

# REVIEWING LITERATURE ON EMPLOYEE WELLNESS PRACTICES

Monica Kunte\*

\*Teaching Assistant, SCMHRD, Symbiosis International University, Pune, Maharashtra, India.  
Email: monica\_kunte@scmhrd.edu

**Abstract** Employee wellness programmes (EWP) can be termed as introduction of healthcare interventions which are targeted towards minimising health risk factors and encourage employees to adopt healthier way of living. The objective of the study was to discern the history of employee wellness practices and review literature pertaining to same. The paper reviews the origin of the concept of wellness and development of this approach at workplace. The study took into account the various models of wellness, types and levels of wellness interventions being undertaken, and the successful elements of certain programmes which have proved to be beneficial to the employee as well as employer. Analysis of literature and available data suggest that with rising lifestyle changes and diseases, the importance of employee wellness practices have grown in scope and coverage over the years. The range of EWP varies from organisation to organisation and yet to become a strategic HR initiative. The paper suggests the theoretical background required for better understanding of these practices. With employers practicing various components of employee wellness programmes, detailed information related to benchmark studies covering its types, strategies and evaluation pattern need to be studied.

**Keywords:** Employee Wellness Practices, Workplace Health, Workforce Health Interventions

## INTRODUCTION

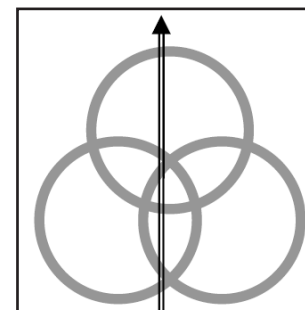
### Origin and Evolution of Concept of Wellness

India has been known for its traditional forms of healing, preventive healthcare approach – yoga and medicinal branch of ayurveda since ancient times. Another Asian country, China too believes in disease management through internal energy management called qigong. Persian method of healing known as Unani too is based on traditional methods of adopting natural methods for leading healthy disease free life (Strohecker, 2010).

With the onset of new breed of lifestyle diseases like diabetes, hypertension, cardiac issue, heart ailments being detected at early stage of life people are rethinking about the mentioned traditional form of preventive healthcare approach. The concept of “wellness” is being rethought of, to deal with the new brigade of rising lifestyle diseases. The principles of these ancient holistic and healing approaches are playing a major role in defining the 21st century wellness wave.

Wellness has been previously defined with the view wherein there is absence of illness (McSherry & Draper, 1998). Emergence of the holistic view completely transformed the previous approach (Anspaugh, Hamrick, & Rosato, 2004). Having a holistic view of one’s health is what “wellness” talks about. The emergence of the concept of wellness is a result of change in the definition of health into a broader holistic view which is focused on a healthy and positive functioning (Westgate, 1996).

Since the time of World War II, the health needs of individuals had started undergoing changes. Progression in medical studies and diagnosis through vaccines and antibiotics drastically improved the lifespan of individuals (Seaward, 1997, 2002). Researchers like Kellogg, Quimby, Eddy and Fletcher have significantly contributed in explaining the progression of wellness as a concept. It was Dr. Halbert Dunn who first proposed the definition of wellness. The definition emphasized on incorporating integrated approach of relating one’s environment with the method of health functioning (Miller & Foster, 2010). The holistic view of wellness was illustrated through a diagrammatic representation as shown in Fig. 1 by Dr. Dunn. The interconnected figure represented an interrelated body, mind and spirit in unison with organised energy (Miller, 2005). The arrow represents the life cycle of an individual as he strives to balance purpose of living and self-fulfillment (Dunn, 1961: vi).



**Fig. 1: High level wellness symbol**

Source: Dunn 1961, cover.

## RESEARCH GAP

With the advent of lifestyle diseases being prominent among working population, employee wellness programmes (ewp) have become the need of the hour. Employees are spending maximum working hours at their workplace, and hence employers are trying to engage them in health related activities at workplace. Encouraging healthy behaviour within the organisation is an “investment in human capital” and fiscal health that is directly associated with employee productivity (Mathis & Jackson, 2011). Acknowledging the benefits of ewp employers across various countries have started offering these health interventions at workplace. However they are in various forms, approach different issues, are of various sizes and complexities, with multiple level of operational challenges and varied outcomes. The objective of this study is to discuss the rationale for implementing ewp, its characteristics, successful components and to summarise the impact of these programmes in health and business outcomes. By studying the characteristics of wellness programmes, the study tries to seek the research gap between theoretical and practical implementation of wellness programmes. The paper also tries to get insights related to ewp scenario in Indian workplace settings as there is no availability of literature on same.

## MODEL AND THEORIES OF WELLNESS

Four models of wellness have been covered here in detail

### Jahoda's Positive Mental Wellness Model

The model has been developed by Jahoda (1958) based on empirical study and available literature during that time. The model states that the quality of the state of mental health can't be termed as absence of any kind of mental problem/disease. The determining factor for the same is a person's quality of state of health and quality of state of illness (Jahoda, 1958). The model categorised six factors which can be indicators of “positive mental wellness”. These are:

1. Attitude of an individual toward his/her own self
2. An individual's style and degree of growth, development and self actualisation
3. Integration
4. Autonomy
5. Perception of reality
6. Environmental mastery.

The model primarily provides grounds for setting the further scope and development of concept psychological wellness (Gropp, 2006). The major limitation of the model is it does

not consider the cultural and environmental factors affecting an individual's mental health.

### Adams, Bezner and Steinhardt's Perceived Wellness Model

The model is based on the science of perception. According to Adams, Bezner, and Steinhardt (1997), regarding the concept of happiness, until a person perceived herself or himself to be happy he/she cannot pronounce so. Similarly perceived wellness is a multifaceted idea which needs to be conceptualised, measured and interpreted with a holistic view. The model has its origin in the systems theory, which states that every subsystem is a part of the larger system and an independent system with its sub elements. Therefore the perceived wellness model is made of certain sub parts/ dimensions which together bring out the complete holistic wellness model. Following are various dimensions mentioned in the model –

- Physical wellness: A affirmative image and expectation of physical health
- Spiritual wellness: Faith in a singular power between mind and body
- Psychological wellness: Having a positive outlook towards life
- Social wellness: The assurance from social groups like friends and family to be available at the time of need.
- Emotional wellness: The belief in one's own identity and having a feeling of security for oneself.
- Intellectual wellness: Channelised by an intellectual stimulating power.

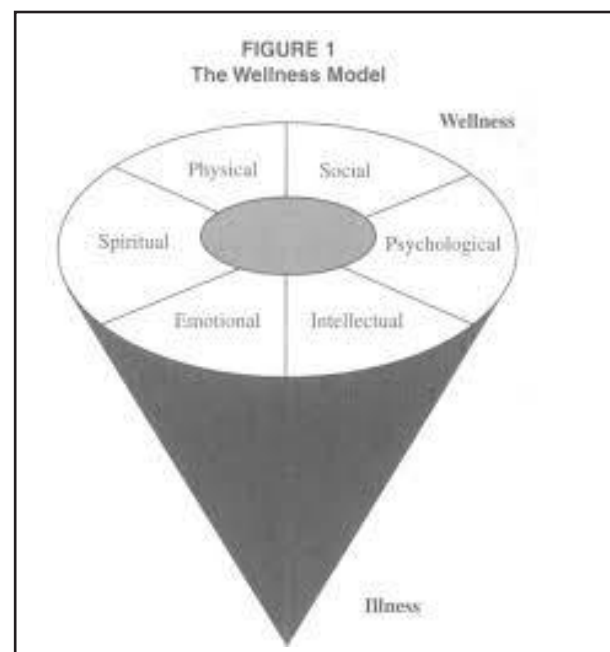


Fig. 2: The Perceived Wellness Model (Adams et al., p.210)

According to Adams *et al.* (1997), the perceived model of wellness shall act as a research tool for measuring the wellbeing and could be utilised by employers to assess the various dimensions of wellness. Fig. 2 illustrates the model and incorporates the vertical and horizontal directions. Vertical direction can map the illness and wellness, and horizontal direction is the ever changing, balance seeking force for each respective wellness dimension.

### Antonovsky's Sense of Coherence (SOC) Model

The Antonovsky's sense of coherence (SOC) model is based on the various stressors occupying a person's life. In the study, Antonovsky (1987) states that there are three major dimensions of the sense of coherence, namely: comprehensibility, manageability, and meaningfulness.

According to Antonovsky (1987), comprehensibility is the ability of an individual to comprehend information. Individuals who possess higher level of this dimension would be able to sense and find meaning of things happening around them relatively faster. Manageability is termed as the ability which enables individual's to feel that within available resources, they will be able to manage effectively and support themselves or required others. Meaningfulness talks about that dimension whereby a person is able to comprehend things emotionally rather than cognitively.

The model of Antonovsky's sense of coherence (SOC) is useful in dealing with coping and wellness, as its concentration is on health, rather than illness.

### Maslach's Burnout Model

The Maslach's burnout model was proposed in early 1980's (Maslach & Jackson, 1981a). After years of research in various professions, the authors came out with a three element model which focused on the concept of "Burnout".

The model has been very successful in measuring the burnout syndrome. The research tool can give a comparative analysis as to where do individuals stand in comparison to their occupational group in terms of burnout levels.

The model draws attention towards the contribution of fatigue and burnout in the overall wellbeing of an individual. High level of fatigue and burnout may disrupt the wellness of an individual although his physical fitness and wellness may be intact (Maslach & Jackson, 1981).

## DEFINITION OF EMPLOYEE WELLNESS PRACTICES

During review of literature pertaining to practices designed and implemented for employee health and wellbeing, the following terminologies were found to be used across various studies namely, workplace wellness programmes, workplace health promotion programmes, worksite wellness programmes, worksite health management programmes, worksite-based health promotion and disease management programmes, and health and productivity management programmes. For this study the term Employee Wellness Programmes (EWP) will be used which shall encompass all the interventions/activities undertaken by the employer for improving employee health.

Steinbrunn (1988) defines workplace wellness as various activities and environmental factors made available by the employer for their employees to enhance their health and disease management. According to Tuck (2005), employee wellness programmes refers to all strategies, action plans and methods used to promote the physical, emotional and mental health of employees, to ensure a productive workforce.

In the European Union, the Luxembourg Declaration on Workplace Health Promotion, which was adopted by all member states in November 1997, defines Work Health Promotion (WHP) as the combined efforts of employers, employees and society to improve the health and well-being of people at work. According to Society of Human Resource Management, 2008, worksite wellness programmes are employer initiated services adopted to encourage or sustain better health standards for their employees. These programmes at times are also referred to as corporate wellness programmes when the employer is a corporation.

Employee wellness programmes can be defined as planned, employer-sponsored interventions that are intended to help employees as they take up sustainable lifestyle changes that reduce health risks, advance quality of life, augment personal effectiveness and are beneficial to the organisation (Berry, Mirabito, & Baun, 2010).

In a study Heaney and Goetzel (1997) examined 47 peer-reviewed studies over a 20-year period and found that workplace programmes, in spite of their variability in terms of comprehensiveness, intensity, and duration, achieved long-term behaviour change and risk reduction among workers

A study conducted by Julie A. Hind and Michael J. Rouse from Ivey Business School at Western University summarised the different definitions of wellness by various acclaimed studies in the field of employee wellness as shown in Fig. 3.

Author	Definition
Cancelliere et al., 2011	Health promotion in the workplace is defined as preventing, minimizing and eliminating health hazards, and maintaining and promoting work ability.
Goetzel & Ozminkowski, 2008	Work site health-promotion programs are employer initiatives directed at improving the health and well-being of workers and, in some cases, their dependents. They include programs designed to avert the occurrence of disease or the progression of disease from its early unrecognized stage to one that's more severe.
Goetzel et al., 2007	Health and productivity management programs encompass worksite-based initiatives that include health promotion (eg, health management or wellness programs); disease management (eg, screening, care management, or case management programs); demand management (eg, self-care, nurse call line programs); and related efforts to optimize employee productivity by improving employee health.
Grossmeier et al., 2012	Comprehensive population health management programs include targeted disease management coaching, targeted lifestyle management coaching, and population-wide health awareness programs.
Lerner et al., 2013	Worker health promotion programs are opportunities available to employees at the workplace or through outside organizations to start, change, or maintain health behaviors.
Osilla et al., 2012	Comprehensive worksite wellness programs have multiple wellness components focused on health promotion or disease prevention
Pelletier, 2005; Pelletier, 2009; Pelletier, 2011	Comprehensive worksite-based health promotion and disease management programs refer to those programs that provide an ongoing, integrated, program of health promotion and disease prevention that integrates the particular components (ie, smoking cessation, stress management, lipid reduction etc.) into a coherent, ongoing program that is consistent with corporate objectives and includes program evaluation.

Fig. 3: Definitions of Wellness by Various Acclaimed Studies

## EMERGENCE OF WELLNESS AT THE WORKPLACE

The initial published evidence of workplace health intervention was found in Gimbel's Department store in New York City in 1974. The programme was directed towards screening of employees showing no signs of hypertension. The screening was conducted for 180 employees, out of which 94 were identified as hypertensive. These hypertensive employees were retained in treatment for a year. The programme was successful in achieving 81% reduction in blood pressure figures (Alderman, 1975).

The initial nature of employee wellness programmes was in the form of employee assistance programme during 1950's, wherein employees were given help and counseling to deal with issues such as alcoholism and mental health (Owens, 2006). Studies indicate the origin of Employee assistance programmes have origins outside the workplace in the social movement commonly referred to as Alcoholics anonymous (AA) (Trice & Sonnenstuhl, 1985). The AA was relatively successful in gradually causing a stir during the Industrial age. The goals of these early assistance programmes were to assist the heavy alcoholic employees get rid of their addictions and increase his performance (Levy, 1974). Articles describing wellness effort by employers can be found in 1980 which discuss about various physical fitness initiatives at worksite and its linkage to workplace performance (McKendrick, 1982; Shepard, 1981). Journal of Occupational Health has evidences of initial literature pertaining to assistance to organisations in setting up employee health programmes to reduce healthcare cost,

absenteeism caused due to illness, and attract talent from the industry (Call, Gerdes & Robinson, 2009).

European Union for Workplace Health Promotion (ENWHP) was established in 1996, which initiated the launch of "Health, education, Information and training". The objective of this was to develop health standards in Europe region. The major areas identified were workplaces which had a chance of reaching out to majority of working population. The European network for worksite health promotion adopted the Luxemburg Declaration (28 November 1997) to announce the shared understanding of the major objectives, plans and related measures of the European network for the health promotion of employees. The associated members of the union consented that for potential advancement and distribution of health care programme, efficient collaboration and synchronisation was required across levels.

The Luxemburg Declaration played a very important role of laying the foundation for further growth by identifying the key areas of health priorities for action (Dr. Karl Kuhn, Dr. Maria Dolores Solé Chairpersons of the ENWHP, 1997).

## LEVELS AND TYPES OF WELLNESS PROGRAMMES

According to Gebhardt and Crump (1990) wellness programmes can be classified under three levels. The first level focuses on building awareness and includes activities like preventive health screening, newsletters, informative mails, articles, web portal, or similar knowledge enhancing activities. The second level concentrates towards modifying lifestyle

through exercise, proper nutrition and getting rid of unhealthy habits. The third level promotes healthy behaviour through availability of facilities like fitness centers, encouraging sports, making healthy food choices available, walking and jogging tracks within premises etc. which compel employees modify their behaviours (Gebhardt & Crump, 1990).

According to Goetzel and Ozminkowski (2008) employee wellness programmes can be classified under three categories namely primary, secondary and tertiary. Primary programmes are focused towards employees who are comparatively healthy and fit. The aim of such programmes is to help employees continue leading healthy lifestyle to maintain their health. Such programme reduces the likelihood of diseases through certain preventive measures. Examples of such interventions could be regular exercise, healthy food habits, controlled BMI or weight management etc.

The secondary level are those interventions aimed at individuals with high risk due to unhealthy lifestyle behaviour like (sedentary lifestyle, smoking, excessive alcohol, stress, odd working timings etc.). Interventions like stress management workshops, weight loss programme, smoking cessation etc. are certain types of programme under this category.

The third level of programme is termed as tertiary level programme which is aimed at disease management. Focused interventions intended for employees with existing health concerns such as diabetes, cardiovascular diseases, cancer, obesity, depression etc. come under this level. The aim of the programme is to ameliorate the disease or retard its progression. Such programmes are curative in nature and are conducted in addition to medication (Goetzel & Ozminkowski, 2008).

### COMPONENTS AND ATTRIBUTES OF SUCCESSFUL EMPLOYEE WELLNESS PROGRAMMES

Employee wellness programmes have been alternatively termed as worksite wellness, health management, disease prevention, health enhancement, health and productivity management (HPM) programmes, and worksite health promotion (WHP). For this research we use the term Employee Wellness Programmes (EWP) and define it as a set of workplace based interventions whose primary objective is to provide health awareness and health promotion activities. It also includes disease management (e.g. healthcare screening), availability of healthcare facilities (e.g. counselors, onsite gym, etc.) and related programmes to enhance employee productivity through betterment in employee health (Goetzel, Shechter, Ozminkowski, Marmet, & Tabrizi, 2007).

In 2008, Society of Human Resource Management (SHRM) identified a wide variety of components of EWP. Table 1 lists

down the various components as studied by SHRM. The table is drawn from a report, released in June 2008 at the SHRM 60th Annual Conference & Exposition, held in Chicago.

**Table 1: Components of EWP Studied by SHRM**

Component	Programmes including
Wellness resource and information	72%
On site voluntary vaccination	69%
Health fairs	44%
Health screening programmes	41%
Smoking cessation programme	40%
Weight loss programmes	31%
Preventive programmes targeting employees with chronic health conditions	30%
On site fitness centre	21%
Nutritional counseling	20%
On site fitness classes	15%
Stress reduction programme	14%
On site medical care	12%

The list mentioned some of the components of EWP widely adopted by employers. However each company decides its components based on the resources, health culture and management support available in the organisation. In a study conducted by Call *et al.* (2009), some of the major awards winning companies in the area of EWP were studied. It included IBM Wellness for life programme (2008 winner), Energy Corporation of America (ECA) Platinum Wellness Programme (2008 winner), and Pepsi Bottling Group’s (PBG) Health Living Programme (2007 winner). The award winning programme had several areas in common. The focus of the programmes must be to reduce health risk, reduce medical care cost, and definitely document effectiveness goals. The companies who won the awards showcased exemplary programmes and exhibited following attributes as demonstrated in Table 2.

**Table 2: Award Criteria That Companies Must Achieve**

Programme Goals	<ul style="list-style-type: none"> <li>• Must reduce the need and demand for medical services</li> <li>• Must be directed at Healthy People 2010 targets</li> <li>• Cost reduction is a major programme element</li> </ul>
Programme Features	<ul style="list-style-type: none"> <li>• Programme has reasonable approaches for cost reduction</li> <li>• Programme must have reasonable approaches to behavioural change</li> <li>• Programme must be in operation for at least two years</li> </ul>

Programme Evaluation	<ul style="list-style-type: none"> <li>• Study must measure programme results either randomised control study, longitudinal study, or before and after comparisons</li> <li>• Programmes should participate in ongoing research activities to determine effectiveness</li> <li>• All data must be available for external review and broad dissemination</li> </ul>
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## BENEFITS OF EMPLOYEE WELLNESS PROGRAMMES

A detailed study conducted by Centers for Disease Control and Prevention (CDC) in 1995 (35) and in 2007 (30) summarised that well-structured programmes can bring about long term health benefits along with increase in productivity for working population. In a comprehensive study of 47 peer reviewed workplace wellness studies conducted by Heaney and Goetzel over a time span of 20 years concluded that workplace wellness programmes although vary in nature with respect to its depth, period and implementation methodology were able to achieve long term behaviour change and reduction in health risk among employees (Heaney & Goetzel, 1997).

Studies conducted at Johnson and Johnson indicates an affirmative opportunity cost per business unit after implementation of employee wellness programmes (Janice, 1997). The study also indicated improvement in employee exercise participation rate, fitness levels, healthcare cost, reduced absenteeism, reduction in number of smokers. Apart from this other intangible benefits such as increased employee morale, reduced attrition, and improved employer image were noted (Janice 1997). Employee wellness programmes aim to reach the working population to even those employees who do not have access to preventive healthcare facilities like gym, sports etc. (Osinubi, Barbeau, Williams, & Sorensen, 2005). In a meta analysis study conducted by Conn, Hafdahl, Cooper, Brown, and Lusk (2009), it is found that physical fitness activities at workplace were found to have positive impact on work attendance and job stress. A systematic review by Ni Mhurchu, Aston, and Jebb (2010) concluded that health promotion activities at workplace affected employee diet in a positive way.

The mentioned studies have been conducted in U.S workplace context. Literature pertaining to successful implementation of wellness practices in Indian workplace setting is not enough to guide the research pertaining to practices in Indian scenario.

## A BRIEF HISTORY OF EMPLOYEE WELLNESS PROGRAMMES IN INDIA

Historically, during early stages of industrialisation the workplace was a place governed by strict employer rules,

at times being considered as exploitative. With the advent of trade unions, enactment of several labour legislations, implementation of ILO conventions strong changes in the industrial relation system started evolving in the country. Labour and management came under the umbrella of government's labour policy. The directive principle of state policy embodied in the Constitution of India (Article 41 and 42), placed greater responsibility upon employers to secure better working conditions, equal pay for men and women, sickness and disablement etc. The movement led to establishing various labour legislations to protect the interest of employees.

The concept of employee welfare and benefits started emerging in the Indian industrial scenario from the later part of 19<sup>th</sup> century. Welfare referred to the overall improvement in the intellectual and social well being of the employee over and above the wages paid. The term was broad in scope and included policies and provisions that helped employees work and live comfortably. Most of these provisions were "statutory" that refers to the mandatory minimum facilities to be provided by the employer (Mamoria, Mamoria, & Gankar, 2000). However certain employers went beyond the statutory requirement and provided other benefits by their free will or through negotiations with trade unions and associations. Tata steel was among the pioneer organisations in establishing employee friendly workplaces. The company was amongst the first to introduce employee education programmes, employee health checkups and providing housing and child education to its employees.

Certain initial forms of wellness programmes in India include employee health policy and funding concentrated on paying for the treatment of illness. In India, companies started providing Insurance schemes provided by private companies, insurance companies (government or private). Government insurance scheme like ESI also came as the largest, compulsory, health insurance scheme covering the lower income factory workers. However the scope of Government sponsored schemes was not comprehensive enough to include Employee wellness programmes.

The emergence of preventive healthcare practices was brought about by multinationals like IBM, Cummins, Bajaj Auto etc. who started in campus wellness facilities for their employees. Certain new age initiatives taken by companies are annual marathons, stress management workshops, health risk assessments followed by tracking and monitoring health statistics etc. Companies like Johnson and Johnson have been doing lot of work in the area of preventive healthcare practices for their employees and have even developed a case study on same in USA work settings. However information related to such practices is scattered and not widely available. The need for benchmarking successful wellness practices is the further scope for study in the subject area.

The Government in India has also taken steps in improving workplace wellness programmes by establishing the National Institute for Health Promotion and Control of Chronic Diseases under the Central Health Education Bureau as a subordinate organisation of Directorate General of Health Services, Ministry of Health and Family Welfare<sup>1</sup>. The 12th five year plan has proposed possible strategies like executive health programmes and initiation of fitness and yoga centers, to promote a healthy workplace. Besides these initiatives from the Government, there have also been various non-governmental organisations involved with in India as identified by the World Economic Forum which includes the Confederation of Indian Industry, Public Health Foundation of India and Indian Association of Occupational Health.<sup>2</sup>

## CONCLUSION

Unavailability of structured evaluative studies on employee wellness programmes in Indian context and literature pertaining to EWP in few Indian organisation limits the study in providing a concrete state of EWP's in India. However critical analysis of the origin, history and growth suggest understanding of the construct of these interventions. The socio demographic, economic, and overall lifestyle changes have compelled employers to look beyond the statutory welfare schemes. The focus of employee wellness practices is broadly to develop and retain a healthy workforce which shall be more productive. Notwithstanding the limitations of the study it can be suggested that employee health is a area of strategic concern for employers and initiatives by employers are hints of changing workplace in the same direction.

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