



# Building Your 2026 **DENTAL DREAM TEAM**

The Practice Owner's Guide to Attracting  
and Securing Top Dental Talent Before  
Your Competition



One hygienist fills your chairs, keeps your patients loyal, and makes everyone on the team better. The wrong one costs you months of lost production, poisons your front desk morale, and disappears before the ninety-day mark while you start over from scratch.

Here is the reality for dental practices right now: 95% of dentists report significant difficulty hiring hygienists. A third of the current hygienist workforce is expected to retire within five years. Front desk turnover is running close to 30% annually. And the DSOs down the road are dangling sign-on bonuses and benefits packages that most private practices cannot match.

If you are posting on Indeed and hoping for the best, you are competing for a fraction of the available talent. Nearly 37% of the workforce are passive candidates who will never see your job posting but would consider the right opportunity if someone they trust brought it to them.

This guide gives you:

- A proven 5-step framework that fills dental roles faster by targeting passive candidates your competitors will never reach through job boards
- The recruiting model that has been standard in manufacturing for decades but is virtually unknown in dental, and why it eliminates the biggest financial risk in every hire you make
- The specific mistakes that cause practice owners to lose their top candidate to the office down the street, and how to avoid each one
- A pipeline strategy that means you are never starting from zero the next time a team member gives notice

Every day you wait, your best potential hire is getting closer to signing with someone else. The strongest candidates are off the market within ten days once they start looking. The math is unforgiving. Let's make sure the next great hire joins your practice.

# A Letter from Delaney Lawrence

Dear Practice Owner,

If you are reading this, there is a good chance you have an open role at your practice that has been harder to fill than it should be. Maybe it is a hygienist seat that has been empty for weeks and every day that chair sits open, you are watching revenue disappear. Maybe you keep hiring front office staff who seem great in the interview and do not last three months. Maybe you need to build a team around a new associate but the supporting talent is nowhere to be found.

I hear this from practice owners constantly. And I want to help you solve it differently.

I run the dental division at Cannonball Recruiting, and dental staffing is not a side vertical for me. It is the entire focus. What that means for you is simple: while generalist recruiters are trying to place a warehouse worker on Monday and a hygienist on Tuesday, I am spending every day building relationships with dental professionals who trust that when I reach out, the opportunity is worth their time. That network is your access point to candidates who will never appear on a job board.

My background in sales and brand strategy also gives you an edge most dental recruiters cannot offer. I know how to position your practice as the opportunity top candidates want, not just another job listing in a sea of postings. And I know how to qualify beyond the resume, because in a five-to-fifteen person dental team, chair-side manner and communication style matter just as much as clinical credentials. Getting the skills right but the personality wrong is how you end up restarting a search eight weeks later.

The engine behind everything I do is Cannonball Recruiting, founded by Brett Secor. Brett spent three years at Aerotek building their skilled trades division from the ground up into a major revenue vertical. He brought that same playbook to Cannonball and built a staffing firm with an 80% close rate on sales meetings and an 87% conversion rate on contract-to-hire placements. That operational backbone is what allows me to move fast, present qualified candidates, and stand behind every placement.

Speaking of contract-to-hire, here is something that surprises most practice owners I talk to: the contract-to-hire staffing model, which has been standard in manufacturing for decades, is virtually unknown in the dental world. Most practices have never been offered the option to try a candidate on assignment before committing to a permanent hire. That model eliminates the single biggest risk in dental hiring, which is paying a placement fee for someone who does not work out. We will cover exactly how it works in this guide.

Whether you implement these strategies on your own or partner with us, my goal is the same: help you build a dental team that shows up, stays, and makes your practice stronger.

Let's build your Dream Team.

Warmly,

**Delaney Lawrence**  
Dental Recruiting Specialist,  
Cannonball Recruiting

[delaney@cannonballrecruiting.com](mailto:delaney@cannonballrecruiting.com)





## The Dental Staffing Crisis

Picture your practice six months from now. Now remove your best hygienist, your front desk coordinator who actually knows the insurance system, and the assistant who anticipates what you need before you ask.

That is not a worst-case scenario. That is the math playing out across dental practices right now.

### The Numbers Behind the Shortage

The dental workforce is in the middle of a structural crisis that has been building for years and shows no signs of reversing.

According to the ADA Health Policy Institute, 95% of dentists who attempted to hire a hygienist described the process as very or extremely challenging. Roughly one-third of dentists were actively recruiting for a hygienist at any given point in 2024, and one in five successful hygienist hires took more than six months to complete. These are not temporary disruptions. This is the new baseline.

The supply side makes the picture worse. The ADA reports that 33% of current dental hygienists are expected to retire within five years. Fewer than half of the hygienists who left the profession during COVID had returned to the workforce by 2021, and an estimated 3.75% voluntarily left through retirement or career change that same year. HRSA projects a national shortage of over 33,000 full-time-equivalent dental hygienists by 2037.

Meanwhile, only around 6,400 hygiene students complete their programs annually against roughly 15,300 projected openings per year through 2034. The pipeline is not broken. It is structurally incapable of replacing what the profession is losing, which means the practices that wait for candidates to come to them will be waiting a very long time.

It is not just clinical roles either. The ADA reports that roughly one-quarter of practices lack sufficient administrative staff and nearly one-third report insufficient clinical staff overall. The Dental Assisting National Board found that 24% of non-certified dental assistants changed jobs in the prior year, with approximately 40% of private practices actively recruiting for assistants.

### The DSO Factor

These national shortages are compounded by a competitive dynamic that tilts the playing field against independent practices.

Dental service organizations have been acquiring practices and expanding aggressively, and they recruit accordingly. DSOs offer sign-on bonuses, tuition reimbursement, structured benefits packages, and predictable schedules. Your best hygienist just got a \$5,000 sign-on bonus offer from the DSO that opened two miles from your practice. That is not hypothetical. It is happening in dental markets across the country right now.

A solo practitioner or small group is not just competing with the office across town. They are competing with corporate machines that have dedicated HR teams, centralized recruiting infrastructure, and the budget to outbid on compensation whenever they identify the candidate they want.

That does not mean independent practices cannot win. It means they have to be smarter, faster, and more intentional about how they attract talent. Competing on relationship, culture, and flexibility is a viable strategy, but only if you are actually reaching the candidates who value those things. Posting on a job board and hoping a great hygienist sees it is not a strategy. It is a lottery ticket.

### The Real Cost of Getting It Wrong

An empty hygienist chair is not just an inconvenience. It is a revenue problem that compounds daily.

Industry estimates place the production value of a single hygienist chair at \$1,500 to \$3,000 per day. For a two-doctor practice with one unfilled hygiene position, that translates to \$30,000 to \$60,000 per month in lost production. Patients get rescheduled, recall appointments slip, and the practice's capacity shrinks while overhead stays fixed.

Front desk turnover carries its own financial weight. Research from Gallup indicates that replacing an employee costs between one-half and two times their annual salary. For a dental receptionist earning \$35,000, that means \$17,500 to \$70,000 per departure when you factor in lost productivity, training time, and the disruption to patient experience.

Then there is the cascade effect. When a practice runs short-staffed, the remaining team absorbs the extra work. The hygienist who stays picks up additional patients. The assistant covers front desk duties between procedures. The practice owner starts managing the schedule between patients because nobody else knows the system. Morale drops. Burnout accelerates. And eventually, the people who were holding everything together start looking for a practice that is not asking them to do two jobs for one paycheck.

One departure becomes two. Two becomes three. What started as a single vacancy becomes a staffing crisis that takes months to climb out of, and every week it continues, production suffers and patient experience deteriorates.

## Why 2026 Demands Urgency

Every practice owner knows the feeling. Someone gives notice on a Friday, and by Monday you are staring at a schedule full of patients and a chair with nobody in it. The instinct is to post the job immediately and hope for the best. That instinct is costing you more than you think.

### The Proactive Advantage

The practice that built a relationship with a strong hygienist three months ago is making an offer today. The practice that just posted on Indeed yesterday is starting a six-month search. That gap is the difference between proactive and reactive hiring, and in dental it is the difference between a fully staffed schedule and months of lost production.

Research backs this up. Organizations with proactive workforce planning fill roles approximately three weeks sooner and spend 15 to 20% less per hire. But the real cost of reactive hiring in dental is not just the time or money. It is what happens to your decision-making.

When you are desperate, you compete with every other practice that is also desperate at the same time. You settle for whoever is available rather than who is best. You skip the cultural fit questions because you just need a body in the chair. And you pay salary premiums because the candidate knows you need them more than they need you.

### The Compound Spiral

The real danger is not the individual vacancy. It is the chain reaction that follows.



Month one: your hygienist gives notice. You absorb the schedule disruption and start posting the position. Month two: no qualified applicants. Your remaining hygienist is seeing extra patients and starting to feel the strain. Your front desk is fielding calls from patients whose cleanings keep getting pushed. Month three: your overworked hygienist tells you she has been thinking about cutting back to part-time. Your best assistant, tired of covering gaps across the office, quietly updates her resume. Month four: you are now short two people, running on fumes, and willing to hire the next candidate who fogs a mirror just to stop the bleeding. Month five: you pay a premium placement fee for a hygienist who cannot keep pace with your schedule, clashes with your assistant in a five-person office where everyone hears everything, and makes your best remaining team members wonder why they are still there. Month six: you are starting over.

What began as a single departure became a six-month spiral that cost the practice tens of thousands of dollars in lost production, premium hiring costs, and team damage that takes even longer to repair.

### The DSO Talent War Is Happening Now

While independent practices deliberate, DSOs are executing. They are not waiting for positions to open. They are building candidate pipelines, running recruitment marketing, and making preemptive offers to hygienists and assistants who are currently employed at private practices.

Every DSO that opens or acquires a practice in your market immediately becomes a competitor for the same limited talent pool. They do not just hire for their open positions. They create new ones and recruit aggressively to fill them, often pulling directly from the independent practices nearby.

The difference between practices that stay fully staffed and those that are perpetually short-handed is not budget, location, or luck. It is timing. The ones who win are the ones who start the conversation with candidates before there is an open chair to fill. They move while others are still debating whether they can afford to hire. By the time the reactive practice posts the job, the proactive practice already has someone starting.

That is the game in 2026. The only question is which side of it you are on.

## The 5-Step Framework for Securing Dental Talent



Most practices approach dental hiring like a transaction: post the role, review whoever applies, interview the ones who seem decent, and hope it works out. That approach produces mediocre results in a normal market. In a market where 95% of dentists are struggling to hire, it produces empty chairs and wasted money.

The framework below is designed for practice owners who cannot afford to get it wrong.

### Step 1: Define Success Beyond the Job Description

Great candidates do not respond to laundry lists of duties. They respond to challenges worth solving.

Stop listing responsibilities and start defining outcomes. Instead of "perform prophylaxis and periodontal assessments," define what success actually looks like: "maintain a fully booked hygiene schedule with a 90%+ patient retention rate while building the kind of relationships that generate referrals." Instead of "manage front desk operations," try "own the patient experience from first phone call through checkout." Then get specific: "keep AR days under 30 and run a schedule tight enough that the doctor is never standing around waiting."

When you define the role in terms of impact rather than tasks, you attract people who think about their work the same way. You also give yourself a clear scorecard to evaluate candidates against, which replaces the gut-feel interviewing that produces coin-flip results.

### **Step 2: Access the Hidden Passive Talent Pool**

Nearly 37% of the workforce are passive candidates. In dental, that number skews higher because experienced hygienists and skilled assistants are employed and not actively looking. These are your best potential hires, and they will never see your Indeed posting.

The only reliable way to reach them is through relationships built over time with dental professionals in your market. That means working with a recruiting partner who already has a network of hygienists, assistants, and front office professionals who take their call because the trust is already established. It also means building your own reputation as a practice that top candidates want to work for, so that when your name comes up in conversation, the response is "I've heard good things" rather than silence.

Job boards produce volume. Relationships produce quality. In a practice where one wrong hire shifts the entire office dynamic, quality is the only metric that matters.

### **Step 3: Assess for Clinical Skills AND Cultural Fit**

A dental practice is not a corporation with departments and layers of management. It is a small team in a tight space working shoulder to shoulder all day. One person who has the credentials but the wrong energy, communication style, or work pace can make every other person on the team miserable.

Assess cultural fit with the same rigor you apply to clinical evaluation. Ask candidates how they handle a patient who is anxious and behind schedule. Ask how they navigate a disagreement with a coworker when there are patients in the next room. Ask what kind of practice environment brings out their best work and listen for whether the answer matches yours.

Technical skills can be sharpened. A fundamental mismatch with how your practice operates cannot be trained away. If you would not want to be in a room with this person for eight hours, your team will not either.

### **Step 4: Sell the Opportunity, Not Just the Compensation**

Compensation gets you into the conversation. It does not close the deal with top performers. The best dental professionals can find a job anytime they want. To win them, you need to sell what money alone cannot buy.

What moves great dental candidates is not complicated. They want autonomy over their schedule and how they manage their patients. They want a team culture where they are respected as a professional, not treated as a production unit. They want genuine flexibility that does not disappear after the first month. And they want a practice owner who invests in their growth rather than viewing them as interchangeable.

Private practices have a structural advantage here that most owners undervalue. DSOs can offer bigger sign-on bonuses, but they cannot offer the close-knit team, the direct relationship with the doctor, or the ability to shape how the practice operates. Lean into what makes your practice different. If you cannot articulate why a top candidate should choose you over the DSO offering \$5,000 more, neither can they.

### **Step 5: De-Risk the Hire with Contract-to-Hire**

Here is where most practice owners learn something that changes how they think about staffing.

The contract-to-hire model has been standard in manufacturing and skilled trades for decades. The candidate starts on the staffing firm's payroll, works in your practice on assignment, and after a trial period, converts to your permanent team if both sides are satisfied. You see them work. They see your practice. Nobody is locked in until both parties are confident it is the right fit.

That last part matters more than most people realize. Contract-to-hire is not just a safety net for the practice. It is a safety net for the candidate too. They get to evaluate your team, your culture, and your pace before committing permanently. That mutual evaluation is exactly why the placements that come out of this model tend to stick.

Most dental practices have never been offered this option. When practice owners hear about it for the first time, the reaction is almost always the same: "Why has nobody told me about this before?"

The reason it matters is simple. Traditional placement fees put all the risk on the practice. You pay thousands upfront for a candidate who may not work out, and if they leave after the guarantee period expires, you are out the fee and starting over. Contract-to-hire flips that equation. You evaluate the candidate in your actual environment with your actual team before making a permanent commitment.

Our conversion rate on contract-to-hire placements is 87%. That number reflects what happens when the screening is done right and both the practice and the candidate have time to confirm the fit before anyone signs a permanent offer.

If you have been burned by a placement that did not stick, or if you have been hesitant to work with a recruiter because the financial risk felt too high, contract-to-hire is the model built to solve that exact problem.



## 5 Costly Mistakes in Dental Hiring

These are not beginner mistakes. These are the errors experienced practice owners make because nobody has ever shown them a better way. Every one of them has cost a practice their best candidate.

### **Mistake 1: Waiting for the Unicorn**

The search for a candidate who checks every single box is one of the most expensive habits in dental hiring. Practice owners reject strong hygienists over minor gaps while the position sits open for months. Meanwhile, the practice down the street hired the 90% fit, invested in closing the remaining gaps, and now has a productive team member in the chair.

In a market where hygienists are this scarce, holding out for perfection means watching your options shrink with every passing week.

The fix: set a clear decision timeline before you start the search. Two rounds of interviews maximum. Hiring decision within 48 hours of the final interview. Offer extended within one week. The best candidates will not wait while you deliberate.

### **Mistake 2: Moving Too Slowly**

This is not about lowering your standards. It is about what happens after you have already identified the right person.

The strongest dental candidates are off the market within ten days once they start looking. Most practices take weeks or months to move through their hiring process. By the time you schedule the second interview, your top choice has already accepted an offer somewhere else.

Every extra step in your process, every week of internal back-and-forth, every delayed follow-up call is a gift to the practice that moves faster.

The fix: streamline your process before you start the search. Know who needs to be in the interview, what you are evaluating, and who has the authority to make the call. Use a scorecard so you are comparing candidates against defined criteria rather than debating impressions over lunch. Speed is not recklessness. It is respect for the reality that great candidates have options.

### **Mistake 3: Hiring for Skills and Ignoring Culture**

A hygienist with ten years of experience and flawless clinical technique can still destroy your team if they do not fit the way your practice operates. In an office of five to fifteen people, personality friction is not a minor annoyance. It changes the energy of the entire day, affects how patients feel in the chair, and drives your best people to start looking elsewhere.

The fix: assess values alignment, communication style, and team chemistry with the same weight you give clinical credentials. Ask your existing team to spend fifteen minutes with the candidate before you make an offer. If your assistant and front desk coordinator both hesitate, that is not a soft signal. That is a red flag.

### **Mistake 4: Using a Generalist Recruiter Who Does Not Understand Dental**

Most staffing firms do not have a dental division. The recruiter who fills warehouse and administrative roles all week is trying to place a hygienist on Friday. They do not know what Eaglesoft is. They cannot evaluate whether a candidate can do perio charting. They have no idea what separates an expanded-functions assistant from a standard DA. And they have zero insight into what hygienists are earning in your market or which DSOs are actively poaching in your zip code.

The result: you receive a stack of resumes that miss the mark, you waste hours interviewing people who are not qualified, and you end up doing all the real vetting yourself. At that point, what exactly are you paying the recruiter for?

The fix: work with a recruiting partner who speaks dental. Someone who understands the roles, the certifications, the software systems, and the team dynamics that make dental hiring fundamentally different from general staffing. If your recruiter cannot explain the difference between a DA and an RDH without checking their notes, find a different recruiter.

### **Mistake 5: Weak Onboarding After a Long Search**

You spent months finding this hygienist or front desk coordinator. Then they show up on day one to an empty operator with no system logins, no introduction to the team, and no clear picture of what their first week looks like. The candidate who was excited to start now feels like an afterthought, and the clock starts ticking on how long they stay.

Remember the numbers from earlier in this guide: replacing a dental team member costs anywhere from \$17,500 to \$70,000 when you factor in lost productivity, training, and patient disruption. A sloppy first week is how you start that clock all over again on someone you just spent months finding.

The fix: have a structured onboarding plan ready before they accept the offer. Day one essentials include system access prepared, a written first-week schedule, introductions to every team member, and at least one early win identified so they can build confidence quickly. Schedule weekly check-ins for the first 90 days. The effort you put into onboarding is a direct signal of how much you value the person you just fought to hire.

# The Choice Is Yours

You have two paths forward.

**Path 1:** Wait until someone leaves. Post the job. Compete with every other practice that is also scrambling. Pay premium prices for whoever is available. Watch your remaining team burn out from carrying the extra weight. Settle for a hire that looks fine on paper but does not fit. Start over in three months. Repeat the cycle until it breaks something you cannot fix.

**Path 2:** Walk into your practice knowing every chair is filled with someone who fits. Your hygienist keeps recall on track and patients ask for her by name. Your front desk runs the schedule without you looking over their shoulder. Your assistant anticipates what you need before you ask. When someone eventually moves on, you are not starting from zero because the relationship with their replacement was already in motion.

The frameworks in this guide work whether you implement them on your own or with a partner. If you have the time and the network to execute this yourself, do it. The strategies are yours to use.

But if you want someone in your corner who does this every day, specifically in dental, that is what we built the dental division at Cannonball Recruiting to do. We are not a generalist agency that dabbles in dental. This is the entire focus. We know the roles, the certifications, the market, and the team dynamics that make dental hiring different from every other industry. And our contract-to-hire model means you never pay a placement fee for someone who does not work out.

## BOOK A TALENT NEEDS CALL

Whether you have an open role right now or you want to get ahead of the next vacancy, it starts with a conversation. We will talk through what you need, what is realistic in your market, and whether we are the right fit to help. Even if we do not end up working together, you will walk away with a clearer picture of what the dental talent landscape looks like and what your options are.

### Delaney Lawrence

Dental Recruiting Specialist,  
Cannonball Recruiting  
delaney@cannonballrecruiting.com

Let's build your Dream Team.



**BOOK YOUR CALL**

