

Employee Wellness Practices – A Study In Selected Organizations

Monica Kunte

Research Scholar, D. Y. Patil Vidyapeeth, Pune

Abstract:

Purpose: *The purpose of the study is to understand the employee wellness practices being undertaken by Organizations in Indian settings.*

Design/Methodology/Approach – *The study was a qualitative study conducted in five organizations to understand the health and wellness initiatives for their employees. In depth interviews were conducted with the HR managers/wellness managers and wellness Consultants to gauge the understanding and penetration levels of these programs amongst employers.*

Findings: *The study was helpful in gaining valuable inputs regarding health and wellness initiatives undertaken by employers in order to help employees achieve healthy lifestyle and reduce health related risks.*

Managerial Implications: *The findings from the study would be helpful for employers who are in the process of streamlining and structuring the health and wellness programs at their workplace and challenges associated with same.*

Scope for future work: *The study was undertaken as a pilot study to understand the level of penetration of employee wellness practices in selected organizations. The study shall be useful in framing preliminary hypothesis for further detailed research in the area of health and wellness practices in Indian firms.*

Limitation: *A major limitation of the study is the small sample as there are very limited number of companies having structured health and wellness policy and practices.*

Keywords: *Employee wellness, Workplace wellness, Employee health, Health interventions*

I. INTRODUCTION

The emergence of new breed of lifestyle diseases amongst young working population is on an ever increasing high. Extended working hours, stressful jobs, poor nutrition, lack of exercise are some of the major contributors to diseases like hypertension, diabetes, cardiovascular ailments etc. The cost of unhealthy workforce translates into absenteeism, lower productivity, reduced focus at work, stressful behaviors etc. Employers across the globe are realizing the need to intervene. As employees spend maximum waking hours in their workplace, many employers have found ways to utilize the time and resources for the benefit of employee health. Conducting wellness interventions at workplace offers several advantages, as broader outreach can be targeted (Quintiliani et. al. 2007).

Employee wellness programs (EWP) are designed and incorporated in a manner so that employees can reduce the

risk of such diseases through such programs and lead a healthier life.

According to Sharkey (1997), regular health care interventions lead to better physical and psychological health amongst employees. He contends that wellness programs increase productivity and decrease unwanted behaviors such as absenteeism and turnover. Evidence suggests that multi component health promotion and risk reduction programs can permanently change lifestyle habits and reduce health risks amongst employees (Heaney and Goetzel 1997).

II. LITERATURE REVIEW

After Second World War, the concept of wellness emerged with employees facing harsh working conditions and subsequently having an impact on their health. Initial concept of wellness movement focused on wellness as not only

absence of illness but overall wellbeing of individuals (Panelli & Tipa, 2007).

There is no unanimous agreement on the definition of term wellness, the Center for Diseases Control and Prevention (CDC) defines a workplace wellness program as a health promotion activity or organization-wide policy designed to support healthy behavior and improve health outcomes while at work (CDC 2013). Researchers such as Kellogg, Quimby, Eddy and Fletcher contributed significantly to the development of concept of wellness, Dr. Halbert Louis Dunn is considered as the pioneer in wellness research. Dr. Dunn was born in 1896 in New Paris, Ohio and died in 1975 in Silver Spring, Maryland (Miller, 2005). He defined high-level wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable.

Workplace wellness programs are various services, activities, environmental factors and resources offered by employers to their employees (and sometimes, by extension, to employee family members) to support their health, well-being and disease management of their personnel (Steinbrunn, 1988). According to Tuck (2005) Employee wellness programs refers to all strategies, action plans and methods used to promote the physical, emotional and mental health of employees, to ensure a productive workforce. The workplace has been internationally recognized as an appropriate setting for health promotion. The importance of employee health was addressed in 1950 and later updated in a 1995 joint International Labor Organization/World Health Organization (WHO) Session on Occupational Health

According to the Call et al (2009), employers first began assisting employees with the health-related issues, such as alcoholism and mental health, in the 1950s in form of employee assistance programs (EAPs). Wellness programs began appearing in the workplace in the 1970's, massively expanded in the 1980's and 90's. Research regarding employee wellness programs are primitively seen in the literature in the early 1980s in articles discussing physical fitness efforts at work and their effects on worker performance (McKendrick, 1982; Shepard, 1981).

Studies in the area of promising employee wellness practices amongst employers who have inculcated healthy workplace culture through health interventions consists of some common elements in the programs. A study on literature review by Goetzel et al (1998) highlighted the following six elements of successful programs: (1) organizational commitment, (2) incentives for employees to participate, (3) effective screening and triage, (4) state of the art theory- and evidence-based interventions, (5) effective implementation, and (6) ongoing program evaluation.

III. HEALTH AND COST BENEFITS

EWP have found to have make sense to employers in business terms as well. In a review of 32 health promotion program evaluations, Aldana (2001) found 28 studies that reported medical cost savings. Research suggest strong evidence of companies like Johnson and Johnson (Bly et al 1986; Breslow et al 1994), Citibank (Ozminkowski et al

1999), Dupont (Bertera 1990), the Bank of America (Leigh et al 1992; Fries et al 1993), leading to positive cost outcomes from EWP. The major reason behind employers' growing interest in providing EWP to their employees is undoubtedly growing health concerns and increasing health care costs (Mercer Healthc. Consult. 2007).

A study by Chapman (2003), from 42 qualifying financial impact studies conducted over two decades, concluded that employee wellness programs achieve a 25%–30% reduction in medical and absenteeism costs in an average period of about 3.6 years (Goetzel, Jacobsen, et al 1998). Thus EWP have been successful in reducing employee healthcare cost. However evidence pertaining to employee wellness program benefits in Indian business scenario is insufficient.

Thus EWP has been successful in reducing employee healthcare cost. Although initial research suggested reductions in med claim cost, recent studies have started focusing on productivity impact of these programs in terms of measuring reduced absenteeism disability periods, decreased “presenteeism” etc. However evidence pertaining to employee wellness program benefits in Indian business scenario is insufficient

IV. EMPLOYEE WELLNESS PROGRAM DESIGN

EWP design refers to complete overview of the program along with targeted outcomes which the program is aimed at. Aligning health interventions with specific health concerns can go a long way in deciding the effectiveness of such programs. According to Owen Employee wellness programs should be a combination of educational, organizational and environmental activities designed to support health behavior conducive to the health of a business's employees and their families (Owens, 2006).

V. OBJECTIVES/ RESEARCH GAPS

Review of literature pertaining to wellness practices clearly identifies its prominent presence in western countries like US, Germany, Australia etc. But literature pertaining to practices prevalent in India is insufficient. The focus of the study is to gauge the EWP program elements practiced in Indian corporate scenario, program strategies and operations. Also the study shall probe into factors facilitating in creating and promoting wellness culture, promising practices and organizational support extended. The major objectives of the study are -

- ✓ To study the literature pertaining to employee wellness practices
- ✓ To understand the EWP components, strategies and operations in Indian corporate settings
- ✓ To analyze the challenges/ issues associated with EWP

VI. METHODOLOGY

The study was conducted in 10 major organizations having structured framework for implementing EWP. Personal

interviews were conducted with the HR/ wellness team members to understand the penetration level of EWP in the organization. Interview of wellness consultants /vendors were also conducted to understand the role of external agencies in executing EWP. The detailed personal interviews were based on following headings –

- ✓ Program strategies
- ✓ Program operation
- ✓ Program components
- ✓ Health issues targeted
- ✓ Program delivery model

The personnel handling wellness initiatives from the respective companies gave valuable inputs regarding practices pertaining to EWP in their organizations. The following are the summarized discussion from the selected company representatives.

VII. INPUT FROM WELLNESS CONSULTANTS

The inputs received from wellness consultant draws attention to inconsistencies in certain programs. Employers are not willing to continue with health and wellness programs that fail to generate interest amongst employees. Consultants offer variety of wellness program option to employers to select from. Companies do approach wellness consultant for specialized services, but fail to continue to avail the services for longer duration. When probed into reasons for same, reasons like consistent allotment of resources is not feasible for organizations, lack of employee interest, were stated.

VIII. DISCUSSION

The research involved detailed discussion with HR practitioners and wellness program coordinators related to existing practice being undertaken for employee health and well being undertaken by the organisation. The present research suggests the following broad implication for Employee health and wellness practitioners, senior management and consultants in the industry. The implication can be conceptualized as recommendations, supported by the scientific study and literature review and can be replicated. The recommendations can be used for planning EWP interventions at workplace that will be appropriate for the setting and population, recognizing the need to adapt the intervention to fit the context.

IX. FUTURE SCOPE OF STUDY

The study was undertaken as a pilot study to understand the level of penetration of employee wellness practices in selected organizations. The study shall be useful in framing preliminary hypothesis for further detailed research in the area of health and wellness practices in Indian firms. The study shall help open further in depth research pertaining to wellness practices in Indian corporate scenario.

X. CONCLUSION

The study suggested that multinational companies do have structured global health and wellness plans for their employees. The components, strategies and operations of the programs vary as per the country settings. In Indian workplace settings the wellness interventions being implemented are still in nascent stage. Companies like Persistent, Cummins are taking proactive measures to encourage wellness culture within the organizations. However the buyers of the interventions i.e. the employees are still in the process of accepting the change. Across all the companies the common challenge has been employee participation. While there exists a section of employees who actively promote and participate in EWP, the proportion of such employees is still low.

REFERENCES

- [1] Aldana SG. 2001. Financial impact of health promotion programs: A comprehensive review of the literature. *Am J Health Promot*, 15:296–320.
- [2] Bertera R. 1990. The effects of worksite health promotion on absenteeism and employee costs in a large industrial population. *Am J Public Health*, 80:1101–5.
- [3] Bly J, Jones R, Richardson J. 1986. Impact of worksite health promotion on health care costs and utilization: Evaluation of the Johnson and Johnson LIVE FOR LIFE program. *JAMA*, 256:3236–40.
- [4] Breslow L, Fielding J, Herman AA, et al. 1994. Worksite health promotion: its evolution and the Johnson and Johnson experience. *Prev Med*, 19:13–21.
- [5] Call, Catherine, Gerdes, Robyn, and Robinson, Kristen. Health and wellness research study: corporate and worksite wellness programs: a research review focused on individuals with disabilities. *U.S. Department of Labor*. 27 March 2009.
- [6] Chronic Diseases and Health Promotion. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, 13 Aug. 2012. Web. Accessed August 25, 2015.
- [7] Fries J, Bloch D, Harrington H, et al. 1993. Two-year results of a randomized controlled trial of a health promotion program in a retiree population: The Bank of America Study. *Am J Med*, 94:455–62.
- [8] Goetzel R. Wellness-essential building blocks for successful worksite health promotion programs. *Manage Employee Health Benefits*. 1997; 6:89–94.
- [9] Goetzel R, Guindon A, Humphries L, Newton P, Turshen J, Webb R. Health and Productivity Management: Consortium Benchmarking Study Best-Practice Report. Houston, TX: American Productivity Quality Center International Benchmarking Clearinghouse; 1998.
- [10] Goetzel R, Jacobsen B, Aldana S, et al. 1998. Health care costs of worksite health promotion participants and non-participants. *J Occup Environ Med*, 40:341–6.
- [11] Goetzel R, Ozminkowski R, Ascitto A, Chouinard P, Barrett M. Survey of koop award winners: life-cycle insights. *Art Health Promot*. 2001; 5.

- [12] Goetzel R, Guindon A, Turshen I, Ozminkowski R. Health and productivity management: establishing key performance measures, benchmarks, and best practices. *J Occup Environ Med.* 2001; 43:10–17.
- [13] Heaney CA, Goetzel RZ. 1997. A review of health-related outcomes of multi-component worksite health promotion programs. *Am J Health Promot*, 11:290–308.
- [14] Leigh J, Richardson N, Beck R, et al. 1992. Randomized controlled trial of a retiree health promotion program: the Bank of America Study. *Arch Intern Med*, 152:1201–6.
- [15] Mercer Healthc. Consult. 2007. After a three-year lull, health benefit cost growth picks up a little speed in 2008. <http://www.mercer.com/pressrelease/details.jhtml?idContent=1279545>
- [16] Natl. Bus. Group Health. 2007. Summary of cost analyses of employment-based health care. <http://www.businessgrouphealth.org/members/secureDocument.cfm?docid=715>
- [17] Owens, D. (2006). EAPs for a diverse world: employers that provide culturally competent employee assistance programs show employees they care. *HR Magazine*.
- [18] Ozminkowski RJ, Dunn RL, Goetzel RZ, et al. 1999. A return on investment evaluation of the Citibank, N.A., health management program. *Am J Health Promot*, 14:31–43.
- [19] Quintiliani L, Sattelmair J, Sorensen G. 2007. The workplace as a setting for interventions to improve diet and promote physical activity. Background paper prepared for the WHO/WEF Joint Event on Preventing Non communicable Diseases in the Workplace (Dalian/China, September 2007)
- [20] Sharkey, B.J. (1997). *Fitness and work capacity*, 2nd ed. A publication of National Wildfire Coordinating Group.
- [21] Society for Human Resources Management. (2008). *2008 Employee Benefits Survey*: Wells Publishing

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