



PROFILE



TEXT BY

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CHOOSING HAPPINESS

Whenever I am chatting with people at social events, the conversation will veer towards the topic of "what do you do?" at some point in time. My usual answer is, "I do research on happiness and also teach a course called 'The Pursuit of Happiness'". At this point, there will inevitably be raised eyebrows, followed by the question, "So, what makes people happy?"

I have always liked sharing what I have learnt about happiness with people from all walks of life and I am glad to write this piece for *SMA News*. While I am married to a doctor and have many friends who are doctors,

I am not an expert on what makes doctors happy! However, writing this gives me the chance to put together various thoughts that I have about doctors and happiness based on my reading and research.

Of course, some may argue over what being "happy" really means, but there are some fundamentals of happiness that we know from research conducted in this area. For instance, being happy at work implies that we have a sense of satisfaction (cognitive dimension) and positive feelings (affective dimension) about various aspects of our work, such as the job

itself, the pay and perks, the work environment and our co-workers.

CHOOSING TO BE A DOCTOR

The first question that comes to mind would be, "Shouldn't doctors be happy if they had chosen to be doctors in the first place?" In Singapore, getting a place in a local medical school is akin to striking the lottery. It always amazes me to see the hordes of parents accompanying their children to talks conducted by members of the medical faculty during the National University of Singapore (NUS) Open Days. The Business School's booth gets a fair number of visitors and queries, but there's nothing like the frenzy surrounding the Medical School's booth. From what the people I know from the NUS Yong Loo Lin School of Medicine have shared with me, I realised that the application process has become a finely calibrated game of one-upmanship for the students as applicants try to outdo each other and improve her/his odds of getting that coveted offer of admission.

This reminds me of a classic study in the *Journal of Personality and Social Psychology* which compared the happiness levels of lottery winners and paralysed accident victims, versus a control group. The lottery winners and controls were not significantly different in their ratings of how happy they were at the "current" stage of their lives (before winning for the lottery winners or six months earlier for the control group) and in two years' time. Accident victims recalled a happier past and experienced a less-than-happy present compared to controls, but there was no conclusive difference regarding future happiness levels.

Therefore, after the euphoria of getting a place in a medical school wears off, students have to ask themselves the reason why they wanted to be doctors. If they want to "help people" (as most of them claim

in their medical school admission essays and interviews), then they should be very happy because research has shown that you derive happiness from doing something you like and when you help others (that is, being a "giver" instead of a "taker"). Thus, if doctors are unhappy, is it because they did not personally choose to be doctors or perhaps someone else made the decision for them? Or could it be that the system prevents them from fulfilling their goal of helping people by turning them into cogs in the machinery of the healthcare industry?

CHOOSING TO REMAIN A DOCTOR

For doctors who have grappled with these issues and yet choose to remain in the profession, there must be something that provides staying power. I have often wondered — is being a doctor different from any other profession? Doctors or anyone who spend an inordinate amount of time and effort getting trained and doing what they do should ask themselves, "Am I happy doing what I am doing?" I think doctors are fortunate that they have many options in their profession and thus, many degrees of freedom to find a career path that suits their strengths, abilities and temperaments.

One favourite piece of research I often share about workplace happiness is *The Progress Principle*, based on studies conducted by Harvard Business School professor, Teresa Amabile, and an independent researcher, Steven Kramer. They found that making progress in meaningful work contributes the most to employee motivation and positive emotions at work, more than incentives, recognition or interpersonal support. As long as workers feel that their labour is meaningful, progress is often followed by joy and excitement about the work. The important premise here is firstly,

finding and having meaningful work and then, making progress in it.

I have found these principles useful for my own work life. When I am frustrated with a particular task at work, I ask myself if it is something meaningful that I am doing or just something that I have to get done for some particular reason. As much as possible, when within my control, I try to cut down on the number of "meaningless" tasks that I have to do. If the task is meaningful but there are various obstacles to my progress at the task, I am motivated to see how they can be overcome. It is easy to assume that these obstacles are organisational in nature or due to someone else's fault. However, it is sometimes surprising to realise that the obstacles could be related to my personal choices.

I have heard of and known many doctors who have left the public hospitals because they feel they are not "making progress in meaningful work" (which could be in patient care, research or teaching). They are tired of fighting administrative battles with bureaucrats and technocrats, or just fighting "the system". They leave for the private sector in pursuit of their happiness; some find it and others do not.

CHOOSING TO MAKE PEOPLE HAPPY

While we may not always believe this to be true, many of us have the power to influence someone's happiness. For doctors, this is especially so for each individual's physical well-being; one of the five essential elements of well-being proposed by Tom Rath and Jim Harter based on their analysis of data collected by The Gallup Organization. The other four essential elements are career well-being, social well-being, financial well-being and community well-being. Physical well-being refers to lifestyles that give us the health and energy for each day. For instance, individuals with well-managed chronic

illnesses are able to function normally and have fulfilling lives.

The Gallup Organization also produces a Positive Experience Index and a Negative Experience Index. They measure "how people live their lives" by asking ten questions related to positive and negative experiences. The five positive experiences include feeling well rested, laughing and smiling, enjoyment, feeling respected and learning or doing something interesting. The five negative experiences include stress, sadness, physical pain, worry and anger. These indices are widely reported in the media.

At first glance, it seems that an illness that diminishes a person's physical well-being or causes her/him a lot of physical pain would be an impediment to her/his happiness. However, on a deeper level, illness has a more serious effect on a person's mental and psychological health, as negative emotions such as anxiety and fear take precedence over positive ones in the setting of illness and disability.

Doctors have a special duty and privilege to help their patients with their physical ailments and mental distress. While some medical conditions can be resolved fairly quickly through successful operations or appropriate antibiotics, it's the caring GP in one's neighbourhood clinic that can make a real difference in managing a chronic illness in the long run. GPs are the ones who deal with the common cold and flu

which can make a dent in a person's Positive Experience Index, even for a few miserable days. At the same time, some of them also share in the ups and downs of their patients' personal and family lives.

CONCLUDING THOUGHTS

Happiness is something we all look for. Doctors and other healthcare professionals have resources often not available to the general public because of their medical knowledge. The challenge is to use these resources to improve the lives of patients and their families. That may possibly make doctors happier in the long term as they rediscover why they have chosen to be doctors in the first place. ♦

**MAKING PROGRESS IN
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TO EMPLOYEE MOTIVATION
AND POSITIVE EMOTIONS
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INCENTIVES, RECOGNITION
OR INTERPERSONAL
SUPPORT.**

Further readings

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