

EDITORIAL INTRODUCTION

REACHING FOR GOLD IN A PERSON-CENTERED WORK–LIFE BALANCE

*Werdie van Staden, MBChB, MMed(Psych), MD, FCPsych(SA),
FTCL, UPLM^a and James Appleyard, MD, FRCP^b*

ABSTRACT

If you are an employee or employer, occupational health physician, or a physician concerned with the work–life balance of your patient, this fourth issue on work–life balance and burnout is for you. It culminates in practical guidance captured in the Tokyo Declaration on Work–Life balance together with five articles that clarify the golden reach of person-centered medicine (PCM) in occupational health of both a clinician and a patient.

How this golden reach extends much further than *patient*-centered medicine is captured in the first article. An employed person, whether patient or practitioner, works within an interpersonal context in which all role players including the employer should actively contribute in nurturing an employee's well-being and work–life balance. The second article engages with the reach of PCM in reporting on the personality features needed to cope with (or avert) unemployment as is evident in a comparison between 245 long-term unemployed individuals and a control group of 1,948. The third article articulates how the golden reach of PCM is informed by the empirical relationship between work engagement and burnout. The fourth article considers the work–life balance among Japan's physicians in the context of ongoing work style reform. The fifth article underscores that a person-centered work environment is crucial in addressing the challenges of burnout among physicians and medical students.

Keywords: occupational health, employment, person-centered medicine, flourishing, well-being

^a *Professor of Philosophy and Psychiatry; Director of the Centre for Ethics of Philosophy of Health Sciences, University of Pretoria, South Africa; Board Member of the International College of Person Centered Medicine*

^b *President International Association of Medical Colleges; Board Adviser and Former President, International College of Person Centered Medicine; Former President, World Medical Association; Former Consultant Pediatrician, Kent and Canterbury Hospital, Canterbury, Kent, UK*

Correspondence Address: Centre for Ethics and Philosophy of Health Sciences, Faculty of Health Sciences, University of Pretoria, Private Bag X323, Arcadia, Pretoria 0007, South Africa

E-mail: werdie.vanstaden@up.ac.za

If you are an employee or employer, occupational health physician, or a physician concerned with the work–life balance of your patient, this set of articles is for you. The fourth issue of the entire volume of the *International Journal of Person Centered Medicine* devoted to the topic of work–life balance, culminates in practical guidance and recommendations captured in the Tokyo Declaration on Work–Life balance together with five articles that clarifies the golden reach of person-centered medicine (PCM) in occupational health of both clinician and patient.

We qualify this reach of PCM as golden in that it is precious, creating conceptual and practical space for flourishing of individuals in a healthy work context. The first article articulates this reach of PCM as extending further than the *patient*-centered medicine [1]. It extends further and more holistically so in six main respects by which a person is recognized as being more than a mere patient and that the health professional is also a person with various roles and values. Roles of other persons necessarily within interpersonal relationships are recognized as crucial. So is recognized the diversity of experiences of a person, rather than mere satisfaction or joy, as well as the scope of health extending to positive health and well-being [2].

Applied to a healthy work context, PCM preciously puts the person and people before their work. Since an employed person, whether patient or practitioner, works in a context that is interpersonal and in which all the role players contribute to a healthy milieu, a healthy work–life balance should not be pursued merely as an attribute of an individual. This point also features strongly in the first issue of this volume [3]. Instead, all role players should take joint responsibility in pursuing and actively contributing to a healthy work–life balance. This requires investments of time, effort, and resources by both employer and employee.

The golden reach of PCM extends to the employee’s positive health and well-being, instead of the narrower attendance to his or her ill health and the prevention of ill health and burnout common in occupational health programs. Precious and crucial in the reach of PCM, it guides the pursuit of a person’s well-being in a healthy work context by accounting for the person’s subjective experiences, values, preferences, and interests.

Whereas the first article is more conceptual, the second article [4] engages empirically with the reach of PCM in reporting on the specific basic health-related

character and temperament traits needed in order to cope with the risks related to unemployment. It investigated the personality traits and profiles in 245 long-term unemployed individuals in relation to a control group of 1,948 from the Swedish general population. They scored much higher in harm avoidance, much lower in self-directedness, and moderately lower in persistence and novelty seeking. This confirms prior research whereby the personality of long-term unemployed people was found to be pessimistic, fearful, easily fatigable, underachieving, blaming, helpless, unfulfilled, reserved, and rigid.

The means long-term unemployed populations have temperament profiles that present difficulties for them in adapting to the circumstances of unemployment, but also finding, getting, and retaining a job and character profiles that diminish their possibilities to self-regulate the emotions derived from their temperament through self-directed choices that improve their health and their life as a whole. To improve people's health and their ability to cope with unemployment, evidence-based interventions should accordingly target stress reduction and the development of self-directedness, cooperativeness, and self-transcendence.

The same is required, they argue, for keeping individuals employed in facing professional demands, considering that employed people experience high levels of ill-being and low well-being. In both employed and unemployed individuals, person-centered interventions are needed in promoting public health rather than focusing merely on getting unemployed people back into employment.

In the third article [5], the golden reach of PCM in occupational health is informed by an empirical study on the relationship between work engagement, burnout, and psychological variables among hospital volunteers. It is premised on an understanding of work engagement as a positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption. While well-being and quality of life were positively associated with work engagement, exhaustion showed the strongest negative relationship to work engagement. The results of this study may guide stakeholders and volunteer organizations, and may inform the development of supporting strategies for increasing work engagement and potentially preventing burnout, by accounting for the related challenges and opportunities. To this end, the study supports through a confirmatory factor analysis that the Ultra-short UWES-3 is a valid measuring tool.

The fourth article considers the work–life balance among Japan's physicians in the context of ongoing work style reform [6]. Japan has chosen work style reform as a counter to the predicted shortfall in the country's work force. Although a public health problem, this speaks of a person-centered way of dealing with this challenge at the level of individuals, specifically aiming to improve their work–life balance. In the context of a low birth rate, high longevity, health problems resulting from long working hours, and factors deterring young people from entering the

profession, the strategy for creating a better work–life balance for physicians includes limiting maximum working hours and improving working conditions as crucial for sustainable, effective health care in Japan.

The fifth article [7] concludes that multidisciplinary actions are required including changes in the work environment, adequate stress management, as well as promoting an ethical and person-centered work environment in adequately facing up to the challenges of burnout among physicians and medical students. They make this point specifically in response to Peruvian data, yet it is similar to articles from Japan [8, 9], Sweden [4], Germany [10, 11], the UK [12], Brazil [13, 14], and the Nordic countries [15].

A person-centered approach to a healthy work–life balance and burnout is golden, for it is preciously inclusive, recognizing all individuals in their various roles situated within interpersonal relationships. This golden reach of a person-centered approach is advocated pervasively among the articles in the four issues of volume 9 of the *International Journal of Person Centered Medicine*, supporting the international perspectives introduced in the very first article of the volume [16].

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