliant and resourceful, and subgroups are aggregated, needs go unrecognized. Resources may not be offered such as language assistance, culturally appropriate services, training, mentoring, sponsorship, and funding. Asians may not be researched and may not be eligible for diversity grants or programs. They may be left out of conversations about people of color as they are seen as the privileged minority, most proximal to Whites.

Asian American women, stereotyped as docile, submissive, and subservient, often encounter pressure to comply with caricatured notions of Asian femininity⁴² and report experiencing backlash and racial harassment for displaying dominance.^{43,44} Regardless of their interpersonal style Asian woman have been perceived as significantly less fit for leadership than the white woman, white man, or Asian man.⁴²

Aggregated data shows Asians appear to be doing better than other racial groups including White Americans and Canadians in categories such as income, educational achievement, and longevity.^{45,46} The same studies show wide disparities amongst Asian subgroups when data is disaggregated. About 33% of adult Americans have a bachelor’s degree including 54% of Asian Americans so Asians appear over-educated. However, when subgroups are separated, disparities become evident. 75% of Asian Indian Americans have a bachelor’s degree compared with 15% of Bhutanese Americans and 18% of Laotian Americans. It is likely representation of Asian subgroups among oral healthcare providers and educators differs similarly. Americans belonging to these, and other subgroups may be underserved with subsequent health disparities.

5 | STRATEGIES TO COMBAT THE MODEL MINORITY MYTH AND TO BREAK THE BAMBOO CEILING

The Model Minority Myth harmful to Asians and other groups needs to be dispelled. The Bamboo Ceiling affecting Asians especially impacts Asian Women. To minimize negative interactions with others, one should avoid making stereotypical comments, and assumptions. It is crucial to learn about Asian individuals, their perspectives, and history, as well as those from other groups. It is always advisable to ask questions of curiosity respectfully. Moreover, helping others understand Asian culture and different perspectives is important. The following suggestions aimed at helping women of Asian origins in a Western culture are applicable to other minority groups.


Suggestions for minorities:

- Recognize potential barriers, and work with managers or mentors to help break these.
- Develop and practice skills for success and career advancement e.g., speaking up, assertiveness, confidence, graceful self-promotion, leadership skills.
- Ask for what you need.
- Ask for honest feedback.
- Build your network so others nominate and sponsor you.
- Interact with individuals of different ethnicities (increases access to resources).

Suggestions for management:

- Mentor and sponsor individuals, and be aware of specific challenges minorities face which may be different for different subgroups.
- Create psychological safety and an atmosphere that fosters open communication.
- Include perspectives of diverse sets of colleagues in discussions and decision-making.
- Solicit input using different methods.
- Provide honest feedback.
- Recruit from diverse sources.
- Leverage employee resource groups.
- Assess potential and create opportunities for career development.
- Encourage minorities to take stretch assignments and special projects.¹⁴
- Give credit where it is due.
- Check for bias. Check policies and procedures.
- Create an inclusive environment where every opinion is valued and appreciated, and everyone feels they belong, and can thrive.

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