Report:
NIH Should Seek More Public Input

The National Institutes of Health (NIH) should more fully engage the public in helping to determine its research priorities, and funds should be allocated to support new organizational mechanisms to improve that input from the public.

These are among 12 recommendations published in a report, "Scientific Opportunities and Public Needs: Improving Priority Setting and Public Input at the National Institutes of Health," released by the

Continued on page 11

From the Files of Faculty:
Academics Find Solutions to Career Stress and Burnout

by Fay Jarosh Ellis

Nancy Hardt, MD, recognized the need to refocus her career when she began to feel that she didn’t want to get out of bed in the morning to go to work. Patsy Lill, PhD, knew she was in trouble when she did not sleep well at night and started eating antacids like they were popcorn.

Drs. Lill and Hardt were both at the top of their careers in academic medicine when they began to feel burned out, but their concerns about the effects of demanding professional lives are hardly unique to academic medicine. In 1997, seven out of 10 respondents to a US News/Bozell survey said that they feel stress at some point during a typical workday, while two-thirds of managerial professionals indicated in a Reuters Business Information survey that their personal relationships had suffered because of information overload.

Drs. Lill and Hardt and other faculty interviewed for this story described feeling overly stressed from having to juggle the competing demands of work and family time, of feeling in a rut, and suffering from mental and physical exhaustion from overextending themselves with too many projects. But the good news is that they were able to make changes in their lives to manage their stress and career burnout. They share their stories and strategies here.

Time for Family Life
Dr. Hardt maintained a successful practice in high-risk obstetrics and was director of the reproductive ultrasound laboratory at the University of Florida College of Medicine for 10 years before thinking about making a career change. The mother of two said that her high-profile career, which she loved, had begun to wreak havoc on her family life.

At the end of a typically long day, Dr. Hardt explained, she would return to her office, pick up at least 10 phone messages from
high-risk pregnant patients, and run to pick up her children from daycare with five minutes to spare. Often, she explained, she called her patients from home after feeding her children. At the same time, she had abstracts and manuscripts going out, was preparing for her boards, and was responsible for night call for residents, other obstetricians, and ultrasound emergencies. When she was called to come in to the hospital, she often had to stay through the night. Some weeks she did not see her children awake for four days straight. Dr. Hardt’s husband, who is also a physician, did more than his share to shoulder the responsibilities of home life, but with the birth of their second child, the juggling act became increasingly difficult for both of them.

Dr. Hardt said a tragedy—the car accident death of a nurse from her clinic, a woman her own age and a mother of two children—proved a watershed event for her. Before the accident, a senior colleague had told Dr. Hardt that she shouldn’t work so hard because if she dropped dead at work, people would just step over her body and keep going. “I realized that when that nurse died, that’s what we had to do,” Dr. Hardt said. “I knew then that it was time for me to listen to others who were saying I was doing too much.”

Dr. Hardt decided to retrain in pathology, an area that had interested her in medical school and one that did not require a lot of direct patient care. She planned ahead, telling her supervisors about her decision a few weeks before a national conference on high-risk obstetrics so that her department could get a jump start on recruiting someone else.

Dr. Hardt was accepted into a five-year training program in pathology at the University of Florida College of Medicine, but was given a two year credit because of her prior training and experience. The transition was easy, she said, because she brought all her knowledge from obstetrics/gynecology to pathology and was already comfortable dealing with surgeons and other staff.

Today, Dr. Hardt is an assistant dean for clinical affairs at the University of Florida College of Medicine. In addition to negotiating managed care contracts on behalf of the faculty practice, she still juggles teaching, research, and a busy practice in gynecologic pathology and cytopathology. But she said her home life is much more manageable, and she has learned to look for early warning signs of stress. She exercises regularly and takes short breaks—a long weekend now and then—when she begins to feel solely to curricular affairs. The decision was made to move her into the curricular affairs office full time as assistant dean for preclinical curriculum.

Dr. Lill’s supervisors supported her position, she said, once she made it clear that she could no longer continue to work at the frantic pace. She conceded that she could only make her demands because she was well-established in her career and could document every thing she had been asked to do and when.

Dr. Lill still stays late some evenings to complete her work but not every night. And she said she has found a stress-free outlet completely unrelated to her job; she goes horseback riding at least twice a week.

Change Your Focus

Early on in her career, Mary Ann Cooper, MD, an associate professor and associate head for academic affairs at the University of Illinois at Chicago, assumed a highly visible national profile in her specialty of emergency medicine. She became the first woman president of the Society for Teachers of Emergency Medicine (STEM) and spent nearly 10 years on the board of the University Association for Emergency Medicine, playing an instrumental role in merging the two organizations in 1988. She served as a board examiner for emergency medicine and put in many hours staffing the emergency room. She became involved in curricular development of emergency medicine programs nationally and at her own institution.

But Dr. Cooper’s 18-hour work days took a physical toll on her, resulting in several bouts of illness. When the man who recruited her to the University of Illinois died three weeks after hiring her, she began to question whether anyone would care in 10 years whether she served on a national committee or not. Dr. Cooper decided to schedule in more time for herself and her department and back down from some of her national committee work. She also decided to focus more on her own research and developing expertise in lightning and electrical burn
injuries. During this transition, she and her husband adopted two chil-
dren.

Dr. Cooper is still involved in senior committees and administrative responsibilities at her school, and she continues to play a large role in solid-
ifying the emergency and clinical services at the hospital. But, Dr. Cooper says, she also is more selective about the administrative and committee work she takes on. Her national and international reputation has given her the latitude to turn some things down—more junior people deserve their shot at doing these things, she says—and her supervisor has been very supportive of her choices.

Dr. Cooper said she occasionally experiences burnout and stress, but she has learned to manage it better. It helps, she says, to say no to certain things, to know how to negotiate for things you like doing, and to have a supportive boss.

Become a Mentor

Teresita Angtuaco, MD, a professor of radiology and radiologic technology at the University of Arkansas School of Medicine, was well-established in her specialty of radiology and obstetric ultrasound. But after 18 years in the institution, she found fewer challenges in her job, which made her feel like she was in a rut. She took advantage of a teaching scholars program funded by the chancellor’s office at her institution, and has since adopted several new teaching methods in her lectures for medical students, residents, and ultrasound technologists. She has also shifted gears to spend more time mentoring students and residents. “I make the time to talk to students during the course of my day,” Dr. Angtuaco said, “It is one of the things that I really look forward to doing.”

A New Clinical Base

Marilynne McKay, MD, a professor and executive director of continuing medical education (CME) and biomedical media at Emory University School of Medicine, found herself rejuvenated by shifting and refocusing her clinical practice. A dermatologist by training, she had developed expertise in dealing with patients with chronic vulvar pain, drew from physician referrals nationally, and had a six-month waiting list for appointments. She found herself suffering intolerable migraine headaches after each clinical day.

By stopping one aspect of her practice that she found stressful—dealing with chronic pain patients that it was sometimes difficult to help—her professional life improved. At the same time, she responded to an ad for a position at the school for continuing medical education because she had always excelled and thoroughly enjoyed the art of lecturing and was interested in faculty development programs.

Dr. McKay took a considerable cut in pay to take the CME half-time position, but she says the “ultimate power is not caring how much money you make.” Fifty percent of her time is devoted to CME, one day a week is devoted to clinical, and she handles about 10 referrals a week from chronic pain patients. But, on her off days, she is pursuing another passion: theater studies.

Editor’s Note: Although a query seeking input about strategies for managing career stress and burnout was posted to several listservs managed by the AAMC, the only response came from women. Does stress and burnout affect proportionately more women and/or are more women in academ-
ic medicine willing to talk about it? What do you think? Send your response for publication consideration for the next issue to: Academic Physician & Scientist, PO Box 338, Crompond, NY 10517; or e-mail <fellis@earthlink.net>.

Resources to Help Cope with Stress and Burnout

The following organizations and professionals offer career counseling, conflict mediation, and resources to help promote professional well-being among physicians.

The Center for Professional Well-Being, Durham, NC 27705, 919-489-9167.

John-Henry Pfiferling, PhD, a medical anthropologist and clinical associate professor at the University of North Carolina, Chapel Hill, studied stress among internal medicine residents at the Duke University Medical Center between 1977 and 1979. He established the Center for Professional Well-Being with two other physicians in 1979.

Dr. Pfiferling regularly lectures on the topics of stress management and professional well-being at medical meetings, and he leads grand rounds on these issues at medical schools across the country. Among the center’s clients are international and national societies, medical associations, medical malpractice carriers, physician group practices, hospitals, and individual physicians.

Dr. Pfiferling said the center routinely handles requests for assistance from faculty—including senior people who feel that the business of medicine has intruded in their lives and who are looking for alternatives as they near retirement, as well as mid-level faculty who feel undervalued because they are no longer receiving the research grants they once did.

The Center for Professional Well-Being publishes a quarterly bulletin, which shares resources and strategies for promoting well-being and coping with burnout and stress. In addition, the Center offers seminars on stress management and well-being, provides career counseling, and assists in troubleshooting conflicts that emerge within organizations, physician practice groups, and academic departments.

Louise Andrew, MD, an emergency physician who formerly chaired the committee on physician well-being for the American College of Emergency

Continued on page 12