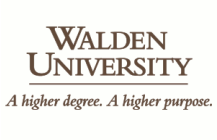

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Emotional Eating in the Work Place: The Eating Patterns of Mental Health Workers

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This is to certify that the doctoral dissertation by

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Abstract

Emotional Eating in the Work Place: The Eating Patterns of Mental Health Workers

by

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MC, University of Phoenix, 2004

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

More than a third of all adults in the United States are considered obese. Due to the high costs of health care for obese adults and children, obesity has become a national health crisis. Many government programs have been developed to curtail obesity in adults and children. Unfortunately, there has only been limited success. Past research has shown that obesity has been linked to stress and eating while stressed. Emotional eating occurs when individuals respond to certain emotions, such as stress, by eating to cope with the emotion. Research has shown a correlation between nursing and disordered eating. Given the stressful working environment of mental health workers, the purpose of this study was to explore the experiences of mental health workers who self-identify as emotional eaters. Selye's stress response theory and Heatherton and Baumeister's affect regulation model provided the theoretical framework for this study. Participants included 12 purposefully selected individuals from a specific mental health agency who responded to semi-structured interview questions. Data were analyzed for themes and patterns. The major themes included stress related to mental health work, food patterns altered due to stress, and ways to manage emotional eating. Future research should include a larger sample size across different geographical regions and agencies and the inclusion of individuals who do not self-identify as emotional eaters. With greater knowledge and understanding on the reasons people choose to eat when stressed, individuals and employers may be able to gain insight and make changes that would allow them to manage stress at work without food.

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Dedication

To my mother Carol and my partner Abbey for their unwavering support and encouragement throughout the years. Thank you for believing in me.

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Chapter 1: Introduction to the Study

Obesity continues to be one of the major health concerns of the current time. According to the World Health Organization (2014), there are more than 670 million obese people in the world and 2 billion adults that are overweight. In the United States, more than one third of adults are considered obese (National Center for Health Statistics [NCHS], 2012). According to Hutchens (2013), obesity can be defined as an irregular increase in the number of fat cells in one's body. Obesity is primarily measured by the body mass index (BMI). Individuals who have a BMI over 25 are considered to be overweight, and individuals with a BMI over 30 are considered obese (World Health Organization, 2017). In an effort to combat obesity, the United States government implemented programs to impact the eating habits of children by giving them healthier food options for lunch and promoted programs to increase exercise like Michelle Obama's 2010 initiative called "Let's Move" ("Let's Move", 2017) In 2012, the State of New York proposed a law that would limit the amount of soda to 16 ounces (Weiner, 2013). Major television networks promote television shows that address obese people trying to lose weight like the *Biggest Loser*, *Extreme Weight Loss*, and *Heavy*. Despite assistance from the government and media on the obesity epidemic, the 2010 Healthy People goals set by the NCHS of 15% obesity in adults and 5% in children were not met (NHCS, 2012) .

When individuals face obesity, they often turn to health care professionals to help them to review eating patterns and lose weight. The health care professional's role is to help individuals improve and sustain health, but often times they may be struggling with

their own health-related issues including emotionally driven eating patterns and even obesity. Mental health workers, as a subset of health care workers, often cope with a tremendous amount of work-related stress due to their sometimes-daily contact with individuals in crisis or with significant emotional issues (Ting, Jacobson, & Sanders, 2008) . They help clients learn healthier emotion-focused coping skills to effectively navigate the daily stressors of life but research has indicated that mental health workers may also have a difficult time managing their own stress (King, Vidourek, & Schwiebert, 2009). Due to the difficulty in managing their own stress, mental health workers may be a greater risk of using food as a way to cope, which may produce weight gain or obesity.

The purpose of this study was to explore the phenomenon of emotional eating in the workplace and to examine the stress-related eating habits of mental health workers who self-identify as emotional eaters. Possible social implications included the added awareness around the effects of stress on eating behavior and the potential for weight gain or obesity, the potential for emotional eating in the workplace, and the improved knowledge to equip employers to effectively help their workers manage their stress levels without using stress-related eating at work as a potential coping skill. The sections of this chapter will include the background of the study, the problem statement, the purpose of the study, the research questions, the conceptual framework, the nature of the study, the operational definition of terms, assumptions, scope and delimitations, limitations, significance, and a summary.

Background of the Study

Several studies have addressed the influence of stress on eating patterns (Nahm, Warren, Zhu, An, & Brown, 2012; O'Connor, Jones, Connor, McMillan, & Ferguson, 2008; Roberts, 2008). However, very few studies have taken a closer look at high-stress occupations and eating patterns. This study explored the effects of stress on the eating patterns of mental health workers on and off the job. According to the Centers for Disease Control and Prevention (CDC, 2016), approximately 38% of American adults are considered obese. Obesity increases the risks of various health problems such hypertension and Type 2 diabetes (CDC, 2016). Although recent statistics (Odgen, Carroll, Fryar, and Flegal, 2015) have shown that the rate of obesity may be slowing down or leveling off, obesity continues to be a major concern due to the serious health risks and financial burden of treating those with obesity-related ailments. In 2008, insurance companies and individuals spent approximately $147 billion on obese individuals with obese patients paying nearly $1,500 more in health care costs than their normal weight counterparts (Finkelstein, Trogdon, Cohen, & Deitz, 2009). The World Health Organization (WHO, 2014) reported that 2.8 million people die each year as a result of being obese or overweight. Obesity is now considered a global epidemic and more overweight and or obese individuals are dying than underweight individuals (WHO, 2014).

The WHO (2014) has reported that the main cause of obesity is the discrepancy between the calories consumed with the calories expended. Individuals are becoming overweight and obese by eating energy dense foods and not being active enough to burn

off the calories consumed. According to the National Heart, Lung, and Blood Institute (2014) Division of the National Institute of Health (NIH), other causes of obesity include lack of exercise, environments that do not support active lifestyles, genetics, and certain health conditions, which include lack of sleep, smoking, pregnancy, and emotional issues. Also, spending hours in front of the television or computer, oversized portions, and sedentary lifestyles at work and at home all contribute to being overweight or obese. Emotional issues, such as stress, also can cause individuals to gain weight or become obese (National Heart, Lung, and Blood Institute, 2014).

Stress and Obesity

Obesity has been linked to stress (Born et al., 2010). Stress occurs when an individual faces a real or perceived physical or emotional threat (Swann, 2011). Stress affects many parts of the body, including the limbic system, the sympathetic nervous system, the hypothalamus, the adrenal glands, and various other body parts that become activated to an alert state (Swann, 2011). Although stress is a natural reaction to real or perceived threat, long-term or chronic stress can have negative consequences on the body and mind (Swann, 2011). These negative consequences may include an increase in food or using food as a coping mechanism, which may result in an individual gaining weight or becoming obese (Levitan & Davis, 2010).

Stress can be classified into two categories: acute or chronic (Swann, 2011). Acute stress occurs after a significant singular event such as the death of a loved one, and chronic stress results from experiences that are compounded or occur over an extended period of time. Chronic stress may be especially debilitating and may cause individuals to

experience nervousness, irritability, reduced ability to concentrate, and problems with sleep (Swann, 2011). More severe reactions to chronic stress include "excessive fatigue, depression, thoughts of harming self or others, headaches, nausea or vomiting, diarrhea, chest pains, heart racing, dizziness, flushing, tremor, restlessness, sleeplessness, hyperventilation, and a sensation of choking" (Rhodes, McNeil, & Nathan, 2011, p. 2). Chronic stress can also contribute to high blood pressure, fertility challenges, heart attacks, strokes, slow healing of injuries, damage to the hippocampus, and a compromised immune system (Swann, 2011).

Humans react to stressful situations in myriad ways. Some people use or abuse alcohol or other substances, some people exercise, and others may eat more or choose particular foods for reasons other than hunger in response to stress. Eating in response to stress can impact an individual's health and cause emotional problems, which can lead to obesity, disordered eating patterns, and maladaptive coping skills (Swann, 2011). Stress has been known to cause changes in eating behavior, which includes frequency of eating and type of food (Kandiah, Yake, & Willett, 2008). Studies have indicated that people eating in response to stress typically choose foods that are salty, sweet, or high in fat content. In their study, Kandiah et al. (2008) found that out of 185 study participants, 69% reported an increase in appetite after a stressful event as compared to 31% who experienced a decrease in appetite. In addition, 91% of the participants reported that they attempted to make healthy eating choices, but only 51% were able to make healthy eating choices when they were stressed (Kandiah et al., 2008). For the purpose of this study, the

focus was on how stress affects emotions, which can potentially result in changes in eating patterns and or food choices.

Emotions and Eating Patterns

According to Levitan and Davis (2010), emotions have a very strong effect on eating patterns and food choices. Emotional eating can be described as eating in response to emotions (Hawks, Goudy, & Gast, 2003). Many theories have been developed to explain why people emotionally eat. The concept of emotional eating was first developed using the psychosomatic theory of obesity, which suggested that obese people abnormally increase their eating as a response to emotional distress (Allison & Heshka, 1993). The psychosomatic theory also proposes that emotional eating occurs due to depression, anxiety, or boredom. This theory also implies that only obese people, not people who are within normal weight limits, eat in response to negative emotions (Allison & Heshka, 1993). This theory has been challenged, because some studies have found a difference between people who were within a normal weight range and people who were obese in regards to eating in response to negative emotions (Lingswiler, Crowther, & Stephens, 1987). Rosenfield and Stevenson (1988) actually found that the eating patterns of normal weight alcoholic women were more influenced by stress than their overweight counterparts.

The majority of the research on emotional eating has produced mixed findings. The research has not clearly been able to identify why people choose to eat emotionally. Current research has shown that individuals may eat emotionally due to negative moods

or affect (Racine et al., 2013), restrained eaters or dieting (Lindeman & Stark, 2001), and basic need satisfaction (Andrews, Lowe, & Clair, 2011).

Emotional eating has been largely measured by self-reported scales, which include the Emotional Eating subscale of the Dutch Eating Behavior Questionnaire (Van Strien, Frijters, Bergers, & Defares, 1986), the Emotional Eating Scale (Arnow, Kenardy, & Argas, 1995), and the Emotional Overeating Questionnaire (Masheb & Grilo, 2006). Theoretically, the people who score high on the self-reported emotional eating scales should have a tendency to eat more food, but some studies have failed to identify a significant link between emotional eating an increased food intake (Adriaanse, de Ridder, & Evers, 2011). Kuijer and Boyce (2012) completed a study on the effects of emotional eating after a natural disaster. They found that women who self-reported high scores on the emotional eating scale had an increase in food intake after an earthquake compared to those individuals who did not score high (Kuijer & Boyce, 2012). Adriaanse et al. (2011) found that high scores on emotional eating scales did not predict a higher caloric intake. Although the results have been mixed, emotional eating has still been linked as a potential cause of overeating and obesity, which is worthy of further investigation. Emotional eating has been linked to stress (Levitan & Davis, 2010), and for certain individuals the stress is occupational (Klainin, 2009). In this study, participants had to self-identify as emotional eaters rather than complete an emotional eating scale.

Certain occupations can result in a significant amount of stress when compared with others. Numerous studies demonstrated that health care and public service workers face high levels of work-related stress and may even experience professional burnout

(Hannigan, Edwards, Coyle, Fothergill, & Bundard, 2000). *Burnout* is a term used to describe the emotional exhaustion that occurs due to chronic work strain (Maslach, 2003). Job-related stress can cause physical, emotional, and psychological symptoms (Thorton, 1991). These symptoms may include various health problems, emotional instability, and mental health issues including depression or anxiety (Swann, 2011). Health care workers, including mental health providers, often act as healthy role models to the public as related to their professions, but according to several studies, the health care workers themselves often struggle with maintaining their own health (King, Vidourek, & Schwiebert, 2009).

Stress at the Workplace

Similar to nurses and other public health staff, mental health workers also have been known to face job-related stress and burnout due to work with clients who are experiencing stressful life events (Collins & Long, 2003). Mental health workers often work with emotionally fragile individuals who require a significant amount of support and empathy (Ting, Jacobson, & Sanders, 2008). Although there has been research on emotional eating and work-related stress, very few studies focused on the experiences of this specific population of workers. It was important to research the eating habits of mental health workers due to the amount of stress involved in their work and the possibility of emotionally eating as a result of the work environment rife with emotional issues and stress. Working with traumatized and emotionally fragile individuals has the potential to also impact the stress and decision-making skills of the mental health worker.

Many studies have documented how stress impacts the lives of mental health care workers (Collins & Long, 2003; Hannigan et al., 2000; Killian, 2008; Klainin, 2009), but few authors have researched how stress levels affect eating patterns and coping strategies due to job-related stress. Further, the studies that have been conducted on the work-related stress and eating patterns have delivered mixed results, which has created a gap in the literature. The present study addressed this gap. King et al. (2009) found that nurses who experienced high levels of perceived job stress were more likely to have disordered eating. Pratt, Overfield, and Hill (1994) found that 29% of nurses were overweight compared to 17% of women in the general public. In a similar study on nurses, Zaptka, Lemon, Magner, and Hale (2009) concluded that most nurses were overweight or obese. On the other hand, Ferrara, Nobrega, and Dulfan (2013) found that students in health-related professions were less likely to be obese or overweight and more likely to have healthy eating habits. These findings may suggest that once the students get settled into their nursing profession they make different food choices, which may or may not be a result of stress. The present study explored the eating patterns and experiences of mental health workers to identify possible links to gaining weight or obesity.

Due to the urgent need to solve the obesity crisis in the United States, it was important to examine why people are choosing to eat more than they need and becoming overweight. Mental health workers have been known to face a significant amount of stress due to their sometimes-daily interactions with emotionally fragile individuals. When faced with stress at work, some individuals turn to food to help regulate their emotions, and this study explored this phenomenon.

Problem Statement

The obesity crisis in America has reached epidemic portions with over a third of all adults being classified as obese (CDC, 2016; NCHS, 2012) 2013). Approximately $147 billion was spent on medical costs for treating obese individuals (CDC, 2016; Finkelstein, Trogdon, Cohen, & Deitz, 2009). Levi, Segal, St. Laurent, Lang, and Rayburn (2012) predicted that, by the year 2030, more than half of Americans will be obese. Although many programs have been developed to prevent and curtail obesity, the number of obese individuals has drastically increased over the last decade (CDC, 2016). A significant amount of research has focused on the relationship between emotional eating and weight gain, but very little research has been conducted on the prevalence of emotional eating as a result of work-related stress. Research has shown that eating behavior has been linked to stress and emotions (O'Connor et al., 2008). Mental health workers have been known to face tremendous stress, burnout, and occasionally compassion fatigue (Cohen & Collen, 2012).

The purpose of this study was to explore the link between work-related stress and emotional eating in mental health workers on and off the job. Participants in this study included mental health workers who self-identify as emotional eaters, which means they use food as a way to manage negative emotions. Given the fact that most mental health workers help their clients handle emotions and stress on a daily basis, this study was an attempt to understand how the stress of the job might impact their own health and their ability to regulate their emotion. With the high amount of stress that mental health workers face on any given day, eating patterns may be affected. Previous research on

nurses has revealed that work-related stress does impact the eating habits (King et al., 2009; Nahm et al., 2012; O'Donovan, Doody, & Lyons, 2013; Wong, Wong, Wong, & Lee, 2010; Zapkta et al., 2009). The results of this study help fill the gap of literature by exploring the relationship between work-related stress and eating patterns in mental health workers, which will potentially help mental health workers become more aware of their own health and health risks related to stress. If mental health workers are more aware of the ways that stress can affect their eating habits, they will be better able to assist community members struggling with the same issues. Due to the lack of research on stress and eating patterns of mental health workers who self-identify as emotional eaters, it was important to conduct this study and understand the role that stress may cause on eating patterns. This knowledge will hopefully allow mental health workers to make more informed choices for eating, reduce their risk for obesity, and allow them to live a healthier lifestyle while aiding those most in need.

In order to get a personal understanding of eating behaviors of mental health workers, the nature of this study was qualitative. Qualitative research was utilized to gather data and create a better understanding of the food patterns of mental health workers in relation to work-related stress and emotional eating. Research was conducted to determine whether work-related stress causes emotional eating patterns in mental health workers. By examining the phenomenon of work-related stress and eating patterns of mental health workers who self-identify as emotional eaters, the results might fill the gap in the literature regarding this particular population and might be able to answer questions about work-related stress and eating patterns in other fields.

Purpose of the Study

This study was conducted to explore the phenomenon of work-related stress and eating habits in mental health workers who self-identify as emotional eaters. Qualitative research was used with the phenomenological approach to provide deeper insight into the experiences of mental health workers in regards to both stress and food. By exploring the phenomenon between stress and food intake in mental health workers who self-identify as emotional eaters, this study provides greater knowledge to both the individual and the greater public on the effects of stress on eating patterns. The awareness gained from the literature could also prevent weight gain and obesity in mental health workers and add to the existing knowledge in the prevention of obesity in America.

Research Questions

The aim of this study was to add to the body of knowledge on work-related stress and eating patterns via qualitative research and phenomenological methodology. The results of this study revealed an in-depth look at the eating patterns of mental health workers related to job stress. During this study, I answered the following questions:

1. What are the eating patterns of mental health workers who self-identify as emotional eaters on and off the job?
2. How do mental health workers who self-identify as emotional eaters relate their job stress to their eating patterns?
3. What experiences do mental health workers who self-identify as emotional eaters have in trying to alter eating patterns related to job stress?

Theoretical Framework

For this study, I explored the eating patterns of mental health workers who self-identify as emotional eaters on and off the job. The contextual lens of the study included assumptions from the stress response theory (Selye, 1976) and the affect regulation model (Heatherton & Baumeister, 1991) of emotional eating. Both of these theories related to phenomenology because they attempted to explain the phenomenon of stress and the impact on eating patterns. The research on stress and emotional eating has shown that stress affects the way people eat, how much they eat, and how often they eat. The goal of this study was to explore a population that often faces stress on a daily basis with their work with emotionally fragile clients and how that affects their choices in food and how often they eat on and off the job. Logically, the conceptual framework of the theories below, the current research on work-related stress and obesity, and the key elements of work-related stress, emotional eating, and the eating patterns of mental health workers helped to build a strong foundation for this study. The stress response theory (Selye, 1976) and the affect regulation model (Heatherton & Baumeister, 1991) of emotional eating relate to the current study by proposing that individuals respond to stress by varying their food intake to avoid negative emotions. The first research question (What are the eating patterns of mental health workers who self-identify as emotional eaters on and off the job?) correlated with both theories by exploring how stress and emotional regulation may affect food patterns on and off the job. The second research question (How do mental health workers who self-identify as emotional eaters relate their job stress to their eating patterns?) related to the two theories by helping to explain the

possible physical and emotional effects of stress on their eating patterns. The last research question (What experiences do mental health workers who self-identify as emotional eaters have in trying to alter eating patterns related to job stress?) correlated to the both theories by exploring what the individuals go through physically and emotionally when they are trying to alter their eating patterns to combat stress and regulate emotions. A brief description of the theories and their relevance to the current study will follow and a more thorough examination of the theories and current research will be conducted in Chapter 2.

In the study's conceptual framework, the stress response theory (Selye, 1976) and affect regulation model (Heatherton & Baumeister, 1991) of emotional eating were used. I had proposed using both to help present a broader view of the topic. Selye (1976) developed a stress response theory based on physiology and psychology called the general adaption syndrome (GAS), which suggested that there are three distinct stages of stress response including alarm, resistance, and exhaustion. Ways of coping with stress include adaptive coping, maladaptive coping, and active coping. Based on Selye's theory, the body's nervous system and hormones react to stress or perceived stress to aid survival. Selye believed that the human body regulated hormones and changes in the nervous system to address any challenges in life, which made these processes adaptive. However, Selye stated that if the body continues to react to real or perceived stress, disease adaption occurs in the body. Studies have linked stress to heart disease, cancer, and other ailments (Swann, 2011). This study focused on stress responses and the

maladaptive coping skill of using food or certain types of food as a way to alleviate the stress.

Stress theory (Selye, 1976) is related to food intake in human beings and animals. Studies on stress and eating have been linked to both decreased eating and overeating (Ferrara, Nobrega, and Dulfan (2013); Pratt, Overfield, and Hill (1994) Laboratory studies on the effects of chronic stress in animals appear to have a high validity in replicating the same psychopathologies in human studies.(Bartolomucci et al., 2009) Chronic stress has been linked to an increased risk of metabolic disorders and obesity in laboratory rats.(Bartolomucci et al., 2009). When a lab rat is experiencing chronic stress, an intense increase of stress hormones, such as glucocorticoids, get released into the body, which either can increase or decrease eating and resist an insulin reaction (Bartolomucci et al., 2009). The release of glucocorticoids has also been linked to the rat seeking out pleasure activities, which may include the ingestion of fats, sugar, and drugs. The release of the stress hormones combined with the insulin reaction has also been linked to ingestion of "comfort" type foods, which can lead to increased abdominal fat deposits (Bartolomucci et al., 2009).

The physiological stress response of humans evolved over time and was used to handle acute life stressors, which were generally short-term and life threatening. In order for the body to go into fight or flight mode, it mobilizes energy while turning off all nonvital systems. Although many of the body's systems become activated in times of stress, the hypothalamic-pituitary-adrenals (HPA) axis has been linked to food intake

(Jackson, Knight, & Rafferty, 2010). Under stressful conditions, the HPA axis responds by the

> release of corticotropin-releasing factor (CRF) from the hypothalamus, stimulating the release of andrenocorticotropic hormone (ACTH) from the pituitary gland. ACTH travels through the bloodstream to stimulate the release of cortisol from the adrenal cortex. Via a negative feedback loop, cortisol then acts on the hypothalamus and pituitary gland to shut down the release of both CRF and ACTH. (Jackson et al., 2010, p. 934)

Research by Dallman et al. (2003) linked the ingestion of foods high in carbohydrates and fats with the reduction of anxiety via the HPA axis. When an individual is under chronic stress, the negative feedback loop described above allows the release of CRF, which has been linked to feelings of anxiety (Jackson et al., 2010). When an individual eats "comfort foods" or foods that are high in fat and carbohydrates, this inhibits the release of CRF and therefore the anxiety is reduced. For this study, stress theory (Selye, 1976) may be used to explain how and why an individual who faces stress at work may feel the need to change their eating patterns as a result of the stress.

Emotional eating has been linked to various theories and phenomenon, including emotional regulation (Svaldi, Griepenstroh, Tuschen-Caffier, & Ehring, 2012), escape theory (Heatherton & Baumeister, 1991), and restrained eating (Brogan & Hevey, 2013). For this study, emotional regulation was used to frame the emotional eating due to the similarities with the stress response theory. In general, emotional eating has been identified as a maladaptive way of coping with stress or emotions.

Research on emotional eating has suggested that individuals are trying to escape negative feelings and trying to regulate their emotions (Stice et al., 2001). The affect regulation model has been utilized to explain emotional eating and binge eating; the model suggests that people engage in eating behaviors to get temporary relief from negative emotions (Heatherton & Baumeister, 1991). Emotional eating has been linked to individuals who have a low self-esteem, a difficult time differentiating feelings of hunger from intense emotions, and an inability to communicate feelings adequately (Courbasson, Rizea, & Weiskopf, 2008). Research has suggested that emotional eaters eat in response to their negative emotions and may not be able to identify the difference between strong negative emotions and feelings of hunger. Feelings of stress and anxiety would be considered negative mood states that might contribute to emotional eating in the emotional eating paradigm.

Both the stress theory (Selye, 1976) and affect regulation model of emotional eating (Heatherton & Baumeister, 1991) helped to build a foundation for the current study. The stress theories helped explain the different ways that the human body reacts to acute and chronic stress, and the emotional eating theories helped to explain how individuals can use food to lessen or get rid of negative mood states. Both theories helped to support the research questions by promoting the idea that mental health workers who self-identify as emotional eaters were going to eat more during times of chronic stress and would crave and or eat certain types of food.

Nature of the Study

Qualitative research was used to examine the phenomenon of emotional eating in the workplace. Qualitative research provided a personal account of the lived experiences of individuals working in the mental health field who self-identify as emotional eaters and their relationship with food on and off the job. Data were collected through personal interviews. A phenomenological approach was used to examine the phenomenon of emotional eating in the workplace. A phenomenological study provides the lived experiences of several individuals on a particular phenomenon (Moustakas, 1994). The phenomenological approach is based on two philosophical assumptions, which include that the study focuses on the lived experiences of individuals and the experiences are conscious experiences and the core of these experiences are without judgment or analysis (Moustakas, 1994). The data were analyzed using the phenomenological approach, which includes a six-step approach described in greater detail in Chapter 3.

Operational Definitions of Terms

Acute stress: Stress that is short-term in response to a significant life event such as a death of a loved one (Swann, 2011).

Body mass index (BMI): BMI is a numerical calculation based on a person's height and weight (CDC, 2016 2011). Calculating a BMI can be done by dividing an individual's weight in pounds by their height in inches and multiplying that number by 703 (CDC, 2011). According to the CDC, there are four categories of BMI for adults. Those categories include underweight (BMI below 18.5), normal (BMI between 18.5 and 24.9), overweight (BMI between 25.0 and 29.9), and obese (BMI of 30 and above).

Burnout: A state of physical, mental, and emotional exhaustion due to the long-term effects of being in high-stress situations (Pines & Aronson, 1988).

Chronic stress: Stress that builds up over time due to life's daily hassles (Swann, 2011).

Emotional eating: The urge or tendency to eat in response to certain emotional states (Courbasson et al., 2008).

Mental health worker: Individuals employed in the behavioral health field providing direct service to clients (Thorton,1992 1991).

Obesity: Adults with a BMI above 30 are considered obese. Adults with a BMI above 40 are considered extremely obese. Adults who are 100 pounds overweight are considered morbidly obese (NCHS, 2012).

Occupational/workplace stress: Stress that occurs as a result of workplace demands and pressure (O'Donovan et al., 2013).

Stress: A physical or emotional response to a real or perceived threat (Swann, 2011)

Assumptions

One assumption of the research was that mental health workers' eating patterns were being influenced by job stress per the stress response theory (Selye, 1976). A second assumption of the study was that eating helps relieve job stress in mental health workers. A third assumption was that mental health workers would self-report in an open and honest manner. It was also assumed that the mental health workers would be able to clearly identify their eating patterns and self-identify as an emotional eater, as it was a

condition of their participation in this study. These assumptions were included in order to further investigate and provide a more in-depth look at the phenomenon.

Scope and Delimitations

For this particular study, the focus was on the eating patterns of mental health workers who self-identify as emotional eaters, which limited the scope significantly by only using mental health workers who admit that they have self-identified as emotional eaters. A significant amount of research has been conducted on eating and stress (Born et al. 2010; Jackson et al., 2010; Kandiah et al., 2008; O'Connor et al., 2008; Rudenga, Sinha, & Small, 2013; Solomon, 2001), but most of the studies were quantitative and failed to provide a more in-depth view of this phenomenon. There has also been a good amount of research on the effects of work-related stress on the eating patterns of nurses (King et al., 2009; Nahm et al., 2012; O'Donovan et al., 2013; Wong et al., 2010; Zapka et al., 2009), but the population of mental health workers has been largely overlooked. Due to the small sample size of this study, generalizability was limited. For this study, the other theories of emotional eating (restriction and escape theory) would not be investigated.

Limitations

There were several limitations on this study. One limitation included the personal and intrusive nature of the topic and the possibility of participants being emotionally triggered by the interview questions. Another limitation included the small sample size, which limited the potential of transferability to other populations and the possibility that it was not a representative sample for this particular phenomenon. Also, the specific

focus on mental health workers who self-identify as emotional eaters may have limited the ability for the study to be replicated or transferred to other populations. Another limitation was the cost and time associated with a phenomenological study. In order to remedy this limitation, I decided to use participants from a specific mental health agency in the city where I lived that employed approximately 150 mental health staff who provide direct care. Choosing participants from different geographical areas might have provided a more representative sample with more generalizability. Another potential limitation was my own personal bias, by experiencing the phenomenon of emotional eating in the work place first hand. After each interview, I was able to journal my thoughts and reactions to bracket my own biases.

Significance

Over one third of the adults in the United States meet the standards for obesity (CDC, 2016). Community initiatives, government funding, and media attention have all been attempts to prevent obesity and promote healthy eating habits, but very little evidence has suggested that the prevention efforts are decreasing the numbers of obese Americans (Chan & Woo, 2010)Griffin, 2002). One of the potential causes of overeating and obesity is emotional eating (Courbasson et al., 2008). Emotional eating can be broadly defined as the urge or tendency to eat in response to certain emotional states (Courbasson et al., 2008). According to Andrew et al. (2011), emotional eaters have a difficult time managing their stress without engaging in emotional eating. Stress has been linked to higher consumption of saturated fat and increased snacking in adults (O'Connor et al., 2008). According to Solomon (2001), the act of eating may also be a stressor and

lead to negative mood states for individuals who are trying to control or maintain their weight.

Job-related stress can cause physical, emotional, and psychological symptoms (Thorton, 1992). Mental health workers face job-related stress and burnout due to their work with clients who are experiencing stressful life events (Collins & Long, 2003). Burnout is a term often used to describe the emotional exhaustion that may occur in public service workers due to an overload of work-related stress (Hannigan et al., 2000).

As the nation develops and implements programs such as Michelle Obama's "Let's Move" and the U.S. Department of Health and Human Services (HHS) "Healthy People 2020" to prevent obesity and support healthy lifestyles, it is clear that research on the potential causes of obesity and weight needs to be conducted. The research in this study on the impact of work-related stress on mental health workers has added to the existing literature on obesity and will aid in the discussion of prevention. This study will hopefully help advance knowledge in the mental health field by providing information regarding self-care and alternative ways to manage the stress of daily client interactions. As a result of this study, possible social change may occur with individuals who self-identify as emotional eaters by being more self-aware of the impact of work-related stress on their eating patterns and may change polices regarding stress, managing stress, and self-care. The goal of this study was to gather more information to help support mental health workers make more informed decisions about their health.

Summary

The obesity epidemic in the United States has become so severe that the government has attempted to intervene by creating programs and laws to help people lose weight. One major contributor to obesity is the inability to manage stress. Mental health workers deal often face stress in their occupations due to their interactions with clients who are struggling with a variety of issues. Work-related stress may lead to unhealthy food choices, emotional eating, and possibly weight gain or obesity. While the literature has focused on the work-related stress in nurses (King et al., 2009; Nahm et al., 2012; O'Donovan et al., 2013; Wong et al., 2010; Zapkta et al., 2009, researchers have failed to look how work-related stress affects the eating habits of mental health workers. The qualitative research method explores this phenomenon and helps provide mental health workers and their employers more information on their eating habits when managing stress. Chapter 2 includes a thorough review of the current and past literature that pertains to emotional eating, stress, work-related stress, and the effects of stress on mental health workers along with a review of the introduction, literature and search strategy, conceptual framework, overview of the major concepts, and summary and conclusions.

Chapter 2: Literature Review

Introduction

Over one third of all adults in the United States are obese (CDC, 2016). The NIH considers an adult to be obese if they have a BMI of 30 or greater.(NCHS, 2012) Many national and state campaigns have been developed to prevent and decrease obesity in children and adults, but the epidemic continues to affect millions of Americans. One of the key questions in the fight against obesity is why people are consuming more food than they need. A common response as to why people overeat is feeling stressed. The purpose of the study is to examine how the work-related stress of mental health workers affects their eating patterns on and off the job.

According to the American Psychological Association (APA, 2008), 7 out of 10 adults reported symptoms of physical or emotional stress. Symptoms of stress may include irritability, fear about the future, changes in appetite, loss of motivation, headaches, backaches, and stomach pain (CDC, 2016). In 2012, a survey on stress in America found that 65% of Americans listed work as their primary source of stress (APA, 2008). Studies have shown that workplace stress is linked to disordered eating (Ball & Lee, 2000; O'Connor et al., 2008; O'Donovan et al., 2013; Payne, Jones, & Harris, 2005). For example, several studies revealed that in the nursing profession, workplace stress led to overeating and obesity (King et al., 2009; Nahm et al., 2012; Pillet, 2010; Pratt et al., 1994; Zapka et al., 2008). Given that nurses face a significant amount of stress at work, which has led to disordered eating, it is important to look at other populations that may face similar stress and how that might affect their eating

patterns. Nursing and mental health workers are both helping professions, but their job duties and responsibilities are not identical. I assumed for the purposes of this research that mental health workers would also have disordered eating due to their workplace stress, but the research has been limited on this specific population, which was the reasoning for this study.

Stress has also been linked to emotional eating. Emotional eating has been described as eating in response to negative emotions, which may include emotions such as anxiety and irritability (Adriaanse et al., 2011). Although a significant amount of research has been conducted on emotional eating as a potential cause of obesity, the results have been mixed with several studies presenting conflicting results. For example, many studies on emotional eating have found positive associations between negative emotions and overeating with obese or overweight women, but other studies have found the same positive association with emotional eating and food intake with normal weight women (Newman, O'Connor, & Conner, 2007). In addition, individuals are often determined to be overeaters by completing an emotional eating scale and getting a high score, but this method has also produced mixed results with individuals scoring high on the emotional eating scale, but it not impacting their food intake (Lluch, Herberth, Mejean, & Siest, 2000). In order to get more personal and detailed information around emotional eating and its relationship to job stress, the current study was qualitative and provided experiences of mental health workers who emotionally eat due to work-related stress.

Part of what differentiates mental health workers from other helping professions is their often-daily interactions with individuals who are in a crisis or facing a crisis situation. Some mental health care workers experience a significant amount of workplace stress when they work with these vulnerable and traumatized populations. (Ting, Jacobson, & Sanders, 2008) This can, theoretically, lead to issues of eating to relieve stress and subsequent weight gain. However, the current literature has yet to explore the phenomenon of work-related stress and possible-related eating patterns in mental health workers. Thus, this study's aim was to explore the relationship between work-related stress and eating patterns in mental health workers who self-identify as emotional eaters on and off the job.

The major sections of Chapter 2 will include an introduction to the literature, the literature search strategy, theoretical foundation, a literature review on all the relevant key variables and concepts, and a summary/conclusions section. This chapter will comprise of a literature review on stress, stress and the body, stress and the mind, stress and eating, stress theories, work-related stress, stress and eating patterns, emotional eating, mental health workers and stress, the eating patterns of individuals with work-related stress, and provide an understanding on the stress response theory and the theory of emotional regulation.

Literature and Search Strategy

For this literature review, I utilized MEDline, Academic Search Premier, PsycArticles, PsycInfo, Proquest, CINAHL, Psycbooks, Thoreau multisearch, Google Scholar, and the dissertations at Walden University. In addition to the databases, I

explored the websites for the WHO, the CDC, the NIH, and the U.S. Department of Health and Human Services. My search strategy included employing these key words into the Thoreau multidatabases: *work-related stress, emotional eating, stress-eating, mental health workers and stress, work-related stress and eating patterns, emotional eating in the work place, obesity, eating disorders, binge eating, compassion fatigue, vicarious trauma, effects of stress, theories of stress, emotional eating theory, stress-induced eating, stress-reduction theory, effects of stress,* and *stress-induced food choices.* The majority of the literature was from scholarly articles published within the last two decades. However, some older articles on the stress response theory and emotional eating theories were utilized to help build the foundations of these theories. Because there was little or no research on work-related stress and the eating patterns of mental health workers, I reviewed the literature of all occupations and eating patterns due to work-related stress.

Theoretical Framework

The essential concept of this study was based on the assumption that eating reduces stress in mental health workers. The phenomenon being explored was the eating patterns of mental health workers who self-identify as emotional eaters on and off the job. The majority of studies on work-related stress and eating patterns have been quantitative in design (Nyberg et al., 2011; Payne et al., 2005), which may lack the personal experiences of individuals struggling with this phenomenon. Eating in response to stress or emotional eating is a very personal and subjective phenomenon that quantitative research would fail to capture as individual stories. Qualitative research

provides a holistic account of the phenomenon in a naturalistic setting (Creswell, 2007). Phenomenological research was used to capture the individual stories of mental health workers who have experienced the phenomenon of work-related stress affecting their eating patterns. The phenomenological approach enabled me to get a deeper understanding of the phenomenon by interviewing a number of people who experienced the phenomenon (Moustakas, 1994).

In order to theoretically frame this phenomenon, two theories were used in this study to help establish both the biological components and the psychological components of this phenomenon. The first theory, the stress response theory (Selye, 1976), helped explain the chemical reactions that occur when the human body is stressed and how that influences food choices. The second theory, the affect regulation model (Heatherton & Baumeister, 1991), helped explain the emotional and psychological side of eating when stressed. Both theories together help provide a more holistic view of the human being and the phenomenon of emotional eating due to work-related stress.

In this study, I used the stress response theory (Selye, 1976) and the emotional eating theories (Heatherton & Baumeister, 1991). Hans Selye started working on the stress response theory in 1936 after noticing that the patients in his medical practice were getting sicker as response to being sick. He noted that his patients' bodies reacted to their illnesses by bringing on all the defenses to fight the illness or provocative situation (Selye, 1936). Selye discovered that the body's natural responses to stress actually aid survival, but he also identified that the prolonged activation of the body's stress response are linked to many diseases and health problems including obesity. Selye (1936) first

defined stress as a response to any kind of damage to the body. However, many people criticized Selye for this ambiguous definition, so Selye modified his earlier definition to a working definition for stress. He stated that stress was a "state manifested by a specific syndrome which consists of nonspecifically induced changes within the biological system" (Selye, 1976, p. 64). Also, in his later work, Selye (1976) defined a stressor as "an agent that produces stress at any time" (p. 53) and he included stressors such as marriage strain, job stress, and combat fatigue as potential stressors. Selye also discovered that the body responds to good and bad stress, which he termed *eustress* and *distress*. The stress response theory assumes that the body responds to the demands and challenges that we face.

The stress response theory (Selye, 1976) also assumes that when the stressor is removed, the human body returns back to homeostasis, which is a term used in more recent stress response theory literature on allostasis and allostatic load theories. One theory of stress response, the allostatic load theory (McEwen & Stellar, 1993), assumes that all biological systems are assembled or suppressed when facing a stressor to aid survival, which is called the state of allostasis. If over time the body is unable to return to a balanced state of homeostasis, then the body takes on allostatic load (Rice, 2012). When an individual has chronic stress, the alllostatic load builds and causes health problems and promotes disease.

The stress response theory (Selye, 1976) and the affect regulation model (Heatherton & Baumeister, 1991) of emotional eating provide the conceptual foundation

for researching the phenomenon of overeating due to work-related stress. The following were the research questions:

RQ1: What are the eating patterns of mental health workers who self-identify as emotional eaters on and off the job?

RQ2: How do mental health workers who self-identify as emotional eaters relate their job stress to their eating patterns?

RQ3: What experiences do mental health workers who self-identify as emotional eaters have in trying to alter eating patterns related to job stress?

I used these questions to build upon the existing theories by providing individual experiences of mental health workers struggling with both the physical and emotional effects of work-related stress.

Literature Review Related to Major Concepts

The major concepts that were explored in this study included stress/stress response, stress and the body, stress and the brain, and stress reduction through emotional eating. There was significant and relevant literature on each topic individually, but a gap in the literature exists related to the phenomenon of work-related stress and the eating patterns of mental health workers who self-identify as emotional eaters. Previous studies (King et al., 2009; Nahm et al., 2012; O'Donovan et al., 2013; Wong et al., 2010; Zapka et al., 2009) have focused on how work-related stress affects the eating patterns of nurses, but those studies were quantitative in nature, limiting the exploration because they failed to address the personal experiences of the nurses, and these studies failed to investigate the phenomenon with mental health workers, a population facing a significant amount of

work-related stress (Harr & Moore, 2011). This study explored the eating patterns of mental health workers who self-identify as emotional eaters, which had remained to be studied. In order to get a better understanding of the key concepts, I have described the major themes and relevant literature below. After a general overview of the topic, recent studies will be described to provide context to the current study.

Stress and the Body

Research Question 1 connects with the current research because it explores the eating patterns of mental health workers who self-identify as emotional eaters to see if there are any patterns that would connect to stress. The studies below describe how stress affects the body. Stress often results in physiological responses such as an increased heart rate, a tightening of the muscles, a rise in blood pressure, a release of stress hormones, and a heightening of the senses (Swann, 2011). Stress affects the limbic, the sympathetic nervous system, the hypothalamus, and the adrenal glands by activating these systems to allow for extra energy. A stress response occurs when the perceived demands exceed an individual's means of coping (O'Donovan et al., 2013). When an individual responds to a stressful situation, the body produces extra energy by activating the sympathetic nerve system to prepare for the perceived stressful event. These changes in brain chemistry due to the release of stress hormones and the related physiological responses of increased heart rate and blood pressure evolved to assist an individual in coping with real or perceived stress. Once the real or perceived threat ceases, the parasympathetic nerve system sends out hormones and neurotransmitters to produce a more relaxed and balanced state called homeostasis (Swann, 2011). This natural process, however, can

become problematic for individuals who have consistent or prolonged stress, over a period of time, which triggers the body to stay in an alert state rather than reverting to relaxed state in between stressors (Swann, 2011). Returning to a relaxed or balanced stated may take an extended period of time due to the deactivation of the sympathetic nerve system. Therefore, stress responses occur with little or no warning due to a real or perceived threat. The body prepares itself for a state of alertness by activating the sympathetic nerve system and releasing stress hormones. The body returns to a more balanced or relaxed state with the aid of the parasympathetic nerve system once the threat or danger has passed.

Prolonged stress can cause a variety of physical problems with the human body. The human body responds to stress events, as stated earlier, with a fight or flight response, which generates the body's metabolism to increase to account for an expenditure of physical action (O'Donovan et al., 2013). The body's preparation to handle a stressful event necessarily decreases the normal functioning of other essential physiological processes, such as digestion, the respiratory system, and cardiovascular functioning (APA, 2008). This decline in functioning in some major systems may not be harmful if the stress is short term, but may cause significant health problems if the stress becomes long term or chronic as the body does not have the ability to regulate or return to a relaxed state and reactivate the systems put on hold. For example, with long-term stress, individuals may experience damage their arteries and organs because it leads to inflammation and a taxing on the body's systems, which may lead to chronic illness and or death due to heart attack or stroke (O'Donovan et al., 2013).

According to the current literature, the effects of stress can affect health and body weight. The research on stress and the body has found that chronic stress can lead to unhealthy eating and can increase the risk for obesity. Stress has been linked to changes in eating behavior. Roberts (2008) found that stress is linked to increased intake of fatty foods, which resulted in an increase in body weight. In the longitudinal study by Roberts, chronic stress was found to increase cortisol secretion in healthy women and resulted in an increase in body weight. This study also found that women who had a higher BMI and a higher dose of cortisol secretion were more likely to experience weight gain than women with a lower BMI and lower cortisol secretion. A study on chronic stress in rats found that a high-fat diet affected the rat's metabolic functions by increasing food intake and a desire for more palatable foods (Bartolomucci et al., 2009). On the other hand, Finger, Dinan, and Cryan (2012) found that stress did increase weight gain in mice, but the effects of the stress were generally limited to the mice that were on a low-fat diet. The mice that were on the high-fat diet did not have a significant weight gain and prevented the metabolic effects of a high-fat diet. The differing results in this study may show that different people respond to stress in different ways, which warrants further research and makes it difficult to pinpoint individuals who are at risk for gaining weight or becoming obese.

The strengths of the current research on stress and the body indicate a strong correlation between stress and changes in body weight and metabolic effects. However, the studies have shown inconsistent results in how stress affects eating patterns with

some increasing their intake of fatty foods (Roberts, 2008) and others not gaining any additional weight (Finger et al., 2012).

Stress/Stress Response

The second research question related to the current studies on stress/stress response because it examining the mental health workers to examine how their job stress affects their eating patterns. Stress can be broadly defined as a physical response to a real or perceived threat (Swann, 2011). Feeling stressed is a common experience in the modern day world due to a variety of factors. According to the Stress in America study, 7 out of 10 Americans report feeling the physical or nonphysical manifestations of stress (APA, 2012). These manifestations include but are not limited to fatigue, irritability or anger, changes in sleeping patterns, and feeling overwhelmed (APA, 2012). The survey also noted that Americans are not coping with the stress in a healthy manner with many reporting lying awake at night, skipping meals, or overeating and or eating food that are not healthy (APA, 2012). Americans report that the top reasons for stress include money, work, and the economy. In 2008, Americans reported workplace stress as their top stressor above money and the economy (APA, 2008). According to Nishitani, Sakakibara, Akiyama, (2009), (2009), job stress has been become a significant health issue due to the link between stress and cardiovascular disease.

Many health and mental health programs target the reduction of stress and different ways to manage stress. According to Swann (2011), stress can be either a physical or emotional response to a real or perceived threat. These biological responses to real or perceived stress developed as survival mechanisms that allowed humans to

survive in the wild. Although humans are no longer required to survive the stresses of living in the wild like procuring food, the physiological responses to stress remain intact in our bodies in the modern day world (O'Donovan et al., 2013).

When the human body anticipates stress, or feels stressed, there is physiological response (Selye, 1975). This physiological response includes the activation of the sympathetic nervous system (SNS), a withdrawal from the parasympathetic nervous system, and an increase in the HPA axis. Activation of the HPA axis has been linked to the reduction of anxiety by ingesting foods that are high in carbohydrates and fats (Dallman, 2010). For this study, the focus was on the stress response theory that promotes or reduces food intake.

Recent literature has shown that stress and stressors modifies food intake. A study by Born et al. (2010) found that stress influenced feelings of hunger by making individuals feel less satiated. Also, in the same study, stress also influenced food choice with individuals choosing foods that were energy-dense, higher in carbohydrates, higher in protein, and had crispness in taste. A similar study by O'Connor et al. (2008) also found that daily hassles and or stress caused individuals to consume foods that were higher in fats and sugars and a reduction in healthy foods such as fruits and vegetables. According to a study by Kandiah et al. (2008) on 185 university faculty members, stress caused the majority of participants (69%) to overeat. More than half of the subjects in this study also reported that eating food provided a relief from stress. This research ties in with the current study by confirming that people eat to reduce stress. Therefore, mental health workers may eat to cope with the stress of their jobs.

The strengths of the studies on stress/stress response include a vast number of studies and significant amount of research that concludes that some people overeat or eat certain foods when stressed. However, the studies on stress have not been conclusive, with some individuals feeling the need to overeat when stressed and other not feeling hungry when stressed. Therefore, more information is needed on the individual differences of certain populations. This phenomenological study explored the relationship between job stress and the eating patterns of mental health workers who self-identify as emotional eaters.

Stress and Mood Changes

The second research question related to the current studies on stress and mood changes because the study will be exploring the psychological effects of stress and eating patterns. Stress affects the mind by causing psychological problems (Swann, 2011). Potential psychological symptoms of stress may include depression, anxiety, inability to concentrate, cognitive impairments, displaced emotions, apathy, mood swings, and irritability (O'Donovan et al., 2013). As stated earlier, a study by Roberts (2008) found that anxiety and depression increased significantly in women during periods of long-term chronic stress. In the longitudinal study of 71 healthy women, Roberts found that the women reported anxiety that reached clinical levels after a 15-week period of chronic stress.

When individuals experience chronic stress, they may have symptoms of anxiety and depression. Depressive symptoms have been linked to disordered eating (Norwood, Rawana, & Brown, 2013). A study by Norwood et al. (2013) found a positive correlation

between emotional eating and depressive symptoms in emerging adults. According to Levitan and Davis (2010), emotional regulation is directly related to food consumption. They found that individuals who were eating during stressful periods chose foods that were higher in calories and more palatable. These types of high caloric and palatable foods often have the highest effect in alleviating negative mood states, which may ultimately cause obesity or weight-related problems.

Brewerton (2011) links individuals with posttraumatic stress disorder (PTSD) with the need to medicate negative emotions with fatty or sugary energy sources. He reported that particular types of food, like foods with sugar, salt or fat, act in a similar way as drugs or alcohol by numbing the pain of past experiences. He also supports the idea of using food as a way of medicating negative emotional states. Studies have shown that certain foods cause dopamine to be released in the brain, which help the brain to better regulate negative emotions and pleasure. Withdrawing from certain foods also mimics the withdrawal from drugs or alcohol (Brewerton, 2011). Individuals with PTSD experience stress from past trauma, which has been linked to disordered eating and desiring foods high in sugar, fat, and salt.

In regards to food intake and stress, the brain is also affected. Research has shown that when an individual is stressed, their amygdala is activated, which leads of amygdala neurons. This increase of amygdala neurons has been associated with eating without being hungry in animal studies (Rutters, Nieuwenhuizen, & Lemmens, 2008). Rudenga et al. (2013) found that acute stress was linked to the activation of the left amygdala when women were given a milkshake versus given a tasteless liquid solution. The left

amygdala was not activated when the women were presented with the milkshake, but were not experiencing the stressful condition. The current research on stress and the brain indicates that certain parts of the brain are activated, which may lead to overeating, weight gain, and obesity. This relates to the current study if work-related stress causes an increase in food consumption and a risk for obesity in mental health workers.

The studies on stress and the brain have shown strong links between chronic stress and psychological conditions like depression and anxiety (O'Donovan et al., 2013). The research has also shown how stress activates the left amygdala of the brain, which has shown increased interest in eating in mice and humans (Rudenga et al., 2013; Rutters et al., 2008). The weaknesses of the current research are similar to the research findings on stress and the body, which indicates that stress may affect the brain in specific ways, but individual psychological differences and how a person responds to stress varies and cannot be generalized.

Work-Related Stress

The second research question (RQ2) specifically addressed how mental health workers related their stress to their eating. There are many models that have been used to explain the phenomenon of work place stress. Devereux, Hasting, and Noone (2009) described five different theories to explain work place stress. The work place stress theories include person-environment fit, demand-support-control, cognitive behavioral, emotional overload, and equity theory. The person-environment theory suggests that work stress is created when the person and the environment are not a good match. The demand-support-control theory suggests that workplace stress occurs due to a

combination of perceived workplace demands, lack of support, and lack of control. The cognitive behavioral theory proposes that workplace stress develops as a cognitive process and individuals react differently based on how they perceive the stress or stressors. The emotional overload theory is based on Maslach's theory of burnout (Maslach, 1981), which suggests that emotional exhaustion occurs in human services professions when the work with clients is too demanding and there are not enough resources. Lastly, the equity theory presumes that individuals experience workplace stress due to the inequity of the relationship with the workplace or organization, where the input doesn't match the output or vice versa (Devereux et al., 2009).

Work-related stress or occupational stress has been shown to impact work behavior and can cause problems to an individual's physical or mental health (O'Donovan et al., 2013). Short-term issues with work-related stress may include fatigue, depression, or other physical disorders. Long-term issues may result in severe psychological problems, which may lead to the individual to miss work or not being able to return to work. Work-related stress may also impede job performance by causing a lack of concentration, a limited ability to be empathetic, an increase in poor decision making, and decreased motivation or anxiety about work. On the other hand, work-related stress has also been known to increase functional output by pushing through difficult times. For this study, it is important to recognize that work-related stress has the same physical and psychological toil on the body as other kinds of stress and has been listed as a primary source of stress by Americans (APA, 2012).

The strengths of the studies on work-related stress indicate a wide array of side effects that can occur do to work-related stress. The studies fail to explore how work-related stress affects eating and eating behaviors in mental health workers who self-identify as emotional eaters.

Stress and Eating Patterns

The second and third research questions address stress and eating patterns. Daily stress has been associated with negative eating patterns such as binge eating and snacking behavior (Verstuyf, Vansteenkiste, Soenens, Boone, & Mouratidis, 2013). Daily stressors or hassles can be considered events that occur during the day that promote worry, frustration, irritation, or annoyance. O'Connor et al. (2008) report that previous studies on stress and daily hassles have been linked to both increased food consumption and decreased food intake. Due to the mixed results, they conducted another study, which concluded that daily stressors were directly linked to a higher consumption of fatty and sugary snacks. The also concluded that daily stressors were associated with a decreased consumption of vegetables and eating main meals. In particular, work-related stressors were directly linked to increased snacking behavior. On the other hand, physical stressors were also associated with a decrease in snacking behavior.

A study conducted on 185 university faculty members had similar findings (Kandiah et al., 2008). Of the 185 participants, 67% reported that stress changed their appetite. In addition, the majority (69%) reported having an increase in appetite during stressful periods. The study found that the majority of the participants attempted to make healthy food choices, but under stress only half of the individuals were able to make wise

decisions around food. According to the study, individuals chose to eat foods and beverages with increased sugar and salty/crunchy food during stressful situations. Differences were found between high-restrained eaters and low-restrained eaters, with high-restrained eaters consuming more sugary foods and beverages.

Research has shown that workplace stress causes an increased risk for disordered eating. King et al. (2009) found a significant correlation between a high level of workplace stress and disordered eating among nurses. Their recommendations include working to develop ways to manage stress more effectively to increase the health and quality of life of the nurses. A similar study by Nahm et al. (2012) also found that the high levels of stress in the nursing occupation was liked to disordered eating. The authors of the study postulated that work-related stress was a result of nurses having to deal with an irregular meal schedule, a long (12 hours or more a day) and hectic work schedule, and a lack of exercise. Their results showed that more than half of the participants reported that they did not eat meals on a regular basis. The majority of the participants also reported not getting enough exercise on a consistent basis. Lastly, the study showed that the number one method of decreasing stress was eating (Nahm et al., 2012).

Roberts (2008) examined the effects of stress on healthy women's food choice, mood, and body weight. He conducted a longitudinal study with 71 healthy women in their early 40s over a 15-week period. The results revealed that the women had an increase in cortisol secretion with the prolonged stress, which resulted in changes with food choice and an increase in foods with fatty acids and nonmilk extrinsic sugars (NMES). The study also found that women with a higher BMI experienced more of an

increase in body weight than women with a lower BMI. The current research on stress and eating has shown a strong correlation between stress and disordered eating and changes in eating patterns. However, the research has not focused on specific populations like mental health workers and has produced somewhat mixed results with increased eating and decreased eating in individuals dealing with workplace stress or stressful events.

Emotional Eating

All three of the research questions address emotional eating in mental health workers. Stress and stressful events have also been linked to emotional eating. Emotional eating can be described as eating in response to emotions (Hawks et al., 2005). Individuals who eat when triggered by emotions eat when stressed psychologically not physically (Lindeman & Stark, 2001). The obesity epidemic may be caused in part by emotional eating behavior. The act of eating to get rid of or quell negative emotions can also be seen as using food as a way to cope with the stresses of life. Previous emotional eating theories suggested that emotional eating behavior was a result of confusion between emotional states and hunger (Hawks et al., 2005). Studies have shown that emotional eating is a pathological behavior pattern (Courbasson et al., 2008). Individuals who emotionally eat have been associated with a low self-esteem, a decreased ability to communicate and identify feelings, a distrust of others, an inability to distinguish emotions or hunger pains, and a tendency to be perfectionists (Courbasson et al., 2008).

Certain emotional states and appetite have been linked in many studies. Generally, when an individual experiences a negative emotional state in response to fear

or anxiety, they tend to have a lack of appetite (Courbasson et al., 2008). Physiologically, the body responds to emotional states like fear and anxiety by limiting digestive processes and reduces the process of glucose being released into the bloodstream. This biological response generally produces a lack of appetite and weight loss. However, individuals who emotionally eat experience an increase in appetite in response to the negative emotions, which may lead to disordered eating or weight gain. Studies have shown that emotional eating typically occurred during negative emotional states like boredom, fatigue, or depression rather than the negative emotional states of fear and anxiety.

According to Lindeman and Stark (2001), emotional eating has also been linked to extreme dieting and the high levels of emotions that go along with restricting food. In their study, they found that women who restrained their eating were more likely to experience emotional eating than women who were nondieters. Their study also found that women who were emotional dieters or bulimic dieters were identified as having more problems with self-esteem and psychological issues related to eating disorders.

The past research on emotional eating has produced mixed results with the cause of emotional eating still remaining unclear. This has been a weakness and has provided a gap in the research. The strengths of the research on emotional eating include greater knowledge of emotional eating in regards to certain emotional states and restraint behavior (Courbasson et al., 2008; Lindeman & Stark, 2001).

Mental Health Workers and Stress

All three research questions addressed the stress of mental health workers, but the last two specifically addressed how the stress relates to their eating and what experiences have they had in trying to alter their eating habits to manage their job stress. Mental health workers work with individuals who are going through a difficult time in their lives. The clients may be experiencing depression, anxiety, adjustment issues, or other negative life events. In addition, mental health workers who work in community agencies may have to deal with high caseloads, an increase in administrative duties, and a lack of resources (Rössler, 2012). Other stressors of mental health workers may include issues with time management, lack of supervision, problems with role conflict, safety concerns, low pay, poor working conditions, and the possibility of a client committing suicide. Due to the high emotional demands of the profession, mental health workers may experience excessive amounts of stress due to their frequent exposure to negative life events, which may lead to vicarious trauma (Harr & Moore, 2011). Compassion fatigue and vicarious trauma are terms often used to explain this phenomenon that occurs when mental health workers work with traumatized clients and become affected by their trauma.

Compassion fatigue has many negative consequences for both the client and the clinician. For the clinician, compassion fatigue may lead to a decrease in empathy with clients and other individuals (Harr & Moore, 2011). Compassion fatigue may also result in a clinician feeling helpless, unmotivated to work, and physically and mentally exhausted. Although this study did not focus on compassion fatigue, it is important to know that it is part of the stress continuum for mental health workers.

In addition to compassion fatigue, burnout is a term used to describe the negative effects of stress in the workplace (Thorton, 1992). Unlike compassion fatigue, burnout occurs over a prolonged period of time. According to Maslach, Jackson, and Leiter (1986), burnout is a psychological experience on the individual level that results in the person feeling emotionally exhausted and has negative consequences for both the client and the clinician. According to Pines and Maslach (1978), burnout is more prevalent in health care professionals and may result in higher absenteeism, increased turn over, and low staff morale. Burnout, similar to compassion fatigue, is greatly affected by an individual's ability to cope and manage stress. Given that mental health workers are working with vulnerable and emotionally fragile individuals, they may more susceptible to stress-induced eating, emotional eating, and may be at risk for gaining weight or becoming obese.

The previous research on mental health workers and stress has led to greater knowledge on the impact of client contact through conditions such as vicarious trauma and compassion fatigue (Harr & Moore, 2011; Rössler, 2012). Also, the past research has provided greater knowledge on the prevalence of burnout in the mental health field (Pines & Maslach, 1978; Thorton, 1992). The weaknesses in the literature has been the limited amount of research on the effects of stress in the mental health field on eating patterns with those who identify as emotional eaters.

Coping With Stress

RQ1 and RQ2 both address coping with stress and will explore how mental health workers manage their stress related to work. Individuals cope with stress in various ways.

Mental health workers also cope with stress in a myriad of ways. Mental health workers may be working with challenging clients that may present with suicidal behavior or PTSD. McGeary et al. (2014) found that mental health workers working at the Veteran's Administration with PTSD clients, used caffeine and drinking alcohol to deal with work related stress. The study also found a correlation between burnout and time off of work to deal with the stress of work. Ting et al. (2008) conducted a similar study with mental health workers who experienced a client's nonfatal or fatal suicidal behavior. Their study consisted of 515 mental health workers who were given an anonymous survey regarding their interactions with suicidal clients. Approximately 36% of the mental health workers used positive coping skills to deal with their work with suicidal clients, with prayer (19.2%) listed as the most common skill. Approximately 37% reported using negative coping skills, with the most common reported coping skill as increased alcohol use (16.2%). Other top positive coping skills included exercise (16.6%), mediation (18.1%), and help seeking (8.5%). Other reported negative coping skills included using isolation (17.0%), overeating (15.9%), smoking (12.5%), prescription drugs (5.2%), and illegal drugs (1.8%). The study also found that secondary trauma was a significant indicator of using negative coping skills and that those who reported secondary trauma used both positive and negative coping skills to reduce their distress.

The strengths of the current studies on coping with stress includes value information on how mental health workers cope with stress, but fails to address how mental health workers who self-identify as mental health workers cope with work stress or how stress is specifically related to eating patterns.

Summary and Conclusions

Stress and work-related stress can cause individuals to change their eating patterns (Kandiah et al., 2008). Stress affects the body and the mind and without effective management may lead to severe physical and mental problems (Swann, 2011). Several quantitative studies have shown that stress can lead to individuals craving sugary or fatty foods (Levitan and Davis, 2010; Roberts, 2008). Many studies on nurses (King et al., 2009; Nahm et al., 2012; O'Donovan et al., 2013; Wong et al., 2010; Zapka et al., 2009) illustrate the impact of work-related stress on food choices, but fail to provide an in-depth look on the nurse's personal experiences around work-related stress and food. Although nurses may face similar work-related stress, their experiences cannot be generalized to describe the experiences of mental health workers. This study will explore the individual stories of mental health workers who have experienced work-related stress affecting their eating patterns.

The topic of emotional eating or stress-induced eating in the workplace has largely been ignored. Many past studies have proven that work stress leads to disordered eating, but other than nurses, it has not been largely explored with other workforce populations. The concepts and variables of this study are justified due to the lack of qualitative research on this phenomenon and the lack of information on this specific population. Through animal studies and quantitative studies, previous researchers have added to the field in significant ways by identifying and measuring the body's reactions to stress and identifying through qualitative research how workplace stress is associated with disordered eating. The literature on this topic is lacking qualitative studies. The

majority of studies were strictly quantitative and do not explore the experiences of the individuals struggling with this phenomenon. The current study helped to fill the gap in the literature on this population and provide knowledge to the mental health field on examining the eating patterns of mental health workers who self-identify as emotional eaters. The third section of the study will include an introduction to the methodology, the research design and rationale, the role of the researcher, the methodology, research method, research design, major concepts, the role of the researcher, the methodology, and issues of trustworthiness.

Chapter 3: Research Method

Introduction

As stated in Chapter 1, the purpose of this study was to explore the phenomenon of work-related stress and the eating habits in mental health workers who self-identify as emotional eaters. Qualitative research was conducted to provide insight into the experiences of mental health workers in regards to both work-related stress and food. Exploring the phenomenon between stress and food intake in mental health workers provided greater knowledge to both the individual and the greater public on the effects of work-related stress on eating patterns. The awareness gained from the literature may also prevent weight gain and obesity in mental health workers and add to the existing knowledge in the prevention of obesity in America. This chapter will provide an introduction and more detail on research design and rationale, the role of the researcher, the methodology, the issues of trustworthiness, and a summary.

Research Design and Rationale

The aim of this study was to add to the body of knowledge on work-related stress and eating patterns via qualitative research. Qualitative research was used to examine the phenomenon of emotional eating in the workplace. Qualitative research provides a personal account of individuals working in the mental health field and their relationship with food on and off the job. I collected the data through personal interviews and used s phenomenological approach to examine the phenomenon of emotional eating in the workplace. A phenomenological study provides the lived experiences of several individuals on a particular phenomenon. The phenomenological approach is based on two

philosophical assumptions, which include that the study focuses on the lived experiences of individuals and the experiences are conscious experiences and the core of these experiences are without judgment or analysis (Creswell, 2007). The qualitative research tradition was utilized for this study to add to the quantitative literature on work-related stress and eating patterns and to fill in the gap in the research on work-related stress and food choices with mental health workers.

The results of this study have provided an in-depth look mental health workers who self-identify as emotional eaters and their eating patterns related to job stress. Through this study, my goal was to answer the following questions:

1. What are the eating patterns of mental health workers who self-identify as emotional eaters on and off the job?
2. How do mental health workers who self-identify as emotional eaters relate their job stress to their eating patterns?
3. What experiences do mental health workers have in trying to alter eating patterns related to job stress?

Role of the Researcher

According to Creswell (2007), the researcher's role in a qualitative phenomenological study is to objectively collect data on the experiences of a group of individuals who have been a part of a phenomenon without allowing the researcher's own experiences of the phenomenon to influence the research. Although I feel that I have a personal experience with this particular phenomenon, I thoroughly understood the importance of being an objective observer and participant during the interviews in order

to ensure that the research was unbiased. Being a licensed professional counselor, I needed to adjust my accustomed role as a counselor and ensure that my questioning was research-driven and that my role was clearly understood by the study participants.

The study was conducted in the mental health community of Tucson. I conducted semistructured interviews and later transcribed the data collected. Although there is a fairly large mental health community of professionals, it was possible that some of the study participants may have known me or may even possibly have been a fellow colleague. In order to avoid any potential power dynamics, I ensured that the study participants were not selected from my current workplace on the Tohono O'odham reservation and all study participants would not have an employee–supervisor relationship with me. Any potential power relationships or personal biases were addressed with my dissertation committee. Because this study was conducted in the community with which I practice as a counselor, extra precautions were needed to ensure that the study participants did not feel obligated to participate in the study or influenced by my role in the community.

Methodology

Participant Selection Logic

The study participants were selected from mental health agencies in the Tucson, Arizona community, comprising a purposeful sample. An e-mail (Appendix A) was sent out to all mental health staff detailing the study and participant criteria along with a contact number for me as the researcher. In order to participate in the study, individuals needed to be over 18 years old, work in the mental health community, and self-identify as

an emotional eater by reading the definition in the e-mail. Mental health worker was defined as an individual who spends the majority of his or her time working directly with clients in a mental health setting, not including administrative staff members of these agencies. Interested participants were asked to call me at the number I had provided and complete a short interview to determine fit with the study criteria (Appendix B). Once the study criteria were determined to be met, an appointment was scheduled to set up a date for their interview. The interviews were held over the phone at a time convenient to the participant. Research participants were compensated for their time via a $25 gift card to Amazon, and their participation was completely voluntary as noted in the informed consent document the Walden University Institutional Review Board (IRB) approved and that I provided to the participants prior to the interviews.

For a phenomenological study, a researcher should conduct between five and 25 interviews in order to reach the recommended saturation point (Polkinghorne, 1989). For this study, a purposeful sampling was implemented using the criterion sampling strategy. According to Suri (2011), criterion sampling may be utilized when the researcher plans on examining all cases that meet a certain criteria. In this study, I looked at all cases of mental health workers who self-identify as emotional eaters. By selecting only cases with a certain criteria, criterion sampling provides a thorough review of the cases (Patton, 2002). For this study, I conducted 12 interviews (at which point data saturation was reached); this sample size has been recommended by others when using the phenomenology approach (Dukes, 1984; Moustakas, 1994). Data saturation is reached when further examination of the topic will not provide any new information or insight

into the phenomenon and can be achieved more easily if a researcher is using focused questions about the topic rather than broad questions (Lincoln & Guba, 1985; Suri, 2011). For this study, focused questions were asked in regards to eating habits of mental health workers who self-identify as emotional eaters.

Researcher-Developed Instruments

As the researcher, I developed a semistructured interview (Appendix D) to compliment the research questions. The basis of the semistructured interview, which is one of the techniques used to capture the experiences of individuals using the phenomenological approach (Moustakas, 1994), would elicit additional information to fill the gaps on this phenomenon. Content validity was established by conducting the semistructured interviews with the participants and transcribing the data shortly after the information was collected. The questions in the semistructured interview were focused to reach data saturation. I also developed and utilized a demographic survey to gather basic information regarding the participants in order to have a better understanding of the phenomenon and possible trends (Appendix C). The demographic survey enhanced the research questions by providing more detailed information on the participants in regards to age, gender, race, height, weight, years in the mental health field, and current position. The combination of demographic survey and the semistructured interview instrument established sufficiency in data collection and helped to answer all of the research questions (Appendix D).

Procedures for Recruitment, Participation, and Data Collection

Once study criteria were met and informed consent was obtained, each participant completed a phone interview. Data were collected by me as the sole researcher. A digital audio recorder was used to ensure accurate data collection. Prior to each interview, informed consent was obtained using a written informed consent form and reviewing the form orally with each participant. Participants were also asked to complete a brief demographic survey (Appendix C) prior to the recorded interview. Participants needed to self-identify as an emotional eater prior to being selected as a participant in the survey. Names were used for the informed consent form, but not for the demographic survey; identification on the survey was by random code number. Informed consent forms were kept separately from all data in order to ensure confidentiality. During the interview, open-ended semistructured research questions (Appendix D) were asked to all study participants in order to elicit the rich personal experiences related to the phenomenon of emotional eating. A semistructured interview was completed to allow participants who self-identify as emotional eaters to discuss the phenomenon of emotional eating with the flexibility of a natural conversation. Names of the participants were not used in any recordings. A specified code number was used to identify each recording. For the interviews, each participant had up to 1 hour to answer all the questions and ask any follow-up questions during the debriefing . Data were gathered at private area in my home. Due to the sensitivity of the topic and the importance of confidentiality, only I collected and transcribed the data. I ensured that each participant was debriefed to ensure that they had time to discuss their experience of the study; each participant was provided

with a list of community resources if needed to address any emotional issues that may have been raised during the interview.

Data Analysis Plan

Once the interviews were completed, I read and reread the transcripts to create codes that allowed themes and categories to be identified in the data using Moustakas's (1994) approach to phenomenological analysis. The data were correlated to each specific research question. According to Moustakas, phenomenological analysis entails a six-step approach, which I followed in the present study. The first step in the plan is for the researcher to describe their own personal experiences related to the phenomenon, so the researcher can identify their own biases and the focus can be on the participants in the study. The second step requires the researcher to identify significant statements in the data, and the researcher will develop a list of the statements. For the third step, the researcher will take the significant statements and assemble them into larger themes of data. The researcher describes in detail how the participants experience the study in the fourth step, which may include the participant's verbatim answers and is also called the textural description. The fifth step provides the structural description of the data, which means the researcher will describe the context and setting regarding how the phenomenon was experienced. Lastly, the sixth step requires the researcher to combine both the textural and structural descriptions to provide and overall view of the phenomenon (Creswell, 2007). If a discrepant case is identified, it will be included in the data. According to Frankel (1999), deviant cases in qualitative research help to provide a more thorough investigation of the phenomenon.

Issues of Trustworthiness

In order to establish trustworthiness of the study, I paid close attention to establishing credibility, transferability, dependability, and confirmability in this study. In the sections below, I will address the issues of trustworthiness for this study.

Credibility

According to Creswell (2007), a researcher working consistently with the population being studied establishes credibility by being able to determine through experience the factors that may be relevant to the study. This technique is known as prolonged engagement or persistent observation (Creswell, 2007). I have worked in the mental health field for the last 16 years; I have been able to observe mental health workers on a daily basis and have a very good understanding of the field. Using prolonged engagement or persistent observation also includes being able to ferret out distortions in the study due to researcher bias or other participants.

Transferability

In order to establish transferability or generalizability, Guba (1981) recommended that the researcher provide adequate detail and have a thorough knowledge in both the sending and receiving contexts. This technique for establishing transferability is known as thick description. According to Creswell (2007), using thick description by providing a significant amount of detail about the participants and the phenomenon will help the reader transfer the information to other types of settings in order to see if the contextual information can be transferred.

Dependability

Dependability in qualitative research describes the stability of the data (Houghton, Casey, Shaw, & Murphy, 2013). In order to establish dependability, Guba (1981) advised using audit trails, which allows the researcher to create a document detailing the steps of the research process, which can later be examined by an external auditor. The audit process was used to verify that the research procedures are accurate.

Confirmability

Confirmability is also an essential aspect to developing trustworthiness in a study. Confirmability can be established by utilizing reflexivity. Reflexivity allows the researcher to be more aware of his or her own biases and allows the researcher to share their personal account of the research process (Houghton et al., 2013). One way to practice reflexivity is to keep a journal of the researcher's personal experiences throughout the process. A reflective journal was used for this study.

Ethical Procedures

The data collection phase of this study began after receiving approval from Walden University's IRB (Approval Number 07-16-15-0106430) (Appendix F). All names and identifying information were removed. As the primary researcher, I was the only individual with exclusive access to the data. Informed consent forms and agreements to gain access to participants or data were kept separately from the data, which were identified only by random code number. All data were password protected and the data will be kept for a minimum of 7 years and will then be destroyed via shredding. Participation in the study was completely voluntary, and confidentiality was strictly

monitored and protected. Questions asked during the interview had the possibility of eliciting emotional responses; all participants had a period to debrief and all were provided numbers of local crisis lines and community resources for mental health if needed (Appendix E). Any ethical concerns that arose were addressed with my dissertation chairperson and committee.

The data from the interviews included any researcher notes, and the audio files were password protected. I will keep the data at my home office under lock and only accessible to me. I also transcribed the data verbatim. No participant names were mentioned on the transcription of the recordings; all participants were identified by random code numbers and signed informed consent forms, which I kept separately under password-restricted access for interviews, demographics questionnaires, and recordings. All other ethical issues that did arise were discussed with the dissertation chair to ensure that all ethical procedures were followed. For this study, the ethical issues that were applicable included doing a study within one's own work environment and the use of incentives. Due to the study being done at my work environment, there were precautions to ensure that there was not any conflict of interest or other power differentials. If a conflict of interest or power differential had arisen, it would be immediately addressed with the dissertation chair. The IRB and committee chair approved the use of incentives for this study and there were not any apparent conflicts.

Summary

A qualitative study was conducted to explore the phenomenon of work-related stress and eating habits of mental health workers who self-identify as emotional eaters.

The aim of the study was to provide research to the existing body of literature on emotional eating and work-related stress. Exploring work-related stress in mental health workers has the potential to inform issues of physical health in this population and provide insight as to how stress and eating relate for mental health workers. Each participant was interviewed using a digital audio recorder and the data were transcribed verbatim into a personal computer that is password protected. Methods of reliability and validity were employed to ensure that the study is trustworthy. Prior to data collection, the IRB of Walden University approved the study. All ethical standards regarding research and data collection were maintained throughout the study. The following chapter will present the results of the study.

Chapter 4: Results

Introduction

The purpose of this study was to explore the phenomenon of work-related stress and eating habits in mental health workers who self-identify as emotional eaters on and off the job. Qualitative analysis was utilized to provide an account of the phenomenon of emotional eating in the work place. Although several studies have been conducted on stress eating with various populations, very few studies addressed the effects of stress on eating patterns in specific work environments or with individuals who self-identify as emotional eaters. The three main questions in this study focused on exploring the eating patterns of mental health workers, how the mental health workers relate their eating patterns to their stress, and what experiences mental health workers describe in trying to alter their eating patterns.

Semistructured interviews were conducted to gather the personal accounts of 12 individuals who met the criteria for the study. In order to be a participant in the study, an individual had to have been 18 years of age or older, work in the mental health community, and self-identify as emotional eaters. The remainder of the chapter will include greater detail on the context of the study, a description of the research participants and demographics, procedures in data collection and analysis, credibility measures, identified themes, and a summary of the chapter.

Context of the Study

Obesity and obesity-related health problems continue to plague the United States, and many factors contribute to the rise of obesity in Americans. Diet, exercise, and

genetics have been thoroughly researched as the major factors of obesity, but emotional factors that contribute to why people eat have not been as thoroughly reviewed with this population. Stress has been known to affect eating patterns in lab animals and humans. The stress theory postulates that stress causes people's bodies to react to situations by releasing certain hormones that regulate the body to manage the stressful situations (Selye, 1976). Previous studies on stress and eating in laboratory rats produced mixed results, with some of the rats eating more when stressed and other rats eating less (Rudenga et al., 2013; Rutters et al., 2008). Results have also been mixed in humans, which have resulted in questions about why certain people gain weight when stressed while others lose weight (O'Connor et al., 2008).

Emotional eaters use food to help regulate negative moods (Hawks et al., 2005). By consuming food in order to manage negative moods, emotional eaters tend to gain weight and have a greater chance of becoming obese or having health-related problems due to overeating. Work stress is one of the leading causes of stress in Americans (American Psychological Association, 2014). Therefore, it is important to address how food patterns change when individuals are under stress in order to increase awareness around possible stressors that could potentially be resolved through different coping mechanisms outside of eating.

In order to get a personalized account of emotional eating in the work place, for this research study I proposed the following questions:

RQ1: What are the eating patterns of mental health workers who self-identify as emotional eaters on and off the job?

RQ2: How do mental health workers who self-identify as emotional eaters relate their job stress to their eating patterns?

RQ3: What experiences do mental health workers have in trying to alter eating patterns related to job stress?

Setting and Procedures for Data Collection

Prior to collecting the data, I received approval from the Walden University IRB on July 16, 2015 (approval code # 07-16-15-0106430). As stated in Chapter 3, potential participants contacted me via e-mail or phone to express their interest in the study. During the initial phone or e-mail contact, I verified the participant was eligible for the study and set up a date and time to conduct a recorded phone interview. Prior to the phone interview, I obtained the informed consent signed by the participants and made them aware of the voluntary nature of the study.

Once the interview dates and times were established, I contacted the participants at the designated time via phone and used an audio recorder to record the conversations. Before beginning the semistructured interview, I asked a few friendly questions to build rapport and reminded the participants that they were being recorded and could discontinue the interview at any time. After building rapport, I asked the questions on the demographic survey (Appendix C). No personal or organizational conditions influenced participants or their experience at the time of this study that may have influence data collection procedures or data analysis.

Participant Descriptions and Demographics

Participants were taken from a purposeful criterion sample of mental health workers in Tucson, Arizona. Notification of the study was delivered by e-mail (Appendix A) to all eligible mental health workers at a community mental health agency in the Southwest. Because I was employed at this site, I took special precautions reviewing any potential conflict of interest with the supervising committee and the IRB. To avoid potential conflicts, the CEO of the agency and I decided to only send e-mails to mental health workers who were not supervised by me and at an agency site where I was not physically located, which excluded approximately 10 to 15 mental health workers being supervised by me. The site locations were approximately 75 miles apart. Approximately 350 employees were employed at the agency at the time of the study. Other qualifications required to participate in the study included that members were 18 years of age or older, worked in the mental health field, and self-reported as an emotional eater. For a phenomenological study, a researcher should conduct between five and 25 interviews in order to reach the recommended saturation point (Polkinghorne, 1989). For this study, 14 people responded to the e-mails and 12 met the criteria for the study (n = 12). Table 1 contains demographic information regarding the participants' age, gender, race, height, and weight. Pseudonyms were created to protect the identity of the participants.

Table 1

Study Demographics 1

Identifier	Age	Gender	Race	Height	Weight
Rob	47	Male	Caucasian	5’6”	150
Olivia	29	Female	Caucasian	5’5”	170
Yvette	31	Female	Caucasian	5’3”	135
Gretchen	29	Female	Mixed Race	5’1”	110
Barb	33	Female	Caucasian	5’5”	145
Pam	31	Female	Hispanic	5’4”	175
Phyllis	45	Female	Caucasian	5’4”	185
Wanda	42	Female	Caucasian	5’9”	200
Brad	48	Male	Caucasian	5’9”	170
Gabby	38	Female	Hispanic	5’2”	170
Tara	27	Female	Hispanic	5’1”	135
Brenda	30	Female	Caucasian	4’11”	150

The study included participants ranging in age from 27 to 48. The average age was 36 years old (standard deviation = 7.74). Two men and 10 women participated in the study. The races included Caucasian, Hispanic, and mixed race. Table 2 contains demographic information collected on the years worked in the mental health field and the participant’s current mental health position.

Table 2

Study Demographics 2

Identifier	Years in the Mental Health Field	Current Position
Rob	24	Crisis Coordinator
Olivia	7	Counselor
Yvette	8	Integrated Health Care Coordinator
Gretchen	6	Dedicated Recovery Coach
Barb	10	Therapist
Pam	2	Recovery Coach
Phyllis	25	Residential Director
Wanda	20	Residential Site Supervisor
Brad	10	Clinical Supervisor
Gabby	6	Program Director
Tara	5	Intake Clinician/Therapist
Brenda	11	Residential Site Supervisor

The average length of time working in the mental health field was 11 years. Five of the participants held supervisory positions in the mental health field, three were counselors/therapists, two were recovery coaches (case managers), one was an integrated health care coordinator, and one was a crisis clinician.

Upon completion of the demographic information, I conducted a semistructured interview (Appendix D) with each participant. I called each participant at the phone numbers that they preferred, and the calls were recorded with Call Recorder. The interview times varied from approximately 20 minutes to over 40 minutes. At the conclusion of the interview, I processed any feelings with participants to ensure that they were not upset about the interview and offered the crisis support numbers (Appendix E) if needed. After completion of the interview, each participant received a $25- Amazon gift

card to his or her preferred e-mail address. All of the audio recordings were then saved in a password-protected computer, which was only available to me.

After all the interviews were completed, I transcribed each interview verbatim. Only I transcribed each interview to avoid any potential breaches in confidentiality. Once all the interviews were transcribed, I began analysis using both line-by-line coding and focused coding.

Data Analysis

The transcribed interviews were analyzed using manual line-by-line coding and focused coding (Saldana, 2009). I completed the coding manually for each interview. The coding process included going through the interview once using line-by-line coding and then going through the interview a second time using the focused coding method. After completing the focused coding, I reviewed both the line-by-line and focused coding and added additional notes or remarks using the track changes option in Microsoft Word. These notes were used as memos to indicate reflections, reactions, and data patterns (Hesse-Biber, 2003). At the end of the interview analysis, I made an additional note called “trends in coding,” which briefly summarized some of the codes and possible themes of each interview. Table 3 illustrates the data analysis process that was utilized for each interview.

Table 3

Sample of Line by line and Focused Coding

Raw Data	Line Coding	Focused Coding
One participant said:		
"*Um, I think that when I come home at the end of day is the biggest indicator if it is has been a real long and exhausting day, I don't want to make food so I will just end up eating cereal and peanut butter and jelly or something not that good or sometimes just whatever junk food is available um and so that's the biggest thing I've notice is that I just don't want to take the time to make anything healthy or if I don't have anything in the house and I don't have the energy to go the store again I will just eat cereal or whatever whatever I can piece together".*	The biggest indicator of a stressful day is if she comes home and is too tired to cook food and then will resort to eating cereal or a sandwich or something that is not considered to be healthy. Occasionally eating whatever junk food is there. Most significant thing that she's noticed when she's had a long stressful day is that she doesn't take the time to make healthy food, doesn't have the energy to go to the store, she will eat something easier like cereal or whatever kind of food she can easily put together.	Emotional exhaustion Junk food Meal preparation Unpredictable eating patterns: Modified eating patterns when stressed. Portable foods

Coding that emerged from focused coding was reorganized into families of codes indicating the relationship to major themes or the overarching patterns of findings. The codes were reviewed for redundancy and relevance. Codes that seemed redundant were combined and collapsed. Codes that occurred infrequently were reviewed for meaning and eliminated or combined with other codes. The defined codes became the specific themes and subthemes (Attride-Sterling, 2001).

Evidence of Trustworthiness

The evidence of trustworthiness in this study was established using a variety of credibility procedures. The credibility measures included using a purposeful criterion sample, ensuring a thorough screening of each participant, transcribing the interviews verbatim using descriptive language, data saturation, prolonged engagement, audit trails, and reflexivity.

For this study, I decided to utilize a purposeful sample of mental health workers who self-identified as emotional eaters in order to gather personal accounts of this phenomenon. Due to time limitations on this research, I used a sample of convenience at a community mental health agency in Southwest region of the United States in which I was employed. In order to avoid any potential conflict of interest, the participant sample was taken from an agency site where I did not physically work and had no supervisory duties with any of the employees. The site locations were approximately 75 miles apart.

A thorough screened was conducted to ensure participants met the study's criteria. An e-mail was sent out to approximately 250 to 300 employees of the agency with details and criteria for the study. Participants e-mailed me to express interest in the study and then were screened for the selected criteria via e-mail and over the phone. The study criterion was also included in the informed consent document, which was obtained for each participant. I also verbally verified with each participant the purpose of the study and its voluntary nature.

The interviews were transcribed verbatim to allow the participants to adequately and freely describe their experiences with the phenomenon. The verbatim transcription

also helped to curb the potential for subjectivity on the topic by me. The interviews were conducted in a casual, free-flowing manner in order to make the participants comfortable when describing their experiences. Open-ended questions and clarifying questions were asked in each interview to help participants to describe their experience in more detail.

According to Polkinghorne (1989), conducting five to 25 interviews for a phenomenological study will help reach the point of saturation. For this study, 12 interviews were conducted. Data saturation was achieved in the interviews by utilizing repetition until no new information in the data was forthcoming (Lincoln & Guba, 1985).

Credibility was achieved through prolonged engagement. Prolonged engagement is consistently working with the population being studied (Creswell, 2007). I have worked in the mental health field for over 16 years and have had a prolonged engagement with the mental health community at large and also with the mental health agency used for the study due to my employment. My prolonged engagement of both the mental health community and the agency helped me to identify any discrepancies or distortions in the data while assuming a subjective stance.

Audit trails can be utilized to help confirm the dependability of the data (Guba, 1981). For this study, audit trails were used to describe the steps of the research to ensure every step is carefully reviewed. Due to time constraints, outside auditors did not examine the audit trails other than the selected dissertation committee members.

Reflexivity allows the researcher to become more aware of any potential biases by documenting the researcher's personal experiences of the study (Creswell, 20079). Reflexivity helps to provided confirmability of the data by separating out the researcher's

own personal experiences. Due to my employment with the agency, it was crucial to reflect on my own personal biases with the agency and work stress. I was able to do that by reflecting on my personal experience after each interview. Although I would describe myself as an emotional eater, I do not believe that it negatively influenced the study. In fact, I believe that my first-hand experience with the phenomenon and my curiosity of the topic allowed me to have an open mind to each participant's experience and a greater ability to create the informal foundation of the study.

Results

Major themes emerged from the data analysis of the interviews. Themes surfaced in the interviews according to their relevance to the phenomenon. Four major themes emerged: stress related to the mental health field, food patterns changing, food relieves stress, and ways to manage emotional eating. Each theme contained a number of subthemes. Table 4 illustrates the major themes and subthemes.

Table 4

Themes and Subthemes

Themes	Subthemes
Stress related to direct care in mental health	Work Stress Lack of time/unpredictable work schedule Symptoms of stress
Food Patterns Changing	Portable food/fast food Junk food Frequency of skipping meals/snacking
Subtheme: Food Relieves Stress	Emotional eating/stress eating Food at the workplace Food as a comfort
Ways to manage emotional eating	Food preparation Exercise Self-Awareness

Theme 1: Stress Related to Direct Care in the Mental Health Field

Given their direct work with clients in the mental health field, it was not surprising that all the participants mentioned stress related to their job. Work-related stress was a topic that participants mentioned throughout the interviews. They mentioned hectic work schedules, dealing with stressful situations throughout the day with clients, demands of the job (paperwork, deadlines), and not having enough time to get everything completed.

All participants reported providing direct care work with clients in mental health settings, which seemed to result in stressful situations both on and off the job: work stress, lack of time/unpredictable work schedules, and symptoms of stress. The following section will describe the significant subthemes in greater detail.

Work stress. Work stress among the participants appeared to be the norm. None of the participants described their work without stress and many reported both chronic and situational stress occurring on a daily basis. The participants' definition of work stress included any stressful event (chronic or situational) that was directly related to their occupation as a mental health worker. The participants mentioned feeling stressed over a long period of time and also in brief encounters, which seemed to correlate with chronic and situational stress definitions. Chronic stress at work generally resulted in the same types of stress every day. In many cases, participants were facing mounting pressures from job requirements, meeting job expectations, and helping their clients manage their own crises. These chronic daily stressors resulted in participants feeling physically exhausted, emotionally drained, burnt out, and in many cases, made them at risk for eating when they weren't hungry.

> *As participant Gretchen described her stress at work*: Ah, work is stressful because there's always a lot of things going on, a lot of balls in the air a lot things you are trying to take care of and when there's kids getting disrupted um placements being needed to looked into, right now I have a kid in detention for a felony just having to take care of that, having pressure put on me from like other people pushing their weight around so this job can be difficult because we're expected to do so much um and just make it happen you know um but sometimes it's not always realistic or we take the blame a lot for some things that happen um like and none of the credit (laughing)

Not only did participants describe their daily chronic stressors, there were also specific events during their workday that resulted in situational stress. The majority of the situational stress mentioned in the interviews pertained to encounters with clients. These stressful encounters were often a result of the client being in crisis. A few participants mentioned having to take action to deescalate the situation. These types of events occasionally lasted several hours at a time and resulted in some of the participants skipping meals and neglecting other work duties. Some of the also participants reported that these situational events filled them with adrenaline, which allowed them to manage the situation, but often resulted in being very tired and fatigued after the event. Participant Brad mentioned dealing with stressful events related to clients' crisis every other day due to his role as clinical supervisor.

> *Participant Brad describing how he responds to the stressful event.* Ah, um describe my response to stress at work. Um I think I focus better, I respond better, but I often know that it wears me out, makes me tired, makes me irritable.

Another participant mentioned worrying about his or her own safety and the safety of the family after her client became aggressive during an intake.

> *Participant Tara describing a stressful event during an intake*. I've just had a couple of clients who again are throwing things at their parents and might come to me, throw the toys at me, not purposefully, head towards me. I had one client um for an intake one time that was like physically pushing and like hitting mom and the mom so um and I tried to get away from the situation instead of comforting them.

The majority of the participants managing this type of stress felt as though they were able to handle it and preferred brief stressful events in comparison to chronic stress. Participants also seemed to have an overall awareness of the different types of stressors they were dealing with at work and how the stress affected their actions. Participant Barb, an intake clinician, stated that she didn't feel as much stress working with clients with suicidal ideation as she felt when dealing with the chronic daily demand of her job.

> *Participant Barb describing the difference between a client being in stress and chronic daily stressors*. Yeah, I think, now that I think about it. Those situations don't actually stress me out that much. What probably is the greater stressor is the demand on like time and like feeling, feeling overwhelmed by too many demands like a million e-mails to answer, a crisis is happening, clients are coming, documentation has to be within 24 hours, like just like a when things are overwhelming there's too many things going on and hard to prioritize I think that's probably the more stressful thing actually.

Participant Rob, a crisis coordinator, also mentioned the two types of stress that he was feeling on a daily basis. He also described his responses to the different types of stressors.

> *Participant Rob describes the two types of stress he faces daily*: Ok, in general, stress in the moment, I do very well with um I don't mind the actual stress of the crisis that I go to and in the crisis I tend to stay very calm. Not real phased by much of anything. Um see the stress that is sort the crisis stress and I deal with that, I think, fairly well. It's the chronic stress of not knowing when the phone is

> going to go off so and wondering when you're going to get interrupted when you start an activity or if you're ordering a meal and you don't know you may get a meal before you get the call. um that kind of thing. Start you know, That's the...that's the stress that I that I struggle with. so, I'm under two different types of stress...if that makes sense to you.

The participants in this study reported facing daily stress due to their current jobs in the mental health field. The stress reported was either situational or chronic. The participants reported handling those two types of stress differently.

> *Participant Rob describes how he handles the different types of stress.* Ok, in general, stress in the moment, i do very well with um I don't mind the actual stress of the crisis that I go to and in the crisis I tend to stay very calm. Not real phased by much of anything. Um see the stress that is sort the crisis stress and I deal with that, I think, fairly well. It's the chronic stress of not knowing when the phone is going to go off so and wondering when you're going to get interrupted when you start an activity or if you're ordering a meal and you don't know you may get a meal before you get the call. um that kind of thing. Start you know, That's the...that's the stress that I that I struggle with. so I'm under two different types of stress...if that makes sense to you.

Lack of time/unpredictable work schedules. A major source of stress reported was not having enough time to complete essential job duties. When discussing lack of time, they also mentioned the unpredictability of their schedules, which seemed to compound the job stress. Lack of time was defined as not having enough time to

complete the daily job requirements. Overall, participants mentioned a lack of time when talking about completing the required paperwork, managing the care of their clients, handling crisis situations, and dealing with unexpected situations that arise due to the nature of the job.

Paperwork was frequently brought up as a major cause of stress due to the lack of time to get it completed. Completing daily paperwork was a requirement for all participants and is a state mandate for all mental health agencies to document coordination of care between agencies, services provided, crisis situations, and outcome reports to the funding agencies. Several of the participants reported having to complete their required paperwork after their regular shift, which meant completing them at home or staying at work late. The State of Arizona requires that all paperwork is completed within 24-hours of the event. The strict timeframes can result in mental health workers working outside their normal 40-hour shifts to ensure the paperwork has been completed. Although managing their clients' needs and dealing with crises was also reported as activities that they didn't have time to complete, the paperwork seemed to produce the most stress and resulted in the most consistent answer for the general lack of time.

Phyllis, a 42-year-old residential supervisor, reported only being off of work when she goes on vacation. She works her regular 40-hour shift and then is on-call after hours. She explains her lack of time due to her job demands.

> *Participant Phyllis describing her typical work stress*. Ok so a lot of times during the day I'm busy dealing, instead of doing the work that I was scheduled to do that day, I'm dealing with crisis situations, so then when I go home after I get my kids

> to bed, I do my regular work like like responding to e-mails or writing reports I was supposed to write or something, I'm working late at night.

Unpredictable work schedules were also mentioned as a common cause of work stress during the interviews. Most of the participants reported having a typical schedule, which generally consisted of a 40-hour workweek Monday through Friday, but none of the participants reported strictly adhering to that schedule. Most of the participants reporting working before work, after work, or on the weekends to get everything completed. Participant's schedules generally revolved around the needs of the members and the agency. Therefore, the mental health workers in this study worked more hours than scheduled and did not know if or when they were going to have to work extra hours. This unpredictability made it difficult for the participants to have a regular schedule, which would allow them to have consistent meal times, break times, etc.

> *Participant Olivia describes the stress related to her work schedule.* Um, let's see. I, if I have like meetings for particular kiddos that are difficult um sometimes or if I'm really struggling with getting services in place for kids um we might have a stressful meeting around that or if I have to run out to an like emergency intakes at hospitals or things like that where I find out at the last minute that I have to go that can be stressful because it's not planned um there's less in the current job that I have right now then any other behavioral health job that I've had though so um the current job that I have now definitely has less instances of stress um than previous jobs.

Due to the lack of time and unpredictable work schedules, many participants reported not having time to eat lunch, skipping meals completely, and choosing foods that are fast in order to complete their work. This issue will be discussed under the changing food patterns subtheme.

Symptoms of stress. When describing their work schedules and typical workdays, participants reported symptoms of stress related to their job. In some instances, the participants reported feelings of adrenaline and anxiety when managing a crisis situation, while other reported the exhaustion and fatigue that often follow a stress-related incident. In both cases, the symptoms of stress reported by participants indicate that the stress is affecting both the mind and body. Gretchen, a 29-year-old recovery coach/case manager, reported feeling physical symptoms of stress while she is at work.

> *Participant Gretchen describing her stress*. Um, it's usually like that. Um ah I'll um keep to myself a little bit more to get stuff done, I will really like a little bit anxious like all the time so I'll normally want to be just really really calm and just easygoing but when I'm stressed out um like like I'll have some sort of like chest tighter sort of symptoms, you know?

When describing her reaction to working with client who is in crisis and exhibiting extreme behaviors or has suicidal intent, Participant Barb, reports mixed symptoms of stress.

> *Participant Barb explaining how her stress feels after stressful clients.* So, I mean that I think is stressful. that's stressful. And your calm and you deal with it in the

moment, but like later on you're like "oh gosh" Um like drained or full of adrenaline or like for some other looking for some way to like quiet that.

The physical and mental symptoms of stress reported by the participants were often times reported as linked to changes in eating patterns, which will be discussed in the following section.

Theme 2: Food Patterns Changing

As participants mentioned their daily work stress, they also discussed how their eating patterns changed as a result of this stress. Several participants mentioned having to choose certain types of foods due to a limited amount of time in their day, while other participants mentioned the desire to snack during their workday due to stress. Other participants reported skipping meals or delaying meals due to their work stress and or unpredictable work schedules. The subthemes that emerged that relate to food patterns changing include portable food/fast food, junk food/uncontrollable snacking, and skipping meals/unpredictable eating patterns.

Portable food/fast food. When facing stress at work, participants reported changing their eating patterns in order to accommodate their work schedules and the demands of the job. As a result, many of the participants discussed having to choose foods that were easy to ingest on the go, such as prepackaged foods. Also, participants reported going to fast food restaurants due to the ease of getting fast food and their limited amount of time to eat. For the majority of the participants, eating while at work, was often a rushed activity and did not take precedence over their work schedules, the

client's needs, and their other job duties. Therefore, participants were often choosing foods that they wouldn't normally pick if they had more time or felt less stressed.

Rob, who works as a crisis clinician, reported working mostly in the community rather than an office setting. Due to having to be mobile for his job, Rob had to alter his eating patterns for his job.

> *Participant Rob describes the types of foods he generally eats while working a shift.* Ummm, given that my work tends, I'm not at work, I'm just sort of in the community, Um its portable, so protein bars, umm, things, ah protein powders um sodas, ah waters, um things that are portable. And then I, if I'm working from home and have a break, ahhh sand…peanut butter sandwiches, ahhh turkey sandwiches with turkey, cheese and some sort of condiment um or chicken sandwiches with turkey cheese and chicken sandwiches.

Rob chose certain foods due to needing to be mobile and working in the community, but participants also reported choosing portable/fast foods when working in an office setting. Gretchen, a dedicated recovery coach (case manager for high-needs clients) reports working in mostly an office-based setting, but also reports that her food patterns are altered when she's busy or stressed at work.

> *Participant Gretchen explaining how her schedule affects her eating patterns*. Um when I'm at work. It's mostly been just like um fast foods like um like food that I can easily pick up so um yea I'll eat drive though things 'cause we like my job is really on the go and everywhere so at work often like when I'm stressed out it's because I'm having to run, run, run, so if I'm run, run, running. I'm getting

> something that is on the way and fast if I'm able to sit and eat then I'll like want to eat sushi.

Similar to Gretchen, Pam, a recovery coach, also describes choosing meals that will fit into her work schedule.

> *Participant Pam describing her food choices at work.* Um, um. I normally, like I said, I do stuff that's on the go, stuff that's really easy to make, like I will by like lunch meat or I will buy bread, or like soups, or anything that's easy that I can microwave it or make it like real quick.

In addition to eating portable foods, participants also reported eating at fast food restaurants during work and after hours. Participants reported choosing fast food over other foods due to a combination of lack of time and convenience. Wanda, a residential site supervisor, states that she eats mostly fast food for lunch due to the demands of her job and time constraints. Wanda reports that she has very limited food choices due to the nature of her position and needing to multitask to get everything completed.

> *Participant Wanda describing why she chooses fast food restaurants.* Yeah, because it's a drive through, I know that it's going to take less than 6 minutes to get out of there, I can eat in the car. I can return e-mails while I'm in the drive through.

> *Participant Brenda also describes eating fast food during her workday.* Yeah, so um so yeah, I will definitely like um eat fast food um during work hours more often than I eat fast food outside of work hours um and that's one of the big things

that I do notice um because i feel like I really need to have the subway sandwich or whatever.

Junk food. Participants noted that their food patterns changed due to their work stress. The majority of participants spoke about eating junk food or unhealthy foods during times of stress in their workday, but reported wanting to eat healthier foods. Therefore, the participants reported that the types of foods selected were altered due to their stress at work. Junk food was defined as any self-described unhealthy food. The majority of the junk food described by participants contained a high amount of sugar, salt, or fat. All of the participants in this study mentioned eating at least one unhealthy food as a result of their work stress. However, many of the participants also described a desire to eat healthier foods while at work and this conflict was also illustrated in some of the interviews.

Participant Gabby describes what types of food she eats at work. Carbs, chocolate, candy, things that have sugar in them. Caffeine um things that I feel will give me energy and will help and were coming to get though the day as I'm going through it as things come up.

Participant Olivia describes her eating patterns at work. Um, well I usually pack ahead of time, so usually like a sandwich or spaghetti or something um I don't go out to eat that much so I usually um well I'm at work and if I prepare ahead of time it's healthy if I don’t prepare ahead it will be like junk food it will be like chips or candy or whatever is nearby. Um, so just depends.

Participant Yvette describes the foods that she chooses while at work. Um, when I'm at work. Um Candy (laughing) Um I feel like people hunt around for candy at work. I just like a lot of coffee when I'm at work. Um and then ah just snacky things like I usually have popcorn bags in my desk that I will pop up occasionally um or something super easy that I brought from home like a bag of salad or um something like that I guess

Frequencies of eating/skipping meals/snacking. Participants in the study also reported that the frequency of their eating patterns changed due to their stress at work. Several participants mentioned skipping meals due to back-to-back meetings, handling a crisis situation with a client, or simply managing the demands of the job. Conversely, some participants reported an increased frequency of eating and or snacking due to the same situations mentioned above. Therefore, the frequencies fluctuated from not eating to an increased frequency of eating while at work. Many participants mentioned overeating at certain times during their workday due to stress.

Skipping meals and or delaying meals during the workday seemed to be a direct result of the participants having to manage their work demands prior to managing their own personal needs. Participants reported skipping breakfast, lunch, and dinner at certain times due to various work constraints. Brenda, a residential supervisor, discussed having to delay food intake due to having to manage stressful events that occur throughout her day.

Participant Brenda describes how the stress affects her eating patterns. I just really think that is a big reason why my eating patterns are off because um my the

> nature of work varies, you know they'll be moments of high-need crisis times or times where audits are happening and there's a lot of um there's a lot more opportunity that you know, increases your stress. Like there's a lot more things that happen that are like stressful events that will happen right away in the morning or right before you leave at the end of the day or you know um and so that makes a really big difference um because I may not be able to eat until later when things you know are resolved and just in general after I've had a lot, a lot of excitement.

Phyllis, a residential director, discussed not listening to her body throughout the day and not eating for long periods of time. This resulted in her snacking more frequently on unhealthy foods.

> *Participant Phyllis describes how her work schedule affects her food intake*. I think that my schedule at work or my work day keeps me super busy so that I feel very busy, overwhelmed like I can't get away, um and I'm not paying attention to my body and so by the time I'm hungry I'm like starving and then I have nothing to eat so I just eat junk food.

Participants also reported an increase in snacking throughout the workday. Occasionally, the increase of food would occur after not eating for several hours. Some participants reported snacking the entire day due to work stress.

> *Participant Brad describing an increased frequency in snacking*. I have to eat portable. um It means that I may miss meals um then for lunch, um because I was with a client for 3 hours or 2 and a half hours so um so when I miss meals I do a

> lot of snacking because I'm hungry so... and stressed generally because there's always that underlying stress in my job of um not knowing when the phone is going to ring and when you get interrupted and what ah situation you're going to be having to leave. So ah, I have ah chronic stress going on that tends to make me hungry.

Theme 3: Food Relieves the Stress

Similar to the idea that all participants mentioned having experienced stress as a part of their job as a mental health worker, all of the participants also mentioned that eating food helped to relieve the stress. The mental health workers interviewed in this study overwhelming chose to use food to relieve their work stress. While that's not unusual given the fact that each mental health worker had to self-identify as being an emotional eater, it does help account for each participant's experiences of this phenomenon. The subthemes for this section include the emotional eating/stress eating, food in the work place, and food as a comfort.

Emotional eating/stress eating. This subtheme helps to illustrate the individual stories that the participant's shared regarding their emotional eating/stress eating and their occupation as a mental health worker. Emotional eating/Stress eating were defined as eating as a means to reduce stress. As stated above, each participant mentioned eating due to severe emotions or stress. While this is not unusual due to the participants identifying as emotional eaters, it does help show the differences in emotional eating/stress eating within the participants.

Yvette, an integrated health care coordinator, described eating mostly healthy foods as part of her routine diet. However, when she starts experiencing stress at work, she reported wanting to eat as a way to ease the stress or the emotions she was feeling at the time.

> *Participant Yvette describes her emotional/stress eating.* So, if something bad happens then I will just be like I'm just going get a candy bar on my way to, you know, back to work or on my way to class instead of trying to figure something healthy to eat.

Barb, a therapist, also reports generally eating a healthy diet on a daily basis. She reported consuming a lot of vegetables and lean protein. When feeling stressed at work, she reported eating foods high in sugar, high in carbohydrates, or food high in salt. Barb describes her need to eat during stressful times as a "pleasurable distraction". She also describes the act of emotional eating as sometimes not being fully aware that she's doing it. She also mentions that the eating allows her to concentrate on something else rather than having the feeling of being pulled in a bunch of different directions due to stress.

> *Participant Barb on why she eats when stressed.* And I'm able to concentrate and settle on something um and I think that eating is a pleasurable distraction from that so I think sometimes without really being aware of it, I get up and choose to go and find something often sugary to I guess to distract myself from that, the unpleasantness of being stressed out and experiencing all that like worrying and fretting.

Pam, a recovery coach/case manager, also describes her emotional eating as a way to take a break from the stresses of work. She reports that it helps her to take her mind of the things that are going on around her and focus in on the one task of eating.

> *Participant Pam describes her emotional eating.* Um, I think, I think that just based when you're feeling like anxious or you're feeling like anxiety sometimes you tend to like eat or kind of like snack on thing that kind like takes your mind off of things or just give you like that mental break where you are like "oh I just need to sit" and then when there's things in front of you, you tend like just be ok let me just sit here and eat this, this my excuse to not do anything at the moment and just eat this because it makes me like ok you're doing something, but in a sense you're just eating something that's not good for you, um you just you indulge. you just let, you just like, you know, just eating it because you're bored, or kind of like you're you know tired, or something in that sense where your constantly gives you a mental break and your mental break answers you know like either go for a walk or you're so tired to go walk around and do stuff around the building, you just like sit there and snack on whatever that's in front of you.

Food in the workplace. Many of the participants in the study revealed the common theme of food in the workplace. Food in the workplace was defined as food located at the workplace and not brought in by the individual. The food may be located in the break room or with a coworker. The food in the workplace theme helped detail some of the struggles that participants face when dealing with food that’s not their own at work. Some of the participants reported actively searching for certain foods from

coworkers that readily supplied it. Other participants felt that having food in the workplace was a constant temptation that was difficult to ignore and sometimes undermining their own healthy eating. A few of the participants also felt that having the food in the workplace was part of the culture of the organization and or working in mental health field. The assumption that workers could get food easily when stressed was also noted by many of the participants.

Rob, the crisis coordinator, reported struggling with his inability to decline food in the workplace and felt that his coworkers were trying to undermine his attempts at managing his stress without eating. He also mentions that most of the food being brought to the workplace is junk food.

> *Participant Rob describing his experiences with food in the workplace*. What I find is that other people undermine my attempts to do it and it’s not that they are trying to it's that there are bringing their own junk food in. some people bring it in because they think it soothes other people, so they stick a big bin of junk food on their desk and that undermines my attempt to whatever problem of my own I have no willpower and walk by a chocolate bar and not take one if it's been offered. So, I find that people bringing in junk food to work, or you know, or bringing in donuts to team meetings and things like that. that tends to undermine me.

Olivia, a counselor, mentions the availability of food in the workplace and having access to chocolate from different coworkers multiple times per day when stressed. Olivia also mentions the ease and availability of attaining food outside of work.

Participant Olivia describes managing food in the workplace. Um, Well one thing I've noticed is that a lot of people around here tend to keep like chocolate on their desk um and keep candy around and I tend to get like when I'm really stressed like I have to have some chocolate right now and I'll go like hunt down someone who has it on their desk and I know that there's been times when like I will go by somebody's office like four or five times in a day (laughing) to grab some candy of their desk um so I know that when there's stress there's food or chocolate available I will go out of my way to get it um and then I know that there's a Starbucks across the street now and so the other thing I will do is go get a Frappuccino or something if I'm feeling pretty stressed at work um because that's comforting on number of levels. the caffeine makes me you feel but also the junk food aspect of it.

Pam, a recovery coach/case manager describes a similar experience around food in the workplace and going to find chocolate. Pam's experience of wanting to eat seems to stem from having more free time and needing to take a mental break from work.

Participant Pam on food in the workplace. When you have like meetings or back to back med reviews and stuff like that or you know you get phone calls or you have to answer e-mails and then there's times where kind of bored, not bored, but when you're kind of a little bit more free you tend to like kind of like look for any kid of sugar type foods or you come across like chocolate like what I normally do is there are some people that have chocolate so sometimes like I'll sit there and I'm kind of like zoned out or I just need that mental break like I will go talk to

> people and at the same time I will be like do you have chocolate or anything sweet so I can like eat and they'll give it to me and then I will eat that , so it kind of gives me that trigger throughout the day, some sort of sweet.

Yvette, an integrated health care coordinator, views the food in the workplace pattern as part of the culture of the organization. She reports having limited experience working in other fields, so she wasn't sure if this was a trend with mental health workers or just workplace culture in general.

> *Participant Yvette on the culture of food in the workplace.* Um, I guess I haven't really had experience in another type of job to see what a different kind of culture would be, but it is definitely our culture to um um to be snacky and to like invite people in to talk while eating or offering um junk food because as a way to help someone else be de-stress oh you just need some chocolate or if you know if you eat this donut you'll feel better so yes I think it is our culture but I don't really know another way because I really haven't worked in a job well I mean jobs in high school but after college it's always been behavioral health so...i don't know if that's how other people do it.

Food as a comfort. Several of the participants described using food to comfort uncomfortable feelings or thoughts while working. Food as a comfort was defined as using food as a way to comfort or soothe self. Although similar to the subtheme of emotional eating/stress eating, the food as a comfort subtheme details experiences where the participants felt comforted or soothed by the act of eating during stressful periods. A few of the participants mentioned that the act of eating the food felt them feel more

grounded. Other participants felt that they deserved to eat comforting foods as a result of having a stressful day. Overwhelmingly, the participants felt a sense of relief after eating when stressed, although some admitted to regretting it later.

Brad, a clinical supervisor, reported feeling the need to eat heavier foods when feeling stressed rather than eating vegetables and greens. He felt that the heavier foods helped him feel better and made him feel more grounded in times of stress.

> *Participant Brad on using food as a comfort*. Yeah, um typically I more stressed, I'm looking for a more heavy food, something that's going to weigh heavier, so it's going to be more of carbohydrates or proteins and stuff like that instead of vegetables and greens, because it's almost like a grounding effect to it or something, so I think that helps me regulate me a little bit physiologically.

Gabby, a program director, also reported feeling the need to eat something comforting when stressed. She felt that healthier foods did not satisfy the cravings that she gets when she's feeling stressed.

> *Participant Gabby on food as a comfort.* Um well I think that I do because of the anxiety I feel of sometimes things going around I tend to eat more, so I kind of crave more like something comforting. So I really have make it very difficult for me to choose to foods that are healthier because I just grab and go, otherwise I won't eat. And then if I don't eat, then I will want to eat later.

> *Participant Olivia on food as a comfort.* Um, I notice that when I'm at work and I'm really busy um I eat more um yay um just because I think that's kinda a comfort to like ok I'm going to take a break now and eat something um or I'm

stressed or I just get hungrier for food here when I'm at home and I'm relaxed and doing what I want to do I don't eat nearly as much.

Theme 4: Ways to Manage Emotional Eating

Most of the participants were actively working on ways to manage their emotional eating while on the job. However, several thought that the methods that they were using were often ineffective or inconsistent, which didn't allow them to come up with a permanent solution to their emotional eating. Only a couple of the participants reported that they were not engaged in any activities to curb their emotional eating. The majority of the participants reported using food preparation, exercise, and having an overall sense of awareness as the ways to manage their emotional eating. Therefore, the subthemes for this theme include self-awareness, food preparation, and exercise.

Self-awareness. The participants who were actively managing their emotional eating at work with different methods seemed to have fairly good insight on their eating habits. This factor may be due to the participants openly identifying as emotional eaters and invariably having a better sense of their eating patterns given their ability to recognize emotional eating. Most participants were able to identify the triggers or stressful events that led them to eat and most were also able to identify different coping mechanisms that may have helped. This self-awareness seemed to be the starting point for participants to start using tools to manage their emotional eating. This self-awareness included being aware of stress, knowing the effects of stress on their eating, and being able to differentiate between having hunger pains and eating when emotional. Those who denied being aware of eating when emotional or stated it was happening on an

unconscious level, seemed to have a more difficult time managing their eating or utilizing different strategies to manage their eating when stressed.

> *Participant Gretchen describing how she manages her emotional eating.* Um, so I think that like lately I've been trying to eat smaller you know and then if I know that I'm emotionally eating not because I'm just wanting some wings then I'll kinda like ah that's not a good idea because I'm already feeling sluggish when I'm already feeling heavy so I'll like consciously make an effort to get something healthy.

Brenda, a residential site supervisor, reported having a difficult time managing her stress at work without food. She stated that she had little power of her emotional eating and felt that it was mostly unconscious choices that she was making.

> *Participant Brenda on trying to manage her stress without eating.* Right, I mean I do believe that you know it falls into that unconscious state of mind that we sometimes go into when we are very stressed out like we just don't think of any kind of alternatives and so I believe that's very common.
>
> Yeah, I just wanted to have something to do at with the amount of dopamine or whatever is you know what's being produced that doesn't allow you to think critically, like I feel like your critical thinking um is limited, and it a situation where and a situation where you need to have a acute, like when you're stressed your thinking and focus is more acute.

Food preparation. Food preparation seemed to be the key to many of the participants who acknowledged their propensity to eat emotionally while at work. Food

preparation was defined as preparing food ahead of time and bringing it to work. Participants that prepared meals either before work or after work reported better success with their emotional eating than those who reported having no time to prepare food or an inability to prepare food. By preparing food ahead of time, participants seemed to be able to bring healthy food choices, rather than feeling limited to eating fast food or junk food. Food preparation also seemed to be less stressful option for the participants due to the ease of having the food available and not having to spend time looking for food to eat. Having prepared meals also seemed to help participants to resist the urge go get unhealthy food from other employees. Food preparation would also include the active choice of excluding unhealthy foods as part of the meal preparation.

> *Participant Yvette on managing her emotional eating with food preparation.*
>
> Umhmm, I go through periods of time where I try really hard to pack food and that seems to help when I do it. Um if I have like fresh vegetables and fruit at home and yogurt that I can bring to work to eat um it keeps me full and I go through like 3 or 4 days where I will be really good about it and then um and then I won't do it for a while (laughing) for a month and then I will try again because i notice that I feel unhealthy when I'm not um when I'm eating a bunch of junk food so I do try to manage it in that way where all if I could bring yogurt as a snack and vegetables as a snack and something with protein and veggies for lunch that will keep me full throughout the day and won't feel so snacky for junk food so I think that's how I try to manage it.

Participant Barb answering whether her work schedule affects her eating. I think so because then I um have to kind of, I'm not a early riser by nature, so I want to eat well I have to be I have to be prepared ahead of time like the day before cooking and preparing and making sure I have something that's quick and easy but healthy to eat for breakfast so um sometimes particularly if I get home late and I'm really tired and then which impacts the next day and I'm not prepared and I'm eating crap, so If i have time and energy for the preparation then it works out, but if I'm stressed or too tired from the work day and I don't do that then I'm in trouble. I'm like setting myself up for donuts the next day.

Exercise. Participants also listed exercise as a way to manage their stress while at work. Exercise was defined as any type of physical activity. Participants listed different types of exercise, which included walking, working out in the gym, yoga, and running. Some participants managed their stress without eating with some form of exercise. Some of the participants reported that they used to exercise, but no longer had the time due to their job constraints.

Rob, the crisis clinician, reported exercise as a successful way to manage his eating even though he no longer had time to exercise.

Participant Rob on successful ways to manage his stress without eating. Ummm, at least in my home, removing, because I work out of my home a lot, removing junk food from my um home and replacing it with healthier foods so that's been successful. When I had time ah exercising when I had access to that and was not

busy all the time. Those would be my two most successful ways with dealing with work stress and did not have to do eating.

Participant Tara on her most successful methods. Um, so the walking I think has been successful because it prevents me from eating. Um eating, planning foods, planning foods out, preparing foods are helpful. Um I think those two things have been most effective for me.

Participant Wanda on which methods have been the most successful. Yeah, the more the more successful that I can be is to fit yoga into my week the happier I feel the better that I eat the more relaxed I am and the better I manage my stress.

Negative Case Analysis

Analyzing discrepant cases is also an essential part of ensuring the trustworthiness of a study (Leitz & Zayas, 2010). Looking for conflicting information in the data helps to firmly establish that all angles of the research questions have been explored (Drisko, 1997). The discrepant findings were included in the analysis, which helped to provide a more thorough review of this complex phenomenon. For this study, it was significant to point out that not all work stress was viewed in a negative manner. In fact, some participants reported that they excelled during times of high work stress. Rob and Brad both mentioned working well under pressure and not really being bothered by stress in the moment. Wanda describes not having any desire to eat when she reaches a certain stress level. Wanda shared "Um, in the past, I can actually just completely like stop eating and you're really eating when you are starving to death and then you're making even worse choices." Brad felt that in addition to his emotional eating, he was having

difficulty controlling his food intake due to other employees sabotaging his efforts. Food in the workplace seemed to be a trigger to many of the participants.

Summary

Chapter 4 includes the data collection methods, participant selection and demographic information, evidence of trustworthiness, and themes that emerged from the data. Semistructured interviews were conducted with 12 participants who met the selected criteria for the study. All ethical issues were addressed and all IRB procedures were followed. Participants received a $25 Amazon gift card at the end of their interview. Each participant signed an informed consent form and completed the interview. Participants did not raise any issue during the process. After conducting the interviews, the data were transcribed verbatim and then manually coded by me.

Three major themes emerged from the coding: stress related to the mental health field, food patterns changing, and ways to manage emotional eating. Each theme contained a number of subthemes (see Table 4). Findings from the study suggest that mental health workers who self-identify as emotional eaters face daily stressors due to their job-related demands. Participants reported incidents of both situational and chronic stressors handled on a daily basis. Lack of time to complete the required tasks of the job resulted in much of the stress. The unpredictability of the daily schedule and the possibility of crises throughout the day also added to the work stress felt by many.

Food patterns changed as a result of stress. Participants reported increased urges to eat and overeat. Participants reported skipping meals, delaying meals, and eating at their desks during meals. Eating patterns revolved around the participants' work

schedules, which resulted in certain food choices. Fast food and packaged portable foods were commonly consumed due to lack of time. The participants also noted an increased urge for sugary, high carbohydrates, and fatty foods to describe their change in food patterns as a result of work stress. The participants used food consumption to relieve stress. Participants reported incidents of emotional eating and stress eating. They used food both as a reward and as a comfort. They consumed foods to get rid of negative emotions that came up during their workday. They were often triggered by the food that was at the workplace and often felt compelled to eat it regardless of whether they were hungry.

For the most part, the participants utilized methods to manage their emotional eating patterns. All participants had a thorough self-awareness around their eating patterns when stressed. They were aware of potential triggers and what kinds of foods to avoid when stressed. Participants managed their eating patterns when stressed by preparing food ahead of time and exercising. All participants were able to name one method of managing their eating patterns. Chapter 5 will provide a discussion of the findings, including implications for contribution to social change, recommendations and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The goal of this study was to explore the eating patterns of mental health workers who self-identify as emotional eaters. Obesity and obesity-related health issues continue to be a major problem with many Americans. According to the CDC, 2016), more than a third of Americans are considered obese. The NCHS (2012) found that between 1999 and 2014 children and adults experienced a significant increase in obesity. Although efforts to curb obesity have focused on physical activity and eating healthier foods, the reasons for overeating and developing obesity have been largely left unanswered. All too often, overeating and obesity have been stigmatized with terms such as *laziness* and *overindulgence*. Individuals who are overweight or obese face discrimination daily and the term *fat shaming* has emerged over the last few years to describe the criticism often directed at overweight people. Because obesity is one of the leading causes of health concerns, it is important to address all the potential underlying causes.

Chronic or long-term stress has been shown to cause damage to the body and the mind (Swann, 2011). Chronic stress may be especially debilitating and may cause individuals to experience nervousness, irritability, reduced ability to concentrate, and problems with sleep (Swann, 2011). Chronic stress can also contribute to high blood pressure, fertility challenges, heart attacks, strokes, slow healing of injuries, damage to the hippocampus, and a compromised immune system (Swann, 2011).

In laboratory rats, chronic stress has been linked to obesity and metabolic changes (Bartolomucci et al., 2009). Living with chronic stress may increase food intake or

increase the use of food as a coping mechanism. This, in turn, may cause weight gain or obesity (Levitan & Davis, 2010). Therefore, exploring the intensity of chronic stress is significant because it has been linked to changes in appetite, which may include emotional eating; emotional eating, could, in turn, contribute to overeating.

This phenomenological study was created to gather the experiences of mental health workers who self-identify as emotional eaters. Similar studies revealed(King et al., 2009; Nahm et al., 2012; O'Donovan et al., 2013; Wong et al., 2010; Zapka et al., 2009) disordered eating patterns in nurses, who, like mental health workers, provide direct care to patients/clients. Twelve participants helped to provide deeper insight into the phenomenon of emotional eating in the work place.

The results of this study indicated that all participants had one common experience: the overall sense of stress in the workplace. Participants described daily and long-term chronic stressors. Another common experience included the belief that stress at work was causing changes in their eating patterns; most chose different types of food while under stress. They also reported choosing to eat more or less than normal due to this stress. Participants were largely cognizant of their emotional eating patterns and were able to identify what triggered them. Lastly, the participants used methods to try to curb their emotional eating at work, but most did not feel successful over time.

Interpretation of the Findings

In this section, I offer my interpretation of the findings on each of the study's four common themes. The findings will be linked to previous research on this topic as well as two theories that helped create a foundation for the study in general. This section will

also include the implications for social change, a discussion on future research on the topic, my reflections as a researcher, and the summary.

Theme 1: Stress Related to the Mental Health Field

The findings suggested that stress and stressful events frequently occur with direct care workers in the mental health field. Participants described long days, unpredictable schedules, clients in crisis, frequent deadlines, and a lack of time to get everything done within the workday. Participants described daily interactions with clients, guardians, and coworkers that also seemed to be associated with higher stress levels. Participants frequently mentioned work stress as opposed to other types of stress in their lives. This finding was consistent with the literature regarding work stress being one of the main causes of stress for Americans. A survey in 2012 found that 65% of the Americans reported that their work was a primary source of their stress (CDC, 2016). Job stress in the mental health field has been associated with burnout and compassion fatigue (Morse, Slayers, Rollins, Monroe-DaVita, & Paler, 2012). According to Rollins et al. (2016), burnout occurs in mental health workers when the demand of the job is too high and limited resources are unable to meet the demands. Rollins et al. estimated that between 21% and 67% of all mental health workers experience high levels of burnout . The research suggested that burnout can lead to high turnover and increased sick time. Burnout prevention programs help individuals learn how to manage their work stress related to the mental health field.

Situational and chronic stress. The findings suggested that participants were experiencing both situational stressors and chronic stressors as a result of their work. The

situational stressors described were generally as a result of a client being in crisis or managing the unpredictability of the work. The stress theory postulates that the human body will respond to stress in order to aid survival (Selye, 1976). According to the stress theory, the body will return back to normal or a state of homeostasis after the stress has been removed. When participants reported dealing with crisis situations, they also reported feeling a spike of adrenaline or energy and then a return to a more normal state.

In general, the participants who dealt with situational stressors reported that they were better able to handle those events rather than events related to chronic stressors. Participants noted feeling calm during a crisis and able to manage stressful situations. It is also important to note that the participants reporting on situational stressors reported not eating during the stressful event despite being hungry and the event going on for several hours. These findings may be associated with the study by O'Connor et al. (2008), who found that physical stressors were often associated in a decrease in snacking behavior.

The chronic stressors mentioned seemed much more bothersome than the situational stressors that occurred during the workday. The participants mentioned chronic stressors that were either daily or over a longer period of time, which included the job demands, paperwork requirements, and having an unpredictable schedule that required frequent flexibility and adjustments if necessary. When the body is unable to return to a balanced state of homeostasis, the body will take on the allostatic load, which can lead to potential health problems over time (Rice, 2012).

Symptoms of stress. According to the APA (2012), physical and nonphysical manifestations of stress may include fatigue, irritability and anger, changes in sleeping patterns, and feeling overwhelmed. Chronic stress can be debilitating to some individuals and some severe reactions to chronic stress include "excessive fatigue, depression, thoughts of harming self or others, headaches, nausea and vomiting, diarrhea, chest pain, heart racing, dizziness, flushing, tremor, restlessness, hyperventilation, and a sensation of choking" (Rhodes et al., 2011, p. 2). Participants mentioned physical and nonphysical symptoms of stress. When they were experiencing situational stress, they mentioned feeling an adrenaline rush followed by a period of exhaustion. These physical symptoms of stress also mimic the stress theory with the body preparing itself for a perceived or real threat by activating certain hormones and then returning to a state of homeostasis after the perceived or real threat is gone (O'Donovan et al., 2013). Due to the daily chronic stressors, one participant mentioned that she believes that she has developed an ulcer and sleeping issues. Sleeping issues were mentioned when participants had to stay up late to complete work, which resulted in less sleep.

In addition to the physical symptoms of stress, participants also reported feeling anxiety due to their work stress. Roberts (2008) found that women had an increased risk of anxiety or depression when faced with chronic stress. In general, participants seemed to believe that their anxiety seemed to stem from not having enough time to get all their job duties completed in the workday. This cycle resulted in extra work the next day and it seemed as though it was very hard to catch up without working extra hours or on the weekends.

Problems with depression were not mentioned in the study, which may or may not be a result of the sensitive nature of depression and the brief nature of the interview. Exploring issues of depression with this population may be beneficial in future studies.

Theme 2: Food Patterns Changing

The findings of the study revealed that food patterns did change as a result of work stress. Participants reported that their food patterns changed in several ways. Participants stated that the changes occurred in the types of foods they chose to ingest, the frequency of their eating, and the unpredictability in their eating schedules. All of the participants reported changes in their eating patterns due to their work stress, which is consistent with the findings in the literature.

Participants changed their food patterns by choosing foods that were portable and fast. Often times, meals were generally consumed while working at their desk, during meetings, or while driving. As a result, participants ate food items that were easy to ingest on the go. Protein bars, sandwiches, prepackaged foods, and fast foods were listed as common food types that could be consumed in a rush or consumed in a car while driving. Participants often reported wanting to eat healthier foods rather than prepackaged foods or fast foods, but due to time limitations and the demands of their job, they were limited to certain foods. One participant mentioned that if she ever got rich, she would open a fast food restaurant that served healthy portable food, so that she did not always have to eat from the traditional fast food restaurants.

This finding was consistent with the study conducted by Kandiah et al. (2008), who found that the majority of participants tried to make healthy food choices, but under

stress only half of the individuals were able to make wise decisions around food. O'Connor et al. (2008) found that stress and daily hassles resulted in a decrease of vegetable consumption. Participants often mentioned wanting to eat more vegetables, salads, and healthier options, but were unable to do that due to pressure and time constraints.

In addition to the food choices that the participants were making, the frequency of eating changed as a result of their work stress. In general, the majority of participants reported an increase in snacking and eating due to their work stress. However, a few participants also mentioned a decrease in eating as a result of stressful situations and chronic stress. Participants reported an increased frequency of snacking when stressed. Snack foods included chocolate, cookies, chips, granola bars, candy, donuts, and snack items that participants could find around the office or get from coworkers. Participants also mentioned a few types of healthy foods when snacking, but the majority of snacks listed included foods that were higher in sugar, salt, carbohydrates, or fat. In general, participants felt an urge to eat these unhealthier foods when stressed. This increase in snacking behaviors was similar to the results indicated in the Verstuyf et al. (2013) study, which linked daily stress with an increase in negative eating patterns including binge eating and snacking behavior. The increase in snacking behavior also correlated with the literature on stress theory and the physiological response as a result of stress (Selye, 1975). When individuals become stressed, the physiological response includes an increase in the HPA axis. Dallman et al. (2003) found that activation of the HPA axis has

been associated with the reduction of anxiety by ingesting foods that are high in carbohydrates and fats.

Participants also mentioned eating less or not eating as a result of stress. This decrease in snacking behavior seemed to be a result of direct physical stressors as opposed to the nonphysical stressors such as paperwork and job demands. The two crisis counselors in the study both mentioned experiencing this decrease in eating as a result of stressful event. These particular events generally were physical in nature by responding to a crisis in the community, deescalating a violent client, or managing a potentially dangerous situation. This difference in eating patterns and a decrease in eating behavior due to physical stressors is consistent with the literature presented in the stress theory that postulates that individuals can experience either an increase or decrease in eating depending on the stress. Short-term stressors similar to the fight/flight response normally result in a decrease in appetite, while long-term stressors have been linked to an increase in appetite.

Theme 3: Food Relieves Stress (Emotional Response)

The third theme indicated that participants felt that eating food when stressed relieved the uncomfortable feelings they were feeling as a result of work stress. The participants felt that eating certain food or eating when stressed help them to regulate their emotions and sometimes offered a distraction to their daily stress. The findings in this section show that participants were feeling negative emotions multiple times a day, which resulted in eating in the workplace. Lastly, this section's findings also revealed

that participants were using the act of eating food as a practical coping skill or a way to self-soothe during times of stress.

Emotional eating has been connected to the affect regulation model, which suggests that individuals engage in eating behaviors to get relief from negative emotions (Heatherton & Baumesiter, 1991). In the present study, participants reported feeling a sense of relief and often reported feeling better after eating when stressed. Participants also used eating behavior to distract themselves from stressful events, such as deadlines, documentation, and pressing client concerns. The instant gratification from eating food seemed to be seen as a welcome distraction in the midst of almost daily chaos. The research on emotional eating suggests that emotional eaters have a difficult time differentiating hunger from severe negative emotions (Courbasson et al., 2008). Although many members reported skipping meals, very few mentioned that they were actually hungry prior to eating while emotional. Participants commonly mentioned that they were eating to keep themselves busy and several people mentioned the importance of simply having something in their mouth. One participant mentioned that the emotional eating was almost an oral fixation and that he felt he needed to have something in his mouth during stressful periods.

Emotional eating or stress eating was mentioned by all of the participants. Several mentioned using emotional eating behaviors several times per day in order to relieve the stress. However, the participants reported that the emotional eating was not only occurring in times of stress but also in times of boredom and fatigue, which may or may not be linked to the stress. Although some participants admitted to continuing to

emotionally eat at night, the vast majority of the emotional eating was occurring in the workplace. It's also important to note that many of the participants did not snack on their own food when emotionally eating, but actually sought out food from other coworkers or indulged in food that was brought in for all staff to share like donuts. Some participants reported hiding a few sweets in their desks for stressful times and others knew how to get food from other places inside the workplace. Many of the behaviors described by participants would be described as snacking behavior or binge eating. The results are consistent with the study conducted by O'Connor et al. (2008), which concluded that the daily hassles of work increases snacking behavior and binge eating.

The studies conducted on nurses and disordered eating mirror the results in this study. King et al. (2009) found a significant correlation between work place stress and disordered eating. Nurses in the study reported their disordered eating primarily when stressed, bored, or upset. A similar study on nurses and disordered eating also found a significant correlation between stress and disordered eating, but also found that additional factors such as irregular meals, long and hectic work hours, and lack of exercise were also causes of stress and disordered eating (Nahm et al., 2012).

Theme 4: Ways to Manage Emotional Eating

Overwhelmingly, the participants in the study were largely cognizant of their emotional eating habits, their triggers, and foods of choice. In order to qualify as a participant in this study, individuals had to self-identify as emotional eaters, which may have largely contributed to their insight. However, the amount of detail and description

on their eating patterns as it relates to certain stressors of their job seemed to suggest that they have spent a lot of time thinking about it and/or trying to alter their patterns.

For the most part, the participants indicated that they were using some techniques to alter their eating patterns when getting stressed. Many described using exercise, such as yoga and walking as ways to combat the urge to eat. Participants also described using meditation and taking breaks outside of the office as alternatives to eating. Some of the participants reported that simply leaving their desk for lunch was a way to alleviate stress and decrease the impulse to eat. These techniques seemed to work sporadically for the majority of participants. Many described wanting to exercise or meditate, but finding it difficult due to time constraints. They reported that eating was a much easier alternative. These findings are similar the study conducted by Ting et al. (2008) on mental health workers experiencing stress due to suicidal clients, the top coping skills included prayer, exercise, meditating, and help seeking.

Outside of exercise and meditation, participants also reported that their colleagues also played a role in managing their eating patterns. For some, going to talk with their colleagues provided the necessary support for them to avoid emotional eating. They reported being able to vent and share their feelings about their work, their clients, and the stress that leads to eating. For others, going to speak with their colleagues resulted in emotional eating due to the colleague offering food, particularly chocolate or something sweet, and the participants found it hard not to partake.

Another significant factor that emerged in this study was the utilization of food preparation in order to manage emotional eating. Many of the participants reported that

daily food preparation helped them to manage what foods they ate when emotional eating. If they were able to pack healthy foods, which most of the participants admitted wanting to, they were able to snack on the healthy foods when stressed rather than snacking on potentially unhealthy foods. This is similar to the findings of Kandiah et al. (2008) who reported that the majority of participants in their study attempted to make healthy food choices, but were unsuccessful. Although the act of food preparation doesn't necessarily get rid of the behavior of emotionally eating, it does help to shape the behavior into a healthier choice and possibly avoiding the tendency to gain weight. Participants repeatedly reported that food choices were very limited and very seldom healthy if they had to get their lunch in the course of the workday.

Despite the participants being very aware and insightful of their eating patterns and having various different methods to manage their stress, very few participants reported that their methods were effective. Some reported that they were unable to be consistent with their chosen method of managing their emotional eating and reported that they would do it for a few days or a few weeks at a time and then stop. Other reported that the time and energy that they were using to combat their emotional eating was too much and the task was too difficult. One participant mentioned that she was feeling more stress trying to manage her emotional eating that she didn't think it was worth it to make any effort. Participants also reported not trying to manage their emotional eating with any type of intervention due to the assumption that it was a problem too difficult to manage; very similar to someone with an addiction. Brewerton (2012) suggested that eating certain foods high in fat and sugar was similar to consuming drugs and alcohol due to

their effects on the brain, which may be why many of the participants were unable to sustain their methods of coping.

Limitations

This study was subject to several limitations. The first was the small sample size at one particular agency at one particular geographical location. This limited the potential of transferability to similar populations located at different geographical areas within the country. This study used participants from one mental health agency. By only using one mental health agency, there was the potential for participants to have shared similar experiences that resulted in the same types of stress and work load, which may have affected the transferability of the study to other populations.

Another potential limitation is my own personal bias as I experienced the phenomenon of emotional eating in the work place first hand. To address this limitation, I kept a journal throughout the research process describing my thoughts and reactions and bracketing my own biases. In addition, my inexperience during the interviews may have also been a limitation. During the first few interviews, I struggled to elicit a more meaningful conversation from the participants. I had difficulty with continuing the flow of the conversation and asking more detailed questions. My inexperience during the interview process may have resulted in missed codes and missed opportunities to clarify information or explore topics in greater detail.

Recommendations

Employers and professional organizations of mental health workers need to be made aware and educated of the effects of stress on their employees. By helping mental

health workers manage their stress at work, they may be able to reduce or even eliminate the urge to eat emotionally. Employers also need to be aware of consequences of unhealthy food in the workplace and the possibility that some employees may not be able to resist some types of temptation. By taking a closer look at work expectations and by implementing a healthy work/life balance, mental health employees may lead a healthier lifestyle, which may lead to a lower risk of burnout, reduce turn over, and decrease time away from work due to illness. Due to the high stress of mental health workers and the need for health alternatives to manage stress, educating both staff and management on techniques to deal with stress is essential. Exercise programs or incentive for exercising may benefit employees who are emotionally eating as well as employees who just need to manage their stress in healthy ways.

Implications for Social Change

In order to thoroughly address the obesity epidemic, we need to know why people are eating and under what circumstances. The participants in the study were self-identified emotional eaters who had a good sense of their eating patterns and ways to manage them, although they still struggled to manage any consistent change. Therefore, they were all susceptible to gaining weight and or becoming obese. This study helped validate the idea that emotional eating does occur in the workplace and employers of mental health workers need to be aware of the consequences. Understanding why people are eating will help the larger society address not just the physical actions of obesity (diet and exercise), but also begin to address the emotional side of eating and action steps to remedy it.

Future Research

The scope of this research project was fairly limited due to the small sample size taken from one agency and the participants having to self-identify as emotional eaters. A larger scale study of mental health employees from various agencies who do not self-identify as emotional eaters may reveal that the issue of stress eating at work is not limited to emotional eaters. Further quantitative research could also help identify the triggers that cause emotional eating in the workplace, which may help workers and employers implement plans to help decrease stress and promote a healthy lifestyle. Although compassion fatigue and burnout were mentioned in the research, a more comprehensive evaluation of the stress level of mental health workers may also contribute to the gap in literature on eating patterns and stress by thoroughly examining the different types of stress experienced. In addition, it would be valuable to also look at other types of addictive behavior that can grow out of stress as some of the participants mentioned using caffeine, nicotine, and alcohol and other ways to relieve work stress.

Reflections of the Researcher

As a mental health worker for the last 18 years and a self-identified emotional eater, this research project and the findings are personally fulfilling. Over the last 18 years working in different mental health positions, I've gained and lost nearly 100 pounds, which I largely attribute to work stress and a lack of coping skills. Initially, I was under the impression that I was alone with this problem, but quickly realized that many of my colleagues in many different positions were also struggling with the same issue. Although the process of conducting and analyzing the research took a long time, I was

interested and curious throughout the process. I was intrigued to hear the participants speaking about their insight on their own eating patterns and the ways that they have managed or failed to manage.

Conclusions

Obesity continues to remain at epidemic levels for Americans (Mitchell, Catenaci, Wyatt, & Hill, 2011). Most efforts to curb it have focused on the physical aspects of diet and exercise as a way to manage weight. It is also important to learn about the emotional reasons people choose to eat more than they need. In this study, situational and chronic stress caused mental health workers to have the urge to eat. Common chronic stressors included unrealistic job demands, deadlines on documentation, and unpredictable work schedules. The situational stressors, such as client crises, seemed to be easier for the participants to resist the urge to eat and in some cases, actually prevented the participants from eating. Due to work stress, the participant's food patterns changed. They often skipped meals to accommodate their work schedule; when they ate, they chose foods that were fast and portable. Sometimes, if they didn't leave the office for meals, occasionally they did not even leave their desks meals and often. Snacking behavior increased due to stress and skipped meals. They would search out food from other coworkers or eat food that was brought to the office for meetings or celebrations. When participants did eat when stressed, they normally did not consume healthy foods, but instead chose foods high in carbohydrates, fats, and sugar. The participants were insightful about their eating patterns. The majority of participants were actively working on ways to manage their emotional eating. Exercise, food preparation, and support from colleagues were common

methods of managing their stress and emotional eating. However, most of the participants also reported that they were not able to consistently manage these methods and reported repeated failures.

This type of research that focuses on the emotional reasons people eat could help in partially solving the obesity epidemic. Work stress had the potential to alter food patterns for certain individuals. Future studies need to hone in on the specific work stressors that cause people to eat emotionally; and how individuals and employers can work together to prevent it from happening or finding successful ways to manage it.

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Appendix A: E-mail Invitation to Participate

To: All XXXXXXXX Staff
From: Carly Zies
Subject: Research Opportunity
You are invited to take part in a research study of stress and eating in the workplace. The researcher is inviting mental health workers who have self-identified an urge or tendency to eat in response to certain emotional states, particularly emotional states that involve stress to be in the study. Upon the completion of the interview, you will be compensated with a $25.00 gift card to Amazon.
In order to participate in this study, you must be able to answer yes to the following questions.
1. Are you over 18 years of age?

2. Do you work full time in the mental health field?

2a. Do you spend the majority of your time working with clients in a mental health

setting?

3. Do you identify yourself as an individual who eats or has the urge to eat in response to

certain emotional states?

4. Are you willing to participate in this study and sign an informed consent?

5. Not currently pregnant?

Data collected will be confidential and the 1-hour interviews will be conducted via phone or face-to-face in private location. If you said yes to the following questions and would like to participate in the study or have further questions regarding the study, please contact Carly at (XXX) XXX-XXXX

Note: XXXXXXXXX has authorized the use of the employee list serve for this research opportunity. This research is not being conducted on behalf of XXXXXXXXX and no data will be collected or shared with XXXXXXXXXXX.

Appendix B: Screening Tool

1. Are you over 18 years of age?

2. Do you work full time in the mental health field?

2a. Do you spend the majority of your time working with clients in a mental health setting?

3. Do you identify yourself as an individual who eats or has the urge to eat in response to certain emotional states?

4. Are you willing to participate in this study and sign an informed consent?

Appendix C: Demographic Survey

Age:

Gender:

Race:

Height:

Weight:

Years in the Mental Health Field:

Current Position:

Appendix D: Semistructured Interview Questions

RESEARCH QUESTION 1: **What are the eating patterns of mental health workers who self-identify as emotional eaters on and off the job?**

Interview Questions for Research Question 1:

1. Describe your typical day in terms of food intake.

2. What types of foods do you tend choose at work?

3. What is your work schedule? How does that affect your eating patterns?

RESEARCH QUESTION 2: How do mental health workers who self-identify as emotional eaters relate their job stress to their eating patterns?

Interview Questions for Research Question 2:

1. Describe your response to stress at work

2. How does job stress affect your eating at work? Outside of work?

3. Describe your experiences in trying to manage your emotional eating while at work.

RESEARCH QUESTION 3: **What experiences do mental health workers have in trying to alter eating patterns related to job stress?**

Interview Questions for Research Question 3:

1. What have your experiences been in trying to alter your eating patterns at work?

2. What ways have your tried to manage your stress at work without food?

3. What interventions have been successful? What interventions did not work?

Appendix E: Local Crisis Numbers

Pima County Behavioral Health Crisis Lines

(520) 622-6000

TTY (520) 284-3500

(800) 796-6762

TTY (888) 248-5998

Peer Support Warm Lines:

Tucson and surrounding area: (520) 770-9909

Southern Arizona: (877) 770-9912

Daily from 8 am until midnight. For Inquiries for the Crisis Response Center please call Connections of Southern Arizona at 520-301-2400.

Appendix F: IRB APPROVAL

Walden University's IRB (Approval Number 07-16-15-0106430)