A Humanistic Approach to Team Member Motivation

Course Author(s): James L. Harrison, DMD; David G. Dunning, M.A., Ph.D.
CE Credits: 2 hours
Intended Audience: Dentists, Dental Hygienists, Dental Students, Dental Hygiene Students, Office Managers
Date Course Online: 03/01/2018
Last Revision Date: 06/30/2023
Course Expiration Date: 06/29/2026
Cost: Free
Method: Self-instructional
AGD Subject Code(s): 550

Online Course: *www.dentalcare.com/en-us/ce-courses/ce525*

Disclaimer: Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

Conflict of Interest Disclosure Statement
- Dr. Harrison is the lead editor of one of the books referenced in the course. He has no relevant financial relationships to disclose.
- Dr. Dunning is the lead editor of one of the books referenced in the course. He has no relevant financial relationships to disclose.

Short Description
A Humanistic Approach to Team Member Motivation is a free dental continuing education course that covers a wide range of topics relevant to the oral healthcare professional community.

Course Contents

Overview

Motivation plays a crucial role in driving the performance and success of teams in various organizational settings. While traditional approaches to motivation focus on extrinsic factors such as rewards and punishments, a humanistic approach emphasizes team members' intrinsic motivation and psychological well-being. This course explores the fundamental principles of a humanistic approach to team member motivation and real-world examples highlighting its effectiveness. Its institution by the employer contributes to more harmonious and productive team members and plays a vital role in providing excellent customer service to patients.

Learning Objectives

Upon completion of this course, the dental professional will be able to:
- Understand the fundamental principles of humanistic motivation and its application in a team setting.
- Recognize the importance of intrinsic motivation and its impact on team member satisfaction, engagement, and performance.
- Identify the key psychological needs (autonomy, competence, and relatedness) and their role in fostering motivation within a team.
- Explore strategies for promoting autonomy among team members, allowing them to feel empowered and in control of their work.
- Gain insights into creating a supportive team culture that encourages collaboration, open communication, and positive relationships.

Introduction

You can have the most beautifully designed and decorated office. You can have the most advanced business and technological systems to manage your financial, marketing, and clinical needs. You can have the most ergonomic and efficient dental equipment for advanced clinical dentistry. The most essential characteristic of your practice is the people in your team.

Dentistry is primarily a service business. Yes, you do produce a product – healthy and aesthetic smiles. However, the most successful businesses and practices realize their most important commodity is superior customer service. In his book "The Customer Comes Second", Hal Rosenbluth astutely asserts, "Providing great customer service is contingent on motivating employees (team members) to provide the great customer service."[1]

Many employers believe that a person will work harder if paid more. Many also believe that pay is the only reason that people work. However, modern management proposes that people work for reasons other than pay. (After all, many people put in many hours of volunteer work for organizations that pay nothing!) Although people must meet their financial needs, they also work because of the friendships they form on the job and the sense of personal accomplishment and value they can gain from a job. It follows, then, that if people work for these other reasons, a business owner can motivate them to work harder or do better by arranging the job so that they can accomplish these needs.

Modern management experts believe that people work for three reasons; compensation (pay and benefits), psychological reasons (personal growth and fulfillment), and social reasons (friendships and relationships in the workplace). As the practice manager, the owner must control these motivation factors to develop and encourage excellent employees. That is a difficult task in itself. To make the problem even more complicated, different employees want different amounts and types of fulfillment in each area. Motivating employees to work at their peak level can be a complex problem.[2]

In the 1950s, corporate America learned that the key to increased productivity and profit was through highly motivated employees. W. Edward Deming's Total Quality Management programs successfully jumpstarted the new Japanese industrial revolution by instituting an employee motivational mindset by employers. During the 1940s, Abraham Maslow established the groundwork for current motivational techniques. Adapting his Hierarchy of Needs Theory to employee management proved to American industry that the employer/employee relationship had to change if companies were to prosper.

Maslow is considered the founder of humanistic psychology. Humanistic psychology incorporates aspects of both behavioral psychology and psychoanalytic psychology. Behavioral psychologists follow the teachings of Skinner, who believed human behavior is primarily controlled by external environmental factors. On the other hand, psychoanalytic psychologists follow the teachings of Freud, who proposed that human behavior is primarily controlled mainly through internal unconscious variables. Maslow's motivational theories state that human behavior is controlled by external and internal factors and the need for healthy humans to be their best.

In 1943, Maslow formulated his "hierarchy of needs theory".[4] He proposed that people have complex and nuanced needs that must be satisfied, and these needs will motivate them until they are essentially satisfied. The needs are arranged in a hierarchy from basic to higher needs, with an individual needing to satisfy a lower need before a higher need can motivate. Once a need is satisfied, its power to motivate wanes. For example, a starving individual will do whatever is necessary to obtain food, i.e., eat food from a dumpster, but once fed, the promise of food no longer motivates.

The original five needs of the hierarchy are:
1. Biological and physiological needs (hunger, thirst, shelter, sex, sleep)
2. Safety needs (security, protection from physical and emotional harm, freedom from fear)
3. Love and belonging needs (affection and

Figure 1. Maslow's Hierarchy of Needs.[4]

love, intimacy, belonging, acceptance, and friendship from family, work group, friends, and romantic relationships)
4. Esteem needs (also called ego). The internal ones are self-respect, autonomy, and achievement; the external ones are status, recognition, and attention
5. Self-actualization (realizing personal potential, self-fulfillment, seeking personal growth and peak experiences, and being the best one can be at doing things)

In the 1960s and 1970s, Maslow expanded the Hierarchy of Needs Pyramid to include:
6. Cognitive needs (knowledge, meaning, etc.)
7. Aesthetic needs (appreciation and search for beauty, balance, form, etc.)
8. Transcendence needs (helping others to achieve self- actualization)

Maslow believed every person is capable and wants to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by failure to meet lower-level needs adequately. He noted that only one in a hundred people become fully self-actualized because society rewards motivation primarily based on esteem, love, and other social needs.

It is important to note that self-actualization is a continual lifetime process rather than an achieved state one eventually reaches.

Maslow proposed that the "hierarchy of needs theory" not only worked in social situations but could be applied to the workplace. By arranging these needs in a pyramid, they could be used to motivate team members.

A criticism of Maslow's theory is that the lower needs must be essentially satisfied before a person can achieve his/her potential and self-actualize. By examining cultures in which large numbers of people live in poverty, it is clear people are still capable of achieving the higher levels of the hierarchy, such as love and belonging and self-esteem, which according to Maslow, should be very challenging and rare.

Another criticism is that Maslow's conclusions of self-actualization are based on the study of predominately highly educated white males such as Thomas Jefferson, Abraham Lincoln, Einstein, Mahatma Gandhi, and Beethoven. His female subjects, Eleanor Roosevelt and Mother Theresa, comprised a small proportion of the study, eighteen subjects total.

With dental school enrollment now at a 50-50 gender split, the percentage of women dentists in the workforce has grown from 24.1% to 34.5% between 2010 and 2020. It is anticipated that the dentist workforce will reach gender parity by 2040.[6]

Motivational theories generally apply to individuals regardless of gender, as similar psychological processes drive human motivation. However, specific theories and perspectives concerning women's motivation have been explored, considering societal factors and gender-specific experiences. Here are a few motivational theories that have been discussed in the context of women:

Self-Determination Theory (SDT) suggests that individuals are motivated when their basic psychological needs for autonomy, competence, and relatedness are fulfilled. Research has shown that women's motivation can be influenced by their need for connection and supportive relationships, making relatedness an essential factor.

Transformational Leadership Theory focuses on leadership styles and their impact on motivation. Some research suggests that transformational leadership, which involves inspiring and empowering followers, may be particularly effective in motivating women. Transformational leaders tend to create a supportive and inclusive work environment, enhancing women's motivation and engagement.

Social identity theory explores how their membership influences individuals' self-concept and motivation in social groups. Women's motivation can be influenced by their gender identity and the degree to which they identify with other women. When women perceive a solid and positive social identity, it can enhance their motivation and empowerment.

The impact of gender on motivation is complex and multifaceted, influenced by individual differences, cultural factors, and societal expectations. Therefore, it is crucial to consider the diversity of experiences and motivations within any gender group.[6]

Maslow (1970) estimated that only 2% of people reach self-actualization.

Some characteristics of self-actualizers are:
• They perceive reality efficiently and tolerate uncertainty;
• Accept themselves and others for what they are;
• Spontaneous in thought and action;
• Problem-centered (not self-centered);
• Unusual sense of humor;
• Able to look at life objectively;
• Highly creative;
• Resistant to enculturation, but not purposely unconventional;
• Concerned for the welfare of humanity;
• Capable of deep appreciation of essential life experience;
• Establish deep satisfying interpersonal relationships with a few people;
• Peak experiences;
• Need for privacy;
• Democratic attitudes;
• Strong moral/ethical standards.

Behaviors leading to self-actualization are:
• Experiencing life like a child, with total absorption and concentration;
• Trying new things instead of sticking to safe paths;
• Listening to one's feelings in evaluating experiences instead of the voice of tradition, authority, or the majority;

Crest® + Oral-B® at dentalcare.com

- Taking responsibility and working hard;
- Trying to identify your defenses and having the courage to give them up.

Self-actualization is a matter of degree. It is not necessary to display all 15 characteristics to become self-actualized. Maslow states, "There are no perfect human beings". Self-actualization is not the same as perfection. Instead, self-actualization is a process of achieving one's potential.[4,5]

Other theories or models of motivation emerged after Maslow formulated the Hierarchy of Needs Theory.

Instead of five hierarchically organized needs, Clayton Alderfer proposed that basic human needs may be grouped under three categories - existence, relatedness, and growth. Existence corresponds to Maslow's physiological and safety needs, relatedness correlates with Maslow's social needs, and growth encompasses Maslow's esteem and self-actualization needs.[7]

Frederick Herzberg approached motivation by questioning what satisfies or dissatisfies individuals at work. Company policies such as supervision, working conditions, salary, safety, and security may cause job dissatisfaction if lacking; however, if present are taken for granted. In contrast, factors such as achievement, recognition, interesting work, increased responsibilities, advancement, and growth, motivate workers.[8]

David McClelland's Acquired Needs Theory proposes that individuals acquire three types of needs due to their life experiences. These needs are the need for achievement, the need for affiliation, and the need for power.

People with a high need for achievement are motivated best when their job allows them to achieve goals. They tend to do things themselves and cannot delegate to others; if they do, they micromanage.

Those needing affiliation are motivated best when their job allows them to develop harmonious interpersonal relationships with others such as teachers and social workers. They would be ineffective in managerial and leadership positions.

Those needing power are motivated when their job allows them to influence others and control their environment. Individuals with this need are most effective in managerial and leadership positions.[9]

Another influential theory of motivation is Adam's Equity Theory.[10] Equity theory views motivation from team members' perceptions of a fair balance when comparing their efforts (skills, hard work) and results (outcomes, salary/benefits, and recognition). Motivation may also grow or diminish if team members perceive imbalance when comparing their efforts and results against other team members. Team members who see equitable levels of effort and results among team members will be motivated. However, motivation will decline if team members believe they are contributing more effort than others and/or not realizing comparable results (recognition, pay, etc.).

Since Maslow's ideas inform other motivational theories, the ideas presented in this article are based on his Hierarchy of Needs Theory.

Maslow's Hierarchy of Needs adapts well to dental practice. Its institution by the employer will contribute to more harmonious and productive team members.

Physiological Needs
In dental practice, the dentist does not provide food and shelter to team members but does provide the income to purchase them. Applying Maslow's theory, the most productive way to compensate team members is to provide an income that is at least competitive, if not more than other practices in the market area. The competitive compensation includes a higher base salary and the addition of profit sharing or "partnership" pay and benefits. Most team members need the security of a regular salary. They do not want the insecurity of wages based on commission based on profit, which in good times may provide the team member with higher wages but in less good times with lower wages. A compromise is to compensate team

members with a base salary and motivate them by allowing them to share in the profits as if they were partners in the practice.

Partnership pay is based on the belief that individuals would like the benefits of owning a business but not the responsibility. Some reasons people give for wanting to be their own boss include:

"The need to make my own decisions".

"The need of not having someone look over my shoulders".

"The need to have rewards related to my results".

Providing team members with opportunities to satisfy these needs motivates them to perform at higher levels. Although team members understand the employer is the leader of the practice, they are the boss or CEO of their job. They want to be empowered to perform their jobs in their way and be rewarded for successful performance. That means the dentist gives authority to team members to manage their area of responsibility that is doing well and share the rewards of superior performance with them.

The team members are treated as minor partners because they do not undertake the overall responsibility or risk as the dentist. Besides allowing them to perform their jobs with minimal interference, they share in the profits, albeit in a minor way.

The dentist and team member compensation is based on the practice's net profit. Periodically team members are rewarded for their positive efforts on behalf of the practice by receiving a share of practice profits (typically 10% to 20%). Through partnership pay, the team members experience accurate correlations between the quantity and quality of work they perform and their wages. By seeing the bottom line each month, they will likely be more efficient, less wasteful, and more patient service oriented.

Unlike traditional incentive plans based on production or collection while ignoring practice overhead, partnership pay is based on profit. Profit is the amount left in the practice after all expenses are paid. Profit occurs by increasing the earnings of the practice and reducing expenses. Increased production and increased collection of fees generated by production result in increased earnings. Reduced expenses are accomplished by spending less on supplies, salaries, and other needs.

For example, the practitioner may increase production and earnings by increasing the number of new patients attracted to the practice. This could be accomplished through increased radio and T.V. advertising, local newspapers, billboards, and social media campaigns. While the number of new patients and earnings may increase, contributing to increased profit, advertising expenses could reduce profit. Suppose the practitioner team members increase efforts to provide superior service and increase patient satisfaction. In that case, patients are more likely to refer others to the practice and provide positive comments on social media. Some offices will tie bonus systems to the office's patient satisfaction scores, encouraging good customer service. If successful, the number of new patients and earnings increase without the increased costs of external advertising. With increased earnings and fewer expenses, profits increase. If the team members know they will share in the profits, they are more motivated to provide superior patient service, increasing patient satisfaction. They will strive to increase efficiency, i.e., avoiding hiring additional team members, resulting in additional team member expenses and less profit sharing.

How Partnership Pay Works

There are many types of bonus formulas in dentistry, and an individual practice may have to experiment with different plans before settling on a plan fitting the practice's style and size. Additionally, bonus formulas are not static and should be evaluated and updated as the needs, size, and influence on team motivation change. To establish an effective incentive program, you need to follow specific steps. Make sure to link incentives to desired goals, keep incentives from becoming entitlements, link incentives to employee desires, make

plans easy to administer and understand and link individual and group performance. The following example is used in practice and may be adapted to the reader's practice.[11]

All team members receive a share of the practice's net profits each quarter year. (New team members are not part of the bonus plan for the first 90 days of hire.) Net profit is calculated by subtracting all paid bills from practice earnings, including team member and dentist wages. (It is assumed the dentist takes a set salary at regular pay periods). All team members, excluding the dentists, receive a share of 10%-20% of net profits each quarter. Of the 20% share of the quarterly profit, half (10%) is distributed quarterly to the team members, and half (10%) is deposited into an interest-bearing account distributed to the team members at the end of the fiscal year. Retaining 50% of the team member's share of net profits allows for quarters when there is a loss or negative profit. Twenty percent of the negative profit is removed from the interest-bearing account, and the team members do not receive partnership pay for that quarter. A team member who leaves the practice before the end of the quarter is excluded from the profit sharing.

For example:
- Net profit from the quarter = $10,000 x 20% = $2,000 partnership pay.
- Half of $2,000 ($1,000) is placed in an interest-bearing account for distribution at the end of the year.
- Half of $2,000 ($1,000) is distributed at the end of the quarter.

There are four eligible team members:
- *Marge* (receptionist) worked 468 hours during the quarter at a salary of $28/hour for a total of $13,104 wages for the quarter.
- *Lisa* (dental assistant) worked 425 hours during the quarter at a salary of $24/hour for a total of $10,200 wages for the quarter.
- *Eileen* (dental hygienist) worked 160 hours during the quarter at a salary of $35/hour for a total of $5,600 wages for the quarter.
- *Danielle* (lab assistant) worked 325 hours during the quarter at a salary of $15/hour for a total of $4,875.

NOTE: The listed rates/hour is for illustration purposes only, and they should not be construed as recommended rates, which will vary by practice location.

Total employee wages for the quarter are $33,779.
- Marge earned 39% of the total wages paid.
- Lisa earned 30% of the total wages paid.
- Eileen earned 17% of the total wages paid.
- Danielle earned 14% of the total pages paid.
- $1000 is available for partnership pay.

Marge receives 39% of $1,000	$390
Lisa receives 30% of $1,000	$300
Eileen receives 17% of $1,000	$170
Danielle receives 14% of $1,000	$140
Total	**$1,000**

Using wages earned is a simple and fair way to determine a team member's value to the practice. Team member wages takes into consideration the team member's training, professional degrees, experience, and hours worked during the quarter. As illustrated, Eileen, the hygienist is paid more per hour than Marge. However, Marge works significantly more hours than Eileen and thus receives a greater share of partnership pay.

If, in a subsequent quarter, the practice shows a loss or no profit, the team members do not receive quarterly partnership pay. Twenty percent of the loss is deducted from the portion of profit deposited in the interest-bearing account that was to be distributed at the end of the year.

For example:
- In the first quarter, the practice profit is $10,000. The team members share $2,000 (20% of $10,000). $1,000 is disbursed at the end of the quarter, and $1,000 is deposited in the interest-bearing account.
- In the second quarter, the practice profit is $12,000. The team members share $2,400 (20% of $12,000). $1,200 is disbursed at the end of the

quarter, and $1,200 is deposited in the interest-bearing account.
- In the third quarter, the practice experiences a $4,000 loss. The team members are subjected to an $800 loss, (20% of $4,000), that is deducted from the funds in the interest-bearing account.
- In the fourth quarter, the practice profit is $10,000. The team members receive $2,000. $1,000 is disbursed at the end of the quarter, and $1,000 is deposited in the interest-bearing account.

The proceeds from the four quarters are totaled:

First quarter	+$1,000
Second quarter	+$1,200
Third quarter	-$800
Fourth quarter	+$1,000
Subtotal	+$2,400
Interest	+$50
Total	+$2,450

At the end of the year (end of the fourth quarter), the team members share $3,450: $1,000 of fourth-quarter profit +$2450 annual profit.

Partnership remuneration benefits everyone in practice. The team members benefit by earning additional money beyond their regular salary. By seeing that they can influence how much they earn, team members are motivated to provide superior service to patients and control costs. The employer dentist benefits by having motivated team members, satisfied patients, and the freedom from the worry of providing incentives to team members the practice cannot afford.

Dr. Mark Costes from the Dental Success Institute proposes an alternative incentive pay system.[12] Team members other than hygienists, office managers, and dentist associates are eligible for incentive payments only if the practice's overhead reaches 60% or less. Once

that goal is achieved, profit-sharing incentives are provided to team members when three key performance indicators are met in practice monthly: an established dollar amount of net production (the amount that can be billed after adjusting for any reduced fees from dental insurance or government programs); a set dollar amount for actual collections; and an ongoing goal for overhead percentage at or below 60%. Team members share practice profit similar to what was described ONLY if the practice achieves all three targets. Higher incentives are offered when overhead levels decrease to 55% and 50%. In Dr. Costes' approach, hygienists are offered incentive profit-sharing when their generated revenue meets a goal of 3.3 times their monthly compensation.

Safety Needs
Safety needs involve satisfying OSHA guidelines but are much more expansive. This need includes health insurance, job security, and childcare.

Providing health insurance to team members may be an expense the employer may feel the practice cannot afford. However, considering it can cost a practice over $20,000 to train a new team member (due to onboarding/training costs and loss of productivity), the annual premium for health insurance is well worth the benefit of retaining a motivated and productive team member.[13] Furthermore, health insurance costs can be controlled by setting minimum hours for team members to qualify for health benefits and requiring team members to share in premium costs.

Team member allegiance to the practice increases in proportion to job security. Years ago, staying with one company for one's whole career was customary. Today, with changing economies, that is no longer true. Companies dismiss employees in an economic downturn without regard to experience or age, and employees may also view their career commitments as more transitory, enjoying the freedom of new opportunities, locations, and experiences. However, the bottom line is the bottom line. Employees who believe they can be relieved of their position immediately do not develop abiding allegiance to the company.

In a dental practice, team members should be cross-trained to be more productive by performing alternative tasks during an economic slowdown. Should inclement weather result in patient cancellations, the dental assistant can review patient records and contact patients who have not completed treatment or need to schedule a recall appointment rather than be asked to go home with a loss of pay. Team members can help market the practice during a lull in production. Providing health information at a shopping mall, a health fair, or in local schools can be an ethical and positive means of marketing the dental practice.

Childcare and maternity leave needs must be addressed. Childcare may or may not be provided continually. However, facilities should be available when a team member faces a sick child or unexpected school closing. If possible, set aside a spare room in the office for emergency daycare for team members' children. If that is not possible, arrangements can be made with a local daycare center for such emergencies. Alternatively, a team member who is not scheduled to work can be paid to remain at home and babysit other team members' children. The cost involved can be less than the expense of losing the services of a valuable team member for the day.

Job security also includes health, medical, and maternity leave. All larger businesses must abide by the Family and Medical Leave Act that was added to Title VII of the Civil Rights Act of 1964 on October 31, 1978, and updated in 1993. It applies to businesses with 50 or more employees. The Act requires covered employers must provide up to 12 weeks of unpaid leave to eligible employees for the following reasons: birth and care of the employee's newborn child, care for a child after adoption or foster care placement, care for the employee's spouse, child or parent with a serious health condition that affects the employee's ability to work. Women affected by a pregnancy, childbirth, or related medical conditions shall be treated the same for all employment-related purposes, including receipt of benefits, as other persons not so affected but similar in their ability to work. The benefits include temporary disability

benefits, accrual, crediting of seniority, pay increases, and vacation calculation. Employers must hold the pregnant employee's job open during their maternity leave for the same amount of time that jobs are held open for employees on disability leave. Employer-provided health insurance must cover expenses for pregnancy-related conditions.

Existing federal legislation notwithstanding, the United States lags way behind other developed nations in that NO federal legislation requires employers to offer paid maternity leave. If available, paid maternity leave now only includes accrued vacation time and paid sick leave/wellness days. While an increased expense to the owner-dentist, additional paid maternity leave would significantly and uniquely: 1) help to meet the biological/physiological and safety needs of individual team members and their families; 2) facilitate necessary bonding between the parent-team member and his/her infant child, thereby meeting relationship needs; and 3) build team member loyalty. Similarly, providing health insurance offers similar pluses in meeting biological/physiological and safety/security needs. The Pregnancy Discrimination Act, which applies to employers with 15 or more employees, also prohibits discrimination against pregnant women.[14]

Many states have enacted pregnancy discrimination laws and extended these laws with fewer than 15 employees. Employers should check with their states' laws on disability and pregnancy leave.

Social Needs (Love and Belonging)
Humans need friendship and acceptance. The theme song from a classic T.V. show, "Cheers," asks, "Wouldn't you like to go where everybody knows your name?" To create a warm feeling in the practice so patients feel welcome, there must be an office atmosphere where team members experience warmth and friendship. Patients will be happier and more relaxed in an office with happiness and humor. Additionally, allow patients to join in the fun whenever possible, to give them a sense of love and belonging to the practice and not just a place to satisfy their oral health needs.

The goal is to promote camaraderie and caring in the workplace. If the dentist has no sense of humor, he/she should stand back and delegate the responsibility of office levity to team members. Celebrate birthdays, practice anniversaries, promotions, etc. with barbecues, cakes and ice cream for the entire team.

Some ideas are:
- Dress up for Halloween.
- Have a beach day in winter. Fill the office with beach balls and have the team members dress in shorts and Hawaiian shirts.
- Have a "No Cavity Club Drawing" each month. Patients are entered in a drawing for prizes when they complete treatment or return for their recall appointment in perfect oral health. Prizes include gift certificates, dinners, flowers, and tickets to shows, movies, and sporting events.
- Any day is sundae. Patients make their own sundae at the end of the appointment. The team members and dentist are required to eat leftovers.
- Celebrate ethnic and cultural holidays with a themed lunch for team members and patients, i.e., Pizza, Chinese food, bagels, Irish soda bread, etc.
- Bring in cakes to celebrate birthdays, engagements and weddings, births, etc.
- Replace that burnt coffee pot with a selection of gourmet coffees and tea.
- Create a scrapbook as the practice grows illustrating team members' (past and current) activities and celebrations.
- Have a massage therapist come to the office for the day and give team members and patients a chair massage.
- Bring a catered lunch in a picnic basket, spread a blanket in the reception area or private office, and have a picnic lunch.
- Provide employees tickets to a (rock) concert and see if you can get the band to give the office a shout-out during the concert.
- Provide the team members with team jerseys with the practice name, logo, and the team member's name on the back. The jerseys can be worn outside the office, especially during practice outreach programs.
- Pick a day and let team members come in late or leave early for a staff breakfast or dinner.

- Hold an annual summer or fall barbecue with team members and their families.
- Close the office to allow team members to attend an annual group training conference.
- Host a lunch with team members during practice hours stipulating that no practice issues be discussed.
- Have team members assign nicknames to each other and create a board with their pictures and names.
- Close the office a half day a month to allow team members to volunteer at a community activity, i.e., health fair, Special Olympics, or Habitat for Humanity. Have them wear their practice jerseys.
- Start a team. It does not matter if it is summer softball or bowling. It will build relationships, camaraderie, and respect among team members.[11]
- Set up a dunking machine in your parking lot. Have the doctors and managers sit above the tank and have team members and patients aim at the target to dunk the victims.[11]

Esteem Needs

It is unfortunate if team members are only recognized or singled out when something goes wrong. Team members must feel appreciated and receive recognition for a job well done. In his book, 1501 Ways to Reward Employees, Robert Nelson states, "While money is important to employees, what tends to motivate them to perform and perform at higher levels is the thoughtful, personal recognition for a job well done.[15] Team members want to be trusted to do a good job; they want autonomy to decide how best to do it; they want to be asked their opinion and involved in decisions - especially as those decisions affect them and their work; and; they want to be supported, even if they make a mistake. Most important they want to be appreciated when they do a good job."[13]

Unfortunately, managers/employers are more likely to take time to deliver criticism than praise. Many reserve praise for the annual performance review. If the only feedback is when they mess up, that takes a toll over time. It needs to be done every day not once a year.

Recognition can range from a simple thank you to more formal recognition. Employers

should try to say thank you to team members whenever possible. A verbal thank you is appropriate anytime a team member enhances a patient experience, i.e., placating an irate patient at the front desk or calming a nervous patient in the dental chair during treatment. The dentist should try to verbally thank team members on especially productive and smooth sailing days.

More formal and public recognition can be offered when a team member regularly contributes to the practice's growth and well-being. A public display of appreciation is one of the most effective means of motivation.

A "Team Member of the Month" program can be instituted. The "Team Member of the Month" is determined by the use of Bravo cards. Bravo cards are distributed throughout the office and are completed by patients, team members and dentists. Whenever a team member provides exceptional service to a patient, coworker or dentist, a Bravo card is completed by the beneficiary of the deed and placed in a box. At the end of the month, the cards are counted and the team member with the most cards is the "Team Member of the Month." Likewise, when determining the team member of the year, the total number of Bravo cards received by the team member during the past year are counted.

Examples of situations where a Bravo card would be completed are:

Completed by patient
• The receptionist assists a new patient in completing patient information forms.
• Team member provides emotional support during dental treatment to the patient.
• Team member assists patients in receiving maximum benefits from third-party payers.

Completed by team members
• Agreeing to cover a position when another team member cannot come to work.
• Pitching in when a team member is temporarily overwhelmed with work. For example, four patients are discharged from the treatment areas at the same time overwhelming the front desk temporarily.

The hygienist, who does not have a patient for another 15 minutes, moves to the front desk and answers phones while the receptionist processes the completed patients.

Completed by the dentist
(This Act does not preclude the obligation of the dentist to verbalize thank you to the team member immediately after the incident and at the end of the day.)
• The dentist receives a note or a call from a patient complimenting the team member.
• The dentist observes the team member provide exceptional service to the patient.
• The team worker provides exceptional service to the dentist while discharging his/her regular duties.
• The team member braves twelve inches of snow to arrive at work on time

The following are some suggestions for providing recognition:

No cost recognition
• The dentist thanks the team member with a written thank you note, and a copy may be placed in the team member's personnel file.
• Assign priority parking for the month.
• During lunch, the dentist washes the team member's car in the parking lot.
• Let the team member pick the office background music for the day.
• The practice names a space after the team member, i.e., the Suzy Smith Hallway.

Low-cost recognition
• Give the team member an extra day off from work.
• Have the team member's home cleaned by a professional cleaning service.
• Pay for an adult education class of the team member's choosing.
• Give the team members a subscription to a magazine of their choosing.
• Give the team member a gas or public transportation card to cover travel expenses for the week.
• Give the team member a pair of movie tickets.
• Give the team member a trophy cup filled with goodies.

- Double the time of the team member's breaks (coffee, lunch) for the week.
- Hand out lottery tickets to team members, allowing them to win millions. Hopefully, the big winners will not leave you.
- Have a gorilla or whatever creature is available to show up at the office during a pizza party lunch with a singing telegram about how great the team member is.
- Team member of the month T-shirts, pins, caps, removable tattoos.
- If a team member consistently performs well, give them "performance tokens". They can be redeemed to take a more extended lunch or used for personal time.

More formal recognition (For the Team Member of the Year)
- Rent a luxury car for the employee to drive for the week.
- Tickets to shows and concerts.
- Paid trips to professional seminars.
- Gift certificates and memberships at health clubs.

Remember to include part-time team members in your recognition plans.[16]

Self-actualization
Self-actualization embraces the U.S. Army slogan "BE ALL THAT YOU CAN BE." The most direct way to accomplish this is by encouraging job ownership by team members. Robert Kriegel and David Brandt report in their book, "Sacred Cows Make the Best Burgers," owning one's own business is one of the top three motivators, along with travel and financial independence. They found some of the reasons people give for wanting to own their own business include: To make my own decisions," "To be my own boss," "To have rewards related to results," "Not have someone looking over my shoulder," and "To take charge of my future."[3]

Barring profit sharing, the best way to create ownership is by giving team members as much control over their destinies as possible. They may not be able to own the company, but they can "own" their jobs.

Suggestions for encouraging job ownership include:

Encourage Advancement The high school student you hired as a file clerk does not want to remain in the chart room forever, and he/she wants to advance to a position that provides increased income, responsibility, and skills. When filling an entry-level position, inform the new team member that this is an entry-level position and that an opportunity exists to advance to higher levels of responsibility and salary. Point out other team members that have advanced since their hiring. Provide the new team member with a distinct goal to strive for.

Promote from Within When an advanced-level position becomes available, avoid the urge to place an ad in the classified section. Look within the current team for a replacement. Promoting existing team members has several advantages over hiring new personnel. Personality and honesty are known factors with existing team members, and new team members may not live up to their resumes and letters of recommendation. Teaching new skills to an existing team member, familiar with office policies and culture, is more straightforward than teaching a new team member new skills and office etiquette. Most important, promoting a current team member motivates the person to perform even higher.

Delegate Responsibility Delegating responsibility to team members allows them to learn new skills and makes for a more exciting job. Another benefit is reducing stress on the dentist and upper management by allowing them to perform more productive duties. Jobs like billing and insurance processing should be performed by team members, not by the dentist, whose time is better utilized for rendering dental care. Delegation of responsibilities, and tasks and discovering solutions to problems are not merely "dumping" what is what is on your plate onto someone else's. Appropriate delegation allows a person to maximize his/her time and talent to focus on achieving meaningful goals.

Reasons to Delegate:
- Delegation frees up your time and energy to perform at a higher level because there is less clutter.
- Delegation lets you take on more challenging projects and activities.

- Delegation enables you to reduce time at work and increase personal time to do enjoyable activities.
- Delegation allows your team to reach new personal and professional heights.
- Delegation shows recognition and trust of the team member's ability to accomplish things.
- Delegation build's team skills and esteem.
- Delegation creates opportunities for things to get done in new and innovative ways.
- Delegation reduces delay by converting tasks into action.
- Delegation helps create greater efficiency, primarily when performed by others with more expertise.

• Provide Continuous Training Refining current skills and learning new ones motivates team members even without formal promotions. It makes their job more exciting and more productive. The better trained a team member, the easier to move that person into another position should the need arise. Team members should be provided with an office manual that clearly defines the scope of their responsibilities and office policies. Although they are expected to follow these policies, they are encouraged to make suggestions to improve the policy and responsibilities. The morning huddle can provide training daily. Team members can brush up on a clinical technique that may be used that day, especially if they are unfamiliar with it or have not performed it in a while. They can prepare themselves for unusual situations or anticipated patients during the day.

• Regular Team Meetings In addition to morning huddles to keep the team literally on the same page in terms of schedules, patients with special needs and patients needing to make financial arrangements for their dental care, regularly held team meetings offer a unique avenue to meet Maslow's needs in the areas of belonging/relatedness, personal growth, and even self-actualization. Well-run team meetings can include relationship building through sharing of rewarding experiences in the personal and practice lives of each team member; learning opportunities from educational topics such as community projects, and presentations by consultants or local experts; developing or reformulating the practice's mission and values; reviewing practice financial performance; and rotating the meeting leader so that each team member learns how to facilitate a meeting.[17]

Powerful Strategies to Motivate Your Team Members

The enthusiasm team members exude while performing their duties is directly proportional to how enthusiastic they are about their job. Satisfying team member needs leads to job satisfaction. To provide excellent service to patients, team members must feel great about their work and career. It is not enough for them to feel happy at work; they must be ecstatic. They must have the urge to jump out of bed Monday mornings and yell, "*Thank god it is Monday. I am going to work*!"

With that goal in mind, here are strategies to inspire team members. Encourage team members to:
- Evaluate how their job supports their emotional needs (receive attention, respect, and praise; feel important, loved, and secure; be right, a leader, and creative).
- Decide which aspects of their job they love. While performing the duties they hate, ask them about the positive feelings they experience while doing the duties they love.
- Think of themselves as the CEO of YOU Inc., even though they work for someone else. Develop the mindset that everything they do in their job is to promote THEMSELVES to others.
- Perform their job so customers/patients return to the business/practice just because of them.
- Take on the most menial projects to accentuate their importance to you and co-team members. All team members, including the dentist, should inspect the office (bathrooms) throughout the day for cleanliness.
- Learn new skills. Not only does it make them more productive and valuable, but it also makes work more enjoyable.
- Talk with someone they admire in their field once a month.
- Celebrate their successes. Learn from their failures.

- Decide where they want to be in five years and use their job to achieve that goal.

How does the dentist encourage them to think this way? The dentist walks the talk. The dentist does not tell them to think this way; he/she sets the example. If the dentist wants team members to be inspired about their jobs, the dentist must be inspired by their job.

After working in a job or career for 15, 20, or 30 years, it is easy to become mundane and lose its initial attraction. The dentist needs to reinvent their career if they want to continue to succeed. As the "boss," the dentist has to show the same enthusiasm for their job as they would like the team members to show for their jobs. If the dentist feels less enthusiastic about getting out of bed Monday mornings than they used to, they should follow the above strategies to rekindle their enthusiasm.

Conclusion

The bottom line is this: as consumers, patients are not drawn to a dental practice just for a product or dental treatment. They want a superior product and excellent customer service. The dentist provides a superior product through advanced training, modern equipment, and quality materials. Providing excellent customer service is the responsibility of the whole dental team. Unless the team is happy with the office environment, they cannot be motivated to provide excellent customer service. Team member motivation to WOW! patients are contingent on how well their hierarchy of needs is satisfied.

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: *www.dentalcare.com/en-us/ce-courses/ce525/test*

1. What are the three reasons modern management experts believe people work for?
   A. Compensation, psychological reasons, and self-actualization
   B. Compensation, social reasons, and self-esteem
   C. Compensation, psychological reasons, and social reasons
   D. Compensation, self-actualization, and friendships

2. Which psychological perspectives influenced Maslow's theories on human behavior and motivation?
   A. Behavioral psychology and psychoanalytic psychology
   B. Humanistic psychology and cognitive psychology
   C. Psychoanalytic psychology and cognitive psychology
   D. Behavioral psychology and humanistic psychology

3. Maslow's Hierarchy of Needs Theory states _____.
   A. people have emotional needs that must be satisfied
   B. these needs will motivate until they are satisfied
   C. the needs are arranged in a hierarchy from basic to higher-order needs
   D. A and B only
   E. A, B, and C

4. The original five needs include each of the following EXCEPT _____.
   A. biological and physiological needs
   B. safety needs
   C. cognitive needs
   D. self-esteem
   E. self-actualization

5. Another name for the self-esteem need is _____.
   A. cognition
   B. self-fulfillment
   C. ego
   D. experience

6. Self-actualization can be defined as _____.
   A. achieving personal beauty
   B. being the best one can be
   C. self-respect
   D. achieving acceptance by others

7. Self-actualization is achieved by _____.
   A. 2% of the population
   B. 10% of the population
   C. 25% of the population
   D. 50% of the population

8. A characteristic of self-actualizers is/are _____.
   A. they perceive reality efficiently and tolerate uncertainty
   B. they are highly creative
   C. they have inner strength
   D. A and B

9. Behaviors leading to self-actualization include _____.
   A. taking the traditional route
   B. delegating responsibility
   C. following the majority
   D. working hard

10. Maslow states _____.
   A. self-actualization must be achieved entirely; it is not a matter of degree
   B. self-actualization is the same as perfection
   C. self-actualization is a process of achieving one's potential
   D. self-actualization is an inherent quality achieved by all humans

11. People prefer to be their own boss because _____.
   A. bosses make more money than everyone else
   B. they can take a vacation at any time
   C. they can make their own decisions
   D. they should have the right to ask for and receive not only competitive compensation, but the highest compensation in the marketplace for their respective job positions

12. Partnership pay is based on _____.
   A. production
   B. collection
   C. profit
   D. overhead

13. An employee's share of partnership pay is based on each of the following EXCEPT _____.
   A. training and professional degrees
   B. experience
   C. number of hours worked during the quarter
   D. age

14. Dr. Mark Costes proposes an incentive system for team members other than hygienists based on which of the following:
   A. The practice meeting a level of 60% overhead or less
   B. The practice meeting a set amount of gross production
   C. The practice meeting a set amount of net (billable) production
   D. The practice meeting a set amount of collections
   E. A, C, and D
   F. A, B, and D
   G. B, C, and D

15. Which one of the following is LEAST related to meeting a team member's safety needs?
   A. a practice following OSHA guidelines
   B. providing health-medical insurance benefits
   C. limiting working hours to under 40 hours/week
   D. provide lunch for staff once a week
   E. offering maternity leave support

16. Providing a team member with paid maternity leave helps to meet what needs in Maslow's hierarchy?
   A. biological and physiological needs
   B. safety needs
   C. relationship needs
   D. A and B
   E. A, B, and C

17. The most effective means of satisfying esteem needs is by _____.
   A. simply saying thank you to team members for a job well done
   B. providing raises and bonuses to all team members
   C. complimenting an employee on their clothing attire
   D. hosting morning huddles every day to improve office efficiency

18. A team member's effort may be recognized by the employer, team members, and patients using a specific communication strategy called _____.
   A. Awesome Achievement Cards
   B. Way-to-Go! email messages
   C. Saw-You-Doing Great texts
   D. Bravo cards

19. The best way to encourage "ownership" of the practice by employees is to _____.
   A. allocate a portion of their salary to purchase stock in the practice
   B. base rewards on results
   C. encourage team members to work more hours
   D. give team members more authority over other staff

20. A reason to promote from within is/are _____.
   A. personality and honesty are known factors with existing team members
   B. newly hired employees tend to receive higher salaries
   C. new employees may not live up to their resumes and letters of recommendation
   D. A and C

21. Promoting an existing team member to a higher position _____.
   A. may overwhelm the employee because of increased responsibilities
   B. may incite resentment among other employees
   C. may motivate the promoted employee to perform at a higher level
   D. may result in the promoted employee requesting a pay increase

22. Billing and insurance processing _____.
   A. should be performed by a team member
   B. should be performed by the dentist to ensure accuracy
   C. should be performed by a third party outside the practice
   D. is most accurate when performed electronically

23. Delegation of responsibilities _____.
   A. is the equivalent of dumping what is on your plate onto someone else's
   B. allows a team member to maximize time and talent to focus on achieving meaningful goals
   C. can negatively impact higher management's opinion of the delegating employee

24. Regular team meetings can be especially effective in meeting which of these needs in Maslow's hierarchy?
   A. biological and physical needs
   B. safety
   C. belonging
   D. self-esteem
   E. C and D
   F. B and C

25. Strategies to inspire team members would NOT include which of the following?
   A. asking team members to evaluate how their career-job supports their emotional needs
   B. asking team members to decide which aspects of their job they love and which they don't
   C. asking team members to learn new skills
   D. setting an example by completing the most menial of tasks
   E. over-focusing on critical business expenses/financial numbers
   F. encouraging team members to talk once a month with people they admire in their field

References

1. Rosenbluth H. The customer comes second. New York, NY. William Morrow and Company. 1992.
2. Harrison J, Willis,D, Thieman,C Business Basics for Dentists 2nd Edition, Oxford, Wiley Blackwell 2023.
3. Kriegel R, Brandt D. Sacred cows make the best burgers : developing change-ready people and organizations. New York, NY. Grand Central Publishing. 2011.
4. Maslow A. A Theory of Human Motivation. Lanham. Dancing Unicorn Books. 2017.
5. McLeod S. Maslow's Hierarchy of Needs. 2014. Accessed May 6, 2020.
6. Versaci, M.B. HPI: Women make up growing percentage of dental workforce. ADA.org Website ADA News, 2021. Accessed May 9, 2023.
7. Alderfer CP. An empirical test of a new theory of human needs. Organizational Behavior and Human Performance. Version 4. 1969. 142-175.
8. Herzberg F. The motivation to work among Finnish supervisors. Personnel Psychology. Version 18. 1965. 393-402.
9. McClelland D, Boyatzis R. Leadership motive pattern and long term success in management. Journal of Applied Psychology. Version 67. 1982. 737-743.
10. MindTools. Adam's equity theory--balancing employee inputs and outputs. Accessed May 6, 2020.
11. Schwartz S. It's Your Choice! Creating a Blueprint for Total Professional and Personal Success. Jay Street Publishers, 2002. Accessed May 6, 2020.
12. Costes M. 728: The Rapid Fire Round. The dentalprenuer podcast. 2019 Oct 30. Accessed May 6, 2020.
13. Kantor JS. High turnover costs way more than you think. Huffington Post. 2016 Feb Accessed May 6, 2020.
14. U.S. Department of Labor. The Family and Medical Leave Act of 1993. Accessed May 6, 2020.
15. Nelson R. 1501 Ways to reward employees, 3rd Ed. New York, NY. Workman Publishing Company, Inc. 2012.
16. Michalowicz M. 101 ways to reward employees without giving them cash. American Express Open Forum, 2013 Apr 10. Accessed May 6, 2020.
17. Neumeister D. Chapter 24: Staff Meetings. Dental Practice Transition: A Practice Guide to Management. Dunning DG, Lange BM (eds). Ames, IA. Wiley. 2016

Additional Resources

- No Additional Resources Available

About the Authors

James L. Harrison, DMD

Dr. Harrison serves as Associate Professor in the Department of Comprehensive Dentistry at the University of Louisville School of Dentistry where he works as a clinical team leader and also as the course director for the practice management curriculum. He earned is undergraduate degree and his Doctorate of Dental Medicine from the University of Louisville. He received a certificate after his completion of the Advanced Education in General Dentistry program at the University of Cincinnati Hospital. Dr. Harrison started a denovo practice after his residency program and own and operated his dental practice for over 10 years. Dr. Harrison has published peer-reviewed research as the lead author in the Journal of Dental Education. He is the lead editor of a 2nd edition textbook, Business Basics for Dentists. Dr. Harrison has served in many leadership roles faulty senate, faculty advisor for student organizations, Chair of the Practice Management Section of the American Dental Education Association(ADEA), and also on the administrative board of the Council of Sections of ADEA. Dr. Harrison was recently nominated and accepted to be a fellow of the American College of Dentist.

Email: james.harrison@louisville.edu

David G. Dunning, MA, PhD

Dr. Dunning serves as Professor of Practice Management at the University of Nebraska Medical Center, College of Dentistry, Department of Oral Biology. He has taught and conducted research for 30 years in patient-provider communication and practice management. He earned his M.A. and Ph.D. in organizational communication in the Department of Communication Studies, University of Nebraska-Lincoln. Dr. Dunning has published peer-reviewed research as a lead or co-author in 18 professional journals. He is the lead editor of a textbook, Dental Practice Transition: A Practical Guide to Management. Dr. Dunning serves on the editorial board of Health Communication and is a guest editor for other journals. Dr. Dunning has served for many years in a variety of leadership positions: department vice-chair, faculty senate president, board member and board chair in faith-based non-profit organizations, faculty advisor for a student organization and an officer in the Practice Management Section of the American Dental Education Association, including six years as Section Councilor. Dr. Dunning has maintained a part-time consulting business for years: giving speeches, conducting workshops, providing management consulting, and developing curricula. He is a member of the American Dental Education Association, the National Communication Association, and Omicron Kappa Upsilon, the honorary dental society. Dr. Dunning and his wife, Kathy, are blessed with two sons, Salem and Jed, a daughter-in-law, Brandi, and granddaughters, Sariah and Scarlett.

Email: ddunning@unmc.edu