Healthy Workplace, Healthy Employees: A Study on Workplace Environment and Employee Well-Being in New Hampshire

Community Resource Corps
Dartmouth College
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LITERATURE REVIEW

In recent years, workplace wellness programs have gained increasing popularity in the United States, and offer apt solutions for promoting employee health (Johnson 2014). Companies and organizations stand to benefit from having employees who are healthier: physically healthier employees significantly lower the cost of insurance premiums for their employers while employee satisfaction increases productivity (Johnson 2014; Page and Vella-Brodrick 2011). For employees, workplace wellness programs may target various needs including physical health, mental health, and alcohol and drug abuse, and have proven to be effective in these endeavors (Johnson 2014; Merrick et al. 2007).

Well-being Transcends Physical Health

Ultimately, wellness programs exist to improve the health of the employees that they serve. Still, many current workplace wellness programs have only targeted measures of physical health, and do not address additional needs of employees when it comes to caring for their well-being. Holistic models of employee well-being demonstrate that well-being transcends physical health. Employee wellness has multiple dimensions, including emotional, vocational, physical, spiritual and intellectual health (Sulphey 2014). In their proposed model of employee well-being, Page and Vella-Brodrick (2009) maintain that three main components comprise employee wellness: subjective well-being, workplace well-being, and psychological well-being. Although they may not be named as such, a prolific literature describes the importance of subjective, workplace, and psychological well-being. Subjective well-being is defined as high levels of positive affect, low levels of negative affect and a cognitive evaluation of one's satisfaction with their life as a whole (Page and Vella-Brodrick 2009). We operationalize this definition to mean that life satisfaction and the life events and experiences that determine the

ratio of positive to negative affect influence employee well-being. Aspects of subjective well-being may include financial well-being, social well-being, and feeling hopeful about the future.

On the other hand, workplace well-being accounts for the positive and negative impact of workplace satisfaction and stressors on employee health and psychological well-being. For example, job crafting, the act of taking an active role in designing an approach to one's own work, embodies a crucial aspect of workplace well-being (Slemp and Vella-Brodrick 2014). By actively making the decisions that impact their work, employees feel an increased sense of autonomy and purpose (Slemp and Vella-Brodrick 2014). This is crucial to employee well-being because higher levels of job crafting and autonomy predict higher levels of workplace well-being (Slemp et al. 2015). In order to promote workplace well-being, Slemp and colleagues (2015) propose that both employees and managers can incorporate job crafting and autonomy into the workplace through methods like education and more open communication.

Finally, psychological well-being affects employee well-being because it encompasses the aspects of mental, emotional, and social health that are central to our functioning as human beings. Page and Vella-Brodrick (2014) name six measure of psychological well-being: self acceptance, purpose in life, environmental mastery, positive relations with others, autonomy, and personal growth. These measures of psychological well-being are high when individuals have the adequate psychological capital to maintain their psychological well-being (Krasikova et al. 2015). Psychological capital is defined as the psychological resources that individuals use to overcome obstacles and setbacks in their life (Krasikova et al. 2015). Upon measuring the psychological capital of U.S. Army soldiers before and after deployment, Krasikova and colleagues (2015) find that soldiers with higher levels of psychological capital prior to deployment were less likely to receive diagnoses for mental health problems and substance abuse

post-deployment. Although most employees will likely have less emotionally and taxing occupations, it is evident that increasing psychological capital will increase psychological well-being.

Considerations and Challenges in Implementing Workplace Wellness Programs

Beyond addressing the holistic aspects of employee well-being, workplace wellness programs must be effectively implemented in order to be successful. In this case, we consider sustainability, a holistic program and employee participation to be measures of success for wellness programs. Without proper implementation, workplace wellness programs often lack sustainability, fail to garner employee participation, and fail to yield meaningful results because they do not adequately address employee needs. Smaller workplaces, like Community Resource Corps, may face greater challenges of sustainability in developing wellness programs compared to larger corporations (Harris et al. 2014). Although they might boast accessible leadership and more navigable hierarchies, smaller workplaces face restrictions of limited economic power and capacity (Harris et al. 2014).

Furthermore, holistic workplace wellness programs that aim to target aspects of employee wellness beyond physical health may face greater challenges in implementation. In terms of programs that target substance use problems in the workplace, Merrick and colleagues (2007) find that Employee Assistance Programs (EAP), workplace-based programs designed to address substance use and other problems that negatively affect employees' well-being or job performance, require more intricate implementation procedures than other wellness programs. For one, optimal utilization of EAPs and their effectiveness in addressing substance use problems may depend on how these services are promoted. The presence of an EAP is highly correlated with an organization's guidelines against the use of alcohol at work-related functions

and the existence of no-smoking policies, which suggests that some workplace cultures more strongly emphasize proactive approaches to employee behavioral health (Merrick et al. 2007). Factors that affect implementation include employee awareness of the EAP, positive attitudes toward company policy, belief in EAP confidentiality improve willingness to use EAPs, and effective supervisor training (Merrick et al. 2007).

Furthermore, wellness programs that focus on mental health and substance abuse may face unique challenges concerning employee participation due to issues of stigma and labelling. Stigma has the potential to dissuade participation by working in both directions—employees may be afraid to disclose information about their psychological well-being in fear of discrimination from their employers or they may be reluctant to seek help because they do not wish to label themselves as having a mental disorder. Studies have shown that mental illness labels result in devaluation and discrimination in the workplace (Hipes et al. 2015). In a study where fictitious applications (some with mental illness diagnoses and some without) were submitted to job listings, Hipes and colleagues (2015) find significant discrimination against applicants with a mental illness, confirming that effects of mental illness labels correlate to labor market discrimination. Employee use of workplace mental health programs may require that employees identify their mental health status to employers, and if they believe this self-disclosure will impact their job security, promotion, or relationship with their employers, they will likely choose not to participate in a wellness program.

In a similar way, self-stigma can hinder employee participation in wellness programs because the process of labelling can cause employees to feel self-stigma. Stigma, more generally, affect individual well-being, but self-stigma prevents individuals from seeking help (Link et al. 1997; Thoits 2016). Labelling can induce positive consequences through treatment, but it has the

potential to induce negative consequences through stigma as well (Link et al. 1997). In a study of 84 men diagnosed with both mental disorder and substance abuse, Link and colleagues (1997) find a relatively strong and enduring effect of stigma on well-being. Likewise Thoits (2016) theorizes that individuals with mental disorders will rebuff the idea that they are mentally ill when questioned. In particular, she finds that individuals with a nonsevere disorder, who viewed treatment as undesirable, hold multiple social roles, and had no treatment experience were more likely to deflect a mental illness (Thoits 2016).

The Gap in the Literature and the Present Study

As participants of a year-long service year, AmeriCorps members navigate the grey area between volunteer and employee, as members engage in work that is neither entirely altruistic nor completely compensated. Because this is a unique program structure, we were unable to find any commentary on wellness programs that target such a population. Likewise, little is known about the well-being needs of this population and about the use of wellness programs to target holistic well-being for employees whose workplace stressors directly impact and target their mental health, sobriety, and well-being. For example, wellness programs that target physical health and promote health behaviors like sleep and exercise have not necessarily demonstrated improvements in overall well-being (Moen et al. 2011). Given their job descriptions, Community Resource Corps (CRC) members will be required to engage in extensive emotional labor, where emotional labor is defined as the process by which workers are expected to manage their feelings in accordance with organizationally defined rules and guidelines (Wharton 2009). For occupations that require extensive emotional labor, the wellness needs of employees who undertake this kind of work will reflect more acute emotional and mental stressors. Therefore, wellness programs must be designed to meet these needs.

In this study, we will examine the ways in which the workplace environment of Community Resource Corps at Dartmouth-Hitchcock Medical Center impacts AmeriCorps members' ability to maintain their wellness and sobriety. Furthermore, since Community Resource Corps members will likely have past experience with substance abuse or mental health disorders, triggers concerning these in the workplace and proximity to individuals who may be actively using are both inevitable and unavoidable. Community Resource Corps seeks to prevent harm to CRC members, and especially relapse from these triggers, at all costs. We propose a series of qualitative interviews that will enable CRC to identify the common workplace stressors CRC members encounter in their work and the potential barriers to help-seeking within the workplace. We conclude with recommendations for the program coordinators at CRC to implement an effective wellness program that can comprehensively addresses the unique needs of their employees.

RESEARCH QUESTION

The central research question is: in what ways does the workplace environment impact CRC members' ability to maintain their wellness and sobriety? What are the common workplace stressors members face?

Community Resource Corps addresses the needs of a safe work environment for its members, people affected by substance use and behavioral health disorders. The company acknowledges that the recovery process from these two conditions is difficult already and especially in a workplace, the recovery can easily be affected by the people and promoted atmosphere. CRC strives to create a program in which a supportive workplace environment can be conducive to the members' wellness and sobriety. By creating a solid foundation for their

members' well-being, CRC can ensure better work performance and well-being so that these members can improve the well-being of the communities they are assigned to.

After reviewing other workplace wellness programs and studies of recovery from substance use and behavioral health disorders, we can learn the best tactics to collect enriching data and apply those to our methodology. Our literature review gives us an idea of possible factors that play a role in employees' well-being and teaches us to look out for them in the members' responses. In order to create the most effective program, it's important to assess the stressors, especially, and ways in which the environment affects the employees' ability to maintain their wellness and sobriety. To best way to learn about these factors is to interview each employee and review their individual particular accounts of how they view their workplace. From there, we can possibly identify common workplace stressors and integrate preventative measures into the program we create. For the public, our study can serve as a model to better facilitate the discussions of recovery from substance use and behavioral health disorders in the workplace.

METHODS

Our study will take the form of qualitative, in-depth interviews. Each AmeriCorps member working with Community Resource Corps will be approached for a voluntary, in-depth interview surrounding their view of the workplace environment, workplace stressors, triggers of mental health struggles, and triggers of substance use or substance abuse relapse. These interviews will be conducted face-to-face through a third-party interviewer with no say or stake in the CRC members' futures at the organization to ensure privacy and confidentiality. Qualitative, in-depth interviews are the most appropriate method to answer our research question due to the sensitive nature of the topics this research will investigate. In-depth interviews are a

relatively personal method of research, allowing for the researcher to establish trust with the respondent, creating a research environment where the respondent may give more rich, detailed, and honest answers. In addition, the flexible nature of in-depth interviews allows the researcher to follow up on specific ideas/triggers that the respondent may bring up.

Qualitative, in-depth interviews of all CRC members have many advantages, but depend on the trust the researcher will be able to build with the interviewee. This trust will result in more honest, complete answers about the member's workplace views and life, giving CRC more detailed information that they can use to tailor their workplace wellness program. That being said, there are disadvantages to this research method, predominantly when considering the limited resources of CRC. In-depth interviews are more costly than other methods, both in terms of time and money. They would require access to a third-party interviewer who would likely have to be paid, and as each of the 16 CRC employees would have an opportunity to be interviewed, and each interview would likely take about one hour of their work time. In comparison, a survey method would be cheap and quick, but would result in more surface-level answers that could lead to the design of a poor workplace wellness program. An experiment, on the other hand, would be even more costly in terms of emotional strife, as an experiment designed to illuminate mental health and substance abuse triggers would be problematic for the health of those involved in the experiment. Qualitative observation is also not an ideal method for this research question, as our research targets many aspects of life and mental health that may not be visible through mere observation. Considering alternatives, we believe that the investment of time and resources into a qualitative, in-depth interview approach will be worth the improved, personalized data that results.

The main independent variable for this research question is the workplace environment. For the purposes of this research, workplace environment will be operationalized as any experiences that a CRC member faces while fulfilling the duties of their job. The main dependent variables for this research question are the well-being and sobriety of CRC members. Well-being is operationalized as the CRC members' current self-reported mental health, and sobriety is operationalized as the CRC members' history of and current self-reported substance use and abuse struggles. Self-report through in-depth interviews is the only way to effectively access personal information such as well-being and substance abuse. By conceptualizing and operationalizing these concepts as so, we can gain access to information about the interplay of the workplace environment with the CRC members' overall lives and welfare.

We do believe that there is a causal relationship between workplace environment and the well-being and sobriety of CRC members, meaning that we expect the workplace environment to directly influence a CRC member's well-being and sobriety. However, we do not believe that a CRC member's sobriety and wellness are solely influenced by the workplace environment. We expect there are other unidentified antecedent and intervening variables as well, because the context of life circumstances and conditions can be very complicated and messy. Expecting a causal relationship denotes that we expect a change in the workplace environment to directly impact a CRC member's well-being and sobriety. We aim to assess this causality within the in-depth interviews by asking the respondents direct questions about the relationship between their workplace environment and their well-being and sobriety. Qualitative, in-depth interviews are particularly adept at providing causal conclusions. By examining the CRC members within their work environment and allowing them to speak for themselves, this method contextualizes the experiences of the members and therefore allows for the examination of several facets of the

independent and dependent variables, and direct causal inferences. A weakness of our method for causality perhaps lies in the perceived strength of these causal relationships. However, analyzing the in-depth interviews can give detailed, contextualized insight that quantitative methods may miss, so in reality, the causal relationships that can be found through in-depth interviews can be particularly strong.

To address this research question, CRC should employ inductive reasoning and interpret the data collected in the interviews. First, we propose gathering data on the CRC members' experiences within the workplace environment and information on their self-reported well-being and sobriety. Based on that data, one should investigate patterns of response, and considering those patterns design and implement a workplace wellness program for CRC that addresses the needs of the CRC members. An inductive approach is most effective for this project, because by gathering the data first, one is able to consider the potential effectiveness of a workplace wellness theory to address the needs of the CRC members before actually implementing that workplace wellness program. Overall, this approach will maximize the efficacy of the design of the workplace wellness program and conserve resources by minimizing the number of theories CRC must test before finding a theory that fits the qualitative data.

This proposal aims to study the 16 AmeriCorps members employed by CRC. To do so, we propose using non-probability sampling of sorts, as the researcher should approach all 16 CRC employees for an interview. This choice is appropriate for our study, because our population is small enough that it is reasonable to interview the entirety of our population. This is advantageous, as interviewing all of our population will ensure that there is no coverage error. While selecting a sample within our population would allow us to limit resource expenses (both time and money) within this design, we believe that the advantages of interviewing all 16

members outweigh resource considerations. We expect each member's opinions and life situations to be very different, and interviewing all of them is still reasonable and would provide a much more well-rounded qualitative data set and allow the suggested workplace wellness program to truly address all of the described needs of the CRC members.

Because our research plan is meant to serve a very specific subset of the population with very unique needs that stem from the particularities of this line of work, our research participants will be the AmeriCorps workers hired by the Community Resource Corps. Due to the highly intimate nature of our research topic as well as our need for the in-depth individual interviews required for a qualitative approach, information regarding the study should be conveyed face-to-face as well as in print as a measure to ensure the research participant's privacy. Face-to-face is preferable in that it not make assumptions about the literacy of a population by using academic jargon as this may help to build trust with the interviewer. Additionally, using accessible language would help to ensure that the respondents understand the risks and benefits of participating in the interview so that they can make informed decisions. Written information is also an invaluable, referential resource. The research is being conducted on employees of the same firm that is funding the research. This creates significant potential for bias and raises some important ethical considerations. Acknowledging employee-employer dynamic is important not just in terms of ensuring that the research is ethically sound but also because the findings of this study could have real-world implications for the lives of the participants due to the criminalization and stigma around substance abuse and substance use disorders. Furthermore, if participants choose to share information regarding substance use or mental health disorders there is a potential for coercion to continue the interview or provide more information than they want due to fear of retaliation if they choose to skip certain questions or leave the interview altogether.

For all of these reasons, both the confidentiality and the anonymity of all research participants should be guaranteed.

Researchers should ensure the security of the names and contact information of the research participants who agree to participate. With that list, they should immediately establish numbers for each individual participant to use in their write up in lieu of their names. They should also keep those assigned numbers separate from the original list of authentic contact information and names in any data. To ensure anonymity throughout the research process, researchers should assign pseudonyms to participants to use throughout their research report. The use of pseudonyms will help keep the interviewee's identities confidential. Research participant's anonymity should be safeguarded by the researcher in a way that conceals any personally identifiable information in any discussions researchers may have with the organization regarding their findings. All interview-related data should be securely stored on an external hard-drive away from other research materials. This external hard drive should be kept in a locked and secure filing cabinet which only the researchers will have access to. Lastly, researched should create a separate GMAIL account through which potential interviewees can contact them.

From our conversations with representatives from the Community Resource Corps, it is our understanding that the program is currently being funded through a grant which significantly impacts the amount of resources available to conduct the suggested research.[1] When considering the most appropriate methodology for our plan, we decided to be really intentional about the feasibility of the project given its limited time frame and budget. The Community Resource Corps is a new organization that could begin serving the community as soon as sometime this year. Due to these constraints, we have concluded that the most logical interview

approach for us to use is the cross-sectional model. This essentially means that ,rather than interviewing research participants periodically over a long period of time, all data is gathered at one point in time.

An honest assessment of the quality of our plan requires the acknowledgement that the ongoing debates regarding the validity of qualitative data. It is remarkable in comparison to quantitative research in that its thorough nature can allow for the collection of holistic data that most accurately reflects the research group as they see themselves and the world. Similarly, establishing rapport with interviewees allows for the observation of behavior and responses which most accurately and honestly represent the lived experiences of the subpopulation that we are studying. At the same time, however, qualitative methods are limited in that they do not allow researchers to make generalizations about the larger population of individuals with substance use or mental health disorders who work in high-stress environments, because almost all employees will be interviewed, the conclusions that researchers make from analyzing their data will be generalizable to all CRC Americorps workers. Although quantitative data is more suited for making generalizations about populations, qualitative research is more advantageous for us in that it allows for the creation of *theoretical* generalizations.

Establishing rapport with interviewees allows for the observation of behavior and responses which most accurately and honestly represent the lived experiences of the subpopulation that we are studying. As is the case with all qualitative research, our research plan is limited in that it heavily depends upon how effectively the research is executed. Furthermore there is a high potential for significant observer-expectancy effects on the collection of data and the quality of the research as a whole. Fortunately, the deleterious potential of this can be reduced through the vetting of researchers and through the contracting of a research *team* rather

than an individual researcher (characteristics of an effective interviewer can be found in the Appendix). The controls used in quantitative research can reduce the influence of interviewer's personal biases on their recording and analysis of the data that they observe.

To maximize the efficacy of the collected data, we have decided that the most relevant data can collected through in-depth, qualitative interviews. This approach is especially useful in that, if the researchers discover that there are gaps in the data collected, they can re-interview corps members. Our initial questionnaire consists of thirteen questions which we feel best reflect your goals for conducting the research and will allow for the collection of the information more relevant to our research question. The content of our questions allow us to collect information about interviewees status characteristics -- i.e. socioeconomic status, race, and gender -- which may influence their work and life experiences with mental health. They also address CRC members' personal experiences and feelings toward their work while also probing for factors that the members feel influence their wellness in general and their workplace wellness specifically. The length of each interview is heavily dependent upon the extent to which the respondents feel comfortable sharing their experiences and the amount of information that they are willing to share. For that reason, we project that each interview should last approximately one to one and a half hours. More detailed information regarding the specificities of our interview processes can be found in Appendix 1 and the questionnaire itself can be found in Appendix 2.

To analyze the data, we suggest that researchers use qualitative coding. First the researchers should transcribe the interviews – we recommend using Express Scribe, a free software that allows users to transcribe voice recordings. Next, researchers should review their transcriptions and look for trends that appear in multiple interviews and create "codes" (i.e. words that represent those trends) so that they can track them throughout the data. At this

moment, we hypothesize that programs which emphasize both workplace and homeplace wellness practices and on-site resources designated specifically for immediate response to mental health and/or substance use triggers.

ETHICAL CONSIDERATIONS

Because our sample population is very small (approximately 16 people), confidentiality will be hard to maintain since the information collected from each participant could easily be matched to their identity. There are privacy concerns in that there is a lack of protection of information given in confidence and the information can be used to unfairly compromise anyone. In order to respect people's confidentiality, the research team should get rid of any personal identifiers such as race, particular experiences of substance abuse, etc so that the employers or people in the company looking at this data won't be able to easily recognize whose data that is and the participants can be more comfortable about sharing information for the study. This way, a participant's right to privacy is ensured and in addition, fictitious names can be used in place of participants' real names. Data should be kept in a safe secure place so that nothing is divulged without the participants' permission, which is stated in the consent form (attached in appendix).

According to the Belmont report, respect for persons entails that there is protection for those at a disadvantage compared to other possible participants and that all participants are given the freedom to choose/act, covering autonomy and equal protection. Respect for persons would be ensured since employers will assure employees know that they are not being coerced into the study. Also, employees can be viewed as people with diminished autonomy in comparison with their employers who are overseeing the study, so the consent form (attached in the appendix) would ensure protection through the following guidelines. First, the consent form provides information by stating the research procedure, purpose(s) of the study, risks and anticipated

benefits, and a statement offering the participant the opportunity to ask questions and to withdraw at any time from the research. Also, the form provides comprehension by presenting this information in an organized clear manner. Finally, the form provides voluntariness by constituting valid consent as voluntarily given with conditions free of coercion and undue influence. In relation, participants may not feel comfortable with their employer's presence when this research is being conducted. It may impede accurate content and in order to prevent this, we decided to suggest hiring a third party that could bridge the communication between the participant and the employer. The third party can conduct the research so that participants don't feel burdened or feel like they will get in trouble with their company. Hence, this allows for true voluntariness and more accurate reliable content.

Because of the sensitive content of substance abuse or behavioral health, an issue of beneficence could come up since the content could mentally stress the participant. Beneficence entails that people's well-being is protected and in our study, harm could be inflicted upon the respondents' mental well-being by undergoing mental stress due to the topic at hand. Because respondents are forced to reflect on their experiences with substance abuse, they may be triggered with an unwanted flood of memories that can leave them vulnerable. In order to prevent this, a disclaimer/trigger warning is stated under the risks section in the consent form so that participants are aware of actions that researchers have to take in certain situations. The informed consent would also emphasize the participant's ability to stop the study at any point and right to any decisions they make throughout the study.

Finally, justice entails that that each person is guaranteed a fair distribution of benefits and burdens of the research being conducted. Each person would be equally protected so that justice is ensured with an equal distribution of benefits and burdens of the research being

conducted. Participants are also all given the same information on risks and benefits so that none feel that certain risks or benefits were not relayed during the study. All these guidelines will be explicitly stated in written form in the consent form (attached in appendix) through the risks and anticipated benefits (as mentioned earlier) sections before the study begins so that each participant is equally informed of all the details of the study.

FEASIBILITY AND SIGNIFICANCE

Community Resource Corps can be defined as a group of caring and devoted individuals that have united in the hopes of positively developing the wellness of New Hampshire habitants. Specifically, CRC focuses on bettering the health and well-being of those that have been impacted by mental-health trauma, substance abuse, behavioral constraints and disorders. CRC operates with a clear vision of generating enhanced health provisions while strengthening and bridging patients' overall access to civic wellness resources. Technically speaking, the CRC members receive a living stipend of $1000 a year; however, they have eligibility for education or retirement award benefits at the end. These citizens receive great guidance in return for their service and provide immense support for their community and people suffering from similar problems they have had in the past, including members with substance abuse history and criminal records (Volunteer NH).

Although it can be recognized that impactful work is being completed and CRC is greatly admired for the measures they are taking, resource limitations are of concern for CRC in the context of this research proposal. Limitations in staff and financial resources, as well as support for funding of the program appear to be of concern. Financial resources appear to be a difficult obstacle in the feasibility of our proposal. That being stated, we have developed a method that is both efficient and cost-effective, as the interview questionnaire is already constructed, and all

that is necessary for its conduction is an unbiased third-party to facilitate the study, analyze the

results, and then the ability to implement the workplace wellness program that the data suggests.

A qualitative questionnaire is a practical choice for obtaining an answer to the CRC's

research question as interviews create a setting where people build trust and confidence, thus

providing the opportunity of reaching the core issues members are suffering from. Given our

research question and objectives, we are proposing a face-to-face qualitative interview for our

research proposal opposed to a survey. Although surveys have their strengths, as they are

generalizable to broader populations, versatile, and efficient; in our circumstance there is a

measurement issue as surveys don't truly get to the specifics of what people say and do. Thus,

since our study is focused on specific details of one's life, and exceptionally sensitive topics, we

decided an open ended qualitative interview would be beneficial for all parties. This will allow

us to ask questions, such as: "tell me about a time you were significantly struggling; how did you

address this struggle at work?", and "Has there been an instance that has stood out to you as

extremely stressful in the last year?". Questions like these will allow us to truly get to the core of

the members' problems and be helpful in our construction of ways to assist. Moreover, our study

is only focused on a population of 16, which is extremely small and wouldn't be very reliable or

appropriate for survey based-testing.

Establishing a wellness program at work is extremely important as the majority of an

employee's time is spent at work, thus, the greater part of their daily emotions stem from the

workplace. In general, this research is exceptionally important as mental and substance abuse

disorders are a nationwide problem. As rendered by the Substance Abuse and Mental Health

Services Administration, approximately 43.6 million Americans, 18 years of age and older, have

suffered from mental illness. Moreover, in the last year 20.2 million adults have experienced

substance use disorder, many of these being co-occurring mental and substance use disorders (Substance Abuse and Mental Health Services Administration 2017). In understanding the prevalence of these disorders, it is evident that we have the ability to create change and assist those in recovery through spreading new knowledge and data. This study is practically significant, as it will help the CRC, and the overall AmeriCorps program, to understand the most effective ways to promote wellness for their workers, contributing to their overall productivity and success. Consequently, it is evident that the CRC has a remarkable mission statement and has developed a strong foundation for proper execution. There is high promise, through the service of community workers, in assisting those suffering in New Hampshire with substance abuse and/or mental disorders, and this study will help CRC effectively serve their members as well. This research study also holds great academic significance as it is modern research on a smaller-scale workplace, helping one to understand how to design a program that promotes well-being for a considerably small population, especially in a workplace environment that has many health triggers. In this way, it would fill a gap in existing sociological literature.

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APPENDIX

Consent for Participation in Interview Research

Instructions:

You are asked to take part in a research study. We are interested in learning more about the relationship between your workplace environment as a CRC member, and your well-being and sobriety. This questionnaire was given to me by the CRC wellness program coordinator, Mary Fessler. Your responses are entirely confidential, participation is voluntary, and will not affect your work if you choose not to participate. You may stop the study whenever you please. Please do not write your name on this sheet, as we wish to have verbal consent to ensure anonymous identity. If you have any further questions you may ask me, or you can contact Mary.M.Fessler@hitchcock.org.

Why are you doing this study?

You are being asked to participate in a research study deemed helpful in uncovering what ways the workplace environment, as a CRC member, impacts your ability to maintain wellness and sobriety. Moreover, to unearth common workplace stressors, in the hopes of mitigating their impacts and improving the program, thus hopefully improving your well-being.

Will you benefit from taking part in this study?

You will likely benefit from this study. We hope to gather information that may help current CRC members, and people in the future.

Are there any risks from taking part in this study?

All risks are dependent on respondents' comfort levels with the question. Some questions pertaining to the respondents' experiences may be triggering as one needs to reflect on past memories.

<u>What does this study involve?</u>

Your participation in this study may last up to 2 hours and involves answering a series of 14 questions related to mental health and workplace wellness.

<u>What are the options if you do not want to take part in this study?</u>

The alternative is to not take part in this study. You do not have to take part in this study to receive treatment or benefits that are decided upon following the study. Moreover, if you agree to participate you can skip questions or stop participating at any time.

<u>Confidentiality:</u>

We are careful to protect the identities of the people in this study. We also keep the information collected for this study secure. Methods of protection are further insured by utilizing verbal consent, and password protection of computers and electronic files. By permitting verbal consent you allow the research team to use your health information and give it to others involved in the research. The research team includes the study director, and others working on this study at Dartmouth-Hitchcock Medical Center.

<u>Verbal consent</u>:

I have read the above information about this wellness interview study and have been given time to ask questions. If you agree, please state: I agree to take part in this study.

Interview Guide

I am conducting research about the experiences of Community Resource Corps members, in order to help CRC pilot a workplace wellness program to support their members. Is it okay with you if I tape our conversation? This will help me focus on you rather than focusing taking notes. You can hold the tape recorder, and can turn it off at any time if you would no longer like to be recorded. You are free to stop the interview at any time, and not required to answer any of the questions. In addition, if you feel like these questions miss something important, please share! You are the expert and we are here to learn from you. Are you ready to start?

1. How have you liked working as a CRC member thus far?

    a. Do you get along with your fellow members? Do you get along with the administration?

2. How would you describe your social life?

    a. What do you do in your free-time/outside of work?

    b. Do you have any hobbies or are you a member in any clubs?

    c. Do you think that these things help after a stressful day or week at work? If yes, why?

3. Can you recall a time when you felt like your mental health was great? Can you tell me about this moment?

    a. Why do you think you felt this way? How long did this period last?

4. Can you tell me about a moment, or time, when you felt like your mental health was not great?

    a. What made your mental health suffer? How long did this period last? How did you address this?

5. Can you recall a particularly stressful moment or event that has happened to you in the past year?

    a. What made this instance stressful? How did you address this stress? How did this instance impact your well-being?

6. Have you ever struggled at work?

    a. If so, can you tell me about this moment? How did you address this struggle at work?

7. How would you work, or how have you worked, with community members (or families) who don't respond to communication and do not show much interest in working with a counselor?

    a. What steps did you take to convince the member(s) to work with a counselor?

    b. How would or how did this influence your work experience and how did it make you feel?

8. Can you tell me about your history with substance abuse, if you have one?

    a. Do you currently struggle with substance use or abuse? If so, would you care to share about your experience?

9. What things do you do in order to manage your mental well-being and substance abuse?

    a. Have you ever done mindfulness meditation? Attended therapy? Tried yoga? Spiritual or religious practices?

    b. How did these things help you manage your well-being and substance abuse?

10. Do you have people you can rely on and trust in your life? Brothers? Sisters? Parents? Friends?

a. Do these people support you in the midst of stressful or difficult times? If so, how?

11. In what ways do you think your workplace environment at CRC shapes your well-being and stress?

a. How do CRC's structure and working conditions influence your life outside of work?

12. Do you feel comfortable sharing about mental health struggles at work?

a. Would you feel judgement from your coworkers? From your supervisors? From your patients?

b. What would make you more comfortable sharing about your mental health or behavioral health struggles?

13. What are more ways CRC can support you in managing your mental health and/or substance abuse?

a. Do you think it would be beneficial if the CRC allotted time for you to work from home? Provided discounts for social or wellness activities? Gym memberships? Team building sessions?

14. Is there anything else that we haven't discussed yet that you'd like to say before we close?

Thank you so much for your time today! If you think of anything else or have any concerns and want to follow up with us, please feel free to reach out at anytime. Your participation has been immensely helpful in understanding the needs of CRC employees, and will be used to help design an effective workplace wellness program.

Characteristics of a Skilled Interviewer

- **Knowledgeable:** Has extensive knowledge of the interview theme, and which topics are important to pursue; can conduct an informed conversation about the topic.

- **Structuring:** Introduces a purpose for the interview, outlines the procedure briefly, and closes the interview by, for example, briefly summarizing what was learned and asking whether the interviewee has any questions.

- **Clear:** Poses clear, simple, and short questions; speaks calmly and understandably, without using complex language or academic jargon.

- **Gentle:** Allows respondents to finish what they are saying; lets them proceed at their own rate of thinking and speaking; is easygoing, tolerates pauses, and shows that it is acceptable to discuss unconventional or provocative opinions or deeply emotional issues.

- **Sensitive:** Listens carefully to the content of what is said, noticing the nuances of meaning in an answer; encourages the respondent to discuss those nuances more fully; empathetic, noticing not only what is said, but how it is said, and what is not said; can sense when a topic is too emotional to pursue further.

- **Open:** Hears which aspects of the interview topic are most important to the respondent; listens with attention to all content; open to new topics introduced by the interviewee, and follows up on these topics.

- **Steering:** Knows what s/he wants to find out, controls the course of the interview, and is not afraid to redirect or interrupt irrelevant digressions.

- **Critical:** Does not take everything said at face value, but questions the reliability and validity of the interviewee's statements; compares these statements against relevant

observational evidence; attentive to logical inconsistencies in information learned during the interview.

- **Remembering:** Retains what a respondent has said during the interview; can recall earlier statements and ask to have them elaborated; can link what has been said during different parts of the interview.

- **Interpreting:** Manages throughout the interview to clarify and extend the meanings of the interviewee's statements; provides interpretations of what is said, which may be confirmed or disconfirmed by the interviewee.

(Adapted from Steinar Kvale, *InterViews: An Introduction to Qualitative Research Interviewing*)