

# **SURVEY OF PERSONAL WELLBEING**

**BMA 16 January 2018**

**Jenny Willis**

## **The author**

Jenny Willis is an educationalist who holds a PhD in sociolinguistics. Her career has spanned all levels of teaching, and research in diverse fields, from workplace learning to identity and wellbeing. She has a special interest in mental health and has worked for the last twenty-five years to destigmatise mental illness. She is a founder member and editor of Lifewide Education's<sup>1</sup> magazine, and executive editor of Creative Academic Magazine<sup>2</sup>. She is the International Advisor for Education and Wellbeing for a mental health charity, careif<sup>3</sup> (the Centre for Applied Research and Evaluation International Foundation). In 2016, she led a joint careif/WPA research project on international wellbeing. In January 2018, she presented some of the findings of that research at the BMA, discussed leading conceptualisations of wellbeing and the importance of wellbeing in the 21<sup>st</sup> century.

## **Context**

To complement the presentation on wellbeing given on 16 January 2018<sup>4</sup>, attendees, both in person and on line, were invited to complete a copy of the questionnaire<sup>5</sup> discussed in the presentation. 32 valid responses were received and are analysed below. The researcher is most grateful to all those who took part, and to the BMA for organising and hosting the event.

Declaration of interests: none.

## **Aims**

The principle aims of the original survey were:

1. To sensitise individual respondents to their personal perceptions of wellbeing;
2. To analyse results in order to examine specifically whether differences in perceptions of wellbeing are apparent in different cultural contexts e.g. national, gender, age, sexuality, ability, religion;
3. To make recommendations on optimising individual and collective mental health and wellbeing.

This iteration was the fifth, and its focus was primarily on objective 1, with the possibility of providing evidence that would be of value to policy-makers in the national health service.

## **Methodology**

Unlike large-scale surveys e.g. OECD <http://www.oecd.org/> and Better Life Index <http://www.oecdbetterlifeindex.org>, this was primarily qualitative, gathering personal perceptions and practices related to wellbeing in order to enhance self-awareness for informed decision-making. The questionnaire comprised 15 open-ended questions requiring narrative response, one quantitative question and a set of biographical questions allowing for sub-aggregation of the data and comparison between cohorts. Responses were anonymous and no contact data was collected. No individual is identified in this analysis.

## Respondents

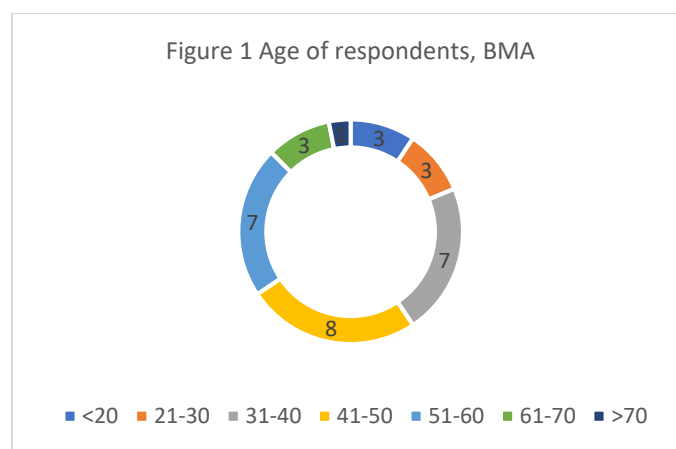
The 32 respondents were self-selected and were either members of the BMA<sup>6</sup> or were participating in the event as guests. They are therefore representative of a specific interest group and their responses can be expected to differ from a random sample. See also figure 2, below.

### Gender

There were 23 female and 10 male respondents. This gender imbalance is similar to that of previous iterations of this survey.

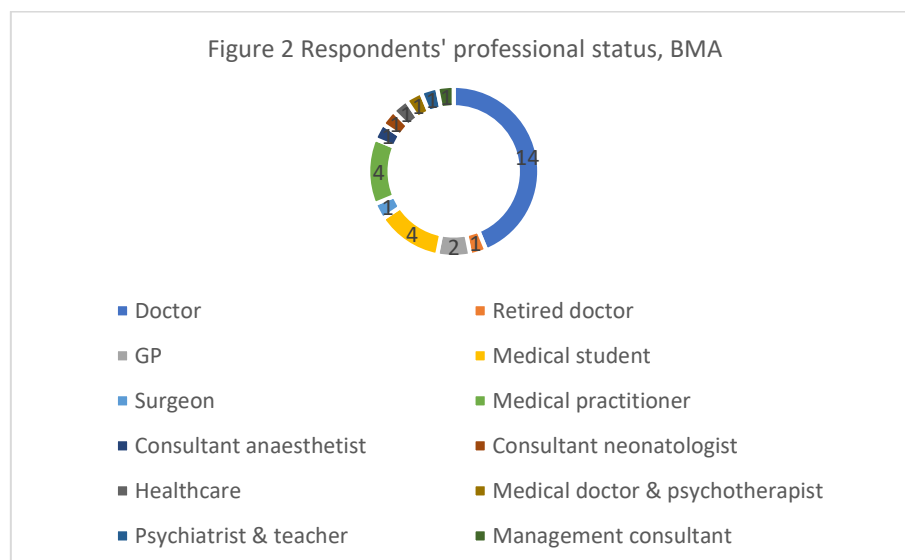
### Age

Figure 1 shows the age of respondents. The majority (69%) were between the ages of 31 and 60, hence in early to mature career. There were 3 individuals below the age of 21 and one over the age of 70.



### Profession

Consistent with their ages, respondents ranged from medical students to consultants in different fields and one retired doctor. One person was from a non-medical profession. This diversity reflects the importance of wellbeing to society in general, as well as to those dealing with physical and mental health.

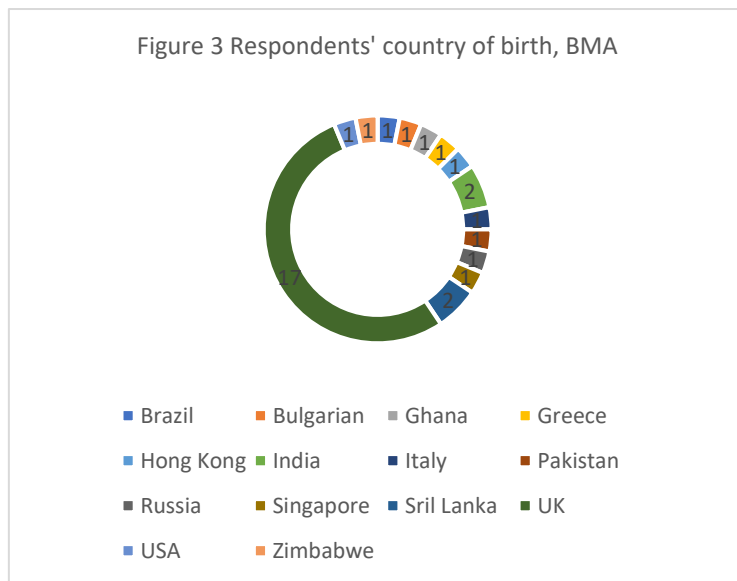


**Country of birth & Country of residence**

In order to allow for potential disaggregation of data, respondents were asked where they were born and where they now live. Figure 3 confirms that just over one half (53%) were born in the UK (described by them variously as England, Britain, UK) but that the remainder were from all continents, from North and South America, Russia, South Africa, the Indian sub-continent and Europe.

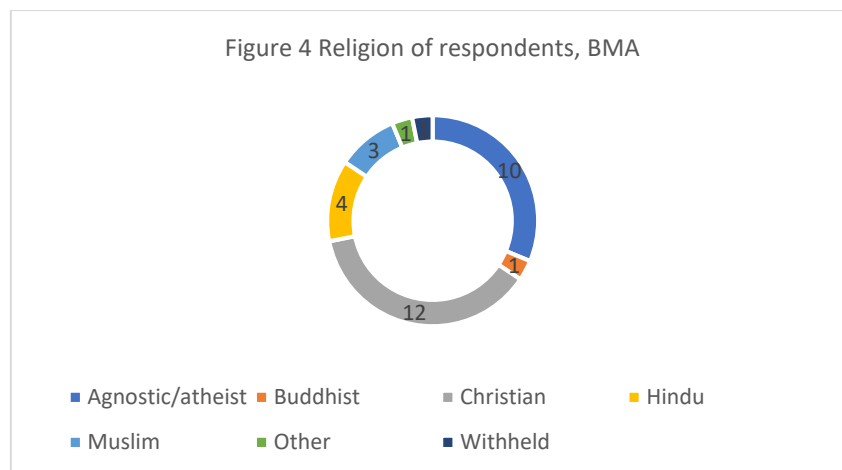
The teaching event was available by webinar, so some respondents were likely to be resident outside the UK. In fact, only 4 (12.5%) were living abroad, full- or part-time (Australia, 1; Sri Lanka, 1; England and Canada, 1; UK and South Africa, 1).

These findings have special political significance at a time when immigration is under review, and many doctors from overseas are reaching the age of retirement.



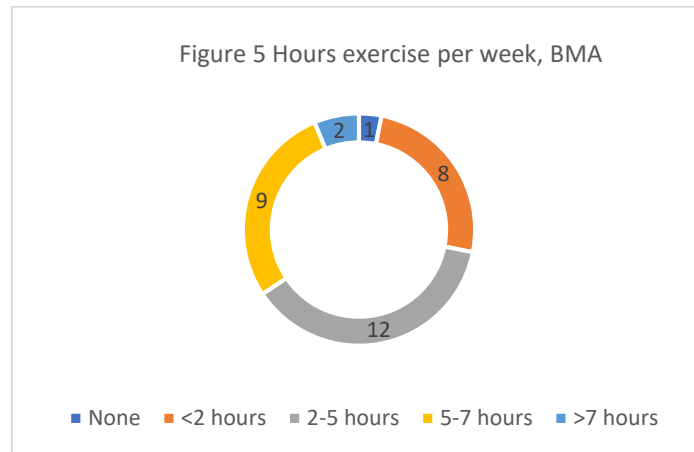
**Religion**

Respondents were asked what, if any, religion they observed as this might have implications for some of their personal values, and could provide comparative perspectives. The majority were Christian (37.5%), followed closely by agnostics/atheists (31.25%). Whilst the main Asian religions were represented, there were no Jewish respondents. We explore their views on religion and spirituality in the survey and have some profound reflections.



## Exercise

Taking regular physical exercise is recognised as an important contributor to wellbeing. For this reason, respondents were asked how much they take weekly. Responses are collated in figure 5. They indicate that respondents are aware of the advantages of exercise, with all but one person exercising regularly. We did not investigate the nature of their activity, so do not know whether it is formal or informal.



## Giving to others

Another element of the 5 Ways to Wellbeing<sup>7</sup> model is to give to others, by which is meant taking time to help or interact with other people. Two questions relate directly to this.

First, we asked if respondents engaged in any voluntary work. 9 (28%) said that they did, but we did not explore the nature or time spent on this.

The second question asked whether respondents had a formal role as a carer, other than for bringing up their children. We did not ask for details of this, which would be better discussed in interview. 8 people (25%) stated that they do have a carer's responsibility.

These proportions are significant, on top of the demands of medical practice.

## Responses

We now examine the findings for each question.

### 1. What does wellbeing mean to you?

Six themes emerged in responses to this question (brackets show the number of citations):

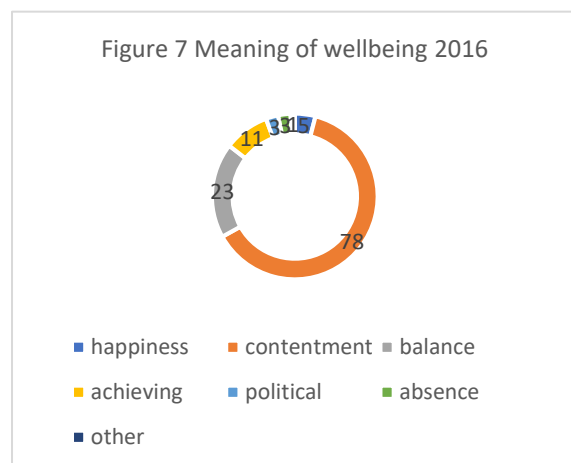
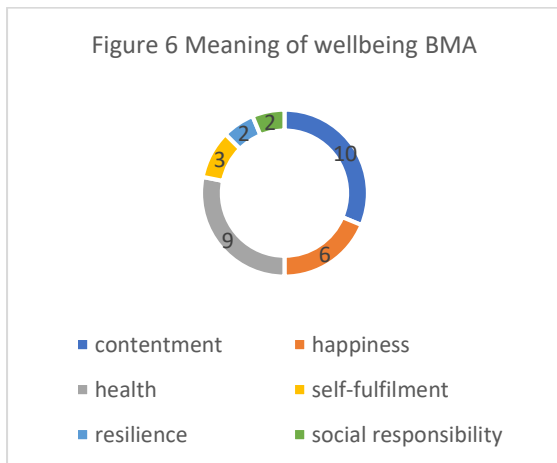
- Contentment (10)
- Health (9)
- Happiness (6)
- Self-fulfilment (3)
- Resilience (2)
- Social responsibility (2)

These were often iterative and sequential. Some typical replies<sup>8</sup> were:

- Being content and able to respond to adverse events appropriately
- Feeling as well as we can in the circumstances we find ourselves: to find a way to enjoy life

- A condition of wellness, being at peace with oneself and one's surroundings
- A state of physical psychological and social health
- Physical and mental good health. Absence of suffering.
- A feeling of being able to deal with issues as they arise. Having a good mental reserve and not feeling overcome with stress or anxiety.
- To have what you need and be happy
- Being happy physically mentally
- A sense of personal joy with the universe and the space I occupy within it
- It is the feeling of being healthy and happy, feeling productive and satisfied
- Being well, happy and free, with a reasonable confidence that you can achieve some of your dreams/ wishes
- Optimising life and having self-fulfilment
- Being at ease and able to face challenges and set-backs when faced with them
- Being resilient, caring and able to help other
- Feeling good, fairness for myself and others, justice, solidarity, support
- An inspired mind, a healthy body inside & out, and love & connection to community

Figures 6 and 7 compare the responses for this survey with those of 2016. Whilst there are some consistencies e.g. the high importance of contentment, there is a focus on health (understandably) amongst the doctors, which is absent in the general populus.



## 2. Is wellbeing the same as happiness?

It is a common error to equate wellbeing and happiness, as discussed in the presentation. This question therefore tests perceptions.

Four people believed wellbeing and happiness are the same, saying, for example:

- Yes, happy person means he is being well
- Yes, because it is a part of how your state of mind is

Thirteen respondents said that the two states are not the same. For instance:

- No - wellbeing is a lot more complex but I think happiness is a facet of it

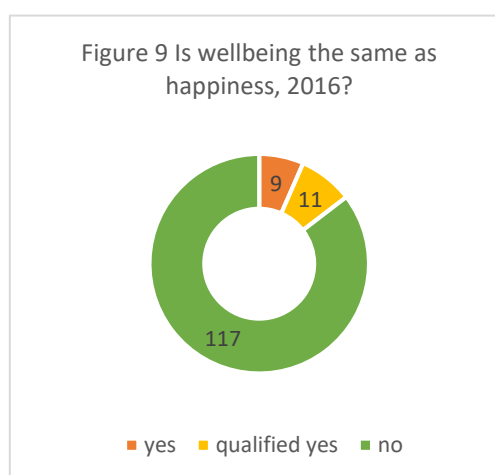
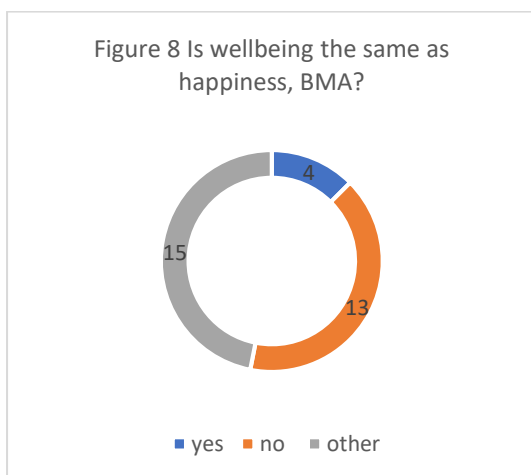
- No. With wellbeing, there could be sadness but how we approach the situation shows how well we are in our wellbeing. Happiness is an emotion that we experience
- No but one can bring the other
- No. Happiness means a temporary state to me whereas contentment and fulfilment encompass a wholly different multi-layered feeling
- I do not believe so. Feeling confident and competent to manage your daily life and cope well with what is going on around you I believe contribute to well being, even if you are not currently happy with your situation. If you have a strong sense of wellbeing it is easier to change the things that are making you unhappy.
- No -- happiness is a transient emotional state. "Well-ness" encompasses more than emotion, and across a longer timescale

These examples reflect the same issues raised by other cohorts: the differences in duration and extent of each state and their inter-connectedness.

Fifteen respondents gave more nuanced answers, sometimes expanding on the above dimensions, e.g.:

- Interrelated. If you are well, you are likely to be happy. If you are happy your wellbeing is likely to improve
- Not necessarily, I could feel OK and be managing a crisis well
- It is more subtle and more complex than happiness. It is partly about physical wellness, spiritual wellness, being at peace with one's circle of friends and family, understanding oneself and accepting oneself
- Wellbeing is not the same as happiness but have some degree of association with each other. Being happy can contribute to wellbeing but being unhappy can also occur as component of wellbeing

We can, again, compare these responses with those of the 2016 cohort (figures 8 and 9). The doctors' responses are less black and white than those of the mixed cohort, perhaps indicative of a more analytical ability and awareness of the different physical, mental and social dimensions of happiness.



### 3. Which parts of your life does your wellbeing involve/affect?

75% of respondents said that all aspects of their lives were involved in their wellbeing. Typical responses were:

- All parts of my life, from energy and stamina, planning and being able to focus
- All parts- family, belonging, work fulfilment, feeling useful to society

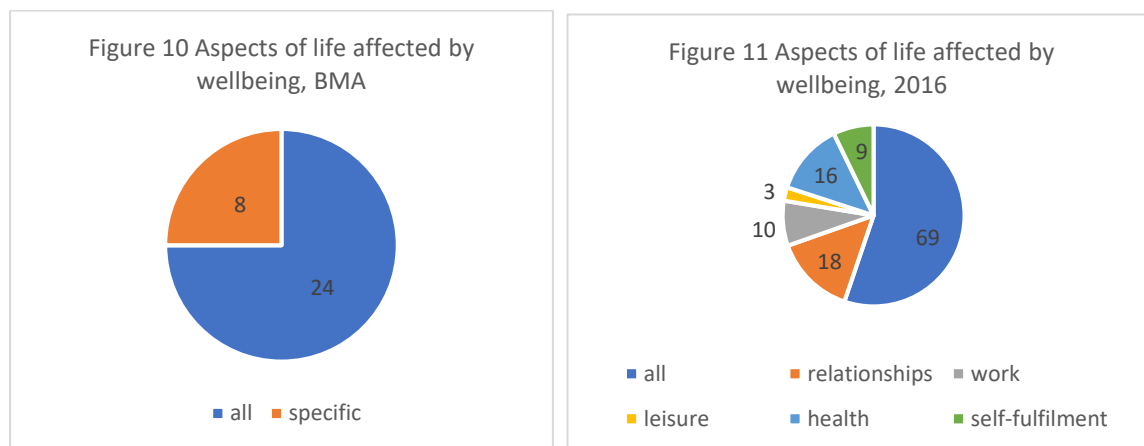
- Ideally all of it...work life sometimes got separated away from wellbeing. Work. Much better when wellbeing was back in place
- Everything! From how well I work to how safe and loved I feel

These draw on affect, relationships and achievement. The remaining responses single out one or more aspects, e.g.

- Relationships, work, finances
- Social interactions, time spent by yourself

Arguably, even these could also be seen as indicative of life as a whole. Relationships emerge as particularly significant factors.

As before, we can compare the BMA group with the 2016 cohort (figures 10 and 11). The greater size of the latter enabled greater disaggregation but essentially we find the two cohorts are in agreement that all aspects of their lives are involved in their sense of wellbeing, with a special emphasis on having positive relationships. These findings support the 5 Ways to Wellbeing model discussed in the presentation.



#### 4. What sorts of things do you do to enhance your wellbeing?

Question 4 builds on the previous one to explore individual choices. Four themes emerged:

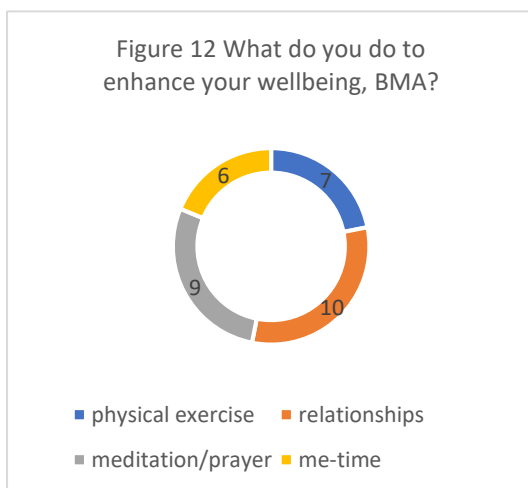
- Physical exercise
- Social interaction/relationships
- Meditation/prayer
- Having 'me-time'

The following examples illustrate these themes but demonstrate that action is multi-layered:

- Run - Read inspirational material - Introspect (meditate) - Eat Well - and functional movement
- Have a dog. Go running
- I walk in the countryside. Play with my cats, Knit, Read, Pray, be with my family
- Get away from people who negatively affect my well being; getting closer to people who positively affect my wellbeing; taking stock of my thinking patterns from time to time
- Taking time off work e.g. annual leave to ensure I am rested and to prevent burnout. Investing time in friendships/relationship. Personal interests e.g. yoga

- Play with my grandchildren. I cook for friends and family. Sing in small choir, dance flamenco with same friends every Saturday. Garden often with husband in another area. Dance while my husband plays flamenco guitar
- I find mindfulness and attending the gym help. Just doing things that I know are good for me even if I do not feel like doing those things at the time
- Exercise, spend time with friends, meditate, do yoga, spend time by myself, take care of myself, do things that make me happy such as reading
- Ensure that I make time for myself each week - to take exercise, to spend time doing things that I enjoy, and ensure that I eat a balanced diet
- Surround myself with positive things, interests, good sleep, healthy eating

These responses indicate that respondents have considerable self-awareness and are in control of their wellbeing. Their preferred actions are different from those of the 2016 cohort, with social contact being the most significant choice for the doctors but second to exercise in the 2016 group. The BMA group then finds prayer or meditation most useful, whereas this is of far less importance to the earlier cohort (figures 12 and 13).



##### 5. Does your sense of wellbeing come from doing one or many things?

The answers to previous questions have already indicated that, for most respondents, their wellbeing derives from multiple factors. However, two reply that it relies on one thing, explaining:

- One thing at a time but can also be a collective of things
- Many things under one umbrella

The majority identify many contributors, such as:

- My sense of wellbeing comes from within, but I know that I can increase my physical and mental resilience by different activities or sometimes plain sleep

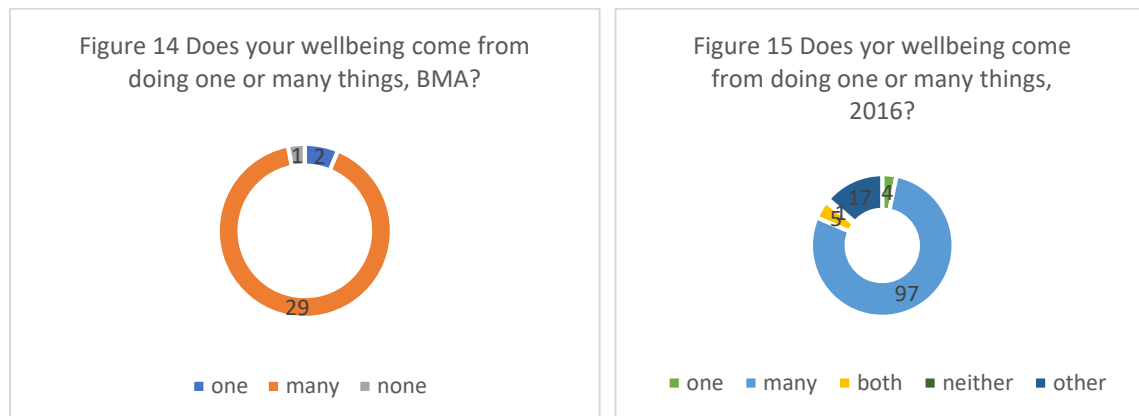
Some explain that there are many sources but they are not simultaneous, e.g.

- Several things, but not all at once
- Many different things, I need to vary what I do

One respondent states that wellbeing comes from neither option.



Figures 14 and 15 compare the two cohorts, revealing comparative results. We conclude that wellbeing derives from many different factors, but not necessarily simultaneously.



### 6. What sorts of things diminish your sense of wellbeing?

This question sought to test whether it is merely the absence of positive factors that diminishes wellbeing or derives from the presence of specific factors. One respondent claims that nothing diminishes their sense of wellbeing; the remainder identify seven themes:

- Stress-related factors
- Work-related factors
- Illness
- Lack of sleep
- Lack of being in control
- Sense of unfairness or negativity
- Inter-personal issues

These themes are again highly iterative, as we see from individual comments:

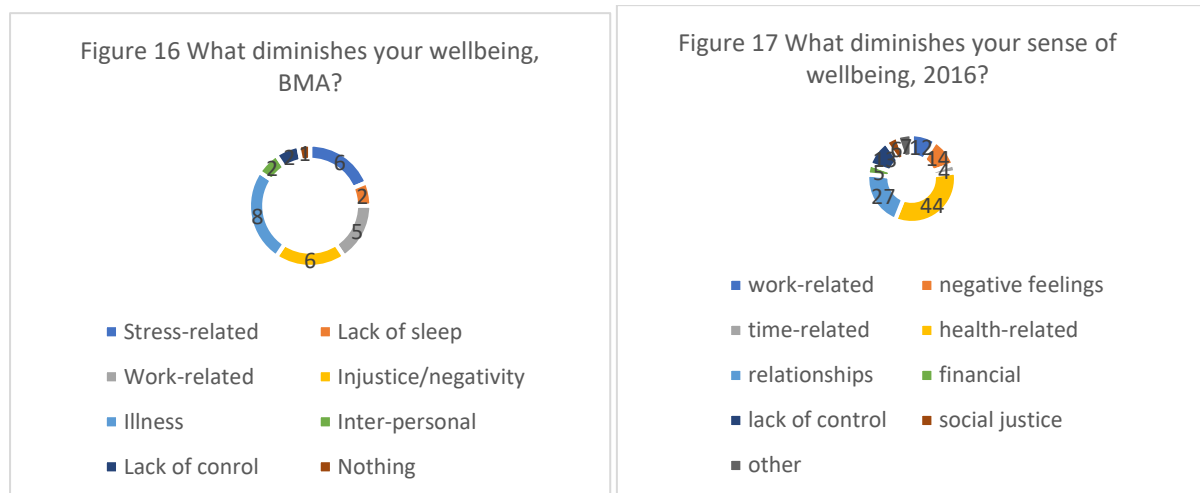
- Too many things competing for my attention at same time; unpredictable things happening one after another
- Stressful situations I have no control over. Poor health, lack of money
- Stress, when I have to do things that I do not want to do
- Fear and anxiety, injustice/unfairness for myself or others, poor mental health
- Being bullied at work
- Fear of getting behind or underperforming
- Enduring sustained periods of overwork
- Devaluing, sickness, stress in general
- Bouts of depression and anxiety leaving me with a feeling of fear, make me not feel very competent in my day to day life such as cooking a meal. They also make me very tired
- Poor health. Loneliness and social isolation. Low energy
- Lack of sleep, pressure coming from the workplace
- Not resting enough, not sleeping enough, not exercising regularly
- Lack of being able to do any one of these things
- Failures, under-achievements, ill-health, financial difficulties, work stress

- Being ignored, belittled, diminished
- Lack of consistency and control over circumstances. I am struggling at work a bit at the moment with a huge budget slash and the expectation that I will cover colleagues ad infinitum with no extra remuneration. Being excluded from key decisions and being left unable to plan my day has left me feeling disempowered and frustrated as has being ignored when I raise my concerns
- Not having enough time, bad experiences e.g. someone driving carelessly, brexit, discord with my partner
- Fights with friends, stress about exams

Responses were starkly honest, revealing profound stress at work and include disturbing references to bullying in the workplace. This clearly results in illness and is damaging to both the doctors and their social contacts as well as their patients and colleagues.

Whilst the two cohorts identify slightly different themes, if we combine those relating to health in the 2016 group, we find that stress and health-related factors are of common concern (figures 16 and 17). Both cohorts point to the frustration of not being in control of one's life, and to a keen sense of what is morally just/unjust.

The data confirm that diminished wellbeing is not simply the absence of positive factors, but the presence of negative social and work conditions.



### 7. If you are unhappy about your sense of wellbeing, how do you try to change it?

The wording of this question assumes that respondents will take action to raise their sense of wellbeing. Responses focus on 6 inter-related areas:

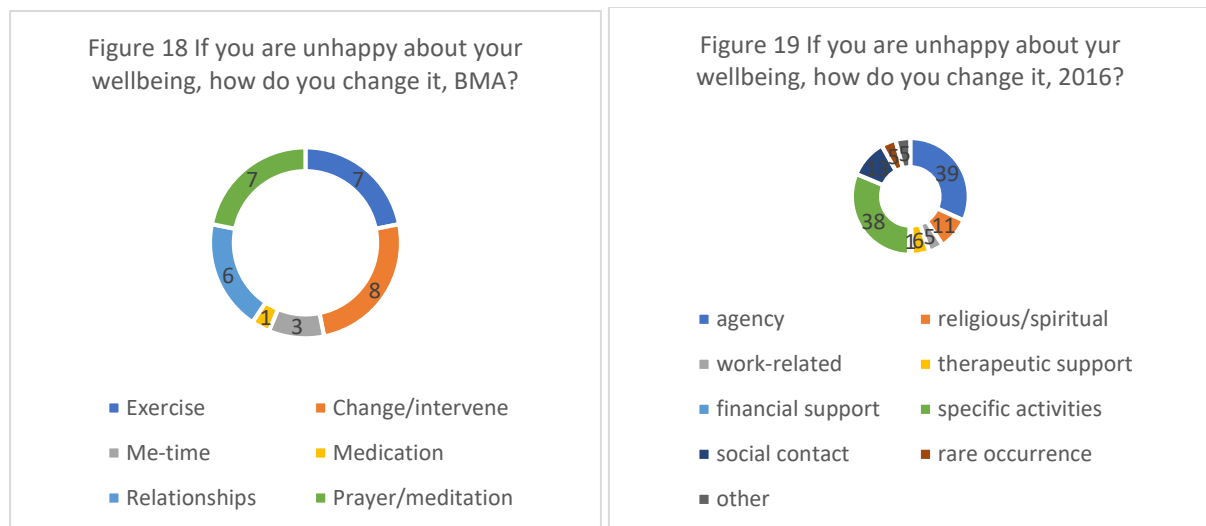
- Take exercise
- Find 'me-time'
- Seek contact with someone close
- Change matters/intervene
- Take medication
- Pray/meditate

Comments once more reflect the complexity and individuality of responses:

- Exercise, mindfulness, talking to friends/family

- Exercise and consider what is important to me
- Look for the reasons and make changes.
- I try to change my circumstances. Talk to people and try and find solutions, i.e. find work if it's lack of money
- I try to listen to my body and mind and then plan what needs to be done
- Take time out, get more sleep, take a holiday
- Antidepressants, cycling
- I figure what area of my wellbeing I am unhappy with and look how to change it i.e. seek help from a doctor/ friend or join activities/ groups,
- Negotiation with other parties. Changing the way I feel (I use EFT as a self-help tool) and talking things through with a trusted friend.
- Pet my dog. Go running
- Focus on what's being missed to reignite it
- Pursuing things I know will help, mindfulness, exercise and yoga
- I have cultivated habits that mean my wellbeing will never be in jeopardy. I am in a blissful state
- Once this is achieved within Zen mastery, there is no risk of slipping, providing you achieve high enough levels of enlightenment

Again, action includes social contact and forms of prayer or reflection for external support, as well as taking personal control through such things as exercise. These are echoed in the findings of the 2016 survey (figures 18 and 19), though there is no mention of financial or work-related intervention by the doctors.



### 8. There is a connection between achieving things that matter to me and wellbeing.

The models of wellbeing discussed in the presentation demonstrate the importance of achieving the higher levels of self-actualisation, as described by Maslow<sup>9</sup> (figure 20). Question 8 is designed to test whether this remains valid.

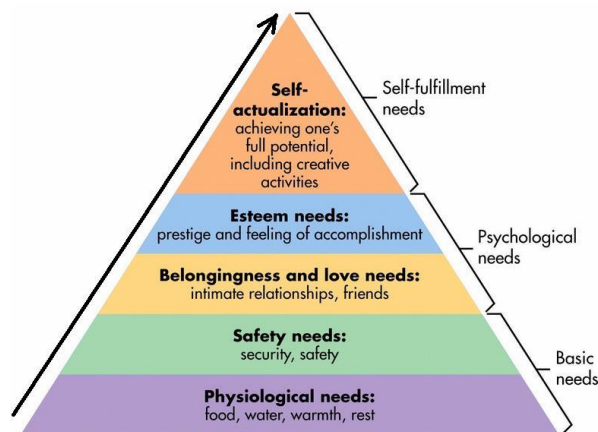


Figure 20 Maslow's conceptualisation of human needs

One person responded that there was no connection between achieving things that matter to them and their wellbeing. The remainder of comments focused on the following issues:

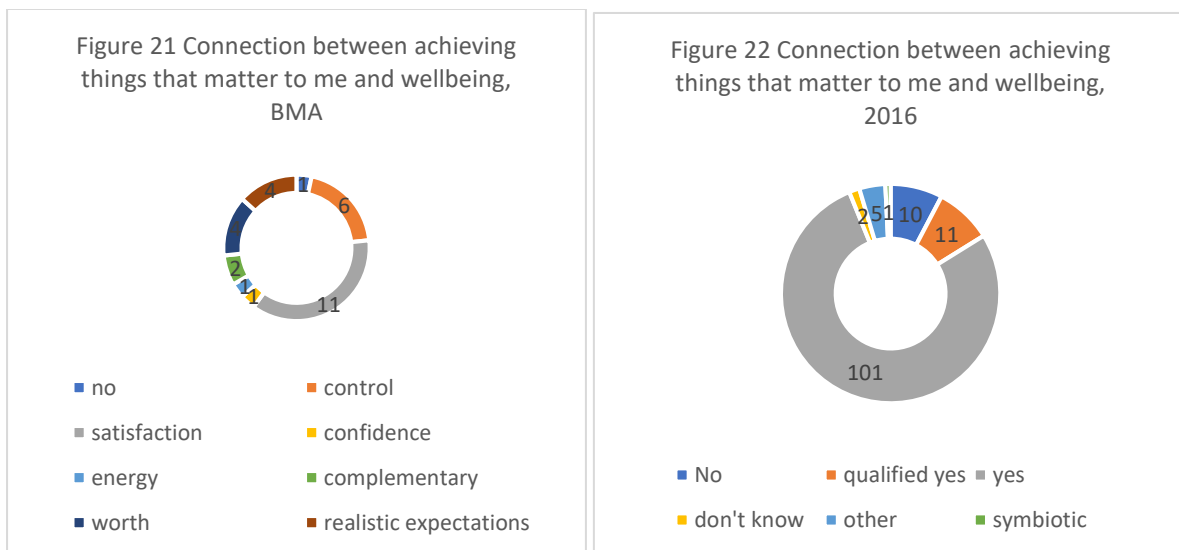
- Frustration/lack of control
- Satisfaction when achieving a goal
- The need for goals to be realistic
- The relationship between self-confidence and achievement
- The cyclical or complementary connection
- The sense of worth derived from achievement
- The impact of energy deriving from achievement

To illustrate these points, comments included:

- Achievement contributes to wellbeing. Frustration and falling short have negative impact
- Sure - My path or dharma. If I feel like my 'music' is trapped inside me, then I will not feel well. There will be a constant irritation there
- I had to achieve all my life...huge stressor....now I am increasingly happy to participate. I don't care so much about being better than others
- Yes, very much so, when my career has been on hold due to poor health this has made my life feel out of control and allowed me too much time to focus on negative thoughts
  
- I enjoy a feeling of satisfaction when I achieve a goal
- Yes, if I succeed in something I feel invigorated and so with my wellbeing
- Yes, because when you've achieved something you feel rewarded and this leads to feeling happy
  
- Confidence gives a sense of wellbeing
  
- Yes. They feed into each other - if I feel well I achieve (or perceive more achievement) allowing me to be more successful and more well
  
- I feel I am a worthy being if I achieve things that matter to me
- I guess being able to work and provide for my family is about it
- If I feel that my work is benefiting others and that I am completing the jobs asked of me, this contributes to my wellbeing. Outside of work I find competitive activities do not benefit my wellbeing, but rather see time spent doing something I enjoy as an "achievement"

- There has to be a balance with expectations that are not too high
- Not all the time things can be achieved and it does not mean that it affects my wellbeing
- I enjoy my job, and it is important to me that I feel at the end of the day, week, month, year, that I am doing that job to the best of my ability. However I have learned over the years, and particularly in the last 5 years, that there are times when I need to step back, and take time out in order to maintain my wellbeing - in order to recharge my batteries to be able to continue to do that job well as long as it doesn't diminish others' well being

As before, these reflections are nuanced, acknowledging limitations and possible negative implications. Figures 21 and 22 compare the results for the two cohorts. When it was disaggregated, the grey sector, 'yes' in figure 22 raised similar issues to those of the BMA group.



### 9. How do your cultural beliefs and practices impact on your wellbeing?

Question 9 deliberately leaves definition of culture to the individual's interpretation. Four people stated that there was no impact on wellbeing, two did not know if there was a connection, and one person did not elaborate on a simple 'yes'. The other responses related to:

- Coping with stress
- Having a faith
- Social contact
- Social responsibility
- Expectations
- Respect
- Having both advantages and disadvantages
- Personal identity

Some illustrative comments are:

- I'm not sure how to answer this, sorry. I'm not sure what you mean by "cultural beliefs"
- Not much I guess, I'm not much religious or culturally bound
- My cultural upbringing plays huge role in what I do and how I cope with life

- To socially link with other people; to remind that others care for me and me for others
- Meditation, leaving things that happen in life to god
- I campaign for justice and the rights of the oppressed. While giving me a boost, it can also be tough when people don't like what we're saying or shout at us
- I was brought up a Christian and although I am now an atheist I believe strongly in helping my community and giving back to others, promoting peace, welcoming immigrants, treating people as individuals, showing kindness and consideration to all living things, caring for the planet. I feel less well if I am not able to live out these beliefs and feel guilty if I feel I am not doing enough which reduces my well being
- I try to have time for others...try not to be judgemental...be generous emotionally and materially being together, helping those in need
- It is all related. Expectations for ourselves, expectations from the society
- With hindsight I started to suffer burnout approx. 5 years ago. That was partly driven by cultural beliefs of always needing to get the job done, whatever the load. I eventually retired from my partnership, took time out, travelled, recharged and as a result was able to recognise what had happened more clearly. I am now a locum - at the same practice, happy, and in control of my workload
- I enjoy working and living in societies that do not discriminate against people because of their race/gender/sexuality, and if this is not the case then this impacts negatively on me
- I have always had access to lots of services growing up in the UK which has taught me to be open to different treatments
- My culture highlights that I am important, everyone is as a person, and to fulfil your role in society, you have to be happy so do whatever it takes to improve your wellbeing
- I have a curiosity that is not restrained by any particular cultural belief. This is an essential to remaining open
- Having a cultural community may sometimes influence wellbeing positively or negatively, depending on how much one follows the beliefs and practices and how much they agree with it
- Culture can both put restrictions and offer a community so both a detriment and an asset to wellbeing
- Sense of identity and confidence in self is integral to wellbeing. Cultural identity and beliefs, and practices that positively reinforce these, strengthen my sense of identity and hence my wellbeing

Two things are immediately apparent: (1) for many, culture is closely associated with religion/belief systems; (2) the issues raised are consistent with those cited in previous answers:

- A sense of identity and confidence in self are integral to wellbeing. Cultural identity and beliefs, and practices that positively reinforce these, strengthen my sense of identity and hence my wellbeing

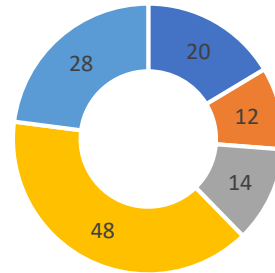
Figures 23 and 24 compare the overview for each cohort. When the supporting quotations from 2016 are examined, we find consistency with the BMA group, but once more, the latter reflect both positive and negative influences to a greater degree than did the former cohort.

Figure 23 How do your cultural beliefs and practices impact on your wellbeing, BMA?



- unspecified
- don't know
- social support
- responsibility
- respect
- identity
- it doesn't
- coping with stress
- faith
- expectations
- pros and cons

Figure 24 How do your cultural beliefs and practices impact on your wellbeing, 2016?



- No impact
- Beliefs
- Don't know
- Behaviour
- Identity

### 10. Do you have a disability or enduring illness?

78% of respondents (n = 25) stated they did not have any disability or enduring illness, compared with 64% of the 2016 cohort. The difference is readily understood, given that the doctors are more likely still to be in active work and younger than the earlier cohort.

The conditions cited by the BMA cohort were predominantly related to stress and mental illness. Responses are reproduced in their entirety since this has serious implications for employers:

- Yes, I have chronic health conditions and depression
- Yes. Depression and anxiety
- Anxiety
- Migraine and depression
- Severe depressive episode with bipolar element 18 years ago. Rx with ECT. Still on meds. Was considered disabled at work which helped to get control of huge work load
- Yes. I have several chronic health conditions which lead to variations in wellness on a day to day basis
- I have had migraines with aura which were very debilitating

These conditions are markedly different from those of the 2016 cohort, who ranged from early career to retirement age. Figure 25 shows that their health was undermined by a much wider range of illnesses, some associated with ageing, other of a physical nature that could occur randomly. Depression was just one of many in this cohort. We are led to conclude that the doctors are subject to disproportionate stress.

Figure 25 Enduring illness, 2016



- sensory
- diabetes
- asthma
- thyroid
- stroke
- undiagnosed
- cancer
- pain
- depressive
- digestive

## 11. Does your gender or sexuality affect your wellbeing?

19 respondents (= 59%) said that their wellbeing was not influenced by their gender or sexuality. This is similar to the proportion of those in the 2016 survey who did not perceive any impact. One person in the doctors' survey said 'yes', and explained

- Yeah, anything is possible, very few rules and norms. Happy

The remaining responses clustered around common themes, representing both negative and positive effects:

- Prejudice
- Work/family conflict
- Physical impact of being female (menstruation)
- Sexual impact
- The benefits of their gender

These are generally consistent with the earlier cohort, who identified:

- Male perceptions
- Expectations of gender
- Work-related issues
- Physical issues
- Sexual issues
- Fear and safety issues
- Female empowerment

Some representative comments from the GP responses are:

- My gender definitely. I believe women still are classed as second rate citizens
- It is much tougher for women to get established even in western societies
- Sometimes I am talked over (but not often) in ways I don't think a male would be. I am privileged in that I am cis and heterosexual so do not suffer the same micro-aggressions others face daily
- As a woman...impossible to train properly due to domestic commitments and unsupportive first husband and almost total lack of training at work. I trained myself looking for help outside my immediate work place. I never had a mentor or tutor or anyone that cared about my progress
- I think that being female has had a massive negative impact upon my wellbeing. Not from my own perspective but, as a doctor, it was quite shocking to be on the receiving end of medical care. Many of my colleagues might deny this and I would have done so too prior to getting ill, but I think there is a deep culture of unconscious sexism in medicine. Sadly I think it is still harming a lot of women today who have bona fide physical illnesses and who get a perjorative label of psychiatric instability or personality disorder
- Being a mother and having a full time job - difficult to balance
- I used to be fairly high flying in my career until I had children. It's been really important for me to be around for my children so I retrained as a GP and now work about 20 hours a week. I feel bad about this - that I am not working enough, also my husband is now in a good point in his career, established, respected and capable. I wonder what happened to my career - I still do a good job but I could have achieved a lot more. However I wouldn't change what I have done - so I have to just accept that was the choice I made. At least I had



a choice. Yes, I do think I am in this position because I am a woman. I resent being left to pick up the tab at home when my husband stays late at work

- Yes, my cycle affects my ability to cope, makes me more anxious at time
- When I am depressed or have been on medications which may have made me feel better in some ways this has always had a negative impact on my sexuality
- Yes. I view sexual intimacy as one of many positive aspects of a relationship. Its presence has a positive effect on my wellbeing and its absence a negative one. Overall, I feel my sexuality has had a negative effect on my wellbeing. I have often wished I was asexual for this reason
- Yes, being a girl, I am more enticed to speak out to my friends about my problems.
- I am at an advantage in my gender. My sexuality is of no consequence to Zen mastery

It is evident that, despite anti-discrimination legislation, a sense of gender inequality is experienced by many women. They are still conflicted by the need to balance family and professional lives, and perceive constraints on their self-actualisation. There is also a feeling of being bullied by male colleagues.

## **12. Does your religion affect your wellbeing?**

Some respondents equated culture with religion or spirituality in question 9; question 12 specifically investigates the role of formal religion (as opposed to spirituality).

Twenty people (= 62.5%) rejected there being any impact on their wellbeing through religion, either because they have no religious belief or for the reason they then elaborate, e.g.

- No, I don't think so. I can see the social value of belonging to a church and having something to believe in but I've found ways to be part of my community without the god bit
- No; I consider myself an Anglican, though a member of the methodist church. However I do not attend any church on a regular basis

Those who felt there to be an impact identified both positive and negative effects. Eleven comments relate to the positive, such as:

- My faith helps me in all things
- Yes - gives me a sense of protection in tough times
- Yes. it's paradoxical. Like I feel I have purpose, but then I know it doesn't really matter. So, I do this a challenge in the mind
- Yes, positively. Again like having a support from a small community helps positively influence
- Yes. It underpins my existence, giving me strength and hope
- Sometimes praying for help does calm me

Three respondents point to the negative impact of religion:

- It used to. Now, I am free
- Religion is brainwashing people
- Yes. I have no religion and have strong, cynical views of almost all religions. I view this as an important part of my identity, and therefore it affects my wellbeing -- see answer to qn 9.

When compared with the 2016 cohort, the GP' sense of wellbeing is slightly less affected by religion (48% 'nos'). The forms of impact are common with the literature, reflecting both social and spiritual forms of support.

### **13. What role does spirituality (not related to a formal religion) play in your wellbeing?**

This question overtly distinguishes between spirituality and formal religion, though some respondents merge the two.

Nine people (= 28%) say that there is no connection between their spirituality and wellbeing, slightly more than in the 2016 survey (20%). Two respondents didn't know if there was an impact. The remaining 22 (69%) identified common issues:

- Sense of comfort from the cosmos
- Role of meditation
- Diverse effects

Typical of their responses were:

- It is a way to get comfort when we cannot have answers
- I find a spiritual peace in Nature and the countryside
- It helps me to reach beyond my being as a source inspiration, comfort and future aspiration of life after physical death
  
- Mindfulness practice and being outside with nature always have a very positive impact on my wellbeing
- I have practised mindfulness and found it to have a calming, positive effect. In my view this is probably the closest I have come to "spirituality"
- Trying to cleanse my soul and de-stress using yoga impacts and improves my wellbeing
  
- I am more spiritual. I choose to live in a way more harmonious with the world. And I feel this is my dharma
- It doesn't really as my spirituality is linked to my religious practice. However it is my personal belief that one can be spiritual and religious at the same time, and that the Divine cannot be kept in a box. Connection with that Divine force can occur randomly and in the seemingly unlikeliest of places
- Spirituality is important, but there is another quality that goes beyond spirituality that makes it easier to master Zen. It is being able to see the world as a child might is the best way to describe this. A joy in the elements of fantastical

Spirituality appears to play a larger part in respondents' lives than does formal religion. It also brings a sense of comfort, but this relates more to nature and the universe than to social support.

### **14. Quantitative assessments of potential contributors to wellbeing**

The next set of 12 questions asked for quantitative responses. Using the scale 1 = of no importance to 10 = of great importance to their wellbeing, respondents were asked to rate each of the following potential contributors:

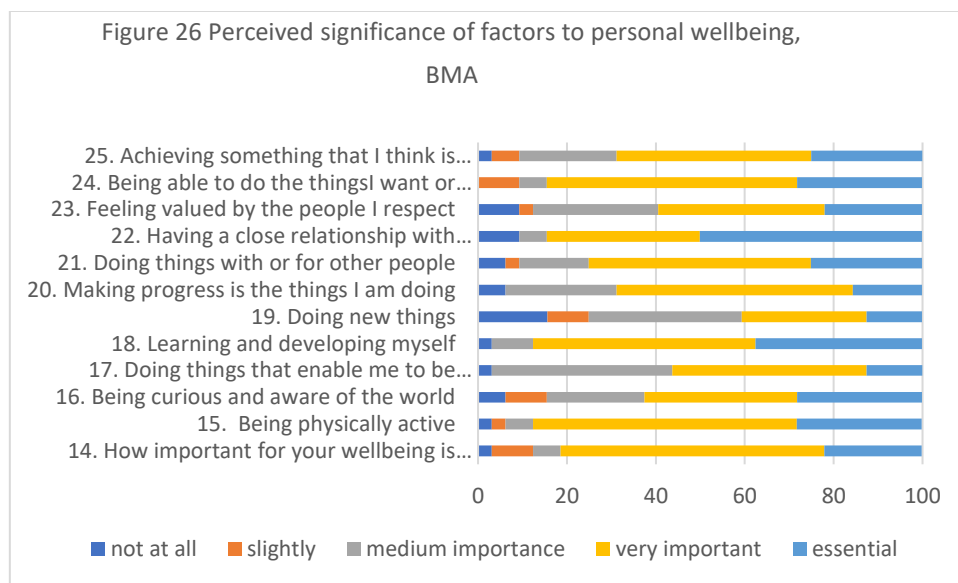
14. Connecting, having good relationships
15. Being healthy, fit, physically active
16. Involved in the world, curious, aware
17. Being creative, inventive

- 18. Continually learning and developing
- 19. Doing new things that interest me
- 20. Making progress I things I am doing
- 21. Doing things with and for others
- 22. Having a close relationship
- 23. Feeling valued by people who matter to me
- 24. Being able to do things I want/need to do
- 25. Achieving something I think worthwhile

Figure 26 collates the responses to these questions, showing the respective proportions of respondents for each score. The factors that appear to be of greatest importance for these respondents (the yellow and blue segments) are:

- 18, learning and developing myself
- 15, being physically active and well
- 24, being able to do the things I want/need to do
- 22, having a close relationship

These are a combination of eudaimonic factors, supporting self-fulfilment, an affect.

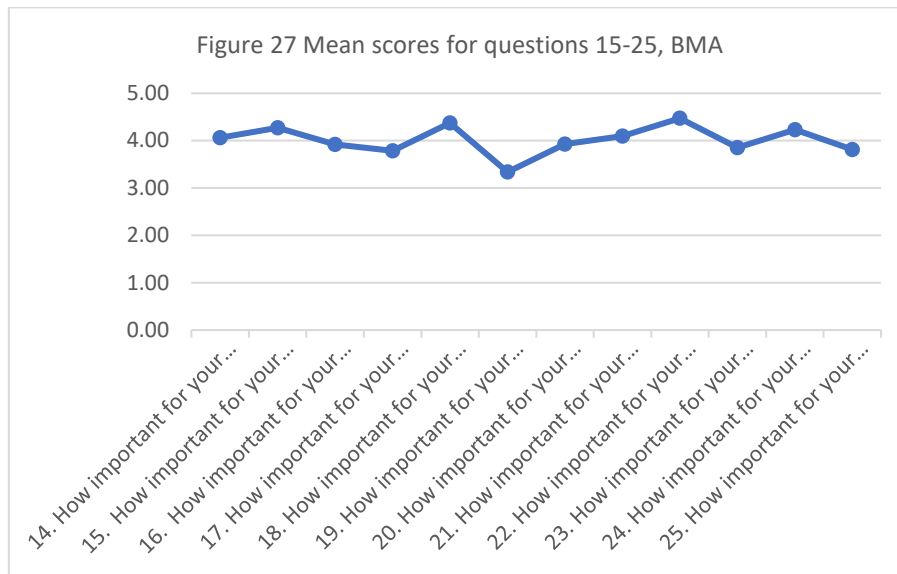


Conversely, those of least perceived importance are:

- 19, doing new things
- 16, being curious and aware of the world
- 14, connecting, having good relationships
- 23, feeling valued by the people I respect

These are surprising, since 14 seems to contradict the importance of 22, and belies the interpersonal nature of much medical practice. 19 contradicts the importance of achieving, and 23 is in contrast to the qualitative responses that have shown significance frustration when respondents are not valued or have personal control of their live.

However, we must also view the data from the perspective of mean scores (figure 27). These show that all 12 factors were rated above the mid criterion, 'of medium importance', the lowest scored 3.13, hence all were deemed important by the cohort.



### 15. What 3 things are most important for your wellbeing?

This and the next question asked respondents to explain the things that were, then were not, important for their wellbeing. This enables us to test for consistency in their answers. In question 15, they were asked to list three things. These were analysed and found to fall under 9 themes, as listed below and illustrated with examples of their replies:

- **Affect/relationships with others**
  - Being in a close relationship with someone
  - Support network- My friends are my family and they help my wellbeing, they offer support and company
  - Enjoying relationships including divine
  - Being close with my children and grand children
  - Close relationship with my husband - he is my soul mate
  - Spending quality time and communicating well with my love ones, ensuring we are all working together achieving goals which improve all of our lives
  - Social interactions are important because you often do fun things with friends that make you happy, and talking to friends can put things into perspective and make you happy

This was the most recurrent theme, and, as the quotations reflect, the relationship can be with many different parties, including god. The final comment explains how this process works through shared activities leading to a sense of pleasure.

- **Work-related**
  - To have a job that I enjoy - most of our lives we spend working
  - Work - provides purpose and daily contact with colleagues and caring for patients
  - Working towards my career goals as I have always been very career orientated therefore this is a crucial part of my identity and I feel at my best when doing these things

Work is perceived as both a source of both social contact and of opportunities for achievement. Additionally, it enables a sense of purpose through giving to others.

- **Health-related**
  - Exercise for physical wellbeing gives positive energy and reduces stress
  - Eating well for physiological wellbeing allows me to feel better about myself from within giving me confidence to achieve more
  - Physical health - enable me to work/travel/do hobbies I enjoy
  - Creating stability around myself with exercise and routines as it gives me a good solid foundation of looking after myself, sleep and exercise which help both my physical and mental health
  - Health, mental happiness, social interactions because when I am ill I feel less happy, my mental happiness is important because it means I can face challenges and stressors with a more level head

These responses include medical recognition of the physiological processes involved in exercise, leading to positive affect, and also enjoyment of the social contact involved in some forms of physical activity.

- **Freedom/control**
  - Having some freedom in my day / personal space- not just being busy with work/ running home commitments
  - Downtime away from the demands of others. Time on my own with myself brings me back into balance

Echoing comments made to earlier questions, some respondents record the need for 'me time' and the sense of being in control of their lives in order to deal with the difficulties in life.

- **Being close to nature**
  - Opportunity to connect with my animals/nature. This replenishes the energy depleted by spending time in an unhealthy environment, swimming with Wi-Fi and unwell people
  - Continuous love affair with the universe which drives curiosity and learning, not through necessity but through joyous experience

These comments are consistent with the 5 Ways to Wellbeing notion of observing and enjoying our surroundings.

- **Religious faith**
  - Religion/Spirituality- this allows me to take a weight off my chest. The idea that having faith will make lives hurdles easier or at least that lives hurdles all have their purpose. Also the fact my religion states God will not give you more than you can handle.
  - An ability to stay open to destiny. Understanding that letting go of anything that you held as important to you (or as perceived by others around you) can sometimes be a necessary step. It is like falling into a virtual ravine and knowing you will be fine. It is a thrilling and wonderful experience which releases your energy levels to beyond anything you would previously have thought possible to experience. This is part of the blissful state

As before, some respondents acknowledge the benefits of having a faith that sustains them through troubles. The second quotation relates more to spirituality and meditation.

- **Feeling valued**
  - Work that I feel is valuable, and where I feel valued
  - Being valued-self fulfilment
  - Being appreciated and loved

- Self care which includes an acceptance of oneself and the need to understand what your body and mind requires to be healthy

The responses in this group reveal a need for both self-appreciation and being appreciated by others. This is aligned with Maslow’s higher needs (figure 20, above, refers).

- **Learning/creating**

- To have desire to learn, discover new things
- Cultural Interests
- It is fair to say that my talents are more artistic than scientific and these need to find outlet to prevent a build up of stress

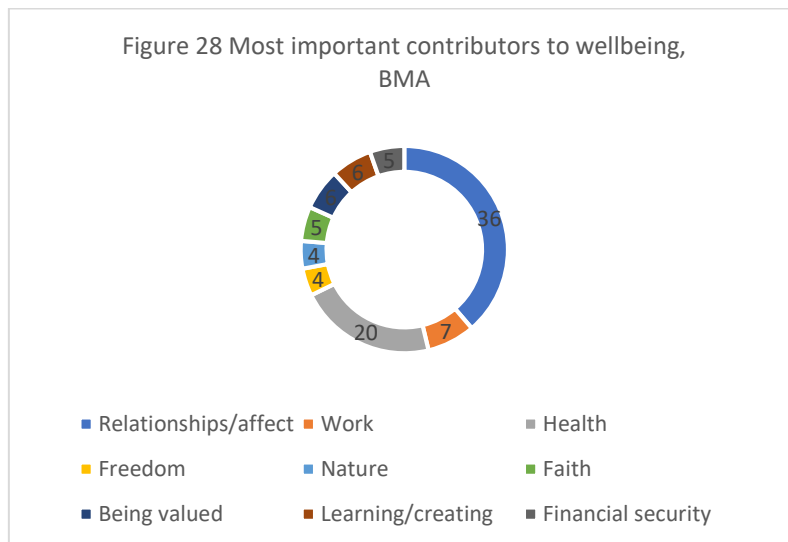
Another dimension of self-fulfilment relates to learning and creating. The third response explicitly connects this will a means also of relaxation.

- **Financial security**

- (I am saying this with the given that I have enough food to eat, very comfortable roof over my head an interesting job, happy healthy children and a spouse) having enough financial resources
- Financial stability

A few respondents acknowledge the lower human needs of security and basic conditions for sustaining life. None is seeking vast amounts of wealth, merely sufficient for comfort.

Figure 28 collates the number of responses by theme. This gives immediate access to the respective significance of each theme e.g. relationships with others stands out as the most important issue, with 36 citations.



We conclude that these responses are consistent with the values expressed in earlier questions, reflecting the reliability of data.

## 16. What things are NOT necessary for your wellbeing and why?

Unlike the previous question, respondents were not asked to provide a specific number of issues. One person replied that "All things have an impact on wellbeing", 4 did not know, and one asserted "Nothing - that is the point. It is all within your control." The remaining responses cluster around 7 themes, some of which are the negative side of those cited in the previous answer.

- **Money/materialism**

- Being rich - money is welcomed but alone doesn't improve wellbeing
- Having excessive wealth/superficial achievements - do not feel these equate to happiness in the long-term
- Money -- beyond a certain baseline amount, it correlates poorly with the things that are important for my wellbeing

These responses support the comments made on the role of material wealth in answer to the last question.

- **Health-related**

- Diet
- Regular exercise
- Stress

Whilst the earlier responses showed that respondents are active and take regular exercise, these replies indicate that they do so because they feel they should, rather than through enjoyment. Stress has recurred in numerous responses so is clearly a major issue for these respondents.

- **Expectations/opinions/status**

- Being the best at work - I need to balance my family and loved ones commitments
- I like 'nice' clothes but not expensive cars toys flash travel .... these are isolating from the real world
- Pompous people and many positions they are so isolated from the real world
- Excelling in every field. You can enjoy and appreciate a thing without having to be the best at it. As long as you are doing well and performing well in your chosen field. But you do not need perfection
- Constantly trying to achieve things, always working because sometimes spending time by myself doing nothing in the countryside, just eating well and looking after myself makes me happier than when I am constantly trying to achieve things and have more stressors and disappointments
- Discrimination
- Prejudice

This was the largest subset of responses to this question. All comments are critical of prejudice and discrimination, be that negative or positive. There is a strong antipathy towards status.

- **Selfishness**

- Solely focussing on me!

Whilst we have seen the need for independence, responsibility and 'me time', these responses acknowledge that there is a happy medium to be observed before this becomes self-indulgence.

- **Religion**

- Religion, because I think the fundamental principles are sometimes overlooked which can lead to strong opinions

- Religion - I don't feel the need for one

Religious or spiritual belief has been seen to provide reassurance to some respondents. Others recognise the potential for extremism or its irrelevance to themselves.

- **Specific leisure activities**

- The latest gadgets and technology. My personal view is that we are becoming a technocracy and losing our ability to connect, converse and think holistically. Whilst technology can be useful it also has a massive and underplayed downside
- Social media -- I completely shun it (have no accounts) and thus feel it has no effect/is not important for my wellbeing
- Spectator sports -- I do not watch any sports, follow any teams etc. I have witnessed the performance of professional sportspeople to have significant effects (both positive and negative) on other peoples' wellbeing, but this is emphatically not the case for me

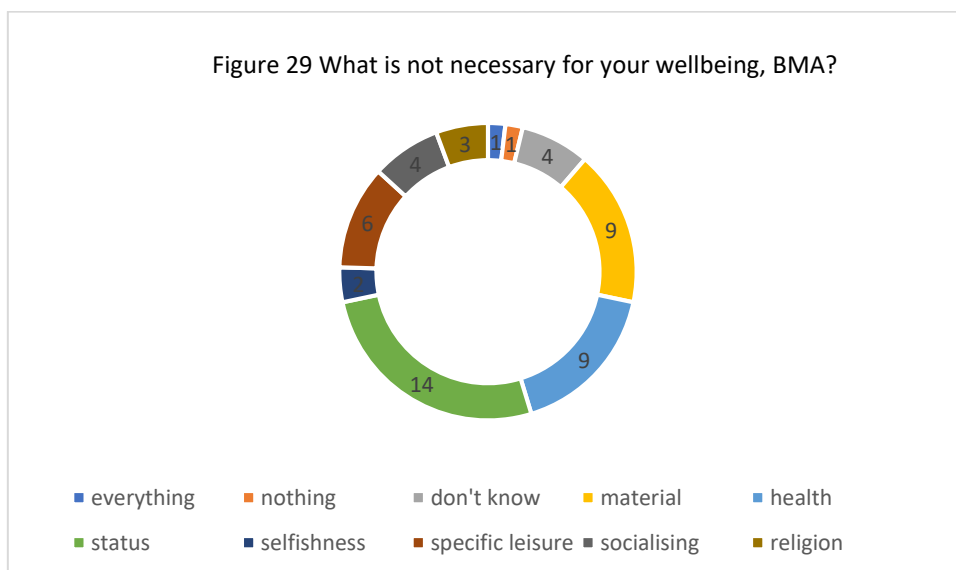
Several respondents referred to the uselessness of social media and new technologies, perhaps reflecting their age. As illustrated by the third quotation, though, they are not critical of those who do enjoy the things they personally reject.

- **Socialising**

- Being around lots of people and in crowds. These are an energy drain to me as I am very energy sensitive. I dislike noisy venues e.g. festivals for the same reason
- Small talk is stressful to me and I would much rather be true to my introverted self and stay home with a good book
- Being able to socialize with a large group of people. This is something that I feel is not of huge importance if you have good relationships with close loved ones and you are able to get on with your colleagues and work well with people

In contrast to the positive recognition of social contact expressed elsewhere, a small number of respondents prefer their own company. A few even express anxiety when in social situations.

Figure 29 shows the respective significance of each of these issues. As noted above, aspects of status and power are those most resented (score 14, 43.75% of all responses to this question).





## 17. Any other comments

7 respondents chose to add a comment on the survey. All were positive; some recorded a very personal experience that had found significance when they completed the questionnaire. The following are typical of their words:

- I made an interesting observation as I completed this survey.  
When I started this survey, I thought about wellbeing as being personal approach ie gratitude, inspired, good food and movement.  
Whereas in the completion, I realised doing something fulfilling can also enhance the bedrock of wellbeing.
- Good input and support for a psychotherapist for some years
- My love to you all within the mental health arena. I 100% support all your noble ambitions for your patients as discussed within the webinar. You are travelling in the right direction and I am with you in mind and body. If you need me, you can just reach out. I am open and listening, always here - ready to help in any way you see fit. Collaboration harnesses the diversity of thought that breaks through barriers creating wonderful things

## Conclusions

The principal objective of this iteration of the survey was to sensitise individual respondents to their personal perceptions of wellbeing. The serious way in which respondents have replied to questions, and the depth and honesty of their responses suggest that this objective has been achieved.

A subsidiary objective was to look for any similarities or differences between this and previous cohorts in order to make recommendations that would be of use to policy-makers. For this reason, some comparative data have been included in the analysis.

Responses to questions on a common theme have been seen to be consistent, hence we consider the data reliable. Whilst it is recognised that this is a small sample, and they may not be typical of doctors in the UK, the data are potentially valuable for those determining national and local policy and those in managerial positions in the NHS.

General points of note are:

- As doctors, this cohort's responses have a greater focus on the health dimension of wellbeing than found in more generic cohorts
- The responses of these respondents are more nuanced than those of previous cohorts, tending to see both positive and negative dimensions of a given issue

Practitioner-related issues of note are:

- The importance of having positive affective relationships is relevant to supporting opportunities for social interaction in the workplace
- Motivation is largely intrinsic, deriving from a sense of achievement and giving to others, rather than from materialism or status
- Stress recurs in many responses, the causes being over-work, having no control of their working environment, bullying and feeling undervalued

Structural issues of note are:

- Despite equality legislation and policies, the experience of women doctors is that they are disadvantaged in their career progression and in everyday work may even be bullied by their male colleagues
- The high proportion of our cohort of overseas nationals is significant and their loss through changes in residency/immigration would exacerbate the understaffing of the NHS

The survey, complementary presentations and participation both in person and via the web demonstrate the power of group dynamics. While wellbeing is unique and personal, responses highlight the strong social contexts which must be negotiated to optimise our wellbeing. This theme was developed in the second presentation, given by Dr N Yoganathan, Consultant Psychiatrist. It is also available in the BMA webcast library (see footnote 4 for details).

We hope that this analysis is of use to both participants and colleagues, and thank respondents and the BMA, Professor Sam Lingham, Dr Andrew Barton and Emma Bennett, once again for their engagement with this survey. A copy of the report is also available on the website [no2stigma.weebly.com](http://no2stigma.weebly.com) (follow the links to Wellbeing).

Dr Jenny Willis

13 February 2018

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<sup>1</sup> Lifewide Education see [www.lifewideeducation.uk/](http://www.lifewideeducation.uk/)

<sup>2</sup> Creative Academic see [www.creativeacademic.uk](http://www.creativeacademic.uk)

<sup>3</sup> Centre for Applied Research and Evaluation International Foundation: Careif.org

<sup>4</sup> Webcast available at <https://bma.public-i.tv/core/portal/webcasts>

<sup>5</sup> See [no2stigma.weebly.com](http://no2stigma.weebly.com)

<sup>6</sup> For convenience, the data for this cohort are labelled 'BMA'

<sup>7</sup> NEF. (2008). 5 Ways to Wellbeing. <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>

<sup>8</sup> Quotations are verbatim, but grammar and spelling have been corrected where necessary

<sup>9</sup> Maslow, A.H. (1943). A Theory of Human Motivation. *Psychological Review* 50(4) 370-96.