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Abstract

External patriarchal interventions and market-driven forces have limited professional advancements and autonomy of the female-dominated dental hygiene (DH) profession since its foundation. The DH profession defines itself through caring and advocating for public access to its essential services. However, the lack of voice and autonomy are reported causes of DH practitioner burnout and labour shortages. DH education lacks training and foundational skills for self-advocacy. This Dissertation-in-Practice (DiP) explores the organizational context of a South-Western Ontario DH college (SWO College or the school) and addresses a complex problem of practice (PoP) that recognizes the barriers, both past and present, that kept DH educators from teaching self-advocacy and recognizes the needs of these educators to develop the required skills and competencies. As change agent, my agency as a female DH educator supports a feminist lens to create novel ideas and solutions. A framework analysis of sociocultural recognition, political representation, and technical/economical distribution paradigms reveals rigid hierarchy and gender inequality in DH education. An envisioned future for SWO College supports collaborative bottom-up community of practice peer mentoring led by ethical and transformational leadership approaches. The ADKAR change model fosters an individualized focus on DH educators' needs to acquire the knowledge, communication, and leadership components of self-advocacy. The PDSA cycle monitors and evaluates each change step. The DiP concludes with next steps and future considerations for the school.

Keywords: Self-advocacy, gender, dental hygiene, leadership, community of practice, ADKAR

Executive Summary

The dental hygiene (DH) profession has evolved since the Ontario provincial legislation that granted professional self-governance and regulation. This predominantly female profession was created by organized dentistry to serve as subordinates in dentist offices. DH leaders fought for independence and educational advancements but were opposed by external male governance and market-driven forces (T.L. Adams, 2004a). Like many predominantly female professions, DH practitioners identify themselves as caring professionals, which led to their undervalue in compensation and expertise (Carstairs, 2021). DH professionals have expressed frustration with lacking a voice and leadership under the paternalistic and business models of dentistry (Carstairs, 2021; Farmer et al., 2018; Haslam et al., 2022). The problem of practice (PoP) is the lack of training in leadership and self-advocacy in DH education. This Dissertation-in-Practice (DiP) focuses on the DH educators at a private for-profit DH school, the South-Western Ontario (SWO) College (pseudonym), referred to as “SWO College” or “the school”, and their needs to develop skills and competencies to teach self-advocacy to their students. As a female DH educator at SWO College and change agent (CA), I will lead this change within the limitations of my agency and apply a feminist lens to create novel ideas and solutions.

The first chapter of this DiP begins by sharing my personal and professional positionality and agency to set the underpinnings of my leadership approaches to the PoP. Current DH education reflects a modernist epistemology with positivist influences from affiliated organized dentistry business models. It is not within my agency to change these external influences nor to flatten current hierarchical organizational structures of the DH profession or SWO College. However, building awareness of DH educators’ needs to teach self-advocacy requires a cultural shift in the school. SWO College is hierarchical in structure with White male owners and

management. The school applies a top-down approach to mandate requirements for school accreditation. Faculty meetings allow for some collaboration and feedback from DH educators. The PoP is framed by using a historical analysis of the DH profession and external and internal influences on the school. The analysis framework for this DiP combines Tichy's (1983) and Fraser's (2013) frameworks to analyze political representation, technical/economical redistribution and sociocultural recognition paradigms. Guiding questions and visions for change are revealed and guide the remainder of the paper.

The second chapter introduces the chosen leadership approaches to the change. Ethical leadership requires self-reflection and social dynamics between individuals. This approach pairs with the DH professional obligation to model ethical and moral behaviour as per the DH Code of Ethics. To be effective, leadership should demonstrate moral behaviours in addition to change-oriented behaviours. Transformational leadership fosters a mentoring relationship between the leader and participants, where the leader inspires thinking and problem solving. This DiP focuses on building awareness for the need for change in the individual DH educator before creating an organizational reform. As such, Hiatt's (2006) Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) change model meets this individualized change criterion and is the chosen change framework for this DiP that guides the remainder of the paper. An analysis of the driving and restraining forces for this change reveals supportive measures and proposed solutions to the PoP.

The chosen solution to achieve the desired change for this DiP is through community of practice (CoP) peer mentoring. This collaborative approach fosters a learning environment where participants share their stories and ideas in a safe space preferably through in-person meetings, but with options for virtual to accommodate participants. As CA I will co-facilitate these

meetings with DH educators who volunteer to support the learning community fostering a bottom-up approach to this change. An implementation plan, communication tactics, and knowledge mobilization are described at each step of the ADKAR change model. The plan, do, study, act (PDSA) model from The Deming Institute (n.d.) provides a means to analyze and monitor progress and outcomes of each step of the change. Quantitative measurements such as participant attendance may indicate how many DH educators have been reached to attend but does not necessarily indicate impact on awareness or desire to make the change. The components of self-advocacy will guide discussions of the required skills for instructing students. Evaluation through meeting discussions and surveys, both during and post-meetings, gives the CA an indication of participants' responses to change methods and could direct the CA to adapt and modify the change plan where required. Evaluations will be shared with SWO College owners and managers and could influence the future direction of the CoP. Future considerations and next steps are discussed to suggest progressing towards transformative leadership approaches.

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Acronyms

ADKAR	Awareness, Desire, Knowledge, Ability, and Reinforcement
CA	Change Agent
CDAC	Commission on Dental Accreditation of Canada
CDHO	College of Dental Hygienists of Ontario
CoP	Community of Practice
DH	Dental Hygiene
DiP	Dissertation-in-Practice
KMb	Knowledge Mobilization
PD	Program Director
PDSA	Plan, Do, Study, Act
PEST	Political, Economical, Sociocultural, and Technological
PESTLE	Political, Economical, Sociocultural, Technological, Legal, and Environmental
PoP	Problem of Practice
SAE	Self-Advocacy Education
SLT	Social Learning Team
SWO	South-Western Ontario

Chapter 1: Problem Posing

This Dissertation-in-Practice (DiP) explores a complex problem of practice (PoP) related to gender inequities and the lack of autonomy of dental hygiene (DH) educators at South-Western Ontario (SWO) College (pseudonym), referred in this paper as “SWO College” or “the school.” This chapter begins with my positionality and the lens used to analyze the PoP. I describe my positionality from a personal perspective reflecting familial influences that have shaped my values and beliefs. My experiences and struggles as an Ontario DH practitioner and educator shape my professional positionality. From both personal and profession perspectives, my lens of analysis is revealed.

Next, the chapter describes the organizational context of SWO College, which provides a historical overview and frames the internal and external influences on the school. Within this context, I describe the leadership PoP and stakeholders, and the underpinnings of leadership practices in the school. Major stakeholders are those who can affect or be affected by changes within their organization (Bundy et al., 2017). The stakeholders of focus—the DH educators—are also DH practitioners and have training and credentials in line with national accreditation guidelines. Further analyzing the PoP, I then apply a chosen framework reflecting the sociocultural, political, and technological/economical paradigms that also incorporates social justice feminist perspectives. Guiding questions that emerged from the PoP provided direction as to how information would be gathered to learn about the PoP and relevant influential factors. Finally, I explore a leadership-focused vision for change, revealing the gaps between the present state and envisioned future for the organization and stakeholders. This chapter provides the foundation for subsequent chapters.

Positionality and Lens Statement

To begin this DiP, I describe my personal experience prior to entering the DH profession and the influences that shape my beliefs and understanding of the world. The professional experiences that frame my leadership, positionality, and lens guided how I approached the PoP in my organization, SWO College.

Personal Positionality

I am a second-generation Canadian born to immigrants from the south Mediterranean. My family came to Canada in the 1950s during the mass post–World War II immigration of Europeans. My parents have shared stories of their struggles as immigrant children in Canada, and the lack of support and acceptance they experienced in school and in the community. Upon entry into Canada as young children, their names were legally anglicized by government border employees. Their families settled in Toronto, where their culture, cuisine, and language were ridiculed in their community, schools, and workplaces. Resources to support newcomers were scarce. Health care was out-of-pocket fee for service, which was a further challenge to most newcomers, who had a lower socioeconomic status. Equity, compassion, and humane treatment of immigrant workers were almost nonexistent. Long work hours and low-paying jobs were the norm. With hard work and perseverance, my parents completed secondary school and pursued careers in business. Yet my family's equity and inclusion challenges continued.

As a second-generation White female Canadian, I have not experienced the racism described by first-generation family members. However, the stories shared by my mother and grandmother describing discrimination, abuse, and marginalization of women in the workplace and society during the 1960s and 1970s still resonate with me today. This troubling experience in my personal and professional life has encouraged my advocacy for gender equality.

Professional Positionality and Agency

Positionality involves an individual's ontological and epistemological assumptions reflecting their worldview and beliefs about the nature of knowledge (Holmes, 2020). Agency reveals the ability to make change in one's organization (Capper, 2019). When looking at agency, personal influences and external structural influences on the organization must be considered (Stevenson & Tooms, 2010). My personal agency within my organization reflects my ability to influence and advocate for change within the school, in curriculum and the overall function of the program.

I am a White cisgender female DH educator at SWO College with teaching experience in clinical and didactic courses since 2006. The highest credential for DH practice in Ontario is the college diploma (Carstairs, 2021; Ministry of Advanced Education and Skills Development, 2016). However, I have bachelor degrees in science and education, higher education at the master's level in educational studies, and my current doctoral studies. My role as a clinical instructor in the school's clinic provides an opportunity to teach future DH professionals to apply theory to practice. This reduced-cost clinic also provides real-life perspectives on the inequitable access to oral healthcare, especially for persons from marginalized communities. These inequities are not limited to DH clinics but reflect a systemic problem within the DH profession and education. The DH profession generally lacks members from marginalized communities, which creates further disconnect between the profession and the needs of the public (Cahoon et al., 2023).

DH practice is tied to the business and neoliberal market-driven model of organized dentistry (T. L. Adams, 2004b). Researchers have identified barriers to advocacy action in DH education, which include a lack of voice for DH practitioners and an absence of training in

schools (Bono et al., 2021). In my teaching, I incorporate discussions of the inequities of the profession to build awareness of these professional deficits among faculty and students.

Power and Personal Voice

As an Ontario DH educator with higher education training than what is required by DH provincial professional standards, I have the agency to present philosophies and theoretical frameworks to address challenges in the profession. This expert power also reflects my personal philosophy of promoting higher education for DH training to further professional autonomy in practice.

DH professionals have expressed frustration with lacking a voice and leadership under the paternalistic and business models of dentistry (Carstairs, 2021; Farmer et al., 2018; Haslam et al., 2022). Educational leaders who deviate from rigid programs in search of a more equitable and just system are often silenced in their efforts (J. Ryan & Tuters, 2017). Current DH education reflects a modernist epistemology. This hierarchical system restricts power to the top (Capper, 2019). Yet power is not an all-or-nothing entity. Subscribing to the philosophy of Foucault (1977/1995), I contend that the use of power is more productive than repressive and steers the usage of knowledge. He posits that power produces knowledge and there is no power without correlative knowledge, which he coined as “power-knowledge relations” (Foucault, 1977/1995, p.27). Yet, Foucault has been critiqued for his politically engaged yet normatively neutral stance on power (Blackmore, 2016). Critical theorist and feminist, Nancy Fraser (1981) asserts Foucault does not prescribe to any specific normative framework, indicating neutrality. However, Foucault is not dismissive of any normative frameworks and his descriptions of modern power through ‘domination’, ‘subjugation’, and ‘subjection’ contradicts a neutral stance (Fraser, 1981). Rather, he places emphasis on social practices over individual beliefs when

describing the flow of power (Fraser, 1981).

Despite his descriptions of the disciplinary and surveillance usage of power in rigid formalized institutions, including schools, Foucault (1977/1995) argued that power is everywhere, exercised through people. Organizations are made up of and are reflective of the social membership of individual people. Professionalism and regulation are forms of social organizations (Cataldi & Tomatis, 2022). Gender is socially constructed and has led to power asymmetries in professions where females typically play subordinate caring roles (Cataldi & Tomatis, 2022). Caring professions like dental hygiene are devalued and undercompensated for their work (Blackmore, 2016; Carstairs, 2021). Gender commonality is a myth that creates further consequence due to the misconception of static gender characteristics and roles (Cataldi & Tomatis, 2022). Binary notions of masculine rational and decisive traits versus feminine nurturing and caring ones, have supported inequities in leadership roles and responsibilities in government and public sector (Blackmore, 2016). Foucault (1978/1990) cautioned we must not look at the distribution of power as static or based on sexuality including those who are rewarded for it, such as men and doctors, and those who are deprived of it, including women and patients. Rather, he asserts we should seek modifications of patterns that forces this inequitable distribution of power and knowledge. “Relations of power-knowledge are not static forms of distribution, they are ‘matrices of transformations’” (Foucault, 1978/1990, p. 71). Feminist theory critiques and deconstructs these gender-based organizational patterns and orthodoxies and develops alternate value systems and different ways of knowing (Benschop, 2021).

Feminist theory challenges neutrality of knowing in organizational cultures and reveals the grand challenges of gender inequities and discrimination in the division of labour and opportunities as well as the oppression and segregation of workers (Benschop, 2021). However,

it is not within my agency to flatten current hierarchies or change current patriarchal influences in DH education and practice. As a DH educator with higher training in educational studies, I can build awareness through sharing narratives in teaching and practice, as well as skills with fellow educator peers to teach self-advocacy to students. DH educators are also practitioners outside of SWO College and bring experiences from their diverse work settings. The lunchroom has often provided a brief venting space during break times for these educators, me included, to share frustrations of toxic work practices, mean bosses, unfair wages, and lack of autonomy and leadership in our profession. These stories have become normalized, embedded in our professional culture, without resolution. Challenging these cultural norms requires building awareness of commonality of experiences in our practice and creating solutions to our problems.

Leaders who employ ethical and transformational leadership approaches create collaboration with all members of an organization to look beyond self-interests and enhance their capacity to collectively solve common problems (Deng et al., 2023; Hay, 2006; Hewitt et al., 2014). This change in DH culture requires applying a lens for novel ideas with social justice paradigms.

Feminist Lens

Traditional ethical model studies have devalued women's experiences and ethical judgements (Sinclair & Ladkin, 2020). Therefore, female perceptions of detriments and challenges in their experiences are not well documented (Marone et al., 2022). To become change agents (CAs), SWO College DH educators, the main stakeholders for this DiP, require a change of culture. Organizational culture consists of a shared learning of systemic beliefs, values, and behaviours that have become basic assumptions about the organization (Schein & Schein, 2017). Challenging the established cultural norms requires new perspectives to see gaps

in the organization and offer new solutions. Using a feminist lens is ideal for creating novel ideas to address discriminatory challenges and the need for change (Benschop, 2021). Benschop (2021) asserts that feminist theory reveals gender inequalities in everyday organizational processes that appear to use gender neutral power sharing when in fact male and masculine dominance continues as the cultural norm. DH educators must build awareness of these organizational factors, as well as gendered cultural deterrents to self-advocacy.

Devaluing in expertise and compensation is not an isolated challenge for female DH professionals. According to Johnson (2016), women tend to earn less in their lifetimes due to multi-faceted problems that deter self-advocacy. These include: women tend to undervalue the worth of their skillset; women tend to be more hesitant to enter salary negotiations compared to their male peers; and, women tend to feel less comfortable advocating for themselves as compared to their ability to advocate for others. Johnson further explains the cultural bind of women who self-advocate for financial gain but risk losing likability or being perceived as aggressive, which creates professional consequences. Female-dominated professions such as dental hygiene and nursing have been devalued as practitioners because of their caring stereotypes (T. L. Adams & Bourgeault, 2004; Carstairs, 2021). Women professionals tend to be less assertive than their male peers and feel the need to explain and validate their negotiation claims (Johnson, 2016). Open discourse builds awareness of the cultural norms of gender inequalities and power imbalances and promotes knowledge sharing of how to teach self-advocacy. As Foucault (1978/1990) states, “Indeed, it is in discourse that power and knowledge are joined together” (p. 72).

There is limited documentation on DH educators’ perceptions of themselves (Farmer et al., 2018). DH educator stories of their experiences in practice would provide an insight into their

power struggles and challenges of problem solving. As Cataldi and Tomatis (2022) state, “Storytelling can both justify the status quo and facilitate change processes, highlighting collective problems and proposing possible solutions (p. 9). As a female DH practitioner and educator who has experienced gender discrimination in my practice, I provide a feminist perspective in analyzing the needs of DH educators for this PoP. I have experienced sexism and patriarchy working in organized dentistry. I do not feel valued as a professional or autonomous in my DH practice. I have experienced little to no support from my regulatory college, association, or school to share my experiences, voice my concerns, or learn from the experiences of colleagues to proactively share and address these issues. Discussions with random DH educator colleagues are informal lunchroom chats about challenges and problems in our professional practice with no resolution. This DiP provides the opportunity to share my voice and perspectives of gender discrimination and marginalization in my practice with fellow DH educator colleagues. Applying a feminist lens to build awareness of these problems through shared narratives and knowledge with DH educator colleagues can determine what is needed to teach DH students self-advocacy skills required for social justice change in the DH profession.

Equity, Diversity, Inclusion, Decolonization

Advocacy is an example of leadership under the umbrella of social justice leadership (Shah, 2018). Advocacy requires the personal empowerment and transformation of the practitioner, as well as interprofessional collaboration (Rogo, 2020). Self-advocacy traces its roots to the 1950s civil rights movements of marginalized groups such as African Americans and women, and later to the 1980s focus on adults with disabilities (Test et al., 2015). The components of self-advocacy include knowledge of oneself and one’s rights and communication of this knowledge to others through problem-solving, which leads from individual self-advocacy

to advocacy with others who share a common problem (Test et al., 2015). Applying ethical and transformational leadership involves moral and task-focused guidance to achieve the components of self-advocacy.

Ethical leadership creates a psychologically safe environment where members can speak up and use their voices to share ideas in response to group issues (Treviño & Brown, 2014). Transformational leadership fosters a supportive leader who mentors each follower to achieve desired organizational change (Deng et al., 2023). Reflecting on these leadership styles, I must acknowledge the flaws and limitations of each, including their normative and White influences. As a CA, I need to recognize my biases related to colonial and evidence-based reasoning, as these are supportive of standardized DH education. Current DH education is rigid in hierarchical structure and standardized in learning competencies and evaluation (Kanji et al., 2011; Sunell et al., 2021). DH education has been critiqued for its lack of diversity and racial stereotyping among educators (Cahoon et al., 2023). Thus, my privileges and their influence on my agency must be acknowledged.

Building awareness of why DH educators need to develop competencies and skills to teach self-advocacy for professional autonomy requires softening the organizational structures of SWO College. However, challenging the current hierarchy of SWO College is not within my agency, nor is flattening the DH professional organization a realistic goal for this DiP. Analyzing the organizational context, including the external and internal influences of SWO College, provides further insights into the PoP.

Organizational Context

An organization is a system made of living individuals who interact with their environment. Change cannot be preprogrammed and must acknowledge the individual people

involved in the process (Capra, 2002). This section provides a historical overview and brief political, economical, sociocultural, and technological (PEST) analysis of SWO College. An analysis of the internal organizational structure also identifies underpinnings of the practices of leadership and issues of equity and social justice.

Historical Overview

SWO College is an accredited private DH school established in the 2000s. It was one of the numerous private DH schools that opened after a push from dentist groups in the late 1990s for DH regulatory bodies to allow more schools to meet growing demand for DH services (Kanji et al., 2011). As a result, DH new graduate numbers grew. Many of the DH schools opened by private enterprises were not sufficiently qualified to be awarded accreditation status by the Commission on Dental Accreditation of Canada (CDAC), and they closed as a result (College of Dental Hygienists of Ontario [CDHO], n.d.) The number of closures was most significant in Ontario, where only 18 DH colleges remain. All 18 colleges, including SWO College, are accredited by the CDAC (n.d.). SWO College offers a 20-month DH program, with three 4-month terms a year, after which graduates are granted an Ontario college diploma in DH. Each cohort in the DH program has 36 students, and the average ratio of female to male students is 8:1.

Broad PEST Analysis

A PEST analysis is adapted from the political, economical, sociocultural, technological, legal, and environmental (PESTLE) analysis, and is used as a strategic planning tool to assess and analyze external influences on an organization that can impact a planned change project (Morita et al., 2023). The PEST analysis provides an overview of the complex issues in SWO College.

Political

SWO College is a DH diploma–granting private college and must adhere to requirements and mandates from provincial governing bodies and the national accreditation board. The school’s curriculum and evaluation of students must follow the national DH competencies, which prepares students to write the national DH board exam. Students must pass the DH board exam prior to registering with the Ontario DH regulatory college. Registration to the Ontario regulatory college is mandatory to practise DH in the province (Federation of Dental Hygiene Regulators of Canada [FDHRC], n.d.). DH practice standards and educational competencies are regulated and passed down from the provincial government to the Ontario regulator college in the interests of protecting the public. These are adopted in the DH standards of practice and code of ethics (CDHO, 2009, 2021b), which must be included in curriculum. The CDHO and Canadian Dental Hygienists Association (CDHA) contribute to the CDAC, which mandates and regulates standards for DH school accreditation. Dentist regulatory governance is also a stakeholder in DH school accreditation (Commission on Dental Accreditation of Canada [CDAC], n.d.). SWO College employs dentists and DH practitioners in the faculty as required by accreditation standards. Failure to comply with accreditation requirements will result in school closure.

Economical

Organized dentistry is calling for government assistance with the crisis of DH staffing shortages, which has compromised some dental businesses (Hornby, 2023; Mohanta, 2022). SWO College is also affected by the shortage of DH practitioners in terms of hiring faculty staff. Increasing extrinsic motivators, such as offering higher pay compensation, has not resolved the issue.

SWO College is a private for-profit DH school that follows a business model. Labour shortages of DH educators affect the business function of the school. Clinics and classes have been compromised due to faculty shortages.

Sociocultural

The school's policies and protocols are developed by the DH program director (PD), in consultation with clinical and didactic lead faculty and dentist faculty, before being presented to DH faculty for feedback. Since the COVID-19 pandemic, most meetings have been held virtually. Regardless of credentials or teaching assignments, all faculty are required to attend school meetings for collaboration and feedback. Formal meetings occur prior to the start of each new term, with informal meetings held at the discretion of the PD. Faculty may bring forth comments, concerns, and new ideas for the program at the formal meetings.

The owners and upper managers are almost always absent from faculty meetings. However, they are consulted by the PD on all matters discussed in the meetings, including funding and support for proposed program innovation. This top-down hierarchy impedes DH faculty agency for innovation and creativity due to the lack of direct communication between upper management and DH faculty. High turnover of faculty resulting from labour shortages of DH educators, has created more disconnect between faculty and management.

Technological

The continued use of virtual meetings since the COVID-19 pandemic has led to minimal in-person meetings, deterring collaboration among faculty and between the PD and lead faculty. Virtual meetings are usually facilitated by the PD or lead faculty. Faculty attendance does not necessarily translate into engagement or participation of attendees. Technology makes virtual meetings easier to access. However, while faculty are required to attend these mandatory

meetings, top management remain generally absent. This disconnect is exacerbated by transactional exchanges between top management and DH educator employees.

Institutional Leadership

SWO College has a predominantly transactional leadership style. Transactional leadership is characterized by exchanges with subordinates reflecting monetary compensation for time (Ciulla, 2018). This transactional relationship has been exacerbated by labour shortages of DH practitioners and educators. Short staffing has compromised student-to-teacher ratios. The owners and managers have offered additional financial compensation to incentivize faculty to teach extra classes in addition to their regular employment agreements, which has generally been unsuccessful.

The failure of transactional incentives in recruiting and retaining DH educators is evidence of a required shift in DH education leadership and culture. DH educators must build awareness of the challenges faced in their practice. The literature describes DH work environments that are often toxic and devalue DH practitioners. Issues of gender marginalization and discrimination in DH practice settings are documented (T. L. Adams, 2004b; Ghoneim et al., 2021; Luciak-Donsberger, 2003). Most dental hygienists work in fast-paced dental office settings creating stressful work environments and employment attrition (Ghoneim et al, 2021). Lack of autonomy in their practice, including patient scheduling and decision making, as well as social isolation in their practice results in workplace burnout exacerbating the issue of DH practitioners leaving the profession (Hornby, 2023). In caring female-dominated professions, like dental hygiene, burnout is a common detriment from a low sense of enthusiasm and accomplishments in their practice (Hornby, 2023). Dental hygienists have called for expanded capacity and skills set for training and advocacy in dental hygiene education programs (Farmer et al., 2018). DH

graduates of baccalaureate education have described improvements in self-perception, values, and knowledge as professionals, as well as competence in interprofessional collaboration with other higher trained healthcare practitioners (Farmer et al., 2018). Furthering training in graduate studies expands scope of DH practice and team leadership skills (Rock et al., 2024). Improving professional leadership qualities and advocacy skills have motivated my own pursuit of graduate studies beyond my Ontario dental hygiene diploma. Yet, to date, DH training opportunities beyond the dental hygiene diploma program in Ontario are limited, with no doctoral program in dental hygiene available in Canada (Rock et al. 2024). These issues and limitations have not been formally addressed with DH educators at SWO College.

The acknowledgement of inequity and power struggles both within and external to SWO College must be part of organizational analysis, which sets the stage for framing the PoP. An analysis of these power dynamics reveals limitations that DH educators face in their practice.

Relevant Internal Data

The staff at SWO College consists of 37 faculty, with only seven full-time instructors and 30 part-time or casual. Two faculty members are male. Of the 37 faculty, approximately half are persons of colour. SWO College (2022) has published a document containing policies and protocols for harassment, violence, and sexual violence. It is provided to all faculty and students and made available on the school's website. The document is seldomly discussed in faculty meetings. The PD does provide a workshop on equity, diversity, and inclusion once per year with a focus on advocacy for the public. Recent topics included DH treatment for persons with physical and mental disabilities. However, discussions regarding equity, diversity, and inclusion of DH educators are pending.

Relevant External Data

Dental hygienists are the largest group of oral healthcare workers in Canada, with over 95% being female (CDHA, 2021; Ghoneim et al., 2021). Yet, according to a CDHA (2021) survey, the average hourly wage for male respondents was 8% higher than the average hourly wage for female dental hygienists. Gender gaps and political influences still restrict the autonomy and value of the DH profession. Graduates of SWO College will also face these discriminatory forces.

According to the CDHA's 2018 Healthy and Respectful Workplace Survey, 42% of respondents reported experiencing some form of harassment, bullying, abuse, or violence from dentist employers over their career. However, most dental hygienists continue to work in dental offices under the employment of a dentist (ODHA, 2021). DH educators do not formally address these workplace challenges with DH students.

DH education lacks formal training in leadership (Reinders et al., 2017). SWO College DH educators are not exempt from this issue. DH educators need to become aware of these gaps in their teaching and develop the skills to train future DH practitioners.

Individual Leadership

A redistribution of social opportunity and division of labour provides a more socially just organization (Blackmore, 2016; Fraser, 2013). This change requires more transformative approaches to leadership. Yet it must be recognized that challenges and resistance may result from the questioning of traditional male leadership roles (Hooks, 1997). As a private college, SWO College must also consider any risks from organizational changes that may compromise its accreditation, student enrolment, and competition with other accredited DH schools. However, the promotion of diversity of people reflects competitive and business advantages, and not just

social justice advancements (Capper, 2019). Barriers to advocacy action in DH education include DH practitioners' lack of voice and the absence of advocacy training in schools (Bono et al., 2021). DH educators must also build confidence in their practice and recognize their competencies in specific DH practice skills. The staffing shortage of DH educators in schools and dental offices has brought attention to the needs of DH practitioners to keep them in the field, including decision-making in their practice, ability to connect with peers, and feeling valued in their profession (Hornby, 2023). Yet, the business model of dentistry embedded in DH culture undermines the DH educator's practice potential and liberatory participation as dentists, who are less trained in DH skills, continue to monitor and control the DH professional's practice (Carstairs, 2021). Deficits in DH educator training to teach professional self-advocacy requires identification of what is needed to overcome these challenges (Bono et al., 2021), and how SWO College programming and curriculum will be changed to incorporate these needed skills.

Equity and Social Justice

SWO College has a bureaucratic, hierarchical structure, with non-DH male owners and managers at the top, DH program administrators, DH lead faculty for didactic and clinical courses, and individual faculty members for each course. The faculty comprises dental hygienists, including me, as well as dentists and other experts in allied health and related subjects germane to the DH profession. The PD and lead faculty are female dental hygienists, and the clinical faculty is predominantly female.

The school's faculty and adult student population is also predominantly female but diverse in ethnicity, religion, and race. Given the noted lack of diversity among DH practitioners (Carstairs, 2021) and DH educators (Cahoon et al., 2023), these diverse characteristics are unique for a DH school. SWO College has not formally presented nor addressed issues of gender

marginalization and leadership limitations in DH practice.

Leadership is a component of self-advocacy that involves awareness of the needs of others (Test et al., 2005). The leadership reflected in this PoP is further discussed in the following section.

Leadership Problem of Practice

To situate the organizational problem in this DiP, I analyze current organizational structures, as well as internal and external influences, with the intention of creating a more desirable organizational state.

Current DH organizational models are a result of the foundation of the DH profession and its history of gender marginalization. Since its founding in the early 20th century, DH has played a vital role in providing oral disease prevention services, particularly to marginalized groups who otherwise would not receive care (Carstairs, 2021, Quiñonez, 2021). Dental hygienists are regulated healthcare professionals trained to perform periodontal therapy including scaling and root planing, as well as assessing and recording oral health conditions, and teaching and monitoring proper home care techniques such as brushing and flossing (Ontario Dental Hygienists' Association [ODHA], n.d.). These healthcare professionals are educated in oral health promotion and disease prevention. Poor oral health has been associated with systemic conditions including cardiovascular disease, respiratory conditions, and diabetes mellitus (Asadoorian et al., 2019). Evidently, dental hygienists are an integral part of the healthcare system. However, this female-dominated career has been subjected to external patriarchal intervention that has diminished self-governing autonomy.

External provincial and professional governance has limited DH educator autonomy. However, these external forces have also driven DH educators to improve knowledge and

competence through quality assurance mandates required to provide and maintain a safe and progressive learning environment for their students. SWO College has continued to provide continuing education opportunities for DH educators both in-person and virtually. Virtual options allowed the DH students to continue their studies in the program with minimum interruption during the COVID-19 pandemic. The pandemic also drove a cultural shift in both organized DH and dentistry in recognizing the burnout and attrition of predominantly female DH educators (Arnett et al., 2022). The staffing shortage crisis has brought attention to the needs of DH educators to keep them in the profession, including decision-making ability and feeling valued in their practice (Hornby, 2023).

Despite DH leaders advocating for advancement in DH education, political and market-driven forces have created barriers to achieve higher DH education and autonomy in practice (T. L. Adams, 2004b; Carstairs, 2021). There are 33 accredited post-secondary institutions across Canada that offer a diploma in dental hygiene with only four universities offering the DH degree program, including the University of British Columbia, the University of Alberta, the University of Manitoba, and Dalhousie University (Rock et al., 2023). As a result, most Ontario dental hygienists have a college diploma as their highest level of education (Canadian Dental Hygienists Association [CDHA], 2021). The Ontario DH diploma programs lack training in leadership and critical thinking in comparison to the DH degree programs offered in some other provinces (Benbow & Kanji, 2019; Kanji et al., 2011). Evidence supports higher DH education to promote advancements in the profession as well as the capacity of DH practitioners (CDHA, 2021). There has also been support for DH practitioners advancing their knowledge and capacity for advocacy for the profession (Farmer et al., 2018).

The national DH association published national entry-to-practice competencies for the

DH baccalaureate document with intentions of standardizing and promoting higher DH education (CDHA, 2015). The baccalaureate competencies differ from the official published national entry-to-practice competencies applied to all DH programs in that they include leadership and research use as core competencies, and health promotion, advocacy, and policy use as DH service competencies (CDHA, 2015). However, these baccalaureate competencies, including advocacy, still focus on the public's access to DH healthcare services and not on the advocacy of the DH practitioner self. However, DH graduates of higher education have reported improved self-confidence in their practice (Sunell et al., 2019; Sunell et al., 2021).

Higher job satisfaction is tied to higher retention of DH practitioners in the profession and better public access to their services (Hornby, 2023). DH graduates from the baccalaureate programs reported motivating factors for higher DH education is to practice at their full scope, with autonomy in decision making and ability to initiate and implement change (Rock et al., 2023). A higher proportion of baccalaureate DH graduates practice outside of traditional DH practice including in leadership positions in the DH associations and regulatory bodies (Rock et al., 2023). A recent study by Sunell et al., (2021) on DH baccalaureate graduates identified higher confidence on their critical thinking and clinical skills but lagging confidence in advocacy due to lacking fundamental knowledge in political issues and change. According to Rogo (2020), advocacy training and experiences in DH education programs and mentoring by DH leaders empowers DH practitioners to engage in advocacy with the sense of freedom and power to impact change.

The Problem

DH educators at SWO College lack the skills and competencies required to teach students to advocate for professional autonomy. Currently, leadership and advocacy are not part of the

DH curriculum at SWO College. The deficits in DH advocacy training in DH schools necessitate identifying what is needed to overcome these challenges and questioning cultural norms in this bureaucratic organization (Bono et al., 2021). Individuals may not be aware of the structural restraints on their agency in a rigid and unjust system (Waller & Wrenn, 2021). A hierarchical structure creates obstacles to achieving participation from all members (Fraser, 2013). Despite the existence of advocacy groups for the profession, DH practitioners express frustration with their lack of voice and leadership in their practice (Farmer et al., 2018; Haslam et al., 2022). The absence of advocacy training in DH schools has led to deficiencies in professional advocacy action (Bono et al., 2021).

Self-Advocacy

Advocacy entails personal empowerment and transformation, as well as interprofessional collaboration (Rogo, 2020). So, why focus on self-advocacy skills in DH educator practice? DH education and practice has promoted professional advocacy as a means to problem-solve, negotiate, and lobby governments for their patients/clients and members of the public to access essential dental hygiene services. However, the skills to self-advocate for professional advancements and autonomy, in both DH education and practice, are lacking in DH training. As previously discussed, professional women tend to lack self-advocacy skills due to their lower perceptions of self-worth in their skillset, hesitancy of negotiating for self-gain as compared to male peers, and tendency to feel comfort in advocating for others and not themselves (Johnson, 2016).

The caring nature tied to female professions such as DH educators have led to a normative culture of devaluing the expertise and compensation of these professionals. Self-advocacy is an effective and powerful way of receiving support through communication and

leadership skills, self-knowledge, and perseverance and enhancing skills in problem solving (Schena et al., 2023). However, the literature on teaching self-advocacy is limited and focused on persons with disabilities (Schena et al., 2023). Test et al. (2005) provide a conceptual framework for educators to develop skills to teach self-advocacy to students with and without disabilities. The components of this framework include knowledge of self, knowledge of rights, communication methods to express knowledge of self and rights with others, and leadership skills to advocate for solutions to common problems as a team. The framework of self-advocacy is designed to serve as a guide for developing self-advocacy education (SAE) including instructional planning, curricular design, and assessment of self-advocacy for students (Schena et al., 2023; Test et al., 2005).

Limited literature on SAE describes behavioural examples for teaching self-advocacy—such as role playing, and modeling—that focuses on a particular population and does not provide competencies or evaluative tools for educators to measure learning outcomes (Schena et al., 2023). To date, there is no literature on SAE in Ontario dental hygiene schools. The PoP is the lack of foundational skills and competencies in DH educators at SWO College that are needed to teach self-advocacy to DH students. This DiP addresses the barriers, both past and present, that have kept DH educators from teaching self-advocacy, and recognizes the needs of these educators in developing the required skills and competencies. The lack of capacity of DH instructors to facilitate self-advocacy skills in their classrooms, undermines the ability of the students, the future DH graduates, to self-advocate for the profession once they enter DH practice.

SWO College has encouraged collaborative discussions during faculty meetings to address common areas of concern with teaching and evaluation of students. However, deficits in

DH autonomy and self-advocacy skills have not been formally addressed. Finding ways to address the deficits in DH advocacy training and the needs to build skills and competencies for this training is essential. A framework analysis of the PoP provides an organized perspective of key players and influences contributing to the problem.

Framing the Problem of Practice

A frame produces a mental map to help new learners reflect on all aspects of a problem (Bolman & Deal, 2021). A conceptual framework allows one to comb the bits and pieces of evidence to produce a novel understanding of a thesis (P. J. Adams & Buetow, 2014). In this section, a historical overview and reflection on the social justice context of the PoP provides the underpinnings of the combined frameworks of Tichy (1983) and Fraser (2013) for the organizational analysis. The framing of this PoP reveals gaps in knowledge and generates guiding questions for the envisioned change.

Historical Overview

Neoliberalism led to widespread professional regulation in Ontario in the 1990s (T. L. Adams, 2004b). This era marked the rise of global capitalism and focus on the individual in the free market (Blackmore, 2016). Individualism came with the price of sole responsibility for one's actions, and hence, governments placed regulations on professions claiming for the purpose of public protection (T. L. Adams, 2020). Yet, regulation and self-governance of healthcare professions overestimated the autonomy of the individual practitioner (T. L. Adams, 2020). Professional self-regulation granted by provincial governments permits healthcare professionals to determine criteria for program admittance and practice standards after graduation (T. L. Adams, 2020; Carstairs, 2020). However, governments continued to scrutinize the expertise of the healthcare professional, and hence, government regulations continued to

monitor and restrict professional autonomy (T. L. Adams, 2020).

Professions were traditionally organizations restricted to educated White males and continue to exhibit masculine qualities despite the eventual allowance of women (T. L. Adams, 2020). Dentistry permitted entrance of women in the profession later than medicine and has continued its male dominance in specializing (T. L. Adams & Bourgeault, 2004) and practice ownership (McKay et al., 2016). Dental students have reported stressful learning environments, bullying from faculty, and paternalistic influences which foster dental students' opinions and behaviours in their practice after graduation (Apelian et al., 2014).

Women and traditionally marginalized populations who were to have more opportunity in the neoliberal free market were further disadvantaged (Fraser, 2013). Women seeking representation in capitalist markets were now faced with a larger competitive global scale with diverse standards for women which exacerbated gendered power imbalances (Fraser, 2013). The female-dominated DH profession was not exempt from these issues.

Despite achieving self-regulatory status, DH profession continued its ties to regulated dentistry. Post-Second World War baby boom markets favoured DH preventative oral healthcare services creating concerns in organized dentistry of loss of jurisdiction in oral healthcare and competition with DH practitioners (T. L. Adams, 2004b). As such, dentistry continued to endeavor control over the DH profession opposing DH professional regulation and advancements in DH education (T. L. Adams, 2004b). However, after lobbying the provincial government, DH leaders were granted self-regulation status, but not without restrictions.

The Dental Hygiene Act, 1991, was to provide more autonomy and equality to DH professionals but instead created limitations of power and gender discrimination with the inclusion of dentist supervision (T. L. Adams, 2004b). Dental hygienists entering practice must

work under the supervision of a dentist, where the dentist must give an “order” for the dental hygienist to provide an authorized service, including scaling, which makes up the bulk of DH treatment services (T. L. Adams, 2004b; Carstairs, 2021). In 2007, DH leaders achieved some autonomy of practice with self-initiation status for those who met certain requirements, permitting them to practice without a dentist’s “order” (CDHO, n.d.). Since this time, further changes in the DH regulation and practice mandates rescinded the self-initiation status without stakeholder consultation or guidance (CDHO, 2023b).

The CEO and registrar of the DH regulatory college is a male non-DH representative chosen by a third-party consultant hired by the regulatory college (CDHO, 2021a). Under this CEO/registrar’s leadership, the need for an “order” was rescinded by the regulatory college council, a registrant-elected group of DH practitioners from across Ontario, without registrants’ prior knowledge or consultation. This news was disseminated to registrants via email in September 2023. The email highlighted that a dental hygienist’s employer may still wish to implement an “approval process,” and place obligations and directives on DH employees (CDHO, personal communication, September 26, 2023). As previously noted, most DH practitioners work in dental offices. A higher proportion of dental offices are still owned by male dentists (McKay et al., 2016).

Gender roles have influenced the work relationship of dentists and DH practitioners, where dental hygienists continue a subordinate role in the dental office (Carstairs, 2021). The dentists’ regulatory college website provides a list of directives for dental hygienists, including noncontrolled acts, and still describes the restrictions of the DH “order” (Royal College of Dental Surgeons of Ontario, n.d.). The Government of Ontario Laws website provides the *Dental Hygiene Act, 1991*, which still outlines the “order” provision requiring supervision of a member

of the Royal College of Dental Surgeons of Ontario. Evidently, the DH regulatory college's rescinding of the "order" has not fully released the DH profession from organized dentistry or provincial government legislation. DH education is not exempt from the control of these external governing bodies. The curriculum at SWO College must include teaching these external mandates and limitations that DH graduates must adhere to upon their entry to practice.

Given this DiP addresses leadership education advancements for advocacy in the DH profession, the limitations for this social justice initiative in SWO College must be considered. A framework analysis of barriers to DH educators' professional autonomy reveals inequities in DH education.

A Social Justice Context

Historically driven colonial forces are often invisible and embedded within an organization (Shah, 2018). Building awareness of these forces requires stakeholders to reanalyze the organizational framework that creates inequity as well as power imbalances (C. M. Shields, 2010, 2020). Educators are essential in promoting equity and social justice in their schools. However, their efforts are often unsuccessful (Brown & Treviño, 2006). As exemplified in SWO College, paternal leadership and top-down mandates exacerbate issues of gender discrimination and marginalization in DH schools.

Female-dominated professions are often segregated with lower pay and value within society (Luciak-Donsberger, 2003). Females who self-advocate for career advancements are often perceived as self-serving, and risk receiving negative feedback and treatment from other members of their organization (Wade, 2001). Neoliberal forces exacerbate this discrimination by holding marginalized groups in a set societal structure that creates inequity to favour economic gains (Amis et al., 2018). Changing these cultural norms in the DH profession is idealistic.

However, building awareness of the need for cultural change within the school is a first step towards achieving a more desirable state of the profession.

Fraser-Tichy Organizational Analysis Framework

Leaders must be mindful about their life and work through critical intellectual thinking to understand the complexities of organizational theories and associated epistemologies (Capper, 2019). SWO College is an open system. An open system school has constant influence and interaction with its external environment (Burke, 2018). Noel Tichy reflects on the systems of an organization which fluctuate with organizational change. Tichy's (1983) mandate for organizational transformation analyzes the external and internal environment through technical, political, and cultural systems (Burke, 2018; Tichy, 1983). This American management consultant and educator contended that all three systems in his framework reflect core problems in organizations that must be simultaneously managed to achieve strategic change. Tichy (1982) described a rope metaphor where change in the organization requires the reweaving of all three strands representing the technical, political, and cultural systems. He regarded the technical and political systems as determining who has higher power and authority in organizations. However, he also recognized organizational culture as the most complex and subtle system (Tichy, 1982). Despite his regard for uneven wealth distribution and political representation in turbulent environments, Tichy lacked perspectives on the individual people in these organizations, and problems of marginalization and social injustice (Burke, 2018). In contrast to Tichy, Nancy Fraser (2013) describes three comparable organizational systems in reflection of social injustices and marginalized individuals.

Fraser (2013) has been critical to feminist theory through her exploration of social justice and its underpinning of gender equality. This American author, critical theorist, and feminist

recognized neoliberal forces that favoured corporate driven governance, standardization, and measurable outcomes in education and economy (Blackmore, 2016). Neoliberalism placed further challenges on marginalized individuals to compete in global markets. Fraser (2013) particularly focused on gender discrimination in this system and identifies three concepts of social justice — redistribution, recognition and representation — which represent the economical and technical, political, and cultural forces, respectively, in organizations (Blackmore, 2016). Fraser's (2013) theory of justice framework reflects three systems comparable to Tichy's (1983) work but applies a social justice and feminist lens.

Fraser's frames of economic redistribution, political representation, and cultural recognition reflect on those who are marginalized due to gender, race, and class (Blackmore, 2013; Cazden, 2012). Fraser particularly focused on the marginalization and dismissal of women in organizations (Blackmore, 2013). She contends women were further challenged by neoliberal global markets for fair economic distribution of wealth (Fraser, 2013). Fraser (2013) recognizes diverse rights and freedoms of women transnationally creates obstacles for political representation in these global markets. She asserts divergent gender worldviews further deter cultural recognition of women on a global scale. This three-dimensional framework reflects corresponding systems in Tichy's (1983) rope metaphor. Both Fraser and Tichy recognized the interconnectedness of these systems in organizational change but differed in vision for change.

Fraser (2013) and Tichy (1983) have common reflections on the economic turbulence and neoliberal market-driven forces of the 1980's, which fueled the rise of capitalism. Tichy (1982) recognized the results of these markets on uneven distribution of power and wealth and decline in work ethic. His vision for strategic management focused on organizational change with production and output as determinants of success (Burke, 2018). Fraser (2013) also

acknowledged uneven distribution of power and wealth, but visioned emancipatory outcomes from organizational change. Both Fraser and Tichy frameworks provide an analysis of systemic influences and current cultural realities that can drive or deter organizational change in the DH profession. Building awareness of these systemic realities and their influence on DH educators requires delving into the narratives and experiences of these educators and their diverse practice settings, including SWO College.

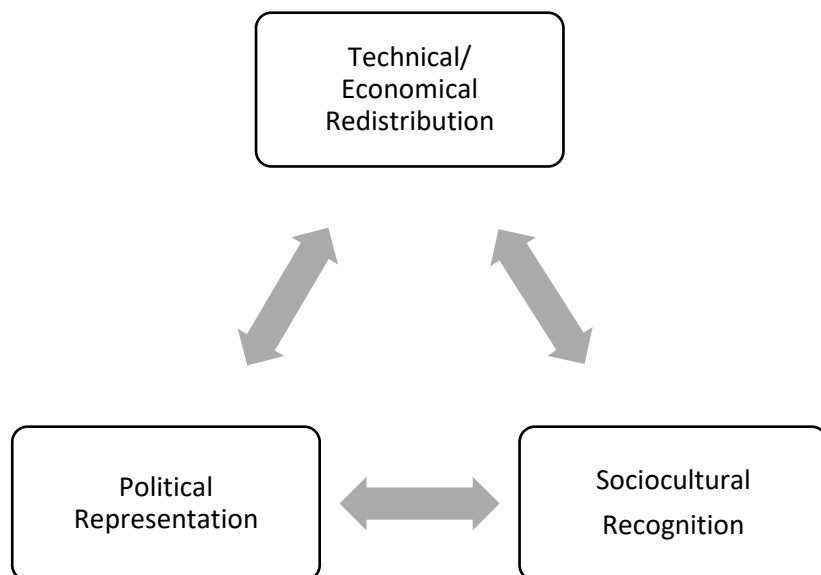
Given their systems are germane to this DiP, I blended these two frameworks into the Fraser-Tichy Organizational Analysis Framework (Figure 1) to guide my analysis of SWO College. The framework includes technical/economical redistribution, sociocultural recognition, and political representation frames. This framework and how it influences a vision for change is discussed next.

Technical/Economical Redistribution

Tichy (1983) regarded the technical frame as a problem with production requiring the modification of social and technical resources for desired output. For Fraser (2013), the economic frame could reflect a more equitable distribution of resources, including intellectual resources (Cazden, 2012). The technical structure of SWO College is hierarchical and bureaucratic. The top management make final decisions for any changes in the school, including curriculum. The lack of direct communication between top management and DH faculty impedes DH faculty agency for innovation and creativity. Recent labour shortages of DH educators have resulted in high turnover of faculty, furthering the disconnect between faculty and management.

Figure 1

Fraser-Tichy Organizational Analysis Framework



Note. Adapted from “Managing Organizational Transformations,” by N. M. Tichy, 1983, *Human Resource Management*, 22(1–2), p. 46. (<https://doi.org/10.1002/hrm.3930220108>). Copyright 1983 by John Wiley & Sons; *Fortunes of Feminism: From State-Managed Capitalism to Neoliberal Crisis*, pp. 235–241, by N. Fraser, 2013, Verso. Copyright 2013 by Verso.

Higher wage offerings from management have not resulted in higher retention rates of educator employees. Monetary compensation has been determined as an important factor in job satisfaction but rises in salary has not reduced the attrition rates of DH practitioners leaving the profession (Hornby, 2023).

Sociocultural Recognition

Social interconnections between individuals create the culture in a living organization (Capra, 2002; Charbonneau et al., 2009). Tichy (1983) acknowledged that organizations are held together by shared beliefs and values and placed the onus on the organization to determine what

values need to remain. Fraser (2013) described the need for recognition of marginalized individuals who are traditionally dismissed in a capitalist society. This recognition requires challenging traditional roles in the school hierarchy and creating equal opportunity for all members of the school to lead social reform. The DH educational culture reflects a hierarchical business model where educators lack autonomy and freedom over their teaching. DH practitioners have reported burnout and taking leave from their practice due to feeling undervalued and frustrated with their lack of professional autonomy (Haslam et al., 2022).

Assumptions and contradictory opinions about women leaders often create vulnerability for failure (Blackmore & Sachs, 2007), which may create reluctance in other female DH educators to attempt to lead in a project of reform. Female members may also share in the traditional core assumptions that men are superior and fit for leadership positions (Hooks, 1997). DH education lacks formal training in leadership (Reinders et al., 2017), and hence, biased perceptions of normalized external male leadership in the DH profession must be considered. Despite the work of advocacy groups for the DH profession, DH practitioners still express frustrations about their lack of leadership and representation in the hierarchical and business model of dentistry (Farmer et al., 2018; Haslam et al., 2022). Recognizing current cultural restrictions, and what is needed to achieve sociocultural representation as an individual, is essential for self-advocacy.

Political Representation

Tichy (1983) recognized the problems with allocation of political power and resources in organizations. Fraser (2013) recognized the misrepresentation of women in organizations, where White men hold most political power (Blackmore, 2013). Fraser called on educators to teach and advocate for social justice in education for equitable political representation in organizations

(Blackmore, 2013). DH education and practice have a history of gender discrimination due to external male governance. Male professionals have traditionally limited the practice of female-dominated professions (T. L. Adams, 2010). However, at SWO College, many collaborative initiatives have come from middle administration, comprised predominantly of female dental hygienists, who have taken an inclusive approach with faculty. Yet the school is still influenced and limited by the external rigid hierarchy of the DH professional governing bodies.

Regulatory and governing bodies both within and external to the DH profession have powers over DH education and practice. Therefore, DH schools, including SWO College, must adhere to current mandates to maintain their accreditation, which is a limitation when attempting to challenge the status quo. However, education leaders must build awareness and capacity to challenge these political forces that create discrimination and marginalize groups. The ability of education leaders to create social justice outcomes depends on their individual values (Stevenson & Tooms, 2010). Recognizing that the members of SWO College are diverse in many aspects, DH educators must reflect on interests and goals they share with DH students, and how they may train these future DH practitioners to advocate for a socially just system.

Neoliberal forces and gender gaps embedded in the DH culture are revealed through the Fraser-Tichy Framework analysis. Building awareness of the impediments to professional autonomy is essential in creating a vision for this DiP.

Guiding Questions Emerging from the Problem of Practice

The framework analysis revealed gaps in knowledge for addressing the PoP. As previously mentioned, education leaders' ability to create social justice outcomes depends on their individual values (Stevenson & Tooms, 2010). Recognizing the diversity of members of SWO College, DH educators must reflect on the common interest in developing a collaborative

consensus on the importance of SAE. The following three questions reflect emergent knowledge gaps in identifying what DH educators need to build skills to teach SAE.

First, what do DH educators need to build awareness of their agency to teach SAE? DH educators at SWO College are diverse in race, culture, and educational training. The predominantly female DH educators are the main stakeholders and future CAs for this DiP. Their individual knowledge and experience are essential to collective organizational learning and change. The educator must have a sense of self to recognize what they may contribute (Belle, 2016). Discussions on DH educators' agency have yet to be included in faculty meetings, both formal and informal.

Second, how do DH educators build professional representation to teach SAE given the hierarchical and paternalistic model of DH education and practice? Regardless of the predominance of female DH educators at SWO College, the diversity and uniqueness of each DH educator must be considered. Organizations learn and change as a collective (Argyris & Schön, 1996). Yet a smaller scale bottom-up approach depends on the individual CAs (McGrath et al., 2016). Self-advocacy requires independent and collaborative leadership with others who share a common problem (Test et al., 2005). Building communication and leadership skills to share a common voice for a desired change is essential for self-advocacy (Test et al., 2005). Teaching these skills requires the collaboration of DH educators to identify what is pertinent for SAE in DH training. Current DH education is still rigid in hierarchy and lacks training in leadership and advocacy (Bono et al., 2021). Social isolation and the lack of professional collaboration with peers is a common issue in DH practice (Hornby, 2023). These issues are also true for DH educators, including those in SWO College.

Third, how might SAE be integrated into the curriculum at SWO College? The lack of

training for leadership and advocacy in DH education hinders advancements in the DH profession. External governance has opposed DH leaders who have fought for advancements in DH education and independent practice (T. L. Adams, 2004a). However, support for advancements in the DH profession has not been uniform. Older DH practitioners who were trained in the university program, prior to its closure in 1975 by the provincial government, and male DH practitioners tend to show more support than younger DH practitioners for expanding scope of practice for DH training and independent practice (T. L. Adams, 2004a). Reflecting on the diverse ages and training of DH educators at SWO College, their prior knowledge, training, and beliefs may promote or hinder this DiP. However, focusing on them as a collective reveals a common gap, which is the lack of SAE in DH training. This focus can steer a collaborative development with shared experiences and ideas of what skills are needed to teach SAE and how to integrate these skills in the curriculum at SWO College.

The gaps in self-advocacy training and the organizational state of SWO College must be addressed. Reflecting on these gaps provides opportunities for CAs to consider a preferred and achievable vision for a future state for the organization.

Leadership-Focused Vision for Change

A vision for change reflects the gap between the current state of the organization and an envisioned preferred state (Archbald, 2013). My vision must not be an isolated one, but one that is shared and evolves with other DH educators' contributions. Organizational change must be adopted by a collective or it will result in resistance and failure (Capra, 2002; McGrath et al., 2016). This DiP takes a grassroots approach where DH educators must first open discussion and build awareness of the systemic forces that deter them from self-advocating. The vision for this DiP includes building SAE through a collaborative bottom-up approach with DH educators to

collaborate and develop the needed skills to teach their students to self-advocate. Through increased communication and interaction, DH educator participants will determine how to integrate SAE and skills into the current curriculum to be addressed and modified as needed with future generations of faculty and students.

This section describes my personal vision for change for SWO College, gaps between the current and future state, priorities for change, and the different leaders at each level of the school.

Personal Vision for Change

The following list represents my vision for change based on the gaps presented in the framework analysis. These items are not listed in order of importance or priority:

- open dialogue and communication for DH educators to share their stories;
- soften the rigid hierarchical structures in DH schools and practice;
- build awareness of gender discrimination and marginalization of DH educators and practitioners;
- increase awareness and key components of SAE through shared interactions and collaboration;
- integrate self-advocacy training into the DH learning at SWO College.

Open Dialogue and Communication

As previously noted, little is known about DH practitioners' experiences. Dental hygienists have shared their frustration with the lack of voice for the profession (Farmer et al., 2018). Aside from faculty meetings and informal discussions during the workday, SWO College offers few opportunities for communication between faculty. The online forums are facilitated by the PD and lead faculty and are focused on student learning and evaluation. With male top leadership in the school, discussions on gender marginalization and patriarchy may be a

challenge for educators who fear workplace retaliation or employment insecurity. These concerns have deterred DH practitioners from reporting abuse in their workplace (CDHA, 2018). This DiP must provide a safe and inclusive space with confidentiality guidelines for DH educators to share their stories. This sharing of stories will further challenge the hierarchical model and culture of the DH profession.

Soften the Hierarchy

The obstacles that prevent the participation of all members of an organization must be addressed with stakeholders (Fraser, 2005). DH education and practice have been in this structural state since their creation by organized dentistry (T. L. Adams, 2004b). To successfully change, the organization must build a collective culture of change (McGrath et al., 2016). I recognize it is not within my agency or a realistic goal for this DiP to change the current models of DH education and practice. Culture is created through shared communication among members about meaning and beliefs, which are passed on through generations (Capra, 2002). Creating this culture of shared learning can be achieved by opening discussions to question the current state of the DH professional and educational organizations, and what changes are needed to address challenges in the profession. Challenging one's social existence may create dissonance among members within the organization and external stakeholders (Blackmore & Sachs, 2007).

Considerations for these challenges are later discussed.

Build Awareness of Gender Discrimination and Marginalization

Regardless of the organization, all members must be part of the vision for change to gain a sense of shared importance and significance (McGrath et al., 2016). Building awareness of gender discrimination and how it hinders DH professional autonomy is essential in creating a desire for change. Organizational members' individualism and collective contributions are

needed to build a culture of change (McGrath et al., 2016). In leading this change initiative, I share my vision for change and recognize it will evolve with collegial-shared visions for change in the organization. A feminist lens provides novel ideas to challenge colonial and normative ways in the organization (Benschop, 2021), and hence, is the chosen lens for this PoP. It must be noted that feminist views also provide traditional perspectives of feminist leadership, including caring traits (Blackmore & Sachs, 2007; Sinclair & Ladkin, 2020). These gendered perspectives of feminist leadership may also create dissonance in the way women perceive themselves and how they are perceived by others (Blackmore & Sachs, 2007). Stakeholders who do not identify with feminism may feel a sense of loss or detriment with the perception they are not being represented (Blackmore & Sachs, 2007). A grassroots bottom-up and collaborative vision for change is essential for creating a sense of shared importance for all members (Blackmore & Sachs, 2007). These challenges are addressed later in this chapter.

Increase Awareness and Key Components of SAE

The deficits in DH advocacy training at SWO College require identifying what is needed to overcome these challenges, including questioning cultural norms in the organization. In analyzing DH education with a feminist lens, the traditional norms of patriarchy will be challenged by novel inclusive ideas. However, organizations are fluid and require a balance of input from all CAs (McGrath et al., 2016). The organization's capacity for large-scale change requires daily operations to continue without interruption from a single change and space for subsequent changes to occur (Meyer & Stensaker, 2006). Organizational change must not occur in isolation. Established resources, including knowledge and expertise of the DH educators, are an asset to this change. Knowledge sharing to find solutions to a problem is essential for self-advocacy (Test et al., 2005). Through shared interactions and collaboration, practitioners can

learn from each other and combine their collective wisdom to create innovative solutions (Wenger-Trayner et al., 2023). Yet, historical external governance has restricted DH educator autonomy through top-down mandates. Engaging in organizational change must include all DH educators regardless of teaching assignment or gender. The teamwork and contribution of all members is required to develop a sense of belonging (Blackmore & Sachs, 2007).

Integrate Self-Advocacy Training into DH Learning

As a female DH educator with higher education than what is required by provincial professional standards, I have the agency to present philosophies and theoretical frameworks to address cultural challenges in the profession. This expert power also reflects my personal philosophy of promoting self-advocacy training in DH learning to further professional expertise, independence, and autonomy. Challenging the current professional hierarchy will transpire through ethical and transformational leadership to connect with the values of other members of my organization. Connectivity will encourage a member-wide “value-based culture” for leading and decision-making for mutually beneficial organizational change (Sime, 2019, p. 3). Educators have called for training to teach self-advocacy to their students (Test et al., 2005). This DiP provides an opportunity for DH educators to develop and innovate skills to fill the self-advocacy gap in education and support autonomous advancements of their students’ future practice. The students are a driving force for educators to participate and implement an identified needed change, as educators have a sense of accountability to student learning (McGrath et al., 2016).

Gaps Between Present and Envisioned Future

The envisioned change is not without limitations and challenges. As previously noted, there are gaps that must be considered in planning stages. Current normative top-down mandates are an impediment to this DiP. Due to its foundation and ties to organized dentistry, DH

educators' professional culture has been deeply gendered and involved male leadership (T. L. Adams, 2004b, 2010). DH educators may fear speaking out against gender marginalization. Advocates for social justice movements may choose to be silent rather than risk job instability or loss (J. Ryan & Tuters, 2017).

Teaching knowledge for training in advocacy is not difficult in comparison to providing development experiences for affective learning, which requires time investment of administration and educators (Bono et al., 2021). Literature reviews on teaching self-advocacy skills are limited (Schena et al., 2023). The lack of proof to support organizational change outcomes could compromise investment from top management and create financial setbacks for implementing change. Furthermore, a grassroots bottom-up approach may face resistance from DH lead educators or middle management, who traditionally mandate or facilitate continuing education projects. Past trends of external governance hindrance of DH educational advancements must also be considered. DH educators may be reluctant to participate in a project that may compromise their professional relationship with management or external governance.

Future State

Despite the Ontario provincial government granting DH its own regulatory college, the DH profession maintains ties with the male-dominated dentist regulatory bodies that have restricted advancements in DH education (T. L. Adams, 2004b; Carstairs, 2021). DH diploma programs lack training in policy and leadership as well as training in critical thinking in contrast to the DH degree programs offered in some other provinces (Benbow & Kanji, 2019; Kanji et al., 2011). There is currently no formal training for DH educators to teach self-advocacy in DH schools. Evidence supports that higher education improves capacity of the DH practitioner (CDHA, 2021). This DiP gives opportunities for DH educators at SWO College to initiate

advancements in DH education to support self-advocacy training for their students.

Priorities for Change

As a female leader, I must reflect on perceptions of the major stakeholders of SWO College. Women leaders are highly vulnerable to failure because of contradictory discourse about their caring nature being too soft or traditional masculine leadership behaviours being too hard (Blackmore & Sachs, 2007). How to balance the vision for this PoP with the established cultural norms of the DH educators and other members of SWO College must be considered. Disclosing and addressing issues and being transparent with all members about the vision, gaps, and potential failures is essential.

Considerations for Leadership

The main stakeholders for this PoP are the DH educators of SWO College. However, the interconnectedness that DH educators have with other members of the school must be considered to determine how leadership will be affected at each level of the school. Focusing on educators at the micro level is ideal for establishing a grassroots bottom-up approach to organizational change (Blackmore & Sachs, 2007; McGrath et al., 2016). This approach challenges top-down transactional leadership styles traditionally used to implement change and will require building leadership capacity of the DH educators. The meso level of SWO College, which reflects the traditional top-down management approach of the upper management and owners, will create more challenges in adapting a softer hierarchy required for this PoP. Establishing transparency with upper management in the initial change stages will be essential in respecting the current hierarchy and cultural norms of the school. Macro level change leadership is not envisioned for this PoP but provides opportunity for future scholars to research how to implement a province-wide reform to include training for DH educators to teach self-advocacy.

Chapter 1 Summary

The PoP addressed in this DiP is the lack of foundational skills and competencies in DH educators to train DH students to self-advocate for professional autonomy. This PoP is situated in a southern Ontario DH school, SWO College, where I teach with fellow DH educators. My agency as a CA reflects my personal and professional positionality. Analyzing the PoP through a feminist lens reveals gender gaps and discrimination in the DH profession. This problem has yet to be formally addressed with the DH educators in the school. Building stakeholder awareness of the problem is essential in addressing the need for change. Framing the problem with technical/economical, political, and sociocultural paradigms through a feminist lens reveals gaps in the current and preferred future state of the organization. The stakeholders for the PoP, the DH educators, are at the micro level of the organization, which is ideal for creating a grassroots bottom-up approach to change. The leadership of other stakeholders at the meso level of this organization must be considered. The vision for the PoP reflects capacity building through interaction and collaboration of DH educators to integrate self-advocacy training into the school. This will require challenging cultural norms, which are related to neoliberal and patriarchal external ties to organized dentistry. The next chapter of this DiP outlines frameworks and leadership approaches to achieve this vision for change. I also discuss the organization's readiness for change and change step models that may be considered in addressing the PoP.

Chapter 2: Planning and Development

Chapter 1 described the problem of practice (PoP) addressed in this dissertation-in-practice (DiP). DH educators at South-Western Ontario (SWO) College lack the skills and competencies required to teach students to advocate for professional autonomy. I framed the PoP using the blended Fraser-Tichy model, which reflects the complex organizational problems described by Tichy (1983) and the gender marginalization in unjust social systems described by Fraser (2013). As a DH educator at SWO College, my positionality and agency shaped the feminist lens I used to analyze the PoP.

Successful organizational change requires stakeholders to recognize the need for change and have a shared vision and strategy (Errida & Lofti, 2021; Galli, 2018). For this purpose, the leadership-focused vision for change and guiding questions in Chapter 1 are further explored in a discussion of the chosen leadership approaches and frameworks. The following sections identify the leadership approach to create the envisioned organizational change, and the frameworks for leading and determining readiness for change. I discuss how these relate to my agency and organizational context, as well as the limitations of the frameworks. I also explore ethical paradigms and their influences on change through suggested solutions to the PoP, which include continuing education, CoP mentoring, and online forums. The chosen solution of CoP mentoring is further discussed.

Leadership Approach to Change

Despite planning and investments in organizational change, most change initiatives fail (Errida & Lofti, 2021; Higgs & Rowland, 2005). The lack of capacity and expertise of managers are often cited as the cause of failure (Higgs & Rowland, 2005). Yet change is inevitable and dependent on leaders guiding members of the organization to their full potential and mutually

desired outcomes (Galli, 2018). Ethical leadership encourages self-reflection, so organizational members look at their moral obligations for socially just end goals (Ciulla, 2018). Stakeholders are challenged to look beyond self-interest and embrace their capacity to work collaboratively to solve problems (Hay, 2006). Transformational leadership is essential in building this collegial change initiative. These leadership approaches to change are further discussed.

Ethical Leadership for Change

Advocacy requires the personal empowerment and transformation of the practitioner, as well as interprofessional collaboration (Rogo, 2020). Organizational leadership and change are intertwined and require collaboration between all members of the organization. Starting a large-scale social justice movement in my private for-profit DH school is an unrealistic goal. The creation of chaos in an organization may result in members resisting and resorting to old ways of knowing (Capra, 2002). Therefore, this DiP must begin with self-reflection to determine the individual values and biases of DH educators.

The Approach

Ethical leadership depends on the social dynamics and relationships between individuals (Clarke, 2018; Uhl-Bien, 2006). This interconnectedness is essential in building awareness of complex organizational issues. Ethical leadership promotes self-reflection approaches and identifies shared values among team members (Ciulla, 2018). The central issues of ethical leadership encompass self-reflection on personal challenges, which include “self-knowledge, self-interest, and self-discipline, and moral obligations related to justice, duty, competence, and the greatest good” (Ciulla, 2018, p. 4). Self-reflection on individual privileges and biases is essential to social justice (Shah, 2018). Students must know themselves and their rights before they can self-advocate effectively (Test et al., 2005).

Collaborative initiatives are also imperative to drive this leadership approach. Ethical leaders must model moral behaviours and be honest and caring (Treviño & Brown, 2014). As a moral person, the leader must model behaviours such as trustworthiness and honesty, and as a moral manager, the leader must encourage two-way communication and give followers a voice (Deng et al., 2023). In the context of SWO College, the school must apply the DH code of ethics in curriculum in line with the national DH entry-to-practice competencies (FDHRC, 2021). The school enforces its own ethical policies, with zero tolerance of any hateful or harmful behaviour, including discrimination towards any persons affiliated with the school. The PD has modelled moral behaviour. She facilitates faculty meetings with a focus on the subject matter and is quick to halt negative comments from participants. Although the meetings provide opportunities for educators to communicate and share ideas, most school meetings take a top-down approach, where the purpose and outcomes are most often directed by the PD or sometimes a lead faculty. As a DH educator participant in this hierarchical organizational structure, I have experienced the limitation in voice and representation that results.

Ethical leadership encourages open collaboration and a supportive problem-solving approach. However, this leadership paradigm is not without limitation.

Limitations of Ethical Leadership Approaches

Ethical leadership in business models is often scrutinized by stakeholders (Ciulla, 2018). Dental health in Ontario is excluded from universal healthcare and follows a business model. As a result, DH practitioners' calls for professional autonomy have been perceived as self-serving by the public (Farmer et al., 2018). The DH profession's culture of care has further hindered professional advocacy and autonomy (Carstairs, 2021). Female-dominated professions that display an ethic of care are often undervalued and poorly compensated (Carstairs, 2021). This is

in line with Fraser's (2013) descriptions of the undervaluing of women in organizations and the maldistribution of wages due to gender discrimination (Blackmore, 2016). Despite the setbacks of ethical leadership, I agree with Elliott (2015), who posited that educational leadership has moral purpose at its core.

Yukl et al. (2011) asserted that to be effective, leaders should demonstrate ethical leadership in addition to task- and change-oriented behaviours. Ethical leadership promotes self-reflection but does not dig into the systemic organizational issues that plague instruction at SWO College. Creating awareness of these issues requires novel approaches to delve deeper into the problem. Transformational leadership has been credited with providing creativity and innovation to challenge current behaviours and accomplish desired organizational change outcomes (Yukl et al., 2011), and can serve as a complementary leadership style to ethical leadership. I further discuss ethical values in transformational leadership next.

Transformational Leadership for Change

Advocacy for social justice in DH education requires educators to recognize the injustices in their practice and incorporate this learning into their teachings of the next generation of professionals (Rogo, 2020). Transformative leadership, inspired by Burns (1978/2010), challenges the current rigid social systems (C. M. Shields, 2020). C. M. Shields (2020) described how the inclusivity in transformative leadership helps achieve collaborative and equitable organizational change with social justice outcomes. However, it is not within my agency to change the male-dominated management style of SWO College, nor is it a realistic goal to lead a social justice initiative in a profession that lacks training in leadership and advocacy. Rather, this DiP applies a transformational leadership approach with ethical leadership to achieve collaboration with all DH educators.

The Approach

Transformational leadership entails the leader and followers inspiring each other for common moral purposes (Burns, 1978/2010). It requires the stimulation of followers to look beyond self-interest and enhance their capacity to solve problems (Hay, 2006). Bass (1990) later adapted Burns's model and came up with four leadership traits: charisma, motivation to inspire followers, intellectual stimulation, and consideration for individual followers (Turner et al., 2002). Deng et al. (2023) described four transformational leadership behaviours that a leader uses to transform and inspire participants while transcending self-interest for the greater good of the organization: idealized influence, where the leader models ethical behaviour and gains participant loyalty as a result; inspirational motivation, which involves the leader's communication of and enthusiasm for the goals and future outcomes; intellectual stimulation, which involves the leader sharing their unique perspectives with participants to inspire thinking and problem solving; and, individual consideration, which involves the leader coaching and mentoring each individual participant.

In the context of SWO College, a higher education career college, standards must adhere to provincial and professional regulations. From an organizational perspective, most program initiatives for teaching and learning have been facilitated in a collegial form between the middle management, the PD, and DH educators. This collaborative approach has encouraged the sharing of ideas and expertise during meetings and continuing education workshops. However, as previously discussed, the meetings are directed in a top-down approach by the PD. The opportunity for DH educators to communicate openly is limited. Meetings most often focus on clinical calibration and continuing competencies of DH practice. The gaps in self-advocacy and leadership training in DH education have yet to be addressed. As the CA, I will share my

experiences with DH educational leadership and practice, including personal struggles and experiences with gender gaps and marginalization, with the aim of inspiring DH educator colleagues to also share their stories and build a sense of trust. Because I am at the same hierarchical level as other DH educators in the organization, this approach will differ from previous training and continuing education workshops facilitated by higher ranking lead faculty and the PD using task-oriented and transactional approaches.

This transformational leadership approach will require a cultural shift for personal and interpersonal reflection and collaboration among members of the organization (Hewitt et al., 2014). Tichy (1983) recognized the challenges of changing complex organizational culture and human resources. This limitation of transformational leadership must be acknowledged.

Limitations of Transformational Leadership Approaches

Transformational leadership has been critiqued for its paternalistic structure and racist influences. Bass (1990) did not acknowledge the normative Whiteness, biases, class, or privileges of the leaders and followers in his transformational leadership model (Ladkin & Patrick, 2022). Gronn (2010) identified flaws in charismatic and transformational leadership as they reflect a paternalistic and hierarchical organization. He warned about the need for a hero figure with this traditional leadership style, with the centralized male leader obtaining a disproportionate amount of political influence. As the CA, I must reflect on the underlying oppressive structures of transformational leadership. My agency and privileges must also be considered in leading social justice change. As a White, cisgender female DH educator, I recognize the diverse perspectives of DH educators of SWO College and their unique experiences of marginalization and discrimination may differ from my own. Members may question a privileged leader using their voice to speak for all women and marginalized

individuals in the organization (Blackmore, 2013). Applying an ethical-based transformational leadership approach fosters reciprocal coaching and collaboration among diverse DH educator peers to build awareness of our professional limitations and challenge the status quo. However, interpersonal collaboration does not necessarily result in equitable, critical, or social justice outcomes (Capper, 2019).

The application of ethical and transformational leadership is appropriate for the self-reflection and problem-solving requirements to teach self-advocacy. Leadership for self-advocacy involves “an awareness of the common needs and desires of others, working with others, group dynamics, and responsibilities” (Test et al., 2005, p.50). Organizational leadership and change must be adaptive and flexible to meet the needs of its members (Yukl & Mahsud, 2010). The planned change for this DiP must be created in framework stages to build awareness in stakeholders of current practice limitations and goals for future change.

Framework for Leading the Change Process

The chosen frameworks to lead the change process for this DiP are suited to the individual needs of the stakeholders for this change initiative: the DH educators of SWO College. Given that most change initiatives fail, a leadership approach that reflects, reassesses, and adapts will be essential for organizational change (Capper, 2019). The internal and external drivers for change will determine its success. With the unpredictable external environment in this system, an adaptive approach is essential. Lewin’s (1947) three-step framework has provided a foundation for later organizational change models (Rosenbaum et al., 2018). However, Lewin is not the chosen change model in this or the following chapter, but rather provides a linear progression and foundation for Hiatt’s’s (2006) Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) change model that guides this DiP along with the force field analysis

used to determine organizational readiness for change.

Three-Step Model

Lewin (1947) recognized the importance of relational-driven changes to prevent resistance (Burke, 2018); his focus on inclusivity supports team building and collaboration (Burke, 2018). His three-step model, which includes unfreezing, moving, and freezing (Burnes et al., 2018), was critiqued by later studies of organizational development as simplistic and linear (Higgs & Rowland, 2005). Later expanded frameworks, such as Hiatt's (2006) ADKAR, provide greater perspectives on change.

ADKAR

To develop a successful organizational change, stakeholders must recognize the need for it (Galli, 2018). The vision for this DiP includes building the awareness of DH educators of the limitations of their practice through a collaborative and inclusive approach. Change happens when the individuals of the organization understand the importance of the change and have the desire and knowledge to implement the change (Hiatt, 2006; Prosci, n.d.-b). The Prosci ADKAR Model, developed by Prosci founder Jeff Hiatt (2006), reflects the steps for the individual involved in organizational change. ADKAR is an acronym for the five outcomes an individual needs to achieve for a change to be successful: Awareness, representing a member building awareness to understand why the change is being made and risks of not changing; Desire, which reflects each individual's personal choice and motivating factors; Knowledge, which includes the training and education required for the individual to know how to implement the change; Ability, which is demonstrated when the individual implements the required change; and Reinforcement, which includes the external reinforcements such as rewards and recognition, and internal reinforcements that include personal satisfaction with one's achievements (Hiatt, 2006).

The ADKAR model adapted for this DiP identifies the planned steps for success (Table 1). Stakeholders must determine individual success in each step before proceeding to the following step. In this model, the individual may reflect on their basic human needs for motivation to change. Despite this individual focus, Hiatt (2006) asserted that the ADKAR model requires supervisors and managers to foster the change through monitoring and consistent training and coaching of employees. These values coincide with Bass's (1990) consideration

Table 1

ADKAR for the Individual Change Process

ADKAR elements	Plan for Dissertation-in-Practice
Awareness of the need for change	Determine why we need change. Understand why these changes are necessary. Establish the consequences for not changing. How do stakeholders perceive the change leader for this problem?
Desire to support and participate in the change	Understand why the change is required. Establish how this change affect stakeholders. How do stakeholders perceive organization and environment that is subject to change?
Knowledge of how to change	Determine current knowledge of stakeholders. Establish capability of stakeholders in knowledge translation. How are resources available and accessible for education and training required for change?
Ability to implement required skills and behaviours	Determine psychological, physical, and intellectual capacity and blocks to implement change. Establish what resources are available and are needed to develop the needed skills for this change. What is the timeline for this change?
Reinforcement to sustain the change	Determine the degree of reinforcement specific for each stakeholder impacted by the change. Demonstrate how the reinforcement has resulted in progress of change with limited to absence of negative consequences. What accountability system may reinforce ongoing change?

Note. Adapted from *ADKAR: A Model for Change in Business, Government and Our Community*

(p. 45), by J. Hiatt, 2006, Prosci. Copyright 2006 by Prosci Research.

of each employee at all levels of the organization through transformational leadership. The transformational leader must consider the needs of the organization and assign tasks to each team member while considering their individual needs for training and completing the tasks (Bass, 1990). Training may include individualized coaching and mentoring (Bass & Steidlmeier, 1999). These strategies must be considered when leading change at SWO College as DH educators' knowledge and training is not standardized, which may create dissonance when collaborating to develop skills to teach self-advocacy.

As previously noted, current business exchanges at SWO College have not improved educator recruitment or retention. Therefore, this DiP must look beyond the traditional leadership and explore what motivates DH educators for change, which may be accomplished through second-order change.

Second-Order Change

A vision for the DiP is to build the capacity of DH educators for leadership and advocacy training, which requires the educators to question their current organizational schemata. These orders of change involve shared meaning of how members interpret organizational events and allocate resources (Bartunek & Moch, 1987). Organizational schemata represent the ways individuals interpret their environment and experiences, which in turn, guide their behaviours. Schemata are shared and maintained through organizational myths, stories, and dominant perceptions of the organization (Bartunek & Moch, 1987). For example, a hierarchical bureaucratic organization where individual members have perceived limited agency and inclusiveness during previous organizational change initiatives may discourage member participation in future organizational change processes. Changes in organizational schemata are dependent on the environmental state and practices of the organization and interpretations of its

members.

Changes in organizational schemata occur as first-order change, or minor changes to present schemata; second-order change, which includes modification of schemata direction; and third-order change, which involves organizational members recognizing the needed schemata change to self-initiate the change (Bartunek & Moch, 1987). As previously discussed, DH practice and education has followed a traditional hierarchical pattern of top-down organizational change. While SWO College has promoted a more collaborative approach with DH educators' involvement in changing initiatives of teaching and learning of students within the school, most final decisions are made at the top management level.

This DiP requires my intervention as CA to challenge the organizational hierarchy by building awareness with fellow educators of obstacles to building professional advocacy skills. The goal of this second-order change is to challenge members' acceptance and adherence to the paternalistic and top-down model of the school and to create a collaborative understanding of DH educators' capabilities as autonomous practitioners. The frameworks chosen for this DiP guide the second-order change. However, these frameworks are not without limitation.

Limitations of Models for Leading Change

Lewin's (1947) three-step model serves as a foundation for progressive organizational change models including ADKAR (Rosenbaum et al., 2018). In his action research application of his three-step model, Lewin applied a cyclic method of fact finding, action, and further fact finding with the aim of creating change in culture and behaviour (Burnes, 2019). This model recognizes power dynamics and restraining forces, or "force fields" (Lewin, 1947, p. 32), that influence the behaviour of organizational group members. However, he reflected on whole system change and not the needs of the individual people who make up an organization (Deszca

et al., 2020).

Hiatt's (2006) ADKAR framework focuses on the individual members and their contribution to the social change: "Successful change, at its core, is rooted in something much simpler: How to facilitate change with one person" (p. 15). The ADKAR model requires supervisors and management to build coaching relationships with employees and foster a safe environment for knowledge and skill sharing (Hiatt, 2006). However, the focus on the individual creates limitations when planning change for larger complex organizational (Galli, 2018).

Successful organizational change requires a flexible and adaptive approaches to leadership (Yukl & Mahsud, 2010). For complex problems, one framework is not an adequate tool to adapt for all situations (Bass & Steidlmeier, 1999; Errida & Lofti, 2021). As a precursor to change readiness, an organization should be prepared with multiple resources to adapt to the changing needs of the organization (Errida & Lofti, 2021). Therefore, it is imperative to reference the Lewin (1947) model as a foundation for the chosen change framework and readiness for change frameworks. For this purpose, the linkages between the Lewin and ADKAR change models and their connection to the stated visions are provided in Table 2.

A change in leadership approaches in DH education requires ethical self-reflection from stakeholders and transformational collaboration to understand the shared need for change and how to accomplish it. Lewin's (1947) three-step model and Hiatt's (2006) ADKAR change model provide a framework to guide organizational change. ADKAR considers the individual members who must implement the desired change. Despite these efforts, most organizational change initiatives fail due to lack of readiness for change of members (Mladenova, 2022).

Table 2*Frameworks for Leading the Change Process*

Lewin	Hiatt	Change vision
Unfreeze	Awareness Desire	Open dialogue Soften hierarchy
Change	Knowledge Ability	Awareness of gender discrimination Capacity for connecting and collaboration
Refreeze	Reinforcement	Improved Self-Advocacy Education

Note. Adapted from *ADKAR: A Model for Change in Business, Government and Our Community*

p. 2, by J. Hiatt, 2006, Prosci; “The Origins of Lewin’s Three-step Model of Change,” by B.

Burnes, 2020, *Journal of Applied Behavioral Science*, 56(1), p. 49

(<https://doi.org/10.1177/0021886319892685>). Copyright 2020 by SAGE Publications.

The ADKAR model reflects the whole system change through the ability of individual members who make up the organization, while recognizing the role of managers and leaders in fostering this change. This DiP reflects on the individual DH educators as the drivers for this change in a hierarchical organization with higher leader and manager influences, and hence, the ADKAR model is ideal for this purpose. The following section describes the tools used to assess change readiness for this DiP.

Organizational Change Readiness

Readiness is an important factor to ensure the members of the organization share the same goals and are competent in their ability to implement the change (Kononowech et al., 2021; Weiner, 2009). Change efficacy also depends on the shared beliefs of the members involved (Weiner, 2009). Failure to achieve collective belief in and vision of the change may result in members feeling obligated to contribute to the change, leading to potential resistance (Mladenova, 2022; Weiner, 2009). Yet sustainable change depends on the inclusion of all

organizational members' core beliefs and knowledge (Weiner, 2009).

The first step in creating organizational change is building awareness of the need for change (Hiatt, 2006). This DiP seeks to build DH educators' awareness of embedded gender discrimination and neoliberal forces within the culture of their practice. Doing so requires challenging the normative school culture given the internal and external pressures that create driving and restraining forces for change. The organization's readiness depends on the willingness and preparedness of the organization and individuals to adapt to the change (Errida & Lofti, 2021; Holt et al., 2007). I further discuss Lewin's (1947) force field analysis, which recognizes the system forces that drive and restrain change.

Driving Forces

External provincial and professional governance has limited DH educator autonomy. However, these external forces have also driven the continuing education and competence of DH educators to provide a safe and progressive learning environment for their students. Ontario dental hygienists must maintain updated knowledge and skills for practice to meet the quality assurance requirements of the regulatory college (CDHO, 2021b) and their responsibilities as mandated by the DH code of ethics (CDHA, 2023). DH educators must demonstrate ethics in their practice as per their educator quality assurance requirements. DH practitioners can choose different ways to complete quality assurance activities, including continuing education for practice improvement (CDHO, 2021b). National DH accreditation requires SWO College to offer and provide supportive evidence of faculty continuing education and improved student learning (CDAC, 2015). The school has provided continuing education opportunities for faculty through various sources. Since the COVID-19 pandemic, most meetings have been facilitated through synchronous face-to-face virtual platforms. Although these virtual meetings have created

some disconnect between faculty, they have also provided greater access and accommodation, allowing more faculty to attend and contribute to learning activities, as well as maintain calibration of teaching standards in the school. Student achievement contributes to educators' work satisfaction and self-efficacy, and educator competence is required for transmission of knowledge to students (Caprara et al., 2006). Therefore, DH educators pursuing continuing education to drive student learning has reciprocal benefits for educators and students.

The COVID-19 pandemic drove a cultural shift towards recognizing the burnout and shortages of predominantly female DH educators (Arnett et al., 2022). Organized dentistry is calling for government assistance with staffing shortages that have compromised business (Mohanta, 2022). A new federal public dental program to increase accessibility to dental services has driven the need for DH staff retention (Hornby, 2023). Governing bodies and school leaders, both internal and external to SWO College, require faculty retention to maintain the functioning of the school and teaching of future DH practitioners. The staffing shortage crisis has brought attention to the needs of DH practitioners to keep them in the field, including decision-making in their practice, ability to connect with peers, and feeling valued in their profession (Hornby, 2023). Self-advocacy, which has traditionally been characterized as a male trait, is essential for female career and salary advancements, but has its costs (Wade, 2001). Applying a feminist lens for novel ideas supports a driving cultural shift to address gender stereotyping and limitations.

Restraining Forces

Normative expectations for women advocates create barriers to power and influence (Wade, 2001). Sociocultural norms of female modesty and selflessness have led women to advocate for others rather than themselves (Hutchens et al., 2023; Wade, 2001). The DH profession has adopted this selfless model of advocacy and continues to focus efforts on caring

for the public, despite the profession's restrictions and limitations on autonomous practice (Carstairs, 20210). The DH code of ethics reflects this advocacy for client choice and public oral health needs (CDHA, 2023) but not advocacy for the DH practitioner's autonomy. The CDHA (n.d.), which is proclaimed as the national voice of the DH profession, has provided resources for advocacy, but emphasizes a focus on the public's access to preventative and oral healthcare treatment. SWO College has hosted workshops and training to advocate and promote access to oral healthcare for persons with disabilities, older adults, and persons of marginalized and low-income communities. However, self-advocacy for DH professionals, including DH educators, has not been addressed.

DH educators have expressed frustration about the diminished voice and value of DH professionals (Farmer et al., 2018). Neoliberalism has supported market-driven forces and professional regulation, exacerbating gender discrimination of the predominantly female profession (T. L. Adams, 2004b; Carstairs, 2021). External provincial and professional governance have also opposed the advancement and autonomy of the DH profession (Carstairs, 2021; McKeown et al., 2003). National standardized entry-to-practice competencies and board examinations have exacerbated restraints on DH educator autonomy. Standardized education emphasizes student learning outcomes and restricts educators to focus on outcomes of their teaching (R. M. Ryan & Deci, 2020). Educators are rewarded and punished based on student evaluations, not on the process or progress of learning in their classrooms, which compromises their motivation (R. M. Ryan & Deci, 2020). In SWO College and other DH schools where I have taught, school administrators use faculty meetings to share students' successes and failures in both the program and national board exams to exemplify the school's achievements and areas for improvement. Subsequent meetings and workshops address identified program gaps. Though

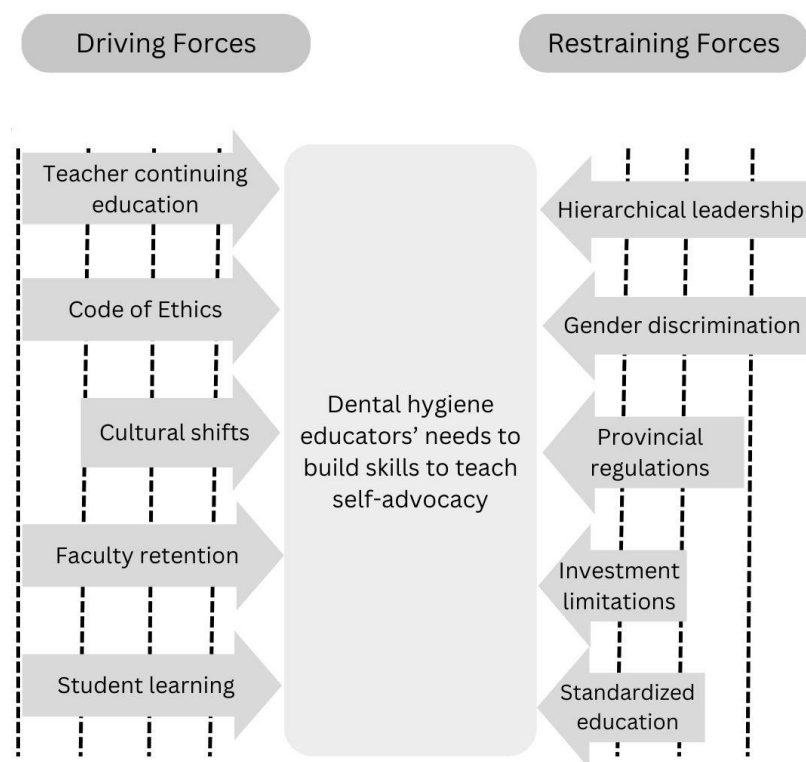
the intentions for additional training may be to improve teacher skills and capacity, the top-down mandate stemming from the hierarchical school structure, as well as the extra time for teacher training, has the potential to create perceptions of punitive treatment from top management and the PD. The hierarchical and paternalistic leadership of the school exacerbates this issue, as top management determines the approval and funding of continuing education for DH educators.

The organizational change initiative to address the PoP involves internal and external forces, which create both driving and restraining forces for change. I further analyze these forces through Lewin's (1947) force field analysis.

Force Field Analysis

Deszca et al. (2020) described a force field analysis as “a process of identifying and analyzing the driving and restraining forces impacting an organization's objectives” (p. 394). A force field analysis is ideal for demonstrating the driving and restraining forces for this DiP (Figure 2). This analysis is accomplished by (a) identifying the driving and restraining forces that support and hinder the desired change; (b) determining how the forces may be altered to produce more favourable outcomes; and (c) identifying ways to create more support and reduce resistance (Deszca et al., 2020).

Lewin's (1947) force field analysis describes the behaviour in organizational settings as a function of the people, or group, and their environment (Burnes & Cooke, 2013). Lewin recognized that change in the environment depends on social forces. By analyzing the forces that move people towards and away from a desired organizational state, one can determine the level of change acceptance or resistance in these individuals (Burnes & Cooke, 2013; Lewin, 1947).

Figure 2*Force Field Analysis*

Note. The length of the arrow indicates the strength of the force. Adapted from *Organizational Change: An Action-Oriented Toolkit* (4th ed.; p. 395), by G. Deszca, C. Ingols, and T. F. Cawsey, 2020, SAGE Publications. Copyright 2020 by SAGE Publications.

Forces that are driving and restraining to the organization are influential in this analysis and include both external and internal forces. Observing the imbalances of opposing forces assist leaders to determine possible resistance from the members. This also helps leaders in determining the organization's readiness to change. In analyzing the force field in Figure 2, there is evidence the driving forces are supportive of this change initiative in SWO College.

Whether for student success or the business success of the school, which are both

internally and externally driven, SWO College owners and management have been supportive of continuing education for the DH educators. The PD, who is also a DH educator, has implemented continuing education for enhancing and calibrating DH educators' skills and knowledge, with owners' and managers' approval. The PD's support of this DiP and our discussions regarding the needs for improvements in DH educator leadership and self-advocacy training are further evidence of the internal driving forces that uphold this change initiative and outweigh resisting forces.

Organizational members' previous experiences with change will influence their readiness for change initiatives (Deszca et al., 2020; Holt et al., 2007). The support for a cultural shift for DH educators is reflective of previously failed top-down mandates and transactional leadership attempts for faculty retention. Detriments of gender discrimination from external male leadership and provincial regulations led DH educators to leave their practice. However, external hierarchical and patriarchal leadership is embedded in the DH profession and will require the DH educators to build awareness of this issue. As previously mentioned, challenging organizational culture may create dissonance among members (Blackmore & Sachs, 2007). The CA must be aware not to dismiss members' experiences, values, and beliefs for the sake of creating a successful change (Kezar, 2018). Ethical guidance for the DiP is essential in maintaining the goal for inclusive and socially just outcomes and is further discussed.

Leadership Ethics in Organizational Change

CAs have an ethical obligation to be open and transparent about the change process with stakeholders (Kezar, 2018). Communication about the ethics of the change is essential for informing members of the expectations for the change initiative (Treviño & Brown, 2014). Using Wood and Hilton's (2012) five ethical paradigms (ethic of justice, ethic of critique, ethic of care,

ethic of the profession, and ethic of local community), I analyze the complex problem for this DiP and discuss the ethical considerations of this change initiative.

Ethic of Justice

Educational institutions have rules that must be followed by all members of the organization. The ethic of justice focuses on the rules and laws governing a profession and the duty of leaders to abide and follow these rules (Wood & Hilton, 2012). According to Wood and Hilton (2012), the ethic of justice is nonconsequentialist, with the action in question based on the intent and not the outcome. In this paradigm, the members of an organization are unable to hold their formal leader accountable for actions taken or not taken (Burnes et al., 2018). However, this makes sense in the case where little empirical evidence exists for the change initiative, making it difficult to determine the rightness of the change prior to its implementation.

Ethic of Critique

The rules and codes described in the ethic of justice can pose an undemocratic and unjust system (Shapiro & Stefkovich, 2021). The ethic of critique questions the moral value of the rules and codes, as they can provide advantages to some groups based on their race, class, and gender (Wood & Hilton, 2012). This morally based paradigm encourages an awakening of leaders to recognize the inequalities of their school (Shapiro & Stefkovich, 2021; Wood & Hilton, 2012).

Ethic of Care

The choices made during a change initiative may not benefit all members. The ethic of care guides leaders to use compassion and consider how change decisions may cause harm to some members of the organization (Wood & Hilton, 2012). The ethic of care has been linked to feminists, who are often associated with social justice (Shapiro & Stefkovich, 2021). However, Shapiro and Stefkovich (2021) acknowledged that both women and men have been supportive of

the importance of this paradigm. Yet, the ethic of care has both helped and hindered the advancement of DH professionals (Carstairs, 2021).

Ethic of the Profession

Dental hygienists have ethical codes and principles that guide their profession. Developed by Shapiro and Stefkovich (2021), the ethic of the profession paradigm analyzes the underpinnings of the profession and its standardized codes. Like the ethic of justice, this paradigm reflects on documented rules and codes. Shapiro and Stefkovich warned that these rules and codes disregard the professional's judgment and decision-making. The authors suggested that professionals may choose to create their own professional codes.

Ethic of Local Community

Community colleges are designed to serve local communities (Wood & Hilton, 2012). The ethic of local community paradigm is grounded in this ethical obligation and is consequentialist due to the change being judged on the outcomes (Wood & Hilton, 2012). However, there are few studies to support novel bottom-up change initiatives in schools (Kezar, 2018). This paradigm is also limited by available educational resources offered by the local community college.

Novel ideals for change initiatives may be judged on the intended socially just outcomes. However, the consequences of the CA's actions cannot be ignored (Ciulla, 2018). The ethic of care embedded in the DH educators' culture must also be acknowledged. Proposed solutions for the described PoP must be strategically planned with regards to cultural norms and consideration of change outcomes and consequences.

Solutions to Address the Problem of Practice

This DiP has identified a complex problem in an Ontario DH school. The DH educators

lack the fundamental skills and competencies to teach their students how to self-advocate. DH education lacks formal leadership and advocacy training. Leadership approaches and paradigms were revealed through framing this problem. Suggested analysis models were used to determine the course of action and stakeholders for this DiP. This section explores three possible solutions—continuing education, community of practice (CoP) mentoring, and online forums—to the PoP, with the intention of creating a sustainable change.

Solution A: Continuing Education

There are currently no national standards for DH educator training. The Canadian DH school accreditation document recommends that faculty who teach didactic courses have a bachelor degree, whereas faculty who facilitate clinical courses have their registration for practice and 3 years of clinical experience. All faculty are required to have some training in educational theory and methodology (CDAC, 2015).

Most staff at SWO College teach clinical and preclinical courses and have a DH diploma with community college certificates in adult education. This coincides with the 2023 national DH survey, which found that 76% of Ontario dental hygienists have a diploma as their highest credential (CDHA, 2023). SWO College faculty who teach didactic courses hold at least a bachelor degree. This difference in credentials among the faculty may create dissonance during the change initiative.

The first step of the solution is building awareness of the problem: The lack of training of DH educators to teach self-advocacy to their students. Reflecting on the diverse training of DH faculty at SWO College, with the majority holding a college diploma as their highest credential, a continuing education program for faculty professional development would provide the knowledge needed to build awareness of this problem and the skills for teaching self-advocacy.

Education sessions may take the form of e-learning, in-person seminars, or a hybrid of these two methods in line with the learning objectives outlined for this PoP.

What Needs to Change?

Traditional top-down approaches to change must become collaborative to include all actors in the organization. As the CA, I have the training and experience to facilitate this continuing education opportunity and to outline the required learning objectives. SWO College's didactic faculty have training in higher education, with all holding a baccalaureate and some holding a master's degree. Their training and knowledge in course development, facilitation methods, and evaluation make them ideal candidates for a steering committee. In this collaborative approach, the CA and instructor-led steering committee would codesign and develop the continuing education training for other DH instructors, with a focus on identifying the skills required to teach self-advocacy. A transformational leadership approach provides support for the individualized learning of each participant through coaching and intellectual stimulation (Bass, 1990; Deng et al., 2023).

Resources

Stakeholder consultation is required to determine the knowledge gaps and needs to create successful change (Leviton & Melichar, 2016). A questionnaire may be distributed to all faculty to determine themes and topics to be addressed. The initial questionnaire would be sent to faculty electronically and thus require technological resources.

The school must provide faculty with continuing education as per accreditation mandates (CDAC, 2015). The proposed solution would require involvement of the PD and approval from higher management to support and compensate for time invested by the CA, steering committee members, and DH educators participants. Compensation for facility space usages must also be

considered.

Equity, Diversity, Inclusion, Decolonization

This DiP seeks to challenge traditional the patriarchal and business models of DH education. The feminist lens used to analyze this PoP provides novel ideas to challenge traditional normative thinking (Benschop, 2021). However, the focus on female gender discrimination and feminist perspectives may diminish the experience of other marginalized groups, including persons of colour (Blackmore, 2016). Further, the use of scientific and empirical evidence has ties to colonized thinking. The proposed solution must be inclusive of diverse forms of informational gathering and sensemaking throughout the process.

Ethical Considerations

The ethic of critique encourages an awakening of higher management to inequities in the organization (Shapiro & Stefkovich, 2021). The proposed solution would address inequities in the school and DH profession. The collection of data from faculty would provide the opportunity to identify gaps and issues. The faculty are adults with life and practice experiences that would be shared in a facilitated method of learning, such as a workshop. Steering committee members and participating DH educators would share with and learn from their peers. This pragmatic constructivist approach reflects Freire's notion of "problem-posing education," where the teaching and learning between teachers and students is a reciprocal dialogue (Wrenn & Wrenn, 2009, p. 260). Though it would be a more inclusive approach than the current strategies at the school, most DH faculty would not be included in the steering committee, and therefore, predominantly excluded from the developmental and facilitation stages.

Change Drivers

The DH educators must be informed of the benefits of participating in this continuing

education project. Halvari et al. (2022) described how having a sense of “psychological freedom” (p. 199) and autonomy over their practice translates to dental hygienists’ treatment of patients: “Both continuing education and frequent supervision giving competence and encouraging learning in an autonomy-supportive way are expected to stimulate employees to internalize values, beliefs and goals in treatment of their patients over time” (p. 199). Supportive literature and real-life examples from narratives provide evidence of the benefits of the change.

Solution B: Community of Practice Mentoring

Establishing an educator community depends on the shared identity of its members and a sense of belonging. A CoP is a group of people who share a concern or passion about a topic and seek to deepen their knowledge through their ongoing interaction with members of the community (Wenger et al., 2002). The formation of a community depends on the opportunity to includes all members (S. Shields & Murray, 2017). Hornby (2023) described the issue of DH educators experiencing isolation from peers in their profession. The lack of female leadership in healthcare professions exacerbates this gender-specific isolation. Despite the increase of women entering traditionally male healthcare professions, academia still lacks female professional leaders (Varkey et al., 2012).

Mentoring is a common practice in DH professional development. The regulatory college has invested in developing peer circle mentoring as part of its quality assurance program (CDHO, 2023a). Wilder and Guthmiller (2014) asserted that dental hygienists who seek a career in education may learn from an academic mentor; however, they failed to acknowledge the lack of female mentors. Mentoring is still a male-dominated method that traditionally dismisses women and people of colour (Kroll et al., 2022).

What Needs to Change?

Faculty support of this change initiative requires a collaborative and inclusive approach. Wenger's (2000) CoP is a social learning experience that requires self-reflection and social participation with peers. According to Wenger (2000), "Learning so defined is an interplay between social competence and personal experience. It is a dynamic, two-way relationship between people and the social learning systems in which they participate" (p. 227). SWO College faculty meetings and workshops have taken a traditional hierarchical form with the facilitator delivering the knowledge to the learners. Peer mentoring provides an outlet to mutually engage, share dialogue and learning, and collaborate with peers (Kroll et al., 2022). For this DiP, the peer mentoring would focus on building skills and competencies to teach self-advocacy.

Resources

Building a CoP requires the ongoing interaction of a group of people who share a concern or problem and wish to deepen their knowledge through collaboration (Holland, 2018). CoP leadership is widely distributed and would consist of one to two persons who may rotate over time (Wenger, 2000). As suggested in the first proposed solution, a collaborative approach requires recruitment of other DH educators to cocreate and cofacilitate the solution. A social learning team (SLT) is a collaborative group that coaches fellow peers to lead a CoP (Wenger-Trayner et al., 2023). Kroll et al. (2022) suggested mentoring groups of six to eight participants. Since COVID-19, SWO College faculty meetings have continued online and received higher attendance. However, Wenger-Trayner et al. (2023) asserted that an online space is not a CoP but acknowledged a face-to-face virtual meeting is an option.

Equity, Diversity, Inclusion, Decolonization

Peer mentorships provide participants with an equal opportunity to share narratives and engage in discussion. This flatter organizational approach challenges the rigid and hierarchical state of DH education. Educators would gain experience and skills in mentoring, which they could apply to their teaching. This form of mentorship regards all participants equally, providing opportunities for persons who are traditionally dismissed, including women and persons of colour, to share their narratives. Applying ethical leadership strategies for this solution will encourage two-way communication and provide followers a voice (Deng et al., 2023; Treviño & Brown, 2014).

Ethical Considerations

Personal narratives would be shared between faculty. The ethic of care has been closely tied to female professions, including DH (T. L. Adams, 2004b; Carstairs, 2021). This paradigm requires opening dialogue with those who are usually silenced. Standards for confidentiality must be established before the start of the project. When communicating information to higher administration, no identifying factors would be given in any information or narratives shared.

Change Drivers

There is little evidence on whether peer mentoring has an effect on gender differences in academic leadership and advancements (Varkey et al., 2012). DH practitioners are frustrated about the lack of voice and leadership in the profession (Farmer et al., 2018). Peer mentorship allows all faculty to learn from shared professional experiences, which is essential in leading change. This solution promotes a collaborative approach to the development of skills and knowledge required to teach self-advocacy. Transformational leadership will foster mentorship strategies for creating new ideas between peers (Deng et al., 2023). I agree with Wilder and

Guthmiller (2014) that “leadership development and the formation of strong mentoring relationships are pivotal in empowering the dental hygienist for future leadership roles in their practices, their profession and the global community” (p. 226).

Solution C: Online Forums

Barriers to advocacy action in DH education include a lack of voice for the DH profession and an absence of training in schools (Bono et al., 2021). Neoliberalism has created silos of practice for educators (Capper, 2019).

Online forums provide a means for organizational members to connect and communicate during organizational change for the purposes of (a) information sharing, where members may share and create information and provide collegial support; (b) coordination, where members coordinate shared activities and meetings; and (c) emotional support, where members discuss physical and emotional hardships (Vieira da Cunha & Orlikowski, 2008). Maragha et al. (2023) described the benefits of online learning and chats, including the comfort of participating anonymously, which encourages participation in discussions. Enabling such discussions can defuse feelings of resistance to organizational change (Vieira da Cunha & Orlikowski, 2008).

What Needs to Change?

Organizational change requires a shift from the status quo, which may give employees a sense of inadequacy in their work (Vieira da Cunha & Orlikowski, 2008). Online faculty meetings have been common since the COVID-19 pandemic. However, SWO College has traditionally facilitated these meetings through a top-down approach, with the PD or lead faculty facilitating the meeting. Yet top leaders cannot learn for the organization, nor does this always translate to dissemination of knowledge to the rest of the organization (Argyris & Schön, 1996). The proposed solution provides an approach for collegial knowledge sharing and collaboration.

Resources

Options for this method of communication include private and public forums (Vieira da Cunha & Orlikowski, 2008). A private forum would be ideal for helping maintain confidentiality of discussions. Competition with other private DH schools would most likely make top management reluctant to allow a public forum and risk information leaks. However, private forums often incur costs for access in addition to information technology requirements. SWO College management would also have to compensate facilitators and moderators for their time. Participant compensation would be challenging to validate. Participation in online forums has been found to be unevenly distributed, with group of members who frequently check and reply to threads, and other members who only read the information (Vieira da Cunha & Orlikowski, 2008). Anonymous participation would exacerbate the issue of validating member engagement and compensation for attendance.

Equity, Diversity, Inclusion, Decolonization

Online learning and communication have been credited with facilitating greater accessibility to learning, as well as allowing more time for work-life balance and sources of income (Maragha et al., 2023; Rock et al., 2024). Online forums allow traditionally marginalized people to have a voice. Little is known about dental hygienists' workplace experiences (Ghoneim et al., 2021), and hence, this solution offers a unique insight into the DH profession.

Ethical Considerations

This open and transparent method of communication between DH educators challenges the traditional top-down facilitated methods of communication and learning. This DiP seeks to soften the organizational hierarchy and provide the educators a means for open dialogue between all members, including those who are marginalized and traditionally silenced. This collaborative

approach promotes DH educator engagement in developing the needed skills and knowledge to teach self-advocacy to their students. Educators may freely share feelings and ideas, which could reveal inequities or other issues, both past and present, that have deterred self-advocacy training in DH education. The ethic of critique is a morally based paradigm encouraging leaders to recognize the inequalities of their school (Shapiro & Stefkovich, 2021; Wood & Hilton, 2012).

Change Drivers

The school does not currently provide a means for educators to communicate and share ideas anonymously. Regardless of monetary compensation from upper management, the DH educators may find value in the emotional support and sharing of information and narratives among peers. Online learning provides remote access to communication with peers and flexibility to access at times convenient for the participants (Maragha et al., 2023).

Analysis of Solutions

For a private for-profit DH school, a solution that requires the least costs and resources and produces the highest participation and outcomes is ideal. Continuing education would build awareness of gender discrimination and lack of autonomy in the profession. The failure to establish why the change is required and the consequences of not making the change would most likely result in resistance from members (Hiatt, 2006). As previously noted, DH practitioners have been leaving the profession due to burnout, toxic work environments, and the lack of voice for the profession (Haslam et al., 2022). The shortage of practising dental hygienists has reduced the pool of faculty available for student learning, an issue that requires attention from both top management and educators. Continuing education would require compensation for the steering committee and participants. Learning may be scheduled online or in-person, with the latter requiring more costs to secure classroom space.

An alternative option is CoP peer mentoring, which provides an ideal and possibly more cost-effective method of facilitating learning. As the CA I would facilitate the peer mentoring with topics that build awareness of the PoP, but I would allow the members to lead and direct discussions. SWO College traditionally compensates for workshops and meetings. This option could be offered virtually eliminating required meeting space, with occasional in-person meetings as decided by the group. The third option of an online forum would permit educators to communicate anonymously and provide feedback on presented topics. However, this option is less inclusive, as online participation often does not occur equally among members. Table 3 provides a comparison of the proposed solutions.

Building organizational capacity depends on members' collaboration and decision-making abilities (Meyer & Stensaker, 2006). I agree with Bandura (1999), who stated,

Unless people believe that they can produce desired effects by their actions they have little incentive to act or to persevere in the face of difficulties. Whatever other factors

Table 3

Comparison of Strategies

Strategies	Resources	Equity, diversity, inclusion, decolonization	Dominant ethical paradigm	Change drivers
Option 1: Continuing education	Least favourable	Least favourable	Critique	Moderately favourable
Option 2: Community of practice mentoring	Moderately favourable	Most favourable	Care	Most favourable
Option 3: Online forum	Most favourable	Moderately favourable	Critique	Least favourable

serve as motivators, they are rooted in the core belief that one has the power to produce changes by one's actions (p. 28).

Chosen Solution: Community of Practice Mentoring

Building a CoP through peer mentoring provides an inclusive and equitable opportunity for DH educators to participate in this change initiative. This strategy will follow the ADKAR (Hiatt, 2006) process over the first year to develop independent DH educator awareness, desire, and knowledge to implement the change initiative. Peer mentoring will create an inclusive space for sharing narratives among DH faculty. As the CA, I will facilitate the peer mentoring and suggest topics of discussion that support the need for change. However, I must be open and adaptive to the participating members and their ideas.

The second year will focus on identifying competencies and skills for teaching self-advocacy. I will update the PD and upper management about the progress of peer mentoring and faculty development. I will work with the PD to mobilize the change initiative. Middle managers, positioned between the top management and bottom members, are effective at mobilizing change in the desired direction (Deszca et al., 2020). The third year will be a re-evaluation phase to reinforce the change. Themes and ideas presented in peer mentoring will be monitored through faculty teaching. Faculty will be encouraged to provide feedback in meetings regarding the process and outcomes for this DiP.

Initially, DH educators will be invited to voluntarily participate in the CoP peer mentorship as a pilot project. Introducing change as experimental will reduce the threat of an unknown change and possible failures (Deszca et al., 2020). However, faculty workshops and eventual implementation of self-advocacy in the curriculum will require mandatory participation and attendance of all DH educators.

Chapter 2 Summary

This chapter outlined the ethical and transformational leadership approaches to change as well as the step process to lead this DiP. I described the ADKAR model for change and its application to the change process, which focuses on the individual DH educators. However, organizational change depends on the decision-making process of the group. The external and internal forces that drive and restrain change are essential in determining organizational readiness for change. Strategies for achieving a desired outcome were presented, and the CoP mentoring option was chosen. This strategy offers the most decision-making ability and member-driven change capacity. Members are more likely to change enthusiastically if the change is their choice, rather than a request or demand from the leader (Burnes et al., 2018). The following chapter outlines the implementation, evaluation, and communication strategies for this change initiative.

Chapter 3: Implementation, Communication, and Evaluation

This Dissertation-in-Practice (DiP) presents a solution to a complex problem of practice (PoP) describing the lack of skills and competencies of dental hygiene (DH) educators at a private, for-profit school in Ontario, the South-Western Ontario (SWO) College, to teach self-advocacy in their classrooms. Chapter 1 described the PoP through an organizational overview of the DH profession and education, and through my lens and worldview as the change agent (CA). The components of self-advocacy were described. Chapter 2 described the planning and developmental phases with transformational and ethical leadership approaches. Using Lewin's (1947) force field analysis, I examined the supportive and opposing forces to determine support for the organization's readiness for change. Possible solutions to the PoP were proposed, and community of practice (CoP) peer mentoring was chosen to create a viable and sustainable change. Hiatt's (2006) Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) change model guides the process for an integrative change implementation plan, communication tactics, and monitoring and evaluation stages. The monitoring and evaluation of this DiP will be achieved through the Plan, Do, Study, Act (PDSA) model. The PDSA model provides a means to analyze and interpret results from the change initiative to monitor progress and outcomes (Taylor et al., 2014). Evaluation will also involve surveys and participant feedback to determine success or needed modifications of strategies. The chapter ends with next steps and future considerations.

Change Implementation Plan

The process for organizational change describes how the change is planned, implemented, and sustained through behaviours of the leaders and members (Burke, 2018). This DiP's success depends on the strategic implementation of each step of the ADKAR change plan. As Hiatt (2006) stated, "In the absence of awareness and desire, you can expect more resistance

from employees, slower adoption of change, higher turnover and delays in implementation” (p. 44). Hiatt posited that the success of organizational change depends on facilitating change with one person. I concur learning is an individualized experience. Yet, organizational learning is a social phenomenon (Wenger et al., 2002).

Building a CoP creates a synergy between the different levels of the organization, bridging traditional silos (Wenger-Trayner et al., 2023). The CoP evolves through a lifecycle of phases, which include the Potential, Coalescing, Establishing, Committing, Evolving, and Dispersing phases (Wenger-Trayner et al., 2023). CoP mentoring addresses the needs of DH educators to develop skills and competencies required for teaching self-advocacy to students. The implementation plan integrates the CoP phases into the ADKAR change model to guide this DiP through a 2-year timeline, with an additional year for reinforcement (Appendix A). This section discusses my role as CA and other members responsible for the change; the goals for each CoP phase as guided by the ADKAR model; the short-, medium-, and long-term goals for the desired future state; and implementation issues and other considerations.

Roles and Responsibilities

A CoP is a group of individuals who inclusively and socially learn for the purpose of tactical knowledge sharing (Wenger et al., 2002). In this community of learners, the identity and role of the CA and members differ somewhat from traditional organizational change models.

The sponsors are usually not part of the CoP but play a supportive role in sponsoring the community and may include senior leaders and executives who support the CoP. The SWO College owners and managers are the sponsors for this DiP. The program director (PD), as a liaison between the sponsors and faculty, will continue to be identified as the PD or middle management.

The community leader is responsible for the day-to-day functions of the CoP and overseeing the engagement of community members. As CA for this DiP, I will fulfill the role of community leader. To keep consistency with the previous chapters and language in other organizational change literature, I will continue to use the title of CA for my role in this DiP.

The members who are dedicated to the development and implementation of the change initiatives are referred to the core group members. These include the DH educators who participate in the solution, through voluntary and mandated meetings, workshops, and mentorship.

The group of individuals who support the learning of the community through coaching and support are the social learning team (SLT). The SLT may act as a liaison between the core group members and sponsors. The SLT will consist of the full-time faculty members who volunteer in the initial potential stage to build awareness of the PoP. This team will continue to provide support through cofacilitation of peer mentoring with the CA, as well as supporting newcomers in the CoP. Faculty who do not volunteer will participate as a core group member through mandatory school meetings.

Integrative Change Implementation Plan

The change implementation plan aims to create a CoP mentoring change initiative. This integrative change implementation plan will combine Hiatt's (2006) ADKAR model with Wenger-Trayner et al.'s (2023) CoP stages.

Awareness

This stage of the ADKAR change plan builds awareness of the state of the DH profession, the need for change, and the risks of not changing. The affiliated Potential phase in a CoP focuses on discovering common ground with others to form a community. This phase, like

the awareness element in the ADKAR model, depends on discovering shared struggles and the need for change, reflecting the underpinnings of a CoP. The CA, a DH educator, will initiate this phase using a grassroots bottom-up approach. This method provides participants with autonomy and ability to guide the change (Wenger-Trayner et al., 2023).

The CA will launch the change initiative at the preterm meeting just prior to the start of the September 2024 term. This faculty meeting is mandatory and most often is a face-to-face virtual meeting. The change initiative will be introduced as a pilot project with the initial step of inviting full-time faculty to voluntarily meet biweekly and in-person at various times. This adheres to the voluntary nature of forming a CoP. Wenger-Trayner et al. (2023) suggested biweekly 1-hour voluntary meetings at the start of the process. The CA and SLT will cofacilitate the initial in-person training workshop (Workshop Part 1) with core group members.

The Potential phase challenges the school's culture, or the way things are traditionally done, which is the most difficult aspect to change in an organization (Burke, 2018). An analysis of culture will be achieved through informal interviews and peer discussions during mentoring meetings and will include Schein and Schein's (2017) model of organizational culture, which focuses on shared beliefs and underlying assumptions, values and goals, and observed behaviours. Other forms of assessment, including the Basic Psychological Need Satisfaction and Frustration Scale (Appendix B) to determine individual readiness for change, are discussed later in this chapter.

Ethical leadership promotes supportive communication and reflection of espoused values with others experiencing shared problems (Yukl et al., 2013). However, ethical leadership lacks evidence of success for change-oriented behaviours, which otherwise may be accomplished through transformational leadership (Yukl et al., 2013). As CA, I will apply a transformational

leadership approach in addition to ethical leadership to build awareness of the need for change.

Desire

Opening dialogue among organizational members is essential in building a CoP. Hiatt's (2006) desire element identifies the motivation of the individual to participate in change. In the affiliated CoP's Coalescing phase, members of an organization learn together and solve problems (Wenger-Trayner et al., 2023). Open communication and dialogue are essential in building a shared vision that addresses the underlying issues (Senge, 1994). This phase will be facilitated by the CA and SLT, who are all DH educators at SWO College, which provides some commonality for achieving shared goals and vision. Failure to achieve collective belief in and vision of the change may result in members not feeling ready, resulting in potential resistance (Mladenova, 2022; Weiner, 2009).

Knowledge

The establishment of social learning and knowledge sharing defines the types of activities required for organizational change. The CoP's affiliated Establishing phase requires a building of relationships and trust (Wenger-Trayner et al., 2023). In the ADKAR model, the knowledge element describes the skills and behaviours required to implement change (Hiatt, 2006). The progress of this DiP and benefits of building a CoP for improved and progressive training of students will be shared with sponsors. SWO College management has been generally supportive of new ideas for curriculum development and enhancement.

Peer mentoring is ideal for opening a supportive and safe space for discussing gender issues and other types of discrimination experienced by dental hygienists. CoP members must trust each other to discuss their practice and will build further trusting relationships through these discussions (Wenger-Trayner et al., 2023). I will apply ethical leadership in creating this space

where knowledge can be shared without judgement. Despite the evidence for peer support established in all-female mentorship communities (Kroll et al., 2022), this DiP will not exclude or segregate any DH educators or core group members.

Open dialogue among all peers is encouraged to share knowledge and identify common themes to determine what skills and competencies DH educators need to teach self-advocacy. Test et al. (2005) created a conceptual model to encourage discussions among educators to develop knowledge and skills to teach self-advocacy. I have adapted this model to create the Components of Self-Advocacy for Dental Hygiene Educators (Appendix C), which includes knowledge of oneself and one's rights, and communication and leadership components to teach self-advocacy. As described in Chapter 1, the framework of self-advocacy is designed to serve as a guide for developing self-advocacy education (SAE) including instructional planning, curricular design, and assessment of self-advocacy for students (Schena et al., 2023; Test et al., 2005). Communication among DH educators is essential in knowledge sharing of these new skills. However, knowledge does not necessarily translate into ability to implement change (Hiatt, 2006).

Ability

The building of an identity requires skills and competence. Wenger-Trayner et al.'s (2023) Committing phase represents a pivotal moment in organizational change where the members are prepared to commit to a sustained learning strategy to drive their learning agenda. In this phase, CoP members have the capacity to create change. The ability element in the ADKAR model shares these qualities. During this phase, the CA works in collaboration with the core group members and PD to monitor and support the change through peer mentoring. DH educators will share experiences with new techniques and skills to teach self-advocacy in their

classrooms. Hiatt (2006) prescribed one-on-one coaching for the day-to-day observation and feedback from supervisors. However, in a CoP, coaching with an informal and socially supportive method is provided by the CA and SLT (Wenger-Trayner et al., 2023).

Reinforcement

The Evolving phase reflects arising issues and gaps in change initiatives and seeks to innovate new sources for sustainable development and practice (Wenger-Trayner et al., 2023). Applying transformational leadership, individualized consideration must determine the needs of the members, including how they may be intellectually stimulated (Bass & Steidlmeier, 1999). I will facilitate meeting discussions to include progress of the CoP, DH educators' experiences in self-advocacy teaching, needed supports, student feedback and progress, and ideas for future steps.

Methods of reinforcement, the last step of the ADKAR model, promotes the desired change through feedback and recognition, as well as celebration of the change (Hiatt, 2006). SWO College has an established online forum that recognizes the contributions and successes of faculty, including those who have provided extra help sessions for students or covered extra shifts during staff shortages. In a CoP, faculty successes and recognitions will be discussed during in-person or virtual meetings.

The Dispersing phase recognizes the CoP as a living system; changes and adaptation to its internal and external environment must be expected for its survival. Positive changes such as additional new DH faculty should be supported in this social change. SLT members may coach and mentor newcomers. However, the lifespan of the CoP must be eventually considered. A review of the CoP and its goals at the end of a change cycle should determine if whole system reform is needed, or if the CoP should continue in the current state. Additional time and funding

for this DiP will require the approval of the sponsors.

Short-, Medium-, and Long-Term Goals

In the near term, core members can work collectively and collaboratively with the CA to solve an immediate problem (Wenger-Trayner et al., 2023). This phenomenon was evident during the COVID-19 pandemic when members worked immediately with school leaders to adapt and manage the crisis. However, the crisis experienced by DH educators as presented in the PoP is not as evident or perceived as immediate. Gender discrimination and market-driven forces that have devalued and hindered professional autonomy have existed since the foundation of the DH profession and have become ingrained in the culture. Building awareness of these issues, my responsibility as the CA, is a short-term goal. Achieving awareness of the need for change does not always translate in the desire to change (Hiatt, 2006). Building a desire for change will require more time and efforts especially if the problem is not perceived as an immediate threat (Hiatt, 2006). This medium-term goal requires members' buy-in and acceptance of the requirements for needed change. Long-term goals include member commitment and engagement to create strategic and sustainable change, which will require continuous and long-term feedback and monitoring among members and the CA.

Creating change in how things are done also creates change in culture and identity (Burke, 2018; Wenger-Trayner et al., 2023). Challenging the status quo and cultural norms of the school may create issues and setbacks in change implementation.

Implementation Issues

The challenge of cultural norms will undoubtedly create dissonance among DH educators and other members of SWO College. As Schein and Schein (2017) explained, "Cultures tell their members who they are, how to behave toward each other, and how to feel good about

themselves. Recognizing these critical functions makes us aware why ‘changing’ culture is so anxiety provoking” (p. 31). Traditionally, SWO College is a top-down hierarchical organization, similar to most DH educational organizations. This DiP challenges cultural norms and may create some discomfort for core group members and sponsors, resulting in resistance. However, resistance is a feedback mechanism to determine success and needed modifications for implementing the change. I agree with Ford and Ford (2009), who regarded members who verbalize their objections as those who care about the change and can foresee faults in the plan. In an innovative plan to challenge the cultural norms of an organization, hearing all members’ voices, including those resistant to the change, is valued. Core members who voice their resistance are preferred to those who remain silent in drastic opposition (Bareil, 2013).

Open communication and knowledge sharing are essential for a CoP. Methods of communication, knowledge sharing, and mobilization are discussed in the next section.

Plan to Communicate the Need for Change and the Change Process

Effective change requires continuous and effective communication, so participants understand the need for change and how to change (Hiatt, 2006). Motivation for change will depend on the communication needs of the stakeholders, which must be continuously monitored and evaluated (Errida & Lofti, 2021). Effective communication is required to dispel rumours and misinformation that may compromise the change (Hiatt, 2006). To prevent resistance to change, communication about the change and specific tasks required for the change is vital (Elving, 2005). However, communication is not solely the responsibility of the CA. Rather, communication is the responsibility of all organizational members (Barrett, 2002).

In organizational change, the goals for communication include (a) inform members of the new tasks and policies and (b) communicate with intention to build a community in the

organization (Elving, 2005). To create a viable and sustainable change through CoP peer mentoring, effective communication must be established among all stakeholders. Hiatt (2006) contended that effective communication is an integral component of building awareness of the problem and creating a desire for change. The ADKAR model guides this section.

Awareness

Building awareness of the problem is the first step identified in this DiP. The CA introduces the problem through a virtual face-to-face meeting to discuss the problem and the need for change. Full-time faculty are invited to voluntarily attend in-person meetings to create a SLT that will facilitate peer mentoring with all DH educators. The SLT continues to communicate and share ideas and feedback via online chat with the CA and core members. An initial workshop facilitated by the CA and SLT with all DH educators provides the opportunity to share ideas from the SLT meetings and encourage attendees to share through storytelling of challenges in their professional experience, including gender discrimination and other forms of discrimination. However, communication does not always result in awareness or desire (Hiatt, 2006).

Desire

Communication impacts the ability to comprehend why the change is needed, driving employee awareness and desire to support the change. To prevent miscommunication in this step, Prosci (n.d.-a) developed the Communications Checklist for Change Management (Appendix D), which helps identify how and by whom the change plan will be communicated and how information may be received from stakeholders (Hiatt, 2006). This checklist includes the following items:

- Use preferred senders to deliver communications, such as managers or supervisors.
- Prepare and equip preferred senders, which may require coaching and mentoring.
- Communicate why the change is happening, why now, and the risk of not changing.
- Answer “What’s in it for me?” and address what participants care about.
- Repeat the message so it is heard by the intended audience.
- Resist sending the message through exclusive senders and recognize the senders preferred by the members.
- Identify effective ways to communicate the message.

Without the awareness and desire to change, members will not understand the reason for the change and may not want to participate (Hiatt, 2006).

Knowledge

Knowledge is not the starting point for managing change (Hiatt, 2006). The method of knowledge transfer determines the skills retained by the participant. Hiatt (2006) contended that adults retain a small fraction of what they hear and read, and suggested the use of hands-on, in-person training. This DiP applies diverse methods of communication for the purpose of building knowledge, including in-person workshops, readiness for change tools, presentations, email, and online teams to support the change initiative.

Ability

Members who have a voice are more likely to engage in the conversation. Therefore, inclusive stakeholder participation is also essential in policy development to ensure advocacy for the vulnerable and marginalized (Dudar et al., 2017). Diverse methods of engagement for peer

mentoring are provided through voluntary and mandatory meetings and workshops, with in-person and virtual options.

Reinforcement

The CA must communicate effectively with participants to create a clear vision of where the organization is going, as well as goals and identifiers for successful outcomes. Post-meeting feedback through anonymous surveys allow participants to communicate their experiences and concerns without fear of creating conflict with peers or compromising their employment. Poor communication and lack of teamwork have been identified as creating unsatisfactory work environments for DH professionals (Hornby, 2023).

DH educators' narratives and stories will be shared anonymously with sponsors to demonstrate the progress and outcomes of the CoP as well as needs for faculty retention at the school. DH educator stories also provide insight into what is working and what needs to change for the CoP to achieve its goal of building skills and competencies to teach self-advocacy. Effective communication tactics and knowledge mobilization (KMb) are essential in sharing and using the knowledge gained from participants' stories.

Communication Tactics

The ADKAR model recognizes multiple forms of communication for building awareness. The communication tactics and timelines applicable to this DiP are identified in Appendix E. Effective communication methods for building awareness include in-person face-to-face meetings, training, and workshops (Hiatt, 2006). Barrett (2002) asserted that effective communication involves a variety of methods but relies on in-person direct communication over indirect or virtual methods.

This DiP strategically plans face-to-face meetings and peer mentoring around the usual

in-person faculty meeting times at SWO College. SWO College has traditionally compensated employees for mandatory in-person meetings as well as workshops or continuing education opportunities, which are required to maintain accreditation status. This traditional compensation will reduce additional compensation requirements, which could compromise management approval for this DiP. Peer mentor group meetings are also scheduled in-person at lunchtime, when DH educators are at SWO College. Initial peer mentoring meetings are in-person and mandatory, followed by virtual voluntary peer mentoring to provide a more convenient method of communication. Email is an indirect communication method used by the PD to provide updates and specific decisions based on the outcomes of the peer mentoring. Post-meeting follow-up communication will take place via email or team messaging such as Microsoft Teams. The schedule, timelines, and frequency for meetings and any actions in this change implementation plan may be adapted according to program schedule needs and faculty feedback.

Despite this communication plan, methods of communication and timelines may be modified and established with stakeholders throughout the process. The sharing of knowledge to create an impact is referred as KMb, which is not to be confused with communication. According to Research Impact Canada (n.d.-b), “While communicating and disseminating your knowledge is an important part of the process, communication is only one aspect of knowledge mobilization. KMb is about the flow and exchange of knowledge between people, rather than just one-way dissemination” (para. 2). The application of KMb is further discussed.

Knowledge Mobilization

In the literature, “KMb” is often used interchangeably with “knowledge translation,” where the latter is mainly used in health sciences (Knowledge Institute on Child and Youth Mental Health and Addictions, 2023). However, this DiP will continue to refer to KMb. As

noted, communication of the change is a component of KMb. Research Impact Canada (n.d.) defined KMb as “a broad term that describes the way knowledge is created, shared, and used in order to create an impact” (para. 1). KMb methods should be fine-tuned to the needs of the target audience (Lavis et al., 2003). Therefore, the CA should share information in a way that stakeholders can understand and apply to create sustainable change. Lavis et al. (2003) described a KMb framework of five questions that provides an organizational knowledge-transfer strategy:

What should be transferred to decision makers (the message)? To whom should research knowledge be transferred (the target audience)? By whom should research knowledge be transferred (the messenger)? How should research knowledge be transferred (the knowledge-transfer processes and supporting communication infrastructure)? With what effects should research knowledge be transferred (evaluation)? (p. 222)

The Knowledge Mobilization Plan Framework, summarized in Appendix F, is further discussed.

The Knowledge Mobilization Plan

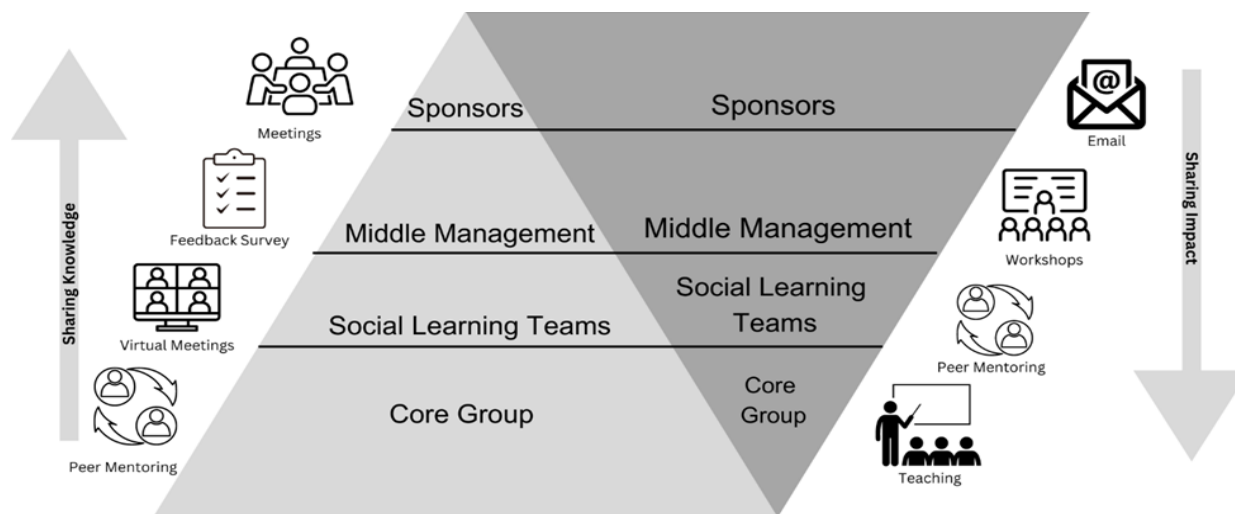
This DiP seeks to build the skills and competencies DH educators need to teach self-advocacy to their students. The DiP presents supportive literature as well as my personal experience and expertise demonstrating the need for the organizational change. Supportive evidence for the change is transferred to the target audiences, including the lower core members, the DH educators, who will implement the change, and the middle and top management whose support is essential for this DiP. Opening two-way communication to provide all members a voice and developing support and trust through mentoring and support throughout the change is reflective of ethical and transformational leadership, respectively (Deng et al., 2023). Multidirectional communication not only prevents resistance to the change but also creates a sense of trust between stakeholders and leaders (Daly et al., 2003). However, challenging

cultural norms is expected to drive an emotional response from the members.

SWO College, like most DH schools, has maintained a top-down approach to mandating change. This DiP posits that building a more inclusive CoP requires a bottom-up approach to implementing change. However, top management has traditionally determined and sponsored school change and therefore will also determine how this DiP moves forward. Allen et al. (2007) contended that organizational members trust top managers to determine the reason for and future direction of the change, while supervisors (middle management) provide more direction for the tasks required. Peer support is essential for supporting the individual member through the change process (Allen et al., 2007). The KMb visualization for this DiP reflects the bottom-up sharing of knowledge, whereas the sharing of tasks, or impact, required for the change follows the traditional top-down approach (Figure 3). In an authentic form, when directing goal-oriented tasks, communication from upper levels of the organization helps to build feelings of trust, value, and engagement among bottom members (Tripathi et al., 2023).

Figure 3

Knowledge Mobilization Visualization



Determining the impact from the KMb requires tools that measure and provide evidence of the change. The number of DH educator participants provides a quantitative measurement of participants reached. Follow-up surveys, discussions, and feedback during and after the peer mentoring throughout all steps of the ADKAR model allow the CA to monitor the change and determine what modifications are required at each change stage. Modifications to DH educators' teaching objectives, curriculum, and evaluation reflect the transfer of knowledge from theory into practice. The bottom-up approach to building awareness among all members of the school of the discrimination experienced by DH educators, even if such awareness is developed indirectly with the top management, is a softening of the rigid hierarchy of communication.

Knowledge sharing requires active participation to develop awareness of the problem and its cause. Continuous monitoring and evaluation through formal and informal methods and measurement tools is essential in determining the direction of the solution.

Change Process Monitoring and Evaluation

If a leader keeps doing what they have been doing, they will continue to get the same results (Hall, 2013). The vision shared in Chapter 1 shows the need for SWO College to adopt a collaborative approach where DH educators may share stories and build awareness of the discrimination they face. This discrimination not only impedes their professional autonomy but also points to the need to teach self-advocacy in their classrooms. In a CoP, value-creation stories are stories members share about their practice, the change, and new knowledge gained from the CoP and the difference it made for their practice (Wenger-Trayner et al., 2023). The CA will use value-creation stories for monitoring, and for participant feedback and learning purposes. Wenger-Trayner et al. (2023) asserted that “communities of practice cannot or should not be evaluated or measured” (p. 212). However, outcomes from this DiP must be

communicated to sponsors, whose support is required. Measuring the value of stories and experiences is a complex task, but building on the knowledge obtained in each cycle of this DiP is a reflexive approach to providing a solution to a complex problem.

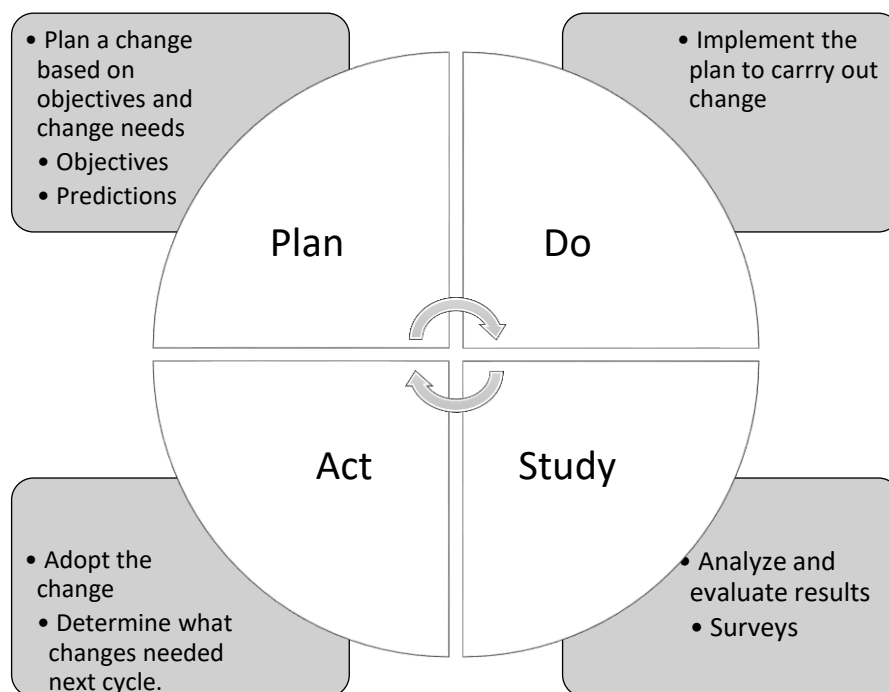
This section provides guidelines for DH educators of SWO College to begin the work of monitoring and evaluating. When implementing a complex change, a pragmatic approach to assessing the change throughout the process is ideal for determining change success and required modifications (Taylor et al., 2014). The PDSA model provides a means to analyze and interpret results from the change initiative and monitor progress and outcomes of each step of the change (The Deming Institute, n.d.; Taylor et al., 2014). The DH continuing competence tool is familiar to DH educators to evaluate gaps in their knowledge and outcomes of their learning goals.

Monitoring and Evaluation

Implementing change and evaluating results is not easy (Hall, 2013). Markiewicz and Patrick (2016) described monitoring through formative evaluation of program implementation in contrast to summative or outcome evaluations focused on results. There is evident overlap between monitoring and evaluation (Markiewicz & Patrick, 2016). This DiP provides a single set of questions to be answered through monitoring and evaluation tools: (a) What was the impact of developing a CoP on DH educators' practice? (b) Did the CoP generate skills and competencies to teach self-advocacy? The tools include the PDSA model to monitor and evaluate each step of the ADKAR change model, and qualitative storytelling and knowledge sharing along with quantitative surveys to monitor and evaluate the CoP and learning goal outcomes.

PDSA

The PDSA process (Figure 4) provides a means to plan, analyze and interpret results, and act on identified change improvements (Donnelly & Kirk, 2015; Taylor et al., 2014).

Figure 4*The PDSA Model*

Note. Adapted from “Use the PDSA Model for Effective Change Management,” by P. Donnelly and P. Kirk, 2015, *Education for Primary Care*, 26(4), p. 279.

(<https://doi.org/10.1080/14739879.2015.11494356>). Copyright 2015 by Radcliff Publishing;

“Systematic Review of the Application of the Plan–Do–Study–Act Method to Improve Quality in Healthcare,” by M. J. Taylor, C. McNicholas, C. Nicolay, A. Darzi, D. Bell, and J. E. Reed, 2014, *British Medical Journal Quality & Safety*, 23(4), p. 292. (<https://doi.org/10.1136/bmjqs-2013-001862>). Copyright 2015 by Open Access.

The PDSA model is ideal for small incremental changes with a large effect (Donnelly & Kirk, 2015). The PDSA process provides quality assurance after implementation of a change (Laverentz & Kumm, 2017) at each step and outcome of the ADKAR change step model. The

PDSA process includes planning the timeline of the change, implementing the change, assessing outcomes, and analyzing and evaluating outcomes (Donnelly & Kirk, 2015).

Planning

The Planning step involves identifying the goal or purpose. Defining success and metrics for measurement are part of the planning stage (The Deming Institute, n.d.). Determining the number of DH educator participants who voluntarily participate in the peer mentoring sessions and monitoring the change in attendance over time can provide data on participant engagement.

Do

The Do step involves implementing the plan (The Deming Institute, n.d.). The change plan will be monitored and evaluated to determine progress and setbacks. Participants' comments and feedback in meeting discussions, online polls, or Google Docs will be used to monitor this step.

Study

The Study step involves monitoring signs of progress and success, as well as setbacks and areas for improvement (The Deming Institute, n.d.). Readiness for change surveys as well as post-meeting surveys provide measurable tools to monitor this step.

Act

The Act step involves reflecting on the learning throughout the cycle to determine needed modifications to the goals and change plan. Final reflections are shared to determine if change ideas should be continued, modified, or abandoned (The Deming Institute, n.d.).

Thus, the PDSA process may be repeated in a continuous cycle as required to evaluate outcomes at each step of the change process. As this DiP presents a new challenge to cultural norms in the school, applying the PDSA model to a smaller faculty group is ideal. However, the

PDSA model also unevenly distributes time and attention, with more time on implementing the change (Reed & Card, 2016).

Limitations of the PDSA Model

Implementing a complex change requires a pragmatic approach to assessing the change throughout the process to determine change success and any required modifications (Reed & Card, 2016). Though Reed and Card (2016) contended that the PDSA model provides a means to plan, analyze and interpret results, and act on identified change, they also warned about unequal distribution of time and attention in this model, with more time spent on implementing the Do stage, where participants can get stuck. Leaders must not underestimate the complexity of this model, which will require a cyclical, not linear, approach (Reed & Card, 2016).

In a study applying the PDSA model to nursing school curriculum reform, Laverentz and Kumm (2017) noted unexpected problems, requiring 3 years to complete the process. This DiP addresses a complex PoP requiring an analysis of leadership culture in DH education. I anticipate this change initiative will occur over 3 years, which permits monitoring the teaching and learning outcomes of students who commence and complete the DH program during this period.

The PDSA model will provide a formative and summative evaluation of the implementation stages of this change initiative. Monitoring and evaluation will combine the PDSA model with the ADKAR change model.

Awareness

In face-to-face virtual meetings and in-person workshops, storing sharing will create discussions regarding current gaps in DH leadership education. The CA will monitor participants' tone and body language to evaluate their responses. The Basic Psychological Need Satisfaction and Frustration Scale, in Appendix B, measures satisfaction of essential

psychological needs to determine individual readiness for change (Van der Kaap-Deeder et al., 2019). The tool may be used for individual assessment at any phase of the planned change.

Desire

Through in-person meetings or anonymous Google Docs, discussions will open regarding the consequences of not changing. Monitoring of attendance and participation will create empirical support for this DiP. Novel ideas that emerge through story sharing will provide qualitative evidence of participation and reaction to the change. The CA and SLT will document common topics of discussion and key findings in meetings. Meetings can be recorded with participant permission.

Knowledge

The theoretical framework of self-advocacy (Test et al., 2005) provides a reference as to what DH educators must learn to build their competencies and skills to teach self-advocacy. Observational learning also enables learners to acquire knowledge, attitudes, and competencies (Bandura, 2002), and will guide the second-year phase of the change plan.

Ability

DH educators will share examples of implementing skills in their teaching practice, and model communication skills for each other during peer mentoring meetings. The CA and SLT will document, for reference, the skills and competencies shared by DH educators, with no identifiers, as well as examples of teaching and evaluation of these skills to their students.

Reinforcement

Trends in attendance and participation changes throughout the process will be analyzed to determine what is working and not working to engage participants. All DH educators, including those who did not participate in the voluntary sessions, will be asked for feedback. All responses

will be assessed by the CA and PD.

Community of Practice Meeting Agenda

In a CoP, an agenda drives the meeting to provide structure for participant engagement. However, this agenda is not evaluated based on its topics, but rather the value of the discussions and knowledge created (Wenger-Trayner et al., 2023). The agenda sets the order of meeting activities and may include: (a) Check-in, where members can provide insights from the previous meeting, creating a learning loop; (b) opening activity, where members may bring up a challenge to be addressed, and feedback gathering through an anonymous online poll; (c) social learning activities, the bulk of the meeting, where members discuss issues or practise new techniques in-person or online; (c) reflections, where members reflect on the meeting in-person or online in a shared Google Doc; and (d) check-out, where participants reflect on what they will do with the new learning they obtained in the meeting. The reflections can provide a summative and formative assessment through these questions: What was accomplished? What challenges are we facing and what should we do next? What is working and not working? How are we doing as a community?

Surveys and Feedback

As a goal of this DiP is to build advocacy skills for the profession, communication skill building is essential. Surveys and feedback gathering allow participants to communicate their experience throughout the process, which allows the CA to monitor and evaluate each change step. Self-determination is a component of self-advocacy, though these terms are often used interchangeably (Test et al., 2005). According to R. M. Ryan and Deci's (2000) self-determination theory, three basic human needs must be met for human motivation. These include psychological wellness, which includes autonomy as freedom of choice; a sense of competence,

which includes mastery and skills; and relatedness, which includes a sense of interconnections and belonging with peers (R. M. Ryan & Deci, 2000). Lacking any of these items results in frustration and lack of readiness for change. Determining if DH educators generated competencies and skills to teach self-advocacy will be achieved through discussions and feedback during peer mentoring meetings, post-meeting surveys, and discussions.

The Components of Self-Advocacy for Dental Hygiene Educators (Appendix C), adapted from Test et al.'s (2005) conceptual framework, is meant to guide discussion of the skills educators require to teach self-advocacy. In the CoP meeting agenda, social learning activities will apply the components of this framework to determine the needs to develop knowledge of oneself and one's rights; how DH educators communicate knowledge of self and rights effectively with others; and how DH educators advocate for common concerns as a team.

Evaluation

The PDSA model is not a one-size-fits-all guarantee of successful organizational change, and other change models can be used in combination (Reed & Card, 2016). Post-meeting surveys allow the participants to provide ongoing evaluation, while recognizing the participants and their experiences (Barrett, 2002). Learning is more robust when participants share their experiences, which are affected by their diverse backgrounds and cultures. A Design Clinic and DH quality assurance self-assessment will provide summative evaluations.

Design Clinic

A Design Clinic is a method of receiving feedback from CoP participants in an open and inclusive structure to broaden group thinking without seeking convergence (Wenger-Trayner, 2023). This evaluation may occur in a short timeframe during in-person meetings (Wenger-Trayner et al., 2023). The aim is to provide a voice to all participants and encourage involvement

from traditionally silenced members of diverse cultures and backgrounds. For this DiP, the Design Clinic prompts (see Table 3) are incorporated into an open-ended survey. It may be completed at the end of the peer mentoring meetings or post-meetings via email. Participants may share their responses in the meeting or give them to the facilitator. The facilitator may address the responses without using names or identifiers, should time permit then or in the next meeting.

Dental Hygiene Quality Assurance Self-Assessment

The DH regulatory college requires dental hygienists to participate in quality assurance and continuing education activities for at minimum 75 hours every 3 years (CDHO, 2021b). DH educators must complete an online quality assurance portfolio that includes self-assessment to determine gaps in knowledge, continuing education goals, hours spent on learning, and evaluation of the outcomes to determine if the education goals were met (CDHO, 2021b). This form of evaluation will be used for the CoP in measuring outcomes of set goals.

Table 3

The Design Clinic

Design clinic prompts	Description
Could you help me...	Request help with a challenge experienced with this project.
Share more about...	Explore the context and circumstances of the change.
This makes me think of...	Share stories and experiences related to work.
You might try...	Suggest next steps to move towards the desired goal.
What struck me...	Discuss what was most interesting or notable in the discussion.

Note. Adapted from *Communities of Practice Within and Across Organizations: A Guidebook* (p. 149), by E. Wenger-Trayner, B. Wenger-Trayner, P. Reid, and C. Bruderlein, 2023, Social Learning Lab.

Next Steps and Future Considerations

Determining the outcomes of organizational change is not easy (Hall, 2013). It has been well established that most planned change initiatives fail (Burke, 2018). Change may benefit some while causing harm, whether real or perceived, to others (Bolman & Deal, 2021). This DiP seeks to challenge the cultural norms at an Ontario private for-profit DH school. Gender discrimination and marginalization have hindered self-advocacy for DH educators. I anticipate potential resistance and setbacks from multiple stakeholders, including the DH educators, when challenging cultural norms. Next steps require continuous monitoring of the change process to determine the need for adapting and modifying the plan. Building capacity as a CoP will encourage more participative communication and inclusion. Other forms of marginalization may be revealed through peer mentoring. Future considerations may include adapting leadership approaches to transformative, reflecting social justice change initiatives.

The short-term goal of building stakeholder awareness of the problem is essential. The change process must be communicated effectively to all stakeholders. Yet change is unpredictable. The chosen solution for the PoP is CoP peer mentoring. Peers and role models can provide training and mentorship to facilitate small-scale change that will eventually lead to greater cultural change (Santana et al., 2018; Taichman et al., 2012). The long-term goals entail continuous and ongoing feedback and monitoring among all members to sustain the desired change. Surveying future graduates of the DH program can provide insight into their awareness of gender discrimination in their practice and their skill set to self-advocate. Despite the goal of self-advocacy, the DH profession cannot dismiss external provincial government regulations and mandates. Current dental and dental team models reflect a business and hierarchical management structure (Quiñonez, 2021). The hierarchal and business models of DH education and practice

may not be ready for a flatter organizational structure and inclusive approach, as outlined in transformative leadership. From a neoliberal perspective, conflict is expected in political change (Bolman & Deal, 2021). Arriving at an agreeable solution will require bargaining and negotiating from the individual to large-scale organizational levels (Bolman & Deal, 2021). Therefore, an adaptive approach based on changing environments is essential for change success (Nadler & Tushman, 1980). To conclude with Burke (2018), “Let us be clear: We must plan change yet understand that things never turn out quite as we planned. It’s a paradox” (p. 30).

Chapter Summary

This chapter presented an implementation plan to create a viable and sustainable change through CoP peer mentoring. This change initiative incorporates ethical leadership for self-reflection and modelling moral behaviours. Transformational leadership applies idealized influence to inspire members to create a change. The ADKAR model provided a foundation for the integrative change implementation plan. Diverse methods of communication were identified for each step of the change model and affiliated stages of the CoP with a defined timeframe. These steps and timeframe may be flexible and adaptive depending on the outcomes of each stage.

The diverse communication methods are a component of the KMb in this DiP. One-directional communication to members, such as through email, can be a persuasive means of communication, while engagement of members through multidirectional communication promotes active participation (Armenakis & Harris, 2009). This DiP applies a bottom-up approach for KMb. However, the top-down, task-directed communication traditionally employed at SWO College will continue for this KMb plan.

Different methods of monitoring and evaluation of the CoP will determine successes or

needs for modifications. Monitoring of each stage of the ADKAR plan will be achieved through the PDSA cycle as well as surveys and participant feedback. Evaluations will involve the Design Clinic and the DH quality assurance self-assessment from the DH regulatory college. Next steps and future considerations include further application of social justice leadership through a transformative approach and surveying future DH graduates to evaluate the outcomes of this DiP.

Conclusion

This Dissertation-in-Practice reveals the complexities and the importance of agency and influence. Without agency to create a change in our organization, we are merely followers. DH practitioners have shared their frustration with the lack of voice and autonomy in their practice. Gaps in DH education reveal a lack of self-advocacy training. Educators in other fields have called on the need for training to teach self-advocacy to their students. The conceptual model for self-advocacy requires the educator to have the ability to advocate for oneself before they can collectively advocate with others who share a common problem (Test et al., 2005).

Ethical leadership and transformational approaches embrace moral and collaborative methods of identifying what DH educators need to teach self-advocacy to their students. A community of practice fosters a bottom-up approach to solving this complex problem of practice. Resistance from DH participants and school leaders must be considered as this approach challenges the traditional hierarchical cultural norms. An analysis of the driving and restraining forces supports the drive for this change. External influences, which are often perceived as negative, have also supported this DiP. Current employment needs for DH practitioners have gained public attention and provides an opportune time for autonomous professional advancements. However, most change initiatives fail due to the lack and expertise of managers (Higgs & Rowland, 2005). The journey of this DIP has broadened my thinking outside normative and colonial ways of knowing the value in member-directed approaches to change. I conclude with Capra (2002), who stated, “It is common to hear that people in organizations resist change. In reality, people do not resist change; they resist having change imposed on them” (p. 100).

Narrative Epilogue

The journey of the Dissertation-in-Practice has been an emotional one of triumphs and less-than-triumphs. As a dental hygiene (DH) instructor for almost 20 years, I have experienced a fluctuation of trends in DH education. The flooding of the DH employment market with the opening of numerous private DH schools that were pushed by organized dentistry in early 2000's resulted in DH practitioners leaving the profession due to limited employment opportunities. As we now face shortages of dental hygienists in dental offices, I have seen more colleagues walk away from practicing in our profession than I had in previous market-flooded years. A shortage of practicing dental hygienists does not necessarily mean a shortage of dental hygiene practitioners. A recent Ontario regulatory college report praised the growth in DH registrant membership. Therefore, labour shortages are unlikely due to the short supply of registered dental hygienists. So, what is the problem? Lack of voice? Lack of autonomy? Abusive and toxic workplaces? Or, all of the above and more?

I entered the Doctor of Education program with an idea to fix our profession. As naive as this sounds, I feel a sense of privilege and obligation to apply my higher education and experiences to advance our profession that provides essential healthcare services. My problem of practice has changed and evolved since year one. Reflecting on the limitations of my agency has been humbling and enlightening. I cannot fix my profession because I am only an Ontario DH educator. However, I am a DH educator and have capacity to share new ideas to improve DH education in my school, and to our students who are the future of our profession. Starting in a smaller organization where I have agency can make a larger impact. Over the years, I have attended DH conferences, from local to global level, that have included presentations and workshops focused on advocacy in the profession. Conferences are great to network with new

peers and old classmates and colleagues. It can be an energetic and motivating time. However, this feeling soon dies out after leaving the conference to work in an isolated clinic or classroom, where the knowledge obtained in the large conference rooms, with the never-ending flow and aroma of coffee, begins to fade. For many dental hygienists, our workplace can be perceived, or can be, off limits for discussing professional advancements and frustrations with the way things are and always have been in our profession.

Discussions of advocacy can create uncomfortable moments with peers due to fears of compromising employment status and relationships with colleagues. The DH profession, like many female professions, has adopted a caring and selfless model of advocacy and continues to focus efforts on caring for the public, despite the profession's restrictions and limitations on autonomous practice (Carstairs, 2021). Since the COVID-19 pandemic, shortages of practising DH professionals continue and affect staffing ratios at DH schools, including SWO College. Fewer DH registrants in practice results in fewer voices for the profession and fewer DH practitioners providing essential healthcare services to the public. Discrimination against DH professionals continue from diverse external forces. The DH national association has recently called out the federal government for unjust and unfair fees paid to DH practitioners for the recent federal dental benefit program. The established fees for independent practising DH practitioners, on average, are 15% lower than the fees for general dentists (CDHA, 2024). As expected, there has been pushback on the program from DH practitioners for this discrimination. Yet, the DH regulatory college, association, and schools continue to support this program and advocate for public access. To date, there has been no resolution to this problem.

How can we advocate for the public when we are unable to advocate for ourselves? The maldistribution of funds, misrepresentation of women, and lack of cultural recognition is

reflective of Fraser's (2013) Theory of Justice framework applied in this DiP. I am enthusiastic with the awareness of these issues and change this paper can create: the skills to teach DH students to self-advocate. The literature supports there is a general gap of knowledge in self-advocacy training of teachers. I look forward to collaborating with my fellow DH peers and colleagues, the DH educators of SWO College, to implement this innovative and social justice change.

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Appendix A: Integrative Change Implementation Plan

CoP phase	ADKAR elements	Goal	Action	Person responsible	Timeline
Potential: Finding common ground	Awareness: Establishing the groundwork for individuals to make personal choices to engage in a change	Develop awareness with DH educators of current state of the DH profession and lack of self-advocacy	Preterm faculty meeting topic (Mandatory) Virtual All faculty	Change agent	Pre–Year 1 term
		Build awareness of cultural foundation of DH profession and what needs to change	Biweekly group meetings with full-time faculty in staff room scheduled during various lunch times	Change agent & social learning team	Year 1, September–November, 3 months
		Discuss observed behaviour, espoused beliefs, underlying assumptions	(Voluntary) In-person Ongoing feedback via online chat forms		
		Build awareness of cultural foundation of DH profession and what needs to change:	Workshop Part 1 Discuss findings from biweekly meetings	Change agent, program director, social learning team	Year 1, December, 1 month
		Discuss observed behaviour, espoused beliefs underlying assumptions	Discuss next steps via peer mentoring Open discussions and storytelling (Mandatory) In-person all faculty		
		Assess individual readiness for change	Readiness for change tool In-person Conclude workshop	Change agent	

CoP phase	ADKAR elements	Goal	Action	Person responsible	Timeline
Coalescing: Experiencing the value of learning together	Desire: The motivation and personal choice to participate in a change	Discuss gender discrimination and marginalization, and other forms of discrimination and marginalization identified by participants	Peer mentor groups of 5–6 faculty meet one time in first month	Change agent and social learning team	Year 1, January, 1 month
			Social learning team and change agent facilitate meetings		
			Various days/times In-person (Mandatory)		
			Follow-up anonymous survey for participants Online	Change agent	
		Identify what the DH profession needs to build skills to teach self-advocacy?	Virtual peer mentor meeting once a month in second, third, fourth month	Change agent and social learning team	Year 1, February– April, 3 months
			Virtual (Voluntary)		
			Updates via online teams	Change agent and social learning team	Ongoing
			Follow-up anonymous surveys for participants Online	Change agent	End of each month
Establishing: Functioning with social learning	Knowledge: The knowledge of how to change	Identify common themes Determine what is needed to build skills to teach self-advocacy Assess readiness to change	Workshop Part 2 Discussion of findings from peer mentoring, communication, and surveys Readiness for change tool All core group members In-person (Mandatory)	Change agent, social learning team, program director	Year 1, May, 1 month

CoP phase	ADKAR elements	Goal	Action	Person responsible	Timeline
Committing: Demonstrating competence and building an identity	Ability: The skills and ability to implement the change	Soften the hierarchy through bottom-up approach	Present identified skills to teach self-advocacy into DH program and learning objectives In-person	Change agent, program director, sponsors	Year 1, June, 1 month
			Communicate learning objectives to faculty Email Online teams	Program director and change agent	Year 1, July– August, 2 months
		Teaching skills for self- advocacy	Peer mentor groups of 5–6 faculty meet one time in first month of term– September & January	Change agent, program director, social learning team	Year 2, September & January, 1 month each
			Various days and times In-person (Mandatory)		Year 3, September & January, 1 month each
		Improved training of DH students graduating into the profession	Peer mentor meeting once a month in second, third, and fourth month Virtual (Voluntary)	Change agent and program director	Year 2, October– December, 3 months; February–April, 3 months
			Follow-up anonymous surveys for all faculty Online	Change agent and program director	Year 3, October– December, 3 months; February–April, 3 months End of each month

CoP phase	ADKAR elements	Goal	Action	Person responsible	Timeline
Evolving: Sustaining ongoing learning and practice and including newcomers in the CoP	Reinforcement: The sustainability of change	Building capacity as a CoP with open discussions and sharing of knowledge Identify future needs of the CoP	Meeting once in May with all faculty Virtual (Mandatory)	Change agent, program director	Year 2, May, 1 month Year 3, May, 1 month
		Describe and discuss the outcomes of the change	In-person meeting in June (Mandatory)	Change agent, program director, sponsors	Year 2, June, 1 month Year 3, June, 1 month
Dispersing: Determining CoP's usefulness or need to reform		Determine future of CoP	Communicate changes to all core group members Online teams & email	Program director	Year 2, July– August, 2 months Year 3, July– August, 2 months

Note. ADKAR = awareness, desire, knowledge, ability, and reinforcement; CoP = community of practice; DH = dental hygiene.

Appendix B: Basic Psychological Need Satisfaction and Frustration Scale

Below, we ask you about the kind of experiences you actually have in your life. Please read each of the following items carefully. You can choose from 1 to 5 to indicate the degree to which the statement is true for you at this point in your life.

1 Not true at all	2	3	4	5 Completely true
1. I feel a sense of choice and freedom in the things I undertake.	1	2	3	4 5
2. Most of the things I do feel like "I have to".	1	2	3	4 5
3. I feel that the people I care about also care about me.	1	2	3	4 5
4. I feel excluded from the group I want to belong to.	1	2	3	4 5
5. I feel confident that I can do things well.	1	2	3	4 5
6. I have serious doubts about whether I can do things well.	1	2	3	4 5
7. I feel that my decisions reflect what I really want.	1	2	3	4 5
8. I feel forced to do many things I wouldn't choose to do.	1	2	3	4 5
9. I feel connected with people who care for me, and for whom I care.	1	2	3	4 5
10. I feel that people who are important to me are cold and distant towards me.	1	2	3	4 5
11. I feel capable at what I do.	1	2	3	4 5
12. I feel disappointed with many of my performances.	1	2	3	4 5
13. I feel my choices express who I really am.	1	2	3	4 5
14. I feel pressured to do too many things.	1	2	3	4 5
15. I feel close and connected with other people who are important to me.	1	2	3	4 5
16. I have the impression that people I spend time with dislike me.	1	2	3	4 5

17.	I feel competent to achieve my goals.	1	2	3	4	5
18.	I feel insecure about my abilities.	1	2	3	4	5
19.	I feel I have been doing what really interests me.	1	2	3	4	5
20.	My daily activities feel like a chain of obligations.	1	2	3	4	5
21.	I experience a warm feeling with the people I spend time with.	1	2	3	4	5
22.	I feel the relationships I have are just superficial.	1	2	3	4	5
23.	I feel I can successfully complete difficult tasks.	1	2	3	4	5
24.	I feel like a failure because of the mistakes I make.	1	2	3	4	5

Scoring information:

Autonomy satisfaction: items 1, 7, 13, 19

Autonomy frustration: items 2, 8, 14, 20

Relatedness satisfaction: items 3, 9, 15, 21

Relatedness frustration: items 4, 10, 16, 22

Competence satisfaction: items 5, 11, 17, 23

Competence frustration: items 6, 12, 18, 24

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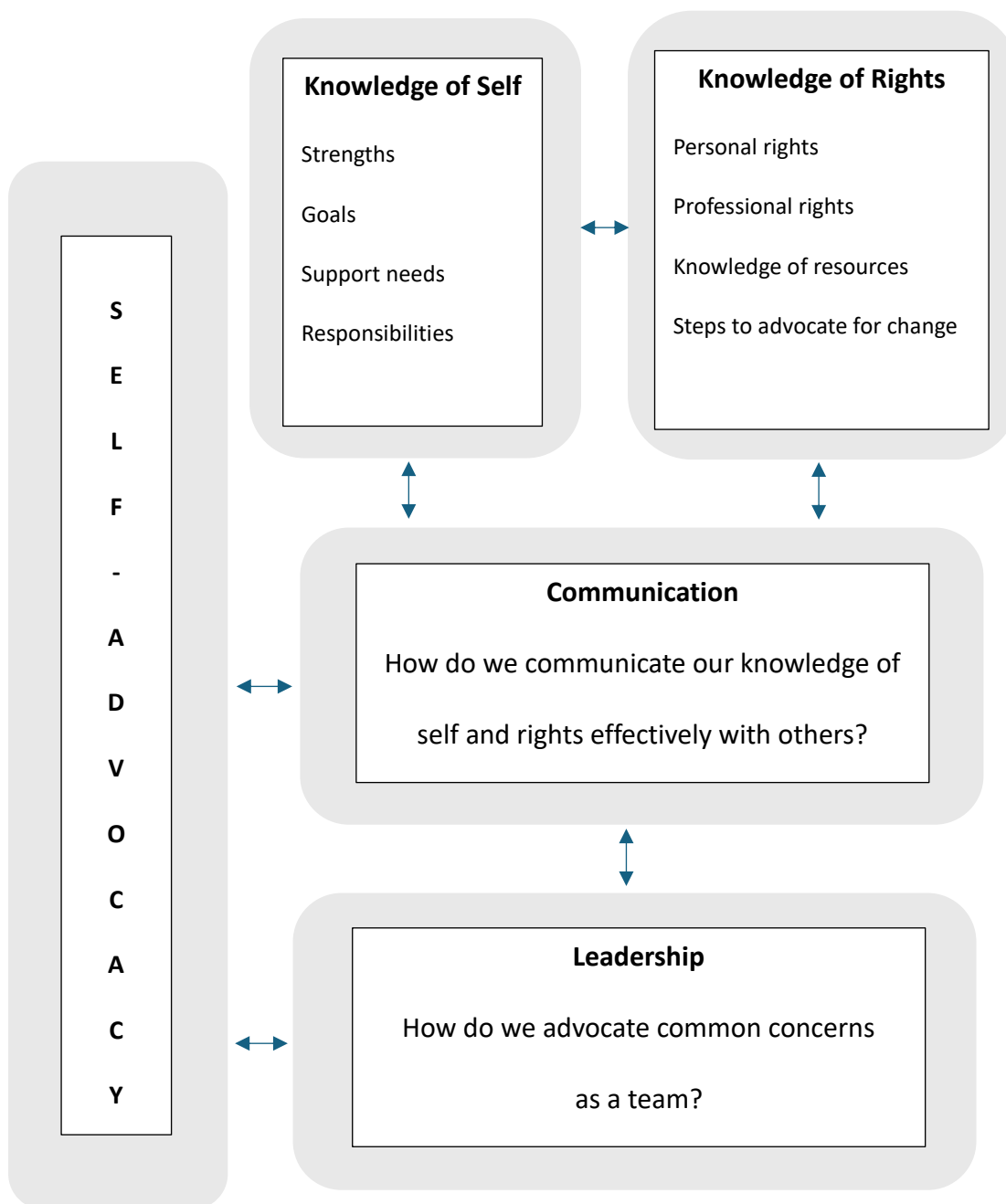
Note. From *Manual of the Basic Psychological Need Satisfaction and Frustration Scale*

(*BPNSFS*) (pp. 24–25), by J. Van der Kaap-Deeder, B. Soenens, R. M. Ryan, and M.

Vansteenkiste, 2020, Ghent University ([https://selfdeterminationtheory.org/wp-](https://selfdeterminationtheory.org/wp-content/uploads/2022/02/BPNSFS_Complete_2020.pdf)

[content/uploads/2022/02/BPNSFS_Complete_2020.pdf](https://selfdeterminationtheory.org/wp-content/uploads/2022/02/BPNSFS_Complete_2020.pdf)). Copyright 2020 by Ghent University.

Appendix C: Components of Self-Advocacy for Dental Hygiene Educators



Note. Adapted from “A Conceptual Framework of Self-Advocacy for Students with Disabilities,” by D. W. Test, C. H. Fowler, W. M. Wood, D. M. Brewer, and S. Eddy, 2005, *Remedial and Special Education*, 26(1), p. 49. (<https://doi.org/10.1177/07419325050260010>). Copyright 2005 by SAGE Publications.

Appendix D: Communications Checklist for Change Management



Communications Checklist for Change Management

- ☐ **Use preferred senders to deliver communications in your organization**
Employees prefer to hear messages from senior leaders for organizational messages about change (i.e., business reasons) and from people managers for the personal impacts.
- ☐ **Prepare and equip preferred senders to effectively deliver communications**
In addition to coaching preferred senders to communicate messages effectively, you need to facilitate communications by drafting messages, ensuring consistency among senders, and sequencing and scheduling delivery.
- ☐ **Ensure that preferred senders answer the right questions first**
When people learn about a change, their first question is, "Why is this happening?"
The first communications about a change should always focus on:
1) why the change is happening, 2) why it's happening now, and 3) the risk of not changing.
- ☐ **Next, answer the WIIFM question**
WIIFM stands for "What's in it for me?" It's a question people always ask during change, even when the change seems positive. Because making a change is a personal choice, communications only resonate with the impacted individuals if you address what they care about.
- ☐ **Preferred senders should repeat key messages five to seven times**
Having the preferred senders repeat key messages ensures that the messages you want to communicate get heard by your audience as you intended.
- ☐ **Resist the urge to communicate exclusively through the project team**
Remember that people have preferred senders of messages. One of the biggest and most common mistakes you can make is to have your project team send all the communications.
- ☐ **Find effective ways to reach your audience**
An effective communications plan uses numerous channels such as virtual or in-person meetings, small group forums, one-on-one conversations, newsletters, presentations, brainstorming workshops, focus groups, lunch and learns, intranet Q&A forums, screen-saver messages, etc.

☐ **Emphasize face-to-face communications**

While it is time intensive to meet with someone live—either in person or virtually—the effort delivers far more value than an email message.

☐ **Create opportunities for two-way communications**

Two-way communications lead to greater support for change, so your communications plan needs to include them. For example, create small-group forums where participants share concerns and feedback, and can ask questions of senior leaders in real time.

☐ **Evaluate the effectiveness of your communication messages**

To understand if your audience is hearing and properly interpreting the messages you send, use a combination of post-communication surveys, focus groups, and individual interviews to assess effectiveness, and then take adaptive actions if necessary.

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Note. From *Communications Checklist for Change Management*, by Prosci, n.d.-a

(<https://www.prosci.com/hubfs/Communications-Checklist-for-CM.pdf>). Copyright n.d. by

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Appendix E: Communication Tactics and Timeline

ADKAR elements	Communication tactics	Timeline	
		Year 1	
Awareness	Face-to-face virtual meeting	September 2024	
	In-person meetings with social learning team	September 2024–November 2024	
	Online chat forms		
	Workshop Part 1	December 2024	
	Storytelling Readiness for Change Tool in-person		
Desire	Peer mentoring in-person core group	January 2025	
	Anonymous survey feedback online		
	Peer mentoring virtual core group	February 2025–April 2025	
	Ongoing updates via online teams		
	Anonymous survey feedback online		
Knowledge	Workshop Part II in-person	May 2025	
	Readiness for change tool in-person		
	Presentation to sponsors	June 2025	
	Email next steps to core group Online teams change support	July 2025–August 2025	
Ability		Year 2	Year 3
	Peer mentoring in-person core group	September 2025; January 2026	September 2026; January 2027
	Peer mentoring virtual core group	October 2025– December 2025; February 2026– April 2026	October 2026– December 2026; February 2027– April 2027
	Anonymous survey feedback online	Monthly	Monthly
Reinforcement	Virtual meetings core faculty	May 2026	May 2027
	In-person meeting with sponsors	June 2026	June 2027
	Online teams core faculty	July 2026	July 2027
	Email core faculty	August 2026	August 2027

Note. ADKAR = awareness, desire, knowledge, ability, and reinforcement.

Appendix F: The Knowledge Mobilization Plan Framework

Header	Header
What is your project?	The lack of training to self-advocate for professional autonomy in the predominantly female dental hygiene profession.
What is the message?	Dental hygiene educators need to build skills and competencies to teach self-advocacy to their students.
Who is transferring the knowledge?	Change agent Dental hygiene educators Program director (middle management)
Who is the target audience?	Dental hygiene educators Program director (middle management) Dental hygiene school owners/managers Dental hygiene students Public
How do you know you have made an impact?	Number of DH educator participants. Changes in programs or services determined by curriculum changes. Changes in attitudes or beliefs determined by peer mentoring discussions, feedback, and follow-up surveys. Changes in knowledge as evidenced by faculty implementing change in their teaching, curriculum, evaluations. Changes in processes or practices as evidenced by changes in DH educators' teaching practices; open communication on gender discrimination and other forms of discrimination; softening hierarchy between DH educators and top management.

Note. Adapted from “How Can Research Organizations More Effectively Transfer Research Knowledge to Decision Makers?,” by J. N. Lavis, D. Robertson, J. M. Woodside, C. B. McLeod, and J. Abelson, 2003, *The Milbank Quarterly*, 81(2), p. 231. (<https://doi.org/10.1111/1468-0009.t01-1-00052>). Copyright 2003 by Blackwell Publishing; “Evaluating KMb—How Do You Know You’ve Made an Impact?,” by Research Impact Canada, n.d.-a (https://rise.articulate.com/share/qV54-kftJACqH_QXUcaMODQ3W9qDw3-Y#/lessons/3NVmx140kcgrMy4RJ-fg4x7E48mv4eQg). Copyright n.d.-a by Research Impact Canada.