LEARNING AND CHANGE FOR BUSINESS SUSTAINABILITY IN SMALL BUSINESS: AN ACTION RESEARCH CASE STUDY

by

HAROLD BLOUNT

(Under the Direction of Wendy E. A. Ruona)

ABSTRACT

Current scholarship on small-business and talent management lacks a knowledge base for informing small-business leaders' ability to build talent and organizational capacity. This action research (AR) study sought to understand the challenges pivotal leaders in private dental practice encounter and their responses to the existential threat posed by rapid proliferation of corporate dental practices. Two questions guided the research: (1) What happens to a small business when it implements a strategic talent development approach focusing on talent leadership? and (2) How can AR facilitate evolving strategic talent development and collaborative learning among pivotal small-business leaders? The study also attempted to validate four arguments embedded in a small-business sustainability theory of change model.

The study focused on three dentist owner-managers and five office managers in four private dental practices; two leadership teams served as AR team members, and one expanded leadership team participated as benchmark-practices participants. The AR team executed the following: (1) strategic talent development for office managers; (2) strategic talent development for leadership teams' entrepreneurial, managerial, and leadership competencies; and (3) development of scaled performance support systems. Qualitative data were generated through a

questionnaire, interviews, observations, meeting notes, and coaching session notes, and were analyzed using inductive thematic analysis, pre- and post-test analysis, and theory testing.

Four major findings emerged: (1) the leaders became aware of their talent and organizational capacity gaps after implementing talent development strategies; (2) strategic talent development activities positively influenced leaders' ability to implement sustainable capacity-building interventions; (3) leaders' human and social capital were enhanced by strategic talent development; and (4) AR is ideal for facilitating strategic talent development and collaborative learning among pivotal small-business leaders.

Two conclusions were drawn from the data: (1) context-based developmental investments are necessary for pivotal small-business leaders to effectively lead and manage talent and the organization; and (2) leveraging AR may stimulate iterative cycles of learning that promote talent and organizational maturity. Implications for theory, practice, and future research are also discussed.

INDEX WORDS: Action research, Small business management, Talent management, Strategic talent development, Talent leadership, Benchmarking best practices, Performance support systems

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by

HAROLD BLOUNT

A.S., Georgia Military College, 1981

B.S., Excelsior College, 2000

M.Ed., University of Georgia, 2010

A Dissertation Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment of the Requirements for the Degree

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by

HAROLD BLOUNT

Major Professor:	Wendy E. A. Ruona
Committee:	Karen E. Watkins
	Aliki Nicolaides

Electronic Version Approved:

Suzanne Barbour
Dean of the Graduate School
The University of Georgia
May 2016

DEDICATION

To Jesus Christ be all the glory; for loving and sustaining me; for granting me the grace and wisdom to dream; and allowing me to receive the bounty of His manifold blessings;

and

To my parents for the gift of life, integrity, industry, perseverance, vision and hope, and unwavering support and love;

and

To my friend and loving, supportive wife for being my rock and for your many sacrifices;

and

To my three children, whom I love dearly, thanks for your patience, love, support, and self-reliance.

PSALM 23 (King James Version)

The LORD is my shepherd; I shall not want. He maketh me to lie down in green pastures: he leadeth me beside the still waters.

He restoreth my soul: he leadeth me in the paths of righteousness for his name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; thy rod and thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil; my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the LORD forever.

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This study would not have been possible had it not been for the awesome dedication and commitment of the action research team members (two world-class dentist owner-managers and their two results-oriented office managers) who were the primary participants in this study. I extend a special thanks to the other dentist owner-manager and her three office managers who participated in the study in a benchmarking capacity. I am a significantly better person and scholar-practitioner having learned from all of you.

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CHAPTER 1

INTRODUCTION

Considering the important role small businesses play in a country's economy, an understanding of why firms fail (or succeed) is crucial to the stability and health of that economy (Bamiatzi & Kirchmaier, 2014; Gaskill, Van Auken, & Mannin, 1993). Current literature suggests that three groups of factors affect the survival of new enterprises: (1) individual characteristics of the founder; (2) attributes, structural characteristics, and strategies of the business; and (3) conditions characterizing the environment (Bruderl, Preisendorfer, & Ziegler, 1992). Hostile environments present a great threat to the survival and success of small firms due to their limited resource bases and relative inability to weather the consequences of poor managerial decisions (Covin & Slevin, 1989).

During the past few decades, a number of small business-dominated industries (i.e., independent pharmacy firms) have been decimated by an inexorable onslaught of investor-backed corporate juggernauts. Was their demise inevitable? Could anything have been done by their owner-managers to save the businesses? Moore (1993) suggested that successful businesses are those that evolve rapidly and effectively by developing leadership capabilities in order to build organizational capacity and adapt to continual waves of innovation and change. According to Bruderl, Preisendorfer, and Ziegler (1992), individual characteristics of the founder are important prerequisites for survival.

While the performance levels of small firms have traditionally been attributed to managerial factors (Stegall, Steinmetz, & Kline, 1976), external environmental factors may also

have a strong impact on small firm viability and growth. Consequently, small-business owners should endeavor to become strategically aware of the current business trends in their respective industries, especially those subject to unrelenting competition from corporate entities. Moreover, they should possess maturing entrepreneurial, managerial, and leadership competencies to augment their business-specialty core competencies and build required human and organizational capacity needed to adapt and to achieve sustainable strategic success. Relevant to this study, these generic small business-related concerns hold enormous implications for the strategic talent development of private dental practice leaders, given the emerging pattern of increased proliferation of corporate dental businesses threatening the existence of solo private dental practices.

State of the Dentistry Industry

In the current dentistry landscape, most dentists are affiliated with private practices. Of the approximate 190,000 practicing dentists in the United States, 92% are in private practices (as associates, contractors, or private owners), and more than 80% of active private practitioner dentists in the U.S. are private practice owners (American Dental Association [ADA], 2013a). "In the coming years, the solo practice will become less dominant as more cost efficient, larger group practices predominate" (ADA, 2013a, p. 11).

The environment in which private, group, and corporate practices operate has been in a continuous state of flux and transformation over the past decade. As with most small businesses, fluctuations in various environmental factors have adversely impacted small private dental practices, though to a much higher degree. According to the ADA (2013b), several important transformative structural changes have occurred in the dental care sector in recent years, driven by factors such as consumer utilization of dental care, total dental care expenditures, shifts in

population demographics, implementation of public policies that have expanded accessibility while driving down revenue, consumer behavior, increased dental school capacity, rising costs of dental education, and changing dental care delivery models. Excerpts from the ADA (2013b) dental industry environmental scan describes the essence of these dynamics and implications for the transformation and survival of private dental practices:

> Utilization of dental care and coverage among working age adults has declined by 10% over the past decade … Driven by the expansion of public programs, dental care utilization among children has increased by 9% during the past decade … Commercial dental plans are increasingly using more selective networks, demanding increased accountability through data and performance measures, and pressuring providers to reduce fees and costs … Health care reform and Medicaid expansions with an increasing emphasis on outcomes and cost-effectiveness will encourage alternative models of dental care …With the increased demand for value in dental care spending, practices will need to become more efficient …The trend towards larger, multi-site practices will continue to be driven by dental plan pressures for smaller provider networks, practice patterns of new dentists and increased competition for patients … The shifting patterns of dental care utilization and spending have had a major impact on dentists. (pp. 1-21)

Ironically, the failure rate for new dental practices is surprisingly low, even in this weak, recovering economy. Compared with other business start-ups, which have experienced a failure rate 10 times greater than dentists during their first five years of ownership, new dentist practices have among the lowest, if not the lowest, business and subsequent loan failure rate, which when last updated, was 2.1% of business loans guaranteed by the Small Business Administration (SBA) (Kadi, 2013). Until 2010, demand for general dentistry services had been declining;

however, today it remains constant since such services are viewed by most consumers as necessary preventive oral health care measures (ADA, 2013b). "Modeling of dental spending per capita under various scenarios suggests that a very slight increase is expected through 2030 which is very different than the steady growth—about 4% per year in inflation adjusted, per capita terms—of previous decades" (ADA, 2013b, p. 5).

While the overall future of the dentistry industry looks somewhat bright, the challenges facing small private dental practices are mounting in the midst of the industry's transformation. This phenomenon has caused many new dental school graduates to delay opening their own practice and some private practice owners to merge their practices with group dental practice management entities. Many owner-managers find it challenging to perform the dual roles of providing technical dental services and exercising the leadership and management needed to effectively and efficiently manage their practices. Just as challenging for dentist owner-managers is finding and retaining quality office managers to assist in managing their practice.

The Dynamic Challenges Facing Private Dental Practice and Implications for its Leaders

Existential threat from corporate dentistry industries. Private dental practice owners contend with a wide range of internal and external environmental factors, some of which are germane across the entire dentistry industry and some of which only impact success in private practices. The proliferation of corporate dentistry as the primary source of competition continues to pose significant challenges, especially in the contexts of diminished market share and procuring quality staff members. Some private dental practice owners stop searching proactively for solutions to their practice management challenges and ultimately succumb to business closure or get sucked up by large dental practice management (DPM) companies. Corporate dentistry (DPM companies backed by private equity firms or other consolidating practice arrangements) is seen as a source of relief for many dental practitioners so that they can focus on providing

excellent care and not worry about running a small business (McGuire & Woods, 2012). The ADA (2013a) reported that the number of multi-unit dental firms with 10 or more locations grew fivefold between 1992 and 2007, as the number of dental establishments they operated rose from 157 to 3,009. The ADA (2012) has also presented information about the proliferation of large group practices and its impact on private practices:

> This sector of the dental workforce has experienced significant growth in a relatively short period of time. According to the ADA Health Policy Resources Center, in just two years the number of large dental group practices has risen 25 percent. For now, it's still a small piece of the overall dental delivery system pie. In a 2008 sampling frame, the Health Policy Resources Center concluded that solo dentist practices account for 92 percent of all dental practices, and very large group practices with 20 or more dentists make up only 3 percent. However, in analyzing its data on individual dentists, the HPRC has concluded that the rate of solo practitioners is falling. In 2010, 69 percent of dentists were solo practitioners compared to 76 percent in 2006. (p. 2)

Understanding the corporate dentistry model. Corporate dental industries have steadily amassed a strategic competitive advantage over private dental practices based on mass marketing, competitive pricing of services, efficient internal performance support infrastructures, well-trained staff, and solid external functional support from corporate headquarters. They typically market to low-income patients without insurance by offering free dental examinations and creative financing. Moreover, corporate dental chains are able to attract new dentists, many of whom do not see opening a private dental practice as a viable option in the contemporary operating environment. New dentists and some seasoned dentists also find it attractive to work for these corporate practices because they are free to practice dentistry without the added burdens

of managing a practice or staff. Corporate practices employ office managers and other front-desk staff who are highly trained in dental practice management and high-pressure sells tactics. Thus, the dentists' sole functions are to examine patients, prescribe treatment plans, and perform services that front-desk staff sell to patients.

Lack of relevant entrepreneurial, managerial, and leadership competencies. This is a critical moment in dentistry, especially for private dental practices (ADA, 2013a). In order to survive and thrive in this competitive environment, private practice dentist owners must possess and enact high levels of entrepreneurial, managerial, and leadership competencies to compete and stave off the existential threat from corporate dentistry entities. The reality is that the persistence of poor leadership and ad hoc management practices among private dentistry owners and their office managers—not lack of demand—are the primary causes of low productivity in most struggling dental practices (ADA, 2013b). Dental schools consistently turn dental students into excellent clinicians but have failed in preparing entrepreneurial-minded graduates to successfully manage private dental practices within the ebb and flow of complex environmental changes (ADA, 2013b). Consequently, this failure to prepare new dentist owner-managers for success makes them perpetually vulnerable to becoming irrelevant in the dentistry industry amid constant competition from corporate dentistry entities.

Numerous other intervening contextual factors notwithstanding, the number one challenge confronting most dentists is managing the business side of their practices. Private dental practice owner-managers must fulfill many responsibilities to successfully increase the overall health and success of their practices, including providing optimal patient care, keeping up with the latest clinical techniques and technologies, managing the practice, and leading the team. Most dental practices have considerable potential, but too often this potential remains unrealized

for years because most dentists and their office managers never receive business training or develop the requisite business acumen and leadership capacities to manage the business side of dental operations. Private dental owners rely heavily on their office managers to help manage the day-to-day operations of their practices and to oversee various business-related functions usually handled by specialists in medium-to-large businesses (e.g., human resources, accounting, and marketing).

A competent and confident office manager is needed to assist dentist owner-managers in running day-to-day operations, analyzing practice "vital signs," and implementing policies to improve the financial health of the practice (McKenzie Management, 2011). Today's dental office managers must also be savvy in ways that were not required of traditional managers. That is, they need to understand the overhead of the practice and how it directly affects profitability, including such metrics and reports as accounts receivable aging, unpaid insurance claims, demographic reports, practice analysis reports, recall reports (showing scheduled and unscheduled patients), new patient reports, referral reports and production per referral, and practice goal reports including daily production and collection statistics.

No amount of training, expertise, or technical knowledge will overcome the burden of a poorly run dental practice (Visionary Management, 2013). When dental practices fail to achieve their income potential, a number of consequences become apparent: (1) staff members become unmotivated or do not follow directions; (2) account receivables and collections begin to significantly lag behind production, and large sums of money go uncollected; (3) lack of systems causes problems ranging from the initial handling of new patient phone calls to billing; and (4) expenses become out of control. Failing to address these practice management challenges results in "(1) low production, high overhead and low margins; (2) high staff turnover rate and low

patient retention; and (3) unnecessary stress and chaos that inhibit desired lifestyle or career satisfaction for dental practitioners" (Visionary Management, 2013). These seemingly intractable challenges can, however, be ameliorated by entrepreneurial-minded dentist owner-managers who invest in building the organization and talent capacity (i.e., mature systems, processes, and procedures) and consistently set strategic directions and the conditions needed to ensure business success. Moreover, such leadership engagement provides the performance support that enables office managers to manage day-to-day operations and other business functions usually handled by full-time or contracted functional experts.

Lack of relevant performance support systems that enhance organizational and talent capabilities. Regardless of business model (i.e., private practice or corporate DPM arrangement), perhaps the most critical decisions for maximizing dental practices' performance and productivity hinge on their talent systems, strategies, and practices. Private dentist owner-managers who realize that their respective practice is a business and have learned how to competently lead people and manage other critical system inputs and transformational processes do better clinically and financially (Kadi, 2013). Like most small businesses, dental practice owner-managers are required, to some degree, to leverage all of the traditional business-related operating systems typically found in medium-to-large firms (i.e., finance and accounting, marketing and communications, operations, human resources, information technology).

One of the most challenging roles of a dental practice leadership team (i.e., a dentist owner-manager and his or her office manager) is managing the performance of the practice employees (i.e., hygienists, dental assistants, front-desk support staff) with little or no leadership and managerial training and few, if any, performance support systems. The resource-based view of the firm theory (Wright, Dunford, & Snell, 2001) suggests that people are the primary source

of competitive advantage in the business world. The presence and maturity of strategic human resource management systems and practices within small-business contexts such as private dental practices can play a crucial role in achieving stated mission, vision, values, and business strategies. As with typical small businesses, private dental practices lack the resources and expertise needed to implement scaled HR-related practices and strategies for ensuring business success. In most, if not all, cases, the dental owner-manager and office manager comprise the pivotal talent pool that determines the success or failure of most dental practices.

Problem Statement

The fundamental problem which this action research (AR) case study sought to explore centered on the dynamic challenges small-business leaders encounter when attempting to strategically manage and develop talent and organizational capacity. As with most small-business owners, the primary challenge confronting most private dental practice owners is managing the business side of their entrepreneurial endeavor. The crux of the problem can be linked to a lack of coherent entrepreneurial, managerial, and leadership development for private practice dentist-owners during dental school and subsequent continuing education and professional development. Central to understanding the nature of this problem is examining the requisite entrepreneurial, leadership, and managerial competencies needed for small business leaders to build levels of talent and organizational capacity necessary for ensuring business sustainability and survival.

The absence of strategic talent development—or entrepreneurial, managerial, and leadership preparedness—among dentist-owners typically manifests itself as a plethora of unintended negative business outcomes resulting from management-by-crisis and transactional leadership approaches to leading and managing. Left unchecked, these unintended outcomes may

persist for years. Indeed, the lack of strategic talent development for dentist-owners is far-reaching; not only does it negatively impact their individual success, but it prevents them from optimally developing and supporting their office managers, who by extension lead and manage staff key to practice operations and business success.

Purpose Statement and Research Questions

The purpose of this AR study was to collaboratively explore approaches to enhancing the ability of small-business leaders to strategically manage and develop talent and organizational capacity. Within the context of the research questions (outlined below), the AR team sought to understand the role and performance factors of office managers, performance support systems required for success, and best practices for improving their performance. The team explored the unique challenges (i.e., performance support infrastructure, maturity of processes and systems, leadership readiness) of implementing a strategic talent development approach in a small-business context in order to facilitate the learning and performance needed for achieving competitive advantage and sustainable strategic success. Consequently, the competencies and approaches of developing the capability of small business owner-managers to lead talent and talent development were examined. This included capturing the dynamics of the collaborative learning processes of small-business leaders throughout each AR cycle as they inquired/discovered, planned, acted, evaluated, and adapted to lessons learned while seeking answers to address the following research questions:

1. What happens to a small business when it implements a strategic talent development approach focusing on talent leadership?
2. How can action research facilitate evolving strategic talent development and collaborative learning between peer small-business owners and office managers?

Within the context of the research questions, this study also explored four conceptual arguments derived from the literature, a conceptual framework to circumscribe the review of the literature, and a small-business sustainability theory of change model in an attempt to address the knowledge and practice gaps for small-business leaders. The first argument contends that targeted context-based investments in small-business leaders' development is necessary for them to competently execute their role of leading and managing talent. The second argument maintains that the presence of scaled performance support systems provides the basic framework by which small business leaders manage business processes and outcomes. The third argument claims that implementing best practices from benchmark small businesses can aid in closing individual, team, process, and organizational capability gaps. Lastly, the fourth argument makes the case for leveraging collaborative learning approaches in order to facilitate ongoing leadership, entrepreneurial, and managerial development for small-business leaders.

Significance of the Study

A majority of the scholarship informing the developmental journey of business owner-managers and organizational leaders has been conducted primarily in larger organizations (Rauch, Frese, & Utsch, 2005). Although researchers concerned with organizational size have noted that what applies to large firms may not apply to small ones (Blau & Schoenherr, 1971; Pugh, Hickson, Hinings, & Turner, 1968), they have generally stopped short of investigating small and large firms engaged in intra-industry competition (Chen & Hambrick, 1995). Such is the case with the dentistry industry, in which practitioners are grappling with the implications of the burgeoning intra-industry competition between corporate dentistry and private practices. The competency development of dentist owner-managers and office managers is one of the key determinants of the relevance and success of private dental practices in the current competitive

environment. Understanding the key forces at work, while investing in relevant entrepreneurial, managerial, and leadership competencies, and leveraging applicable performance support and decision-making systems, will assist private dentist owner-managers and their office managers in collectively defining their destiny in the industry. Ignoring environmental trends will be synonymous with ceding the fate of private dental practices to corporate dental practice management entities.

While positive correlations between the human capital (HC) of small-business owners and business success have been empirically well established (Cooper & Gimeno-Gascon, 1992; Dyke, Fischer, & Reuber, 1992; Rauch & Frese, 2000), studies on the human capital of employees in small enterprises, including the relationship between the human capital of business owners and employees, human resources development and utilization, and growth of small-scale enterprises (up to 50 employees) have been widely ignored (Rauch et al., 2005). The literature has not provided coherent conceptual and empirical groundings to prepare small-business owner-managers to oversee the business side of their firms. Moreover, existing literature falls short of addressing small-business leaders' ability to leverage a decision-science framework for investing in talent-related policies, programs, and practices to build requisite talent and organizational capacity in an effort to achieve sustained business success.

The outcomes of this study hold potential implications for practice and theory development, especially in developing small-business leaders such as private dental practice owner-managers and their office managers, who are engaged in intra-industry competition with corporate dental practices. However, due to the bounded scope of this AR project, the results of the study may not be generalizable to all small businesses. More studies with a larger sample

may be required to validate the arguments, the small-business theory of change model, and certain claims asserted in this study.

Theoretical Significance of the Study

This study utilized a conceptual framework that circumscribes the following theoretical constructs from the literature: talent management, strategic talent development, and small-business management. A small-business sustainability theory of change model (SBSTOC) was used to synthesize the four arguments in an attempt to establish a relationship between small-business leaders' own "shaped" level of competency development and levels of talent and organizational capacity and growth commensurate with business sustainability and survival. The manner in which this integrative model adds to interdisciplinary bodies of knowledge is underscored in Chapter 6.

Practical Significance of the Study

The outcomes of this study may contribute to practice in the field of talent management and small business management by: (1) providing a contextual developmental approach that informs small-business owners' decision making, planning, and action taking as they strategically manage and develop their talent since, up to this point, talent management-related theories have been ambivalent in their assumptions about the feasibility of a one-size-fits-all approach for all business contexts; (2) catalyzing a conversation among scholars and practitioners about how to conceptualize, design, develop, and implement scalable and maturing performance support infrastructures, programs, and practices in small-business contexts; (3) further adding to the conversation of the talent decision science for investing in various pivotal talent pools (e.g., a competency-based approach to developing owner-managers and office managers in small businesses); and (4) offering a "template" for relational learning activities,

such as collaborative learning and benchmarking strategies, among small business owners. Various aspects of these theoretical constructs are highlighted throughout Chapter 4 ("Case Study Report"), Chapter 5 ("Findings"), and Chapter 6 ("Summary, Conclusions, and Implications").

Definition of Key Terms

There has been ongoing debate among scholars and practitioners alike concerning the meaning, practice, and strategic nature of talent management-related terms and concepts, and their impact on individual, team, and organizational performance (Bhatnagar, 2007; Collings & Mellahi, 2009; Farley, 2005; Galagan, 2008; Garavan, 2007; Haslinda, 2009; Keefer & Stone, 2007; Lewis & Heckman, 2006; Lockwood, 2006; Rothwell, 1994; Lynham, Chermack, & Ruona, 2003). The challenge is more pronounced in small-business contexts. An introduction of key terms is therefore needed to clarify their application across interdisciplinary contexts throughout this AR project and study. Moreover, a definition of key terms is needed to gain a better understanding of the linkages among the study's research questions, arguments, conceptual framework, integrated literature review, and the SBSTOC.

- Action research: a participatory process concerned with developing practical knowledge for worthwhile human purposes. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people and, more generally, the flourishing of individual persons and their communities. (Reason & Bradbury, 2008)
- Benchmarking: A multi-faceted technique (with internal and external dimensions) that can be used to identify operational and strategic gaps, and to search for best practices that can eliminate such gaps (Yasin, 2002).

- Collaborative learning: an educational approach to teaching and learning that involves groups of learners working together to solve a problem, complete a task, or create a product. (Laal & Laal, 2012)
- Competitive advantage: an attribute or attributes that help an organization to secure skills or capabilities that are unique and difficult to replicate and imitate by competitors (Rainbird, 1995).
- Human capital: the knowledge and skills that people acquire through education and training as a form of capital; this capital is a product of deliberate investment that yields returns. (Schultz, 1961)
- Performance support system: the infrastructure within an organization, including work processes, information, and incentives, as well as the skills, knowledge, and attributes required of people to perform successfully. (Robinson & Robinson, 1995)
- Pivotal talent pools: emphasizes the development of a talent pool of high-potential and high-performing incumbents to fill the roles that contribute differentially to an organization's sustainable competitive advantage (Collings & Mellahi, 2009). Segmentation and investments in organizational talent are based on marginal value. (Boudreau & Ramstad, 2007)
- Small business entrepreneurship: the capacity and willingness to develop, organize, and manage a business venture along with any of its risks in order to make a profit.
- Small business management: the alignment and coordination of multiple business functions and activities (e.g., accounting/finance, human resources and performance management, customer service, marketing and sales, operations) in small-business contexts in which business owners use management skills (a mix of education,

knowledge, and expertise) and tools to accomplish the goals and objectives of their companies.

- Small-business leadership: entrepreneurial leadership that creates visionary scenarios used to assemble and mobilize a supporting “cast” of participants who become committed by the vision. (Cope, Kempster, & Parry, 2011; Gupta, Macmillan, & Surie, 2004)
- Strategic management: the systematic analysis of the factors associated with customers and competitors (the external environment) and the organization itself (the internal environment) to provide the basis for maintaining optimum management practices. The objective of strategic management is to better align corporate policies and strategic priorities.
- Strategic talent development: the pivotal link between talent management as a decision science (that integrates all HR-related investments with business strategies) and optimization of individual, team, and organizational capacity and performance to achieve sustainable strategic success and strategic competitive advantage.
- Strategic talent management: a set of activities and processes that involve the systematic identification of key positions which differentially contribute to the organization's sustainable competitive advantage, the development of a talent pool of high-potential and high-performing incumbents to fill these roles, and the development of a differentiated human resource architecture to facilitate filling these positions with competent incumbents and to ensure their continued commitment to the organization. (Collings & Mellahi, 2009)

- Sustainable strategic success: organizational strategies that define the competitive or strategic context, the organization's intended position within that context, key competitive differentiators and where the organization will be positioned on them, how it will grow, and how it will be unique and defensible enough to sustain that position. (Boudreau & Ramstad, 2007)
- Talent decision science: an HR-related process designed to increase the success of the organization by improving decisions that depend on or impact talent resources. Implementation of the process requires a decision framework, integration of management systems, shared mental models, data, measurement, analysis, and a focus on optimization. (Boudreau & Ramstad, 2007)
- Talent leadership: an approach to leadership development which seeks to develop the collective competencies and capabilities of leaders that empower them to build levels of talent and organizational capacity to sustain business success and competitive advantage.

Some of these terms were used interchangeably throughout the study (i.e. *strategic talent development* and *talent leadership*; *levels of competence* and *human capital*).

CHAPTER 2

REVIEW OF THE LITERATURE

The literature review process for this study involved the examination of conceptual and empirical articles germane to linking the strategic talent development of small-business leaders to business performance, survivability, and sustainable strategic success. The review sought to understand the developmental and support requirements needed by these leaders to strategically manage and develop talent and to build organizational capacity to survive and thrive in their competitive environments. A thorough review of existing literature in each foundational area of the conceptual framework (strategic talent development, small-business owner-manager preparedness/readiness, and small-business entrepreneurship, management, and leadership) and the theory of change model yielded discrete and overlapping themes relevant to evidencing and interpreting the gaps in the literature. Summarizing and synthesizing the literature across multiple disciplines required an in-depth structured process to establish the right relationship with and entry point to relevant theoretical and empirical contributions and arguments by previous authors and researchers.

Two techniques highlighted by Belcher (2009) were leveraged as an approach to entering the conversation relevant to the four proposed arguments: (1) extending past research while (2) questioning policies and/or practices to fill the existing gap in the contextualized literature. This purpose-driven approach narrowed the process of searching various databases for peer-reviewed articles related to the study's theoretical constructs. The results of this rigorous database search

process, as highlighted in Table 1, are revealing, especially in the context of filling the existing gap in the literature.

Table 1

Literature Review Article Database Process

Results of Literature Review Article Database Search														
Article Category	**EBSCO Host**		**Wiley Online**		**Sage Journals**		**Emerald**		**Science Direct**		**Others**		**Total**	
C = Conceptual / E = Empirical	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**
SHRD and/or HRD/strategy, building organizational capacity, performance, & sustainability	6	4	2	2	6						1		15	6
SHRD and/or HRD… in small business contexts		1		1		1		3		1			0	7
Strategic Talent Dev/strategy, building organizational capacity, performance, & sustainability							2			1			2	1
Strategic Talent Development…in small business contexts													0	0
SHRM and/or HRM/strategy, building organizational capacity, performance, & sustainability	6	2	2	2	3				2		4	2	17	6
SHRM and/or HRM…in small business contexts		4		5					2	2		2	2	13
Talent management/strategy, building organizational capacity, performance, & sustainability	6		1			1			7		5	1	19	2
Talent management…in small business contexts												1	0	1
Performance improvement in all contexts	2	1	5		3	2	2			1			12	4
Small business entrepreneurship, management, & leadership	3	5	3	1		1		1		2			6	10
Benchmarking best practices in small business contexts	1						6	4		1	1		8	5
Total Articles by Database/Type	24	17	13	11	12	5	10	8	11	8	11	6	81	55

I sought scholarly articles from over 12 different databases in an attempt to bring together the highly fragmented strategic human resource management (SHRM), SHRD, and talent management (TM)-related literatures toward a more coherent coalescence of theoretical and practical approaches for strategic talent development of leaders in small-business contexts. The categories “Small Business Entrepreneurship, Management, and Leadership” and “Benchmarking Best Practices in Small Business Contexts” were added to contextualize the

conceptual argument and theory of change model. The word-search criteria were ultimately narrowed to encompass the article categories listed in Table 1. As a result of conducting multiple searches and sifting through over 500 relevant articles, I discovered 136 articles across several databases and peer-reviewed journals that met the search criteria. The methodical process of searching relevant databases was instrumental in building conceptual-article and empirical-studies tables to organize themes in support of the conceptual arguments and theory of change model.

Conceptual Framework

Ravitch and Riggan (2012) defined a conceptual framework as "both a guide and ballast for empirical research, situating specific questions and strategies for exploring them within the wider universe of what is already known about a given topic or question" (p. 9). Miles and Huberman (1994) defined a conceptual framework as a visual or written product that "explains, either graphically or in narrative form, the main things to be studied—the key factors, concepts, or variables—and the presumed relationships among them" (p. 18). The conceptual framework for this study provided a theoretical platform to explore strategic talent development of small business owner-managers in the context of enhancing roles as entrepreneurs, managers, and leaders to influence business survival and sustainable strategic success.

Extant organizational management literature is replete with empirical studies of large businesses but is woefully lacking in research focusing on small businesses. It is not self-evident that management of small businesses should be viewed in the context of smaller-scaled applications of large firms. Developmental dynamics and challenges in small-business contexts are very different from those of large businesses. Storey (2004), for example, noted that, although 82% of managers in large firms (>500 employees) undertook formal development, the

figure fell to only 37% for the managers of firms with fewere than 10 employees. Gray, Ekinci, and Goregaokar (2011) characterized management development in small-business contexts as a perennial problem:

> Formal management development, then, is more likely to be reactive (to an externally arising need) rather than proactive and developmental (Smith, Whittaker, Clark and Boocock 1999), and tactical in response to problems that threaten the firm's stability or durability (Patton and Marlow 2002). Gray and Mabey (2005) also find that, in their study of 191 SMEs [small and medium-sized enterprises], 71% admitted to having no formal management development policy. Indeed, when it does occur, management development is mainly directed at fixing short-term work-related problems (including non-routine events—Cope 2003), rather than the development of people (Hill and Stewart 2000). Many SME managers/directors are "home grown"; that is they have a wealth of company-specific knowledge, but limited experience of broader management competencies—particularly people skills (Bolden 2004). (p. 864)

Ostensibly, numerous constraining contextual factors with which small businesses contend for survival may not be as impactful on larger businesses. Increasingly, small businesses find themselves competing with corporate entities, which wield massive resources and performance support systems. Conceptually, small-business leaders should leverage a more deliberate hybrid performance-learning model and strategy to build their capacity to optimally influence talent and organizational capacity.

The conceptual framework for this study (Figure 1) was structured as a continuous tri-circular arrow process indicating an interdependent relationship among the three dimensions. The framework, consisting of dimensions of small-business entrepreneurship, management, and

leadership, owner-managers' preparedness, readiness, and support, and strategic talent management, depicts pivotal leaders (imbued with reflective competence) as the integrators of continuous cycles of performance and learning within their businesses. The circle labeled "Small Business Entrepreneurship, Management, and Leadership" encompasses the theoretical perspectives by which these leaders perpetuate a viable business model, maturing business processes, relevant performance support systems, and strategies to sustain their businesses. The circle labeled "Strategic Talent Development" implies a reconceptualization of integrating various performance and learning constructs (i.e., SHRM, SHRD, organizational development [OD], performance improvement, collaborative and relational learning approaches) aimed at building the capacity of small-business owner-managers to competently take up their role of managing and building their businesses, as well leading and developing their talent. While not listed separately, OD interventions, such as benchmarking best practices, are implied. Lastly, the circle labeled "Pivotal Leaders' Preparedness, Readiness, and Support" speaks to the collective set of attributes, competencies and capabilities, and actions owner-managers must bring to bear to establish and leverage their business models, business processes and systems, and strategies to sustain business success. The terms *owner-manager* and *small-business leader* are used interchangeably throughout this chapter.

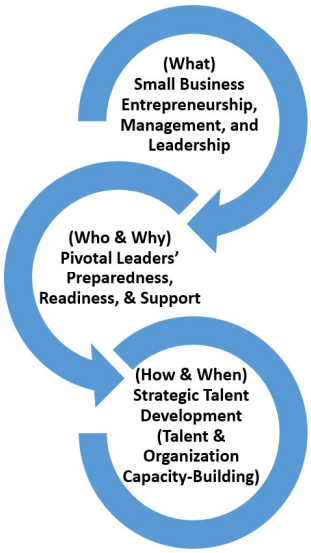

Figure 1. Conceptual framework for strategic talent development of small-business leaders.

Strategic Talent Development

Garavan, Carbery, and Rock (2012 pointed out that the talent development literature is relatively fragmented and is generally discussed in the context of HRD and as a part of a wider talent management process. A systematic review of the literature on the relationship of HR and organizational performance (OP) revealed a dearth of contributions from HRD in establishing the linkage (Alagaraja, 2012, 2013). Garavan et al. (2011) described talent development as a process that:

> focuses on the planning, selection and implementation of development strategies for the entire talent pool to ensure that the organization has both the current and future supply of talent to meet strategic objectives and that development activities are aligned with organizational talent management processes. (p. 6)

Strategic talent development is an emergent concept that is gaining traction concomitant with the evolution of strategic talent management as the de facto decision science for the HR discipline.

Rothwell and Kazanas (2003) used the term *strategic development of talent* to describe the "process of changing an organization, stakeholders outside it, groups inside it, and people employed by it through planned and unplanned learning so that they will possess the competencies needed to help the organization achieve and sustain competitive advantage at present and in the future" (p. 4). They further implied that leaders and "practitioners should first learn about strategic business planning and HR planning, because strategic development of talent is only a tool for helping to implement these plans, and the quality of an organization's competitive strategy will only be as good as the talent of the strategists who formulate and implement it" (p. 4).

Ruona (2012) suggested that "TM introduces a new and much stronger focus on strategic talent development, which presents an amazing opportunity for HRD professionals to increase their strategic contributions in organizations" (p. 18). Ruona conceptualized strategic talent development in the context of Boudreau and Ramstad's (2007) approach to investing in and aligning talent-related policies, programs, and practices that focus on improving performance of pivotal talent pools aimed at building optimal talent and organizational capabilities. This conceptualization implies that organizational leaders and talent practitioners should seeks to integrate various capacity-building tools (i.e., performance improvement, organizational development, change management, collaborative learning approaches) to establish the performance supports and tailored learning for optimizing workplace performance, competitive advantage, and sustainable strategic success.

Moving from Transactional to Strategic Contributions

Understanding the current conceptualization of strategic talent development requires an explanation of why and how it is evolving as the pivotal link between strategic talent

management as a decision science (integrating all HR-related investments with business strategies) and optimization of individual, team, and organizational capacity and performance. The HR discipline has been an integral function area of business organizations since the 1950s, with a narrow transactional focus on administrative functions such as recruiting, training, and compensation (Cappelli, 2008). The onset of the economic boom of the 1990s precipitated the infamous "war on talent" and forced organizational leaders and HR practitioners to think and act more strategically about HR-related investments (Axelrod, Handfield-Jones, & Michaels, 2002; Michaels, Handfield-Jones, & Axelrod, 2001).

While human resource management (HRM) has been viewed as a process of managing human talents to achieve organizational objectives (Farley, 2005; Haslinda, 2009) and HRD as a process of developing and unleashing expertise for the purpose of improving individual, team, work process, and organizational system performance (Swanson & Holton, 2009), they had been operationalized separately in most organizations until the advent of talent management. Given the confusion around what talent management is and is not, both HRM and HRD continued to pursue separate paths toward becoming more strategic, giving birth to SHRM (Becker & Gerhart, 1996; Becker, & Huselid, 2006; Lepak & Snell, 1999; Wright, Dunford, & Snell, 2001) and SHRD (Garavan, 2007). Nonetheless, talent management (also known as *talentship*) is evolving toward the de facto decision science for linking SHRM/SHRD investments, policies, programs, practices, and strategies with business strategies to achieve efficient, effective, and impactful business outcomes (Boudreau & Ramstad, 2007). Although the number of talent management articles has increased exponentially since 2005, only approximately 100 have been published in academic journals (Dries, 2013), and the percentage of which were empirical

studies is alarmingly low (Collings & Mellahi, 2009; Dries, 2013; Lewis & Heckman, 2006; Ruona, 2012).

A review of current talent management literature revealed several themes related to the study's research questions and arguments, and conceptual framework: (1) Certain levels of talent management maturity and performance support systems are needed to achieve sustainable strategic success; (2) there is a critical need for a talent decision-science framework to guide planning, action taking, and evaluation of talent investment strategies; (3) talent pool differentiation strategies improve and maximize talent investments; and (4) organizational leaders' ownership, readiness, and capability to lead and manage are crucial for building talent and organizational capabilities, improving performance, and sustaining strategic business success. Considering the gaps in the literature relative to these four themes, it becomes evident that strategic talent development is the pivotal link between strategic talent management as a decision science and optimization of individual, team, and organizational capacity and performance to achieve sustainable strategic success and strategic competitive advantage.

Performance support systems. According to Elliott and Folsom (2013), a performance support is a storage place for information (i.e., instructions, checklists, decision tables, job aids, embedded help systems, etc.) that is used while performing a task. Robinson and Robinson (1995) defined performance support systems within the context of work environments and capability needs—that is, the infrastructure within the organization, including work processes, information, and incentives, as well as the skills, knowledge, and attributes required of people to perform successfully. A performance support system, "whether electronic, manual, or a combination, provides integrated access to information, advice, learning experiences, and tools to help someone perform a task with minimum support by other people" (Raybould, 1995).

Ngai, Law, and Wat (2008) suggested that organizations should adopt highly sophisticated performance supports, such as enterprise resource planning (ERP) systems, that communicate and integrate strategies across the spectrum of business operating functions and systems such as sales and marketing, operations planning, accounting and finance, and human resources (Maholtra & Temponi, 2010). Integral to the success of ERP is the tacit or unconscious understanding of the concepts underlying business processes and the dynamic interplay of collaborating business functions (Freeze & Schmidt, 2015). Freeze and Schmidt (2015) suggested that talent and management alike need to display multidisciplinary ERP-related knowledge—for instance, business process knowledge, expert system(es) management knowledge, and transaction skill knowledge (Cronan & Douglas, 2012; Cronan, Douglas, Alnuaimi, & Schmidt, 2011)—in order to fully exploit an ERP for its designed purpose as a sophisticated performance management system. Consequently, the human capital of both talent and management must be attended in these knowledge areas to prevent resistance to use and encourage optimization of ERP capabilities. Yet, building any level of talent management maturity commensurate with the maturity of other integrated business functions with the aid of an ERP (or suite of manual performance support systems) in small-business contexts is contingent upon owner-managers' human capital development.

Building talent management maturity. The concept of talent management maturity speaks to the efficiency, effectiveness, and strategic impact by which a firm progressively leverages TM systems, processes, and practices to build the capacity of its human capital. A number of researchers have asserted that human capital is the primary source of competitive advantage (Barney & Wright, 1998; Boudreau & Jesuthasan, 2011; Boudreau & Ramstad, 2004, 2005, 2007; Buller & McEvoy, 2011; Collings et al., 2009; Garavan, 2007; Huselid, Beatty, &

Becker, 2005; Jennings & Beaver, 1997; Lepak & Snell, 1999; Lockwood, 2006; Ruona, 2012; Wright et al., 2001; Wright, Gardner, Moynihan, & Allen, 2005; Wright, McMahan, & McWilliams, 1994); yet, the literature offers very little in the way of helping owner-managers, leaders, and practitioners to build requisite levels of TM maturity to maximize human capital investments. A few TM maturity models suggest that sustained business success cannot be realized without maturing levels of TM capabilities, including scaled infrastructure, a viable decision-making framework, and competent leadership ownership and engagement (DiRomualdo, Joyce, & Bression, 2009; Krebs, 2012; O'Leonard & Harris, 2010; Rytter & Shim, 2009).

Talent management maturity models provide only a superficial approach to assessing, conceptualizing, designing, developing, and implementing a talent maturity strategy. Nor do they provide user-friendly knowledge or guidance for developing organizational leaders' (especially small-business owner-managers') capability to take ownership for and build context-driven talent structures and capacities guided by a viable decision-making framework (Allen, Ericksen , & Collins, 2013; Becker & Huselid, 2006; Cardon & Stevens, 2004; Fahed-Sreih, 2012; Fox, 2013; Hargis & Bradley, 2011; Klaas, Yang, Gainey, & McClendon, 2005; Kotey & Slade, 2005; Lockwood, 2006; Heinen & O'Neill, 2004; Massey & Campbell, 2013; Rauch, Frese, & Utsch, 2005). Moreover, the burgeoning literature on HR practices in small and emerging businesses suggests that it is much more difficult to facilitate implementation of TM systems, processes, practices, and maturity in such contexts (Allen et al., 2013; Bethke-Langenegger, Mahler, & Staffelbach, 2011; Cardon et al., 2004; Hargis & Bradley, 2011; Hornsby & Kuratko, 2003; Klaas et al., 2005; Kotey & Slade, 2005; Kroon, Van De Voorde, &

Timmers, 2013; Ramada, 2012; Thunnisen, Boselie, & Fruytier, 2013). Hargis and Bradley (2011) described the essence of this challenge for small-business leaders:

> Prior research has clearly demonstrated that small businesses and entrepreneurial firms are fundamentally different than larger firms—in terms of resources available, number of employees, and employees with human resource training (Barber, Wesson, Roberson, & Taylor, 1999). Therefore, it has been difficult to understand how strategically designed human resource management practices can be generalized to small and entrepreneurial firms (Cardon & Stevens, 2004; Tocher & Rutherford, 2009). Furthermore, small businesses have a more difficult time recruiting employees (Williamson, Cable, & Aldrich, 2002) and may face a difficult time developing sustainable human resource systems and policies (Barber et al., 1999; Cardon & Stevens, 2004). Additionally, Rutherford, Buller, and McMullen (2003) demonstrated that human resource needs change across the growth/life cycle of the firm. (p. 107)

Two central questions beg for answers: In light of these challenges, what does TM maturity "look like" in small-business contexts? How should owner-managers position themselves (competency-wise) to strategically manage and develop talent? While the literature does not directly connect the dots between the concepts of TM maturity and small-business management, Boudreau and Ramstad's (2007) talentship decision-science model purports to be the long-awaited framework that informs building scalable, mature talent infrastructures, systems, processes, and practices that grows talent and organizational capacity in all business contexts.

Toward a talent decision-science framework for talent investments. Numerous studies have built on previous theories concerning strategy and human resource management to identify important linkages between a firm's strategy, its human resources, and performance

outcomes and sustainable business success (Becker & Gerhart, 1996; Buller & McEvoy, 2011). According to Boudreau and Ramstad (2010), "there are three markets vital to organizational success—the financial market, the product/customer market, and the talent market" (p. 7). Respective to these markets, most organizational management disciplines (e.g., accounting and finance, sales and marketing) have mature decision-science frameworks; however, SHRM, SHRD, and TM continue to struggle with providing business leaders with the skills to make precise decisions on talent investments (Becker et al., 2006; Becker& Gerhart, 1996; Boudreau & Jesuthasan, 2011; Boudreau & Ramstad, 2003, 2004, 2005, 2007, 2010; Collings et al., 2009; Dulebohn & Johnson, 2013; Lewis & Heckman, 2006; Schiemann, 2014; Vaiman, Scullion, & Collings, 2012).

Alarmingly, very few studies have advocated for the need for SHRM and SHRD to develop and embrace a decision science like other mature business professions to guide integrated strategic decision making (Bethke-Langenegger et al., 2011; DiRomualdo et al., 2009; Fahed-Sreih, 2012; Kaur, 2013; Kumari & Bahuguna, 2012; Lockwood, 2006; Ramadan, 2012), demonstrating a need for more empirical research. Existing research only offers various conceptual frameworks or models that display linkages of HRM or HRD and other organizational dimensions to overall organizational performance (Becker et al., 2004; Collings et al., 2009; Garavan, 2007; Peterson, 2008; Ruona & Gibson, 2004; Wright et al., 1991, 2001); however, they are not user-friendly for helping organizational leaders and TM practitioners to plan and take action within the context of holistic talent and organizational strategies. Such frameworks and models should not be construed as a substitute for a viable talent decision-science framework.

These conceptual frameworks allow leaders to see the big picture and visualize possibilities; however, neither maturity nor other talent-related conceptual or theoretical models lend themselves to supporting strategic talent decision making, which enables proper linkage to organizational strategy and enduring business success. Existing literature that speaks to conceptualization of an actual talent decision-science framework with supporting methodology to guide decision making for the HR professions and organizational leaders consists of work from three contributing researchers (Boudreau & Jesuthasan, 2011; Boudreau & Ramstad, 2003, 2004, 2005, 2007, 2010).

Vaiman et al. (2012) suggested that the linkage between talent management and management decision making is not new, citing that Boudreau began using the term *decision science* in the context of talent management and HR in the late 1990s (Boudreau & Ramstad, 2007). Boudreau and Ramstad (2003, 2004, 2005, 2007, 2010) introduced their talentship decision-science framework to provide the logic needed by organizational leaders to integrate and connect talent resources with other vital resources (i.e., existing business frameworks and management systems in finance, accounting, marketing, operations, and information management). Dubbed the "human capital (HC) bridge framework," the talentship decision-science framework provides a common logic and language (built on pivotal decision points—measures of efficiency, effectiveness, and impact) that enable HR and business leaders to streamline and refine their strategic conversations about talent and organizational decisions. Vaiman et al. (2012) pointed out that talent analytic processes are central to talent decision making:

> Understanding the impact of key roles or "pivotal talent segments" and optimizing investments in human capital are central aspects of maximizing the efficiency of

> decisions around talent management (Becker et al., 2009; Collings & Mellahi, 2009; Boudreau & Jesuthasan, 2011). All in all the effective use of analytics (Davenport et al., 2010a) and proven business tools (Boudreau, 2010; Boudreau & Jesuthasan, 2011) in making talent decisions are reflective of the shift towards evidence based management (Rousseau & Barends, 2011) and represent an important step in maximizing the contribution of HR function to organizational decision making and performance. (p. 928)

This ground-breaking contribution to the talent management literature notwithstanding, there have been no empirical studies and very little conceptual or theoretical critique (Becker et al., 2006; Collings et al., 2009; Huselid et al., 2005; Lewis & Heckman, 2006; Schiemann, 2013) to truly validate Boudreau and Ramstad's (2007) talentship decision science.

Moreover, very little research has been conducted around talent decision making in small-business contexts (Cardon et al., 2004; Chermack, 2003; Hargis & Bradley, 2011). Existing literature examining small-business contexts focuses narrowly on what is known and not known relative to integrating HR practices and systems to manage basic transactional HR functions. Kotey and Slade (2005) concluded that static models cannot be used to portray HRM and management training and advice because small firms must recognize the diversity of practices associated with various firm sizes. Moreover, the adoption of formal HRM practices at the managerial level typically lags behind at the operational level in small firms (Kotey & Slade, 2005). Consequently, any attempt to conceptualize strategic talent development of small-business leaders in order to condition their capacity building and exploit relevant TM practices without considering a viable decision support framework will fall short of its intended purpose.

Talent pool differentiation strategies to inform talent decision making. The systematic identification of key positions (i.e., high performers, high potentials, leadership

pipelines, pivotal talent pools) that contribute differentially to organizations' sustainable competitive advantage is crucial for developing talent management strategy (Becker et al., 2005; Boudreau et al., 2003, 2004, 2005, 2007, 2010; Boudreau et al., 2011; Collings et al., 2009; Dries, 2013; Huselid, Beatty, & Becker, 2005; Kumari et al., 2012; Ruona, 2012). A close examination of various talent segmentation perspectives reveals that there is no consensus around the definition of talent or agreement on how organizations should approach investing differentially in various talent pools.

Collings and Mellahi (2009) utilized the term *talent pool* to refer to the pool of high-potential and high-performing incumbents whom the organization can draw upon to fill pivotal talent positions. Some authors have argued that all roles within the organization should be filled with "A performers," top-graders (Heinen et al, 2004; Smart, 1999), or high potentials (Gallardo-Gallardo, Dries, & Gonzalez-Cruz, 2013; Silzer & Church, 2009; Ulrich & Smallwood, 2012) and that "C players", or consistently poor performers, should be managed out of the organization (Axelrod, Michaels-Jones, & Handfield, 2002). Boudreau and Ramstad (2007) suggested that the performance of talent and organization in pivotal talent roles moves the strategic needle far more significantly than other roles. They advocated for optimization of talent investments which requires a talent segmentation (differentiation) strategy based on marginal value ("pivotalness") in talent and organizational decisions, helping to answer such questions as "Where does my strategy require increasing the performance of our talent, and how is it organized?" Collings and Mellahi (2009) agreed generally with Boudreau and Ramstad's (2005, 2007) use of the term *pivotal talent pools* to refer to the key roles within organizations which differentiate performance; that is, once pivotal talent positions are identified within an organization, the key for the strategic TM system is the development of a talent pool to fill these pivotal positions.

Theoretically, this makes perfectly good sense; however, practically, it is hard to implement, especially in small-business contexts, given resource constraints and owner-managers' oftentimes limited ability to drive such strategies.

Organizational leaders' readiness to drive strategic talent development. The most powerful talent management practices are firm-specific and respond to an organization's unique business and human capital context (Heinen et al., 2004). Practically speaking, this notion implies that organizational leaders' ownership and involvement are paramount in talent decision making, planning, execution and evaluation. The greatest opportunity to improve talent and organizational decisions is by improving those decisions that are made outside the HR function; in other words, the potential improvements in the effectiveness of core HR processes rely far more heavily on improving competencies and engagement of non-HR leaders than on anything that HR typically controls directly (Boudreau & Ramstad, 2007). Empirical studies of high-performing companies have suggested that the commitment, engagement, and know-how of senior management are critical to the success of talent management strategies (Bethke-Langenegger et al., 2011; DiRomualdo et al., 2009; Fahed-Sreih, 2012; Kaur, 2013; Kumari et al., 2012; Lockwood, 2006; Ramadan, 2012).

Conceptual and theoretical articles have underscored how owner-managers' entrepreneurial, managerial, and leadership competencies influence the relationship between competitive strategy and firm performance (Bruderl et al., 1992; Davidsson & Honig, 2003; Davies, Hides, & Powell, 2002; Dyke et al., 1992; Fox, 2013; Lechner & Gudmundsson, 2014; Phelps, Adams, & Bessant, 2007). Yet, previous literature has neglected to highlight approaches for senior managers to take up the role of leading alignment and integration of strategic talent decision making and planning with other functional and operational resources in firm-specific

contexts. The literature also fails to provide concepts and/or empirical grounding for how senior leaders, especially in small-business contexts, should take up strategic talent development, performance improvement, and change management aimed at enhancing the maturity of organizational systems, processes, and capabilities pivotal to sustainable strategic success. While fragmented in its approach to competency development, leveraging performance improvement theory and practices, including relational learning approaches (i.e., collaborative learning and benchmarking strategies and practices), are parts and parcels of this challenge.

Strategic talent development that drives performance improvement. Performance improvement theory offers powerful yet practical principles and models to help practitioners identify and solve performance problems (Swanson, 1999). Current literature on workplace learning and performance (Holton, 2002;;; Yang, Watkins, & Marsick, 2004), human performance technology (; Gerson, 2006; Klein, 2002, 2008; Marrelli, 2011; Pershing, 2006; Rosenberg, 1996; Stolovitch, 2000) and various models (; Holton, 1999, 2000; Robinson & Robinson, 1995; Rummler & Brache, 1995;; Swanson, 1994;) provide justification and manifold approaches to multi-level systems learning and performance improvement (Burrow & Berardinelli, 2003; Holton,1999, 2002; Humphress & Berge, 2006; Ruona & Lyford-Nojima, 1997; Swanson, 1995, 1999; Torraco, 2000); however, there is no universal view or agreement on the theory or multiple theories that support performance improvement as a discipline (Swanson, 1994).

Over the last two decades, there has been increasing interest in understanding the relationship between systems of human resource practices and firm performance (Allen et al., 2013; Wright et al., 2005). Strategic human resource management researchers have argued that systems of HR practices can enhance the ability and motivation of an organization's human

capital and thereby increase firm performance and the potential for a competitive advantage (Allen et al., 2013; Barney & Wright, 1998; Wright et al., 2001; Wright et al., 1994). While a large and growing number of studies have found that systems of HR practices are positively correlated with firm performance in larger organizations (Allen et al., 2013; Wright et al., 2005), considerably less SHRM research has focused on small businesses (Allen et al., 2013). However, there is growing debate that suggests a positive relationship between certain HR concepts and practices, such as high performance work practices (Boxall & Macky, 2009; Huselid et al., 1997; Karatepe, 2013; Kumari et al., 2012), high commitment (Allen et al., 2013; Conway & Monks, 2009; McClean & Collins, 2011), organization identity (Conway & Monks, 2009; Voss, Cable, & Voss, 2006) and performance in small businesses.

The primary driver of performance improvement at the individual, group, process, and organizational levels is talent development mediated by competent, engaged leadership capable of strategic thinking and strategic stewardship (Collins, 2001; Collins et al., 2000; Gilley, Shelton, & Gilley, 2011; Holton & Lynham, 2000; Rummler & Brache, 1995; Wilson, Boudreaux, & Edwards, 2000). Leaders influence multi-level systems change through deliberate synthesis of learning and performance improvement concepts and practices (Torraco, 2000). Gilley et al. (2011) identified a developmental leadership model rooted within the HRD framework of organized learning, change, interventions, and development. They suggested that:

> developmental leadership allows leaders the opportunity to better serve their employees through a variety of activities such as integrated communications, developmental evaluations, performance growth and development activities, and reward and recognition systems used to improve employees' accomplishments and development. Developmental leaders do not develop people—they equip people to develop themselves. (p. 389).

Embracing developmental leadership for performance improvement (Holton et at., 2000; Lynham & Chermack, 2008) integrated with concepts of distributed (Cope et al. 2011) and transformational leadership (Bass, Yung, Avolio, & Berson, 2003) approaches aimed at promoting employee self-management (Cappelli & Neumark, 2001; Drucker, 1999) and self-development can potentially position leaders to take up strategic talent development within their organizations. Although challenging, practicing distributed leadership ("transitioning from a heroic lone entrepreneur to one of delegating responsibility and commensurate authority to designated employees" (Cope et al., 2011, p. 271) is essential for building teams and firm growth in small-business contexts, which often employ office managers to assist in managing day-to-day operations. As small ventures grow, it is not feasible for a single individual to take on all leadership responsibilities; more people need to become involved in decision making and to take responsibility and accountability for a range of operational and strategic issues (Phelps et al., 2007). A significant issue for the central leader (the entrepreneur) is knowing how to achieve employee empowerment while creating a culture of participation (Cope et al., 2011).

It should also be noted that there is a dearth of research exploring leadership in context generally and within the SME context in particular, and even less regarding notions of distributed leadership and entrepreneurial teams within established small businesses (Cope et al., 2011). There were no empirical studies or cogent conceptual articles found which support conditioning managers to leverage distributed or developmental leadership in this capacity. For example, Collins, Lowe, and Arnett (2000) suggested that high-performance leaders must have competencies such as strategic thinking and strategic stewardship to lead organization-level goal setting, design, and management, but they offered no substantive approaches to conditioning such competencies. Day (2011) acknowledged the distinct differences between leadership

development and management development and that both are indispensable for driving multi-level systems performance improvement in multiple contexts. In order to avoid the demise of organizations, Santora and Sarros (2008) recommended that small-business founders and leaders should adopt a continuous learning model that recognizes the components of and implications of their anticipated or actual position in the lifecycle of their firm. Conceptually, their contentions are well founded; however, practically, they are difficult to operationalize because the theory and practice of performance improvement is silent on conditioning continual learning and performance improvement in small-business contexts.

There are strategic talent development implications for most planning and decision making associated with each pivot linking element in Boudreau and Ramstad's (2007) HC bridge framework. Specifically, talent development and performance improvement interventions are required for talent decisions that seek to achieve marginal (versus average) change in relevant talent-pool performance yield curves. Interestingly, Elliott and Folsom (2013) challenged leaders and practitioners to test the assumption that an organization's talent curve does not predetermine its performance curve. In essence, they encouraged organizational leaders and talent practitioners to imagine the possibilities of "bending the performance curve" by shifting focus to leveraging models of optimal performance improvement, which assumes a differentiated approach to making talent decisions, with primary attention given to pivotal talent pools. However, in the absence of holistic theoretical and conceptual performance-improvement models to augment talent decision models, leaders and practitioners in all contexts struggle to systematically and consistently drive high performance.

Collaborative learning as a type of strategic talent development. Perren and Grant (2001) emphasized that the "management and leadership development of small business owner-

managers needs to become an integral part of the entrepreneur's life and it needs to mimic the informal opportunities that many successful entrepreneurs experience" (p. 16). Informal and networked modes of learning are considered valuable in sustaining learning, include coaching, informal mentoring, opportunities to meet with other entrepreneurs, general peer learning, and exposure to best practice exemplars (Kempster & Cope, 2010; Morrison, 2003; Paauwe & Williams, 2001a). For example, Deakins and Freels (1998) cited Shaw's (1997) argument that the entrepreneurial process can involve the adoption and adaptation of strategies that are modified after experiencing the close-knit network that is characteristic of such an industry. Strategic talent development activities such as collaborative learning (Leitch, McMullen, & Harrison, 2003), coaching (Gray et al., 2011; Leitch et al., 2003) and benchmarking strategies (St. Pierre & Delisle, 2006) are optimal approaches for bringing synergy to the competency development of small-business owner-managers.

Collaborative learning activities such as action learning (Boddy & Lewis, 1986; Choueke & Armstrong, 1998; Clarke, Thorpe, Anderson, & Gold, 2006; Davey, Lowe, & Duff, 2001; Johnson & Spicer, 2006) and developmental action inquiry (Reason & Torbert, 2010; Reason & Bradbury, 2008) promote single-, double- and triple-loop learning (Reason & Bradbury, 2008; Reason & Torbert, 2001. These types of learning outcomes are key for small-business leadership development in that they facilitate awareness and mindset changes in approaches to tactical operations, strategy, and mission and vision philosophies. When practiced consistently, collaborative learning activities may promote progressive stages of leadership development that small-business leaders need to transform talent, organization, processes, and systems in order to successfully move their organizations through various stages of growth.

Small-Business Entrepreneurship, Management, and Leadership

The dynamic changes and determinants of success and growth during the lifecycle of small businesses continue to be debated fervently (Cope et al., 2011). The proliferation of studies on small-usiness survival and growth (Bruderl et al., 1992; Churchill & Lewis, 1983; DeTienne, Shepherd, & De Castro, 2008; Dodge, Fullerton, & Robbins, 1994; Gaskill et al., 1993; Gimeno-Gascon, Folta, Cooper, & Woo, 1997; Phelps et al., 2007), entrepreneur orientation (Fox, 2013; Lechner & Gudmundsson, 2014; Phelps et al., 2007), strategic orientation (Argon-Sanchez & Sanchez-Marin, 2005; Bamiatzi & Kirchmaier, 2014; Beaver, 2002; Covin & Slevin, 1989), and owner-manager human capital (Dalley & Hamilton, 2000; Davidsson & Honig, 2003; Davies, Hides, & Powell, 2002; Dyke et al., 1992; Nafziger & Terrell, 1996; Rauch, Frese, & Utsch, 2005; Samad, 2013; ; Sriyani, 2010; Unger, Rauch, Frese, & Rosenbusch, 2011) has increased significantly in recent decades. The implications for entrepreneurial, leadership, and management processes and practices are profound.

While D'Amboise and Muldowney (1988) suggested that business enterprises can be analyzed according to task environment, organizational configuration, and managerial characteristics, they contend that "there is no grand management theory for small business or all-encompassing theoretical framework capable of explaining and guiding the management of small firms" (p. 236). They argued that appropriate management practices depend on the stage of growth, the size and age of the firm, and the expertise of the entrepreneur or owner-manager. One of the most enduring themes across interdisciplinary literature is that the success of a small business is inextricably tied to the owner-manager's capacity to progressively execute multiple roles such as entrepreneur, manager, leader, teacher, coach, and delegator.

Entrepreneur Orientation and Small-Business Performance

According to Beaver and Jennings (2005), an entrepreneur is an innovative individual who establishes and manages a business by employing strategic management practices for the principal purpose of profit and growth. Entrepreneur orientation (EO) is a strategic construct and orientation (Wiklund & Shepherd, 2005) that refers to the processes, structures, and behaviors of firms characterized by innovativeness, proactiveness, risk-taking, competitive aggressiveness, and autonomy (Covin, Green, & Slevin, 2006; Lechner & Gudmundsson, 2014; Lumpkin & Dess, 1996, 2001; Wiklund & Shepherd, 2003). EO provides organizations with a basis for entrepreneurial decisions and actions aimed at various performance indicators, which lead to higher business performance and competitive advantage (Rauch et al., 2009). Rauch at al. (2009) suggested that firm size is a contextual moderator and that the smaller the size of the firm, the greater the EO-performance relationship and outcomes. Messeghem (2003) suggested that small organizations may adopt an EO long after their creation by constantly looking for new opportunities that involve innovation, proactiveness, and risk-taking. The more that small firm owners adopt an EO, the more they achieve competitive advantage (Covin & Slevin, 1989; Miller, 1983) and enhanced performance (Covin & Slevin, 1989; Wiklund & Shepherd 2003).

Lyons, Lumpkin, and Dess (2000) proposed a conceptual framework for measuring and operationalizing firms' entrepreneurial orientation: (1) management perceptions regarding entrepreneurial processes, (2) entrepreneurial firm behavior, and (3) prior resource allocations as indicators of an entrepreneurial posture. Although some researchers have argued that all small-business owners are not entrepreneurs (Carland, Hoy, Boulton, & Carland, 1984; Runyan, Droge, & Swinney, 2008), performance outcomes (regardless of size) derived by implementing individual and collective dimensions of EO depend on the maturity of owner-managers' human

capital. Kempster and Cope (2010) observed poignantly that "entrepreneurship increasingly becomes a distinct form of leadership during the growth process" of the entrepreneur and the business. This can be equated to progressive experience and development of owner-managers' capacity to positively execute and influence each dimension of EO by a commensurate focus on strategic orientation. This is congruent with Covin et al.'s (2006) notion that strategic orientation moderates the EO-performance relationship.

Strategic Orientation and Small-Business Performance

Barney (1991) suggested that a firm can achieve both competitive advantage and sustained strategic success when it leverages its resources to implement a value-creating strategy not being implemented simultaneously by its competitors. Wright, Knoll, Pray, and Lado (1995) postulated that competitive advantage and superior business performance can be sought through an organizational adaptability strategy that "corresponds to an external, boundary spanning strategic orientation." According to Bing and Zhengping (2011), strategic orientation is an integrative concept consisting of dimensions of entrepreneurial orientation, marketing orientation, and learning orientation. Several conceptual propositions and empirical studies have been put forth which purport that a firm's strategic orientation has a positive impact on business performance (Escribá-Esteve, Sánchez-Peinado, & Sánchez-Peinado, 2008; Morgan & Strong, 2003) and that characteristics of managers strengthen that relationship (Aragon-Sanchez & Sanchez-Marin, 2005; Entrialgo, 2002). Accordingly, managers should be competent in leveraging the six dimensions of strategic orientation advocated by Morgan and Strong (2003) and Venkatraman (1989): aggressiveness, analysis, defensiveness, futurity, proactiveness, and riskiness. Regardless of business environment, small-business owner-managers tend to be more

challenged, conservative, and passive in adopting and displaying the dimensions of strategic orientation than leaders in larger organizations.

Wright et al. (1995) and Covin (1989) acknowledged that externally hostile and benign environments present greater adaptability challenges to small firms than large firms due to their limited resource bases and relative inability to survive the consequences of poor managerial decisions. For that reason Covin recommended that small businesses adopt an entrepreneurial strategic posture regardless of prevailing environmental conditions by aggressively trying to gain or maintain a competitive advantage. Small-business owner-managers must build requisite levels of individual, team, process, and organization capacity to effectively compete within their industries. This includes adapting business models and strategies to either engage in direct competition or carve out market niches (Cooper, Willard, & Yoo, 1986. The typical small business adopts a focused niche-market strategy to enhance performance and survivability since resource constraints and limited capacities impede direct competition with large businesses (Bruderl et al., 1992; Gimeno-Gascon et al., 1997). Moreover, the stage of organizational lifecycle influences strategy formation and execution (Dodge et.al., 1994).

Owner-managers' competence and small-business performance. Theodore Schultz defined human capital as "the knowledge and skills that people acquire through education and training … [which] is a product of deliberate investment that yields returns" (as cited in Nafukho, Hairston, & Brooks, 2004, p. 547). Entrepreneurial human capital refers to the characteristics, skills, and knowledge acquired by an entrepreneur through education, training, and experience in the industry, business ownership, and activities relevant to managing business processes and people (Bosma, Van Pragg, Thurik, De Wit, 2004; Nafziger & Terrell, 1996). Human capital has been linked theoretically and empirically to business performance (Allen et

al., 2013; Barney & Wright, 1998; Boudreau & Jesuthasan, 2011; Boudreau & Ramstad, 2005, 2004, 2007; Buller & McEvoy, 2011; Collings et al., 2009; Garavan, 2007; Huselid et al., 2005; Lepak & Snell, 1999; Lockwood, 2006; Ruona, 2012; Wright et al., 1994; Wright et al.,, 2001).

The management process in a smaller enterprise cannot be viewed in isolation from the skills demanded of the three key roles of the entrepreneur, owner, and manager (Beaver & Jennings, 2005). While entrepreneurship literature focuses on the linkage between owner-managers' and/or founders human capital and small business performance (Bates, 1990; Bosma et al., 2004; Bruderl et al., 1992; Cooper et al., 1994; Davidsson & Honig, 2003; Gimeno-Gascon et al., 1997; Nafziger & Terrell, 2006; Rauch et al., 2005; Samad, 2013; Sriyani, 2010; Unger et al., 2011), the broader interdisciplinary literature (including SHRM and SHRD) does not provide coherent approaches for owner-managers to take up their multiple roles of running a small business. Nor does it offer substantive knowledge to help owner-managers, leaders, and practitioners build requisite levels of TM maturity to maximize human capital investments (Rauch et al., 2005). These glaring gaps in the interdisciplinary literature have direct implications for SHRD in general and strategic talent development specifically for small-business owner-managers.

Kuratko (2005) suggested that entrepreneurship should go beyond the mere creation of business in that it is an integrated concept that permeates an individual's business in an innovative manner. Entrepreneurial, leadership, and managerial domains are not mutually exclusive but overlap to inform the synergistic strategic orientation needed for sustained business success (Cogliser & Brigham, 2004; Gupta et al., 2004; Vecchio, 2003). It is worth reemphasizing Kempster and Cope's (2010) assertions that entrepreneurship increasingly becomes a distinct form of leadership during the growth process of the entrepreneur and the

business. They emphasized that becoming a leader represents a critical role transition that entrepreneurs must be willing and able to embrace. Moreover, they asserted that such a transition remains a developmental process that requires much deeper investigation within the entrepreneurial context.

Linking strategic talent development of owner-managers' competency to building small-business capacity. The management process within a smaller business enterprise cannot be viewed in isolation from the skills demanded of the three key roles of the entrepreneur, owner, and manager (Beaver & Jennings, 2005). The positive association between small-business owner-managers' competence and their firms' performance underscore the need for entrepreneurial, leadership, and managerial development programs for small-business leaders. Still, little research has been conducted to understand the learning dilemma of small-business managers (Tell & Gabrielsson, 2013). Tell and Gabrielsson (2013) argued that small firms can benefit from organized developmental programs that help them survive in the initial early growth stages as well as in the later expansion stages. Such strategic talent development programs fall under the umbrella of strategic talent management, which aims to develop holistic talent and organizational capacity aligned with organizational goals and strategy.

The most powerful talent management practices are firm-specific and respond to an organization's unique business and human capital context (Heinen et al., 2004). However, the process of developing increasingly mature talent management capabilities needed to design, develop, and execute developmental programs in small-business contexts has not been adequately researched, either conceptually or empirically (Allen et al., 2013; Barber, Wesson, Roberson, & Taylor, 1999; Thunnisen et al., 2013). Conceptual and empirical studies of high-performing companies suggest that senior leader commitment, engagement, and know-how are

paramount to the success of talent management strategies in all business contexts (Bethke-Langenegger et al., 2011; Davidsson & Honig, 2003; Fahed-Sreih, 2012; Fox, 2013; Kaur, 2013; Lechner & Gudmundsson, 2014; Phelps, et al., 2007; Ramadan, 2012).

Small businesses require highly motivated, competent, and content employees to optimize success; employees' goals must be aligned with the business goals in order for the employer to foster employee motivation (Allen et al, 2013; Massey & Campbell, 2013). Because HR systems in small businesses are closely tied to firm leaders' views of the employment relationship, it is important to identify a set of practices that both create an atmosphere of high commitment and fit leaders' implicit models of the employment exchange (Allen et al, 2013). Research has indicated that many small-business owners-managers lack important knowledge, competencies, and resources (i.e., HR architecture) needed to strategically manage human resources (Barber et al., 1999; Jennings & Beaver, 1997; Massey & Campbell, 2013; Rowden, 1995). Moreover, the literature does not provide meaningful ways for small-business leaders and practitioners to make coherent decisions about designing, developing, and implementing relevant HR structures, programs, processes, practices, and strategies (Kock & Ellstrom, 2010). Hence, small businesses are less likely than larger businesses to implement practices that comprise high-commitment HR programs and practices, which foster high performance (Allen et al., 2013; Kwon, Bae, & Lawler, 2010; McClean & Collins, 2011).

Yet, there are options available for small businesses to invest in external professional employer organizations to perform transactional and strategic HR service delivery (Klaas et al., 2005). They can also invest in a scaled internal HR infrastructure and staff. Both cost and lack of skills to manage these processes, however, tend to be inhibitors for both options. Consequently, progressive context-driven strategic talent development of small-business leaders is required for

them to optimally lead and manage talent respective to these options. Alarmingly, the current interdisciplinary literature does not account for various conceptualizations of leveraging strategic talent development as adaptive mechanisms for small-business survival and growth. Such conceptualization requires a longitudinal orientation that proactively considers iterative cycles of owner-managers' developmental outcomes commensurate with various stages of organizational growth and the required talent and organizational capabilities.

Benchmarking: A Strategy for Building Talent and Organizational Capacity

Small companies are feeling intense pressure to improve their performance in order to become more agile (Underdown & Talluri, 2002). Benchmarking has been established as a well-accepted best practice for improving organizations' performance and competitiveness in business life (Cassell, Nadin, & Gray, 2001; Kyro, 2003; Yasin, 2002). It is a multi-faceted technique (with internal and external dimensions) that can be used to identify operational and strategic gaps, and to search for best practices that can eliminate such gaps (Yasin, 2002). The internal dimension requires the organization to critically examine itself in search of best practices (i.e., key performance indicators of relevant business processes). The external dimension demands that the organization search its industry and other domains in an attempt to identify external competitive benchmarks and best practices, which may then be implemented in its operating environment (Yasin, 2002). Lema and Price (1995) suggested that implementing benchmarking practices not only leads to improved performance but may also help create competitive advantage. Whatever the type of benchmarking used (i.e., internal, strategic, competitive, functional, or process/generic), it is widely held to be an effective strategic tool that allows a firm to identify possible sources of improvement in order to increase its performance and

competitiveness (Bhutta & Huq, 1999; Cassell et al., 2001; Haughton, Grenoble, Thomchick, & Young, 1999; St. Pierre & Delisle, 2006). Figure 2 illustrates the general benchmarking process.

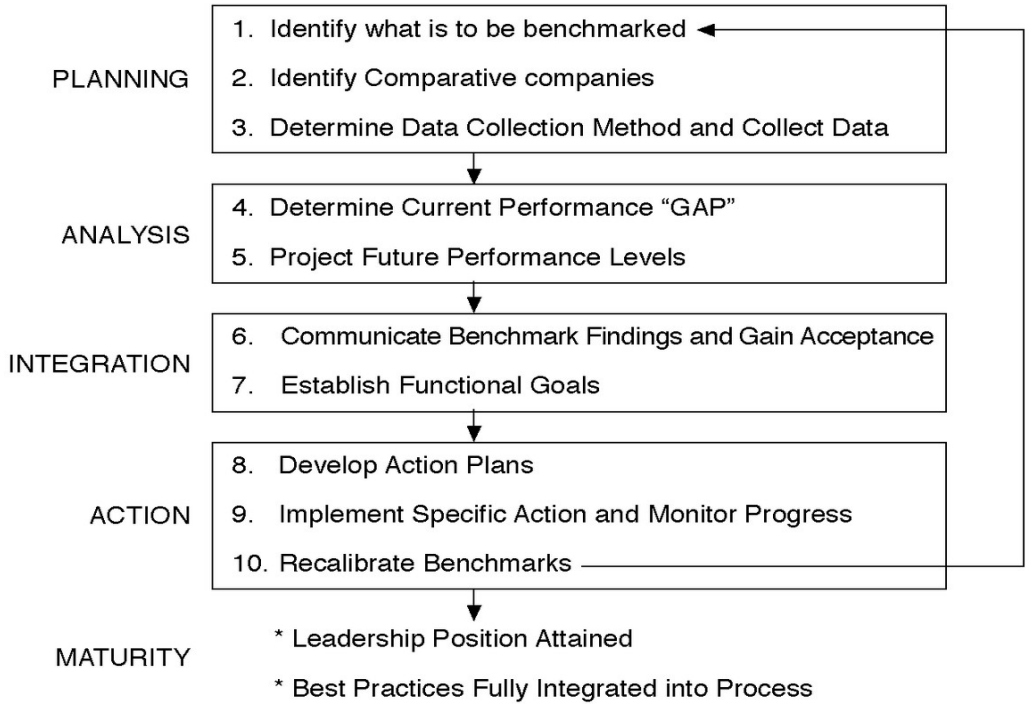

Figure 2. Xerox's benchmarking process steps. Source: Camp, 1989.

Ribeiro and Cabral (2003) summarized the benchmarking process in four steps: planning, information gathering, analysis of the gaps between the enterprise and its partner(s), and adoption or implementation of changes.

The Viability of Benchmarking Practices in Small-Business Contexts

The management literature is filled with prescriptive advice about the best ways in which firms can use benchmarking to both monitor their own performance and learn from the competition (Hussain, 1996; Spendolini, 1992; Watson, 1993). Recently, it has also expanded its scope to include not only large firms but also small businesses and public as well as semi-public

sectors (Ball, 2000; Davis, 1998; Jones, 1999; McAdam & Kelly, 2002). However, there is a paucity of studies that seek to show how small businesses can progress along the business excellence journey (McAdam & Kelley, 2002). Many existing studies on business excellence and SMEs assume that large organizational praxis can be scaled down and applied to SMEs (Ghobadian & Gallear, 1996; McAdam & Kelley, 2002). These studies suggest that SMEs should develop their own understanding of business excellence and share best practices across SMEs.

As indicated earlier, benchmarking has proven to be valuable for large businesses and organizations for quite some time; however, until recently, serious doubts have existed as to its usefulness for smaller businesses (Ahmed, Montagno, & Firenze, 1996; Cassell et al., 2001; Prabhu, Yarrow, & Gordon-Hart, 2000; St. Pierre & Delisle, 2006). Typically, few entrepreneurs turn to benchmarking, citing lack of time, resources, and even relevance (Cassell et al. 2001) as barriers. Indeed, a full benchmarking exercise, which may take up to several weeks, such as that developed for large enterprises, may not be well suited for SMEs and their particular reality (St. Pierre & Delisle, 2006). Furthermore, Ribeiro and Cabral (2003) pointed out that underestimation of the resources needed to conduct a full benchmarking exercise can lead to its failure, thus causing unjustified financial losses. Additionally, the selection of the wrong enterprise domains or functions to be benchmarked, as noted by Cassell et al. (2001), may minimize the impact of the strategic outcomes of such activities; this is even more prevalent in SMEs since their owner-managers often do not have the required strategic or global view of their enterprise to conduct a benchmarking exercise (Julien, 1998). It may also be difficult to find directly comparable enterprises or management willing to share confidential strategic information due to issues of vulnerability.

In spite of these impediments and seeming reluctance, recent empirical studies have suggested that those small businesses that have used benchmarking recognize its effectiveness and its usefulness (Cassell et al. 2001; St. Pierre & Delisle, 2006). Smaller firms stand to gain much from this activity, notably in breaking entrepreneurs' "isolation" by providing them with information on what is being done by other firms similar to their own (Monkhouse, 1995). St. Pierre and Delisle (2006) characterized the small business as a "multifaceted reality to which established expert-system and decision-support-system methodologies cannot be made to apply without substantial adjustments" (p. 117). Their empirically tested performance, development, growth (PDG) expert diagnostic system demonstrates that, if the benchmarking approach is tailored to an SME's characteristics, an adequate tool can be devised and used to help the enterprise improve its performance.

Benchmarking Talent Management and Development in Small-Business Contexts

Benchmarking, as a collaborative and relational learning process, is useful for all types of businesses as well as business functions and processes (Elmuti, Kathawala, & Lloyed, 1997). In their empirical study, Ulrich, Brockbank, and Yeung (1989) concluded that benchmarking has relevance for building HR practices and competencies across multiple business contexts. One of their findings suggested that organizational leaders and talent HR professionals should strategically frame operational activities and that their strategic thinking should be translated to operational behavior, especially in the context of capturing various measurable aspects of HR performance. Like Ulrich et al. (1989), Hiltrop and Despres (1994) maintained that benchmarks may also be developed for the HR competencies (i.e., knowledge of the business, quality of service, and the management of change) of individual managers in the organization. Results of

Sanchez, Kraus, White, and Williams' (1999) study suggested that organizations should not only measure their own practices but also benchmark them against those of leading organizations:

> The difficulties inherent in determining the strategic contingencies that lead companies to adopt HR practices has led some to argue for the existence of a universal set of best practices that facilitate organizational performance across situations (Becker & Gerhart, 1996; Gerhart, Trevor, & Graham, 1996; Huselid, 1995; Pfeffer, 1994). Because the positive effects of these best practices are considered generalizable, the practicing organizations are likely to become reference points for other organizations (Bamberger & Fiegenbaum, 1996; Jackson & Schuler, 1995). It follows that imitating best HR practices may be a means to not only attain institutional legitimacy but also remain competitive. In addition, the barriers to imitation of administrative innovations such as high-involvement HR practices are weak (Kimberly, 1981; Teece, 1980), and therefore, these practices seem readily imitable. (p. 463)

Sanchez et al.'s (1999) contentions notwithstanding, small-business leaders struggle not only to implement talent-related practices but, more generally, to implement other business functional and process-related benchmarking strategies and practices due to lack of requisite competencies, resources, and time. Ideally, an iterative action-oriented approach is needed that simultaneously attends to strategic talent development of individual owner-managers' capacity while they engage in the process of benchmarking to build talent and organizational capacity.

Leveraging Collaborative Learning to Implement Benchmarking in Small-Business Contexts

Goh and Richards (1997) introduced their Organizational Learning Survey (OLS) in conjunction with a benchmarking study as a systematic process for building a learning

organization. The OLS allows for concrete collaborative feedback that permits teams in the organization to problem-solve and develop plans for improving specific organizational characteristics and management practices to facilitate a learning environment. In their six-year cross-case study, Underdown and Talluri (2002) found that when used together, networking, benchmarking, mentoring, and continuous improvement appear to facilitate transformation. They concluded that networking is essential to sparking iterative cycles of success for most benchmarking activities.

While the aim of the benchmarking process, as depicted in Figure 3, relates specifically to the concept of best practice, it might be regarded as a special kind of action research (Kyro, 2004). There is strong resemblance between the collaborative phases, cycles, and content of action research and those of benchmarking. "As benchmarking, so action research too contains planning, analysis, action and evaluation" (p. 67). Both allow for iterative cycles, although benchmarking places less emphasis on the observation and reflection phases than action research does. Kyro (2004) argued that action research offers a general scientific approach for conducting a benchmarking process and that Suojanen's (1999) advanced cyclical spiral model might offer an opportunity or basis for a benchmarking-specific, two-cycle action research model. Consequently, he argued that following through the phases of action research might improve the implementation of the benchmarking process; he also maintained that an action research approach might help in producing a theoretical framework for the benchmarking process. Iterative cycles of hybrid action research-benchmarking projects could, arguably, foster a learning organization culture, especially in the context of promoting the progressive development of small-business leader competency concurrent with stages of business growth and development.

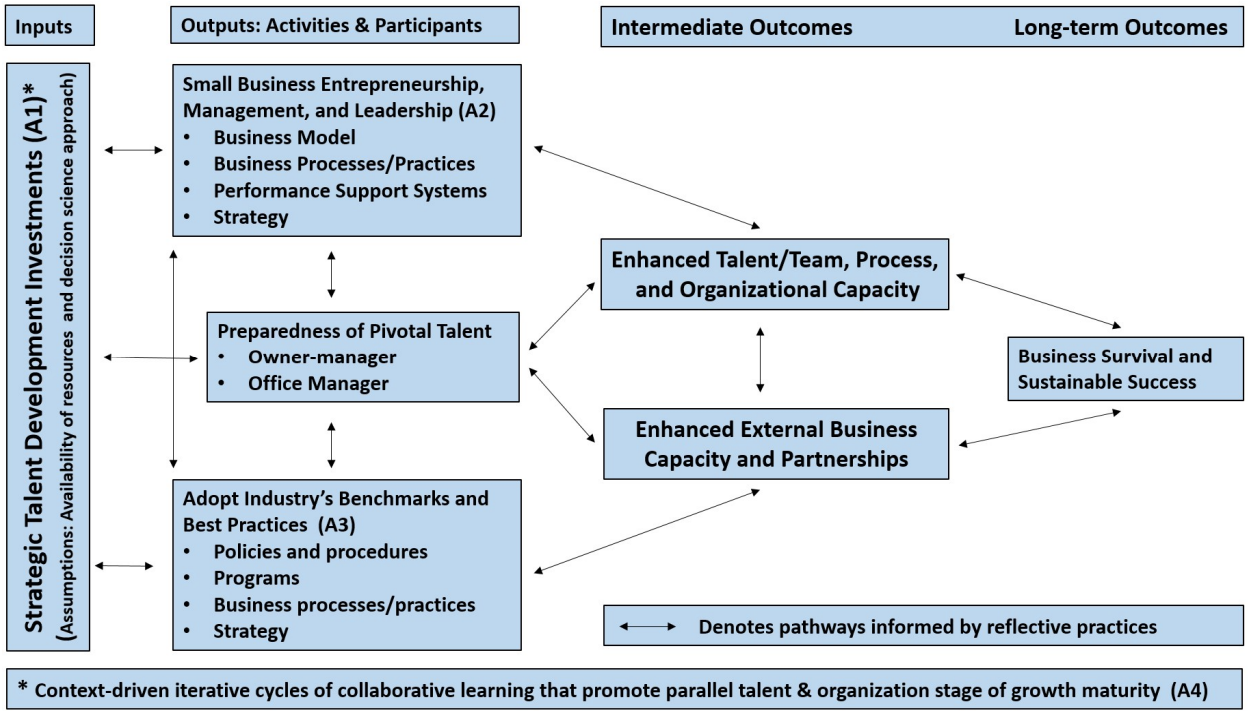

Figure 3. Small-business sustainability theory of change model. The model displays various pathways to business sustainability and survival.

Gaps in the Integrative Literature and Implications for a Theory of Change Model

The conceptual framework of this research—a distilled synthesis of the theoretical constructs embedded in the research questions and the four central arguments of the study—circumscribed and guided the integrative review of the literature. The summary and analysis of the foregoing literature review (as detailed in Table 2) revealed numerous gaps associated with implementing and sustaining talent and organizational capacity-building strategies via strategic talent management (and development) in small-business contexts.

Results of the literature review affirmed the positive relationship between the human capital of small-business owners and leaders and business success. Said another way, consistent execution of relevant entrepreneurial, leadership, and management competencies by small-business leaders tends, according to previous research findings, to influence positive business

results. However, the existing literature is disturbingly vague and disjointed in propounding coherent ways to develop the human capital of small-business leaders to influence positive business outcomes. Moreover, the literature review revealed a lack of studies on the human capital of employees in small enterprises, including the relationship between the human capital of business owners and employees, and human resources development and utilization associated with the growth of small-scale enterprises.

Table 2

Argument-Driven Summary of the Interdisciplinary Literature

Arguments	**Relevant Themes**	**Empirical Studies**	**Conceptual Studies**
Context-based developmental investments are necessary for small business leaders to competently take up their role of leading and managing talent.	Talent decision science	---	Boudreau & Ramstad, 2007; Chermack, 2003; Schiemann, 2014; Vaiman et al., 2012
	Pivotal talent—talent segmentation strategy	---	Ruona (2012); Iles et al., 2010; Lewis & Heckman, 2006; Collings & Mellahi, 2009; Vaiman et al, 2012; Huselid et al., 2005
	Linking human capital of small-business owners-managers (entrepreneur and strategic orientation, leadership attributes, and other skills, knowledge, and abilities) to business success and/or business survival	Argon-Sanchez & Sanchez-Marin, 2005; Bamiatzi & Kirchmaier, 2014; Bruderl et al., 1992; Cooper et al., 1994; Covin & Slevin, 1989; Covin et al., 2006; Davidsson & Honig, 2003; DeTiene et al., 2007 Dodges et al., 1994; Dyke et al., 1992; Gimeno-Gascon et al. 1997; Lechner &	Beaver, 2002; Davidsson et al., 2010; Davies et al., 2002; Day, 2001; Lumpkin & Dess, 1996, 2000, 2001

Arguments	Relevant Themes	Empirical Studies	Conceptual Studies
		Gudmundsson, 2014; Messeghem, 2003; Nafziger & Terrell, 1996; Rauch et al. 2005; Samad, 2013; Sriyani, 2010; Unger et al., 2011; Hayton, 2003; Kempster & Cope, 2006, 2010; Wiklund & Shepherd, 2005	
	Strategic talent development of human capital of small-business owners-managers and its impact on conditioning talent and organizational capacity that drives sustainable business success	---	Gilley et al., 2011; Holton & Lynham, 2000; Collins et al., 2000; Cope et al., 2011
	Talent management (SHRD/HRD/PI) impact on sustainable competitive advantage of small businesses	Ramadan, 2012; Kaur, 2013; Rowden, 1995; Saru, 2007	Clardy, 2007; Fox, 2013; Garavan, 2007; Matlay, 2002; Ruona & Gibson, 2004; Scully-Russ, 2012; Toracco & Swanson, 1995; Wright et al., 1994
The presence of viable performance support systems provides the framework by which small-business leaders organize and influence business outcomes	Performance support systems as enablers of owner-managers' management functions (i.e., TM maturity) and building talent and organizational capacity (i.e., stage/growth maturity of businesses)	Gainey & Klass, 2003; Hargis & Bradley, 2011; Klass et al., 2005; Kotey & Slade, 2005	DiRomualdo, Joyce, & Bression, 2009; Freeze, 2015; Humphress, 2008; Krebs, 2012; Ngai et al., 2008; O'Leonard & Harris, 2010; Rytter & Shim, 2009
	Performance support systems as enablers of talent performance and performance improvement	Malhotra & Temponi, 2010	Elliot & Folsom, 2013; Raybould, 1995; Robinson & Robinson, 1995; Wilson et al., 2001
Implementing best practices from	Benchmarking as a change mechanism	Ball, 2000; Cassell, Nadin, & Gray,	Bhutta & Huq, 1999; Davis, 1998;

Arguments	Relevant Themes	Empirical Studies	Conceptual Studies
benchmark small businesses promotes individual, team, process, and organizational capacity-building and performance improvement.	influences business process maturity, performance measurement/monitoring, and performance improvement in small businesses	2001; Herzog et al., 2009; Ribeiro & Cabral, 2003; St. Pierre & Delisle, 2006	Elmuti, et al., 1997; Jones, 1999; Lema & Price, 1995; McAdam & Kelly, 2002; Yasin, 2002
	Benchmarking promotes human capital development of small-business leaders and talent and organizational learning via collaborative and relational learning	Goh & Richards, 1997; Kyro, 2003; Underdown & Talluri, 2002	Drew, 1997; Ghobadin & Gallear, 1996; Hussain, 1996; Julien, 1998; Kyro, 2004; Monkhouse, 1995; Suojanen, 1999
	Benchmarking HR practices helps facilitate TM maturity in small-business contexts	Sanchez, Kraus, White, & Williams,1999; Ulrich, Brockbank, & Yeung, 1989	Hiltrop & Despres, 1994
Leveraging collaborative learning may stimulate iterative cycles of learning that promote parallel talent, process, and organizational maturity.	Management and leadership development as an integral part of the entrepreneur's life, informal and networked modes of learning.	Deakins & Freels, 1998; Kempster & Cope, 2010; Paauwe & Williams, 2001a; Perren & Grant, 2001; Shaw 1997	Morrison, 2003
	Leadership, entrepreneurial, and managerial development via action research	---	Coghlan & Brannick, 2010
	Leadership, entrepreneurial, and managerial development via action learning	---	Boddy & Lewis, 1986; Choueke & Armstrong, 1998; Clarke, Thorpe, Anderson, & Gold, 2006; Davey, Lowe, & Duff, 2001; Johnson & Spicer, 2006
	Leadership, entrepreneurial, and managerial development via action inquiry	---	Reason & Torbert, 2010; Reason & Bradbury, 2008

As has been well established, the literature does not provide meaningful ways for small-business leaders and practitioners to design, develop, and implement relevant HR structures, programs, processes, practices, and strategies based on applicable contexts or a coherent decision science. Perhaps the most profound gap in the literature manifests itself in the lack of conceptual and empirical knowledge informing small-business owner-managers' capacity to build requisite levels of individual, team, and organizational capacities in order to sustain business success. The literature loosely connects leadership development to multiple systems-level performance; however, it does not address relevant competencies and approaches that allow leaders to take up performance improvement as a form of strategic talent development in small-business contexts.

There is no universal view or agreement around the theory (or multiple theories) that support performance improvement as a discipline. Furthermore, the various performance models depicted in the literature do not alone comprise a substitute for sound theory to inform practices. The disparate models and fragmented principles of performance improvement are challenging enough for professional consultants and would be overwhelming for the typical small-business owner; there are no user-friendly approaches to guiding "whole system" performance improvements within small-business contexts. There are also no current models or frameworks that address my fundamental belief that a talent decision science with the aim of increasing talent management maturity while influencing sustainable strategic success cannot succeed without a robust strategic talent development component and strategy. An introduction of a small-business sustainability theory of change model is required to adequately discuss the gaps in the literature as they relate to the study's four central arguments, the methodological approach for data collection and analysis, the storytelling process of engaging in the AR project, and the subsequent findings and conclusions.

Theory of Change Model: Strategic Talent Development for Small-Business Leaders

There is no consensus in the literature around the definition of theory of change models, although they are commonly understood to articulate the causal linkage of outcomes and activities (interventions) in an effort to explain "how" and "why" the desired change is expected to come about (Stein & Valters, 2012). Similar to the process of building logic models, which are more tactical in nature, the causal linkages of theory of change models are understood in terms of assumptions and "if-then" logic, inputs, outputs, and outcomes. The small-business sustainability theory of change model for this study expands on the conceptual framework by incorporating relational learning approaches (i.e., collaborative learning activities, benchmarking best practices) to inform strategic talent development of pivotal leaders, thus establishing a relationship between their own "shaped" competency development and that of building individual, team, and organizational capacity to achieve sustainable strategic success.

The model contends that if strategic talent development investments focusing on building capacity of those in pivotal small-business leadership positions are leveraged, then such leaders will be more empowered to shape progressive levels of individual, team, and organizational capacity to achieve sustainable business success. The model assumes availability of resources and a decision-making framework to invest in a range of strategic talent development interventions, including individual and collaborative learning approaches, performance improvement, change management, and other talent and organizational capacity-building investments. Moreover, it assumes that the investments stimulate environmentally conditioned iterative learning cycles that promote parallel talent, process, and organizational stage maturity. The ensuing discussion articulates the essence of the small-business sustainability theory of

change model (Figure 3) in the context of the literature (and the gaps therein), the research questions, and the four central arguments.

Description of the theory of change model. The primary inputs to the theory of change model are strategically aligned talent development investments guided by sound decision making, planning, and execution processes. As the primary input, strategic talent development sets the conditions for proactively responding to Arguments 1 (A1) and 2 (A2) while leveraging strategic management actions inherent in Arguments 3 (A3) and 4 (A4). Setting the conditions for driving the transformation process across the dimensions of the change model requires deliberate planning, action taking, and evaluation via a talent management decision science. This is congruent with Boudreau and Ramstad's (2007) perspectives on talentship and their HC bridge framework as a way to think about investments in talent policies, programs, and practices that which aim to build the culture, teamwork, and organizational capacities that drive collective business strategies and processes needed to compete and to sustain success. Although not empirically grounded, Boudreau and Ramstad's (2007) research contended that a talentship decision-science framework will evolve to become HR discipline in same way that finance and marketing are the mature decision sciences for accounting and sales, respectively. This analogy speaks volumes about the nature and need for the strategic talent development of small-business leaders, not only to drive talent management investments and outcomes, but also to align investments and outcomes in other key businesses functions.

The output (activities and participants) dimension of the change model considers the initial transformational processes linked to and/or influenced by strategic talent development investments. This addresses directly Argument 2, which maintains that the presence of scaled and maturing performance support systems provides the basic framework by which small-

business owner-managers organize, plan, lead, and control relevant business functions to maximally influence business outcomes. Strategic talent development (input) is linked bi-directionally to output activities (all that goes into driving small-business entrepreneurship, management, and leadership; and adoption of benchmarking practices central to Argument 3) and participants (small-business leaders in pivotal positions). The literature on these topics is fragmented in its approach to development of small-business leaders' capacity to lead, manage, and influence change. This comports with Jennings and Beaver's (1997) assessment that small-business research frequently fails to distinguish explicitly between entrepreneurial behavior and the behavior of small-business owner-managers as they pertain to the relationship between three key roles in small business: the entrepreneur, the owner, and the manager.

The literature has offered strong evidence that management processes in small firms are unique and that strategic management of such processes are contingent on their leaders' collective competencies. Absent relevant empirical studies that inform development of talent and organizational structure (and infrastructure) and their linkage to business models, processes, and practices in small-business contexts, it can be argued that implementing benchmarking best practices (Argument 3) from similar small businesses can serve to build other small-business leaders' capacity to competently take up the multiple roles of running their businesses. As such, the theory of change model espouses pivotal two-way relationships between the benchmarking input dimension and the other inputs, outputs, and outcomes.

The model depicts intermediate and long-term outcomes. The intermediate outcomes (individual, team, process, and organizational capacities) are direct consequences of the initial inputs and outputs. Likewise, the long-term outcomes (business survival and sustained business success) are direct consequences of improved individual, team, process, and organizational

capacities. This model recognizes the fragility of achieving business sustainability, and it acknowledges the need for leaders' vigilance and reflexivity and for environmentally conditioned, iterative learning cycles that promote parallel talent, process, and organizational maturity. In essence, it portrays strategic talent development as a progressive developmental process that enables just-in-time capacity for leaders as they proactively influence strategic business throughout each stage of its organizational lifecycle. When discussed in the context of the four arguments, the theory of change of model reveals the value, synergy, and power inherent in strategy talent development.

Argument 1: Context-based developmental investments are necessary for small-business leaders to competently lead and manage talent and organization. This argument builds on previous researchers' assumptions that investing in the human capital of owner-managers positively influences business success (Bates, 1990; Bosma et al., 2004; Bruderl et al., 1992; Cooper et al., 1994; Davidsson & Honig, 2003; Gimeno-Gascon et al., 1997; Nafziger & Terrell, 2006; Rauch et al., 2005; Samad, 2013; Sriyani, 2010; Unger et al., 2011). Garavan (2007) suggested that "SHRD is required to respond to context with an appropriate mix of strategies in addition to an orientation that ensures horizontal alignment with the various elements of context." He noted that HRD activities can focus on short- or long-term concerns, specific or generic competency development, or operational or strategic priorities. The theory of change model depicts strategic talent development investments as the overarching "adaptive mechanism" (input) that conditions the progressive capacity of pivotal small-business leaders to build overall individual, team, process, and organizational capacity throughout the lifecycle of a business. While other models attempt to link investments in SHRD (Boudreau & Ramstad, 2007), firms' performance, thereby enhancing competitive advantage, none focuses on

empowering small-business leaders to promote learning and performance needed to achieve such outcomes. Leadership is an intervening variable in most of these models; however, the models fall short of underscoring the centrality and pivotal nature of entrepreneurial leadership and management in facilitating the talent development-performance relationship. The proposed change model builds on Boudreau and Ramstad's (2007) human capital bridge framework, with a specific focus on investing in the developmental needs of small-business owner-managers and/or their surrogates to build the firm's full-spectrum capacity.

Like the HC bridge model, this small-business sustainability theory of change model advocates for investments in pivotal talent-related policies, programs, and practices that promote efficiency and effectiveness when strategically linked to other business functions. By design, it focuses narrowly on strategic talent development of the small-business owner-manager/leadership team to competently integrate a talent management decision-science framework with a firm's full suite of functional decision frameworks (i.e., finance, marketing, operations, and technology). It advocates for owner-managers and practitioners to become aware of the challenges and required competencies to shepherd small businesses through the initial start-up, growth, and maturity stages of the organization's lifecycle. Developmental and other capacity-building investments should be targeted at closing assessed capability gaps before and during the transition through each stage. Absent such a strategy, small-businesses leaders put themselves at risk of languishing in the early stages of the business lifecycle.

The model comports with Santora and Sarros' (2008) recommendation that small-business "founders/leaders need to adopt a continuous learning model to avoid the demise of their organizations" because they failed to recognize the components and implications of their anticipated or actual position in the lifecycle of the firm. For example, one challenge of

effectively transitioning from the early stage of growth is overcoming the lack of resources, marketing approaches, and formalization of processes, systems, and structure (Dodge, 1994). Proactive talent investments should therefore be targeted toward building owner-managers' human capital to influence the transitions in these areas. Moreover, while Cogliser and Brigham (2004) made the conceptual argument that there is an intersection between leadership and entrepreneurship throughout the various growth stages of small businesses, there have been limited empirical studies to establish such a relationship (Kempster & Cope, 2006, 2010), and none have offered a coherent developmental approach to facilitating this intersectionality.

Argument 2: **The presence of viable performance support systems provides the framework by which small-business leaders influence business outcomes**. The SBTOC model recognizes the strategic import of relevant performance support systems to undergird sustainable business success. According to Elliott and Folsom (2013), a performance support is "a storage place for information (i.e., instructions, checklists, decision tables, job aids, embedded help systems, etc.) that's used while performing a task" (p. 168). A performance support system, "whether electronic, manual, or a combination, provides integrated access to information, advice, learning experiences, and tools to help someone perform a task with the minimum of support by other people" (Raybould, 1995). It is generally accepted that the impact of managerial contributions to small-business success must consider the capacity to secure relevant resources and to develop an effective internal support infrastructure, including business processes and systems, to implement its strategy and achieve sustainable success (Chrisman, Bauerschmidt, & Hofer, 1998; Davidsson, Achtenhagen, & Naldi, 2010; Der Aalst, Ter Hofstede, & Weske, 2003; Jennings & Beaver, 1997; Mckelvie & Wiklund, 2010).

Likewise, the literature underscores the fact that it has become essential for small businesses to adopt an enterprise resource planning (ERP) system to guide planning, decision making, and business process management of functional activities ranging from finance and accounting, human resources, marketing and sales to production and inventory control (Larson, Carr, & Dhariwal, 2005; Malhotra & Temponi, 2010). Despite the importance of implementing relevant performance support systems, small-business owner-managers generally struggle with leveraging them to systematically drive performance and learning. The small-business sustainability theory of change model depicts small-business entrepreneurship, management, and leadership constructs and structures as the first of three outcomes (activities and participants) associated with strategic talent development investments in owner-managers' capacity to shape the relative effectiveness of the firm's performance support infrastructure.

Empirical studies have revealed that small businesses situated in their transition from the launch stage to the sustained growth stage of its lifecycle experience problems primarily in the areas of finance and accounting, marketing, and the management of people (Watson, 1998). Size and resource constraints limit options for small-business owner-managers to hire and deploy trained staff to manage these critical functions. Consequently, most of these functions are managed informally by the owner-manager and/or leadership team by leveraging ad hoc combinations of internal and outsourced resources. The limitations of a small-business support infrastructure, coupled with a lack of internal expertise in various business processes and management functions, may impede planning and enacting strategic matters which can lead to sustainable business success (Banfield, Jennings, Beaver, 1996; Beaver, 2002).

The SBTOC model considers the contextual uniqueness of small-business management processes and systems relative to that of larger business; however, it rejects the notion that small

businesses are not just scaled-down versions of larger businesses. Like large business models, the SBTOC implies that a successful small business (regardless of size) must embrace strategic and entrepreneurial orientations to guide how it intends to compete and thrive in the competitive environment. The model acknowledges that small businesses need business fundamentals such as a set of mission, vision, and value statements that drive its strategic direction and cultural competence. Consequently, they require supporting organizational structures and competence, talent, resources, business processes, policies, procedures, programs, and business practices commensurate with the size and current and projected stages of growth. Not only must these contextual elements be considered, the degree to which such performance support capabilities should be organic to the organization must also be considered regardless of size.

The SBTOC model recognizes that all businesses (large or small) require functioning business processes (and supporting technology infrastructures) such as human resources, finance and accounting, and marketing and sales to support its core operations. Irrespective of whether the business context requires building organic, external, or a combination of the two capabilities, the owner-manager and/or leadership team must be competent and engaged in managing and controlling each of these functional systems as demanded by business strategy. Moreover, small-business leadership must ensure that each of these operating systems mature progressively along with the business needs during each stage of growth. The SBTOC model links strategic talent development of pivotal leaders to achieving such outcomes. While the model implies a range of activities along the developmental journey of small-business owner-managers, it underscores the preeminence of relational and collaborative learning strategies and benchmarking practices.

Argument 3: **Implementing best practices from benchmark small businesses promotes individual, team, process, and organizational capacity-building.** The SBTOC

depicts benchmarking practices as a performance improvement intervention that serves to guide the growth of talent and organizational capacity as well as an experiential learning activity that facilitates strategic talent development for small-business leaders. The model embraces findings in the conceptual and empirical literature which suggest that benchmarking best practices can promote continuous performance improvement and organizational learning in small businesses. It acknowledges that more studies are needed that allow small businesses to develop their own understanding of business excellence and approaches to sharing best practices across the small-business landscape.

The SBTOC model emphasizes process benchmarking that is mainly used to compare operations, work practices, and business processes. It also highlights strategic benchmarking, which focuses owner-managers' attention on organizational structures, management practices, and business strategies. Owner-manager ownership and involvement is key to the planning and execution of the benchmarking process, especially in the context of identifying pivotal internal performance and capability gaps, the process of engaging the benchmark entity to secure relevant data and best practices, and then exporting them back to the organization for implementation. The model rejects the notion that small businesses operate on a short planning horizon and advocates for targeted benchmarking interventions that will enhance proactive and progressive maturity of all business processes and operating systems. More importantly, it focuses attention on the strategic talent development of pivotal leaders, enabling them to guide benchmarking strategies which will in turn inform environmentally conditioned, iterative learning cycles that promote parallel talent, relevant business processes, and organizational stages of growth maturity.

Argument 4: Leveraging collaborative learning may stimulate iterative cycles of learning that promote parallel talent, process, and organizational maturity. Although the literature on learning to become a leader in small-business contexts is fragmented, application of learning processes that emphasize environmentally conditioned collaborative learning may promote leadership development by engaging in dialogue, critical reflection, and purposive action with peers to enhance and support learning (Kempster & Cope, 2010). Kempster and Cope (2010) argued that "the development of leadership capability reflects a complex social process of becoming" (p. 20) and that "this learning process is inherently contextual, shaped by the range of leadership enactments and observations that individuals have access to that can be understood as a complex and prolonged process of apprenticeship in their networks to solve immediate business issues (Kempster, 2006). According to Robinson (2006, 2007), such relational learning among entrepreneurs should include the utilization of an integrated learning model which incorporates four distinct learning approaches: formal learning, situated learning, enacted learning, and observational learning, all of which can be fostered by leveraging learning tools such as master classes, action learning sets, personal coaching, mentoring, experiential events, and consultancy and business exchanges. Day (2001) made the justifiable distinction between leadership development and management development. However, the notion that management development should be narrowly focused on educational and training activities (Baldwin & Padgett, 1994; Latham & Seijts, 1998; Mailick, Stumpf, Grant, Kfir, & Watson, 1998) is misguided, especially in small-business contexts. While succession planning in large firms may facilitate both just-in-time leadership and managerial development for future leaders, it is not a viable option for facilitating just-in-time development for small-business owner-managers and/or their surrogates.

The SBTOC advocates that leaders and practitioners leverage various types of collaborative learning such as action learning (Boddy & Lewis, 1986; Choueke & Armstrong, 1998; Clarke et al., 2006; Davey et al., 2001; Johnson & Spicer, 2006) and developmental action inquiry (Reason & Bradbury, 2008; Reason & Torbert, 2010) to promote single-, double-, and triple-loop learning (Reason & Bradbury, 2008; Reason & Torbert, 2010) to develop the entrepreneurial, leadership, and managerial capacity of small-business leaders. These types of learning outcomes are key for small-business leadership development in that they facilitate awareness and mindset changes in approaches to tactical operations, strategic planning and action taking, and mission and vision philosophies. When practiced consistently, action learning, action inquiry, and action science promote progressive stages of leadership, entrepreneurial, and managerial development that small-business leaders needed to transform talent, organization, processes, and systems to successfully move their organizations through stages of growth. Moreover, these collaborative learning practices are consistent with whole and/or multi-level system (organization, process, and individual) performance improvement and development as advocated by Holton and Lynham (2000) and Rummler and Brache (1995).

Chapter Summary

The process of conducting this integrative review of extant literature on small-business entrepreneurship, management, and leadership, and the suite of HR-related disciplines provided a clear picture of what is and what is not known about the strategic talent development of small-business leaders which supports their ability to lead and manage talent and organization. The conceptual framework which guided the review and synthesis of the literature along with the introduction of the SBTOC model and discussion of four central arguments provided a coherent way to think about building small-business leaders' capacity to sustain business success. The

relationships between the theoretical constructs and conceptual linkages to the SBTOC model have been loosely established in the literature. While many small business-related tenets embedded in the central arguments are conceptually and empirically grounded in the literature, there were a few aspects of the model and arguments which the study sought to test empirically in hopes of adding to the body of HRD- and small business-related knowledge.

The arguments (graphically illustrated in the SBSTOC model) provide a coherent conceptual approach to preparing small-business owner-managers to take up their multiple roles of managing, leading, and developing self and talent to build optimal organizational capacity in an effort to sustain business success. This aspect of the SBSTOC model adds to the work of Boudreau and Ramstad (2007), who offered a conceptual framework for talent leaders and practitioners to implement a talent decision science in their business context. Moreover, the contributions apply generically to the strategic talent development of small-business leaders' capacity to leverage all functional-area decision science frameworks to drive horizontal and vertical organizational strategy.

The SBSTOC furthers the conversation about investing in pivotal talent as a talent segmentation strategy (Becker et al., 2005; Boudreau & Ramstad, 2007; Collings et al., 2009; Dries, 2013; Huselid, Beatty, & Becker, 2005; Kumari et al., 2012; Ruona, 2012) in small-business contexts. More specifically, it postulates that strategic talent development of small-business leaders must be attended to enable them to leverage a talent decision-science framework in order to make the necessary investments in talent-related policies, programs, and practices that build individual, team, process, and organizational capacity. This contribution is significant in that existing literature is replete with prescriptive ways and means to cure all that ails small businesses; however, most of the literature assumes that small-business leaders possess the

know-how to build business capacity and implement integrated business strategies. Moreover, this study contributes to the body of knowledge by linking the availability of scaled performance support systems, the adoption of benchmarking practices, and collaborative learning to the strategic talent development of small-business leaders and business performance.

A more meaningful way to think about implementing scaled performance support systems in small businesses has been put forth that counters contention in mainstream literature that small businesses are not scaled-down versions of larger businesses. It is an immutable fact that all types of businesses require varying degrees of capacity respective of normative functional operating systems. While size matters, business context, resource constraints, and overall leader competencies and attitudes are the primary factors that determine levels of performance supports and the effective exploitation of such in small business. Consequently, the central arguments and supporting SBSTOC promote strategic benchmarking practices and collaborative learning activities as optimal approaches to attend to the strategic talent development of small-business leaders' capacity to leverage applicable decision-science frameworks to invest in and exploit relevant performance supports.

Benchmarking best practices were introduced in the arguments and the SBSTOC as both performance improvement and organizational learning enhancers that facilitate the closing of capability and performance gaps in small-business contexts. The benchmarking literature accounts for processes and strategies to identify and import best practices from benchmark small businesses yet fails to take into consideration the developmental journey of small-business leaders in the context of the developmental stages of business growth. This aspect of the SBSTOC model builds on Santora and Sarros' (2008) recommendation that small-business "founders and leaders need to adopt a continuous learning model to avoid the demise of their

organizations" (p. 13) due to failure to recognize the components and implications of their anticipated or actual position in the lifecycle of their firm.

The collaborative learning argument and proposition builds on Kempster and Cope's (2010) argument that context-based collaborative learning is one of the best approaches for promoting small-business leaders' development because it allows for dialogue, critical reflection, and purposive action with peers to enhance and support learning. When small-business leaders routinely engage in collaborative learning activities with industry peers, they are more likely to develop confidence, competence, self-awareness, and openness to change needed for personal, professional, and business growth. Moreover, collaborative learning activities such as action learning, action inquiry, and action science promotes progressive stages of leadership development that small-business leaders need to transform talent, organization, processes, and systems to successfully move their organizations through stages of growth.

The foregoing literature review provided the foundational information that informed the study's action research methodology and data collection and analysis methods described in Chapter 3. Moreover, it served as a starting point to guide investigation of phenomena relative to the research questions, theoretical constructs, and four central arguments during the iterative cycles of action research project work within three private dental practices, the results of which are reported in a storytelling format in Chapter 4. Likewise, the coding and thematizing of data that supported the findings reported in Chapter 5 and conclusions in Chapter 6 depended on consistent reference to the literature to properly ground the study's outcomes, limitations, and implications for practice and research.

CHAPTER 3

METHODOLOGY

Chapter 1 presented a conceptual framework, and Chapter 2 introduced a small-business sustainability theory of change model—both of which served to circumscribe the review of current literature and to inform the research design of this study. In addition, the earlier chapters defined the research problem, propounded the two research questions, and put forth four central arguments as precursors to framing the purpose and design of the inquiry:

1. What happens to a small business when it implements a strategic talent development approach focusing on talent leadership?
2. How can action research facilitate evolving strategic talent development and collaborative learning between peer small-business owners and office managers?

This chapter outlines the methodological procedures and planned activities deployed in this qualitative research study to guide the inquiry into the research problem, research questions, and four central arguments. Accordingly, the chapter expounds on my chosen philosophical orientation, my qualitative research strategy, my sample selection approach, and the research methods I employed, including data collection, management, and analysis procedures, and measures of quality and trustworthiness. Later in the chapter, I present a research plan that outlines the research design for the study based on a detailed explication of qualitative action research case study methodology. The research plan underscores: (1) the various data collection methods that the AR team employed in conducting several interventions throughout the three cycles of the AR study; (2) the meta-analysis of data around the action research process itself,

including my positionality, subjectivity, and overall experience, as well as that of the AR team, and; (3) the supplemental data I used to address each research question and to validate the four central arguments. The chapter concludes with a discussion of the limitations of the study respective to the initial intent and actual outcomes of executing the research plan.

Design of the Study

The central aim of this qualitative AR case study was to create new knowledge about the interdisciplinary dimensions of the conceptual framework presented in Chapter 1 relative to the experiences of building the capacity of small-business leaders (i.e., private dental practice leadership teams) to lead and manage talent and organization toward achieving sustainable strategic success. Merriam (2009) observed that "qualitative researchers are interested in how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (p. 14). She also stated, "The overall purposes of qualitative research are to achieve an understanding of how people make sense out of their lives, delineate the process (rather than an outcome or the product) of meaning-making, and describe how people interpret their experiences" (p. 14). In attending to the purpose of the study, answering the two research questions, and validating the four central arguments, I engaged in a structured approach to conducting rigorous research for meeting these objectives.

Creswell (2009) referred to research design as "the plan or proposal to conduct research, which involves the intersection of philosophy, strategies of inquiry, and specific methods" (p. 5). He suggested that when planning a study, researchers need to think through the philosophical worldview assumptions they bring to the study, the inquiry strategy related to this worldview, and the specific research methods or procedures that translate the approach into practice. Given the nature and scope of this study, I leveraged a single with-in action research case study as the

structured inquiry approach. Moreover, I was deliberate in how I situated myself in the study respective to my philosophical orientation.

Philosophical Orientation

Creswell (2009) suggested that "individuals preparing a research plan make explicit the larger philosophical ideas they espouse" (p. 5), including the philosophical worldview proposed for the study, a definition of basic considerations of that worldview, and how the worldview shaped their approach to the research. Ruona and Lynham (2004) advised that researchers situate the generation of knowledge in a philosophical framework because it ultimately affects the selection of research methodologies used to build theory. From a philosophical worldview perspective, I situated myself as a scholar-practitioner (or organizational development consultant) and embraced Bentz and Shapiro's (1998) conceptualization of mindful inquiry as an approach to grounding the research in a manner that considers the fullness of the research "lifeworld" along with the researcher's epistemic and ontological orientations. They suggested that the "mindful inquirer uses awareness of self—personal, social, and historical—to shape the research projection or dissertation" and to empower the researcher both psychologically and philosophically by placing him or her, rather than research techniques, at the center of the research process.

McIntosh (2010) underscored the critical importance of reflection to the action research process and acknowledged that reflection as a process is rooted in an interpretivist paradigm. In this sense, action research as a qualitative method comports well with the interpretive-constructivist worldview, given its aim to rigorously generate new knowledge through cycles of action-reflection-action (Herr & Anderson, 2005). Consequently, I selected an interpretive-constructivist worldview to drive this action research case study. Woodard (2013) aptly

described Merriam's (2009) views on the philosophical foundations of interpretive (qualitative) forms of research:

> Interpretive research, which is where qualitative assumes that reality is socially constructed, that is there is no single, observable reality. Rather, there are multiple realities, or interpretations, of a single event. Researchers do not "find" knowledge, they construct it" (Merriam, 2009, p. 9). The purpose of interpretive/constructivist research is to "describe, understand, and interpret" (Merriam, 2009, p. 11). Qualitative researchers seek to understand "(a) how people interpret their experiences, (b) how they construct their worlds, and (c) what meaning they attribute to their experiences" (Merriam, 2009, p. 23). (p. 43)

A Qualitative Case Study Strategy of Inquiry

Yin (2014) propounded a twofold definition of a case study research design which describes its scope and features as well as how it comprises an all-encompassing method, covering the logic of design, data collection techniques, and specific approaches to data analysis. Yin described case study research as an empirical inquiry that investigates a contemporary phenomenon (a "case") in depth and within its real-world context, especially when the boundaries between the phenomenon and its context may not be evident. He emphasized that case study inquiry (1) copes with technically distinctive situations in which there will be many more variables of interest than data points; (2) elucidates results that rely on multiple sources of evidence, with data needing to converge in a triangulating fashion; and (3) benefits from the prior development of theoretical propositions to guide data collection and analysis. Yin also stressed the need to consider two critical steps in case study research designs: defining the case and bounding the case.

This study sought to produce a single with-in action research case study with multiple embedded units of analysis concerning three private dental practices, their respective leadership teams, and their overall approaches to small-business entrepreneurship, management, and leadership. The case study was bounded within the context of these private dental practices and the following embedded units of analysis: AR team, dentist owner-managers, office managers, leadership teams, status quo versus benchmark dental practice management, role of talent development, and performance support systems. This case study attempted to link units of analysis embedded in the study's research problem and research questions to the underlying theoretical propositions (i.e., the four central arguments) along those identified in the literature. These connections included the supporting conceptual framework (presented in Chapter 2) as well as the criteria for interpreting the study's findings as suggested by Yin (1994, 2014).

Generally, the case study, as an all-encompassing method, can embrace different epistemological orientations such as a realist perspective—which assumes the existence of a single reality that is independent of any observer—or a relativist perspective—which acknowledges that multiple realities have multiple meanings, and whose findings are observer-dependent. This study embraced a relativist epistemological orientation, with the researcher performing multiple observer-related roles (i.e., researcher, AR team member, OD consultant, learning coach, liaison between the AR team and benchmark private dental practices) to generate and analyze multiple data sources. These data collection efforts were designed to converge in a triangulating fashion (Stake, 1995; Yin, 1994, 2014) to rigorously support the study's findings. During the course of the AR study, I engaged in multiple levels of data analysis aimed at demonstrating the nexus between individual strategic talent development and individual, team, organizational/system capabilities, and outcomes.

Action Research Methodology

Within the context of the research questions, the AR team sought to understand what happens to—and what can be learned from—a small business when it implements a strategic talent development approach aimed at optimally conditioning both owner-managers and their office managers to take up their roles and responsibilities as entrepreneurs, leaders/managers, and practitioners. The study also sought to understand the resources, requirements, and actions needed to facilitate collaborative learning between small businesses, including their owner-managers, officer managers, and other leaders. The team explored the unique challenges of implementing a strategic talent development approach in a small-business context to facilitate learning and performance needed to achieve competitive advantage and sustainable strategic success. Consequently, the competencies for and approaches to developing the capability of small-business owner-managers to lead talent and talent development required examination. This included capturing the dynamics of the collaborative learning processes of small-business leaders throughout each AR cycle as they inquired, discovered, planned, acted, evaluated, and adapted to lessons learned while seeking answers to address the study's research questions.

In executing the core project, the AR team employed a traditional approach to action research, while I concurrently performed the necessary steps and meta-analysis for each cycle of the project as prescribed by Coghlan and Brannick (2010). I chose action research as the preferred research methodology for this study because it seeks to integrate theory and practice in an organizational setting while attempting to solve pressing organizational problems and create new knowledge. Reason and Bradbury (2008) provided a working definition of action research:

> Action research is a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and

> reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities. (p. 4)

As suggested by Coghlan and Brannick (2010), I began the action research process by collaborating with the AR team members to identify pressing issues, which ultimately triggered iterative cycles of planning, taking action, and evaluating the impact of that action on the issue. This process drove iterative cycles of action and critical reflection which in turn supported my ability to continuously refine methods, data, interpretations, and interventions in light of the understanding developed in earlier cycles. In this sense, action research is a process of emergence which changes and develops as understanding increases. I attempted to attend to Shani and Pasmore's (1985) four factors of a complete theory of action research process throughout the study:

> *Context*. These factors set the context of the AR project … shared goals enhance collaboration … organizational characteristics … affect the readiness and capability for participating in action research. Environmental factors provide the larger context in which AR takes place. *Quality of relationships*. The quality of relationships between members and researcher is paramount. Hence the relationships need to be managed through trust, concern for others, equality of influence, common language and so on. *Quality of the action research process itself* … grounded in the dual focus of both the inquiry process and the implementation process. *Outcomes.* The dual outcomes of AR are some level of sustainability … and the development of self-help and competencies out of the action and the creation of new knowledge from the inquiry. (p. 4)

Coghlan and Brannick (2010) advocated using a "core" action research cycle comprising a pre-step (context and purpose) and four basic steps: constructing, planning action, taking action, and evaluating action. These steps, executed throughout this study, are explicated in greater detail in Chapter 4 ("Case Study"); however, a brief explanation of each step is warranted here to connect the core and thesis (meta-analysis) aspects of an action research case study design. Core action research centers on the actual process of solving organizational problems and generating practical knowledge. Context and purpose are critical because they seek to understand why a project is necessary and consider the internal and external environmental factors and forces that drive change. In the pre-step phase, necessary collaborative relationships with those who will own the action research process are initiated (and ultimately perfected throughout the project).

The presenting problem is explored and clarified during the constructing step. Typically, during this phase, a formal commitment is made among the collaborators to move forward with the project. Central to the constructing phase are data collection, analysis, and feedback, which are prerequisites for planning action. During the planning action phase, alternate interventions are explored based on insights gained during the data collection and feedback sessions. Once a final decision is made about a viable intervention, the plan is implemented with the goal of achieving stated outcomes established during the pre-step and constructing phases. Perhaps one of the most critical steps of the action research cycle is the evaluating action phase, in which outcomes are assessed to determine if the plan worked as designed. Results of the evaluating action phase are then fed into the next cycle of constructing, planning, and action. The core action research cycle as described earlier is represented in Figure 4.

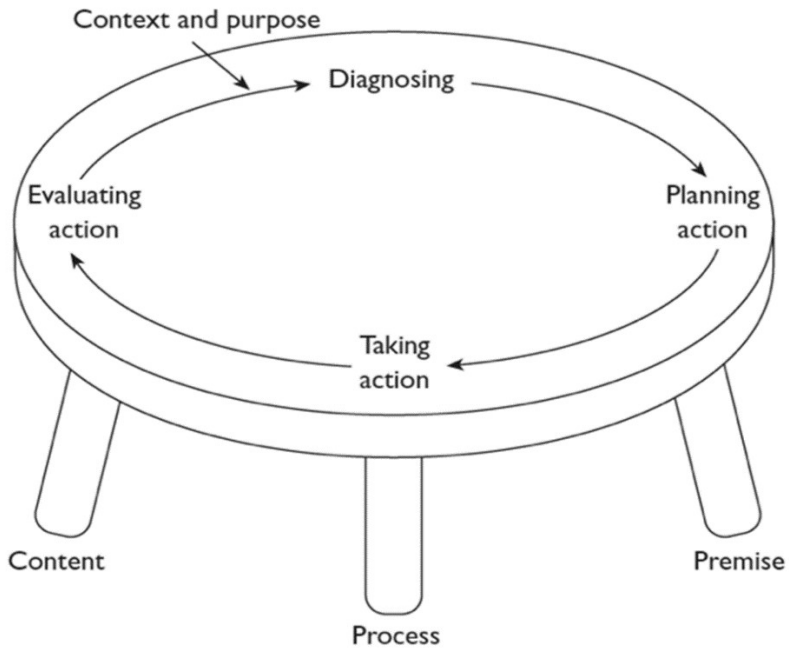

Figure 4. Meta-cycle of action research. Source: Coghlan & Brannick, 2010.

The iterative cycles (resulting from the evaluating phase of the action research) may continue as long as needed while practical knowledge continues to be generated and operational capabilities continue to evolve. Coghlan and Brannick (2010) acknowledged three forms of reflections (content, process, and premise, as identified by Mezirow [1991]) that, when applied to the action research cycle, form the meta-cycle of inquiry, as highlighted in Figure 1. Respectively, these three critical forms of reflection help the researchers and members to think through what is happening, the effectiveness of strategies and procedures, and to critique underlying assumptions and perspectives. Coghlan and Brannick suggested that the meta-cycle should focus on integrating action research into a dissertation by describing both the core and thesis projects in a way that demonstrates the rigor of the study.

Unlike traditional approaches to research which focus on the third person, this action research study aimed to incorporate three voices and three audiences: the first, second, and third

person (Reason & Bradbury, 2008; Reason & Torbert, 2010). In laymen's terms, this mean that there are numerous consequential outcomes associated with leveraging action research: (1) "me"—the researcher's epistemic and ontological maturity (first person); (2) "us"—development and maturity of the action research team's group dynamics and effectiveness (second person); and (3) "them"—problem resolution and knowledge creation for the client-organization and the larger society (third person). Coghlan and Brannick (2010) suggested that such consequential outcomes require practitioner-researchers to embrace a critical realist paradigm based on reflexive activities and grounded in subjective epistemological and objective ontological stances. They elaborated on the implications of critical realism for conducting an action research study:

> We learn to construct our respective worlds by giving meaning to data that continuously impinge on us from within ourselves as well as from without. Meaning goes beyond experiencing, as what is meant is not only experiencing but also something we seek to understand and to affirm. There is the task of seeking to understand the many meanings that constitute organizations and social structures, in language, in symbols and in action (Campbell, 2000; Gergen & Gergen, 2008; Bushe & Marshak, 2008). Accordingly, we inquire into how values, behavior, and assumptions are socially constructed and embedded in meaning, and what we seek to know emerges through inquiry that attends to purposes and framing, that works actively with issues of power and multiple ways of knowing (Marshall & Reason, 2007). (p. 43)

These critically important ideas helped me to understand the art of meaning-making, which is central to interpreting and drawing conclusions about collected and analyzed datasets. Coghlan and Brannick (2010) suggested that validating claims to learning and theory generation is best facilitated through conscious intentionality to "enact operations of intending, planning,

acting, and reviewing within ourselves as first person practice, with others as second person practice, and to influence a broader impersonal audience as third person practice" (p. 43). Enactment of these three levels of practice and learning depends, in large measure, on the positionality of the practitioner-researcher to the client-organization and the quality of his or her facilitation skills. Chandler and Torbert's (2003) span of research and practice (Figure 5) offers a conceptual approach to thinking about and guiding optimal first-, second-, and third-person learning and practice. Moreover, as an integral dimension of the action research process, it serves as an excellent framework for fostering entrepreneurial, managerial, and leadership development.

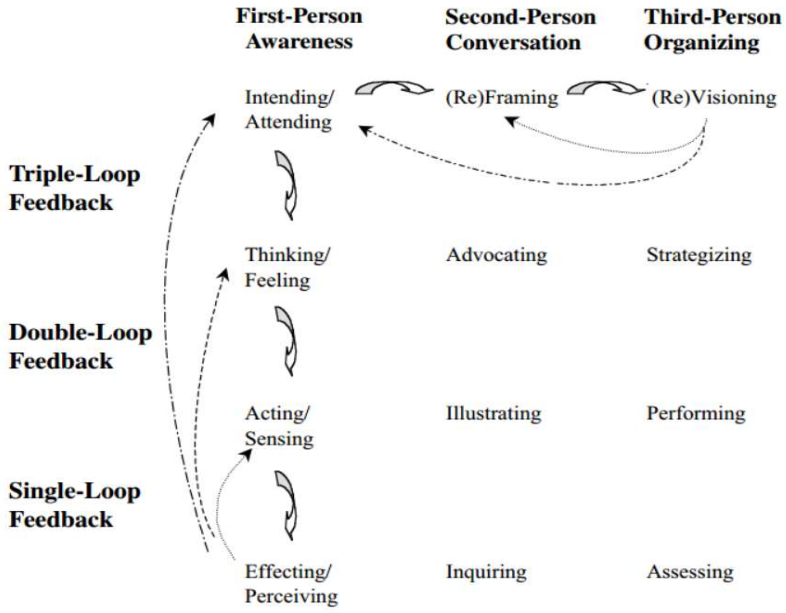

Figure 5. The span of research and practice. Source: Chandler & Torbert, 2003.

This study sought to identify the strategic talent development requirements (entrepreneurial, managerial, and leadership) for small-business leaders. Within this context, one of the goals of the project for the AR team (as individuals and as a group) was to experience single-loop feedback and learning and to progressively engage in double- and triple-loop

feedback and learning needed for optimal transformation of self, talent, and organization. Torbert (2004) claimed that in order for leaders to exercise transformative leadership, they need to cultivate a kind of inquiry that allows them to receive and digest three types of feedback:

> Single-loop feedback about results in the outside world that require us to change behaviors if we wish to achieve our goal more efficiently. Double-loop learning about what goals and strategies we may need to change to become more effective. Triple-loop feedback about what quality of ongoing awareness we need to cultivate in order to embrace the four territories of experience and test the legitimacy of our actions. (p. 55)

Chandler and Torbert (2003) pointed out that opportunities exist for single-, double-, and triple-loop feedback and learning to occur each time practitioner-researchers and AR team members engage in first-, second-, or third-person action inquiry. By analyzing data from the results of several interventions and data collection sources (discussed later in this chapter), the developmental journey of the AR members and the practitioner-researcher in this study were assessed, in part, by using Chandler and Torbert's (2003) span of research and practice framework. Using AR as a research approach and as an OD intervention helped to satisfy participants' basic human needs and contributed significantly to the participants' professional development as well as the organization's development and innovation by addressing a major shared issue or thematic concern (Zuber-Skerritt, 2002). Consequently, I situated himself as an organizational development consultant as advocated by Anderson (2012):

> Action research and OD consulting share similar objectives in developing a participative and inclusive process where practitioners and organizational members jointly explore problems, initiate action, and evaluate outcomes, and where the overall purpose is social and organizational change … Consultants and action researchers both return to different

> stages (entry, contracting, data gathering, diagnosis/feedback, intervention, evaluation and exit) throughout the engagement, gathering additional data where needed, and validating the process with the client and recontracting as new issues emerge. (pp. 98-99)

This marriage between action research and OD consulting ultimately set the conditions for the AR team members and the practitioner-researcher to bring together action and reflection and theory and practice to engender transformative change in their respective practices. The storytelling of this dynamic integrative process and the subsequent transformative outcomes are outlined in later chapters.

Sample Selection

Private dental practice owners and their respective staff practicing in the southeastern U.S. constituted the general population for this study. Only a very small non-probability purposive (i.e., snowball) sample of this population was selected for participation. Swanson and Holton (2005) suggested that a purposive sample may be the only option when the desired population is rare or very difficult to locate and recruit for a study. They further described snowball sampling as a type of purposive sampling which identifies cases of interest from people who know people who know people who know what cases are information-rich—that is, good examples for study or good interview subjects.

My initial conceptualization of the sampling strategy aimed to recruit four to six private dental practice leadership teams (each comprising a dentist owner-manager and an office manager) from the stated population to constitute the AR team. However, results of initial networking and recruiting efforts resulted in only three leadership teams to participate in the study. Although indispensable participants in the study, the officer managers were not invited to participate in the initial AR team meetings with the dentist owner-managers; the intimacy of the

initial discussions about the dynamics of leadership and the personal challenges of small-business ownership may have threatened delicate relationships between dentist owner-managers and their office managers. Moreover, this decision was absolutely critical in that it allowed the researcher to facilitate moving the team through the critical stages of group formation. The initial concurrent interactions with the officer managers were confined to their practice settings, individually and collectively, as members of the practice leadership teams.

Given the group dynamics manifested during the first two AR team meetings, it became clear that recruiting additional members would be difficult since there was a high probability this could only be done via referrals from current team members. One of the AR team members referred a private dental practice owner who subsequently agreed to participate in the study as a benchmark practice. The benchmark private dental owner-manager was gracious enough not only to share valuable time and experiences, but to grant permission to interact with her three office managers. The benchmark dentist owner-manager and three office managers opted to not participate as AR team members given their time and availability constraints. Data collected from these participants were used to enhance strategic talent development of the AR team members and to build talent and organizational capacity in their practices. Informed consent for all AR team members and participants was obtained as required and approved by the Universiy to Georgia Institutional Review Board (IRB). A profile of each case study participant (AR team members and benchmark practice leadership team) is highlighted in Table 3.

Table 3

Participant Profiles and Demographic Data

Pseudonym	Gender	Race	Age Range	AR Team Member	Roles and Responsibilities
Private Dental Practice # 1: Love's Community Dentistry					
Dr. Freeheart (DO # 1)	Male	Black	35-50	Yes	Manager and Clinician
Ms. Loveless (OM # 1)	Female	Black	35-50	Yes	Office Manager
Private Dental Practice # 2: Healthy Smiles Family Dentistry					
Dr. Doolittle (DO # 2)	Male	Black	35-50	Yes	Manager and Clinician
Ms. Doubtfire (OM # 2)	Female	Black	35-50	Yes	Office Manager
Benchmark Private Dental Practice # 1: Total Care Family Dentistry					
Dr. Moses (BMDO # 1)	Female	Black	50-65	No	Manager and Clinician
Mrs. Jones (BMOM # 1)	Female	Black	50-65	No	Office Manager
Mrs. Dollar (BMOM # 1)	Female	Black	50-65	No	Office Manager
Benchmark Private Dental Practice # 2: Total Care Family Dentistry					
Dr. Moses (BMDO # 2)	Female	Black	50-65	No	Manager and Clinician
Ms. Jackson (BMOM # 2)	Female	Black	35-50	No	Office Manager

Data Collection

Data were continually collected, analyzed, and revised throughout the project. Yin (2014) recommended that data collection for case studies should involve well-planned field procedures that operationalize researchers' efforts as the primary collection instrument. The data collection and analysis plan for this study (Table 4) describes the data collected, the analytical approach, and the proposed timeline for each data collection method that was utilized. The data collection activities, which focused on the units of analysis described earlier, consisted of the following methods: (1) a leadership questionnaire; (2) audio-recorded learning coach team meetings, and individual and leadership team coaching sessions; (3) participant observations; (4) semi-

structured interviews; (5) and benchmarking data. Participant observations and semi-structured interviews were conducted in the benchmark practices.

Table 4

Data Collection and Analysis Plan

Research Question	Data Type Collected	Analysis Approach	Trustworthiness
1. What happens to a small business when it implements a strategic talent development approach focusing on talent leadership?	Small-Business Owner Assessment Tool (S-BOAT)	Pre- and post-test analysis	Triangulation, member checks
	Audio-recorded AR team meetings and leadership team coaching sessions	Inductive thematic analysis, pattern matching	Audit trail, triangulation, member checks, analytic memoing
	Semi-structured interviews (AR team's & benchmark practices)	Inductive thematic analysis, pattern matching	Audit trail, triangulation, member checks, analytic memoing
	Participant observations (AR team's & benchmark practices)	Inductive thematic analysis, pattern matching	Audit trail, triangulation, member checks, analytic memoing
2. How can action research facilitate evolving strategic talent development and collaborative learning between small-business owners and office managers?	Audio-recorded AR team meetings	Inductive thematic analysis, pattern matching	Audit trail, triangulation, member checks, analytic memoing
	Participant observations (OM/DOs in AR team's & benchmark practices)	Inductive thematic analysis, Pattern matching	Audit trail, triangulation, member checks, analytic memoing

Small-Business Owner Assessment Tool (Leadership Questionnaire)

The Small-Business Owner Assessment Tool (S-BOAT) was created by Williams, Scroggs, Mace, Head, Felton, and Davenport (2007) as a coaching tool for small-business owners. The questionnaire consists of 15 questions and was designed to assess small-business owners' orientation to and maneuverability between three leadership and business-related trait dimensions (entrepreneurs, managers and specialists) critical to small-business success. The

goal of the instrument is to provide a springboard for reflection, discussion, and action with a learning or business coach. The questionnaire was administered to the dental practice owners and their office managers at the beginning and end of this study to gain perspective on their tendencies and capabilities to competently navigate the entrepreneurial, managerial, and practitioner (specialist) dimensions of their practices and the impact on managing business success. The primary analysis of these questionnaires took the form of pre- and post-test analysis, with the goal of capturing the change in entrepreneurial and managerial orientations of the dentist-owner managers and their respective office managers as a result of participating in a variety of strategic talent development interventions during the study.

Audio-Recorded Action Research Team Meetings and Leadership Team Workshops

The primary methods of facilitating the AR cycles, the OD consulting and learning coaching were conducted at monthly AR team meeting and separate monthly leadership team workshops for each of the participating dental practices. This dual approach was adopted as the preferred means to developing leadership and management competencies for the dentist-owners and office managers participating as AR team members in the study. Audio recordings of AR team meetings and individual workshops served as rich sources of data supportive of the two research questions and the four central arguments. The audio-recorded AR team meetings and leadership team workshops were analyzed using inductive thematic analysis, pattern matching, and analytic memoing. I framed the analysis of these recordings to capture and integrate first-, second-, and third-person inquiry and single- double-, and triple-loop feedback, learning, and change as depicted in Figure 5.

Participant Observations

Multiple approaches were adopted to record information during participant and incidental observations within both the AR team's and the benchmark private dental practices. Participant observations during the study assisted the practitioner-researcher to uncover important factors about how dentist-owners and office managers directly influenced practice management, operations, and talent development. Kawulich (2005) defined participant observation as the process by which researchers learn about the activities of the people under study in natural settings through observing and participating in those activities. Observations of study participants in the AR team's and the benchmark practices allowed for a more thorough understanding of the research problem that was otherwise unknown when the study was designed. Furthermore, observing these participants in their natural settings reinforced the understanding of data collected from other sources. Yin (2014) suggested that field notes from observations may be handwritten, typed, audio-taped, or word-processed, or collected via other electronic means. I elected to use a combination of handwritten field notes and audio recordings to capture information during participant observations. Kawulich (2005) suggested that focused observations, which emphasize observations supported by interviews, illuminate participants' insights that guide the researcher's decisions about what to observe. Augmented by semi-structured interviews, the focused participant observations in this study provided invaluable insights into the capabilities and development gaps for both the dentist-owners and the office managers.

Admittedly, my serving as the sole observer (data collector) limited the reliability of the observation-based field notes and subsequent analysis of the data collected. As suggested by Kawulich (2005), I took on a participant-as-observer stance during observations in the AR team

members' settings and an observer-as-participant stance when observing the participants in benchmark practices. Both data (different groups of people, settings, and places) and methodological (interviews, AR team meetings, and individual leadership team workshops) triangulation (Roulston, 2010) were conducted to strengthen the reliability and validity of the observational data.

Semi-Structured Interviews

Generally, semi-structured interviews allow interviewers to use a prepared interview guide with open-ended questions to help interviewees navigate initial and follow-up questions in order to probe for relevant details about the topic at hand (Roulston, 2010). My initial intention was to use semi-structured interviews to develop an understanding of the challenges related tothe study's research questions and to support the promotion of learning and transformation for AR team members and their private dental practices. Similarly, semi-structured interviews were conducted to gather comparable data from the benchmark dentist owner-manager and her office managers. Another set of semi-structured interviews were conducted with AR team members only at the close of the study to shape their overall learning. I adopted a constructionist conception of interviewing in that both interviewer's and interviewees' interactions were subject to analysis (Roulston, 2010). All interviewswere audio-recorded.

Benchmarking: Augmentation Strategy for Data Collection and Analysis

Strategic benchmarking is used to compare organizational structures, management practices, and business strategies (Drew, 1997). For this case study, benchmarking was employed as a strategy to augment data collection and analysis efforts and to inform the proposed interventions for the project. Perhaps the most critical step in the benchmarking process was data collection, as indicated in the data analysis plan presented earlier. I sought to collect data on the

benchmark private dental practices to determine the most critical qualitative and quantitative performance indicators associated with key dental practice management systems, business processes and practices, and other key performance indicators regarding people management programs and practices.

The data were collected by interviewing and observing the benchmark practices' dentist owner-manager and her office managers, reviewing practice documents, and researching best practices in dental practice management. The completed benchmarking datasets were then used to design a dental practice benchmarking system; the balanced score card (Kaplan & Norton, 2007) served as the framework for structuring the data in a manner that allowed a gap analysis to be conducted between the benchmark practice and AR team members' private dental practices. The initial efforts at engaging the benchmark practices (i.e., several interviews with the dentist-owners and three office managers, observations, and practice documents) resulted in a dental practice management benchmarking system that was used to collect specific performance measure/indicator data from all practices and to determine applicable performance gaps. The gaps analysis was used to inform conceptualization, design, development, and implementation of key interventions. The interviews and observations were analyzed in the same manner as those conducted with the AR team members in their practice settings.

Data Analysis

As advocated by Creswell (2009), qualitative data analysis for this study was "an ongoing process involving continual reflection about the data, asking analytical questions, and writing memos throughout the study" and was "conducted concurrently with gathering data, making interpretations, and writing reports" (p. 184). Similarly, Miles, Huberman, and Saldana (2014) stated that "the strength of data rest centrally on the competence with which their analysis is

carried out" and that one should "see analysis as three concurrent flows of activity: (1) data condensation; (2) data display; and (3) conclusion drawing/verification" (p. 12). Ruona (2005) maintained that "the purpose of data analysis is to search for important meanings, patterns, and themes in what the researcher has seen and heard" (p. 236). She went on to state that "qualitative data analysis is a process that entails (1) sensing themes, (2) constant comparison, (3) recursiveness, (4) inductive and deductive thinking, and (5) interpretation to generate meaning" (p. 236).

These analytical processes and activities were leveraged as rigorous and structured approaches to exploring the data collected throughout the study. HyperResearch software was the primary program used to code, retrieve, build theories, and conduct data analyses. Every attempt was made throughout all data collection and analysis efforts to ensure trustworthiness of the data in accordance with the four tests advocated by Yin (2014) to ensure the quality of empirical research: construct validity, internal validity, external validity and reliability. Similarly, Ruona (2005) suggested that qualitative researchers should be concerned with three key issues during the research process: (1) internal validity, or credibility of findings; (2) consistency and dependability of findings; and (3) external validity, or transferability of findings. The specific data analysis approaches, along with tests of quality for each data collection method as linked to the study's two research questions and four central arguments, are highlighted in Table 4.

Data Analysis Process

Four general stages of qualitative data analysis, as outlined by Ruona (2005) were adopted to guide the data analysis process of this study: data preparation, familiarization, coding, and generation meaning. Rigorous execution of each of these stages was critical to establishing

linkages among the research questions, the data collection sources, the analytical approach, and the means to establish trustworthiness in the data analysis plan. The field notes from the participant observations were coded and analyzed using a combination of thematic analysis and pattern matching. Analytical memos were also drafted which helped to reduce my inter-subjectivities, thus helping to maximum the trustworthiness of the data. Completed interviews were transcribed, coded, categorized, and prepared for thematic analysis. The transcribed interview data were housed and managed in the HyperResearch database to facilitate the thematic analysis, pattern matching, and conclusion drawing. I prepared analytic memos for each transcribed/coded interview to augment clarity and trustworthiness of findings and conclusions. The next sections offer a detailed discussion of how each stage of the qualitative analysis process was rigorously executed, followed by an in-depth description of the process used to ensure trustworthiness and quality of the data.

Data Preparation

Preparing and organizing the collected data to ensure manageability and maneuverability comprised the first critical step and the most fundamental aspect of the data analysis for this study (Creswell, 2009; Ruona, 2005). The actual data preparation process consisted of organizing and storing raw data files (i.e., audio-recorded interviews, AR team meetings, leadership team coaching sessions, and field notes/audio recordings from participant observations) into Microsoft File Explorer folders as datasets were collected. All study participants were assigned pseudonyms and alpha-numeric codes to protect their identities. The raw datasets were then transcribed and uploaded to into a HyperResearch database.

Although this study was ultimately written up as a single case study, I organized the transcribed data into four cases within HyperResearch to best facilitate working with the data

according to their discrete and overlapping venues and objectives: (1) case #1 = AR Team; (2) case #2 = benchmark private dental practices; (3) case #3 = private dental practice 1 (PDP 1); and (4) case #4 = private dental practice 2 (PDP 2). Duplicate copies of both raw and transcribed files were stored in separate secure repositories (i.e., HyperResearch database, a laptop hard drive, a desktop hard drive, and an external disk drive) as suggested by Ruona (2005).

Familiarization with the Data

Both Creswell (2009) and Ruona (2005) concurred that the second stage of the data analysis process should be reading through the data for intimate familiarization and reflection. In the context of this study, I engaged constantly with the data as I listened and re-listened to audio recordings in transcribing my own data. Working with data during the process of transcription allowed me to engage in what Saldana (2009) described as pre-coding:

> In addition to coding with words or short phrases, never overlook the opportunity to "pre-code" (Layder, 1998) by circling, highlighting, bolding, underlining, or coloring rich or significant participant quotes or passages that strikes you—those "codable moments worthy of attention" (Boyatzis, 1998). Creswell (2007, pp. 168-9) recommends that such quotes found in data contained in a CAQDAS program file can be simultaneously coded as QUOTES with their other codes to enable later retrieval … These data can become key pieces of the evidentiary warrant to support your propositions, assertions, or theory (Booth, Colomb, & Williams, 2003; Erickson, 1986; Lofland et al., 2006), and serve as illustrative examples throughout the report. (p. 16)

With this in mind, I began writing initial reflective memos while transcribing multiple audio recordings of AR team meetings, leadership team coaching sessions, and interviews; I also took field notes during participant observations to get a better sense of what the data were telling me

and the adjustments I needed to make for future data collection efforts. Moreover, these early data familiarization efforts were instrumental for me to earnestly begin the coding process and in my subsequent meaning-making efforts.

Coding the Data

Charmaz (2006) suggested that "coding is the pivotal link between collecting data and developing an emergent theory that explains the data" (p. 46). Saldana (2013) defined a code as a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data. Both Charmaz and Saldana advocated two phases or cycles of coding: (1) initial or first-cycle coding, which initially assigns a single word or short phrase to data chunks for the purpose of summarizing data; and (2) focused or second-cycle coding, which seeks to group initial codes into a smaller number of patterns, categories, themes, or constructs. Miles, Huberman, and Saldana (2014) suggested that whether codes are prescribed or developed along the way, clear operational definitions are indispensable for applying them consistently by a single or multiple researchers. Ruona (2005) explained how Boyatzis (1998) outlined three different types of code development:

> He places these on a continuum from theory-driven to data-driven approaches because they differ in the degree to which the analysis starts with a theory versus the raw information in the collected data. Theory-driven codes are derived by beginning with a specified theory and its elements or hypotheses. Prior research-driven codes are quite similar in that the researcher uses her knowledge of past research (rather than a theory) to derive categories. Both of these methods basically help us to create a "start list" (Miles & Huberman, 1994) of codes prior to even reading the data. Data-driven codes, on the other

> hand, are created inductively from the data you collected … the most fundamental and widely discussed for developing themes and codes. (pp. 241-242)

These insights on coding drove the process by which I approached and carried out this critical linkage between my data collection and data analysis efforts.

As Ruona (2005) suggested, I built on my efforts during the data preparation and familiarization stages of analysis by noting recurring patterns in order to create a preliminary list of codes and themes. As I transcribed each subsequent dataset, I continued to upload them to HyperResearch, whereby they were first-cycle coded according to the origin of the data as each set fell within one of the four assigned HyperResearch cases. A combination of descriptive, in vivo, and process coding was used to code each data source that was uploaded to HyperResearch. I further assigned each code to groups that corresponded to each of the study's two research questions and four central arguments to discover emerging patterns under these groupings. Moreover, the software allowed me to annotate reflective notes for every instance of a code assigned to a particular segment of data in transcribed data sources. Various reporting capabilities within HyperResearch also allowed me to see and understand the emerging patterns across each group and facilitated ease of re-coding, re-grouping, and categorizing as I delved deeper in the data analysis process.

I continued to write analytical memos and assign reflective notes to coded data in HyperResearch throughout the meta-cycle of inquiry process to capture critical content, process, and premise reflections as advocated by Coghlan and Brannick (2009). Moreover, I read through the transcribed data multiple times, searching for instances of single-, double-, and triple-loop feedback and learning what the AR team members were engaging in during team meetings and leadership team coaching sessions. The more I immersed myself in the data via coding in

HyperResearch and engaging in reflective practices to make meaning of the data, the more I began to discern various patterns.

Meaning Generation

Meaning generation represents the final step of the four-stage data analysis process. According to Ruona (2005), at this stage "you are moving into generalizing and theorizing" to explore "how the themes have emerged and are connected to one another, as well as how they may be connected to your ideas, the literature, and previous research" (p. 245). I elected to use several of Miles et al.'s (2014) tactics for generating meaning to offer my interpretation of what I had learned during the study: (1) noting patterns and themes; (2) counting; (3); making contracts and comparisons; (4) building a logical chain of evidence; and (5) making conceptual/theoretical coherence. Table 5 highlights the tactics I used for generating meanings, minimizing bias, and ensuring the quality of the conclusions.

Table 5

Tactics for Generating Meaning

Tactic	**Helps to Better Understand a phenomenon by…**
Noting patterns and themes	Seeing evidences of patterns while subjecting those conclusions to conceptual and empirical testing (remaining open to disconfirming evidence when it appears).
Counting	Seeing plausibility—tallying the number of times and the consistency with which something happens (e.g., charting to see what you have; verifying a hypothesis; or keeping oneself analytically honest.
Making contrasts and comparisons	Seeing plausibility—drawing contrasts between two things (e.g., contrast tables, growth gradients).
Building a logical chain of evidence	Developing a logical chain of factors that may lead to something (i.e., a series of "if-then" statements) and then verifying that the consequence actually appears in the data.
Making conceptual/theoretical coherence	Connecting discrete facts with other discrete facts, and grouping them into lawful, comprehensible, and more abstract patterns.

Source: Adapted from Miles & Huberman (1994) and Miles, Huberman, & Saldana (2014)

HyperResearch provided numerous analytical options and functions to aid in generating meaning and drawing conclusions from the coded data. I relied on a number of these functions (i.e., filtering codes and cases, analyzing code frequencies and relationships, and testing theory) throughout the recursive data analysis process to make sense of emerging themes and to draw conclusions. In essence, these functions allowed for optimal sorting, grouping, and merging of coded data to interpret meaning and build theory in a manner suggested in Table 3.

As a part of the recursive data analysis process described by Ruona (2005), I elected to initially group codes into categories that aligned with the study's two research questions and four central arguments. After the initial round of coding, one of my overarching levels of analysis and meaning-making strategies for the coded data focused on developing and testing the following theory statement within HyperResearch's theory builder:

> If private dental practice leaders (pivotal talent) invest in context-based developmental activities (strategic talent development); then infer enhanced talent leadership as a consequence. Moreover, if a viable performance support framework (that facilitates process and systems maturity and that promotes leaders' strategic, entrepreneurial, and managerial orientation) are present; then infer building optimal talent and organization capacity as an outcome. If talent leadership and talent and organization capacity are further augmented by routinely leveraging best business practices (and associated key performance indicators) from benchmark private dental practices and relevant collaborative learning activities; then infer iterative cycles of learning (reflective competence that produces adaptive and generative learning) that promote parallel talent, process, and organizational maturity (human capital developmental continuum of dentist owner-managers and office managers' influence on the stage of business growth for their practices). Consequently, the goal of the theory is met when the collective synergy between these outcomes increases business sustainability and survival of private dental practices amid an existential threat from corporate dentistry entities.

As indicated by this theory statement, relevant codes were used to build a series of inference paths using "if-then" (expression-action) statements within HyperResearch that culminated in the theory goal. This process was instrumental in discerning and leveraging certain thematic codes and patterns to generate meanings. The HyperResearch software was also useful for constructing code maps to display the thematic relationship between certain codes for each of the four study arguments.

The results of the meaning generation stage, including the recursive theory-testing and other thematic analysis efforts, are described in detail in Chapter 5 ("Findings"). Moreover, a

series of matrices, tables, models, and other graphic displays are presented in Chapter 5 to summarize, illustrate, and report findings, conclusions, and efforts to ensure trustworthiness.

Trustworthiness of the Data

Yin (2014) developed four tests that have been used widely to establish quality of empirical social research: construct validity, internal validity, external validity, and reliability. This study attempted to operationalize various tactics for ensuring rigor and trustworthiness for each of the tests. The tactics used to ensure construct validity involved employing multiple sources of data, establishing chains of evidence, and establishing chains of evidence, and deploying member-checking with the AR team members. Pattern matching, explanation building, addressing rival explanations, and a theory of change model were employed to enhance the study's internal validity. The logic expressed in the four central arguments embedded in the theory of change model was also used to establish and enhance external validity, which is improved by using theory in single-case studies and using replication logic in multiple-case studies.

As the researcher-practitioner, I followed a structured single within-case study protocol and developed a case study database to promote reliability and trustworthiness of data. Specific strategies for analyzing and ensuring trustworthiness of the analyzed data are summarized in Table 6 and discussed in the paragraphs that follow.

Table 6

Strategies for Achieving Quality and Trustworthiness of Data

Quality/Trustworthiness Test	Objectivity	Dependability	Credibility	Transferability	Resonance
Audit trail/thick descriptions	X		X	X	X
Analytic memoing/journaling	X	X			
Analytic generalization				X	
Chain of evidence	X		X		X
Member checks	X	X	X		X
Pattern matching	X				
Rival explanations	X		X		X
Theory building/change model	X	X	X	X	
Triangulation	X	X	X		

Adapted from Dzubinski (2013) and sources from Miles, Huberman, & Saldana (2014)

Construct Validity: Accuracy of Operational Measures

Yin (2014) defined construct validity as the accuracy with which a case study's operational measures reflect the concepts being studied. I used multiple evidentiary sources of data as highlighted in the data analysis plan, established a strong chain of evidence, and involved the AR team members in data analysis efforts. Data source and methodological triangulation (Stake, 1995) were deployed to ensure convergence of the analyzed data in order to maximally support the study's findings. Member checks were conducted with AR team members and selected associates as an approach to reinforcing my analysis of the data. Moreover, I integrated data captured via reflective journaling and analytic memos to think critically about coded-thematized data and to reduce researcher subjectivity and bias. Saldana (2009) emphasized that "the purpose of analytic memo writing is to document and reflect on: your coding process and code choices; how the process of inquiry is taking place; and the emergent patterns, categories and subcategories, themes, and concepts in your data—all possibly leading towards theory" (p.

32). I built a logical chain of evidence as suggested by Darke, Shanks, and Broadbent (1998) to aid in a more robust verification of data analysis, findings, and conclusions toward answering the research questions and validating the four central arguments of the study.

Internal Validity: Authenticity, Credibility, and Resonance of Findings

According to Ruona (2005), internal validity probes the congruence between findings and reality. It addresses the extent to which the findings make sense and are credible to the people being studied as well as outside readers. The tactics I used to ensure internal validity—pattern matching, addressing rival explanations, and using a theory of change model—took place during the analytic phase of conducting this case study (Yin, 2014). The transcribed data collected from multiple sources (as described earlier) was systematically coded and categorized to initiate the process of pattern seeking and thematic analysis which is critical to demonstrating internal validity. As suggested by Stake (1995), I immediately began looking for patterns while reviewing documents, observing, and interviewing, and while engaging in comprehensive pattern matching (i.e., categorical aggregation, direct interpretation, and frequency aggregation) via qualitative data analysis software in the hopes of aligning the data with the study's theoretical and conceptual underpinnings. Yin (2009) also emphasized the value of pattern matching, especially when the theoretical propositions and observational data coincide as predicted or when they do not (i.e., alternate hypotheses/rival explanations).

The premise of this study rested on the notion that carefully targeted capacity-building investments in pivotal talent in the form of leadership and management competency development and relevant performance support systems may positively influence their ability to develop, lead, manage, and support talent efforts to achieve sustained strategic success in the marketplace. Yin (1994, 2003, 2009, 2014) emphasized the importance of addressing, as much as possible, all

major rival interpretations as a part of a high-quality data analysis strategy. He recommended that if someone else has an alternative explanation for one or more of a researcher's findings, the researcher should make this alternative into a rival while considering the following: (1) Is there evidence to address this rival? (2) If so, what are the results? and (3) If not, should the rival be restated as a loose end to be investigated in future studies? While Yin advised that potential rival explanations should generally be defined before data collection begins, he pointed out that "some real-world rivals may not become apparent until the researcher is in the midst of data collection, and that attending to them at the point is acceptable and desirable" (p. 141).

I identified the following rival explanations (which are examined in detail in Chapters 5 and 6): (1) investments in other talent pools (e.g., dental hygienists) may account for improved productivity and profitability; (2) ongoing right-sizing of the private practices may account for some of the finding outcomes; and (3) general Hawthorne effects, combined with other attempts to keep the practices afloat, may influence outcomes. I addressed these rival explanations by (1) attending to investigator biases; (2) carefully scrutinizing the implementation and outcomes of the planned intervention outcomes; (3) examining and reporting contextual forces other than the interventions which may have accounted for unpredicted results; (4) considering whether some other theory/concept other than the initial propositions better explain the results; and (5) monitoring and controlling for general threats to qualitative validity, such as insufficient or biased knowledge of earlier studies and theories, especially extant literature on talent management, and contradictions in the logic (e.g., a mismatch between research questions and study design).

External Validity: Transferability and Generalizability of Findings

I assert that the findings and conclusions of this study may be applicable within the context of other private dental practices; however, I make no specific claims about the generalizability or transferability to other small-business contexts given the small sample size. Yin (2014) noted that the theory or theoretical propositions that contribute to the initial design of one's case studies and that are empirically enhanced by case study findings, will have formed the groundwork for the analytic generalization needed to test for external validity. Analytic generalization may be based on either (a) corroborating, modifying, rejecting, or otherwise advancing the theoretical concepts referenced in designing the case study or (b) new concepts that arose upon the completion of the case study. The theoretical proposition for this case study asserted that the capacity and agency of a private dental practice leadership team (consisting of a dentist-owner and his or her office manager) to lead and manage its talent may be positively influenced by engaging in strategic talent development that focuses on increasing its small-business management and leadership competencies. The literature review and research questions with the embedded units of analysis (as described earlier) were closely linked to the study's conceptual/theoretical framework and its associated theoretical proposition. Accordingly, the study's data collection and data analysis strategies were bounded exactingly by the theoretical proposition and the embedded units of analysis.

I strengthened any claims of generalizability or transferability to other private dental practices by integrating the following useful pointers suggested by Miles, Huberman, and Saldana (2014): (1) findings are congruent with, connected to, or confirmatory of prior theory; (2) the process and outcomes described in the conclusions are applicable in comparable settings; and (3) when applicable, the findings have been replicated in other studies to assess their

robustness. (Specifics about these three pointers are addressed in Chapter 5). As highlighted previously, the current study aimed to produce a single action research case study involving two analyses of three private dental practices (including comparisons, where applicable, to the benchmark private dental practice). The data collection and analysis plan (Table 4) for the study supported the level of richness and rigor as described by Miles et al. (2014).

Reliability: Auditability, Consistency, and Dependability of Findings

A good guideline for ensuring reliability in case studies is to conduct the research in such a manner that an auditor could, in principle, repeat the procedures and hopefully arrive at the same results (Yin, 2014). I meticulously operationalized the detailed strategy, steps, and tactics outlined in the research proposal. The steps for ensuring construct validity and internal validity were supported by a computer-assisted qualitative data analysis software (CAQDAS) tool designed to support coding and analysis of collected data. HyperResearch was used to systematically archive, categorize, and retrieve all relevant data collected during the study. This tool facilitated a disciplined approach to inputting and analyzing raw data (i.e., transcribed audio-recorded interviews, field notes from observations, document reviews), examining, coding, categorizing and thematizing the data, and searching for promising patterns, insights, or concepts that could be linked to the research questions and support the study's findings and conclusions.

The reliability of the study was further enhanced by utilizing HyperResearch to help establish and maintain a strong chain of evidence which allowed external observers to follow the derivation of any data from initial research questions to ultimate case study conclusions (Yin, 2014). The final case study report was adequately cited and footnoted as to sources of evidence used to arrive at specific findings. Collectively, a disciplined set of case study procedures, augmented by establishing and maintaining a robust database and chain of evidence, supported

reliability and replicability of the study's procedures. Despite the extra measures taken to ensure overall trustworthiness and quality of the data, this action research case study did exhibit certain limitations.

Limitations of the Study

In the context of research, limitations are the shortcomings, conditions, or influences that cannot be controlled by the researcher and that place constraints and restrictions on the study's methodology and conclusions. A discussion of a study's limitations demonstrates that the researcher is not making presumptuous claims about the generalizability and conclusiveness of what has been learned during the study (Marshall & Rossman, 2006). The most pronounced limitations of this study were the small sample size, time constraints, and availability of the benchmark private dental practice participants to participate in the AR team meetings. Efforts to recruit private dentist practice owner-managers and their office managers yielded only three practices (two that comprised the AR team and one with two locations that served in a benchmarking capacity only). While my initial goal was to recruit four to six leadership teams from difference practices to bolster the results of the study, it was a blessing in disguise (time- and resource-wise) to actually interact with the smaller sample size. As will be demonstrated in later chapters, the significant time and effort invested with the AR team and the benchmark practice leadership teams generated ample evidence to address the research questions and validate the four central arguments of the study. Engaging additional leadership teams may have been time- and resource-prohibitive and may have diluted the case study's results.

Time also proved to be a constraining factor for the leadership teams that comprised the AR team in that they had limited time to engage in intervention-related activities during normal business hours. Consequently, the leadership teams struggled to fully implement the

entrepreneurial and managerial interventions as designed. The teams allocated a couple of hours on Sundays for the AR meetings; however, a majority of that time was spent reflecting on what went well or did not go well while implementing changes in their practices between meetings. At times, this infringed on the critical developmental activities scheduled to take place during the AR meetings, which were designed to help close entrepreneurial, leadership, and managerial competency gaps. These competencies were sorely needed to implement the suite of planned interventions. The AR team seemed to always run out of time before completing scheduled agenda items. These impediments notwithstanding, the interventions were implemented sufficiently, and enough data were collected to make a significant contribution to the interdisciplinary knowledge base represented in the conceptual framework.

Lastly, time was also the primary factor which impeded the benchmark practice leadership teams from participating in dual roles as AR team members and host participants for the benchmarking component of the study. While the benchmark owner-manager and her three office managers (representing three leadership team combinations) participated enthusiastically in the benchmarking aspects of the project in their practice settings, they simply did not have the time or the will to expand their participation to AR meetings to interact with the AR team members in a developmental role. The burden fell on me (as researcher-practitioner) to not only collect relevant data from the benchmark private practice but also to exactingly transfer this capacity-building information to the AR team members during AR meetings and one-on-one leadership team coaching sessions in their practice settings. It would have been ideal if the AR team could have interacted directly with the benchmark practice participants to assist in data collection component of the benchmarking project and to get valuable best practices feedback directly from them. However, ongoing feedback from the AR team members was extremely

positive relative to the impact of having access to best business and talent development practices from the benchmark practice. Like small sample size and time constraints, this limitation did not impede the outcomes of the study due in large part to the intensive strategic talent development and one-on-one learning and leadership/management coaching sessions I provided to AR team members.

Chapter Summary

Creswell (2009) described research designs as "plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis" (p. 3). In this chapter, I outlined the research design for this study based on the theory and practice of qualitative action research case study methodology. I briefly discussed the interpretive-constructivist worldview as the philosophical orientation that guided my thinking and actions throughout the study. I then described the methodology employed in the study as a single within-case action research case study with multiple embedded units of analysis (i.e., dentist owner-managers, office managers, leadership teams, private dental practices, benchmark private dental practices). In-depth details of the AR cycles were highlighted respective to how I conducted the meta-analysis of the core project (various developmental interactions with AR team members and benchmark practice participants) and thesis project (synthesis of my reflective process with the collected data). I also highlighted the challenges of deploying a purposive snowball sampling and provided descriptive information about the study participants. I devoted the remainder of the chapter to detailing specific methods of collecting and analyzing data and of ensuring its quality and trustworthiness.

Additionally, I presented a data analysis plan along with detailed discussions outlining data collection efforts (AR meetings, one-on-one leadership team coaching, questionnaire, semi-

structured interviews, and participant observations) and the process for preparing, managing, analyzing, and interpreting/generating meaning from the collected data (i.e., transcribing raw data, utilization of HyperResearch software, coding, establishing categories, patterns, and themes). As an added measure of quality and trustworthiness, it was important that I address my positionality and subjectivity, and how I managed them throughout the study and the meta-analysis (see Appendix A). The chapter concluded with a discussion of the limitations of the study in relations to the initial intent and actual outcomes of executing the research plan. Taken collectively, the information presented in this chapter served to document the methodological procedures and approaches for collecting and analyzing data needed to address each research question and to validate the four central arguments of the study. The chapter represents a prelude to and a steppingstone for telling the story of the AR case study (Chapter 4), sharing the findings (Chapter 5), and exploring the analysis, conclusions, and implications (Chapter 6).

CHAPTER 4

CASE STUDY REPORT

The Paradox of "Survival of the Fittest"

The concept of "survival of the fittest," first coined by Stephen Spencer in 1835 and later adopted by Charles Darwin in 1860, has been used pervasively as a metaphor in contemporary business debates. Within this context, the metaphor elicits numerous fundamental questions about the dynamic lifecycle of small businesses: Why do some companies consistently adapt and thrive, while others fail to respond to their environment and eventually perish? What differentiates companies that fail to change from others that successfully adapt? Private dental practice owner-managers are confronted with similar questions in the wake of unrelenting competition from corporate dentistry practices. The metaphor "survival of the fittest" served as a framework for thinking about private practice dentist owner-managers and their office managers individually and collectively as leadership teams, as well as for informing the flow of the three iterative cycles of this action research study.

This chapter outlines the journey of the AR team members as they gained awareness, learned, took action, and engaged in reflective practices to build requisite levels of talent and organizational capacity within their small businesses to enhance business sustainability and survival. The study focused on pivotal leadership positions (three dentist owner-managers and five office managers) in four private dental practices—with two leadership teams serving as AR team members and one expanded leadership team participating as benchmark practices participants. The AR team executed three AR cycles: (1) strategic talent development for office

managers; (2) strategic talent development to develop leadership teams' entrepreneurial, managerial, and leadership competencies; and (3) development of scaled performance support systems. Each AR cycle was guided by Coghlan and Brannick's (2010) AR process, consisting of the following phases: pre-work, constructing, planning action, taking action, and evaluating action.

Purpose and Research Questions

The purpose of this AR study was to collaboratively explore approaches to enhancing the capacity of small-business leaders to strategically manage and develop talent and organization. The AR team sought to understand the competency requirements and performance factors of private dental practice owner-managers and office managers, the required performance support systems, and best practices for building acceptable levels of talent and organizational capacity in their practices. The team explored the unique challenges—including constrained resources, lack of viable business infrastructure, relevant functions, processes, and other performance supports, and leadership and management readiness—of implementing a strategic talent development approach to facilitating competency development of the leadership teams. The AR team members aimed to capture the dynamics of collaborative learning processes of small-business leaders throughout each AR cycle as they inquired, planned, acted, evaluated, and adapted to lessons learned while seeking answers to the research questions:

1. What happens to a small business when it implements a strategic talent development approach focusing on talent leadership?
2. How can action research facilitate evolving strategic talent development and collaborative learning between small-business owners and office managers?

Situating the Study: Description of Context and Participants

Making the case for the relevance of this study's research questions and central arguments required an explanation of the external and internal environmental factors that influence performance and business outcomes for private dental practices. The broader external environment is captured here in a summary of the state of dentistry and its implications for strategic talent development for private dental practice leadership teams. The external and internal environmental factors are highlighted in the context of four private dental practices along with descriptions of the case study research participants and stakeholders.

State of the Dentistry Industry: Implications for Strategic Talent Development

According to the ADA (2013b), several important transformative structural changes have occurred in the dental care sector in recent years, driven by factors such as consumer utilization of dental care, total dental care expenditures, shifts in population demographics, public policies expanding accessibility to dental care while driving down revenue, changing consumer behavior, increased dental school capacity and rising cost of dental education, and changing dental care delivery models. Corporate dentistry practices backed by private equity firms or other consolidating practice arrangements are proliferating at a high rate and are seen as sources of relief for many dental practitioners who wish to focus on providing excellent care without having to worry about running a business (McGuire & Woods, 2012). Private dentist owner-managers and their office managers, however, can collectively define their destiny in the industry by understanding key forces at work, investing in relevant competency development, and leveraging viable performance support infrastructures.

The two private dental practice owners (and their respective officer managers) who comprised the action research team recognized the gravity of the challenges and were motivated

to participate in this study to increase their understanding about and to seek solutions for the challenges confronting their practices. A third private practice dentist-owner and her three office managers were referred by one of the AR team's dentist owner-managers. They graciously accepted the invitation to serve as benchmark participants in the project but not as AR team members. Pseudonyms were assigned to all AR team members and benchmark private practice participants to ensure anonymity. Fictitious names were also assigned to their private dental practices (PDPs).

Initial Context-Specific Assessments of Business Survival Fitness

Private dental practice 1. Love's Community Dentistry (PDP 1), situated in suburban Smilesville, Florida, and owned by Dr. Freeheart, had provided quality general dentistry in its market for over 15 years. Dr. Freeheart presented himself as a gifted clinician but struggled with the entrepreneurial, managerial, and leadership aspects of running his practice like a small business. Despite these shortcomings, he managed to run three small private dental practices during the heyday of the dentistry industry, between the late 1990s and the economic downturn of 2008). This success was attributable primarily to high demand for services during that period, not to efforts to foster a coherent vision and business strategy. Unfortunately, Dr. Freeheart had to close two of the practices as the economy worsened (2007-2009) and the dynamics of the dentistry market shifted dramatically.

Predictably, Dr. Freeheart experienced a high turnover of office managers throughout the entire time of his business ownership. His current office manager, Ms. Loveless, has approximately 12 years of office manager experience in the dentistry industry and has twice worked for Dr. Freeheart in the capacity of an office manager (March 2014-present and from 2001-2006). Up to this point, both Dr. Freeheart and Ms. Loveless have displayed an inveterate

resistance to change. Unsurprisingly, both assessed their level of competency at the beginning of the study as consciously incompetent as it pertains to possessing the requisite entrepreneurial, managerial, and leadership competencies to optimally influence sustainable strategic success for their practice. Consequently, at the time of the study, the practice was in serious jeopardy of shutting its doors.

Private dental practice 2. Dr. Doolittle, who currently owns Healthy Smiles Family Dentistry (PDP 2) located on the north side of suburban Smilesville, Florida, had provided quality general dentistry in both military and civilian settings for over 15 years. At the beginning of the AR study, he had been a private practice owner for two years. Dr. Doolittle is a gifted clinician; however, he struggles consistently with the entrepreneurial, managerial, and leadership aspects of running his practice like a small business. Not only did dental school not develop his business acumen, the military also did not help him in this area by assigning to him to serve in clinical roles only. Consequently, his worldview had been shaped by excellence in service delivery, not by sound entrepreneurial, leadership, and management practices. His office manager, Ms. Doubtfire, could be best described as very willing but not quite able to competently manage typical business functions and processes.

Ms. Doubtfire had over 10 years of experience in dentistry, most of which had been working in front-desk operations and as a dental assistant. Her leadership and managerial perspectives have been shaped by an improvisational approach to managing the day-to-day practice operations. The learning environment in the practice was not conducive to improving her competency level because Dr. Doolittle consistently failed to structure expectations, provide performance supports, and model sound business practices. Their relationship as a leadership team seemed to be one of disconnectedness rather than one characterized by teamwork.

Exacerbated by lack of business-related resources, mature systems, processes, and procedures, the primary cause of low productivity and profitability in Healthy Smiles Family Dentistry was the persistence of poor leadership and ad hoc management practices by the leadership team. These challenges notwithstanding, the team exhibited an enormous thirst for change that permeated the practice.

Private dental practices 3 and 4. Dr. Moses, who owned two private practices under the name of Total Care Family Dentistry (benchmark PDP 3, a large group practice, and PDP 4, a small practice) located on the west and east sides of suburban Smilesville, Florida, had been practicing dentistry for over 30 years. She epitomized the essence of a well-rounded successful small-business owner. Both practices were very successful and typically met or exceeded industry benchmarks. An initial meeting was scheduled and conducted with Dr. Moses to solicit her participation in the study as a benchmark private dental practice. She graciously accepted and opened both practices up to the researcher-practitioner for observations, interviews, and other interactions with her three office managers (Mrs. Jones, Mrs. Dollar, and Ms. Jackson).

Upon graduation from dental school, Dr. Moses took personal responsibility for acquiring the business-related competencies needed to manage the business side of her practices. Charting her evolutionary developmental continuum and business decision making and strategies over her 30-year career made clear how she successfully grew a micro private dental practice (which focused initially on pediatric dentistry) into a large full-spectrum dentistry service delivery model for the entire family unit. Moreover, it accounted for her ability to sustain another thriving micro private dental practice, which enjoys a strategic competitive advantage in that local market.

Unlike Drs. Freeheart and Doolittle, Dr. Moses had implemented mature management and performance support systems, as well as strong developmental and team-building strategies for her staff. The levels of competence demonstrated by Dr. Moses and her three office managers could best be described as conscious competence as it relates to business acumen and execution of fundamental entrepreneurial, managerial, and leadership practices and strategies. Mrs. Jones, the primary office manager who managed operations in the group practice, had been with Dr. Moses practically since she opened up her first practice. Mrs. Dollar, the office manager for finance and accounting, human resources, and marketing, had worked in the group practice for over 22 years. Ms. Jackson had been the office manager in the small practice for over five years. Dr. Moses and her office managers, individually and collectively as a leadership team, set the tone for success in both practices. They were well positioned to serve as benchmark participants.

Enacting Action Research as the Game Changer for Who Is Most Likely to Succeed

The AR team members concluded that Dr. Moses' business model and approach to leading and managing talent and business operations needed to be replicated in their practices. Lacking sufficient business competencies, the AR team members would require extensive development and coaching to replicate applicable best business practices to achieve desired outcomes. Thus, an AR research methodology was leveraged as a structured, collaborative approach to addressing the business challenges in both Dr. Freeheart's and Dr. Doolittle's private dental practices. A hybrid action research methodological approach (Coghlan & Brannick, 2010) and an organizational development consulting process (Anderson, 2010) drove the core and thesis projects for this case study: pre-step—context and purpose (i.e., entry and contracting); constructing (i.e., data gathering, diagnosis, and feedback); planning and taking actions (i.e., interventions); and evaluating actions (i.e., evaluating outcomes and moving to the next AR

cycle or exiting the system). This approach fostered the integration of theory and practice (Coghlan & Brannick, 2010).

Given the context and the multiple private dental practice venues and participants involved in this study, I positioned myself as a pivotal member of a "reciprocal collaboration insider-outsider team" (Herr & Anderson, 2005, p. 38) to lead change in Dr. Freeheart's and Dr. Doolittle's private dental practices. Herr and Anderson (2005) suggested that within this positionality the mode of participation should be co-leaning, whereby "local people and outsiders share their knowledge to create new understanding and work together to form action plans, with outsider facilitation" (p. 40). This positionality and mode of participation required me to situate myself as an organizational development (OD) consultant to facilitate the team learning and development needed for transformative change.

Entry and Contracting

Entry is the first step in the consulting process during which the consultant becomes connected with the social environment and builds relationships and trust with organizational members as a precursor to the contracting phase. Anderson (2012) characterized the contracting phase as a "time to explore initial issues with the client" and to "clarify how the consulting process will work, from negotiating expectations to discussing roles and outcomes" (p. 108). These critical first steps of the AR project allowed me to lay the foundation for (1) initially engaging the prospective AR team members to explore the project's potential; (2) building the team and establishing collaborative relationships; (3) defining the presenting problem; and (4) explaining why AR was the best approach to conditioning the participants' ability to manage and lead talent and organization.

Initial meeting and discussions. An initial discussion with a private dental practice owner-manager took place in August 2013 to explore the feasibility of partnering with other, similar dentist owner-managers to conduct a collaborative project/study on the challenges of leading, managing, and developing talent and organizational capacity within their practices. The owner-manager expressed a strong desire to proceed with the study given the challenges he was experiencing managing his practice, specifically regarding cash flow and employee turnover. He also bemoaned the fact that he had gone through four office managers within the past year and that he was struggling to manage the day-to-day operations of the practice while performing his clinical role as a general dentist.

Based on a series of questions which I posed during the initial meeting, the owner-manager indicated that his current practice was characterized by: (1) an absence of documented mission, vision, and values statements and coherent strategic plans to sustain and grow the practice; (2) poor organizational capacity, as evidenced by a lack of mature processes, policies, procedures, and operations; (3) a lack of formal performance management practices to structure staff members' expectations or to provide performance feedback, coaching, accountability, and performance improvement; and (4) a lack of metrics, monitoring, and reporting capacity to maintain situation awareness and to make timely business decisions. Given the small size of his practice, we discussed the potential limiting factors of only studying his practice and then agreed to invite other private dental practice owner-managers to participate in the study. He sponsored a meeting on October 8, 2013, and invited five of his colleagues, all dentist owner-managers in the metropolitan area who were briefed on the proposed project, to solicit their participation.

Establishing and building the action research team. Three of the five practice owners showed up for the dinner meeting at 7:00 PM on October 8, 2013, to learn more about the

project. I prepared and delivered a presentation that outlined the following aspects of the project: (1) overall goals of the project; (2) an overview of the AR process; (3) the mutual benefits of the project; (4) an open discussion on pressing business and operational challenges for their practices; and (5) a framework for a proposed project plan. The presentation engendered spirited discussions about the pressing challenges within their practices, especially concerning their financial wellness and people management challenges. After delivering the presentation and establishing initial relationships, I received unanimous consensus from the three dentist owner-managers to move forward with the project. Ultimately, however, only two of the dentist owner-managers and their office managers would fully commit to attending AR meetings and participating in associated project work supporting the study.

Defining the problem and seizing the opportunity. Subsequent to deciding to move forward with the study, the AR team agreed on the questions that would guide the study: What are the dynamic challenges small-business leaders encounter when attempting to strategically manage and develop talent and organizational capacity? And, by extension, what are the entrepreneurial, managerial, and leadership competencies that private dental practice leadership team members need to acquire along their developmental journeys to influence sustainable strategic success throughout each stage of their practices' lifecycles?

The obvious developmental benefits of this project notwithstanding, the dentist owner-managers emphasized the need to focus attention on how they should best approach leading, developing, and supporting their office managers. They believed that the office manager position was the most pivotal position in their practices. They asserted unanimously that the success of their practices hinged on the competent, results-oriented performance of their office managers. The group discussed potential approaches to studying the functions, roles, responsibilities,

competencies, and performance support requirements of their office managers and the degree to which their office managers would be involved in the study. Although the owner-managers initially advised against allowing office managers to participate in the AR team meetings, both requested that I visit their practice to meet and interact with their office managers before the next scheduled meeting. After visiting their practices and observing their office managers in actions, I concurred with the owner-managers that we should delay including them in the first few AR team meetings in order to optimize trust and relationship building. The initial plan was to interact with the office managers in an observational and developmental capacity in their practice settings while interacting with the owner-managers primarily during AR meetings.

After several meetings (which included observations, unstructured interviews, and developmental activities) with office managers in their practices settings, it became obvious that the office managers needed to be full members of the AR team and attend meetings. It also became apparent that it would be prudent to invite a benchmark private dental practice to participate in the study to augment the project work as well as the AR team's learning and growth. A meeting was scheduled and conducted with Dr. Moses, a benchmark practice owner referred by Dr. Doolittle, during early July 2014. She accepted the invitation and involved herself and her office managers in both practices to participate in interviews and observations to support the study. The IRB process was explained to AR team members, office managers, and the benchmark practice participants. All team members and participants signed informed consent forms that explained the extent of their participation in the study and the conditions of the data related to the study.

Identification of key stakeholders for the Study. The team members conducted a stakeholder analysis to identify who could potentially be involved in or affected by the study, as

well as those individuals who could support or inhibit the project goals. While other staff members were indirectly impacted by the study, the owner and office managers were the main participants. Table 7 outlines the various stakeholders, their stake in the project, perceived attitudes and risks, and strategies to manage these potential impediments.

Table 7

Dental Practice Management Stakeholder Analysis

Stakeholder	Stake in the Project	Sensed Risks/Attitudes	Management Strategy
Dentists Owner-Managers	Practice owners and main dentists; interested in improving practice financial and operational effectiveness, and improving leadership and managerial capabilities of self and office managers.	Latent skepticism and confidence in the value of project in terms of near-term practice concerns versus long-term benefits; scarcity of resources to implement potential interventions.	Regular engagement and emphasis on the value proposition of the project; make clear that they own the project, the problem, the process, intervention implementation, and sustainment.
Office Managers	Responsible for efficiently and effectively managing the day-to-day functional and operational aspects of the practice by raising levels of competencies and performance via improved processes, systems, policies and procedures.	"Too much on my plate"; "I'm expected to be the 'jack of all trades'"; "Everyone depends on me and expects me to have all the answers"; "I don't have the performance support systems/resources to be impactful"; "I need help!"	Stress value proposition of the project and that help is on the way; their engaged participation will not help them, but potentially other office managers in the dentistry industry and other small businesses will.
Dental Hygienists	Contracted to perform routine patient dental cleanings and other dental maintenance services; concerned about viability of practices and staff competence and client engagement.	Commitment to professional delivery of services is very high; however, tend to frown on the mediocracy of the inter-office dynamics; bonding with full-time team tends to be a challenge.	Leverage their experience in delivering services in various contexts and settings.
Dental Assistants	Typically permanent staff who assist dentist with various procedures along with other general duties; may or may not have formal training as a dental practitioner.	Prone to high turnover for a variety of reasons; depending on level of experience, some may require ongoing coaching by the office manager.	Display transparency as to the intent of project, especially in the context of practice observations; emphasize the value proposition in terms of increased competence, practice effectiveness.
Receptionists	Manage front desk; interact with patients to schedule appointments, in-process for scheduled services, process payment, manage records, etc.; may not have formal training as a dental practitioner.	Prone to high turnover for a variety of reasons; depending on level of experience, some may require ongoing coaching by the office manager	Display transparency as to the intent of project, especially in the context of practice observations; emphasize the value proposition in terms of increased competence, practice effectiveness.

The pre-work executed during the entry and contracting phase (along with initial efforts during the constructing phase) yielded enough discovery to foster consensus among AR members to plan for and execute three overlapping AR cycles:

1. Cycle 1: Strategic talent development for office managers (i.e., leadership competency assessment tool and individual development plan);
2. Cycle 2: Strategic talent development for leadership teams (i.e., developmental activities to foster collective entrepreneurial, managerial, and leadership competence of dentist owner-managers and their office managers to enhance organizational capacity); and,
3. Cycle 3: Develop scaled performance support systems.

AR Cycle 1: Facilitating Awareness and Learning as a Precursor to Taking Action

Many small-business owners feel they cannot effectively compete with the corporate entities in their industries. This is especially true in the dentistry industry, where "strong" is increasingly equated with perceived enhanced organizational capacity, resource abundance, and a superior business model (as possessed by corporate dentistry entities). Antithetically, unwitting private dentist-owner managers label themselves as "weak" as they consistently struggle with cash flow and other business challenges that impede their ability to compete. Fortunately, the leadership teams participating in this study became aware of their vulnerability to succumbing to such a mindset and wanted to take positive steps to take their individual and organizational growth to higher levels of maturity.

The impetus for constructing, planning, taking action, and evaluating action during the initial AR cycle was twofold, as outlined in Table 8: (1) the pivotal role of the office manager in driving operational success; and (2) the urgency of not only conditioning the dentist owner-

managers to understand and embrace their roles as entrepreneurs and managers, but also of taking up their role of building talent and organization capacity. Results from initial discovery efforts (feedback from dentist owner-managers during team meetings and participant observations in their practices) revealed a need to significantly strengthen the leadership and managerial competencies of the dentist owner-managers and their office managers to lead and manage talent and organization.

Table 8

AR Cycle 1: Strategic Talent Development for Office Managers

Shaking off Debilitating Social Darwinism: Strategic Talent Development (Office Managers)			
Phase	**Researcher Actions**	**AR Team Actions**	**Outcomes/Findings**
Constructing	Participant observations; team member interviews; small-business owner survey; document reviews	Reviewed/analyzed data; consensus on presenting problem	No strategic planning; gaps in leadership and managerial competencies; no mature processes and systems
Planning Action	OD consulting/coaching activities: management functions, entrepreneurship; decision science; practice transformation	Determined need for change; envisioned the future state; conducted gap analysis; set the conditions for change	Initial framing of competency assessment and development intervention for office managers
Taking Action	OD consulting/coaching activities: competency modeling; STD for Office manager; job analysis	Identified/defined 12 behavioral competencies; built competency assessment tool; IDP template	Initial office manager assessment completed; developed OM IDP; and executed OM IDP
Evaluating Action	OD consulting/coaching activities: performance management; organization assessment	Assessed progress/impact of OM competency assessment and developmental activities	Secured benchmark practices; formally integrated OMs on AR team; leadership team development

Constructing Phase (Initial Discovery: Intelligence Preparation of the Dentistry Ecosystem)

Coghlan and Brannick (2010) emphasized that the first step of an action research project should be a dialogic activity in which stakeholders of the project engage in constructing a

working them around the issues on the basis of which action will be planned and taken. During this phase, the action researcher engages stakeholders in the process of constructing rather than being the "expert" who decides apart from the owners of the problems. Given the profound challenges within each practice and the initial assessed capability gaps of the dentist owner-managers and their office managers, the researcher-practitioner had to consistently resist stepping in as an expert consultant to take the lead around diagnosing and solving their problems. Overcoming this challenge was a significant developmental opportunity for the researcher-practitioner. Despite these challenges, the AR team managed to build the right relationships in order to engage collaboratively in the process of discovery to understand the nature of the problem.

One of the decisions made during initial team meetings was to conduct participant observations and semi-structured interviews within each practice, with a focus on the roles and responsibilities of the office managers. Another goal was to determine the state of the existing performance support infrastructure. The salient recurring themes from the coded data reinforced the presence of dynamics indicative of those hypothesized in the research questions and central arguments. The observations provided an opportunity for the researcher-practitioner to: (1) gain firsthand understanding of the practices' day-to-day operations, teamwork, and required resources; (2) understand the wide range of skillsets and competencies staff must master to drive sustained business success; (3) better understand the pivotal nature of the office manager position and the primacy of relationship with the dentist owner-manager; and (4) recognize the prevalence of recurring challenges present in both practices.

While the analyzed data presented manifold themes, the following specific themes were linked directly to the study's research problem and questions: (1) ad hoc management by crisis

permeates both practices (Dr. Freeheart: “I feel powerless and unable to effect change given the unrelenting demands of trying to keep the business afloat”); (2) the observed gaps in the leadership and managerial competencies and performance of the dental practice owners and the office managers negatively influenced business outcomes, especially predictable cash flows; (3) the absence of documented mission, vision, and values statements and coherent tactical and strategic plans manifested a lack of focused purpose, direction, and performance support for staff, as well as a rational approach to sustaining and growing the practices; and (4) the absence of mature processes and systems resulted in inefficient and ineffective operational and business outcomes.

The AR team members completed a survey (i.e., the Small-Business Owner Assessment Tool) to assess their maneuverability between three leadership and business-related trait dimensions (entrepreneurs, managers and specialists) that are critical to small-business success. The dentist owner-managers and office managers scored highest in the “specialist” category followed by the “management” category and, lastly, the “entrepreneur” category. In general, these results (see Table 9) supported findings in the literature regarding the strengths and weaknesses of many small-business owners—that they were technically proficient in delivering services but lacked requisite business acumen and leadership and managerial competencies to manage the firm’s business side.

Table 9

Analysis of AR Team's Small-Business Owner Assessment Tool Results

AR Leadership Team Member	Pre-Test EMS Profile			Post-Test EMS Profile			Change in EMS Orientations		
	E	**M**	**S**	**E**	**M**	**S**	**E**	**M**	**S**
DO #1	28	21	51	30	32	38	7%	34%	-25%
DO #2	24	27	49	32	34	34	25%	21%	-31%
OM #1	26	31	43	28	37	35	7%	16%	-19%
OM #2	25	31	44	26	38	36	4%	18%	-18%

Legend: DO = Dentist-Owner; OM = Office Manager: E =Entrepreneur; M = Management; S= Specialist

Again, not surprisingly, these results aligned with team members' self-assessed level of competency as evaluated against Taylor's (2007) cycles of competence (Figure 6).

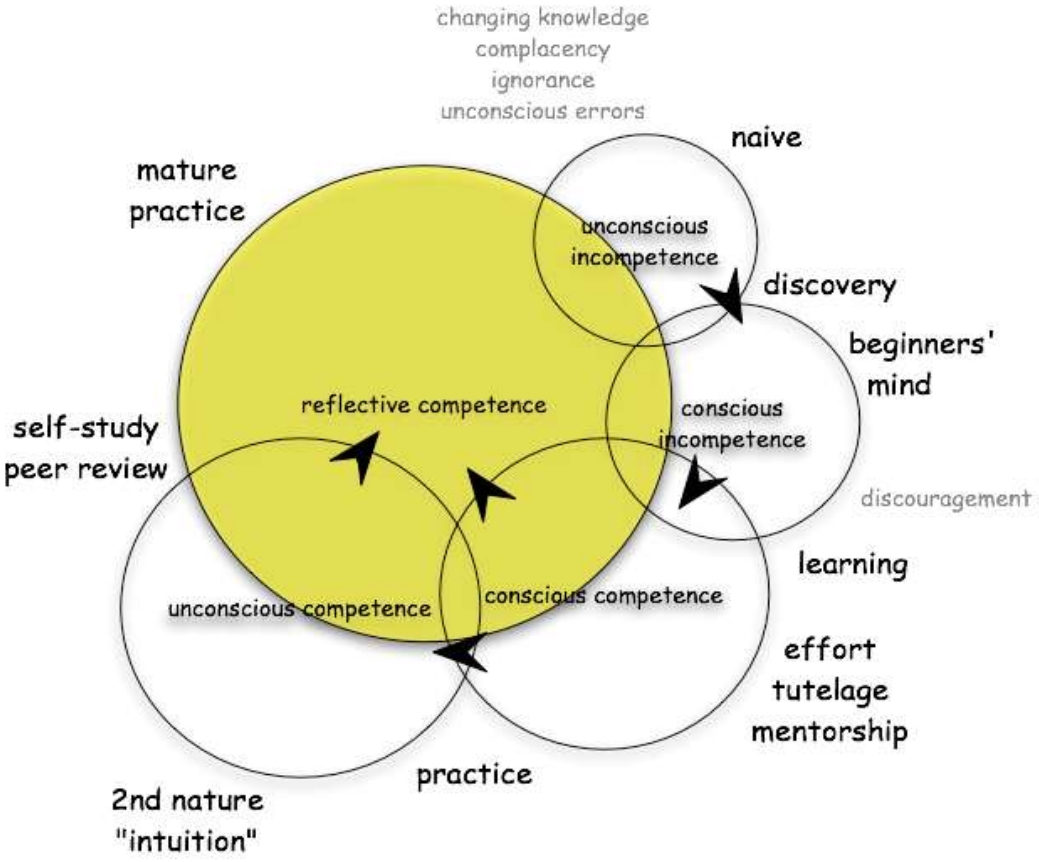

Figure 6. Taylor's (2007) cycles of competence. Courtesy of Will Taylor, Chair, Department of Homeopathic Medicine, National College of Natural Medicine, Portland, Oregon, March 2007.

Both dentist owner-managers and their office managers initially rated themselves as "unconscious incompetent" given the revelation that they were obviously unaware of the depth of their capability gaps and the impact they had on the success of their small businesses. By the end of AR cycle 1, all rated themselves as "conscious incompetent" since they had come to realize their developmental shortcomings and the current growth patterns of their practices, as depicted in Figure 7. Dr. Doolittle and Ms. Doubtfire initially rated their practice as being in the initial growth stage because they had been in business less than three years and had not gained traction in implementing policies, procedures, process flows, and maturing systems initially

envisioned. On the other hand, Dr. Freeheart and Ms. Loveless rated their practice as being in a state of decline given the seemingly insurmountable challenges they were facing, most of which were self-inflicted due to engaging in poorly thought-out entrepreneurial ventures and inattentiveness to managing the practice like a business.

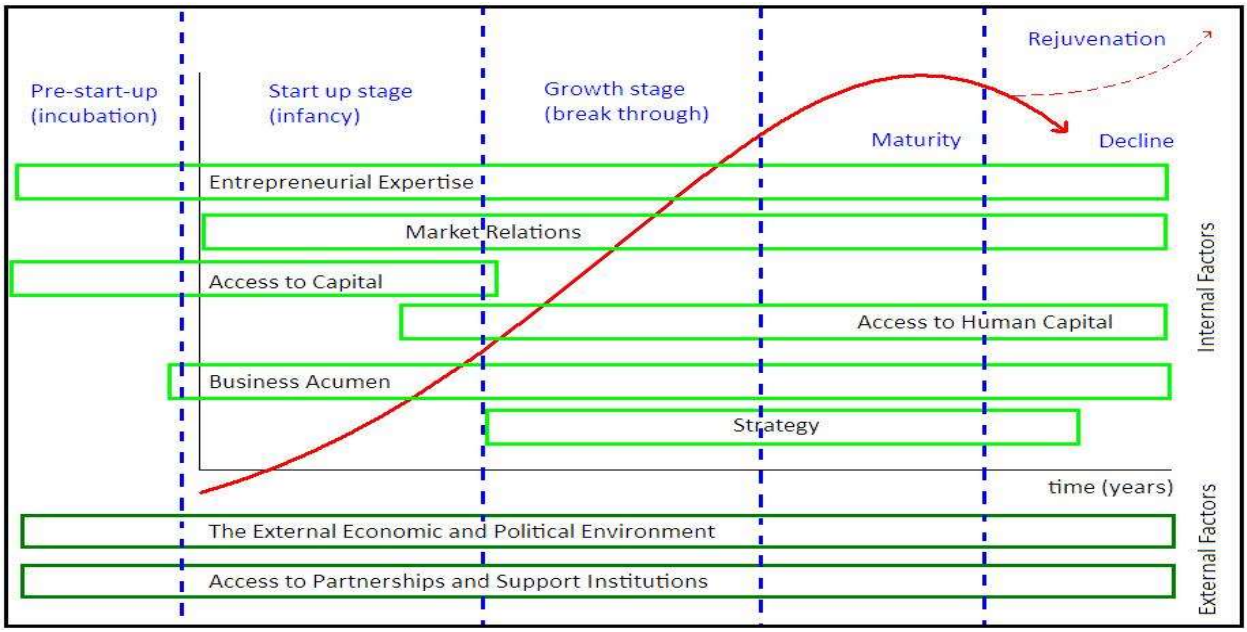

Figure 7. McMillan's (2009) business life cycle and factors affecting the success of SMMEs.

The collective results of the data collection and assessments suggested that the leadership teams lacked the capacity to lead, manage, and develop talent. Moreover, the results revealed that the team members lacked the competencies needed to leverage existing resources or secure additional capabilities to build requisite organizational capacity for sustaining success. These initial indicators, which reflected the stages of the participants' competency and that of their practices, provided sufficient evidence to proceed with the planning, taking action, and evaluating action phases of AR cycle 1.

Planning Action

Planning action follows is consistent with the exploration of the context and purpose of the project—that is, the constructing of the issue (Coghlan & Brannick, 2010). Planning action suggests a deliberate conceptualization of relevant strategies and tactics to facilitate change needed to address the true issues as identified during the constructing step. Axiomatically, the conceptualization of planning action should follow a viable process of change such as the one advocated by the phases of Beckhard and Harris's (1987) change management process in Figure 8 (Beckhard & Harris, 1987; Beckhard & Pritchard, 1992; Coghlan & Brannick, 2010): (1) determining the need for change; (2) defining the future state; (3) assessing the present in terms of the future to determine the work to be done; and (4) managing the transition.

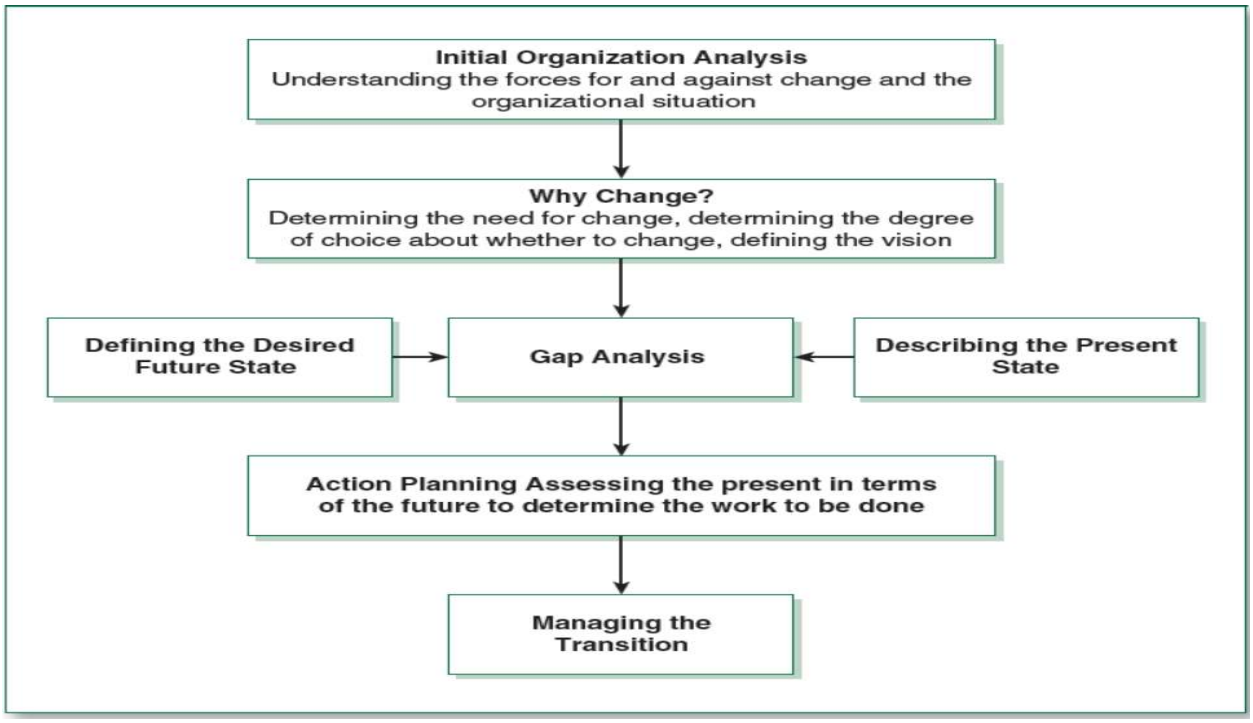

Figure 8. Beckhard and Harris's (1987) change management process.

Determining the need for change. The need for change poignantly manifested itself throughout the constructing phase, while the common themes emanating from the analyzed data correlated with a need for competency development and performance support for both the dentist owner-managers and the office managers in order to optimally build practice capabilities. For example, when asked if she felt she possessed the competencies and support tools to effectively perform her duties as office manager, Ms. Doubtfire responded, "The office is without documented policies, processes, procedures, mission, and values statements, job descriptions and functional systems." During the course of determining the need for and priority of change, the AR team concluded that a talent leadership or train-the-trainer approach—one that conditioned the dentist owner-managers to take up role of leading and developing their self and their office managers—should be followed to maximize their competency development individually and collectively as a leadership team. The dentist owner-managers realized they needed to build their own capacity to lead change and to evolve their practices toward the desired state of growth and business success.

Defining the future state. The singular vision for both practice owners was to arrive at a state of organizational capacity which fostered sustainable strategic success and competitive advantage. Realizing this vision and effectively competing with corporate dentistry entities in their footprint would require them to re-conceptualize their approach to living the essence of their business models. They would need to redefine the tenets of the model (i.e., commitment to professional autonomy, quality patient care and long-term relationships, and excellence in dentistry service delivery) in terms that could be operationalized consistent with a viable strategic plan. Moreover, the model would need to be supported by a nimble performance support infrastructure and strategic talent development that promoted optimal talent and

organizational capacity. Guided by a vision embedded in a redefined business model, a strategic plan, and newly developed leadership and managerial competencies, the office managers would be well-positioned to co-lead with dentist owner-managers to affect change.

Conducting the gap analysis and conceptualizing an intervention strategy. The initial data collection and analysis illuminated the need for change around every facet of the research problem. The AR team members elected to summarize the results of initial data collection and analysis on a performance gaps map (Robinson & Robinson, 1995), as shown in Appendix B, to provide a clearer understanding of and a more direct linkage between the practices' most challenging business needs, required versus current on-the-job performance, relevant performance support systems, and actual business outcomes. Moreover, it displayed the salient internal and external environmental factors negatively impacting performance.

The performance gap analysis suggested that the most pervasive factor impacting the practices' performance and realization of their potential was the lack of strategic talent development, specifically managerial and leadership competencies, of the leadership team members. It also highlighted the inadequacies of the performance support infrastructures and the internal and external environmental factors that negatively impacted the practices' success. The gap analysis exercise reinforced the team's decision during the first AR cycle to place initial priority on building the leadership competency assessment and development tool for addressing the performance gaps of the office managers.

Managing the transition (preparing for change). Making the decision to act was exponentially easier than motivating and preparing the AR team to take action and manage change. As the researcher-practitioner, I struggled with managing the contradictions in the teams' theory of action as compared to their theory-in-use regarding their confidence and

commitment to enacting the change they so desperately desired. This pronounced dichotomy manifested itself in positive and negative ways, presenting perhaps the biggest challenge for the researcher-practitioner during the first AR cycle. On the one hand, the dentist owner-managers bemoaned their struggle to maintain a positive cash flow, yet at times they expressed doubt and reluctance to invest the time and resources needed to take ownership of facilitating the initial change strategy (i.e., strategic talent development for their office managers). The essence of this reluctance was evident in Dr. Freeheart's description of an incident in which he recently fired an office manager before re-hiring Ms. Loveless:

> I just felt that her service was not in my best interest. She wasn't making any progress and I felt that the things that I pointed out to her that I wanted her to do as submitting and getting those claims paid, she wasn't taking the initiative to do it. So I just parted ways with her.

Regrettably, Dr. Freeheart did not perceive that his hands-off talent leadership approach and his not providing her the needed performance supports contributed to her inability perform her duties and responsibilities. He wanted results yet could not connect with her to inspire desired outcomes.

Despite these challenges, the dentist owner-managers continued to pursue low- or no-cost ways to develop and implement the competency assessment and development tools to address the developmental issues of their office managers. Moreover, they agreed to engage in a series of developmental interventions designed to strengthen the group's dynamics and to help prepare the team mentally, intellectually, and emotionally to lead and sustain change in the practices: (1) developmental coaching sessions during AR meetings and practice-setting meetings; (2) an

overview of immunity to change methodology (Kegan & Lahey, 2009): and (3) review of concerns-based adoption model of change (Hall & Hord, 2006). These crucibles were part and parcel of the strategy for developing the dentist owner-managers' entrepreneurial, managerial, and leadership capacity. Moreover, the strategy was designed to help them engage effectively in the strategic talent development of their office managers and other pivotal talent within their practices.

Taking Action

The gap analyses suggested specific competency development needs for the leadership team members during AR cycle 1: (1) strategic talent development to enhance the entrepreneurial, managerial, and leadership competencies of the dentist owner-managers; and (2) managerial and leadership competency development of the office managers supported by the implementation of a newly developed competency assessment tool and individual development plan (IDP).

Dentist owner-managers' strategic talent development. Developmental activities for the dentist-owner managers began during the fourth AR meeting. Developmental activities (see Table 10) focused on strengthening their competencies enough to manage the business side of their practices and to help guide the development of their office managers.

Table 10

Phase 1: Organizational Development—AR Team Strategic Talent Development Activities

Phase 1: Dentist owner-managers only AR team participants. Office Managers are concurrent participants in one-on-one sessions with researcher-OD practitioner in practice setting only.

Session/Date	Key Events and Pivotal Actions	Outcomes and Next Steps
Session 1: January 14, 2014	First official program meeting: (1) reinforce expectations and program goals; (2) feedback/reflections on initial practice observations and results, and review S-BOAT survey; (3) management functions, processes; and supporting systems; and (4) strategic planning and action-taking.	Set the conditions for program success; gain DOs' perspectives on state of their practice capacity, their vision for the future, and implication for potential interventions; prepare for project work with individual OMs in their practices.
Session 2: March 11, 2014	Focus on role of office manager: (1) report out of action-taking and reflections since last meeting; (2) clarity on OM's roles/ responsibilities; (3) division of labor and relationships as a leadership team; and (4) performance management.	Understand developmental needs and performance support for both DOs and OMs; prepare for project work with OMs individually in their practices.
Session 3: April 13, 2014	Competency-based approach to leading and managing: (1) updates and reflections; (2) reinforce process of change; (3) performance improvement framework; and (4) initial conceptualization and project plan for developing leadership competency model and assessment tool for OMs.	Set the stage for developing and implementing the leadership competency model and assessment tool for OMs; and assignment to work on gap analysis for practices; prepare for project work with OMs individually in their practices.
Session 4: May 4, 2014	DMP strategic gap analysis: (1) updates and reflections; (2) review gap analysis and provide space for reflections; (3) initial discussions about developing structured management systems; and (4) project work on leadership competency model and assessment tool.	Consensus from team members on current gaps in performance and capabilities, their causes, and implications for building structured capabilities in the midst of chaos.
Session 5: June 8, 2014	Review and reflect on the project to date: (1) share CMS 1 recommendations from committee and implications for making adjustments; (2) reflections on gap analysis; and (3) strategy to conduct competency assessments of OMs.	After action review on successes and setbacks of project to date and gain consensus needed adjustments; prepare for individual OMs' competency assessments.

Office managers' strategic talent development. Action began in earnest during March 2014, around designing, developing, and implementing a leadership competency assessment tool for office managers (see Appendix C). During the design and development phase of this

intervention, the AR team elected to modify an existing leadership competency assessment tool. During this phase, priority was given to selecting relevant leadership and managerial competencies, which, if properly developed, would optimally enhance office managers' capacity to manage operations and lead and manage talent and organization within their respective practices. Based on a series of participant observations and interviews with office managers and feedback from dentist-owners, the AR team initially identified 10 competencies. After conducing quality observations and interviews with the benchmark practice dentist-owner and her three office managers, the final list of competencies grew to the 12 listed in Table 11.

Table 11

Office Manager Leadership and Management Behavioral Competencies

1. Develop personal mastery to lead self and others	7. Coach and develop individual and team competencies
2. Connect practice vision, values, and strategic plan to team outcomes	8. Manage and lead internal projects and initiatives
3. Lead people and manage practice to achieve sustained success	9. Anticipate threats and opportunities to lead change
4. Manage practice systems, processes, and programs	10. Foster client-focused and quality-oriented service
5. Implement viable employee engagement strategies	11. Manage diversity to build cultural competence
6. Manage relationships	12. Manage practice resources

After initially identifying the competencies, the AR team members immediately developed context-specific, private dental practice definitions for each competency. These definitions were then used to develop a 5-item, anchor-supported assessment of each competency. A competency assessment tool was built using the collective set of anchor-supported competencies. This assessment was constructed in a manner that allowed each office

manager to conduct a self-assessment in each of the competency areas. The overall intent of the assessment tool was to engender critical reflection on the part of office managers so as to assign a rating of 1 to 5 in the "self" rating block to characterize their current level of proficiency in each competency area. After self-assessing each competency, office managers were then required to annotate in the "target" column the targeted level of proficiency deemed necessary to meet or exceed expected levels of performance in each competency area. A block labeled "manager" adjacent to the "self" block was designated for dentist owner-managers to also assign a rating for each of the competencies self-assessed by the office manager.

The juxtaposition of office managers' and dentist owner-managers' assessments served to facilitate crucial conservations between dentist owner-managers and office managers to determine if an individual development plan (IDP) was required to address competency shortcomings (i.e., gaps between actual and targeted ratings). Moreover, the conversations compelled dentist owner-managers to work with their office managers to develop and implement an individual development plan (Appendix D) which outlined specific developmental activities, resources, and timelines to close assessed gaps.

The actual self-assessments and dentist owner-manager assessments took approximately 90 days to complete due to the excessive prodding and coaching required to encourage each of the leadership team members to finish their respective parts of the assessments. The process of conducting the assessments and developing the IDPs on each office manager was much more revealing than expected, highlighting the true state of leadership, managerial, and entrepreneurial capabilities of both dentist owner-managers and office managers. Although involved in the development of the competency assessment tool, both office managers and dentist owner-managers were challenged to accurately complete their respective sections of the assessment and

ultimately changed ratings in certain areas multiple times. Consequently, I had to conduct two individual coaching sessions with each leadership team to facilitate quality completion of the competency assessment and IDP for each office manager.

Completing the competency assessments and IDPs were eye-opening experiences for the dentist owner-managers and the office managers—so much so that a resurgence of energy, enthusiasm, and motivation was evident in subsequent AR team meetings and individual leadership team coaching sessions. IPDs for respective office managers consisted of self-development, learning coach-driven developmental activities, continuing education, and relevant performance support systems for addressing the developmental gaps within select competency areas. Progress toward achieving the IDP goals was a major topic of discussion during AR team meetings.

Evaluating Action

Up to this point in the study, the developmental activities for the dentist owner-managers only moderately served the intended purpose of conditioning their capacity to lead change in their practices. As measured against Kilpatrick's (1994, 2005, 2007) four levels of evaluation, they were mastering the first two levels (*reaction* and *learning*). However, they were somewhat challenged in *transferring* the knowledge back to the workplace to achieve the desired *results.* The results were mixed, especially in the context of implementing the competency assessment and development for their office managers.

Completion of the developmental activities for each office manager's IDP was slow and did not progress as planned due to numerous unanticipated business setbacks for both practices. Ms. Doubtfire, the office manager for Healthy Smiles Family Dentistry, progressed at a much higher rate (in terms of the number of competencies developed and the return on investment)

than Ms. Loveless, the office manager for Love's Community Dentistry. Ms. Doubtfire's seeming success could be attributed to the level of support received from her owner-manager, Dr. Doolittle. Although still maturing in his roles as an entrepreneur and as a leader and manager, Dr. Doolittle was far more engaged in the day-to-day management of his practice and much more open to change than Dr. Freeheart. His engagement with and support of the development of his office manager led to a modest increase in revenue for calendar year 2014 compared to calendar year 2013. Conversely, production and revenue declined in Love's Community Dentistry during the same period due to poor business decision making and inadequate support of his office manager.

Competency development for Ms. Loveless also suffered because she had to routinely hold down the entire front-desk operation by herself, a herculean effort normally requiring at least one other specialist, depending on the size of the practice. In essence, Ms. Loveless could not adequately perform her role as an office manager because she spent excessive time "in the weeds" performing non-management functions. Consequently, competency development for the two office managers was not optimized during AR cycle 1 and had to be further addressed during AR cycle 2.

Given the aforementioned impediments and challenges, a long-overdue decision was made in July 2014 to include the office managers as members of the AR team in order to benefit from the developmental activities during the monthly AR meetings. Both dentist owner-managers agreed that including them would not only help facilitate enhanced development for office managers, but it also served as a forum for developing competencies needed to function as cohesive leadership teams. Their comments about this decision were telling:

Dr. Freeheart: I didn't feel comfortable with having my previous office manager being involved in these meetings because I had to end up firing her. Now that I have Ms. Loveless back on the team, I think it would be very beneficial for her to attend so that she can get the same perspective that I'm getting. I trust her because I know that she has my best interest at heart. I believe that she will add value to our meetings because of her vast experience. Hopefully, this will help us to grow as a team and get the practice back on track. So, I look forward to the office managers attending future meetings.

Dr. Doolittle: I agree. Ms. Doubtfire and I have been sharing information that we've been getting from our separate meeting with you. While that has been helpful for us to shift our focus in several management areas in our practice, it would serve us better if we attended all meetings together so that we are on the same sheet of music. Sometimes I believe that the power of the things we discussed in our meetings are somewhat lost when I attempt to translate it to her back in the office. Like Dr. Freeheart, I believe having our office managers here will help us to grow as a team.

Yet, despite this new development, the collective knowledge of the AR team was not enough to fully address all of the talent and organizational capability gaps in the practices. One of the critical outcomes of evaluating AR cycle 1 was the decision to secure a benchmark private dental practice to help facilitate continued design, development, and implementation of plan interventions.

AR Cycle 2: Strategic Talent Development of Leadership Teams

The strategy for AR cycle 1 involved dual developmental objectives: (1) developing capacity for dentist owner-managers to take up the role of leading and managing talent and organizational capacity; and (2) competency development of the officer managers. The focus of

AR cycle 2 was to integrate the office managers into AR team meetings and gather data from the benchmark practices. These actions were designed to develop the collective competencies of the dentist owner-managers and office managers as leadership teams and empower them to build capacity and manage the business side of their practices (see Table 12).

Table 12

AR Cycle 2: Strategic Talent Development for PDP Leadership Teams

Phase	**Researcher Actions**	**AR Team Actions**	**Outcomes/Findings**
Constructing	OD consulting/learning activities: strategic benchmarking; engaged benchmark practice owner/OMs to collect data.	Integrated OMs into AR team; role of leadership teams; reviewed/analyzed benchmark data.	Decision to create a PDPM benchmarking system with supporting KPIs and metrics.
Planning Action	OD consulting/learning activities: individual team coaching in their practices; ingoing consulting/data collection in benchmark practice.	Determined need for change; envisioned the future state; conducted gap analysis; set the conditions for change.	Initial conceptualization of talent and organizational capacity-building intervention.
Taking Action	OD consulting/learning activities: individual team coaching in their practices; ongoing consulting/data collection in benchmark practice.	Project work building the PDPM benchmarking system with supporting KPIs and metrics.	Completed PDPM benchmarking system; began implementing PDPM benchmarking system.
Evaluating Action	OD consulting/learning activities: Individual team coaching in their practices to implement benchmarking system with supporting KPIs/metrics.	Assessed progress and impact of initial implementation of benchmarking systems.	Slow progress; consensus of focus for cycle 3—scaled performance support systems and development of leadership teams.

Constructing Action

The primary aims of the constructing phase for AR cycle 2 included understanding how to leverage key aspects of the benchmark private dental practices to support continued strategic talent development of the AR team members, and building capacity in their practices The goal was to reveal a viable suite of best practices (i.e., germane business processes, performance support systems, policies, programs and practices, performance indicators, and internal controls) which could be tailored and exported to AR team's practices. The initial interview with Dr. Moses on July 31, 2014, in her group practice and a follow-up interview/observation on September 29, 2014, in her small practice provided excellent insights about how new dentist-owner managers (straight out of dental school) should approach small-business ownership in an effort to balance their roles as entrepreneur, manager, and clinician. These poignant insights provided a clear perspective on "what right looks like" in respect to the developmental journey of private practice dentist owner-managers. Moreover, Dr. Moses provided a common-sense approach to growing a fledgling private practice into a thriving private group practice. She spoke passionately about these aspects of her 30-year career:

> And so when I came out of dental school, I went to work for a local dentist-owner, knowing that I was going to do my residency in pediatric dentistry the next year. I looked at him and his practice and I said, "I don't want to do it this way." So I went back to do my residency. Many dentists would come through and would give a one-hour lecture on management. And I said to myself, "How do they know these things because I never got that in dental school?" So I started asking them questions: "Where did you learn this this? Did you just learn this by opening your practice?" They start telling me that they got this critical knowledge by going to weekend courses on management. And so I made up my

> mind that was what I needed to do. So for two years after my residency, I took at least every other month somebody's management course. During that period of time I was able to develop my management philosophy and my systems.

Furthermore, Dr. Moses described her dynamic relationship with her office managers and articulated how together they present a strong, united front as a leadership team as they competently lead, manage, and develop their talent to influence sustained success and competitive advantage. The observations and interviews with the three office managers were just as powerful and informative.

Given the span of control of the operational and functional staff in the benchmark group practice, office manager duties were split between two managers—Mrs. Jones, who focused primarily on operations, marketing, and human resources (i.e., hiring, on-boarding, training and development, performance management), and Ms. Dollar, who concentrated on finance and accounting and human resources (i.e., compensation and rewards). Two interviews/participant observations were conducted with Mrs. Jones to understand how she approached her roles and responsibilities, leveraged various competencies, and exploited performance support systems to achieve exemplary performance. The first session was conducted on August 14, 2014, and the other on September 5, 2014. During both sessions, Mrs. Jones came across as very professional, organized, confident, competent, and well respected by staff and Dr. Moses. It appeared that her actions were guided by a combination of values, beliefs, business acumen, and leadership and managerial competencies. Mrs. Jones valued routine communications, development, and engagement of staff, as evidenced by the significant investments to build talent and organizational capacity in the practice. She demonstrated proficiency in leveraging available

performance support systems and internal controls to maintain constant situational awareness of key operational and functional performance indicators.

An interview/participant observation session was conducted with Ms. Dollar on September 15, 2014. Ms. Dollar presented herself as extremely competent in finance and accounting operations as well as the overall operations of the practices. Interview questions were geared toward understanding how she budgeted, measured, and monitored financial aspects of both benchmark practices to ensure positive cash flow and overall profitability. She provided a comprehensive overview of revenue-generating services and overhead that impacted the practices' profitability. Unlike in smaller practices, Ms. Dollar managed two full-time accounting specialists who handled insurance claims and Medicaid processing and a part-time collections specialist who engaged delinquent patients. Like Dr. Moses and Mrs. Jones, Mrs. Dollar provided powerful testimonials as to how financial management operations had evolved since the days of small-scale operations. During the interview, she commented:

> We have come long ways over the years. When I first came on board, Dr. Moses and Mrs. Jones was doing patient statements and payroll in-house. All of the insurance claims were being done by paper and mailed to the insurance companies. So, all of our financial management systems were paper-based and done manually. All that stuff has changed. We have bio scans for staff to clock-in and we feed that to our payroll vendor to calculate hours, total pay, and taxes, and they deposit their checks in their accounts. All insurance claims collections and account receivables are tracked electronically these days. We have developed a discipline in our financial operations where I know what's going on at all times. That way I can provide Dr. Moses updates routinely on our financial goals by category, by line of service, and by doctor.

Ms. Dollar's comments reflect the robustness of their internal controls and how their enterprise resource planning (ERP) was being leveraged to measure, monitor, and report profitability and the key performance indicators (KPIs) she used to provide Dr. Moses just-in-time situational awareness of profitability. Ms. Dollar was fully cross-trained in all office manager roles and responsibilities and filled in for Mrs. Jones when absent.

The participant observations and interviews with Dr. Moses and Ms. Jackson, the office manager, on September 29 and October 10, 2014, in the small benchmark practice also provided very interesting insights into the healthy dynamics of owner-manager and office manager relationships, the power of viable performance support systems, and the primacy of dentist owner-managers' competence in managing and developing staff. Dr. Moses worked in this practice one day per week; associate dentists were scheduled weeks in advance to cover the other three to four weekdays the practice was open. All clinical and support staff members were extremely competent self-starters who needed little or no supervision. Dr. Moses had developed, conditioned, and empowered Ms. Jackson to manage all aspects of the practice in her absence. Having only four years of experience in managing dental operations, Ms. Jackson relied heavily on leveraging the performance support mechanisms and coaching from Dr. Moses and the two office managers at the benchmark group practice. She provided daily production, financial, and other performance-related reports to the main office. While the data collected in the group practice exemplified the stages of growth maturity, discovery in the small practice illuminated how a typical small private dental practice should be managed.

Planning Action

Most of the planning activities for AR cycle 2 were conducted concurrently with executing the various phases of AR cycle 1. The AR team's goal for planning action during this

cycle aimed to leverage discovery and feedback from the benchmark practices to inform development and implementation of interventions needed to close talent and organizational capacity gaps in Dr. Freeheart's and Doolittle's practices. The benchmarking and best practices data analysis, when integrated with other data collection and analysis efforts, served as a critical platform for planning action during subsequent AR meetings for AR cycles 2 and 3.

Determining the need for change. The leadership teams' conspicuous lack of entrepreneurial, managerial, and leadership competencies perpetuated cycles of less than desirable business outcomes. Generally, the absence of viable performance support systems, decision-science frameworks, and coherent business strategies for managing critical processes and functions tend to promote ad hoc and management-by-crisis approaches to managing, leading, and developing talent. In too many instances, Dr. Freeheart and Dr. Doolittle seemed to rely too heavily on their office managers to manage every aspect of their business, so much so that they struggled to articulate any measures of performance associated with production or profitability. When asked about a common benchmark within the industry (i.e., hygienist production as a percentage of overall practice production), Dr. Doolittle responded:

> I know we don't make no 33%. At one time, the office manager was tracking my hygiene production, but she began combining it with the overall practice production, so now it's hard for me to say.

When asked about the collections rate against accounts receivable (in which the industry benchmark is 98.5% each month), Dr. Doolittle commented:

> You want to get all the money that you produce, but we do this one thing with a financing company where people with bad credit put 15% down. And they draft the money out of their account. So we got all of this work out here and they owe us like $90,000. I would

> say that since the balance is so high that I may need to scale back. Because, if the company goes bankrupt, we'll just be out of it, out of this money.

These and other examples strongly suggest that the dentist owner-managers and their office managers need to develop collective competency in order to function competently as a leadership team. The analyzed data and best practices gleaned from the benchmark practices served as the template for planning action during AR cycle 2.

Defining the future state. The primary motivation of the AR team members was to remain viable and retain ownership of their practices amid growing competition and pressures for corporate dentistry entities. While they had grown accustomed to the autonomy of private dental practice ownership and the personalized care and intimacy of relationships with their patients, they seemingly could not fully exploit their business model due to competency deficiencies and resource constraints. They spoke extensively of the threat posed by the high patient-volume business model of corporate dentistry entities, their main competitors. The AR team members came to realize that they needed to inject new life into their business model and dispense with the status quo; thus, they were more than ready to embrace the feedback from the benchmark practices to adopt relevant best business practices. The success of this strategy would greatly depend on successfully identifying the talent and organizational capability gaps in their practices and the actions taken to close them.

Conducting the gap analysis and conceptualizing interventions. Discovery from the benchmark practices' data collection and analysis activities provided critical insights into what "right" looks like for managing the business side of a small private dental practice. Unlike the AR team members' practices, the benchmark practices leadership team was fully competent, and their practices were managed like a viable business with mature processes, systems, policies, and

procedures. Comparatively, the benchmark practices had relevant internal controls to ensure the quality of service-related outcomes. Likewise, a variety of KPIs had been established, monitored, and measured to help maintain situational awareness of progress toward achieving certain business goals. The benchmark practices were meeting or exceeding most current industry benchmark standards; however, this was not the case in the AR team members' practices. The overall gap analysis of various business processes and systems comparing the AR team members' practices and those of the benchmark practices are reflected in Appendix E. The gap analysis reflects some (but not all) of the key performance areas tracked in private dental practices that impact talent and organization. Before implementing planned interventions, the gaps between the benchmark practices' business processes and those of the AR team members' practice were pervasive and far-reaching. This pre-intervention gap analysis was very instrumental in that it quantified and qualified what was already known about the capabilities and performance gaps in the AR team practices. A post-intervention gap analysis on the progress made by the AR team members is presented later in the chapter.

Managing the transition (preparing for change). The timelines for executing AR cycles 1 and 2 overlapped to a large degree. As such, the same steps highlighted earlier for managing the transition to taking action during AR cycle 1 also apply to preparing for change as a result of taking action during AR cycle 2. However, a couple of premature decisions made by Dr. Freeheart added a new layer of complexity to the AR team's group dynamics and to smoothly executing the project work for AR cycles 2 and 3. He was contacted simultaneously by a corporate dentistry entity about a managing clinical director position for a new practice currently being built and by a prospective buyer who was interested in purchasing his practice. He opted to take advantage of both offers with the goal of working full-time at the corporate

dentistry entity and part-time at his current practice (augmented by a part-time associate dentist) until the sale of the practice. This would be a serious test for him to effectively manage both practices. Likewise, it would test the resolve and capacity of Ms. Loveless to keep things afloat in his absence. At the time, he thought he had several options: (1) buy the new corporate practice after one year; (2) open up a new practice in a low-rent facility after selling his excessively high-rent practice; or (3) continue to build his current practice, should it not sell. Ultimately, the practice would not sell, and he would plan for a strategy to transition back to his practice full-time.

The most significant challenge during this turbulent period was keeping Dr. Freeheart focused on the project work. Although he attended every meeting, he seemed somewhat detached and ambivalent about his motivation and commitment to the project. Even so, several positive unintended consequences resulted from Dr. Freeheart's actions: (1) serving in the role of managing director in a structured environment ultimately aided his managerial and leadership development; (2) Ms. Loveless, his office manager, responded more quickly to the developmental activities in her IDP, enabling her to hold the practice together during the transition; and (3) Dr. Doolittle arose as an informal leader for the team by doing his best to implement the changes as specified in the project plan and in feedback during meetings. Moreover, the other team members—not the researcher-practitioner—ultimately influenced Dr. Freeheart to reengage in the project with the expected level of enthusiasm and engagement.

Taking Action

The episode with Dr. Freeheart turned out to be the perfect segue to following through on taking action for AR cycle 2, which involved (1) parlaying action taken during the first cycle to develop the collective competencies of the leadership teams; and (2) completing the

benchmarking system to inform leadership team development and the framework for implementing scaled performance systems in AR cycle 3. The AR team continued to engage in strategic talent development activities to support action taking during AR cycle 2. The outcomes of the actions taken were pivotal to the entire success of the project and would undoubtedly be central to informing the study's research and central arguments. The scheduled developmental activities were revised as needed based on reflective feedback from team members, results of AR cycle 1, and best practice insights from the benchmark practices. Table 13 outlines the second phase of the program development.

Table 13

Phase 2: Organizational Development—AR Team Strategic Talent Development Activities

Phase 2: Dentist owner-managers and office managers are active AR team participants		
Session/Date	**Key Events and Pivotal Actions**	**Outcomes and Next Steps**
Session 6: July 13, 2014	AR team meeting: (1) updates and reflections; (2) instructions on and integration of benchmarking and best practices in the project to assist in building practice capacity and leadership competencies; and (3) DO's assessment of OMs using competency tool.	Conducted developmental activities; consensus on finding a benchmark practice; and initial efforts for developing IPD for OMs.
Session 7: August 10, 2014	Benchmarking strategy: (1) updates and reflections; (2) review of benchmarking techniques; (3) OM's IDP; and (4) need for integrating OMs in the AR sessions.	Finalize decision on a benchmark practice; commitment for OMs to join AR meetings starting in September; finalize OMs' IDP.
Session 8: September 14, 2014	Initial integration of consolidated team: (1) collective learning and reflections; (2) share feedback from initial meeting and interview with benchmark practice owner; and (3) project work on OMs' IDP and functional systems.	Facilitation of healthy group dynamics with combined team; conceptualization of a benchmarking management system; gage status of OMs' development; and prepare for project work in BM practices (data collection).

Session 9: September 27, 2014	Developing leadership team capabilities: (1) collective learning and reflections; (2) analysis of benchmark data and integration with project work to build benchmarking system; and (3) initial work on a notional DPM system.	Continued integration of OMs; make progress on building the benchmarking system and the notional DPM system; revise approach to data collection in benchmark practices based on team feedback.
Session 10: October 19, 2014	Building leadership team/practice capacity: (1) collective learning and reflections; (2) analysis of benchmark data and integration with project work to build benchmarking system; and (3) project work (brainstorming) on building the notional DPM system.	Continued integration of OMs; make progress on building the benchmarking system and the notional DPM system; prepare for project work in individual practices on the notional DPM system and OMs' IDP execution.
Session 11: November 20, 2014	Building leadership team/practice capacity: (1) collective learning and reflections: (2) continue analysis of benchmark data and integration with project work to build benchmarking system; and (3) review and refine project work on building the notional DPM system.	Finalize benchmarking system and strategy to implement selected best practices, made significant progress on the notional DPM system; and prepare for project work in individual practices on the notional DPM system and OMs' IDP execution.
Session 12: December 11, 2014	Building leadership team/practice capacity: (1) collective learning and reflections; (2) review implementation of the benchmarking system and make adjustments; and (3) complete project work on building the notional DPM system.	Determine initial impact of benchmarking system on performance and internal controls; implementation strategy for the notional DPM system; and prepare for project work in individual practices on the notional DPM system and OMs' IDP execution.

The majority of the developmental activities for AR cycle 2 (July-December 2014) built on those conducted during AR cycle 1 and were mainly geared toward developing the collective competencies and capabilities of the dentist owner-managers and office managers as results-oriented leadership teams. These developmental activities included a set of best business practices exported from the benchmark private dental practice. The details of the key actions taken during AR cycle 2 are described in the following sections.

Importing best business practices from the benchmark practices. As described earlier in the chapter, the process of interacting with Dr. Moses and her three office managers in the benchmark private dental practices provided ample best business practices data for review and analysis by the AR team to inform needed developmental and performance support interventions. The interviews and observations conducted in the benchmark practices were transcribed, coded, and analyzed to draw conclusions about their impact. The AR team members organized the data into a list of best business practices which was then used to conduct capacity and performance gap analyses. Table 14 highlights the most salient best practices and their impacts on the success of the benchmark practices.

Table 14

Identified Best Business Practices from Benchmark Practices and Their Business Impact

Best Practice	Business Impact
Perfected business model (professional autonomy, customer service, long-term relationships, and excellent dentistry).	Outstanding patient loyalty and retention; high rate of patient referrals; sustain performance and success; and retain business ownership.
Align leadership teams' competency development with desired stage of business growth/maturity.	Evolution of a micro practice to a thriving private group family practice and a successful small practice with a competitive advantage.
Strategic planning/management must be driver of multi-level talent/business goals and outcomes.	Consistently meet business objectives (including financial outcomes and strategic reserves) and promotes culture of excellence.
Practice must be structured (business functional areas) and managed like any other business entity.	All functional areas adequately staffed and achieving linked goals and associated key performance indicators.
Actuate clear division of labor and strong owner-manager/office manager relationship for optimal leadership team efficacy.	All entrepreneurial, management, and leadership roles and critical business tasks competently executed; promotes culture of teamwork.
Access/exploitation of sourced, organized, functioning performance support infrastructure to optimally engage business functions.	Office manager in small practice demonstrated ability to competently manage all aspects of operations with support from group practice.
Viable internal controls to monitor, measure, and report outcomes of key performance indicators.	Increased situational awareness led to consistent achievement of benchmarks associated with each KPI; informed decision-making, and planning.
Implement capacity-building performance management strategy (including feedback, coaching, rewards, and employee relations).	Extremely high employee commitment, loyalty, productivity, retention.

Dr. Doolittle commented on his intentions to incorporate his learnings into his practice:

> I see where Dr. Moses started a small practice like ours and now has grown to a thriving group practice, and she has another small practices that is thriving as well. That's why

it's my goal to implement the entire list of best practices that we've generated based on what has made her so successful.

These best practices clearly supported the arguments that: (1) investments in various types of strategic talent development must be commensurate with the developmental continuum of leadership team members and the stage of growth of private dental practices as small businesses; (2) policies and procedures not only need to be in writing, but must be institutionalized and enforced; (3) leadership teams must engage in some form of strategic planning and goal setting to guide and support current and future operations; (4) a business model based on personal relationships, patient intimacy, and excellence in delivery of dentistry service allows private dental practices to compete in the contemporary marketplace; (5) organizational capacity can be optimized by investing in the maturity of business functions/processes and associated performance support infrastructure; (6) measuring and monitoring key performance indicators associated with business processes and goals promotes just-in-time situational awareness and informed action taking; and (7) performance management practices should be leveraged as the primary drivers of performance improvement, employee engagement, and rewards. Ostensibly, the common thread connecting these best practices to sustained business success rested with the dynamic competence levels of the dentist owner-manager and the office manager.

Conducting the gap analysis. The gaps between the business practices of the benchmark practices and the AR team members' practices were quite obvious given what was already known about the state of the latter. The gap analysis suggested the following actions be taken to close these gaps: (1) refine the dental practice management benchmarking system and identify key performance indicators to use as a platform for controlling, monitoring, measuring, and

reporting performance; (2) leverage the best practices to organize existing organizational capabilities into a functioning their dental practice management system (DPMS); (3) engage in the process of implementing strategic planning; (5) develop an initial budget and foster budget discipline; and (6) initiate performance management practices. Central to closing the gaps in the AR team members' practices was gaining consensus on the pivotal business processes and securing commitment to take timely actions to address them. In discussing the impediments to closing these gaps and changing the culture of the status quo, Dr. Freeheart commented:

> Right, I got to change the culture in my practice. I can't continue to let my staff do things on their own terms. I got to stop doing hip-pocket management and commit to a systematic approach to running my business. We got to instill some structure and discipline around our business processes. So, I need a plan, I need a budget, and these others to help me to have an organized approach to running my business and setting expectation for my staff. And I have to let them know that by doing things this way, the by-product will be predictability and consistency in our cash flow and other business goals. There will be a level of confidence that the practice is viable.

It was also important to identify key performance indicators associated with pivotal business processes and how they would be managed, monitored, and measured by the leadership teams. One of the purposes for designing and developing the benchmarking DPMS was to capture and track data relevant the performance in each KPI area.

Efforts to build collective leadership team competencies. Extensive efforts were put forth by the researcher-practitioner to facilitate collaborative activities to help the participants understand "what right looks like" vis-à-vis the relationship between their stage of competency development and the stage of growth/maturity of their private dental practices. Moreover, the

state of their performance support infrastructures was thoroughly assessed by the leadership teams to understand both positive and negative impacts they were having on the overall talent and organizational capacity of each practice to deliver services and meet financial goals. Consequently, the AR team began the initial phase of conceptualizing the framework for scaled performance support infrastructures for their practices. All of these interventions and developmental activities came together—starting with leading the efforts on competency development of the office managers—to serve the development of the leadership teams.

Continuation of office managers' IDP execution. A list of competencies, an assessment tool, and an IDP were developed for the office managers by the AR team members during AR cycle 1. While not active AR team members during AR cycle 1, the office managers provided the most critical input for developing the competency development tools. The dentist owner-managers provided key inputs from a supervisory perspective throughout the process of developing the competency development tools. Having been intimately involved during the process, the dentist owner-managers gained invaluable insights into the critical importance of the division of labor, synergy, and positive relationships with their office managers. For example, Dr Freeheart shared the following comment about the growth of his relationship with Ms. Loveless as a consequence of this study:

> But in order for me to navigate all that, I need to utilize my office manager as the position prescribes. Because through this process, I think that she has heightened her skills; she's heightened her awareness most of all; and just heightened her overall approach of managing the practice to keep this business going. Overall, she has been very instrumental in helping me to see what we need to do to keep a certain amount of patients

> on the books; keeping a certain amount of procedures on the books; helping us to turn the monies around that we need to keep the cash flow and business moving.

Accordingly, their talent development role would be prominent throughout AR cycle 1 and continued into AR cycle 2 as they led the execution of their office managers' IDPs.

Appendix D highlights the executed IDPs for both office managers. Six of the 12 competencies emerged as common areas of weakness for both office managers' IDPs: (1) connect practice vision, values, and strategic plan to team outcomes; (2) lead people and manage practice to achieve sustained success; (3) manage systems, processes, and programs; (4) coach/develop individual and team competencies; (5) manage/lead internal projects and initiatives; and (6) anticipate threats and opportunities to lead change. Whereas the slow progress of completing the IDP could be attributed to a number of factors, lack of viable performance support systems was one of the major impediments. Specific performance support factors were identified as critical enablers requiring attention along with the developmental activities for each IDP competency. However, given resources and time constraints, the AR team found it very difficult to synchronize delivery of the performance support components with the execution of the developmental activities of the IDPs. When asked about improvements Ms. Doubtfire had made in performing her duties since starting her IDP, Dr. Doolittle responded:

> Since our last meeting, I can't say that I've seen some big improvements because we've been so distracted. Someone must have opened a malicious email, someone from Russia who hacked into my ERP and held all of management data for ransom … So, we have been working without computers for the past few weeks. We haven't been filing claims; we just been trying to see patients, keep the doors open and make it through this crisis. This is absolutely one of the worst experiences of my life.

Despite setbacks like this, the IDP developmental activities, along with the performance support requirements, were completed in conjunction with other critical interventions.

Framework for organizing functioning dental practice management systems. As noted in earlier chapters, the leadership teams were challenged leveraging existing capabilities to lead and manage talent and organization. While key functional processes and support systems were neither codified nor as mature as needed, they did not in and of themselves prevent the leadership teams from engaging in the basic management functions of planning, organizing, leading, and controlling. Rather, existing capabilities would need to be organized in a manner whereby they could be used to manage each business function and process—which had not occurred previously.

It was beyond the scope of this AR study to codify and build process flows and procedures for each business process critical to the mission. Nevertheless, the AR team endeavored to develop a framework for organizing their dental practice management systems (DPMSs) by restructuring existing ERP and other stand-alone capabilities around key business functions. The DPMS framework (see Appendix F) facilitated collaborative discussions around identifying the existing structures and the viability of discrete and integrated business functions along with their supporting processes, systems, programs, practices, policies, and procedures. Moreover, it allowed us to begin the process of restructuring existing capabilities in a manner in which they could be leveraged to manage business functions in a measured but highly effective manner. Key performance indicators were identified for each process along with approaches to monitoring, measuring, reporting, and responding where needed. Additionally, the framework helped the AR team members to document processes that were managed in-house or outsourced, and to determine which leadership team member would own each process. Getting all of this

right was a prerequisite for developing the leadership teams' ability to engage in an organized approach to leading staff and managing the various business-related activities in their practices.

The slow execution of the office managers' IDPs (due in part to inadequate performance support systems) actually created an opportunity to engage the benchmark practice in reviewing best practices for implementing scaled organizational capabilities in private dental practice contexts. The best practices of effectively exploiting an existing performance support infrastructure by the small benchmark practice leadership team served as the template for building the framework for the AR team's practices. Comments from Ms. Jackson, the office manager for the small benchmark practice, exemplified her relationship with Dr. Moses and the other two office managers and highlighted her leveraging of support from the large practice to manage all business processes and functions:

> Yes, I do engage Ms. Jones for certain things about how she works the floor to manage operations. However, I work more intimately with Ms. Dollar due to her vast knowledge of insurance, filing claims, and collection. This is where I need the most help. All of the finances for the practice flows through her. I feel very fortunate. But I do believe that because of my development and experience with receiving support in the fashion that I have, I can effectively manage all necessary outsourced functions just as I am doing now with support from Dr. Moses and the group practice. Dr. Moses demands a highly competent staff. As an example, she just gave me a booklet about our ERP that she thought may be useful as a management reference. I used it to play around in the system last week and learned a lot. She also gives us Fridays so we have the time to invest in developmental issues to sharpen our skills to use those types of equipment, systems, and tools that are available to us.

Ms. Jackson's mindset and approach to managing the business processes in her practice were adopted by the AR leadership teams to help develop and implement the restructured DMPSs. Ironically, the small benchmark practice had the same ERP capabilities that existed in the AR team's practices. The big difference lied in Dr. Moses' expansive level of competence and her ability to build strong talent and organizational capacity in the small benchmark practice. The AR team members' eyes were opened significantly to this reality as they went through the process of developing and implementing the restructured DMPS in their practices. As a consequence of implementing the intervention, the leadership teams felt more confident and competent running their practices like a business. As an example, Ms. Doubtfire made broad comments about how this and other interventions helped her to better organize herself to perform her office management functions:

> Ok, when I first started to participate in the study, I had no sense of direction of how to really manage a dental office; what I was supposed to be doing or expected of me by Dr. Doolittle; or what I was supposed to be looking at. This study has really opened my eyes to see where I needed more help to be a good manager. It made me more aware of how I need to strategize scheduling patients and managing production the office needs to make. And not only that, it also helped me to strategize my engagement of our employees. And it seems like everyone is now on the same sheet of music, beyond just needing a job. We all know what we need to do to make these numbers happen. We know that we still have some work to do, but this collaborative project has helped us to know what we need to do, how to do it, and when to do it. I just hope that we can continue to move forward with using our management systems to run our practice like a business. So, this study has

> definitely helped us. I guess you can say it stopped us from flying by the seat of our pants.

As indicated by her testimonial, Ms. Doubtfire had grown more competent as a manager in leveraging existing performance support systems to manage production and other critical business processes. Given her initial concerns about Dr. Doolittle's reluctance to provide vision, strategy, and a coherent approach to managing critical business processes, Dr. Doolittle was asked about his experiences since reorganizing existing capabilities in his practice. He replied:

> As a result of the study, I am taking a more scientific approach to managing such as breaking things down by dates, by patient type, like that. I decreased my expenses and overall overhead. So, I had her pull my numbers collections and compare it with the production numbers for January, February, March, and April. I kept me a little paper to see how much we increased collections in January and February to make sure we don't have dollars left out that hasn't been collected. We definitely have a more systematic approach to production, collections, and scheduling. Everything is a lot more systematic than before. We now even have a budget, and I monitor expenses impacting overhead (i.e., calling my three dental supply venders to get a status on how much has been spent throughout the month and making adjustments as needed to maintain budget discipline). Production and revenue are increasing. We did $70K in production for the month of March—our highest month ever!

Dr. Doolittle and Ms. Doubtfire seemed to make more progress implementing the DPMS framework than Dr. Freeheart and Ms. Loveless. In an attempt better understand Dr. Freeheart's and Ms. Loveless's experiences, they were asked the following question:

In view of where you were at the beginning of the study, when you spent the most time as a clinician, then as a manager, and then as an entrepreneur, how has that weight shifted since you've implemented a more organized approach to managing various business processes? What are you learning from your peers and your experience working at the corporate dental practice?

Dr. Freeheart replied:

It has changed! I'm focusing more on the entrepreneurial aspect of the practice. And even much so in managing the business aspect of the practice. I look at things a whole lot differently; I approach things a whole lot differently. I learned a lot from Dr. Doolittle's consistency, something that I think I fall short on. I think I have been inconsistent in lots of areas in my practice. It looks like Dr. Doolittle has been pretty consistent in strategies and resists making knee-jerk business as I have. He pretty much sticks to the task that he needs to focus on. I am learning from those critical mistakes, from taking uncalculated risks. I was taking some business risks without doing adequate due diligence or giving enough thought into what the outcomes would be possibly, the unintended consequences. Well, I think for me, just from the time that I did work at the corporate dental practice and being exposed to their systems approach to dental practice management, I think I learned some things that I brought back to this practice for implementation. Conversely, the management and leadership competencies that we were learning throughout this study made it much easier for me execute my role [as] managing director of that practice. That's been helping our overall production. Working with them helped enhance my knowledge of making and selling dentures. Having that association and affiliation with

> them during that time has definitely given me some things that I can leverage to grow my private practice here.

Interestingly, Ms. Loveless seemed to be in synch with Dr. Freeheart, as evidenced in our conversations about their change in behavior and strategy since implementing the DPMS framework:

> I feel that we have a plan that we've mapped out as to how we go from here to here. So, with your coaching and teaching, we have kind of figured out how to do that. So, we do have a plan and it seems to be working. Every day there are some kinks, but instead of stressing out, we work it out.

The AR team members' reflections and testimonials describing their thoughts about the management framework indicated significant growth in the teams' relationship, problem-solving, strategic, and managerial orientations.

Evaluating Action

The outcomes of AR cycle 2 were modestly successful in that the primary objectives were generally met, yet the process of doing so became complicated at times, such as during Dr. Freeheart's episode of lukewarm engagement. Dr. Moses and her team of managers provided all of the support and input required to build the benchmarking system and a suite of entrepreneurial, leadership, and managerial best practices. Lessons learned from engaging the benchmark private dental practices were very instrumental in enhancing the execution of developmental activities and project work that were aimed at developing individual and collective competencies for the dentist owner-managers and office managers and their talent and organizational capabilities.

The intent of the DPMS framework was to provide the leadership teams a structured approach to leveraging their existing systems in order to manage critical business processes. Based on their own testimonials, the AR team members became more comfortable with embracing their managerial and entrepreneurial roles. However, as the researcher-practitioner, I experienced certain anxieties about the progress of the AR project. Would these collaborative efforts be enough to build the leadership teams' capacity to lead and manage toward survival and sustainability? I found myself struggling continually to keep my own contradictions in check, not only to help the leadership teams grow, but also to help elevate my thinking and acting. Despite this worry, I sensed that my reflective competence and that of the AR team members were strengthened sufficiently enough for us to make needed adjustments to our approach to driving change within ourselves and the dental practices. The profound insights gained by the leadership teams in AR cycle 2 provided them with renewed energy, motivation, and confidence to move into AR cycle 3 to engage in the project work of designing, developing, and implementing an efficacious performance support infrastructure based on existing resources.

AR Cycle 3: Performance Support Systems

The aim of AR cycle 3 was to set the conditions for sustainability and business growth for Dr. Freeheart's and Dr. Doolittle's private dental practices. The action taken in the first two AR cycles were designed to enhance the awareness of the obstacles impeding the dental practice leadership teams' capacity to lead and manage talent as well as build organizational capacity in their practices. They came to realize that the key to the success of corporate dental practices hinged on a high patient-volume business model driven by aggressive leadership and management tactics supported by mature business processes and performance support systems. Having become aware of the negative impacts of disorganization and low organizational capacity

to lead and manage their practices effectively and efficiently, the AR team members seemed prepared to take action to build capacity in order to remain viable. Table 15 captures the AR team members' efforts to conceptualize, design, develop, and implement scaled performance support systems in their practices by leveraging existing resources and technology to become better organized and focused on the task of running their practices like businesses.

Table 15

AR Cycle 3: Moving from Stasis to Sustainability (Performance Support Systems)

Phase	**Researcher Action**	**AR Team Action**	**Outcomes/Findings**
Constructing	OD consulting/learning activities: individual team coaching in their practices; ongoing consulting/data collection in benchmark practice.	Continue analyzing benchmarking data to begin conceptualizing a notional PDPM system.	AR team consensus on initial approach to develop scaled PDPM; leveraging control systems to monitor and influence KPIs.
Planning Action	OD consulting/learning activities: individual team coaching in their practices to build scaled PDPM (performance support systems).	Determined need for change; envisioned the future state; conducted gap analysis; set the conditions for change.	AR team developed the framework/tools to begin development of scaled PDPM; control systems to monitor and influence KPIs.
Taking Action	OD consulting/learning activities: individual team coaching in their practices to build scaled PDPM (performance support systems).	Project work: ongoing efforts to build scaled PDPM (performance support systems) to enhance talent and organizational capacity.	Developed budget discipline; strategic plan framework in place; performance management system framework in place; control systems to monitor and influence KPIs.
Evaluating Action	OD consulting/learning activities: individual team coaching in their practices mainly to prepare leadership teams to sustain implemented interventions beyond project closure; final AR team interviews.	Reflections on project outcomes and developing action plans to prepare leadership teams to sustain implemented interventions beyond project closure.	Project closeout; certain KPIs have increased in each practice; leadership team are more confident to lead talent and organization; and they are prepared to sustain project outcome without researcher-practitioner.

Constructing Action

Discovery outcomes obtained while engaging the benchmark practices during AR cycle 2 served to inform planning action for AR cycle 3. As the researcher-practitioner, I continued consulting with Dr. Moses and her office managers throughout this cycle as the AR team engaged in planning and taking action to reconstitute the existing performance support infrastructure in their practices. The AR team developed a data collection template (see Appendix E) as the primary tool for facilitating brainstorming among the leadership teams to capture critical business processes, systems, and planning and administration for business functional areas. The ultimate goals of this data collection effort were to (1) identify the major process for each functional area; (2) identify the flows for identified processes; (3) determine what information management system or other technology solution was used to manage each process; (4) identify the key performance measures (indicators), monitoring/reporting techniques, and procedures/frequencies for each process; (5) determine which of the functions/processes were managed internally, externally, or both; (6) determine the division of labor for managing each process; and (7) determine how each KPI was linked to individual staff members along with the relevant performance management approach. The results of the aforementioned discovery efforts would need to inform the planning action phase of this cycle.

Planning Action

The process of planning action during this cycle focused on the conceptualization, design, development, and implementation of a performance support infrastructure. While the need for developing such capacity had been discussed in various forums and for various reasons throughout the study, planning action for this intervention began in earnest in October 2014.

Consistent with the discovery efforts highlighted earlier, the AR team continued to leverage Beckhard and Harris's (1987) framework to facilitate the planning process for this cycle.

Determining the need for change. Although self-evident during the initial stages of the study, the need for functioning performance support infrastructures within AR team members' private dental practices was validated in numerous ways. The most obvious was through the conspicuous absence of systematic approaches to manage and/or track certain critical business processes and activities (i.e., performance management, marketing and communications activities, budget planning/management, and other financial operations). For example, when asked about his approach to performance management, Dr. Doolittle commented that "I don't do performance appraisals; I guess the only ones that I give raises to are the ones that come to me and say that they drive too far and we're not working enough hours and I can't continue to work for the same rate." Dr. Freeheart remarked, "I don't really have one in place that would reward an employee for performance." Collaborative conversations like these sensitized the AR members to the need for real change and alerted them that they had to envision the future state and lead efforts to realize this vision.

Defining the future state. The AR team continued activities to revive their business model and approach to small-business management and leadership, renewing their commitment to professional autonomy, outstanding customer service, overall good dentistry practices, and long-term patient relationships and retention. Having learned what best business management practices in small private dental practices "really looked like," the AR team realized that they could not achieve the bigger vision without conceptualizing, designing, developing, and implementing an organized, user-friendly performance support infrastructure. Building this new talent and organizational capacity would require the leadership teams to exploit, as much as

possible, the existing technology in current enterprise management systems while integrating additional low-cost capabilities. A more granular gap analysis would need to be conducted for each of the operational and functional areas within the practices to better understand the magnitude of the gaps in talent and organizational capacity.

Conducting the gap analysis and conceptualizing interventions. The gap analysis conducted during AR cycle 2 also provided the primary data used to conduct the gap analysis for AR cycle 3. Additionally, the top eight best practices gleaned by collecting and analyzing data from the benchmark practices were organized in a format to display their impact on talent and organizational capacity and business outcomes (see Appendix E). These two tools were used collectively to conduct the gap analysis and to refine the approach to designing, developing, and implementing interventions for this cycle. This gap was relatively easy to quantify: Where it was desired to have mature process flows and procedures, there were none.

The key performance measures (indicators) identified during development of the benchmarking system were used to conduct the gap analysis for those the leadership team desired to implement in their practices. Suffice it to say, there were no existing KPIs or monitoring/reporting techniques used in Dr. Freeheart's or Dr. Doolittle's practices. The division of labor between the dentist owner-managers and office managers for managing each process was decided upon, while competency development continued in support of developing capacity to execute the allocated responsibilities. The identified KPIs would need to be linked to individual staff members' performance expectations via a relevant performance management approach. This capability did not exist and would also need to be considered when taking action to develop and implement the suite of interventions around performance support infrastructure.

Managing the transition (preparing for change). The leadership teams, while maturing in management competence, had allowed their confidence in making the needed changes to atrophy while they actively managed their struggling practices. Unexpected setbacks seemed to be the order of the day. As an example, at Dr. Doolittle's practice, computers were hacked and, consequently, all production-related data for the entire year were lost. Dr. Freeheart concluded that trying to simultaneously manage a corporate dentistry practice and his struggling private practice was counterproductive and a net drag on his overall profitability.

Taking Action

The process of taking action to develop and implement the performance support infrastructure interventions began during AR cycles 1 and 2. Phase 3 of the developmental activities was designed to build on the previous cycles by translating the best practices gleaned from the benchmark practices into developmental activities (see Table 16) and the interventions described in the following paragraphs.

Table 16

Phase 3: Organizational Development and AR Team Strategic Talent Development Activities

Phase 3: Dentist owner-managers and office managers are active AR team participants		
Session/Date	**Key Events and Pivotal Actions**	**Outcomes and Next Steps**
Session 13: January 11, 2015	Building leadership team/practice capacity: (1) collective learning and reflections; (2) review execution of the benchmarking system and make adjustments; and (3) assess initial implementation of the notional DPM system (implementing budget and strategic plan).	Assessment of ongoing impact of benchmarking system on performance and internal controls; make adjustments to strategy for the notional DPM system; and prepare for project work in individual practices on the notional DPM system and OMs' IDP execution.

Session 14: January 28, 2015	Building leadership team/practice capacity: (1) Collective learning and reflections; (2) Assess leadership teams' efforts at implementing benchmarking system/DPM system; (3) make final project adjustments.	Assessment of ongoing impact of benchmarking system and the notional DPM system on performance and internal controls; and prepare for final phase of project and interventions evaluation.
Session 15: February 4, 2015	PDP 2 STD and coaching session: Reinforce leadership team competencies; leadership team relationships—linking budget and strategic plan to talent expectations and practice operations; making the business model work.	Responding to major computer hacking; slow to implement budget, strategic plan, and internal controls to monitor KPIs and quality of processes and outcomes; working on performance management scorecards.
Session 16: February 22, 2016	Building leadership team/practice capacity: (1) collective learning and reflections about implementing budget and strategic plan; (2) reflections on what's learned about leadership team roles and relationships; (3) what has been done and what else needs to be done to achieve project goals.	Strengthen existing DPM systems to manage all aspects of their practices; gain clarity on what needs to happen during next individual team developmental/coaching session to build their confidence and competence to take up multiple business-related roles.
Session 17: March 11, 2015	PDP 1 STD/coaching: reinforce leadership team competencies; leadership team relationships—following up on budget and strategic plan implementation, tracking KPIs and adaptive decision-making; performance management.	Slow implementing budget and strategic plan; disconnect between internal/external reporting financial data impacting budgeting decision-making; select KPIs are improving since engaging in organized approach to managing production.
Session 18: March 18, 2015	PDP 2 STD/coaching Session: reinforce leadership team competencies/ relationships; review budget and strategic plan implementation, tracking KPIs and adaptive decision-making; implement performance management strategy.	Leadership team appears to be getting it but is struggling with organizing themselves for success to get everything done; appears that some of the KPIs are improving; continuing performance management implementation.
Session 19: March 25, 2015	PDP 1 coaching/coaching session: reinforce leadership team competencies/relationships—implement budget and strategic plan implementation, leveraging processes and systems to tracking KPIs.	Implementing some of the performance support systems; production is increasing; good much better with implementing business model; still having problems with monitoring collections.

Session 20: April 8, 2015	PDP 2 STD/coaching session: reinforce leadership team competencies and relationships; follow up on budget and strategic plan implementation, tracking KPIs and adaptive decision-making; performance management.	Record production month in March; more discipline in approaching work planning and budget; referrals are picking up; focus on reviving business model is working; website is driving in patients
Session 21: April 26, 2015	AR team meeting: (1) what's been learned, implemented, and next steps; (2) STD/coaching on work plan development to sustain project beyond project closeout; (3) review levels of competency maturity as well as stage of business growth in context of progress made during project.	Indicators suggest both talent and organization capacities improving; time management and work plan development continue to be impediment; confirmed agenda for individual leadership team coaching sessions for 5/6/15 (PDP 1) and 5/7/15 (PDP 2).
Session 22: May 6, 2015	PDP 1 STD/coaching session: use of time management work plan to integrate all systems and measuring and monitoring performance; focus on sustainability of interventions beyond project; engage in collaborative learning in future.	Implementing performance management scorecards to carryout strategic plan; made a number of adjustments since last coaching sessions; most KPIs are trending upward; marked improvement in the leadership team synergy.
Session 23: May 7, 2015	PDP 2 STD/coaching session: use of time management work plan to integrate all systems and measuring and monitoring performance; focus on sustainability of interventions beyond project; engage in collaborative learning in future.	Steady improvement in KPI areas; production continues to rise when expenses are declining; better synergy between owner-manager and office manager in executing management functions and leading staff.
Session 24: May 31, 2015	AR team meeting: (1) reflections on initial study goals—progress made and gap analysis; (2) review focus on integrating gap-closing action plan into time management work plan to sustain efforts beyond project closeout; (3) discuss potential for follow-up study.	All participants acknowledged their growth during the project and that of their practices against the maturity models we had used throughout study; they shared their plans to sustain project efforts; prepared for closeout interviews with all AR team members.

In addition to the DPMS intervention implemented in AR cycle 2 and informed by best business practices, the AR embarked upon initial implementation of four pivotal interventions: (1) refining its business model; (2) introducing and building strategic planning capabilities; (3) engaging in budget discipline; (4) and developing performance management capabilities.

Revitalizing the private dental practice business model. Competing with corporate dentistry entities has been a major challenge for most private dental practices in their market footprint. It appears that as the number of corporate dentistry entities grow, the opportunity to open up new private practices diminishes. Likewise, as corporate entities increase in numbers, the market share of existing private practices tends to decrease for those who refuse run their practices like a business and exploit the true benefits of a private dental practice model. Such was the case for the AR team members as they contended with myriad external environmental factors and self-inflicted internal environmental factors. In short, not only were these leadership teams not running their respective practice like a business, they had also lost sight of how to optimize the advantages of the private practice business model (i.e., professional autonomy, patient intimacy, and personal relationships which beget high patient retention, and excellence in dentistry delivery). Recognizing this shortcoming, the AR team made this a priority during AR cycle 3.

The renewed focus of the business model had more to do with adjusting staff behavior, codifying policies and procedures for enhancing customer service, patient-centered service delivery, chair-side manners, patient referral programs, and patient strategy than contriving new processes. Refocusing staff behaviors on how to approach customer service was crucial since both practices had pared their teams down to only mission-essential, patient-centered employees. The leadership teams conducted a series of team meetings with their respective staff to facilitate the change. Based on feedback from the AR team members and positive trends for some of their KPIs, it appeared that their deliberate efforts to breathe life into their weakened business model was paying dividends. For example, when asked, “What was one of your biggest accomplishments for 2014,” Dr. Doolittle replied:

> I would say pleasing my patients as result of our refocus on personalized patient care and customer service. I say that because I get a lot of compliments about my chair-side manners. I got patients saying, "Oh, you are the best dentist that I ever had. No one has ever given me a shot or pulled a tooth where it didn't hurt." And I get a lot of patients who come to me saying, "I came to you because your Google ratings were very high." I noticed that they keep coming back and they refer their friends and relatives. For example, one girl was so impressed when I pulled three of her teeth that she came back to get a couple more pulled. She sent her brother and her sister-in-law, her mom and her dad, and they had PPO coverage. Between all of these people it was thousands and thousands of dollars of production. We sent her a personalized thank-you card with a gift card because she referred so many patients.

Very pleased with Dr. Doolittle's success in this area and realizing the potential for further exploitation, the AR team discussed ways to replicate that example and increase their referral production even higher with a focused patient referral program and policy. Interestingly, they began to compare and contrast the opportunities for generating referrals in their private practice versus corporate dental practices. Dr. Freeheart provided feedback based on his recent experience working for one of the corporate dental practices:

> Based on my experience, the typical patient does not engage in a long-term relationship with corporate dental practices because of their impersonal, high-pressure sales tactics. Like Dr. Doolittle, my referral rate and patient compliments have increased since re-energizing my business model. To augment this strategy, I took a page out of the corporate dental practice playbook but elected to do the direct opposite of its intent. Instead of focusing on high-pressure selling, I am conditioning my staff to focus on

> quality patient education and enhanced low-key selling of patient-centered treatment plans. My office manager and dental assistants have significantly elevated their selling skills. They sell treatment plans all day and come back after talking with a patient and tell me what we are about to do. My hygienists have seen $1,400 to $1,700 production days. So, at the end of the day, I need to offer them incentives for their invaluable contributions. If I focus correctly on my patients and my staff, we can remain viable.

Several KPIs had improved significantly as a consequence of revitalizing the core priorities of their business models: (1) increased referrals; (2) a higher treatment plan acceptance rate; and (3) improved patient retention. However, more work needed to be done to develop and execute a coherent strategy in order to fully realize the true potential of their business models.

Introducing strategic planning capabilities. Heretofore, the leadership teams in both AR team's practices had never formally engaged in any type of strategic planning. Both practices has been operated like rudderless ships. During one of the meetings, the AR team engaged in a discussion of best approaches to articulating goals to office managers and cascading them down to staff for execution. The team members became fixated on strategy and tactics for ensuring that enough patients were scheduled to achieve daily production goals. Ms. Doubtfire was intrigued and wanted to know how to logically execute the schedule in that fashion. After witnessing her trepidation, Dr. Doolittle attempted to clarify:

> April 2014 was our best month ever, I think we did like $75,000. I know you're saying we can do a repeat, but I know that all that went into achieving this level of success was serendipitous. On a couple of occasions when implants and bridges were on the schedules, we made $8,000 on one day and another day we made $10,000. But you know, people got approved for creative financing and they just brought in credit cards and

checks. So he was saying we need to figure out what we did in April and see if we can replicate that.

As a consequence of months of collaboration and preparation, the AR team took on the task of developing a user-friendly approach to engaging in strategic planning. While they were seemingly getting a handle on current operations, they recognized the need to plan and set the right conditions for sustaining short- and long-term operational successes. Consequently, the AR team constructed a one-page strategic plan (see Appendix G) for each practice organized into five categories: (1) mission and vision; (2) strategic priorities; (3) supporting goals; (4) performance objectives and metrics; and (5) action items. General discussions about developing the plans using the simplified template were held during team meetings, while work on individual plans for each practice was completed in their practice settings.

The process of developing the strategic plan began with each leadership team drafting mission, vision, and values statements as required for the first category. This process encouraged them to reflect on the reasons they were in business, where they saw the business going, how they were going to get there, and what they stood for in the context of reviving their existing business model. As they began to talk through requirements for completing the other four columns, they began to understand the necessity of linking them to the mission, vision, and values. Based on the similarity of challenges, vision, and business model, both leadership teams elected to adopt the same four strategic priorities: (1) increase monthly and annual revenue; (2) decrease overall practice overhead; (3) build organizational capacity; and (4) work toward developing learning organization culture and practices. However, the supporting goals, performance objectives, and action items and owners (categories three through five respectively)

would differ for each of the practices. The leadership teams would have to leverage everything learned throughout the study to complete their strategic plans.

It was becoming more evident that the leadership teams' investments in strategic talent development were paying off. Since this study was not longitudinal, the long-term impact would not be known by the closeout of the study. Nonetheless, earlier indicators, as suggested by the closeout evaluations of all interventions (augmented by the final benchmark gap analysis) were varied. For example, Dr. Freeheart and Ms. Loveless significantly reduced their practice overhead by moving the practice to a new venue, thereby decreasing the rent portion of overhead by 76% and decreasing salaries by 40%. However, during the first four months of the transition, production and associated revenue declined, making it impossible to meet the planned financial objectives. On the other hand, Dr. Doolittle and Ms. Doubtfire achieved modest gains in most of their performance objective areas. For example, they increased their overall profit margin, developed budget discipline and engagement, increased referrals, increased patient treatment plan acceptance, and hired a dental hygienist to exploit that revenue. They were clearly making the effort to align strategies and tactics with their newly revived business model.

Developing a budget and instilling budget discipline. The viability and survivability of private dental practices depend in large part on the ability to sustain positive monthly cash flows. As mentioned several times in previous chapters, neither practice had any semblance of budget disciple since neither had written budgets. When queried about any finance-related KPIs or how they maintained situational awareness about them, the team members were embarrassed that they could not produce answers. Moreover, the dentist owner-managers were clearly caught off guard when they asked their office managers to provide relevant financial information and neither could find the requested information. The dentist owner-managers recognized that they had not

set expectations in the area of financial management and budgeting. For instance, when asked about knowing when he has achieved optimal financial results, Dr. Doolittle replied:

> If we can get $4,000 a day. Because we are open only four days a week. We also work two Saturdays a month, making it four and half days a week. So, I told them I'd like to make $3G a day. And if I had a hygienist here, she's got to make either $1,200 or $1,400 per day. But really do I make my goal or some days I can make my goal without the hygienist and some days I'm here with the hygienist and I make the same amount of money. So I understand what you're saying. And the one thing that Ms. Doubtfire is not privy to is she knows we need to make this $58,000 a month if we are going to make our annual goal of $700,000. I'm so over on my payroll budget. It makes it super important not to go over because I spend more than the average dental office on payroll.

He began to realize that he had failed himself, his office manager, and the rest of the staff by not managing this important facet of sustaining the business. Subsequently, the team recognized the value of creating an annual budget and tracking its key components on a recurring basis. Therefore, the AR team began to develop annual budgets for calendar year 2015 for both of the practices. Activities were conducted around budget discipline to help guide the process of developing their budgets. Instead of using budgeting software, the dentist owner-managers elected to manually construct their budgets using Excel templates. Doing so allowed them to better appreciate the budgeting process and what the numbers were indicating. Since this would be their first written budget, they had to use revenue and itemized expense data compiled by their accountants the previous year to determine what they had been spending and what they would budget going forward. When asked about his most recent profit and loss statement, Dr. Freeheart replied:

> My accountant only processed them quarterly. I don't get them monthly. Ms. Loveless can't put her hand on the ones for previous quarters. She promised to have the updated quarterly numbers by the end of this week. I get it; when I was working with the corporate dental practice, they provided us profit and loss statement monthly and we had go over them with staff so that everyone knew they had skin in the game. I got to do the same here in my own practice.

With coaching from the researcher-practitioner, the leadership teams were finally able to create working budgets for calendar year 2015. Given that their budgets recorded sensitive financial information about their practices, copies of their budgets were not included as evidence for this study. Suffice it to say, the majority of their unadjusted budget line items for expenses fell well short of meeting respective industry benchmarks. As such, they had to manipulate the numbers to the extent necessary for setting achievable goals in out-of-control expense areas. In February 2015, the leadership team members started tracking their budgets in earnest. As a function of their engagement, they began to see improvements in their cash flows, both in terms of increased revenue and decreased expenses. On average, their profitability increased over 12%, and overhead decreased approximately 14%. During an AR meeting held at Dr. Freeheart's practice in April 2015, I noticed several budget-related numbers on Dr. Freeheart's blackboard. Curious about the seeming success, I posed the following questions:

> Do you all feel that you have a viable budget plan and are working the plan? I see here, according to your blackboard here, that you have an awareness and focus on your budget and where you as for as production and the gap between your actual production and your actual collections. I see that you all are communicating around that. But do you feel like

> that some of the plans that you have put in place, do you feel that stuff is working for you all?

Dr. Doolittle was the first to respond:

> Dr. Freeheart, I am looking at your numbers, and I want to say congratulations on your success. Everything that we've done throughout the study has made a difference in the way I run my practice and engage my staff. We now have a budget in place and I monitor expenses impacting overhead (i.e., calling my three dental supply vendors to get a status on how much has been spent throughout the month) and making adjustments as needed to maintain budget discipline. I just recently added up all of my dental supplies and they came up to $2,100, but my budget stated $4,700 a month. So, I feel as if we are making good progress.

The leadership teams indeed made modest progress managing their budgets. However, the only obstacle to achieving fuller budget discipline was their resolve to create and sustain a culture of service-delivery excellence, accountability, and learning within their practices. After reviewing all the measures taken during the study to ensure the financial viability of their practices, the AR team members concluded that they needed a performance management strategy to create such a culture.

Developing and implementing performance management scorecards. Each time the AR team members dialogued about talent management maturity in their practices, performance management challenges emerged as salient factors influencing consistent business success. The stress of meeting cash flow and other business objectives was palpable among the AR team members during every AR meeting and coaching session, yet one could sense that no one was being held accountable for his or her actions or inactions. While performance management, in

and of itself, was not examined in this study, it became painfully obvious to the AR team members early on in the project that any effort to implement capacity-building interventions would be in vain without implementing performance management mechanisms. For example, when sharing feedback from observations and soliciting participants' thoughts concerning the state of performance management in their practices, they responded in ways that revealed the depth of their deficiencies in leadership and managerial competence. Dr. Doolittle commented:

> I don't do performance appraisals. I guess the only ones that I give raises to are the ones that come to me and say that they drive too far and we're not working enough hours and I can't continue to work for the same rate. So I gave her $2 more per hour. I told her that I'm going to give you this money but I am going to need you to start coming in early because that's her only deficiency—she comes in late.

Similarly, when asked whether he had a performance appraisal system in place, Dr. Freeheart answered:

> No, I don't really have one in place that would reward an employee for performance. It would be nice to have something in place to document my efforts to properly set expectations as well as to monitor performance and provide feedback to staff. And it would certainly be nice if we organized to recognize outstanding job performance.

Given the shortcoming of having no performance management strategies in place and attendant risks associated with that absence, the leadership teams requested the opportunity to have additional discussions and participate in developmental activities on the topic. The ensuing discussions and activities, however, only minimally impacted their ability to apply the principles, tactics, techniques, or procedures in their practice settings. This became evident during one of the AR meetings, when Dr. Doolittle and Ms. Doubtfire were struggling to decide whether to

find a new hire or re-hire a recently terminated employee to fill the open dental assistant position. I asked them how they would hold the re-hired assistant accountable and prevent the same type of behavior that led to her initial dismissal. Dr. Doolittle replied to Ms. Doubtfire's comments: "The first time she don't show up for work, she is unemployed." Ms. Doubtfire added:

> I'm going to have to sit her down immediately and let her know what the expectations are. And let her know that she actually has no chances for screw-ups. I'm going to let her know that Dr. Doolittle is going to put some strict restrictions on her. She said, "I will be there Monday at 8:30 AM," so she's making all these promises. So now we have to give our expectations of her. Because, these days, you don't get second chances. The other hygienist thinks she wasn't all of that and [we] shouldn't give her a second chance. Whatever.

Given Ms. Doubtfire's clear lack of confidence, the AR team members engaged her further about steps to hold this potential re-hire accountable given that she and Dr. Doolittle were contemplating given her a second chance. After fully discussing sound performance management practices, Ms. Doubtfire replied in dismay, "We have some homework to do tonight before we meet with her tomorrow."

Comments like these continued to manifest themselves throughout the AR team meetings. Consequently, such shortcoming had to be addressed in some manner other than through developmental activities. The researcher-practitioner agreed to work individually with each leadership team in its practice setting to develop performance management scorecards for facilitating the management of staff performance. The process of working with the leadership teams to develop the performance scorecards resulted in a deep level of communication and

interaction among the members about leading and managing talent using internal and external resources. The benchmarking gap analysis (see Appendix E) and the vignettes from Dr. Moses and her office managers were instrumental in supporting the developmental activities and creating the scorecards, both of which strengthened the social capital of the leadership teams. It was clear that Dr. Moses had created a culture of performance excellence, learning, and accountability in both of her practices, as evidenced by her multi-pronged performance management strategy. The strategy included a performance appraisal system, a rewards program comprising profit-sharing and prized incentives, and accountability measures ranging from performance improvement plans to reprimands. The discipline of her strategy was summarized in her comments about documenting performance:

> In addition to normal performance reviews, we have a problem plan sheet which is basically a format for rendering reprimands for poor performance or behavior. The problem plan states the problem and what happened. Then a discussion is held with the staff member so that they can respond to the issue at hand and suggest a plan of action. When they put the plan down and that plan is approved by myself or another manager, they understand the consequences of repeat offenses or substandard performance. Because the Department of Labor always says, "Did any good employee know that they have violated the policy? And if they violated the policy, how soon after the violation did they know it. If they violated it and knew it, did you reprimand them? And if you reprimand them, did you tell them what the consequences would be later?" Those four questions always come up in every Department of Labor interview I ever had. OK, and so we have always done that. I say that I will talk with you a couple of times, two times I start writing and after three writings you got to go. Because the Department of Labor also

says that if they violated the policy this many times and you kept them, then you got a problem. You kept them too long.

Using the best practices from the benchmark practices as their guide, the AR team commenced the journey of replicating the performance management strategies and giving priority to developing and implementing the scorecards. After working with the AR team members to design and develop a user-friendly performance scorecard for the office managers, the expectation was that they would use the same template to develop a scorecard for each of their staff members. The dentist owner-managers did use the scorecards to begin coaching and providing feedback to their office managers. However, for a host of reasons, the office managers made only minimal progress on implementing staff scorecards. Given the enormity of their collective business challenges, it would take them longer to fully implement the performance management strategy as envisioned. Notwithstanding, the leadership teams acknowledged that they were much better off for engaging in the development of the scorecards.

Evaluating Action

Understanding the limitations around designing, developing, and implementing specific support systems, the AR team chose to focus on implementing strategic planning, refining its business model, engaging in budget discipline, and developing performance management capabilities within their practices. Moreover, the team clearly understood that full implementation and evaluation of these interventions were beyond the scope of this project. As such, only the initial impact of these interventions were evaluated as planned during the constructing phase.

The AR team's practices did display a modest degree of performance improvement as a result of implementing the suite of performance support interventions. The developmental

activities that the leadership team participated in throughout the study significantly enhanced their ability to implement the interventions. The ongoing individual leadership team coaching sessions conducted by the researcher-practitioner between AR team meetings provided an extra layer of encouragement, support, and accountability for the teams to exploit the new capabilities. Due to their engagement in a developmental session on time management and organization skills, the leadership teams were able to better organize themselves to integrate these interventions into their daily and weekly routines.

Chapter Summary

This chapter captured the lived experiences of the AR team members as they executed three cycles of constructing, planning, taking action, and evaluating action. Coghlan and Brannick (2010) suggested that an action research cycle should be understood in terms of context, quality of relationships, quality of the action research process itself, and outcomes. The purpose of planning and executing three overlapping AR cycles was to enhance the capacity of the two private practice leadership teams in order to strategically manage and develop their talent and organizational capacity for creating and sustain strategic competitive advantage and success:

1. Cycle 1: Strategic talent development for office managers (leadership competency assessment tool and individual development plans for office managers);
2. Cycle 2: Strategic talent development for leadership teams (developmental activities to foster collective entrepreneurial, managerial, and leadership competence of dentist owner-managers and their office managers to enhance organizational capacity); and,
3. Cycle 3: Develop scaled performance support systems.

Meta-Learning Generated Through Reflection

One of the primary objectives of any research study is to generate new knowledge in an effort to enhance the learning and growth of the participants. This study fulfilled that criterion on numerous levels as a consequence of integrating reflective processes during AR meetings, interactions with participants in other settings, and my own personal journaling. The leadership teams were encouraged to reflect before, during, and after actions so as to be more deliberate in taking actions and learning from their experiences in order to create new and better experiences throughout each phase of an AR cycle, as advocated by Coghlan and Brannick (2010). According to Coghlan and Brannick, action research strives to develop awareness, understanding, and skills across four territories of experiences—intentions, planning, actions, and outcomes—at the individual, team, and organizational levels. The territories of experience parallel Mezirow's (1991) three forms of reflection: content, process, and premise. When subsumed under the framework for understanding AR (context, quality of relationships, quality of the action research process itself, and the outcomes), these territories of experience and three forms of reflection helped to describe the process of learning for the AR team members throughout the study.

Context

Reconciling intentions with realities of environmental factors. The complexity of the internal and external environment in which the AR team's private dental practices operated posed significant challenges to the execution of each AR cycle. Given the enormity of numerous talent and organizational capability gaps within their practices and their current levels of competency development, the leadership teams were not prepared initially to engage in the intensive work needed to facilitate closure of the performance gaps; rather, their intention was to

leverage the opportunity of participating in the study to close as many of these gaps as possible. A series of business acumen-related developmental activities were planned and executed to enable the team members to effectively engage in constructing, planning, taking action, and evaluating actions. These strategic talent development activities were even more critical given the lack of resources needed to build envisioned talent and organizational capacity. As such, the AR team had to tap existing resources to design, develop, and implement interventions within current resource constraints. Realizing that our collective competencies were not sufficient to address some of the inveterate challenges within the practices, the AR team concluded that a benchmark practice was needed to support their intentions.

Propitiously, an unconsciously competent private dental practice owner-manager with 30 years of experience opened up her two mature private dental practices to allow the researcher-practitioner to benchmark relevant best business practices on behalf of the AR team. The collected data, which captured the story of her and her three office managers' developmental journey toward the progressive maturation of her practices, informed the execution of various aspects of the three AR cycles. Moreover, the data reinforced the argument that a private dental practice business model (based on professional autonomy, long-term patient relationships, and excellence in dentistry delivery) can compete with the corporate dental practice model. A variety of evidence was presented during each AR cycle which captured the AR team's learning and growth, especially in the context of the pre and post benchmarking gap analyses (see Appendix E). One piece of this evidence comprised content reflections in the form of testimonials from the AR team members.

Content reflections. Content reflections comprise one's thoughts about issues (i.e., the "who," "why," and "how" of what one thinks is happening) relative to what is being constructed,

planned, acted on, and evaluated (Coghlan & Brannick, 2010). In relation to this study, the intentions, planning, actions, and outcomes of each phase of each AR cycle were broadly summarized in the "Evaluating Action" sections of this chapter but were not sufficiently framed in the context of reflective processes. When framed around reflective processes, patterns of individual, team, and organizational learning emerged in a different manner. Regarding intentions, individual AR team members felt passionate about the issues that drove the research study; however, at times their actions and outcomes were not congruent with their desire for change. Given the clash of strong-minded personalities, these professionals were most challenged in making themselves present in ways that would allow them to recognize the synergy (or lack thereof) between strategies, actions, and outcomes (Torbert, 2004). This was evident on many occasions during meetings when I attempted to engage the team members in dialogue about strategic-oriented challenges in their practices; oftentimes, they answered with a "specialist" response (technical or clinical in nature). Surprisingly, it was the dentist owner-managers who tended to default to technical and tactical aspects of operations, while the office managers strove to keep the conversations strategic in nature. Despite my best efforts, I consistently felt that I failed to motivate the team members to engage consistently in effective first- and second-person practices.

My struggle as an organizational development practitioner to move participants to a higher level of thinking and acting was a source of both frustration and growth. I dealt with these frustrations by constantly looking for ways to channel the participants' collective energies as leadership teams, yet I was challenged to keep them on task. I found myself leveraging the after-action-review (AAR) format as a content reflection technique to keep them focused on (1) what we were supposed to be doing;,(2) what went right or wrong, (3) what needed to be done

differently the next time; and (4) executing new strategies. This approach yielded mixed results. On the one hand, the team members began to engage in self-AARs which appeared to strengthen the integrity of their first-person practices. They shared numerous favorable business outcomes that occurred between meetings and/or coaching sessions as a consequence of thinking before acting, such as positive increases in the interactions between the dentist owner-managers and their office managers.

The mutuality of the second-person practices was less than adequate; while I succeeded generally in framing, advocating, and demonstrating the effectiveness of the inquiry and dialogue processes, the activities themselves did not always yield the desired outcomes. At times, I found it hard to sufficiently immerse the team members in conversations in which they consistently provided relevant feedback on the strategically focused topics being discussed. Instead, they tended to default to their specialist orientations when providing feedback. This phenomenon caused me to doubt whether they were learning appropriately from the exchanges. Consequently, this compelled me to revert to "a teaching mode" much more than expected. Subsequently, feedback and learning began to occur on a much deeper level for AR team members, including myself.

Learning for the AR team members was manifested in the incremental business successes reflected in the post gap analysis. Additionally, most of my frustrations as the researcher-practitioner eventually gave way to improved intrapersonal and interpersonal competence—patience in handling complexity and ambiguity, and engaging and building client relations, facilitative skills, and reflective competence. Indeed, despite the challenges encountered while engaging in second-person practices, several examples of single- and double-loop feedback,

learning, and change occurred during the study (see Chapter 5). However, incidents of triple-loop feedback were elusive.

Quality of Relationships

The quality of the relationships among AR team members help significantly to facilitate execution of three AR cycles. On most levels, the AR team was able to build effective group dynamics as we worked through the "storming, norming, and performing" stages of group dynamics (Tuckman, 1965). However, there two key factors that threatened to diminish the quality of the AR team's relationship throughout each of these phases: (1) an a priori relationship with one of the team members and a common professional background with another; and (2) my approach to engaging in OD consulting. Given the dynamics surrounding these factors, I found myself having to constantly keep my deeply held beliefs, assumptions, and personal views in check by engaging in premise reflections (Coghlan & Brannick, 2010) during the course of nurturing and managing the team relationships.

Premise reflections: A priori relationships. Since I grew up in the same social setting as Dr. Freeheart, I was familiar with his strengths and weaknesses as an entrepreneur, manager, and leader. His vision as a small-business owner had always been to expand his private practice with the aim of providing employment for his extended family. He was able to realize this during the early stages of growth for his practice; however, those initial successes would eventually be dashed by overly aggressive, poorly thought-out entrepreneurial ventures. Given my OD experience, he would reach out to me from time to time seeking business-related advice as a last resort once his business challenges became unsustainable. His reluctance to seek assistance on the front end of engaging in entrepreneurial activities was driven by what I interpreted to be a stubborn pride coupled with the challenge of physical distance between us. For my part, I had

been reluctant to offer professional advice to Dr. Freeheart, lest I be blamed for any decreased performance of his private dental practice.

This prior relationship notwithstanding, Dr. Freeheart and I approached the AR study with open minds, hoping that it would serve as the impetus for his personal growth and the survival and growth of his practice. Regrettably, during the first half of the study, he found himself contending with several business setbacks while prematurely taking on a managing role at a corporate dental practices. While he attended every AR meeting and leadership team coaching session, he was clearly distracted, and as a consequence, his office manager, Ms. Loveless, presented a countenance of frustration and lack of confidence. As a result, their commitment to the study was called into question on numerous occasions, not only by me, but also by the other team members. With prodding from other team members, they would eventually become productive team members.

My relationship with Dr. Doolittle was favorable for facilitating project work; however, I had to address certain premise factors beforehand. Although I had never met Dr. Doolittle before the study, we both served in the same branch of military service, which influenced my expectations about his level of managerial and leadership competence. Based on his previously held rank in the military, I assumed that he would not have had any problems leading and manage talent and organization. I assumed that even without direct operational leadership experience, his military management training and leadership development, along with indirect exposure to leadership contexts, would have prepared Dr. Doolittle to manage a small private dental practice. As noted throughout this chapter, however, that was not the case. It became apparent that his professional worldview had been shaped by excellence in clinical service delivery, not by sound entrepreneurial, leadership, and managerial practices. As with the other

leadership team, Dr. Doolittle's unorthodox approach to leading and managing was a source of frustration for his office manager, Ms. Doubtfire.

While I sensed that teams members wanted desperately to fix all that was ailing their practices, I could not discern at times whether the team members were "willing but unable" or "unwilling and unable" to engage in the level of business-related collaboration and action required to execute each AR cycle. Coupled with my a priori relationships with the dentist owner-managers and early observations of how they engaged with the project work, I became concerned about the progress of the study. I began to lose confidence in them and myself. However, I had to overcome these self-imposed impediments in order to help the AR team members lead change.

I struggle most significantly with managing the contradictions between the AR team members' espoused theory of action and their actual theory in use (Argyris & Schon, 1996) in relation to their levels of commitment and engagement. I addressed these pronounced dichotomies by providing (1) developmental and coaching activities during AR meetings and practice-setting meetings; (2) an overview of immunity to change methodology (Kegan & Lahey, 2009): and (3) a review of the concerns-based adoption model of change (Hall & Hord, 2006). Sharing positive feedback from the benchmark practices further enhanced the confidence of the AR team members. It was especially helpful for them to learn how Dr. Moses invested in developing her competence consistent with her practices' stages of growth. Collectively, these activities strengthened the reflective competence of the AR team members as well as my own. My reflective competence was further strengthened by engaging in reflective journaling and writing analytic memos during and after transcribing collected data. Moreover, a great deal of

my learning resulted from my continual reflections on and reassessments of my approaches to facilitating the AR meetings and OD consulting and coaching sessions.

Premise reflections: Approach to organizational development consulting. The decision to position myself as a "reciprocal collaboration insider-outsider" team member (Herr & Anderson, 2005) within the practice settings to help lead change also impacted the quality of relationships among the AR team members. I further situated myself as a process OD consultant to facilitate the type of team learning and development needed to effect transformative change during the AR study. Schien (1999) suggested that seeing the client as the expert puts the process consultant in a humble position in which he or she can ask the client relevant questions to unleash the client's hidden knowledge and then offer useful insights from an outsider's perspective.

Despite my intention to leverage a process OD consultant approach to maximize the AR members' engagement (as evidenced by ownership of inputs, transformation processes, and outcomes), I had to default to wearing the expert and diagnostic OD consultant "hats" on several occasions to keep the AR project flowing properly. I could sense that collaborative learning within the group suffered each time I shifted from acting as a process consultant to an expert in order to lead much-needed developmental activities and coaching. Ultimately, I employed some quasi action learning tactics to create more structure around the programmed developmental activities, project work, and reflective practices. In retrospect, I should have framed aspects of the study as an action learning study during the early stages so as to maximize synergy among programmed developmental activities and coaching, project work, and their correct implementation and routine application in the workplace.

While scheduled AR team meetings and other study-related activities occurred as planned, the progress with which leadership teams integrated project-related lessons learned and assignments into their work routines was at times slower than anticipated. However, I realized that this phenomenon had more to do with leadership team members' time management and confidence in applying new knowledge and competencies in the workplace than apathy or AR team relationships. Even accounting for constrained resources and leadership teams' competency levels, building their confidence and staving off the urge of dentist owner-managers to make premature business decisions continued to serve as impediments to achieving better intervention-related outcomes.

Reflections on the Quality of the Action Research Process

The effort to maintain a balanced focus on the inquiry and project implementation processes was a consistent challenge for me. The core action research project (of working with the AR team to conduct three cycles of constructing, planning, taking action, and evaluating action) was conducted in accordance with the steps prescribed by Coghlan and Brannick (2010) to achieve the project aims. All project-related activities were collaborative, and reflection techniques were integrated appropriately to reinforce learning and to make necessary project adjustments. The collaborative and reflective techniques comprised the main vehicles the researcher-practitioner used to emphasize to the leadership teams that they owned not only the problem and the project, but also the perpetuation of the outcomes of implemented interventions beyond the project's end. Despite a number of adverse conditions under which the AR team members had to operate, the team did execute the project requirements. Although the parallel thesis project (i.e., the process of examinging the stated problem) presented demanding layers of complexity and intense, hard-to-manage, time-consuming individual work on the part of the

researcher-practitioner, the study was conducted with the utmost rigor and quality to ensure that the findings were connected to the research questions and the theory of change model.

Outcomes

Collectively, the suite of interventions implemented throughout the three AR cycles enhanced the capacity of the two private practice leadership teams to strategically build and manage talent and organizational capacity in their practices to move their practices to the next level of growth. As depicted in benchmarking gap analysis (see Appendix E), progress was made in raising levels of competence among all AR team members, thus improving several of the key performance indicators (in comparison to their own performance at the beginning of the study and to the benchmark practices). Both practices ended up implementing strategic plans, budgets, structured management processes, and performance management practices. Cash flow—by far their biggest challenge—had improved, with overall productivity increasing and overall overhead decreasing. Though at the conclusion of the study the leadership teams were still in the process of optimizing their performance support infrastructures to manage internal and external business processes, they had made strides in coherently managing each business function.

Despite the challenges manifested throughout the study, the outcomes provided significant, positive insights into the study's two research questions and affirmed the assertions of the four central arguments. As a results of implementing strategic talent development strategies with a focus on talent leadership in the practices, the office managers were clearly more confident and competent in leading staff and managing day-to-day operations. Likewise, the dentist owner-managers had positioned themselves to think and act like engaged small-business owners. Collectively, they had evolved as a team to the point where they were balancing their entrepreneurial, managerial, and specialist orientations commensurate with taking

their practices to the next level. Moreover, the renewed focus on perfecting their business model was effective because they were developing staff to be more engaged in that endeavor.

Moreover, the outcomes of the study demonstrated the power of action research as a collaborative approach to developing the talent leadership competence of small-business leaders. Additionally, benchmarking as a form of relational and collaborative learning proved to a credible approach to building talent leadership and organizational capacity. No less important, the leadership teams were conditioned to sustain the implemented interventions beyond the conclusion of the study.

Chapter 5 provides an in-depth analysis and discussion of the study's finding along with implications for theory, practice, and future research.

CHAPTER 5

FINDINGS

As with most small-business leadership teams, the most pressing challenge confronting the majority of private dentist practice owner-managers and their office managers is managing the multi-dimensional facets of their entrepreneurial endeavor. This challenge is often compounded by a lack of congruence between a leadership team's level of competence and the desired stage of growth for it small business. Corporate dentistry entities that set up shop in their footprint pose an existential threat to their small practices. The capacity of these pivotal small-business leaders to achieve a modicum of sustainable strategic success depends on their entrepreneurial, management, and leadership preparedness to lead and develop talent and build organizational capacity. Yet, the developmental journey of the typical new dentist owner-manager is severely undermined by the lack of business management skills obtained during dental school and through subsequent continuing education and professional development. By default, the developmental journey of office managers who work in these practices tend to be impeded collaterally by the developmental deficits of their dentist owner-managers.

The primary purpose of this AR study was to understand the dynamic challenges private dental practice leadership teams encounter as small-business leaders and to collaboratively explore approaches to enhancing their capacity to strategically manage and develop talent and to build organizational capacity. Specifically, this study explored the following research questions:

1. What happens to a small business when it implements a strategic talent development approach focusing on talent leadership?

2. How can action research facilitate evolving strategic talent development and collaborative learning between small-business owner-managers and office managers?

This chapter highlights the significant findings from the analysis of data sources, including the results of the interventions implemented during the AR study. The findings are outlined to respond the two research questions, to align with the four central arguments embedded in them, and to test and validate the study's theory of change model proposed in Chapter 2. Various methods of presenting the analyzed data were used to display findings for each research question (i.e., counting, pattern matching, and comparing and contrasting data among the four cases). As explained in Chapter 3, four cases were created in HyperResearch as a way to organize and analyze the data: (1) AR team; (2) benchmark private dental practices; (3) private dental practice 1; and (4) private dental practice 2. The use of the term *case* in this context does not denote four separate case studies; rather, this study aimed to produce only a single within-case AR case study with the four embedded units of analysis labeled as "cases."

Research Question 1

The private dental practices participating in this study were compelled to adapt their business models in an effort to enhance performance and survivability given their resource constraints and limited capacities to compete directly with corporate dental practices. Moreover, the individual and collective levels of competence of the practices' leadership teams (comprising dentist owner-managers and office managers) were not congruent with the stages of development of their practices. In essence, they experienced an array of challenges as they stagnated in lower stages of growth, overcoming a lack of resources and inadequate talent and organization capacity. However, their most notable challenge was not knowing about themselves as leaders,

about the true state of their practices, and about the pathways to sustainability and survival of their practices.

Table 17 displays three broad categories that emerged during the data analysis process and underscored the heightened awareness AR team members developed around the need for change: (1) situating the self and practice in a stage of development within the context of a business model; (2) building organizational capacity; and (3) building talent capacity. These three categories, along with underlying themes, provided the framework for discussing findings for research question (RQ) 1. The frequency of the occurrence of themes within each case are displayed in tables throughout this section, covering findings around RQ 1 to augment sense-making.

Table 17

Research Question 1: Categories and Themes

Research Question 1: What happens to a small business when it implements a strategic approach focusing on talent leadership?	
Categories	**Themes**
Situating self and practice in stage of development within context of current business model	Waking to the status quo Understanding and exploiting corporate model and dynamics Embracing strategic competitive advantage Business stage of development
Building organization capacity	Performance support infrastructure Facilitating process and system maturity Managing finances and profitability
Building talent capacity	Owning talent leadership Conditioning performance management and development

Situating Self and Practice in a Stage of Development within the Context of a Business Model

Gaining an awareness of the talent and organizational capacity gaps in study participants' practices was a key theme that emerged around RQ 1. One of the overarching findings of this study reinforced the difficulties dentist owner-managers encountered in their attempts to compete with corporate dental practices. The AR team members didn't realize the power of their own business model, which was antithetical to the corporate model. The implications of AR team members' shortsightedness obfuscated the real issues: (1) their status quo approach to leading and managing; (2) vulnerabilities of the corporate model and how to exploit them; (3) lack of mindfulness about their strategic orientations; and (4) the challenges of situating themselves and their practices in respective stages of development. Table 18 builds on Table 17 by evidencing the prevalence of theme recurrences in coded data associated with the category "situating self and practice in stage of development within context of business model."

Table 18

Research Question 1: Category 1—Prevalence of Themes

RQ 1: Category 1— Situating self and practice in stage of development within the context of a business model					
Themes	**Theme Recurrence within Cases**				
	AR Meeting	BM PDPs	PDP 1	PDP 2	Total
Waking to the status quo	51	7	24	16	98
Understand/exploit corporate dentistry	127	10	30	29	196
Adapting Strategic orientations	176	46	19	24	265
Business stage of development	86	16	12	2	116

Waking to status-quo leading and managing. While there were numerous internal environmental factors that influenced the sustainability and survivability of the private dental practices participating in this study, the most insidious factor reflected in the coded data was the leadership teams' status quo mindset of and approaches to leading and managing. As reflected in the sub-themes associated with this phenomenon, the AR team members routinely engaged in crisis management and reactive management, and responded to adaptive challenges with technical solutions. These unorthodox ways of thinking and acting ultimately inhibited their ability to influence change within their practices.

Interestingly, 51 of the 98 recurrences of the "status-quo leading and managing" theme were associated with planned discussions and developmental activities during AR team meetings. This is significant because AR team members were unaware that their willy-nilly approaches to leading and managing were inhibiting their business success. They kept doing the same misguided things over and over and expecting better outcomes. The evidence suggested that behaviors and processes did not change until the leaders became aware that they were trudging in the status quo. On the Contrary, the seven theme-incidents associated with the benchmark practice case suggested clearly that the owner-manager and her office managers engaged in activities that minimized their need to engage in haphazard leadership and management tactics. The majority of theme recurrences associated with status-quo leading and managing are indictments of the AR team members' inability to move out of their specialist orientations toward strategic orientations. In a conversation about monitoring production, revenue, collections, and overhead expenses that drives cash flow, Dr. Freeheart could not clearly articulate his thoughts or find documents to help him speak intelligently on this matter:

> My focus when I'm here is really on production. Since I have been at the corporate dental practice my files have been in a big disarray. It's hard for me to put my hands on the profit and loss statements right away. I had to have my accountant redo some of the numbers for last year because I know we brought in more revenue than what was shown on the statements that she provided. It would make a big difference if the numbers over here were what they're supposed to be. We could pay the bills. We could pay the staff on time, if this number could end up being what it was supposed to be.

Ms. Loveless acknowledged the unintended consequences of engaging in status-quo leading and managing approaches by Dr. Freeheart and herself:

> We admit that these are glaring areas of weakness and our ad hoc and status quo approaches to managing the practice like a business and leading our staff are causing us much stress, but unfortunately we have gotten used to it over the years. So, we are open to learning and making the changes we need to right the ship.

When engaging Dr. Doolittle about a similar cash flow issue relevant to his setting goals for the practice and having mechanisms in place to execute, monitor, measure, and report performance, he responded in a manner that revealed his status quo mindset and behavior in managing his practice:

> So, I think I was kind of lazy because I think I actually did the math one time and I added up the bills and we pretty much need at least $2,000 production per day to break even. So … if BM DO wants her dentists do $3,200 per day, then I guess we need to do $3,200 as well. And I know we don't make no 33% hygiene production of overall production. At one time the office manager was tracking my hygiene production, but she began combining [this] with the overall practice production, so now it's hard for me to say. I

> haven't been focused on these things in the past, but I definitely will be setting and enforcing production and revenue goals effective immediately.

When asked, "Is the status quo working for you; what impediments are there to change?", Ms. Doubtfire's reply reinforced her self-assessment of unconscious incompetence in respect to helping Dr. Doolittle manage the business side of their practice:

> So far, yes, but it could be better. I do feel that there are lots of thing that we need to change to make the practice more successful. These things that we are talking about and attempting to accomplish are definitely worth the effort. We can't keep doing things the way that we have been doing them. So, I want all the help that I can get.

Feedback from the benchmark practices was used to stress the importance of being cognizant of reactive and crisis management and how such an awareness could prevent them from making costly mistakes and experiencing far-reaching business setbacks. As an example, when discussing impediments to consistent cash flow, Ms. Loveless's comments highlighted what appeared to have been a perpetual cycle in which she and Dr. Freeheart engaged in reactive and crisis management approaches:

> I know we need it, Dr. Freeheart. But once again, when we sit and have a conversation like we're going to do NEA to establish electronic insurance claiming filing capabilities, we can't make a rash decision that we are going to pay NEA tomorrow. A situation that comes up to me that's more critical, I need to respond accordingly. Like my phone bill, my light bill—I'm going to pay the one that's most urgent. If we have a check that's going to go bad, then we have make adjustments and put other things on the back burner.

A majority of Ms. Loveless's frustrations emanated from Dr. Freeheart's decision to take on a full-time role of managing director at a corporate dental practice while leaving her to manage the

private practice, with a combination of him working at his practice part-time on weekends and part-time associate dentists during the week. Dr. Freeheart lamented that premature decision:

> Leaving my practice to work with the corporate practice was the absolute worst thing I did this year. It hurt our overall budget, it hurt our overall profitability. And we lost a lot of production along the way. We ended up losing a few of my long-standing patients. So, it leads me back here, where I am fully vested in my practice. It's a lot of money invested in this practice.

While not as compelling as Dr. Freeheart's testimony, Dr. Doolittle described a scenario involving his dental assistant that illustrated his tendency to engage in reactive and crisis management. His frustrations were palpable as he described the unintended consequences of lack of guidance, follow-through, and proper management controls:

> So another thing, we had this patient's dentures come in. When the dentures came in, somebody took them and returned them back to the lab. So when the lady came in for her appointment to get her dentures put in … no one knows where the dentures are. And I said, "I got four of you all working here (it really was five because I had this extern from the college working here) and so many of you all are in here, I can't remember all of this stuff. I got to do these root canals, extractions, and pay the bills, I have you in here to back me up and support me. And if you all are sending by lab cases that are ready for delivery to patients, then when we look for it when the patient comes in, we don 't have their teeth. You make me look bad and I don't want to look bad. I'm counting on you all to have support me and have my back. You all are having my back. We need to track all of this; we can't do business this way. That's why we need processes, procedures; we need systems."

The vignettes shared by the AR team members revealed their unwitting reliance on technical remedies to resolve adaptive challenges. While discussing the topic of applying technical solutions to adaptive problems, an unusual conversation about production and collections ensued. Dr. Freeheart made the following comment in the context of recently firing an office manager because she could not process insurance at a pace commensurate with consistent cash flow:

> The task is basically for her to get the claims paid. I mean, if I produce it, I want them to get it paid, that's all. It takes a little initiative to get some of them paid. In some instances, they want more supporting documents, and if that stuff doesn't go out, it delays your money. I need an officer manager I can depend on. Otherwise, I will do it myself.

Considering that this was the third office manager he had fired for similar technical deficiencies, Dr. Freeheart had failed to recognize that lack of adequate performance support systems (i.e., electronic filing capability) and his leadership and managerial shortcomings were indeed adaptive challenges. Even after rehiring Ms. Loveless, he continued his patterns of misguided leadership actions until becoming aware of his inclination to address adaptive challenges with technical solutions. Feeding off of Dr. Freeheart's erratic management approaches, Ms. Loveless defaulted to engaging in the same behavior of addressing adaptive challenges with technical solutions. While the forgoing evidence provided examples of adaptive challenges not being adequately addressed by the leadership teams (either individually or collectively), it reflected their heightened awareness of adaptive challenges at hand. Moreover, the evidence underscored the efficacy of collaborative learning as a means of enhancing talent leadership.

Understanding and exploiting the corporate dentistry model and dynamics. While the analyzed data suggested that the AR team members viewed corporate dental practices as an

existential threat, they also exposed the vulnerability of corporate dental practices. Moreover, the data revealed a significant opportunity for the practices to fully exploit their current business model, which focusing on autonomy, excellence in personal patient care, and building long-term relationships with patients. There were 196 recurrences of the theme "understanding and exploiting corporate dentistry model and dynamics" in the coded data; 127 of these fell under AR team meetings, 10 under benchmark PDPs, 30 under PDP 1, and 29 under PDP 2. Given that all of the AR team members had experience working in a corporate dental practice within the previous five years, they were aware of the threat's expansive talent and organizational capacity, including formalized business structures, policies, procedures, processes, mature systems, and strategic plans—all of which the private practices were struggling to implement. Yet, they had not thought about the implications of the threat and what steps they needed to take to reorient their thinking, planning, and acting in order to respond wisely. Excerpts from the data captured the AR team members' perspectives on the threat and the opportunities that threat presents:

> Dr. Freeheart: I honestly believe that corporate dentistry is a big challenge. I think that private practice ownership is not going to be the way to go for many new dental school graduates in the future. You should see their commercials. That TV commercial drives them in. Just think about the millions of people that commercial reaches a day. I'm sitting there at work watching the commercial at work because they have TV monitors that we can see from our areas. They got that, and they also market on the Internet as well. So they have a highly effective marketing plan.
>
> Dr. Doolittle: I don't agree with you, Dr. Freeheart. Because when I worked at one of the corporate dental practices, their model was that you're going to get these patients in the chair, extract as much money as you can from them, and there was a high

probability that they were never coming back. So, every patient that you see eventually leaves, and they wanted us to make as much money off them as possible before they leave. When I worked at one of the corporate dental practices, I had one patient who asked me, "How long have you been working here?" I told her four months. She told me, "I will give you two more months" because she had been through so many doctors in the few months that she had been dealing with that practice.

Ms. Loveless: My experience with the corporate dental practice that I've worked for, if you're not one of the top producing doctors (even though you are producing but not to their expectations), they're going to ride you every day. That treatment plan coordinator is going to come in there and [say], "Look, doctor, I've got this scenario, can we do this." I don't feel comfortable doing any old thing; I don't care what it is. I won't say it was unethical, but when you drive a patient that much, we all but say let's forget about the next patient. It's like if you are not producing, you are constantly threatened. They threaten you.

The AR team members recognized that at the heart of their current business model lay professional autonomy, enduring patient relationships, and quality patient care. However, the data also showed how little awareness, focus, and energy the AR team members had invested in the business model of their respective practices in response to the corporate threat. Comparatively, the benchmark practices were exploiting the business model as if it were part of their DNA, as evidenced by the comments of Mrs. Jones, Dr. Moses' primary office manager, about the quality of patient care, loyalty, long-term relationships which accounted for their enduring success and competitive advantage:

> So, it was still just pediatric dentistry. Then when the kids grew to like 14 or 15 years old, they still wanted to come back to Dr. Moses. So, Dr. Moses decided to bring in a general dentist to accommodate them. And now we are seeing their kids and babies—the generations kept going on and on. They start going to the adult side and we started seeing their babies on the pediatric side. So, that's how all of this started. When we moved here, we had five chairs and then we added to the back two more chairs … Now we're a 19-chair practice.

Fortunately, the enthusiasm garnered by the collaborative learning format and feedback from the benchmark practices compelled AR team members to take actions to revive their business models. As Ms. Doubtfire commented, engaging in efforts to fully exploit their current business model was one of their only options for surviving the threat posed by corporate dental practices:

> I think that taking actions to reinvigorate our business model keeps us in the circle of private practice. Because you still have patients that don't want to go to these big corporate dentistry practices. So, if we have that customer service in place, that chair-side manner in place, we can retain our patients. I think patient-centered customer service is a critical aspect of our business model and business success going forward. With all the blueprints that you have shared with us, I don't predict any decline in our business. Because we have most of these interventions in place now to varying degrees.

Evidence from the analyzed data also suggested that one of the primary motivations of the owner-managers was to maintain ownership of their private practices and the autonomy they afforded. Dr. Freeheart and Dr. Doolittle shared concerns about the viability of the private practice business model given the ascendancy of corporate dentistry and other adverse

environmental factors. Dr. Doolittle acknowledged his early anxiety about owning his own practice as a result of an initial dispassion for leading and managing. However, his comments underscored his genuine commitment to maintaining the autonomy of his private practice and not working for someone else.

> Dr. Doolittle: Yes! The management practices are hard because even before I bought my practice I used to go the National Dentistry Society meetings and I would hear them talk about their problems. The people were saying, don't do it, don't do it. And I said I wish I could practice dentistry 9-5 PM and [non] have to worry about management. So, a lot of them were saying, don't buy a practice.
>
> Dr. Freeheart: Well, do you still feel that way now? Do you have any regrets from buying your practice?
>
> Dr. Doolittle: No I don't have any regrets. I love it. I don't think that I could have went out and worked for someone else.

Whereas Dr. Doolittle had come to treasure the autonomy of business ownership, a succession of business setbacks had tested Dr. Freeheart's resolve about private practice ownership, so much so that he took a position at a corporate practice pending the sale of his practice. He spoke openly during an AR team meeting about these agonizing decisions:

> Dr. Doolittle: I thought you wanted to make a career change to focus your time and energy with corporate dentistry?
>
> Dr. Freeheart: I did! I wanted to make a career within corporate dentistry. See, at the corporate dental practice everything is so organized. You just go in there and follow the plan. When I go there, everything is just laid out, and I just do what I do best, clinical dentistry. However, in order for you to practice dentistry you have to have a license. The

> only way that the corporate dental practice can operate is with a licensed dentist. Without me as a licensed dentist, it has no pulse; it has no life in there. So, what the corporate dentistry entity wanted was to capitalize on my licensed.... I understood that I was being used to a degree, but I was there trying to further my personal and professional goals. I wanted to sell this practice and eventually buy another one with lower overhead, but it didn't sell. This setback, more than anything, made me realize that I like the freedom of owning my own business. I can't ever see myself not having my own private practice.

Examples such as this suggested that Dr. Freeheart had learned from costing mistakes and could potentially leverage his negative professional experiences to augment his capacity to lead the needed changes in his practice. It was helpful for him to receive feedback from the other AR team members and from Dr. Moses in the benchmark practices. Dr. Moses' historical perspective on corporate dentistry along with comments about implementing a successful private practice business model reinforced Dr. Freeheart's decision-making process:

> When I first started practicing dentistry, there were no such thing as a corporate dental practice. Now they're everywhere, but we've made the investments over the years, grew our practices, and diversified over service deliveries so as to not be impacted by their presence. We have built a strong long-term relationship with our patients. And most of my staff have been with me over the past 30 years as we grew. That's what drives me to keep doing what I do; they've demonstrated loyalty to me and we intend to keep this going even beyond my retirement.

As the AR team members gained an understanding of and appreciation for the progressive growth of the benchmark practices and Dr. Moses' commitment to private practice ownership, they also became increasingly confident that they could replicate some of the best

practices garnered from the benchmark practices and leverage some of the lessons learned from their previous experiences working in corporate dental practices. These discussions helped Dr. Freeheart clarify and intensify his awareness that he valued retaining the autonomy and control offered by small-business ownership more than managing a corporate dental practice. This was the motivation he needed to take action to save his practice.

Adapting strategic orientations. Evidence from the coded data suggested that neither of the private dental practice dentist-owners participating in the study had a clear understanding of how to create and sustain a strategic competitive advantage for their practices. The data indicated that this was largely due to their narrow focus on clinical roles at the expense of orienting their thinking and actions toward their strategic, entrepreneurial, and management roles and responsibilities. These assertions were supported by 265 theme recurrences of "strategic orientation" in the coded data. Moreover, they were further strengthened by the pre- and post-test results of a Small Business Owner Assessment Tool (S-BOAT) questionnaire (presented in Chapter 4). Of the 265 theme recurrences of strategic orientation, 176 emerged from AR team meeting discussions, 46 from interactions with the benchmark PDPs, 19 from PDP 1 data, and 24 from PDP 2 data.

At the beginning of the study, neither leadership team engaged in any degree of strategic planning. Decision making and planning were ad hoc in nature. The unintended outcomes, disconnects, and frustrations associated with these challenges were oftentimes a palpable source of discontent between the leadership team members (owner-managers and their office managers). When asked about her biggest challenges and what she would like to see changed respective to how Dr. Doolittle or she approached these dimensions of managing their practice, Ms. Doubtfire replied:

> Well, for me, I would like to see a change in how Dr. Doolittle and I communicate in order for me to have an ongoing understanding of his vision and strategic goals for the practice. As long as I understand his expectations of me and of the areas that fall under me and that I'm not up to par, I can start taking some additional courses or some other development so I can routinely achieve the outcomes he's looking for out of me, so that I can get the training I need to build and manage a productive patient schedule. I think I know what I'm doing, but at the end of the day, maybe those extra courses, will help me to continue growing and building on what's been learned over the last year and a half. Hopefully, this will help me to achieve the vision of where he wants the practice to be.

When asked to respond to Ms. Doubtfire's comments, Dr. Doolittle replied:

> Well, I think in order for me to really focus on the business side of the practice, to comb through productions, collections, budget shortfalls, and have the time to do staff development, I have to be able organize my time. I don't have time to think strategically. Sometimes I feel like I'm in a pressure cooker, especially when someone calls in sick; we only have one assistant and running behind on patients, and I get frustrated. At the end of the work, I'm so emotionally drained. As an example, some of my key dental equipment breaks and I have to call for repairs; it get fixed and then it breaks down again the next day. Every patient that we had was running late. When stuff like that happens, I just get so drained. All I can do on days like that is go home and get in the bed and wake up the next morning and go at it again. And you start the day, it seems as if you are always under stress. For the most part, I don't feel like I have the time to do all the management things that I need to do because I'll be back there in the pressure cooker environment.

Dr. Freeheart and Ms. Loveless expressed the same level of frustration in their attempts to figure out the best way to organize themselves to competently execute their roles as strategists. When asked what her biggest challenges were and what she wanted to see changed respective to how Dr. Freeheart or she approached these dimensions of managing their practice, Ms. Loveless replied:

> Mentally, we are doing strategic planning, but we don't sit down, come together as a team to plan and execute critical strategies and practices we've attempted to institute. In other words, we need to figure where we are going and how we need to improve—or whether we are even improving at all. It seems like we are in a constant do-loop making the same mistakes day in and day out. And we pick up and do the same thing the next day. So we need to not just focus on day-to-day but have a plan that speaks to a longer time-horizon strategy that speaks intimately to how daily operations link to weekly, monthly, quarterly, annual production- and revenue-related outcomes. It gets frustrating, I tell you.

Dr. Freeheart nodded his head in agreement and replied:

> She's right. We do need to develop and implement a strategic plan because that's the only way I can take my practice to the level of growth that I envision.

Suffice it to say, both leadership teams' strategic orientation and approach to strategic planning stood in direct contrast to those of Dr. Moses and her office managers. Perhaps one of strongest aspects of their strategic orientation was to keep the practices positioned to maintain a profit-sharing program for staff. As indicated by Dr. Moses, this goal helped to produce a culture of teamwork, excellence in providing personalized patient care, and consistency in meeting or exceeding revenue and production goals:

> Now, what do I do with that money when I don't use it? Then I roll that over to my profit-sharing account. And that's another thing that you don't hear about other small practices. Most of them, they have a profit-sharing plan; they don't share with their staff and most don't have retirement plans for themselves. You really don't hear that. I'm not bragging; I'm telling you facts. You don't hear dentist telling you that they have a pension plan or a profit-sharing plan. But that benefits me as well as my staff.

As they become cognizant of the implications of not thinking and acting strategically, the AR team members also began to understand their unintentional over-reliance on their specialist orientations to guide their practices' success. The initial S-BOAT questionnaire reflected that all AR teams oriented the majority of their time and efforts toward the "specialist" dimension of their roles and responsibilities. When challenged about his immunity to orienting his focus more toward the "management" dimension, he responded:

> I agree that I continue to struggle in making the shift to managing the business side of my practice. Why do you think I was serious about selling the practice? I mean, I have defeated myself. And you know, the most powerful thing that I have going for me is my clinical skills. They seem to hold me together; but, from a business standpoint, it's a real challenge. Even though we can come here and produce the numbers, I think that a lot of the production comes from 20 years of experience. So, the dentistry stuff is second nature to me. I can build on that all day long.

Dr. Doolittle experienced the same challenge of narrowly focusing on the specialist dimension (i.e., the daily grind of clinical work and production) of his roles and responsibilities as a dentist owner-manager. This manifested itself numerous times during AR team meetings and coaching sessions when members discussed approaches to coherently managing operations and

other business functions. For instance, when asked about managing patient scheduling to meet production and revenue goals, Dr. Doolittle commented:

> I'm in the back taking care of patients all day and I don't really take time to do much else but to ask Ms. Doubtfire about the end-of-day production numbers and revenue collections on the day sheet. I admit I need to think through how I am going to spend more time influencing and managing what I want to happen instead of thinking things will just happen.

When asked how they were going to reorient their specialist focus in order to spend more time helping the owner-managers with the strategic and management aspects of their practices, Ms. Doubtfire and Ms. Loveless revealed the struggle in making that transition:

> Ms. Doubtfire: When managing patient flow and front-desk operations all the time, it's hard to do all things to manage the practice the right way. I find myself answering the phone, verifying insurance, aggressively selling treatment plans, stuff like that all day. All of this has been eye-opening about how I orient my time mainly doing technical stuff to ensure we maximize revenue from what's on the schedule every day. I want to get this right so that I can do what Dr. Freeheart expects of me.
>
> Ms. Loveless: Keeping all of the chaos at bay and at the same time [turning] the money around to maintain a positive cash flow, it's tough. I feel like all I do is chase money all day long as I personally take care of each patient who walks through the door. Everything we're talking about makes sense, but I haven't figured out how to organize myself to manage all business functions in this manner.

Despite the challenges experienced by the AR team members in orienting their focus on the strategic, entrepreneurial, and managerial dimensions of their roles and responsibilities, most

instances of the strategic orientation theme reflected collaborative conversations, developmental activities, and project work to identify and address shortcomings. When asked about what Dr. Freeheart and Ms. Loveless had learned about orienting most of their focus on the specialist role at the expense of managing their practice as a business, Dr. Freeheart shared the following:

> Yes, I am learning from those critical mistakes, from taking uncalculated entrepreneurial risks. I was taking some business risks without doing adequate due diligence or giving enough thought into what the outcomes would be possibly, the unintended consequences. My focus has changed! I'm focusing more on the entrepreneurial aspect of the practice, and even much more so in managing the business aspect of the practice. I look at things a whole lot differently; I approach things a whole lot differently.

Ms. Loveless nodded with a gesture of affirmation and then shared her perspective:

> For me, I think that Dr. Freeheart and I now have the vision of where we want to go; however, the problem is putting it place and organizing and prioritizing to make these things happen. I know my time management and organization suck! I will be the first one to admit that mine is seriously lacking. But when I get proficient in that area, I do believe that I will be able to go to staff and lead them in the right direction. You can't get blood out of a turnip, but if you train them and have their trust and confidence, they will do anything for you. I've seen that firsthand with our staff. Being in a leadership role, if you have reciprocal loyalty with staff, and you got them, regardless if they want to do it or not, they trust that you are not going to steer them wrong. So I want to hone in more on my leadership and time management skills. But, like I said, I think we have the vision, but I think we need to continue laying the foundation so that we can move forward.

Comments from Ms. Doubtfire suggest that her management orientation had shifted:

> OK, when I first started to participate in the study, I had no sense of direction of how to really manage a dental office, what I was supposed to be doing, or what I was supposed to be looking at. Since I've been involved in the project, it has gotten me in the frame of mind that, OK, I need a plan and I need to stick to that plan. I have learned how to properly engage staff, how to better manage collections, and being more aware of the schedule. How are we going to make this production when I'm tracking how much money we have on the schedule? It really helped me with all of that and how to communicate with Dr. Doolittle because we really hadn't had that open communication, and that has gotten a lot better.

Dr. Doolittle shared his thoughts about his initial approach to entrepreneurship and how he had grown as a consequence of participating in the study:

> I would say that by me being a new practice owner, I didn't know anything about running a dental practice. I say, "Oh, we made $1,500. That's good! That's good!" I thought that was my baseline because I never owned a practice before. So I checked with a mentor of mine because I thought that as long as I made more than I made the previous year, I was OK. That's not good enough anymore. I plan to expand my practice in the future by offering new lines of services. I am contemplating opening up a second practice whenever I find a quality associate who I can trust to help me to maintain a second practice.

The data as presented suggest that the AR team members did gain awareness of their unwitting approaches to the strategic, entrepreneurial, and management dimensions of their small businesses. These revelations helped them to reorient and take actions to foster long-term business sustainability and survival of their practices. Given the investments in strategic talent

development activities, as reinforced by feedback and best practices from the benchmark practices, both practices ultimately implemented a simplified strategic plan to drive business goals and action taking. Most of the KPIs associated with the plan were trending upward at the close of the project as indicated in the pre and post gap analysis results. Given the constant headwinds the leadership teams encountered in trying to taking their practices to the next level, they would have to better embrace thinking and actions that would situate themselves and their practices more firmly in the respective stages of development.

Understanding business stage of development. For the purposes of this study, business sustainability and survival denoted the ability of small-business leaders to condition their businesses to remain viable and competitive throughout each stage of development despite the dictates of complex environmental factors. Evidence—supported by 116 instances of the "business stage of growth" theme—suggested that the AR team did not understand the nuances and implications of the growth stage of their business and the roles the team members played in influencing it. Once again, the majority of the recurrences of this theme (86 of 116) emanated from collaborative discussions, developmental activities, and reflections during AR team meetings. Most of these discussions compelled the AR team members to assess the stage of growth of their practices in the context of their entrepreneurial, managerial, and leadership competency development. When asked to assess the current stage of development of their practices, it was no surprise that the owner-managers and their office managers were not on the same "sheet of music." For example, in response to my request that each AR team member independently assess his or her practice on the small-business growth curve, Ms. Loveless replied: "I think we're at the initial growth stage because we're still implementing policies, procedures, and processes in our practice." I then paraphrased her response: "So, you're saying

that you all are still climbing the hill in the initial growth stage, trying to get to a stage of business sustainability and expansion?" After nodding her head in agreement, I asked Dr. Freeheart what he thought of her assessment. He replied:

> I think, honestly, because of the transition we're going through, I think we're in the initial startup. Taking the semi-leave of absence to take the managing director position at the corporate dental practice set us back more than I anticipated. There are lots of things I think of that we can improve on as far as putting processes and systems in place. So, I feel that I'm putting my practice back into initial startup stage.

Dr. Freeheart's response caught the rest of the AR team member off guard as he recounted his history of making premature strategic and entrepreneurial decisions without a viable plan of action for success. As the group continued to discuss Dr. Freeheart's assessment of his practice, they began to understand the implications of how their competency level informs their decision making and action taking to grow their businesses. At this point, it seemed as if Dr. Doolittle and Ms. Doubtfire were a bit reticent to volunteer their assessments of their practice, lest they would be miles apart. Their concerns were allayed when I emphasized that the goal of the exercise was to engender learning, not to embarrass anyone. Ms. Doubtfire elected to share her response first: "I think we were still in the startup when we first started the study, but now I think we're definitely evolving towards the sustaining growth stage given what we have accomplished during the project." With a straight face, Dr. Doolittle responded to his office manager's assessment by exclaiming:

> The goal was to stay open. I had one dental assistant; she would answer the phone, be the office manager. When we hired Ms. Doubtfire, we were so happy because no one knew

> how to work the computer system. That was a big load off of me not knowing how to do this. It took a big burden off my shoulders.

When pressed by the team to share his assessment of his practice, Dr. Doolittle replied:

> I put down initial growth stage because we've only been open for about two and a half years. We keep increasing in the numbers, revenue, and in the patient load. Sometime in the future I want be doing Invisiline or some other line of service. That's why I put initial growth. My goal is to make a million dollars a year, to be a million-dollar practice.

In my attempt to help the leadership team reconcile their assessments of Healthy Smiles Family Dentistry, I reiterated the power of reflection and learning through dialogue. To ensure that the AR team members weren't confused about the meaning of each stage of the small-business growth curve, I reviewed the stages again. Afterward, I asked the leadership team to think through why one owner-manager assessed the practice at the growth/sustainability stage while the other assessed it at the initial growth stage. I went on to ask them the following question:

> Do you feel right that you have the mature processes and systems in place to consistently achieve the desired financial outcomes and other benchmarks for the practice? In other words, have you set the strategic conditions to build a million-dollar practice?

Ms. Doubtfire replied:

> Well, now that you have defined it that way, Dr. Doolittle would be correct to assess our practice as in the initial growth stage. So, we're not at the growth (sustainability stage) then. Since we're still trying to fully exploit existing enterprise management technology and trying to [implement] relevant policies and procedures, and other best business processes, I do believe we're still in the initial growth stage but moving towards the sustainability stage.

The 16 theme recurrences of "business stage of growth" in the benchmark practices' data indicated a direct correlation between the leadership teams' level of competencies, the progressive growth of the practices, and their sustained business success. Feedback from the benchmark practices was leveraged by the AR team members to enhance learning and action taking to better orient their practices toward business sustainability and survival. Becoming aware of the range of threats discussed under the category of "situating self and practice in stage of development within context of business model," the AR team members concluded that their only option was to build the requisite levels of talent and organization to ensure business sustainability and survival of their practices.

Building Organizational Capacity

Up to this point, the discussion of findings for RQ 1 has focused on how the AR team members became aware of prerequisites (situating self and practice in stage of development within context of business model) for building talent and organization capacity. This section extends the discussion by focusing on data related to the awareness, learning, and actions taken by the AR team members to build impactful organizational capacity in their practices. Table 19 reflects 395 theme recurrences under the category "building organization capacity" across the four cases in the coded data. This overarching category set the conditions for discussing three themes: (1) building performance support capacity, (2) facilitating process and systems maturity, and (3) managing finances and profitability.

Table 19

Research Question 1: Category 2—Prevalence of Themes

RQ 1: Category 2—Building Organizational Capacity					
Theme	**Theme Recurrence within Cases**				
	AR Team	BM PDPs	PDP 1	PDP 2	Total
Building performance support capacity	121	62	9	16	208
Facilitating process/system maturity	50	23	4	7	84
Managing finances/profitability	50	27	12	14	103

Increasing performance support capacity. There were 208 theme recurrences embedded in coded data of "*performance support infrastructure":* 121 from AR team meetings; 62 situated in benchmark PDPs' data; 9 from PDP 1 data; and 16 from PDP 2 data. The evidence suggested that competency development alone did not necessarily solve all of the AR team's performance challenges. Several instances of poor performance, as described throughout this chapter, could be linked to inadequate or sub-optimization of performance support systems or other performance support factors. To gain greater awareness around building organizational capacity across the three dimensions listed earlier, the AR team began listening to audio-recordings from the benchmark practices. Ms. Jones, office manager in the group benchmark practice, shared how Dr. Moses and she had learned through the growing pains of building talent and organizational capacity in their practices during their stages of growth:

> When I first came to work with Dr. Moses' office in 1985, it was just me and her. I handled the front desk and worked simultaneously as a dental assistant. We had a room like this, about like this. We had one chair and didn't have all of today's conveniences. When we got our 100th patient, Dr. Moses bought a building. It was just growing so, that she finally invested in a call center upstairs. They do all the scheduling up there; they do

> all of the confirming appointments; they send out the T-links, text messages, all of that is upstairs. Ms. Dollar, she pretty much does the payroll upstairs; billing is done up there. Back then we used to send out our own statements manually. What a nightmare! Now we don't do that; they go out electronically. So, stuff changes. For instance, as we grew we continued to invest in continuing education for all staff; you got to continue developing staff to ensure they have the capacity to meet new and changing expectations.

This feedback arrested the attention of the AR team members and served as the impetus for more discussion on the topic. Unlike the benchmark participants, the AR team members had not built the talent and organizational capacity to grow their practices; oreover, they were not optimizing existing capabilities within their practices (i.e., existing enterprise management systems, various internal business processes, and outsourced business functions). During the course of the discussions, I asked them what they thought they needed to do differently to change their own and their practices' capabilities. Dr. Doolittle, for example, learned firsthand the unintended consequences of not having adequate IT security and protocols, back-up systems, and other internal controls for business continuity in the event of emergency scenarios:

> Lord knows we don't know what happened in the month of December … because we are still entering data from when our computer was hacked in mid-November. We hadn't quite figured out how to separate the old stuff from the new stuff for the month of January. I know that we don't know January's numbers because we haven't figured out how to separate the clients that we rebuilt in the system after losing all that data last November—putting in old patients' versus new patients' information. So, maybe when we start here in February we will have it figured out. My IT guy and my ERP vendor let

me down and let us be vulnerable. I didn't have the IT capability that I thought I had to prevent what we're going through now.

The scenario that Dr. Doolittle described was emblematic of the systemic challenges and vulnerabilities of both practices' performance support infrastructure. Yet, learning was taking place, and the AR team began taking actions to deal with some of the performance support challenges negatively impacting efficient operations. Dr. Doolittle and Dr. Freeheart exchanged comments about Dr. Doolittle's decision to invest in digital X-ray capabilities:

Dr. Doolittle: I just paid $30K for my X-ray machine. Thank God that's behind me now. That's why I don't hardly have any money in the bank right now.

Dr. Freeheart: But having invested that $30K will just make your practice that much more marketable and will make you more efficient.

Dr. Doolittle: Because you save a ton of time with digital x-rays, especially with processing insurance claims. Patients can look at their x-rays on their iPads.

Dr. Freeheart: Consider yourself to be blessed to be able to go digital. You have all the right tools in place for a very marketable practice.

As the study progressed, as reflected in Chapter 4, the AR team worked to build the capacity of their performance support infrastructure by developing and implementing simplified strategic plans, budgets and budget discipline, and certain elements of performance management, realigning existing functional capabilities, and working to leverage existing technology. Ms. Loveless's comments summarized the AR team's sentiments about the progress made on their performance support infrastructures:

Certainly, there are still things that I and Dr. Freeheart need to fine-tune to make it work, to make it less stressful and less chaotic, you know. We are beginning to put protocols in

> place. The management systems are maturing, not to the degree I feel comfortable with, but maturing nonetheless. I knew all of this stuff was vital from viewing this from the outside looking in. But since I've been a part of this project, I definitely see how vital my role is [in] helping the Dr. Freeheart to manage relevant functional areas and processes within the practice.

One of the findings associated with not having viable performance support infrastructures was that the AR team members did not have a firm grip on what was being managed internally versus what was being outsourced. Unlike the benchmark practices, which seamlessly managed all internally and externally sourced functional processes, AR team members lacked a framework for managing internal and external activities. In comments from Ms. Jackson, office manager of benchmark PDP 2, she described her special relationship with the group practice staff, who assisted her with all of the typical business functions that were being outsourced by the AR team's private dental practices:

> Oh, my job is not easy by no stretch of the imagination. I run the practice by myself most of the time because Dr. Moses is between both practices. So you're right, I don't have to engage outside vendors that much because I have direct support from Dr. Moses and the two officer managers in our group practice. So I don't think that other than that, I don't need any other support. I know they have different roles. Mrs. Jones mainly works the floor, so I do engage her for certain things about how she works production. Ms. Dollar mainly handles all of the finance-related processes and functions for Dr. Moses. That's why I mainly go through her for anything that has to do with insurance, collections, budgeting, and finance in general.

Ms. Jackson's response indicated that she had the processes, systems, and management controls in place that would allow her to manage the internal and external aspects of each functional area. It was absolutely clear that she had a strong, trusting relationship with Dr. Moses and had the functional support of the group practice to effectively and efficiently manage production and other business functions in the small practice. While at this practice, I solicited Dr. Moses' perspective on Ms. Jackson's roles and responsibilities, their division of labor, their relationships, and how she was being supported by the group practice in managing various business functions. Dr. Moses' response provided significant insight into how her strategy could be leveraged in the AR team's private dental practices.

> As an example strategy for finance, payroll, collections, stuff like that, before Ms. Dollar would get payroll or collections data from Ms. Jackson, it would come through me. I did the management of the office with the assistance of Ms. Jackson, my office manager. I have never in this small office completely turned everything over to the Ms. Jackson because she has so much to do. I have her to work with specific staff personnel at my group practice to manage every aspect of the business. And I do my part as the owner-manager to provide her strategy, guidance, and supervision. In reality, she's doing most of what Mrs. Jones and Ms. Dollar do for me as office managers in my group practice. I expect a lot out of her, and she delivers.

While the AR team members did outsource various aspects of their business functions, they did not have the proper controls to manage them in an integrated fashion. The insights provided by Dr. Moses and Ms. Jackson comprised best business practices offering the AR team fresh perspective on how to bring synergy between those functions and processes managed internally and those outsourced to third parties. The AR team agreed that Dr. Moses' and Ms.

Jackson's approach to the sourcing of business processes and functions needed to be emulated. Ms. Loveless, however, shared her concerns about the challenges of sourcing temporary dentists on the days when Dr. Freeheart was unavailable:

> You get a temp dentist, not even an associate. We've had several doctors come in and will work with any condition that we have in the back. They're just that [kind] of dentist. If you give me something that I know how to work around, if you don't have this but got that, we still can make it work. Or doctors that have been in the game so long that if I ask them to do a certain procedure, "Oh, I don't need to do that." I say, "If I need you to do such and such," I know that's not covered. But at the same time, no question. So, I have had doctors like that.

Dr. Doolittle bemoaned a similar outsourcing situation that revealed a disconnect not only with the vendor, but also with performance supports, policies, and procedures for the process:

> We had a patient whose tooth broke off flat and wanted to be built up with material to be fitted with a crown. We call that core material, where you build up the core. Ultimately a special procedure had to done where an order for the material to a vendor had to be placed. The special material was ordered and came in over the weekend. The package was required to be stored in a controlled temperature area. The material went bad by the upcoming Monday morning and had to be sent back. The front desk person sent it back without informing the patient who came in for the appointment just to find out he couldn't get the work done that day. I faulted my dental assistant because she was there during the initial consultation and guidance to staff.

This excerpt highlights the challenges the AR team had in systematically managing business processes and functions in order to create or improve synergy between internal and outsourced

components. The collaborative conversations helped the leaders to understand the nature of the challenges and the actions needed to address the gaps.

Facilitating process and system maturity. It was beyond the scope of this AR study to codify and build process flows and procedures for each of the critical-to-mission business processes in the AR team members' practices. Nevertheless, it was very achievable for the AR team to develop a framework for organizing their dental practice management systems around their key business functions. This framework (see Appendix F) was used to facilitate discussions to identify key business processes, sub-processes, performance indicators, and technology to manage each. Additionally, the framework required team members to determine how they would foster synergy between internal and outsourced business processes and functions. The team members embraced this process because they believed it would become the impetus for facilitating process and system maturity in their practices.

There were 84 theme recurrences of "facilitating process and system maturity" in the coded data, 50 of which occurred in the AR team meeting setting, 23 in the benchmark practices, four in PDP 1, and seven in PDP 2. The AR team posed several questions to facilitate discussions about and enhance awareness of their processes and systems:

> What processes do you have in place to manage each area? Do you feel right now that you don't have all the mature processes, mature systems around those processes to get the practice where you want it to be? And have you built the capacity needed to evolve toward being a million-dollar practice?

While discussing the implications of having (or not having) mature process and systems, Dr. Doolittle shared his long-term goal for his practice:

> We've only been open for about two and a half years. We keep increasing in the numbers, revenue, and in the patient load. Sometime in the future I want to expand my business by offering different lines of services. My goal is to make a million dollars a year, to be a million-dollar practice.

When challenged by the AR team members about whether he had the capacity (i.e., mature processes and systems) to support such a lofty goal, Dr. Doolittle responded:

> Right, because you have to do a whole lots of big cases like with Invisiline. That patients pay about $5K per application. Or start placing my own implants or start doing a whole lot of stuff that I'm not doing now.

His office manager, Ms. Doolittle, looked at him in amazement and commented: "I'm wondering how we are going to get there." In seeming avoidance of the question about process and systems maturity, Dr. Doolittle shifted focus to another topic. Incidents such as these indicated that the AR team members did not know how to organize and leverage existing systems to integrate the management of business functions and processes within their practices to scale capacity or expand into new lines of services. The collaborative discussions about designing a notional dental practice management system (Appendix F) opened the AR team members' eyes to ways in which they could exploit their existing enterprise resource planning systems to better manage business processes. The AR team members spoke highly of the perceived capabilities of their ERPs. Dr. Doolittle commented about his ERP in the context of the software being used in the benchmark practices:

> Because that software too is a key component of managing your practice. Although Dr. Freeheart and I use different software vendors, they are highly effective practice

> management tools. The only thing that I don't like about my software is that it doesn't give you a detailed profit and loss category or analysis.

Coincidentally, the benchmark practices used the same ERP software and vendor as Dr. Freeheart. When asked if she used their ERP to manage every aspect of their operations, Ms. Jackson, the office manager of the small benchmark practice, replied: "Yes, the majority of the management and functional activities are managed in our ERP." The feedback and discussion about how the benchmark practices leveraged their ERP prompted Dr. Freeheart to speak generically about the ERP's capacity and how it was leveraged in the corporate dental practice:

> No, they have their own propriety software … which they paid tons and tons of money to develop with their specific needs in mind. It not only facilitates management of the dental aspects of the practice, it also has the capacity to manage other business functions such as finance, marketing, human resources, etc. Again, I know that my software doesn't come close to having these capabilities. And I don't think that yours do, either, Dr. Doolittle?

The discussions about capacity and leverage of ERPs continued during the project work at Dr. Doolittle's practice. Dr. Doolittle and Ms. Doubtfire were still unaware of various capabilities of their ERP, and when asked about specific areas they were using it for, Dr. Doolittle replied:

> Ms. Doubtfire can probably call our ERP vendor to see if we have that capacity and hopefully they can coach us through the process. Because I have to pay them for support; I have a bill [from] them on my desk now. It's about $1,500 per year we paid them to be our service support. We can ask them [for] the reports and management mechanisms that you are speaking about.

This evidence suggested that the AR team members were struggling to successfully exploit of their ERPs because they did not possess the tacit understanding of underlying business

processes and the dynamic interplay of collaborating business functions. In response, the AR team embarked on the development of a conceptual framework for small-business leadership teams to organize the underlying business processes within their ERP systems in a manner conducive to exercising sound management practices. This intervention, outlined in Chapter 4, also helped the leadership teams to bring synergy between processes and functions that were outsourced and those done internally for seamless management of all functional areas.

Comparing data from the benchmark practices and the AR team's practices suggested that leveraging viable internal controls to monitor, measure, and report key performance indicators is an indispensable aspect of managing a small business. Having explored the invaluable best business practices and data gathered from the benchmark practices to fashion and implement strategic talent development for the leadership teams, they began to make progress around controlling, monitoring, measuring, and reporting performance. Dr. Doolittle commented on the progress they had made in these areas:

> By me putting out more money for this or that, I see where every penny, every dime has to be accounted for. So, I had her pull my numbers collections and compare it with the production numbers for January, February, March, and April to make sure we don't have dollars left out there that [haven't] been collected. I guess it's something we are going to have to watch, but it's a more systematic approach to production, to collections, and scheduling. Everything is a lot more systematic than before.

Establishing a framework for monitoring their practices' key performance indicators was vital to the AR team members' talent leadership, especially in the context of building the notional dental practice management system framework discussed in Chapter 4. While the evidence indicated that their goals were somewhat ambitious, it also reflected their willingness to

engage areas of management previously neglected. The benchmarking gap analysis (Appendix E) provided additional evidence of AR team practices' progress in various KPIs as measured at the beginning and end of the study. As an example, PDP 1 increased its patient treatment plan acceptance rate from 63% to 73%, while PDP 2 increased its rate from 67% to 74%. PDP 1 increased its patient retention rate from 78% to 83%, while PDP 2 increased its rate from 81% to 87%.

Managing finances and profitability. Evidence presented throughout the study suggested that the greatest business challenge facing the AR team members was meeting monthly cash flow requirements. The findings suggested that numerous factors accounted for these ongoing business performance shortfalls: (1) lack of a budget, budget discipline, and /or situation awareness; (2) lack of strategic planning and goal setting; (3) reactive or crisis management, and poor decision making; and (4) poor accounting practices, mainly accounts receivable and collections. In essence, all of the study's findings in one way or another negatively impacted the practices' cash flow.

There were 103 theme recurrences of "managing finances and profitability" that emerged from the coded data. Most of the 76 recurrences (which emerged during AR team meeting and leadership team coaching sessions and project work) reflected activities or processes the participants were not engaging in but desired, and ways to overcome the cash flow woes. Conversely, the 27 instances of this theme in the benchmark practices generally reflected "what right looks like" in relation to managing finance and profitability. While the group benchmark employed an office manager dedicated to managing finance and accounting, Ms. Jackson and Dr. Moses managed the finances of the small benchmark office with the same degree of success as the large practice. Ms. Jackson commented:

> With guidance from Dr. Moses, I manage all aspects of finance in this practice. I manage all revenue from production and submit all claims for collection with 24 hours. I take all cash to the bank daily and provide Dr. Moses with daily reports of revenue from daily production and all checks coming in from accounts receivable. I follow up on outstanding insurance claims weekly. I am also responsible for maintaining expenses within the budget. But I get plenty of help from Ms. Dollar in the main practice.

During meetings, the AR team discussed managing finance and profitability, stressing the importance of leveraging strategic planning to drive budget discipline and meet cash flow requirements. The evidence from the coded data revealed that the AR team members experienced major challenges managing revenue from past production and minimizing expenses. When asked whether they had a budget and maintained budget discipline within their practices, Ms. Loveless replied: "No, we don't have a budget, but Dr. Freeheart has discussed the need for implementing budget discipline." Dr. Doolittle lamented the budget problems in his practice as well as some mistakes resulting from a lack of budget discipline:

> The biggest thing that I want to do is budget discipline because I've been flying by the seat of my pants. This lady came by and asked, did I want to buy some composite? I said, "No, I just bought a bunch of composite." She said, "If you spend $2,000, I will give you a free composite that's worth $1,300." So, I said OK, but not really thinking how I'm spending unnecessary money when I'm really not making the money I want to be making. My bank account is too low that even I had this little machine that when I do root canals; these things cost $1,200 a piece. So, now that I'm thinking about budgeting. I had no budget discipline, for example, when some came by to sell advertising, I told them to sign me up for this and that and really not making any money off of it. So, I just had to

> start telling her "no," that my advertising budget has been exhausted even though I didn't really have a budget at the time.

Both practices had developed and implemented budgets by the end of the study. However, achieving cash flow goals would require the implementation of other talent and organizational interventions. Dr. Doolittle commented about his progress:

> We now have a budget and I monitor expenses impacting overhead (i.e., calling my three dental supply venders to get a status on how much has been spent throughout the month and making adjustments as needed to maintain budget discipline). I'm reviewing daily production numbers to see if we are meeting our revenue goals. Ms. Doubtfire is now providing me a daily and weekly update of accounts receivable from collections of insurance claims. All of this is helping me to maintain situation awareness on cash flow for the practice. And you know this is huge progress for us.

The evidence presented above suggested that the AR team had made modest progress in building their individual and collective talent as leadership teams, sufficient enough to implement several interventions that would enhance organizational capacity. While not as grave a challenge as the other themes for RQ 1 (and not emphasized up to this point in the study), staff performance and development were not being optimized due to the shortcomings of the leadership team members.

Building Talent Capacity

This section highlights evidence of how the AR team members developed an awareness of their roles and responsibilities as well as approaches to how they should take action to build talent capacity within their practices. Within the context of the "building talent capacity" category, I put forth three themes to frame the discussion: (1) owning talent leadership, (2)

executing performance management, and (3) developing talent. Table 20 shows the prevalence of these themes within the building talent capacity category.

Table 20

Research Question 1: Category 3—Prevalence of Themes

RQ 1: Category 3—Building Talent Capacity					
Theme	**Theme Recurrence within Cases**				
	AR Team	BM PDPs	PDP 1	PDP 2	Total
Owning talent leadership	371	181	78	63	693
Conditioning Performance management	56	23	18	2	99
Developing talent capacity	19	11	5	4	39

Owning talent leadership. The discussion of this theme centers on how the AR team members tried to take ownership for their talent leadership in their efforts to bridge the incongruence between their levels of competence and the current and envisioned stage of development of their practices. For the purposes of this study, *talent leadership* was defined as the process of identifying and investing in context-driven developmental activities and performance support resources aimed at building pivotal leaders' capacity to influence impactful leadership outcomes. Since the literature has not adequately addressed talent leadership (i.e., leadership development) in small-business contexts, this study proposed a theory of change model which argues that if properly aligned strategic talent development investments are leveraged to build the capacity of leaders in pivotal small-business leadership positions, then such leaders will be more empowered to shape progressive levels of individual, team, and organizational capacity to achieve sustainable business success. While the model subsumed both

research questions for this study, it situated RQ 1 as the centerpiece of the four central arguments.

There were 693 occurrences of the "owning talent leadership" theme that emerged from data and that comported with the intended outcomes. Interestingly, 181 of the occurrences were found in the benchmark practices, indicating solid return on investments from their talent leadership programs and practices. Seventy-eight occurrences emerged from PDP 2 and 63 from PDP 1, demonstrating a lack of attention to competency development. The 371 instances that emerged during AR team meetings represented the colossal efforts to build the leadership teams' level of competence during the three context-driven learning cycles. Each of the AR team members provided a perspective on their level of competence and the impact it was having on the success of their practices.

At the outset of the study, Dr. Doolittle rated his business-related level of competence as consciously incompetent and indicated that his practice was trudging in the initial stage of growth. He made a profound statement during one of the AR team meetings that captured his sentiments about his level of competency development and the state of his practice at the beginning and end of the study:

> I would say that as a new business owner, I didn't know what the hell I was doing. I was flying by the seat of my pants—that's the word I used the other day in the morning huddle. I was definitely unconsciously incompetent then, and early on in the study I began to become consciously incompetent. When we opened the practice a few years back, we just opened the door and let the patients in and said, let it be what it's going to be. That's the way it was then. Since engaging in the project, we are a lot more focused; we are a lot more driven; and we have a more systematic approach to production, to

> collections, and scheduling. We now even have a budget, and I monitor expenses impacting overhead. I plan on investing more in dental practice management courses to build on what I have learned during this project. I figure the more I invest in my development, the better I will be able to achieve my business goals and grow my practice.

During another AR team meeting, when the members were reflecting on what they had learned about their level of competence and the stage of growth of their private practices, a discussion ensued about the impact of Dr. Freeheart's decision to simultaneously manage a corporate dental practice and his own. Dr. Freeheart openly shared his experience:

> I set myself and my staff up for failure. The problem is not with my staff; my premature decision making along with failing to provide the correct levels of support and leadership are the direct causes of the decline of my private practice. Perhaps while thinking that my practice had been at a stage of sustainability for years, it has, in all honesty, been in a state of decline, and I lacked the entrepreneurial and managerial competencies to right the ship. In reality, I was unconsciously incompetent in those domains and have relied on my gifts as a clinician to sustain the practice. I have relied too heavily on my office managers but haven't provided them the tools to succeed.

As reflected in her S-BOAT results, Ms. Doubtfire focused on process-oriented functions at the expense of assisting her owner-manager to with the business side of the practice. This was also revealed in her comments about her level of competence and her developmental journey:

> I can honestly say at first that I was unconsciously incompetent, and with this it has gotten me to point of evolving toward conscious competence. I think that I'm coming along OK but not as fast as I would like for it to be going. But now that I have the blueprint, the assessment, and the IDP, I'm more open-minded and focus-driven to get to

> where I need to be. Because if we are trying to run an office, I just can't be complacent where I'm at. I have to be open to new ideas and learn different things. I think I know what I'm doing, but at the end of the day, maybe those extra courses will help me to continue growing and building on what's been learned over the last year and a half. So, if we continue to go about following these blueprints after these meetings stop, I think we can get to a point where we will be at that growth stage.

The data clearly suggested that securing a well-thought-out division of labor within the leadership team was a prerequisite for conditioning the type of efficacy and relationships needed to foster business sustainability and survival. When discussing their approach to division of labor in their practice, Dr. Freeheart and Ms. Loveless were seemingly not on the same sheet of music. A conversation about who was responsible for presenting treatment plans to patients, for example, underscored their challenge:

> Dr. Freeheart: But what I have found at the corporate practice is that the office manager is held accountable for the budget. He's responsible for ensuring that we [have] a certain amount of money to budget [i.e., production and revenue] every day. And that … way … [the] manager is held accountable for that budget. And so basically that manager is driven by the numbers. The doctor is there to produce the numbers for the practice. We shouldn't have to discuss money with patients.
>
> Ms. Loveless: I don't want you to—I'm not saying that—but the importance of the treatment should be coming from the dentist plus the dental assistant and then comes me. When I come in as a woman, you know they think you are automatically looking for some money, as if I run the budget or something.

Despite months of participating in intensive collaborative learning activities aimed at enhancing the quality of their communications, actions, interactions, and relationships, and optimizing their division of labor and the efficacy of their strategic orientation, Dr. Freeheart and Ms. Loveless did not come together as a solid leadership team until the last few months of the study.

As evidenced in the data, both office managers expressed concerned about the relationship with and support from their dentist owner-managers. Specifically, Ms. Doubtfire shared concerns about lack of support, guidance, and effective communications and interaction with Dr. Doolittle:

> OK, when I first started to participate in the study, I had no sense of direction of how to really manage a dental office, what I was supposed to be doing or expected of me by Dr. Doolittle, or what I was supposed to be looking at. Since I've been involved in the project, it has gotten me in the frame of mind that I need a plan and I need to stick to that plan. I have learned how to properly engage staff, how to better manage collections, how to be more aware of the schedule, and how to meet production and revenue goals when I'm tracking how much money we have on the schedule. It really helped me with all of that and how to communicate with Dr. Doolittle, because we really hadn't had … open communications, and that has gotten a lots better.

When asked to address Ms. Doubtfire's comments, Dr. Doolittle responded:

> I have done a poor job in structuring expectations, creating a forward-looking vision, and a strategic plan with obtainable goals to help guide her efforts. Based on the knowledge received during our team meetings and especially your coaching sessions with me and Ms. Doubtfire, we are growing stronger as a team. We do see ourselves as a leadership

> team. We are doing the things we agreed on during our collaborative sessions, and they're making a difference in us meeting our production and revenue goals.

Dr. Doolittle's testimonial was especially powerful given his struggles to lift himself out of the specialist orientation. This appeared to be an instance of single-loop feedback and a learning moment for him in that he reflected upon what he was currently doing and expressed his intent to change his seemingly intractable behavior. As the AR team members continued to discuss and reflect on their relationships, division of labor, communications, and interactions, Dr. Freeheart and Ms. Loveless were asked to share how they had grown as a leadership team. Ms. Loveless replied:

> Before, I felt we were in the same race but running different distances and sometimes in the opposite direction. We weren't going in the same places. So now we're on the same road and constantly strive to reach the destination together. I really think this study, this project, has helped us a lot because it made us stronger, the doctor as the owner and me as the office manager. We collectively come together to do things that I know he knew about, but until this project helped them to come to the surface. We've always had the communications, but we brainstorm together now. We figure out what's being done right and what's being done wrong. He now actually listens, instead of saying it's my way or no way. So now he asks for my opinion. At the end of the day, the decision is still his, but I provide him my perspectives so that when he goes home and thinks about it, he may come to the conclusion that maybe we do need to try this or that. We tend to compromise more these days. So, the communication has definitely improved for us, so much so that I consider it to be a strong point. We come together collectively and figure out the

> problem. I learned a lot of things to help us to move forward as a leadership team and make this a better practice.

Ostensibly, this was a major breakthrough for Ms. Loveless as an office manager and collectively for her and Dr. Freeheart as a leadership team. This, in essence, comprised a double-loop experience. It appears that they had changed their behavior and had also engaged in a change strategy. Although Dr. Freeheart had engaged in a series of poor business decisions in the name of entrepreneurship, he had begun to realize the power of effectively leveraging a competent office manager to assist him with the planning and decision-making process, as well as key aspects of daily operations. His feedback echoed this sentiment:

> And so it comes with a lot of challenges; it comes with a lot of variables because on any given day one little thing can throw your whole day off. One little thing can shut your whole production down. But in order for me to navigate all that, I need to utilize my office manager as the position prescribes. Because through this process, I think that she has heightened her skills; she's heightened her awareness most of all, and just heightened her overall approach of managing the practice to keep this business going. Overall, she has been very instrumental in helping me to see what we need to do to keep a certain amount of patients on the books, keeping a certain amount of procedures on the books, helping us to turn the monies around that we need to keep the cash flow and business moving.

This was a watershed moment for Dr. Freeheart. He had certainly lifted his level of thinking and acting. His overall change of behavior, especially his approach to utilizing and building his relationship with his office manager, was a much-needed, single-loop learning experience for him. The same held true for Dr. Doolittle and Ms. Doubtfire as a leadership team.

It appeared as if the AR team members had grasped the notion that leadership and leadership team fitness matter and that success depends on individual and collective actions of the leadership team. Numerous revelations like these from both practices became the impetus for designing, developing, and implementing the leadership competency assessment tool and IDP for the office managers (see Appendix D). Six of the 12 competencies directly addressed enhancing their ability to lead and manage staff. The process of assessing the competencies and directing the IDP was one of the most successful learning experiences for dentist owner-managers in that they realized that the office managers' developmental deficiencies were part and parcel of their own developmental deficiencies.

Conditioning performance management. Early on during the study, it became apparent that both practices were not exercising any component of performance management to hold themselves and staff members accountable for meeting goals and expectations. Consequently, both practices lacked a coherent approach to developing talent that would lead to optimal performance improvement in critical-to-mission goals. Ninety-nine recurrences of the "conditioning performance management" theme resonated from the coded data, with 56 occurring in AR team meetings, 23 in benchmark PDPs, 18 in PDP 1, and two in PDP 2, many of which revealed the depth of participants' leadership and managerial competency deficiencies and their subsequent growth. When asked what types of performance management they were engaging in with staff, Dr. Doolittle responded:

> I don't do performance appraisals. I guess the only ones that I give raises to are the ones that come to me and say that they drive too far and we're not working enough hours and I can't continue to work for the same rate. I can see how if I don't do performance management, then everything falls apart. So, that's why I told you that I need to put some

> rating systems in place. I want to put a rewards systems in place so that when the office does this, then you get this in the form of bonuses or profit sharing.

Dr. Doolittle responded in generally the same:

> No, I don't really have a performance appraisal system in place that would reward an employee for outstanding job performance or anything that rewards a patients who refers other patients. But it would be a nice incentive. I can see how if I don't do performance management, then everything falls apart. So, that's why I told you that I need to put some rating systems in place.

A number of discussions and developmental activities occurred during the next several AR team meetings to enhance members' awareness of the unintended consequences of not having a performance management strategy. They came to understand their vulnerabilities, especially in the context of operating within a state regulatory environment and how that may influence their practices. Feedback from the benchmark practices was instrumental in helping the AR team members to work through this issue. Dr. Moses' comments reflected her intimate involvement with performance management in her practices:

> My doctors and managers in the different sections actually did the performance reviews for everyone in their section. And they turn them over to me for my review. So, staff clearly knows what's good and what's bad; they know what's expected of them. Now, most owners won't write up procedures for doctors, but I do. Because doctors need to know how to follow procedures just like everyone else. And when people go to the unemployment office, the first thing they say is, "I didn't know it." When the unemployment office hears that they didn't know it, which implies that I am at fault because I didn't inform them of the policy. But when I send them a couple of their

> signature sheets saying they have seen and read it along with other documentation supporting their dismissal, now I am in the clear. You see what I'm saying?

Ms. Dollar, the office manager who oversaw HR functions at the benchmark practices, reinforced Dr. Moses' comments:

> We document everything, but we give everyone a fair chance. We train when they first start. We retrain, and if you don't know something, we encourage them to ask questions. When they ask questions, we have little tablets we give out for them to take notes. We encourage them to take the notes home or whatever so that they can be used for studying or reference and so that you will always know what's expected of you.

Based on their awareness and learning, the AR team members decided to address this problem by collaboratively developing office manager performance management scorecards (see Appendix H). The details of designing, developing, and implementing the performance scorecards and the associated developmental activities are described in Chapter 4 of this study. The findings from implementing these strategic talent development interventions suggested that a focus on developing the performance management competencies of the leadership teams and implementing performance scorecards was necessary for them to implement basic elements of organized performance management.

Developing talent capacity. There were 39 theme recurrences of "developing talent capacity" in the coded data, with over 25% (11) from the benchmark practices' datasets demonstrating their success in this area. The preponderance of instances of this sub-theme (19) occurred in AR team meetings, with five emerging from PDP 1 and four from PDP 2. During the course discussions about some of the data and best practices exported from the benchmark practices, the AR team became intrigued Dr. Moses' approach to developing talent capacity in

her practices. Dr. Moses' mindset and actions demonstrated her commitment to leading talent development:

> I read a lot of journals about office management-related stuff. My daughter, Dr. Aaron, and I are constantly staying abreast of important changes in the industry, and we ask staff, "Are you aware of this? If you don't then let me teach you. If you don't, then go look up this and get back to me." Then I have them teach us as a means to ensure they grasp it sufficiently enough to integrate it into daily work routines. So weekly, on Fridays, we have meetings, and if someone clearly doesn't understand and they've already been trained multiple times, we pull them to the side.

Evidence suggested that developing talent was not a priority in AR team's practices unless there was a specific need (i.e., a new hire, continuing education requirements, and certifications). For example, Ms. Loveless's approach to talent development suggested that she did not have a deliberate strategy for developing current staff or new hires unless dictated by the situation:

> So, that's the dilemma that I'm working with … sometimes I get people that work out and other times, I get those who don't work out. They tend to stick with it at times because they're not really doing anything. Not riding the clock situation, but as an example, Dr. Freeheart hired someone that was fresh [off] the boat (knew nothing about dentistry). I'm cool with that. I will train you.

The data suggested that the dentist-owners' and their office managers' lacked of focus on developing staff had much to do with lack of experience and competence to lead talent development. As an example, this lack of knowledge was manifested during a discussion about

developing talent and continuing education at a project work session on building the dental practice management framework:

Dr. Doolittle: A lot of our continuing education is on financial management.

Dr. Freeheart: No it's not! The bulk of them are clinical.

Dr. Doolittle: They have several classes on how to maximize productivity and revenue, and how to manage the practice.

Dr. Freeheart: But as a clinician, what are you really going for? You are mainly going for the clinical side.

Dr. Doolittle: They have Internet courses and websites for additional self-study. They have all kinds of stuff. What he's saying is that Dr. Moses' office managers can go and learn how to do their jobs better. I told him if I need to send Ms. Doubtfire, I will. I was thinking about putting it under strategic/leadership because it's part of my strategy to help build her capacity to manage the team and production. And if the courses are going to help her to be the leader, I need her to be there.

Despite their initial confusion, the dentist owner-managers did ultimately help revise the competency assessment tool and drive the assessments and IDPs for their office managers. Throughout RQ 1, evidence emerged suggesting that the officer managers benefited as a result of their competency assessment and of completing their IDP, and that they were better positioned to replicate their experience with their respective staff. They were also better positioned to support their dentist owner-managers in managing the business side of their practices. Fortunately, most of their staff members needed very little training and development other than integrating new industry changes, new technology, or patient engagement strategies and structured expectations.

Research Question 1 Summary

The purpose of RQ1 was to explore what happens to a small business when it implements a strategic talent development approach focusing on talent leadership. Three broad categories emerged during the data analysis process: (1) situating self and practice in the stage of development within the context of the business model; (2) building organizational capacity; and (3) building talent capacity. Three findings gleaned from data addressed aspects of RQ 1: (1) the pivotal leaders came into an awareness of their talent and organizational capacity gaps as a result of implementing strategic talent development strategies; (2) strategic talent development activities positively influenced the pivotal leaders' ability to implement capacity-building interventions needed to evolve their practices toward business sustainability; and (3) the intrapersonal and interpersonal levels of competence of the pivotal leaders were enhanced by strategic talent development.

Research Question 2

This study utilized an action research methodology to facilitate a collaborative approach to understanding and deploying strategic talent development for pivotal small-business leaders in order to build optimal talent and organizational capacity. Moreover, the study argued that leveraging collaborative learning activities may stimulate iterative cycles of learning that promote parallel talent, process, and organizational maturity. Findings associated with research question 1 underscored the efficacy with which strategic talent development can be deployed to enhance talent leadership as it impacts the competence levels of small-business leaders and ultimately their stages of business growth. Research question 2 highlights AR as a platform for facilitating collaborative and relational learnings in small-business contexts. Having embraced AR as a form of collaborative learning, the AR team expressed a desire to understand: (1) what

can be learned when small-business owners engage in collaborating learning; (2) what theory of change model best facilitates this kind of collaboration within small-business contexts; and (3) the unique challenges they encounter and how are they can be overcome. Table 21 highlights one broad category with underlying themes that emerged from the data in response to RQ 2.

Table 21

Research Question 2: Category and Themes

Research Question 2: How can AR facilitate evolving strategic talent development and collaborative learning for owner-managers and office managers?	
Category	**Themes**
Leveraging Action Research as a platform for talent leadership	Leveraging strategic talent development
	Embracing collaborative learning
	Building reflective competence

Table 22 builds on Table 21 by highlighting the prevalence of the theme recurrences.

Table 22

Research Question 2: Prevalence of Themes

RQ 2: Leveraging Action Research as a Platform for Talent Leadership					
Theme	**Theme Recurrence within Cases**				
	AR Team	BM PDPs	PDP 1	PDP 2	Total
Leveraging strategic talent development to lead change	84	10	11	13	118
Embracing collaborative/ relational learning	134	76	9	18	237
Building reflective competence	220	10	19	24	273

Leveraging Strategic Talent Development to Lead Change

Chapter 4 highlights the substantial infusion of strategic talent development activities aimed at enhancing the talent leadership and levels of competence of the AR team members to lead change in evolving their practices. There were 118 recurrences of the "strategic talent development to lead change" theme in the coded data, reflecting the AR team members' journey from being practitioners of the status quo to agents of change. Having engaged in three AR cycles of constructing (discovery), planning, taking action, and evaluating action, the AR team members effectively co-led the change process in their practices to chart their practices on a pathway to sustainability. This experience was further punctuated during the process of guiding the office managers' competency assessment and IPD. For instance, when asked about her self-rating of 3 (out of 5) on "Anticipate Threats and Opportunities to Lead Change," Ms. Doubtfire responded:

> I don't feel like I'm a "3" based on the examples you just shared, more like a "2." I really don't have much knowledge of those things that are going on in our external environments that may negatively impact our practice. I have no clue. However, I have brought some best practices from other practices that I've worked at, such as creative patient financing that may give us an edge on other local practices. I think that I need further development on how to leverage SWOT analysis to make decisions to lead change. In order to do what you are describing, I think I need to be at least at a rating of "4" and ultimately a "5" to lead the type of change that gives us a real competitive advantage. I look forward to sitting down with Dr. Doolittle to develop my IDP. I'm ready to move to the next level of success with him. I am ready to work together with

> him to meet his high expectations. I am anxious to know what they are. So I have some work to do. I believe that we all can change together.

Ms. Loveless rated herself as a 2 under the same category. Her comments revealed her thirst for change along with her performance gaps and the lack of an adequate performance support system within the practice:

> We have major challenges trying to keep the practice afloat. I don't have the tools to affect the kind of change needed. Based on your comments, I'm not sure if I have the right skills to properly assess what all needs to change to move the practice to the next level. I have been learning a lot about the change process since taking part in this project. But I think that I need more training to do these things.

Taken together, completing the competency assessment and the IDP, and participating in the iterative AR cycles did enhance each AR team member's capacity to lead change, as evidenced by the implementation of several interventions. However, all of these pivotal leaders acknowledged some degree of concern about whether they could sustain the implemented changes or effectively lead change beyond the end of the study. Ms. Doubtfire admitted:

> As we have been participating in the monthly meetings for this project, I have been sitting down and thinking about what's going to happen when this project ends in a few months. I have been talking with Dr. Doolittle about how we are going to continue what we've started. One of the things I would like to do is to continue holding our own monthly meetings to strategize this stuff. OK, the coaching sessions are about to end and collaboration with our peers is about to end. Are we not going to keep it going? That doesn't make sense. We've come too far. Mentally, we are doing it, but we need to sit down, come together as a team to plan and execute burgeoning strategies and practices

> we've attempted to institute. In other words, we need figure where we are going and how we need to improve, or are we even improving at all. So, that's what I want us for to do is to sit down at least once a month to take heed of this. Because we know we don't have this going anymore, I don't want it to be just brushed under the rug or put on the shelf.

Both Ms. Doubtfire's and Ms. Loveless's concerns about their owner-mangers' readiness and willingness to change were justified. Within a few months of closing out the study, Dr. Freeheart made comments suggesting that he still held certain immunities to change:

> I am constantly speaking [about] what the production numbers need to be for the practice … during the morning huddle. But it seems that it's only me who has a concern about it. I know what it takes to have a successful practice. I know what it takes for looking at those numbers. Everything that you are telling me I know. But if everybody is not on board with me, then what can I do? If we are going to start anew, then we got to change some things and I need everyone on board. I'm changing, so you are going to have to change. I'm already implementing those best practices from there in conjunction with what we're doing in this study. So now I want to approach managing my private practice in a whole different light. All we needed was some coaching on a systematic approach to engaging our roles as entrepreneurs, managers, and clinicians.

Despite such challenges, AR team members had become accustomed to engaging in reflective processes as well as identifying internal and external threats to acknowledging the need for change. Whereas they once displayed an inability to lead change or to leverage various tools and processes to improve performance, they, as a consequence of engaging in strategic talent development in a collaborative setting, had developed an awareness of (1) how to assess

individual, team, and practice performance gaps: (2) how to take action; and (3) how to reflect on that action for continuous learning and performance improvement.

Embracing Collaborative and Relational Learning

Although the entire study was undergirded by various collaborative AR processes, there were 237 discrete theme-recurrences of "embracing collaborative and relational learning" that emerged from the data. The majority (134) of the instances of "collaborative learning" occurred during AR team meetings. Moreover, an additional 76 instances of relational learning were embedded in these theme-recurrences associated with feedback and leveraging best practices from the benchmark practices. Overall, the AR process had provided the platform for context-driven collaborative learning between the private practices and, by extension of external relations, the benchmark practices. While the researcher-practitioner was instrumental in facilitating activities to enhance collaborative learning among the AR team members, the data indicated that incidental learning was occurring through their shared struggles and the mutuality of desired outcomes. For example, when asked what she had learned from other AR team members, Ms. Loveless shared a comment about her experience collaborating with Ms. Doubtfire:

> Yes, definitely! Ms. Doubtfire and I collaborate at the end of all these meetings. She will tell me things that I didn't know about dental practice management, and I would share things with her that have been working for us. And we will feed off of each other. So, yeah, I've learned an awful lot from everyone at this table.

Dr. Doolittle seemed very grateful every time he discussed with the team various challenges of meeting production and other revenue-enhancing ideas. For instance, he commented that his revenue had increased based after correcting errors in the practice's coding system for processing

insurance claims after setting production goals for his new hygienist based on feedback during AR team meetings:

> Since our last meeting, when Ms. Loveless told Ms. Doubtfire about changing the code to add the $175 for crowns can help me to get that extra $100K revenue goal, especially when I was giving out $350 crowns almost free to some patients. Based on that alone, we can increase our revenue significantly more than we did last year. Even finding out the impact of setting a daily production goal for myself and the hygienist made a difference in my production and bottom line.

Dr. Freeheart's response spoke directly to his most significant weakness as an entrepreneur (i.e., making premature business decisions) and his evolving growth as a dentist owner-manager:

> I learned a lot from Dr. Doolittle, from the consistency he displays—something that I think I fall short on. I think I have been inconsistent in lots of areas in my practice. It looks like Dr. Doolittle has been pretty consistent in strategies and resists making knee-jerk business decisions as I have. He pretty much sticks to the strategies and tasks that he needs to focus on.

The data suggest that feedback from the benchmark practices was also instrumental in generating context-based collaborative learning among the AR team members. As discussed in Chapter 4 and in Appendix E, the AR team members made some progress in the following dimensions of the benchmarking framework: mission and strategy; financial and budgeting; customer value; business processes and systems maturity; and talent management maturity. Although the AR team members worked hard to organize their respective business functions in order to facilitate an integrated approach to managing their practices, they only made modest gains in optimizing their ERPs and other technologies to manage internal and outsourced

business functions and associated processes. However, incremental improvements occurred in the production-related KPIs. Both practices improved their average daily production for the dentists and the hygienists as a result of co-opting production-related benchmarks from the benchmark practices. Dr. Doolittle's comments captured his reasons for adopting them:

> So, she is supposed to be our ideal model to pattern our business practices. That's what I was telling Ms. Doubtfire in our morning huddle, that she wants all of her dentists to make $3,200 a day and she wants her hygienist to make $1,500 per day. I said if that's her benchmark, then that's going to be our benchmark since she's making that kind of money. When we talked about those numbers in the huddle, I referenced the day's production in terms of $3,200 per day for me and $1,500 for my hygienist. Like last month—it was our best month ever. I think we did like $75,000. I know you're saying we can do a repeat, but I know that one day we made $8,000 and another day we made $10,000. But you know patients got approved for special financing and they just brought in credit cards and checks. We have implemented a budget and we are monitoring it to insure that we are meeting our revenue and overhead goals. So what he was saying was, we need to reflect on all that, replicate areas of strengths, and focus attention on areas needing improvement.

By all accounts, the AR team members were enamored with how Dr. Moses and her team had progressively built their levels of competence over the years, especially in the context of capacity, growth, and competitive advantage. The collaborative conversations about how the benchmark practices leveraged their business capabilities to enhance production and profitability helped the AR team members to understand how to condition success and to pinpoint where their

focus should be. Dr. Doolittle's comment suggested that he had to ensure that management controls were in place so that he could better manage performance outcomes:

> We realize the importance of maturing our processes and systems to reach the level of success I envision for my practice. I'm learning from Dr. Moses' example that the more I invest in building the business side of my practice, the more money I will make. The most important thing in my mind is production. And the second most important thing is collections because if you're producing all of this and you can get your money from the insurance companies, then it's really not doing you any good.

Ms. Loveless shared her perspective on what she had learned from the benchmark practices and how she and Dr. Freeheart would continue to exploit the best practices:

> But there's a method to her madness? I see where you are going with all of this at the end of the day. Without organizing our business functions and processes, we will never evolve the way Dr. Moses has. Even if we are not on the same magnitude as her, we probably won't use all of this but need to have our own scaled version of what she's doing—one that fits us. We may not need all this, but we may need this, this, or this.

During the course of leveraging best practices from the benchmark practices, the AR team realized that collectively they possessed a wealth of dormant knowledge about dental practice management and general business functions which they had amassed working with corporate dental practices and from other professional experiences. The collaborative discussions and reflections around their own experiences prompted them to leverage some of the relevant best practices to continue building capacity within their practices. For example, Dr. Freeheart elaborated on his efforts to help staff understand their role in sustaining the profitability of the practice:

> I'm glad that you brought that out about the profit and loss statements and budget discipline because they make things a little more efficient when they're managed properly. When I was at the corporate practice, they brought us our profit and loss statement every single month no later than the first week of the new month. We would go over that collectively as a team. I am in the process of implementing that here in my practice. That is a necessity because those numbers affect everybody; they don't just affect me. They affect the whole staff.

Similarly, Dr. Doolittle's example of garnering competitive pricing strategies from the collaborative sessions further illustrated the efficacy of AR to draw out best practices from previous experiences:

> One thing that's making a difference, I stop selling so cheap. We went up on the price of everything, because when I first started we were charging about half of what should have been for dentures. That was cutting too close on margins. So we [increased] our price to match the average industry price for dentures. And maybe at the start of the New Year we can go up another $50 or so. I used to, based on the depth of patients' pockets, I would charge them the same. That's how we distinguish a regular cleaning from a deep cleaning. We get way more for a deep cleaning than a regular cleaning. So I was letting everyone get a regular cleaning regardless of the depth of their pockets. No more of that; we will adjust that so that we charge patients for deep cleanings accordingly. So I've been doing a lot more scaling and root cleaning than regular cleanings. And so that's what I account for the increase in production and revenue.

These dialogic exchanges indicated growth in the AR team members' entrepreneurial, strategic, and managerial orientations. Given the success of the collaborative learning activities

and project work, the AR team members committed to making space to continue engaging in collaborative, relational learning and infusing best practices into their businesses. Perhaps the most impactful best practices were those activities that aimed to build the AR team members' reflective competence. Selected evidence is offered in the following sections to report outcomes associated with reflective competence.

Reflective Competence

One of the goals of this of study was to set the conditions for the leadership teams to sustain the outcomes of the AR project beyond its conclusion and evolve their practices to become triple-loop learning systems. Hence, one of the primary objectives during all AR team meetings, coaching sessions, and project work activities was to integrate reflective activities that would facilitate a pathway to reflective competence (i.e., moving from unconscious incompetent to unconscious competent) for each of the AR team members. This subtle objective was twofold: (1) conditioning first-person attention, second-person speaking, and third-person organizing around Torbert's (2004) four territories of experiences—outside events, sensed performance, action logics, and intentional attention; and (2) engendering adaptive (single-loop) and generative (double-loop) learning and practices. Results of coded data produced 273 discrete theme recurrences for "reflective competence," of which 220 occurred during AR team meetings, 10 while engaging the benchmark practices, and 19 and 24, respectively, during coaching sessions and project work in PDP 1 and PDP 2.

As the researcher-practitioner, I was instrumental in helping to condition the AR team members to engage in practices for building reflective competence by constantly emphasizing Taylor's (2007) cycles of competencies (Figure 6) and McMillan's (2009) business life cycle and factors affecting the success of SMMEs (Figure 7). This was evidenced in the data and was

furthered underscored in the theory of change model, which reflected a synthesis of strategic talent development and reflective competence driving context-based iterative cycles of learning that promote parallel talent, process, and organizational maturity. The data further evidenced the AR team members' growth in reflective competence, the application of such during the study, and their intent to continue leveraging it beyond the conclusion of the study. As an example, Ms. Loveless affirmed her commitment to continuing the application of reflective practices in the practice, individually and collectively with Dr. Freeheart and other staff:

> Yeah. That's something that me and Dr. Freeheart should sit down and do. And hopefully with staff involved to invest in their development and engagement as well. I believe that with time and effort we can progress in our development where we are unconsciously competent as depicted in this model, where leading and managing will be second nature. It's our responsibility to keep this going once we close out the project and we don't have full access to your coaching. As a team, we got to pick up the ball and run with it so that as we move forward, it won't get put on the shelf or swept under the rug. I know that I'm not doing it intentionally, but if we get caught up in the hustle and bustle and forget that the real purpose of engaging in this endeavor is to build the capacity of ourselves and the business—so we don't allow ourselves to just fly by the seat of our pants. So, I agree that we need to deliberately include planning, reflection, and developmental activities in our daily, weekly, and monthly work plans.

As a reflective practitioner, I was reminded throughout the study that intervening in messy human systems is no easy task. I had to consistently prod the AR team members to execute project-related work needed to address their pressing business problems and concerns. Despite these ongoing challenges, progress was being made around engendering first-person

attention and second-person speaking. For example, the researcher-practitioner's focus on reflective competence compelled Dr. Doolittle and Ms. Doubtfire (leadership team for PDP 2) to close their office for half the day every Tuesday to engage in reflective practices:

> So, I do think that the Tuesdays that we set aside to focus on reflective practices, strategy, planning, and development will make a huge difference. We won't see patients during that time. I think this will help me to get better organized, see the forest for the trees, and delegate as needed.

Dr. Doolittle responded positively to my double-loop feedback. Additionally, as indicated by Ms. Doubtfire's comments, she was prepared to engage in double-loop practice given her intent to change strategy. It appeared that both were absorbing the double-loop learning:

> Yes, this is set up so that we can sit down and even go with things that need to happen with staff (i.e., why did our schedule fall apart and how can we compensate for those lost patients, to come up with a strategy and plan for that?). We need to see where all of our hard work is going, taking us. Are we improving or just accepting more of the status quo? Are we failing in valuing our customers? Are we engaging in healthy performance management? Is the budget going right? Instead of just going back to our old ways, we need to figure out how to move forward. I believe reflective practices will help us.

However, I struggled in my efforts to lift the AR team members' third-person organizing capacity as I consistently stressed the need for visioning, strategizing, performing, and assessing. Dr. Freeheart struggled the most perhaps, as indicated in his feedback to the team about the power of critical reflections and the impact they had on influencing operational- and strategic-level outcomes:

> I'm seeing the bigger picture now. Now, I'm seeing the things that you tried to get us to focus on prior. I can see the green light coming before me.

The evidence presented throughout this chapter suggests that the AR team embraced reflecting in and after action. There were numerous instances in the data which suggested that using action research—namely reflective practices—as a leadership development strategy enabled these leaders to draw on their first- and second-person speaking and reflective competencies (Torbert, 2004) to experience single- and double-loop feedback, awareness, learning, and change. Dr. Freeheart seems to have experienced a single-loop episode, as revealed in his comments about his need to more effectively utilize his office manager and the challenges to sticking with his time management plan to spend more time managing the business of his practice:

> So, at the end of the day, we have learned how to build on one another's strengths and try to help each other even with our weaknesses. And so it comes with a lot of challenges; it comes with a lot of variables because on any given day one little thing can throw your whole day off. One little thing can shut your whole production down. But, in order for me to navigate all that, I need to utilize my office manager as the position prescribes, Dedicating the time to communicate with my office manager and my front desk specialist. Basically to look at planning and delegating responsibility for them managing the operational aspects of the business that needs to get done from a 30-, 60-, 90-day approach. And just basically be consistent with it. Because that's a critical part of the practice. Because we need outstanding accounts receivable to continue to operate.

In spite of their passionate intent to change their behaviors, strategies, and visions in an effort to keep their practices on a pathway to sustainability, their biggest challenge to effecting these

changes was mastering the art of time management. This appeared to be the case during a double-loop episode in which Dr. Freeheart recommitted to full availability to his patients after attempting to manage both his practice and a corporate practice:

> I know that rebuilding my practice depends on my ability to perfect my business model around the quality of care and strong relationships that I have with my patients. Based on what I've learned from this study and managing the corporate practice, I'm more committed than ever to continue building my practice around my patient base. With the things that we've implemented and other things that we're changing, I believe that we can sustain the practice over the long haul. I do realize that the long-term growth of my practice depends on my growth, my ability to manage all aspects of my practices.

By the end of the study, the AR team members seemed committed to engaging in reflective practices to continuously modify their behaviors as situations and conditions dictated. Moreover, they had come to understand that conditioning business sustainability was required more so than simply changing behaviors; they also needed to change their strategies and their worldviews. It was these types of reflective interactions among the AR members that conditioned them to individually and collectively think and operate with the appropriate balance of strategic, entrepreneurial, leadership, and managerial orientations. Moreover, their emerging reflective competence seemed to have promoted the confidence and interpersonal skills needed to forge stronger relationships among themselves as leadership teams and with staff. Moreover, it helped to build stronger external partnerships to source business functions and other business needs.

Research Question 2 Summary

The foregoing evidence supports the assertion that action research can facilitate evolving strategic talent development and collaborative learning for pivotal small-business leaders. The

data generated from pre and post gap analyses provided tangible evidence that various levels of learning and performance improvement occurred throughout the study as a result of the pivotal leaders collaborating among themselves to find solutions to their pressing business problems. Moreover, the analyzed data suggest strongly that consulting with the benchmark practices in a relational and collaborative manner engendered the needed confidence and competence in the pivotal leaders to build the type of talent and organizational capacity needed to ensure business sustainability and survival. Several reflective competence theme recurrences evidenced the growth of the pivotal leaders' levels of competence. Examples of single- and double-loop feedback and learning emerged, further supporting the efficacy and the power of strategic talent development as a facilitator of talent leadership.

Chapter Summary

This chapter reported on the findings of this action research study. It operationalized the data analysis processes and procedures described in the research proposal (Chapter 3). Qualitative data were collected via interviews, observations, meeting notes, and project work and developmental coaching session notes, and via a brief leadership questionnaire. The data were analyzed using inductive thematic analysis, pre- and post-test analysis, and theory testing. Four findings arose from the data, three of which addressed aspects of RQ 1: (1) the pivotal leaders came into an awareness of their talent and organizational capacity gaps as a results of implementing strategic talent development strategies; (2) strategic talent development activities positively influenced the pivotal leaders' ability to implement capacity-building interventions needed to evolve their practices toward business sustainability; and (3) the intrapersonal and interpersonal levels of competence of the pivotal leaders was enhanced by strategic talent development. One finding was associated with RQ 2: Action research is ideally suited to

facilitate ongoing strategic talent development and collaborative learning among pivotal small-business leaders. These four findings set the tone for discussing conclusions and implications in Chapter 6.

CHAPTER 6

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This action research study argued that current scholarship on small-business and talent management lacks a relevant knowledge base informing pivotal small-business leaders' ability to build talent and organizational capacity to achieve sustainable success. The study sought to understand the dynamic business challenges that private dental practice leaders encounter and how they respond to the existential threat posed by rapid proliferation of corporate dental practices in their local markets. Two questions undergirded this research:

1. What happens to a small business when it implements a strategic talent development approach focusing on talent leadership?
2. How can action research facilitate strategic talent development and collaborative learning between peer small-business owner-managers and office managers?

This chapter summarizes the study and integrates discussions of the study's findings within the context of the conceptual arguments embedded in the small-business sustainability theory of change model. Results of testing the small business sustainability theory of change model are also integrated in each conclusion drawn from the findings.

Summary of the Study

This study aimed to produce a single within-case action research case study with four embedded units of analysis labeled as "cases" so as to organize and analyze the data in the HyperResearch database: (1) AR team, (2) benchmark private dental practices, (3) private dental practice 1, and (4) private dental practice 2. The focus of this study was pivotal leadership

positions (three dentist owner-managers and five office managers) in four private dental practices—two leadership teams serving as AR team members and one expanded leadership team participating as benchmark practices participants. The AR team collaboratively executed three AR cycles: (1) strategic talent development for office managers guided by the owner-managers; (2) strategic talent development to enhance leadership teams' entrepreneurial, managerial, and leadership competencies; and (3) develop scaled performance support systems. The AR team engaged in relational learning with the benchmark practices' pivotal leaders during AR cycle 2 to import relevant best business practices.

Action research methodology was utilized to guide the collection and analysis of data. Qualitative data were collected through brief leadership questionnaire, interviews, observations, meeting notes, and project work and developmental coaching session notes. The data were analyzed using inductive thematic analysis, pre- and post-test analysis, and theory testing.

As suggested by the small-business sustainability theory of change model, the findings for this study were characterized by the transformation process the AR team members went through to position themselves to build levels of talent and organizational capacity in order to put their practices on a pathway toward business survival and sustainability. Analysis of the findings associated with this transformation process revealed that the AR team members had to go through a process of awareness and learning fostered by strategic talent development activities as a prerequisite to taking necessary actions to address their talent and organizational capacity gaps. Moreover, the process of taking action through each of the three AR cycles was informed by reflective practices. The study's conclusions are thus informed by these findings in the context of the arguments embedded in the small-business sustainability theory of change model.

Study Conclusions

The findings of this action research case study led to two major conclusions, which supported the study's conceptual arguments embedded in the small-business sustainability theory of change model (see Chapter 2, Figure 3): (1) context-based developmental investments are necessary for pivotal small-business leaders to competently take up their role of leading and managing talent and organization; and (2) leveraging action research may stimulate iterative cycles of collaborative learning that promote parallel talent and organizational maturity. The model establishes a relationship between the leaders' own "shaped" competency development and that of building individual, team, and organizational capacity to achieve sustainable strategic success.

As the primary input to the model, strategic talent development sets the conditions for proactively responding to specific resource and process needs while leveraging strategic management actions toward the implementation of best practices. One of the levels of analysis and meaning-making strategies emerging from the data focused on developing rules to build a theory statement (which encompassed the four arguments associated with the theory of change model) and testing them within HyperResearch's theory builder. The process by which the theory of change model was theory-tested in HyperResearch is detailed later in this chapter.

Understanding Strategic Talent Development in the Context of the Human Capital Bridge Framework

While the AR team members enthusiastically embraced most of the developmental activities to help with the process of discovery, planning action, and taking action, they needed a framework to help them take action and lead change in their practices from a position of strength and coherency. Consequently, strategic talent development was introduced as the central

theoretical construct for this study, as conceptualized by Ruona (2012) in the context of Boudreau and Ramstad's (2007) approach to aligning talent-related policies, programs, and practices that focus on improving performance of pivotal talent pools. This study sought to blend and then extend Ruona's and Boudreau and Ramstad's conceptualizations by propounding a conceptual framework and a theory of change model to inform the competency development of small-business leaders in the context of enhancing their roles as entrepreneurs, managers, and leaders in order to influence business sustainability and survival.

The human capital bridge framework assumes that pivotal talent (in this case the AR team members) possess relevant competencies to address those pivotal decision points. Data gathered during this study suggested that AR team members were simply unaware of the decision science propounded by Boudreau and Ramstad (2007) or a decision science relevant to their other functional processes. Hence, this study put forth a theory of change model that reconceptualized the HC bridge framework for small businesses, with strategic talent development as the primary investment input driving efficiency, effectiveness, and impact. Like the HC bridge framework, the theory of change model provided a way for the AR team members to think about taking action in relation to investing in programs and practices to build talent and organizational capacity that could drive collective business strategies and sustainable success. The following discussion of each conclusion compares and contrasts findings from this study with those of existing literature in the context of the conceptual arguments embedded in the theory of change model.

Conclusion 1: Context-Based Strategic Talent Developmental Investments Are Necessary for Pivotal Small Business Leaders to Competently Take Up Their Roles of Leading and Managing Talent and Organization

This conclusion builds on previous assumption in literature (Bates, 1990; Bosma et al., 2004; Bruderl et al. 1992; Cooper et al. 1994; Davidsson & Honig, 2003; Gimeno-Gascon et al., 1997; Nafziger & Terrell, 2006; Rauch et al., 2005; Samad, 2013; Sriyani, 2010; Unger et al., 2011) that investing in the development of owner-managers influences their achievement of higher levels of business success. Evidence presented in Chapter 5 suggested that the pivotal leaders in this study—that is, dentist owner-managers and their office manager—needed context-driven learning to bring about basic levels of awareness of their transactional and dysfunctional approaches to leading and managing. This manifested itself in their individual and collective actions as leadership teams. While the data underscored the vulnerabilities the dentist owner-managers risked in engaging in the deep, soul-bearing work of the study with their office managers present, it also highlighted the need for the context-driven, iterative cycles of learning and action taking to bring them together as efficacious leadership teams. Given the positive results of a series of strategic talent development activities and capacity-building interventions implemented throughout the study, it was concluded that context-based strategic talent developmental investments were necessary for the pivotal small-business leaders to competently take up their individual and collective roles of leading and managing talent and organization.

Awareness as a prerequisite to learning and action taking. Much like Boudreau and Ramstad's (2007) HC bridge model, the small-business sustainability theory of change model advocates for investments in pivotal talent-related policies, programs, and practices that promote efficiency, effectiveness, and impact when strategically aligned with other business functions. As

suggested by Santora and Sarros (2008), the model advocates for owner-managers to foster awareness of the challenges and required competencies to shepherd small businesses through the stages of the organizational lifecycle. Developmental and other capacity-building investments should strive to close assessed capability gaps before and while transitioning through each stage. It is not readily apparent in the HC bridge model that small-business leaders should understand the science behind making talent and organizational investments without the aid of a talent practitioner or a performance consult. Evidence presented in Chapter 5 suggested that the AR team members were not aware of their developmental shortcomings, the relative impact of their limitations on the performance of their dental practices, or the rational steps needed to make the investments for addressing capacity and performance gaps.

The study findings suggested that the AR team members had to go through a process of awareness and learning fostered by strategic talent development activities as a prerequisite to taking needed actions for addressing their talent and organizational capacity gaps. According to the findings, the members had to situate themselves and their practices in the stage of development within the context of a business model by waking to their status-quo leading and managing approaches. Had it not been for a series of developmental investments early on in the study, the AR team members probably would have not have become aware they were routinely engaging in crisis and reactive management and unwittingly applying technical solutions to adaptive challenges—which had led to perpetual cycles of poor business performance. The results of the pre- and post-test leadership questionnaire and analysis of numerous theme recurrences indicated growth in their ability to leverage the appropriate strategic orientation (entrepreneurial, managerial, and specialist) at the right times and in the right leadership situations. Moreover, the initial evidence indicated that the AR team members did not fully

understand the prevailing threat posed by the corporate dentistry model. Not until they engaged in collaborative discussions about the vulnerabilities of the corporate model did they understand that it could be exploited to enhance their own business model.

Taking actions to build talent and organizational capacity as a prerequisite to business sustainability and survival. The small-business sustainability theory of change model underscores the dynamic interplay between the "inputs" (strategic talent development activities) and "outputs" (empowered pivotal leaders armed with a viable performance support infrastructure). As suggested by the model, this dynamic interplay yields "intermediate outcomes" of enhanced talent, team, process, and organizational capacity as the pathway to the "long-term outcomes" of business sustainability and survival.

***Taking action to build talent capacity*.** The second finding from this study aligned with Day's (2001) distinctions between leader development (intrapersonal) and leadership development (interpersonal) in the context of the AR team members leading self and partnering with and influencing others. This study concluded that implementing best practices from the two benchmark dentistry practices was necessary to strengthen the individual and collective competency development of the AR team members in order to build viable levels of talent and organizational capacity. Within the context of building talent capacity, the findings suggested that the AR team members had to take ownership of their developmental journey commensurate with the desired growth of their respective practices.

Levels of intrapersonal and interpersonal competencies. Both dentist owner-managers and office managers had to attend to their own intrapersonal development to elevate their levels of competence while simultaneously engaging in interpersonal developmental activities to strengthen their relationships and efficacy as leadership teams. The data indicated that talent

leadership investments informed by feedback from the benchmark practices did enhance the levels of competence of the dentist owner-managers in multiple ways, including: (1) self-assessed state of evolving toward conscious competence; (2) ability to guide change in order to build talent and organizational capacity; (3) ability to lead competency development of their office managers; (4) linking strategy to talent expectations and performance outcomes; and (5) monitoring, measuring, and reporting performance and taking corrective actions.

Like their dentist owner-managers, the office managers assessed themselves as unconsciously competent in most areas related to supporting the business side of their practices as well leading and managing talent. While evidence underscored the negative impact of inadequate performance support systems on the office managers' performance, developmental activities helped them to understand their relevance and how to leverage them to plan, organize, lead, and control business functions and performance outcomes. This included development of their intrapersonal and interpersonal competencies, which were required to bridge the gaps in their leadership capabilities. This finding was significant in that it strengthened the continuity of their thinking, behaving, performing, and evaluating—all of which were informed by their burgeoning reflective competence. Moreover, the findings suggested that attending to their individual development was a perquisite for engaging in the collective tasks as a member of the practices' leadership teams. Office managers reported on their own sensed transition from conscious incompetence toward conscious competence. As a result of this study, the owner-managers and office managers also indicated that they communicated better and that their individual and collective actions had enhanced the success of their practices.

Efficacy of leadership teams' relationships and actions. It was concluded that the dentist owner-managers and office managers had to partner as well-informed and well-engaged

leadership teams to optimize the performance of their private dentistry practices. While both dentist owner-managers and office managers were pivotal to the success of their practices, their collective synergy as leadership teams has a far greater impact on business sustainability and survival. As demonstrated by the benchmark practices' leadership teams, a division of labor that specified individual and shared leadership team tasks was indispensable to coherently managing and controlling key business functions and processes. Consequently, in this micro small-business context, the leadership teams had to frequently collaborate around business processes to maintain required levels of situation awareness in order to influence near- and long-term business outcomes. Having participated in three iterative cycles of context-driven collaborative learning and action taking, the leadership teams realized that they had to collaborate differently than they did pre-study if they were to build the organizational capacity needed to ensure sustainability and survival of their practices.

***Taking action to build organizational capacity*.** The third finding of this study evidenced the private dental practices' gradual evolution toward business sustainability as a result of the AR team members taking action to implement a series of organizational capacity-building interventions. These actions were designed to improve their performance support infrastructure, the maturity of their processes and systems, and the management of their finances and profitability. In this sense, the study aligns with the generally accepted view that the impact of managerial contributions to small-business success must consider the capacity of the business to secure relevant resources and to develop an effective internal support infrastructure, including business processes and systems, to implement its strategy and achieve sustainable success (Chrisman, Bauerschmidt, & Hofer, 1998; Davidsson, Achtenhagen, & Naldi, 2010; Der Aalst et al., 2003; Jennings & Beaver, 1997; Mckelvie & Wiklund, 2010).

The state of the business processes in the private dental practices at the start of the study came as no surprise since extant literature had suggested that the limitations of a small-business support infrastructure coupled with a lack of internal expertise in various business processes and management functions may impede the planning and implementation of strategic matters (Banfield et al., 1996; Beaver, 2002). The AR team members therefore engaged in a series of activities to implement strategy, finance and budget discipline, and performance management interventions to start the process of closing these gaps. By engaging in context-driven developmental activities and interventions informed by feedback and best practices from the two benchmark practices, the AR team members were able to build the capacity of their performance support infrastructures by implementing simplified strategic plans, budgets and budget discipline, some elements of performance management, and realigned functional capabilities, all leveraged from existing resources and technology.

Conclusion 2: Context-Driven Collaborative Learning May Stimulate Iterative Cycles of Learning that Promote Parallel Talent and Organizational Stages of Growth Maturity

The second conclusion of this study contributes to the ongoing conversation around the process of becoming a progressively competent and successful leader in small-business contexts. As predicted by the arguments embedded in the theory of change model, this study concluded that the application of learning processes that emphasize collaborative and relational learning may promote leadership development through dialogue, critical reflection, and purposive action with peers to enhance and support learning (Kempster & Cope, 2010). The theory of change model underscores the primacy of context-driven iterative cycles of collaborative learning to promote parallel talent, process, and organizational maturity. In this study, the AR team

members engaged in three iterative cycles of learning and action taking informed by relational learning (i.e., benchmarking feedback and best practices) from two benchmark practices.

Context-driven learning from benchmark small businesses. Evidence from the data suggested that the competency levels of the AR team members were enhanced by strategic talent development informed by feedback and best business practices from the two benchmark dentistry practices. The premise of incorporating benchmarking as a theoretical construct stemmed from its perceived efficacy for informing building context-specific talent and organizational capacity. The findings, presented in Chapter 5, supports the study's theory of change model and extends current literature (Ball, 2000; Cassell et al. 2001; Davis, 1998; Ghobadin & Gallear, 1996; Jones, 1999; McAdam & Kelly, 2002; St. Pierre & Delisle, 2006), which suggests that benchmarking best practices can promote continuous performance improvements and organizational learning in small businesses. Data-driven evidence from the benchmark practices participating in the study was presented in support of all broad categories of coded data and their underlying themes for RQ 1 and RQ 2. A majority of the context-specific strategic talent and organizational development interventions executed by the AR team members were informed by feedback and best practices from the benchmark practices. Consequently, AR team members expressed their intent to continue practicing collaborative and relational learning activities that would promote progressive stages of competency development needed to sustain and grow their businesses.

Building reflective competence. The theory of change model emphasizes the strategic importance of the pivotal leaders exercising reflective competence as a prerequisite to leading change around the multiple components of the transformation process which serve as pathways to business sustainability and survival. As a consequence of engaging in collaborative learning

throughout the study, the leadership teams were clearly growing in reflective competence, which was stimulating progressive levels of entrepreneurial, managerial, and leadership competence. As a critical element of participating in this AR study, the AR team members were conditioned to engage in reflective practices as a way to promote iterative cycles of learning. Not only were they conditioned to reflect during action as we engaged in project-related activities, but they were also conditioned to reflect before and after action. The findings suggest that these leaders transferred these practices to their respective workplaces by leveraging them individually and collectively in strategy sessions with the leadership team and in meetings with staff members. These outcomes comport with Taylor's (2007) cycles of competence, which situate reflective competence as the primary driver for individuals moving from one level of competence to the next. Moreover, it appeared to have been necessary for the leaders to exercise reflective competence to engage in first-, second- and third-person action inquiry during the study.

This aspect of the study reinforces the notion that leaders and practitioners who engage in various types of collaborative learning, such as action learning (Boddy & Lewis, 1986; Choueke & Armstrong, 1998; Clarke et al., 2006; Davey et al., 2001; Johnson & Spicer, 2006) and developmental action inquiry (Reason & Bradbury, 2008; Reason & Torbert, 2010) may experience single-, double- and triple-loop learning (Reason & Bradbury, 2008; Reason & Torbert, 2010), which strengthens the entrepreneurial, leadership, and managerial capacity of small-business leaders. This study evidenced that action research and elements of developmental action inquiry facilitated learning outcomes that were key for the AR team members to develop awareness and mindset changes in relation to mission and vision philosophies and approaches to operational and strategic planning and action taking. The AR team members engaged in numerous episodes of single- and double-loop feedback, learning, and practices. Moreover, the

evidence suggested that each AR team member grew modestly in their ability to leverage first-person (inner reflective competence), second-person (mutuality when engaging in dialogue with others), and third-person (actions engendering sustainability) action inquiry as advocated by Torbert (2004). Though the team members were encouraged to engage in triple-loop feedback and learning through a number developmental activities, they had not, by the end of the study, matured sufficiently to competently and consistently practice this as a part of their management discipline.

Testing the Small-Business Sustainability Theory of Change Model

As discussed earlier, this study put forth a small-business sustainability theory of change model that encapsulated four central arguments in support of the two research questions. The four central arguments formed the basis of the following theory statement, which undergirds the theory of change model. One of the levels of analysis and meaning-making strategies for the coded data focused on developing theory rules around the theory statement and testing them within HyperResearch's theory builder:

> If private dental practice leaders (pivotal talent) invest in context-based developmental activities (strategic talent development); then infer enhanced talent leadership as a consequence. Moreover, if a viable performance support framework (that facilitates process and systems maturity and that promotes leaders' strategic, entrepreneurial, and managerial orientation) are present; then infer building optimal talent and organizational capacity as an outcome. If talent leadership and talent and organizational capacity are further augmented by routinely leveraging best business practices (and associated key performance indicators) from benchmark private dental practices and relevant collaborative learning activities; then infer iterative cycles of learning (reflective competence that produces adaptive and generative learning) that promote parallel talent,

process, and organizational maturity (levels of competence of dentist owner-managers and office managers' influence on the stage of business growth for their practices). Consequently, the goal of the theory is met when the collective synergy between these outcomes increases business sustainability and survival of private dental practices amid an existential threat from corporate dentistry entities.

The process of building theory rules required me to select relevant coded data embedded in the theory statement to build a series of inference paths using "if-then" (expression-action) statements within HyperResearch. Four theory rules were meticulously built in the theory builder, at which point the theory was tested against each of the four cases to determine if the theory goal was met. As displayed in the following results exported from HyperResearch, three out of the four cases supported the theory statement in accordance with the number of theory rules met by each case: (1) all four rules were applicable to the AR team case; (2) all four rules were applicable to the benchmark PDPs case; (3) all four rules were applicable to the PDP 2 case; and (4) only rule 2 was applicable to the PDP 1 case:

Testing Your Theory on Cases: AR Team; Benchmark Private Dental Practice; Private Dental Practice 1; and Private Dental Practice 2

The following rules were found to apply to your cases:

Rule 1 was applicable: AR Team; Benchmark Private Dental Practice; Private Dental Practice 2

IF *Strategic talent development* AND *entrepreneurial leadership management developmental continuum* AND *Continuing education* AND *Self-development* AND *Collaborative learning* AND *Understanding and exploiting corporate dentistry threat* OR *Understanding* e*xternal environmental factors*

THEN ADD *Capacity to lead change*, ADD *Enhanced talent leadership*, ADD *Entrepreneurial orientation*, ADD *Leadership team efficacy & relationships*, ADD *Managerial orientation*, ADD *Self-management*, ADD *Strategic orientation*

Rule 2 was applicable: AR Team; Benchmark Private Dental Practice; Private Dental Practice 1; and Private Dental Practice 2

IF *Viable performance support framework* AND *Facilitating process and systems maturity* AND *Leveraging technology* AND *Sourcing business functions and processes* AND *Performance management framework*

THEN ADD *Benchmarking*, ADD *Building talent and organization capacity*, ADD *Controlling monitoring reporting performance*, ADD *Key performance indicators*, ADD *Leveraging best practices*, ADD *Linking strategy and managing expectations*, ADD *Operational planning and action taking*, ADD *Strategic competitive advantage*

Rule 3 was applicable: AR Team; Benchmark Private Dental Practice; Private Dental Practice 2

IF *Capacity to lead change* AND *Enhanced talent leadership* AND *Entrepreneurial orientation* AND *Leadership team efficacy & relationships* AND *Managerial orientation* AND *Strategic orientation* AND *Building talent and organization capacity* AND *Controlling monitoring reporting performance* AND *Linking strategy and managing expectations* AND *Operational planning and action taking* AND *Strategic competitive advantage* AND *Benchmarking* AND *Leveraging best practices* AND *Key performance indicators*

THEN ADD *Adaptive learning*, ADD *Business growth stage of development*, ADD *Generative learning*, ADD *Office manager level of development*, ADD *Owner-*

manager level of development, ADD *Performance improvement*, ADD *Reflective competence*

Rule 4 was applicable: AR Team; Benchmark Private Dental Practice; Private Dental Practice 2

IF *Adaptive learning* AND *Business growth stage of development* AND *Generative learning* AND *Office manager level of development* AND *Owner-manager level of development* AND *Performance improvement AND Reflective competence*

THEN GOAL REACHED *Business sustainability and survival*

Enough rules were found to be applicable for the AR Team; Benchmark Private Dental Practice; Private Dental Practice 2 cases to reach the GOAL of your theory. Therefore, your theory has been shown to be 'supported' for these cases. However, not enough rules could be found to be applicable to the Private Dental Practice 1 case to reach the GOAL of your theory. Therefore, your theory has been shown to be “not supported” for this case.

The results of testing the small-business sustainability theory of change model reinforce evidence from the data that (1) context-based strategic talent developmental investments are necessary for pivotal small-business leaders to competently take up their roles of leading and managing talent and organization; and (2) context-driven collaborative learning may stimulate iterative cycles of learning that promote parallel talent, process, and organizational maturity. The results for each case could be directly linked to the quality and quantity of data collected relevant to each case setting.

The preponderance of data was collected during AR team meetings. Given the approaches, methods, and unfettered access of the researcher-practitioner, the data from the

benchmark practices were robust and exemplary. The dentist owner-manager from private dental practice 2 readily made himself and his office manager available to engage in context-specific, project-related work in his private practice. This was not always the case for private dental practice 1 leadership team members. Consequently, the prevalence of coded data applicable to the four theory rules was sufficient for three of the four cases to reach the goal of the theory. Rule 1, 3, and 4 did not apply to PDP 1 because there were not enough coded data associated with the themes comprising this rule. This happened as a consequence of PDP 1's leadership team lacking focused engagement in project activities in the stages of the study.

Summary of Conclusions

The discussions of the study's conclusions aimed to synthesize elements of the four central arguments, the rules embedded in the theory-testing statement, and the theory of change model. Theory testing represented as an additional layer of analysis in HyperResearch to test the theory of change model. Given that the goal of the theory statement was reached in three of the four cases, the conclusions were further strengthened. Consequently, these outcomes help affirm the study's assertion that strategic talent development of small-business pivotal leaders enhances their preparedness to achieve outcomes consistent with benchmark measures of efficiency, effectiveness, and impact. The theory of change model proved helpful in reaching the conclusion that investing in the pivotal positions of dentist owner-managers and office managers provided sufficient marginal returns to influence building optimal talent and organizational capacity. As highlighted in the theory of change model, ongoing strategic talent development engendered reflective competencies that aimed to promote parallel talent, process, and organizational stages of growth and maturity of small businesses.

Implications for Theory, Practice, and Future Research

This study addressed the need for current scholarship to inform pivotal small-business leaders' ability to build talent and organizational capacity in order to achieve sustainable success. The outcomes of this study have implications for theory, practice, and future research for developing small-business leaders engaged in intensive intra-industry competition. However, due to the bounded scope and sample size of this AR project and study, the results are not generalizable to other small-business contexts. Therefore, additional studies with larger sample sizes are needed to validate the arguments asserted in this study.

Implications for Theory

The literature has not provided sufficient conceptual and empirical grounding to prepare small-business leaders to manage the business side of their firms. Although Boudreau and Ramstad (2007) put forth a generic talent decision-science framework, overall existing literature falls short of addressing small-business leaders' ability to leverage a decision-science framework for investing in their own talent leadership and other policies, programs, and practices to build requisite talent and organizational capacity. This study adds to the interdisciplinary knowledge base by putting forth a small-business sustainability theory of change model that could inform the strategic talent development of pivotal small-business leaders.

Pivotal small business leaders' levels of competence. The small-business sustainability theory of change model situates pivotal leaders' preparedness, readiness, and support as central theoretical constructs. The findings and conclusions of this research highlight numerous aspects of the study that build on previous literature and emphasize that investing in developing the competencies of pivotal small-business leaders influences higher levels of talent and organizational capacity and business success. As the study made clear, the AR team members

had to first become aware of the challenges and impediments to business success before they could fully comprehend how to plan, take action, and engage in reflective practices to produce continuous cycles of sustainable success.

These revelations hold profound implications for how new dentist graduates are prepared for business ownership by dental schools. Moreover, the findings and conclusions suggest that future studies should be conducted to model a notional developmental journey of new dentist-owners as they take ownership of new practices and progressively build talent and organizational capacity to guide their practices through positive stages of development.

Presence and exploitation of viable performance support infrastructure. This study also underscored the strategic importance of performance support systems in enhancing pivotal leaders' ability to drive sustainable business success. The AR team members experienced great difficulties in their attempts to organize and leverage existing resources and technology to optimally impact operational and strategic outcomes. While larger group practices are leveraging professional dental management service organizations to manage the business side of their practice, these services are cost-prohibitive for smaller practices such as those participating in this study. While this research went a long way toward helping the AR team members to organize and leverage existing systems, more studies are needed to codify the science and art of building and leveraging scaled performance support infrastructures in smaller practices.

Leveraging benchmarking and best business practices in small-businesses contexts. The premise of incorporating benchmarking as a theoretical construct stemmed from its perceived efficacy in building both talent and organizational capacity. Although findings from RQ 1 and RQ 2 support the argument that implementing best practices from benchmark small businesses promotes individual, team, process, and organizational capacity building, a

longitudinal study with a larger sample size would add to the reliability of the outcomes. Such studies should examine approaches for small-business leaders to cultivate relations with intra-industry and like-industry peers to promote best-practice sharing and other alliances to foster higher levels of survival and sustainability of small practices.

Implications for Practice

The outcomes of this study may contribute to practice in the field of human resource and organizational development (HROD) and small-business management by: (1) offering a small-business sustainability theory of change model as a way to think about and take action to build talent and organizational capacity that fosters business survival and sustainability; (2) putting forth a practical approach for small-business leaders, talent practitioners, and performance consultants to develop progressive levels of competence; and (3) offering a template for relational learning activities such as collaborative learning and benchmarking strategies among small-business leaders.

The small-business sustainability theory of change model can help small-business leaders to activate their strategic, entrepreneurial, and managerial orientations in a measured manner in conjunction with their specialist/clinical orientations. This model can also be leveraged as a template for facilitating self-development and guiding talent leadership programs for office managers and other small-business leaders. All small-business leaders should strive for reflective competence as a means to nurture continuous cycles of enhanced learning and performance. Moreover, the small-business sustainability theory of change model can be useful to performance consultants to help situate themselves and their small-business leader-clients in their current stage of development and along pathways that lead to the next level of business maturity.

Implications for Future Research

The outcomes of this study have strong implications for future research, especially in the context of developing small-business leaders such as private dental practice owner-managers and their office managers who are engaged in intra-industry competition with corporate dental practices. While it provides a foundation for the competency development of pivotal small-business leaders, the study may not be generalizable to all small-business contexts, given the bounded scope of the inquiry. In light of the complexity of this study, several of the interdisciplinary theoretical constructs introduced could not be examined in depth: (1) talent leadership that drives talent decision science and talent management maturity, and other business functions in small-business contexts; (2) strategic planning and management; and (3) the intricacies of developmental action inquiry that produce adaptive and generative learning. A longitudinal study with a larger sample size which examines multiple small-business contexts may be required to fully validate the conclusions asserted in this study.

Chapter Summary

This chapter integrated discussions of findings within the context of framing the two conclusions of the study. Given the pervasiveness of reflective practices throughout the findings, a small-business sustainability theory of change model was presented to underscore the importance of reflective competence to progressive levels of competence of pivotal small-business leaders and the stages of growth of their businesses. The results of testing the theory of change model were integrated in the analysis to strengthen the two conclusions. In the final analysis, action research served as the platform for context-driven iterative cycles of collaborative learning, promoting modest degrees of parallel talent and organizational stage of growth maturity within the AR team members' private dental practices. While the jury was still

out regarding the long-term fate of the two private dental practices participating in the study, the outlook seemed promising given the commitments made by the AR team members to sustain the progress made beyond the close of the study.

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APPENDIX A

SUBJECTIVITY STATEMENT

Herr and Anderson (2005) remind researchers that bias and subjectivity are natural in action research as long as they are critically examined rather than ignored; however, caveat that other mechanisms (i.e. subjectivity statements, reflexive journaling, analytic memos) may need to be put in place to ensure they do not have a distorting effect on study outcomes. Roulston (2010) emphasizes that researchers should be self-consciously aware of their subjectivities in relationship to the research participants and the research topic, and explore how these relate to the research findings in the representations of the research through subjectivity statements. In essence, a subjectivity statement is a summary of who researchers are in relation to what and whom they are studying. The aim of the subjectivity statement for the current study is twofold (1) to help the researcher identify how his personal features, experiences, beliefs, feelings, cultural standpoints, and professional predispositions may affect his research and (2) to help convey this material to others for their consideration of the study's credibility, authenticity, and overall quality/validity.

My epistemic and ontological stances with regard to engaging the AR project and case study were shaped by my experience and predispositions as an organizational development consultant, a senior leader in the military, as well as expectations and personal relationships with some of the AR team members. This held true especially for my perceptions of the limited leadership and managerial capabilities of typical small business owners, my relationship with one of the AR team members – a younger brother (dentist owner-manager), and my expectations

of ex-junior military officer who would had served as a dentist while on active duty. Like most sibling relationships, this young brother looks up to and respect the advice of his older brother (researcher), yet up to the point of the beginning AR project had been reluctant to seek out business-relative advice from him lest he may be viewed as a failure. Likewise, the researcher had been reluctant to offer professional advice to his younger brother lest he be blamed for even decreased performance of his private dental practice. This acknowledged phenomenon caused me to labor much harder to keep my biases and predispositions while working with this AR team member.

Similarly, as a military veteran, I grew to expect that prior military junior to mid-grade officers (regardless of specialty such as dentist, surgeon, intelligence, infantry) should possess certain levels of leadership and management skills sufficient to lead any small business venture irrespective of industry context. Admittedly, I was totally surprised to find that the dentist owner-manager (previous military experience) was struggling with the business side of running his private dental practice. Getting past the storming and norming stages of the AR team formation was a bit uncomfortable for the both of us given our backgrounds in the military.

Most small business management literature (Massey & Campbell, 2013; Barber, Wesson, Roberson, & Taylor, 1999; Heneman, Tansky, & Camp, 2000; Rowden, 1995; Jennings & Beaver, 1997), as well as results of a small business owner assessment survey administered to the AR members, support the researcher's views that small business leaders tend to be most focused and competent in their specialized area of service delivery. They are much more challenged in getting results based on the manifested efforts of their management and entrepreneurial practices and competencies. Consequently, the researcher was predisposed to overly inject his experience as expert/process OD consultant and tended to see the glass half

empty when attempting to intervene in seemingly intractable challenges of their complex organizational dynamics. Much was the case for the researcher as he continuously struggled to keep in check his premise reflections (Coghlan and Brannick, 2010) while engaging three private dental practice leadership teams with varying levels of organizational effectiveness within their respective practices, their leadership and managerial competence, and their commitment to the project.

These leadership teams (dentist owner-managers and their respective office managers) realized that the only way they can compete with corporate dentistry organizations in their footprint was by engaging in a business model built around commitment to autonomy, quality patient personal care and personal relationships, streamlined/nimble organizational structures, systems, and business practices, and strategic talent development which promotes sustainable competitive advantage. However, the researcher struggled with managing the contradictions in the team members' espoused theory of action as compared to their actual theory in use. This was especially poignant at times when I unconsciously questioned the AR team members' commitment to taking their practices to the next level of performance. This pronounced dichotomy manifests itself in positive and negative ways respective to the researcher's objective views, assumptions and biases.

I attempted to acknowledge that these views may have great potential to negatively influence my first- and second-person inquiry and proactive perspectives, my overall lived experience and how I approached content, process and premise reflection throughout the study. I leveraged Brookfield's (1990) recommended phases of critical reflection to overcome threats to trustworthiness of case study findings emanating from my bias and subjectivity:

Identify the assumptions ("those taken-for-granted ideas, commonsense beliefs, and self-evident rules of thumb" (p. 77)) that underlie thoughts and actions; Assess and scrutinize the validity of these assumptions in terms of how they relate to 'real-life' experiences and present context(s); and Transform these assumptions to become more inclusive and integrative, and use this newly-formed knowledge to more appropriately inform future actions and practices.

I also attempted, in as much as possible, to operationalize Brook's recommendation by leveraging Torbert's (2004) four territories of experience (intentions, planning, action, and outcomes) and four parts of speech (which operate at the individual, interpersonal, and organizational level) to my enhance first- and second-person reflections and learning (single- and double-loop, and potentially triple-loop as advocated by Torbert, 2004).

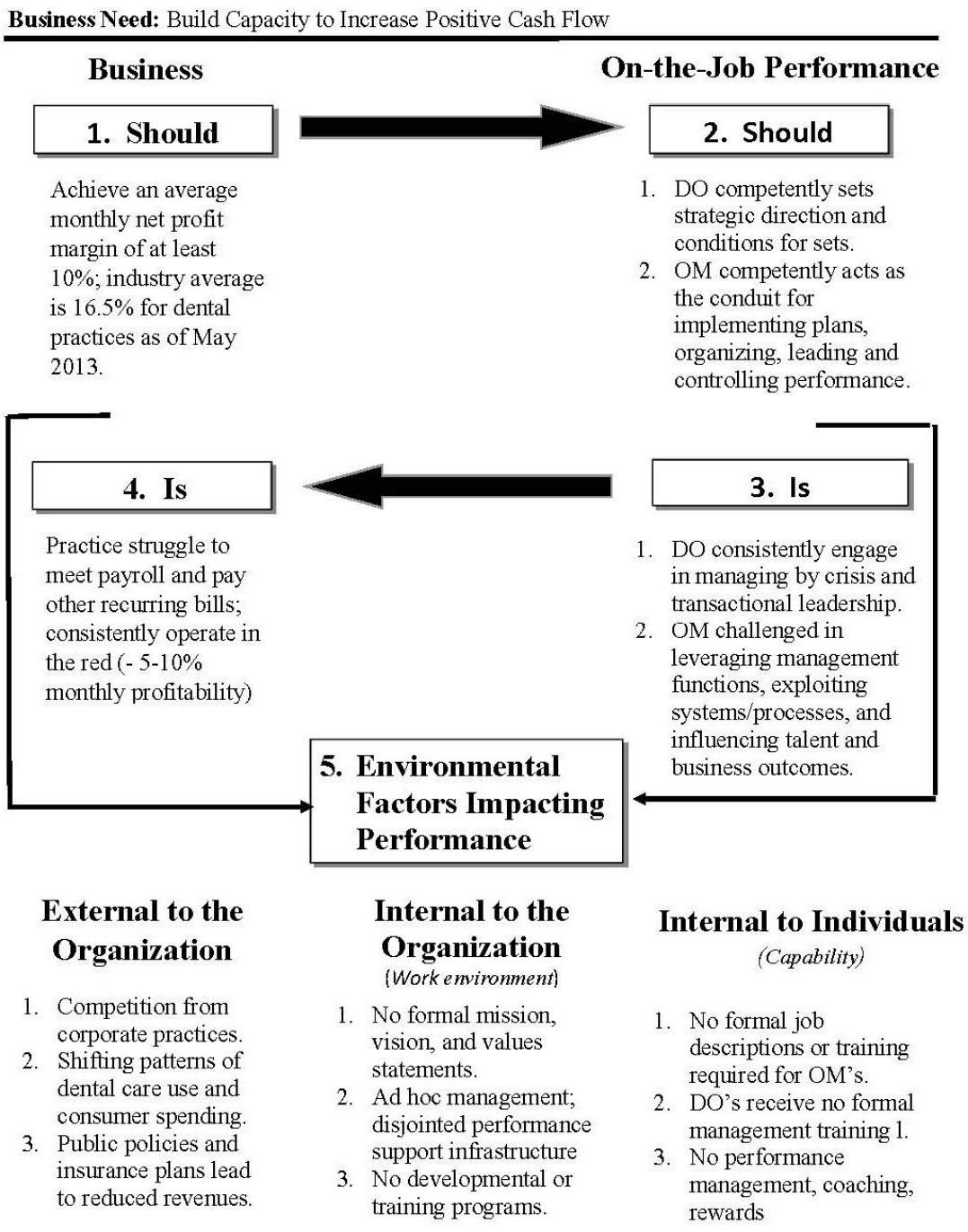
Putting Brookfield's and Torbert's doctrine into practice was perhaps one of my greatest challenges as I struggled with fostering self- and participants-premise reflections (biases, deeply-held beliefs, and other inter-subjectivities) while facilitating an AR team whose group dynamics seem to vacillate between the storming, norming, and performing stages of group dynamics (Tuckman, 1965). It appeared as if one of the AR leadership teams were experiencing occasional double-loop learning experiences; while the other leadership team seemed to struggle to experience single-loop learning experiences. I had to resist viewing this as a personal failure in that I struggled to facilitate change with the leadership team that I had the closest personal relational with. I continued to question their commitment to embrace change, personal and professional growth, and to invest the time and energy to ensure the project success as did the other leadership team.

Managing multiple roles (researcher, facilitator, learning coach, OD consultant, skeptical relative, military veteran) made it difficult navigate and build the relationships needed for all to

engage in the project work to meet the study timelines. Serendipitously, there were a series of business setbacks (some bad decisions and others pure bad luck) experienced by both leadership teams that opened their eyes to the power of the study and solidified their commitment and engagement. Understanding that the success of the overall study hinged on me keeping my personal biases and intersubjectivities in check, I chose to exploit these potential "punctuated equilibrium" moments using all my skills, knowledge, and abilities as a process OD consultant and as a scholar practitioner to advance needed project work for each phase of the action research project. Moreover, the discipline in maintaining a reflective journal and writing analytic memos during transcribing and coding various data sources aided significantly in making needed adjustments between AR cycles and conducting the meta-analysis.

APPENDIX B

PERFORMANCE GAPS MAP



APPENDIX C

OFFICE MANAGER COMPETENCY ASSESSMENT TOOL

COMPETENCY EVALUATION FORM

What is your job title? Office Manager (DO #1)	Who are you evaluating? Please check one of the two options:	The best manager that I have ever supervised	An average manager that I am currently supervising	Assessments/Planning

For each of the competencies listed, please carefully read the definition, then using the 1 to 5 scale as define below, please evaluate the manager based on their proficiency in each competency checking the box in the appropriate column.

Competency and Competency Definition	No Evidence of Proficiency 1	Marginally Meet Proficiency Standard 2	Meet Proficiency Standard 3	Exceeds Proficiency Expectations 4	Greatly Exceed Proficiency Expectations 5	Ratings: Self	Manager	Target	IDP
Develop Personal Mastery to Lead Self/Others: demonstrates interpersonal competence, expansive thinking, and integrity while interacting with internal and external stakeholders; develop and exhibit a degree of emotional competence to maintain professionalism/resilience in all situations; encourages constructive dialogue; and displays reflective, conceptual, creative and analytical thinking.			X			3	3	4	Yes
Connect Practice Vision, Values & Strategic Plan to Team Outcomes: understands/leverages information concerning the internal/external environment to inform decision-making, planning and performance support; create a shared vision of performance and learning; display business acumen to connect all practice's business operating systems and transformational processes with business strategies; and create/set/enforce expectation directly linked to business strategy.		X				2	3	3	Yes
Lead People & Manage Practice to Achieve Sustained Success: demonstrate transformative leadership and competency-based management techniques (including leveraging applicable policies and procedures, enterprise software, and high-commitment HR practices) to effectively manage the day-to-day operations; adeptly leverage internal and external (outsourced) functional capabilities and resources to generate and manage sufficient production-related activities to sustain sufficient cash flow and other planned strategic outcomes.		X				2	3	4	Yes
Manage Systems, Processes, and Programs: displays required competencies to integrate/align various functional management operating systems, transformational processes, and strategies with practice's strategic goals; understand/leverage applicable decision-science frameworks to make relevant investments in programs and practices to support individual, team and practice performance; and measure/evaluate outcomes and make adjustments to sustain practice success.		X				2	3	4	Yes
Manage Relationships: leverage stakeholder management processes and techniques to manage internal and external partnerships to achieve business goals; develop a diverse workforce through cultural competence to foster cohesive teamwork; and master the art of conflict resolution to timely and professionally resolve complex staff and client grievances.			X			3	3	4	Yes

Competency and Competency Definition	No Evidence of Proficiency 1	Marginally Meet Proficiency Standard 2	Meet Proficiency Standard 3	Exceeds Proficiency Expectations 4	Greatly Exceed Proficiency Expectations 5	Ratings: Self	Manager	Target	IDP
Implement Viable Employee Engagement Strategies: condition staff to take ownership by bringing them into the planning and decision-making process; and delegate meaningful projects to staff members and empower them by giving them the authority to get things done in the most efficient and effective manner while maintaining the well-being of the practice.			X			3	3	4	Yes
Coach/Develop Individual & Team Competencies: understands/leverages adult learning techniques to exploit individual capabilities/desires to develop competent employees; provides performance feedback, coaching, and career development to staff members to ensure the probability of their success; and condition employees to become self-reliant and self-directed team members; promote continuous learning, self-development, and other means of professional development.		X				2	3	4	Yes
Manage/Lead Internal Projects and Initiatives: leverage existing technology to organize and track critical projects progress; identifies and reacts to internal and external forces that might influence or alter project or organizational goals; and identifies, evaluates, implements and enforce measurement systems for executing current projects and implementing completed projects.		X				2	3	4	Yes
Manage Practice & Team Resources: participates in practice budgeting process to garner the requisite resources to sustain team operations; leads efforts to instill fiscal discipline in self and encouraging team members to use practice's resources appropriately; and manage human resources in accordance with practice's performance management system and benchmarks.		X				2	3	4	Yes
Foster Client-Focused/Quality-Oriented Service: Inspire staff to achieve high level of client success; views business processes from the ultimate client perspective; fully leverage performance management to ensure client and quality engagement benchmarks are routinely exceeded; analyze and exploit client survey feedback data to consistently sharpen staffs client-focus skills.		X				2	3	4	Yes
Manage Diversity to Build Cultural Competence: embraces the value of a diverse staff; effectively motivate people from different culture or backgrounds; and actively expand diversity management knowledge and techniques and develop each staff member and the collective team to a high degree of cultural competence.		X				2	3	3	Yes
Anticipate Threats/Opportunities to Lead Change: invests in learning about future trends to enable current operations while effectively anticipating threats & opportunities; inspire staff to think about long-range impact of their decisions, behavior, performance and development; effectively translates creative ideas into business outcomes; and understand/leverage change management processes.		X				2	3	4	Yes

COMPETENCY EVALUATION FORM

What is your job title? Office Manager (DO #2)	Who are you evaluating? Please check one of the two options:	The best manager that I have ever supervised ☐	An average manager that I am currently supervising ☐	Assessments/Planning

For each of the competencies listed, please carefully read the definition, then using the 1 to 5 scale as define below, please evaluate the manager based on their proficiency in each competency checking the box in the appropriate column.

Competency and Competency Definition	No Evidence of Proficiency 1	Marginally Meet Proficiency Standard 2	Meet Proficiency Standard 3	Exceeds Proficiency Expectations 4	Greatly Exceed Proficiency Expectations 5	Ratings: Self	Manager	Target	IDP
Develop Personal Mastery to Lead Self/Others: demonstrates interpersonal competence, expansive thinking, and integrity while interacting with internal and external stakeholders; develop and exhibit a degree of emotional competence to maintain professionalism/resilience in all situations; encourages constructive dialogue; and displays reflective, conceptual, creative and analytical thinking.				X		4	3	4	No
Connect Practice Vision, Values & Strategic Plan to Team Outcomes: understands/leverages information concerning the internal/external environment to inform decision-making, planning and performance support; create a shared vision of performance and learning; display business acumen to connect all practice's business operating systems and transformational processes with business strategies; and create/set/enforce expectation directly linked to business strategy.	X					1	4	3	Yes
Lead People & Manage Practice to Achieve Sustained Success: demonstrate transformative leadership and competency-based management techniques (including leveraging applicable policies and procedures, enterprise software, and high-commitment HR practices) to effectively manage the day-to-day operations; adeptly leverage internal and external (outsourced) functional capabilities and resources to generate and manage sufficient production-related activities to sustain sufficient cash flow and other planned strategic outcomes.			X			3	3	5	Yes
Manage Systems, Processes, and Programs: displays required competencies to integrate/align various functional management operating systems, transformational processes, and strategies with practice's strategic goals; understand/leverage applicable decision-science frameworks to make relevant investments in programs and practices to support individual, team and practice performance; and measure/evaluate outcomes and make adjustments to sustain practice success.			X			3	3	5	Yes
Manage Relationships: leverage stakeholder management processes and techniques to manage internal and external partnerships to achieve business goals; develop a diverse workforce through cultural competence to foster cohesive teamwork; and master the art of conflict resolution to timely and professionally resolve complex staff and client grievances.				X		4	4	4	No

Competency and Competency Definition	No Evidence of Proficiency 1	Marginally Meet Proficiency Standard 2	Meet Proficiency Standard 3	Exceeds Proficiency Expectations 4	Greatly Exceed Proficiency Expectations 5	Ratings: Self	Manager	Target	IDP
Implement Viable Employee Engagement Strategies: condition staff to take ownership by bringing them into the planning and decision-making process; and delegate meaningful projects to staff members and empower them by giving them the authority to get things done in the most efficient and effective manner while maintaining the well-being of the practice.			X			3	4	4	Yes
Coach/Develop Individual &Team Competencies: understands/leverages adult learning techniques to exploit individual capabilities/desires to develop competent employees; provides performance feedback, coaching, and career development to staff members to ensure the probability of their success; and condition employees to become self-reliant and self-directed team members; promote continuous learning, self-development, and other means of professional development.		X				2	3	4	Yes
Manage/Lead Internal Projects and Initiatives: leverage existing technology to organize and track critical projects progress; identifies and reacts to internal and external forces that might influence or alter project or organizational goals; and identifies, evaluates, implements and enforce measurement systems for executing current projects and implementing completed projects.		X				2	3	4	Yes
Manage Practice & Team Resources: participates in practice budgeting process to garner the requisite resources to sustain team operations; leads efforts to instill fiscal discipline in self and encouraging team members to use practice's resources appropriately; and manage human resources in accordance with practice's performance management system and benchmarks.				X		4	3	4	No
Foster Client-Focused/Quality-Oriented Service: Inspire staff to achieve high level of client success; views business processes from the ultimate client perspective; fully leverage performance management to ensure client and quality engagement benchmarks are routinely exceeded; analyze and exploit client survey feedback data to consistently sharpen staff's client-focus skills.			X			3	3	4	No
Manage Diversity to Build Cultural Competence: embraces the value of a diverse staff; effectively motivate people from different culture or backgrounds; and actively expand diversity management knowledge and techniques and develop each staff member and the collective team to a high degree of cultural competence.		X				2	3	4	Yes
Anticipate Threats/Opportunities to Lead Change: invests in learning about future trends to enable current operations while effectively anticipating threats & opportunities; inspire staff to think about long-range impact of their decisions, behavior, performance and development; effectively translates creative ideas into business outcomes; and understand/leverage change management processes.			X			3	2	5	Yes

APPENDIX D

OFFICE MANAGER INDIVIDUAL DEVELOPMENT PLANS

Office Manager Individual Development Plan (OM's 1 and 2)				
Competency Area to Develop	**Developmental Activities and Performance Supports**	**Target Date**	**Complete Date**	**Outcomes/Other Required Actions**
Connect Vision, Values, and Strategic Plan to Team Goals	1. PSA - dentist owner-manager develop vision, strategy, and budget to set conditions for future success;	Nov. 2014	Jan. 2015	Initial phase of implementing the simplified strategic plan
	2. DA - How to link vision, strategic plan to performance management strategy	Nov. 2014	Nov. 2015	Completed/reinforced performance mgmt. scorecard project
Led People and Manage Practice	1. PSA - DO must develop vision, strategy to set conditions for future success	Nov. 2014	Jan. 2015	Concurrent with implementing the strategic plan
	2. DA - Leadership and business management basics	Sept. 2014	Sept. 2015	Conducted through-out AR study
Manage Functional Processes, Systems, and Programs	1. PSA - Leverage existing system capabilities to organize user-friendly management approach	Oct. 2014	Nov. 2015	Concurrent with the DPMS Framework project
	2. DA - How to integrate/synchronize internal and external capabilities	Sept. 2014	Sept. 2015	Concurrent with the DPMS Framework project
Coach/Develop Individual and Team Competencies	1. PSA - Develop functional performance management processes and strategy	Dec. 2014	Feb. 2015	Completed, but slow to implement
	2. DA - How to implement performance planning, monitoring, feedback and coaching, developing, and appraising talent	Oct. 2014	Dec. 2014	Conducted Concurrent with the performance management score-card project
Manage/Lead Projects and Initiatives	1. PSA - Strategic guidance from dentist owner-manager as communicated on performance management scorecard	Nov. 2014	Jan. 2015	Concurrent with implementing the strategic plan

	2. DA - The basic process of project management and leading change	Sept. 2014	Jan. 2015	Completed; integral component strategic plan implementation
Anticipate Threats and Opportunities to Lead Change	1. PSA - Access to ADA website for current environmental scan and other trends happening in the dentistry industry	Oct. 2014	Oct. 2014	Access approved
	2. DA - How to conduct a SWOT analysis and how to leverage results to drive change	Sept. 2014	Dec. 2014	Done concurrent with implementing the strategic plan
Develop and Sustain Personal Mastery (Competency Developmental Journey)	1. PSA - Budget for continuing education and leadership and managerial competency development	Dec. 2014	Jan. 2015	Budget implemented January 2015
	2. Approaches to engage in and inspire self-development and lifelong learning to progressive build relevant competencies	Oct. 2014	Oct. 2014	Conducted through-out AR study

OM = Office Manager: PSA = Performance Support Activity; DA = Developmental Activity

APPENDIX E

DENTAL PRACTICE MANAGEMENT BENCHMARKING GAP ANALYSIS (POST BEST PRACTICES INTERVENTIONS)

Dental Practice Management Benchmarking Gap Analysis (Post Best Practices Interventions)								
(Pearson's Law: "That which is measured and watched improves exponentially")								
Benchmark System	**Key Performance Indicator**	**Benchmark KPI Measurement**	**BM PDP**	**PDP #1 (Start)**	**PDP #1 (Ending)**	**PDP #2 (Start)**	**PDP #2 (Ending)**	**Gap Analysis**
Vision & Strategy								
	Written vision, mission, values	Industry CA	Yes	No	Yes	No	Yes	Working progress
	Goals/strategy linked to PMS	Industry CA	Yes	No	Yes	No	Yes	Working progress
Financial/Budgeting								
Profitability	Average Profit margin/Cash Flow (excludes owner salary)	30-40%	36%	14%	26%	19%	31%	Improved with budget discipline
	Budget Discipline (tied to Strategic Plan and tracked)	Yes/No	Yes	No	Yes	No	Yes	Working progress
	% Hygiene Production	33%	34%	26%	29%	0%	25%	Working progress
	Collections Rate	99%	99%	84%	96%	87%	97%	Closing gaps
Cost Structure	Overall Overhead rate	70%	64%	86%	74%	81%	69%	good trend
Customer Value								
Marketing/Acquisition	Referral Rate (% New Patients)	70%	76%	43%	59%	48%	64%	Working progress
	Marketing Budget (% overhead)	4-6%	4%	0%	1%	1%	2%	Needs work
Customer Intimacy	Treatment Plan Acceptance	> 50%	76%	62%	73%	67%	74%	Improving
	Patient Retention Rate (Recall)	90%	92%	78%	83%	81%	87%	Needs work
Business Process/Systems Maturity								
Technology	Optimized to manage internal & external business functions	Yes/No	Yes	No	No	No	No	Making progress
	Functioning Website	Yes/No	Yes	No	No	Yes	Yes	Needs Work
Production	Avg Daily Production (Dentist)	$2700-$3000	$ 3,200	$ 2,800	$ 3,000	$ 2,400	$ 2,600	Making progress
	Avg Daily Prod. (Hygienist)	%700-$900	$ 1,100	$ 725	875	$ -	$ 650	Making progress
	Dentist to Hygienist Prod Ratio	3 to 1	4 to 1	4.8 to 1	4.4 to 1	n/a	5 to 1	salaries too high
	Hygienist to salary Ratio	3 to 1	3 to 1	5 to 1	4 to 1	n/a	4 to 1	salaries too high
Talent Management Maturity								
Talent Acquisition	Functioning new hire program	Yes/No	Yes	No	Yes	No	Yes	Working progress
Talent Development	Viable talent development program in place (budgeted)	Yes/No	Yes	No	Yes	No	Yes	Working progress
Performance Management System	Viable performance manage-ment program	Yes/No	Yes	No	Yes	No	Yes	Infant stage

APPENDIX F

FRAMEWORK FOR ORGANIZING A DENTAL PRACTICE MANAGEMENT SYSTEM

Functional Area	Critical Business Processes	Sourcing	Performance Support	Frequency of Actions*	Associated KPI's	Ownership
Operations	Schedule Mgmt.	In-house	ERP - schedule	D, W, M, Q	Patient-type**; show/retain	Office Mgr.
	Process Patients	In-house	ERP - Day sheet	D, W, M, Q	Billing; Claims	Office Mgr.
	Patient Exam	In-house	ERP - Charting	D, W, M, Q	Treatment Plan acceptance	Shared
	Production	In-house	ERP-Huddle; Production	D, W, M, Q	Avg. daily prod.; dentist/hygiene	Shared
	Lab work	Dual	ERP - case mgmt.	D, W, M, Q	% of overhead	Shared
Human Resources	Staffing	Dual, PEO	HRIS	As needed	ROI - capacity-building; prod.	Shared
	STD; continuing ed.	Dual, PEO	LMS	M, Q, A	ROI - capacity-building; prod.	Shared
	Performance Management	Dual, PEO	HRIS	W, M, Q, A	ROI - capacity-building; prod.	Shared
	Compensation; benefits	Dual, PEO	HRIS	W, M, Q, A	ROI -prod.; retention	Shared
Finance & Accounting	Budget	Dual	Budgeting software	W, M, Q, A	Multiple - see budget items	Shared
	Accts Receive.	In-house	ERP - Collections	D, W, M, Q	Collections, aging	Shared
	Accts Payables	Dual	ERP -	W, M, Q, A	Overhead	Shared
	Financial reports	Dual	External reports	W, M, Q, A	Profitability	Shared
	Taxes	Dual	External reports	W, M, Q, A	timeliness	Shared
Marketing	Referral program	In-house	ERP - schedule	D, W, M, Q	New patients	Office Mgr.
	Social media	Dual	Internet	D, W, M, Q	New patients; reviews	Office Mgr.
	Website optimization	Dual	Internet	D, W, M, Q	New patients; reviews	Office Mgr.
	Targeting strategy	Dual	Internet, e-mail, mail	D, W, M, Q	New patient	Office Mgr.
Strategy & Leadership	Vision and mission	In-house	Microsoft suite	M, Q, A	Business model; profitability	Owner Mgr.
	Strategic plan	In-house	Microsoft suite	M, Q, A	Business goals	Owner Mgr.

* - Includes monitoring and reporting; ** - Includes metrics concerning active, new, and pay-type patients

APPENDIX G

PRIVATE DENTAL PRACTICE STRATEGIC PLAN

PDP 1 Strategic Plan 2015				
Mission and Vision	**Strategic Priorities**	**Supporting Goals**	**Performance Objectives and Metrics**	**Action Items/Owner(s)**
Mission Statement We provide our patients with highest the levels of personal care, commitment, and quality dental care in a comfortable, relaxed and friendly environment.	**1. Increase monthly revenue by 24% and annual revenue by 37%**	1.1. Implement NEA (ability to do electronic claims submissions)	1.1. Decrease claim turn-around time by 50%	1.1. OM secure NEA contract; process/track progress
		1.2. Increase new patient flow (advertising)	1.2. Increase from 0% - 3%	1.2. LT build strategy; OM track
		1.3. Review/revise revenue mix (payment source)	1.3. Increase cash, PPOs; decrease DMO, Medicaid	1.3. OM manipulate scheduling
		1.4. Build and exploit in-house lab	1.4. Increase sales of dentures by >25%	1.4. DO oversee project with a partner w/equipment and skills
		1.5. Adjust approach to managing receivables	1.5. Increase collections from 84% to > 90%;	1.5. OM implement NEA; submit a claims within 48 hrs. and track
Vision Statement We aspire to become the premiere provider of world-class dentistry services in East Metro Smilesville, FLA by continually evolving as a learning organization. We strive to build individual, team, process, and practice capacities to achieve sustainable strategic success.	**2. Reduce practice overhead from 83 % down to 70 %**	2.1. Review/revise staff salaries/benefits	2.1. Reduce from 52% to < 35 % annually	2.1. Downsize staff and renegotiate salaries
		2.2. Reduce monthly rent	2.2. Reduce from 11.5% to < 6 % annually	2.2. Change practice location when current lease expire
		2.3. Reduce lab expenses (see also 1.4 above)	2.3. Reduce from 13% to <8%	2.3. Build internal capabilities
	3. Build practice capacity	3.1. Organize operations management	3.1 Set up ERP to manage all operational processes	3.1. OM track relevant KPIs on a recurring basis
		3.2. Implement budgeting discipline	3.2. Develop and implement annual budget	3.2. Monitor monthly revenue and expenses; adjust as needed
		3.3. Invest in talent management programs	3.3. Contract with PEO	3.3. Leadership team lead/track goals/outcomes
Values Statement Our professional ethos permeates every facet of our daily operations, internal and external relationships, and commitment to excellence in service delivery for our patients, staff, and partners: - Integrity - Respect - Collaboration/Team work - Self-leadership/Accountability - Innovation - Continuous learning		3.4. Implement monitoring & compliance systems	3.4. Dashboard in ERP	3.4. Track KPI recurring
	4. Develop learning organization practices and culture	4.1. Strategic talent development for leaders	4.1. Schedule leadership and management seminars	4.1. Budget for developmental activities and track ROI
		4.2. Connect practice to environment	4.2. Conduct environmental scan/conduct SWOT analysis	4.2. Exploit strengths/opportunities and mitigate weaknesses/threats
		4.3. Link strategies to mission, vision, and values to performance management system	4.3. Fully implement performance mgmt scorecards	4.3. Track individual, team, and practice performance
		4.4. Build shared practice culture based on value statement and six values	4.4 Integrate into performance management strategy	4.4. Track patient compliments, complaints, and staff retention
		4.5. Promote intra- and inter-practice collaborative learning to shared lessons-learned/team learning	4.5. Start PDP Advocacy Group with like-minded peers	4.5. Integrate best practices in operational/strategic planning
		4.6. Develop practice dashboard to promote situational awareness and decision-making	4.6. Measure/track all KPI's and cycle back in planning	4.6. Consult ERP vendor to purchase capability

APPENDIX H

OFFICE MANAGER PERFORMANCE MANAGEMENT SCORECARD

Office Manager Performance Management Scorecard (Sample)

Employee Role and Key Information	
Employee Name	Tiffany Loveless
Period Reviewed	January - December 2015
Position	Office Manager
Manager Name	Dr. Freeheart
Annual Score	

	Maximum Score:	Score %	Scoring Ranges: Unsatisfactory	Needs Improvement	Marginal	Consistently Meets Expectations	Exceeds Expectations
1. Manager Level Competencies	30		0% - 59%	60% - 69%	70% - 79%	80% - 89%	90% - 100%
Objective 1: Lead People & Manage Practice	10						
Demonstrate transformative leadership and competency-based management techniques (i.e., leverage policies and procedures, enterprise software, high-commitment HR practices) to effectively manage operations; adeptly leverage internal and external functional capabilities and resources to generate and manage sufficient production-related activities to sustain strategic outcomes.							
Objective 2: Link Strategic Plan to Performance Management	10						
Understands/leverages information concerning the internal/external environment to inform decision-making, planning and performance support; create a shared vision of performance and learning; display business acumen to connect all practice's business operating systems and transformational processes with business strategies; and create/set/enforce expectation directly linked to business strategy.							
Objective 3: Deliver Results to Patients/Other Stakeholders	10						
Inspire staff to achieve high level of client success; views business processes from the ultimate client perspective; fully leverage performance management to ensure client and quality engagement benchmarks are routinely exceeded; analyze and exploit client survey feedback data to consistently sharpen staff's client-focus skills.							
2. Quality/Productivity Performance Indicators	30		0% - 59%	60% - 69%	70% - 79%	80% - 89%	90% - 100%
Objective 1: Budget Discipline & Collections	10						
Assist dentist-owner with establishing and executing the practice budget to support business goals and objectives. Ensure that budget line items are managed in a manner where they consistently stays within a band of excellence (plus or minus **5%** of established line item goal). Meet each month's gross production goals. Reduce practice overhead below **60%** monthly. Maintain **99%** collections rate.							
Objective 2: Scheduling & Treatment Plan Acceptance (TPA)	10						
Maintain schedule to meet productivity and profitability goals through proper scheduling techniques. Maintain a new patient rate of **70%**; no show rate of less **5%**; and a patient retention rate of **90%**. Assist dentist in creating comprehensive treatment plans in order to bring your patients to total health and wellbeing. Present effective and thorough patient consultation/case presentation both clinically and financially to patients. Maintain a TPA rate of at least **50%** monthly.							
Objective 3: Business Monitoring & Reporting	10						
Be aware of all the systems in the practice needed to determine the health of the business. Track all pertinent key performance indicators (KPI) associated with the practice's strategic plan. Provide recurring reports to the dentist-owner to enable just-in-time situation awareness, decision-making, and planning. Troubleshoot and resolve any KPI which is trending downward or has fallen below the minimum threshold.							

3. Core Competencies	20		0% - 59%	60% - 69%	70% - 79%	80% - 89%	90% - 100%
Objective 1: Time Management (Work plan Discipline)	**5**						
Set priorities for self and staff based on the practice's strategic plan. Discipline self and staff to develop and faithfully execute a daily, weekly, and monthly work plan. Meet all specified and implied timelines.							
Objective 2: : Collaboration/Teamwork	**5**						
Set and achieve goals as a team to effective communications and leadership. Maximize the talents of each team member and stimulate team development. Leverage team building coaching to reduce chaos in practice due to communication breakdown, increase productivity and profitability through the team approach to dentistry, meet goals to get closer and closer to your ultimate vision and improve office morale on a daily basis.							
Objective 3: Innovation	10						
Possess thorough understanding of business processes, programs, practices, procedures, and the technology that drives them. Attuned to internal and external environmental factors which enhances or impedes their optimal performance and consistently looking for creative ways to optimize/improve them. Translate innovative ideas into projects that when complete transforms talent and organizational capacity to achieve success.							
4. Project Management	**20**		**0% - 59%**	**60% - 69%**	**70% - 79%**	**80% - 89%**	**90% - 100%**
Objective 1: Implement Performance Management for Staff	**10**						
Lead project to development and implement performance score-cards for all staff. Schedule and conduct a training session to in-doctrine staff. Ensure goals/objectives on staff scorecards are properly linked to priorities and goals on the strategic plan. Conducted monthly coaching and feedback sessions with staff. Render annual performance appraisal for each staff member.				**Enter feedback**			
Objective 2: Develop and Implement Monitoring System	**10**						
Consistent with practice's list of KPI's, identify/develop internal controls for each functional area (internal and external sources) as means to ensure achievement of objectives in operational effectiveness, efficiency and impact, to provide just-in-time awareness and reporting, and to meet compliance with laws, regulations and policies. Provide weekly updates for all KPI's.				**Enter feedback**			
Objective 3: N/A	**0**						