Leadership and Team Communication Behaviors That Make a Difference

By Alexa S. Chilcutt, PhD

How a dentist leads and communicates with his or her team determines the effectiveness of the team, the relationships of its members, and, consequently, the level of productivity or conflict experienced within the office. The dentist’s leadership results in communication practices that affect the team’s ability to work as an interdependent and cohesive unit. While every young dentist envisions a team of productive individuals that enjoy working together, it is the lucky dentist that enjoys working with his/her team. Numerous studies have found that an overwhelming majority of dentists report staff-related issues, such as handling of grievances and turnover, as the number one stressor in their practice. These factors affect the level of satisfaction a dentist experiences in the practice of dentistry.

A 2008-2009 study included ten dental practices — four located in Georgia, five in Alabama, and one in Mississippi — and investigated the current leadership behaviors and communication practices and their effects on the dental team. Findings helped to differentiate between positive and negative leadership and team communication behaviors.

Most positive leadership and communication behaviors included:
- **Team-Oriented View** — The dentist sees him/herself as a member of the team and manager of the team’s talents and resources. As one dentist stated, “Short of the technicality of me being the dentist, I feel like I am at a party of equals to a certain degree.”
- **Participative Decision-Making Processes** — The dentist seeks input from the team and takes into consideration their opinions and feedback concerning possible change.
- **Open-Access Communication** — All members of the team are encouraged to communicate with the dentist and team members as needed.
- **Confrontation and Collaboration** — Conflict management tactics allow for open and honest communication, constructive feedback, and cooperation for issue resolution.

Negative leadership and communication behaviors included:
- **Hierarchical View** — A dentist sees his/her role as the “leader” and separate from the group. As one dentist stated: “I am the team leader. I am the alpha dog.”
- **Autocratic Decision-Making Processes** — A dentist or dentists making unilateral decisions and informing the team of change ex post facto. Dentist(s) that engaged in autocratic decision-making processes caused increased organizational ambiguity and higher degrees of negative team identity.

The most lethal combination evident in the study was when a dentist had a hierarchical view of team leadership and engaged in autocratic decision-making processes. Here, employees felt undervalued, resulting in power struggles (in-fighting) between team members. In offices that exhibited this behavior, the rate of turnover was an issue.

While most staff were in favor of functional morning huddles, regularly scheduled meetings did not seem to be a predictor of healthy team communication. Instead, the ability of staff to communicate with each other and the dentist throughout the day affected how staff gauged the effectiveness of team communication. The office in the study that gave the dentists the highest leadership rating had no formal meetings, but stated that the communication was “open-access,” affording them the opportunity to discuss issues as they arose during the day.

The two major predictors of team culture were decision-making processes and conflict management tactics. Participative decision-making processes gave team members a voice and created a greater sense of team identity that was inclusive of the dentist as well as a sense of practice ownership and responsibility. Valuing staff input, opinions, and feedback during the decision-making process empowered employees and created a high level of reciprocal trust. Although staff felt included in the decision-making processes, they also mentioned respecting the positional power of the dentist and acknowledged that he/she had the authority to make the final decision.

Conflict-management tactics employed by members of a team may include: confrontation, collaboration, force, avoidance, or accommodation. Collaboration and confrontation are seen as healthy forms of conflict management, as the team environment is a safe one that encourages open communication. Team members feel free to voice dissenting views and to offer constructive feedback to one another, as well as to the dentist, without fear of repercussions. Healthy confrontation requires maintaining respect and consideration for teammates. Individuals are afforded appropriate channels or procedures to discuss issues as they arise.

Even the conflict-avoidant dentist can work to create an atmosphere that allows members to express concerns and give feedback openly by establishing norms and procedures that encourage free and open communication.

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Marketing Focus: Generational Differences

A primary focus when developing a marketing plan for any business is to create a formula that will “crack the code” of communicating to your target audience and motivate consumers to buy from you.

In putting together a strategy to attract new patients to a dental practice, a number of factors are analyzed, including demographics, market opportunities, competition, and consumer buying trends and priorities. In recent years, many marketers have turned their attention to lifestyle – marketing to groups based on generational categories rather than their income or neighborhood. Quoting from Economist.com, “Consumers are thought to have more in common with people from the same generation than with any other grouping” (Hindle, 2009).

Our chart below categorizes each generation by birth year, and by the formative cultural influences of each era.

Tip: Build your own marketing focus group. The “magic” in any marketing strategy that reaches out to new patients is to first tap into the strengths we have inside our own four walls.

Have a team meeting and identify which generation each team member belongs to. (If you don’t have a broad representation, invite friends and family members from other generations to participate). Review your marketing and patient communication materials, i.e., web site, brochures, letterhead, outside signage, messages-on-hold, voicemail, patient education materials, etc., and measure the “call to action” efficacy of these items as an individual consumer from a generational perspective.

Discuss your case presentation and new patient experience and role-play each patient interaction step by step, optimizing your approach for each generational category. Consider group characteristics: for example, technology is not of high importance to Traditionalists, so you may spend 20% of your communication time on technology and 80% on relationship with these consumers (and the reverse for GenX-ers and Millennials). As the doctor, it is important to understand how each generation views you - are you an authority figure, as with Traditionalists, or a peer, as with the hard-to-impress Millenial? Will you need to approach trust-building with caution and pragmatism, as with Gen X-ers, or with a polished treatment plan presentation that “sells” the benefits of a healthy smile, as with Boomers?

The more we understand about how our patients view the world, the more effective we will be in motivating patients that know us and those that don’t (yet) to trust us with their dental health.

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References: