



A Culture of Pain or a Culture of Health: From Persistent Indifference to Resilience in the Waking of America

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*A culture of health is often built upon social connection and often in the face of adversity. Social resilience is about **suffering together, pulling together**, and then transforming stress into a sustainable and common strength. Instead of facing pain alone, we wake up to each other and build positive bridges to the future. The opioid crisis is a wake-up call. Are we healthy enough to listen and respond? Or, will the crisis itself make us healthy? When you bring people together to answer those questions, healing and help can emerge in amazing ways.*

I would like to invite you into a thought experiment, one I hope will paint a big picture view of current health in the workplace. Imagine, if you will, an alien civilization – outside our galaxy; these beings possess an intricate knowledge of the brain and neural mechanisms underlying the consciousness of *homo sapiens*. Imagine further that these super-intelligent extraterrestrials want to help human beings evolve their capacity for consciousness.

So, this fanciful thought experiment begins with two assumptions; that: (1) benevolent, well-meaning aliens want the best for us, and (2) human beings are conscious or at least have the ability to wake up. This might be a stretch for some of you but bear with me.

Let's bring two actors in to this scenario – the opioid epidemic and the scientific study of resilience. Curiously enough, these two have been developing in tandem and almost in parallel ways. New research about both subjects comes out on a regular basis, which I review below.

And what is our plot? Suppose the aliens know, given conditions on our vulnerable planet, that human beings urgently need a deep reservoir of resilience. This, given that resilience – the ability to bounce back from adversity – is one basis for survival, for sustaining together. The aliens also foresaw that opioids are highly addictive, and they also saw a shift in how society deals with pain. Instead of understanding and educating ourselves about pain, our medical establishments and the economy were investing a great deal to *capitalize* on pain.

In previous centuries, pain was a teacher, especially at the root of many religious traditions and most native cultures. Now, the tendency is to dull ourselves to pain, try to get rid of it, and use technology to do so. The commerce of pain has worn down the wisdom borne from suffering.

Our benevolent alien story evolves. But before we learn what happens, first some background.



Impact of Opioid Epidemic in the Workplace

Using fairly large data-sets, four recent reports have assessed worker opioid misuse. In December of 2017 the [Bureau of Labor Statistics](#) (BLS) reported an almost 300% increase in fatal occupational injuries due to mostly due to drugs/opioids. In March, 2018 the [American Action Forum](#) (AAF) studied the number of workers absent from the labor force due to opioid dependency, and associated declines in work hours, and in real output. They found a cumulative loss of 12.5 billion work hours and \$702.1 billion in real output, slowing annual economic growth by 0.2 percentage points – actually a 10% reduction in overall growth between 1999 and 2015. In April, the [National Bureau of Economic Research](#) (NBER) assessed whether opioids help injured workers recover and get back to work. Using workers compensation claims

from 28 states they identified over 30,000 observations where a worker had a low back injury and was prescribed opioid within 2 years of that injury. The researchers conclude “longer-term opioid prescriptions roughly triple the duration of temporary disability benefits, compared to similar workers with similar injuries who do not get opioid prescriptions. Thus, we do not find evidence, on average, of beneficial effects of opioids prescribed in workers’ compensation cases.” If interested in similar economic analyses, see a [related report from Indiana](#).

Finally, in June [McKinsey & Company](#) conducted a claims data analysis of opioid prescriptions, using state Medicaid claims (750,000 claims in total). Their most compelling insights:

- Prescription of opioids is widespread and not due to provider outliers
- Of different types of claims involving opioid disorders, the majority (77%) are from otherwise healthy patients or have limited comorbidity with a behavioral health disorder
- Providers frequently prescribe opioids to patients with known risk factors for abuse, such as having behavioral health issues other than substance abuse (anxiety, depression)
- Using predictive modeling, previous use of anxiety medications was associated with 78% increased risk of opioid dependence

The Bottom-Line of These Trends

Taken together, these insights suggest opioid misuse is entirely foreseeable and preventable, and significant costs accrue with the lack of prevention efforts. Moreover, while clear “flags” or warning signs should be heeded, there is no systematic education of providers, employers, workers or the general population about these flags.

Let’s take these four reports together and return to our thought experiment involving aliens trying to wake us up. I count at least four wake-up calls; each could be heeded by different groups, especially among leaders who have some influence over policies and society. But each of us can respond. The first wake-up call is primary. The one’s that follow all point to clear, even vivid, warning signs that reinforce the importance of prevention.

- **Wake-up Call #1:** The problem is preventable. Workers who carry warning signs, like anxiety or other substance abuse, need education by health and wellness, employee assistance, or social work professionals. The providers themselves are not doing it. Somebody else needs to step in.
- **Wake-up Call #2.** Workers are dying on the job. You would think employers would notice and want to do something about that.
- **Wake-up Call #3:** Workers are not showing up to work or, when they do, are not producing as much.
- **Wake-up Call #4:** Prescribing opioids without regulation is not, in the long run, a viable part of a worker’s compensation strategy. Education on and use of alternatives to pain medication are needed.

These wake-up calls may be sufficient enough to change policies and practices. And there are good signs. For example, [take Belden Inc.](#), a global leader in high-quality, end-to-end signal transmission solutions. Potential Belden employees who are denied a position because of a failed drug test will now be able to participate in a personalized drug rehabilitation program.

Unfortunately, Belden is an outlier and most companies may be less compassionate. In a [National Safety Council \(NSC\) survey](#) of over 500 U.S. human resource decision-makers, 43% felt that employee prescription drug misuse represents a moral/ethical failure and is a signal that employees cannot be trusted. Even more, 65%, felt that it was a reason for employee termination. As a result of this and other insights from the NSC, they have recently launched a [“Prescribed to Death” memorial](#) and [media campaign](#) in an attempt to end the “persistent indifference” seen by the growing trends and the parallel lack of action.

The Study of Resilience and Culture of Health

As the opioid problem has grown, so too has our understanding of resilience, especially within the broad culture and within work cultures. Since September 11th, 2001 there has been an incredible flurry of books, research, and articles on the topic of resilience – and at all levels of society. To name a few: from the national level ([Department of Homeland Security](#)), municipal level ([Rockefeller Foundation](#)), the [study of adversity in childhood](#); and various [studies of resilience in the workplace](#). I have tracked these articles for over 10 years as my own company has developed, implemented, and studied different resilience training programs.



One common thread pulls across these approaches: social or team resilience in the group, the tribe, the family, the community, the work group, the team. That is, resilience is not only about grit, perseverance, commitment, and confidence. It is just as much about helping, compassion, giving, bonding, and community. And the recognition of social resilience extends squarely into the workplace. A growing body of literature strongly suggests that resilience operates on the level of the work group or team (crew, department, shift).

- [Unit morale and unit cohesion](#) – key constructs in the military – are tied to resilience
- How teams and work groups [process information about stress](#) may underlie team resilience
- [Community and social resilience](#) correlates with individual and national resilience and independently predicts individual well-being
- [Team resilience](#) may be an underlying capacity in elite sport teams (e.g., soccer, hockey, rowing)
- [Coworkers in top management teams](#) who can express emotions to each other also show more team resilience
- [Team-level resources and organizational-level healthy practices](#) significant correlate with team resilience

Also, my colleagues and I have published studies suggesting that a team-resilience intervention can reduce employee [stress and counterproductivity](#), reduce behavioral risks like [problem drinking](#), and [improve perceptions of the workplace](#) as a source of resilience. In other words, it is possible that a healthy culture can counteract forces that have led to the opioid epidemic.

Healthy Work Cultures: The Bottom Line on Social/Team Resilience

The above studies suggest that social processes in the workplace – communication, peer support, relationship development – are not only about resilience but also lay the foundation of a healthy work culture. Social resilience is about suffering together; it's about facing and weathering adversity together and drawing on our complementary strengths to meet the problem and turn it into something that makes us stronger... as a community.

In May, 2018, a landmark review was published in the American Journal of Health Promotion (AJHP), titled [Supporting a Culture of Health in the Workplace: A Review of Evidence-Based Elements](#). The authors identified 105 research articles (62 quantitative studies) that met three criteria: (1) conducted in a worksite setting; (2) applied and evaluated 1 or more culture of health elements; and (3) reported 1 or more health or safety factors. One goal of the study was to identify common elements among these studies that point to what may be considered the key ingredients of a healthy work culture. The authors identified and defined 24 elements needed to create and support a culture of health in the workplace setting.

For purposes of our thought experiment, many of the elements – as well as an overwhelming majority of the studies – pertain to social factors in the workplace. This included communications, peer support, employee involvement and empowerment, social norms, relationship development, and shared values. While many studies assessed these elements at the same time, over 70 of the 105 articles independently considered these social factors to be a key part of the study of a culture of health. In addition, 30 studies assessed training and development. That is, employers invested in the development of their workers. The authors conclude that, together, many of these cross-sectional studies found significant correlations between a healthy culture element and employee health and well-being.

Empowered Health Consciousness

“Our lives begin to end the day we become silent about things that matter.”

- Martin Luther King, Jr.

It appears that the super-intelligent aliens are calling us to: (1) wake up to the preciousness of our own health; and (2) recover a collective sense of care and for our mutual well-being. We can push the limits of pharmaceutical science only so far without taking collective responsibility. And we can draw on our social resilience to redefine our approach to pain. Is it



time to speak up? especially for those of us who work in health promotion, mental health, and human resources.

I agree with the National Safety Council that a *persistent indifference* exists. I agree that team resilience can be cultivated and that it connects our individual sufferings to the wider national struggle we face. And I believe that both of these – extinguishing our indifference and building a healthy culture – must be done by empowering consciousness with and through the workplace. The evidence suggests that we need to take action and that we can be successful. Indeed, the AJHP study points directly to specific protective factors or strengths in our work cultures, practices we can implement in systematic ways to build well-being.

So where to begin? Communication is the easy button. But these are insufficient without helping workers collectively tap into their health consciousness. That is, like the AJHP study and other studies on team resilience suggest, we need peer support, employee involvement and empowerment, positive social norms, relationship development, and shared values.

So, first, suppose you did these practices.

- Educate workers on reading pharmaceutical labels
- Train them on how to have empowered conversations with their physician
- Give them information on how to prepare for surgery (know your options)
- Provide guidelines for how to manage medicine exposure at home (Protect Children)
- Provide tips and guidelines for how to work with aging parents who may be at risk
- Show them what to do if they know a coworker has problems
- Proactively educate on alternatives to dealing with back pain

Educating employees with posters, pamphlets, Lunch & Learns, and other tools is a place to start. But, social sharing about “things that matter” will be the only thing that really makes the difference. When one out of four of the population is affected by the opioid epidemic – and with the toll it is taking in the workplace – we have to step up and help people to help each other.

Part of the answer lies in healthy alternatives. Our research in resilience and health consciousness suggests that most employees have not been educated about alternatives to handling pain, stress, and adversity. They really don't know that there are resources to help. And, if they stigmatize help-seeking, simple communications that show care can reduce stigma.

I have taught both resilience and health consciousness training in various work settings. Almost every time one employee turns to another and shares some of the things that they have done in their personal life to deal with stress or pain in some area of their life. The more they talk, the more others chime in. The more others chime in, the more a sense of social connection (unit cohesion, team resilience, peer support) develops... even accelerates. People are hungry to connect. Let's give them the chance to do so.

Post-Script: What About Those Aliens

I invite you to come up with your own ending to this story or thought experiment. Here are some starters:

The aliens, seeing the connection between pain, resilience, and the opioid crisis, decided that....

The culture of health and the culture of pain continued to compete with each other, all as part of this alien experiment. Now, it was time for them to take the next step. So they ...

The aliens realized that all the insights and research that came from the tensions between the culture of health and the culture of pain were beginning to take effect. And so they were ready to help humanity in its next step. Accordingly, they...

Let me know what happens.

Joel

