

Veterinary Wellness Bien-être vétérinaire

Veterinary happiness

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Since the dawn of written history, happiness has attracted the attention of great philosophers, including Confucius, Buddha, Socrates, and Aristotle (1,2). Happiness has been variously conceptualized and defined throughout history, influenced by the thinking of the times. Today it has come to be recognized as, “the experience of joy, contentment, or positive well-being, combined with a sense that one’s life is good, meaningful, and worthwhile” (3). This definition of happiness encompasses two distinct components: eudaimonic happiness, which comes from meaningful pursuits and is associated with life satisfaction, and hedonic happiness, which comes from pleasure or goal fulfillment and is associated with positive affect (4). Perhaps because it sounds more precise or scientific, researchers often refer to happiness as “subjective well-being.”

Subjective well-being is typically assessed by measuring life satisfaction and positive affect (3). Interestingly, the emerging scholarship of happiness extends beyond the study of individual happiness to embody group and organizational happiness, and even the happiness of entire societies and countries, measuring perceptions of life satisfaction and affective states as reported by the citizenry (5). One country has gone so far as to prioritize “Gross National Happiness” over “Gross National Product,” believing, “if the Government cannot create happiness for its people, there is no purpose for the Government to exist” (5). Bhutan has gained global attention for its national policy and development plans to bring about a society-wide rise in happiness.

The question as to what makes people happy (and why some are happier than others) is important (6). One of the primary goals of scientific enquiry in this area has been to identify the main predictors of human happiness (7). The focus has been on “chronic happiness,” the enduring level of happiness over a particular period of life, not the ups and downs of momentary or daily happiness (8). Substantial research has grown around 3 primary types of factors that are believed to causally affect chronic happiness, namely, the set point, life circumstances, and intentional activity (8).

There’s a growing body of literature that proposes that happiness is heritable, that we are born with what’s called a “set

point” for happiness (8). About 50% of happiness is thought to be “set” (i.e., genetically determined), fixed, stable over time, and immune to influence or control. As Lyubomirsky et al (8) forward, “The set point probably reflects relatively immutable intrapersonal, temperamental, and affective personality traits, such as extraversion, arousability, and negative affectivity that are rooted in neurobiology, are highly heritable, and change little over the life span.” It appears that we have an inborn predisposition to be happy or unhappy related to person-specific neurological differences (9).

Beyond a hereditary predisposition to happiness, about 10% of happiness is thought to be related to circumstantial factors, that is, the incidental but relatively stable aspects of an individual’s life (8). Such factors include demographic variables such as the individual’s age, gender, and ethnicity; personal history variables (i.e., life events that may affect happiness); life status variables, including marital status, occupational status, job security, income, health, and religious affiliation; and location variables, including the national, geographical, and cultural aspects of where the individual resides (8). In her 2010 review on happiness, Fisher (6) states, “There is evidence that subjective well-being is on average higher among those who are married, embedded in supportive social networks, employed, participate in religious and leisure activities, earn more money, are of higher social and occupational status, believe they are healthy, and live in prosperous, democratic and individualistic countries as opposed to poorer collectivist countries.”

Importantly, you’ll be happy to know that the remaining 40% of happiness is thought to be related to engaging in intentional activities, including exercising, nurturing social relationships, choosing and pursuing authentic goals, seeking opportunities to experience flow, meditating, and practicing gratitude, kindness, forgiveness, and spirituality (8). Unlike trying to increase one’s set point or changing one’s life circumstances, both arguably difficult to impossible, these happiness-enhancing activities and practices are considered fruitful avenues to sustainable increases in chronic happiness (8). Thus, 40% of happiness lies within personal control.

As almost everyone wants to be happy, and “the happy life” is the preferred life (10), knowing that there are ways to increase happiness is encouraging. Increasing happiness, however, is not as straightforward as one might think because of an evolutionary aspect of human nature called hedonic adaptation (or the hedonic treadmill). As described by Frederick and Loewenstein (11), hedonic adaptation is the psychological process by which people become accustomed to a positive or negative stimulus, such that the emotional effects of that stimulus are attenuated

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over time. What this means is that, despite major positive or negative events or life changes, we tend to continually adapt and return to a relatively stable baseline of happiness. Through declines in positive emotions and rises in aspirations — the 2 ways in which adaptation occurs — we return to the original set point (12). The good news, however, is that the adaptation effect has been found to be weaker with intentional activities than life circumstances, enabling the potential to increase happiness over time (8).

The benefits of happiness are multifold. Based on 225 research studies, happy people are more successful across multiple life domains (10). Happy people are more creative; are better leaders and negotiators; are more helpful and philanthropic; have superior jobs and make more money; are more productive at work; have more friends and social support; are more likely to marry and have fulfilling marriages (and less likely to divorce); cope better with stress and trauma; have stronger immune systems, are physically healthier, and live longer. Research findings point towards a bidirectional link between happiness and success: not only does success make people happy, but positive affect — the hallmark of happiness — engenders success (10).

With the virtually universal desire to be happy, live the happy life, and be successful, the question of happiness in the workplace is compelling. The average person spends more time working than any other daily activity of life (13) and, over a lifetime, an average of 90 000 h on the job (14). With that much time spent in the workplace, happiness at work cannot but contribute to a substantial share of overall happiness. Although happiness is not a term that has been widely used in the study of employee experiences, organizational researchers have studied a number of person-level constructs that seem to have considerable overlap with the broad concept of happiness (6). These include job satisfaction (the most central and frequently used construct), organizational commitment, job involvement, engagement, thriving and vigor, flow and intrinsic motivation, and affect at work. When contemplating the question of happiness in the veterinary workplace, the closest data to answer this may be found in veterinary career and job satisfaction surveys (15–18), veterinary wellness surveys (19), and an occasional peer-reviewed article on the topic of job satisfaction (20).

Keeping in mind that happiness can only be *partly* assessed based on career and job satisfaction studies (as job satisfaction is only a related construct to estimate workplace happiness), based on these studies, the following broad strokes may be forwarded. It appears, based on global questions of career and job satisfaction, that most (70% to 80%) veterinarians are happy. At the same time, it appears that happiness may be on the decline, as fewer veterinarians consider themselves “more happy,” and more consider themselves “less happy,” than 5 years ago; fewer veterinarians consider themselves physically, mentally, and emotionally healthy compared with a decade ago; and fewer veterinarians seem to be recommending veterinary medicine as a career. Sources of dissatisfaction include on-the-job stress (with time management, clients’ inability to pay for services, and difficult client and coworker relationships), the amount of money earned, the chances for promotion, and the amount of

recognition received. Sources of satisfaction include challenging work and keeping up with advances, good client and coworker relationships, and helping clients and animals.

In truth, these studies tell us very little about veterinary happiness. The study of happiness falls under the auspices of positive psychology, a relatively new field of study that examines healthy states, such as happiness, strength of character, and optimism (21). Psychology has traditionally focused on dysfunction (mental illness and other psychological problems) and how to treat it; however, positive psychology, founded by Dr. Martin Seligman at the turn of the century (22), focuses on how ordinary people can become happier and more fulfilled (23). It proposes that “people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play” (24).

Scientific research on happiness in the field of veterinary medicine has not yet begun. Although this is similar to what’s (not) happening in human medicine (25,26), there is early evidence of research efforts in nursing (25,27,28). It is not surprising that there is so little research in the health care professions — positive psychology is an *emerging* field of research. As the scholarship expands and establishes a stronger foothold in the arena of scientific enquiry, this will change. There is a call for research on happiness in the health care professions, most notably from leaders in medicine and nursing (26,28,29). As Kerfoot (29) states, “We now have the opportunity to learn from the research and embed happiness and well-being in our organizations.”

Although we don’t really know how happy veterinarians are or what particular aspects of their daily endeavours make them happy, for the time being we can draw on the research findings in the broad study of organizational happiness. According to Warr (30), and referenced by Bartram and Boniwell (31), the following factors are considered fundamental to happiness in the workplace:

1. Positive contact with other people
2. Supportive and considerate supervision
3. The freedom to voice ideas and be heard
4. A sense of involvement in change
5. Recognition of achievements
6. The belief that you are doing something worthwhile
7. A reasonably clear role
8. Some personal control (discretion and decision latitude)
9. Variety in tasks, skills, or location
10. The opportunity to use and acquire personal skills
11. A manageable workload and goals
12. Equity (shared expectations, fairness, absence of discrimination)
13. A sense of job security
14. Safe and comfortable surroundings
15. Doing a job that is valued by the organization and society

If we render these factors into the context of veterinary medicine, what might this mean for us in our places of work when envisioning *happy* veterinarians and teams working in *happy* practices? It means, first and foremost, that there needs to be open communication. We need to flatten the traditional

hierarchical system of management and encourage participative management (31). We need to cultivate personable environments where it is safe to speak up and express feelings. We need to value and take genuine interest in our colleagues, not only to discover their unique strengths and interests, but to provide the platform to enable them to build those strengths and pursue those interests. We need to embrace a workplace culture that practices kindness, gratitude, optimism, curiosity, playfulness, humor, open-mindedness, and hope, for these are the character virtues that facilitate happiness (32). We need to coach, guide, acknowledge, and appreciate, igniting not just the spark, but the torchbearer within each of us. We need to balance support with challenge, stability with variety and new opportunities, and ensure that workloads are shared and demands are reasonable. We need to trust and respect one another, and lastly, we need to remember that what we do *does* make a difference.

Aristotle, one of the greatest thinkers in the history of western science and philosophy, stated, "Happiness is the meaning and purpose of life, the whole aim and end of human existence." If this is true, which I believe it is, it is time for us to join the call for research on happiness in health care. Let us take the opportunity to learn from the research so we can embed happiness and well-being in our organizations — from primary care practices to university-based tertiary care centres (29). Echoing Kerfoot (29), "When can we get started?"

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