

Insights in the Dental Practice:

A Dentist's Guide to Creating an Environment

that Encourages Staff Retention

by

Jeannie J. Calverley, R.D.A, M.A.

JeannieCalverley@aol.com

Psychology M.A. in Organization Development Research

Sonoma State University

May 2005

Abstract

Voluntary staff turnover of quality dental practice employees can negatively impact practice goals via decreasing productivity, staff morale and well-being, team sustainability, patient satisfaction, thus ultimately affecting profitability and overhead. Variables associated with clinical dental staff retention and turnover (beyond medical, maternal, career change, or relocating factors) were investigated in a sample of eight registered dental assistants with long-term employment status from five specialty practices, one group (multi) practice, and one general office practice, all located in Northern California. The themes that emerged from the qualitative data analysis as salient retention motivators were: 1) effective leadership, 2) flexibility, and 3) cooperative team culture. Organization Development (OD) interventions to increase staff retention are discussed.

Biographical Notes

The experience and expertise I bring to this research project is accentuated by my undergraduate degree in Psychology and my extensive experience within the dental field. In my future work as a consultant, I hope to incorporate the knowledge acquired from the research findings with the democratic and humanistic values I have learned in studying Organization Development (OD) and apply it in dental practice management to improve the quality of working life while increasing organizational effectiveness.

I began my experience within the dental industry as a registered dental assistant (RDA) in 1984. Over the next 21 years, I worked for general practitioners as well as various specialty practitioners including periodontists (specializing in “gum” treatment), orthodontists (specializing in “braces”), pedodontists (specializing in children’s dentistry), and oral surgeons; working in various roles: clinical, clerical, marketing, promotions, professional coaching and as a practice consultant and small business owner. Based on my personal experience working within the industry, undesirable turnover (for the purpose of this study, turnover is defined as leaving one dental practice to seek employment at another dental practice) was common and routinely created negative impacts within the organization. It is the offices with histories of low employee turnover and their ability to retain staff members long-term (long-term defined as five or more

years) that prompted my inquest as I have witnessed and experienced the negative impacts of high amounts of turnover firsthand. The primary objective for this study is to deepen my understanding of the factors most relevant to those individuals who have held long-term positions in a dental practice.

Introduction

The Challenges of Recruiting and Retaining Good Staff

From my experience, I have observed that dentists rely on trained, quality staff to compliment their skills and expertise. In terms of maintaining practice stability and sustainability, obtaining and retaining quality staff is superceded in importance only by the acquisition and retention of patients. Dr. Burke (2004) from Columbia University poses the question in one of his recent articles, “How do we sustain a high performing team?” as he feels this is one of several areas in OD that is “worthy of more study and understanding” (p. 7).

As thorough as dental schools are in preparing candidates to become successful dentists, office management and supervisory skills are not included in the educational curriculum and board certification requirements. Yet, as dentists discover upon starting their first practice, attracting, hiring and managing a staff and a practice go hand-in-hand with all the requisite services included in providing dentistry to patients. Unfortunately, learning how to manage a staff usually comes by way of trial and error resulting, sometimes, in the need to obtain outside consulting expertise for assistance. Once a practice has established patients and a high functioning team (individual staff members working efficiently and effectively together), a dentist will always be faced with sustaining both.

Turnover and Replacement Staffing: Past, Present and Future

I have witnessed that dental offices seem to be vulnerable to recurrent undesired staff turnover for numerous reasons: maternity, disability and various other voluntary factors. It is not uncommon for dental staff to remain at one office for less than five years before moving on to another office.

As most dentists in the industry do not perform dentistry in the absence of an assistant, they have but three options when an assistant gives the customary two-week notice prior to termination: 1) try to find a quality replacement within that time period, 2) obtain temps (outsourcing), or 3) distribute the extra work load among the remaining employees until the position is filled—all of which add stress to the work environment.

The pressure of trying to find a qualified employee within a short time period is often compounded by the lack of qualified applicants available. Dentists sometimes have to hire a new staff member that doesn't meet all the requirements because they cannot find a qualified applicant within a reasonable time frame. This scenario contributes to a higher potential for turnover and yet more stress if the candidate eventually does not fit into the working culture. Garvin (2002) addresses the decades-old debate in dentistry: are there enough workers to go around? She predicts an increase in the dental auxiliary (staff) shortage. The challenge of finding qualified replacements is also forecasted to increase, as highlighted in the Employment Projections (2004) of the U.S. Department of Labor Bureau. Dental assistant positions are projected to be one of the fastest growing

occupations for the years 2002-2012 with projected increases of 42% in job openings nationally.

According to the Committee on Dental Auxiliaries (2004), the California Senate Bill 1546, was signed into law by the Governor which will substantially change the regulation of dental assisting in the future. As of January 1, 2007, three new specialty license categories will be established for: 1) Registered Orthodontic Assistants, 2) Registered Surgery Assistants, and 3) Registered Restorative Assistants. These changes may present increasing challenges in finding qualified staff. All of the above mentioned factors heighten the need to attract new and retain quality staff already in existence.

Staff Retentions Challenges

The dental industry has been familiar with high turnover for many decades. Those few fortunate offices that have reputations of being successful in retaining their valuable performers long-term, especially over ten or more years, are in the minority. Bavendam Research Inc. (1999) reports, “When long-term employees quit, their loss is the most expensive and the most disruptive to the organization. They take with them training, skills, experience, productivity and the social bonds that help other employees come to work” (p. 1). According to Bavendam Research, staff turnover for a dental practice is stressful, has negative impact on team morale, and directly impacts the bottom line.

“Despite our overall prosperity, it is harder and harder to find qualified employees to fill positions. With the right information, turnover can be managed at a lower cost than most people think is possible” (1999, p. 1).

So, how then does one go about retaining qualified future staff? While dental salaries may be important, and an initial attractor for employment, is it the primary job satisfier associated with long-term employment? As Dr. Steven of the Kisco Perspective (unknown year) advises, “Never lose a good employee over money; pay them well. But, in many cases, it’s much more than money” (p. 21). Dr. Steven’s article stresses the importance of being “personable” and “planning social interactions” with staff. Whereas higher than average pay may get an employee in the door, it is not what keeps the employee long-term. Because very little research has been done to substantiate what constitutes the desired environment or incentives in fostering long-term employment from the perspective of the employee, this research project will explore the factors that lead to employee retention.

Purpose and Significance

The purpose of this phenomenological study is to discover variables identified with influencing long-term employment in the dental practice by obtaining the employees’ verbal description of their perceptions. The retention motivators will be generally defined as themes that emerged through staff interviews. The results may be useful to help dentists and other professional offices design and apply long-term staff retention efforts.

This study will look at the factors that retain employees in offices with a pattern of maintaining long-term staff relationships. The following areas will be explored:

- Job Satisfiers and Dissatisfiers

- Team Culture/Environment
- Leadership
- Compensation and Benefits

Weisbord (1987), claims, “When wages are adequate, other things become important: equity, recognition, a chance to contribute” (p. 117). The research findings shall identify what motivators satisfy and potentially meet the needs of the dental employee in a manner leading to staff retention and therefore decreased turnover.

Overview of Study

This phenomenological study is intended for dental practice owners, consultants, as well as any business that may benefit from increased staff retention. The sections are formatted as follows: 1) introduction of relevant theories on retention and job satisfiers, 2) methodology used, 3) ethical considerations, 4) stated bias and validation of data, 5) limitations of study, 6) data collection and analysis process, 7) discussion of themes and satisfiers, 8) conclusion and implications, 9) summary.

Germane Perspectives on Retention and Job Satisfiers

In looking at earlier research that addresses satisfying human needs, Herzberg’s (1959) and Maslow’s seminal theories (1965, 1968) on motivation are useful in understanding the psychology behind what people desire in long-term job satisfaction. According to Maslow (1965, 1968), who is well known for his work correlating individual needs and motivation, needs are positioned in a hierarchy, from primary (lower level needs), to self-actualization (higher level needs). According to his theory, human beings are motivated

by unsatisfied needs, and that certain lower level needs must be satisfied prior to satisfying higher level needs. Maslow's Hierarchy of Needs levels are:

- **Lower Level Needs:**
 - *Survival* (physiological): Focuses on basic needs such as food, and shelter in the here and now.
 - *Security*: Moving up from the survival level, humans begin to focus on stability and fulfilling future survival needs.
- **Mid-Level Needs:**
 - *Social*: Focuses on relationships with other people.
- **Higher Level Needs:**
 - *Esteem*: Focuses on self-esteem and becoming esteemed by others.
 - *Self-actualization*: The desire to become all that one is capable of becoming, characterized on the job by enjoying the work itself while experiencing autonomy and growth.

Maslow (1965, 1968) believed that once the lower level needs are met, one naturally aspires to meet a higher level need. The research will compare the findings to Maslow's model in discovering what needs take primacy and which have been satisfied in relation to long-term retention.

In 1950, Frederick Herzberg, also known for his work investigating employee motivation, conducted a study in an attempt to determine what factors led to job satisfaction.

Employees were asked to describe their most satisfying and dissatisfying work

experiences. Factors contributing to job satisfaction (satisfiers) were listed as the motivators, while factors leading to job dissatisfaction (dissatisfiers) were listed as hygiene factors. Hygiene factors, or dissatisfiers, were similar to Maslow's lower level needs, such as company policy and administration (external rewards and conditions). These lower level factors were linked to extrinsic feelings of satisfaction, while motivators, or satisfiers, similar to Maslow's higher level needs, were linked with intrinsic feelings of satisfaction, such as recognition. The data concluded that sufficient extrinsic factors, such as pay and work conditions, might prevent dissatisfaction but not necessarily increase job satisfaction. However, it was the satisfiers, such as recognition and opportunities for personal growth, which lead to increased employee motivation. This study will identify both satisfiers and dissatisfiers from the data findings.

More recently published research on motivation, such as The Gallop Organization's (2005), has "proven that engaged employees are more productive employees and more likely to withstand temptations to leave" (p. 1). Gallop identified 12 questions, known as the Q12 survey, that scores employees level of engagement. Similar to Maslow's Needs Hierarchy, the Q12 questions are arranged in the Engagement Hierarchy with four levels. Basic needs being the lowest level followed by management support, teamwork and overall growth as the highest level. Companies with high Q12 employee scores have been associated with lower turnover rates. Some of the questions asked are related to the employee's relationships within the workplace and opportunities for growth and recognition.

Methodology

Interview Focus

In order to understand the phenomenon of employee retention, I interviewed eight registered dental assistants (RDAs) from seven general and specialty dental practices (offices) located in Northern California (Sonoma County region) as follows:

- 1) General practice (owned by two non-specialty dentists),
- 2) Multi Group practice (currently operated by two non-specialty dentists and a periodontist. At various points in time, there was an orthodontist, an oral surgeon, a lab technician and additional part time dentists who shared the work environment).
- 3) Periodontic office (two “gum” specialists),
- 4) Pedodontic office (one full time and one part time “children’s” dentist),
- 5) Endodontic office (a solo “root canal” specialist),
- 6) Orthodontic office (three “brace” specialists),
- 7) Oral surgery office (three “surgeons”).

Research Sample

The participants chosen for this research project were all RDA’s. Although all dental team members—clerical and clinical—have important functions in the dental office, the dental assistant has a unique position as he or she works alongside the doctor (dentist), sharing a close common space throughout the workday. Due to this unique collaboration,

the dental assistant's position is also referred to as "chairside" and the modern practice is referred to as "fourhanded dentistry."

The participants ranged in age from 28 years to the late fifties. The average age of the participants interviewed was 45 years. Pseudonyms were used to disguise the identity of the participants, staff, doctors and organizations at which they worked. Table 1 details demographics of the participants interviewed.

Table 1

Research Sample

Office	General	General	Group	Pedo	Perio	Endo	Oral	Ortho
Pseudo- nym	Veronica	Leanna	Marie	Christy	Tracy	Wendy	Heidi	Grace
Age	45	Late 50's	50's	Late 40's	40's	29	40's	50's
Total yrs assisting	16	40	32	30	25	10	13	30
No. of yrs. At current office	13	25	31	18	21	6.5	13	26
Self- rating of salary level	Average	Average	Average to Low	Low	Average	Average to High	High	Low to Average

The qualitative study consisted of in-depth, face-to-face unstructured interviews that were approximately one hour in length. Each of these participants was identified through direct personal contact and voluntarily agreed to participate in the research. The raw data (responses) were transcribed from interview notes for each subject. All of the participants were female, as women currently dominate the dental assisting field. One RDA, who held the longest term of employment, from each of the target offices, was interviewed with the

exception of the general office where two participants were interviewed from the same office.

In each of the target offices, I asked the participants questions (see Appendix A for a full list of interview questions) about their experiences working in their current long-term position on: 1) what it was about the current job and employer that motivated them to stay, 2) if they had left a previous job, what about it had led to their departure, and 3) what would motivate them to look for employment elsewhere based on their current situation. The interview questions were purposely non-leading and open-ended to allow for emergent ideas. Participants were encouraged to answer each question based on their own experience and perspective.

Validity and Bias

Because I have firsthand experience related to the research project, two events emerge: 1) expertise and understanding of the data and research subjects, and 2) personal bias that could lead to preconceived conclusions. In order to bracket these biases, I made every attempt to be “reflexive” as I conducted the qualitative interviews and data analysis.

However, I am aware that the following may impede absolute neutrality in the research findings:

- My own perspective and experience naturally limited or influenced my questions.
- The data interpretation was influenced by my own perspective.

In order to remain objective and check my biases, I obtained ongoing non-dental peer review of the data and analysis with a faculty advisor throughout my research and writing

process. Additionally, I had all research participants review my transcriptions of their individual interviews to confirm accuracy and invite further elaboration.

Limitations of Study

There are two limitations to this study: data was collected from a single geographical location and insights were gathered from one perspective (the RDA's themselves). The research shed light on dental assistants, their experiences, and their perception of factors that correlated to their long-term employment status. This research did not analyze the participants themselves, or obtain their current employers' perceptions of the participants, offering insights into relevant factors that contribute to long-term employment analyzing personality traits or disposition. However, such analysis is beyond the scope of this study.

Data Analysis

The interview data were arranged thematically. Clusters of themes were organized from the aggregate data, which allowed for the emergence of themes and sub-themes common to all of the subjects' descriptions. The findings are first presented as themes described as satisfiers (factors that lead to job satisfaction leading to long-term employment), followed by themes described as dissatisfiers (factors that foster job dissatisfaction leading to turnover). A final discussion of the findings is preceded by Maslow's (1965, 1968) contextual framework as it relates to the data set.

Findings

In relation to long-term employment for the RDA's, the following retention motivators (what encourages long-term employment) and job satisfiers emerged from the data analysis. They are ranked in order of importance, with sub-themes:

Theme One: Effective Leadership

- Democratic Style
- Positive Personality Traits
- Respect
- Quality (Restorative) Dentistry

Theme Two: Flexibility

- Work Schedule that Promotes Work/Life Balance

Theme Three: Cooperative Team Culture

- Little Conflict
- Person-Culture Fit
- Collaboration
- Quality Interpersonal Relationships

One could assume the reasons an employee chooses to stay in at an office (retention drivers) and why one chooses to leave (drivers for turnover) might be polar opposites. According to Herzberg (1962), whose work suggests organizations will be most effective in situations where work is structured to maximize the opportunity for need satisfaction, found from his study; "Factors which make people happy on the job are not the same

factors that make people unhappy on the job” (Matteson, 1996, p. 235). The research identified both sets of drivers, listing them as satisfiers and dissatisfiers. The job dissatisfiers that emerged from the research are listed and ranked in order of importance:

Theme One: Loss of Flexibility (or undesired change in one’s schedule)

Theme Two: Decrease in Salary or Benefits

Theme Three: Negative Change to the Cooperative Team Culture

While not precisely opposites, the themes that encouraged turnover, listed as dissatisfiers, were found to be similar to what emerged as the satisfiers (what encouraged retention). The exceptions were the two themes: monetary compensation (pay and benefits) and leadership. Monetary compensation was not found to be the most important factor for staying in a position, however, it was important that pay remained within the industry standard and was not reduced. Although a “loss of respect” was commonly mentioned as a primary motivator for leaving, ineffective leadership was not listed above flexibility, pay, or negative team culture as a primary motivator to leave; However, it is important to note that effective leadership can directly create and affect flexibility, pay and team culture.

Maslow’s Contextual Framework as Related to the Research Findings

Based on the research data collected, the findings noted as job satisfiers leading to long-term retention were consistent with Maslow’s (1965, 1968) Hierarchy of Needs model. The lower level needs, such as salary and benefits, satisfied the RDA’s needs on an underlying level as this met their need to pay for living expenses. This need could be met at other dental practices and by who is offering the highest salary. However, it was

satisfying the higher level needs, such as effective leadership and respect, that encouraged long-term employment. The following lists Maslow's Needs Levels with the identified job satisfiers that encouraged retention:

- **Lower Level Needs:**
 - *Survival* (Physiological): Accepting a job initially for income purposes satisfy lower level needs.
 - *Security*: Benefits satisfy the need for future survival.
- **Mid Level Needs:** (Theme three satisfied here)
 - *Social*: Having fun, belonging to a team and forming friendships in the workplace are satisfied at this level.
- **Higher Level Needs:** (Theme one, two, and three)
 - *Esteem*: Respect and appreciation from one's employer and co-workers may be satisfied at this level.
 - *Self-actualization*: Flexibility in work schedule allowing work/life balance and well-being may be achieved at this level.

The three themes identified with long-term retention fell into the higher level needs area. Consistent with the findings, meeting the higher level needs encouraged retention. As a result, effective leaders should focus on satisfying their employees higher level needs, taking into account that the lower level needs must also be satisfied to some degree according to Maslow's theory—a theory that is the most universally accepted model in the area of employee motivation.

Discussion

The themes identified as job satisfiers, leading to long-term employment, are listed in unison with the hierarchal level needs throughout the discussion section. The quotes listed are used to represent examples supporting the emergent themes taken from the interviews.

Higher Level Needs Satisfiers:

Theme One: Effective Leadership

It was clear from the interviews that the participants felt the doctors' leadership abilities were most influential in determining why they stayed at their jobs. Each of the participants described their employer as possessing highly effective levels of leadership skills and traits, including practicing democratic leadership, demonstrating positive attitudes, showing respect for others, and performing quality dentistry (as summed up by me from the data collected). Very similar to the other RDA's comments, Leanna stated:

My boss is a team player who gets in and helps. He doesn't talk down to us but listens and considers our opinions. He is considerate of our time by staying on schedule. He is easy to talk to, get along with, and has a sense of humor.

When asked what would cause her to give notice or look for another job, Leanna did not hesitate to say, "If the Doctor left the practice." This was a significant statement since she worked in a two-doctor practice and all of the other retention variables would still be present if for some unforeseen reason the doctor were to leave the practice. Leanna continued to say, "The other doctor in the office" (whom Leanna has only filled in for on

a few occasions) “lacked respect for his employees” and she “couldn’t work for someone like that.” She also shared that she appreciated her employer’s “great personality,”

It all boils down to respect and personality. It is important for doctors to choose wisely and hire employees who are trustworthy, honest and have similar personalities and values because everything else can be learned.

Two words were consistently used by all of the participants—“respect” and “fun.”

Respect was significantly referred to as the most important reason each felt she had stayed at her current office long-term. Respect was described as “feeling valued,” “having our opinions count,” and “being treated as an equal.” Heidi, who has been with her employer for 13 years, explained how “lack of respect” had redirected what was once long-term retention in her office to what they were now experiencing— turnover:

One of the new doctors (referring to a practice transition) is difficult to work for and he is a big reason why a lot of staff has left. He doesn’t know how to communicate, is too serious, and money driven. He’s not as friendly and is too rushed. He makes the staff feel like peons. Ask anyone in the office and they’ll say they don’t receive respect from him.

Christy also felt receiving respect took precedence over pay for what satisfied her needs:

What’s most important is being respected, appreciated and treated wonderfully by the doctor and also having a friendship with the other staff members. It’s more important to be in an enjoyable situation like who you’re working for and with than the money.

Marie, who works in the multi group practice, claimed “respect” was foremost in her reasons for staying at her office for over 31 years:

Respect is top on my list; I’ve always had it. You have to have respect. There are a lot of dentists who don’t respect their employees and it gets them into trouble.

Marie’s office employs between 15 to 19 staff members. Remarkably, the other RDA’s in her office have been employed 21 and 10 years. The three hygienists have been employed 29, 16 and 15 years. Some of the front office staff have been there for 18 and 15 years.

When the participants were asked to describe a doctor they would not work for, why they had left prior offices, or what would motivate them to leave their current position, “disrespect” was a common response. Disrespect was described as: “Being used as a scapegoat or blamed for mishaps,” “being spoken to in an angry or demeaning manner,” “throwing instruments onto the tray in anger, and “working beyond scheduled patient time into employee personal time.” Marie believed turnover was directly related to “pay, benefits, and how employees are treated, such as lack of respect.” According to the RDA’s, it was equally important to have respect from the dentists they worked for as well as having respect from the other staff members. Besides feeling respected by their current employers, the participants collectively described their employers’ other leadership traits identified in Table 2.

Table 2

Participants’ Description of Their Employers

<u>Desired Leadership Skills and Traits that Influence Retention:</u>		
♦Integrity	♦Good communicator	♦Democratic
♦Respectful	♦Quality of Dentistry	♦Appreciative
♦Personable	♦Fair	♦Team player
♦Generous	♦Patient	♦Sense of humor
♦Positive Attitude		

As an effective leader can create a desired and rewarding environment, it made sense that this theme emerged as the primary retention motivator. According to the participants, the

practice leaders appeared to have sought appropriate interventions when needed, attended personal development trainings, created practice mission and vision statements, and received leadership coaching. As mentioned earlier, dentists are not trained to be office managers and leaders in their dental education curriculum, therefore, aspiring to become a good practice leader may encourage staff retention rates within the dental practice.

Higher Level Needs Satisfiers:

Theme Two--Flexibility in work schedule allowing work/life balance

The offices that employed multiple long-term staff members had flexibility, or customized work schedules, that met the employees' needs for how many hours and days they preferred to work. "Flexibility" was defined by the participants as the ability to cooperatively work together to allow a staff member to take time away from the normal work schedule in order to meet personal demands that arise. The importance of this factor was echoed throughout the interviews; in fact, flexible work schedules were mentioned by many as being one of the biggest satisfiers contributing to their long-term employment at their current offices. Some interviewees preferred extra days or hours for increased income opportunities while some preferred fewer days and hours that provided more time for family and personal well-being. Wendy indicated that, for her, it was important not to exceed a certain number of hours per week in order to avoid repetitive stress syndrome (injuries such as carpal tunnel, wrist, shoulder and neck complications are common in the assisting profession). Marie, whose self-rated pay is in the average to low range, explained what's most important to her in her position:

Second to respect, the runner up is the flexibility of my schedule and why I've stayed 31 years at this office. I'm a firm believer in that what keeps employees in

a job are being able to balance life with work; it’s not about the money. I’m able to take time off when I want, like take a long lunch or come in late and go home early, if we don’t have a patient. I’ve always valued my time off in order to have a personal life.

As flexibility can help to create a work/life balance, the importance of its benefits is becoming another area receiving increasing attention. Pegasus Communications (2000) describes, “More and more people are seeking to design their work so that they have room for the other important dimensions of their lives—family, community, self-development.” Maslow’s theory (1965, 1968) would align with this statement; as it is human nature to aspire toward higher level needs that promote well-being and personal growth once lower level needs are met, such as pay and a sense of security.

Mid-Level Needs Satisfiers:

Theme: Cooperative Team Culture

All of the participants described their office team culture as one of the top job satisfiers contributing to their long-term employment. They felt their offices supported a sense of well-being. Table 3 lists the detailed descriptions of their team’s important qualities:

Table 3

Participants’ Description of Their Team Culture

<u>Desired Culture Traits that Influence Retention:</u>	
♦Low conflict (or an effective ability to resolve issues that arise)	
♦Person-culture fit	♦Camaraderie
♦Supportive	♦Team cohesion
♦Collaborative	♦No Competition
♦Emotionally safe	♦Not stressful
♦A fun place to work	♦Casual
♦Positive Atmosphere	

The participants described their teams as having “camaraderie” with “no drastic dislikes” among the co-workers. The RDA’s felt as if “everyone fit within the culture”, which helped to increase their sense of belonging while minimizing their “stress” levels. The participants’ offices also seemed to each have an effective approach in problem solving. Coming from an office where “backstabbing was high and there were a lot of cliques,” Veronica was content being in an office where she felt there was “low turmoil.” She felt it was lack of leadership that contributed to why the personality conflicts and clashes went unresolved in her prior office.

Selecting new employees who fit well within the existing culture is important as it can promote team sustainability (retaining overall staff) and long-term commitment. As Marie stated, “We all interact well and have fun which is attractive to potential new hires.” How does one doctor succeed at hiring people who fit with the existing culture? Christy explained her doctor’s innovative approach: “The staff takes the applicant out to lunch and we do the pre-screening. If we think they’ll fit in, the doctor schedules a working interview with them.” Not surprisingly, this doctor has a history of extremely low turnover in all the years he’s been practicing. As Robbins’ (2000) notes,

Hiring individuals whose values don’t align with those of the organization will likely lead to employees who lack motivation and commitment and who are dissatisfied with their jobs and the organization. Not surprisingly, employee misfits have considerably higher turnover rates than individuals who perceive a good fit (p. 529).

Christy, who is employed at the pedodontic office, stated, “We play together and have fun well, which transfers back into the office. We have such a positive environment that

the parents (of their patients) comment how they wish they could come to us (for treatment).” Harter et al (1999) similarly describes the beneficial effects of a positive environment:

We investigate and demonstrate that the presence of positive workplace perceptions and feelings are associated with higher business-unit customer loyalty, higher profitability, higher productivity, and lower rates of turnover. This hypothesis positions organizations to capitalize on changing trends in a work force that is increasingly seeking greater purpose and growth through their work (p. 206).

When asked “What makes your office unique?” Tracy commented:

We get a lot of feedback from patients such as we all seem to like our jobs and are always in good moods. Patients really pick up on this and are aware of their surroundings. Because of this, we’ve kept long-term perio (periodontal) cases and they feel like part of our family.

- **Sub-Theme: Non-stressful**

Each of the participants was aware of the various events that can cause stress in a working environment. Running over schedule (into the next patient’s appointment, into lunch hours, having to stay later than planned) or adding emergency appointments can add stress to a normal workday. Some dentists are routinely guilty of this while others take extra care to minimize the occurrences. Tracy commented, “My employer values staying on time and adjusts the scheduling time to be adequate in order to respect the patient’s time.” As running over schedule can’t always be prevented, Christy described one example of how her employer compensated his staff for a non-typical stressful day: “If it’s been an unusually busy day, he’ll send us home with pizzas for our families for dinner.” Although not immune to it, the majority of the participants described their offices as being relatively low in stress.

- **Sub-theme: Having fun**

Next to “respect,” having “fun” was mentioned often in regards to job satisfaction in the workplace. The RDA’s unanimously felt their office environments were “fun.” “Fun,” as they described it, attributed to positive emotional states accounting for why they enjoyed coming to work. Offices that were described by respondents, as “stuffy,” “uptight,” and “hierarchical” were listed as dissatisfiers and offices within which they would choose not to work.

Having fun together as a team in and outside of the office can have a positive impact on team sustainability. As Veronica claimed, “The doctors provide quarterly events offsite that help us bond.” Wendy also shared examples of how her doctor encouraged his staff to have fun outside of the office:

The doctor provides events throughout the year, from cooking us a gourmet meal at his house where he publicly acknowledged every one of us to treating us to a limo ride, dinner and the theater in San Francisco. He’s sent each of us separately to a weeklong personal development retreat. He’s surprised us with magicians, we sometimes meet for after-work cocktails; he’s very generous.

Christy shared how her employer has taken his staff on trips to Mexico, dental conventions, Las Vegas, San Francisco via limousine, rafting, etc. “He encourages everyone to bond, play together, and have fun.” Having fun fosters friendships in the workplace.

- **Sub-Theme: Community**

As Harter et al (1999) explain, “Friendships at work also appear to be vital and a key differentiator distinguishing successful work groups from less successful ones. When negative situations occur at work, strong friendships help to build social resources that can be relied on to perhaps undo the effects of negative emotions” (p. 213). When asked what kept her committed to working in her office for 21 years, Tracy replied,

It’s the doctors, the staff and having a sense of humor in the office. I almost forgot an obvious reason of what gets me up and off to work with a smile on my face for the last 21 years—I can leave my personal problems at home and be guaranteed someone at work, probably the doctors or a co-worker, will tell a joke or just say something nice and totally turn my day around and put a smile on my face; our staff helps each other so much with emotional needs!

Friendships formed in the workplace also encourage commitment to the organization. I witnessed Tracy’s office where photo albums filled with captured outings and team bonding events were displayed in their reception area readily available to share with their patients. I also observed similar artifacts at Grace’s office, like wall collages of various staff bonding events. These are examples of actions that encourage a community environment of which employees long to be a part. Wendy declared, “It’s like a family here at our office.”

The participants described their workplaces as having a supportive community where they felt a sense of belonging that accounted for job satisfaction and encouraged commitment to the practice. Weisbord (1987) emphasizes the positive outcomes associated with becoming a community by means of social interactions:

We had changed the office structure significantly. Our social system slowly, invisibly, informally altered in dramatic ways. People spent more time together. Spontaneous parties sprang up at lunch and after work. People began celebrating

co-workers' birthdays ... They started visiting one another's homes. We had become productive. Now we were becoming a community (p. 17).

All of the participants described commitment to their offices and the reason behind this sense of commitment was due to a combination of having a doctor they enjoyed working for, belonging to a team they like working with (both which contributed to a desired environment), and having flexibility to meet their outside interests.

Dissatisfiers That Encourage Turnover

While each of the participants had been in their current positions an average of 19 years, they were easily able to identify what would motivate them to quit. The top three themes listed as dissatisfiers were:

Loss of flexibility (or undesired change in work schedule):

The majority of the participants stated that this would have the most impact for seeking employment elsewhere. Only one of the eight participants hinted that she was contemplating leaving her long-term position (over 25 years). She had been dissatisfied with the current changes (practice transition) in her office based on: 1) negative change to the cooperative culture and 2) a decrease in her benefits. However, what was deferring her from actively searching for another position was that she did not want to lose the flexibility associated with her current position. Had all three dissatisfiers been present, this RDA might resign without delay.

Decrease in pay or benefits:

Although not attributed to the top satisfiers accounting for long-term retention with the participants, employee incentives and compensation including pay, benefits, and perks, were partially linked to hiring and commitment to the dental practice. Many of the participants stated that as long as the areas of importance (such as effective leadership, flexibility, and cooperative team culture) were met, the financial compensation was of least significance. Marie, who has been employed 31 years at her current office and self-rated her salary level to be in the average to low range, commented:

Although money has always been a low priority for me, it's a concern for me if my pay scale falls within the average to low industry standards. If I'm happy in all other areas, I don't think about the money.

Grace, who has been at her current office 26 years and self-rated her salary level to be in the average to low range, claimed:

I would give notice if my medical coverage were cut. We work just as hard as they (the dentists) do and we help make the money for them. We have two new practice owners who are beginning to ask us to do more but are cutting back on extras which has motivated me to consider looking elsewhere.

Negative change to the cooperative culture:

While working in an environment perceived as harmonious was identified as a retention motivator, working within an uncooperative team was unacceptable to the participants.

There were many comments from the RDA's acknowledging that "an office full of women" can be challenging (in terms of conflict), which made the RDA's really appreciate they were able to get along so well. The RDA's also acknowledged that sometimes the clinical and the clerical staff take on an "us versus them" attitude; however, for the most part, the participants all felt as if their entire office worked together as "a team"—all working together toward the same goal in harmony. Tracy, who has

been in her current position 21 years, felt shared values and goals were important in creating a cooperative team culture stating:

If there were an unforeseen practice ownership transition where the doctor's values and goals were incompatible with ours (her current office's), I would consider leaving.

Grace, who has been employed 26 years at her current position and values her cooperative team culture, stated what would encourage her to seek employment elsewhere:

If the current structure changed from all being team players, including the dentist, to becoming more hierarchical, I would want to leave.

Negatively Impacts of Turnover on the Overall Practice

Not all of the participants had or were experiencing turnover. However, those who did described it in negative terms as: “disrupting,” “inconvenient,” and “stressful.”

Unfavorable turnover (practice owners and staff) can affect team sustainability by decreasing the well-being of the individuals who make up the team. Harter et al (2003), state the “Proponents of the well-being perspective argue that the presence of positive emotional states of the worker and her relationships within the workplace accentuate worker performance and quality of life” (p. 205). Adding additional workloads, stress or disrupting personal bonds caused by unfavorable employee termination can hinder remaining employees sense of well-being. Harter et al (1999) describe the importance of well-being in the workplace:

The well-being of employees is in the best interest of organizations. The workplace is a significant part of an individual's life that affects his or her life and well-being...The average adult spends much of his or her life working, as much as a quarter or perhaps a third of his waking life in work. As much as a fifth to a quarter of the variation in adult life satisfaction can be accounted for by

satisfaction with work. The emotional well-being of employees and their satisfaction with their work and workplace affect citizenship at work, turnover rates, and performance ratings (pp. 206-207).

Although Grace has been at her office for 26 years, she is just now experiencing the negative impacts associated with the changes associated with a practice transition. These changes are perceived as leading to turnover and decreased employee commitment:

We are now experiencing a high turnover rate in chairside. Things have changed with the new owners as two of the three original doctors have retired and new owners have begun to change the culture. People used to stand in line to work at our office, now we can't find anyone. Our office used to be fun and we were treated very well. The pay, benefits, and perks were great and it was a nice place to work. It used to be more casual and had an all around good atmosphere. Turnover is a major stress on the office and other assistants. The guys don't realize it costs more money to train someone new than to be more generous to their existing staff.

Well-being in the work environment is important not only as a retention motivator, but also because it can affect customer satisfaction in the long run. Harter et al (1999) explain, "The well-being of employees is also in the best interest of employers who spend substantial resources hiring employees and trying to generate products, profits, and maintain loyal customers" (p. 207). Tracy shared the dissatisfaction she'd heard from the patients who come to her specialty office regarding turnover, "Our patients will complain about their referring dentist's office, commenting on how it seems as if every time they go into the office there's a new employee."

For the most part, the participants liked who they worked for and with whom they worked. They described a high functioning team of which they felt satisfied to be a part. The complaints (dissatisfiers) related to their current position mostly related to transition

and change. This included practice ownership transitions (doctor turnover in a sense) currently taking place and staff turnover as they both appeared to negatively impact their working relationships and environment.

Conclusion and Implications

This study contributes to the limited research on RDA retention in the dental practice. From the interview data collected, it was clear the employers of the participants possessed effective leadership traits (such as respecting their employees) and skills (such as problem solving), which most likely accounted for the environment that encouraged long-term retention of their employees. They were successful in creating a culture that supported keeping their staff satisfied. Implications in dental practice transitions emerged as an important area for further consideration in relation to staff retention.

Encouraging Staff Retention with OD Consulting Techniques

With insight such as this research provides, and the right tools, practice owners can encourage retention by creating an environment that better satisfies employee's needs. One way to ensure that the practice meets these needs is to conduct a practice analysis. A practice analysis is vital to understanding what the satisfiers and dissatisfiers are. A practice analysis can be done several ways: one is by the practice owner and one is by obtaining a neutral third party such as an OD consultant—the latter being more effective as confidentiality promotes honesty; employees may feel reserved in sharing information with their employer out of fear or intimidation. Once identified, changes and interventions can be designed and implemented.

Planned OD interventions have been used successfully to increase staff retention rates and can also be used to increase organization effectiveness and well-being in the work place. As defined by Rothwell (1995),

OD is intended to assure healthy inter- and intra-unit relationships and help groups initiate and manage change—*Groups* being the key word in this definition. Organization development is thus geared to initiating and managing change within and between groups of people (p. 33).

An OD consultant can help facilitate creating the environment that encourages staff retention in a variety of areas within the dental practice. Figure 1 lists the areas and interventions and outcomes applicable to a dental practice ranging from intra-personal (individual interventions or growth opportunities) to activities enveloping the whole dental practice, such as (Rothwell, et al, 1995, p. 1):

- Coaching – designed to formalize/increase helping relationships in which individuals may relate their problems to sympathetic listeners or be advised how to deal with work or interpersonal problems.
- Team Building – designed to increase cohesiveness/cooperation of people who work together.
- Conflict Management – designed to reduce destructive conflict between members of a work unit by third party intervention.
- Process Improvement – designed to change the way in which processes are performed to make them more effective or efficient.

As noted, leadership affects many areas within the dental practice, spanning from interpersonal areas to the overall practice system.

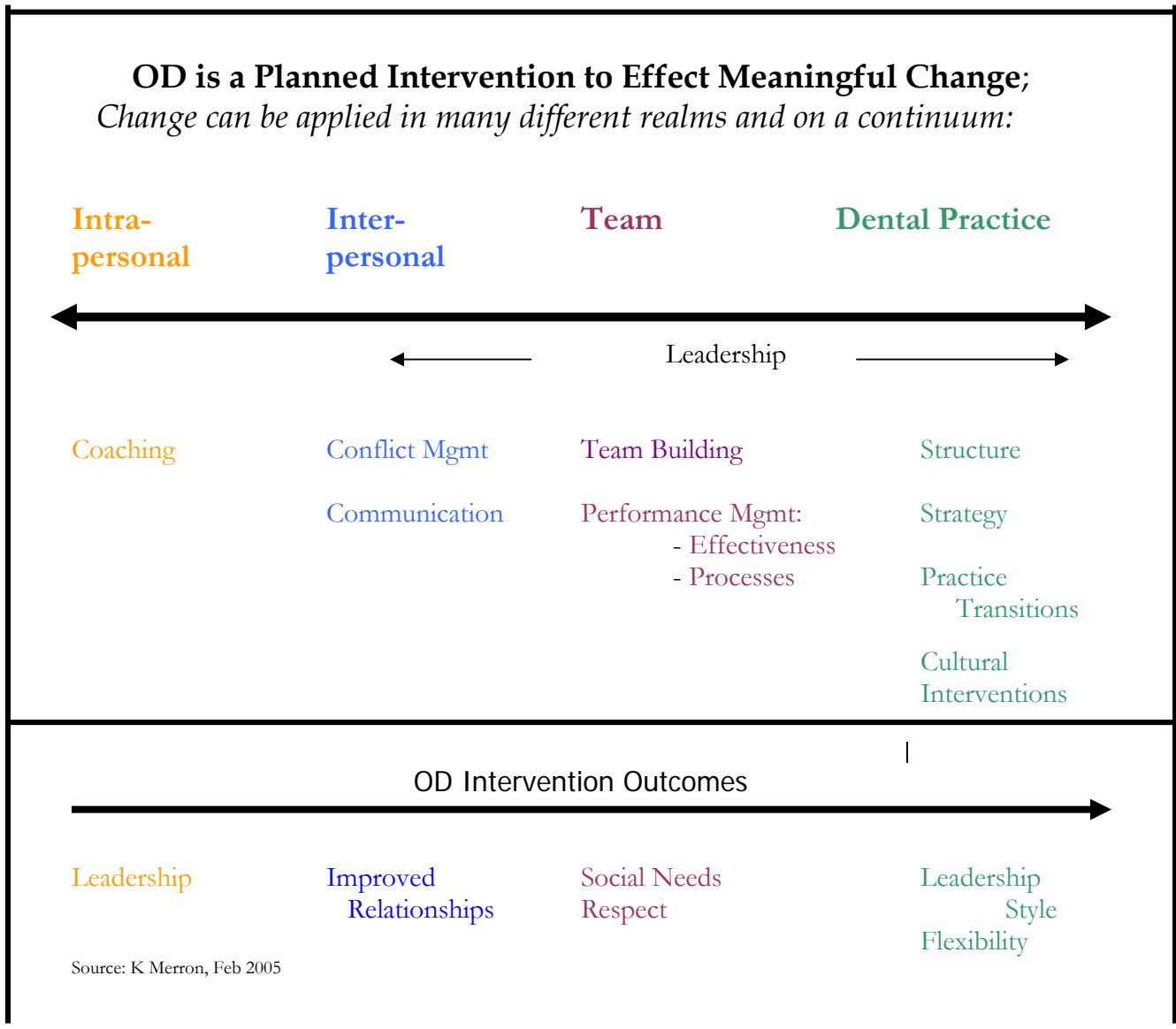


Figure 1. Dental Practice Areas of Intervention and Change Continuum (adapted from K. Merron).

Newest Challenge – Acquiring Practices and Retaining the Staff

Practice ownership transitions are on the rise because they are more cost effective than creating a new practice from scratch and the opportunity is presented from retiring dentists. Therefore, retaining the existing staff is becoming the newest challenge for dentists who purchase a preexisting practice. OD can help where culture and practice goals meet. For example, an existing culture is viewed as “the way things are done around here” attitude among the employees within the existing workplace. New owners may come in with their own idea of how they envision things “to be done around here.” Two conflicting attitudes are created with someone having to make changes in order to resolve the culture clash. At the onset of this project, I spoke with a local hygienist (not being one of the RDA research participants), Holly, who conveyed dissatisfaction with her current office following a recent practice transition. As change is not easy, it can be very trying for the doctor, staff, and patients. As the change was negatively felt throughout the entire practice, she had initially contemplated looking for employment elsewhere stating, “It was a big transition changing doctors because it drastically changed the culture causing staff members to quit and patients grieving their dissatisfaction associated with the change.” She described the disappointment of what once appeared to be an office of harmony now filled with discord. Fortunately, the new owner recognized the need to obtain outside assistance by obtaining a practice consultant/coach who was working with the practice to establish a new fitting culture while facilitating the change. As we spoke, she laudably commented on another local office stating, “The staff at Dr. Butler’s and Dr. Kerr’s office is so together—it’s what we

don't have that we're trying to get." The two specialists Holly spoke of shared a nearby office. Both dentists have retained a high majority of their original staff comprising their team of mostly long-term employees. In relation to practice transitions, the research findings would conclude with Dr. Burke's (2004) statement, "I think we need to know much more about this phenomenon of person-culture congruence" (p. 5). Effective practice transitions with co-mingling cultures are an area for further research.

Summary

As individuals make up high performance dental teams and high performing teams make up high performance practices, it is beneficial for employers to focus on retention efforts within their practice. The lack of research in this area posed a significant need to conduct further study exploring what factors lead to long-term employment in the dental practice. The purpose of this study was to identify variables associated with staff retention that could be used to promote long-term employment of dental staff. A relationship between positive feelings and job satisfaction, which is a precursor to long-term employment, was found. Significant contributors to job satisfaction were a perceived cooperative team culture, positive workplace environment, along with effective leadership skills and flexibility that created a sense of well-being and allowed for life/work balance. OD Consultants can help develop the various areas that make a high functioning team and practice. OD interventions such as conducting an internal practice analysis will allow dental practice owners to focus their energy in sustaining and improving staff retention rates. Other areas of OD such as team building, leadership coaching, and staff meeting

design, can help create a work environment that encourages staff retention in the dental practice.

References

- Bavendam Research Inc. (1999). *How do you manage turnover? In a time of lean organizations and dwindling pools of experienced new-hires*. Retrieved December 2004, from <http://www.bavendam.com/sindex.htm>
- Burke, PhD, Warner W (2004). Organization development: What we know and what we need to know going forward. *OD practitioner*, 36 (3).
- Chevalier, R. Ph.D. (2001). *Leadership and Coaching*. Lecture Fall 2004 Sonoma State University, Cotati, CA.
- Connor, D. F. (2003). Staff Retention and Turnover in a Residential Treatment Center. *Journal of Residential Treatment for Children & Youth*: 20 (3), pp. 43-52.
- Creswell, J. W. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks: Sage Publications.
- Department of Labor Bureau of Labor Statistics (2004). *Fastest growing occupations, 2002-12*. Retrieved February 2005, from <http://www.bls.gov/emp/emptab3.htm>.
- Gallup Organization (2005). Employee engagement: The employee side of the humansigma equation. Retrieved February 2005, from <http://www.gallup.com/content/default.aspx?ci=52>
- Garvin, J. (2002). American Dental Association 2002 Survey of regional dentist workforce distribution. *Dental workforce: what's the solution?* 33 (9). Retrieved October 2004 from: <http://www.agd.org/library/2004/oct/garvin.asp>
- Harter, J. K, Schmidt, F. L. and Keyes, Corey, L. (1999). Well-Being in the workplace and its relationship to business outcomes: A review of the Gallup studies. In Keyes, C., and Emory, U. *Flourishing: Positive psychology and the life well-lived*. (pp 205-335). Washington DC: American Psychological Association.
- Harter, J.K, Schmidt, F.L. and Hayes, T.L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: a meta-analysis. *Journal of Applied Psychology*, 87, (2), pp. 268-279.
- Herzberg, F., Bernard Mausner and Barbara Bloch Snyderman (1959). *The Motivation to Work*. New York: John Wiley & Sons, Inc.

Maslow, A. H. (1965). *Eupsychian Management*. New York: Richard D. Irwin, Inc.

Merron, K. (2005). *OD Career Planning*. Unpublished work.

Matteson, M., and Ivancevich, J. (1996). *Management and organizational behavior classics* (6th ed). Santa Monica, California: Richard D. Irwin.

Maslow, Abraham H. (1968). *Toward a Psychology of Being*. New York: John Wiley & Sons, Inc.

Pegasus Communications (2000). *What is organizational learning?* Retrieved December 2004, from <http://www.pegasus.com/aboutol/html>

Robbins, R. (2001). *Organizational Behavior* (9th ed.). Upper Saddle River, NJ: San Diego State University: Prentice Hall

Rothwell, W, Sullivan, R. & McLean, G. (1995). *Practicing organization development: a guide for consultants*. San Francisco: Jossey-Bass Pfeiffer.

Rothwell, W, Sullivan, R. & McLean, G. (1995). The tool kit: action research tools; planning change tools; a list of OD interventions. *OD Network*. Retrieved October 2003 from: <http://www.odnetwork.org/toolkit/actionresearch/tools/planningchangetools.html>

Steven Jr, Dr. J. (n. d.). It's more than just money. *Kisco perspective Newsletter*, 2, 21.

Upcoming Law Changes Effective January 1, 2007. Retrieved March 3, 2005, from <http://www.comda.ca.gov/sb1546-2007.html>

Weisbord, M. R. (1987). *Productive workplaces: Organizing and managing for dignity, meaning, and community*. San Francisco: Jossey-Bass Inc.

Appendix 1

Interview Questions

1. What is your current position and title?
What is the number of Doctors in your office?
How many and the length of employment for each staff member?
In your opinion, what is your knowledge about turnover in the dental field?
2. How long have you worked at your present office?
3. How long have you worked in the dental field?
4. What drew you to this work initially? What drew you to this office initially?
5. Have you worked in any other dental offices? If so, where and for how long?
6. Briefly describe the organization you worked for previously.
7. What is it about this office that keeps you here?
8. What is it about the other offices you left—the factors that led to your decision to leave?
9. What five things do you value the most where you work? Rank in order.
10. What five things would make you give notice or look in the want ad (not acting on it)? Rank.
11. What five things make your office unique?
12. What do you think would attract future employees to this office?
13. Do you have regular staff meetings? Morning huddles? How do things get communicated?
14. How are misunderstandings handled?
15. How does everyone get along? Describe your relationship with your peers.
16. How do new employees get selected? Dr? Staff input? Consultant pre-screening?
What factors are considered in hiring new employees?
17. How would you describe the ideal Boss? Describe someone you would not work with?
18. Monetary Compensation: Do you think it is average, low, or high for the area?

What do you feel the going rate is for RDAs? How important is pay to you?

Are benefits or retirement, bonus system, or profit Sharing received, CE, trips, dinners, uniforms, events, etc. provided? Describe any Psychological or verbal recognition/rewards?

19. Does your office have a mission statement and if so, how is it used?

20: Other:

Describe the stress levels.

History of used Consultants, retreats, coaches?