Chair Massage Policy

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Background

Demands at the workplace on employees both mentally and physically are constantly increasing (Back, Tam, & Harraldson, 2009). Work-related musculoskeletal disorders are those induced or aggravated by work responsibilities. In computer-intensive office work, repetitive movements, static and awkward postures, monotonous tasks with low physical demands, and psychosocial conditions are important factors in the early stages of musculoskeletal disorders. It has therefore become increasingly important for employers to ensure the health and wellness of employees in the workplace (Sisko, Vedemsek, & Karpljuk, 2011). Employer involvement in the overall health of employees can lead to improvements in stress, employee satisfaction; a decrease in “sick days”, and musculoskeletal injury. One intervention that is being explored to improve these outcomes is the institution of chair massage in the workplace.

According to Bost (2006), stress and anxiety can lead to poor performance and an increase in errors. Musculoskeletal disorders are a major cause for work related injuries and absences (Sisko, Vedemsek, & Karpljuk, 2011). Reducing employee stress, injury and “sick days” would, thus, benefit the employer by improving performance and decreasing errors. Likely, the most beneficial method would include a massage therapy intervention in conjunction with an employer driven health and safety program to more effectively reduce stress and chronic health conditions (Back, Tam, & Harraldson, 2009).

The Social Ecological Model

The social ecological model is an open system in communities where a three part concept describes their interactions, these include input, throughput, and output. Input comes from an outside source and takes energy into the system (intervention). Throughput is the process of using the inputs in the community. Output is the results of the intervention. The feedback process occurs through communication between the parts of the community (Pender, Murdaga & Parsons 2011). The community in this model is a newly developed IT company and its employees. The input is a 10 minute chair massage offered to employees. The frequency would be dependent upon the employees, a self sign up sheet will be utilized. The throughput is the activity of employees using the chair massage which will boost morale, increase job satisfaction, and strengthen the employer/employee’s relationship. The output consists of increasing employee retention, decreasing stress/anxiety levels, decrease job related musculoskeletal injuries, and decrease unnecessary “sick days”.

Elements and Steps of Intervention Protocol

Steps and conditions of the intervention:
1. Obtain funding for intervention.
2. Obtain space for intervention.
3. Hire a registered massage therapist and obtain needed equipment
4. Establish a quiet and easy accessible room for chair massage intervention to be completed.
5. Advertise chair massage intervention; provide information about the massage intervention to employees through email and posters in break areas.
6. Provide a sign-up sheet for chair massage; offer a wide variety of times and days.
7. Clients to be seated in a massage chair with clothes on, and the massage to be administered during employee breaks for a total of 10 minutes.
8. Prior to start of intervention, obtain institution statistics regarding current employee job stress/anxiety, job satisfaction, employee retention rates, employee sick days and incidence of musculoskeletal injuries.
9. Revise intervention according to employee feedback after evaluation.

Population and Setting

• Target population: All employees in IT firm, especially those with high anxiety levels, high job dissatisfaction, or musculoskeletal issues
• Where will it be implemented: Quiet room easily accessible to all employees that can provide a relaxing environment for the chair massage to take place
• When will it be implemented: When funding and location have been established and proper advertisement has been made

Outcomes

• A 10% increase in employee retention 3 months after chair massage intervention implementation
• A 15% decrease in employee perceived stress/anxiety after 3 months of chair massage intervention implementation
• A 15% increase in job satisfaction 3 months after chair massage intervention implementation
• A 25% decrease in musculoskeletal injuries 3 months after chair massage intervention implementation
• A 20% decrease in the number of employee “sick days” 3 months after chair massage intervention implementation

Evaluation of intervention

• Utilizing institution data, measure employee retention rates after 3 months of intervention implementation and compare to pre-intervention data
• Analyze surveys (utilizing a 5 point Likert scale) sent to employees to determine employee job satisfaction and level of stress 3 months after intervention implementation and compare to pre-intervention surveys
• Analyze rates of Musculoskeletal Injury (MSI) after 3 months of intervention implementation and compare to pre-intervention data (Back, Tam, Lee & Harraldson, 2009)
• Utilizing institution data, analyze rates of employee “sick days” 3 months after intervention implementation and compare to pre-intervention data (Back, Tam, Lee & Harraldson, 2009)
• Utilize a stress/anxiety tool such as the State-Trait Anxiety Inventory (STAI) (Bost & Wallis, 2006), Perceived Stress Scale-14 (PSS-14) (Brennan & DeBate, 2006), or Smith Anxiety Scale (SAS) to evaluate stress/anxiety pre and post intervention implementation (Engen et al., 2012)

References

Brennan, M. K., & DeBate, R. D. (2006). Chair massage intervention to employees through email and posters in break areas.