

**A Report for colleagues of the UNUM Provident Centre for Psychosocial and Disability Research, Cardiff University, “Happiness and Resilience at Work Conference” held at the Royal College of Physicians, London**  
**14 September 2006**

Robin Philipp, 9pp.

**Preface:**

This report has been prepared as part of our collective networking and information sharing. If you have any points or questions about it, please e-mail Robin at:

[Robin.Philipp@UH Bristol.nhs.uk](mailto:Robin.Philipp@UH Bristol.nhs.uk).

At least 60% of our day to day work in NHS Occupational Health is supporting people at work with emotional difficulties and distress they experience. Associated with this, within the South West group of the Association of National Health Service Occupational Physicians (SWANHOPS), the Avon Partnership Occupational Health Service (APOHS), and our United Bristol Healthcare NHS Trust-based UBHT Centre for Health in Employment and the Environment (CHEE), we are exploring and developing new initiatives for these increasingly important areas of our work. Known practical ‘products’ to date from this area of our endeavours are listed in Appendix I.

To help build on this work, key points presented at this conference on 14 September 2006 are summarised below. It is hoped they might stimulate further thinking amongst us and additional project work in support of people at work and the public health.

**Introduction:**

This conference was organised by the UNUMProvident Centre for Psychosocial and Disability Research, Cardiff University. It aimed to explore ways forward to help reduce sickness absence from disability, improve opportunities for rehabilitation at work and explore what influences capacity for work. The aims are associated with a programme in Vocational Rehabilitation being established by five participating universities. It will include eleven classroom-based, one-day modules, at the conclusion of which participants will receive a certificate of completion from their chosen study centre.

The conference explored the psycho-social dimensions of ‘happiness’ and reasons why ‘*happiness levels*’ are not improving with time despite the present UK economic boom.

**Adaptation Theory** was applied to the modelling of well-being. This theory has the following components: physical and mental health, absenteeism at work, the immune function of the body, and emotional resilience.

Evidence was put forward that well-being:

- Is relatively stable and inheritable:
- It responds to true events such as winning the Lottery by returning more or less, to a previous baseline in less than two years;

- Well-being adapts to experience of negative events and in which generally, losses loom larger than gains such that following them individuals do not quite regain a previous level of well-being;
- There is a general social adaptation to improved living standards;
- If people are asked the question “How has life turned out so far?”, they are generally fairly positive about it.

The problems with Adaptation Theory include:

- There are socioeconomic gradients in well-being as measured with satisfaction of life scores;
- Some indicators of well-being have become worse with time;
- There are significant differences in levels of well-being between countries with for example Scandinavia having high levels and Siberia and the Soviet Union for example, having much lower levels;
- 20% of the population are not satisfied with how life has turned out so far in that they have co-morbidity of anxiety, depression and alcohol related disorders;
- The rates of depression are increasing with different, and younger age cohorts more frequently becoming depressed and earlier in life, possibly related to increasing stress in society.

The adaptation is not complete and there are real social determinants in an individual’s life.

**The Relative Wealth Theory** is based on a premise that “*I am happy if I am earning a little bit more than everyone else around me*”. In it:

- Consumption differences of individuals are often measured against what others have;
- There are difficulties of measurement as there are domains where utility is affected in an absolute and unavoidable way such as the need to commute to work, and for some urban populations to experience noise pollution;
- People with higher relative incomes than others ‘should’ use these incomes to decrease the ‘bad’ domains in their lives, but often they do not do so – e.g. they could move closer to work to reduce commuting difficulties but they often choose not to do so.

**Luxury Fever and Negative Externalities** holds the view that:

- People with relatively high incomes fail to use them to maximise their quality of life;
- They spend disproportionately large amounts of money on luxury goods to which they adapt and which do not increase their overall well-being;

- This gradually cascades down the social hierarchy so that for example, for everyone cars and houses become bigger, but without any resultant increase in happiness;
- We have a psychological vulnerability to positional goods in that there is an inherent wish in most of us to keep up our status or so-called 'position in society' by "*keeping up with the Jones's*";
- We thereby absorb increases in wealth into a positional arms race between people and groups in society that leaves us no better off in terms of well-being and in fact, through negative externalities, we may become worse off.

### **Social Capital in Positive Externalities:**

'Social Capital' can be defined as a network of informal relations with the people around us in society. At work, it can for example include coffee mornings or a game of squash, and outside of it voluntary work sports interests and neighbourhood contact are examples. The involvement is voluntary, informal, and the interactions are spontaneous and unhierarchical. Other examples include the Women's Institute, voluntary organisations, Neighbourhood Watches and amateur dramatic societies. They are difficult to quantify, yet are a considerable resource for emotional resilience.

Our capacity for effective forecasting is poor in that we are bad at predicting the effect of positional goods on well-being. We tend to overestimate. For example, we want a big house but the long commute to and from work discounts the benefit due to reduced time we are able to spend in it and with our family.

We tend to underestimate the value of social capital. Actual predictors however of well-being include our knowledge of our neighbours, having local friends, engaging in voluntary activities and having trust in others. These values have externalities in our oft-held view that: "*If I do it for others they may be more likely to do something for me or in turn, for other people*". There is therefore a ripple effect. The benefits or gains however are often eroded by what has been termed a 'conscious consumption arms race' – It is linked with the theory of relative wealth.

### **The Perceived Control Theory:**

There is a socioeconomic status gradient in well-being that may not reflect income but a sense of control in life. This is important for job satisfaction, stress and health. Perceived control tends to be high in the professions. The lack of improvement in well-being over time would then be considered as due to a lack of increase in people's sense of control at work. This also helps to explain the dramatic effect on health and well-being of unemployment.

Socioeconomic status is related to income, but also to the sense of control over one's life and helps to give us our '*life satisfaction status*'. Thus, with this and generally, people over-invest in positional goods and under-invest in social capital. Therefore, increasing wealth does not equate with improved well-being. Thus, there are negative externalities to private decisions. Accordingly, a principled understanding of determinants of well-being is needed. In this approach, a labour market that gives people control at work and in life would help to decrease unemployment. This theory reasons that incentives are therefore needed for the creation of social capital and disincentives are needed for the acquisition of "pointless social positioners" – An example cited at this conference was 4x4 vehicles used only for short, inner city urban, personal transport (such as the so-called 'Chelsea Tractor').

In 2002, the UK Prime Minister's Strategy Unit explored 'happiness policies'. Following it, the UK Department for Environment Food and Rural Affairs is now developing a 'happiness index' as a possible alternative to measures of Gross Domestic Product. Interestingly, Bhutan already and for some years, assesses "Gross National Happiness".

It was noted at the conference that a left wing view of happiness is that the redistribution of wealth gives equity, whereas a right wing view is that happiness comes from freedom of the State. Both left and right wing views have traditionally seen economic growth as essential. In 'new politics', economic growth is however seen as less important than general well-being. In it, work-life balance becomes important and more so than a pure work ethic or focus on careerism. This apparent change of emphasis that is appearing in society is associated with other developments in society such as therapeutic interventions to help people manage their emotions, such as cognitive behavioural therapy and the introduction of 'Life Skills Coaching'.

Interest is also growing in the 'science of happiness'. Aspects of it can be measured such as with MRI (magnetic resonance imaging) scans and PET (positron emission tomography) measures of change in brain activity. From it and other means, some evidence exists to help us now reappraise our personal choices and philosophy of life. Happiness can for example show as an increase of left brain cognitive activity. However what becomes important now is what we do with that cognition.

We do not passively experience happiness. Instead, we invest it with meaning such that it has purpose. There is some suggestion too that the 'good life' entails becoming involved with projects and achieving their completion even if the resultant happiness they yield is less than the pain associated with the effort involved in its production.

Measures of happiness have evolved. Examples are the World Map of Happiness (WMH) which is based on Gross Development Product (GDP), whereas the Happy Planet Index (HPI) is based on the size of the ecological footprint. These measures are best applied differently in different societies. Thus, a small island community cannot be considered in the same index with a large, industrialised nation. The HPI applies best to a small island community whereas the WMH applies best to developed nations.

### **Likes and Wants:**

In life and in general terms, it is better to concentrate on 'likes' rather than 'wants'. Positive examples include friends, enjoyment of nature, and spiritual nourishment.

The tendency with time for satisfaction or happiness to decline is a key stimulus to achieving more of it. Thus, if lives are not linked to fiscal measures some researchers are starting to ask if we should now explore other factors such as the comfort of friends, appreciation of beauty, and the enjoyment of spiritual contemplation, rather than continue to just struggle with trying to change more material things. They are asking if happiness should be prioritised over economic growth and if we should introduce a 60% rate of taxation or possibly scrap performance related pay.

It is not clear if there are benefits from politically motivated happiness interventions such as training General Medical Practitioners in CBT or introducing emotional literacy programmes into schools.

## **Resilience:**

Resilience has been defined as the capacity to consciously resist engaging in illness behaviour. For example, people respond differently to objectively similar events and circumstances such as terrorism or high job demands. Thus, we speak of the elasticity of resilience. Its parallel is the treadmill exercise. Inherent belief systems and informal neighbourhood contact increase the resilience of a society.

The social origins of resilience include the social structure of society and access to resources and the exposure to different circumstances. Different cultures also respond differently in vulnerability and with their own definitions of health and illness. Illness behaviour is also linked to genetic inheritance, previous circumstances, and family upbringing.

However, promoting happiness could corrode resilience through:

- The pathologisation of work by reinforcing the belief that hard work is inconsistent with well-being and that further commitment to work should be discouraged;
- Reducing the utilisation of human potential which would discourage overall participation in and enjoyment of the World and increased reflection on one's self;
- Legitimising the belief that happiness is a health issues, or, grounds for entering the sick role;
- Normalising therapeutic interventions in the management of emotions, leading to dependency and loss of independent thinking.

Yet, with building resilience:

- Interventions can backfire regarding attendance or participation in them;
- A moratorium on health scares is often based on junk science and promotes a heightened sense of vulnerability;
- We need to reinstate the boundary between normal emotions and mental illness – an example being “stress”;
- We need to de-professionalise much of what should really be just normal interpersonal relations;
- We need to value excellence and high achievement.

## **Work, Employment, Well-being, Happiness, and Culture:**

**Work** can be defined as: “the application of physical and/or mental resources and skills, effort, labour, and contract over time”.

**Employment** can be defined as: “a contractual relationship for pay in which there is a specific set of tasks in a specific context”.

**Well-being** can be defined as the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life.

**Happiness** includes the feeling of pleasure, the concept of the Ancient Greeks of Eudaimonia, the place of religion giving meaning and purpose in life, and the feelings and emotions of 'good', quality of life.

In all this:

- Work provides an increase in material well-being and opportunities for participation in today's society;
- Work meets important psychosocial needs in societies such as status, self-esteem, confidence and morale;
- Employment and socioeconomic status are the main values of health.

There is strong evidence that **unemployment is associated with:**

- Increased insecurity;
- Increased poor general health, somatic complaints, and longstanding illness;
- Poor emotional health showing up as more psychosocial distress and increased psychiatric morbidity and suicide;
- Higher consultation rates in general practice and inpatient hospital episodes.

**Re-employment** results in increased physical and general health and well-being and increased mental health. The magnitude of the improvement is related to the security of the re-employment and its duration is dependent on the quality of the re-employment and its security.

School leavers gaining employment or training or access to further education have improved somatic and psychological health.

Unemployed adults have lower self-esteem and self-rated health and levels of self-satisfaction, associated with their reduced finances and perceived status in society. Re-employment of these persons, and employment of other such as sick and disabled persons, gives benefits to their health.

Simply forcing people off social welfare benefits decreases their levels of health. However, if this action is linked to the availability of jobs for them, their health improves.

The implications of this policy are, for improved clinical management, that information and advice are helpful and that they reduce sickness certification.

**Culture** can be defined as the collective attitudes, beliefs and behaviours that characterise a particular social group over time. The challenge now in society is how to create a political climate that supports or fosters the self-development of happiness. Satisfaction at work with the factors such as the job itself, colleagues, clients, customers, and organisational practices are important to ensure emotional well-being at work. With this, '**stress**' is not a disease and does

not indicate any particular physiological or psychological state. It is a quite different entity to post traumatic stress disorder (q.v. an Internet Google search for “rob briner” and review his key articles on this theme).

In preference, ‘**stress**’ seems to be an umbrella term for a sense of work conditions, pressures and a range of feelings, thoughts and behaviours. Factors of their work that people do not like are not necessarily the same as factors which are harmful to them in their jobs. The epidemiological evidence of ‘stress’ as a predictor of ill health is weak. Nevertheless, stress interventions can measure changes in job satisfaction, organisational commitment, performance at work, absenteeism, and propensity to grievance.

There is an effort-reward imbalance. Employees weigh up what they put into their job and what they get in return. Imbalance exists where the inputs by employees are felt as if they give more than they get out. There are issues here of justice, fairness, opportunity, and equity.

**The sustainable development of society and well-being at work** links feelings, pleasure, satisfaction, meaning and fulfilment, as well as functioning. As happy people live on average, seven years longer than unhappy people, it is a policy-relevant area. The future of society however depends on:

- Competitiveness with increased pressures for individuals;
- New technology with possible competence effects on the abilities and capabilities of individuals;
- Demographic changes in society with increasing the need to respect experience and issues of ageism;
- Value shifts in society with an increased search by individuals for meaningful work;
- Carbon reduction needs which can be seen as an opportunity or a threat as climate change is coming.

The interdependence of profit, people, and the planet all overlap into what is called ‘**the future spot**’.

### **Conclusions of the Conference – and a Concluding Comment:**

Conclusions of the Conference: To be happy is in part associated with the Socratic view that: ‘to be happy was to lead a good life, one in keeping with higher patterns of being’. Following this in history, the Beautitudes view placed emphasis on the promise of future reward.

The subsequent Enlightenment view was: ‘how can I be happy so that I can be saved?’.

Much later The Declaration of Independence, USA, referred to ‘the self-evident right to life, liberty and the pursuit of happiness’.

MRI and PET imaging have shown that neurones in the orbitofrontal cortex fire wildly when there is an immediate possibility of pleasure or pain, loss or gain.

We have an imperfect ability to simulate future selves and future circumstances. Accordingly, there is no simple formula for finding happiness. The pursuit of happiness is by no means a happy process. We need however to cease introspection and comparisons with others and to be happy ourselves with what we have. Life satisfaction correlates with engagement and meaningfulness but not with pleasure. Dissatisfaction however drives progress. There is therefore the on-going and still evolving search for meaning and purpose. Good jobs are however good for both employers and employees. They include a sense of belonging and of having a place in society and result in increased productivity and attendance at work.

A Concluding Comment: In Occupational Health, we have a duty of care to support efforts that will help to meet these above characteristics of a 'good job'. There are opportunities in our work for us to do so, in addition to our day-to-day reactive service responsibilities. As mentioned at the end of the Preface to this report, on-going debate is welcomed as to the nature and direction of projects that are developed and undertaken with and through SWANHOPS and to what is done with information arising from them.

### **Acknowledgements:**

I am very grateful to both UNUMProvident for their kind invitation to attend this conference, and to Claire Streete, for her secretarial support in preparing this report.

---

### **Appendix I:**

#### **SWANHOPS – APOHS – CHEE Products in Support of Emotional Resilience At Work**

- The freely-available leaflet, "*Coping With Stress*";
- The booklet: "*Occupational Physicians in the NHS: Information for Managers and Staff*", published by the Avon Partnership Occupational Health Service (APOHS);
- The website [www.artsaccessinternational.org](http://www.artsaccessinternational.org) we helped to establish and co-host from the CHEE for the organisation, Arts Access International, with its focus through the arts on building cultural capital, sustaining environmental quality, and helping health and well-being;
- Four book chapters for the World Health Organisation, and also published on the above website;
- A book: "*Humanities in Medicine: Beyond the Millennium* ", published by the Nuffield Trust;
- A book: "*Arts, Health and Well-being*", published by the Nuffield Trust;
- Two book chapters on: "*Evaluating the effectiveness of the arts in health care*", published by Jessica Kingsley, and by the King's Fund;
- An editorial in Occupational Medicine, "*Do the arts and humanities have a place in Occupational Medicine?*";
- A research paper in Occupational Medicine, "*Improved communication between doctors and with managers would benefit professional integrity and reduce the occupational medicine workload*";
- A research paper in Occupational Health Review, "*What do patients mean by the phrase: 'I love my job?'*";
- Arts and health research papers published in The Lancet, The Journal of the Royal College of General Practitioners, The NZ Family Physician, NZ Doctor, The Therapist, Lapidus Quarterly, and Poetry Review;

- A review paper in Occupational Medicine, "*The importance of intuition in the occupational medicine clinical consultation*";
  - A review paper in the British Journal of General Practice, "*What is love?*";
  - A discussion paper, "*Words at Work*", published by the Society of Occupational Medicine on its website;
  - An article on 'innovation' about support for Human Resources Managers in the book: "*Pioneers in Patient Care: Consultants Leading Change*", published by the BMA;
  - Poems published in the British Medical Journal, WHO and International Organisation for Migration newsletters and reports, addressing environmental quality and emotional resilience issues;
  - Book reviews requested for Public Health ("*Creative solutions and social inclusion: culture and the community*"), Occupational Medicine ("*Reflections on Spirituality and Health*") and for Health and Hygiene ("*Mental health in your school*"; "*Organisational stress*", and "*Wholeness in later life*").
-