

CHAPTER I

INTRODUCTION

The Workplace — A Determinant of Health!

“...the settings where we spend our time (workplace, home) and our social contacts in those settings shape our health...”.

In order to address the strong relationship between work and health, it is necessary to consider all the components of a healthy workplace that have an effect on the employee.

Over the last 40 years, major changes have taken place in the workplace. The growth in the use of information technology at work, the globalization of many industries, organizational restructuring, changes in work contracts and work time scheduling have radically transformed the nature of work in many organizations. The workforce itself is also diversifying with an increase in female participation and a growing number of dual-earner couples.

Organizations in countries hit by recession were downsizing or de-layering in an effort to survive. During the last decade, this trend for restructuring and downsizing has continued in many organizations, together with an increase in sub-contracting and outsourcing, in order to compete successfully in the increasingly competitive global market. Other changes include new patterns of working, such as tele-working, self-regulated work and teamwork, an increased reliance on computerized technology and a move towards a more flexible workforce, both in number of employees and in their skills and functions (Cox, Griffiths, and Rial-Gonzalez, 2000)¹.

As the workplace has slowly transformed, the corporate sectors in European and North American countries have adapted smartly to the changes and productivity levels have gone up. The core issues that come up when discussing work place environment, stress, occupational health and employee well-being, revolve around four major areas i.e. job insecurity, work hours, control at work, and managerial style. This situation is a cause of concern in the west and in India, similar conditions are very much relevant to the IT sector.

The booming of IT outsourcing centers in metros reveals the vulnerability of the above mentioned factors. Each of these issues has become a major concern as a result of the

recent radical organizational changes. There are now fewer people at work, doing more and feeling less security and control in their jobs. Management in particular has increased pressures trying to keep pace and manage their workforce against a background of rapid change. This heightened pressure has brought an impact on their behaviour towards employees.

In today's market driven competitive world, a capable employee is the most important resource and a fundamental precondition of productive action.

The National Economic costs of work-induced losses in health for many countries make up a surprisingly high percentage of the GNP, in addition to which there are indirect losses. Promotion of the employees' -both women and men's - working ability and functional capacity are based on the needs of the whole society. Building a healthy workforce as well more productive working conditions calls for organizational change processes, strategies/tactics, management of work environment issues, systematic management of safety and a capable and motivated personnel.

Health Promotion, early detection and specific protection programmes at the workplace are an investment, not a cost to any organization. Just as no one doubts the necessity to invest resources for the maintenance of productive capacity, such investment is necessary for Industry for enhancement of its human capital.

Successful interventions must target underlying workplace and organizational factors – the link between healthy work environments and improved health outcomes for individual employees and improved business results. This widens the agenda to the entire organization: its values, people practices, work systems and performance.

There is no easy-to-follow checklist or template for effective bundles of healthy workplaces practices (eg; standardized programs do not work for primary workplace health interventions that address environmental determinants of health). Hence it becomes even more imperative, that the Healthy Workplace Strategy must be designed to fit an organization's unique history, culture, market conditions and employee characteristics. A compelling vision is required which must be homegrown and effectively communicated.

Various statistics and studies indicate that lack of a comprehensive workplace health strategy in organizations on a preventative basis is causing significant negative impact on productivity.

Cost benefit analysis have shown that organization benefit from investing in Health Promotion programs. Studies indicate **4 times lower costs**, and more savings. ***Cost benefit ratios run between \$3 and \$8 (US) for every \$1 invested in health promotion programs within 5 years.***

The compelling economic cases (return on investments) based on global figures have shown that corporates and organizations which invested in health promotion programs

saved millions of dollars and reduced lost time due to medical problems by 20,000 workdays in a year.

It is under this backdrop that WHO has initiated the healthy workplace setting approach that includes healthy districts, healthy islands, health promoting schools and hospitals etc. Industry offers a very good platform to promote and implement “Healthy Workplaces”. Hundreds of studies document the direct and indirect benefits of healthy workplace for both individuals and the organizations. At the same time today, a growing number of line managers, along with professionals in workplace health, human resources, occupational health and safety and organizational development, recognize the limits for dealing solely with the symptoms of stress, ill-health and injury. These health champions are seeking ways to address the underlying causes to improve the workplace.

Reducing employee health risks requires changes in job designs, workplace culture, organizational systems and management practices. Traditional workplace health promotion programs focus narrowly on employee health, so are not catalysts for the more fundamental reforms required to target the underlying causes.

The information available on workplace interventions mostly documents program data and outcomes. The actual dynamics of change – processes -, strategies and tactics- remain a black box.

This operational study deals with employees health risks and stress; workplace culture, organizational systems and management practices. CII took up a study of 1000 workers from 10 Industrial houses belonging to distinct nature of work i.e. manufacturing, civil construction, software/consultancy based, drug/pharmaceutical, other SSI industries under this operational research (The names of the companies have been kept confidential due to procedural understandings).

An effort has been made to study the health problems and stress faced by the employees and the steps taken by industrial houses to overcome this. The study also encompasses the interventions outside factory situations and health benefit and support programs with a special context to community – employee and community trust relationships.

1.1 WORKPLACE AND HEALTH:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”.... WHO

Health includes the ability to realize aspirations, satisfy needs, and cope with changes. It is seen as 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.

Workplace health is a comprehensive and integrated approach to health which focuses on the general population at a workplace and the organization as a whole.

There are three basic elements of a healthy workplace. To begin with, a healthy physical environment addresses the health and safety of the employer and employees, e.g., adequate workspace and clean air. It goes beyond basic health and safety legislation. The physical environment is also influenced by workplace policies that address issues such as ergonomics, and special needs of employees with disabilities. Secondly, a healthy workplace supports healthy lifestyles and encourages positive behavior change e.g., smoking-cessation programs, options for healthy food choices, and opportunities to become more physically active. Healthy workplace policies are also important as they send a message that employers acknowledge the link between employees' well being and the success of the organization. The last element concerns the social environment (or culture) as experienced by its employees—it deals with the organization and the design of work. Are there flexible work arrangements? Does the workplace value employee input? Is there support for the employees when it is needed? These practices are strongly influenced by managerial decisions. All these components constitute a healthy workplace. These areas are interdependent and need to be addressed in a comprehensive manner.

Health of an employee is an essential prerequisite for working. It has been appreciated that with excellence comes high performance and the pursuit of a healthy workplace is very much about achieving excellence. One of the important prerequisites of any organization is a motivated workforce, which in turn reflects their working community and society. Developing countries suffer huge losses on the production front due to avoidable stress conditions. A healthy stress free workplace as per Bhattacharya B.B² overcomes all barriers in productivity and in fact goes ahead in enhancing the productivity levels.

There is a two way relationship between economic development and health. If industries can offer stress-free healthy work environments, the work force will generate more income, the out put will be higher, and the work-force will contribute more positively to growth and development of the unit. While it is natural to look at the compliance factors of healthy workplace environment which contributes to make good business sense it is equally rhetorical to look beyond compliance issues like the steps taken beyond safety, occupational hazards and environment activities. This calls for comprehensive workplace health promotion; an approach to protect and enhance the health of employees that relies and builds upon the efforts of employers to create a supportive management culture and upon the efforts of employees to care for their own well-being.

1.2 HEALTH PROMOTION IN THE WORKPLACE:

Health Promotion is the process of enabling people to increase control over, and to improve their health. A way of giving people the tools they need to improve their own health helps people take care of themselves.

Health Promotion strategies are not limited to a specific health problem, nor to a specific set of behaviours.

As per Ottawa Charter for Health Promotion, 1986, “Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.”

The Bangkok Charter for Health Promotion in a Globalized World, 2005, asks for the promotion of health as a requirement for good corporate practice. Successful interventions must target underlying workplace and organizational factors – the link between healthy work environments and improved health outcomes for individual employees and improved business results.

The corporate sector has a direct impact on the health of people and on the determinants of health through its influence on local settings, national cultures, environments, and wealth distribution.

The private sector, like other employers and the informal sector, has a responsibility to ensure health and safety in the workplace, and to promote the health and well-being of employees, their families and communities.

This leaves us with the question as to what determines health. Is it biology and genetic environment, healthy child development, gender, culture, health services, personal health practices, income and social status, social support networks, education, employment and working conditions, social environment, or physical environment? Is work a determinant of health? Well, the answer is yes, it is. Work itself can influence the health of employees; it has a direct relationship with their income, spending pattern, and to the social environment they live in.

The Toronto based Institute for Work and Health documents that the limitations of workplace health promotion programs can be remedied by promoting the workplace determinants of health, which address job, organizational and work environment causes of health and wellness. Other experts use the concept of a ‘health promoting workplace’ to balance customer expectations, organizational goals, employee skills and health needs. The scope of workplace health initiatives has expanded to address a growing array of non-health issues, from violence and anger to productivity.

What is required by the industry today is to focus on – how can effective strategies be designed to change workplaces so that they become healthier and more productive? For example, the Wellness Councils of America (WELCOA) assists US companies to create “Well Workplaces”. Hence thinking and action in the area of workplace health is in transition. The emphasis is shifting from programs designed to change individual’s attitudes

and behavior, to more comprehensive interventions that target health risks in the physical, social and psychological work environment.

Studies conducted by Jan Chappel, Technical Specialist Canadian Centre for Occupational Health and Safety³ confirm that there is both a positive and negative side of work on the health of a person. The positive side of work is “Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth”. All these add to the good health of the individual. Unemployed persons have more stress, illness and health problems. Underemployed also tend to be less healthy. The negative side is that if the work place unsafe working conditions often lead to stressful situations, low level of control, depression and social exclusion.

1.3 WORK PLACE AND STRESS:

Stress at work place has been defined differently. One definition is “job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.”⁴

In another context, stress has been defined as “the emotional, cognitive, behavioral and physiological reaction to aversive and noxious aspects of work, work environments and work organizations. It is a state characterized by high levels of arousal and distress and often by feelings of not coping.”⁵

WHAT IS STRESS?

The age-old, genetically determined reaction of human beings to threats or pressure has the primary objective of preparing them for intense physical activity of the *fight or flight* type. This involves a quickening of the heartbeat and breathing rhythm and the diversion of more blood to the muscles than to other organs. The release of adrenaline and noradrenalin raises levels of glucose and free fatty acids in the blood stream to provide greater energy. These in-built reactions are no longer adapted to the types of pressure faced by most people in their working and family lives. As a consequence, unhealthy levels of stress lead to a variety of disorders and illness. These include a broad band of pathological consequences, ranging from chronic fatigue to depression, and including insomnia, anxiety, migraine, emotional upsets, allergies and abuse of tobacco and alcohol. In the longer term, stress can contribute to hypertension, and as a consequence to the development of heart and cerebro-vascular disease, as well as to peptic ulcers, inflammatory bowel diseases and musculoskeletal problems. It may also alter immune functions, which may in turn facilitate the development of cancer. Taken together, these disorders are responsible for the great majority of disease, death, disability and medical care use in most industrialized countries.

1.4 COSTS OF STRESS:

Because stress is so widespread, it has a very high cost for individuals, companies and organizations, and for society. For the *individual*, in addition to the devastating impact of the serious health impairments referred to above, the loss of capacity to cope with working and social situations can lead to less success at work, including loss of career opportunities and even employment. It can give rise to greater strain in family relationships and with friends. It may even ultimately result in depression, death or suicide.

For the *company or organization*, the costs of stress take many forms. These include absenteeism, higher medical costs and staff turnover, with the associated cost of recruiting and training new workers. It has also been shown in recent years that stress takes a heavy toll in terms of reduced productivity and efficiency.

To the individual whose health or happiness has been ravaged by an inability to cope with the effects of job-related stress, the costs involved are clear. But what price do organizations and nations pay for a poor fit between people and their work environments? Only recently has stress been seen as a contributory factor to the productivity and health costs of companies and countries but as studies of stress-related illnesses and deaths show, stress imposes a high cost on individual health and well-being as well as organizational productivity.

Among public sector employees, demands for enhanced “*quality of service*”, “*value for money*” and “*accountability*” has assumed new meanings, creating additional job pressures. These pressures come at a time when an organization’s employees are being regarded increasingly as a major corporate asset which cannot be ignored, and whose creative potential must be exploited.

The pressures associated with the new climate of competition, renewed emphasis on quality of service and accountability, allied to the uncertainty characteristic of organizational change, are potential sources of stress. Such pressures and uncertainty may be brought about by increased work targets, threats of job losses, changes in job holders’ responsibilities and authority, shifts in the balance of power and general upheaval. For organizations, the adverse effects of stress may act as an impediment to performance and to the change process. The effects may be seen in poor job performance, high levels of absenteeism, discontent among the workforce, high turnover of labour with the loss of “good” employees, and a large increase in recruitment and retraining costs. Some would argue, as do Chusmir and Franks and Arroba and James⁶ that organizational problems such as sick pay, absenteeism, high levels of labour turnover and lower job satisfaction are related, directly or indirectly, to stress. As such, they may be regarded as costs, which ultimately have an effect on overall organizational efficiency and effectiveness.

Managing the change process has thus created a new and daunting challenge for those in managerial roles. It may be argued that many individuals within public sector organizations perceive the traumatic changes, which have taken place to be imposed upon them by external forces and to be a cause of deep uncertainty regarding their future. This uncertainty arises from a multitude of environmental factors largely beyond the control of individual employees. Individuals within such operating environments are likely to experience a sense of powerlessness that may erode their ability to cope with the stress caused by threats posed to their organizations and their livelihood. Consequently, it would seem fair to suggest that the cumulative spiral of pressures placed on an organization's members at this time will lead to widespread employee stress. The issue of stress and its management should therefore feature increasingly on the agenda of efficient and effective public sector managers.

1.5 RATIONALE:

A healthy work environment is universally acknowledged to be of intrinsic value and therefore constitutes an integral element of productivity. The promotion of health is of fundamental value in and of itself. It is a vital public good and a basic human right. With the **Human Development Index** (HDI) ranking countries on achievements that affect quality of life and access to basic necessities governments and corporate sectors have been forced to redefine the work place⁷. Universal access to good health services including water, sanitation, nutrition, primary education, and communication and a stress-free environment involving stress-relaxing sessions are essential to balanced growth and creativity of the individual.

The adverse implications for individual health as a result of physical and emotional stress, and the over work culture eats into the workforce. For many, the result is illness: either debilitating mental conditions such as work - related stress and depression, or life threatening conditions such as heart disease. One can be rich but sick enough to not enjoy any opportunities that wealth opens up, and poor health may translate into worsening economic opportunities as well. In fact, one can also be healthy but too poor to pursue valued objectives. The health of the overworked employee is hit twice – first by working too hard and second by not having the time to develop relationships.

The cost to an increasing number of individuals is evident in the spectacular explosion in the number of days at work, lost to stress. The models of good practice in industry in Europe illustrate that it is possible to incorporate Workplace Promotion in the daily life of an organization. Far from being an expensive and unrealistic exercise, the exemplary examples of good practice prove that Work place Health Promotion (WHP) is financially viable. Creating an environment which results in a happy, satisfied workforce is not just an idealistic concept, but one which makes good business sense and is the key factor in developing a successful organization.

The relationship between income, health and productivity has been analysed at the household level based on micro econometric framework. At the macro level, though there is substantial information on good practices from Europe and Canada and other developing nations *very little is known on the association between income/ economic growth and health in India.*

Orchestrating systemic change towards workplace health promotion requires clarity of vision, strong commitment, cooperation and involvement. There must be support from management at all levels, who must engage in discussions in “creating health”⁸. In other words, what is required is repositioning healthy work environments and employee health outcomes so that they become central to how business operates. This demands even greater attention to change strategies and processes. Hence a practical tool that can be used as a basis for workplace discussions breaks down into four interrelated components

- Enabling environments,
- Designing a dynamic process based on participation and learning,
- Determining the scope and depth of the change environments, and
- Tracking the results for employees, the organization and the community.

Unlike building a house, where there is a blue print showing how all the components fit together, there needs to be far more fluidity in healthy workplace planning , so that individuals making the changes can learn as they go and incorporate their insights into a revised design.

Hence policy changes must carefully consider a range of issues from moving to thinking. The issues are strategic because they will influence the choices that change agents make about how to proceed.

Health promotion strategies according to the stress laid by WHO⁹ are not limited to a specific health problem, or to a specific set of behaviours. WHO as a whole applies the principles of, and strategies for, health promotion to a variety of population groups, risk factors, diseases, and in various settings. Health promotion , and the associated efforts put into education, community development, policy, legislation and regulation, is equally valid for prevention of communicable diseases, injury and violence, and mental problems, as they are for prevention of non-communicable diseases.

The ‘**Bangkok Charter for Health Promotion in a Globalized World**’¹⁰ has been agreed to by participants at the 6th Global Conference on Health Promotion held in Thailand 7-11 in August, 2005. It identifies major challenges, actions and commitments needed to address the determinants of health in a globalised world by reaching out to people, groups and organizations that are critical to the achievement of health.