PHILADELPHIA, PA | NOVEMBER 6–9

Work, Stress and Health 2019

FULL PROGRAM

AMERICAN PSYCHOLOGICAL ASSOCIATION

Society for Occupational Health Psychology

National Institute for Occupational Safety and Health NIOSH

on a team level (such as social support) and on organisational level (such as health registrations). Furthermore, an economic evaluation is performed on both monetary outcomes (budget) and on non-monetary value from a stakeholder perspective (social return on investment).

During the conference preliminary results and of the first annual evaluation and intervention guidelines for dialogues will be presented.

A-7

Active Workplace Study: Research to Practice

Sara Wild (Oregon Health & Science University)

As technology and automation have advanced, the number of workers in occupations that require physical activity has steadily declined. The population level shift in calorie expenditure that has resulted from this trend accounts for a substantial portion of the increased prevalence of obesity in the United States (Church et al., 2011). Changing workplace dynamics have made a significant impact on the health and safety of workers. Sedentary behavior and prolonged sitting increase risk for chronic diseases like diabetes and cardiovascular disease, and risk for all-cause mortality (e.g., Beach et al., 2005; Chau et al., 2013; Wilmot et al., 2012). It is therefore imperative to design and disseminate methods to eliminate or reduce sedentary time in the workplace.

While intervention development remains a focus within occupational health and safety research, the transfer of effective interventions into the workplace is considerably low. A review of healthcare dissemination researcher found that "...it takes an average of 17 years for research evidence to reach clinical practice" (Balas & Boren, 2000; p.66). Translating workplace intervention research into action is an essential step of utilizing science to inform best practices for employee safety, health, and well-being. Our goal is to develop, adapt, and disseminate the Active Workplace Program, a toolkit that will aim to reduce sedentariness in the workplace.

The Active Workplace Study is an intervention geared toward call center workers, who are among the most sedentary workers worldwide (Thorp et al., 2012). The six-month intervention, which applies the Total Worker Health¬ (NIOSH, n.d.), approach, introduces active workstations (Desk Cycle pedal stands) into the work environment. The intervention supports the use of pedal stands with training and motivational activities for employees and supervisors, with a goal of reducing sedentary behavior at work and improving employee health, safety, and well-being outcomes. The effectiveness of the Active Workplace Study intervention is currently being evaluated in a randomized controlled trial. Given our goal to disseminate the intervention, we are also evaluating the effectiveness of two less intensive intervention approaches, and developing a self-guided toolkit which will help make widespread dissemination more feasible.

The first alternative approach is currently being implemented in a sedentary worksite in Tigard, Oregon (n=24). The program is a three-month version of the original six-month intervention. It maintains all of the intervention components but adapts the methods to minimize researcher time requirements for implementation.

The second alternative approach will be implemented in one worksite in the spring of 2019 and will involve up to 100 participants. This approach shifts the focus of the intervention from all employees to only supervisors. All participants will have access to active workstations, but only supervisors will complete additional program activities, including computer-based training, goal setting, and behavior tracking. Supervisors will also lead health and safety discussions with their employees once a month.

In both alternative approaches, employees and supervisors will complete measures at baseline and at the conclusion of the three-month interventions. Sedentary time, standing time, and pedaling time will be monitored by a thigh-worn ActiGraph. A survey evaluates health, safety, and behavioral outcomes. Each pedal stand has a Fitbit attached to measure how pedal stands are used throughout the intervention. Analyses will evaluate the effectiveness of both alternative approaches, and compare their effectiveness to the full randomized controlled trial. We hypothesize that the alternative approaches will create statistically significant changes in sedentary behavior, employee health, safety, and well-being that are slightly smaller in magnitude than the full intervention. These results will inform the feasibility of widespread dissemination and also help us identify the components of the intervention that produce desired outcomes.

We are developing a toolkit for the Active Workplace Program, which will include all of the information needed for an organization to be able to implement the program in their worksite. The toolkit will include the benefits an organization will receive from the program, instructions on how to implement different doses of the intervention proven to be effective, and participatory strategies on how organizations can adapt the toolkit to fit their needs. The toolkit will facilitate implementation in a wide-range of sedentary occupational settings with the goal of improving health and well-being among sedentary workers.

Workplace Mistreatment, Threats and Violence

B-1

The Bright Side of the Dark Triad: The Buffering Effect of Narcissism

Aaron Van Groningen (Saint Louis University)

The Dark Triad - narcissism, Machiavellianism, and psychopathy - represent a subset of "socially aversive personalities" that "have attracted the most attention" (Paulhus & Williams, 2002, p. 556). Generally speaking, these traits consist of behaviors characterized by emotional coldness, deception, and self-promotion (Paulhus & Williams, 2002). Prior research on the Dark Triad has largely considered the traits in linear combination with each other; yet, these traits are empirically related to, but independent of, each other. Muris et al. (2017) reported that the strongest correlation is between psychopathy and Machiavellianism (r=.58), with the correlations between narcissism and psychopathy (r=.38) and Machiavellianism (r=.34) demonstrating greater independence. Hence, an individual could be high in one trait but not another.

There is some reason to believe that an individual's level of narcissism influences the relationship between the other Dark Triad traits and well-being. Narcissism tends to show a significant association with self-esteem, with some measures correlating as high as .42 (Rose, 2002), and self-esteem is an important factor linking narcissism to well-being (Rose, 2002; Sedikides et al., 2004). Skewed perceptions may provide narcissists with the ability to deflect self-criticism and reappraise their lives in more self-friendly ways. As such, those with higher levels of narcissism may show a decreased or nonexistent association between the other Dark Triad traits and various aspects of well-being: