Organizational Characteristics and Preventive Services Delivery: A Qualitative Investigation

Sudano JJ, Abbe M, Demko CA, Victoroff K, Williams K, Lalumandier J, Wotman S.

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Objectives:

To investigate whether various organizational characteristics and other potentially mutable factors are associated with different levels of preventive services delivery (PSD).

Methods:

As part of the Direct Observation Study, trained research-hygienists visited 120 dental practices. Survey and qualitative data (field jottings, debriefing session notes) were collected regarding practice environment, staff relations, and provider-patient interactions.

PSD included hygiene instruction/education, cancer screening, and smoking and nutrition counseling. Using grounded-theory, we identified practices at the extremes of high and low PSD, based on cumulative positive or negative statements in the qualitative data. We also validated our categorizations based on quantitative data collected while observing 24 behavior-specific codes during the dental encounter. We then employed purposive sampling to include practices that varied on dentist sex, practice location (urban/rural), and those that were both high and low on PSD.

Our theoretical orientation stems from a synthesis of several organizational behavior theories, including contingency, complexity and ecological theory. Using these theories, we generated a list of characteristics hypothesized to influence PSD levels. These included: use of technology, staff relations, specialization (division of labor), formalization (production goals, policies and procedures), management orientation, number of staff, and patient population (SES and insurance status).

Results:

We generated a comparative matrix of factors and PSD categories and analyzed data from 20 practices, 10 high and low. Of the factors we compared, one clear pattern emerged distinguishing high and low practices: the presence of one or more clinical staff members functioning in the role of PSD "champion." This role is further detailed in several case studies and exemplar statements from the qualitative data.

Conclusion:

Leadership in PSD is a common component in our findings. These findings have practical implications for dental education and practice patterns, as well as for future research and interventions to increase PSD.

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