Workplace Health Promotion and Prevention: The good, the Bad and the Exceptional

Lois E. Tetrick
George Mason University
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31% of employed adults indicated that they felt tense or stressed out during the workday. 
61% of employed adults reported that they had the resources to manage the work stress they experienced. 

APA, 2014
Top Stressors

- Low salaries
- Lack of opportunity for growth
- Job insecurity
- Uncertain or undefined job expectations
- Long hours
(Ill)-Health prevention

Red cape interventions – those designed to stop negative experiences

Health promotion

Green cape interventions – those designed to grow positive experiences

Pawelski
Job Demands – Resources Model

A dual process model of well-being

- Impairment process
  - Poorly designed jobs and chronic demands result in poorer outcomes for employees and organizations through the depletion of employees’ mental and physical resources

- Motivational process
  - Resources are instrumental in promoting growth and development
“the goals of wellness and prevention are to:

1) identify individuals who could benefit from treatment for a condition or complication about which they are unaware;
2) encourage individuals to avoid or delay disease by practicing healthy lifestyles; and
3) prevent further disability among individuals with established disease. (See National Business Group on Health, Preventive Services, 2008; http://www.businessgrouphealth.org/benefitstopics/topics/0070.cfm?topic=0070&desc=Preventive%20Services

— Sastry, Anderson, and Huss (2008)
# Focus of intervention

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<th><strong>Primary Interventions</strong></th>
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<td><strong>Proactive</strong></td>
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<tr>
<td>Prevention or Promotion Oriented</td>
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<td>Focus on all employees and/or the organization</td>
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<td>Examples: Conflict-Management Training, Organization of Work; Wellness Programs</td>
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<th><strong>Secondary Interventions</strong></th>
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<td>Proactive; Potentially Reactive</td>
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<td>Primarily Prevention Oriented; Remove the Risk Factors</td>
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<td>Focus on employees at risk and/or organizational risk factors</td>
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<td>Examples: Coping Skills Training; Job Redesign; Employee Fitness Programs, especially for those employees with known risk factors</td>
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<th><strong>Tertiary Interventions</strong></th>
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<tr>
<td>Reactive</td>
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<td>Focus on employees in need of assistance</td>
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<td>Examples: Cognitive-behavioral Therapy; Rehabilitation after Illness; Employee Assistance Programs; Counseling</td>
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Level of intervention

Individual
  Stress management
  Diet
  Exercise

Group/Team/Organization
  Team-based interventions
  Group wellness
  Healthy cultures
What do we know works?

Stress management

Relaxation interventions are less effective than cognitive-behavioral interventions although they continue to be the most prevalent interventions examined.
Multimodal interventions at the individual level of analysis are not more effective, such as including behavioral interventions with relaxation techniques, except when interventions combine organizational level and individual level interventions.
Recent developments in stress management
Mindfulness-based interventions
Recovery interventions
Organizational level interventions are still relatively rare.
A notable exception is Cifre et al.’s 2011 study
Intervention Mapping Process

- Needs assessment
- Defining program objectives and developing metrics
- Selection of theories and practical strategies for intervention
- Design of the intervention program
- Adoption and implementation plan
- Evaluation plan
Assessed the psychosocial risk factors
  Job demands, job resources, personal resources, and positive and negative indicators of well-being
Identified the main psychosocial risks
  Low job resources, lack of a climate for innovation, and low perceived training quality
Elected to implement a “team redesign” intervention (job redesign and training)
Results:
There were significant increases in professional self-efficacy and perceived competence, perceptions of innovation climate, and work engagement.
Workplace Health Promotion Programs

Communication and awareness
Health screening and assessment
Education and lifestyle

Comprehensive programs had the highest return on investment.
Most health promotion/wellness programs have taken a medical perspective focusing on known health risk behaviors.

A notable exception is the emerging trend toward applying the principles of positive psychology to enhance employees’ personal resources to develop and maintain their well-being.
Examples of positive psychology interventions:
Expressing gratitude
Savoring experiences
Identifying and using one’s personal strengths

Relatively few evaluation studies in the workplace
Most studies have looked only at short term effects.

There is some evidence for continuing long-term effects.

Appropriate comparison groups are difficult to find.

Challenges faced in implementing health promotion programs
Questions?

Lois Tetrick
ltetrick@gmu.edu