Renew My Organization

Resources for Implementation of Organizational Health Promotion Initiatives



Disclaimer: This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 6 U3NHP45418 of the Health and Public Safety Workforce Resiliency Training Program for \$1,496,128. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Table of Contents

- I. <u>Intervention Specific Organizational Health Promotion Initiatives</u>
 - i. Active Rest
 - ii. Omega-3 Fatty Acids
 - iii. Physical Activity
 - iv. <u>Sleep</u>
 - v. <u>Yoga</u>



Developing Organizational Health Promotion Initiatives:

Intervention Specific Initiatives

Each of the evidence-based interventions will have identified model organizational programs listed, as well as expert recommendations listed for three levels of organizational implementation (listed below). Health promotion initiatives are listed in a leveled format so that organizations can select initiatives based on the roles of administration required, whether through time, funds, or resources, to support a given initiative.

Level 1: Acknowledge, participate and support healthcare employee participation in health promotion activities, whether individual, group activities or workshops at your organization.

Level 2: Support the time, location, and funds necessary to conduct health promotion activities at the local healthcare organization.

Level 3: Develop policies and collaborations to support local, state, national outreach for health promotion initiative promotion among health care employees.

Evidence-based Interventions

(Click to visit a specific intervention or Scroll below for all of them)

Active Rest
Omega-3 Fatty Acids
Physical Activity
Sleep
Yoga



Active Rest Specific Initiatives

| Expert Recommendations for Organizational Promotion of Active Rest | | |
|---|---|--|
| Level 1 (Individual) | Level 2 (Group/Team) | Level 3 (Organization) |
| Offer active rest programs to employees to participate. Encourage team/unit leaders to experiment with active rest programs for the team (team goes together so many times a week to institution sponsored programs). Offer active rest programs throughout shifts to provide opportunity for participation across 24- hour period. | Initiate formal program as described in articles. Study impact on employee metrics (physical, emotional, productivity, presenteeism). Normalize/incentivize expectations for participation. | Consider and advocate for employee wellness as a necessary condition for sustained productivity, employee satisfaction and tenure and safe, effective patient care. Integrate expectations to offer and participate in resiliency-based interventions as part of leadership and employee evaluations. |

Example of an Organizational Program for Promotion of Active Rest:

Active Rest programs were implemented and studied across several worksites in different experimental - control group studies. Program 1 consisted of 11 workplaces among white collar workers, Program 2 consisted of 31 workplaces. The Active Rest program consists of a 10-minute stretching-exercise program that was offered to work teams 3-4xs a week. Program 1 had a 10 week duration; Program 2 had an 8 week duration.

Program 1 reference:

Michishita, R., Jiang, Y., Ariyoshi, D., Yoshida, M., Moriyama, H., & Yamato, H. (2017). The practice of active rest by workplace units improves personal relationships, mental health, and physical activity among workers. *Journal of Occupational Health*, *59*(2), 122–130.

Program 2 reference:

Michishita, R., Jiang, Y., Ariyoshi, D., Yoshida, M., Moriyama, H., Obata, Y., Nagata, M., Nagata, T., Mori, K., & Yamato, H. (2017). The Introduction of an Active Rest Program by Workplace Units Improved the Workplace Vigor and Presenteeism Among Workers: A Randomized Controlled Trial. *Journal of Occupational and Environmental Medicine*, 59(12), 1140–1147.



References

- Botha, E., Gwin, T., & Purpora, C. (2015). The effectiveness of mindfulness based programs in reducing stress experienced by nurses in adult hospital settings: a systematic review of quantitative
- evidence protocol. *JBI database of systematic reviews and implementation reports, 13*(10), 21–29. https://doi.org/10.11124/jbisrir-2015-2380
- Matchim, Y., Armer, J. M., & Stewart, B. R. (2011). Mindfulness-based stress reduction among breast cancer survivors: a literature review and discussion. *Oncology nursing forum, 38*(2), E61–E71. https://doi.org/10.1188/11.ONF.E61-E71



Omega-3 Fatty Acids Specific Initiatives

| Expert Recommendations for Organizational Promotion of Omega-3 Fatty Acids | | | |
|--|---|---|--|
| Level 1 (Individual) | Level 2 (Group/Team) | Level 3 (Organization) | |
| Discussions/teaching on learning how to cook foods with Omega-3 Fatty Acids. | Cooking workshop for foods rich in Omega-3 Fatty Acids. | Provide food rich in Omega- 3 Fatty Acids in local cafeteria, along with marking for the foods containing Omega-3 fatty acids for easy selection. | |

Example of an Organizational Program for Promotion of Omega-3 Fatty Acids:

Go for Green ™ Dinning Facility Nutrition Education Program https://quartermaster.army.mil/jccoe/operations_directorate/quad/nutrition/G4G_Procedures_
 Sept_2012.pdf



Physical Activity Specific Initiatives

| Expert Recommendations for Organizational Promotion of Physical Activity | | | |
|--|--|--|--|
| Level 1 (Individual) | Level 2 (Group/Team) | Level 3 (Organization) | |
| Teaching on importance of physical activity. Participating in physical activity daily during breaks as a small group at work. | Implement formal physical activity groups at work. Offer classes for employees during lunch break and other breaks. Having walking groups that meet at various times during the day. | On-site recreation equipment. Paid membership or discount to local gym. | |

Example of an Organizational Program for Promotion of Physical Activity:

- A study by Mitchell et al (2016) examined the impact of health promotion programs on employee retention by looking at employed health plan members over a 4-year period. Employee retention rates were found to be significantly higher for 5 out of 6 samples of program participants when compared to non-participants.
- Jenkins and Sherman (2020) found that nonparticipation in organizational wellness activities was associated with a significantly increased risk of employee turnover in the next calendar year. Wellness activities included topics such as *physical activity*, tobacco cessation, and stress reduction.

References

- Jenkins, K. R., & Sherman, B. W. (2020). Wellness Program Nonparticipation and Its Association With Employee Turnover. American journal of health promotion: AJHP, 34(5), 559–562. https://doi.org/10.1177/0890117120907867



Sleep Specific Initiatives

| Expert Recommendations for Organizational Promotion of Sleep | | | |
|--|--|---|--|
| Level 1 (Individual) | Level 2 (Group/Team) | Level 3 (Organization) | |
| Presentations on sleep hygiene and structured napping to educate healthcare providers and staff about the benefits of healthy sleep behaviors. | Create a workplace staff "sleep challenge" that enables people to practice and record the sleep hygiene behaviors they are learning about. | Purchasing products that can be used to support healthy sleep habits in the workplace. For example, napping pods, or creating a sleep lounge. Adopting policies and practices that permit appropriate napping without stigma. | |

Example of an Organizational Program for Promotion of Sleep:

Residency programs have implemented structured napping and the results are promising.
 Although the studies are few and contain small numbers of participants, randomly assigning residents (IM) to take a brief nap was associated with fewer cognitive errors and improved perceived alertness (Amin et al., 2012).

References

Amin, M. M., Graber, M., Ahmad, K., Manta, D., Hossain, S., Belisova, Z., Cheney, W., Gold, M. S., & Gold, A. R. (2012). The effects of a mid-day nap on the neurocognitive performance of first-year medical residents: A controlled interventional pilot study. *Academic medicine: Journal of the Association of American Medical Colleges*, 87(10), 1428–1433. https://doi.org/10.1097/ACM.0b013e3182676b37



Yoga Specific Initiatives

| Expert Recommendations for Organizational Promotion of Yoga | | |
|---|---|--|
| Level 1 (Individual) | Level 2 (Group/Team) | Level 3 (Organization) |
| Teach the three basic components of Yoga | Creating space and time for the practice. | Yoga studio discounts or membership. |
| | Have events that encourage the practice | Incentive for routine practice |

Example of an Organizational Program for Promotion of Yoga:

"There was a significant increase in happiness after a yoga practice of 20 minutes among students and faculty/staff.

Although participant happiness scale scores increased significantly in each session, the **overall happiness** over the course of the 3-week study did not significantly increase. This study and its implications is a major step in the forward direction of establishing yoga's position in academia as a scientific therapeutic method for well-being and mental health. We conclude that the overall **happiness scale improves significantly** if yoga is practiced daily (Lam, et al., 2023).

"This project showed that an online yoga and mindfulness intervention **significantly improved the stress** levels of the NLRNs post intervention and that they were able to achieve **self- efficacy** by using this information to **mitigate stress both at work and at home** (Presler, et al., 2023).

References

Presler, C., D'Auria, J., Strubin, J., Zomorodi, M. (2023). Every breath you take: Incorporating a yoga and mindfulness intervention into a new nurse residency program. *International Journal of Yoga Therapy, 33* (s1), 1–24. doi: https://doi.org/10.17761/1531-2054-33.s1.1

Lam, J., Kim, H., Crowley, J., Nausheen, F. (2023). Role of weekly yoga intervention on well-being among the medical university community. *International Journal of Yoga Therapy*, 33 (s1), 1–24. doi: https://doi.org/10.17761/1531-2054-33.s1.1



References

- Fox, S., Lydon, S., Byrne, D., Madden, C., Connolly, F., & O'Connor, P. (2018). A systematic review of interventions to foster physician resilience. *Postgraduate medical journal*, *94*(1109), 162–170. https://doi.org/10.1136/postgradmedj-2017-135212
- Ignatowicz, A., Tarrant, C., Mannion, R., El-Sawy, D., Conroy, S., & Lasserson, D. (2023). Organizational resilience in healthcare: a review and descriptive narrative synthesis of approaches to resilience measurement and assessment in empirical studies. *BMC Health Services Research*, 23, 376. https://doi.org/10.1186/s12913-023-09242-9
- Naji, L., & Bhandari, M. (2021). Cochrane in CORR®: Psychological Interventions to Foster Resilience in Healthcare Professionals. *Clinical orthopaedics and related research*, *479*(7), 1426–1432. https://doi.org/10.1097/CORR.00000000001809
- Robertson, H. D., Elliott, A. M., Burton, C., Iversen, L., Murchie, P., Porteous, T., & Matheson, C. (2016).

 Resilience of primary healthcare professionals: a systematic review. *The British journal of general practice: the journal of the Royal College of General Practitioners*, 66(647), e423–e433.

 https://doi.org/10.3399/bjgp16X685261
- Rothenberger, D. A. (2017). Physician Burnout and Well-Being: A Systematic Review and Framework for Action. *Diseases of the colon and rectum*, 60(6), 567–576. https://doi.org/10.1097/DCR.0000000000000044
- VanMeter, F., & Cicchetti, D. (2020). Resilience. *Handbook of clinical neurology*, *173*, 67–73. https://doi.org/10.1016/B978-0-444-64150-2.00008-3
- Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and psychosomatics*, *84*(3), 167–176. https://doi.org/10.1159/000376585