Does your team ‘click’ or ‘clique’?

A s the saying goes, birds of a feather flock together. Un-
derstandably, it’s common for those with like interests, back-
grounds and experiences to form friendships and alliances. But what may seem like staff camaraderie on the surface can be the root of prac-
tice factions, commonly known as cliques.

It’s not unusual to see divisions between clinical and business staff, between the group of the favored employees and the rest of the work-
ners, or between the longtime per-
sonnel and the new recruits. Reg-
ardless of the makeup, staff cliques can be a powerful undertow in your practice manifesting in poor morale, ongoing conflict and in-
creased staff turnover — all of which compromise practice pro-
ductivity and profitability.

Take the case of Liz, Ellen and Tom. They’ve been with the doctor since day one. They feel that be-
cause of their seniority in the prac-
tice they ran the show, and that would be how the other employees see it as well. The doctor doesn’t make a change unless the ‘Three Musketeers’ are on board. The Three Musketeers eat lunch to-
gether, have coffee together, social-
ize together and think nothing of the message of exclusion they send to the other employees, who, by the way, turn over pretty regularly. They justify their failure to include new employees by saying that the chances that the latest recruit will stick around for more than a year are slim to none. Get, I wonder why?

In staff meetings, which are few because Liz, Ellen and Tom pull the doctor aside whenever they feel something needs to be addressed, new employees are seldom asked for input. They tend to fall into the role of spectator merely watching the doctor and his trio banter the is-
sues about or talk about their latest group outing or adventure.

If someone outside the three-
some actually musters the courage to speak up, their ideas are greeted coolly. After all, it’s likely someone else’s slightly different approach will interfere with the way Liz, Ellen and Tom like to do things, which, they argue, seems to be working just fine. And it is, at least for the three of them.

So where’s the doctor in all of this? Well she’s really a nice person, and although she acknowledges that the three ‘aren’t perfect and may be a little controlling,’ they have been with her from the start. And she just doesn’t want to con-
front the issue. That is until she posts her worst year yet. Only then does she begin to quantify in dollars and cents what is most poor morale among the rest of the staff, the expense of perpetual employee turnover, the inability to effectively address shortcoming in key sys-
tems, and her own loss of credibil-
ity as the leader of the practice and CEO of the business.

Clques are costly

Certainly, strong relationships among long-time employees can be tremendously beneficial for prac-
tices that rely on small cohesive teams. However, staff cliques can be extremely counterproductive and, consequently, expensive. These non-productive units of exclusion reject key talent, making it impos-
sible to establish a true team that works together effectively.

The problem becomes partic-
ularly serious if critical practice deci-
sions are being made without input from those who are not part of the clique, or if essential information is not shared with ‘outsiders’ who need that information to effectively carry out their job responsibilities and duties, or if the treatment of some staff is noticeably different than the treatment of others.

Teams, not cliques, make a den-
tal practice successful. While per-
sonalities, work styles, and in-
terests may differ, each member of the staff needs to be given the opportunity to contribute fully. It’s up to the dentists, as leaders, to set the example for the team and to steer clear of behaviors that can unwittingly strengthen cliques or create divisions among staff. For example, allowing a few to monopol-
zize the conversation in staff meet-
ings rather than insisting on input from all team members can send the message to certain staff mem-
bers that their input either isn’t wel-
come or has a lower value than the ‘chosen’ participants.

Sharing information with a se-
lected few members of the team con-
voy to the rest that only the favored are ‘in the know.’ Also, socializing with certain members of the staff outside of work also conveys the message of favoritism and encour-
ges a sense of exclusivity among those who see themselves as part of the doctor’s social circle.

These and similar behaviors do nothing to build a sense of camar-
raderie and team work. Rather they seem to underscore the ‘us vs. them’ mentality. The doctor must be the leader of all, not the friend of a few.

Pay attention to the lines of de-
marcation that may be drawn in your office and take steps to erase them promptly. Those quiet war-
ring factions are chiseling away at your practice infrastructure and subtly undermining your every ef-
fort to establish a practice that is built on excellence. Read on.

Out with the ‘in’ crowd

Cliches can be particularly challeng-
ing in practices lacking job descriptions and/or systems of employee accountability. Nat-
urally, where there is communal-
ity among employees, alliances and friendships are likely to re-
Sult. But there’s a difference be-
 tween friendships and factions. For example:

• Critical decisions are being made without input from those who are not part of the clique, or essential information is not shared with ‘outsiders’ who need that information to effectively carry out their job responsibilities and duties, or if the treatment of some staff is noticeably different than the treatment of others.

• Information is not readily shared unless employees are directed to do so.

• Certain staff members are openly cool to others.

• Whisper campaigns seem to be more prevalent.

• Some employees openly ex-
clude others in social or profes-
sional activities.

If any of those rings true in your office, take these steps to unite and conquer:

• Recognize that individual person-
ality can and do make a signifi-
cant difference in how individuals interact and with one another. Invest a small amount of time and resources in personality testing. Staff members who un-
derstand the personalities of their colleagues, including the dentist, treat each other better prepared to work with them effectively. Employee online testing at www.mcken-
ziegmt.com/employeetest-
wing.htm is an excellent tool to use.

• Clearly define job responsibil-
ities. With job descriptions, all team members understand their individual roles on the team. Moreover, they recognize who is responsible and accountable for which systems.

• Hold regular staff meetings to ad-
dress issues that they feel should be addressed. Create an environment that en-
courages teamwork. For exam-
ple, if appointment failures are wreaking havoc on your day, dis-
cuss the matter in a staff meeting and urge input and ideas from all staff members. Then assign two or three employees to develop a strategy to address the problem. Be sure that the ‘task force’ crosses any ‘clique lines’ that ap-
ppear to have been established.

• Insist that clear information be shared among the team. For ex-
ample, hold a brief staff huddle each day to make sure that the front desk staff know exactly where to place emergency pa-
ents to ensure there are no surprises. Give front desk staff access to templates prepared for procedures and the charges associated with those procedures. This can dismiss patients efficiently.

• Establish clear standards for of-
ce behavior and policies and spell it out in an employee hand-
book or policy manual. Then fol-
low those policies. If you routinely make exceptions, you send the message that the policies are ir-
relevant and everybody can sim-
ply do their own thing without re-
gard for how it will impact the pa-
ients, the team and the practice.

• Don’t look the other way. If an employee is engaging in nega-
tive behaviors that are poten-
tially damaging, don’t ignore it. Doing so implies that you ap-
prove and further encourages a culture of distrust and division.

• Reward teamwork and make an effort to acknowledge the success and positive contribution of every employee. Doing so will promote a team that not only appreciates working well together, but also enjoys succeeding together.

Finally, remember that al-
though dental staff are typically small in number, dental teams are often complex microcosms of the world in which we live. It is un-
common to have staff members with very different backgrounds, so it is essential that you address those differences. This can promote a team that not only appreciates working well together, but also enjoys succeeding together.

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