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# Managing Occupational stress: Randomized group comparison of Acceptance and Commitment Therapy and Traditional Employee Assistance Programs (EAP)

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## Introduction

Occupational stress (OS) is quickly becoming the single greatest cause of occupational disease (Leigh &, 2000). The consequences of occupational stress affect the physical and psychological wellness of employees and the organization's bottom line (Noblet & Lamontagne, 2006). OS happens when the demands of the job overwhelm the body resources of the job holder leading to exhaustion and depletion.

In Uganda, OS is prevalent across various work groups and its often catalysed by the appalling work arrangements. Being a less developed country, the arrangement of work is exploitative, expectations are too high yet resources are minimal, work environments are harsh, employee support is minimal and people work from points of scarcity. This reality exposes many employees to heightened levels of OS. Moreto (2015), observed that rangers in queen Elizabeth national park walk an average of 20 km's a day, work without basic facilities like gumboots, uniforms and food. Majority of the rangers reported to have experienced chronic body pains, burnout and exhaustion. Similar observations have also been made in the nursing profession. The acute shortage of nurses in the country (6:100,000) has resulted into strenuous work conditions. Nurses work for more than 16 hours a day, have to sleep in dilapidated wards with patients, lack basics facilities like surgical gloves and cotton, are poorly paid and often required to push heavy loads. Many nurses report experiencing constant aches, dizziness, numbness and muscular and skelto pains (Bakibinga & Hege, 2012). The costs associated with OS have made its management a priority across organizations. The FUE (2015) report indicated that some organizations have embraced EAP's in terms of physical wellness programs (taking work breaks, social hour days and sharing health tips) to support employees, however, effectiveness of such approaches to address emotional wellness is still

contentious.

This study purports to introduce the theory and practice of Acceptance and Commitment Therapy/Training to management of OS as an alternative to traditional EAP's since it has a clear mechanism of effecting change through creating Psychological flexibility.

## Objectives of the study

- Evaluate and adapt ACT in reducing occupational stress across various work contexts in Ugandan
- Make a comparative analysis between ACT and traditional SMEAP's as stress management interventions in various work contexts in Uganda
- Assess the mechanism under which ACT induces change in the management of occupational stress



## Methodology

A Randomized Control Trial (RCT) study design will be used. All participants will be subjected to the General Health Questionnaire (GHQ-12) Goldberg and William (1998). Only those with above average levels of distress will be allocated to either the ACT group (experimental) or SMEAP's group (control group). All groups will respond to the Work Acceptance and Action questionnaire (WAAQ, Hayes, Strosahl, Wilson, 2004). After, the ACT group will receive a six session training following the protocol developed by Flaxman, Bond and Livheim (2013). The control group will be allowed to continue practising their usual stress management interventions. .

After three months, participants in both groups will again be subjected to the GHQ-12 and WAAQ to measure impact.

## Hypothesized results

- The ACT group is expected to show reduced levels of stress at post intervention (basing on their responses to the GHQ-12). On contrary, the control group will show little or no change in the levels of stress at post assessment. This result will portray ACT to be a more superior intervention in managing occupational stress.
- Participants who will score high on psychological felxibility at post intervention are expected to show reduced levels of stress regardless of which group they will be assigned to. This result will potray psychological flexibility as the mechanism for effecting change in the levels of stress experienced.

## Rolling out ACT in the workplace.

As part of my doctoral work and practise of ACT in the workplace, I intend to roll out the following activities in the next 6 months to one year.

1. Conduct ACT training to nurses at Lubaga Hospital, Kampala, Uganda. The hospital has a total of 132 nurses and this study will provide the basis for comparing ACT to Traditional Stress Management Employee Assistance Programs..
2. Continue with ACT trainings to students of Organizational Psychology at Makerere University but also extend trainings to students of Library and Information Science (approximately, 198 students) in the next six months.
3. Write manuscripts and prepare papers for publication from the data collected from the nurses.
4. Towards end of the year, offer ACT to employees in selected civil society organizations under donor funding. A total of 4 organizations have been contacted.

## References

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