

# Factors Affecting Employee's Perception of Organizational Health and Wellness Practices in Indian IT Companies with Gender and Experience as Demographic Variables

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## ABSTRACT

Job satisfaction is the feeling of contentment with the one's job. It describes the sense of pleasure an individual feels as being part of an organization. Job satisfaction has been found to have a significant impact on performance, commitment and productivity of employees. Organizational health is the ability of the organization to achieve its goals by not only improving its performance but also by ensuring wellbeing of the employees. This paper studies the impact of organizational health and wellness practices on job satisfaction of the employees. Data was collected from 216 IT employees across Pune, India. The results demonstrated an adequate health and wellness practices were present in the organization but the awareness level among the employees were low. The analysis also showed that the employees were satisfied with the wellness programs at their respective companies, the frequency of campaigns on health issues, the quality of sessions on healthy lifestyles, pre-employment medical examinations carried out to new employees, as well as the services of the company clinic, levels of sanitation at the workplace and frequency of health check up of the employees.

## Keywords

### Introduction

One of the prominent avenues through which an organisation can guarantee its success is by ensuring that their employees remain healthy, qualified and motivated (WHO, 2014). The enforcement of health practices and ensuring their adherence by the employees is a far-fetched thought though. Being aware of and making choices towards a healthy and fulfilling life is an active wellness process. The onus of the same lies entirely on the individual concerned. Dynamic change and growth occur during these choices. To maintain wellness at appropriate level, it is imperative to live a life by maintaining good health. Everything one does and every emotion one feels relates to one's well-being. Thus, the well-being of a person directly affects his/her actions and emotions and the circle goes on. For every individual, maintaining good health at workplace plays an important role in reducing stress and ensuring positive interactions.

Organisations can play a major role themselves in this sphere by investing and indulging in organisational health and wellness practices (OHWP). It is very important both for the employee as well as the organisation. Since employees spend a sizable amount of time at work makes it an ideal setting for OHWP to be implemented (30). Also, the experiences at workplace has its own share of impact on the overall well-being of an individual thereby influencing their families, communities and the society at large (31). At an organisational level, OHWP helps in bridging the gap between organisational expectations from employees and the health and well-being, competencies and resource availability of employees. Which has the potential of providing an enviable competitive edge to the organisation (32). Organisational health and wellness practices (OHWP) aimed at enhancing the physical and

mental well-being of the employees can garner positive outcomes towards reduced absenteeism and increased work performance (17). Thereby, resulting in positive outcomes at workplace and improve the overall organisational performance (19). However, generating the interest among employees to participate wholeheartedly is another ball game. Hence, results vary from organisation to organisation (3). One of the possible reasons for the variance may be attributed to the individual employee's perception about the necessity and short and long-term benefits of such interventions in their personal and work-life.

The definition of health as given by World Health Organization in Wellness Tourism Worldwide, 2011 is as follows, "The extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities." The status of health and the quality of life of an individual are greatly influenced by the context in which the individual lives. It is widely realised and appreciated that through conscious efforts and intelligent lifestyle choices one can maintain and improve his/her health fairly well. Though accessibility of services is still an important factor in this context.

There are three interdependent factors of a person's health which are as follows:

**Lifestyle:** The sum total of consciously taken personal decisions that can be thought to contribute to, or cause, illness;

**Environment:** All unavoidable issues related to external health of the body over which the person has virtually no control whatsoever;

**Biomedical:** All facets of health, both physical and mental, developed inside the human body which is influenced by the genetic influence.

Hence health services must be provided for and handled with care by the organization for its employees.

According to a study conducted by U.S. Department of Labour and the U.S. Department of Health and Human Services, 50% of U.S. employers were found to be offering some kind of corporate wellbeing in the workplaces. Among them, 70 percent included counselling of nutrition and weight loss in their employer value proposition. Sixty-seven percent offered counselling related to assistance regarding smoking cessation. The impact of all these activities was found to be positive on business profitability.

However, the participation of employees in OHWP keeps on varying and in most of the cases is far less than expected. It is easy to identify employees who do not get associated with such programmes in the Organisation. Many will cite various reasons ranging from disinterest to work-pressure, time constraints to even lack of managerial support. Ultimately, it boils down to how they perceive such interventions. Along with this, their perception about the intent and honesty of their organisations also play a role. Hence, it is very important to try and understand the various factors that actually impact the perception of the employees towards health and wellness practices adopted by organisations.

### Insights from literature

Organizational health is termed as an organizations capability and capacity to utilize the available resource and provide a conducive working environment for the employees (34). Wellbeing of the employees play a critical role in creating a healthy workplace (5, 6). A workplace can be rendered dangerous by the presence of various health and safety hazards, which can adversely impact the health and well-being of workers (7). Since, employees tend to spend a large chunk of their day in the workplace; hence, it becomes important for businesses to prioritise the health of their employees (19). This may also benefit them in ways of increasing productivity and decrease in costs related to illness and injuries. These, coupled with the personality traits of the individual, will determine the levels of occupational stress a person may experience at the workplace and in their life. Psychological wellbeing of an employee at workplace acts as an important mediator for work-life balance and job performance (9). A comprehensive health program at the workplace not only maintains good health of employees but also prevents absenteeism of workers to a great extent (20). The morale of the employees was also found to be high. Wellness programs were also found to increase awareness about importance of health among employees and encouraged them to lead healthy lifestyle, which in turn increased their job satisfaction. Employee wellness programmes tend to make employees happier, who report higher job satisfaction and measurably better results in their job (7). Thus, employee wellness programmes are a win-win scenario as they ensure higher productivity for the company. Wellness programs influence employee health by educating them on

health issues, encouraging them to make lifestyle changes designed to reduce risk of illness (11).

WHO (1995) has proposed that occupational health should aim at promoting and maintaining the physical, mental and social well-being of workers in all occupations; preventing their resignation from work because of the working conditions; the protection of employees from the risks and the placing and maintenance of the employee in an occupational environment adapted to his psychological and physiological capabilities. The safety and health of employees is crucial to any organization as it forms a major chunk of the organization's resources. Health and safety of workers at workplace can play a significant role in an organisation's performance.

Skill utilisation of an individual is a substantial contributor to productivity, organisational efficiency, job satisfaction, and mental health (10). (22) assumed a hypothesis that 'There is a strong relationship between occupants' comfort and their productivity.' The environmental conditions provided indoor have an impact on the physical and mental well-being of occupants that subsequently, affects their productivity. The study concluded that using an Indoor Air Quality (IAQ) system, the temperature and quality of air at the work place can be improved, which in turn reduces the absenteeism and significantly improves the productivity of office workers while optimizing the energy consumption costs.

(28) conducted a research on the impact of physical activity of employees at workplace on their productivity. In Denmark, the study was conducted on more than 3500 employees. Employees were under supervision for 10 to 52 weeks and they were involved in approximately 1 hour supervised physical exercise at the workplace. In all the job groups there was a significant improvement in the employees' health. Neck pain was found to be reduced among office and computer workers, and also cardio-respiratory fitness was found to be improved. There was also increased muscle strength. Productivity was also found to be increased with improved muscle strength and decreased body mass index of the employees.

(17) concluded that there is growing and strong evidence that a healthy working environment can increase productivity of the workers at the workplace, and this leads to increase in profitability of the business. However, the research also concluded that there can be negative issues which cannot be overlooked while incorporating the health practises at the workplace. It was found that cooperation between management and employees play a significant role in the smooth incorporation of health related initiatives at the workplace and subsequent growth in productivity.

Ergonomic issues at the workplace, especially desk jobs, are believed to be the main cause of poor workplace health and reduced productivity of workers (7). In developed countries, many organisations are incorporating ergonomics applications at their workplaces (27). Proper study and usage of ergonomics at the workplace can mitigate or eradicate health problems and this in turn can lead to improved productivity (18). There will be fewer injuries occurring due to wrong postures which result in lower medical and compensation costs, less absenteeism from employees, and financial benefits to the organisation (29).

Absenteeism is a major indicator of health and well-being of an employee at work (21). Absenteeism can be defined as the failure on the part of employee to report to work. It is associated with behaviours such as reduced productivity and turnover (15). Important factors that affect absenteeism are the workplace atmosphere (i.e., working conditions, job contentment, and relationships at the workplace) and personal well-being of the employees. Other important factors include demographic variables such as age, gender, marital status, education, and lifestyle behaviours of the employee (2). People with mental health problems have been found to be absent at workplace more often (8, 9). Also, high employee absence serves as a clear indication towards organisational misbehaviour of some kind, leading to dissatisfaction (26). Regardless of the reasons, absenteeism is an indication of organisational ill health rooted deep inside organisational problems (21).

## Research Methodology

### Research objective

The current paper investigates the factors which influence the perception of employees regarding the organization's health and wellness practices. The aim of the paper is to find out, what affects the opinion or perception of employees regarding the various healthcare and practices followed by the organizations.

To determine the perceived influence of organizational health and wellness practices on job satisfaction of employees. The aim is to find out if the frequency or quality of information in the wellness activities has effect on the satisfaction of the employees. The study will also help find out if the annual check-up is done in office and how is the level of sanitation in the workplace. The perception on the services of the clinic will give an insight into the expectations of the employees. The way in which pre-employment medical examinations are carried out and way in which medical emergencies are handled will also have an impression on the employees mind.

The findings of the study will help organizations ensure that health conditions are taken care of and will help evaluate the inter-dependence on job satisfaction to maintain employee commitment and retention in the organization. Recommendations of the study will provide insights on how satisfied an employee can be if organizational health and wellness practices are regularly held and of high quality. This will enable management of organizations to satisfy human resource and retain them.

This study will also be useful for shaping company policy of health and wellness as it will provide knowledge useful to formulate policies and a regulatory framework on the best practices. This study will benefit scholars by filling a gap in literature on perceived influence of occupational health and safety practices on job satisfaction. The research findings will also form part of literature for reference in other related studies in future.

## Research Design

### Population of the Study

The target population consisted of employees, who are currently working or with the prior work experience in the Information Technology sector. A total of 216 responses were collected and analysed. The sample population consisted of both male and female employees, having different years of work experience.

### Data Collection

A structured questionnaire was used to collect primary data directly from the field. A set of statements on occupational health and safety practices was used to form a structured questionnaire. The first section of the questionnaire captured demographic data while the second section recorded employees' perceptions on influence of occupational health and safety practices on job satisfaction.

### Questionnaire Development

The topic of healthcare services is studied by various scholars. Though, there is dearth of a structured questionnaire which tries to capture the factors which might have an influence on the employee's perception of the health and wellness services provided by the organization. Therefore, in the present paper, self-structured questionnaire was used. In order to develop the questionnaire, intensive literature review was conducted and then from the literature certain facets were identified. Statements were developed on those facets, thereafter; the questionnaire was scrutinized by academic and industry/companies faculties. Academic faculties majorly contributed in the context of academic robustness of the questionnaire, whereas, the inputs from the industry professionals were majorly focusing on the relevance of the practices and process enquired in the questionnaire. Inputs from academic and industry professionals were incorporated in the questionnaire, thereby, reducing the number of statements and facets. The questionnaire, thereafter, was tested through pilot testing. The pilot testing of the questionnaire was conducted twice with a sample of 40 and 45 respectively. After both the pilot tests, changes were made the questionnaire, like deleting the weak and overlapping statements, change in language of the statements etc. The final questionnaire comprises of 19 statements. The unidimensionality along with four major validity checks, namely, content validity, convergent validity, discriminant validity and criterion-related validity of the construct/questionnaire was checked. The results of the same are explained in the Data analysis section.

### Data Analysis

In the first step in the data analysis process, data was cleaned for discrepancies and incomplete data. A total of 286 questionnaires were sent to the participants from which 234 questionnaires were returned. Out of 234 questionnaires, 18 questionnaires were found incomplete

thus were not included in the final sample, thus giving the effective sample of 216 questionnaires.

In the second step of data analysis process, the validity of the construct was established by conducting Confirmatory Factor Analysis (CFA). Four major validity checks were conducted for the scale: content validity, convergent validity, discriminant validity and criterion- related validity. Scale was checked for unidimensionality and statistical reliability before conducting construct validity analysis. Content validity refers to whether the scale represents the measures the concept it is intended to measure. Since, we got the items in the questionnaire scrutinized by academic and industry professionals and had run two pilot tests, the content validity of our instrument was established. Unidimensionality is an important condition for checking the reliability analysis and construct validity of the scale.

While conducting CFA, statements with lower than .70 loading were deleted. During the analysis, one statement in the first factor (communication) was having loading of lower than 0.70, thus was deleted. Then after, the CFA was run again, the results from CFA proved a good model fit. The value of CMIN/ DF was 2.285, which is less than the acceptable limit of 5.00. RMR was 0.48, GFI was 0.869, and PCFI was 0.788.

In the third step of data analysis process, Exploratory factor analysis (EFA) was conducted on the data. The reliability of the questionnaire was found satisfactory, as the Cronbach's Alpha was .942. KMO and Bartlett's test proved data to be fit for EFA.

#### KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.936
Bartlett's Test of Sphericity	Approx. Chi-Square	2535.422
	df	171
	Sig.	.000

Three factors were identified in the EFA explaining about 63% of the variance.

In the fourth step of data analysis, the validity of the identified factors was established by conducting Confirmatory Factor Analysis (CFA). Four major validity checks were conducted for the scale: content validity, convergent validity, discriminant validity and criterion-related validity. Scale was checked for unidimensionality and statistical reliability before conducting construct validity analysis. Content validity refers to whether the scale represents the measures the concept it is intended to measure.

**Table :** Scale unidimensionality, reliability and convergent validity indices

Construct	Number of items	Goodness of Fit (GFI)	Cronbach's alpha	Bentler Bonett coefficient (NFI)	CMIN/ DF
Communication	10	.900		.693	3.347
Quality	5	.995		.497	1.502
Practice	3	.987		.323	2.838

In the fifth and final step of data analysis, the differences in the employee's perception of the above identified factors were studied.

The various factors were subjected to One way ANOVA. When there are two categories to compare we apply One-way ANOVA (Malhotra & Dash, 2009). One of the assumptions for One way ANOVA is that there must be equality of variance among the various categories under consideration. Levene's test is a measure for the homogeneity of variance among the various categories. Sig values less than 0.05 indicates that the variance among the various categories is not the same. In this case an adjustment to F- test is used which was given by Welch. Therefore, in the following tables when Sig value of Levene's test is less than 0.05, Welch's Sig values are taken. Mean scores are calculated for factors where significant relationship was between independent and dependent variables (Factors) was observed.

ANOVA Table between Gender and Health and Wellness Factors

Test of Homogeneity of Variances	Levene Statistics	Sig.	F	Sig.	Welch	Sig.
Communication	1.02	0.38	8.56	0.00		
Quality	0.94	0.40	10.11	0.00		
Practice	3.17	0.02			7.2	0.00

The above table confirms that there is a significant relationship between gender and organization's health and wellness practices. The scores reveal that the Communication and the Quality of the health wellness practices are of significant importance whereas Practices as such does not play a significant role in the perception of health and wellness among employees.

ANOVA Table between Employee Experience and Health and Wellness Factors

Test of Homogeneity of Variances	Levene Statistics	Sig.	F	Sig.
Communication	0.90	0.41	0.40	0.67
Quality	0.33	0.72	4.95	0.01
Practice	1.86	0.16	1.02	0.36

Descriptive Mean Scores for Employee Experience

Factors	Less than 5 years	5 -10 years	More than 10 years
Communication	0.00	-0.02	0.13
Quality	0.02	-0.35	0.13
Practice	0.01	0.06	-0.20

The results from the above tables prove that there is significant relationship between employee experience and one factor i.e., Quality. The mean scores reveal that, employees with more than 10 years of experience have highest concern for quality of health and wellness practise followed by employees with less than 5 years of experience whereas employees with experience between 5-10 years have lowest concern for health and wellness practices.



## Conclusion

The present study was aimed at finding out the factors that influence the perception of organisation's health and wellness practices among employees. Self-constructed and duly tested questionnaire proved that three factors shape the opinions of employees towards organization's health and wellness practices, i.e., Communication, Quality and Practices. An employee's perception of organization's health and wellness practices is most importantly influenced by the type and frequency of communication an organization maintained with its employees. The second factor that influence the employee's perception is the quality of health and wellness practices offered by the organization. Quality of health and wellness practices are of great importance to the employees as that determine how well they will be able to avail the benefits offered by the organization, what kind of coverage is organization giving them etc. The third and the last factor that influence the perception of employees is the practices themselves. Study also found that the employee experience and gender have a significant impact on how an employee will perceive the health and wellness practices followed by the organization

## References

- [1] Armstrong, M. (2006). A handbook of human resource management practice. Kogan Page Publishers.
- [2] Armstrong, M. (2006). Performance management: Key strategies and practical guidelines.
- [3] Armstrong, M. (2009). Armstrong's handbook of performance management: an evidence-based guide to delivering high performance. Kogan Page Publishers.
- [4] Beemsterboer, W., Stewart, R., Groothoff, J., & Nijhuis, F. (2009). A literature review on sick leave determinants (1984-2004). *International journal of occupational medicine and environmental health*, 22(2), 169-179.
- [5] Cooper, C., Williams, S. (Eds) (1994), *Creating Healthy Work Organizations*, John Wiley & Sons, Chichester. Cox, T. and Howarth
- [6] Cox, T. and Howarth, C. (1990), "Editorial", *Work and Stress*, 4, 107-10.
- [7] Danna, K., & Griffin, R. W. (1999). Health and well-being in the workplace: A review and synthesis of the literature. *Journal of management*, 25(3), 357-384.
- [8] Darr, W., & Johns, G. (2008). Work strain, health, and absenteeism: a meta-analysis. *Journal of occupational health psychology*, 13(4), 293.
- [9] Duijts, S. F., Kant, I., Swaen, G. M., van den Brandt, P. A., & Zeegers, M. P. (2007). A meta-analysis of observational studies identifies predictors of sickness absence. *Journal of clinical epidemiology*, 60(11), 1105-1115.
- [10] Fujishiro, K., & Heaney, C. A. (2017). "Doing what I do best": The association between skill utilization and employee health with healthy behavior as a mediator. *Social Science & Medicine*, 175, 235-243.
- [11] Gupta, A. K. (2009). U.S. Patent No. 7,493,266. Washington, DC: U.S. Patent and Trademark Office.
- [12] Harrison, D. A., & Martocchio, J. J. (1998). Time for absenteeism: A 20-year review of origins, offshoots, and outcomes. *Journal of management*, 24(3), 305-350.
- [13] Herzberg, F. I. (1966). Work and the nature of man.
- [14] Johns, G. (1997). Contemporary research on absence from work: Correlates, causes and consequences. *International review of industrial and organizational psychology*, 12, 115-174.
- [15] Johns, G. (2002). Absenteeism and mental health. In J. C. Thomas & M. Hersen (Eds.), *Handbook of mental health in the workplace* (pp. 437– 455). Thousand Oaks, CA: Sage
- [16] Judge, T. A., Locke, E. A., Durham, C. C., & Kluger, A. N. (1998). Dispositional effects on job and life satisfaction: The role of core evaluations. *Journal of applied psychology*, 83(1), 17.
- [17] Lamm, F., Massey, C., & Perry, M. (2006). Is there a link between workplace health and safety and firm performance and productivity? *New Zealand Journal of Employment Relations*, 32(1), 75.
- [18] Larson, M. (1998). Worklife quality: Ergonomic workstations boost productivity. *Quality*, 37(3), 44.

- [19] Locke, E. A., & Dunnette, M. D. (1976). Handbook of industrial and organizational psychology. Handbook of industrial and organizational psychology.
- [20] Mamoria, C. & Gankar, S (2011). Personnel management. Mumbai: Himalaya Publishing House PVT Ltd.
- [21] McHugh, M. (2001) Employee absence: an impediment to organisational health in local government. *International Journal of Public Sector Management*, 14(1), 43-58.
- [22] Mofidi, F., & Akbari, H. (2017). Personalized energy costs and productivity optimization in offices. *Energy and Buildings*, 143, 173-190.
- [23] Mullins, L. J. (2005). *Management and organizational behaviour* (7th ed.), New Jersey Prentice Hall.
- [24] Oldham, G. R., & Hackman, J. R. (1981). Relationships between organizational structure and employee reactions: Comparing alternative frameworks. *Administrative science quarterly*, 66-83.
- [25] Purcell, J. (2003). *Understanding the people and performance link: Unlocking the black box*. CIPD Publishing.
- [26] Saratoga, (1998), *The European/United Kingdom Human Asset Effectiveness Report*, 5th ed., Saratoga Europe, Oxford.
- [27] Shahnavaaz, H. (1987). Workplace injuries in the developing countries. *Ergonomics*, 30(2), 397-404.
- [28] Sjøgaard, G., Christensen, J. R., Justesen, J. B., Murray, M., Dalager, T., Fredslund, G. H., & Sjøgaard, K. (2016). Exercise is more than medicine: The working age population's well-being and productivity. *Journal of Sport and Health Science*, 5(2), 159-165.
- [29] Vredenburg, A. G. (2002). Organizational safety: which management practices are most effective in reducing employee injury rates?. *Journal of safety Research*, 33(2), 259-276.
- [30] Pelletier, L., Fortier, M., Vallerand, R. J., Briere, N. M. (2001). Associations Among Perceived Autonomy Support, Forms of Self-Regulation, and Persistence: A Prospective Study. *Motivation and Emotion*, 25(4).