

Journal of Occupational Health Psychology

Managing Employee Stress and Wellness in the New Millennium

Katherine M. Richardson

Online First Publication, February 2, 2017. <http://dx.doi.org/10.1037/ocp0000066>

CITATION

Richardson, K. M. (2017, February 2). Managing Employee Stress and Wellness in the New Millennium. *Journal of Occupational Health Psychology*. Advance online publication. <http://dx.doi.org/10.1037/ocp0000066>

JOURNAL OF OCCUPATIONAL HEALTH PSYCHOLOGY AT 20

Managing Employee Stress and Wellness in the New Millennium

Katherine M. Richardson
Pace University

It has been almost a decade since *Journal of Occupational Health Psychology* published back-to-back meta-analyses on occupational stress management interventions (Richardson & Rothstein, 2008) and organizational wellness programs (Parks & Steelman, 2008). These studies cited the need for systematic reviews given the growing body of literature in the field and the proliferation of stress management interventions and mental health wellness programs, which have traditionally been viewed as two distinct initiatives. More recent research has shown a trend toward incorporating stress management as a component of workplace wellness programs. As part of the special series *Journal of Occupational Health Psychology at 20*, the purpose of this paper is to reflect back on the findings of the 2008 meta-analyses to review what was learned, see what new studies have added to the literature, and assess recent social and political changes that present new challenges—and opportunities—for the field.

Keywords: stress management intervention, employee wellness, meta-analysis, job stress, technostress

It has been almost a decade since *Journal of Occupational Health Psychology* published back-to-back meta-analyses on stress management interventions (Richardson & Rothstein, 2008) and organizational wellness programs (Parks & Steelman, 2008). Both studies cited the need for systematic reviews given the growing body of literature in the field and the proliferation of mental health interventions and wellness programs, which target preventative behavior. Using meta-analytic techniques, the authors searched the literature and synthesized the results of studies dating as far back as 1976 through 2006. Findings documented the benefits of employee wellness programs, described the large variety of stress management interventions (SMIs), and helped to clarify which types of programs were most effective. As part of the special series *Journal of Occupational Health Psychology at 20*, the editorial team is republishing the Richardson and Rothstein (2008) meta-analysis. This paper serves as an accompaniment to the original review, provides a brief retrospective look at the topics of stress management and mental health wellness, and assesses current challenges to the field where future studies are needed.

Today, stress continues to be a concern for individuals and organizations alike. A 2014 National Institute for Occupational Safety and Health (NIOSH) report revealed that 40% of Americans say their job is “very or extremely stressful,” and 29% are “quite a bit or extremely stressed at work,” and 75% believe that workers today have more on-the-job stress than people did a generation ago (Milligan, 2016). U.S. employees now spend more time working per week than they have in decades—an average of 47 hours,

according to a 2014 Gallup poll, which adds almost an extra workday to each workweek (Milligan, 2016). Long working hours are not the only factor contributing to workplace stress. Even in European countries such as Germany—where employees typically spend less time at their jobs than their U.S. counterparts and receive a minimum four weeks of vacation a year—stress and “das Burnout” is on the rise (Turner, 2016). Workers complain of unrealistic expectations and increased job demands. On the positive side, a 2014 survey by the American Psychology Association found that 61% of employed adults reported they had the resources to manage the work stress they experienced (Tetrick & Winslow, 2015). In addition, the 2014 National Study of Changing Workplace found that 60% of companies provided wellness programs as compared with 51% in 2008. This suggests progress at the individual and organizational level.

Although both SMIs and organization wellness programs address employee health and well-being, they have traditionally been viewed as distinct initiatives. Whereas SMIs tend to focus on restoring resources that have been depleted by the work environment, wellness programs are generally more preventive, enhancing job and personal resources for all employees (Tetrick & Winslow, 2015). Recent research has shown a trend toward incorporating stress management as a component of workplace wellness programs (Anger et al., 2015; Tetrick & Winslow, 2015). Organizations, which have traditionally focused on wellness programs as a way to reduce health care costs, are beginning to think about wellness initiatives more as a way to create an environment and culture that is more health conscious and focused on overall employee well-being (Gregg, 2015). This renewed emphasis on employee health and well-being provides an opportunity to reflect back on the findings of the 2008 meta-analyses to review what was learned, see what new studies have added to the literature, and assess recent social and political changes that present new challenges—and opportunities—for the field.

Correspondence concerning this article should be addressed to Katherine M. Richardson, Department of Management & Management Science, Lubin School of Business, Pace University, One Pace Plaza, New York, NY 10011. E-mail: krichardson@pace.edu

Program Design

There are many types of individual SMIs to choose from, and wading through the sea of options can be difficult for managers. The Richardson and Rothstein (2008) meta-analysis provided a descriptive overview of the variety of treatment components found in SMIs and calculated mean effect sizes to determine which interventions were most effective. One of the goals of the analysis was to identify gaps in the literature where additional primary studies were needed. For example, they found a small number of interventions that were designed to increase employees' personal resources or management/job skills that produced a significant large effect ($d = 1.414$). Based on these promising results, they suggested new primary studies were needed in this area. A recent review by Tetrick and Winslow (2015) echoed this sentiment by noting that as a field, we may have focused too much on creating "red cape interventions"—which are designed to stop negative experiences—and highlighted the need to create "green cape interventions," which are those designed to grow positive experiences in the workplace. Glazer (2011) also noted:

Putting too much of the onus for stress prevention, coping, and management on the individual suggests that the individual is always in control. This is entirely incorrect. There are many times when societal and organizational practices need to be modified to help individuals prevent, cope, and manage stress. (p. 4)

Thus, as a field, we can agree that it is important to teach individual coping strategies such as cognitive-behavioral (CB) skills training, mediation, and exercise, but we must also focus the work itself.

Addressing Job Demands and Resources

According to Ganster and Rosen (2013), over the past two decades the work stress literature has been most strongly guided by the job demands-control model (JDC; Karasek, 1979) and its derivatives, such as the job demands-resources (JDR; Bakker & Demerouti, 2007). These frameworks established the construct of job control (Ganster & Perrewé, 2011) as a central one in the work stress literature. Prior SMI studies have addressed job control (Bond & Bunce, 2000; Bond, Flaxman, & Bunce, 2008; Sharp & Forman, 1985; Żółnierzycy-Zreda, 2002). More recently, Holman and Axtell (2016) conducted a job redesign intervention that focused on increasing job control and feedback for employees in a call center. The intervention began with a 2-day workshop, facilitated by the research team, in which employees worked in small groups to identify core job tasks and the obstacles that prevent effective working, thus participating in the planned change initiative. To increase job control, employees were given more discretion over how to handle complaints, when to complete team administrative tasks, and for scheduling and delivering weekly team briefing sessions. Results suggested that engaging employees in the job redesign process—and thereby enhancing job control—positively affected a broad range of outcomes including employee well-being and supervisor-rated job performance. This study is of note because it placed emphasis on changing aspects of the work itself.

Likewise, increasing work resources is another promising area for SMIs. Several recent interventions have attempted to do this through the use of enhanced social support from coworkers and managers. Gulliver et al. (2016) studied a training program to help

firefighters identify colleagues in distress and connect them with behavioral health care. The program was designed to teach firefighters how to identify others experiencing difficulties, approach them in a nonconfrontational manner, and connect them to behavioral health services. Results indicated that individuals who participated in the training program reported a significant increase in successful interventions and intervention effectiveness from pre-test to the 3-month follow-up compared with the control group. This provides support for the relationship between coworker social support and employee well-being. In another study, Dimoff, Kelloway, and Burnstein (2016) evaluated a program designed to increase organizational leaders' mental health literacy and thereby improve leaders' role as potential sources of support, leading to early recognition and referral for employees struggling with mental health issues. Analysis of organizational data suggested that enhancing leaders' awareness of mental health issues resulted in a reduction in the duration of short-term disability claims.

Another way to increase managerial support for workplace wellness is to incentivize managers with extrinsic benefits. A recent study by Robbins and Wansink (2016) surveyed a group of worksite managers about tying 10% of their annual salary increases and promotion to actions taken related to employee wellness. Results revealed managers expressed favorable attitudes toward such a program and high intention to implement changes if their salaries were tied to wellness efforts. One issue with this type of initiative, however, is choosing which outcome measures to assess.

Assessing Outcomes

In order to properly evaluate the effectiveness SMIs or any employee wellness initiative, we need to develop more objective and reliable outcome measures at the organizational level. Another gap in the literature cited by Richardson and Rothstein (2008) was that researchers often choose outcome measures that are aligned with the intervention (e.g., exercise programs that assesses physiological as opposed to psychological measures). Results revealed that CB interventions consistently produced larger effects than other types of interventions, yet no single-mode CB intervention used physiological or organizational outcome measures.

One recent study has helped to fill this gap. Wolever et al. (2012) evaluated the effectiveness of two workplace stress reduction programs via a randomized control trial that assessed psychological, physiological, and organizational outcomes. Subjects either participated in a mindfulness-based stress management intervention, a therapeutic yoga stress reduction program, or no-treatment control. Results revealed the mind-body interventions showed significantly greater improvements on perceived stress, sleep quality, and heart rate variability. Although the reductions in stress levels and improvement in sleep quality were not associated with significant improvement in self-reported work productivity, it is noteworthy that the authors included an organization-level measure (albeit self-report). In addition, Wolever et al. (2012) examined the total approved medical claims for the preceding 12 months for the employee group screened for the study and found a significant positive correlation between their perceived stress score and medical costs, indicating that higher stress scores were associated with higher health care costs.

Encouraging Employee Participation

The reduction in health care costs is one of the primary reasons that organizations are investing more in employee health and wellness programs. According to the 2015 annual Kaiser Family Foundation Health Benefits Survey, 81% of large firms that provide health benefits offer wellness programs, such as those to help employees stop smoking, lose weight, or other lifestyle and behavioral coaching (Claxton et al., 2015). Based on the report, many employers believe that improving the health of their workers and their family members can improve morale, productivity, and reduce health care costs. The results of the Parks and Steelman (2008) meta-analysis on organization wellness programs indicated that employee participation in wellness programs was associated with lower absenteeism and higher job satisfaction. The authors reported that many wellness programs encourage increased physical activity and exercise. This helps to reduce stress levels, makes individuals feel better physically, and as a result employees are more likely to be happier with their jobs. Furthermore, wellness programs help to create a positive attitude that makes employees feel cared about and happy with their organization. Despite these positive benefits, there was still the question of participation. Why do some employees choose to participate in wellness programs and others do not? Parks and Steelman (2008) suggested that more studies were needed in this area to understand which incentives work best.

In the United States, the enactment of the Affordable Care Act (ACA) in 2010 has provided greater opportunity but also necessity for the field to study incentives. The ACA encourages U.S. employers to adopt wellness programs that reward employees who change health-related behavior or improve measurable health outcomes (Horwitz, Kelly, & DiNardo, 2013). It also allows organizations to impose hefty penalties on individuals who do not participate in wellness programs (Abelson, 2016). For example, many use financial incentives like discounts on health insurance to employees who complete health risk assessments, while others may charge people more for smoking or having a high body mass index (Frakt & Carroll, 2014). In order to track these outcomes, employees are often required to agree to a complete a health screening program that includes questionnaires about employees' lifestyle, stress or physical health, and a biometric screening or in-person health examination conducted by a medical professional (Claxton et al., 2015). According to the annual Kaiser Family Foundation Surveys, the percentage of large firms that use incentives or penalties to encourage employees to complete health assessments has almost doubled during the past year to 62% in 2015 from 36% in 2014 (among small firms, it increased to 29% from 18% in 2014).

To complicate matters further, U.S. employment laws generally prohibit employers from using information about workers' own health conditions and that of other family members, including spouses, unless the information is collected under a *voluntary* wellness program (Silverman, 2016). Privacy is also a concern. Many workers may fear that their sensitive medical information—like their blood pressure or data collected by a wearable device—could end up in the wrong hands or become exposed in a data breach (Bernard, 2015). A recent ruling by the Equal Employment Opportunity Commission affirmed that wellness programs would be considered voluntary as long as an employers' incentives or

discounts do not exceed more than 30% of the cost of an employee's individual "self-only" health coverage (Silverman, 2016). These new developments provide a rich and necessary opportunity for research to determine which incentives are best for employees and organizations alike—the carrot or the stick? As scholars and practitioners, we need to better understand what proportions of the savings to employers come from true improvements in employee health versus the results of shifting costs to employees with health risks (Horwitz et al., 2013).

One notable study evaluated the cost impact of the lifestyle and disease management components of PepsiCo's wellness initiative, Healthy Living (Caloyeras, Liu, Exum, Broderick, & Mattke, 2014). This was a longitudinal study that assessed the program over 7 years, and found that continuous participation in one or both components was associated with an average reduction of \$30 in health care costs per member per month. Further analysis revealed that the disease management component reduced health care costs by \$136 per member per month, driven by a 29% reduction in hospital admissions. The lifestyle management component had no statistically significant effect on health care costs, but was associated with a small decrease in absenteeism.

Another promising development in the field is the establishment of the Total Worker Health (TWH) initiative by NIOSH. Recognizing the need for more comprehensive programs, TWH presents a strategy for integrating employee health promotion and wellness with traditional programs to protect worker safety and health (Anger et al., 2015). In a recent review, Anger et al. (2015) searched for interventions that employed both health protection (occupational safety and/or health) and health promotion (wellness and/or well-being) in the same study, along with outcomes for both health protection and health promotion. They identified 17 studies that met these criteria, yet despite some promising preliminary results concluded there was insufficient evidence or replication to identify best practices. Their review provides specific and helpful suggestions for future studies to address these gaps.

Meeting New Challenges

Like any discipline, we build upon prior work to move the field forward. Much of what we know about employee health and well-being has been built over 40 plus years of research. Yet the last 10 years, in particular, has seen a significant shift in employee work and communication patterns. Mobile work practices, fueled by the use of information and communications technology have altered worker and organizational demands, norms, and preferences (Reyt & Wiesenfeld, 2015). In addition, globalization and the fierce competitive nature of business has created more lean organizations that reward employees who work exceptionally hard and are connected to the organization 24/7 via technology (Ayyagari, Grover, & Purvis, 2011). Workforces are becoming more diverse, particularly with respect to age as the proportion of older employees increases (Zacher, Jimmieson, & Bordia, 2014). Combined with these developments is an increased use of social media (e.g., Facebook and Twitter) among employees to communicate with each other both inside and outside work, which can have implications for workplace incivility. The Richardson and Rothstein (2008) and Parks and Steelman (2008) meta-analyses did not include any intervention studies that specifically addressed these new challenges to employee health and well-being.

Technostress and Telepressure

In June 2007, Apple launched the iPhone, which offered a unique user experience that helped to unlock the vast potential of smartphones and connectivity. The Google-designed Android phone followed a year later in October 2008. Although individuals had been using mobile phones to connect to their workplace since the 1990s, the introduction of smartphones changed the game. There has been a monumental shift in work patterns as employees at all levels—not just Blackberry-toting senior executives—can experience the era of 24/7 workplace connectivity.

The idea that technology can cause stress is certainly not a new phenomenon. The term technostress was actually coined back in 1984 by clinical psychology Craig Brod, who described it as a modern disease caused by one's inability to cope or deal with information communication technology in a healthy manner (Ayyagari et al., 2011). Prior studies have shown that connecting to the workplace after hours during nonwork time is related to the distribution of a wireless-enabled device as well as organizational norms about connectivity (Richardson & Benbunan-Fich, 2011). Distribution is no longer a factor as the majority of individuals walk around with this technology—and its resulting powerful connective capacity—all day long. Reyt and Wiesenfeld (2015) note that knowledge workers in particular, whose work involves skilled mental labor that is information-intensive, have been acutely affected by these tools, since they offer increased access to knowledge and information. Studies in the information systems literature have found that individuals who experience technostress have lower productivity and job satisfaction, and decreased organization commitment (Ragu-Nathan, Tarafdar, Ragu-Nathan, & Tu, 2008; Tarafdar, Tu, Ragu-Nathan, & Ragu-Nathan, 2007). A recent study by Barber and Santuzzi (2015) introduced a similar construct—workplace telepressure—to conceptually represent the combination of preoccupation and urge to immediately respond to work-related information and communications technologies (ICT) messages. They found this behavior to be associated with poor physical and psychological health in employees.

As a field, we are behind in creating interventions that address the effects of ICT on employee health and well-being. There is a growing body of literature on the importance of recovery and psychological detachment from work, which occurs when employees are not occupied by work-related duties (e.g., receiving and responding to job-related e-mails) during nonwork time (Sonnentag & Fritz, 2007). Limited research has been done to examine whether interventions can work to enhance recovery and employee well-being (Tetrick & Winslow, 2015), let alone interventions that specifically target ICT. In a review of the literature on job stress and recovery, Sonnentag and Fritz (2015) suggested that future research on detachment take into account new developments in technology and employees' general connectivity with work during off-job hours. There is, however, evidence in the popular press that organizations are making changes by setting limits on when e-mails can and cannot be sent and offering incentives for employees to take "wireless" vacations (Milligan, 2016). In Germany, carmaker Daimler AG allows employees to have e-mails arriving during vacation deleted automatically, and Volkswagen AG blocks e-mails after hours and releases them to employees' inboxes the next workday (Turner, 2016). New primary studies are needed to better understand if these types of interventions are effective.

Multigenerational Workforce

Another area where more research is needed is examining the relationship between age and employee health and well-being. Organizations are experiencing greater age diversity as the proportion of older employees increases across the globe. Research has shown a U-shaped relationship between age and occupational well-being, whereby employees in their late twenties to early forties report lower levels of well-being as compared with younger and older employees, yet we know little about the underlying mechanisms that drive this association (Zacher et al., 2014). Ganster and Rosen (2013) note that individuals appraise potential stressors in different ways, and such differences in appraisals depend on many factors, including prior experiences and genetic and cultural differences. Future studies should consider how interventions might be designed to address not only the multigenerational workforce, but other differences as well. For example, with regard to technology, while older generations might prefer a definitive break from work—such as coming home, dropping the briefcase, and forgetting about the office until the next day—millennial employees might not be opposed to doing late-night work if they had taken part in yoga or community service during the afternoon (Milligan, 2016).

Social Media and Workplace Incivility

One final challenge for future intervention studies to address lies at the intersection of social media and workplace incivility. Social media are digital platforms that facilitate information sharing, user-created content, and collaboration across people (Elefant, 2011) and include networking sites such as Facebook, Twitter, YouTube, and LinkedIn. McFarland and Ployhart (2015) argue that social media are not simply a technology but actually represent a context that differs in important ways from traditional (e.g., face-to-face) and other digital (e.g., e-mail) ways of interacting and communicating. As a result, social media is a relatively unexamined type of context that may affect the cognition, affect, and behavior of individuals within organizations. While some social media platforms can be used to promote employee engagement and camaraderie, they can also be used as a vehicle for workplace mistreatment. The often anonymous nature of social media postings can make it more inflammatory. While the subject of cyberbullying of children and adolescents has begun to be addressed, there has been less attention or research on cyberbullying in the workplace.

It is estimated that on an annual basis, workplace mistreatment costs U.S. companies billions of dollars due to increased absenteeism and turnover, lower productivity, increased health care costs, and litigation (Spector, Yang, & Zhou, 2015). The popular press often covers sensational, dramatic, and rare types of violent assaults, such as those carried out by disgruntled employees, but one of the most common types of workplace violence occurs when the language or behavior of another employee, a patient, or a visitor is perceived as threatening (Clements, DeRanieri, Clark, Manno, & Kuhn, 2005). Just as face-to-face incivility negatively impacts employees, incivility communicated through information and communication technologies is likely to lead to serious negative consequences for employees in the twenty-first century world of work (Giumetti et al., 2013). While workplace violence and bullying is not a new phenomenon, the advent of social media

platforms makes it much easier to spread negative information to widespread audience in a mere instant. Results of a recent study by Spector, Coulter, Stockwell, and Matz (2007) suggested that violence prevention climate—a construct similar to safety climate—is worth pursuing as an intervention in workplaces, especially those with high rates of physical violence and verbal abuse. Thus, an approach that addresses the organization as a whole might prove most effective in this area.

Conclusion

Employee health and well-being are critical factors that can influence the long-term success and stability of organizations. As scholars, we must continue to build upon what we know, while also addressing current and future challenges to move our knowledge further. Challenges can be viewed as opportunities to create new primary intervention studies that address gaps in the literature. Meta-analytic reviews are then necessary to accumulate the data and synthesize results into generalizable knowledge. In addition, it is important to periodically revisit prior meta-analyses. The Richardson and Rothstein (2008) study was an update to an earlier meta-analysis by van der Klink, Blonk, Schene, and van Dijk (2001). As another decade passes, additional primary studies and meta-analytic reviews are needed to expand research of workplace stress management interventions and employee wellness programs, especially to encompass issues of technostress, generational changes in work habits, cyber incivility and bullying, and better integration with other health protection and prevention strategies.

References

- Abelson, R. (2016, January 24). Employee wellness programs use carrots and, increasingly, sticks. *The New York Times*. Retrieved from <http://www.nytimes.com/2016/01/25/business/employee-wellness-programs-use-carrots-and-increasingly-sticks.html>
- Anger, W. K., Elliot, D. L., Bodner, T., Olson, R., Rohlman, D. S., Truxillo, D. M., . . . Montgomery, D. (2015). Effectiveness of total worker health interventions. *Journal of Occupational Health Psychology, 20*, 226–247. <http://dx.doi.org/10.1037/a0038340>
- Ayyagari, R., Grover, V., & Purvis, R. (2011). Technostress: Technological antecedents and implications. *Management Information Systems Quarterly, 35*, 831–858.
- Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology, 22*, 309–328. <http://dx.doi.org/10.1108/02683940710733115>
- Barber, L. K., & Santuzzi, A. M. (2015). Please respond ASAP: Workplace telepressure and employee recovery. *Journal of Occupational Health Psychology, 20*, 172–189. <http://dx.doi.org/10.1037/a0038278>
- Barber, T. S. (2015, October 30). The sticks and carrots of employee wellness programs. *The New York Times*. Retrieved from <http://www.nytimes.com/2015/10/31/your-money/the-sticks-and-carrots-of-employee-wellness-programs.html>
- Bond, F. W., & Bunce, D. (2000). Mediators of change in emotion-focused and problem-focused worksite stress management interventions. *Journal of Occupational Health Psychology, 5*, 156–163. <http://dx.doi.org/10.1037/1076-8998.5.1.156>
- Bond, F. W., Flaxman, P. E., & Bunce, D. (2008). The influence of psychological flexibility on work redesign: Mediated moderation of a work reorganization intervention. *Journal of Applied Psychology, 93*, 645–654. <http://dx.doi.org/10.1037/0021-9010.93.3.645>
- Caloyeras, J. P., Liu, H., Exum, E., Broderick, M., & Mattke, S. (2014). Managing manifest diseases, but not health risks, saved PepsiCo money over seven years. *Health Affairs, 33*, 124–131. <http://dx.doi.org/10.1377/hlthaff.2013.0625>
- Claxton, G., Rae, M., Panchal, N., Whitmore, H., Damico, A., Kenward, K., & Long, M. (2015). Health benefits in 2015: Stable trends in the employer market. *Health Affairs, 34*, 1779–1788. <http://dx.doi.org/10.1377/hlthaff.2015.0885>
- Clements, P. T., DeRanieri, J. T., Clark, K., Manno, M. S., & Kuhn, D. W. (2005). Workplace violence and corporate policy for health care settings. *Nursing Economics, 23*, 119–124.
- Dimoff, J. K., Kelloway, E. K., & Burnstein, M. D. (2016). Mental Health Awareness Training (MHAT): The development and evaluation of an intervention for workplace leaders. *International Journal of Stress Management, 23*, 167–189. <http://dx.doi.org/10.1037/a0039479>
- Elefant, C. (2011). The “Power” of social media: Legal issues and best practices for utilities engaging social media. *Energy Law Journal, 32*, 1–56.
- Frakt, A., & Carroll, A. E. (2014, September 11). Do workplace wellness programs work? Usually not. *The New York Times*. Retrieved from <http://www.nytimes.com/2014/09/12/upshot/do-workplace-wellness-programs-work-usually-not.html>
- Ganster, D. C., & Perrewé, P. L. (2011). Theories of occupational stress. In J. C. Quick & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* (2nd ed., pp. 37–53). Washington, DC: American Psychological Association.
- Ganster, D. C., & Rosen, C. C. (2013). Work stress and employee health: A multidisciplinary review. *Journal of Management, 39*, 1085–1122. <http://dx.doi.org/10.1177/0149206313475815>
- Giumetti, G. W., Hatfield, A. L., Scisco, J. L., Schroeder, A. N., Muth, E. R., & Kowalski, R. M. (2013). What a rude e-mail! Examining the differential effects of incivility versus support on mood, energy, engagement, and performance in an online context. *Journal of Occupational Health Psychology, 18*, 297–309. <http://dx.doi.org/10.1037/a0032851>
- Glazer, S. (2011). A new vision for the journal. *International Journal of Stress Management, 18*, 1–4. <http://dx.doi.org/10.1037/a0022307>
- Gregg, A. (2015, June 19). Companies take a broader view of employee wellness programs. *The Washington Post*. Retrieved from https://www.washingtonpost.com/business/economy/companies-take-a-broader-view-of-employee-wellness-programs/2015/06/08/e3b3f2c4-e1ed-11e4-81ea-0649268f729e_story.html
- Gulliver, S. B., Cammarata, C. M., Leto, F., Ostiguy, W. J., Flynn, E. J., Carpenter, C. S. J., . . . Kimbrel, N. A. (2016). Project Reach Out: A training program to increase behavioral health utilization among professional firefighters. *International Journal of Stress Management, 23*, 65–83. <http://dx.doi.org/10.1037/a0039731>
- Holman, D., & Axtell, C. (2016). Can job redesign interventions influence a broad range of employee outcomes by changing multiple job characteristics? A quasi-experimental study. *Journal of Occupational Health Psychology, 21*, 284–295. <http://dx.doi.org/10.1037/a0039962>
- Horwitz, J. R., Kelly, B. D., & DiNardo, J. E. (2013). Wellness incentives in the workplace: Cost savings through cost shifting to unhealthy workers. *Health Affairs, 32*, 468–476. <http://dx.doi.org/10.1377/hlthaff.2012.0683>
- Karasek, R. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24*, 285–306. <http://dx.doi.org/10.2307/2392498>
- McFarland, L. A., & Ployhart, R. E. (2015). Social media: A contextual framework to guide research and practice. *Journal of Applied Psychology, 100*, 1653–1677. <http://dx.doi.org/10.1037/a0039244>
- Milligan, S. (2016). My job at my vacation. *HRMagazine, 61*, 28–36.
- Parks, K. M., & Steelman, L. A. (2008). Organizational wellness programs: A meta-analysis. *Journal of Occupational Health Psychology, 13*, 58–68. <http://dx.doi.org/10.1037/1076-8998.13.1.58>
- Ragu-Nathan, T. S., Tarafdar, M., Ragu-Nathan, B. S., & Tu, Q. (2008). The consequences of technostress for end users in organizations: Con-

- ceptual development and empirical validation. *Information Systems Research*, 19, 417–433. <http://dx.doi.org/10.1287/isre.1070.0165>
- Reyt, J. N., & Wiesenfeld, B. M. (2015). Seeing the forest for the trees: Exploratory learning, mobile technology, and knowledge workers' role integration behaviors. *Academy of Management Journal*, 58, 739–762. <http://dx.doi.org/10.5465/amj.2013.0991>
- Richardson, K. M., & Benbunan-Fich, R. (2011). Examining the antecedents of work connectivity behavior during non-work time. *Information and Organization*, 21, 142–160. <http://dx.doi.org/10.1016/j.infoandorg.2011.06.002>
- Richardson, K. M., & Rothstein, H. R. (2008). Effects of occupational stress management intervention programs: A meta-analysis. *Journal of Occupational Health Psychology*, 13, 69–93. <http://dx.doi.org/10.1037/1076-8998.13.1.69>
- Robbins, R., & Wansink, B. (2016). The 10% solution: Tying managerial salary increases to workplace wellness actions (and not results). *Journal of Occupational Health Psychology*, 21, 494–503. <http://dx.doi.org/10.1037/a0039989>
- Sharp, J. J., & Forman, S. G. (1985). A comparison of two approaches to anxiety management for teachers. *Behavior Therapy*, 16, 370–383. [http://dx.doi.org/10.1016/S0005-7894\(85\)80004-6](http://dx.doi.org/10.1016/S0005-7894(85)80004-6)
- Silverman, R. E. (2016, May 16). EEOC issues new rules for wellness programs. *The Wall Street Journal*. Retrieved from <http://www.wsj.com/articles/eec-issues-new-rules-for-wellness-programs-1463433655>
- Sonnentag, S., & Fritz, C. (2007). The Recovery Experience Questionnaire: Development and validation of a measure for assessing recuperation and unwinding from work. *Journal of Occupational Health Psychology*, 12, 204–221. <http://dx.doi.org/10.1037/1076-8998.12.3.204>
- Sonnentag, S., & Fritz, C. (2015). Recovery from job stress: The stressor-detachment model as an integrative framework. *Journal of Organizational Behavior*, 36, 72–103. <http://dx.doi.org/10.1002/job.1924>
- Spector, P. E., Coulter, M. L., Stockwell, H. G., & Matz, M. W. (2007). Perceived violence climate: A new construct and its relationship to workplace physical violence and verbal aggression, and their potential consequences. *Work & Stress*, 21, 117–130. <http://dx.doi.org/10.1080/02678370701410007>
- Spector, P. E., Yang, L. Q., & Zhou, Z. E. (2015). A longitudinal investigation of the role of violence prevention climate in exposure to workplace physical violence and verbal abuse. *Work & Stress*, 29, 325–340. <http://dx.doi.org/10.1080/02678373.2015.1076537>
- Tarafdar, M., Tu, Q., Ragu-Nathan, B. S., & Ragu-Nathan, T. S. (2007). The impact of technostress on role stress and productivity. *Journal of Management Information Systems*, 24, 301–328. <http://dx.doi.org/10.2753/MIS0742-1222240109>
- Tetrick, L. E., & Winslow, C. J. (2015). Workplace stress management interventions and health promotion. *Annual Review of Organizational Psychology and Organizational Behavior*, 2, 583–603. <http://dx.doi.org/10.1146/annurev-orgpsych-032414-111341>
- Turner, Z. (2016, May 23). 'Das Burnout': An epidemic in Germany. *The Wall Street Journal*. Retrieved from <http://www.wsj.com/articles/das-burnout-an-epidemic-in-germany-1464023945>
- van der Klink, J. J. L., Blonk, R. W. B., Schene, A. H., & van Dijk, F. J. H. (2001). The benefits of interventions for work-related stress. *American Journal of Public Health*, 91, 270–276. <http://dx.doi.org/10.2105/AJPH.91.2.270>
- Wolever, R. Q., Bobinet, K. J., McCabe, K., Mackenzie, E. R., Fekete, E., Kusnick, C. A., & Baime, M. (2012). Effective and viable mind-body stress reduction in the workplace: A randomized controlled trial. *Journal of Occupational Health Psychology*, 17, 246–258. <http://dx.doi.org/10.1037/a0027278>
- Zacher, H., Jimmieson, N. L., & Bordia, P. (2014). Time pressure and coworker support mediate the curvilinear relationship between age and occupational well-being. *Journal of Occupational Health Psychology*, 19, 462–475. <http://dx.doi.org/10.1037/a0036995>
- Żółnierczyk-Zreda, D. (2002). The effects of worksite stress management intervention on changes in coping styles. *International Journal of Occupational Safety and Ergonomics*, 8, 465–482. <http://dx.doi.org/10.1080/10803548.2002.11076548>

Received June 29, 2016

Revision received October 18, 2016

Accepted October 28, 2016 ■