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Editorial

Occupational Health for Well-being, Dignity, and Creativity

Recently, I came across an alarming report that was released by the American Chamber of Commerce in Japan on November 25, 2011. According to the report, the economic loss in Japan in 2011 due to absenteeism amounted to 30 billion dollars and the loss due to presenteeism was 5.5 billion dollars[1]. These losses could have been prevented. And if such losses could be eliminated, the money saved could be used to create jobs. In Japan, although the unemployment rate is 4.3% for the total population, it is especially high among young adults, for whom it was 8.2% in February 2013 (www.mhlw.go.jp/topics/2010/01/tp0127-2/12.html). A high unemployment rate in the younger generation is a serious concern for Japan's future.

Unemployment is not just associated with economic difficulty. It also results in many physical and mental illnesses; a good deal of evidence points to unemployment being associated with adverse health outcomes[2].

It is necessary to reconsider the deeper meaning of what it means to work. Having an occupation is one of the most basic ways in which a person can achieve their desires in society. It is a fundamental human right, and it can enhance human dignity[3]. It can bring about the human desire for fulfillment—not only at the local, but also at the global level—and it makes people feel that they are indispensable members of society. This view of occupation emerged from the work practices during medieval times.

Society has progressed through various creative activities and innovations, which have been highly dependent on human dedication and the desire to develop. Creativity and innovations are very serendipitous and fragile; they are easily affected by social fluctuations as well as by factors such as the abundance of crops. Given the importance of creativity and innovation in modern society, it is not surprising that unemployment depresses economic growth, causes illness, and retards a society's development through wasted human potential. That being the case, should occupational health optimistically take the initiative in rapidly enhancing work efficiency and developing human talent? The answer is no. Unless we learn from previous mistakes in occupational health and establish preventive measures, we will not be able to apply the methods of occupational health in exploring new horizons.

In reconsidering the meaning of occupation in modern Japanese society, it may be worthwhile to reflect upon historical developments, i.e., from the Edo era (1603–1867) to the twenty-first century.

My own ancestors were Edo-period doctors who worked for their lords, the Honda Clan, from the eighteenth century in the Echizen-Fuchu area (city of Echizen, Fukui Prefecture)[4]. The first record of one of my ancestors was Ichirouzaemon Tokihide Ishiwatari and was listed as a samurai in seventeenth century. The lord he served under, Tsunamasa Matsudaira, was forced to retire because of insanity, and his successor saw a reduction in his wealth from 670,000 *koku* to 320,000 *koku*. As a result of economic downsizing, he became unemployed (*Ronin*) in 1686. He changed his occupation from that of samurai to a Shinto priest of Ishiwatari Jinjya, in Fukui. He and his son went through very hard times. His grandson studied medicine in Edo (present-day Tokyo) and returned to Echizen-Fuchu. That grandson (Sohaku Ishiwatari the first) was lucky, in that he was offered a position as a physician by the feudal lord (the Lord Honda) in 1727. In this way, my family was finally able to secure a permanent position after 40 years of *Ronin* and recovered peacefullness. He and his successors worked as doctors for the feudal lords until 1867. They had many good colleagues. Those colleagues included Rochiku Okumura (who was the mentor for Dokushoan Nagatomi and Tomon Yamawaki) produced some medical innovations, such as developing creative therapeutic regimes using emetics made from herbs. They were also responsible for the pioneering medical activity of preventing smallpox in Echizen-Fuchu. Under the leadership of Sakujun Saito together with Ryosaku Kasahara, these local physicians introduced vaccinations for smallpox using cowpox virus in that region. These physicians were not rich, but they were reasonably prosperous and enjoyed the respect of the local people. I believe that in that community, the interactions among the doctors helped foster creativity through their group dynamics, and this enabled them to carry out their program for preventing smallpox. In that sense, having an occupation provided a living and enhanced a person's well-being in the Edo period.

After the Meiji era began in 1868, such small communities began to break apart as a result of efforts by the centralized Japanese government. Japan aimed to catch up with Western countries, and the government accelerated its modernization efforts by maximizing work efficiency. Women were recruited to work in the silk manufacturing industry, and men were sent off to do military service.

From the late-nineteenth to early-twentieth century, tuberculosis became endemic among urban workers as well as among farmers and soldiers. The high prevalence of tuberculosis affected national industrial production and defense. Despite an excellent public health analysis on endemic conditions and a proposal for preventing tuberculosis made by Dr. Shu Ishihara in 1910[5], little was done other than isolating victims. Most endeavors in occupational medicine at that time were devoted to breaking the vicious cycle of tuberculosis and enriching and strengthening the country rather than enhancing personal well-being and empowering human dignity. In helping industries pursue work efficiency, occupational health did in some situations bring about damage to human well-being and dignity. In the second quarter of the twentieth century, the Great Depression intensified economic competition among advanced countries and resulted in many people around the world being deprived of their jobs. Such harsh conditions led to the misery of World War II.

We professionals in occupational health have gone through bitter experiences in the modern era. At times, we were more oriented to industry or to the government than to the people, and we did not work for the workers themselves. During that period, it was with poignant regret that occupational health professionals found themselves being dedicated simply to eliminating hazards or reducing the negative effects of conditions in workplaces. This trend still continues.

Now times have changed. It is known that greater social risks result when there is an occupational decline from people first being in the job market and seeking work to then accepting temporary work, then becoming unemployed, and finally no longer seeking work because of apathy. Occupational professionals should realize that our goal is to enhance human well-being and dignity through work. This is how health promotion contributes to human welfare and the parallel development of the economy and society. In our activities, therefore, we should not be restricted to helping those in employment. Occupational health also has to concern itself with unemployed people—helping them find a job and return to work.

With sincere and cordial regrets for the past experiences, we professionals should construct a new form of occupational health—one that adopts multidisciplinary approaches, including social, economic, behavioral, psychological, and educational sciences. Using such approaches will allow us to tackle the many difficult problems we face. Key areas with these approaches include gender problems, human aspirations, job skill development, vulnerability to work, talent development, and creativity. On April 20, 2013, I searched PubMed using the key words “unemployment” and “economy” and the result was 2,715 papers. Narrowing the search using the term “health” resulted in 1,716 papers and “women” 429 papers; however, “well-being” resulted in only eight papers, “dignity” two, and “creativity” two. Clearly, the positive aspects of work—well-being, dignity, and creativity—seem to attract less attention. I found one interesting paper[6] on creativity, which investigated the role of work characteristics and personal initiative in terms of idea generation, promotion, and implementation. The researchers found that creativity and job control came about through idea generation, whereas support from co-workers and supervisors supported idea promotion. Support from co-workers and supervisors helped idea promotion. That paper indicates that the human environment as a whole and its group dynamics are important in promoting creativity. Further studies need to extend such findings to the level of the community or nation.

Occupational health in Japan has thus far mainly tackled safety issues. It has restricted its activities to safety matters in protecting workers from dangerous work environments. However, I strongly believe that work itself should be beneficial to health and enhance human well-being.

It is important that we expand our views about care to the unemployed population. On the other hand, we also need to focus on more personal issues, such as creativity, aspiration, well-being, and dignity. Such an expansion of a new horizon in occupational health can be possible only by adopting broader collaborative and multidisciplinary approaches with the unified goal of empowerment of human well-being and dignity.

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