

Affect of Worksite Wellness Interventions Towards Occupational Stress

M S Kishan Varma, Kalpana.Koneru, D Yedukondalu

Abstract--- This study examines the role of worksite interventions on employee occupational stress. With the empirical support the study constructs are determined and accordingly hypothetical statements are constructed to test the effect. Such that, a convenience sample technique was adopted and 660 employees working in the IT industry are considered and the geographical location of the population is Hyderabad city, India. The demographic characteristics are analyzed using a contingency table and to test dependent association relation between occupational stress variables and workplace interventions chi-square test was adopted. It is found from this study that, except possession of ownership behavior all the constructs participation and active involvement, overall stress, absenteeism and establishment of health and wellbeing culture have and dependent association relation with workplace wellness interventions.

Keywords: Workplace Interventions, Wellness, Employee, Occupational Stress.

I. INTRODUCTION

Wellness is a preemptive way of life which includes health habits, as intake of ample nutrition, exercise, rest, compassionate thought and with spiritual nurturance. This way of life coordinate the purpose of living and make an individual to participate in activities as work, rest, leisure and rest which give positive benefits (Johnson, 1986; Michaels et al., 2013). Work stress is a universal phenomenon that, in various organizational and behavioral studies, has caused problems with health, performance and general well-being. But claiming that work stress is a complex scientific construction that requires an initial understanding of the "parenting" called stress. In general, stress is generally seen as a general physiological and psychological response that causes physical or mental problems in conflict when a person's coping skills are too extensive. Therefore, stress in the workplace is generally described as occurring when there are differences between

the physiological requirements at the workplace and the employees' inability to cope or cope with such requirements (Babatunde, 2013; Kazmi, Amjad, & Khan, 2008; Mansoor & Ali, 2011; Motowidlo, Packard, & Manning, 1986; Ongori & Agolla, 2008). Worksite Wellness Interventions:

On-site practitioners tend to focus their interventions on changing lifestyle habits of people associated with the most common chronic conditions (eg, smoking, diet, and exercise) and the increase in psychosocial resources (Baker, Israel, & Schurman, 1996).

Objectives of the study:

1. To the review the concept of wellness program interventions towards occupational stress.
2. To analyze the employee perception for wellness interventions towards occupational stress elevation.

II. LITERATURE REVIEW:

Wellness Concept: Wellness is determined as an instantaneous life style incorporating better health habits in an individual's life for own health and wellbeing (Michaels, Greene, Michaels, & Greene, 2013; Johnson, 1986). As base crucial words in relation to wellness are briefly presented to understand the major distinction between them, these terms are illness, health promotion, health, wellbeing. Wellness industry in India was in a rapid growth (Manideep, 2018).

Wellness is a preemptive way of life which includes health habits, as intake of ample nutrition, exercise, rest, compassionate thought and with spiritual nurturance. This way of life coordinate the purpose of living and make an individual to participate in activities as work, rest, leisure and rest which give positive benefits (Johnson, 1986; Michaels et al., 2013). Subsequently, in some areas, individual has the spiritual, emotional, physical and intellectual resources to become accustomed to ones challenges and by this one can gain potential to face those situations and challenge to evolve in to new behavior for which the solutions may not available previously (Johnson, 1986).

Health promotion it consists of two components. The first is an awareness-raising process through training in practice such as eating, exercising, smoking, using alcohol and other drugs, and living or working in polluted environments. Each of these factors can under certain circumstances damage a person's health. The second element is to promote behavioral changes in one of the above areas to reduce health risks and improve health. (Fund & Quarterly, 2019; Lu, Barnett, Yen, Mcdonald, & Hirschland, 2002; Mavis, Stachnik, Gibson, & Stijffelmayer, 1992; Pelletier, 1991; Johnson, 1986).

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Health can be defined as the body's integrity, mind, spirit and emotion and is available in the presence or absence of a disease or disability (Johnson, 1986). Well-being is defined as a state that transcends the boundaries of the body, space, time, and circumstances and reflects the fact that one is at peace with oneself and with others (Grawitch, Gottschalk, & Munz, 2006; Johnson, 1986; Org et al., 2016; Sears, Shi, Coberley, & Pope, 2013).

Occupational stress: Professionals, advisers, professionals and human resources managers of several organizations are concerned about the impact of work stress on organizations. Work stress affects revenue, productivity and business performance. Managers in several organizations face a dilemma about which interventions should be used to minimize the cost of work stress. Therefore, it is important to understand the causes, symptoms and effects of work stress in organizational performance (Kazmi, Amjad, & Khan, 2008; Ongori & Agolla, 2008).

A Study by Motowidlo, Packard, & Manning (1986), determines the effective conditions for occupational stress and its effects on job performance. Job conditions and individual characteristics such as job experience, type A pattern and fear of negative evaluation would significantly affect the frequency and intensity of stressful events. In turn these stressful events indulge to subjective stress and it again causes in result to anxiety, hostility and depression. Finally the effect of the resultants show an immediate significant direct impact on performance decrements such as tolerance for frustration, clerical accuracy, interpersonal sensitivity and altruism.

Work stress is a universal phenomenon that, in various organizational and behavioral studies, has caused problems with health, performance and general well-being. But claiming that work stress is a complex scientific construction that requires an initial understanding of the "parenting" called stress. In general, stress is generally seen as a general physiological and psychological response that causes physical or mental problems in conflict when a person's coping skills are too extensive. Therefore, stress in the workplace is generally described as occurring when there are differences between the physiological requirements at the workplace and the employees' inability to cope or cope with such requirements (Babatunde, 2013; Kazmi et al., 2008; Mansoor & Ali, 2011; Motowidlo et al., 1986; Ongori & Agolla, 2008). However, it has been suggested that the diversity and perception of stressful workplace experiences make it difficult to find a uniform definition of stress in a set of studies and reports on the impact of stress on the workplace.

From the above, various management perceptions to restrict stress at the workplace have become important in increasing the psychological capital of workers and wellbeing (Babatunde, 2013; Manshor, Chong, & Agency, 2015; Walsh, Winefield, & Stough, 2001). It is also necessary that this proactive intervention be integrated into the work structures (work controls, work plans, staffing levels, physical work environments and organizational structures) and psychological frameworks of the employees (work commitments, psychological support, employee engagement and business initiatives) (Babatunde, 2013; Mind & Stress, 1994; Walsh et al., 2001). In addition, key

actions include managing stress awareness training, workload adjustment, hazard identification, creating a social structure that reduces the impact of stress and clarifies roles, suggesting effective strategies to improve organizational performance (Babatunde, 2013).

It is also practical that the working conditions are adapted to the difference of physical, mental and contextual life of the person. Therefore, organizations should put more emphasis on the livelihoods of their employees (WLB) by trying to implement various WLB practices and policies such as flexible working hours, work sharing, work-to-practice part-time, home-based management, recreational activities and subsidized periods, including family-friendly policies (Johnson, 1986; Motowidlo et al., 1986; Ongori & Agolla, 2008; Walsh et al., 2001).

Worksite Wellness Interventions: On-site practitioners tend to focus their interventions on changing lifestyle habits of people associated with the most common chronic conditions (eg, smoking, diet, and exercise) and the increase in psychosocial resources (Baker et al., 1996).

While most health promotion work programs focus on individual behavioral changes, some trainees have incorporated social relations knowledge, especially social support, as a mechanism to improve the quality of life. effectiveness of their programs (Baker et al., 1996). These programs generally aim to improve social support among colleagues or family members to improve individual behavioral changes (Baker et al., 1996).

Workplace health promotion programs are employers' initiatives to improve workers' health and well-being and in some cases depend on them. They include initiatives to prevent the onset of disease or development from an unstable initial stage to a worse stage. Which program is designed for the job? If we gather healthcare professionals and ask what is expected of a health promotion program at work, you may hear a number of responses similar to those in the previous study (Goetzel et al., 2014). For example, they might say the following:

Aware the employees in terms of good health practices and such that which provokes the quality of life; it is the employees should feel the ownership and responsible with health related costs; to the offered wellness programs one should involve with high active participation; employee should adopt good health habits and stop health degrading factors; issues such absenteeism, disability costs, accidents should reduce; these programs shall attract talents and the turnover incumbent ratio would reduce; workers energies performance results better results for the organization; establishes a culture of health and wellbeing and wellness programs produce a positive return-on-investment for which two or three rupees are saved for one investment (Goetzel et al., 2014).

The Pillars of an Effective Workplace Wellness Program: In a study conducted by Berry, Mirabito, & Baun, (2010) Strategically integrated wellness programs have six strong pillars that simultaneously support their success, regardless of the size of the organization, these are as follows-

- **Multilevel Leadership:** Developing a culture of health which requires persistent and persuasive leadership form lower level to higher level such that, wellness interventions are must.
- **Alignment:** The design of wellness program should naturally evolve from aspiring for culture of employees
- **Employees** may not participate actively if the wellness does not focus for engaging and comprehensive such that the program must be relevant, quality and scope.
- **Accessibility:** Onsite programs must be planned and it must be low cost and high convenience.
- **Partnerships Active:** The desirable achievements of the wellness programs can be achieved by involving selective stakeholders of the business.
- **Communications:** The concept of wellness is not just a mission but it is a message. The cornerstones of the program are sensitivity, creativity and diversity.

III. HYPOTHESIS FORMULATION:

- H1: Wellness Interventions significantly associate with high participation and active involvement at work.
- H2: Wellness Interventions significantly associate with absenteeism reduction.
- H3: Wellness Interventions significantly associate in overall stress elevation / reduction process.

- H4: Wellness Interventions significantly associate with Workers behavior in ownership feeling.
- H5: Wellness Interventions significantly associate to establish a culture of health and wellbeing.

IV. METHODOLOGY

This study adopted a descriptive study method such that an extensive review of literature related to wellness concepts, occupational stress aspects and worksite wellness interventions are studied and analyzed to determination the association between them. About 700 employees in the city of Hyderabad who are working in various hospitals are considered in the study and the sample data is determined by convenience sampling technique. About 40 responses are not considered in the study because of inappropriate and semi-filled responses. So, the final sample size considered was 660 responses. The first part of the paper review of the selected constructs are presented, the second part of the paper discuss the results opted from survey by observing the association using chi-Square test and the in the third part finally conclusions and implications are presented based on literature and from results obtained for the analysis. Constructed hypothesis are tested by cross-tabulation were, employees job level as a crucial factor in formation of perception of wellness interventions.

V. DESCRIPTIVE STATISTICS:

Table 1: Demographic Characteristics of the respondents

Demographics	Category	Frequency	Valid Percent	Cumulative Percent	Mean	Std. Deviation
Gender	Male	417	63.2	63.2	-	0.48
	Female	243	36.8	100		
	Total	660				
Age	<20 Years	203	30.80	30.80	2.01	0.87
	20-25 Years	289	42.20	74.50		
	25-30 Years	122	17.80	93.00		
	> 30 Years	46	6.70	100		
	Total	660				
Marital Status	Married	430	65.20	65.20	-	0.47
	Un Married	230	34.80	100		
	Total	660				
Span of Experience	0-2 Years	19	2.90	2.90	2.59	0.58
	2-5 Years	245	37.10	40.00		
	5-10 Years	380	57.60	97.60		
	> 10 Years	16	2.40	100.00		
	Total	660				
Educational Qualification	SSC/Diploma	210	31.80	31.80	-	0.52
	Graduation	424	64.20	96.10		
	Post Graduate	26	3.90	100.00		
	Others	0	0.00	0.00		
	Total	660				



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Monthly Income	10000-20000	335	50.80	50.80	1.9	1.07
	21000-30000	127	19.20	70.00		
	31000-40000	122	18.50	88.55		
	>40000	76	11.50	100.00		
	Total	660				

It can be interpreted from the table 1 that, from the total 660 male respondents about 63.2 percent are male and the rest are female respondents. When comes to age of the respondents, majority about 42.20 percent are under the age category of 20-25 years and the only 6.70 percent are above age of 30 years. To the next category, about 65.20 percent of the respondents are married and the rest are unmarried. To the most important factor, the experience of the employees which is considerable for implementation of wellness intervention majority about 57.60 percent are have 5 to 10 years of experience and the only few about 2.40 percent of respondents have more than 10 years of experience. With

respect to the qualification of the respondents, majority, 64.20 percent of the respondents are graduates and few only 3.90 percent possess post-graduation. Finally, with regard to income status of the respondents: about 50.80 percent of the respondents earn 10000-20000/- per month and only few about 11.50percent of the respondents earn above 40,000/-.

VI. HYPOTHESIS TESTING AND RESULTS:

H1: Wellness Interventions significantly associate with high participation and active involvement at work.

Q1. High participation and active involvement by Wellness programs						Total
Level of job	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Operational Level	0	0	3	6	4	13
Tactical Level	29	23	27	269	132	480
Strategically Level	7	10	14	52	58	141
Others	3	0	4	13	6	26
Total	39	33	48	340	200	660
Chi Square Test	Value	df	Asymp. Sig. (2-sided)			
	30.602	12	0.002			

Table 2: Association of Wellness Programs and Participation and active involvement

It can be interpreted from table 2, that the majority of the respondents are from tactical level (72%) and from all the level of employees about 51 percent of the employees agree that wellness programs has an positive significant association with employee participation and involvement.

Chi-Square results that there is an(30.602, df12, P<0.05) association between worksite wellness programs and employees' participation and involvement.

H2: Wellness Interventions significantly associate with absenteeism reduction.

Q2. Absenteeism has reduced by these Wellness Programs						Total
Level of job	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Operational Level	0	0	0	10	3	13
Tactical Level	13	26	16	374	51	480
Strategically Level	0	15	3	88	35	141
Others	0	3	0	20	3	26
Total	13	44	19	492	92	660
Chi Square Test	Value	df	Asymp. Sig. (2-sided)			
	33.068	12	0.001			

Table 3: Association of Wellness Programs and Absenteeism

It can be interpreted from table 3, that the majority of the respondents are from tactical level (72.7%) and from all the level of employees about 74.5 percent of the employees agree that wellness programs has an positive significant association withreduction of absenteeism. Chi-Square

results that there is an (33.068, df12, P<0.05) association between worksite wellness programs on reduction of absenteeism.

H3: Wellness Interventions significantly associate in overall stress elevation / reduction

Q3. The overall stress levels has decreased						Total
Level of job	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Operational Level	3	0	0	6	4	13
Tactical Level	64	39	57	108	212	480

Strategically Level	11	6	10	55	59	141
Others	0	0	0	17	9	26
Total	78	45	67	186	284	660
Chi Square Test	Value	df	Asymp. Sig. (2-sided)			
	45.9	12	0.000			

Table 4: Association of Wellness Programs and Overall stress levels

It can be interpreted from table 4, that the majority of the respondents are from tactical level (32.12%) and from all the level of employees about 43 percent of the employees agree that wellness programs has an positive significant association with reduction of stress levels. Chi-Square results

that there is an (45.9, 12df, P<0.01) association between worksite wellness programs on reduction of stress levels.

H4: Wellness Interventions significantly associate with Workers behavior in ownership feeling.

Q4. We take 'ownership' of our behaviors						Total
Level of job	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Operational Level	1	0	0	8	4	13
Tactical Level	38	22	11	278	131	480
Strategically Level	4	2	1	94	40	141
Others	1	0	0	18	7	26
Total	44	24	12	398	182	660
Chi Square Test	Value	df	Asymp. Sig. (2-sided)			
	13.167	12	0.357			

Table 5: Association of Wellness Programs and Ownership behavior

It can be interpreted from table 5, that the majority of the respondents are from tactical level (72.7%) and from all the level of employees about 60 percent of the employees agree that wellness programs has no positive significant association with 'ownership' of our behaviors. Chi-Square

results that there is no (13.167,12df, >0.05) association between worksite wellness programs on 'ownership' of our behaviors.

H5: Wellness Interventions significantly associate to establish a culture of health and wellbeing

Q5. Wellness Interventions establish a culture of health and wellbeing						Total
Level of job	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Operational Level	3	1	1	3	5	13
Tactical Level	37	23	14	277	129	480
Strategically Level	14	3	2	78	44	141
Others	2	1	0	10	13	26
Total	56	28	17	368	191	660
Chi Square Test	Value	df	Asymp. Sig. (2-sided)			
	18.679	12	0.097			

Table 6: Association of Wellness Programs and establishment of health culture

It can be interpreted from table 6, that the majority of the respondents are from tactical level (72.7%) and from all the level of employees about 55.7 percent of the employees agree that wellness programs has a positive significant association in establishment of health and wellbeing culture. Chi-Square results that there is a (18.679, 12df, <0.10) association between worksite wellness programs in establishment of health and wellbeing culture.

employees would be reduced by workplace interventions. Hypothesis H4 was disproved, such that due to worksite interventions does not have any association and finally, Hypothesis H5 is proved that worksite interventions establish healthy and wellbeing environment.

REFERENCES:

1. Anspaugh, D. J., Hunter, S., & Mosley, J. (1995). The Economic Impact of Corporate Wellness Programs. *AAOHN Journal*, 43(4), 203–210.
2. Babatunde, A. (2013). Occupational Stress : A Review on Conceptualisations , Causes and Cure. *Economic Insights - Trends and Challenges*, 2(3), 73–80.
3. Baker, E., Israel, B. A., & Schurman, S. (1996). The Integrated Model: Implications for Worksite Health Promotion and Occupational Health and Safety Practice. *Health Education Quarterly*, 23(2), 175–190.

VII. DISCUSSIONS:

From the empirical analysis performed determine that worksite wellness interventions positively and significantly show an effect on the reduction of occupational stress. From the study it is found that, H1 is proved that due to wellness program interventions employees participation and involvement have a dependent association. Hypothesis H2 is proved that due to wellness program interventions absentseem has reduced and they have a dependent association. H3 is also significant that overall stress levels of



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4. Berry, L. L., Mirabito, A. M., & Baun, W. (2010). What 's the Hard Return on Employee Wellness Programs? *Harvard Business Review*, (December).
5. Fund, M. M., & Quarterly, T. M. (2019). Wellness in the Work Place : Potentials and Pitfalls of Work-Site Health Promotion. *The Milbank Quarterly*, 65(2), 255–275.
6. Goetzel, R. Z., Henke, R. M., Tabrizi, M., Pelletier, K. R., Loeppke, R., Ballard, D. W., ... Crighton, K. A. (2014). Do Workplace Health Promotion (Wellness) Programs Work? OUTCOMES EXPECTED FROM HEALTH. *Journal of Occupational and Environmental Medicine*, 56(9), 927–934. <https://doi.org/10.1097/JOM.0000000000000276>
7. Grawitch, M. J., Gottschalk, M., & Munz, D. C. (2006). The Path to a Healthy Workplace A Critical Review Linking Healthy Workplace Organizational Improvements, (June). <https://doi.org/10.1037/1065-9293.58.3.129>
8. Johnson, J. A. (1986). Wellness and Occupational Therapy. *American Journal of Occupational Therapy*, 40(11), 753–758.
9. Kazmi, R., Amjad, S., & Khan, D. (2008). OCCUPATIONAL STRESS AND ITS EFFECT ON JOB PERFORMANCE A CASE STUDY OF MEDICAL HOUSE OFFICERS OF DISTRICT ABBOTTABAD. *Journal of Applied Mathematics and Computing*, 20(3), 135–139.
10. Lu, C., Barnett, T. E., Yen, L. T., Mcdonald, T., & Hirschland, D. (2002). Influence of Participation in a Worksite Health-Promotion Program on Disability Days. *Journal of Occupational and Environmental Medicine*, 44(August), 4–9. <https://doi.org/10.1097/00043764-200208000-00013>
11. Manideep, A. S. (2018). Competitiveness of Indian Wellness Industry A Conceptual Analysis. *International Journal of Pure and Applied Mathematics*, 118(24), 1–15.
12. Manshor, A. T., Chong, S., & Agency, F. A. (2015). Occupational stress among managers : a Malaysian survey. *Journal of Managerial Psychology*, 18(September 2003), 622–628. <https://doi.org/10.1108/02683940310494412>
13. Mansoor, M., & Ali, M. (2011). The Impact of Job Stress on Employee Job Satisfaction A Study on Telecommunication Sector of Pakistan. *Journal of Business Studies Quarterly*, 2(3), 50–56.
14. Mavis, B. E., Stachnik, T. J., Gibson, C. A., & Stijffelmayer, B. E. (1992). Issues Related to Participation in Worksite Health Promotion : A Preliminary Study. *American Journal of Health Promotion*, 7(1), 53–60.
15. Michaels, C. N., Greene, A. M., Michaels, C. N., & Greene, A. M. (2013). Worksite Wellness: Increasing Adoption of Workplace Health Promotion Programs. *Health Promotion Practice*, 14(4), 473–479. <https://doi.org/10.1177/1524839913480800>
16. Mind, H., & Stress, O. (1994). Health Mind; Healthy Organization - A Proactive Approach to Occupational Stress. *Human Relations*, 47(4), 455–471. <https://doi.org/10.1177/001872679404700405>
17. Motowidlo, S. J., Packard, J. S., & Manning, M. R. (1986). Occupational Stress : Its Causes and Consequences for Job Performance. *Journal of Applied Psychology*, 71(4), 618–629. <https://doi.org/10.1037//0021-9010.71.4.618>
18. Ongori, H., & Agolla, J. E. (2008). Occupational Stress in Organizations and Its Effects on Organizational Performance. *Journal of Management Research*, (December 2016).
19. Org, A., Kent, K., Goetzel, R. Z., Roemer, E. C., Prasad, A., & Freundlich, N. (2016). Promoting Healthy Workplaces by Building Cultures of Health and Applying Strategic Communications, 58(2). <https://doi.org/10.1097/JOM.0000000000000629>
20. Pelletier, K. R. (1991). A Review and Analysis Of the Health and Cost-Effective Outcome Studies of Comprehensive . Health Promotion and ., Disease Prevention Programs. *American Journal of Health Promotion*, 5(4).
21. Sears, L. E., Shi, Y., Coberley, C. R., & Pope, J. E. (2013). Productivity , and Retention Outcomes in a Large Employer, 16(6). <https://doi.org/10.1089/pop.2012.0114>
22. Walsh, M., Winefield, A. H., & Stough, C. (2001). Occupational stress in universities: staff perceptions of the causes, consequences and moderators of stress. *Work & Stress*, 15(1), 53–72. <https://doi.org/10.1080/02678370110062449>