

Human Resource Management in the dental office: the advent of scientific and adaptive Management

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ABSTRACT

The professionalization of the "management" function in dental practices and especially in group practices and specialized dento-facial orthopedics has become a major challenge for their economic viability.

However, most practitioners manage their care structure and team empirically and intuitively on the "patriarchal" model that has been in place for decades in human-sized businesses.

Unilateral decision-making, omnipotence and authoritarianism are favored to the detriment of a more participative and delegative mode of management involving the firm's human and active forces in its continuous improvement approach (Quality approach).

The management of organizational change and the adoption of working methods inherited from scientific management are all the more important as the social and economic situation is increasingly undermining the dental industry.

INTRODUCTION

Management is a term that has been overused by training and consultancy agencies and wrongly used when urging team members to achieve productive and profitable goals to the extent that the patient has now become a consumer of care.¹ (*"The provisions of Article L. 111-1 of the Consumer Code [...] cannot dictate the relationships between patients and health professionals as structured by the provisions of the Public Health code."*) The relationships between

health professionals and their patients are therefore governed by the Public Health Code, and not the Consumer Code)².

This outrageous structuring and rationalization of business management practices is not only ill-adapted to the structural and organizational specificities of the dental practice but blatantly conflicts with the elementary principles that govern the foundation of the continuous improvement process. In addition, based on the henceforth

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undisputable premise that the real value added to a dental practice is largely represented by the human resources it possesses, e.g., the practitioner, assistant, secretary, and the combination of their technical and relational skills. It therefore stands to reason that these teams must be equipped with sustainable and reliable, proven, methodological, human management tools. The situation is becoming increasingly urgent, so much so, that most faculties of dental surgery have yet to include an "HR Management" course as part of the initial training program for dental students.

Quality management & Leadership

"Total quality" that is entirely patient-oriented must be the sole objective of a dental team.

Total quality involves the introduction of a continuous improvement approach in all the functions of the practice, which include clinical, administrative, relational, and logistics services. Additionally, the time has come to radically transform the common perception of quality in dentistry, which should not be strictly limited to the patient's satisfaction (due to the risk of slipping or drifting toward more commercial practices) because, after all, improving the patient's oral health is the main focus and the practitioner is the only competent judge of this.

It is therefore imperative to place the practitioner (the leader and manager) back in the center of the playing field, ably supported by the essential clinical and administrative team, who help make the practice a success. Productivity goals should be systematically eliminated³ to improve work efficiency.

Deming outlines 14 key points in his work entitled "Out of the crisis." Point 11 suggests that numerical quotas and numerical management goals be totally eliminated (whether individual or collective). These should be replaced with a real human resources (HR) management policy to effectively manage the recruitment of a core talented team at the practice. Much more than being a business owner, a dental surgeon must therefore learn to become a Talent Manager, especially in group and orthodontic practices where, in theory, employers make substantial investments in their human resources.

Dental team recruitment

Numerous professionals in the dental industry lack a recruitment methodology and continue to hire their staff in a totally empirical and traditional way. Dental offices have not been spared the socially recurring issue of staff turnover and even less so in orthodontic practices, where the pace of work and patient rotations are so high that an individual practitioner can achieve his or her quota of 100 by mid-week.

To adopt a rational, effective, and sustainable approach, it is essential to draft a job description⁴ before deciding on a job title or creating the position. The job offer can then be published to optimize its chances of success (HR Marketing is a prominent tool for any employer and consists of using the same tools and methods as professional recruiters use to promote jobs and make them attractive). In other words, they post their positions on real platforms, like a job board⁵, and not on classified ads websites, which have little security and are not regulated. The dental

sector, however, is one of the few professions that still strives to post employment advertisements between patient appointments instead of a thoughtfully planned, attractive advertisement that conforms to prevailing social norms⁶ as writing a job offer on a job board is an assisted or guided process.

It should also be noted that recruitment strategies greatly differ depending on the job profile, i.e., whether the position to be filled is that of a qualified dental assistant, a trainee dental assistant, a staff member, or an executive secretary⁷. For example, an executive assistant will respond more readily if the job offer mentions job creation and coaching, whereas a qualified and experienced dental assistant will be more inclined to respond to a position that is 100% clinical. As regards the staff member, special care should be taken to openly state the material and non-material benefits of the position.

Forward planning of jobs and skills

The real job of the dentist manager or the orthodontist manager begins with recruitment. After the preselection test (possibly delegated to a professional for group interviews if and only if the intervention is part of a general coaching exercise), comes a process of selection, placement in the work environment, and a final psychometric test. The new recruit will have to be introduced slowly and carefully, be made aware of and asked to adhere to the health and management policy of the practice (if they exist, they should be introduced to the official and unofficial

rules of the practice). They should then be taught the proper protocols (if they are written), mentored, motivated, and retained.

The role of psychometrics in dental management

Since the advent of the CEPO (European Centre for the evaluation and prediction of Performances in Dentistry)⁸ in September 2017, scientific evaluation solutions are now accessible to practitioners, office managers, and dental clinics to secure and optimize their human management processes. Before receiving final approval from certified and international psychometrics organizations⁹, it took almost 5 years and several hundred tests to be able to calibrate all the data for the dental industry. As with larger companies and more successful consulting firms, professionals in the dental industry can now make recruitment and management decisions (change management, restructuring, and organization) based on psychometric reports, whose accuracy and reliability remain unparalleled to this day.

Behavioral and relational skills in work situations

Behavioral skills, more so than the management style¹⁰ used by the management or business management practitioner, have a direct impact on the professional success of their practice. In psychometrics, it is now possible to scientifically evaluate the impact of the natural behavior of the practitioner or his or her assistant on the management of the professional environment.

Behavioral skills that influence our decisions can be divided into six domains:

1. Leadership
2. Management relationships with others
3. Creativity
4. Flexibility
5. Meticulousness at work
6. Personal work/life balance

These six domains can be further sub-divided into about 20 key skills and attitudes. It is important to know that the propensity for a staff member burning out can be psychometrically assessed (a score of 3–4 on a scale of 1–10 in the field “personal work/life balance” is a cause for concern). Among others, the ability to assert oneself (directive power), diplomacy, intellectual openness to others’ ideas, receptiveness to criticism, versatility, inventiveness and creativity, ability to cope with change, ability to analyze and synthesize, method (organization), perseverance in the face of obstacles, a sense of excellence, and finally the ability to manage one’s own stress and emotions can now be represented as an accurate and detailed behavioral map to assist with the recruitment, reorganization, or complete overhaul of the management policy of a dental practice.

For example, if you recruit a staff member who is expected to interact well with others and on evaluation the candidate is placed in quadrant 3 (Diagram 1), their recruitment will represent a major risk to the cohesion of the team and an even greater risk to the command structure and the general direction of the practice¹¹ (the command structure and the direction of the practice are two of the 14

major principles of management outlined by one of the greatest management theorists and scientist, Henri Fayol). A coherent command structure is often lacking in group dental practices. According to this principle, an employee can only receive instructions from a single manager who has direct authority over them. The direction of the practice means that objectives must be shared toward achieving one unified goal by encouraging employees to pool their efforts and present a unified and coherent front. These two form the foundation of the major principles that define a balanced manager. Additionally, the psychometric profile of a paid employee with no possibilities for interaction should ideally be situated in quadrant 2, in the “follower” mode. To foster interaction in cases where the predominant management approach is that of authoritarianism, the whole team will benefit from a candidate who fits into quadrant 1, that of participative management.

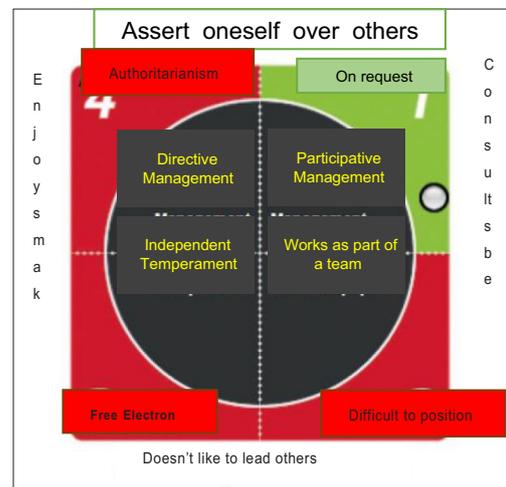


Diagram 1
Example of behavioral mapping for the “Management” skill.

Motivation and performance of dental staff

In occupational psychology, professional motivation is at the heart of researchers' concerns. It has been the subject of many investigations and has given rise to famous theories such as Maslow's hierarchy of needs¹² (Diagram 2), which is still very relevant (one can expect neither excellence nor professional achievement when basic needs have not been satisfied: vital, security, belongingness, and recognition needs) as well as Frederick Herzberg's theory.¹³ The two-factor theory by F. Herzberg (Diagram 3) is fascinating and has a high level of reliability because it demonstrates that the real motivation factors for any employee are directly related to the content of their work

(job description, responsibilities, etc.) and that conversely, wages, benefits, and even job security (unlike Maslow) are merely factors of dissatisfaction that will not have a real impact on the performances and investment of the employee.

In short, and this is crucial, a person can be motivated but relatively dissatisfied with their material working conditions. Although these principles are essential in behavioral psychology, psychometrics can deepen the analysis of the individual levers of motivation, which differ from one individual to another.

These levers must be identified by practitioners and managers to foster the employee's progress as they develop their technical and relational skills. Similarly, by identifying these levers,

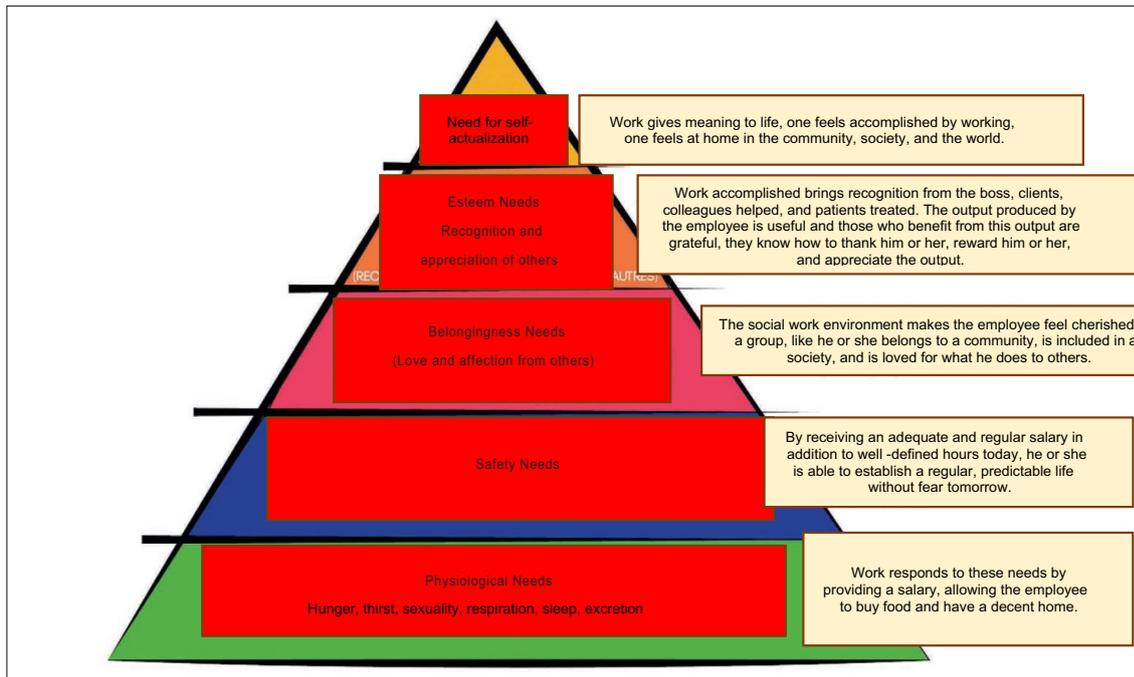


Diagram 2
Maslow's hierarchy of needs

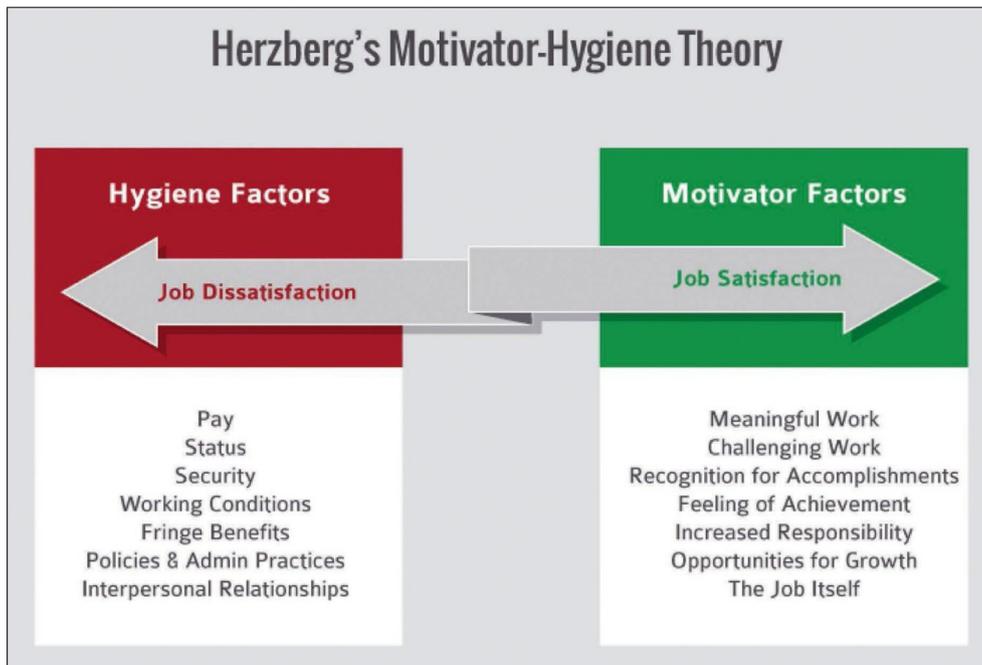


Diagram 3
Herzberg's motivator-hygiene theory

practitioners will assist employees in realizing their true potential (personal development), encourage them to aim for excellence (the Quality Approach), or even be able to revitalize a team and manage the change of its organizational or managerial practices. The major

motivational factors at work can be divided into four domains (Diagram 4): personal motivation ("intrinsic"), relational motivation (interactions), task-related motivation or job content-related motivation, and material motivation ("extrinsic").

CONCLUSION

Because of patients' attitudes and responses, amateurism, empirical approaches, and intuitive deductions all have a deleterious impact on the organization and operation of a dental practice and even more so on the quality of its general services (clinical,

administrative, and relational). The professionalization of the management of a practice is becoming a major requirement in dental practices. Practitioners are now required to be trained and self-directed when managing their work environments. The

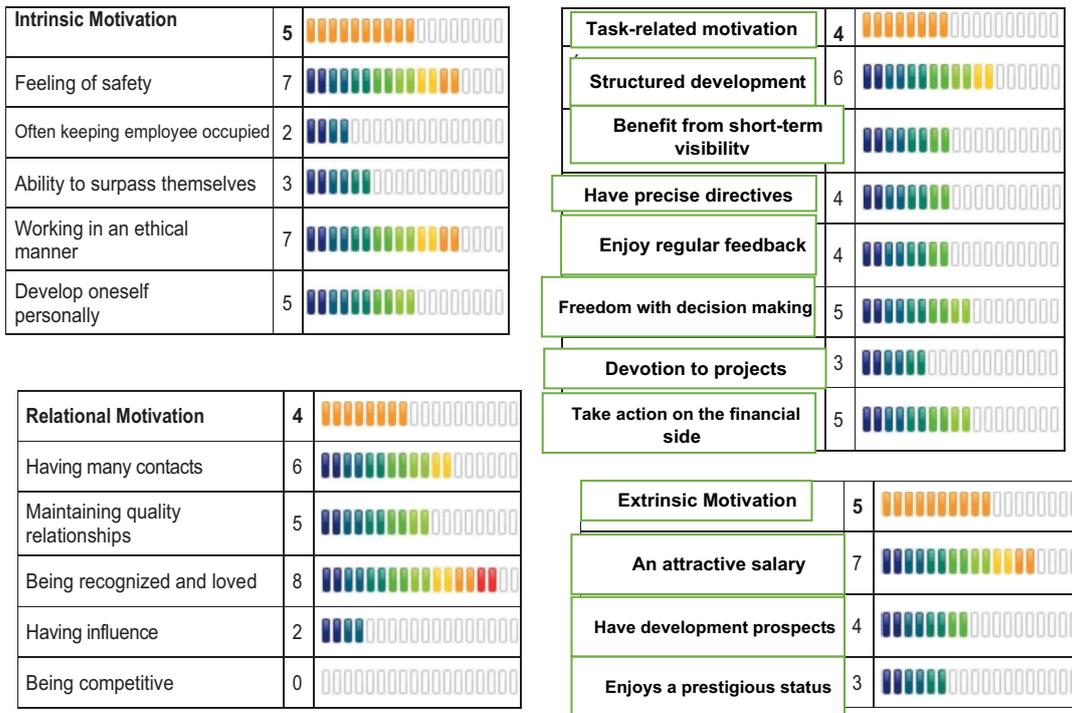


Diagram 4
Division of the professional motivational levers.

unstable economic situation and the rapid and sometimes abrupt changes in patient behaviors in dentistry necessitates the introduction of a reliable and sustainable management

policy based on data acquired from behavioral sciences.

Conflict of interest
The author has a conflict of interest.

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SUGGESTED READINGS

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