

STAR² Center Perspectives from the Field: Retaining Medical Assistants and Dental Assistants

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Background

The Bureau of Labor Statistics (BLS) defines medical assistants (MAs) as individuals who *complete administrative and clinical tasks in the offices of physicians, hospitals, and other healthcare facilities*.¹ BLS defines dental assistants (DAs) as those who *provide patient care, take x-rays, keep records, and schedule appointments*.² In advanced, team-based health center practices, these roles serve as the vital glue that keeps the team working collaboratively and optimally. As practices increasingly rely on these roles in the context of an overall health care workforce shortage and team-based care models, the BLS projects a growth rate for MAs at 18 percent and for DAs at 11 percent – both faster than average occupations. However, the attrition rate for MAs and DAs is also very high. In 2017, prior to the global pandemic, the turnover rate

among MAs was 59 percent at a per-MA cost of \$14,200, or about 40 percent of the average MA salary. Among the dental team, turnover is highest among DAs with nearly 70 percent in their current positions for five years or less. Health centers need cohesive and effective strategies to attract and retain these critical members of the health care team.

The shortage is a big problem, and it's everywhere. This problem existed before COVID. It's not just to bring assistants in, it's to keep them.

–Focus Group Participant, November 2021

Methods

To address this need, the Association of Clinicians for the Underserved (ACU) engaged staff at health centers serving urban and rural communities across the U.S. Two focus group sessions were held, one on the topic of MAs and one on the topic of DAs. Fourteen participants (seven in the MA and seven in the DA group), including human resources professionals, Chief Dental Officers, Chief Operations Officers, and other health center staff joined discussion groups to share their strategies and lessons learned. A thematic analysis of the discussions identified common factors that can lead to attrition and strategies to mitigate attrition and improve retention. This document summarizes the findings from these discussions.

Results

Common Factors that Lead to MA and DA Attrition

The factors leading to both MA and DA attrition were similar across both groups. The strategies to mitigate attrition were also similar for both MAs and DAs. Quotes from focus groups are exemplary of common themes raised by the focus group participants.

Pay/Compensation

All focus group participants agreed that they often lose MAs and DAs to higher-paying positions elsewhere. Several noted that since these positions were entry-level and pay is already low, without a connection to the health center mission or their work as an MA or DA, staff are drawn to the highest paying jobs with the least amount of stress.

We have local hospitals with great pay and sign-on bonuses. It's a lot of competition and people aren't afraid to leave their jobs anymore.

—Focus Group Participant,
November 2021

Career Path

Focus group participants also cited a lack of career path as another factor that can lead to attrition. Serving in an entry-level role, some MAs and DAs may be embarking on a new career. Being able to envision and understand their growth in that role and within the organization is an important facet to their retention. When this career path is unclear or non-existent, MAs and DAs can eventually feel constrained in their ability to build on their skills, share their experiences with others, and earn higher pay.

Onboarding

Although the role of the MA and DA can vary from health center to health center, the roles of MAs and DAs among focus group participants were similar: MAs and DAs are a fundamental element of the care team, led by a health care clinician. Focus group participants described that without thorough onboarding and training for their critical roles, MAs and DAs may feel the

Our sites are so busy, add COVID-19 on top of that, it can be overwhelming.

–Focus Group Participant,
November 2021

Sometimes we don't take the time to help the candidate understand exactly what they are getting into. Don't rush to fill a position. Take the time you need to get the right person, even if it is a bit painful in the short term.

–Focus Group Participant, November 2021

stress and overwhelm of not knowing what to do and who to ask. These experiences can be particularly acute when working with health center patients with trauma and behavioral health concerns. Onboarding experiences need to ensure that new staff understand site-specific workflows. Staff need to feel ready and confident to do their work. Without these abilities and knowledge, the health center may face risks related to not only attrition but also those

related to safety and quality. Staff without thorough onboarding often experience isolation, frustration, and are often overwhelmed.

Leadership

When a clinician without effective leadership skills guides the care team, the likelihood of MA and DA attrition increases exponentially. Furthermore, the clinician workforce shortage can often reduce key leadership's willingness to hold clinician leaders accountable for the working climate of a site and collective spirit of a team. These dynamics can be demotivating for MAs and DAs who are serving as that “glue” supporting the team. Focus group participants observed that having strong leadership at the sites where the MAs and DAs work, as well as the leadership of the overall organization, is essential to ensuring that team dynamics are functioning optimally. Some focus group participants also noted that strong teams and strong leadership could engender a sense of loyalty and belonging that can help overcome the pay limitations that health centers often face in comparison to the broader labor market.

When you are so dependent on each other, there has to be mutual respect as something we all do. This comes from leadership holding staff accountable for our organizational values and making it a team effort.

–Focus Group Participant, November 2021

Strategies to Mitigate Attrition and Improve Retention

Upskilling

Some focus group participants described how they recruit internally to cross-train or upskill existing, patient-facing staff to serve as MAs and DAs. Participants noted that training someone who was already familiar with the organization and patients was more likely to be successful at a given site. Recruiting to replace these staff can be easier than recruiting MAs and DAs, and cross-training staff with different skills can add variety to the workload and increase flexibility in managing operations.

Bonuses

Most focus group participants discussed offering referral bonuses to engage current staff in recruitment efforts. Participants described bonuses ranging from \$500 to \$1,000 paid out after the new hire's tenure of 6-12 months. Focus group participants also described using Health Resources & Services Administration (HRSA)-funded job boards such as those through Primary Care Associations for recruitment.

Focus group participants noted other strategies to support MA and DA retention. Many have conducted salary surveys and issued retention bonuses over a year-long period to address pay gaps. However, focus group participants agreed that having a sense of purpose and belonging within their teams and the organization's mission always trumps pay.

Onboarding

Many focus group participants described the importance of considering onboarding even during the hiring process. They noted that candidates often lack an understanding of the health center mission and how practices, policies, and requirements can differ from a private practice. Ensuring that hiring covers this information can support the right hires and contribute to retention. Once hired, some

participants described that their health centers expanded their onboarding processes to include their usual orientation as well as competency checklists, assigning a “buddy” to support them in onboarding, and providing check-ins at multiple intervals to ensure that new staff are comfortable with their knowledge, skills, and abilities to serve as an MA or DA.

We wanted to do red carpet onboarding with a buddy system that truly creates a welcoming and supportive environment.

–Focus Group Participant,
November 2021

Career Path

Some focus group participants described how they have designed the MA and DA roles to support a career path and individual growth. These efforts include integration of competency levels (three-four tiers) within each role. For each level, training requirements, competencies, and pay are higher. At the highest levels, other opportunities become available such as supervising and mentoring staff and serving in broader health center operations roles. Participants described how their health centers cover education and professional certification costs as well as travel associated with obtaining education.

Recognition

Focus group participants discussed the importance of recognizing the hard work of MAs and DAs, even in small ways. All participants noted that their health centers had some form of staff recognition programs, including \$25 spot-bonus gift cards, staff kudos posted on the intranet, and shout-outs from the CEO during meetings.

Leadership and Communication

All focus group participants agreed that leadership and communication were the most important aspects of ensuring staff retention, regardless of the staff role. Strong leadership bolsters a sense of camaraderie within teams and strengthens relationships among staff members. Leaders both within teams and for the overall organization can contribute to feelings of loyalty among staff. Some participants also shared that their organizations’ concerted emphasis on leadership fostered an organizational culture of collaboration and cohesion. Clinical site leadership is essential to setting the tone for the atmosphere of the care team. The clinical leader

needs to take this role seriously, even though addressing this accountability can be difficult in the context of provider shortages. Choosing leaders and supervisors based on their abilities to lead and supervise, not just on knowing how to do the work, is an important aspect of organizational culture that is often overlooked. Focus group participants described that developing and investing in their staff's abilities to lead can be a key factor to success with recruitment and retention.

Conclusion

Addressing staff recruitment, retention, and engagement has been a challenge for health centers, even before the COVID-19 pandemic. Retaining MAs and DAs has become more challenging than ever, considering increased rates of workforce burnout and workplace hazards. None of the focus group participants felt that they were doing very well with retaining MAs and DAs. However, most of them felt that their retention strategies were having some level of positive impact. Health centers are a source of innovation and collaborative learning. Focus group participants recommended having an online or in-person forum for human resources staff across health centers to troubleshoot with each other, support each other, and share innovations and their outcomes.

The role of MAs and DAs is challenging, and fostering their connections to the mission of health centers is critical. Focus group participants recommended also providing a cross-health center MA/DA forum (online or in-person) to support MAs and DAs so that they feel part of the health center movement.

Focus group participants felt that leadership was the most important factor for staff retention. With strong leadership, staff can have a greater sense of belonging with their health center and their community.

People stay for their team. They don't want to leave and have a different experience. Those relationships matter more than the money. How you spend your time every day and how you feel is priceless.

–Focus Group Participant,
November 2021

Resources

Below find a selected list of STAR² Center resources that will help organizations to implement the recommendations within the themes and strategies to mitigate MA/DA attrition:

- Advancing Health Center Retention & Recruitment Through HP-ET Webinar Series: www.chcworkforce.org/web_links/hpet-webinar-series-june-2022
- Building An Inclusive Organization Toolkit: www.chcworkforce.org/web_links/building-an-inclusive-organization-toolkit
- Finding a Way Forward: Retaining & Recruiting Medical Assistants and Dental Assistants in the Changing Workforce Landscape Webinar Series: www.chcworkforce.org/web_links/rr-ma-da-webinars
- Pay Equity Checklist: www.chcworkforce.org/web_links/pay-equity-checklist
- Self-Paced Courses (registration required) including Leadership Skills, Creating a Robust Compensation Package for Retention, Developing an Effective Employee Engagement Plan, Effective Onboarding Strategies, Engaging High-Functioning Managers for Retention, and more: www.chcworkforce.elearning247.com

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