

Abstract

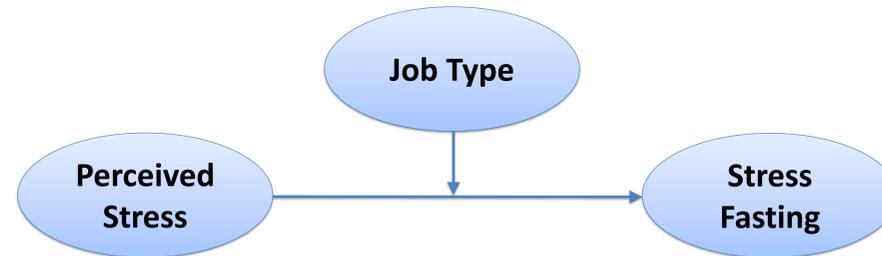
Occupational Health Psychology research has largely focused on the obesity epidemic in the U.S. which includes over-eating and applicable interventions. This study will explore stress-fasting and possible interventions. This project will consist of two studies: Study 1 aims to examine the relationship between perceived stress and stress fasting while Study 2 examines how employees engaging in stress fasting react to various organizational interventions.

Background

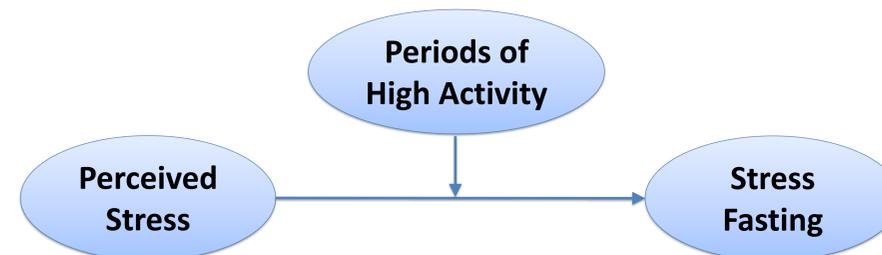
Little research has been done on individuals who are more likely to participate in stress fasting, which may have equally detrimental health and organizational outcomes. Stress fasting is our term for engaging in undernutrition, or a detrimental reduction in calories and nutrition consumed during times of real or perceived stress. Undernutrition has been linked to cognitive deficiencies, illness, and may even have psychosocial ramifications (Edwards & Cheeley, 2016). By focusing solely on stress eating, organizations are missing opportunities to engage these types of employees in organizational interventions. To further the severity of the problem, some organizations may have employees who are more at risk for engaging in stress fasting. Some research has found evidence that the length and severity of stress, such as acute or chronic stress, may affect eating choices and behaviors (Chao, Jastreboff, White, Grilo, & Sinha, 2017; Hanusaik, Sabiston, Kishchuk, Maximova, & O’Loughlin, 2015). Therefore, the type of organization, type of job, and its inherent stress levels, such as a salesperson trying to meet their end of month quotas, or an accountant during tax season, will also play a role in the expression of employee stress fasting. Just as organizations provide interventions aimed at addressing stress eating and obesity, appropriate interventions should be created in which to address stress fasting.

Proposed Models

Study 1

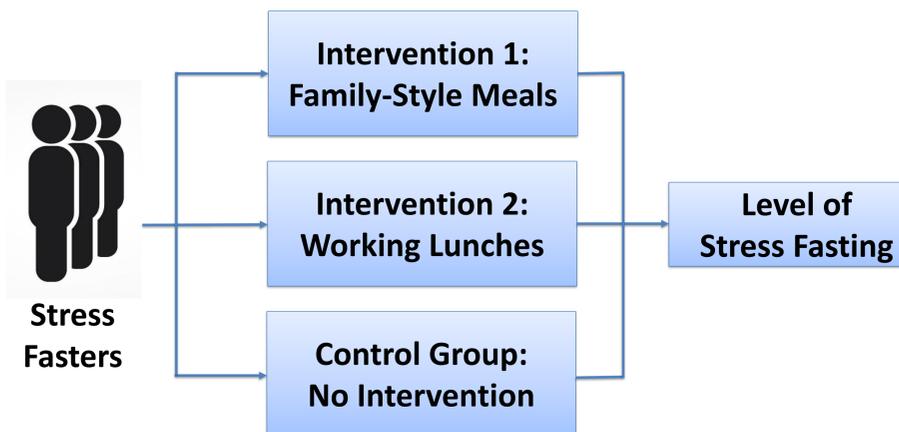


Hypothesis 1: The relationship between perceived stress and stress fasting will be moderated by job type.



Hypothesis 2: The relationship between perceived stress and stress fasting will be moderated by periods of high activity.

Study 2



Hypothesis 1: There will be group mean differences between the control group, Intervention 1 (All Staff Level Family-Style Meals), and Intervention 2 (Working Lunches).

Method

Participants:

Participants will consist of blue-collar and white-collar employees from a variety of industries. Recruitment will be done via a variety of professional and academic organizations.

Materials:

In Study 1, participants will complete self-report surveys which measure perceived stress and stress fasting behaviors. Information regarding the type of job, type of industry, and busy period(s) for that industry will additionally be collected.

In Study 2, participants from the same job site will be randomly assigned to either a control group, a “family-like” meal group, or working lunch group. The treatment groups will experience the assigned treatment twice in one month and will be given pre and post-test stress fasting self-report surveys.

Analysis Plan:

A variety of statistical methods will be employed including multiple linear regression and ANOVA.

References

Chao, A. M., Jastreboff, A. M., White, M. A., Grilo, C. M., & Sinha, R. (2017). Stress, Cortisol, and Other Appetite-Related Hormones: Prospective Prediction of 6-Month Changes in Food Cravings and Weight. *Obesity* (19307381), 25(4), 713–720. <https://doi.org/10.1002/oby.21790>

Edwards, O. W., & Cheeley, T. (2016). Positive Youth Development and Nutrition: Interdisciplinary Strategies to Enhance Student Outcomes. *Children & Schools*, 38(3), 170–177. <https://doi.org/10.1093/cs/cdw019>

Flegal, K., Carroll, M. D., Ogden, C. L., & Curtin, L. R. (2010). Prevalence and Trends in Obesity among U.S. Adults, 1999–2008. *Journal of the American Medical Association*, 303(3), 235–241.

Hanusaik, N., Sabiston, C. M., Kishchuk, N., Maximova, K., & O’Loughlin, J. (2015). Association between Organizational Capacity and Involvement in Chronic Disease Prevention Programming among Canadian Public Health Organizations. *Health Education Research*, 30(2), 206–222.