Skills Required to Head Physician for the Management of Staff. Emotions in the Organizational Context

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Abstract

This short paper aims to identify the key skills required for personnel management that makes it possible a peaceful business climate and a level of excellence in services rendered. Are analyzed particularly emotional skills like e.g. mindfulness

Introduction

This short paper aims to identify the key skills required for personnel management that makes possible a peaceful business climate and a level of excellence in rendered services. All issues related to the personnel management of the type "hard skills" have been deliberately omitted, i.e. of all the technical and management skills, which a head physician should have done his own in a profound way[1-2]. So we can focus on the "soft skills", i.e. on all those relational and communicative behavioral skills that are the true "toolbox" of excellent personnel management. For management excellence we mean all those operational and managerial "systems" pursuing a double goal: total quality and continuous improvement. Given that complexity, personnel management become, if not the main strategic element, an important strategic element to achieve excellence.

The main problem to be faced, for a head physician, is how to coordinate highly skilled personnel, with a common decision-making power.

Emotionality

For long time emotionality was considered a "phenomenon" to be countered, especially in an organizational/business environment. Rationality was thought of as the main and noblest faculty of the human being, while emotionality was linked to ancient and primitive biological heritage.

Subsequently, this "radical" position was abandoned, up to the concept of emotional intelligence [3] made famous by Daniel Goleman. Emotional intelligence indicates an individual disposition that moderates the ability of an individual to perceive, understand and manage their own and others' emotions in organizational contexts [4].

Subjects with high emotional intelligence demonstrate greater emotional and social competence and this allows them to be promoters of greater cohesion in complex organizational contexts, to promote constructive dynamics and to infect others in a positive way.

It is immediately clear that this is a key skill for a head physician, given that in a modern healthcare enterprise collaboration of all is, without doubt, the key to success [5].

Of all the issues related to emotional regulation that can be treated, according to us have more importance in the emotional dimension, which is related to the presence at work and the main mode of self-employment compared to anxiety.

The psychological attendance at work is to be alert, focused, being inside rather than outside the boundaries of a given role, in a sense of completeness than fragmentation. This is what workers experience when wearing the deepest parts of himself in the role and performance; is the condition that allows the growth, learning, change and productivity. But with the psychological presence at work, however, the person brings in all of its fragility and becomes vulnerable. So it is necessary that he accept these fragilities and take care of them properly, thus overcoming his own vulnerabilities.

The simultaneous experience of being fully present, but also vulnerable during a role-performance, is the hallmark of psychological presence of the person within the working contexts. The fundamental dimensions of the psychological experience of presence at work are [6]:

Attention

It indicates the opening rather than closing the other; it means being resilient to anxiety since the defenses against anxiety make people psychologically absent by closing them to potential advantageous / threatening information, coming from outside and reducing the degree to which one is fully mobilized in the concrete situation.

Connection.

The psychological presence involves the connection to work and to people, to aspects of their situation, the execution process of the task and feel the experience of "flow", in which people do not experience themselves as separate from their activity, but they live a mutuality of connections and the sense of giving and receiving in relating to other people

Integration.

That is, keeping the physical, intellectual and emotional sphere together in an integrated and balanced

way.

The presence, for this characteristic of total opening towards each other and connecting, stimulates the cohesion between individuals and then, being an important anxiety regulation factor, inhibits the negative emotional contagion, principally through the integration.

Regarding the anxiety defense mechanisms, they are particularly "dangerous", as they are not acting in a conscious manner, but are vending mechanisms in which the psyche reacts to anxiety states. Being automatic and sub-conscious mechanisms the person who experiences them does not realize what is happening and therefore can't hardly remedy. Below the main defensive styles related to the anxieties from which they are generated, are listed [7]:

Perfectionism

This is an exaggerated attention to detail until you lose sight of the problem. Perfectionism develops an anxiety that is: the obsessive need for domination and control that produces high levels of concern, especially in the presence of instability and organizational changes.

Arrogance and vindictiveness

Ambition and haughtiness combine with suspicion and mistrust towards others. A person who adopts this defensive strategy generates destructive conflict and negative emotional contagion. The anxiety developed by arrogance is connected to the fear of losing control of events, of being swept up, overwhelmed, especially in the presence of work intensity or speeded up changes.

Narcissism

Have an omnipotent self-image, conceit and elation. Put effort in large projects and disengagement action to achieve them not to take risks to manifest inadequacies. If the institutional leader is a narcissist. in the organization there is a continuous sway from one extreme to the other depending on the external conditions in which they operate. The narcissist develops THE anxiety which is represented by the fear of loss of prestige and / or social status.

Self-depreciation

Wish to escape the responsibility of the role. The self-depreciation has negative effects in terms of

cohesion, conflict and emotional contagion. Who has this type of defensive strategy has a wavering and renouncing behavior. The self-revaluation develops anxiety determined by the strong need for recognition and approval and by the fear of the aggressiveness of others

Passiveness

Waiver to each element of competition and aggressiveness towards others. Wishing to avoid conflicts and relationships. The anxiety developed by passiveness relates to feelings of inadequacy, to the uncertainties of the role and the fear of interpersonal relationships.

So a head physician must have the ability to understand his and others' emotions and use them for the "productive" ends of the "structure" he directs. Let's see how it is possible to do this functionally.

In 1872 Charles Darwin wrote the essay "The expression of emotions in humans and other animals"[8]. In his essay the author hypothesizes that emotions are innate because they are a product of evolution. These emotions correspond to facial and bodily expressions that are the same both in men of different ethnic groups and in non-human primates. The conceptions about the universality of basic emotional expressions found particular interest since the mid-50s.

Some researchers [9-11] developed a set of theories, methods and evidence that, in their totality, constitute the so-called Facial Expression Program. These authors believe that at the origin of the expression of emotions and emotional experience there is a precise number of innate neuro-physiological programs that determine the universality. There is therefore a specific neuro-physiological path for each emotion that ensures the invariability and universality of facial expressions associated with each emotion.

Emotions have among others the relational function that allows communicating to the other individuals of their own species their psycho-physiological and self-regulation reactions. So it makes sure that through one's psycho-physiological changes there is a conscious understanding of one's emotional state. The inborn neuronal programs, phylogenetically inherited, give rise to adaptive answers

that can be traced back to the families of the six primary emotions: surprise, fear, disgust, anger, happiness and sadness [12]. The secondary or complex emotions, is supposed to derive from the basic emotions, influenced by the culture and by learning.

But is it possible to learn how to regulate and manage one's emotions? We can not only decide when we do not feel anger, but also when we want, because it is useful to us, without anger taking hold of us, as usually happens to all human beings. This can be done through a training based on Mindfulness.

Mindfulness

Jon Kabat-Zimm founded in 1979 the Stress Reduction Clinic at the University of Massachusetts, developing a program called Stress Reduction and Relaxation Program, based on a therapeutic, non-religious, adaptation of the contents of Buddhism. Later this program was transformed into an eight-week course/path renamed MBSR (Mindfulness-Based Stress Reduction). The MBSR protocol: "(...) [is] *a new type program in a new field of medicine, behavioral medicine…*[that] *discusses the effect that psychological and emotional factors, the ways in which we think and behave, have on our health and on our ability to recover from trauma and disease… The course for stress reduction is essentially an intensive self-training to the art of living consciously…a systematic training in the practice of awareness… awareness is cultivated by learning to pay attention deliberately gentle, non-judgmental about things that normally ignore or decide not to know. It is a systematic approach to the cultivation of a new wisdom and mastery of our lives, based on our inherent ability to relax and internal observation*" [13].

Currently there are several "Mindfulness strands" the best known of which is what led to the development of the MBCT (Mindfulness-Based Cognitive Therapy for Depression) protocol, which is a scientifically highly accredited method to prevent the relapses of major depression [14].

One of the benefits of Mindfulness is the ability to experience negative emotions without being "overwhelmed". Practicing Mindfulness makes possible the distinction between the experience of the present

and the sense of the narrative self. This allows the person to focus on the experience that lives at the time, rather than on negative thoughts related to past experiences or worries about the future [15].

The Mindfulness practitioner is more disposed to have a stable emotionality, which tends more easily to positivity, regardless of the external situation, without entering the spiral made by: negative emotion, enhanced and negative perception of the real situation, stronger negative emotion and new perception of the even more negative reality, and so on. Even more important is the fact that the described changes are also related to a more efficient immune function [16].

Mindfulness allows experiencing negative events with less reactivity. A 1976 study by Goleman and Schwarz [17] hypothesized that meditators exhibit less physiological responsiveness to unpleasant stimuli than a control group.

In conclusion, the addressed issue is a "set of skills" that a head physician must possess, but which are usually not considered in manuals. Those deal with personnel management in the health field. With these themes a reformulation of the concept of institutional leader is obtained, which is extremely dynamic and takes on an extremely less central role, at least in the context of personnel management. The head physician has become a sort of "manager" of a widespread leadership that transfers to the various organizational actors on the basis of "operational contingencies". In fact, in a context of a "health market" technologically in constant evolution and with extremely problematic management profiles due to the greater "demand of health " of users (population aging, increase in information, its diffusion and the average culture,…) with stagnant or even decreasing financial resources, a rigid and static leadership is likely to be the problem, than the solution to the problems caused by the social and political dynamics in place.

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