Creating an inclusive culture for a practice

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The face of the OMS specialty is slowly changing to include more minorities and women in its workforce after it was traditionally a specialty of mostly Caucasian males.

To date, diversity of the OMS profession has yet to reach a level to match the diversity of the general public – meaning there are fewer minority and female OMSs available per general public population. This mismatch further contributes to healthcare disparity, according to a 2020 article in the journal of *Oral and Maxillofacial Surgery Clinics of North America*.

The Commission on Dental Accreditation (CODA) clearly describes cultural competency as an important area in behavioral science to be learned by predoctoral students before graduation, as stated in the 2019 ADA Current Accreditation Standards. Although many dental schools have created diversity courses in their curriculum, there is no standardization to date of such courses in dental schools and residency programs. Arguably, graduates from dental schools and graduate programs may not be equipped with adequate knowledge of cultural competency to work in today's increasingly diverse society.

Diversity explained

The definition of diversity includes, but is not limited to, age, gender, race, ethnicity, sexual orientation, country of origin, religious beliefs and personal beliefs. Diversity exists as each of us is a unique individual.

Diversity of a practice's patient base depends largely on the geographic location and its resident makeup. Some practices may be located in a more homogenous area where surgeons, staff and patients may share common beliefs or values if they originate from the same area.

An example would be a practice in a small town or rural area with little migration of its residents. On the other hand, in major cities along coastal states, there is often a large number of immigrants speaking various languages with different cultural and religious beliefs. Oftentimes, practices would employ associate surgeons or staff who speak different languages to be available for translation services or to create a sense of familiarity for the patients.

Inclusive culture benefits and challenges

The corporate world has long adopted diversity policies and programs to show its benefits. Diversity has been proven to bring innovative ideas and increase long-term value and profitability, according to management consulting firm McKinsey & Company's 2018 report, "Delivering through Diversity." Research presented in a 2019 article in *Harvard Business Review* explains that recruiting diversity without building inclusive culture fails to create a sense of belonging, which is key to employee retention and prevention of loss of revenue.

In a private practice setting, diversity policies are not as clearly defined as in corporations. Diversity training in the private practice setting is rarely seen and has yet to be recognized for its value compared to other metrics of practice management, such as marketing strategies to generate new patients.

Owner(s) and/or partners of an OMS practice often set the tone for the office culture. A traditional scenario of male surgeon/female staff is common. If a younger female surgeon joins a practice that traditionally employs male surgeons, staff may treat the female surgeon differently unconsciously (implicit bias) or consciously (explicit bias) due to association with males as surgeons.

As the practice employs diversity at different levels, it is important to keep in mind that when the working dynamic shifts due to a change in team members, steps should be taken to develop inclusivity in order to reduce conflicts and promote mutual understanding.

Active, interactive practice components

OMSs, staff and patients are three active and interactive components of an OMS practice (Figure 1). To create an inclusive culture, all three components need to engage actively in effective communications.

According to Harvard University's Faculty of Arts and Sciences Human Resources Department, an inclusive culture is "one that accepts, values and views as strength

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the difference we all bring to the table." Colorblind approaches have been proven to be ineffective because true inclusive culture addresses individual differences rather than avoids them, a 2017 article in *Harvard Business Review* states.

Goals toward building an inclusive culture in an OMS practice include: 1) reduce or eliminate negative experiences, such as stereotypes, implicit bias or microaggressions (Figure 2), 2) increase or enhance positive experiences through learning and sharing individual perspectives, and 3) appreciate, embrace and celebrate individual differences. The following examines the relationships between these components.

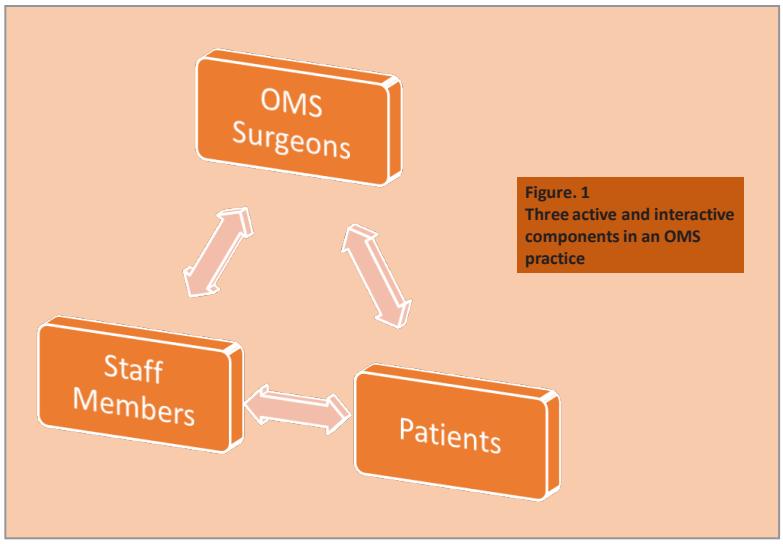


Figure. 1
Three active and interactive components in an OMS practice

OMSs vs. patients

OMSs are encouraged to gain an understanding of the demographics served by the practice. What is the cultural makeup in the vicinity of the practice? Are there many immigrants, or is it a more homogenous area? What is the percentage of your patients requiring translation? Are you equipped to provide language assistance? Do you have basic knowledge of the ethnic groups you serve in order to avoid miscommunication due to differences in cultural beliefs?

Cultural and religious beliefs can affect decisions in healthcare. Do you know the appropriate body language, including personal distance and tone of voice, when interacting with patients from different backgrounds? How about views on different modalities of treatment? For example, some cultures may view alternative medicine as the first line of treatment and would try to avoid surgical treatment, causing no-shows or non-compliance with the proposed treatment.

Many times, the sheer dollar amount of the proposed treatment may be a deterrent for certain immigrant patients who may have access to the healthcare system in their country. Some of these patients might prefer to visit their home country for treatment due to lower treatment fees or familiarity with their healthcare systems.

The lack of documentation and loss of follow-ups on those seeking treatment outside the United States often create problems for surgeons and patients. This is often seen in cases of dental implants. Some patients may return from their home country with dental implants unavailable or not trackable in the United States, while others have no knowledge of the type of bone graft used.

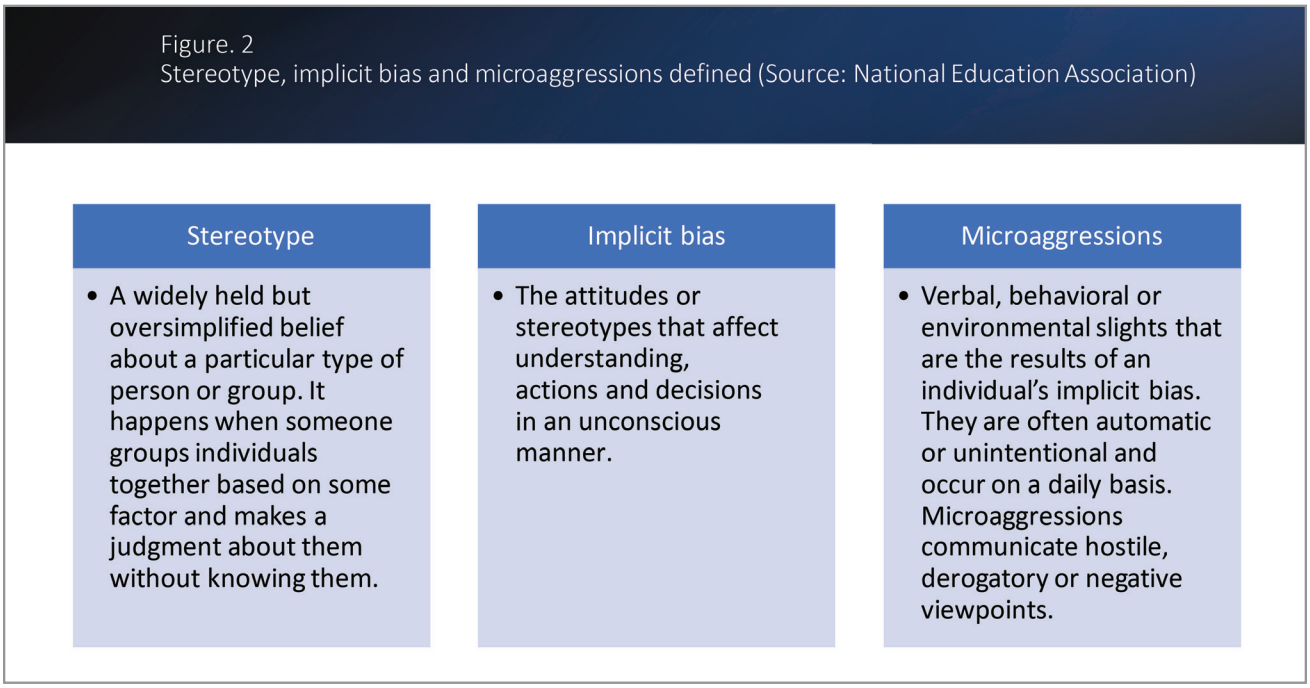
Owners or partners vs. associates

Patients show more satisfaction when treated by providers similar to them, according to the article in *Oral and Maxillofacial Surgery Clinics of North America*. However, beware of hiring diversity for the sake of diversity. Surface diversity or tokenism rarely works, as it does not automatically translate into an inclusive culture. The working culture in a group practice of OMSs can largely depend on the owner's or the partners' personal philosophy.

An egalitarian culture that "elevates different voices, integrates contrasting insights and welcomes conversations about diversity" – as opposed to the traditional top-down, hierarchical relationship – has been advocated to have a positive impact in the board room, according to a 2019 article in *Harvard Business Review* about how diversity enhances a board's performance. If a practice has traditionally been a group of male surgeons but recently added a female surgeon, it is important to keep social events gender-neutral. Off-color jokes and comments are inappropriate and should be prohibited.

Studies show that sexual harassment received by female surgeons is common, and it "erodes the personal confidence and career development," according to a 2019 *JOMS* article about perceptions of sexual harassment in OMS training and practice. Similarly, if a minority surgeon joins the practice, racial stereotypes camouflaged as jokes can be highly offensive and inappropriate and should be discouraged.

Figure. 2
Stereotype, implicit bias and microaggressions defined (Source: National Education Association)



A 2018 study in *JOMS* showed that more than half of OMS residents included in the cross-sectional analysis experienced moderate to severe anxiety. Another study – from 2017 in *JOMS* – showed many OMS residents during training experienced shaming, which correlates to depression and burnout. These negative experiences can carry over after graduation into an OMS practice, continuing to affect mental health and work performance.

It is a double whammy if the OMS practice also perpetuates a toxic culture. Therefore, fostering an inclusive atmosphere that aims at reducing negative experiences and encouraging positivity and expression of different opinions is essential to a successful, thriving practice.

OMSs vs. staff

The COVID-19 shutdown resulted in furloughs and layoffs throughout the country. As many practices recover, new recruits to the team inevitably change the office dynamic: different race or ethnicity, languages spoken, prior working experiences and personalities. During staff meetings, practice owners or partners should encourage input from team members and consider different perspectives when making decisions.

Celebrations of cultural holidays in the office or simply having a company party to welcome newly hired team members are good ways to bond team members. It is no longer enough to know your staff member as "the person who speaks Spanish." It is encouraged to learn about staff's heritage, mindset and beliefs, as many countries speak Spanish as a first language, but these countries may have very different customs.

Similarly, those in certain countries such as India or China might speak several languages or dialects. As a general rule, when interacting with staff, patients or other surgeons, avoid "you all look the same" comments. Educate your staff to act courteously to patients who are less proficient in English, as less English proficiency does not translate to less intelligence.

Racial and gender disparity are perhaps discussed most in literature when health disparity is discussed. However, diversity also can refer to generational and age differences.

When a young surgeon joins the practice, it is prudent for the owners or partners to hold a meeting introducing and welcoming the new surgeon. Experienced or seasoned staff should treat the newly onboarded surgeon with respect and professionalism and should not override his or her treatment decisions simply because of his or her age, perceived experience level or appearance. Toxic culture beliefs such as, "This is the way it has always been done" and "learn how to be one of the guys," or addressing young surgeons as "honey," "sweetie" or "kid" can decrease office morale and stifle the OMS practice's growth.

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Staff vs. patients

Staff often make the initial contact with prospective patients before surgeons do. Therefore, staff training to learn about the patient's demographic is essential.

Staff training should include learning about the general cultural characteristics of the ethnic groups the OMS treats as well as the overall attitude about healthcare. Many times, if patients begin to feel they are subjected to implicit bias, microaggressions or stereotypes, negative emotions arise. Patients may exhibit behaviors that lead to non-compliance with treatment or missed appointments, causing loss of chair time and revenue and eventual loss of the patient.

In certain cultures, bargaining is a norm. Therefore, some patients might constantly try to negotiate the treatment fee. Or a male authority figure of the household, such as a husband or father, may insist on staying in the room during treatment of his adult relative. Some patients may decide to remove shoes while receiving treatment in the surgical chair. Staff must develop cultural sensitivity to behavior they find to be "odd" or "annoying" by mainstream American cultural standards.

In Eastern Asian cultures, patients may appear to be agreeable or "quiet." It is important for staff and surgeons to ask additional questions to ensure patients truly understand what was discussed before dismissal. When translation is involved, HIPAA regulations still need to be complied with while considering customs.

Inclusive culture key to long-term prosperity

Each time a team member joins or leaves an OMS practice, the team dynamic changes. Create an inclusive culture by conducting periodic office meetings, addressing personal conflicts, welcoming discussions to improve outcomes and hosting events that can promote diversity. These action steps help strengthen the practice's cohesiveness on different levels, from the owner(s) and partners to the associates; from the surgeons to the staff and vice versa; and from the practice to the patients.

Current challenges include lack of standardization across dental schools, residencies and private practice settings. More clearly defined metrics of diversity training should be delineated and incorporated into staff training. Orientation of new team members should include a segment to discuss the importance of diversity and inclusive culture. An OMS practice that implements daily practice of an inclusive culture strives to reduce negative experiences – such as stereotypes, implicit bias and microaggressions – and encourages expression of different opinions. The ultimate desired outcome is to increase productivity and profitability for the practice through a harmonious working environment. ■

Those interested in learning more about this topic can attend an Oct. 27 AAOMS webinar presented by Dr. Hung by registering at AAOMS.org/CEonline.

Dr. Hung, a native of Taipei, Taiwan, earned her DDS from Columbia University and received her OMS training at Lincoln in the Bronx, N.Y. She is a solo practice owner in New Jersey. Her first book, Pulling Wisdom: Filling the Gaps of Cross-Cultural Communication for Healthcare Providers, *is listed in the ADA Store as a practice management tool. She is working on her second book,* Behind Her Scalpel: Practical Guide to Oral and Maxillofacial Surgery and Stories by Female Surgeons. *Dr. Hung is a member of the 2019-20 class of the ADA Institute for Diversity in Leadership. She has given numerous talks on diversity and inclusion to local dental societies and state associations, is a certified professional life coach and operates Pulling Wisdom Coaching and Workshops, helping minorities and female professionals tackle challenges and excel in the professional world.*

This is number 181 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.