Women in orthodontics—100 years to reach the top

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Women in orthodontics have been pushing their way to the top for more than 100 years. In a field dominated by men, women have played a significant role, even in the profession’s early days. The American Society of Orthodontists, dentistry’s first specialty association, was formed in 1900. Several women were founding members of that and other societies. They were 20th century pioneers. Among these women were Gertrude Locke, a founding member of the American Society of Orthodontists; Jane Bunker, a founding member of the European Orthodontic Society; and Genette Harbour, the first female orthodontist in Los Angeles and a founding member of the Pacific Coast Society of Orthodontists (PCSO). Dr Harbour would likely be shocked to know that it has taken almost a century for women to rise to the ranks of leadership in the society she helped create. There’s no doubt that progress has been slow in coming. However, it is indeed on its way.

In general, women have come a long way in the United States in the past 100 years. We have had opportunities that women before were rarely, if ever, afforded. Take, for example, my husband’s 90-year-old grandmother. To listen to Grammy, as my children call her, I realize I have little to complain about. Married as a teenager, she would work all day at the packing house, come home, cook a healthy meal for her family, do the dishes and the laundry, sew the children’s clothes, make a lunch for her husband, and then get up in the morning and do it all over again. She tended to the garden, picked cotton, milked cows, and even butchered chickens for dinner. Grammy didn’t finish high school, much less go on to college, but she had an education of an entirely different kind—one that made her strong and resilient. It is no wonder that she can still work circles around me.

Grammy was born in 1922, just 2 years after the 19th Amendment was ratified, giving women the right to vote. She grew up believing, as many still do, that a woman’s place is in the home taking care of her family. To this day, she still takes great pride in that. I have admired her dedication to the role of wife and mother. I’m in awe at how quickly she can put together a delicious meal. And when my children remind me that Grammy’s cooking is so much better than my own, I feel a tinge of resentment and a little bit of guilt. I, too, am good at putting food on the table: It is just usually in the form of a take-out box. Truth be told, as much as I wish I could cook like Grammy, I am quite glad that there were other women of her generation and earlier who were pushing their way through the glass ceiling. Though they may not have been milking cows and picking cotton, these women were just as strong and resilient as...
They knew, even back then, that female professionals needed to support each other. Most importantly, they helped advance an industry that does not force women to choose between work and family. Quite the contrary, orthodontics is one of the few professions that allows a female doctor to make a six-figure income in fewer than 40 hours a week. As women approach almost 40% of graduating residents, it is obvious that orthodontics has become a profession of choice for women who want to balance work and family. For me, orthodontics has given me the best of both worlds. While I am not a clinician, I have still been able to have a professional career I can be proud of and a flexible schedule that allows me to spend time with my kids. Not all women want or need it that way, but in this century, we have the option to choose.

Even though I am not an orthodontist, I have had the opportunity to work with many of them, both men and women. What I have discovered over the past 15 years is that in spite of the advancements women have made professionally, there is still a personal challenge women continue to struggle with. One female doctor summed it up well: When asked why she was not more involved in orthodontic leadership, she said that she barely had time to handle her existing commitments, much less take on more. Married with two small boys, she spends her days practicing orthodontics while her husband takes care of their children. In our ever-progressing and equality-driven society, that should mean that life is easier for her, right? She should be able to pursue her career and climb the corporate ladder of leadership in her profession, just as a man with a wife might do. Trouble is, she is the wife. And she feels guilty about not spending enough time with her kids. She enjoys making dinner, giving the kids a bath, and reading them a story. On the weekends, she grocery shops, runs errands, and spends time with her family. So when does she have time to climb the ranks of the American Association of Orthodontists (AAO)? It is a valid question, especially since few women have actually done it. In fact, 2009 marked the first time that the PCSO had a female president, Dr Lili Horton. The AAO will see its first female president in 2013, 100 years after the first female member of the PCSO.

There is no doubt that balancing personal and professional lives can be difficult in any industry, and orthodontics is no exception. Perhaps it is this balance that has made it difficult for women to climb the ladder of leadership. The AAO Bulletin discussed this in its June 2011 issue. The Bulletin featured five different orthodontists’ perspectives on giving back to their industry. Of the five clinicians, three were women. All three noted that it was important to have
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a support system in place. Dr Gayle Glenn, soon to be the first female AAO president, commented on the need to prioritize: “I reached a point of feeling overextended, and realized that it is important to take a realistic look at my commitments and to say no sometimes.” Perhaps that is precisely what female orthodontists are doing. They are taking a realistic look at their commitments and saying no to time-consuming leadership positions in orthodontics and yes to the time-consuming role of raising their families. Should we really fault them for that?

Female staff members are under a different kind of pressure, especially those who have reached their maximum earning potential in their current positions. According to the 2009 Journal of Clinical Orthodontics practice study, staff salaries ranged from $2,200 to $3,500 a month. For a single mom with kids to feed, $30,000 a year doesn’t go very far. Thankfully, many orthodontic offices provide additional benefits that help increase an employee’s take-home package. Certainly, the flexibility of working 4 or 4 ½ days a week is also a plus. However, one single mom I know is pursuing her nursing degree to increase her earning potential. She said she simply could not afford to take care of her family on what she makes as a registered dental assistant.

Ironically, while female clinicians are trying to delegate responsibility, many staff members would welcome the opportunity to take on more. Increasing responsibility is not only about earning more money, though that’s certainly a plus. It is also about empowering women and giving them the opportunity to reach a level of professionalism that only advanced education and training can offer. As I look around the industry, I am surprised by the lack of orthodontic organizations dedicated to supporting women. In 2006, when I founded Women in Orthodontics, I first called the AAO to see if any such group already existed. To my surprise, it did not.

Most recently, the AAO has begun taking steps to provide more opportunities, especially for orthodontic staff. It created the Orthodontic Staff Club and launched the Specialized Orthodontic Assistant (SOA) designation. The SOA is a wonderful way to recognize assistants who have proven a commitment to a career in orthodontics. With the help of the AAO and training companies such as Trapezio, other key staff members in the office can also achieve higher levels of training and education. The goal of Women in Orthodontics is to bring together people interested in having a voice in how that training takes place. Though the progress has been slow, the enthusiasm has certainly been great. The Women in Orthodontics Facebook page boasts more than 1,000 fans, and the private networking group has over 400 registered members, most of them staff. Surprisingly, what is missing from our online networking group are the female doctors.

Female doctors certainly have their own sets of concerns. Statistics from Journal of Clinical Orthodontics practice studies show that women have higher overhead, fewer starts, and less net income than their male counterparts. In 2003, Drs Gayle Glenn and Jacqueline Miller began the Women in Orthodontics luncheon at the AAO meeting to help build camaraderie and discuss important issues. Dr Glenn pointed out that as the number of women in the AAO increased, it was important that the needs of that segment be addressed. As Dr Glenn embarks on her role as president of the AAO in 2013, it is quite possible that we will see even more improvements.

There is something pretty amazing about a profession that helps people smile. If you have ever really paid attention to the transformations taking place, you understand exactly what I mean. It is the look in a patient’s eyes when you know that straight teeth are not the only things you have given them. It is the confidence you can see as those shy teenagers suddenly light up a room. Orthodontics is about more than shaping smiles—it is about shaping lives.
Certainly, clinicians play an irreplaceable role in making those transformations happen. Their expertise and leadership is what guides the process from the beginning. What I have come to realize, however, is that even the most clinically skilled orthodontist still needs a motivated and empowered team to succeed.

Consultant Rosemary Bray once said in a lecture, “Anyone can answer the phone. The question is, can you answer the call?” It is the people with a calling for orthodontics we should be motivating and empowering. That calling can take place long before going to dental school and becoming an orthodontist. We also need skilled professionals at other levels of the industry. While a young woman coming out of high school may not consider a career as an orthodontist, it is quite possible that she could be among the next generation of treatment coordinators, if she only knew that such an opportunity existed.

When I started as a treatment coordinator in my early 20s, it was not because I thought it would be the beginning of a great career. In fact, it was as high up as I thought a career in an orthodontic office would ever take me. College educated, I was certain that a better job in another profession would eventually come along. Though my career path has been anything but linear, it has been filled with amazing opportunities, all of them related to orthodontics. I’m especially thankful to the women who took an interest in helping me early on. They were willing to let me follow them around and learn. Without their help and guidance along the way, I would certainly have left orthodontics long ago. I made the choice to stay in this profession in spite of the career opportunities, not because of them. It is my hope that in the not-too-distant future, other young women will have a different story to tell. Whether they become orthodontists, treatment coordinators, or practice managers, hopefully they will be there because of the career opportunities. And if we do a great job of inspiring them, they will know that they are part of the most amazing specialty dentistry has to offer.

REFERENCES