

## DEAR RESPECTED READERS OF PROFITABLE PRACTICE NEWSLETTER:



I have serious reservations about the DSO phenomenon and I share them openly.

I have two primary concerns about the DSO business model:

1. Are they improving patient outcomes?
2. Are Dental teams happier in the scheme?

For me, it is not about the money, which flows like cheap wine at the next big dental convention.

It's about people. I hear from so many unhappy people.

This unedited brief is published to keep you informed of how one dentist feels in their present situation.

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Human resources is a key element in the success of any business, especially in consumer-facing services. Dentistry is no exception. In fact, as the profession moves increasingly toward a model where the perception of service often seems to matter more than the treatment actually rendered, human resources becomes even more critical.

Many dental practices are now subject to the management of larger corporate groups known as DSOs.

These equity-backed firms primarily manage their assets to satisfy investors. Naturally, this is always wrapped in soft language about “support,” “growth,” “alignment,” and “culture,” because saying “we need to squeeze more juice out of the asset” would probably not test well in the employee-engagement survey. This creates a dynamic very different from the traditional owner-operated dental practice, particularly when it comes to human resources, culture, staffing, morale, and clinical support.

Corporate decisions are often made far away from the front line by individuals who have absolutely no idea what the trenches even look like.



They may dispatch a regional manager from time to time to create the appearance of visibility and proximity, a bit like sending a weather balloon into a war zone and calling it leadership. But the sporadic nature of these visits often leads to more frustration than genuine management. The result is not leadership. It is drive-by administration with a calendar invite.

Meetings with front-line staff often feel more like corporate cheerleading sessions than real conversations.

The problems are downplayed, softened, and dressed up in corporate slang and nauseating buzzwords that leave staff members rolling their eyes before the first slide even loads. There is usually a lot of talk about “being heard,” followed by the impressive corporate skill of hearing absolutely nothing.

The slogans preach teamwork, alignment, culture, and belonging to one big happy family.

How touching.

Unfortunately, these phrases were likely conceptualized by some white-collar bureaucrat staring at a stale computer screen after a think-tank session with other administrative rats who remain completely oblivious to the daily reality of clinical life.

In the clinical trenches, people are not dealing with slogans. They are dealing with late patients, anxious patients, broken equipment, short staffing, sterilization bottlenecks, emergency appointments, unrealistic schedules, front-desk pressure, clinical risk, infection-control standards, and the constant expectation to do more with less.

But of course, none of that fits nicely into a quarterly PowerPoint deck with pastel colours and a stock photo of smiling team members high-fiving over a laptop.

At the end of the day, the most important aspect of the corporation is the bottom line: the quarterly profits distributed to shareholders.

This is never said quite so directly, of course. It is dressed up as “operational discipline,” “responsible stewardship,” “efficiency,” and other elegant little phrases designed to make cost-cutting sound like a spiritual virtue.

Expenses are scrutinized and questioned from an administrative perspective, often without any meaningful consideration for clinical relevance, operator preference, team efficiency, or patient-care quality. Going over a budgeted limit becomes a mortal sin, met with disproportionate severity from opulent managerial bean counters who have never had to manage a bleeding socket, calm a terrified child, repair a broken prosthesis, or keep a clinical day from falling apart.

Meanwhile, the push toward increased production is often presented as a motivational campaign.

Bonuses, rewards, and contests are dangled in front of staff if a particular goal line is reached. Corporate presents this as empowerment. How generous. A small token is offered to the people doing the work, while the real financial upside flows upward to the shareholders. Nothing says “family” quite like asking the family to run faster on the treadmill so someone else can cash the cheque.

Corporate presents these contests with great fanfare, confetti, branded enthusiasm, and perhaps even a cheerful email written by someone who has never had to answer a phone while three patients are waiting, one assistant is missing, an operatory is running behind, and sterilization is backed up.



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The unimpressed staff see right through the manipulation. They know exactly what is happening. They are being asked to carry the emotional, physical, and operational burden of increased production while being rewarded with a crumb, a slogan, and possibly a pizza lunch if morale becomes visibly inconvenient.

This is where the human-resources disconnect becomes glaring. A spreadsheet may show payroll, production, collections, overhead, and some lovely upward-facing arrows. It does not show exhaustion. It does not show resentment. It does not show the quiet loss of trust when staff realize that “culture” means compliance, “support” means surveillance, and “teamwork” means absorbing more pressure without meaningful input or recognition. Human resources in dentistry cannot be reduced to corporate slogans, regional check-ins, hollow engagement exercises, and motivational posters pretending to be strategy. A dental clinic is not a widget factory. It is a high-pressure healthcare environment where performance depends on trust, stability, competence, communication, and genuine support.

When corporate leadership fails to understand that, the result is predictable: morale declines, staff disengage, clinicians become frustrated, and patients eventually feel the difference. But not to worry — someone will eventually schedule a meeting to discuss “culture opportunities” and “team alignment,” because apparently nothing solves burnout like another meeting about burnout.

The tragedy is that none of this is complicated. Front-line staff do not need another slogan. They do not need another carefully branded initiative. They do not need another motivational contest wrapped in corporate bullshit and sprinkled with artificial enthusiasm.

They need to be heard.

They need decisions made by people who understand the clinical floor.

They need resources that match the demands placed on them.

They need management that shows up consistently, not performatively.

And they need a culture built from reality, not invented in a boardroom by administrative rats congratulating themselves on their latest pile of polished nonsense.

But of course, that would require listening to the people actually doing the work. And in some corporate structures, that seems to be the one productivity metric nobody is interested in tracking.

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