The Department Chair's Stress: Managing Conflicting Demands

BY CATHIE T. SIDERS

Consider the clinical chair who monitors the ever increasing relative value unit (RVU) productivity targets for the department. He struggles as faculty meet or exceed their targets and demand more money while reimbursement rates vary or decline.

Think about the biomedical chair who wakes up at three in the morning in a cold sweat. She is ruminating about a tanking state economy that may endanger the renovation and operation of a laboratory that she has promised to a newly recruited scientist.

Adept chairs in any medical school today are familiar with the pressures associated with their position in the organizational hierarchy—demands coming down from the dean's office and up from the department's faculty. Some chairs sail through this pretty well—on most days seeing the demands as part of the leadership challenge. Others struggle with the conflicting demands and report feeling overwhelmed and stressed.

In this article, I briefly note common work-related stressors identified by chairs and a psychological theory of stress that emphasizes the role of perception in the experience of stress. From there, I offer suggestions—my own and those of seasoned chairs—for personal stress reduction and for strategies aimed at not adding stress to the atmosphere of their department.

Common Sources of Stress
In my conversations with department chairs, the common sources of stress they identified fell into the following categories:

✦ Most chairs see the need to develop and maintain effective working relationships with their deans, fellow chairs, and direct reports. They quickly feel the demands from all layers of the institutional hierarchy. Conflicts arise when the demands are at odds with each other.

✦ Securing and maintaining financial resources: On the biomedical side of the academic health center (AHC) operation, chairs must tend to their departments while maintaining their own coin of the realm—their NIH grants. This occurs against the backdrop of increasingly intense competition for grant funding.

On the clinical side of the AHC operation, chairs face the great conundrum of American healthcare as it is played out in the training setting. A wise chair described it succinctly: "Everyone wants the best healthcare available for themselves and their family when needed. Healthcare is expensive. No one wants to pay for it and especially not pay for anyone else." The intersection of healthcare delivery and the training of medical students and residents, this inherent conflict generates complex problems that land squarely in the chair's lap.

✦ Managing sensitive personnel situations: New chairs often inherit difficult personnel messes that have festered for years. Such situations cost a great deal in staff morale, productivity, and relationships with other departments. Managing them requires knowledge of human resources policy, patience, awareness of the political terrain, and a clear understanding of the dean's support.

Stress: The Relationship between Demands and the Power to Deal with Them
Susan Folkman and Richard Lazarus, noted psychologists in social sciences research, developed a psychological theory of stress that generates powerful strategies for stress reduction. This psychological conceptualization of stress emphasizes the role of perception and cognitive appraisal in the human response—how you think about yourself and situations that are potentially stressful is what matters.

This model defines stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.

Continued on page 5
Collaborative, Relationship-centered Healthcare

The American Academy on Physician and Patient (AAPP) is a society dedicated to "research, education, and professional standards in patient-doctor communication. Its goal is no less than to change the practice of medicine by helping clinicians and patients, and learners and teachers relate more effectively."

The Academy has established a number of initiatives directed at medical school faculty development. Its experiential, interactive model to teach healthcare communications and reflective practice is the basis of its annual faculty development courses. Over the years, Academy members have integrated and implemented key elements of this model in curricula and courses at both the undergraduate and postgraduate level of medical training throughout the country, and internationally. The Academy has trained thousands of medical school and residency program faculty, who have initiated many enhancements to their training programs in doctor-patient communication and humanistic healthcare.

The Academy initiated a facilitator training program in 1989 to mentor and train educators in communication, relational skills, reflective practice, and group facilitation to help the Academy and its members continue this work into the future.

The Academy conducts communication courses for practicing clinicians that have resulted in improved patient and physician satisfaction. In addition, it is developing programs to support physician well being.

The AAPP's Web site, at www.physicianpatient.org, details the Academy's mission and describes its courses and publications, with information about scholarships as well. Of particular interest is the "Monthly Interview Vignette" feature, which features real-life physician-patient interaction scenarios. Physicians are invited to contribute their own experiences to the new "Patient Experiences" page.

The AAPP Board of Directors recently endorsed an ambitious mandate; namely, "to disseminate the practice of healthcare relationships and communication that integrate best medical practices with patients' and clinicians' values, needs, and choices." It anticipates an expanding role in the development of communications instruction programs at the undergraduate and postgraduate levels of medical and clinical training.

Career Watch

continued from page 4

Human beings engage in two types of appraisal—primary (what is at stake) and secondary (available coping resources). Critical determinants in the appraisal of a given stressful event include the individual's past experience with similar situations, generalized beliefs about self and the environment, and availability of resources.

Noted neuroscientist Candace Pert emphasizes the importance of perception this way: "We must take responsibility for the way we feel. The notion that others can make us feel good or bad is untrue."

Think of the negative appraisals going through the head of the previously mentioned biomedical chair. She may fall into an old, familiar harsh self-critique that adds to her misery. Think of the clinical chair as he ponders over the RVU targets and the budget for the umpteenth time. He may fall into habitual catastrophic thinking. Self-appraisals add to the feeling of being overwhelmed and reduce energy that could be directed toward actions where the chairs realistically have some control.

Wisdom from the Chairs

From many conversations with talented department chairs both in the United States and Canada, I have distilled strategies for managing their own stress and avoiding adding stress to the departmental environment. Nearly all chairs talked about ways of managing their own thinking in a more positive direction or behaviors that help to build resources for the future. Here are some cognitive, emotional, and behavioral strategies that build resources as antidotes to stress:

For the Chair:

* Understand that life in the department is like a sine wave—it oscillates between highs and lows. Chairs who cope effectively (most of the time) recognize their negative thinking or immediate intense emotional reaction in stressful situations. They keep a healthy perspective by not acting on unproductive thoughts or impulses.
* Maintain a sense of humor—it can get you through some tough times.
* Find a person to act as a sounding board. Talk to a trusted colleague outside the department, an executive coach, or a mentor who can be trusted to keep conversations confidential.
* Learn to meditate. Neuroscientist Candace Pert observes that meditation is the single quickest, cheapest way to a greater sense of well-being.
* Enjoy a life outside work—make time with family and friends or interesting activities that separate you from the departmental demands.
* Attend to exercise and nutrition needs. Be alert to eating habits that undermine energy and stamina.

Continued on page 8
IOM Report Calls for Better Interdisciplinary Teamwork, More Rigorous Testing

A new report from the Institute of Medicine (IOM) in Washington, DC, has concluded that a radical change in the education of physicians, nurses, and other health professionals is critical to the improvement of the US health care system. The new report, "Health Professions Education: A Bridge to Quality," is part of an ongoing series devoted to improving the quality and safety of health care.

The IOM called for five core competencies in the reform of health care education:

- **Patient-centered care:** The ability to deliver patient-centered care must take into account an increasingly diverse US population that possesses varied cultural backgrounds, expectations, and values.
- **Interdisciplinary teams:** Physicians must have the ability to work in interdisciplinary teams and practice team-based skills. This is especially important when treating patients with chronic conditions.
- **Evidence-based medicine:** Health professionals require the training and ability to search and evaluate the scientific evidence base on which clinical healthcare decisions should be made.
- **Prevention of medical errors:** Healthcare professionals must possess the knowledge and ability to discover and analyze the root causes of medical errors and problems in the quality of care, and must be able to remedy them using systemwide approaches.
- **Familiarity with information technology:** It is essential for healthcare professionals to have a solid background and skills in the use of state-of-the-art information technology to assist them in providing high-quality medical care. Such skills include the ability to search online databases and the use of computerized order entry systems for medications, so that possible contraindications or errors will be spotted.

IOM President Harvey Fineberg, MD, PhD, stated that the new report provides an "initial blueprint" for the reform of health care education. "Just as the health system must be transformed in order to advance quality, so must health professionals' education," he said.

Edward M. Hundert, MD, President of Case Western Reserve University and Co-Chair of the committee that prepared the report, said that healthcare professionals owe their patients the responsibility for changing educational methods and improving the quality and safety of medical care. He observed that such education reform will require "a collective effort across all disciplines" that focuses on the core competencies.

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**Career Watch**

continued from page 3

- Learn to identify mental models that compromise your effectiveness and acquire methods for modifying them. Useful information appears in The Fifth Discipline Fieldbook. This includes the application of tools like the "ladder of inference" and questions of inquiry and advocacy that are powerful levers for change.

- Recognize the irrational thinking underlying overly intense anger and anxiety reaction patterns. Replace the irrational thinking with new scripts that encourage rational responding and healthier interactions with others. The steps for this process are described in Coping Better... Anytime Anywhere.

- Build brief mental breaks in your daily schedule that encourage reflection or ease of transition to the next task. For example, use book tapes, music, or crossword puzzles to make the transition between home and work. When walking to an appointment elsewhere on campus, take an outside route. This offers brief exercise and the benefit of getting outdoors during the workday. Before difficult meetings, build in a 15-minute break. This reduces the sense of rushing and allows one to focus.

**Don't Contribute to the Department's Stress**

- Model the behavior and attitudes you would like to see in the faculty and staff.
- Do not always assume that faculty want you to solve their problems—sometimes they just want to be heard.

- Avoid emotional volatility—faculty do not tolerate unpredictable emotional outbursts. Most prefer a leadership style in which the level of emotion is characterized by even-tempered responding.

- Treat faculty and staff with respect even if you don't like them.

- Assign duties to people that best fit with their personalities and interests.

- Honor confidentiality.

- Allow faculty to control their time and resources as much as possible.

- Prioritize and communicate clear expectations to faculty and staff.

- Take great care with departmental growth. Make changes or add initiatives only when they clearly support the mission and are consistent with strategic priorities. Faculty have adapted to major changes in the last decade—their remaining reservoir of energy for change is limited.

Remember to use all available resources that enhance your well-being. You have complex work to accomplish with demands from many directions.

**Recommended readings:**


