CENTERING WOMEN'S VOICES: AN INQUIRY INTO BELONGING, COMMUNITY, AND SISTA CIRCLES IN DENTAL EDUCATION

By

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ABSTRACT

This study explored women's experiences and sense of belonging in dental school, as facilitated by affinity groups. These groups were designed to promote community building, enhance self-efficacy, foster a sense of belonging, and support mental well-being, while also creating space for organic mentorship and professional growth. The central aim of the study was to examine how affinity groups intentionally cultivate supportive environments for women in dental education and to capture the lived experiences of student participants.

As the number of women entering and graduating from dental school continues to rise, understanding their experiences of belonging and success within academic environments has become increasingly important. Although dentistry has historically been male-dominated, shifting gender demographics have reshaped the culture and expectations of the profession. Women in dentistry have continued to face unique challenges and stereotypes, making the cultivation of inclusive, affirming learning environments essential. This study drew on existing literature emphasizing belonging as a critical factor in student success and well-being, particularly in professional schools. Prior research has demonstrated that a strong sense of

belonging positively influences academic performance, persistence, and long-term career satisfaction.

Findings highlighted the role of affinity groups in strengthening participants' sense of belonging throughout their educational journey. By fostering community and shared understanding, these groups supported resilience, confidence, and persistence in the face of academic pressures. Ultimately, the study sought to demonstrate that cultivating belonging through affinity groups enhanced women's experiences in dental school. Participation in programs such as Sista Circles positively influenced students' sense of belonging, mental health, and preparedness for their future careers in dentistry.

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DEDICATION

This work is dedicated to every student I have had the privilege of meeting throughout my time in higher education and mental health, from community college and undergraduate programs to professional schools. Your resilience in pursuing your education despite mental health challenges, personal or family hardships, academic obstacles, or the weight of your own expectations has inspired me more than you know. While you may think I have helped you, the truth is that you have inspired me to strive for better, to pursue my fullest potential, and to keep advocating for students while empowering you to advocate for yourselves. My voice matters because you have shown me that it does. Every day, I sit in the classroom of life with you as my teachers.

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CHAPTER 1: INTRODUCTION

My inspiration for this study emerged from numerous conversations with women in dental school who face unique challenges in navigating the academic environment. Although enrolled in a professional program, many continue to encounter troubling social dynamics such as cliques among classmates, while simultaneously managing multiple responsibilities outside of school and actively seeking meaningful support. While individual counseling services are valued, there is a clear demand for group-based support that fosters connection among dental students facing similar experiences.

Common challenges experienced by women in dental school include forming authentic friendships, navigating personal relationships with faculty, handling financial pressures, establishing healthy boundaries, healing from past disappointments and heartbreak, confronting imposter syndrome, and continually coping with anxiety and depression as they affect academic performance. These recurring themes motivated me to use my research as a vehicle for introducing structured group support within the dental school setting. By doing so, I aimed to address the expressed need and desire for a dedicated space where students could share openly, build community, and cultivate a stronger sense of belonging within dental academia. Notably, this pattern was especially consistent among women in the early years of dental school.

Dentistry is a vital and respected healthcare profession, with dentists often serving as the first providers to detect broader system diseases and health concerns (Gambhir, 2015). The field is projected to grow by approximately 4% between 2022 and 2032, a rate consistent with other healthcare sectors (U.S. Bureau of Labor Statistics, n.d.). According to the American Dental Association (ADA), there are 202,304 active dentists in the United States, representing an average of 61.04 dentists per 100,000 residents (ADA, Health Policy Institute, n.d.)

Demographically, 68.4% of dentists identify as White, 19.4% as Asian, 5.9% as Hispanic, 3.8% as Black, with the race of the remaining 2.0% unknown or unreported. Although the number of women entering dentistry continues to rise, the ADA Health Policy Institute reports that the profession remains male-dominated, with 61.2% of dentists identifying as male and 38.8% as female.

The pathway to becoming a dentist is marked by rigorous academic expectations, emotional strain, and sustained performance pressures (Chan et al., 2024; Collin et al., 2020; Hellyer, 2025). Admission itself is highly competitive, and for many students, the journey is further complicated by personal background, socioeconomic factors, and systemic barriers. These challenges are particularly salient for women in dentistry (Jatana et al., 2025). Once enrolled, dental students frequently report stress, burnout, imposter syndrome, and social isolation (Hellyer, 2025). These factors can significantly affect both psychological well-being and academic performance.

This study examined how social support, specifically through affinity-based groups, fosters and contributes to a sense of belonging and overall well-being among women in dental school. As more women enroll in and graduate from dental programs, it is essential to understand their lived experiences in order to cultivate more inclusive, responsive, and supportive educational environments.

Background of the Study

A decade ago, women comprised approximately 24% of practicing dentists (ADA, Health Policy Institute, n.d.). Although that figure has increased to more than 35%, a substantial gender gap remains within the profession. Women are steadily reshaping what has historically been a male-dominated field (Women in Dentistry: Challenges and Opportunities, 2021). Notably,

gender parity has nearly been achieved in dental school enrollment, with women now representing approximately half of all dental students. This shift signals that women will constitute an even larger proportion of the dental workforce in the coming years.

As the demographic composition of the profession continues to evolve, it is critical to ensure that women are appropriately supported throughout their dental education. To promote successful completion of dental school and facilitate a strong transition into professional practice, further research is needed to better understand the experiences of women dental students and to identify effective strategies for supporting them throughout their academic journey (HPI: Women Make up Growing Percentage of Dental Workforce, n.d.).

For many women, dental school can be an isolating experience, particularly during the first term (Laurence et al., 2009). This study sought to raise awareness of the critical role that belonging and holistic well-being play in women's academic success and long-term professional development in dentistry. While academic achievement is central to dental education, this research contends that success cannot, nor should it, be pursued in isolation. Fostering a culture of care and belonging requires deliberate effort and must be embedded in the broader dental school environment. As such, this study examined student participation in affinity groups as a structured and sustainable intervention to support women throughout their academic journey. By integrating affinity-based support into dental education, institutions can promote connection, resilience, and overall well-being as women progress through their training and into their professional practice.

To that end, this study highlights the experiences of women in dental school by centering their stories and fostering a community of care through affinity groups, more specifically within the sacred space of a Sista Circle (Dunmeyer et al., 2022). Sista Circles are unique,

unconventional support groups created by Black women for Black women, in which the researcher also participates as a group member. While this methodology has traditionally been applied with Black women, it holds potential benefits for women in dental education more broadly. Implementing Sista Circles within the dental school provides the women involved with opportunities to explore differences, recognize intersections in their experiences, and gain insight into their social identities. By fostering connection and a sense of belonging from the outset, these spaces allow women to grow, thrive, heal, and engage meaningfully, rather than only receiving support during moments of crisis (Cook-Sather & Seay, 2021).

Currently, there is limited research examining the experiences of women enrolled in dental medicine schools. This chapter outlines the inspiration behind the study and demonstrates how it may inform and enhance dental education environments while addressing broader social justice concerns within the profession (Feine, 2023).

Context of the Study

Creating a community of care and fostering a sense of belonging among dental students, particularly women in dental school, has been shown to contribute significantly to academic, professional, and personal success (Madhu et al., 2025). The goal of this study was to contribute meaningful scholarship to the limited body of existing literature focused on women enrolled in dental programs. I sought to provide readers with insight into the structure of dental education, the learning environment, and the ways in which women dental students navigate those spaces. The mental health, physical well-being, perspectives, lived experiences, and academic achievements of women in dental school warranted further investigation and institutional support (Madhu et al., 2025). By centering the experiences of women in dental school, the study underscored that women not only belong in dental education but also deserved intentional

opportunities to connect, grow, and develop alongside their peers, ultimately strengthening their sense of belonging within the academic community.

Women's social and emotional well-being can be cultivated and protected through a community of care that aims to foster a sense of belonging via affinity-based spaces (Madhu et al., 2025). Within such spaces, self-development, professional growth, and academic achievement are valued concurrently rather than hierarchically. These affinity spaces serve to empower women to recognize and address challenges that may arise from systemic issues, which threaten their sense of belonging while enrolled in dental school.

This study took place at Mid-Atlantic School of Dental Medicine (MASODM), a pseudonym for the dental school within a large, public R1 institution. The Carnegie classification of R1 reflects a strong institutional commitment to research activity and doctoral production. At the time of the study, MASODM enrolled approximately 250 students and residents, and the overall graduation rate exceeded 90% (Institutional data, 2026)

Among the Class of 2028, which matriculated in 2024, the average age of dental students was 22. Of significance, more than half (63%) of the class identified as female, representing a substantial increase from the previous class, which was composed of 43% women (Institutional data, 2026). This demographic shift further illustrates the evolving landscape of dental education and underscores the timeliness and relevance of the present study.

Statement of Focus of Practice

This Focus of Practice (FoP) examined the importance of cultivating safe spaces for women in dental school to foster belonging and sustained support throughout their educational journey. Women in dental education often encounter gender-specific challenges and systemic barriers that their male colleagues may not experience (Jatana et al., 2025). These challenges can

include limited access to financial literacy resources, inconsistent faculty support and mentorship, navigating microaggressions, and managing imposter syndrome. Addressing these concepts requires more than episodic interventions. It calls for an intentional community of care that supports students from matriculation through graduation.

An affinity-based model, Sista Circles, was implemented in this study as a structured support mechanism through which students could build connections, share resources, and cultivate mutual encouragement. Such a community has the potential to strengthen mental health, enhance belonging, and empower women to develop confidence and resilience within the rigorous dental school environment.

Purpose of the Study

The purpose of this study was to examine the role of community-building through affinity groups in fostering a sense of belonging and well-being among women in dental school as they pursued academic success. By exploring the lived experiences of participants within Sista Circles, this research sought to capture the emotional, social, and identity-based dimensions of their educational journeys, as well as the influence of external and systemic factors on those experiences. These peer-support experiences were intended not only to validate individual narratives but also to cultivate collective resilience among women navigating similar challenges, thereby contributing to a more inclusive and supportive dental education environment .

This inquiry was grounded in Sense of Belonging Theory, which posits that individuals thrive when their fundamental psychological needs, such as safety, esteem, connection, and self-actualization, are met within their learning environments. For women in dental school, these needs are often compromised by systemic barriers, cultural isolation, and the rigorous demands of professional training. Guided by this framework, the study emphasized that belonging must be

intentionally cultivated through relational support, identity affirmation, and inclusive institutional practices. Affinity spaces, such as Sista Circles, serve as a crucial mechanism for fulfilling these needs, while promoting both individual well-being and broader institutional equity.

Throughout this study, I sought to demonstrate that participation in Sista Circles provided women with opportunities to share experiences, experience psychological safety, receive emotional support, and recognize that they were not alone in navigating dental education. These groups also created space for meaningful peer connections and professional relationships that may not have emerged organically within the classroom or clinical settings. Ultimately, this study aimed to illustrate the value of affinity-based interventions within dental education and to highlight their potential to positively impact students' mental health and overall well-being. Cultivating a culture of care and belonging was positioned not as an individual responsibility, but rather a collective institutional commitment embedded within the dental school community.

FoP Guiding Question(s)

The following research questions guided this inquiry:

RQ1. How do women experience a community of care in their interactions across the dental school environment? (Interactions with administrators, faculty, staff, and students.)

RQ2. In what ways does participation in Sista Circles contribute to women's sense of belonging within dental school?

RQ3. How does participation in Sista Circles impact women's dental school experiences and their readiness for post-graduation practice?

Overview of Inquiry

To address the guiding questions, this study employed a mixed-methods phenomenological design to explore participants' lived experiences of belonging and community within dental education. The inquiry examined a three-phased intervention using affinity-based peer-support spaces, specifically Sista Circles, as a strategic approach to foster belonging, emotional well-being, and identity affirmation among women in dental school. It further considered how intentional community-building efforts within dental schools might mitigate feelings of isolation, stress, and imposter syndrome, which are frequently reported by dental students, particularly women. The inquiry was organized into three key phases.

In Phase I of this study, the Sense of Belonging Inventory (SOBI-P) was administered to assess the extent to which participating dental students experienced a sense of belonging within their academic environment. Recruitment was conducted through email outreach. To promote meaningful engagement, group participation was capped at 10 individuals per group. Prior to group implementation, each participant completed an individual pre-intervention interview designed to explore initial perceptions of support, lived experiences in dental school, overall well-being, and sense of belonging in the dental program.

Phase II involved implementing a peer-support intervention. Participants were organized into a Sista Circle. If necessary, another mixed-gender group in a general peer-support format would have been created. While the Sista Circle was intentionally designed to focus on women's experiences, offering a second affinity group aimed to ensure no student was excluded based on gender identity. For this study, data analysis specifically focused on the women participating in the Sista Circle.

The sessions provided a structured environment for dialogue, reflection, and community-building. The Sista Circle, in particular, offered an affirming space for women to examine their experiences in dental school through the lens of identity, social location, shared experience, and empowerment. In Phase III, I analyzed observational data collected during the Sista Circles using a reflective journal to reflect on perceived changes in belonging, well-being, and overall dental school experience following participation in the peer-support group. Following the final Sista Circle, I administered the (SOBI-P) a second time to assess potential shifts in belonging. These qualitative and quantitative data were analyzed in Phase III to evaluate the effectiveness of the affinity-based Sista Circle as a mechanism for enhancing student well-being and fostering a sense of belonging within the dental program.

Collaborative Inquiry Partners

The success of this study relied on meaningful collaboration with individuals directly engaged in the dental student experience and committed to advancing women's well-being in higher education. Central to this effort were current dental students, particularly women, in the early stages of their academic journey, whose lived experiences and reflections shaped the study's relevance, direction, and practical application.

Additional inquiry partners included faculty, staff, and community members dedicated to promoting student wellness, academic success, and psychologically safe learning environments. Campus mental health professionals and student affairs practitioners also contributed expertise in wellness programs and student engagement, helping to shape both the research design and implementation of the peer-support interventions.

The collective insights of these collaborative inquiry partners guided the study toward actionable outcomes aimed at strengthening belonging, enhancing peer support, and fostering

holistic wellness within the dental school community. Their contributions also supported consideration of how similar affinity-based interventions might be adapted across other professional educational settings.

Theoretical Framework

This Focus of Practice (FoP) was grounded in Sense of Belonging Theory, which served as the guiding framework for understanding how women in dental education experienced connection, affirmation, and academic persistence. The study was premised on the idea that women enrolled in dental programs required intentional experiences that fostered feelings of being welcomed, valued, psychologically safe, and equipped with the tools necessary for their success. For many women, this sense of belonging does not develop organically within traditional dental education environments, particularly those shaped by longstanding gender norms and power structures (Anderson, 2024). As a result, cultivating a community of care and connection became a central goal of this study. Sista Circles served as intentionally-designed spaces where participants' intersecting social identities were affirmed, their voices were centered, and their shared experiences were validated.

The Sense of Belonging Theory suggests that individuals' fundamental needs include psychological safety, a sense of belonging, esteem, and opportunities for self-actualization (Strayhorn, 2019). Within this framework, belonging was not peripheral to success, but rather foundational to it. This study examined how these needs shaped both personal well-being and academic achievement among women enrolled in dental school. In professional programs, such as dentistry, where rigor, competition, and performance pressures are pronounced, the presence or absence of belonging has meaningful implications for students' confidence, engagement, and persistence. This is increasingly important as more women enroll in dental schools (Madhu et al.,

2025). However, institutional cultures often continue to reflect male-centered norms and expectations (Rashid & ElSalhy, 2022). This cultural dissonance frequently requires women to navigate implicit bias, isolation and heightened performance pressures. Within this context, affirming spaces that mirror students lived experiences becomes essential rather than supplemental.

Consistent with broader higher education research, institutions that prioritized belonging fostered stronger student resilience, improved holistic well-being, and elevated the academic success of their students (Gilani & Thomas, 2025). This study positioned Sista Circles as a practical application of Sense of Belonging Theory. The intervention implemented in this study was designed to translate theory into practice by creating structured affinity-based support to create the opportunities for mentorship, connection, and collective empowerment.

Definition of Key Terms

As the literature informing this FoP was examined, it became evident that clearly defining key terms was essential to situating the study within the context of dental education. Precise definitions support conceptual and theoretical clarity and strengthen the intersection of theory and practice Many of the terms defined below were shaped by their use among dental educators, researchers, and practitioners, reflecting discipline-specific understandings and application.

The terms outlined in this section represent core concepts central to this study's examination of social support, belonging, and student well-being in dental education. Establishing these definitions provides a shared language for interpreting findings and ensures consistency in how key concepts are operationalized within the study. Although the list evolved

as the research progresses, the definitions provided here are offered as a foundational framework to guide readers and to serve as a reference throughout the study.

American Dental Association (ADA) – The world's largest and oldest dental association. Founded in 1859, the ADA seeks to advance the dentistry profession by providing support, research, and advocacy to more than 150,000 dentists across the United States (American Dental Association, n.d.)

American Dental Education Association (ADEA) – The sole national organization representing academic dentistry. The ADEA was founded in 1923 and represents dental schools and programs, as well as the faculty, staff, students, and residents engaged in those dental programs. The organization provides research and promotes professional development through an annual conference and the peer-reviewed Journal of Dental Education (American Dental Education Association, n.d.)

Affinity Group – A structured group of individuals with a shared identity or interest. Especially one that is underrepresented or overlooked as an entity. Affinity groups provide a safe and supportive space for participants to connect with others who share similar lived experiences, explore challenges related to their identity, and develop personally and professionally. When used in educational spaces, affinity groups can foster mentorship, belonging, and contribute to a more inclusive community (Steen et al., 2025; Tauriac et al., 2011)

Cultural Competence – Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or profession to work effectively in cross-cultural situations. Importantly, cultural competence is not merely a concept, but instead a practice that requires coordinated

efforts and practices to collectively support all members of the system or organization (Cross et al., 1989; McCalman et al, 2017).

Holistic Health – Defined in healthcare research as an approach to well-being that considers the whole person and integrates multiple dimensions of health including the physical, mental, emotional, social, and spiritual components. Rather than focus narrowly on a single dimension, holistic healthcare simultaneously addresses each as a form of integrated and coordinate care (Eriksson et al., 2023).

Imposter Syndrome – An individual's belief that they ended up in their present state of success due to happenstance or situational luck, not by their merit and hard work. The term originates in the 1970's following research at colleges and universities finding that women and faculty often expressed feelings of inadequacy in the competitive environments (Clance, 1985; Clance & Imes, 1978; Ibrahim et al., 2023)

Mentor–Protégé Relationship – A relationship that is mutually beneficial to the mentor and the protégé. The framing of this term positions mentorship not as a one-way interaction but rather as an exchange of support that allows both parties to gain and develop as a result of the relationship (Chao et al., 1992; Young & Perrewé, 2000).

Phenomenological Method – Qualitative approach of capturing participants' lived experiences from a first-person point of view. The phenomenological methodology allows for the centering of the participant voice, ultimately providing a vehicle for understanding their experiences (Englander & Morley, 2021; Wertz et al., 2011).

Pre-Dental Programs– A program that prepares individuals for admission to a dental professional program. It may provide applicants with insight into the dental application process or offer experiences within dental education before enrolling in a dental school. Pre-dental

programs are often structured learning experiences designed to serve as a pipeline for dental schools. In addition to preparing prospective students for the admission process, pre-dental programs establish an academic foundation and professional identity prior to dental school matriculation (Lin et al., 2022; Shapiro et al., 2017).

Assumptions

This study was grounded in several key assumptions regarding social support, belonging, and affinity spaces, namely, Sista Circles, within the context of dental education. First, it was assumed that women in dental school benefit from experiencing a sense of belonging. Feeling welcomed, supported, and safe was presumed to enhance their engagement, well-being, and professional development. It was also assumed that dental students, particularly women, would be interested in participating in affinity spaces with peers who share similar identities, experiences, and challenges. Even among students with established peer-support relationships in the dental program, the study assumed that students would seek out and value opportunities to deepen those connections.

Additionally, it was assumed that fostering a community of care and belonging would be meaningful to dental students, so much so that they would choose to prioritize participation despite competing demands of rigorous coursework, clinical duties, and extracurricular responsibilities. Furthermore, because of the perceived value, it was further assumed that Sista Circle participants would engage openly and authentically in these affinity spaces, sharing experiences and supporting one another in a genuine, meaningful way.

Overall, these assumptions were critical for the study as it sought to highlight the importance and perceived value of social support, belonging, and affinity spaces for dental students. However, while these assumptions provide the framework for the study, like all

research, they are accompanied by limitations. This study was restricted to understanding the experiences of women in dental school and how participation in peer-support groups or shared affinity spaces, specifically Sista Circles, might foster a sense of belonging and emotional well-being. As such, while affinity-based support was provided to all interested parties enrolled in the dental program, data collection and analysis focused solely on those students participating in the Sista Circle intervention. Additionally, the research was focused within the context of U.S.-based dental education, with particular attention to institutions in North Carolina due to their demographic diversity and rural access challenges to dental care. As a result, the findings may not be generalizable to dental schools in other states or countries.

Scope and Delimitations

This study focused on the experiences of women enrolled in dental school during their transition into and through the program. Central to the study was the concept of belonging, a theme consistently observed in my interactions with students and widely recognized as essential for academic success and well-being, especially following the disruption of the COVID-19 pandemic. This research explored how peer relationships, women's experiences in dental school, and institutional factors influence students' emotional and professional well-being.

Data were collected using semi-structured interviews conducted prior to participation in the affinity-based Sista Circle intervention. The interview protocol was designed to capture participants' baseline perceptions of belonging, well-being, and their overall dental school experience. Those qualitative insights were complemented by student responses to the pre-/ and post Sense of Belonging Inventory (SOBI-P) administered before and after engaging an affinity group to assess changes in perceived belongingness. In addition, observational data collected during Sista Circle sessions provided further context for understanding participants' experiences

over time. Taken together, this data allowed for an examination of whether, to what extent, and how participation in the affinity-based Sista Circle influenced students' sense of belonging and well-being, with particular attention to shifts reflected in SOBI-P scores.

Delimitations of the study include its focus on women enrolled in a dental program at MASODM and excluding women enrolled in other professional programs. The research emphasizes the early and transitional stages of dental education rather than post-graduate experiences. Ethical safeguards were implemented to address the researcher's dual role as clinician and researcher, including procedures to ensure informed consent, protect confidentiality, and mitigate potential power imbalances.

Limitations

While this study has promising potential to provide valuable insights into how peer-support groups can foster a sense of belonging and emotional well-being among women in dental school, some limitations should be acknowledged. The sample is limited to the women currently enrolled at MASODM and may not represent the experiences of women in dental schools across the United States. Additionally, participation was voluntary meaning that those women who elected to participate in the Sista Circles were self-selected. This has the potential for selection bias as choosing to participate may reflect a community-oriented participant who is open to engagement.

Furthermore, the study was conducted over a short period of four consecutive sessions, limiting the ability to assess long-term outcomes, impacts on overall academic performance, and the depth of insights collected. As the facilitator of the Sista Circle, there was the potential risk that I would inadvertently influence participants' willingness to engage or share, particularly given prior experiences with counselors or counseling services. Additionally, some students may

have felt vulnerable disclosing personal information during group sessions due to fears of judgment from peers, concerns about confidentiality or discomfort with transparency, despite safeguards in place.

To mitigate these limitations, I expanded recruitment to include women from all years of the dental program to broaden the perspectives and diversity of experiences. Clear ground rules were established to promote safe and authentic engagement and rigorous ethical safeguards were implemented to protect participants, in particular around informed consent. The women invited to participate in the study were assured that involvement in the Sista Circles was voluntary and the decision to participate in the study or not would have no impact on their academic standing in the program. Participants were also informed that they could choose what to disclose during the sessions and could withdraw from the study at any time without consequence or need to provide a rationale.

Significance of Inquiry

As the number of women entering and graduating from dental school continues to rise, examining their experiences of belonging and success within the academic setting has become increasingly important. Understanding the unique challenges and strengths women bring to dental education enables institutions to provide more effective support and cultivate inclusive, supportive environments that foster both personal and professional development. As the gender composition of dentistry changes, the insights gleaned from this study are vital for shaping the culture, expectations, and practices of the profession. Allowing space for these stories not only empowers future dental professionals but also enhances the field of dentistry as a whole.

The purpose of this study was to examine the role of community-building through affinity groups in fostering a sense of belonging and well-being among women in dental school

as they pursued academic success. The study sought to raise awareness and emphasize the importance of providing women in dental school with the opportunity to experience a sense of belonging and achieve holistic wellness. Participation in Sista Circles allowed women to share experiences with peers, find emotional support, and gain reassurance that they are not alone in navigating the challenges of dental school. These affinity groups also facilitated the development of friendships and professional connections that may not occur naturally in the classroom or clinical settings. By examining this intervention, the study demonstrates that intentionally fostering spaces of care and belonging can positively impact students' mental health and well-being. Importantly, students should not be expected to create such spaces on their own, rather it is the communal responsibility of the dental program and institution to prioritize the cultivation of inclusive spaces as part of the fabric and culture of the program.

Advancing Equity and Social Justice

This study advances equity and social justice in dental education by emphasizing the lived experiences of women. As more women enter dental programs, their experiences, well-being, and sense of belonging must be recognized as essential, not overlooked. Findings from this research inform initiatives to create culturally responsive support systems, promote intentional community building, and implement inclusive practices that support women throughout their dental education. These targeted efforts ensure that students, regardless of background, can succeed academically, emotionally, and professionally through a holistic, inclusive approach.

Advances in Practice

This inquiry provides a framework for integrating affinity-based peer-support groups into dental education. Focusing on student well-being and belonging will enhance educational

practice by creating inclusive spaces that affirm women's identities and safeguard psychological safety within dental education. Implementing Sista Circles underscores the importance of community-building opportunities as part of wellness and retention strategies, demonstrating that supporting students' emotional and social needs is critical to fostering academic success and professional development.

Summary

As more women enter and graduate from dental school, it is increasingly important to examine their experiences of belonging and success within the academic setting. Understanding the unique challenges and strengths women bring to dental education allows institutions to provide more effective support and foster inclusive, supportive learning environments. This is especially vital as the gender composition of dentistry evolves, shaping the culture, expectations, and practices of the profession. Highlighting these stories not only empowers future dental professionals but also enhances the profession of dentistry as a whole.

Chapter 1 outlined the purpose, context, and significance of this study, which investigates how affinity-based peer-support groups, particularly Sista Circles, can foster a sense of belonging and enhance the well-being of women enrolled in dental school. Drawing from Sense of Belonging Theory**,** this chapter presented the problem statement, guiding research questions, assumptions, limitations, and scope of the study. The study emphasizes the emotional and academic challenges faced by women in dental education and the potential benefits of structured peer support.

In Chapter 2, I review the literature that describes the psychological and academic impacts of belonging in dental education, gender-based dynamics within dental school culture, and the role of social support in student success. It also examines research on affinity spaces,

identity development, and the increasing representation of women in dental education, providing a theoretical framework for the study and illustrating how peer-support interventions can enhance students' holistic wellbeing.

Chapter 3 then details the study's methodology, including the research design, participant recruitment and vetting, data collection strategies, and ethical considerations. The chapter also describes the implementation of Sista Circles, the use of semi-structured interviews, reflective journaling, and the pre-/post-administration of the SOBI-P to gather data. Finally, the chapter describes the application of thematic analysis to interpret the participants' lived experiences, ensuring an ethically sound approach to understanding the impact of affinity-based peer support in dental education.

CHAPTER 2: REVIEW OF LITERATURE

This chapter reviewed the literature that informed the design and approach of this study, which sought to explore the lived experiences of women in dental school and examine whether participation in a Sista Circle enhanced their sense of belonging. The impetus for this study emerged from my observations as an embedded mental health counselor across several professional school settings, including dental education. In these environments, I consistently observed students, particularly women, grappling with isolation, imposter syndrome, and emotional exhaustion. Despite strong academic performance and involvement in student organizations, many appeared to lack intentional spaces, many appeared to lack intentional spaces to process their experiences, build community, and feel genuinely seen and supported. These challenges were not confined to the first year but often persisted throughout their professional school journey.

These recurring patterns point to a critical gap in how institutions support female students' sense of belonging and well-being, particularly within high-pressure, male-dominated environments such as dental school. In response, this study explored the potential of affinity-based peer support groups, specifically Sista Circles, as a transformative approach to addressing these unmet needs.

Women in dental school must navigate and balance the challenges of their personal and academic lives while facing additional hurdles from gender-based stereotypes, systemic barriers, and the male-dominated field (Anderson, 2024). For these women, finding a sense of belonging and maintaining mental health are crucial for their academic success and overall well-being. Research emphasizes the importance of creating environments that foster a sense of belonging and provide safe spaces for women (Karikari, 2022). However, there is limited research on

women in dental education in the current literature. This study aimed to highlight the role of community through affinity groups and how such groups reflected women's lived experiences during their academic journeys. It also examined how such groups help foster a sense of belonging among women who may share similar experiences.

Affinity groups, often created to foster solidarity and mutual support, have emerged as a promising approach to counteracting the isolation and challenges women face in professional settings (Goodman et al., 2022). In this study, Sista Circles, a type of affinity group, served as the primary vehicle for cultivating these experiences. Although Sista Circles have traditionally centered Black women, their structure and guiding principles have been adapted to function as healing spaces for women more broadly (Couvson, 2018). A distinguishing feature of this model was the facilitator's role as both guide and participant, fostering a more collaborative and relational group dynamic.

Within dental education, Sista Circles are conceptualized here as spaces that may support community-building, cohort alignment, and self-efficacy development. By providing opportunities for connection, shared experiences, and organic peer mentorship, these groups created environments in which women felt valued, understood, and empowered to navigate the complexities of their educational journeys.

This literature review examined the experiences of women in dental education, their pathways through professional school, and the role of Sista Circles in promoting a sense of belonging within this context. Drawing on existing research, the review identified the challenges women encountered and explored how affinity groups provided a supportive framework for their success. It also emphasized the importance of women's mental health in shaping academic performance, professional growth, and identity development, while underscoring the need for

intentional community-building efforts to ensure women felt supported and prepared for careers in dentistry.

Overall, this chapter synthesizes research on women's experiences in dental education within a broader discussion of mental health, belonging, and professional identity. It also examines how affinity-based support structures, including Sista Circles, may foster connection, support persistence, and contribute to women's well-being in the dental field

Theoretical Framework

This focus of practice (FoP) employed a phenomenological approach grounded in Sense of Belonging theory to examine how women enrolled in dental school experienced support, inclusion, and access to the resources necessary for academic success. Admission into health professions programs is highly competitive, often attracting high-achieving and driven students. In dental education specifically, students are required to meet rigorous academic standards while upholding ethical and professional expectations in both classroom and clinical settings. The structure of dental education further intensified this pressure through its emphasis on didactic learning, the continuous development of clinical skills, and patient care responsibilities (Maragha et al., 2023).

A sense of belonging has been widely recognized as a critical factor in promoting student achievement, engagement, and overall well-being (National Academies of Sciences, Engineering, and Medicine [NAS], 2017). While strong academic performance is essential, it alone is insufficient to sustain motivation and persistence throughout dental school. Experiencing a sense of belonging was particularly critical for student success (Strayhorn, 2019). Although the need to belong is a fundamental human motivation, it does not always develop organically for

women in dental school, especially those from minoritized backgrounds. As such, fostering a community grounded in care and belonging emerged as a central priority.

In addition to institutional support, positive peer-to-peer interactions played a significant role in shaping students' persistence and overall experiences (Winkle-Wagner et al., 2019). Within Sista Circles, participants engaged in dialogue around shared challenges, including gender bias, the need for mentorship, dual familial responsibilities, gender discrimination, and imposter syndrome. These conversations likely arose because the Sista Circles provided intentionally inclusive and affirming environments, fostering spaces in which participants could experience a sense of belonging.

Sense of Belonging theory posits that individuals must have their core psychological needs met in order to thrive (Strayhorn, 2020). Strayhorn (2019) emphasized that students' need for belonging is foundational, suggesting that it must be satisfied before higher-order goals, such as academic achievement, professional skill development, and self-actualization, can be fully realized. In this way, Strayhorn's work extends Maslow's (1962) Hierarchy of Needs by highlighting belonging as a dynamic and context-dependent experience, particularly salient in educational environments. Whereas Maslow identified belonging as one of several hierarchical needs, Strayhorn focuses on the psychosocial and relational dimensions of belonging within the collegiate experience, arguing that it is both a prerequisite for, and a catalyst of, higher-order development.

Maslow's framework remains highly relevant in contemporary professional education contexts, including dental school, where students must navigate not only rigorous academic demands but also social and emotional challenges. Despite increased access to institutional resources and the outward appearance of stability, many students continue to experience unmet

needs related to emotional security, social connection, and self-worth. By integrating Maslow's hierarchical perspective with Strayhorn's theory, it becomes clear that fostering a genuine sense of belonging is not merely a supplementary component of student support, it is a critical foundation that enables students to engage fully with learning, professional identity formation, and self-actualization.

These challenges are particularly evident in high-pressure environments such as dental education, where success requires not only intellectual ability but also emotional resilience and sustained motivation. Women in these programs often navigate additional barriers, including gender bias, underrepresentation, and cultural expectations (Ivanoff et al., 2018). Such factors can disrupt the fulfillment of belongingness needs, a critical foundation for achieving higher levels of development, including esteem and self-actualization. Given these challenges, intentional strategies to foster belonging became essential. Interventions such as affinity-based peer support groups, including Sista Circles, provide the supportive environments needed to address these barriers and promote both well-being and academic success.

Existing research has documented elevated levels of anxiety, depression, isolation, and imposter syndrome among women in professional programs, including dental education (Carpar et al., 2026; Uysal et al., 2025). Without a strong sense of belonging, students may meet academic expectations but still experience significant internal challenges that threaten their overall well-being. As such, this study positioned belonging and identity affirmation as central, rather than peripheral, to student success and well-being.

Using Sense of Belonging theory as its framework, this study emphasized the importance of educational environments that support the whole student. This included not only academic development but also mental health, identity affirmation, and community connection. Intentional

efforts to cultivate inclusive, supportive spaces were identified as critical for fostering persistence, retention, and overall well-being among women in dental school.

These core needs, physiological, safety, belonging, esteem, and self-actualization, were foundational to this framework (see Figure 1). Sense of Belonging theory underscores the importance of creating environments in which students feel valued, supported, and empowered. Foundational needs, including psychological safety and emotional well-being, must first be met before higher levels of achievement can be realized (Al Atassi & Salama, 2019; see Figure 2). Institutions that prioritize belonging are more likely to foster both individual success and collective well-being (Gopalan & Brady, 2019). Taken together, these findings highlight that intentional efforts to cultivate inclusive, supportive, and affirming spaces are not merely beneficial, they are essential for enabling students, particularly those in high-pressure, underrepresented contexts, to thrive academically, socially, and personally.

Figure 1. Sense of Belonging (Strayhorn, 2019; 2020).

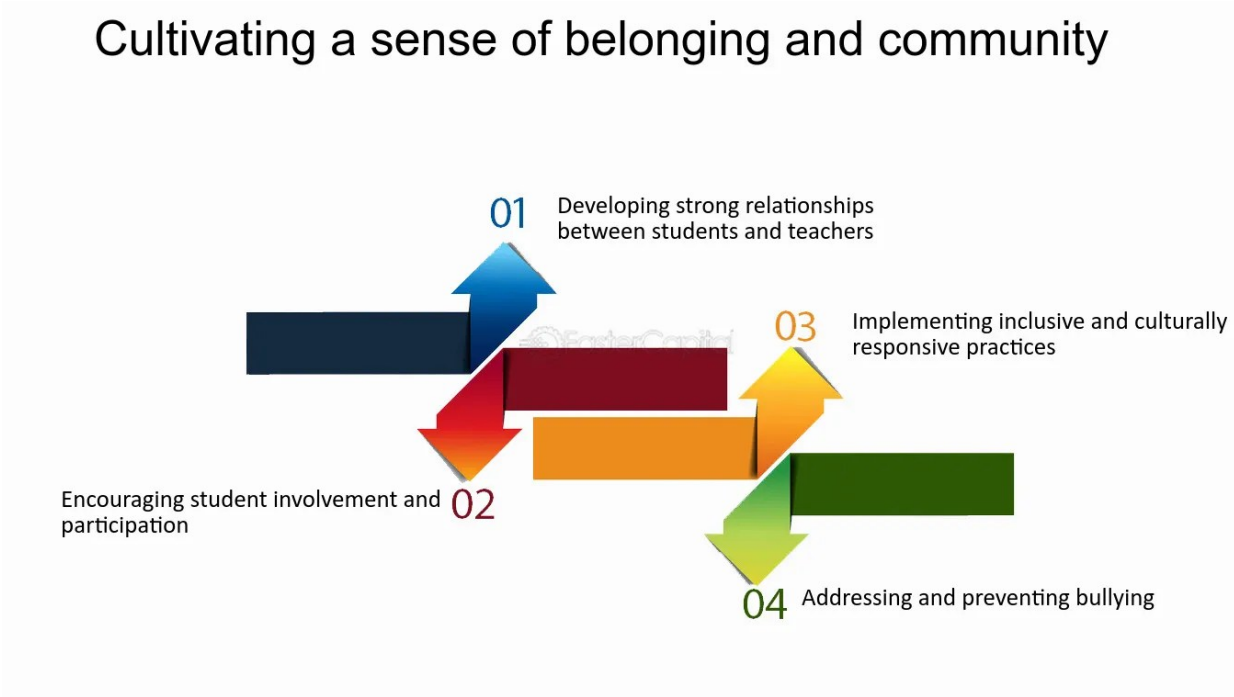

Figure 2. Cultivating a sense of belonging and community (Strayhorn, 2019; 2020).

Who Belongs in Dental School?

Dentistry represents a vital component of healthcare, yet oral health has historically been perceived as distinct from, and less significant than, general bodily health. This perception overlooks the substantial evidence linking oral health to overall physiological well-being (Gambhir, 2015). Teeth occupy a unique position in human anatomy: unlike internal organs such as the gallbladder, tonsils, or eardrum, they are externally visible and contribute not only to physical health but also to psychosocial outcomes, including self-esteem and social confidence. Indicators such as tooth color, morphology, alignment, density, and stability provide meaningful insights into an individual's broader health status and medical history (Simon, 2016).

Importantly, dental care is a universal need, essential for maintaining overall health, yet access remains uneven, shaped by structural, economic, and social barriers. Populations experiencing poverty, rural isolation, or systemic discrimination often face limited availability of dental providers, insurance coverage gaps, and financial constraints that prevent consistent care. Historically, these inequities have been reflected within the profession itself. Women, for example, have faced substantial barriers to entering and advancing in dentistry, including limited access to dental schools, underrepresentation in leadership roles, and slower career progression compared with male colleagues (Forrai et al., 2025). These patterns illustrate how social structures influence both who receives care and who delivers it. Taken together, these factors highlight the dual importance of dentistry: it is not only a clinical discipline critical to overall health, but also a social institution that reflects and reproduces broader societal inequities. Understanding this intersection is essential for research, policy, and practice aimed at improving oral health outcomes and promoting equity in the profession.

Breaking the Mold: Women Enter Dental Education

Before exploring current and future opportunities to enhance the dental education experience for women, it is essential to understand the historical foundations of the profession. Dentistry originated as an apprenticeship-based system, transmitted informally from practitioner to practitioner, often without legal oversight, standardized training, or consequences for failing to obtain licensure (Horner, 1955). Early practitioners came from diverse backgrounds including physicians, surgeons, barbers, and mechanics, reflecting the fragmented nature of dental care prior to the establishment of formal institutions (Chernin, 2009). These roles were all respected and vital in both rural and urban communities.

The founding of the Baltimore College of Dental Surgery in 1840 marked a pivotal moment in the professionalization of dentistry, establishing the foundation for modern dental education (Spielman, 2024). Yet access to these emerging educational opportunities remained highly unequal. Early dental and medical schools operated under the expectation that graduates, predominantly men, would return to serve small communities (Barrier, 1934). This model systematically excluded women and racial minorities, entrenching barriers that persisted for decades. Until the 1970s, women represented less than 3% of practicing dentists in the U.S., with many schools admitting only one or two women per year, if any (Velázquez-Cayón et al., 2025). Cultural perceptions of dentistry as physically demanding and intellectually rigorous reinforced gendered assumptions about who belonged in the field.

Trailblazers challenged these norms. Dr. Lucy Hobbs Taylor became the first woman to earn a Doctor of Dental Surgery degree in 1866 (Dees, 2001), while Emeline Roberts Jones practiced in secret before joining her husband's clinic in 1855, laying a foundation for future female dentists (Hyson Jr., 2002). Similarly, Dr. Robert Tanner Freeman, the first Black male

dental graduate in 1869, marked a breakthrough in racial representation (Guven, 2017). These pioneers initiated a gradual, yet steady, transformation of dental education demographics.

Institutions such as Howard University and Meharry Medical College emerged as leaders in minority dental education, with organizations like the Association of Minority Health Professional Schools formalized support for underrepresented students (Chanoff & Sullivan, 2024). By producing skilled and diverse professionals committed to serving underserved communities, these institutions have contributed to reshaping the healthcare landscape.

By the early 2000s, women comprised nearly 50% of dental students nationwide, reflecting broader movements toward gender equity and expanded access to professional education (Cortigiano & Cortigiano, 2025). However, representation does not guarantee inclusion or equitable experiences. Women in dental education continue to encounter cultural isolation, implicit bias, and limited mentorship and leadership opportunities (Ahmadifard et al., 2022). These persistent challenges highlight the need for intentional support systems that affirm identity, foster belonging, and promote well-being.

This study examined how affinity-based peer-support groups, specifically Sista Circles, can serve as transformative spaces for women in dental education. Drawing on historical and contemporary understandings of exclusion and resilience, the research investigates how community-building initiatives can empower women not only to enter the profession but also to thrive within it. Emphasizing belonging and support, these initiatives illuminate pathways toward a more inclusive understanding of women's experiences in dental education.

While women dominate the field in Europe and South America, the U.S. experienced a slower trajectory of female enrollment (Velázquez-Cayón et al., 2025). Nevertheless, this gradual progression has yielded substantial change. According to the American Dental Association's

Health Policy Institute, 57.4% of first-year dental students in the U.S. are now women, with near-equal representation across public and private institutions (American Dental Association, 2025). This demographic shift reflects broader social movements toward gender equity, increased access to professional education, and the rising visibility of women in healthcare leadership (Surdu et al., 2020).

Despite these advances, equity extends beyond numerical representation. Women remain underrepresented in certain specialties, such as oral surgery, and often face cultural isolation, microaggressions, and limited access to mentorship, particularly women of color (Ahmadifard et al., 2022). Current data indicate that women now comprise approximately 52–54% of dental school graduates, demonstrating a steady upward trend (HPI: Women Make up Growing Percentage of Dental Workforce, n.d.). Yet genuine progress requires cultivating a culture of belonging. When students feel supported, valued, and represented, they are more likely to persist, pursue specialization, and achieve professional success (Palid et al., 2023; Karikari, 2022). In this way, fostering inclusive educational environments is critical to sustaining the momentum of women's contributions to dentistry.

Resisting the Mold: How Women Are Redefining Dental Education

Women in dental education are actively challenging entrenched stereotypes and reshaping the culture of the profession. Historically, dentistry has been characterized by a predominantly male cohort and hierarchical structures that often marginalized women and underrepresented groups (Forrai et al., 2025). Today, women are not only entering dental programs in increasing numbers, now constituting over half of first-year students in the United States (American Dental Association, 2025), but are also transforming the ways in which dental education addresses community, support, and professional development.

Affinity-based peer-support groups, such as Sista Circles, have emerged as critical spaces that affirm identity, foster community, and support holistic well-being. These groups exemplify a broader pedagogical and institutional shift toward building social and emotional resilience, enhancing retention, and promoting professional persistence (Maragha et al., 2023; Winkle-Wagner, 2019). Grounded in frameworks such as Sense of Belonging Theory (Strayhorn, 2019, 2020; and Maslow's (1962) Hierarchy of Needs, these affinity spaces provide emotional, academic, and professional support that traditional institutional structures often fail to fully address (Maragha et al., 2023; Winkle-Wagner, 2019).

While some scholars have historically critiqued affinity groups as potentially preferential or exclusionary (Digh, 1997), contemporary research underscores their centrality in fostering belonging, identity formation, and empowerment. Within these spaces, participants co-construct norms, share lived experiences, and cultivate environments of psychological safety, growth, and mutual validation. In the context of dental education, a field marked by rigorous coursework, ethical decision-making, and clinical pressures, these groups offer transformative benefits, particularly for women navigating intersectional barriers related to gender, race, or socioeconomic status (Branco & Jones, 2021).

Peer-led structures such as Sista Circles further enhance these outcomes by creating reciprocal learning environments in which facilitators and participants engage collaboratively, building trust and deepening relational connections (Winkle-Wagner, 2019). These spaces are uniquely positioned to support self-disclosure, vulnerability, and reflective practice, often in ways more accessible than conventional classroom or clinical settings (Dunmeyer et al., n.d.). When led by women counselors or mentors with shared experiences, affinity groups can bolster

mental health, resilience, and professional identity development, reinforcing participants' sense of agency within the profession (Branco & Jones, 2021).

As the influence of women in dental education continues to grow, it becomes increasingly important for institutions to move beyond metrics of enrollment and toward intentional investment in student experiences that extend beyond academics. Affinity groups are not merely supportive networks; they are mechanisms for personal and professional transformation. By guiding women through the continuum from undergraduate student to professional, leader, and clinician, these spaces signal a paradigmatic shift in dental education, one that values connection, holistic well-being, and recognition of diverse academic trajectories (Alicea & Johnson, 2021). Their presence underscores a profession increasingly attentive to the social and emotional dimensions of learning, alongside technical competence, in shaping the next generation of dental practitioners.

Redefining Support for Women in Dental Education

Affinity groups are sometimes perceived as exclusive, biased, or unfamiliar, particularly by individuals whose prior experiences have not included such spaces (Digh, 1997). However, their function extends far beyond social preference or convenience. Affinity spaces create structured environments in which individuals can connect through shared identities, values, and experiences, fostering emotional safety, personal growth, and a robust sense of belonging. Rather than being optional supplements to student life, these groups constitute an essential component of inclusive higher education, particularly in professional programs where the intensity and demands of the curriculum can exacerbate feelings of isolation.

In dental education, the pressures of rigorous academic work, clinical responsibilities, and performance-based evaluation can create environments where students feel disconnected or

unsupported. Affinity groups serve as a vital counterbalance, addressing the fundamental human need for belonging and social connection, a need that is directly linked to motivation, persistence, and overall well-being (Steen et al., 2025). For women in dental education, these spaces provide the affirmation, encouragement, and support necessary to navigate academic challenges, pursue specialization, and cultivate professional confidence (Maragha et al., 2023).

Culturally responsive models, such as Sista Circles, illustrate the transformative potential of affinity-based peer support. Within these circles, facilitators participate alongside students, creating reciprocal learning environments that enhance trust, connection, and accountability (Winkle-Wagner, 2019). These settings encourage self-disclosure, vulnerability, and reflective dialogue, often making them more accessible and emotionally resonant than traditional classroom or clinical contexts. When facilitated by women with shared experiences, the psychosocial impact of these interactions is magnified, offering both role modeling and mentorship that reinforce personal and professional development (Branco & Jones, 2021).

In addition to affinity-based models, structured peer-support approaches such as Balint groups have also been utilized in health professions education to promote reflection and emotional processing. Balint groups typically involve facilitated discussions in which participants reflect on clinical experiences, particularly the provider–patient relationship, within a supportive group setting. Research indicates that these groups enhance reflective practice, emotional awareness, and professional development among healthcare trainees (Van Roy et al., 2015). While Balint groups are not identity-specific in the same way as affinity spaces, they share a common emphasis on psychological safety, dialogue, and meaning-making. As such, they provide a useful point of comparison for understanding how structured group models can support student well-being in demanding professional programs.

Participants in affinity groups collaboratively establish norms, influence expectations, and integrate diverse perspectives, producing collective benefits that extend beyond individual support (Digh, 1997). Outcomes include the formation of friendships, access to mentorship, increased resilience, and strengthened professional confidence, elements critical for students who might otherwise struggle to find community within the broader culture of dental education.

Strategically incorporating affinity groups at key points in the dental education trajectory, such as orientation, the first week of classes, and throughout the first year, can facilitate the formation of enduring support networks that enhance student persistence and professional identity development (Leath et al., 2022). Research across health and higher education contexts demonstrates that identity-centered affinity spaces reduce isolation, cultivate a sense of belonging, and provide psychosocial support that complements formal academic structures (Hughes, n.d.; Steen et al., 2025). For women navigating the intersecting challenges of demanding professional training and systemic inequities in healthcare, participation in these spaces functions simultaneously as a sanctuary for shared experience and a launchpad for professional growth.

Engagement in affinity groups promotes mentorship, networking, and peer validation, all of which correlate with higher levels of self-efficacy, resilience, and clarity regarding professional goals (Steen et al., 2025). Consequently, these spaces facilitate critical transitions: from undergraduate to professional student, from learner to leader, and ultimately from student to practicing clinician. Beyond retention, affinity groups influence long-term professional engagement, contribution, and leadership within dentistry.

Given the documented benefits, it is imperative that dental education administrators recognize affinity groups not merely as optional student activities but as integral components of

equitable and inclusive education. By ensuring that these spaces are available, adequately supported, and actively promoted, particularly for students at heightened risk of isolation, institutions can cultivate learning environments that are safe, empowering, and conducive to the success of all students (Gilani & Thomas, 2025). Inclusivity, therefore, is not a peripheral concern; it is foundational to the preparation of competent, resilient, and socially attuned dental professionals.

Creating Her Own Mold: Women in Professional School

Women in dentistry have historically demonstrated remarkable resilience and achievement, attaining success in dental education despite systemic barriers, structural inequities, and cultural challenges. Their accomplishments are not solely attributable to individual determination; rather, access to robust support systems plays a critical role in facilitating persistence and professional development (da Silva et al., 2022; Jatana et al., 2025). Key elements of such support include mentorship, safe and inclusive learning environments, family encouragement, and the cultivation of grit. Grit—defined as perseverance and sustained passion for long-term goals—has been identified as a crucial factor enabling women to navigate the rigorous, often unpredictable, demands of dental education (Duckworth et al., 2007). Healthcare students more broadly exhibit high levels of grit and resilience, reflecting the intensity and competitive nature of their training (Stoffel & Cain, 2018).

Despite increasing female representation in dental schools, gender-based disparities persist. Women dentists, for example, continue to earn less than their male counterparts and frequently encounter professional challenges that men may not experience (Madhu et al., 2025). Gender bias operates at multiple levels: it shapes patient perceptions, influences peer and supervisor interactions, and affects self-perception and professional identity formation among

women dentists (Pallavi & Rajkumar, 2011; Smith & Dundes, 2008). These biases often impose subtle pressures to conform to traditional norms, discouraging women from fully expressing the distinctive skills and perspectives they bring to the profession (Rashid & ElSalhy, 2022).

Professional socialization within dental education thus plays a pivotal role in either reinforcing or mitigating these barriers. Evidence suggests that early exposure to mentorship programs, affinity groups, and structured networking opportunities fosters not only skill development but also a sense of belonging and professional identity among women students (Mekled et al., 2025). By creating inclusive environments where women can cultivate leadership skills, receive constructive feedback, and build professional networks, institutions can enhance equity and long-term career success.

Encouragingly, societal and institutional attitudes toward women in dentistry are evolving. There is growing recognition of the unique strengths women contribute to patient care, practice management, and leadership within the field. Women are increasingly leveraging professional networks, digital platforms, and formal mentorship programs to advocate for equitable opportunities and resources. Organizations such as the American Association of Women Dentists, Dental Entrepreneur Woman, and Women in Dentistry provide targeted support, professional development, and advocacy, further contributing to structural change within the profession. While the increased representation of women in dentistry may gradually reduce historical barriers, sustained, deliberate efforts at institutional, cultural, and professional levels remain essential to achieving enduring equity and inclusion (Academy of General Dentistry, 2021).

Who She Has to Be: Navigating Expectations in Professional School

The pursuit of success in professional education often comes with hidden costs for women, shaped by environments historically designed for and dominated by men. In 1986, Dr. Enid Neidle, then president of the American Association of Dental Schools (now the American Dental Education Association, or ADEA), delivered a landmark address highlighting the growth of women in dental education. She traced the shift from 1960, when women in dentistry were "as scarce as hen's teeth," to 1984, when they comprised 25% of the student body (Sinkford et al., 2003). Yet she also underscored the persistence of hostile attitudes rooted in stereotypes that depicted women as emotional, unreliable, or physically weak, traits considered incompatible with the demands of dental practice. Despite increasing enrollment, women held only 5% of leadership positions in dental schools, revealing a significant gap between representation and power.

For many women, thriving in these environments requires navigating rigid expectations driven by masculine norms of professionalism. These norms often demand the suppression of emotional expression, avoidance of vulnerability, and the adoption of communication styles modeled on male peers. The pressure to conform can lead to a profound sense of dissonance, causing feelings of inauthenticity, social exclusion, and burnout. Women frequently confront the persistent question: *Who must I become to be seen as competent, credible, and worthy of advancement?* This question is not merely rhetorical; it shapes daily interactions, career decisions, and self-perception.

Professional schools demand more than academic excellence; they require students to decode and maneuver through unspoken cultural rules. Historically, these norms rarely account for the full spectrum of women's identities. Today, it is increasingly common for women to

marry and have children while pursuing graduate studies (Cronshaw et al., 2023). Yet professional programs, many designed around traditional male career trajectories, often lack structural accommodations for parenting (Mahabir et al., 2023). Before women entered these programs in significant numbers, childbearing was largely invisible to the academic community (Kuperberg, 2009). Now, women navigate complex choices such as balancing school, family, and personal well-being, frequently without adequate institutional or cultural support (da Graça Kfouri et al., 2017).

Beyond structural challenges, women also contend with subtle, everyday biases that influence how colleagues, instructors, and patients perceive them. These biases can affect professional identity formation, self-confidence, and career trajectories, reinforcing the need for mentoring, affinity groups, and other support networks that foster belonging (Yaman et al., 2023). Women who engage with such networks often report higher resilience and a stronger sense of professional identity, highlighting the importance of creating spaces that recognize and validate their multifaceted roles (Joseph et al., 2023).

This section, and those that follow, examines how women in dental education navigate these learning environments. It emphasizes the emotional labor required to succeed in contexts that were not designed with women's diverse responsibilities in mind. The evidence points to an urgent need for institutional cultures that recognize, rather than erase, the full humanity of women in professional schools—a culture that validates both their academic potential and the many roles they assume outside the classroom (Cronshaw et al., 2023).

Who She Wants to Be: Reclaiming Identity in Professional School

Women in professional education often navigate normative institutional expectations that reflect historically male-dominated definitions of success and professionalism. These

expectations can pressure women to conform outwardly in ways that obscure personal identities, particularly for those whose cultural backgrounds or life experiences diverge from dominant paradigms. Research in higher education and professional contexts illustrates how gendered norms shape professional identity formation and contribute to the internalization of masculinized standards of success (Fleming et al., 2025).

Emerging scholarship foregrounds a shift toward authenticity and self-authored professional identities among women. Rather than simply adapting to hegemonic norms, many are engaging in identity work that integrates personal values, cultural narratives, and professional aspirations. This reframing aligns with identity theory in professional education, which conceptualizes professional identity as a dynamic, socially situated construct shaped through interaction, reflection, and resistance to normative pressures (Nkrumah & Scott, 2022).

Such reclamation of identity challenges traditional conceptions of professionalism as neutral or universal, instead revealing how they often reflect specific racialized and gendered histories. For women who have historically been marginalized, asserting "who she wants to be" becomes an act of resilience and resistance that redefines success on terms that honor both personal integrity and professional commitment.

An Example of Who She Can Be: Support and Mentorship

Mentorship has been widely identified across disciplines as a critical resource for supporting women's academic and professional development, particularly in environments where they are underrepresented or face structural barriers. Mentoring relationships provide emotional support, professional guidance, and social capital that can buffer against isolation and stereotype threat (Winfrey et al., 2022). Importantly, research suggests that identity-concordant mentoring (e.g., matching gender or racial/ethnic background between mentor and mentee) often enhances

psychological safety, belonging, and persistence. Mentors who share salient social identities with mentees are better positioned to validate experiential knowledge, navigate structural challenges, and model strategies for professional integration (Winfrey et al., 2022).

The literature also emphasizes the role of grit and resilience in academic success, especially in rigorous professional programs such as dental education. Montas and colleagues (2021) found that U.S. dental students with higher grit and resilience scores were more likely to achieve higher academic performance and better class ranking, suggesting that these traits function as adaptive responses to sustained academic challenges. Although grit has been critiqued when considered as an individual trait divorced from context, in educational settings it correlates with persistence in the face of adversity, particularly when supported through mentoring relationships that help sustain motivation and coping strategies.

For many women from underrepresented backgrounds, relational experiences prior to professional education, including familial and community networks, influence resilience and identity formation. Culturally grounded relational models of support (e.g., maternal figures, sisters, extended kin networks) are associated with social and emotional coping resources that intersect with academic experiences. While specific effects in dental education require further empirical examination, broader research suggests that culturally resonant support networks foster a sense of belonging that can counteract marginalization in professional programs (Nkrumah & Scott, 2022).

Peer mentorship and affinity groups function as counterspaces, offering environments where marginalized students can articulate experiences, resist deficit narratives, and collectively problem-solve. In STEM higher education, mentoring models that centralize women of color

have been shown to disrupt inequitable structures by foregrounding intersectional lived experience and fostering community accountability (Nkrumah & Scott, 2022).

Given the documented benefits of mentorship for women's persistence, professional identity formation, and psychological well-being, mentorship programs should be considered core academic infrastructure rather than optional supports. Designing mentorship initiatives with intentionality, including mentor training, structural support for sustained engagement, and attention to intersectional identities, aligns with best practices in inclusive education (Chatmon et al., 2025). Assigning trained mentors to incoming students, facilitating regular mentor–mentee interactions, and integrating mentorship evaluation into program review can contribute to environments where women are seen, supported, and empowered throughout their professional trajectories.

Creating Her Own Mold: Carving Out Space to Belong

Professional education environments, particularly those historically shaped by White, male norms, often reflect institutional cultures that were not originally designed with women's full participation and identity in mind. This legacy can produce not only underrepresentation but also a deeper sense of exclusion, with women questioning their legitimacy or "fit" within the profession. Contemporary research on student belonging highlights that feeling accepted, respected, and supported within an academic community is vital to psychological well-being, academic engagement, and persistence, outcomes that extend beyond mere representation to encompass the relational experience of belonging itself (Dias-Broens et al., 2024; Leep Hunderfund et al., 2025).

Rather than seeking to assimilate into existing norms, many women in professional schools are actively crafting identity-affirming spaces and practices that reflect their own values

and lived experiences. This effort can involve forming intentional social networks, affinity groups, and communal practices that validate women's identities and resist exclusionary cultural expectations.

Affinity groups are structured spaces created by and for individuals who share social identities, lived experiences, or marginalizing histories. In higher education literature, such groups are described as providing psychological safety, social support, and community for students who might otherwise experience isolation or marginalization in mainstream academic environments (Muraki et al., 2024). Empirical research suggests that affinity-based communities can serve as protective microenvironments for historically excluded students by fostering connections with peers and mentors, facilitating shared meaning-making, and enabling collective identity development. These groups can promote a sense of agency and belonging that counters the alienation encountered in dominant institutional cultures (Harry et al., 2024).

In the context of professional education, where women may experience compounded pressures related to gender, race, culture, and professional expectations, affinity spaces do more than provide emotional support: they cultivate leadership, encourage advocacy, and enable members to imagine futures that transcend exclusionary norms. By allowing participants to engage authentically and without the need to assimilate, affinity groups help transform belonging from a passive experience into an active, collective achievement.

Belonging, Mental Well-Being, and Academic Persistence

A strong sense of belonging has been linked with positive outcomes across higher education, including improved psychological well-being, increased motivation, and enhanced academic persistence. Literature in educational research demonstrates that belonging is multidimensional, influenced by social relationships, institutional climates, and cultural

recognition, and that belonging deficits can exacerbate stress and disengagement, particularly for marginalized student populations (Crawford et al., 2024).

In health professions education, stress and burnout are well-documented phenomena among students due to the demands of rigorous curricular and clinical training. Research with dental students, as well as with health profession students more broadly, shows high levels of perceived stress, emotional exhaustion, and negative well-being outcomes, highlighting the importance of supportive environments (Al-Zain & Abdulsalam, 2022). For example, studies of dental students report correlations between stress, burnout, and diminished well-being, indicating that stressors such as academic pressure and clinical workload significantly impact students' psychological health. These findings underscore the need for institutional practices that enhance students' sense of belonging and psychological safety (Al-Zain & Abdulsalam, 2022).

Belonging as Identity Reassurance in Dental Education

For women, especially those with intersecting marginalized identities, belonging functions not just as social inclusion but as identity affirmation. When students feel accepted and valued in professional school settings, they experience greater confidence and self-validity, which supports resilience in the face of stress and academic challenges. Research on belonging in higher education underscores its importance for mental health and academic engagement, particularly among students from historically excluded groups who often face additional cultural and structural barriers (Dias-Broens et al., 2024). In dental education specifically, institutional climate research highlights disparities in how students, staff, and faculty experience belonging and welcomeness, pointing to the need for targeted efforts to support students' psychological and social integration (Ware et al., 2025).

The scholarship reviewed here suggests that intentional cultivation of belonging should be a strategic focus in professional education. This includes not only supporting affinity groups and peer networks but also training faculty, developing inclusive curricula, and fostering climates that signal respect for diverse identities. When belonging is nurtured as a core institutional value, women students are more likely to thrive, not because they conform to existing molds but because they help reshape professional cultures in ways that are equitable, resilient, and inclusive.

Summary

This chapter examined the literature related to women's experiences in dental education, with particular attention to sense of belonging, mental well-being, and professional identity development. While the pursuit of dental education is ideally supported by inclusive and equitable environments, the literature demonstrated that historically underrepresented women students often navigated this path under markedly different conditions than their male peers. These differences were shaped by systemic barriers, gender-based expectations, and institutional cultures that were not originally designed to support their full participation.

The review highlighted that safety in educational environments extended beyond physical security to include psychological safety, identity affirmation, and the ability to express oneself authentically. Research consistently demonstrated that when students felt seen, valued, and supported, they were more likely to persist academically and develop a strong professional identity. However, traditional models of support in professional education did not always account for the diverse lived experiences of women, particularly those from marginalized backgrounds.

This chapter also explored how definitions of success and support have historically been narrowly constructed, often reflecting dominant cultural norms. The literature emphasized the

importance of shifting toward more inclusive frameworks that recognize multiple pathways to success and prioritize holistic student development. In doing so, institutions could better respond to the varied needs of women in dental education and create environments that foster both academic achievement and well-being.

Affinity-based support structures emerged as a critical strategy for addressing these gaps. Specifically, Sista Circles were examined as a culturally responsive model that fostered community, emotional processing, and identity affirmation. These spaces provided opportunities for participants to share lived experiences, engage in reflective dialogue, and build meaningful peer connections. The facilitator-participant dynamic within Sista Circles further supported relational engagement and collective growth.

Additionally, the chapter positioned Sista Circles alongside other reflective peer-support models, such as Balint groups, which have been used in health professions education to support emotional processing and professional development. Both approaches underscored the importance of structured spaces that promote reflection, connection, and psychological well-being in high-pressure academic environments (Van Roy et al., 2015).

Overall, the literature demonstrated that fostering a sense of belonging is not supplementary but essential to student success. Intentional, identity-affirming support structures, such as Sista Circles, were identified as promising approaches for enhancing belonging, supporting mental health, and promoting persistence among women in dental education. This chapter ultimately underscored the need for institutions to move beyond generalized support models and toward targeted, inclusive practices that recognize and respond to the complexities of women's experiences in professional school.

Looking ahead, Chapter 3 provides a detailed account of the study's methodology, including the phenomenological design and data collection procedures. Chapter 4 presents the findings organized by research question, along with a thorough explanation of the data analysis process. The final chapter examines the implications for professional practice, offers recommendations for future research, and presents concluding interpretations of the study.

CHAPTER 3: METHODS OF INQUIRY

The purpose of this study was to examine the role of community-building through affinity groups in fostering a sense of belonging and well-being among women in dental school as they pursued academic success. By examining participants' lived experiences within the Sista Circle, this research aimed to capture the emotional, social, and identity-based dimensions of their educational journeys, as well as the influence of factors beyond the academic setting. These peer-support experiences were designed to affirm individual narratives and foster collective resilience among women navigating similar challenges, ultimately contributing to a more inclusive and supportive dental education environment.

Fostering a culture of care and belonging was conceptualized as a communal effort and an integral component of dental school culture. This phenomenological study explored how Sista Circles functioned as an intervention that could be embedded within dental education to support women as they matriculated through the program. Grounded in phenomenology, this study centered the meanings participants ascribed to their experiences, emphasizing their perceptions of belonging, connection, and well-being within a traditionally rigorous and often exclusionary professional education environment.

This dissertation in practice focused on cultivating a culture of care and belonging among dental school students, particularly women. Rather than positioning this work as solely individual scholarship, it was approached as an opportunity to amplify the voices and lived experiences of women navigating dental school and to contribute to a body of research that remains limited in both scope and accessibility. Centering participant voice was critical to understanding how institutional environments shape, constrain, and support women's experiences in professional education.

This study was grounded in the belief that women in dental school benefit from opportunities intentionally designed to meet their unique needs, providing space for growth, healing, and connection (Anderson, 2024). Although the dental school aimed to create meaningful experiences for all students, women represented a group that could benefit from intentional, brave, and affirming spaces to reflect on their educational journeys, including experiences of stress, past trauma, mentorship needs, and moments of growth. These affinity spaces were designed to extend beyond academic support by creating opportunities for participants to develop coping strategies related to mental health and well-being and to build sustainable professional relationships that could extend into their careers.

This study also considered the potential long-term implications of affinity-based support. When participants reported an increased sense of belonging as a result of engagement in Sista Circles, their experiences offered insight into how structured community-building initiatives might inform institutional practices. Findings from this study may serve as a framework for dental education administrators seeking to better support women students through intentional programming that spans from orientation through graduation and into alumni engagement. Such efforts have the potential to contribute to improved student retention, increased enrollment of underrepresented populations, and the overall well-being of women entering the dental profession.

To establish a baseline understanding of participants' sense of belonging, the Sense of Belonging Instrument–Psychological (SOBI-P) was administered prior to participant engagement in interviews and Sista Circle gatherings. The instrument, adapted for institutional use, provided a quantitative measure to complement the qualitative data collected through interviews and group experiences. The SOBI-P was re-administered following participation in the Sista Circles to

assess changes in participants' reported sense of belonging over time. Additionally, the Sense of Belonging theory informed the development of interview questions, ensuring alignment between the conceptual framework and data collection methods.

Beyond the quantitative methods, data collection included pre-intervention semi-structured interviews and participation in Sista Circle gatherings. Interview questions and group activities were intentionally designed to foster reflection and dialogue related to participants' connections with their learning environment, sense of self, peer relationships, and overall dental school experience (Allen et al., 2021). Sista Circles, a culturally grounded and relational form of support traditionally created for Black women by Black women, were adapted within this study as a space for shared storytelling, mutual support, and identity exploration. As the researcher, I also participated as a member of the group, acknowledging the relational and co-constructed nature of knowledge within phenomenological inquiry.

Although Sista Circles are historically rooted in the experiences of Black women, this study explored their broader applicability within dental education, recognizing that women across backgrounds may benefit from structured, community-centered support spaces (Dunmeyer et al., 2022). Establishing Sista Circles within the dental school context enabled participants to explore differences, identify shared experiences, and develop a deeper understanding of their social identities. These spaces fostered connection and belonging early in the educational journey, offering proactive support rather than reactive intervention. As suggested by prior research, creating opportunities for connection from the outset of students' experiences may enhance their capacity to navigate challenges and persist in their programs (Cook-Sather & Seay, 2021).

FoP Guiding Questions

This chapter presents the research strategy employed to explore the central questions of this study. The inquiry is guided by three key research questions, which serve as the foundation for data collection, analysis, and interpretation. These questions are designed to illuminate the experiences, perspectives, and needs of participants, providing a structured framework for examining the phenomenon under investigation.

RQ1. How do women experience a community of care in their interactions across the dental school environment? (Interactions with administrators, faculty, staff, and students.)

RQ2. In what ways does participation in Sista Circles contribute to women's sense of belonging within dental school?

RQ3. How does participation in Sista Circles impact women's dental school experiences and their readiness for post-graduation practice?

There is limited empirical data on whether women in dental education experience a sense of belonging within a supportive community. Observations from professional practice, as well as findings from existing literature (Anderson, 2024) suggest that understanding how women perceive their dental school experience, including whether they feel connected to a caring community, is critical for educators. The first research question aimed to establish a baseline understanding of these experiences and is addressed using a mixed-methods approach, combining quantitative data collected through a pre-test administration of the SOBI-P with qualitative insights obtained from pre-semi-structured interviews.

The second research question focused on evaluating the effectiveness of the Sista Circles intervention in fostering a sense of belonging and cultivating a supportive, caring community. This question was addressed through systematic observational data collected during Sista Circles

sessions. Drawing on my role as both facilitator and participant, I documented patterns of interaction, engagement, and community-building as they unfolded. These qualitative observations were triangulated with post-administration of the SOBI-P, providing a quantitative assessment of changes in perceived belonging. The Sista Circles methodology was selected for its intentional design, tailored to resonate with women's culture, experiences, and ways of thinking. It emphasizes active participation, community dynamics, and empowerment, allowing the researcher to capture both the interactions within the group and participants' reflections on their experiences.

The third research question examined whether engagement in Sista Circles influenced students' trajectories in dental school and beyond, fostering positive attitudes toward their education, encouraging reflection on academic experiences, and shaping professional socialization within the field of dentistry. This question was addressed primarily through observational data collected during Sista Circles sessions, capturing how participants engaged in dialogue, reflected on their academic journeys, and navigated shared challenges in real time. These observations provided insight into how the intervention supported meaning-making, identity development, and professional socialization over the course of participation. Insights from this research may inform administrators, student affairs staff, and mental health professionals by highlighting the importance of intentional community-building interventions. Creating safe, supportive spaces is essential for promoting well-being and success throughout the rigorous dental education journey.

Inquiry Design and Rationale

Based on anecdotal evidence gathered from conversations with women enrolled in the dental program, it is clear that, despite feeling academically capable and professionally driven,

many encounter subtle forms of exclusion, limited access to mentorship, and a lack of spaces to authentically express their identities. Many describe feeling pressure to conform to traditional norms of professionalism that do not reflect their lived experiences, particularly in clinical and leadership settings. These experiences can contribute to feelings of isolation, self-doubt, or diminished professional confidence. In addition, some women report challenges balancing personal responsibilities such as caregiving, motherhood, or other community roles, with the rigorous demands of dental school, noting that institutional structures rarely acknowledge these intersecting identities. These cumulative challenges underscore the importance of examining how women navigate and respond to the specific dynamics of the dental school environment.

The rationale for this study was rooted in the understanding that a sense of belonging, resilience, and professional identity are critical to both academic success and long-term career satisfaction. Affinity-based spaces, peer-support networks, and structured interventions such as Sista Circles offer intentional opportunities for women to develop these skills while negotiating institutional barriers. By focusing on these structures, this study seeks to illuminate not only the emotional experiences of women in dental education but also the organizational and cultural factors that either support or hinder their professional development.

Moreover, this inquiry is guided by a phenomenological perspective, emphasizing the lived experiences of participants and the meanings they ascribe to them. The study employs a mixed-methods approach, integrating qualitative data from semi-structured interviews and researcher observations with quantitative measures of belonging using the SOBI-P. This design allows for a holistic understanding of how women construct community, resilience, and professional identity, offering insights that can inform both educational practice and institutional policy. Ultimately, by examining these experiences in depth, the study aims to contribute to a

more inclusive and affirming dental education environment that recognizes and supports the diverse needs of women students.

Context of the Inquiry

This study was conducted at Mid-Atlantic School of Dental Medicine (MASODM), a pseudonym for a dental school housed within a large, public R1 institution. As defined by its Carnegie Classification, R1 institutions demonstrate the highest levels of research activity and a strong commitment to doctoral and professional education, situating MASODM within a rigorous and academically demanding environment.

At the time of the study, MASODM enrolled approximately 250 students and residents, with overall graduation rates exceeding 90%, reflecting both the selectivity of admissions and the institution's emphasis on student success (Institutional Data, 2026). Within this context, dental education is characterized by intensive coursework, clinical training, and professional socialization, all of which shape students' academic and interpersonal experiences. Demographically, MASODM reflects broader national trends in dental education, where women now comprise a growing majority of students. Across the institution, approximately 60% of students identified as women. This trend was even more pronounced within the Class of 2028, which matriculated in 2024, where 63% of students identified as female, an increase from 43% in the preceding cohort (Institutional Data, 2026). The average age of students in this cohort was 22, indicating a predominantly traditional-aged student population entering directly from undergraduate education.

This notable demographic shift underscores the evolving landscape of dental education and highlights the importance of examining how institutional environments support, or fail to support, the experiences of women students. As women become the numerical majority,

questions of belonging, identity, and inclusion remain critical, particularly within professional spaces historically shaped by male-dominated norms. The context of MASODM therefore provides a timely and relevant setting for exploring these dynamics in depth.

Collaborative Inquiry Partners

The success of this inquiry relied on meaningful collaboration with individuals and groups directly connected to the dental student experience. Primary inquiry partners included current dental students, particularly women in the early stages of their academic journey. Their lived experiences, reflections, and perspectives were central to shaping both the direction and relevance of the study, ensuring that the inquiry remained grounded in authentic student voice.

In addition to student participants, the study engaged faculty and staff within the dental school who were committed to fostering student wellness, academic success, and inclusive learning environments. Their contributions provided important context for understanding institutional practices and identifying opportunities for more intentional and systemic support.

Collaboration also extended to campus mental health professionals and student affairs staff, whose expertise in student development, wellness programming, and engagement informed both the design of the study and consideration of potential interventions. Their perspectives helped situate individual student experiences within broader frameworks of support and care. Given my professional role within the institution, I consulted with mental health clinicians across campus and at peer institutions to further inform the inquiry process. These collaborations helped ensure that research practices were ethically grounded and that student participants experienced the study as a space in which they felt safe, heard, and valued.

Importantly, these inquiry partners were not positioned solely as contributors to data collection, but as co-constructors of knowledge. Their insights shaped the interpretation of

findings and informed the development of actionable recommendations aimed at strengthening belonging, peer connection, and holistic wellness within the dental school context and, more broadly, across professional education settings.

Ethical Considerations

Given the sensitive nature of this inquiry, centered on mental health, vulnerability, and sense of belonging, maintaining ethical integrity was a foundational priority throughout the research process. My dual role as both a licensed therapist and scholarly practitioner required particular attention to power dynamics and the potential risks associated with engaging students who may have had prior or existing clinical relationships.

To protect participants, informed consent was obtained prior to any data collection. The consent process clearly outlined the purpose of the study, the voluntary nature of participation, and the measures implemented to ensure confidentiality and data security. Participants were explicitly informed that their decision to participate, decline, or withdraw would have no impact on their access to mental health services or their academic standing within the institution.

Recognizing the potential for perceived coercion due to existing relationships, deliberate steps were taken to minimize undue influence. These included offering alternative points of contact for study-related questions, separating clinical and research roles, and ensuring that participation was entirely voluntary and free from obligation. Additionally, all data were de-identified in reporting to protect participant anonymity.

Reflexivity served as a critical component of the inquiry process. Ongoing self-examination allowed me to remain attentive to personal biases, assumptions, and positionality, particularly as they related to interpretations of participant experiences. This reflexive stance was essential in maintaining both ethical rigor and credibility within the study. Reflexivity was

operationalized through the use of ongoing writing through a reflective journal in which I documented personal reflections, assumptions, and emotional responses throughout data collection and analysis. In addition, bracketing techniques were employed to identify and critically examine pre-existing beliefs related to women's experiences in dental education. These practices, alongside peer consultation, supported a transparent and rigorous approach to interpreting participant narratives.

All data were securely stored in accordance with institutional guidelines, and participants were provided with access to support resources should they experience emotional discomfort during or after their involvement. Prior to participant recruitment, the study received approval from the institution's Institutional Review Board (IRB), ensuring adherence to established ethical standards for research involving human subjects.

Ultimately, this inquiry sought to honor and respect the lived experiences of women dental students through ethical, transparent, and care-centered research practices. In doing so, it aimed not only to generate insight, but also to contribute to a culture of belonging, well-being, and sustained support within professional education environments.

Inquiry Procedures

The study was conducted in three iterative phases, each building upon the previous to deepen understanding of participants' experiences and assess the impact of a structured peer-support intervention. Phase I primarily addressed Research Question 1 (RQ1), which focused on participants' initial sense of belonging and lived experiences within dental education. Phases II and III were designed to address Research Questions 2 and 3 (RQ2 and RQ3), examining how participation in peer-support interventions influenced students' sense of belonging, community, and professional identity.

Phase I focused on recruitment, group assignment, and the collection of baseline data related to participants' sense of belonging and lived experiences within dental education. Recruitment occurred via email outreach to dental students, inviting them to learn more about the study and voluntarily express interest in participation. All students, regardless of gender, were eligible to express interest.

Given the study's focus on the experiences of women in dental education, participants who identified as women were invited to take part in both an individual pre-group interview and the Sista Circle intervention. Students of any gender who expressed interest were offered participation in a mixed-gender peer-support group. To ensure meaningful engagement and foster a supportive environment, group sizes were capped at ten participants. The study design also included provisions to maintain small group sizes while prioritizing access to affinity-based support. In a case where interest in the Sista Circle exceeded capacity, participants would have been offered placement in the mixed-gender peer-support group.

Following recruitment and group assignment, participants completed a one-on-one pre-interview using a structured protocol (see Appendices). These interviews explored students' initial perceptions of support, lived experiences within dental school, overall well-being, and sense of belonging. This qualitative data provided a foundational understanding of participants' experiences prior to the intervention.

After the completion of the pre-group interviews, participants were asked to complete the SOBI-P to establish a quantitative baseline measure of belonging within their academic environment. Together, the interview data and survey responses provided complementary baseline insights that informed subsequent phases of the study.

Phase II involved implementing a four-session peer-support intervention. Participants were organized into a women-centered Sista Circle that provided a structured space for dialogue, reflection, and community-building, enabling them to engage with shared challenges and experiences in dental education.

Throughout the sessions, observational data were collected in the form of my own research field notes. These notes documented group dynamics, participant engagement, recurring themes, and notable interactions, providing additional context to complement interview and survey data. This approach allowed for a more nuanced understanding of how participants experienced connection, support, and belonging within the group setting.

The Sista Circle was intentionally designed as an affirming space in which women could explore their experiences through the lenses of identity, social location, and shared experience. This format emphasized empowerment, connection, and the validation of lived experiences within a historically male-dominated professional context.

Phase III focused on post-intervention reflection and assessment. The SOBI-P was re-administered to assess shifts in belonging over time. Observational notes documented in a reflective journal further explored how participation in the intervention influenced students' experiences in dental education, including their sense of community, well-being, and professional socialization. The integration of quantitative and qualitative observational data provided a more comprehensive understanding of the impact of peer-support structures. In particular, this phase examined the potential of affinity-based spaces, such as the Sista Circle, to foster belonging and support student well-being within professional education environments.

Phase I

Phase I of the study focused on preparation, recruitment, and the collection of baseline data, addressing Research Question 1 (RQ1): How do women experience a sense of community of care, and to what extent do they feel a sense of belonging while attending dental school?

Participants and Recruitment Strategies

Recruitment materials were distributed via email invitations and institutional channels, including student listservs. The materials provided a clear description of the study's purpose, the structure of the peer-support groups, and the voluntary nature of participation. To foster intimacy, manageability, and meaningful engagement, each group was limited to a maximum of ten participants. Although the study emphasized the experiences of women in dental education, students of all genders were invited to express interest. Women who volunteered were invited to participate in the Sista Circle, while students of any gender were eligible to participate in a mixed-gender peer-support group. Provisions were included in the study design to maintain small group sizes while ensuring access to affinity-based support if interest exceeded group capacity.

Instrumentation

Following recruitment, each participant completed a one-on-one pre-group interview designed to explore their initial experiences of belonging, perceptions of support, and professional and academic journey. These interviews provided qualitative baseline data and served as a relational entry point into the group process.

In addition, participants completed the Sense of Belonging Instrument–Psychological (SOBI-P) to establish a quantitative baseline of perceived belonging. The integration of qualitative and quantitative data allowed for a comprehensive understanding of participants' experiences prior to the intervention. All ethical approvals and informed consent procedures

were completed prior to data collection. Copies of the interview protocol and the SOBI-P instrument are provided in the Appendix.

Procedures

Recruitment began with email outreach to potential participants. Interested students were then contacted individually to schedule a pre-group interview session. At this meeting, the researcher reviewed the purpose of the study, discussed participation expectations, and obtained signed consent forms. Pre-group interviews were conducted face-to-face in a private office setting to ensure confidentiality and comfort. During these sessions, participants engaged in structured discussions guided by the interview protocol and completed the SOBI-P. These procedures provided both qualitative and quantitative baseline data to inform subsequent phases of the study.

Data Analysis

During the pre-group interviews, participants were guided to share experiences related to belonging in dental school, including their perceptions of support, community of care, and overall lived experiences. Each interview, including the completion of the SOBI-P survey, lasted approximately 30 minutes. Interviews were conducted at MASODM at a time mutually convenient for participants, and all participants provided informed consent prior to participation. Sessions were audio-recorded and subsequently transcribed verbatim.

Data analysis followed an iterative, process, incorporating open, axial, and selective coding to systematically identify patterns and themes within the data. Initially, open coding was used to break the transcripts into discrete segments, identifying key concepts and describing participants' lived experiences as they were shared. During axial coding, these initial codes were examined for relationships and patterns, enabling the grouping of related concepts into broader

categories. Finally, selective coding allowed for the integration of categories into overarching themes, capturing the essence of participants' experiences of belonging in dental school.

Throughout this iterative process, analytic memos were maintained to document reflections, insights, and emerging interpretations, supporting both reflexivity and transparency in the analysis. The combination of qualitative coding and quantitative SOBI-P data provided a comprehensive understanding of the phenomenon of belonging, highlighting patterns across participants while preserving individual experiences (Saldaña, 2009).

Summary of Phase I

Phase I established the foundation for participant engagement and baseline data collection. It included recruitment strategies, consent procedures, pre-group interviews, and administration of the SOBI-P survey. Data analysis in this phase followed a rigorous, iterative coding process that informed subsequent phases of the study and provided initial insights into the sense of belonging among women dental students. The insights gained from Phase I, including baseline measures of belonging and thematic patterns from pre-group interviews, provided the foundation for Phase II. In the next phase, participants engaged in structured peer-support interventions, allowing for the examination of how participation influenced their sense of belonging, community, and professional socialization.

Phase II

Phase II focused on implementing structured peer-support interventions and examining their impact on participants' experiences of belonging, social identity development, and holistic well-being. This phase addressed Research Questions 2 and 3 (RQ2 and RQ3), which explored how participation in peer-support groups influences students' sense of community, professional socialization, and overall well-being.

Two peer-support groups were offered: a women-centered Sista Circle and a general mixed-gender peer-support group. Both groups met for four sessions, scheduled weekly or biweekly based on participant availability and logistical considerations. Each session focused on themes relevant to the dental student experience, including academic stress, identity development, professional confidence, wellness, and mentorship. Although the mixed-gender peer-support group was available as an alternative support option, data collection and analysis for this study focused exclusively on participants in the Sista Circle, consistent with the study's focus on women's experiences.

Inquiry Approach/Intervention

The Sista Circle was designed to provide an affirming space for women, emphasizing shared identity, empowerment, and culturally responsive support. This approach drew on traditions of communal healing and affirmation among women, and the sessions were facilitated to honor the spiritual, emotional, and intellectual dimensions of belonging. The general mixed-gender group offered a broader forum for peer support, focusing on shared academic and emotional challenges in dental school.

Throughout Phase II, I maintained detailed field notes documenting group dynamics, participant engagement, emergent themes, and notable interactions. Observational data captured the ways participants engaged in dialogue, provided peer support, and responded to thematic prompts, supplementing qualitative insights from interviews and quantitative measures. Attendance and engagement were also tracked to contextualize findings.

Summary of Phase II

Phase II served as both an intervention and a site of inquiry, allowing for real-time observation of interpersonal dynamics, supporting mechanisms, and processes that fostered a sense of belonging. The iterative collection of observational and qualitative data provided a rich foundation for subsequent thematic analysis and further examination of the intervention's impact on participants' sense of community, resilience, and holistic well-being. The data and insights gathered during Phase II informed Phase III, in which participants reflected on their experiences, and quantitative and qualitative measures were used to evaluate changes in sense of belonging and the impact of the peer-support interventions.

Phase III

Phase III focused on evaluating the impact of the affinity-based support intervention and analyzing the collected data, completing the study's investigation of Research Questions 2 and 3 (RQ2 and RQ3), which examined how participation in peer-support groups influenced students' sense of belonging, social connection, and professional socialization. Building on the observations, thematic patterns, and participant engagement documented during Phase II, Phase III provided an opportunity to assess both perceived and measured changes in students' experiences.

Analysis of Approach

Data sources for this phase included pre-intervention interviews, pre- and post-administration of the SOBI-P, and observational field notes collected during Sista Circle sessions. The SOBI-P was used to quantitatively assess shifts in perceived belonging from pre- to post-intervention, while observational data provided contextual insight into participants'

experiences, including engagement, expressions of support, and indicators of community-building and professional socialization.

Qualitative data from observational field notes were documented and analyzed using an iterative coding process. Open coding identified initial patterns in participant interactions and experiences. Axial coding examined relationships among these patterns, highlighting commonalities and variations across sessions. Selective coding synthesized these categories into overarching themes that captured participants' experiences of belonging, community support, and professional socialization. Reflective journals were maintained throughout to document reflexive insights, guide coding decisions, and enhance transparency and rigor in interpretation. Comparative analysis examined similarities and differences between the Sista Circle and the general peer-support group in terms of emotional resonance, perceived safety, engagement, and overall impact.

Summary of Phase III

The integration of qualitative and quantitative findings allowed for a comprehensive evaluation of the peer-support interventions' effectiveness. Phase III was designed to evaluate whether affinity-based formats such as the Sista Circle fostered a sense of belonging, enhance peer support, and support holistic student well-being within dental education. Insights from this phase also informed practical recommendations for sustaining peer-support programs, including considerations for scalability, institutional alignment, and ongoing evaluation. Ultimately, Phase III demonstrated the potential of structured peer-support interventions to enhance students.

Table 1.

Inquiry Procedures by Phase

Phase	Instrumentation	Research Question Alignment
Phase I: Baseline data collection/ Pre-Intervention	Semi-structured interviews prior to intervention; Pre-SOBI-P	RQ1: How do women experience a community of care in their interactions across the dental school environment?
Phase II. Intervention implementation & observations	Researcher field notes/ observations via reflective journal during facilitated Sista Circle intervention	RQ2: In what ways does participation in Sista Circles contribute to women's sense of belonging within dental school?
Phase III. Post-intervention reflection & analysis	Post-SOBI-P; analysis of observational data via reflective journal	RQ2: In what ways does participation in Sista Circles contribute to women's sense of belonging within dental school? RQ3: How does participation in Sista Circles impact women's dental school experiences and their readiness for post-graduation practice?

academic, social, and professional experiences, offering a model that may be applied more broadly across professional education programs.

Inquiry Design Rigor

This inquiry explored the experiences of women dental students at a single institution where I have served as a licensed therapist for over 14 years. The study focused specifically on the women navigating early transitions into professional education. Its aim was to examine perceptions of peer support, barriers to connection, and the potential impact of structured support groups, such as the Sista Circle. Other graduate programs or broader institutional wellness initiatives were not included in the study. Given my professional role, I intentionally limited prior clinical relationships with participating students to balance insider knowledge of the dental school context with the need to maintain objectivity and reduce potential bias, thereby allowing participants to engage more openly and authentically.

Although existing rapport provided unique access and facilitated trust, it also posed potential risks of bias. Participants might have felt pressure to respond in socially desirable ways or withhold critique due to my dual role as clinician and investigator. To mitigate these risks, I drew on both the guidance of colleagues and existing literature on Sista Circle facilitation, designing sessions to encourage participant engagement while clearly separating facilitation from data collection. Confidentiality and psychological safety were consistently emphasized, with explicit reminders that the space was secure and that privacy was critical for honest dialogue.

To ensure reflexivity and maintain analytic rigor, I engaged in reflective practice after each Sista Circle session, documenting personal reactions, assumptions, and positional influences in analytic memos. This process allowed for critical assessment of dual roles as facilitator and researcher and supported transparency in interpreting participant narratives.

Guidance from prior scholarship on Sista Circles informed the study design, ensuring the use of evidence-based strategies while adapting them appropriately to the dental education context.

Delimitations, Limitations, and Assumptions

This inquiry focused specifically on the experiences of dental students, particularly women, during their transition into and throughout dental school. The study examined perceptions of peer support, barriers to connection, and the potential impact of structured peer-support groups, such as Sista Circles. Other graduate programs or broader institutional wellness initiatives were not included. The scope of this study reflects a deliberate delimitation to ensure in-depth exploration of experiences within a clearly defined context.

The study made several explicit assumptions. It was assumed that participants would respond thoughtfully and authentically and that their experiences reflected broader patterns within the dental student population. It was further assumed that peer support contributes meaningfully to student wellness and that structured support groups can serve as effective interventions. Finally, it was assumed that my dual role as clinician and scholarly practitioner could be navigated ethically, with safeguards in place to protect confidentiality, minimize undue influence, and uphold the integrity of the inquiry.

Although insider access afforded unique insight and rapport with participants, it also introduced potential biases, including social desirability or withholding of critique due to my dual role. Safeguards, such as emphasizing confidentiality, maintaining clear boundaries between facilitation and data collection, and employing reflexive practices, were implemented to mitigate these risks. Additionally, findings may not be directly generalizable beyond the institution or to dental programs with different demographics, cultures, or institutional structures. However, the

study provides transferable insights, allowing others in dental education or professional programs to consider how findings might resonate within their own contexts.

Reflexive practice was central to this inquiry, supporting ethical and methodological rigor. I engaged in continuous reflection, analytic memos, and self-examination to acknowledge personal biases and navigate the dual roles of clinician and investigator. Ethical considerations, including informed consent, confidentiality, and creation of psychologically safe spaces, were prioritized throughout the study.

The study emphasizes the importance of relational and structural factors that influence student wellness, belonging, and professional identity. By exploring how women experience connection, or its absence, within dental education, this inquiry contributes actionable insights for institutions seeking to enhance community, peer support, and inclusive practices. Findings highlight the potential for affinity-based interventions, such as Sista Circles, to foster belonging, resilience, and holistic student well-being, while providing a model for future research and practice in professional education.

Role of the Scholarly Practitioner

As a licensed therapist with over 14 years of experience in higher education mental health, I brought both clinical expertise and relational insight to my role as a scholarly practitioner. My professional work has focused on supporting students during transitional and high-stress periods, particularly in demanding academic programs such as dental school. Through these experiences, I have developed a nuanced understanding of the challenges students face and the strategies that support resilience, well-being, and academic success.

I have observed firsthand the vulnerabilities experienced by students entering dental school, particularly women, who often encounter unique challenges. These include difficulties

forming meaningful peer connections, navigating cultural or systemic barriers, and balancing multiple roles both inside and outside the academic environment. A recurring theme is the need for accessible and effective peer-support structures, as the absence of such networks can negatively impact both emotional well-being and professional development.

As a scholarly practitioner, I approach these challenges not solely as clinical observations but as issues of practice requiring systematic inquiry and evidence-based interventions. This perspective guided the design and implementation of structured peer-support groups, such as the Sista Circle, which were evaluated both as interventions and as sites of inquiry. My dual role enabled me to draw on clinical expertise to create safe, responsive, and affirming group environments, while also applying research methods to assess the efficacy and impact of these interventions.

Ultimately, my goal as a scholarly practitioner is to contribute to a culture of care within higher education, where mental health is prioritized, peer support is accessible, and students are empowered to thrive both personally and professionally. This dual lens, clinical and research-informed, ensured that the study remained both ethically sound and deeply attuned to the lived experiences of participants.

Summary

Chapter 3 outlined the research design, methodology, and procedures used to examine how structured affinity-based support interventions, specifically Sista Circles, foster a sense of belonging and well-being among women in dental school. Through semi-structured interviews and pre-/post-SOBI-P assessments, this study investigated the ways in which structured peer-support interventions promote connection, resilience, and professional identity development. This approach illuminated commonalities, differences, and intersections in participants'

academic, social, and identity-based experiences, while challenging the notion that belonging is peripheral to professional development in dentistry. By centering participant voice and employing a rigorous mixed-methods design, the inquiry demonstrated how affinity-based spaces can enhance well-being in a historically male-dominated educational environment.

The findings and shared experiences offer both practical and theoretical insights, providing guidance for institutions seeking to support women's academic and professional journeys. Additionally, this research is expected to stimulate further investigation into belonging-centered interventions and the design of supportive structures within professional education. Chapter 4 presents the integrated qualitative and quantitative findings, and Chapter 5 provides interpretations, implications for practice, and recommendations for future research aimed at sustaining and expanding affinity-based support structures, such as Sista Circles, across professional education contexts.

CHAPTER 4: QUANITATIVE & QUALITATIVE RESULTS

The purpose of this study was to examine the role of community-building through affinity groups in fostering a sense of belonging and well-being among women in dental school as they pursued academic success. In so doing, this research contributes to the limited body of research on women enrolled in dental school. This study also considers the structure of dental education, the learning environment, and how women navigate these spaces. The mental health, physical well-being, lived experiences, and academic outcomes of women in dental education warrant continued attention and deeper exploration. While dental curricula are highly structured and often perceived as rigid, students' experiences are not uniform, and their needs differ, particularly for women in dentistry. Ensuring that all students feel a sense of belonging and have opportunities to share their experiences remains an important consideration within a profession where career pathways are often viewed as linear.

Through an examination of participants in the Sista Circle, this chapter presents findings that highlight the emotional, social, and identity-based dimensions of women's educational experiences, along with the external and systemic factors that shape those experiences. Participation in the Sista Circle provided insight into how structured peer-support spaces may influence participants' sense of belonging, connection, and overall well-being. These peer-support experiences were designed to affirm individual experiences and create opportunities for shared reflection, while also contributing to collective understanding among women navigating similar challenges.

Creating a community of care and fostering belonging among dental students, particularly women, has been associated with academic, professional, and personal success (Ware et al., 2005). Within this study, findings build on this foundation by illustrating how women experience

connection, support, and identity development within a structured peer-support environment. By centering women's experiences, this research highlights the ways in which participants engaged in opportunities to connect, grow, and develop alongside their peers. In this study, affinity-based spaces functioned as supportive environments that encouraged social and emotional well-being while promoting self-development, professional growth, and academic engagement. These spaces also provided opportunities for participants to reflect on and respond to systemic and personal challenges that may influence their sense of belonging (Case & Hunter, 2012).

This research was conducted at a public dental school in the rural southeastern United States. The study site, referred to as the Mid-Atlantic School of Dental Medicine (MASODM), is a pseudonym for a dental school within a large public R1 institution. The institution's Carnegie R1 classification reflects a high level of research activity and doctoral education. At the time of the study, MASODM enrolled approximately 250 students and residents, with an overall graduation rate exceeding 90% (Institutional Data, 2026).

FoP Guiding Questions

The following research questions guided this inquiry:

RQ1. How do women experience a community of care in their interactions across the dental school environment? (Interactions with administrators, faculty, staff, and students.)

RQ2. In what ways does participation in Sista Circles contribute to women's sense of belonging within dental school?

RQ3. How does participation in Sista Circles impact women's dental school experiences and their readiness for post-graduation practice?

To address the guiding research questions, this study employed a mixed-methods phenomenological design structured across three phases, with the Sista Circle serving as the

affinity-based peer-support intervention aimed at fostering belonging, emotional well-being, and identity affirmation. The study also examined how intentional community-building efforts may mitigate feelings of isolation, stress, and imposter syndrome, which are frequently reported by dental students, particularly women (Ahmadifard et al., 2022; Winke-Wagner et al., 2019).

I collected data across three phases. Phase I established a baseline through pre-administration of the SOBI-P and semi-structured interviews conducted prior to participation in the Sista Circle. Phase II consisted of the Sista Circle intervention, during which observational data were collected through reflective journaling in my role as both researcher and facilitator. Phase III focused on post-intervention assessment, including post-administration of the SOBI-P and analysis of both quantitative and qualitative data to examine changes in participants' experiences of belonging and well-being.

This chapter presents the quantitative and qualitative findings organized by research question. It includes participant demographic information and integrates results from survey data, interviews, and observational field notes to provide a comprehensive understanding of participants' experiences. The chapter concludes with a summary of key findings and a transition to Chapter 5, which offers interpretations, implications for practice, and recommendations for future research.

Description of Participants

Introducing the "Emerging Dentist"

This study explored women's personal experiences and sense of belonging in dental school as facilitated by Sista Circles. Through community-building, enhanced self-efficacy, promotion of mental well-being, and opportunities for mentorship and professional growth, the Sista Circle experience was designed to cultivate a supportive environment that fostered

connection and belonging among participants. Given the unique challenges and stereotypes women often face within the traditionally male-dominated field of dentistry, this study emphasized the importance of establishing a strong sense of belonging, enabling participants to feel supported, valued, and confident in their abilities. Strengthening this sense of belonging has the potential to positively influence multiple facets of the dental school experience, including well-being and overall success. Participants included students enrolled across all four class years (D1–D4). I employed a mixed-methods design, collecting data through individual interviews, survey responses, and data generated during the Sista Circle sessions.

A total of 11 students initially expressed interest in participating in the interview phase of the study. Recruitment was conducted through an email invitation distributed via the dental school listserv (see Appendix D), which provided students with information about the study and instructions for expressing interest in participation. Although recruitment materials invited participation in a mixed-gender group, all individuals who expressed interest and ultimately consented to participate identified as women. Two students later withdrew due to the demands of their academic schedules and were unable to commit to the full scope of the study. Ultimately, nine women dental students participated in all phases of the study. I designed the Sista Circle to include no more than ten participants, aligning with the intended structure of the peer-support experience.

This section introduces the Emerging Dentists who contributed to all phases of the mixed-methods study and provides context for the analysis that follows. The term “Emerging Dentist” reflects participants’ evolving professional identities, their growth as women in dentistry, and the developmental nature of their academic journeys. Each journey reflects resilience, ongoing reflection, and identity formation.

All Emerging Dentists participated in a one-on-one interview prior to the Sista Circle experience, completed pre- and post-administrations of the SOBI-P, and engaged in Sista Circle sessions. This section presents narrative profiles drawn from qualitative interview data. Participants ranged in age from 23 to 31, and all four dental school class years (D1–D4) were represented. Two participants reported being married, and four identified as nontraditional students.

Emerging Dentist 1: Sunflower

Sunflower entered the study with a long-standing and deeply rooted interest in dentistry, describing her motivation as beginning in childhood and strengthening over time. She recalled becoming fascinated with dentistry after losing their first tooth, an experience that sparked early curiosity and excitement about the profession. As she shared:

> I knew that I wanted to be a dentist from a young age, back when I first lost my first tooth. I just thought that was the coolest thing. I was going around showing everyone. That really interested me. And then growing up, I had a great general dentist, and I just knew that this was for me.

Sunflower reflected on formative experiences that reinforced this interest, including positive interactions with dental providers and intentional efforts to explore the field. A shadowing experience during their sophomore year of college further solidified her commitment to dentistry. As a first-generation student in the field, she described navigating the pathway to dental school with limited guidance, relying on persistence and self-direction to complete prerequisite coursework, gain clinical exposure, and prepare for the application process.

Their narrative highlights themes of early vocational clarity, self-advocacy, and resilience, particularly as they navigated challenges such as retaking the DAT and independently

preparing for dental school. Sunflower's reflections provide insight into how students cultivate purpose, sustain motivation, and draw on both internal drive and external support while pursuing entry into the profession.

Emerging Dentist 2: Ivy

Ivy described a determined pathway to dental school shaped by early messages about the importance of education and consistent family encouragement. She reflected on how her upbringing instilled a strong work ethic and positioned education as a pathway to opportunity, particularly following their family's relocation to North Carolina in pursuit of improved educational experiences.

Her interest in dentistry developed through personal observations of the impact of oral health on confidence and quality of life within their family. A shadowing experience with a periodontist was especially influential, offering a deeper understanding of the profession and its potential to improve patients' lives. As she explained:

> The impact of having a dentist that makes you comfortable to get you in there in the first place, plus having a dentist who can help with your problems and help you regain confidence… having experienced that just made me think, I want to go to dental school.

As the first in their family to pursue a professional degree in dentistry, Ivy navigated the application process with persistence despite uncertainty and setbacks. She described balancing work, additional coursework, exam preparation, and continued shadowing to strengthen their application over multiple cycles before gaining acceptance.

Key themes in her narrative include persistence, adaptability, and self-advocacy. Ivy's reflections provide insight into the resilience required to pursue dentistry without a clear

roadmap and contribute to an understanding of how students navigate nonlinear pathways into the profession.

Emerging Dentist 3: Lavender

Lavender described a winding and reflective journey into dentistry shaped by early academic ambition, periods of uncertainty, and significant personal growth. She began her undergraduate studies in a highly demanding academic environment where she experienced marginalization, prompting them to reassess their academic direction.

She described a strong interest in STEM and identified dentistry as a field that allowed her to integrate scientific rigor with creativity and interpersonal connection. Through extensive shadowing and volunteer experiences, Lavender discovered alignment between their strengths and the profession. As she reflected:

> I shadowed a ton of different people, and one dentist I shadowed had also started in engineering. She really liked science and was academically strong, but also very creative. I really identified with that. It felt like dentistry combined my desire to achieve academically with being creative and connecting with people.

Her pathway included rebuilding their academic record, pursuing a graduate degree, and navigating multiple application cycles while balancing work and marriage. As a nontraditional student, she described several gap years that contributed to their personal and academic growth.

Lavender's narrative highlights themes of resilience, identity development, and the role of maturity and self-confidence in preparing for dental school. Her reflections provide a nuanced understanding of how nontraditional pathways and lived experiences shape purpose and readiness for the profession.

Emerging Dentist 4: Violet

Violet described developing an early interest in dentistry through consistently positive childhood dental experiences and a meaningful moment of representation during a school career event. She recalled being particularly influenced by seeing a Black woman dentist for the first time, which sparked a sense of possibility and inspired them to pursue the profession.

Violet reflected on how her pediatric dental experiences created a welcoming and supportive perception of dental care, reinforcing their early interest. Throughout her journey, they confirmed their commitment through shadowing, mentorship, and academic preparation. As a first-generation student in the field, they described navigating the pathway to dental school with limited access to guidance within their immediate network. As she shared:

> Definitely feel like there were some challenges being first generation going into this field. There weren't really a lot of people in my immediate circle that I could lean on, so it took more effort to build relationships with mentors and make sure I was on the right path.

A central theme in her narrative was the importance of representation and the desire to serve as a visible example for future students. Violet's reflections highlight how identity, mentorship, and representation shape motivation and purpose in pursuing dental education.

Emerging Dentist 5: Daisy

Daisy described an early interest in dentistry shaped by family dynamics and meaningful childhood experiences. Raised primarily by a grandparent, she associated dental visits with quality time spent with her mother, which contributed to positive perceptions of dental care. They reflected on how early experiences shaped her interest in dentistry. As she shared:

> Growing up, I was raised by my grandma, so the only time I really got to spend with my mom was when she took me to my doctor's appointments or the dentist. We had to travel

> for those visits, so I would leave school early. I just really enjoyed going to the dentist. It was time with my mom, and I was never nervous. Then in fifth grade, I had a school project on dentistry, and I was like, I'm obsessed with this career.

She described navigating higher education as a first-generation student, including uncertainty about the application process, initial rejections, and disruptions caused by the COVID-19 pandemic. Daisy's journey included periods of employment, acceptance into a master's program, and multiple application cycles before entering dental school.

Daisy's story underscores themes of persistence, adaptability, and the influence of early relational experiences on career choice. Her reflections provide insight into how personal history and resilience shape long-term commitment to the profession.

Emerging Dentist 6: Holly

Holly described a pathway into dentistry shaped by multicultural identity, multilingualism, and a strong commitment to service. She initially considered a career in teaching but realized through experience that they desired a profession with a more direct and tangible impact on individuals and communities.

Her interest in dentistry developed through encouragement from her mother and exposure to programs aligned with their values, particularly those focused on serving underserved populations. As she explained:

> I decided to attend dental school because I really liked what dentistry stood for, especially helping underserved communities. I've always believed in helping others, and dentistry felt like a way to do that in a meaningful and tangible way.

As a first-generation professional student, Holly described navigating unfamiliar academic pathways while remaining grounded in a personal philosophy centered on service. Her

experience reflects themes of purpose, cultural identity, and a commitment to community impact. Holly's reflections provide insight into how value-driven motivations shape entry into the profession.

Emerging Dentist 7: Rose

Rose described an evolving and introspective journey into dentistry that began during her undergraduate years. Initially exploring a range of healthcare and technology careers, she prioritized stability and long-term opportunity: "I really don't have any backup options or desires. I don't dream of labor at all. So, there's no such thing for me as a dream job."

Her interest in dentistry emerged unexpectedly, sparked by a dream and reinforced through early shadowing and involvement in pre-dental activities. She described challenges navigating the application process without prior exposure, including an early unsuccessful DAT attempt.

Ultimately, Rose's pathway included completing a master's program, reassessing her preparation, and strengthening her application over time. A significant aspect of her narrative involved navigating family expectations and advocating for their chosen path despite initial doubt by family members. Rose's narrative highlights themes of persistence, self-advocacy, and identity formation. Her reflections provide insight into the emotional and relational dimensions of pursuing dentistry, particularly in the absence of a clear or traditional pathway.

Emerging Dentist 8: Sage

Sage described a pathway shaped by cultural diversity, life transitions, and varied educational experiences. Growing up in an immigrant household, she navigated periods of instability and multiple educational settings, including homeschooling and attending college out

of state. She explored several potential career paths, including medicine and teaching, before discovering dentistry through hands-on experience working in a dental office.

Initially serving as an interpreter, Sage gained exposure to clinical practice and patient interaction. She noted that dentists they encountered demonstrated a strong sense of satisfaction and work–life balance, which contrasted with experiences she observed in other healthcare fields. As she reflected: “All the dentists I met were happy… compared to a lot of medical doctors I talked to who seemed really burned out. Most dentists were like, I love this career. You can do so much with it.”

Sage’s narrative highlights themes of exploration, adaptability, and the importance of experiential learning in shaping career decisions. Her reflections provide insight into how exposure and lived experience influence professional direction.

Emerging Dentist 9: Willow

Willow described a steady and thoughtful progression into dentistry grounded in an early interest in science and healthcare. She recalled enjoying challenging coursework and engaging in hospital volunteering, which helped clarify her desire for a career that combined scientific rigor with meaningful patient interaction.

Her interest in dentistry developed through positive orthodontic experiences and exposure to welcoming dental environments. She described dentistry as offering an ideal balance between technical challenge and interpersonal connection: “It felt like the perfect life balance. It was just enough of a challenge in science, and I also knew I would be around people.”

She pursued additional shadowing and volunteer opportunities to confirm their interest. Her journey also included navigating uncertainty during the COVID-19 pandemic, when limited clinical access created barriers to preparation. Willow’s narrative highlights themes of intentional

decision-making, balance, and adaptability. Her reflections provide insight into how students refine their career goals through experience, mentorship, and reflection.

Together, the narratives of the nine Emerging Dentists provide a rich and multidimensional understanding of the pathways into dental education and the experiences that shape students' sense of belonging. While each participant's journey is unique, common patterns emerge, including persistence, self-advocacy, identity development, and the navigation of academic and professional spaces without clear or consistent guidance. Many participants described nontraditional or nonlinear pathways, marked by setbacks, additional preparation, and moments of uncertainty that ultimately strengthened their commitment to the profession. These collective experiences shape the study by grounding the analysis in lived realities and highlighting the importance of community, representation, and support systems within dental education. The Emerging Dentists' stories underscore the role of intentional spaces, such as Sista Circles, in addressing isolation, affirming identity, and fostering a sense of belonging. As a group, they provide critical insight into how women navigate the demands of dental school while developing professionally and personally, offering a foundation for understanding the impact of affinity-based interventions within this context.

Data Collection

On February 20, 2026, I received Institutional Review Board (IRB) approval to begin the study and recruit participants. I conducted recruitment through an email invitation distributed to all students via the Mid-Atlantic School of Dental Medicine (MASODM) student listserv. In the email, I outlined the purpose of the study, procedures for expressing interest, and details regarding confidentiality and voluntary participation. I also described the peer-support intervention and the available group formats.

A total of 11 women expressed interest in participating in the initial interview phase. Two students later withdrew due to the demands of their academic schedules and were unable to commit to the full scope of the study. Ultimately, nine women dental students participated in all phases of the study. I designed the Sista Circle to include no more than ten participants, aligning with the intended structure of the peer-support experience.

That the study included a peer-support experience with two potential group formats: a Sista Circle designed for women and a mixed-gender group that could be formed if needed. While I intentionally designed the Sista Circle to center women's experiences, I included a second group option to ensure that participation was not restricted based on gender identity. Recruitment materials invited participation from all students; however, all individuals who expressed interest and ultimately participated in the study identified as women. For the purposes of this study, I focused analysis exclusively on participants in the Sista Circle.

Phase I: Baseline Data Collection

Following recruitment, participants scheduled in-person, one-on-one interviews with me via email. I conducted these sessions in a private space within the Office of Counseling and Student Development and scheduled them in 30-minute blocks, with additional time available as needed. At the beginning of each session, I reviewed informed consent forms with participants, obtained their signatures, and secured permission for audio recording.

During Phase I, I established baseline data. Participants completed the pre-administration of the SOBI-P and participated in semi-structured interviews that I designed to explore their experiences of belonging, community, and navigation of dental school prior to engaging in the Sista Circle. I audio-recorded all interviews using an encrypted device that also generated transcripts to support accuracy. While I followed a consistent interview protocol, I allowed

flexibility for participants to elaborate on their experiences. Interviews ranged from 22 to 43 minutes, with an average duration of approximately 29 minutes. Throughout each session, I took field notes to capture key observations, reflections, and initial analytic insights. These interviews, along with transcripts and field notes, served as primary qualitative data sources for understanding participants' baseline experiences.

Phase II: Sista Circle Intervention

In Phase II, participants engaged in the Sista Circle, which functioned as an affinity-based peer-support intervention. I designed the sessions to create a supportive and reflective space in which participants could share experiences, build connections, and engage in dialogue related to their identities and experiences as women in dental school.

Throughout this phase, I documented observational data through reflective journaling. Following each session, I recorded observations and reflections capturing group dynamics, participant interactions, and emerging insights related to belonging, connection, and identity. These reflective entries served as an additional qualitative data source and helped me contextualize participants' experiences during analysis.

Phase III. Post-Intervention Data Collection/Analysis

In Phase III, I conducted post-intervention data collection and analysis. Following participation in the Sista Circle, participants completed the post-administration of the SOBI-P to assess changes in their sense of belonging. I analyzed quantitative data from the pre- and post-SOBI-P to identify shifts in belonging.

In addition, I analyzed qualitative data from observational field notes documented in reflective journals to examine participants' experiences, perceptions, and sense of community during the Sista Circle. By integrating quantitative and qualitative data, I identified key patterns

and themes related to participants' well-being, identity development, and overall dental school experience.

Data Analysis

For the qualitative analysis of semi-structured interviews and reflective journals, I utilized a focused coding approach to examine participants' experiences in relation to the three guiding research questions. Focused coding involves organizing data into conceptual categories that capture patterns and meaning across participant narratives (Saldaña, 2016). This analytic approach is appropriate across a range of qualitative methodologies and was well-suited to this study's goal of centering and elevating participants' voices.

I conducted the coding process using an iterative, multi-cycle approach. First, I used open coding to identify initial concepts, phrases, and meanings within the data. Next, I applied axial coding to examine relationships among these codes and identify patterns across participants' experiences. Finally, I used selective coding to synthesize these patterns into broader analytic categories that addressed each research question.

I audio-recorded all interviews using an encrypted device that also generated transcripts and conducted multiple rounds of coding to ensure a thorough and accurate representation of the data. This process allowed me to refine codes, deepen analytic insight, and engage more fully with participants' experiences across both interviews and reflective journal entries. I applied this analytic process across each research question, attending to how different data sources contributed to understanding participants' experiences at various points in the study.

For the quantitative analysis, I conducted a paired-samples t-test using SPSS to examine changes in participants' sense of belonging from pre- to post-intervention, as measured by the Sense of Belonging Instrument–P (SOBI-P). This analysis enabled comparison of participants'

scores before and after participation in the Sista Circle to determine whether observed differences were statistically significant. To further explore whether changes in belonging varied by class standing, I conducted a Spearman's rank-order correlation to assess the relationship between participants' class year and their change in belonging scores. I selected Spearman's rho given the ordinal nature of the class variable.

Results

To address the three guiding research questions, I integrated quantitative and qualitative data into the analysis. Findings are presented in alignment with each research question.

Research Question 1

The first research question explored how women experience a community of care in their dental school interactions and established a baseline understanding of belonging and connection prior to participation in the Sista Circle intervention. To address this question, I analyzed both quantitative and qualitative data, including results from the pre-intervention SOBI-P assessment and semi-structured interviews conducted prior to participants' involvement in the Sista Circle. Together, these data offer insight into how participants experienced belonging in the absence of the intervention.

Quantitative Findings

To establish a baseline understanding of how women experience a community of care within the dental school environment, participants completed the pre-administration of the Sense of Belonging Instrument–Psychological (SOBI-P). All nine participants completed the paper-and-pencil survey prior to engaging in the Sista Circle intervention. The SOBI-P consists of ten items presented as statements (e.g., "I feel valued as a student" and "I feel accepted as part of the

dental school campus community"), with responses measured on a five-point Likert scale ranging from Strongly Agree (5) to Strongly Disagree (1), including a neutral midpoint (3).

Overall, participants reported an average score of 3.3 (SD = 0.38), indicating that, on average, women in the dental program experienced a moderate or neutral sense of belonging. This finding suggests that while participants did not report overwhelmingly negative experiences, their responses also did not reflect a strong or consistent sense of connection, value, or acceptance within the dental school environment. As a baseline measure, these results point to a space in which belonging is present but not firmly established, highlighting the potential need for intentional interventions designed to strengthen students' sense of community and care.

While the quantitative findings provide an important baseline, the overall neutral average obscures the complexity of participants' lived experiences. A score of 3.3 does not fully capture how belonging is shaped through daily interactions with faculty, staff, administrators, and peers, nor does it explain why participants were drawn to the Sista Circle intervention.

To better understand the nuances underlying this moderate sense of belonging, I collected qualitative data through semi-structured interviews prior to the Sista Circle intervention and analyzed to center participants' voices and experiences. These findings offer deeper insight into how a community of care is experienced within the dental school environment, revealing the relational, social, and identity-based dynamics that influence women's sense of belonging. Specifically, the qualitative analysis highlights three key themes: (1) care is experienced through intentional acts of recognition and personal investment, (2) peer networks serve as critical anchors of belonging and support, and (3) belonging is not uniformly experienced but is actively negotiated through identity, authenticity, and social dynamics within the dental school environment.

Table 2.

SOBI-Psychological (SOBI-P) Likert Scale Survey Items

Question
1. I feel valued as a student at the dental school.
2. I think I belong on the dental school campus.
3. I do **not** feel comfortable on the dental school campus.
4. I feel accepted as part of the dental school community.
5. I do **not** feel supported by the dental school.
6. I feel there are social organizations or activities at the dental school that meet my needs.
7. I feel I am academically prepared to succeed at the dental school.
8. I am proud to be a student at the dental school.
9.I feel I am **not** treated with as much respect as other students at the dental school.
10. I would choose to attend the dental school all over again.

*Note***.** Items were rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Items 3, 5, and 9 were reverse-coded. Adapted from Hagerty and Patusky (1995).

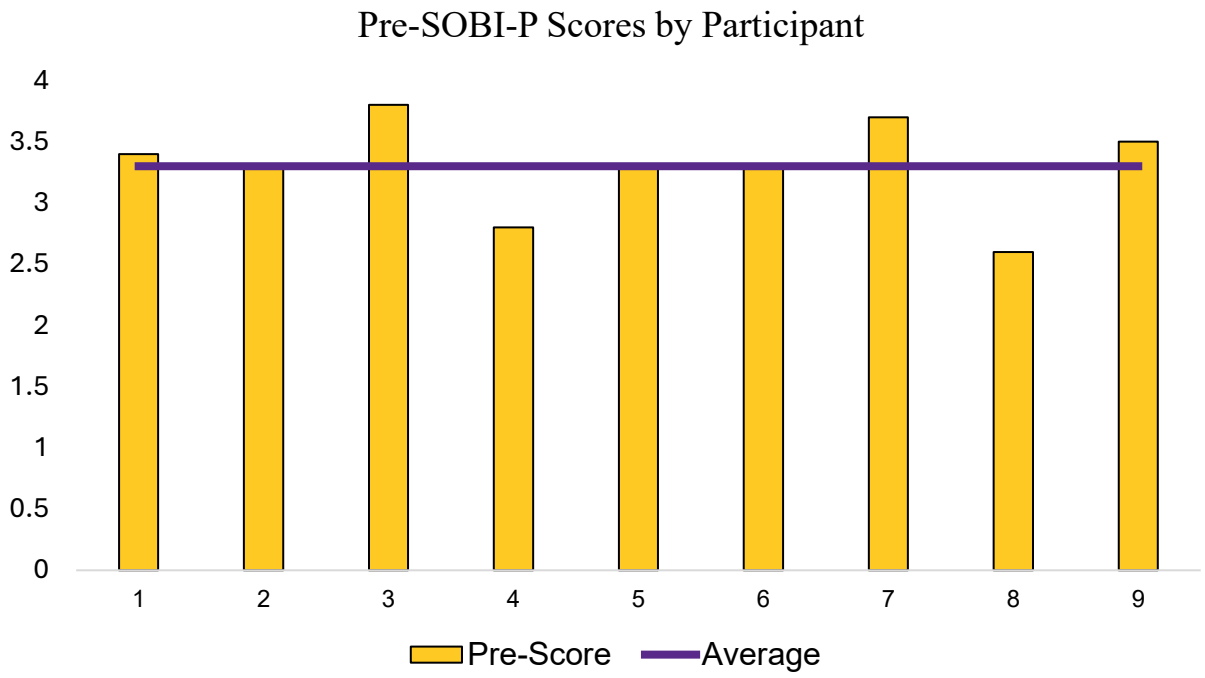

Figure 3. Pre-SOBI-P results

Qualitative Findings

As I entered each Sista Circle session, I brought both my scholarly perspective and my lived experience as a woman who has walked alongside students through moments of uncertainty, hope, and growth. Throughout this process, I remained intentionally focused on centering the voices of the Emerging Dentists (EDs) while also acknowledging my role as facilitator and researcher. I approached each session with care, creating an environment that supported openness and trust through intentional design choices that fostered connection, privacy, and comfort.

Throughout this chapter, I incorporate brief researcher reflections to make visible the interpretative process inherent in qualitative research. These reflections are not intended to overshadow participant voices, but to provide insight into how meaning was constructed, attending not only to what was said, but also to what was felt and expressed through pauses, emotion, and silence. Instances labeled “Researcher Reflection” signal my interpretive voice and are presented as distinct from participant narratives, which remain central to this study.

Qualitative data from one-on-one interviews and Sista Circle dialogues revealed consistent patterns in how participants experienced and defined a community of care within the dental school environment. Participants did not describe care as a formal structure or program, but rather as a series of intentional interactions that made them feel seen, valued, and supported within an environment that is both academically demanding and emotionally intense.

Their reflections provide insight into how they define belonging, how they have experienced it, and how they hope to experience it moving forward. Care was consistently understood as relational, emerging through recognition, affirmation, and genuine personal investment from peers, faculty, staff, and administrators. In a culture where performance often

overshadows personhood, these moments of care stood out as especially meaningful within the pace and pressure of dental school.

Theme 1: Care is Experienced Through Intentional Acts of Recognition and Personal Investment

For many EDs, care was felt most deeply when someone took the time to acknowledge them as individuals rather than as another student progressing through exams, competencies, and academic milestones. These moments were often small, but participants described their impact as lasting and deeply meaningful. One participant, Daisy, shared how a simple email from a staff member changed her entire day:

> There've been so many times I've been a little sad, and then I saw an email, and it's like, oh, someone's thinking about me… it just made me feel safe. Like, I'm not just another student here, especially because it came from the Associate Dean, someone who is high up and has a lot going on.

Recognition from faculty carried similar weight. Students described how meaningful it was when faculty paused to learn their names or acknowledge their progress. Daisy recalled a moment in a preclinical lab when a faculty member stopped mid-instruction to ask her name. As she put it, "That meant a lot to me… even though it was something so small… it just made me feel seen. Like I'm not just another person." These gestures disrupted the anonymity students often experienced in large, high-pressure settings and strengthened their sense of belonging. Willow expressed gratitude for supportive staff as well:

> I am so grateful for the staff that provides programming for us to get together and connect on and off campus. They are so supportive and truly make us feel right at home and like we are part of their family.

Building on these moments of recognition, participants described care not only as being seen, but as feeling safe enough to be fully themselves within the environment. At baseline, prior to participation in the Sista Circle, EDs consistently defined care as the ability to show up authentically without fear of judgment. Psychological safety emerged as a central component of community care, something participants described as both deeply needed and often missing within the broader dental school environment. As Holly reflected when describing what later drew her to the Sista Circle intervention, "I could speak about the things that were bothering me… without being judged… it really made it feel like a safe place."

Others echoed this sentiment, describing care as acceptance, comfort, and the freedom to be themselves. When reflecting on what a community of care would look like, Sunflower summarized it as: "Being a part of a group where you feel accepted… don't feel judged… feel safe. Supported." At this pre-intervention stage, these descriptions often reflected an aspirational vision of care, rather than a consistently experienced reality. This desired sense of safety stood in contrast to the broader dental school environment, where students frequently felt pressure to maintain a facade of constant competence, even when it did not align with their internal experiences. This tension was highlighted by participants like Sage who explained "Some days I'm like, how are you really doing this? Because it's a lot." An idea that was seconded by Holly who was describing the dental school environment when she said: "It is exhausting… the mental gymnastics. I definitely feel like it is heavier to be a woman in dental school."

As the women in the study defined communities of care, their understanding often emerged from what was lacking. EDs described how the absence of consistent psychological safety shaped their dental school experience. Yet within these conversations, they also identified

moments of hope, highlighting specific interactions, particularly with faculty, that helped approximate a sense of care and belonging.

Faculty interactions significantly shaped how EDs experienced care at baseline. When faculty took time to mentor, coach, and affirm students' abilities, it strengthened both confidence and an emerging sense of belonging. Ivy described a faculty member who supported her skill development and celebrated her progress: "He was like, 'Oh my gosh, you did it… I'm so proud.'… Having faculty like that definitely makes you feel like, OK, this person knows I'm capable."

Similarly, Rose reflected on a conversation with a senior administrator that reframed her self-doubt and affirmed her place in the program. These moments of affirmation helped counter imposter syndrome and reinforced EDs' belief in their own competence, even prior to structured intervention. Beyond mentorship and affirmation, EDs also described care as emerging during moments of personal and emotional vulnerability.

At baseline, care was frequently described as emotional support during challenging moments. EDs valued when others checked in on them or acknowledged their experiences beyond academics. Daisy shared "I didn't know if I would have the support or that people would care… it meant a lot to know someone was thinking about me outside of dentistry." These interactions reinforced that EDs were valued as whole individuals, not solely for their academic performance, even in the absence of formalized support structures like Sista Circle. Importantly, EDs emphasized that care did not need to be formal or large in scale to be meaningful. Instead, they consistently highlighted that care often emerged through small, everyday interactions. Simple gestures such as a brief conversation, a shared moment, or an act of kindness carried significant weight. For Willow, sometimes those gestures came at just the right moment:

“Sometimes I’m like, I cannot be here today… and then I have a little conversation with a random person and I’m like, yeah, this is meant to be.” These moments contributed to a broader sense of community care, helping EDs navigate both the emotional and academic demands of dental school prior to intervention. Taken together, these baseline findings suggest that care is not rooted in formal systems, but in consistent, relational interactions that affirm students as whole people.

At baseline, EDs experienced a community of care when they were recognized, affirmed, and supported as individuals beyond their academic performance. Care was enacted through intentional recognition, mentorship, emotional support, and everyday kindness. These interactions created intermittent pockets of psychological safety within a competitive environment and helped EDs feel valued, grounded, and connected.

While these practices may appear simple, the findings suggest that meaningful care does not occur by chance. Rather, without intentional structures such as Sista Circle, these experiences remained inconsistent, often dependent on individual interactions rather than sustained community support. In this context of inconsistent and individually driven care, EDs increasingly turned to their peers, whose relationships emerged as critical and reliable anchors of belonging and support within the dental school environment.

Theme 2: Peer Networks Serve as Anchors of Belonging and Support for Women in Dental School.

At baseline, prior to participation in the Sista Circle intervention, EDs consistently described their peers as the most reliable and accessible source of care within the dental school environment. Beyond faculty and staff interactions, peer networks, both formal affinity groups

and informal friendships, functioned as ongoing ecosystems of support that helped women navigate and persist within a demanding academic setting.

These relationships helped EDs manage the academic rigor, emotional strain, and social complexity of dental school, providing a sense of grounding that institutional structures alone did not consistently offer. This was especially important given that many EDs were the first in their families to pursue a professional degree, and in some cases, the first to attend dental school. For many EDs, this sense of peer-based care began within structured affinity spaces that provided early and sustained opportunities for connection.

Affinity organizations such as the Student National Dental Association (SNDA), the Hispanic Student Dental Association, and the American Student Dental Association served as early and enduring sources of belonging. These spaces provided academic preparation, mentorship, and emotional support, often before students even entered their first class. This came up frequently in initial interviews with participants reflecting on the positive impact of such spaces. Sunflower reflected on what SNDA had meant to them:

> I feel like SNDA… was my family, whenever we were in first year… they would always have tutoring sessions, preparation sessions… even going into clinic… they had intro sessions… and just having those people above you… willing to look out for you, support you, lift you up… I felt really supported by that.

She wasn't alone in that. Others echoed this sentiment describing SNDA as a community that shaped their entire dental school experience. Violet openly considered how different her experience would have been without SNDA: "Being in SNDA… that entire experience thus far in my dental school journey has really provided a sense of community that I feel like without it, I really would kind of be lost."

These affinity spaces offered more than academic guidance; they created continuity, connection, and cultural familiarity, helping EDs feel grounded in an otherwise overwhelming environment. For some, these relationships began even before acceptance into the program. Sunflower explained: "Before getting into school, I would talk to people in SNDA… I already kind of felt a part of that club… it was so helpful in my journey. So, I kind of want to do the same for others." This early sense of belonging eased the transition into dental school and reinforced the idea that care is cultivated through community, not coincidence.

While affinity spaces provided structured entry points for belonging, EDs also described day-to-day peer relationships as essential sources of both academic and emotional support. At baseline, EDs emphasized that peers were the individuals they turned to most frequently for academic assistance, emotional reassurance, and navigating the daily uncertainties of dental school. Holly captured this sentiment when she told me:

> I would say my classmates really… I probably would not have made it through dental school without them… even small situations or being in the lab together… none of us have any idea what's going on, but there's that one person that somehow always knows.

EDs described peer relationships as offering a level of shared understanding that faculty and staff, despite their support, could not always provide. Daisy explained: "So often in dental school, you don't really know what you're doing… but knowing there are other people you can call on, who you can depend on, makes your journey a lot easier." These relationships helped EDs feel less isolated during moments of confusion, stress, and self-doubt. In many cases, these peer connections were strengthened through shared challenges, which became powerful catalysts for deeper connection.

EDs described how shared academic, emotional, and social challenges created opportunities for connection and mutual understanding. For Lavender, "Being in a space and knowing other people also felt the same way was really helpful… hearing someone else had experienced struggles that I had made me realize I was where I was supposed to be." For some, reaching out for help initially felt uncomfortable, but doing so opened the door to meaningful relationships. Sage shared:

> I was a little awkward initially asking for help, but when I did, people were very supportive… that's when I started feeling more connected with my class… I didn't have money to rent a car… ubering was a lot. But my classmates came through for me. That's a moment I will never forget.

These moments of vulnerability, including asking for help, admitting uncertainty, and sharing personal challenges, became the foundation for authentic peer support. Considered together, these findings highlight the central role of peer networks as consistent and sustaining sources of care at baseline. Prior to the Sista Circle intervention, peer support, both through formal affinity organizations and informal friendships, served as vital anchors of belonging for EDs. These relationships provided academic guidance, emotional support, and a shared sense of humanity within a demanding and competitive environment. Affinity spaces offered structured mentorship and early connection, while everyday peer interactions fostered solidarity and mutual care. Together, these peer-based ecosystems formed a powerful, though sometimes informal, community of care that helped EDs feel grounded, capable, and less alone in their dental school experience. However, while peer networks provided critical and often consistent sources of support, EDs' experiences of belonging were not uniform, but instead shaped by identity, authenticity, and the broader social dynamics of the dental school environment.

Theme 3: Belonging is Not Uniformly Experienced but Rather is Negotiated Through Identity, Authenticity, and Social Dynamics within the Dental School Environment.

Prior to the start of the Sista Circle, EDs described belonging as deeply tied to their ability to show up as their full, authentic selves. Participants did not experience belonging as genuine when it felt performative or rooted in conformity. Rather than a fixed or stable state, belonging was described as fluid, fragile, and continuously negotiated within the dental school environment. Yet, once established, it was highly valued and closely held, particularly within a new and unfamiliar academic and social context. As Lavender explained:

> Being authentic is very important to me… I feel like there's a lot of times when people want to feel a sense of belonging but will fake it to fit in… and I've definitely done that… but it creates this pseudo sense of belonging… it's not truly feeling like you belong… authenticity, identity, being comfortable, truly being me.

At baseline, barriers to belonging were often internalized, emerging through experiences of imposter syndrome shaped by identity and environment. EDs described questioning whether they belonged in dental school, particularly when their identities were not affirmed by peers or faculty. Rose wondered aloud: "Do I even belong here?… I feel like that leads to a lot of imposter syndrome." Another participant, Holly, reflected on how those perceptions shaped her decisions: "People project what they believe about you onto you… and that stopped me from applying." These internalized doubts were not simply individual insecurities; rather, they reflected identity-based messages embedded within the culture of dental education.

For many EDs, belonging was contingent upon their ability to maintain authenticity, even when doing so carried social risk. During initial interviews, EDs described authenticity not as a luxury, but as a requirement for genuine belonging. At the same time, authenticity was often

experienced as vulnerable, particularly within an environment where fitting in could feel necessary for social and academic survival. Several participants entered dental school committed to remaining true to themselves, even when doing so resulted in social isolation. Lavender shared: “I came into dental school with the mindset of… I have to be myself… even if that means I have fewer friends… The first few weeks were really difficult for me socially because I’m not super outgoing.” Authenticity, then, functioned as both a source of grounding and a potential barrier to connection, illustrating the tension between self-preservation and belonging.

These tensions were further shaped by identity-based experiences that influenced how EDs navigated connection within the dental school environment. Students who held marginalized or less visible identities described feeling judged, misunderstood, or out of place. Lavender explained how multiple aspects of her identity created barriers to connection:

> I'm part of the LGBT community… I’m not really religious… and I think religion is such a huge part of this area… once people realize that I’m not, I definitely felt judged… people have made comments… that puts a pretty big roadblock… I stand out a little bit… I’m a little edgy.

These experiences led some EDs to become more reserved, not due to a lack of openness, but as a protective response to anticipated judgment. Racial identity also shaped belonging. EDs who transitioned from historically Black institutions or culturally familiar environments into predominantly White dental programs described the emotional labor of adapting without always experiencing reciprocity. Violet reflected: “I’ll go out of my way to say good morning or try to expand beyond a certain circle… but sometimes I feel like that’s not reciprocated.” This statement may reflect a broader cultural dynamic within the dental school environment that shapes students’ experiences of belonging. Within the surrounding discussion, participants

described instances in which the intensity of academic and clinical demands limited opportunities for meaningful peer connection. In these moments, the high expectations and time pressures of the program appeared to constrain students' capacity to engage relationally, which in turn influenced whether efforts to build connection were reciprocated.

Over time, these identity-based experiences were often internalized, shaping how EDs interpreted everyday social interactions. For some EDs, identity-based barriers became internalized as self-blame when connections did not form. Holly explained: "Instead of realizing maybe it's just our personalities that don't click… I'm thinking something is wrong with me… now they think I'm a total weirdo or something."

This self-doubt reflected more than individual insecurity; it represented the cumulative impact of subtle exclusions, micro-judgments, and the ongoing negotiation of identity within a high-pressure environment. These findings suggest that belonging is not simply about fitting in, but about the ability to exist fully without shrinking or masking aspects of oneself. When identity becomes a barrier, belonging becomes conditional, fragile, and easily disrupted.

Beyond identity and authenticity, EDs also described the emotional toll associated with navigating belonging in this environment. Belonging was experienced as emotionally demanding, with its absence affecting both well-being and academic performance. Rose reflected on the heaviness of this absence when she shared: "There have been times this year where I haven't felt a sense of belonging… and that takes up so much space… that I struggle in other areas because of that." She then continued this thought, adding:

> The emotional hole not belonging takes on you… it feels really heavy… it kind of ruins other aspects of life. If I don't feel comfortable… I just don't feel like I could do well there. Mentally, my physical will start going down.

These accounts illustrate that belonging is not peripheral to the student experience, but central to both emotional well-being and academic functioning. In addition to being emotionally demanding, belonging was described as dynamic, shifting over time and across experiences. At baseline, EDs emphasized that belonging was not static, but instead evolved throughout their time in dental school. Further along in her dental school journey, in our initial interview Holly reflected: "I don't think I started feeling a sense of belonging until maybe late in my third year… then now in my fourth year when I started getting more confidence in my clinical skills." Another participant, Willow, reflected on the unstable nature of belonging when she told me: "Some days aren't so good, some days are amazing… I'll come in thinking it's going to be a great day… and it ends up being one of my least favorite days. The ups and downs are exhausting."

These narratives highlight the instability of belonging, reinforcing that it is continuously shaped by context, confidence, relationships, and daily experiences. Altogether, the findings demonstrate that, at baseline, belonging was not universally accessible, but instead negotiated through identity, authenticity, and social context. EDs' experiences of belonging were shaped by who they were, how they were perceived, and the extent to which they felt safe to express their authentic selves. While peer networks and individual relationships provided meaningful moments of connection, belonging remained uneven and, at times, elusive.

These findings underscore that belonging is not simply achieved through presence within an academic environment, but through the ongoing negotiation of identity within that space. Without intentional structures to support authenticity and inclusion, belonging remained conditional, fluid, and deeply influenced by social dynamics.

Taken together, these findings illustrate that, at baseline, community care and belonging were present but uneven, emerging through individual relationships rather than sustained, intentional structures. While EDs experienced recognition, peer support, and connection, these experiences were often inconsistent and shaped by identity, authenticity, and social dynamics. This variability reveals a critical gap within the dental school environment: care and belonging are not guaranteed but instead depended on circumstance. It is within this context that the Sista Circle intervention was introduced as a structured and intentional space designed to cultivate the very conditions EDs identified as necessary for authentic belonging.

Researcher Reflection

Belonging is crucial, and this became increasingly clear as I observed the women in the early sessions of the Sista Circle. Their conversations revealed a deep desire to belong within their group, to be accepted by faculty, and to feel a sense of place in dentistry. Alongside this desire was a complex process of identity development. Each participant, at some point, grappled with who she was becoming. They were not only acquiring the skills, knowledge, and expectations of a demanding profession, but also confronting the question of who they needed to be to succeed in it.

As I listened, I witnessed different stages of identity development unfolding. Some women navigated uncertainty, comparison, and pressure to fit in, while others expressed a sense of clarity grounded in the relationships and support systems they had built. Watching these differences coexist reinforced that identity development is not linear, particularly within this academic environment.

What stood out most was the connection between belonging and identity. As participants felt more supported, they expressed greater confidence in who they were. When belonging felt

weak, identity appeared more uncertain. This reflection reinforced that belonging is not a luxury in professional education, but a critical component of development.

Research Question 2

Building on the gaps identified at baseline, the second research question examined how participation in the Sista Circle intervention contributed to women's sense of belonging within the dental school environment. Where belonging had previously been described as inconsistent and negotiated, this phase of the study focused on what changed when an intentional space for care and connection was introduced.

To address this question, I integrated both quantitative and qualitative data. Quantitatively, I administered the Sense of Belonging Instrument (SOBI-P) following participation in the Sista Circle to assess changes in participants' sense of belonging over time. This post-intervention measure provided a means of evaluating whether a measurable shift in belonging occurred after engagement in the Circle.

Qualitatively, I collected data through field notes and observations documented in a reflective journal during the facilitation of Sista Circle sessions. These reflections captured not only what participants shared, but how they engaged with one another, offering insight into how belonging was experienced, expressed, and developed within the intervention.

Quantitative Findings

To examine the impact of the Sista Circle intervention on participants' sense of belonging, the Sense of Belonging Instrument–Psychological (SOBI-P) was administered a second time following the conclusion of the program. All nine participants completed the post-test using the same paper-and-pencil format as the pre-administration. The purpose of administering the instrument at two time points was to assess whether changes in belonging

occurred following participation in the Sista Circle and to determine whether any observed differences were statistically significant.

Following participation in the Sista Circle, the average belonging score increased from 3.3 to 3.72 ($SD = 0.56$), indicating a shift from a neutral toward a more positive sense of belonging over a relatively short period of time, specifically four weeks. To evaluate the significance of this change, I conducted a paired samples t-test. Results indicated that the increase in belonging scores was statistically significant ($p < .05$), suggesting that participation in the Sista Circle was associated with meaningful improvements in participants' perceived sense of belonging within the dental school environment.

To further assess whether a relationship existed between class standing and change in belonging, I conducted a Spearman's rank-order correlation. The results indicated a moderate negative, but non-significant, association between class standing and change in belonging ($r_s(7) = -.45$, $p = .226$). Although this relationship was not statistically significant, I observed that the only decreases in belonging occurred among D4 students. This pattern is not unexpected given the topics discussed by D4 participants during the Sista Circle, including the stress associated with board examinations and the transition to residency, specialty programs, and employment. However, given the small sample size, I interpret this pattern with caution while recognizing that it may reflect the broader transitional demands associated with the final year of dental school.

Item-level patterns further illustrate where these gains were most pronounced. Participants reported the largest increases in agreement with statements related to academic confidence and identity, particularly "I feel I am academically prepared to succeed" and "I am proud to be a dental student." These shifts suggest that the intervention not only strengthened

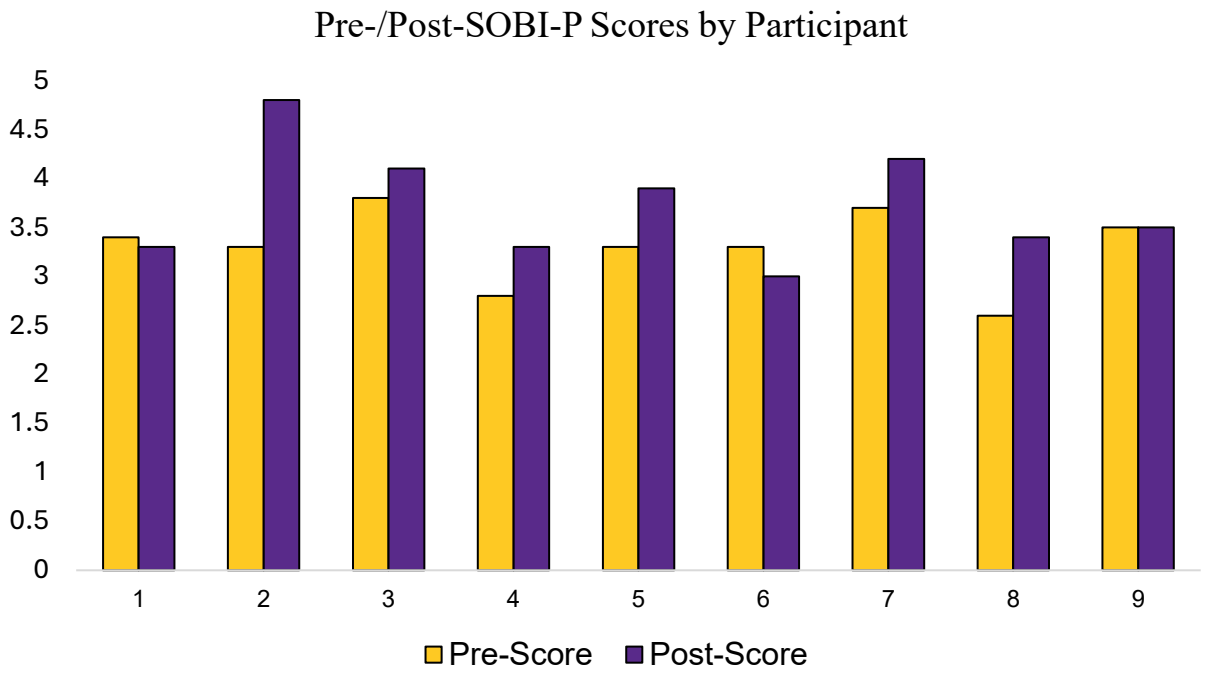

Figure 4. Change in SOBI-P following Sista Circle

participants' sense of connection to the community but also reinforced their confidence and identity within the academic environment.

While the quantitative findings demonstrate a statistically significant increase in belonging following participation in the Sista Circle, they do not fully explain how or why these changes occurred. The observed gains point to the effectiveness of the intervention, but the mechanisms underlying this shift are best understood through participants' lived experiences. The qualitative findings that follow provide deeper insight into the ways in which the Sista Circle contributed to participants' sense of belonging. By centering participant voices, these findings illuminate how community, care, and connection were cultivated through the intervention, offering a more nuanced understanding of the relational dynamics that shaped these quantitative improvements.

Qualitative Findings

Analysis of qualitative data from the Sista Circle sessions revealed a marked shift in participants' experiences of belonging. Whereas belonging prior to the intervention was often described as conditional and unstable, the Sista Circle created an environment in which belonging was actively constructed through relational, emotional, and identity-based processes.

Three themes emerged from the data, highlighting how participants navigated barriers to belonging, engaged in collective meaning-making, and experienced belonging as both a relational and developmental process.

Theme 1: Belonging Is Undermined by Social Exclusion, Microaggressions, and Gendered Expectations

Across all four Sista Circle sessions, belonging emerged as a deeply relational, emotional, and identity-affirming process. EDs consistently described the broader dental school

environment as academically demanding, emotionally taxing, and, at times, physically exhausting. In this environment, belonging was not a given, but something easily disrupted through everyday interactions.

Participants described a culture in which they often felt reduced to "robots," expected to perform at a high level while suppressing emotional responses and navigating complex social dynamics without space to process their experiences. As Sunflower reflected "Sometimes we just suppress that and work through it… we're not in tune with how it makes us feel."

Belonging was described as fragile, even when established. EDs explained that it could be quickly undermined through moments of exclusion, misrecognition, or subtle interpersonal harm. They pointed to social fragmentation within their cohorts, including cliques formed around appearance, religious beliefs, and social identity, which contributed to feelings of disconnection. One participant shared, One participant shared, "I was excited it was mostly women… but the cattiness coming out is a whole other thing."

These experiences were further compounded by gendered expectations that shaped how EDs were perceived and how they were expected to show up. Participants described a persistent tension between their professional identities as future dentists and the ways they were recognized by others. Several EDs shared experiences of being misidentified in clinical settings, with one stating, , "I've never had anybody say, 'You're going to be a dentist.' It's always hygienist or assistant."

As participants reflected, these interactions reinforced broader gendered assumptions within the profession and contributed to feelings of invisibility and diminished professional identity. EDs also described expectations related to emotional labor and caregiving. Women felt pressure to be warm, accommodating, and emotionally available, even when that energy was not

reciprocated. One participant, Sage, noted the unequal distribution of responsibilities outside of school, observing, “Their girlfriends or wives come over and do all their laundry and cook for them.” Others reflected on how these expectations extended into academic spaces, where even faculty interactions reinforced gendered dynamics: “Female faculty… sometimes they’re worse… they’re tougher on us.”

In addition to gendered expectations, institutional structures and policies intensified feelings of disconnection and emotional strain. EDs described rigid expectations around attendance, performance, and physical presence that left little room for personal challenges or well-being. As Rose shared, “We don’t get sick days… we’re still expected to show up at 100%.” Another participant reflected on navigating personal crises within these constraints: “My dad had what we thought was a brain aneurysm… the school doesn’t consider that.” Even routine healthcare became a source of stress, as Rose explained: “Five days a year? I’m supposed to schedule all doctor visits around that?”

These structural pressures reinforced the expectation that performance should take precedence over personhood, positioning emotional needs as secondary to academic demands. Within this context of exclusion, pressure, and unmet emotional needs, the Sista Circle emerged as a critical counter-space. Across sessions, EDs described the Circle as a refuge, an environment where they could be fully human, express emotions openly, and engage authentically with one another. In contrast to the broader culture of suppression, the Circle created space for reflection, vulnerability, and connection. Participants began to describe belonging not simply as inclusion, but as the experience of being seen, heard, and supported, while also extending that same care to others.

Over time, EDs described feeling more connected, grounded, and self-aware. By the final session, the Sista Circle was described as transformative. Participants came to understand belonging not only as something granted, but as something co-created through mutual recognition, empathy, and shared understanding. In response to these experiences, EDs reframed belonging as an active process, one built through shared vulnerability, validation, and collective meaning-making within the Sista Circle.

Theme 2: Belonging Emerges Through Shared Vulnerability, Validation, and Collective Understanding.

Within the Sista Circle, belonging was not only discussed but actively constructed through shared vulnerability, validation, and collective meaning-making. In contrast to the broader dental school environment, where emotional expression was often suppressed, the Circle created conditions in which EDs could name their experiences openly and locate those experiences within a shared, collective understanding.

Throughout the Sista Circle sessions, participants described a significant shift that occurred when individual struggles were spoken aloud and collectively affirmed. Hearing others articulate similar frustrations, doubts, and emotional challenges reduced isolation and normalized these experiences within the group context. As Lavender reflected, “Hearing everyone say it… you realize you’re not the only one feeling this.” Others echoed this sentiment, like Violet, who shared: “It’s interesting hearing everyone… it makes you feel less alone.” Through this process of collective sharing, EDs began to reframe their experiences, recognizing that their challenges were not personal shortcomings, but shared realities shaped by the broader culture of dental education.

Central to this shift was the development of psychological safety, which allowed participants to move from guarded participation to authentic engagement. From the first session, EDs described the Sista Circle as offering a rare sense of psychological safety. Its intentional structure, including confidentiality, consistency, and the ritual of gathering, created space for participants to "take off the mask" often required in clinical and academic settings.

Participants described the Circle as a place where they could "finally breathe," feel seen, and be understood without needing to justify or explain their experiences. This sense of safety was not assumed but co-constructed through shared vulnerability. When one participant expressed emotion, others responded with affirmation, empathy, and their own stories, reinforcing a collective understanding: these experiences are not mine alone.

Confidentiality played a critical role in establishing this trust within the Sista Circle space. As Sunflower emphasized, "Everything is confidential… the sacredness of a group is that everything stays confidential." Relational dynamics within the group further strengthened this sense of safety, particularly through the facilitator's role as both guide and participant.

EDs consistently noted that the facilitator's presence as an active participant contributed to the warmth, consistency, and emotional attunement of the space. Rather than positioning authority at a distance, this approach fostered relational trust and reinforced the sense that the Circle was a shared space of care. Participants described feeling supported, seen, and genuinely cared for, which strengthened their connection to the group. As Willow reflected, "The facilitator acts as a participant… I will interact with you all as well." This relational dynamic helped anchor the group, allowing EDs to engage more fully and authentically in the Circle.

In addition to shared vulnerability, belonging was reinforced through interclass connection and the development of a collective narrative of persistence and possibility. A key

dimension of the Sista Circle was the presence of EDs across all four years of the program. Early-stage students gained reassurance from hearing upper-class students reflect on their journeys, while more advanced students found meaning in supporting those just beginning.

This cross-class dynamic created a sense of continuity and lineage, reminding participants that they were part of something larger than their individual cohort. EDs frequently described the impact of hearing from women who had "made it through," noting that these stories provided both grounding and hope. The Sista Circle became a living archive of shared experiences, survival stories, and collective wisdom, reinforcing belonging through connection across time and experience.

Belonging within the Sista Circle was also experienced as emotional release and collective healing. EDs described the Circle as a space where they could process grief, stress, and emotional exhaustion that had been carried silently throughout their academic experiences. Whether navigating personal loss, clinical challenges, or ongoing self-doubt, the Circle offered an opportunity to release and process emotions in community. I saw this in reflective moments like Ivy commenting "Being in this space reminds me I'll get through it," and again, in a later Sista Circle, she when reflected "I don't feel alone anymore." These statements reflect a deeper form of belonging, one rooted not only in connection, but in validation, healing, and shared emotional experience.

Over time, these collective experiences contributed to a shift in how EDs understood and experienced belonging. By the final session, participants described the Sista Circle as restorative and transformative. One-word reflections such as "relief," "refreshing," and "sweet" captured the emotional impact of the space. Within this context, belonging was no longer defined solely as inclusion, but as the experience of being seen, heard, validated, and supported within a

community that actively participated in one another's well-being. Through shared vulnerability and collective understanding, EDs did not simply find belonging; they co-created it.

Researcher Reflection

As both facilitator and participant, I observed a clear shift in how EDs engaged with the Circle over time. Participants began arriving early, expressing anticipation for each session, and communicating with one another when delayed. The energy in the room shifted as well; EDs entered more openly, settled in more quickly, and engaged more deeply with one another. These patterns reflected not only increased comfort, but a growing sense of ownership and belonging within the Circle. As this sense of ownership deepened, EDs engaged not only with one another, but also with themselves in new ways, using the Sista Circle as a space to explore their identities and reclaim their sense of agency within the dental school environment.

Theme 3: Belonging is Strengthened Through Identity Exploration and Reclaiming Agency.

Within the Sista Circle, belonging extended beyond social connection to include deeper processes of identity exploration and self-definition. EDs described belonging not only as being accepted by others, but as the ability to show up authentically and recognize themselves as whole individuals within the dental school environment.

Through ongoing dialogue within the Sista Circle, participants reflected on their identities as emerging dentists, first-generation professionals, caregivers, creatives, and individuals shaped by diverse life experiences. In doing so, they began to challenge limiting narratives about who they were and what they were capable of achieving. These conversations created space for EDs to reconsider their professional trajectories and affirm their right to occupy space within dentistry.

Central to this process was the opportunity to reflect on identity beyond the confines of the professional role. The Sista Circle created a rare space for EDs to explore who they were outside of their clinical and academic identities. When prompted to consider the question, “Who are you without the white coat?” many participants initially struggled to respond. This hesitation revealed the extent to which their identities had become narrowly defined by the demands of dental school. As Ivy reflected on this uncertainty, she shared:

> I'm still learning new things about myself, which is why I feel like this question is kind of hard for me to answer. Like I feel like I'm constantly kind of finding new pieces of myself and I'm not totally sure like why, but I struggle with that (…). I don't know, like I look back at things I did and I'm like, I was like a totally different person. Like, I don't know, I feel like I'm still figuring myself out.

Her reflection illustrates the fluid and evolving nature of identity during this stage, highlighting how self-understanding is not fixed but continually renegotiated within the context of dental training. However, as the conversation unfolded, EDs began to reclaim and articulate identities that extended beyond dentistry. Participants described themselves in ways that reflected creativity, relationality, and presence. Willow shared, “I feel like I’m like a curious lover girl… loving life and friends and being more present,” while Rose emphasized the importance of maintaining a sense of self beyond the profession, stating, “there has to be a balance between your real life and your dental life… I will not lose my personal self over dentistry.” Others pointed to hobbies and passions that signaled reconnection with self. Sage shared, “I like to travel and try new stuff… learn the guitar,” while Daisy added, “I can bake… I always know I’m at a good place in my life when I start baking again.” These reflections revealed that identity

outside of dentistry had not disappeared but had been deprioritized under the weight of academic and clinical expectations.

As participants engaged more deeply in these conversations, this process of identity exploration began to translate into action, as EDs reclaimed agency in how they lived their daily lives. EDs described becoming more intentional with their time, relationships, and boundaries. As Daisy explained, "I'm just enjoying a slower pace in my life… being intentional with my friendships… saying no," while Violet reflected on a shift toward self-prioritization, stating, "I'm always considering other people, but then I'm not really considering myself… I'm trying to be more intentional… not to the extent of sacrificing my own feelings." This emphasis on self-prioritization extended beyond boundaries to include a broader reorientation toward daily life. As Violet further shared, "last year I was just trying to use all my time to study… now I'm trying to be more intentional… enjoying the small things."

Reclaiming agency also extended to how participants understood their professional identities and future possibilities. In earlier conversations, some EDs expressed uncertainty about their potential, particularly in relation to pursuing advanced opportunities such as residency programs. However, within the Circle, these narratives were collectively challenged and reframed. Participants affirmed one another's capabilities, reinforcing the idea that the same determination and qualifications that led them to dental school positioned them for continued success. As one ED reminded the group, "you had what it took to get here, so why not pursue what comes next?"

These shifts were further supported through conversations about mentorship and representation. Participants emphasized the importance of connecting with individuals who understood their experiences as women in dentistry. In one Circle, Lavender shared, "there is a

lot about being a woman… that I need to learn from a woman," while another, Willow, described actively seeking spaces of connection, noting, "I try to connect with women… I need that." Others reframed mentorship as something distributed rather than singular. As Lavender explained when describing her approach to mentorship, "I gathered certain pieces of wisdom from each of them." Her comment highlighted the importance of multiple points of guidance. Participants also identified gaps in accessible mentorship within the institution, particularly during key transitions, reinforcing the role of community in supporting both identity development and professional navigation. This gap was particularly notable given the potential value of mentorship within the dental school context. As Violet pointed out, "I think even if you have mentors outside of the building, if you have specific questions related to like the school, they can only offer but so much guidance."

Importantly, this process of identity exploration and agency development was not individual, but deeply relational. EDs consistently described how hearing one another's stories, offering encouragement, and witnessing each other's growth contributed to their own sense of empowerment. Sunflower reflected on the value of cross-class connection, sharing that being in community with other women "puts things into perspective… it does get better," while another, Rose, described the unexpected impact of the space, stating, "you brought together strangers that I might hang out with." Others emphasized the importance of connection beyond the academic environment, noting the value of "non-dental conversations" and spaces where they could engage with one another as whole individuals.

Taken together, these findings demonstrate that belonging within the Sista Circle was not only reinforced through connection but deepened through identity exploration and the reclamation of agency. By creating space for EDs to reflect on who they were beyond the white

coat, challenge internalized limitations, and affirm one another's potential, the Sista Circle supported a more expansive and empowered sense of belonging. In this way, belonging was not only about being included, but about becoming.

Research Question 3

Building on the findings from the previous question, the third research question explored how participation in the Sista Circle intervention influenced women's broader dental school experiences and their readiness for post-graduation practice. While RQ2 focused on how belonging evolved within the Sista Circle itself, RQ3 expands this study to investigate how those relational and emotional experiences translated into academic, professional, and personal growth. In other words, RQ3 shifts the focus from belonging as an outcome to how it acts as a catalyst for readiness, confidence, and identity development after graduation.

To address this question, qualitative data was collected during the facilitation of the Sista Circle sessions. These observations captured changes in participants' confidence, self-perception, interpersonal engagement, and professional outlook over time. Observing patterns in dialogue, behavior, and group dynamics, this analysis reveals how the Sista Circle shaped Emerging Dentists' experiences within dental school and their sense of preparedness for life beyond it. important aspects of emotional regulation, which is a vital skill for ethical and effective patient care.

Theme 1: Sista Circles Build the Emotional Resilience and Regulation Needed for Clinical Practice

Across sessions, Emerging Dentists described clinical training as emotionally intense, unpredictable, and at times overwhelming. The demands of patient care, time pressure, faculty feedback, and the constant expectation to perform created what several participants described as

an environment where emotional regulation was necessary but not explicitly taught. Within this context, students were often expected to manage their emotions independently while maintaining composure in high-stakes clinical settings. As Sage explained, “sometimes it feels like we’re just looked at as robots versus humans,” highlighting the tension between performance expectations and emotional experience.

The Sista Circle provided a structured, intentional space to process this emotional intensity. Through shared dialogue and reflection, EDs named emotional fatigue, unpacked internalized doubt, and examined the cumulative toll of academic and clinical pressures. These conversations normalized their experiences and helped them develop strategies for managing emotional responses in real time. As Sunflower explained, “depending on the procedure in clinic… life is already hard and intense, and I’m already stressed; it doesn’t take much.” This sense of emotional accumulation was echoed by Sage, who described how stress “pile[s] up and pile[s] up… to the point where you just lose it… especially in clinic,” often requiring students to suppress visible emotional responses in professional spaces.

Participants discussed learning how to recover more quickly from criticism, avoid spiraling into prolonged self-doubt, and separate their personal worth from clinical performance. These reflections illustrate the development of emotional regulation strategies that are essential for ethical and effective patient care. Rose acknowledged the difficulty of this process, sharing, “I don’t really regulate my emotions that well… I am still trying to find a balance,” particularly in response to faculty feedback and the pressure to improve. Others described the need to compartmentalize emotions in clinical spaces, even when those emotions remained unresolved.

Importantly, the Sista Circle also created space for emotional release, a critical but often missing component of professional training. Emerging Dentists expressed that being able to

process stress, grief, and frustration within a supportive community was essential to their ability to show up fully in clinical environments. As Sunflower shared, “I don’t want to be in the corner about to cry in clinic… I need to feel my emotions now.” Similarly, Lavender emphasized the value of shared emotional expression, noting that “the idea of crying with someone and that being a positive experience” reframed vulnerability as strength rather than weakness. These moments of release allowed participants to process emotions before entering clinical spaces, rather than suppressing them in ways that could compromise their well-being or performance.

The Sista Circle also encouraged EDs to prioritize self-care practices such as sleep, therapy, movement, and boundary-setting. These conversations reframed readiness for practice as more than technical competence, positioning it instead as a holistic process that includes emotional, physical, and relational well-being. Participants spoke candidly about the challenges of maintaining these practices within the demands of dental school. As Daisy shared, “my sleep schedule has just been so off… I do take Wednesday nights… time to recover,” reflecting the ongoing effort to create space for rest. Sunflower similarly described the need to recalibrate her routines, noting, “I would go to sleep around 11, but being in the clinic, that’s not enough… I need to go to bed at 9:30,” illustrating how clinical demands required a rethinking of personal care practices.

For some participants, self-care also became a process of reclaiming parts of themselves that had been lost to the intensity of training. Violet described this shift as entering her “soft girl era,” explaining:

> I would say I am entering my soft girl era. D1 year, I would just wash to say I took a shower. Now I try to enjoy lighting a candle, choosing what soap I’m going to use, what products I’m using in my hair because I was losing that part of me.

Her reflection captures a broader movement from survival to intentional care, highlighting how small acts of self-attention can serve as grounding practices within high-pressure environments. These reflections illustrate a shift in how EDs understood care, not as an afterthought to performance, but as a necessary condition for sustaining themselves within the demands of dental education and professional practice.

Researcher Reflection

Discussions about self-care, wellness, and emotional presence, particularly in the final sessions, were among the most powerful and revealing moments in the Sista Circle. When the topic of women being perceived as "too emotional" emerged, every participant contributed. What stood out most was how the women collectively challenged this narrative. Rather than accepting the stereotype, they expressed a desire for men in dentistry to engage more fully with their own emotions so that emotional expression would not be framed as a "women's issue." Their reflections demonstrated a nuanced understanding of emotional labor, including who is expected to carry it, who is permitted to express it, and how gendered expectations shape the clinical environment.

I also observed that conversations about self-care varied across participants' year in the program. The D1 and D4 years appeared to represent particularly critical points in their wellness journeys. For some, self-care had become secondary to survival, as they focused on meeting the immediate demands of the program. For others, particularly those nearing graduation, there was a sense of having developed a more intentional and sustainable approach to care after years of trial and adjustment. These patterns reflected two ends of a continuum: navigating exhaustion or working toward balance.

As I listened, I felt a strong desire for each of them to reach a point where their health and well-being were non-negotiable. I reminded them of the importance of caring for their bodies, including seeking sunlight, attending medical appointments, and responding to the signals their bodies communicated. Each time I shared these reflections, the room became quiet. It was a silence that felt like longing, as though participants were waiting for permission to prioritize themselves or seeking guidance on how to become more grounded and well. At the same time, the silence held a sense of relief, suggesting that these conversations addressed needs that were rarely acknowledged within the academic environment.

What I came to understand through these moments was that the women were not only seeking strategies to succeed academically or achieve clinical competence but also striving to become whole. They wanted to be effective clinicians, but also healthier, more self-aware, emotionally present, and connected to themselves. The Sista Circle provided space to explore these desires openly and without judgment. Observing these reflections reinforced the need for spaces within dental education where students can be fully human, where emotional, physical, and relational well-being are recognized as essential to their development.

Theme 2: Sista Circles Support Professional Identity Formation Through Reflection and Mentorship

In addition to fostering emotional development, the Sista Circle played a critical role in shaping EDs' professional identities. Through guided reflection and shared dialogue, participants began to articulate who they were becoming as clinicians and how they wanted to practice dentistry. These conversations moved beyond technical competence, emphasizing the importance of emotional awareness, self-regulation, and intentionality in patient care.

Participants described the need to navigate complex emotional dynamics within clinical settings, particularly when balancing empathy with professional boundaries. As Rose explained:

> It's very important not to get too attached to your patients. I used to take everything in, listen to their stories, and take everything they said personally. They also ask about political and spiritual topics, which can really affect your emotions. You have to protect yourself.

This reflection highlights the role of emotional regulation as a core component of professional identity, underscoring that effective patient care requires not only clinical skill, but also the ability to manage one's emotional responses in real time. Within the Sista Circle, EDs explored topics central to their professional development, including navigating power dynamics with faculty, balancing empathy with professionalism, maintaining appropriate boundaries with patients, and advocating for themselves within hierarchical environments. These discussions supported a shift in how participants understood their roles, moving from seeing themselves solely as students to recognizing themselves as emerging professionals with agency, voice, and expertise.

A key element of this development was the cross-class mentorship embedded within the Sista Circle. EDs gained insight by engaging with peers at different stages of the program, learning about clinical expectations, common challenges, and strategies for success. These interactions provided both practical guidance and emotional reassurance, allowing participants to envision their own progression through the program. As Ivy shared, "I can look across the room and see myself. I see that I am going to be okay because I have examples right here in front of me." This ability to "see oneself" in others functioned as a powerful mechanism for both confidence-building and identity formation.

My dual role as facilitator and participant further contributed to this process by creating space for both structured reflection and relational engagement. EDs described the value of having guidance that helped them process not only what they were experiencing, but how they were experiencing it. As Willow reflected:

> I like having you here to facilitate. It doesn't seem like we are just a bunch of girls talking, but we are able to process what we are saying and how we are feeling all at once, and you make us feel safe… we know that you really care about us.

This highlights the importance of intentional facilitation in supporting both emotional processing and professional development within the group. Over the course of the sessions, EDs began to describe a shift in how they positioned themselves within the dental school environment. They no longer viewed themselves solely as recipients of guidance, but as individuals capable of contributing knowledge, support, and mentorship to others. This shift marked a critical moment in their professional identity development, signaling increased confidence and readiness for practice. As Sunflower reflected, "I am now starting to see myself shift from being the mentee to the mentor."

These findings demonstrate that professional identity formation within the Sista Circle was not solely an individual process, but a relational and developmental one. Through reflection, dialogue, and mentorship, EDs began to define what it meant to be a dentist on their own terms. In this way, the Sista Circle supported the transition from student to professional by fostering not only skill development, but also the confidence, self-awareness, and agency necessary for ethical and effective practice.

Researcher Reflection

I was initially nervous about how the Sista Circle would come together. While the women shared several commonalities that I hoped would help them connect, I did not anticipate the way the D1s would look to the D3s and D4s with such admiration as they shared their perspectives. It felt like watching hope pass from one class year to the next. I often found myself sitting quietly, taking it all in, feeling proud as I listened to the D4s speak with confidence, honesty, and a level of authenticity that can be rare in dental school spaces. They showed up as their full selves, unfiltered, grounded, and self-aware.

One moment that stays with me is when a D4 began to cry. Rather than suppressing her emotions, she allowed herself to be seen. She shared, with sincerity, that she was overwhelmed by hearing everyone's experiences. Her vulnerability set the tone for the entire Sista Circle. What struck me most across these sessions was the absence of competition, judgment, or even a hint of distrust. The room held them with care each time they gathered. The trust, compassion, and emotional safety that emerged were palpable.

There was a kind of magic in that space, something I cannot fully articulate but could undeniably feel. It was the magic of women supporting women, of shared understanding, of community forming in real time. As I looked at the D3s and D4s, I found myself thinking, *The world has no idea how ready they are.* Ready not only in terms of clinical skill, but in emotional maturity, self-awareness, and the ability to lead with empathy. Moments like these are why spaces like the Sista Circle matter so deeply. They create room for students to grow into the clinicians and the women they are meant to become.

Theme 3: Sista Circles Provide Practical Insight and Community Support That Enhance Readiness for Practice

Beyond emotional and identity development, the Sista Circle also functioned as a critical space for practical preparation and knowledge sharing related to post-graduation practice. EDs engaged in candid, peer-driven discussions about navigating dental school, exploring specialty pathways, and preparing for life after graduation. These conversations surfaced important realities of the profession, including perceived competitiveness, experiences of gatekeeping, and the challenge of evaluating opportunities without internalizing discouragement. Rather than reinforcing self-doubt, the space allowed participants to interrogate these narratives collectively and reframe them with a greater sense of agency. As Rose encouraged her peer, "You have to get past imposter syndrome, it will have you settling; don't let it keep you from applying to a specialty program". In this way, the Sista Circle became a site where participants not only exchanged information, but also actively disrupted limiting beliefs about their potential trajectories.

EDs also reflected deeply on the transition from student to practitioner, highlighting both logistical and emotional dimensions of this shift. Conversations extended to job searching, contract negotiation, residency decisions, relocation, and the challenge of building community beyond the structure of dental school. Participants emphasized the uncertainty embedded in these decisions, as well as the value of having a trusted space to process them openly. Importantly, EDs began to envision how the Sista Circle model itself could extend into future professional contexts. As Sunflower noted:

> I would participate in something like this during my residency. Sista Circles could be used to bring women together and help them get used to their next phase of life. We don't all have to be in dentistry either. We could just be women coming together.

Another participant, Violet, suggested opportunities for sustained mentorship across career stages, sharing, "I think we could have Sista Circles that brought together alumni and students, or those in residency with students considering the same path, to help navigate that process." These reflections point to the perceived transferability and long-term value of affinity-based peer support as EDs move through professional transitions.

Importantly, the Sista Circle functioned as more than a single intervention; it operated as an emerging community of care. Participants described the significance of having a consistent space where they could ask questions, seek advice, and receive encouragement as they prepared for their next steps. This sense of community helped to mitigate anxiety associated with the transition to practice and strengthened participants' confidence in their readiness. Equally significant was the recognition that they were not navigating this process alone. Relationships formed within the Sista Circle extended beyond the structured sessions, evolving into a network of support that participants could carry with them into residency and professional practice.

Collectively, these findings suggest that readiness for practice extends well beyond clinical competence. It encompasses emotional resilience, a well-defined professional identity, and access to supportive networks that sustain individuals through periods of transition. Through their participation in the Sista Circle, EDs developed the capacity to regulate their emotions, critically assess professional opportunities, and articulate a clearer sense of who they are becoming as clinicians. In doing so, they approached the transition to practice not only with

greater knowledge, but with increased confidence, connection, and a strengthened sense of belonging within the profession.

Summary

This chapter presented the findings related to the three guiding research questions. It examined how women in dental school experienced a sense of belonging, the influence of the Sista Circle on that experience, and the impact of participation on their emerging professional identities. RQ1 established a baseline understanding of belonging prior to the Sista Circle intervention. Findings indicated that belonging was inconsistent and often fragile, shaped by contextual factors and complicated by social identity. Emerging Dentists described belonging as dynamic, shifting in response to interpersonal dynamics, cohort culture, and others' perceptions of their identities. Prior to the intervention, belonging was experienced as unstable and conditional, easily disrupted and closely tied to the emotional labor required to navigate dental school.

RQ2 examined the influence of participation in the Sista Circle on belonging. Quantitative findings demonstrated a statistically significant increase in belonging following the intervention, while qualitative data provided depth and context to that change. The Sista Circle intentionally cultivated a community of care that fostered belonging through vulnerability, storytelling, validation, and mutual support. Within this space, participants were encouraged to show up authentically, affirm their identities, and normalize shared challenges. Importantly, the emotional safety created within the Sista Circle stood in contrast to participants' broader experiences within dental school, where such conditions were not consistently present.

RQ3 demonstrated that the impact of the Sista Circle extended beyond belonging into participants' professional development. Participation contributed to greater clarity in professional

identity and increased readiness for practice, whether participants were pursuing residency or entering the workforce. Emerging Dentists reported enhanced confidence, emotional resilience, and a stronger sense of agency in navigating their future careers. The Sista Circle created space for participants to reconnect with their strengths, articulate their values, and recognize themselves as capable emerging professionals. In this way, the findings highlight the interconnected nature of belonging and identity formation.

Collectively, these findings position belonging as an active, relational process that can be intentionally cultivated through community-centered interventions. The Sista Circle not only strengthened participants' sense of belonging, but also supported their development as confident, self-aware clinicians prepared to navigate the transition into professional practice. The following chapter extends these findings through deeper interpretation and scholarly-practitioner reflection. It will explore implications for practice and future research, while underscoring the importance of centering women's voices and experiences within dental education.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

For women in dental school, belonging is not guaranteed. It is constructed through relationships, challenged by social dynamics, and deeply tied to identity. The previous chapter provided insight into the Sista Circle intervention and the experiences of the women who participated within it. This final chapter offers a deeper examination of the significance and influence of the Sista Circle intervention within the context of women's experiences in dental education. The chapter synthesizes the study's findings, revisits the research questions, and situates the results within the study's theoretical framework of sense of belonging. It also offers interpretation of the findings, discusses study limitations, and presents implications for practice, social justice, diversity, access, and equity, along with recommendations for future research. Additionally, this chapter includes researcher reflections that further contextualize the findings.

Women bring unique perspectives to professional spaces, and these perspectives are particularly evident within rigorous educational environments such as dental school. This study highlights the transformative moments women experience throughout their training and underscores the value of their lived realities as sources of knowledge. By centering their voices, this chapter offers deeper insight into the emotional, academic, and professional challenges women navigate, as well as the meaning they make of those experiences.

The purpose of this study was to examine the role of community-building through affinity groups in fostering a sense of belonging and well-being among women in dental school as they pursued academic success. In doing so, the study contributes to the limited body of research focused on women in dental education. The educational pathways of dental students in the United States are complex and demanding yet often examined through generalized or technical lenses. This study expands that understanding by exploring how women experience

these environments, with particular attention to their sense of belonging, well-being, and identity development.

Findings from this study illustrate that dental education is not only an academic experience, but also a social and emotional one. Women's mental health, physical well-being, and lived experiences warrant continued attention and institutional support. While dental curricula are highly structured, students' needs and experiences are diverse, particularly for women navigating gendered expectations and systemic challenges within the profession.

This study further demonstrates the role of community-building spaces, such as Sista Circles, in fostering belonging and supporting student development. Analysis of the EDs' lived experiences within the Circle highlights the importance of emotional processing, relational support, and identity exploration in shaping their academic and professional journeys. These spaces not only validate individual experiences but also promote collective resilience among women facing similar challenges.

Ultimately, the findings suggest that creating intentional communities of care within dental education can support students' academic, professional, and personal success. By highlighting the experiences of women in dental school, this study affirms that women not only belong in dental education, but also deserve structured opportunities for connection, growth, and development. Affinity spaces such as Sista Circles provide critical support by strengthening social and emotional well-being, while also equipping students to navigate systemic and personal challenges that may otherwise undermine their sense of belonging.

Summary of the Findings

This study investigated the influence of participation in the Sista Circle intervention on women's experiences of belonging, community of care, and readiness for practice within a dental

school environment. Findings across the three research questions reveal a developmental trajectory that begins with inconsistent belonging, progresses toward co-constructed community and emotional safety, and culminates in enhanced professional identity clarity and increased readiness for post-graduation practice.

Research Question 1 established the baseline of belonging prior to the intervention. Participants described belonging as contextual and inconsistent, often shaped by their social identities and the rigidity of academic responsibilities. Their sense of connection fluctuated in response to cohort dynamics, faculty interactions, and perceptions of identity factors such as race, gender, sexuality, and personality within the dental school environment. Prior to participation in the Sista Circle, belonging was experienced as unstable; it required significant emotional labor and was easily disrupted by academic pressures and interpersonal challenges.

In response to Research Question 2, the data demonstrated that participation in the Sista Circle was associated with a statistically significant increase in participants' sense of belonging. Quantitative results indicated measurable improvement in belonging scores, while qualitative findings elucidated the mechanisms underlying this shift. The Sista Circle created an intentional environment in which belonging was co-constructed through vulnerability, validation, shared storytelling, and mutual support. Participants described the Sista Circle as a counter-space that affirmed their identities, normalized their struggles, and provided emotional safety not consistently available in the broader dental school environment.

Finally, Research Question 3 extended these findings by demonstrating that the impact of the Sista Circle reached beyond belonging into participants' professional development. Through reflective dialogue, cross-class mentorship, and community support, students developed stronger emotional regulation, increased confidence, and clearer professional self-concepts. Participants

also gained practical insights into navigating clinical expectations, managing transitions, and preparing for life after graduation. Collectively, these findings suggest that readiness for practice is not solely determined by clinical competence, but is also shaped by emotional well-being, identity development, and access to supportive networks that sustain students through transition.

Interpretation of the Findings

Taken together, the findings of this study position belonging not as a peripheral or purely emotional experience, but as a central developmental process that shapes how women navigate dental education and transition into professional practice. Rather than emerging organically within the academic environment, belonging was shown to be contingent, relational, and deeply influenced by institutional context. The baseline findings from first research question suggest that belonging in dental education is often fragile, particularly for women whose identities exist at the margins of the dominant culture. Importantly, this fragility does not reflect individual shortcomings. Instead, it reflects institutional environments in which belonging has not been intentionally embedded into the fabric of the educational experience. In the absence of such intentionality, students are left to negotiate belonging on their own, often at the cost of significant emotional labor.

The significant increase in belonging observed in the second research question suggests that belonging can, in fact, be intentionally cultivated through structured, community-centered interventions. The Sista Circle functioned as a counter-space in which participants engaged in authentic dialogue, challenged internalized doubt, and experienced relational validation. This aligns with existing literature on affinity groups and counter-spaces, which demonstrates that identity-affirming environments can mitigate the effects of academic stress, stereotype threat, and social isolation. Within the Sista Circle, belonging was not granted but co-constructed

through vulnerability, shared storytelling, and mutual support. This reinforces the idea, central to Sense of Belonging Theory (Strayhorn, 2019), that belonging is inherently relational, emerging when individuals feel seen, valued, and safe to engage authentically. In this way, the Sista Circle did not simply increase belonging; it illuminated the conditions under which belonging becomes possible.

Findings from the final research question further extend this interpretation by demonstrating that the impact of belonging reaches beyond emotional comfort and into the domain of professional development. As participants experienced a stronger sense of belonging, they also reported increased emotional resilience, clearer professional identities, and greater readiness for practice. This finding is consistent with theories of professional identity formation, which emphasize reflection, mentorship, and community as critical mechanisms through which individuals come to understand themselves as professionals (Pach et al., 2025). The Sista Circle provided a space in which participants could integrate their personal identities with their emerging professional roles, allowing them to move beyond performance-based notions of competence toward a more grounded and authentic sense of self as clinicians.

Importantly, these findings challenge traditional conceptions of readiness for practice as being primarily defined by technical skill and clinical competence. Instead, readiness emerged as a holistic construct, encompassing emotional regulation, self-awareness, boundary-setting, mentorship, and access to supportive networks. Participants' reflections on managing feedback, navigating transitions, and sustaining well-being underscore the importance of these often underemphasized dimensions of professional preparation. In this context, the Sista Circle served as a developmental space in which these competencies could be practiced, reinforced, and normalized through collective experience.

Overall, the findings underscore that belonging, identity development, and readiness for practice are not discrete outcomes, but deeply interconnected processes. Belonging functions as a foundational condition that enables identity formation, which in turn shapes how individuals approach their transition into professional practice. When institutions intentionally create spaces that affirm identity, foster community, and support emotional well-being, they do more than improve student experience, they actively shape the development of more confident, self-aware, and relationally grounded professionals. These insights point to the need for dental education to move beyond purely technical models of training and toward more human-centered approaches that recognize and support the full complexity of students' experiences.

Theoretical Framework Connection

Participants' narratives strongly support Strayhorn's (2019) assertion that belonging is a fundamental human need that shapes persistence, motivation, and well-being. Across this study, belonging was not experienced as peripheral to the dental school experience, but as central to how Emerging Dentists (EDs) navigated academic, social, and professional demands. Participants' accounts suggest that belonging functioned as an organizing force in their daily experiences, influencing not only how they interpreted challenges, but also how they engaged with peers, faculty, and their emerging roles as future clinicians.

Findings further extend Strayhorn's framework by illustrating that belonging in dental education is not solely an individual psychological need, but a relational and context-dependent process shaped by environment, identity, and access to supportive spaces. At baseline, EDs described belonging as inconsistent and contingent, often dependent on interpersonal dynamics, cohort culture, and the degree to which their identities were recognized or marginalized within the learning environment. This reinforces the idea that belonging cannot be assumed within

rigorous professional programs. Instead, it must be actively constructed and continuously negotiated, particularly for students whose identities do not align with dominant cultural norms within the profession.

Importantly, these findings illuminate the mechanisms through which belonging is experienced and developed. Within the Sista Circle, belonging emerged through processes of vulnerability, shared storytelling, validation, and mutual support. These relational practices created conditions of psychological safety that allowed participants to move beyond surface-level interactions and engage more authentically with one another. In doing so, belonging was not simply felt but co-constructed through interaction. This aligns with and extends Strayhorn's emphasis on the relational nature of belonging by demonstrating how intentional spaces can facilitate the development of trust, connection, and identity affirmation in ways that are not consistently available in traditional academic settings.

Within this context, the Sista Circle addressed critical emotional and relational dimensions of belonging that are often underemphasized in dental education. While dental school environments tend to prioritize academic and clinical performance, participants' experiences suggest that the broader student experience, particularly emotional well-being and relational connection, receives less consistent attention unless challenges become visible through academic decline, physical illness, or acute personal crises. These findings highlight a reactive, rather than proactive, approach to student support, in which belonging is addressed only after disruption rather than intentionally cultivated as a foundation for success.

The findings from this study further underscore that belonging is deeply intertwined with well-being and the overall student experience. EDs consistently emphasized the importance of connection, acceptance, and validation as foundational to their ability to persist and succeed.

When these conditions were present, participants described greater confidence, reduced isolation, and an increased capacity to navigate the demands of dental school. When absent, belonging became a source of strain, requiring additional emotional labor to maintain engagement and motivation.

These results both reinforce and extend Strayhorn's framework by demonstrating that belonging must be intentionally cultivated through relational and community-based practices, rather than assumed as a byproduct of enrollment in a professional program. In this study, belonging functioned not only as a condition that supports student success, but as an active developmental process that shapes how students engage, persist, and ultimately come to see themselves within the profession

Phenomenological Framing of Lived Experience

This study was grounded in a phenomenological approach, centering the lived experiences of women in dental school. By prioritizing participants' narratives, the study sought to capture not only what these experiences were, but what they felt like as they were lived and interpreted by the individuals themselves. Themes emerged inductively from participants' stories, reflecting a key principle of phenomenological inquiry. Rather than imposing predefined categories, the analysis allowed meaning to develop through participants' descriptions of their academic, social, and emotional experiences. This approach made it possible to examine how belonging, identity, and well-being were experienced in real time within the context of dental education.

Documenting participants' journeys to and through dental school was also a key component of this work. These narratives provided insight into experiences that are often briefly shared during admissions processes or individual conversations but are rarely explored in depth

once students enter professional programs. By creating space for these stories, the study offered a more comprehensive understanding of the student experience.

While quantitative data provided evidence of changes in belonging, the qualitative findings offered depth and context, illuminating the meaning behind those changes. This combination of approaches highlights the importance of integrating both forms of data when examining complex, human-centered experiences such as belonging.

Importantly, this study addressed a gap in the literature related to the lived experiences of dental students, particularly women. As women's representation in dental education continues to grow, understanding their experiences becomes increasingly critical. We learn through this study that intentionally cultivated spaces of connection, such as Sista Circles, play a vital role in fostering belonging, supporting emotional well-being, and preparing women to thrive in dental education and beyond. These findings offer valuable insight for faculty, administrators, and staff, challenging assumptions about student experiences and emphasizing the importance of listening to and learning from students' perspectives.

Limitations of the Study

Several limitations should be considered when interpreting the findings of this study. First, the study was conducted at a single institution, which may limit the transferability of the findings to other dental school contexts. Institutional culture, curriculum structure, and student demographics may differ across programs, influencing how belonging is experienced and developed.

Second, the study focused exclusively on women's experiences and does not reflect the perspectives of male or mixed-gender groups. While this focus was intentional, it limits the ability to generalize findings across all dental students. Additionally, the small sample size and

voluntary nature of participation may have influenced the results. It is possible that students who chose to participate were more inclined toward reflection or seeking community, while others who may have benefited from the intervention did not participate due to time constraints or competing responsibilities. Dental students' demanding schedules also posed logistical challenges, as sessions were held during lunch to minimize disruption to academic commitments. As a result, session length and frequency were limited.

The dual role of the researcher as both facilitator and observer may have also influenced participants' responses. While this positioning likely supported trust-building and openness, it may have introduced potential bias in both participant engagement and data interpretation. Finally, because participants were drawn from different cohorts and may not have known one another prior to the Sista Circle, preexisting relationships, whether positive or negative, could have influenced group dynamics in ways that were not fully observable within the scope of this study.

Delimitations of the Study

This study was intentionally designed with several delimitations that defined its scope. First, the research focused specifically on women enrolled at a single dental school. This decision reflects an intentional effort to center the experiences of a group that has historically been underrepresented in dental education research.

Second, the study utilized Sista Circles as the primary method of data collection, emphasizing collective dialogue and shared meaning-making rather than individual interviews. This approach aligns with the study's phenomenological framework and prioritizes relational understanding of lived experience.

Participation was limited to students who self-identified as women and who voluntarily chose to engage in the affinity-based group. Additionally, the study examined experiences within preclinical and clinical dental education but did not extend to residency training or practicing professionals. These delimitations were intentional and aligned with the study's purpose, allowing for a focused and in-depth exploration of belonging, community of care, and identity development within a clearly defined educational context.

Implications for Practice

The findings of this study highlight a clear need for dental education to adopt more intentional, relational, and human-centered practices to support students' holistic development. One key implication is the integration of affinity-based spaces within dental education. Students benefit from structured environments that allow them to connect with peers, process their experiences, and receive support from faculty and staff who understand the emotional and academic demands of the program. These spaces should not rely solely on student organizations or informal networks. Instead, they should be institutionally supported, intentionally designed, and recognized as essential to student success. When administrators, faculty, and staff actively support these spaces, they become powerful ecosystems of care that promote belonging and reduce isolation.

The findings also underscore the importance of dedicated spaces for women in dental school to process emotions, build community, and access mentorship. Not all women enter dental school with established support systems or guidance for navigating personal and professional challenges. As they progress through their training, women simultaneously develop across multiple roles, including emerging professionals, leaders, and members of their families and communities. These evolving identities shape how they engage with their educational

environments. Institutions must create opportunities for women to explore these roles and receive the relational and emotional support necessary for success.

Belonging must be positioned as a priority within both Student Affairs and Academic Affairs, as it is closely linked to academic performance, mental health, and professional readiness (Mtshweni, 2024). The findings suggest that when institutions invest in resources, programming, and policies that foster belonging, they see improvements in student engagement and success throughout the educational experience, not only during recruitment or orientation. Importantly, belonging cannot be reduced to language in emails or institutional messaging. It must be consistently experienced in classrooms, clinics, and everyday interactions.

Students also need structured opportunities to reflect on who they are becoming as clinicians. Professional identity formation is an ongoing developmental process that requires intentional reflection. However, dental curricula often leave limited space for this work. Institutions should incorporate opportunities such as advising, mentorship, reflective writing, and facilitated dialogue to support students in integrating their personal and professional identities in meaningful ways.

Faculty development is another critical component of improving student experience. Because faculty interactions shape both learning and emotional climate, training in emotional intelligence, trauma-informed communication, and relational teaching practices can significantly enhance the educational environment. As shown in this study, when feedback is delivered with empathy and awareness, mentorship becomes more effective, and students are more likely to feel supported, confident, and engaged.

Finally, wellness resources must be both accessible and embedded within the structure of the curriculum. Students in rigorous professional programs require support that aligns with their

schedules and responsibilities. When wellness is integrated into the curriculum, rather than offered as an optional add-on, it signals that the institution values holistic well-being. This integration increases the likelihood that students will engage with and benefit from these resources.

Collectively, these implications call for a more relational, inclusive, and student-centered approach to dental education. By intentionally fostering belonging, supporting identity development, and prioritizing student well-being, institutions can create environments that not only promote academic success, but also prepare students to enter the profession as confident, connected, and resilient practitioners.

Recommendations for Future Research

The findings of this study highlight several important directions for future research in dental education. Expanding this work across multiple institutions would allow for comparative analysis and a deeper understanding of how institutional culture shapes belonging, identity development, and community care. A multi-site implementation of Sista Circles, for example, could examine how different environments support or hinder affinity-based interventions and assess whether the outcomes observed in this study are consistent across diverse institutional contexts.

Future research should also explore the experiences of a broader range of student populations, including male students, nonbinary students, and mixed-gender groups, to better understand how gender dynamics influence support systems, emotional safety, and professional identity formation. Additionally, affinity-based approaches could be examined across other identities and contexts, including first-generation students, students of color, LGBTQ+ students, faculty members, alumni, and individuals transitioning into residency programs. Such work

would provide a more comprehensive understanding of how community care functions across identities and stages of professional development.

Another important area for future research is the exploration of faculty and staff perspectives. Examining how institutional actors understand their role in fostering belonging, as well as how they navigate their own experiences of identity and emotional labor, may reveal critical gaps between student needs and institutional practices. This line of inquiry could inform more effective faculty development and institutional support strategies.

Longitudinal research would also offer valuable insight into how belonging, identity, and confidence evolve over time. Following students from matriculation through graduation and into residency or early practice could illuminate the long-term impact of community care, mentorship, and affinity-based support on professional identity, career satisfaction, and well-being. Additionally, such studies could examine the relationship between belonging and clinical performance, providing further evidence of how emotional and relational factors influence technical competence.

Finally, future studies should examine the measurable impact of structured affinity spaces, such as Sista Circles, on outcomes including academic achievement, mental health, and professional identity development. This work could contribute to the development of evidence-based models that promote equity, inclusion, and student success within dental education. Collectively, these directions underscore the need for continued research that centers belonging, identity, and relational support within professional education. Advancing this work has the potential to inform more inclusive, human-centered learning environments that better support the development and success of future dental professionals.

Social Justice, Diversity, Access, and Equity Implications

This study highlights the importance of creating equitable learning environments in which all students, particularly those navigating gendered expectations, feel seen, supported, and valued. The findings demonstrate that affinity-based spaces can serve as critical mechanisms for advancing equity by addressing gaps in emotional support, mentorship, and community that may disproportionately affect women in professional programs.

This work is also informed by my positionality and professional experiences. Early in my career, I observed the challenges that Black students often face in navigating healthcare education, particularly in accessing mentorship, clarity, and a sense of belonging. Through meaningful conversations in clinical and educational settings, it became evident that these experiences were frequently underacknowledged and, at times, carried privately. Initially, this study sought to center the experiences of Black women in dentistry, with the goal of creating a space where those voices could be shared more openly.

However, in response to evolving institutional and policy contexts within higher education, the scope of the study was broadened to focus on women more broadly. While this shift reflects the realities of conducting research within changing environments, the underlying commitment to equity and representation remained central to the design and implementation of this work. This study therefore serves not only as an exploration of belonging, but also as a form of advocacy, emphasizing the importance of creating spaces where students' lived experiences can be acknowledged and valued.

The findings further suggest that preparing students for professional practice requires attention to diversity and inclusion as integral components of education. Emerging dentists will enter a profession that serves diverse patient populations, requiring adaptability, cultural

awareness, and the ability to respond to varied needs. In the same way that patient care must be responsive to individual experiences, educational environments must also recognize and support the diverse identities and backgrounds of students.

Importantly, these findings do not suggest that students should be treated differently based on identity, but rather that institutions must acknowledge that students' experiences are not uniform. When learning environments are intentionally designed to recognize and support these differences, they create conditions in which all students can engage more fully, build meaningful connections, and thrive. In this way, diversity becomes not a challenge to navigate, but a strength that enhances both educational and professional communities.

Implications for My Development as a Scholarly Practitioner

Throughout my doctoral journey, I have developed as both a researcher and a practitioner, gaining a deeper understanding of the responsibility inherent in shaping student experiences. With a background in counseling, I entered this program attuned to students' emotional landscapes, particularly those in the health sciences, including their fears, aspirations, and lived realities. However, I had not yet learned how to translate these insights into scholarship that could influence systems, structures, and institutional practices.

Prior to this program, I often reflected on the challenges I observed in counseling sessions and student engagement spaces, questioning how to connect students' lived experiences with the perspectives of academic and administrative leaders. While I initially believed that pursuing an administrative role would expand my impact, this doctoral experience revealed the power of integrating clinical intuition with scholarly inquiry.

This study deepened my understanding of the role that care, belonging, and emotional safety play in dental education. Professional programs often place the responsibility for

navigating rigorous curricula, clinical demands, and identity development on students themselves, frequently without sufficient institutional support. Through this research, I developed a more nuanced understanding of student needs, informed both by my role as facilitator of the Sista Circles and by engagement with theoretical frameworks such as Sense of Belonging and Social Identity Theory. These frameworks clarified that belonging is not incidental, but central to the student experience, and must be intentionally cultivated within educational environments.

This work has strengthened my identity as a practitioner-scholar. I now recognize more clearly how research can inform practice and how theory can guide meaningful intervention. By designing and implementing Sista Circles, I contributed a model that supports women in dental education by honoring their humanity, validating their experiences, and fostering resilience.
I also acknowledge that my commitment to understanding women's experiences extends beyond my academic work. It is shaped by my personal life, community engagement, faith, and relationships. These influences informed my approach to this study and reflect my intentional effort to center women's voices within a rigorous academic context, particularly in a field where their experiences are often underrepresented.

Ultimately, I aspire for my work to reflect both scholarship and service. I seek to demonstrate leadership grounded in empathy, insight, and courage, and to create spaces where women feel seen, heard, and supported. If my work contributes to environments where women are able to breathe, belong, and thrive, then it has fulfilled the purpose that inspired this research.

Conclusion

This study explored how women in dental school experience a sense of belonging and how affinity-based peer support influences their emotional well-being and preparedness for

practice. Insights from the Sista Circles extended beyond thematic analysis or survey data, revealing the emotional core of dental education and illuminating aspects of the student experience that are often unspoken, overlooked, or unsupported.

Through one-on-one interviews and Sista Circle sessions, participants shared stories of resilience, strength, and perseverance. These narratives were marked by moments of authentic connection, including candid discussions about mentorship challenges, celebrations of personal accomplishments, and expressions of relief when senior students reassured their peers through shared experiences of vulnerability and growth. Together, these moments created a powerful sense of solidarity and collective understanding.

The findings of this study affirm that belonging is not a luxury within professional education, but a fundamental component of student success. Regardless of institutional context or broader societal shifts, all students deserve the opportunity to feel connected, supported, and valued. The path to becoming a dentist need not be defined solely by technical mastery. While dental education demands the development of clinical skills, it can also be a space where women are seen, affirmed, and connected to a broader community of care.

Within the Sista Circles, participants engaged in reflection, reconnected with themselves, and experienced a sense of humanity beyond their academic and professional roles. Emotional support, mentorship, identity validation, and practical guidance strengthened their sense of belonging and supported their transition into professional practice. These findings demonstrate that such spaces do not detract from the rigor of dental education but rather enhance it by supporting the development of the whole student.

As dental education continues to evolve, this study offers a framework for creating environments where belonging is intentionally cultivated. The experiences of the women in this

study demonstrate that when students are provided with opportunities to connect, reflect, and support one another, they are better positioned to thrive. Institutions have an opportunity, and a responsibility, to create systems that honor students' humanity, support their well-being, and foster their growth.

Sista Circles represent one approach to this work, illustrating the impact of community-driven, relational strategies in shaping the future of dental education. Their success underscores a broader truth: meaningful change occurs when students are not only taught, but also supported, seen, and valued. This study affirms that intentionally designed spaces of care, such as Sista Circles, are not only possible, but necessary. Every woman deserves a community where she can belong, grow, and thrive. Every woman deserves a Sista.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL

EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board
Willis Building · Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** ·
rede.ecu.edu/umcirb/

Notification of Initial Approval: Expedited

From: Social/Behavioral IRB
To: Phylicia Bridgers
CC: Crystal Chambers
Date: 2/20/2026
Re: UMCIRB 24-000899
CENTERING WOMEN'S VOICES: AN INQUIRY INTO BELONGING

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) occurred on 2/20/2026. The research study is eligible for review under expedited category # 6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

As the Principal Investigator you are explicitly responsible for the conduct of all aspects of this study and must adhere to all reporting requirements for the study. Your responsibilities include but are not limited to:

1. Ensuring changes to the approved research (including the UMCIRB approved consent document) are initiated only after UMCIRB review and approval except when necessary to eliminate an apparent immediate hazard to the participant. All changes (e.g. a change in procedure, number of participants, personnel, study locations, new recruitment materials, study instruments, etc.) must be prospectively reviewed and approved by the UMCIRB before they are implemented;

2. Where informed consent has not been waived by the UMCIRB, ensuring that only valid versions of the UMCIRB approved, date-stamped informed consent document(s) are used for obtaining informed consent (consent documents with the IRB approval date stamp are found under the Documents tab in the ePIRATE study workspace);

3. Promptly reporting to the UMCIRB all unanticipated problems involving risks to participants and others;

4. Submission of a final report application to the UMICRB prior to the expected end date provided in the IRB application in order to document human research activity has ended and to provide a timepoint in which to base document retention; and

5. Submission of an amendment to extend the expected end date if the study is not expected to be completed by that date. The amendment should be submitted 30 days prior to the UMCIRB approved expected end date or as soon as the Investigator is aware that the study will not be completed by that date.

The approval includes the following items:

Name	Description
Consent Form	Consent Forms
Sense of Belonging Survey	Surveys and Questionnaires
Email Protocol	Recruitment Documents/Scripts
Emergency Contact List	Additional Items
Interview Questions	Interview/Focus Group Scripts/Questions
Updated Chapters 1-3 per suggestions	Study Protocol or Grant Application

For research studies where a waiver or alteration of HIPAA Authorization has been approved, the IRB states that each of the waiver criteria in 45 CFR 164.512(i)(1)(i)(A) and (2)(i) through (v) have been met. Additionally, the elements of PHI to be collected as described in items 1 and 2 of the Application for Waiver of Authorization have been determined to be the minimal necessary for the specified research.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: INFORMED CONSENT FORM

Title of Research Study: CENTERING WOMEN'S VOICES: AN INQUIRY INTO BELONGING, COMMUNITY, AND SISTA CIRCLES IN DENTAL EDUCATION.

Principal Investigator: Phylicia L. Bridgers, MS, LCMHC, NCC (Person in Charge of this Study)
Institution, Department or Division: Educational Leadership Program

Researchers at [pseudonym] and other institution(s) or facilities involved in the research study issues related to society, health problems, environmental problems, behavior problems and the human condition. To do this, we need volunteers willing to take part in the research.

Why am I being invited to take part in this research?
The purpose of this research is to better understand how women in dental school experience belonging, support, and connection during their training. You are being invited to take part in this research because you are a woman currently enrolled as a dental student at [pseudonym] and meet the eligibility criteria. The decision to take part in this research is entirely yours. By doing this research, we hope to learn how peer-support spaces, such as Sista Circles, may influence women's sense of belonging and overall well-being in dental education.

All dental students are welcome to learn about this study and express interest in participating. The study focuses on understanding the experiences of women in dental education, so women who volunteer will be invited to take part in the individual interview and the Sista Circle.

Dental students who are not eligible for the research or who choose not to participate in the research may still take part in a peer support group. This support group is offered for community and wellness purposes only and is not part of the research study. Participation in the support group will not involve data collection for research.

No group will include more than ten participants.

If you volunteer to take part in this research, you will be one of about 10 people to do so.
Are there reasons I should not take part in this research?

You should not take part in this study if you are under 18 years old, are not a female

[pseudonym] dental student, prefer not to be audio-recorded, or feel uncomfortable participating

in interviews or group discussions

What other choices do I have if I do not take part in this research?
You can choose not to participate. There is no penalty for doing so. You may also withdraw from the study at any point for any reason necessary.

Where is the research going to take place and how long will it last?
The research will be conducted at the East Carolina University School of Dental Medicine. Individual interviews will take place in a private room within the Counseling and Student Development Office. The group discussions will be held in a designated on-campus meeting space. You will take part in **four sessions** during the study: one individual interview and four Sista Circle group discussions. The total amount of time you will be asked to volunteer is approximately **4.5-5 hours** over the next month. 1x per week. Mondays at 12 noon. The exact location, date, and time of each Sista Circle session will be held in a conference room in the SoDM.

What will I be asked to do?
If you choose to take part in this study, you will be asked to participate in several activities that are being done strictly for research purposes. These activities are designed to help the researcher understand your experiences as a woman in dental school and your sense of belonging.

You will be asked to do the following:

- ***Participate in one individual semi-structured*** **interview** lasting approximately 30 minutes. This interview will take place one-on-one with the Principal Investigator (PI). You will be asked open-ended questions about your experiences in dental school, your sense of belonging, and the types of support you have encountered. The interview will be audio-recorded so the PI can create an accurate transcript. Only the PI will have access to the recordings. Recordings will be stored securely, kept until the dissertation is complete, and then permanently deleted.
- ***Participate in four Sista Circle group discussions,*** each approximately 60 minutes long. These sessions will feature guided conversations with other women in dental school. You will be encouraged to share your experiences and viewpoints within a supportive group environment. The group sessions will also be audio-recorded for transcription and analysis. Like the interview, only the PI will have access to the recordings, and they will be destroyed after completing the dissertation.
    - Group discussions will center on several themes related to your experiences in dental school. Topics may include, but are not limited to:
        - **Breaking and Reshaping the Mold:** Exploring your entry into dental education, the barriers you have faced, and ways you have navigated or challenged traditional norms.
        - **Identity, Expectations, and Becoming**: Discussing how you manage external expectations while developing and affirming your own personal and professional identity.
        - **Redefining Support and Collective Care**: Reflecting on support systems, mentorship, and the role of community and shared resilience in your dental school journey.
        - **Belonging, Wellness, and Sustaining Self**: Considering how belonging connects to well-being, identity affirmation, and maintaining a sense of self throughout dental training.
        - ***Take part in an optional follow-up conversation or member-checking session.*** This session allows you to cover any group discussion summaries. It may last 20–30 minutes and complete an exit survey.

No medical procedures, tests, or clinical interventions are part of this study. You will not be asked to complete diaries, journals, or surveys unless you choose to provide additional reflections voluntarily.

Before data collection begins, you will be asked to confirm whether you agree to audio-recording. Audio-recording is necessary for participation because it allows the researcher to accurately capture your words for analysis.

What might I experience if I take part in the research?
We do not know of any significant risks (the chance of harm) associated with this research. Any risks that may occur are expected to be no greater than those encountered in everyday life. You may or may not personally benefit from taking part in this study; however, the information gained may help improve support for women in dental education in the future.

Potential experiences may include:

- **emotional discomfort when discussing personal experiences**
- **limits to confidentiality in group settings, as other participants will hear what you share**
- **a sense of connection, support, or belonging through participation in the Sista Circle**
- **The opportunity to contribute insights that may strengthen support systems for women in dental education**

Will I be paid for taking part in this research?
We will not be able to pay you for the time you volunteer during this study.

Will it cost me to take part in this research?
It will not cost you any money to participate in the research.

Who will know that I took part in this research and learn personal information about me?
The data collected through the interview will be stored in a password-protected electronic format. The results of the present study will be used for research and scholarly purposes only. The final report will not disclose any personal identifiers of participants.

The investigator will take precautions to ensure confidentiality and privacy. As such, data will be collected and stored only after consent is granted. With the participants' permission, the interviews will be recorded and transcribed verbatim by the researcher. The transcripts and recordings will be analyzed by the investigator and stored in a password-protected electronic format.

The investigator plans to publish the results of this study. To protect participant privacy and the confidentiality of the research data, the investigator will not include any information that could identify participants in the published results.

[Pseudonym] and the people and organizations listed below may know that you took part in this research and may see information about you that is normally kept private. With your permission, these people may use your private information to do this research:

- The University & Medical Center Institutional Review Board (UMCIRB) and its staff have responsibility for overseeing your welfare during this research and may need to see research records that identify you.
- Only the Principal Investigator (PI) will know that you participated in this study. Your name and any identifying information will not be shared with anyone else, including faculty, administrators, or other students. Audio recordings and transcripts will be stored securely and accessible only to the PI. All data will be de-identified before analysis and reporting to protect your privacy.
- Any agency of the federal, state, or local government that regulates human research. This includes the Department of Health and Human Services (DHHS) and the Office for Human Research Protections.

How will you keep the information you collect about me secure? How long will you keep it?
All study information will be stored securely by the Principal Investigator (PI). **Audio recordings, transcripts,** and **any documents containing identifying information** will be kept in password-protected, encrypted storage that only the PI can access. All data will be de-identified before analysis. Identifiable materials will be kept only until the study is complete and the dissertation has been successfully defended, at which point they will be permanently deleted. Data collected must be kept at least 3 years following the completion of the study. De-identified data may be retained for scholarly purposes.

What if I decide I don't want to continue in this research?
You can stop at any time after it has already started. There will be no consequences if you stop, and you will not be criticized. You will not lose any benefits that you normally receive.
Who should I contact if I have questions?

The people conducting this study will be able to answer any questions you may have now or in th e future. You may contact the Principal Investigator (PI) at **252-737-7813** during regular business hours (8:00 a.m. to 5:00 p.m.). You may also contact the PI by email if you have questions about your rights as a participant or about any aspect of the study. If you have questions about your rights as someone taking part in research, you may call the University and Medical Center Institutional Review Board (UMCIRB) at phone number 252-744-2914. If you would like to report a complaint or concern about this research study, you may call the Director for Human Research Protections, at 252-744-2914.If you have concerns about confidentiality or privacy rights, you may contact the Privacy Officer at East Carolina University at **252-744-5200.**

Is there anything else I should know?
Identifiers might be removed from the identifiable private information or identifiable biospecimens. Data will not be shared for future studies. However, there still may be a chance that someone could figure out the information is about you.

The Principal Investigator (PI) serves as a counselor within the dental school and may have pre-existing professional relationships with some potential participants. To minimize any risk, all recruitment will occur outside of counseling interactions, participation is entirely voluntary, and choosing not to participate will not affect your access to counseling services, academic support,

or your standing in the program. Research data will be kept separate from any student support services.

I have decided I want to take part in this research. What should I do now?
The person obtaining informed consent will ask you to read the following and if you agree, you should sign this form:

- ◊ I have read (or had read to me) all of the above information.
- ◊ I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
- ◊ I know that I can stop taking part in this study at any time.
- ◊ By signing this informed consent form, I am not giving up any of my rights.
- ◊ I have been given a copy of this consent document, and it is mine to keep.

_____ _____

Participant's Name (PRINT) Signature Date

Person Obtaining Informed Consent: I have conducted the initial informed consent process. I have orally reviewed the contents of the consent document with the person who has signed above and answered all of the person's questions about the research.

_____

Person Obtaining Consent (PRINT) Signature Date

APPENDIX C: PRE-SURVEY/POST-SURVEY

Sense of Belonging (10-Item)

1. I feel valued as a student at the [pseudonym] **School of Dental Medicine.**
2. I think I belong on the [pseudonym] **School of Dental Medicine's** campus.
3. I **do not** feel comfortable on the [pseudonym] **U School of Dental Medicine's** campus.
4. I feel accepted as part of the [pseudonym] **School of Dental Medicine's** campus community.
5. I **do not** feel supported by the [pseudonym] **School of Dental Medicine.**
6. I feel there are **social organizations or activities** at **the** [pseudonym] **School of Dental Medicine** that meet my needs.
7. I feel I am **academically prepared** to succeed at the [pseudonym] **School of Dental Medicine.**
8. I am proud to be a student at [pseudonym] **School of Dental Medicine.**
9. I feel **I am not** treated with as much respect as other students at the [pseudonym] **School of Dental Medicine.**
10. I would choose to attend the [pseudonym] **School of Dental Medicine** all over again.

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree).

*Items 3, 5, and 9 are reverse coded

(5 = Strongly Disagree, 4 = Disagree, 3 = Neutral, 2 = Agree, and 1 = Strongly Agree).

Scoring :

$$\text{Transformed Scale} = \left[\frac{\text{(Actual raw score - lowest possible raw score)}}{\text{Possible raw score range}}\right] \times 100$$

- Calculate the raw score by summing items 1-10 (reverse code items 3, 5, 9)
- Calculate highest possible score (10 items x 5 points = 50)
- Calculate lowest possible score (10 items x 1 point = 10)

Calculate possible range (50

APPENDIX D: EMAIL RECRUITMENT

Dear Participant,

My name is Phylicia Bridgers. I am a doctoral student in the Educational Leadership Program at [pseudonym]. My research, CENTERING WOMEN'S VOICES: AN INQUIRY INTO BELONGING, COMMUNITY, AND SISTA CIRCLES IN DENTAL EDUCATION, focuses on the sense of belonging and the importance of creating a community of care and support for women in dental school through affinity groups, specifically Sista Circles. I am reaching out to invite you to participate in a series of semi-structured interviews and to join a Sista Circle, which will meet four times as part of my dissertation research.

These sessions will explore your journey to dental school, your sense of belonging, and your needs for community during your enrollment. You will also be asked to complete a sense of belonging survey.

The interviews will last about 30 minutes each, and the four group sessions will be 60 minutes each. These sessions will be held in person.

Please note that all interviews and group sessions will be recorded, but the recordings will only be kept until after my dissertation defense. Your participation is completely voluntary and will not affect your academic standing. Additionally, any recordings or transcripts will remain confidential and de-identified.

All dental students are welcome to learn about the project and express interest. However, research participation is limited to female dental students, as the study is designed to understand the experiences of women in dental education. Women who volunteer and are eligible will be invited to participate in the research components, which include surveys, an individual interview and participation in the Sista Circle group.

Dental students who are not eligible for the research or who choose not to participate in the research may still take part in a peer support group. This support group is offered for community and wellness purposes only and is not part of the research study. Participation in the support group will not involve data collection for research. To maintain a supportive environment, group sizes will be capped at ten participants.

If you are interested in participating, please reply to this email expressing your interest, and I will contact you to schedule an in-person interview at a time that works for you

Thank you for considering participation in this important research.
Phylicia Bridgers

APPENDIX D: STUDENT INTERVIEW PROTOCOL

Student Name: _____ Interviewer:_____

Date:_____ Time: _____ Location: _____

Introduction Script

Welcome _____:

Thank you for taking the time to participate in this research. As I mentioned in my email and our earlier conversation, we are here to conduct the interview portion of the process. My name is Phylicia Bridgers. I am researching how creating a nurturing environment for women in dental school through affinity groups, specifically Sista Circles, can help foster a community centered on care and support. I am a doctoral student in the Educational Leadership Program at East Carolina University. Your insights and experiences are extremely valuable to me and essential for this research, and I look forward to hearing your responses today.

Before we begin, please note that this interview is voluntary, and your responses will be kept confidential. Here are the confidentiality statement and participant agreement form for your signature. There are no right or wrong answers, and I encourage you to share your thoughts openly and honestly. If at any point you feel uncomfortable or wish to stop the interview, please let me know, and we can pause or end the conversation. This conversation is being recorded, but only for transcription purposes. Your name and all identifying information will be redacted from the script.

To ensure accurate data collection and note-taking, I would like to audio-record your interview today. If you agree to participate in this research study, please sign the informed consent document. For your information, only researchers and those listed in the informed consent project are privy to the recordings.

For your information, (1) all personal information will be held confidentially, (2) your participation is voluntary, and you may stop at any time if you feel uncomfortable, and (3) I do not intend to inflict any harm.

This interview will last about 30 minutes, and I will ask you a series of open-ended questions. These questions are designed to explore your experience in dental school so far as a woman, particularly your sense of belonging while attending dental school. They will also allow you to share the journey that led you to dental school. During our discussion, topics such as accomplishments, family dynamics, challenges, and barriers may arise.

While I have a set of questions ready, please feel free to share any additional thoughts or bring up any other topics you think are essential. This interview is an opportunity for you to share your story and offer insights about your experiences as a woman in dental school, so feel free to express yourself in your own words. I am grateful to have you here in this safe space, where you

can share your thoughts and feelings. Do you have any questions for me, or do you need anything before we start the interview?

Interview Questions

1. Can you tell me about yourself and your journey to dental school?
2. Can you describe a time during dental school when you felt supported, cared for, or part of a community? What made that experience meaningful for you?
3. When you hear the term “sense of belonging,” what thoughts come to mind?
4. How do you think your sense of belonging impacts your overall well-being and mental health?
5. Have you ever experienced any difficulties connecting with others or integrating into a new environment? If so, what factors do you think contributed to that?

Thank you for generously sharing your time and experiences. Your insights will significantly contribute to this research project, and I have enjoyed getting to know you through this interview.

APPENDIX E: SISTA CIRCLE THEMES FOR SESSIONS

Curriculum for Group Experiences
Groups will be recorded to capture themes from dialogue in each Sista Circle.
Beyond the White Coat: Identity, Belonging & Wellness in Dental School
Group Session I: Breaking & Reshaping the Mold
Entry into dental education, barriers, and disruption of traditional norms

- Focus of Practice Grounding Concepts/theme for this session:
- Breaking the Mold: How familiar are you all with women's presence in Dental Education?
- Resisting the Mold: How Women Are Redefining Dental Education?
- To create space for students to reflect on how they entered dental school, the expectations placed upon them, and how they are actively reshaping what success looks like. Introducing belonging.

Activities:

- Welcome: Go over the group's objectives and purposes, group rules, and that they are being recorded. At any point, if they feel uncomfortable, they may leave the space.
- Story Circle: "How I Got Here" Participants share their journey into dental school and one challenge they did not expect.
- Reflection Prompt: What mold did you feel pressured to fit when you entered dental school?

Group Session 2: Identity, Expectations & Becoming | Navigating external expectations while reclaiming personal identity

- Focus of Practice Grounding Concepts/theme for this session:
- Who She Has to Be: Navigating Expectations in Professional School
- Who She Wants to Be: Reclaiming Identity in Professional School

To help participants unpack the tension between professional expectations and authenticity with self, particularly in high-pressure academic spaces like dental school.
Activities:

- Expectation Inventory: Participants list expectations from faculty, staff, peers, family, and self. Then discuss which feel affirming or restrictive. What parts of yourself feel muted in dental school? What parts feel heard?
- Affirmation Exchange: Participants write affirmations for one another centered on identity and worth beyond productivity and academic success.

Group Session 3: Redefining Support & Collective Care | Support systems, mentorship, and communal resilience

- Focus of Practice Grounding Concepts/theme for this session:
- Redefining Support for Women in Dental Education
- Creating Her Own Mold: Women in Professional School

To move beyond traditional, transactional models of support and foster a community rooted in care, shared experience, and mutual uplift.
Activities:

- Support Audit/Reflection: Examine current formal and informal support. What's missing and what needs redesigning?

- Mentorship Mapping: Identify peers, faculty, staff, and community members who serve different support roles.
- Community Agreements: Co-create group norms for emotional safety, confidentiality, and encouragement. Who plays what roles in our new community within this circle?

Group Session 4: Belonging, Wellness & Sustaining Self | Belonging as essential to well-being and identity affirmation

- Focus of Practice Grounding Concepts/theme for this session:
- Creating Her Own Mold: Carving Out Space to Belong
- Belonging as a Path to Well-Being
- Belonging as Reassurance in Dental School

To affirm belonging not as something to earn, but as something to cultivate and to connect belonging directly to mental health and sustainability while in dental school and beyond.
Activities:

- Belonging Timeline: Reflect on moments of belonging and exclusion throughout dental school.
- Safe Space Dialogue: Participants explore/express how they feel most/least seen within their program.
- Visioning Activity: What does a dental school and the profession look like where you fully belong?
- How has participating in this circle affected your sense of belonging at dental school? Do you think this could be implemented so that students, in particular women, could benefit from it?