

## 1

## The Many Faces of Dentistry – A Fragmented Field

*“He that breaks a thing to find out what it is has left the path of wisdom.”*

J.R.R. Tolkien, from *The Fellowship of the Ring*

*“Human science fragments everything in order to understand it, kills everything in order to examine it.”*

Leo Tolstoy, from *War and Peace*

*“The whole is greater than the sum of its parts.”*

Aristotle

### What is Dentistry?

If you ask the above question to any number of people, from general dentists, to patients, to dental educators, dental technicians, and specialists, you will get different answers. There is an old Indian story which has spread through many cultures over the ages. In the story, six blind men are asked to describe an elephant. Each man is told to feel a different part of the elephant, but only one part, such as the leg or the tusk. Predictably, each man offers a vastly different assessment. One says an elephant is like a rope (tail), while another says it's like a pillar (leg), or a fan (ear). They argue. Each man is convinced that his experience is the correct one.

All of the men are correct. Each part is described in explicit detail. The problem arises when each individual point of view is mistaken as describing the whole truth. By taking too narrow a focus, we can miss the forest through the trees. The problem comes when people become attached to their very narrow points of view.

This parable is a great example of one of dentistry's biggest problems ... fragmentation. Dentistry is not unique in this regard. Many industries are compartmentalized and reduced to their individual components. How we define something determines how we treat it. As they say, in order to tame it, you must name it. Since this is a book about leadership in dentistry, I will explain how fragmenting this profession can be a source of major problems for a dentist.

Most dentists know that patients truly don't understand dentistry. Most, when asked, will tell you it is the science of teeth and gums. The language that patients use is enough to know that even the most astute patient doesn't have a firm grasp of dentistry. Their dental IQ is generally insufficient to understand the entire scope of dentistry.

Dental offices regularly take calls from patients asking for a cleaning when they need much more involved treatment. Barbara R. called the other day, reporting to my front desk person that she had a cavity. We asked her how she knew she had a *cavity*, and she reported that she was having some pain. When Barbara came in for her appointment, we determined that she had an abscess under an existing crown. Barbara, like many patients, does not understand dentistry or its language. What they do understand is what concerns them. They understand what dentistry means to them: cosmetics, comfort, health, cost, fear, time. Those are the general benefits of dentistry and the main objections to dentistry. Patients depend on us for our leadership to guide them toward better health, hygiene and cosmetics. Yet dentists who lack leadership and communication skills get caught up in more confusing scenarios.

There are other parties whose points of view affect the way dentistry is practiced. Insurance companies and dental service organizations claim that their view of dentistry always puts the patient first. Veteran dentists who have worked with third parties and have had disputes about treatment know that fees and covered services are what drive the third parties. Their view of dentistry is driven by the business side of dentistry, but dentistry, as you will see, has a human side as well. When any business only looks at the financial side, rather than the human side, something must suffer – especially when it comes to health care.

Then there is the government. They, too, have an agenda. The government's role is to help all people have access to health care. Obviously, this has not worked very well, considering all of the bickering that has been going on in Washington. Dental educators want their students to graduate on time with the skills necessary to do a good job. With all of these varying points of view, it's no wonder that dentists truly don't understand what dentistry is all about.

Take the National Football League as an example of an organization that falls under the heading of professional sports. Once again, there are many points of view about football. Fans, like patients, have their own selfish way of looking at football. Players have their points of view, and the way some football players conduct themselves these days, it's a good thing that there are higher powers. Those higher powers would be the owners and the NFL Commissioner. Hopefully, these leaders are there to protect the integrity of the game, for the future of the game. In other words, leaders are mostly concerned with integrity and long-term values.

The Latin root of the word *integrate* is *integrare*, which means "to make whole." One of the themes of this book is that dentistry is a complex field. Psychologist Mihalyi Csikszentmihalyi [1] tells us that evolution has always favored complexity. By complexity, he means highly differentiated and integrated at the same time. If the components are not highly differentiated and integrated, then the result is too simple and not destined to hold up over time. If the components are not integrated, or do not properly communicate with one another, then the result breaks down due to being overly complicated. If dentistry is to survive as a dignified and noble profession, it can only do so with integrity – organizational integrity, as well as individual integrity. I will discuss how to deal with this issue throughout this book. The very best leaders think in terms of sustaining values through integrity.

## **Wholism vs. Reductionism**

In the Prologue, I mentioned that my entire world changed when I was exposed to the Pankey Philosophy. The question to ask is, what made my world change? Was it that I was understood dentistry a deeper level? That I understood the role of occlusion and that, for the first time, I could treat disorders that I could not even diagnose before? Or was it that I now took a more comprehensive approach to dentistry? Maybe it was all of those things, or maybe it was that I now had a model to look at that I could copy. The model or paradigm that I was exposed to

was the first model of dentistry that I had ever been exposed to, and it made me feel comfortable. It put an order to what I was doing where none had existed before. Things made more sense to me. That's what paradigms do.

One of the most influential books ever written on leadership is Stephen Covey's *7 Habits of Highly Effective People*. Coincidentally, this book was published just as I was going through my deepest issues in my life and dentistry. Covey questioned the way we think, or our lens of perception [2].

Some of the greatest thinkers of our time were systems thinkers. Einstein, Leonardo and the great Greek philosophers like Plato, Socrates and Aristotle were big picture thinkers, who started with mental models that clarified their thought processes. These models, perceptions, or frames of references are known as paradigms – the way we see the world, as Covey says, “not in terms of our visual sense of sight, but in terms of perceiving, understanding, interpreting.”[3] For me, this is a starting point. My whole career up until that point was compartmentalized into subjects like form and function of the masticatory system (otherwise known as occlusion), periodontics, pedodontics, and endodontics. There was a strong focus on learning technique in order to get enough credits to graduate.

When I graduated from Penn Dental School in 1973, I entered the US Army as a captain in the dental corps. I found the same approach to dentistry as I learned in dental school – specialization. As a general dentist, my job was to filter the patients and direct them toward either other general dentists or specialists. There seemed to be a disconnect in communications. I remember one of my earliest patients at Penn: Robert G. was a middle-aged man who came to me in the middle of treatment from a graduating dental student. His file was thick and heavy, almost a burden to carry into the clinic. I remember him needing numerous root canals, and having many broken and missing teeth. He desperately wanted to save his teeth. This was long before the public and the media put such a high value on cosmetic dentistry. Robert just wanted to save his teeth.

Robert came to the dental school's clinic because he couldn't afford to go to a private practice in his hometown in New Jersey. On the days he had appointments, Robert would take off from work and travel into Philadelphia to get his dental work completed. Even as a young dentist, I remember looking over his chart and thinking to myself, how futile, how frustrating this must be. It had been years of treatment by numerous students, who had long gone into their own private practices, yet Robert G. continued to make his weekly treks – and no significant dentistry was completed. All under the eyes of dental school instructors who were paid *per diem* and left every day to go back to their own private practices.

Years passed. I graduated, and had my own experiences, just like those students and dentists I spoke about above. One day, while practicing many years later in my office in Cherry Hill, a new patient came in – Robert G., fifteen years later. He didn't remember me. I could understand that, as he had seen so many young dentists through his years at Penn. But I remembered him. I was elated to see him on the one hand, yet so disappointed that he was coming in for a consult about having complete dentures. There truly was no alternative. He had very few remaining teeth at this point, and what was left was beyond repair. What I noticed even beyond his dental condition was that he was a broken and depressed soul. He admitted to me that his experiences at Penn had not only left him without teeth, but had also taken its toll mentally and emotionally. He blamed Penn. At first, I did, too.

This encounter exposed a hole inside of me – pain, if you will. At this point in my career, I knew that so much of my dentistry lacked meaning. The story of Robert G. clearly exposed this problem. What's the point of dentistry if we can't make a real difference in people's lives? It exposed one of the human universals I wrote about earlier: empathy. Although I didn't know it at the time, doing meaningful work is a major component of our well-being. My well-being was at a low point in my life at that time. Stepping back and looking at the big picture allowed

me to assess that I needed a new way of thinking. A new map, model or paradigm of dentistry that was not being taught in dental schools, nor being practiced in the military or the private sector.

Rewriting Robert's story is impossible. Writing a new story would require starting with myself. I knew that in order to have a career I could be proud of would require a new way of thinking. A way that encompassed not only proficiency of technical skills, but how to apply them in order truly to make a difference in the lives of my patients, my staff and myself. One of the first things I noted when I went to the Pankey Institute was their mission statement: "*to inspire dental professionals to narrow the gap between what is known and what is practiced.*" That is a huge mission, and now, after thirty years, it seems that mission is needed more than ever. When I think about my own history, and listen to the pain of young dentists and their stories, I think of what psychologist Carl Rogers, founder of the humanistic psychology movement and client-centered therapy, once said, "What is most personal is most universal."<sup>[4]</sup> And it all starts with a *paradigm shift*.

A fundamental shift in thinking can make huge differences in the results we obtain. It can affect the technical results, as well as the results we get in our relationships, and health care, above all, is about human relationships. My "Aha" experience came at my first visit to The Pankey Institute. That experience is what was first described by Thomas Kuhn, in his landmark book *The Structure of Scientific Revolutions*, as a paradigm shift. Although many dentists through the years have been exposed to the thinking processes at The Pankey Institute, we have still not experienced a paradigm shift in dentistry. As a matter of fact, we have seen more of the typical way of thinking that created the problem: an overemphasis on highly technical dentistry and a decrease in the stress on human factors and big picture thinking. More reductionistic thinking vs. wholism.

Many dentists have heard of holistic dentistry. That is not what I am referring to when I use the term "wholism". Of course, you notice the "w" in my word usage. According to Wikipedia, holistic dentistry – also called biological dentistry, biologic dentistry, alternative dentistry, unconventional dentistry, or biocompatible dentistry – is the equivalent of complementary and alternative medicine for dentistry. Holistic dentistry emphasizes approaches to dental care said to consider dental health in the context of the patient's entire physical as well as emotional or spiritual health in some cases. Although that may sound like a more comprehensive belief system, it is not the paradigm shift that I had experienced.

The wholism I am describing is a way of thinking about systems. Think about a football team: teams are composed of offensive, defensive units and special teams. Each component team has various coaches, and each team has individual positions that function separately, but with the total team structure. Each team has a quarterback. Yes, the defense has a quarterback. It is the job of the quarterback to communicate with every player, on every play, what the objective is. The coaches play the same role by communicating to the quarterbacks what needs to be done in order to carry out the mission. That mission is the long-term value of winning. The best teams are the ones who have the best coaches and quarterbacks, who can communicate, at a very high level, what the big picture is all of the time. That's the main role of leadership.

It is only human to focus on the individual parts. The complexity of wholism can seem overwhelming at times. That is what separates the leaders from others. Reductionists believe the world can be understood by understanding the component parts, as exemplified by the story of the elephant and the six blind men. The wholist understands that the whole can be greater than the sum of its parts. Leaders apply this thinking to everything they do. I have nothing against holistic dentistry, nor the recent popularity of the oral-systemic connection. Both of those disciplines can actually be practiced using reductionistic thinking. Reductionism is not necessarily a bad thing. Reductionist thinking has been responsible for many breakthroughs in scientific research through the years.

Wholism and reductionism are not opposing thought processes. We need both. The key point is that wholism *encompasses* reductionism. Remember, each of the blind men were correct in their description of the parts, but none of them could describe the whole elephant. Reductionistic thinking has been the rule in many aspects of our lives, from science to how we are taught. In dentistry, we see many examples of this. The separation of all of our courses in school, as mentioned earlier; the over-specialization in private practice; the over-emphasis on technique and technology; the lack of courses in leadership, communication and human relationships; the over-dependence on scripting instead of courses in motivation and creative expression.

The examples are too numerous to mention, but you get the point. Reductionist thinking, although very necessary, has led the profession into a black hole. Reductionist thinking fails when dealing with complexity. Thinking differently is a starting point. Dentistry is a profession, but it is essentially a form of work, a way and a vehicle not only to earning a living, but a way to create a life as well – and life is very complex.

## Fragmented Dental Education

Where do we learn leadership and communication skills? I think most dental schools assume that these key skills are either learned before professional school, or they don't feel it is their responsibility, and that when the student graduates they will learn how to navigate the world. They teach the bare technical essentials; however, most would agree that the bare essentials are not enough in today's world. I believe, through my own experiences and study, that leadership and communication skills are best learned in context. There is an entire leadership community out there ready and willing to teach methods of standard leadership practices that are difficult to apply within the context of dentistry. I realized this many years after graduation, when I wrote *The Art of the Examination*. That book was about a process, but after writing it I realized that the examination process was an excellent way to learn and apply leadership skills. In dental school, the examination is taught as a way to collect data – dead and empty data that needed a human face.

I often hear from young dentists these common complaints:

- *“How come they never told us this in dental school?”*
- *“If I would have known how difficult this was going to be, I would have chosen another field ... who knew I would have to actually sell dentistry?”*
- *“How do they expect me to make a living working for these reduced fees?”*
- *“I was trained to do serious dentistry and all I ever get to do is fillings and root canals ... I'm getting sick of this.”*
- *“I owe a fortune in dental school loans ... how will I ever work for myself, do the dentistry I love to do and stop working nights and weekends?”*

Dental school does not prepare dentists for the real world. I also hear of dentists who are leaving dentistry because they are so frustrated that they can't earn a living on their own terms, or that they are being controlled by patients and insurance companies. This takes great courage, because of the sunk costs in time and money they have invested. I never dreamed about leaving dentistry although, I will admit in my early years, I did wish for a way out.

A few years ago I attended an alumni meeting of The Pankey Institute. A young dentist pulled me aside and told me she had been through the entire continuum at the Institute. She said – and I believed her because I knew a little about her character – that she was trying to apply everything she learned. She had also read my book on the examination, and applied



that as well. Of course, reading how to do something in a book is just a very early step to mastery. Her frustration was palpable. Having gone through similar experiences, I certainly felt her pain.

I have been haunted by that conversation. Because of the changing landscape in dentistry, I didn't feel as if I had given her an adequate answer. I think about my own career journey and I know how I did it. I thought about Dr. Pankey and read about his personal journey. I thought about many of the successful dentists I know, some of which I have interviewed for this book. I kept returning to leadership, and how it needs to be addressed in dental schools. It's the missing link.

Let's take a look at the history of dentistry. Before 1850, dentistry could best be described as a craft with no requirements to enter the field. It was mostly filled with craftsmen who were good with their hands and enjoyed working with small tools.

Formal dental education in the United States began in 1840 with the opening of the Baltimore College of Dental Surgery. Other dental schools slowly began to emerge, gradually displacing the traditional preceptorship method of training for dentistry. The period of the late 1800s saw a surge in the number of dental colleges in the United States. These schools were largely proprietary in nature, meaning that they were not affiliated with major universities, were private, were of a commercial nature and were, usually, established to benefit their owners. As the trend toward affiliation of dental schools with universities gained impetus at the beginning of the 20th Century, and with the establishment of the Dental Educational Council of America, the trend continued.

Dentistry mirrored medicine in many ways. Early dentistry was considered a sub-specialty of medicine. By 1850, there were two types of dentists in America: uneducated craftsmen who held that dentistry was a mechanical profession; and those with an understanding of science and biology. This much smaller group of "medical men of high character, broad intellectual interests, engaging personality and special influence" led the way toward the much more organized and dignified profession as we know today [5].

Two physician leaders who helped bring about these changes were Chapin Harris, the founder of the first journal of dentistry, and Horace Hayden, who created the first independent dental school in the US in 1840 – The Baltimore College of Dental Surgery, after many years of having been turned down by Maryland's medical college because they felt dentistry was just not important enough. That all changed in 1868, after Harvard opened its dental school, which led to the first of many Dental Practice Acts. In order to enter dentistry, applicants now needed requirements in anatomy, chemistry, physiology and surgery; just being a dental apprentice was no longer allowed. The field was starting to grow. Still, in 1865, there were only four schools and a total of 369 graduates.

Dentistry, however, was still held in low esteem. In order to improve the profession, reforms were progressively made, and dentistry continued to evolve through dental practice acts, licensing, and the development of associations and specialties. During the 1880s, dental education was slowly becoming a very lucrative business. Medical education was leading the way. Medical education in America was pretty dismal [6], and quacks and charlatans flourished as the professions tried to get organized. These were the times of building the foundations of both the medical and dental professions. These were the times that would define what dentistry would mean as a form of work – a job, a career, a calling, or a profession?

As a response to this confusion, a committee was formed to put some order to the medical field. The Carnegie Foundation created an advisory group led by Abraham Flexner – a teacher, not a doctor. He was charged with improving what was becoming a "plague spot of the country in respect to medical education." He teamed with two of the most prominent doctors of that time, William Welch and William Osler of Hopkins Medical School. All agreed that there could

be no nobler work for a university than the promotion of medical studies. The committee set out to reform medical education, which essentially sounded the death knell for the for-profit proprietary medical schools in America. [7]

Flexner's main contribution as an educator was to mimic the German methods of education by placing stringent scientific requirements into a curriculum. He mainly believed in teaching through real-world problem-solving. Interestingly, the physician, Osler, believed that the Flexnerians had their priorities wrong in situating the advancement of knowledge as the overriding aspiration of the academic physician. He placed the welfare of patients and the education of students to that effect as more important priorities, although he revered the centrality of scientific knowledge. Osler's voice, however, was silenced by those who were more interested in the finances of the medical schools. Osler moved back to Europe and became silent, as William Welch, The Carnegie and Rockefeller foundations and Flexner completed their report in 1910.

Nowhere in the report is evidence of the Oslerian wisdom [8] regarding the primacy of patient beneficence. "Patients were primarily viewed as serving the academic purposes of the professor." In the end, the Flexner Report set the way for American dental education for many years to come. The positives were that the report led the way for advancement and scientific discovery, which undoubtedly improved the lives of most of us in America. The negative, as Osler warned, has created numerous issues in the 20th and 21st centuries in the deliverance of healthcare. Let me reproduce Thomas Duffy's words in his review of the *Flexner Report – 100 Years Later*:

"There was maldevelopment in the structure of medical education in America in the aftermath of the Flexner Report. The profession's infatuation with the hyper-rational world of German medicine created an excellence in science that was not balanced by a comparable excellence in clinical caring. Flexner's corpus was all nerves without the life blood of caring. Osler's warning that the ideals of medicine would change as "teacher and student chased each other down the fascinating road of research, forgetful of those wider interests to which a hospital must minister" has proven prescient and wise. We have learned that scientific medicine must travel linked to a professional ethos of caring that has been in place in our oaths and aspirations. Cross-talk must occur between the two with a bi-directional bedside to bench dialogue. This creates the frisson that animates the quest for breakthroughs in a medical realm. The revisions in medical education that are now taking place are re-claiming the rightful eminence of the service component of medicine – the centerpiece of the doctor-patient relationship. The Flexner model remains in place, the foundation of the magnificent edifice that is American medicine."

The parallels to today's current state of the dental industry are nothing short of amazing. Sir William Osler, the physician who was ignored, was a wholistic thinker who warned, "*The future is today.*" How prophetic? Reading Osler's biography [9] and many of his quotes is a great example of how wholism thinking in healthcare is timeless. Even today, with supposed ethical codes and stringent licensing regulations, "if you are persuasive enough, articulate enough or even attractive enough, if you have an interesting enough, uplifting story, or some combination of these traits, you are or can be a very successful" [10] dental educator or coach/consultant to dentists who are starving for guidance in what is still not taught in dental schools. In my years in dentistry, I have seen dentist after dentist throw money at imposters and frauds who teach dentists unproven management and leadership techniques, in order to "sell" more dentistry, rather than doing what is right for patients.

I have seen successful dentists who have created careers out of training dentists to repeat persuasive and manipulative scripts meant to sell dentistry, divorced from the actual science of diagnosis and treatment planning. The field is filled with these coaches, consultants and even dentists. Yet there is hope, because there are dentists who teach ethical, comprehensive ways to successful careers. I found some, as mentioned at the Pankey Institute. The good news is that this idea is becoming a trend.

Finding thinkers who believe that “*scientific medicine must travel linked to a professional ethos of caring that has been in place in our oaths and aspirations*” is the job of the medical and dental communities. In medicine, one such man is Dr. Toby Cosgrove, MD, the president and CEO of The Cleveland Clinic. As a modern day Osler, Cosgrove is leading a revolution actively going on in medicine right now. His approach to treating people is more effective and more humane – two traits that require more leadership training at the level of the educational institutions. One of his issues is improving caregiver-patient communication [11].

Cosgrove realized that, in order to fix medicine, it had to be built from the ground up, so he started with medical school reform. In 2002, the Cleveland Clinic opened a new college of medicine, with the goal of reinventing the medical school from top to bottom. One of the first question he asked was, “How can we make this school the ideal medical education experience?” His answer was to protect the young people from medical school debt. He understands that students leaving school with strangling debt restricts them from following a more rewarding career path. Many take jobs and work long hours solely to pay off their debt. This is a current problem that dental school graduates are facing as more and more take jobs with corporate dental practices, and is a problem that, at the very least, must be recognized if the work of dentistry is to continue to be rewarding in every regard.

Another trend Cosgrove advances is training medical students to become better communicators, and more empathetic in general. He understands that addressing this in medical school is important, because there have been studies that show physicians in training actually become *less* empathetic. I remind myself of my dental school experience with Robert G. As part of their training, Cleveland Clinic has incorporated training in the humanities as part of their curriculum, to teach professionalism and communication.

This is the exact type of thinking I encountered at the Pankey Institute five years ago. Dr. Pankey, when asked about how a patient should choose a dentist, used three words: care, skill and judgement. Skill refers to a dedication to the science and technology of dentistry – a commitment to quality and excellence. Care and judgement imply empathy and wisdom. It is interesting to note the current trends in dentistry. The extraordinary attention to hand skills, technical dentistry and digital dentistry has placed care and judgement at the heels of technical skills. The masses have come to believe that dentistry is just about beautiful cases and cosmetic dentistry, ignoring the human component. Dental technicians are becoming dentistry’s go-to experts. The time of the craftsman is here. Yet we are ignoring the human side of dentistry.

There is no doubt that the nature of our work is changing. The problems discussed up to this point – a need to focus more on wholism, and training dentists from the beginning in leadership and communication – lead me to the even bigger problem of what is actually at stake. For that, let’s turn to the nature of work and why some of these issues truly go against our nature.

## **The Why of Work**

When I was a kid I wanted to work with animals. I loved dogs and horses. As an adult, after I became a dentist, I worked with dogs as a hobby. I breed and show boxers. My parents wanted me to become a doctor – that’s what all parents wanted for their kids in the fifties and sixties.



The work of a doctor offered the chance to make a lot of money and do work that wasn't physically demanding, offered the chance to make your own hours, and came with the mantle of respect and dignity. But are those the driving forces of work? I wondered.

As a child and young adult, I constantly asked myself, "What will I do when I grow up?" I remember my own children struggling with the same question. Invoking the Carl Rogers formula that I mentioned earlier, "*that whatever is most personal is most universal*," I knew that the *what* of work was secondary to the *why* of work. Not many of us get to play third base in a Major League ballpark or perform at Carnegie Hall. Regardless of what the success literature tells us, finding success at that level is not for the masses. No, the masses, I felt, were not looking for the "perfect vocation" but, rather, looking for something much less visible: meaning and purpose.

It is true that making a lot of money, taking vacations, and driving a nice car can provide some degree of meaning for people. I have seen people quite happy just from making a good living, but fulfillment and well-being, as I will explain later in this book, are obtained through engagement in work, purpose in work and meaning in work [12]. I truly believe that what young people are searching for, beyond a good job, is meaning. Dave and Wendy Ulrich, in their book *The Why of Work*, call meaning the object of a nearly universal search. Great thinkers like psychologists Sigmund Freud and Viktor Frankl agree.

Freud was famous for saying that the two things a person in good mental health should be able to do well are "to love and to work" ("lieben und arbeiten"). Looking at Freud's own career path in medicine verifies how he came to that conclusion. As a young man who was not independently wealthy, he chose to go to medical school. He was in love with his future wife, Martha Bernays, and wanted to build a life together. He admitted later [13] that he chose medicine in order to make enough money to survive and build a family. Like most of us, he needed to find a way to earn a respectable living so he could marry Martha. He followed medical school by going into private practice. In practice, he created solutions for many of his patients. At the time, those solutions were groundbreaking, even though most have not held up. Freud worked right up until his death. In the context of his whole life, Freud chose a career path that allowed him to pursue both his family and professional goals, which led him to conclude that love and work, as he stated, were the key elements to mental health and a happy fulfilled life.

Viktor Frankl was a disciple of Freud's. His life wasn't quite the same. Frankl was studying psychology just as World War II broke out. His story is well documented [14], and is a highly recommended read. Before the war, Frankl was working on a system of psychotherapy based on our need for meaning. His own life became a living experiment as he survived the Nazi death camps by using his own theories about surviving, by providing meaning in his own life. His story is exquisitely described in his best-selling book, which has sold over nine million copies worldwide, *Man's Search for Meaning*. Both Freud and Frankl gained insight through their own experiences about the importance of meaning in our lives.

I have always been interested in the concept of work. As a young child, I wondered if there was more to work than just making a living. I grew up in New York City and remember people trudging off to work every morning, sitting in god-awful traffic every night, only to come home and do it again the next day. I wondered how people could do this for years and years and still suffer through the long days at work. Would that be my fate too?

While in dental school, I read the influential book, *Working* [15] by Studs Terkel, the late Pulitzer Prize-winning author. In that book, Terkel repeats the conviction that our universal search is the one for meaning. Terkel calls our jobs a search as well: "for daily meaning as well as for daily bread, for recognition as well as for cash, for astonishment rather than torpor; in short, for a sort of life rather than a Monday through Friday sort of dying." The book is composed of interviews of people with many various jobs. The common attribute in all of the interviews is "meaning to their work well over and beyond the reward of a paycheck."

I recently re-read parts of *Working*. I was particularly interested in the dentist, Dr. Stephen Bartlett, who at the time had practiced in a Detroit suburb for nineteen years. The interview could have been done today. Bartlett's complaints about dentistry were that it was physically demanding, that most patients were under stress, that he had to deal with cancellations and, mostly, that only he knew when he did a good job. He also spoke about what was appealing to him: that he could practice dentistry as he liked (autonomy), that he had the opportunity to play a role in the lives of his patients by changing their appearance (meaning), that he was his own boss and could make his own hours. I thought how similar the job is today but, like Frankl, that the landscape has changed. It has become more difficult to practice with meaning. We must make our own meaning. *Leaders are meaning makers.*

The work of dentistry truly has not changed much since I began to practice. Bartlett complained of standing all the time but, in 1973, four-handed sit-down dentistry was coming into vogue. I practiced sit-down dentistry for forty-two years. In re-reading the Bartlett interview, I came to realize that patient interaction hasn't changed at all. People still come to the dentist for the same reasons, and still have their prevailing objections. The human factor has never changed; technology has changed, and the context within which we practice has changed. Insurance, advertising and the 2008 economic meltdown changed the landscape so much so that dentists today struggle much more to create and maintain meaningful work scenarios. But it can, and still must, be done for the sake of the profession.

The context in which we see our work is important. As Stephen Covey reminds us, "how we see the problem is the problem." In other words, what is driving you is important. I opened this segment by saying that I raised dogs as a hobby. More recently, I have taken up yoga. I never considered doing either of these things to make a living. I dabble. I could earn a living doing either, but would I truly be happier if my and my family's well-being depended on making a living from these two endeavors? I chose dentistry 42 years ago, and it has always been a great way to provide for my family. A much better way than most forms of work. Somewhere along the line, I had to make an adjustment. I had to see dentistry as more than a job, and that's a problem. We need to re-frame the way we see our work. We need to see the big picture – another leadership trait.

There is an old story that many writers in the leadership industry use to bring out the differences between a job, a career, and a calling. There are many versions of the story, but I want to emphasize that if you are a dentist reading this, you are already in a career. If you choose to see your work as a job, as many do, there will be the consequence of forfeiting meaningful work. On the flip side, not all dentists have been called upon to fix teeth. Let's interpret the story:

"One day a traveller, walking along a lane, came across three stonecutters working in a quarry. Each was busy cutting a block of stone. Interested to find out what they were working on, he asked the first stonecutter what he was doing. 'I am cutting a stone!' Still no wiser the traveller turned to the second stonecutter and asked him what he was doing. 'I am cutting this block of stone to make sure that it's square, and its dimensions are uniform, so that it will fit exactly in its place in a wall.' A bit closer to finding out what the stonecutters were working on but still unclear, the traveller turned to the third stonecutter. He seemed to be the happiest of the three and when asked what he was doing replied: 'I am building a cathedral.'"

The story illustrates many lessons in leadership:

- 1) Knowing not just how and what to do, but knowing why.
- 2) Viewing the whole and not just its parts.
- 3) Seeing a vision, a sense of a bigger picture.

- 4) Having the ability to see significance in work, beyond the obvious.
- 5) Understanding that a legacy will live on, whether in the stone of a cathedral, or in the impact of other people.

I will come back to this throughout the course of this book. I see the second option as a problem in dentistry. If a person sees dentistry as a job that only provides him or her with a way to make a living, then it will be difficult to convince them to see otherwise. If the person sees dentistry as a calling, then their only problem will be how to make a living at doing something they truly love. I find, as in my case, that the difficult thing is to create a career that is balanced. I come back to this in the next chapter.

I know that the idea of the third stonecutter can make us a bit depressed if we truly weren't called upon to do dentistry but, as leaders, we must take a bigger picture if we want to satisfy our need to find meaningful work. When work becomes simply a means of earning a living, it becomes drudgery – the same word the Richard Cabot used in developing his philosophy. Another issue that I see today is the over-emphasis on the dentist as the grand hero of the story. Social media and advertising have taken the shine off of the true purpose of dentistry – the patient – and have placed it on the dentist. I will have a lot to say about being other-focused in a later chapter. One more issue that may seem to be a reach is that all of the self-focus that comes with seeing dentistry as a job has helped to create this *fragmented* profession that behaves unilaterally, rather than as a community.

Peter Senge, author the classic book, *The Fifth Discipline, The Art and Practice of a Learning Organization* [16], tells us: “the responsibility of a leader is not just to share a vision but to build a shared vision.” I would add that to do that is to build meaning everyday. Charles Handy, author of *The Hungry Spirit* [17], repeats this thought about changing our thinking which has been a theme of this chapter by saying, “We may not need any more cathedrals, but we do need *cathedral thinkers*, people who can think beyond their own lifetimes.” The original founders of what once was organized dentistry were cathedral thinkers – leaders like Chapin Harris, Horace Hayden and L.D. Pankey. Where have they gone?

Another big problem with work these days is a lack of engagement. With those who do not find meaningful work, it is not difficult to see that they spend most of their days unengaged. Many studies have shown this to be true. Job satisfaction, in all areas, has been on the decline for many years. A national survey conducted by the Nielson Company reported that fewer than one-half of employees (47.2%) reported being satisfied with their jobs. That survey showed a decrease in job satisfaction from 61.1% in 1987 to 47.2% in 2015. In another study, conducted in 2012 by Right Management, it was reported that only 19% of people were satisfied with their jobs. *Forbes Magazine* recently reported on a survey conducted by Mercer, the human resource consulting firm, that out of some 30 000 workers worldwide, between 28–56% of employees wanted to leave their jobs [18].

The Gallup Organization collected data on actual job engagement in 2012. They determined that only 30% of the US workforce was engaged and inspired at work, with 20% of people reporting they were *actively disengaged*. In another Gallup study of 142 countries worldwide, only 13% of employees were engaged at work, with 24% actively disengaged. There are many other studies that support the same idea, that we have a problem: people are becoming more dissatisfied with their work and disengaging from their jobs [19].

The dental community is not immune to these statistics. Although there is no study that I know of that has been done in dentistry, I can only surmise that, as humans, we are all susceptible to job dissatisfaction and disengagement. It is interesting to take note of a blog post [20] written by Dr. Laura Brenner, who calls herself the expert who loves to hate dentistry, about the reasons she left dentistry. The post practically went viral. Over 80,000 hits and 260 comments were written by dentists and dental students applauding her courage in making the decision to

leave dentistry. Many books are beginning to fill the shelves in bookstores advising young people to take the leap, or to jump ship to find a more fulfilling job [21].

Laura has obviously struck a nerve with blogs posts titled, *Escaping the Cult of Dentistry*, and *10 Reasons Your Dentist Hates You Too* [22]. Of course, not everyone has the luxury of just picking up their toys and leaving the sandbox. The decision to leave a profession is a difficult one that is more dependent on the circumstances than just having the determination of the Peter Finch character in the movie *Network* when he screams out of the window, “I’m mad as hell and not going to take this anymore.” Workplace drama at its best.

The idea of leaving dentistry in spite of the sunk costs involved may be an expression of the dissatisfaction that underlies the profession but it may be a generational idea as well. A large number of Millennials are openly expressing a desire to leave the profession. Unlike my generation, the younger generation has traded money for meaning, and are not willing to “sell out.” Their dental school dreams of autonomy and freedom are less realistic after graduation. It is my belief that the dissatisfaction is another expression of reductionist thinking. Our tendency is to blame the profession for our unhappiness and dissatisfaction. There is nothing inherently wrong with the profession of dentistry that a practice of leadership, communication and wisdom will not cure.

When there is a lack of autonomy, meaning, and purpose, a lack of control of our own time and work, and a general dissatisfaction with our work environment, it is difficult to become engaged in our work, as the studies reveal. In the next chapter, I will discuss a concept known as *flow*, an important element in developing our well-being. When we’re truly engaged in a situation, task, or project, we experience this state of flow: time seems to stop, we lose our sense of self, and we concentrate intensely on the present. This feels really good! The more we experience this type of engagement, the more likely we are to experience well-being.

Once again, these problems can be solved through making meaning, developing autonomy, gaining control over our own destinies. Stephen Covey, in his book *The 7 Habits of Highly Effective People* [23], makes a distinction between what lies within our control and things we have no direct control over. He tells us to act within our “Circle of Concerns” rather than acting on our “Circle of Influence”. In time, he says, leaders acting on their concerns will stretch that circle and have a greater influence on things that do not appear within their control. I will discuss this leadership character trait in a later chapter. For now, understand that people with a strong *internal locus of control* believe events in their life derive primarily from their own actions, and they have more control of their lives, or they have an external locus of control, meaning that their lives are controlled by environmental factors which they cannot influence – or, worse yet, by chance, bad luck or fate.

This chapter presented some of the problems that are under our control. The book will continue to provide solutions to these problems; however, there are many issues that have created problems for dentists that are seemingly outside of our circle of concern. The problems would be analogous to Viktor Frankl’s response to WWII. In other words, although he could not control his circumstances, he controlled his response (an obvious strong inner locus of control). In today’s current economic climate, with rising health costs, the high cost of dental education and technology, the influences of government and corporations attempting to control expenses, the shrinking middle class, and income inequality, it is not difficult to see dentists reacting out of fear rather than responding to the conditions as they are. In the next chapter, I will discuss these issues.

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- 22 Laura Brenner's blog posts can be found at Lolabees.me.
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