

Building Emotional Resilience at the Workplace

A HealthPartners Case Study

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INTRODUCTION

Stress happens, and it happens to everyone. If workers do not have emotional resilience skills and habits to help support them during these times, their productivity declines. Work-related requirements such as precision and accuracy, problem solving, interpersonal communications, as well as speed and quality of work output will suffer. This general state may be considered part of presenteeism, which is typical when workers are demoralized, distracted, overwhelmed, or otherwise not coping well with stress. It is important to note that the stressors may be from work-related or personal issues, but frequently, stress in one sphere is accompanied by stress in the other. The good thing is that skills to maintain emotional resilience are effective across all settings, and these habits get stronger with use.

EMOTIONAL RESILIENCE DEFINED

Emotional resilience is the capacity to adjust to change, disruption, or difficulty while maintaining good functional capacities. Employees who have high emotional resilience are those who, when presented with stress (either work related or personal) can bounce back, bend without breaking, and cope without giving in, giving

up, or breaking down. Emotional resilience is a skill that can be taught and learned, but to be effective, these skills need to be practiced and incorporated into a healthy lifestyle and a healthy work style.

SOME STATISTICS ON EMOTIONAL RESILIENCE

Clearly, we like to save our paid time off for fun, but when we are highly stressed, we dependably go to work and probably experience the employee perspective on presenteeism. To illustrate this point, consider these statistics:

- Gallup's (1) global surveys on self-reported stress categorize results into three levels or zones of functioning, thriving, struggling, and suffering. In a report of these trends of workplace-specific data by nation, the United States was characterized as 56% thriving, 41% struggling, and 3% suffering.
- The reality of what life throws at us is captured by a poll that finds in the past year that 49% of all American adult respondents had at least one major stressor. The most prevalent was a major illness or injury, followed by death of a loved one, and the third most prevalent was problems at work (3). It is easy to imagine a "thriving" employee suddenly falling into the "struggling" category through a serious illness or injury or through the death of a loved one. None of us is immune to the reality of our lives.
- Lost productivity because of sick days varies among workers based on their stress zone. An average sick day in the United States is worth about \$200 per day to employers. People who fall into the "suffering" category on an annual per-person basis cost \$28,000 because of lost productivity and work days (*i.e.*, the equivalent of 140 lost days). For those in the "struggling" zone, the cost is \$6,168 (*i.e.*, the equivalent of 61.8 lost days); and for those high in the "thriving" category, the lost productivity caused by sick days is only \$840 (*i.e.*, the equivalent of 4.2 lost days) (4).
- When polled, one of the least likely things that Americans who have been under "a great deal of stress in the past



month” actually do is take time off from work. When under a great deal of stress, the three least likely actions are (3):

- To take time off from work.
- Engage paid service for household help.
- Follow a formal self-help program.

MANAGING ILLNESS OR ACHIEVING BEST SELF?

From an employer’s perspective, what approach should be considered when making decisions on how best to apply resources to address worker stress and emotional resilience? Should an employer wait for negative consequences to occur and manage them at that time or proactively strive to prevent such negative outcomes, thus optimizing worker health, well-being, and achievement of their best selves? At HealthPartners, a not-for-profit, member-governed, integrated health system headquartered in Minnesota that serves more than 1.4 million health insurance members and more than 1.2 million patients, a proactive and intentional strategy has been deployed to address emotional resilience for its 22,500 employees. The strategy is applied to employees and to plan members because all employees live, work, and play in the same communities as the overall membership. Figure 1 illustrates the emotional resilience components of well-being, with resources and tools for those who are thriving, struggling, or suffering, which are available to HealthPartners members and employees. A description of the resources provided follows.

DESCRIPTION OF RESOURCES ACROSS THE STRESS ZONES

Thriving and Struggling Zones

As depicted in Figure 1, for those in the “thriving” zone and those just into the “struggling” zone, there are individual phone coaching and group coaching options from either health promotion professionals or behavioral health professionals depending on the topic. Similar to health promotion professionals who coach on topics of physical activity, healthy eating, sleep, and milder levels of stress reduction, behavioral health professionals

take the lead when the topics are high levels of stress or the application of cognitive behavioral therapy.

After completing an annual health assessment, the behavioral health professionals reach out to employees with the highest levels of stress, emotional health concerns, or chemical health issues to conduct at least three individual telephone consultations. The goal of these consultations is to identify those who may benefit from self-help resources and those who need professional face-to-face consultation with a mental health or chemical health professional.

Self-help resources and guided learning resources available for employees include three-session group coaching programs called Healthy Thinking[®], Healthy Communication[®], and Social Connectedness[®], as well as similarly structured group coaching sessions on physical activity and healthy eating. Online virtual coaching makes access to resources that address topics such as positive thinking, stress management, and healthy sleep available to a workforce that staffs six hospitals, several urgent care centers, and other 24/7 operations such as information technology help desks. These options also allow those who prefer online learning to access content in their preferred modality. One online option is an evidence-based program developed in England and used in the National Health Service during the past 14 years called Beating the Blues[™]. The program consists of eight 30-minute sessions that teach cognitive behavioral skills and supplies structured practice between sessions. It features video clips of five characters who describe and focus on how to deal with their life stressors. Beating the Blues[™] teaches that what we think has a major impact on how we feel emotionally.

Thinking things that are literally true helps mood regulation and better individual functioning and resilience. Challenging our assumptions and addressing negative self-talk is a major part of this program. After each session, participants have the option to hear how any of the characters did in their own practice. Because these video clips are only “earned” through session completion, this type of reward offers a kind of social connectedness that helps participants feel more supported.

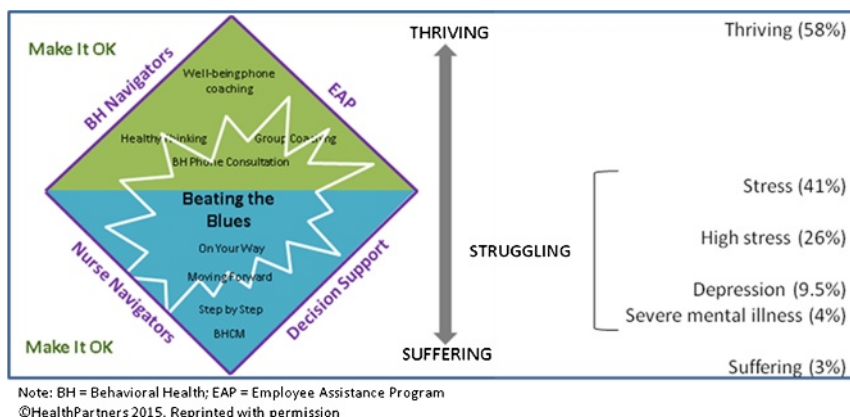


Figure 1. Helping employees achieve their best self through emotional resilience.

WORKSITE HEALTH PROMOTION

Mental health and chemical health conditions undermine emotional resilience through mood dysregulation. Some employees or their immediate family members need more support and guidance if they have a condition that undermines emotional resilience. HealthPartners provides an array of mental health and chemical health resources to those who may be in the “struggling” zone. On Your Way[®], Moving Forward[®], and Step by Step[®] are condition self-management programs designed to educate, encourage, and provide prompts and reminders related to treatment options for those with any of three sets of conditions (depression, bipolar disorder or schizophrenia, and chemical dependency). Typically, about 12% of employees will have at least one of these conditions in any given year.

Suffering Zone

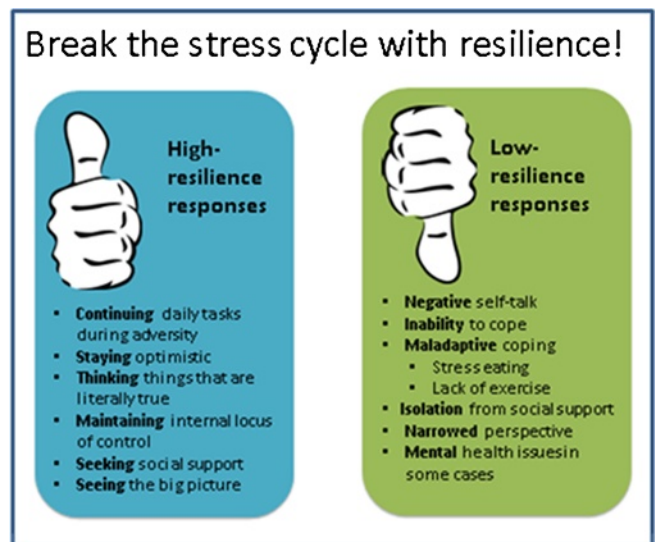
In 2003, HealthPartners created predictive analytics to identify those who without intervention are at high risk for future psychiatric crises and hospitalization because of complex mental or chemical health conditions or coexisting behavioral health conditions. Behavioral health professionals reach out and engage such persons and help educate them about their conditions, coordinate care, and create crisis plans through provider networks and community crisis options planning, intervention, and support. With participant permission, behavioral health professionals engage with the participant in three-way phone calls with supportive family or friends to answer questions and encourage healthy engagement.

ADDRESSING MENTAL HEALTH STIGMA

Mental health stigma remains pervasive in the general population. Stigma reduces the chances that all receive the treatments they need. HealthPartners teamed up with the Minnesota chapter of National Alliance on Mental Illness (NAMI) and Twin Cities Public Television to create the award-winning Make It OK[®] campaign to address mental health stigma for employees, members, and community at-large. This campaign is supported by a Web site, www.MakeItOK.org, four half-hour programs created by Twin Cities Public TV, a speaker's bureau, and engaging online interactive content that allows viewers to get to know real Minnesotans who have learned to live well with mental illnesses. Online organizational readiness toolkits that support employers, faith and civic communities, as well as health care providers and public health services are available to support implementation of the Make It OK[®] resources.

SUPPORT FOR MANAGERS AND LEADERS

In addition to a wide variety of content to support employee emotional resilience, HealthPartners provides training and tools for managers, directors, and executives on resilience. In 2014, the company included instruction and experience training on emotional resilience for approximately 5,000 leaders. An introduction to emotional resilience resources is included in new employee and new leader orientation that range from simple prompts and reminders (e.g., see Figure 2) to the ongoing available supports described above.



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Figure 2. Prompting for emotional resilience.

CASE STUDY: WHAT CAN AN EMPLOYER DO TO BUILD EMOTIONAL RESILIENCE?

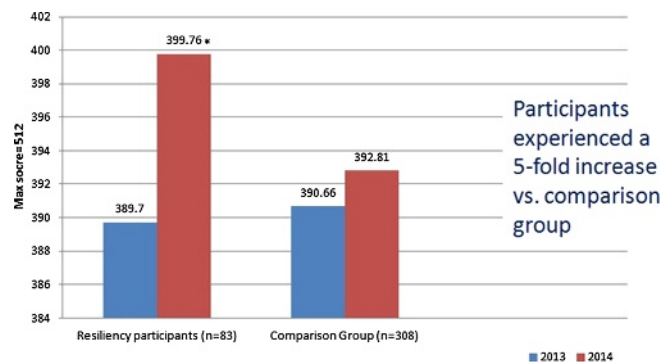
Program Description

As part of a comprehensive worksite well-being program, HealthPartners offers Emotional Resilience group coaching to employees. In 2013, and again in 2014, two related group coaching series were offered: Healthy Thinking[®] and Healthy Communication[®]. Both programs are designed to build skills intended to reduce stress and improve how individuals think and feel. Healthy Thinking[®] teaches participants to recognize negative self-talk and replace it with thoughts that are literally true. Healthy Communication[®] teaches participants to recognize their poor communication skills and replace them with good communication skills. These programs may be considered a “stress inoculation,” strategy, or a means of helping employees develop the skills to cope with stress effectively and prevent the impacts of unmanaged stress, such as irritability and listlessness.

Program Participants

This project was designed to measure 1-year outcomes resulting from participation in either emotional resilience coaching option offered at HealthPartners. As part of HealthPartners *BeWell* employee health and well-being program, the two coaching programs were available to all employees at HealthPartners corporate offices in the fall of 2013. Each series consisted of three 1-hour sessions. The programs were promoted with building-wide emails and flyers.

A total of 83 employees participated in the emotional resilience offerings in 2013. Participants were predominantly female (85%), with an average age of 48 years. Outcomes associated with emotional resilience were measured using the Health Assessment (HA) available to employees. The HA is an online self-reported questionnaire that assesses a comprehensive set of self-reported health factors, provides personalized feedback, and connects



* Significant change between baseline and follow-up ($p < 0.05$)

Figure 3. Modifiable health factors.

participants to well-being program options. Collected before the start of the emotional resilience programs and again after 1 year, the HA results of program participants were evaluated relative to a comparison group of employees who did not participate in a well-being program in 2013 ($N = 308$).

Outcome Measures

The HA assesses a variety of health factors and is summarized by an overall 1,000-point score called the Total Health Potential Score (THPS). The THPS has a maximum of 1,000 points consisting of three subscores: the Modifiable Health Potential Score (MHPS), the Quality of Life Score (QOLS), and the Non-Modifiable Health Potential Score. All health potential scores are designed so that achievement of a higher score reflects better health (2). In this study, we tested the impact of resiliency coaching on THPS, MHPS, and QOLS. Also tested was the program's impact on the Health Risk 10 Score (RISK10). The RISK10 consists of 10 risk factors known to influence the health of individuals. Because this measure is designed to reflect risk, the achievement of a lower score reflects better health (*i.e.*, less risk).

Emotional health concerns were measured using the question: "During the past 4 weeks, to what extent have you accomplished less than you would like in your work or other daily activities as a result of emotional problems, such as feeling depressed or anxious?" Questions related to life and job satisfaction also were considered: "In general, how satisfied are you with your life?" and "How satisfied are you with your current job?"

Analysis

For continuous outcomes, paired *t* tests were used to analyze change scores between baseline and follow-up for both resiliency coaching participants and the comparison group, respectively. For categorical outcomes, McNemar tests were used to analyze changes in the response distributions between baseline and follow-up. Values of $P < 0.05$ were considered statistically significant.

Results

Participants in resiliency coaching experienced positive outcomes as measured by several summary scores. These included

notable improvements in THPS (+4.5) and MHPS (+10.1) and reductions in RISK10 (-0.2), although only the MHPS showed statistical significance (Figure 3). In addition, both life satisfaction (+0.09) and job satisfaction (+0.2) improved among participants in resiliency coaching. No statistically significant differences were observed among the comparison group from baseline to follow-up. See Table for a complete listing of results.

KEY TAKE-AWAYS

- Among employees, Gallup poll indicators note that, at any given time, 56% are thriving, 41% are struggling, and 3% are suffering.
- However, at any given time, anyone — even those who are thriving — may experience a major stressor that puts them

TABLE : Preprogram to Postprogram Change for the Healthy Thinking and Healthy Communication Courses

| | Resiliency Program Participants (N = 83) | | Comparison Group (N = 308) | |
|---------------------------------|------------------------------------------|------------------|----------------------------|------------------|
| | Baseline (2013) | Follow-up (2014) | Baseline (2013) | Follow-up (2014) |
| Average age, years | 48.5 | N/A | 44.3 | N/A |
| Female sex, % | 85 | N/A | 75 | N/A |
| RISK10 | 3.11 | 2.88 | 3.14 | 3.19 |
| THPS | 834.75 | 839.30 | 828.75 | 829.65 |
| MHPS | 389.70* | 399.76* | 390.66 | 392.81 |
| QOLS | 113.49 | 111.72 | 108.97 | 109.16 |
| No emotional health concerns, % | 90 | 90 | 87 | 88 |
| Life satisfaction | 7.73 | 7.82 | 7.72 | 7.63 |
| Job satisfaction | 7.39 | 7.59 | 7.46 | 7.38 |

*Significant change between baseline and follow-up ($P < 0.05$).

MHPS, Modifiable Health Potential Score; QOLS, Quality of Life Score; RISK 10, Health Risk 10 Score; THPS, Total Health Potential Score.

WORKSITE HEALTH PROMOTION

at risk for struggling. In fact, 49% of employees indicate that they had a major stressor in the past year and 26% “had a great deal of stress.”

- Whereas high-quality treatment and support options for those with depression and severe mental illness need to be available, building the capacity for high resilience responses allows employees to achieve their best self.
- Group coaching for emotional resilience can be highly effective for employees not only to bring their best self to work but also to be their best self at home and in the community.
- Employers can address mental health stigma through community-based partnerships that leverage multiple stakeholders’ interests.
- Three group coaching sessions were shown to have significant positive impacts on modifiable health factors at 1 year. In addition, notable improvements in job satisfaction and life satisfaction were recorded among employees of a large integrated health system.

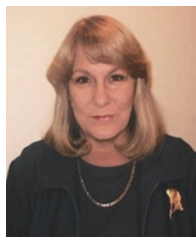
emotional resilience solutions for HealthPartners employees and care delivery operations for selected behavioral health and resilience opportunities for patients. She is past president of National Alliance on Mental Illness Minnesota and joins in the campaign to eliminate stigma regarding mental illness.



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