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Stress Management in a Corporate Setting

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Abstract

The purpose of this evidence-based project was to implement a sustainable stress management program in a corporate setting, utilizing company stress management resources. A three-step program was initiated to include a 30-minute stress education session, followed by a 30-minute one-on-one session with a nurse practitioner student utilizing aspects of motivational interviewing to develop a goal oriented stress management plan. An individual one-month follow up was also performed. Of the 30 employees who attended the educational session, 15 signed up for a one-on-one session. Eight out of the 15 employees completed the one-month follow up. Employees completed a pre and post Perceived Stress Scale during the initial and follow-up one-on-one sessions, demonstrating lower perceived stress after one month.

Stress Management in a Corporate Setting

According to the American Psychological Association's (2015) annual *Stress in America* survey, American's continue to struggle with stress and its negative impact on their lives. Sixty percent of adults in this survey report that work is a significant source of stress, making it the second highest cause of stress (2015). Stress has been implicated as a contributor to chronic illnesses such as cardiovascular disease, cancer, depression, anxiety, and obesity (Hemingway & Marmot, 1999; Antoni et al., 2006; Garcia-Bueno, Caso, & Leza, 2008; Black, 2003). Ineffective stress management also leads to unhealthy choices and behaviors, ranging from alcohol abuse, drug consumption, sedentary lifestyles, and smoking, further complicating existing chronic disease (1998; World Health Organization [WHO], 2014). With the overwhelming prevalence of occupational stress in America, initiating stress management programs through onsite health clinics at work may allow providers the opportunity to address and prevent stress at one of its main sources.

Background

The National Institute for Occupational Safety and Health (NIOSH, 2008) defines job stress as “the harmful physical and emotional responses that occur when the requirements of a job do not match the capabilities, resources, or needs of the worker.” (pg. 1). On average people spend a third of their time at work and 30% of employees report that they feel they are “always” or “often” under stress there (World Health Organization, 2014; American Institute of Stress, 2014). A further complication is that 42% of adults say they are not doing enough or are unsure whether they are doing enough

to manage their stress, and 20% say they are not engaging in activities to help relieve or manage their stress (American Psychological Association, 2015).

NIOSH (2008) also points out that workplace stress is caused by a combination of the interaction of the worker and work conditions. Individual personality types and coping strategies also impact how workplace stress will affect an employee. Factors specific to work conditions are work overload, role ambiguity, lack of task control, long hours, poor management support, career development issues and conflicting communication styles (2008). Factors that influence the absence of stress management relate to perceived lack of time, motivation, knowledge about proper stress management activities, the lack of knowledge concerning availability of stress management resources, and organizational culture (Rongen, et al., 2014).

Another negative impact of workplace stress is the financial burden it presents to the company. The annual cost to American employers for stress related health care and missed workdays is \$300 Billion (American Institute of Stress, 2014). In an effort to improve Americans health and decrease healthcare expenditures, the Affordable Care Act introduced legislation that prompts corporations to expand employee wellness programs to combat these concerns.

Given the fact that Americans spend a significant amount of their lives at work, it is essential that health and wellness become more prevalent in the corporate setting. As Lundahl, Kunz, Brownell, Tollefson, & Burke, (2010) point out, workplace wellness takes advantage of employees at an age when interventions can have a positive impact on their lifelong health. Implementing a stress management program through employee

health clinics is an ideal way of bringing stress management education and resources directly to employees in an effort to improve their quality of life.

Efforts to decrease stress in the workplace have been divided into three categories: primary, secondary, and tertiary interventions. Primary interventions are those targeting the organization, aiming to eliminate work environment stressors by adjusting work to fit the employee (Cooper & Cartwright, 1997). Examples of primary interventions would be creating flexible work schedules, changing employee tasks, or giving the employee more say in their job scope (Elkin & Rosch, 1990). Secondary interventions are those interventions that work directly with individuals in an effort to help them manage stress through stress education, lifestyle modification, and relaxation techniques (Cooper & Cartwright, 1997). Lastly, tertiary interventions are those interventions implemented to help treat or rehabilitate individuals with a stress related illness through the use of counseling, an example would be counseling services provided to first responders after the fall of the twin towers (1997).

Setting and Population

In September of 2014 an onsite health care clinic was established in a Southern California corporate firm with over 1600 employees called Mountainview Financial. A Family Nurse Practitioner (FNP) and medical assistant managed the clinic with an off-site physician as the clinic's Medical Director. Employee stress became a concern to the FNP because of the large number of stress-related visits and the need for employee health claims related to behavioral health issues. Employees reported specific concerns to the clinic FNP, including the organization being short staffed, regular lay-offs/downsizing, job insecurity, and competition. Even though Mountainview provided several services to

address employee stress including yoga, massage therapy, and an Employee Assistance Program (EAP) 24/7 telephone counseling service, employees nevertheless reported that the competitive company culture contributed to their difficulties with stress.

From September 2014 to August 2015, 498 employees were seen in the health clinic for general health concerns. At these visits, employees were asked to complete an intake form rating their satisfaction with an array of wellness functions, one being stress management. The survey further asked employees to select from a list of programs they felt would be beneficial, for example massage therapy, chiropractic services, or stress management. Nineteen percent reported being either unsatisfied or very unsatisfied about their stress management and 15% were interested in a stress management program. Data collected from the health clinic intake forms, in conjunction with the prevalence of behavioral health claims and stress related clinic visits, documented the need for a stress reduction program.

Literature Review

A three-part literature review was conducted utilizing PubMed, Ovid, and Google Scholar, examining the different aspects of the proposed stress management project: motivational interviewing, patient education for behavior change, and each of the stress management resources the financial company offered: yoga, massage therapy, and the company's Employee Assistance Program (EAP) 24/7 telephone counseling services.

Motivational interviewing (MI) is a collaborative discussion between the interviewer and interviewee to initiate behavioral change; it was originally geared towards problem drinking (Rollnick & Miller, 1995). MI involves an empathetic counseling style aimed at goal setting. A systematic review and meta-analysis of 48

studies investigated the efficacy of MI in various medical care settings and targeted outcomes (Lundahl, Moleni, Burke, Butters, Tollefson, Butler, and Rollnick, 2103). The specific desired outcomes varied from HIV viral loads to engaging in treatment for depression. Results showed beneficial effects: 63% of outcomes favored the use of MI. The meta-analysis also demonstrated that MI is deliverable by various health care providers, for example, dieticians, physicians and nurses.

In terms of the educational approach to stress management, Lillyman & Farquharson (2013) found several factors to be key for successful outcomes; programs that were patient centered, with a focus on self-efficacy, and included written material that drove home the educational message, were effective. In addition, programs with small groups were comparable to one-on-one encounters, but small groups allowed for cross discussion and sharing of experiences between participants. The duration of programs did not change effectiveness, but most lasted six to eight weeks with a follow-up. Another important factor for success was ensuring the individual was ready for change. Finally, a mixture of experts and laypeople as leaders of the educational encounter were proven to be beneficial (2013). Of all of these factors, Lillyman & Farquharson (2013) were unable to find one model that incorporated all of the components, but their analysis provided a comprehensive place to start.

In terms of specific stress reduction modalities, research supports that yoga, massage, and use of EAP services are all successful in decreasing stress among employees. Yoga has long been used as an alternative therapy to decrease psychological stress, incorporating postures, breathing exercises and meditation (Chong, Tsunaka, Tsang, Chan & Cheung, 2011). A systematic review of eight random controlled trials and

clinical controlled trials by Chong et al. (2011), confirmed a positive effect of yoga on stress symptoms. Sharma (2013) also found that of 17 studies that met eligibility criteria, 12 were able to demonstrate a decrease in participant's stress, as measured with Cohen's Perceived Stress Scale (2013). Lastly, Hartfield et al, (2012) looked specifically at the impact of yoga on reducing stress and back pain in a work setting. Participants were randomized into a control group with no intervention and a yoga group that participated in a weekly yoga class for eight weeks along with a 20-minute home yoga video. Results were based on participants self reported stress levels, back pain and well-being. Compared to the control group, those taking yoga showed decreased stress, back pain and sadness, with an increase in feeling serene. In summary, the study found that yoga is helpful as a stress management tool.

Massage is another alternative method utilized to decrease stress, as documented in a four week study that saw a decrease in blood pressure and stress levels of employees after a 20 minute massage (Day, Gillan, Francis, Kelloway & Natarajan, 2009). Several other studies looked at the effect of massage on stress levels, specifically in nurses. Their results showed that massages for as little as 15 minutes during working hours could decrease employees' perception of stress and anxiety (Bost & Wallis, 2006; Cooke, Holzhauser, Jones, Davis, & Finucane, 2007; Engen, et al., 2012).

The success of telephone counseling was demonstrated in a systematic review by McLeod (2010), revealing that workplace counseling was generally effective at decreasing levels of stress, reducing sickness absentee rates up to 60%, and having a moderate effect on job commitment, functioning, and satisfaction. A randomized trial by Kilfedder et al. (2010) compared the effectiveness of three counseling methods: face-to-

face, telephone, and bibliotherapy (a workbook based therapy completed by participants on their own), on occupational stress. Ninety employees with complaints of occupational stress were equally divided into the three therapies. Results showed that each option appeared equally effective, but telephone counseling had a greater statistically significant change (2010). Participant feedback also pointed out that telephone counseling was beneficial due to its convenience, no need to travel, and quicker access (2010).

Project Design

Aspects of both secondary and tertiary prevention were used to create an evidence-based project with the goal of providing a sustainable stress management program at Mountainview while utilizing currently available company resources. E-mail invites were sent to employees, who were identified through the needs assessment, two weeks prior to a lunch-and-learn session on stress. To avoid exclusion and stigma, the stress management session was also open to all employees and was advertised via flyers posted in common areas throughout the building.

The educational component consisted of a 30-minute PowerPoint presentation during the lunch-and-learn session presented by an experienced RN who was also a Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) student. The presentation focused on the physical and mental impact of stress and the importance of stress management. Four similar sessions were held over two days to allow as many employees as possible to attend. Since Mountainview employees were required to have 24 hours of annual on-site education, they had an incentive to attend one of the sessions. Following the lunch-and-learn presentations, employees were able to sign up for a subsequent 30-minute one-on-one session with the DNP-FNP student. Outlook calendar

emails were sent about the one-on-one sessions, along with a reminder email one to two days prior to the designated appointments.

During the first one-on-one session, the DNP-FNP student utilized aspects of motivational interviewing, collaborating with employees to create an individualized action plan for stress management using the available company resources. Each employee completed a Perceived Stress Scale (PSS) at baseline. Employees were then scheduled for a one month follow up session with the DNP-FNP student to assess how they were progressing in managing their stress and to complete a follow-up PSS.

Instruments

The Perceived Stress Scale (PSS) is a 14-item self-administered questionnaire used to assess perceived life stress over the previous month. Completion of the scale takes five to ten minutes and can be easily scored in the presence of the employee. Each question is worth zero to four points, with an eligible score of 0-45, the higher the score denoting a higher level of perceived stress. There are also a 10-item questionnaire and 4-item questionnaire validated for telephone interviews (Cohen & Williamson, 1988).

Results

Thirty-five employees attended the four lunch-and-learn sessions and gave positive verbal feedback. Out of the thirty-five employees, fifteen attended the first 30-minute one-on-one sessions with the DNP-FNP student. Each employee completed the baseline PSS, scoring an average of 31.13 out of 45 (Figure 1). Eight of the fifteen employees then attended the one-month follow up session; their average post intervention PSS scores decreased by 8.67 points, a 27% decrease in perceived stress levels (Figure

2). Many participants also met their stress management goals or were able to adjust them in a way that was satisfactory for them to decrease their perceived stress.

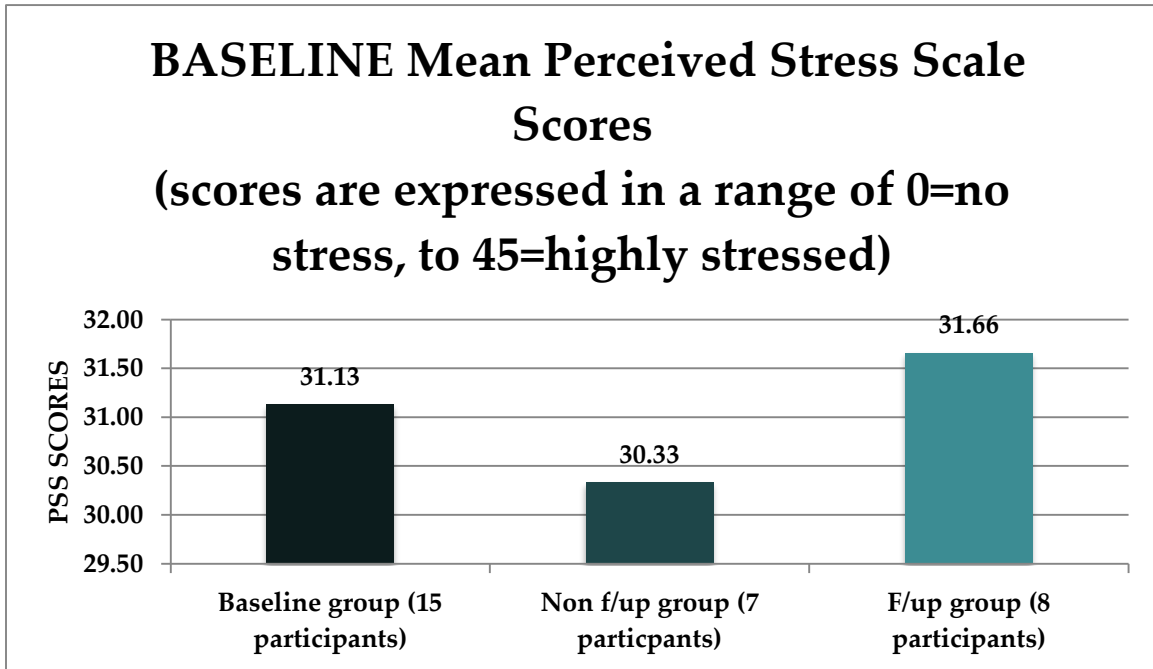


Figure 1. Participants baseline mean perceived stress scale scores.

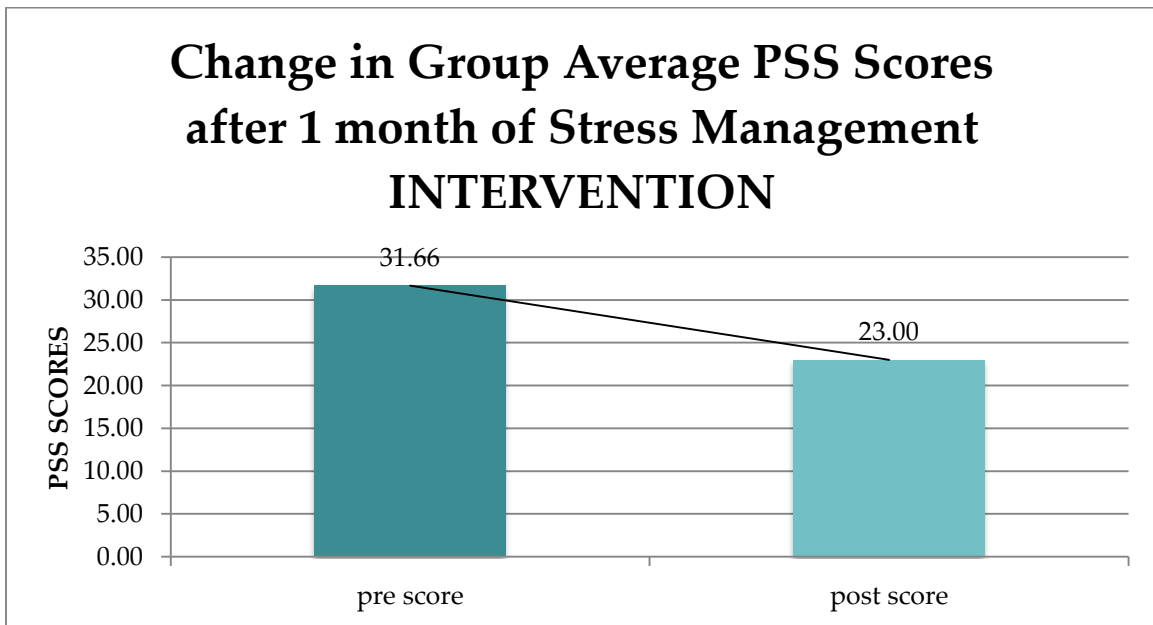


Figure 2. Pre and post intervention perceived stress scores.

The goal of utilizing company stress management resources did not increase significantly because the majority of employees were already taking advantage of them. The EAP counseling assistance and wellness website were the least familiar to employee's, therefore handouts on these items were discussed and given to each participant. Feedback provided by the participants focused more on their appreciation of the motivational interviewing communication style with goal setting plans. Employees enjoyed the ability to discuss what their stressor(s) were while creating a plan for changing them.

Discussion

The aim of this evidence-based project was to implement a sustainable stress management program, utilizing Mountainview's currently available resources. The sustainability of the program is possible because Mountainview's FNP may continue to provide the stress management lunch-and-learns sessions and follow-up appointments, while maintaining her current in-clinic duties. Because the DNP-FNP student provided the clinic FNP with a stress management binder containing all of the resources utilized during the one-on-one sessions, she will readily be able to offer this assistance to employees during future stress-related clinic visits.

Limitations and/or barriers of the project initially revolved around the lengthy lead time required to design the project and gain various levels of approval that were required by a company as large as Mountainview. The project took nine months and approximately 500 hours from start to finish. Communication with employees also had to take place through the company email system, which the DNP-FNP student did not have access to, therefore the clinic FNP had to be responsible for that.

Further barriers were employee time constraints and the cultural climate revolving around stress in general. Mountainview was a fast paced, high pressure, high turnover, and stressful place to work. Therefore there were concerns participation would be low because employees may have not wanted to admit the need for stress management. Also, making appointments with the employees was difficult at times since their schedules were very busy and ever changing. Lastly, there were time constraints on the project because of the DNP-FNP student's schedule. A three-month follow up had been discussed, but was not feasible.

Conclusion and Implications

Stress management is an ongoing process that is unique for each individual; it is not surprising that literature has shown many different successful methods for handling it in the workplace. This evidence-based project was tailored for this corporation and its employees, but the basic program formula could easily be translated to other settings and for different wellness needs. Mountainview's use of nurse led stress education brought awareness to the long-term negative effects stress can have on employee health, providing motivation to make stress management a priority in employee's lives. Utilizing aspects of motivational interviewing to assist employees in creating a stress management goal-setting plan may also result in feelings of empowerment to mitigate workplace stressors. Even though the project was viewed as a pilot initiative, it may result in other wellness programs such as smoking cessation and depression screenings. Implementing a stress management program should be a priority for all corporations not only to improve employee quality of life and potentially decrease missed days of work and behavioral

health claims, but more importantly to normalize the topic of stress, making it more acceptable in the corporate culture.

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