

# NEUTRALIZE YOUR NIGHTMARES

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Promote Office Harmony  
Through Structured  
Conflict Management

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# NEUTRALIZE YOUR NIGHTMARES:

Promote Office Harmony  
Through Structured  
Conflict Management

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Neutralize Your Nightmares:  
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# Contents

<b>Introduction</b> .....	i
<b>Causes of Conflict in a Dental Office</b> .....	1
Passive Aggressive Behavior .....	1
Manipulative Behavior .....	1
Hierarchy and Perceived Hierarchy .....	3
Controversy.....	4
Control Issues.....	5
<b>Patient Conflict</b> .....	9
Prepare Patients in Advance to Trust You .....	10
Select Your Words to Maximize Trust.....	12
Never Judge or Patronize.....	14
<b>Managing a Patient Conflict or Complaint</b> .....	15
Be proactive, not reactive .....	15
Address conflicts/complaints quickly .....	16
Empower front line employees.....	16
Own the problem/Own the solution .....	16
Continuously improve the process .....	17
Formulate an effective apology .....	17
Sample apology .....	18
<b>Conflicts Within the Team</b> .....	19
Developing an Informal Conflict Management System.....	20
Requirements of a Conflict Manager .....	20
Dental Conflict Management Process .....	21

Position vs. Interest-Based Bargaining.....	25
When All Else Fails: Team Members.....	26
When All Else Fails: Mediation/Arbitration for the Patient.....	27

## **Appendix 1:**

### **Passive-Aggressive Behavior**

<b>in the Dental Office .....</b>	<b>31</b>
Passive-Aggressive Behavior in Human History.....	37
In history: The Munich Pact.....	38
In television .....	38
In literature .....	38
Prescription .....	39

## **Appendix 2:**

<b>The Trust Edge: Does Your Practice Have It? ....</b>	<b>41</b>
---	-----------

<b>The Pillars of Trust .....</b>	<b>47</b>
-----------------------------------	-----------

## **Appendix 3:**

### **The Dental Mediator's Ten Commandment**

<b>Guide for Working Together .....</b>	<b>49</b>
---	-----------

<b>About the Authors.....</b>	<b>51</b>
-------------------------------	-----------

Kimberly Harms, D.D.S. ....	51
-----------------------------	----

Hillary Becchetti, J.D.....	53
-----------------------------	----

## Introduction

Do you stay up at night worrying about an unhappy patient? Does conflict among team members disrupt your day and prevent you from delivering the best care possible? Do you feel the steam boiling up from the pot of animosity that is stirred by other team members in the sterilization room? If so, you are not alone. Many dentists believe that conflict involving patients, team members, and partners is the number one stress factor at the office. We all know how dangerous stress is! There are many things in life we cannot control, but sustained office conflict is not one of them. The problem is that dentists are typically not prepared to effectively manage people, and people have a tendency to bicker at the workplace if clear expectations of behavior, are not in place.

A safe and effective system for conflict management is essential to maintain a harmonious work environment and also for managing patient complaints. Conflict management, as well as alternative dispute resolution, can also help you prevent future legal issues. Conflict

management systems help promote “resolution instead of revolution.”

Patients are nervous enough about dental care in a perfect environment, and they can easily pick up friction among staff members. Patients that trust their dentist are much less likely to sue their dentist. Team members also need the right verbal skills to de-escalate conflict with patients due to clinical or administrative errors. This small book is designed to help dental offices build harmony and develop a united sense of purpose to help them weather the other storms that are genuinely out of their control.

# Causes of Conflict in a Dental Office

## Passive Aggressive Behavior

Passive-aggressive behavior is characterized by a person who appears to be cooperative in meeting the goals of the office, when in reality they have no intention of following through. These persons hate confrontation, so instead of speaking up when they disagree, they go behind your back and do whatever they think is best. This may be the office receptionist who promised to fill the schedule, then deliberately kept the last appointment unfilled so she can go home early. A hygienist may leave unexplained breaks in his/her re-care system, an assistant might undermine patient confidence when the dentist is not in the room, and partners can sabotage each other's schedule. Passive-aggressive behavior can be disastrous to office morale and productivity. (See appendix 1: *Passive-aggressive Behavior in the Dental Office*.)

## Manipulative Behavior

Manipulative behavior can be even worse than passive-aggressive behavior. A manipula-

tor makes others do the dirty work and repeatedly stirs up trouble. A commonplace image of the manipulator is the high school “mean girl.” She (it can also be a “he”) creates an environment of “designated popularity;” of course, she does the designating! The mean girl builds her clique by designating some team members as “popular,” and chooses them because of their looks, hierarchy, connections. They may also be simply deemed useful to the “mean girl.” “Minions” do her the bidding and reporting and live in a limbo-like world of semi-popularity as they are in constant fear of being expelled from the group. The “unpopular” are those who do not do “mean girl’s” bidding or are not “cool” enough and are typically targeted as her victims. In a dental office, victims are sometimes “set up” for failure by the mean girl and her minions. I know this sounds bizarre in the adult professional world, but I have seen numerous examples of “mean girl” behavior in a dental office.

Hopefully, there are no manipulators in your office, if there are, this book is even more critical for you to read, as manipulators thrive in an environment of fear. By equalizing each team

member's ability to report conflict and express concern, you take away his/her greatest weapons. Shining the light on manipulative behavior is the best way to stop it.

Unfortunately, a manipulator can do tremendous damage to morale. Many manipulators use their skills to become embezzlers. Whether they are stealing money or potential staff happiness, manipulators need to be identified and addressed. Unfortunately, recovering from a manipulative personality is an exhausting endeavor, and if conflict management protocols do not work, the office is usually much healthier, from an emotional standpoint, when the manipulator is no longer a part of the team.

## **Hierarchy and Perceived Hierarchy**

The dental office is made up of owners and employees. Owners hold a special place as they made the investment in the office, took many risks, and are ultimately responsible. It is quite challenging for an owner to leave unless he/she can find a buyer. The owner should act as an inspirational leader and/or coach. Employees or team members are paid by owners to perform

specific jobs and typically have more flexibility when it comes to changing work situations. All owners/ coaches and employees/team members should work together towards a common goal; providing the very best patient care possible.

Depending on the job, team members are paid differently. This is typically due to differences in educational level, seniority, productivity, and contribution. However, for the team to be functioning effectively, these hierarchical differences in salary should not translate into differences in helping each other. The best teams are made up of members who do what needs to be done to make the patient feel that they are the most significant person in the office. This may mean making a phone call, scheduling a patient, cleaning a room, offering coffee, or providing support even if that particular service is not officially in their job description. Offices that have teams who understand this concept are the happiest of workplaces.

## **Controversy**

We live in an era of political unrest, and frictions that exist outside the dental office. These

outside conflicts can sometimes infiltrate and affect your team. It is crucial to maintain the expectation that your team will refrain from discussing controversial topics in the office. It is also essential to develop an atmosphere of respect for those with different opinions, cultures, and background. Conflict can also arise from differences in personality, gender, generations, and communication styles.

Recently the issue of entitlement has surfaced. Entitled people feel that they are deserving of exclusive privileges, and sometimes they extend that belief into the workplace. This can cause resentment among the other team members and destroy office morale. Make sure your team understands that the workplace is a level playing field, not just in words but also in practice. Don't pick favorites!

## **Control Issues**

It is critical that your office manual clearly defines who is in charge and responsible for the essential functions of the office. The more your workplace can promote accountability, the better. It is also important to cross train your

employees. This not only allows flexibility when an employee is absent, but also it creates transparency as no one individual is in control of the money.

Allowing one employee to control all or most of the critical financial functions is a recipe for the disaster of embezzlement. Most experts agree that the majority of dentists experience this kind of theft at some point in their careers. In my mind, embezzlement is dentistry's dirty little secret as most dentists sweep it under the rug. The American Dental Association has some great free resources about embezzlement available on the internet. Check them out, I wish I had known this information earlier!

Dentists are frequently in denial when a conflict arises. Many hope that the problems will just go away or solve themselves. That typically does not happen.

Since the owner/dentists cannot simply leave, they need to address and/or try and solve the conflict before it becomes a big problem. Dentists are also the leaders of the office and are ultimately responsible for the behavior of staff. We need to clearly state, in writing, our

expectations of performance and then hold the team member accountable. This is entirely possible but requires a structured program which we will address later in this mini book.

## Patient Conflict

Patients are much less likely to bring a Board complaint or file a malpractice claim if they trust you or if a conflict is handled appropriately. I work with the Peer Review process in Minnesota, managing the intake for patient complaints about their dentists. In almost every case, the claim is filed because the patient has lost trust in their dentist. When you think about it, even the dependence of patients on internet medical/dental advice has, at its core, a lack of trust.

The best book I have read on trust building was *The Trust Edge* by David Horsager. *The Trust Edge* breaks trust into 7 pillars clarity, compassion, character, competency, commitment, connection, contribution, and consistency. All pillars are required to build trust, but losing just one pillar lost can destroy it. (See appendix 2 article, *The Trust Edge: Does Your Practice Have it?*)

## **Prepare Patients in Advance to Trust You**

When it comes to understanding the importance of prevention, we dentists know what we are talking about! Much of the trust our patients have in their dental professional is the understanding that we are their partners in the effort to prevent oral disease or, when necessary, treat it as quickly as possible. The core to developing trust in a preventive way is to acknowledge the patient as the most significant person in the room, inform them about their treatment, and take responsibility for results that you had control over.

Start the initial contact (and every one that follows) by acknowledging the patient (greet them by name, establish eye contact, and smile.) Also, make sure to welcome any caretakers or friends in the room. It's not about you; it is about the patient. Show that you care.

After making it clear that the patient is the focus, introduce yourself by name and make sure they know your credentials. If the patient has been given a beautifully written introduction of you and your philosophy (with a great

smiling photo of you on your patient marketing materials) you don't need to expound.

Make sure the patient understands the treatment plan and associated costs. Also, make sure they know how much time they need to invest. If you happen to be running behind schedule (which should be an infrequent occurrence), make sure someone is communicating the time situation and give the patient options. It also helps to offer coffee, juice or a little extra attention.

During treatment, do your best to explain what is happening, minimize pain during the delivery of anesthesia, and give the patient the option to provide a signal if they experience discomfort during the procedure. Occasionally you will encounter a patient that does not want to know the details of what is happening. For any procedure, make sure the patient (every patient) provides written consent. Each person is unique. Documenting their preferences will save time and frustration later.

Finally, and most importantly, thank them for choosing you as their dentist. This spirit of

gratitude should be expressed by every member of the team.

## Select Your Words to Maximize Trust

Here are some examples:

*“Please let me know if you have any concerns.”*

This allows the patient to express any concerns or fears before they become a problem. Frequently patients are uneasy when it comes to expressing concerns with their dentist. This invitation gives them permission to talk to you instead of talking to an internet audience through a poor review.

*“I have some dental fears myself (only if true).”*

I am definitely not a great dental patient, and I tell my patients this (using the term *dental fears* makes this statement non-judgmental). This statement signals to the patient that you understand their concerns and will take precautions to make this appointment as stress-free as possible.

*“You are in control. If you have a concern, raise your hand (or establish another signal).”*

Fearful patients are much more sensitive to the many triggers we have when it comes to

providing dental care. Let us remember that we are drilling into human tissue, and patients frequently see that tissue dust flying up into the air and onto that beautiful napkin we put on their chest. They will be much more comfortable if they know that they can take a break if necessary. When they realize they have some control, they will be much less likely to ask you to stop.

*“I have also had a root canal (or crown or implant).”*

I am a grinder and do not always wear my splint. I, therefore, have experienced my share of endodontic procedures. My fearful patients were comforted when I explained my own experiences with root canals (all good). We used virtual reality video glasses in our practice, and I would comfort my patients by telling them that when their movie was over, it was highly likely that their root canal would be done. This gave patients not only a distraction but a more detailed understanding of the timing of the treatment.

*“We are not here to judge you, we are here to help you.”*

Frequently patients are afraid to go to the dentist for fear of being judged. If you want to keep those patients, it is essential that they understand that your role is to help them where they are. You can gently educate them about the importance of flossing without berating them for failing to do so.

*“How are you feeling?” “Everything ok?”*

Patients appreciate it when you check in with them. It shows that you are concerned and care that they are comfortable. Showing that you care is one of the best practice builders ever!

## **Never Judge or Patronize**

It is crucial that the patient knows that you take their concerns seriously. Sometimes they may present with significant oral disease due to neglect, and it may be tempting to get frustrated with them, but it is essential to keep your temper. Educate them for the future and educate them about the cause of their current problems in a respectful way. Also, make sure to document that you provided oral health education and all the recommendations you made.

## **Managing a Patient Conflict or Complaint**

When a patient lodges a complaint due to a clinical or clerical error, it is critical that the entire team knows how to address that concern. Failure to handle complaints effectively can turn a simple private dispute into a nasty public altercation. Many of the claims I listen to from patients for peer review involve a simple dispute handled badly. When a patient complains, it is crucial that all staff follow simple guidelines.

### **Be proactive, not reactive**

Have systems in place to keep communication open so that patients can express concerns easily. Asking if the patient is ok or if they have any questions or concerns is a great preventive strategy. Standing behind your work is another. Most disputes I hear occurs when a patient is unhappy with the treatment, and the dentist refuses to take responsibility for reasonable re-treatment.

## **Address conflicts/complaints quickly**

The longer a complaint has to fester, the bigger it gets. Make sure that the patient understands that they are being heard and that a path to resolution is proceeding swiftly.

## **Empower front line employees**

Give the team members who have direct contact with the patient the ability to solve simple problems. This may mean the ability to schedule time with the patient to address a concern, assure them that your office stands behind their work, or offer small gifts (movie tickets, small gift cards, flowers, etc.) to thank a patient for their understanding of a mistake or misunderstanding.

## **Own the problem/Own the solution**

If the dispute is the result of a clinical or clerical error, it is essential that the team own the problem. If there is an open margin on a crown, redo the crown. If there is a scheduling error, do whatever you can to consider the patient's time and think outside the box. The entire team sometimes must work together to help a patient.

For example, if two patients are inadvertently scheduled at the same time, perhaps the assistant and hygienist can work together to take care of both patients.

### **Continuously improve the process**

Every mistake or dispute is an opportunity to learn. Successful and unsuccessful examples of dispute resolution should be discussed at team meetings to seek ways to improve the system. Emphasis should be placed on acknowledging the complaint, apologizing sincerely, creating resolution and tracking or following up on the claim to make sure it is resolved.

### **Formulate an effective apology**

Nobody likes a fake apology! Unfortunately, we hear them all the time. Fake apologies may work for politicians; however, they do not work for patients. To formulate an effective apology, it is essential first to listen, listen, listen. Listen from the heart and listen with empathy. Resist the urge to blame others or make excuses, take full responsibility. It is also important to acknowledge the patient's frustration.

## Sample apology

“I am so sorry that this happened. I understand why you are upset. This is what I am going to do about it (be specific). I’ll check back in a (specify a particular time) to ensure that everything has been resolved. Is there anything else I can do for you?” Note: Make sure to follow up within the time specified. If the solution is not determined yet, call the patient to let them know that you are working on it, so they don’t feel abandoned.

## Conflicts Within the Team

Conflicts among employees, between employees, and employers and between partners can destroy a business. Choose a business model that requires teamwork and focuses on patients. Your patients may already experience some anxiety so disharmony in the team can spell disaster.

There is no room for distraction when drilling is involved, and patients can pick up distractions in a heartbeat. Some of the same methods used to minimize and manage patient conflicts also apply to disputes among employees. General knowledge of employment law is also useful when dealing with employee conflicts. Hire a dental specific attorney that you can call on in a pinch help you navigate employee conflicts. A 15 minute phone call to your attorney, may save you months of headaches with a problem employee.

## **Developing an Informal Conflict Management System**

Developing a formal conflict management system provides team members with a safe method to address conflicts or concerns. With a reliable system in place, there is no longer an excuse to stir the pot and complain to other staff members. Explain to the team clearly and in writing the damage conflict, and unrest can do to their working environment and patient care. A conflict management program puts the responsibility to resolve disputes squarely in the hands of the team. It also reduces “pot stirring” and sterilization room complaints by giving team members the power to say “take this to the conflict managers.”

## **Requirements of a Conflict Manager**

The most essential prerequisite for a conflict manager is they must be neutral. They should also be trusted by the doctors and team members. Conflict managers must also be respected, and it works best if they are chosen by the team. When resolving the conflict, it is crucial that the conflict manager put the best interests of the

patients and the practice above personal needs. They should use empathy instead of judgment.

Sometimes, especially in larger offices, small groups, or cliques develop. Conflict managers should not be a part of any office clique.

In some cases, there is no staff member available to meet these qualifications. In these circumstances, the dentist can serve as the conflict manager. However, the dentist must be approachable and ensure a “safe” environment to be effective. An outside mediator, conflict manager, or consultant can also be used.

Accountability is absolutely critical in ensuring that the decisions agreed to are followed. Conflict managers must be able to follow up and keep the peace.

## **Dental Conflict Management Process**

According to the Mediation Center Minnesota, there are five parts to the mediation process: orientation, information, gathering, framing issues and identifying interests, generating options and closure.

### *Orientation:*

Before starting the mediation process, it is critical to make sure the participants understand the process. The conflict manager should frame the problem and how it affects the morale of the office and patient care, affirm to the participants the desire for both parties to succeed, explain how this process is designed to help them solve the conflict, and reassure the participants that the entire office supports their success.

### *Information Gathering:*

During the information gathering phase, both participants must be allowed to discuss their views on the conflict with both parties present.

If necessary each participant may be taken aside separately to find interests or issues they are not comfortable talking about with the other party present.

### *Framing Issues and Identifying Interests:*

When all information is gathered, the conflict manager should repeat and rephrase the fundamental issues presented to make sure all

parties have an understanding of both sides of the problem.

Conflict managers may focus on hidden interests of the parties that may not be apparent (Mary feels that she is not respected, Cindy believes that you are giving preferential treatment to another hygienist when it comes to scheduling.)

Conflict managers need to keep track of where participants are and reinforce common ground.

#### *Generating Options:*

Once all issues are discussed, it is the job of the conflict manager to help the participants find common ground. This involves finding possible ways to meet the needs of both participants. There can frequently be multiple solutions.

#### *Closing:*

Hopefully, after generating options, a solution is reached. If so, make sure to write the resulting commitments to solve the problem down. Check to ensure there is nothing else that may interfere with the resolution as discussed and agreed to. Have the participants sign the agree-

ment and own the solution. Once the process is complete, celebrate their success! Reinforce how important it is to the office and patient care to put this dispute away!

Follow up after the first month, and after the third month to make sure resolution took place. Follow up again if necessary.

Invite participants back to the table should another issue arise.

*What if the participants cannot reach agreement:*

Reinforce the fact that helping to ensure a harmonious environment in the dental office is the responsibility of all team members.

Focus again on the importance of office harmony when it comes to patient care.

If participants still cannot reach an agreement, then it is time for an arbitrator to make a final solution. The arbitrator should be the dentist/owner as the adverse effects of non-resolution can affect the entire team and practice.

## **Position vs. Interest-Based Bargaining**

Positions are fixed ideas or solutions to a problem, interests are needs that must be met to come to a resolution.

In positional bargaining, each party proposes a specific solution. They each hold on to one particular idea and argue it and it alone regardless of any underlying interests. It is typically competitive and antagonistic, and the goal is to win or uphold principles.

In interest-based bargaining, the focus is on needs, which must be satisfied to resolve the conflict. The parties work together to find solutions, and this may be time-consuming and take significant effort.

Positional bargaining has more advantages if the goal is to uphold principles. However, damage may be done to ongoing relationships, and cause difficulties to arise in the future. Interest-based bargaining has the advantage when it comes to maintaining relationships and preventing problems from developing in the future.

In a dental office, interest-based bargaining is typically the preferred approach. It is incredible the result when team members can share

underlying concerns. Since the real win for our dental teams is better patient care, every conflict becomes an opportunity to refocus on the patient.

### **When All Else Fails: Team Members**

Arbitration essentially puts an end to the conflict issue at hand; however, it rarely puts an end to the real problem if one person feels that he/she is the loser. Make certain that there is follow up to whatever resolution is decided and make sure to check out the real interests underlying the original conflict. If those hidden problems are left to ferment, the dispute will return in another form. Follow up is essential. This can be accomplished by an occasional conflict checkup by the conflict managers so that all team members feel they are heard. Appropriate and respectful reminders at the staff meeting may help. Another useful tool is to provide a standard way to address these issues at the review of the individual team member. Offering open-ended questions such as “Is there anything or anyone working here that interferes with your ability to contribute to outstanding

patient care?" is a useful tool to help team members focus on patient care. The fact that this question is asked of everyone keeps the playing field level.

Sometimes a conflict is so bitter that the party that feels that he/she has lost the argument and decides to pursue legal remedies. Lawsuits look efficient and exciting on television, but, in real life, they are tedious, emotionally exhausting, and very, very, expensive. Both parties should consider this carefully before pursuing a lawsuit. In many states, the lawsuit process takes, at minimum, one year.

Since we are discussing lawsuits, this would be an excellent time to make sure that you have a comprehensive office policy and procedure manual in place, that you document that everyone has read it and reviewed it regularly, that it is up to date and that you follow it.

## **When All Else Fails:**

### **Mediation/Arbitration for the Patient**

Unfortunately, not all conflicts can be resolved with your patients. When your for-

mal system fails, there are other, less desirable options.

In my opinion, the best of these options when the dispute involves the patient, is the Peer Review Process.

Most state dental associations have a Peer Review Process which begins as a mediation process in which the mediator is a peer of the dentist. The first step is registering the complaint by the patient. All states are a bit different, but typically the claim is accepted, in writing, by the dental association office. It is then sent to the dentist for a response. In Minnesota, the person taking the complaint call (as I write this, that person is me) encourages the patient to contact the dentist with the complaint. Frequently this is all that is needed. If the patient and dentist do not find a resolution, the claim and response are handed over to a peer mediator. The mediator contacts both parties and attempts to find common ground and an agreement. If a resolution cannot be found, the case is referred to the local or state Peer Review Board. Before this point, there has been no independent exam of the patient, the hope is that the

dentist and the patient can work out any problems before the arbitration part of the process. For the Peer Review Board to make a decision, the patient must be independently examined by neutral members of the Peer Review Committee. That information, as well as the testimony of both the dentist and patient, is used to help the Arbitration Board of Peer Review make a final decision. States differ in the scope of their Peer Review process, in Minnesota, for example, the Board's authority extends only to a return of fees paid by the patient for work they are unhappy with. If the Peer Review Board decides in favor of the dentist, typically the patient (although perhaps unhappy and disappointed) does not pursue other outlets. They could, however, vent their frustration by contacting the State Dental Board, pursuing a lawsuit or writing a bad review. All of these options, which are potential nightmares for the dentist, are good reasons for dentists to embrace the concept of a formal system of conflict management in their offices.

**There is much in life over which we have no control. Every day, dental professionals are coping with natural disasters, death, illness, divorce, or emotional turmoil. A strong team prepares an office to manage these disasters. Fortunately, the vast majority of office conflicts, with a consistent dispute resolution program in place, are easily vanquished.**

**Having a conflict management program firmly entrenched in your office protocols, reduces conflict by giving anyone who has a problem, the ability to fix the problem. Those who have agreed through negotiation to resolve a dispute are much more likely to buy into the solution than if it is arbitrarily decided for them. The resulting reduction in passive-aggressive behavior and underlying resentment can go a long way to improving patient care and promoting an increase in happiness and harmony for the entire dental team.**

## **Appendix 1: Passive-Aggressive Behavior in the Dental Office**

**Kimberly A. Harms, D.D.S.** In my 30 years of practicing dentistry, by far the biggest cause of sleepless nights and “intense work related discussions” with my partner (who also happens to be my husband) has been the negative effects of passive-aggressive behavior in the workplace. In many cases, open schedules, less than excellent patient care, general staff unrest, and even embezzlement can be directly related to one or more staff members (including the dentist) engaging in passive-aggressive behavior. Patients can also be passive-aggressive, and our ability to be able to recognize this characteristic in them will improve our relationships and decrease the stress involved in treatment.

People who exhibit passive-aggressive behavior appear to be cooperative, compliant, and supportive externally, but are actually non-compliant, discontented, and even, in some cases, outright angry and hostile. Their words do not match their deeds. They usually appear to be

quite agreeable to supervisory advice but intentionally slacken their performance and sometimes even sabotage the goals set forth for them. When their goals are not met, they will assign blame to outside forces or even another party. Frequently someone who is passive-aggressive will falsify information and spread gossip to cover up his or her mistakes and make someone else look bad.

A passive-aggressive employee can slowly but surely destroy workplace equilibrium. If we allow the behavior to continue by ignoring it, it becomes contagious. Other staff members, who may at first attempt to make up for the lower productivity (always with an excuse from the low-level producer) start to figure things out and become resentful not only of their fellow staff member, but of the dentist who allows the behavior to continue. Over time, the entire staff may be affected, resulting in generalized misery for all.

We live in an environment where we are often judged based upon the poorest performer in our office. Just one encounter with a passive-aggressive staff member, particularly one who

involves an adjustment of the truth to justify a poor outcome, may eliminate the trust our patients have in us, and even set us up for legal action. We have enough stress in the day-to-day running of a practice and the delivery of care. Who needs more?

So what are we to do? First of all, we have to recognize this behavior and deem it unacceptable. Sometimes this is the most difficult part. People who are passive-aggressive are very good at hiding their behavior from their bosses and very good at playing up the victim role. I won't make any generalizations, but in my experience, women seem to recognize this negativity a little faster than men do. If one partner sees the behavior and wants to correct it and the other partner cannot see what is really going on and believes that the perpetrator is really a victim, stress among partners can occur. I know what I am talking about here! My husband Jim always wants to see the best in people and believe that they are telling the truth. I love that characteristic about him. However, because this dichotomy in effect "stalled" us, our failure to act and correct poor performance and negativity resulted

in a lot of frustration among office staff, decreased office efficiency, and ultimately affected the way our patients were treated.

At one time during this period, we could not figure out why fewer than 40% of our patients were pre-appointed by the hygienists, as was the office policy. All of our hygienists had agreed to pre-appoint, and everyone realized the importance of pre-appointment to office efficiency. One of our hygienists - a lovely person otherwise; she was very young - would appear cooperative to my husband and to me, but had been spreading unrest with the rest of the staff and telling them that any efforts to hold them accountable for productivity would be unprofessional and demeaning. When she left the office, it was discovered that not one of her patients had been pre-appointed. When we added up the cost of trying to track down all of her patients to get them back on recall, Jim was finally convinced that we had to take action and begin accountability measures. By just keeping track of how many patients were pre-scheduled, our numbers went from about 40% per hygienist to more than 90% per hygienist in just three

months. Unbelievable! That was about 10 years ago, and those improved numbers have remained at 90% ever since.

Once the negative behavior involved in passive-aggression is recognized, it is very important that the dentist take steps to encourage improvement, and to take those steps very carefully. First of all, it is important to include in the office manual accountability measures that measure performance and document action steps that will be taken if those performance measures are not met. It is important that staff members know that it is their actions, not just their words, that will be used in their evaluations. Make sure to keep a written log of their performance based upon these objective measurements, and include any negative behavior in their employee evaluations. Also write down “expectations and actions” steps necessary to continue their employment. A copy of these should be kept for your records and given to the employee. It would be a good idea to have all employees sign that they have received their copies.

Passive-aggressive people can be very manipulative and convincing, and they frequently adjust the truth to put them in the victim chair. When addressing them, it is a good idea to have another person (such as an office manager or spouse) present as a witness. Let them know that you would love to see them successful in your practice, but their behavior is unacceptable, and if they would like to continue to work for you they must make changes. Offer them help in making these changes, but make sure they know that they will be judged based upon their actions and not their words. Be firm but kind. Do not accept anything but the truth.

Be aware that many passive-aggressive people do not accept confrontation well and will try to veer away by blaming others and denying the obvious. Stay cool, stay kind, but stay firm. When confronted, some passive-aggressive persons may start to cry and/or run away from the discussion. This is a tough one. Depending upon the circumstances, you can offer them a tissue and speak kindly but firmly through the tears, or give them time to compose themselves and continue the discussion later. It is important

for them to know that you have compassion for them, but the discussion will continue and the behavior must change.

All of us have passive-aggressive moments, so it is important that we try not to judge, and keep our focus on doing what will be best for staff morale and office efficiency. If the staff member in question decides not to change his or her behavior to meet the expectations of the job, a change out of your office may be in order. Most of the time, however, you will find that the staff member recognizes his or her mistake and takes measures to improve. By recognizing and addressing passive-aggressive behavior, you can increase the happiness and efficiency of your office, a course of action which will have a direct impact on your patients, relieve stress in your own life, and help in the personal growth of the staff member in question.

### **Passive-Aggressive Behavior in Human History**

The dictionary definition of passive-aggressive behavior is “being, marked by, or displaying behavior characterized by expression of negative feelings, resentment, and aggression in an

unassertive way.”\* Put another way, it is often characterized by a “Who me? I don’t know what you’re talking about” manner of addressing confrontation. As it escalates and/or becomes endemic within a relationship or an organization, its effects are undeniably debilitating, possibly dangerous, and potentially toxic. Consider:

### **In history: The Munich Pact**

Adolf Hitler to Neville Chamberlain (paraphrased): “You give me just a little bit of Czechoslovakia; I give you ‘peace in our time’.” What Herr Hitler really meant: “Maybe peace and a little bit of Czechoslovakia for couple of months, but then I am going to quietly take over the rest of the country.”

### **In television**

Most of the behavior on “reality TV”.

### **In literature**

C.S. Lewis’ preface to *The Screwtape Letters*: “Hell is an official society held together entirely by fear and greed. On the surface, manners are normally suave. Rudeness to one’s superiors

would obviously be suicidal; rudeness to one's equals might put them on their guard before they were ready to spring your mine. For, of course, 'dog eat dog' is the principle of the whole organization. Everyone wishes everyone else's discrediting, demotion and ruin; everyone is an expert in the confidential report, the pretended alliance, the stab in the back. Over all this their good manners, their expressions of grave respect, their 'tributes' to one another's invaluable service form a thin crust. Every now and then it gets punctured and the scalding lava of their hatred spurts out."

## **Prescription**

An ounce of prevention.

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## Appendix 2:

### The Trust Edge: Does Your Practice Have It?

**Kimberly A. Harms, D.D.S.** Every day when we check the news, we are bombarded with examples of the trust famine that exists in our culture. Star athletes lie about their drug use and throw any truth-telling witnesses to their misbehavior under the bus. Politicians deceive their families, staff, and constituents, and then expect (sometimes correctly) to be re-elected. CEOs of large companies commit crimes and require those under their supervision to keep quiet. What is happening to us? Does anyone believe in “Truth, Justice, and the American Way” anymore?

No wonder our patients are suspicious. Before 1997, when *Reader's Digest* printed its much publicized article “How Dentists Rip Us Off” by William Ecenbarger, patients typically suffered some anxiety about undergoing the procedures, but very little suspicion about the treatment dentists recommended. Since then, continuing negative media coverage and our penchant to believe everything that appears on the internet

or TV have some patients second guessing even the most obvious treatment recommendations.

According to David Horsager, author of *The Trust Edge*\*\* , “We are in a trust crisis, and organizations are slow to realize the bottom line implications.” So much so, he goes on to explain, that world leaders at the World Economic Forum in China in 2009 “declared that our biggest crisis is a lack of trust and confidence.” Mr. Horsager defines trust as “a confident belief in someone or something... to do what is right, to deliver what is promised, and be the same every time, whatever the circumstances.” Throughout his book, he sites numerous examples and significant research pointing to trust as the key to a successful business and a successful life. He also declares that trust over talent is the key to one’s success.

In a recent conversation, I was able to ask David some questions about trust that were specific to dentistry. When asked what was the most important thing dentists need to know about trust, Mr. Horsager replied, “Dentists need to re-

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\*\* From *The Trust Edge* by David Horsager. All quotations with the author’s permission.

alize that a lack of trust is their biggest expense. They lose patients every day because of how the patient feels while he or she is being treated. Every aspect of patient care could proceed along perfectly, but if one person representing the office breaks the patient's trust, the patient could perceive the visit as a negative one."

We now live in an electronic world. Dentists are constantly being ranked and rated by patients in a very public way. One unhappy patient can do a great deal of damage to a dentist's reputation.

As dentists work to be more efficient with care and to delegate more procedures to staff members, we do spend less time with patients. This may exacerbate the trust problem. According to Mr. Horsager, "With the current changes in health care, physicians and dentists are pressured to see more patients in less time. The patient wants to feel taken care of. The doctor wants to move on; the patient wants him to stay."

So what do we do? How do we earn trust? Where is the manual?

Mr. Horsager simplifies things by breaking the requirements necessary to develop trust into eight “pillars”. The good news is that these pillars are concrete and easy to understand. The bad news is that you must have all eight to maintain trust. Lose one pillar in your relationship with your patients and the trust edge crumbles. “While it may appear to be static, trust is more like a forest — a long time growing, but easily burned down with a touch of carelessness.”

The first pillar Mr. Horsager identifies is clarity. Each of us needs a clear vision for our practice, and our patients need to have a clear understanding of their treatment plans. Clarity affects both staff expectations as employees and the standard of care set in your office.

The second pillar is compassion. This is particularly important for dentists, as many of our patients experience anxiety about their appointments to begin with. Do they know without question that we care about their needs first?

The third pillar is character. Do we choose to do what is right over what is easy? Do we

have the patient's best interest always driving the decision?

Pillar number four is competency. Keeping up with new procedures and making sure we are maintaining our skills can help us on this one.

The fifth pillar is commitment. Are we committed to our patients and our staff? When hard times befall them, what do we do? Patients and staff notice these things.

Pillar number six is connection. Do we greet our patients warmly and recognize them as individuals? We are in a unique profession that connects with our patients both on a regular basis and over many years. Working hard to maintain those connections is one of our best practice builders.

Contribution is the seventh pillar. People want to see results. Do you show your results and celebrate the completion of extensive treatment? Do you stand behind your work?

Rounding out the list of pillars is consistency. People want to know what to expect, and we should give them our best, every time. Consistency also includes making sure every patient

is seen on time, or if there is a problem, he or she is notified immediately and given options. Patients should always be greeted warmly and made aware of any changes taking place in the office, including its financial policy.

The importance of these individual issues is common knowledge, but realizing that neglecting just one pillar of trust could cost us a patient, and possibly an entire family, is sobering.

Most patients trust their own dentists more than they trust dentists in general. Here is another fact that is significant in the discussion: Remember that members of the media, insurance company employees, and policymakers need dental care. If we, as a profession, start working to improve trust in our practices, our most vocal critics will have less to write about or to legislate. We will also have more successful practices and more satisfying lives.

David Horsager was right: The trust edge not only adds to the bottom line, it is also “the foundation of all genuine and lasting success”. Does your practice have it?

# The Pillars of Trust

## **Pillar 1: Clarity**

People trust the clear, and distrust the ambiguous.

## **Pillar 2: Compassion**

People put faith in those who care beyond themselves.

## **Pillar 3: Character**

People notice those who do what is right over what is easy.

## **Pillar 4: Competency**

People have confidence in those who stay fresh, relevant, and capable.

## **Pillar 5: Commitment**

People believe in those who stand through adversity.

## **Pillar 6: Connection**

People want to follow, buy from, and be around friends.

## **Pillar 7: Contribution**

People immediately respond to results.

## **Pillar 8: Consistency**

People love to see little things done consistently.

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## **Appendix 3:**

# **The Dental Mediator's Ten Commandment Guide for Working Together**

- 1.** Honor thy employer, thy employees and thy co-workers.
- 2.** Do not complain when the day gets busy and the autoclave breaks down, for such occurrences are part of the job and complaining causes great suffering among your brethren.
- 3.** Love your patients, do good to those who cannot seem to keep their mouth open, and pray for the complainers who constantly persecute you.
- 4.** Do not have envy or bitter strife in your heart for your co-workers, (especially the one who leaves dirty instruments for others to clean) for where there is strife there is confusion and every evil work.
- 5.** Do not take the name of your dentist employer in vain, for it is he (she) who signs your paycheck.
- 6.** If you have a complaint, do not let the sun go down on your wrath. Seeketh instead righteous resolution (and office policy) as soon as it is possible.
- 7.** Understand and accept the rules of the omnipotent OSHA. Do not wear your mask under your nose or forget to put your safety glasses on, for if you do, the OSHA regulators will swoop down upon your office as a plague

and there will be sorrow and gnashing of teeth when your dentist must pay large sums of money to cover your shame.

8. You are not your brother's keeper. Do not be concerned about the performance of your teammate brothers and sisters, unless they directly relate to patient care or interfere with your performance. Instead focus on your own work and do it well so that you can be called blessed among your co-workers.
9. Do not go to lunch and dwell upon devilish thoughts. Instead be charitable in your opinions of others and come back from lunch full of happiness and cheer so that the rest of the team will rejoice in your company.
10. Do not complain to your office workers that following the office policy of conflict management, and taking responsibility for bringing up concerns when they happen will do no good or that "nothing ever changes". Such statements destroy your organization's ability to create harmony in the workplace and are loathsome and vile in their effects on the dental team.

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## About the Authors

### **Kimberly Harms, D.D.S.**

Dr. Harms offers a unique perspective in the areas of crisis, loss, transition and conflict management. She draws from 30 years of clinical dentistry service in both public health and private practice settings, teaching experience (dental students and residents) at Loyola University School of Dentistry and numerous leadership roles (including President of the Minnesota Dental Association and Chair of the ADA's Council on Communication). Dr Harms is an award winning author and international lecturer. She is also a Qualified Neutral (Civil) Mediator in the State of Minnesota and a former grief counselor. Dr. Harms currently works with her daughter, Hillary Becchetti, J.D., at Pine Lake Law and Transitions as a mediator and conflict and transitions consultant.

For 21 years Dr. Harms, in her role as a Consumer Advisor and National Spokesperson for the American Dental Association, has appeared on their behalf on the Today Show, CNN, Fox News, National Public Radio and network affil-

iates such as CBS, NBC and ABC. In addition, she has been quoted in the New York Times, Wall Street Journal, USA Today, Consumers Digest, Washington Post, Chicago Tribune, Buzz Feed, Shape Magazine and Cosmopolitan.

Her article, *Keeping Out of Harms Way: Pearls, Pitfalls and Lurking Perils of a Life in Dentistry*, received the International College of Dentistry's Leadership in Journalism Award for 2016. Other national awards include the American Dental Association's Access to Care Award and the American Student Dental Association's Advocate of Excellence Award.

Dr Harms' mission is to help participants gain the knowledge and skills to be able to work their way through inevitable loss, transition, conflict and grief.

## Hillary Becchetti, J.D.

Hillary Becchetti, J.D. is an attorney, transitions broker, author and speaker. She is also the founder and owner of Pine Lake Law, a dental law and transitions firm dedicated to guiding dentists from dental school graduation through retirement. Her practice focuses on dental practice transitions, associate contracts, estate planning, ongoing business needs, and conflict management.

Hillary's first job was in a dental office. Both of her parents were dentists and she grew up working in their clinic and attending dental meetings. She uses this inside information to help serve the dentists of South Dakota and Minnesota with their legal and transition needs.

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*Legal Disclaimer: Although the author of these materials is a licensed attorney and/or is employed by a law firm, nothing in these materials should be taken as legal advice for a specific case, but purely general information regarding conflict management. If you have any specific legal needs, please consult an attorney or other professional licensed in your state.*

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