

Assessing Wellness Quotient Amongst Back Office Employees in India

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What is Wellness?

More than 50 years ago the World Health Organization (WHO) defined health as more than freedom from illness, disease, and debilitating conditions (WHO, 1947). The suggestion by the World Health Organization that health has a positive component led to use of the term wellness. (Corbin & Pangrazi, 2001).

Wellness has been defined in many ways over the past several years. According to the National Wellness Association, wellness is an active process of becoming aware of and making choices toward a more successful existence. The key words are process, aware, choices and success. **Process** means that we never arrive at a point where there is no possibility of improving. **Aware** means that we are by our nature continuously seeking more information about how we can improve. **Choices** mean that we have considered a variety of options and select those that seem to be in our best interest. **Success** is determined by each individual to be their personal collection of accomplishments for their life. Wellness is first and foremost a choice to assume responsibility for the quality of your life. It begins with a conscious decision to shape a healthy lifestyle. Wellness is a mind set, a predisposition to adopt a series of key principles in varied life areas that lead to high levels of well-being and life satisfaction. (Ardell, 2002).

With a wellness lifestyle, a person is of right weight, fit, stress free and intelligent with a mind of his own, emotionally balanced, critical in thinking, open and alert to discoveries, and able to add meaning and purpose to life.

Health and Wellness

Mueller and Kaufmann (2001) aimed to make a clear distinction between wellness and cure, from the health policy angle. Hence, a line should be drawn between wellness, which includes comprehensive service packages consisting of physical fitness, beauty care, healthy nutrition/ diet, relaxation/meditation, mental activity/education, and illness prevention. While wellness guests can claim services which are very similar to those used by “normal cure guests,” wellness guests ask for those services with the motive of preserving or promoting their health, which contrasts with the cure guests’ (Mueller & Kaufmann, 2001).

Models to assess wellness

Wellness is a multidimensional state of describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being. (Bouchard, Shephard, Stephens, Sutton, & McPherson, 1990). Hettler (1979) defined six dimensions of wellness: social, occupational, spiritual, physical, intellectual, and emotional. Ardell (2002) discusses three domains of wellness including: mental, physical, and meaning & purpose. The physical domain has exercise and fitness, nutrition, appearance, adaptations/challenges, lifestyle habits. The mental domain includes emotional intelligence, effective decisions, stress management, factual knowledge and mental health. The meaning & purpose domain includes meaning and purpose, relationships, humor, and play.

This study adopted a seven dimensional model created by Health Women's Healthy Living Goals (2006). The seven dimensions include: (a) physical, (b) emotional, (c) career, (d) social, (e) financial, (f) spiritual, and (g) personal and family. These domains are taken as the main variables for assessing wellness amongst the information technology enabled services (ITES) and business process outsourcing (BPO) employees. The sub variables were carefully considered, and questions were framed to elicit wellness quotient for each dimension.

Information Technology and its importance in India

Recognizing the immense potential of the Indian software industry, the Ministry of Information Technology (IT) in India published a policy document on *Computer software exports, software development and training* in 1986 (Department of Information Technology, n.d.). Subsequently, in 1990, the Ministry formulated the Software Technology Park (STP) to promote and facilitate software exports from India. A state-of-the-art *International Technology Park Limited (ITPL)* was built in the city of Bangalore, India. *Electronic city* is another industrial park spread over 330 acres in Bangalore. The city is called the cyber capital of India (Department of Information Technology, n.d.).

The cyber revolution changed the gross domestic produce (GDP) structure in India. The service economy replaces the once agrarian and manufacturing economy of the largest democracy of the world. There were more than 1,154 IT companies in Bangalore during 2002-03 (Department of Information Technology, n.d.). The National

Association of Software and Services companies (NASSCOM) which is the voice of the IT sector in India has reported that revenues from IT have grown ten times from \$4.8 billion in 1997-1998 to \$47.8 billion in 2006-07. The contribution to India's gross domestic product (GDP) from the IT sector alone is 5.4%. The industry employs 16,300,000 employees in India ("IT exports to touch USD31b," 2007).

IT industry employees have to meet international quality standards. The challenge to interface with the rest of the world attracted the best brains from the most renowned institutes in India to the IT sector. The entrepreneurial youth in the knowledge-based industry came up with some of the best start-ups. The rest of the world was finally noticing India after the landmark buy out of Hotmail from an Indian start-up by the international software giant Microsoft for \$400 million ("Hotmail's creator is starting up," 2000). The salaries in the IT sector reached dizzying levels unprecedented in the Indian corporate sectors. The NASSCOM president, Kiran Karnic, reported in a press conference that the IT sector would create 400,000 new jobs in 2007, which is a 25% increase from 2006. Mr. Karnic also stated that the industry would double its revenue and job opportunities by 2010 to cater to the needs of the industry ("IT to create 4 lakh," 2007).

The downsides of the IT industry's growth are the heavy workload, prolonged working days, pressure to complete projects before deadlines, unhealthy food and irregular eating habits, having to travel across the continents at short notice, and being away from families for extended periods. Gentleman (2005) stated that India is facing an obesity crisis among its newly wealthy middle-class, alluding to IT professionals. The advent of the multi-national corporation (MNC) work culture characterized by increased work pressure and an increasing need for performance in the workplace has led to increased stress. This lifestyle increases the chances of developing heart disease 10-15 times ("Heart disease on rise," 2008). The average age a person may suffer from heart attack has gone down to 30 from 40. In addition, 1,246 cases of divorce cases pertaining to those in the IT sector were filed in 2006 in the matrimonial courts in Bangalore, India (Nanjappa, 2007). Financial freedom, lack of time at home, erratic working hours, work pressure, financial security, and stress are also seen as the main reason for this fiasco

(Nanjappa, 2007). Companies are encouraged to take initiative and ensure that employees get more time at home (Nanjappa, 2007).

The ITES and the BPO sector constitutes to 56.4 percent of the total IT industry and this sector, which constitutes the largest chunk of the IT services is considered for this study. It is of interest to know how the educated affluent of India, the new generation of ITES and the BPO employees referred to as back office employees, rank in their wellness quotient. Wellness quotient is an index that clearly indicates the quality of life from various dimensions. Looking at life through various dimensions of wellness covers all the aspects and roles played by an individual and hence it is holistic. The wellness quotient can act as primary index, from which all intervention programs can be planned, though the technical aspects of a job, and the inputs that goes into updating it is not taken into the scope of wellness.

Assessing the wellness quotient can lead an employee in the back office services, irrespective of the company he or she is working for, to set their own goals and aim for higher well being in life. Internationally, wellness and work place management have made major strides. All companies around the world are aspiring to improving the lives of their employees, which of course will reflect in the well being and betterment of work place too. Assessing wellness quotient can be done at any level as the concept of wellness reflects the principle of total quality management, which reflects the idea that “there is no point beyond which improvement is not possible” and the only way to remain creative and useful as a human being is to aim at constant improvement

Wellness at work place

There are six reasons cited by the University of Rochester Employee Wellness (n.d.) to maintain employee’s wellness, which many leading organizations accept and follow.

1. Employees who participate in wellness programs enjoy an enhanced quality of life.
2. People typically spend most of their waking hours at work. As a result, the worksite is the place where they can most readily be reached with programs that support a healthy lifestyle.

3. Employees who participate in worksite wellness programs tend to enjoy their jobs more.
4. Healthier employees often are more successful at their jobs.
5. Organizations that invest in a healthy workforce are modeling a proactive approach to wellness for other.
6. Properly planned employee wellness programs can save money than they cost.

Hence the objective of this study is to assess the wellness quotient of employees working in IT Enabled Services and BPOs in India.

“Unites” the voice of IT Enabled Services and BPO employees in India:

Unites stands for “Union for IT Enabled Services.” UNITES was established in September 2005 following a year of preparatory work under a UNI Apro (Union Network International Asia-Pacific Region) project designed to facilitate the unionisation of ITES employees. The project was a pioneering initiative by UNI Apro to focus its efforts to develop UNITES into an independent dynamic modern trade union, recognized by authorities, which could effectively engage in meaningful social dialogue on behalf of members with other stakeholders in the industry in India. The objective of UNITES is “to organize call centre and BPO employees in to trade Unions.” The organization works toward identifying issues related to the call centre and BPO employees; it develops campaign and strategies to lieu the attention of the various stakeholders towards the issues affecting the call centre and BPO employees. It works for capacity building through leadership development and focuses on activities that give impetus to welfare of call centre and BPO employees. UNITES also takes up cases on behalf of employees and works on issues relating to call centre and BPO employees.

This research study was initiated by UNITES to assess the “wellness quotient” of call centre and BPO employees. This study is aimed at understanding the employee’s perception of their own wellness quotient and how the organization they are working can provide interventions for improvement (if needed). This study can be replicated in individual software companies and it can form the basis on which the human resources department can plan intervention programs. The wellness quotient of each of the domains is an indication factor to design programs to address to the needs.

There has been increased press coverage highlighting the ill-effects on health and harmony of the ITES and BPO employees as discussed above. An exclusive study can be initiated to compare the wellness quotient of these employees and the employees of other sector to see if the highlights are myth or reality. UNITES has initiated ties with researchers at RV Institute of Management, Bangalore, India, and Kent State University, Kent, Ohio, United States, for execution of this project.

Literature review

This section discussed past research studies highlighting the importance of health and wellness in work place.

Polakoff and O'Rourke (1990) suggested creating an integrated health database of the entire workforce to assist with designing health programs and policies. Authors also suggested not viewing investments in improving employee health as a cost but as potential savings. Savings can occur due to reduction in costs of medical treatment and also reductions in lost time from work directly as the result of illness and injury.

A wellness program is any activity undertaken by the company to reduce health care needs. These programs educate and motivate employees and their families to adopt better health habits. Unfortunately, justifying a wellness program through cost benefit analysis is usually difficult. Falconer (1993) recommended considering three factors to determine if a health care item should be obtained or not. These include: (a) past costs related to the item, (b) potential impact of an item that may occur in the future, and (c) changes in the covered group.

Hewitt Associates, a benefits consulting firm, found in a research study that 786 out of 1,034 employers surveyed offered some type of initiative to encourage healthy lifestyle among employees (Mason, 1994). Companies were urged to not adopt a wellness plan that was one-size-fits-all. Consultants with Hewitt recommended that companies pay close attention to medical claims filed and research which healthcare areas were used most in order for wellness programs to have a strong business footing. Inclusion of incentives for following wellness programs have also been suggested (Ventreska, 2007).

According to Danna and Griffin (1999), well-being is viewed as comprising the various life/ non-work satisfactions enjoyed by individuals including satisfaction with

social life, family life, recreation, spirituality and co-worker compatibility and general health. Health in turn is seen as a sub-component of well-being and comprises the combination of mental, psychological and physical indicators.

Madsen (2003) stated that understanding individual change readiness characteristics can help organization development professionals to prescribe and implement more effective change interventions. Wellness programs continue to increase in the work place every year. Readiness is the first part of the natural cycle of change in a number of models.

Klerk (2005) explored work wellness from a spiritual framework by focusing on the contribution that a person's sense of meaning in life can play in improving work wellness and wellness in general. The author suggested that if the construct clarity in workplace spirituality was in place, spirituality can be approximated and operationalized through one of its major elements, which is "meaning in life."

As major purchaser of health care, corporations have almost as much of a stake in preserving or improving employees' health as the employees themselves do. Focusing on health care is inherently reactive, focusing on health is proactive and potentially a game changer. White (2005) suggested some methods to advocate health care: (a) providing plenty of nutrition options in cafeteria, (b) making workplace smoke free, (c) having fitness centers, (d) offering on-site health educators, (e) screening for high blood pressure and cholesterol, and (f) designing health care program that will reach out to immediate family. O'Reilly (2006) also suggested that the most likely interventions to improve health were support for healthier working practices, investment in employee assistance programs, and health screening.

Watson (2007) stated in a study involving Scottish local authority staff that the leading causes of death in the developed world were ischaemic heart disease, stroke, and cancer. These conditions were caused by poor diet, smoking, and alcohol use. The author stated that occupational health professionals can play an important role by offering lifestyle screening, which can identify people likely to benefit from provision of health-related information. Results of the Watson (2007) study suggest that the workforce is amenable to the assessment of lifestyle issues and the receipt of information and advice aimed at promoting health.

Bureau of Labor Statistics (BLS) projects employment of health educators to grow faster than the average for all occupations through 2014. Health educators promote wellness and healthy lifestyle, covering a wide range of topics. They teach the community about behaviours that encourage healthy living and prevent diseases and other problems. The job growth of health educators is driven by the rising costs of healthcare, increased awareness of preventable diseases, the need for early detection of diseases, and an increasing recognition of the need for qualified health educators (Teixeira, 2007).

Research Design

The seven-dimensional wellness model created by Health Women's Healthy Living Goals (2006) was used in this study. Under each domain, sub-variables were chosen after considering the literature. Questions were formed based on the identified sub-variables. The questionnaire was sent to two research scholars for verification and fine-tuning. Based on suggestions given by the reviewers the instrument was reframed. The Office bearers from UNITES scanned the instrument and more questions were included. A pilot test was conducted with 50 ITES and BPO employees. In total, there were 77 questions set to a five-point scale with 'strongly agree' carrying 5 points and 'strongly disagree' carrying 1 point.

The final study was conducted amongst the members of UNITES. All members of UNITES were included in the study. Questionnaires were sent to them by e-mail. Apart from this the office bearers from UNITES contacted the ITES and BPO employees who were their members and personally administered the questionnaire. Through both these methods there were 6000 questionnaires that were distributed. Of the 6000 questionnaires distributed to the employees, 5000 were considered fit for further analysis. This study was planned by UNITES for release and understanding the wellness of its members to mark the May Day or the International Day dedicated to workmen around the world.

Analysis and Interpretations of Wellness Quotient based on the Sex of Employees:

Factor one, which is physical health and wellness, was represented by 14 questions and the questions are based on the avoidance of use of tobacco, alcohol, drugs to induce sleep, regularity in eating, and exercise habits. Though the idea of the research is not to do a univariate analysis it is of importance to note that for the first question, 'I

avoid using tobacco,' 2,472 respondents answered 'Strongly disagree and disagree' meaning that they use tobacco, which definitely is not a good trend. Similarly, 2,468 respondents, which was again close to 50% of total respondents, have either strongly disagreed or disagreed to avoiding alcohol.

The question here is obviously who is responsible? The individual or the organization? Though the organization is not directly responsible it can take up the task of interventions through professional bodies and address the issue. An organization generally spends a lot of time, effort and money on addressing to social issues as a part of social responsibility. The issue of health can be addressed from that perspective. It is common in public sector companies to address workmen on issues of alcohol to avoid absenteeism and inculcate discipline amongst the laborers. The ITES and the BPO may be hesitant to create programs addressing alcoholism and tobacco use because their employees are far more educated and have a social background that is more sophisticated than workers in public sector companies. Never the less, if situation warrants it can be taken up and from this study the affirmation is that the situation warrants. On the question on whether the organization provides scope for improving the health of employees with right infrastructure and training, the mode was 3. This means that majority of the employees neither agreed nor disagreed, indicating that the employer is taking up some effort. Many organizations have gyms, meditation rooms, and play areas but these are the features present only in large and multinational setups.

For physical health, the wellness quotient for men was 52% and for women was 50%. The difference is not much between the sexes but the scope for improvement is also large.

Factor two, which was emotional health and wellness was represented by questions on mood swings, ability to express feelings freely, stress levels, time available to relax and sleep, being a happy person, self reliant, self esteem, and general ability to cope up with life. The emotional quotient for women was 62% and that for men was 51%. Women are believed to be more emotionally enduring than men and this comes out true in the study too. On the question of the role of organization in providing the right infrastructure, training and HR interventions for maintaining emotional quotient the mean score is 1.90. This shows that organizations can make several improvements/programs

available to provide the right infrastructure. Given that employees are able to achieve their revenue and goals for the company in spite of very limited support from the organization for maintaining emotional health and well-being, it is of interest to see how an improved emotional quotient will affect revenues in terms of better outputs, lowered attrition, enhanced commitment to work, and so on. It is a known management practice to concentrate on the people and take care of them and they in turn will take care of the business, but putting it in practice is not so easy. An absolutely transparent system where every employee is empowered to express and have scope to grow in fair and even grounds is idealistic than realistic.

Factor three, career health and wellness, was represented by questions on career choice, clarity on career goals, compromising personal values for career, balancing social and family life with career, and gender differences in the organization on growth. The Career health and wellness quotient for the men was 53% and for the women the quotient was 64%. When asked if the organization provided support for career advance, the mean score was 1.9, which means the respondents 'disagree' that the organization offers them scope for career growth. It is interesting to note that the scores are better for the questions on career growth and gender issues, where the mean score was 2.7 and the mode was 3. This means that maximum respondents have said that they 'neither agree nor disagree' or they are not able to take a firm stand on gender issue and career growth. The organizations should watch this aspect of providing opportunities for career growth, which is not a social responsibility but the very purpose of the human resources department in an organization.

Factor four, social wellness, is represented by questions on friendship, hobbies, networking. The social quotient for men was 61% and for women was 53%. Since the role of women is more pronounced in maintaining home, networking, pursuing hobbies, etc., take a back stage. Social stigmas on females could also be a contributing factor.

Factor five, financial wellness was represented by questions on disposable income, credit positions, investments, planning for future and old age, liquidity, and absence of falling into financial emergencies. It is of interest to note that the score quotient on financial quotient is the lowest and the men scored 41% while the women scored 42%. Organizations can partner with financial organizations and with no money

spent from their coffer they can deal with this factor. The financial sector is growing so rapidly in India and the search for high net worth individuals and individuals with disposable income is high priority for these companies to grow. Instead of targeting individuals, if the ITES and the BPOs partner with financial companies, it will be a synergistic partnership where the financial companies get direct access to their target groups and the BPO companies without having to identify trainers and experts can achieve financial wellness for its employees.

The sixth factor is spiritual wellness and the questions involve keeping in touch with inner self, positive meaning to existence, believing in prayers, happy to be what you are, hope to make a change in the humanity. The men received a quotient score of 49% and the women received a score of 51%.

Personal relationship and family wellness is the seventh dimension and it is represented with questions on maintaining meaningful relationship, trusting people, not blaming the family for personal failure, managing frustration and anger in relationships. The quotient for the men stood at 52% and the quotient for the women stood at 56%.

Conclusions

The concept of wellness is holistic and versatile. Specific organizations can do an internal assessment of their employees and that would give them clear indications as to where interventions can be planned for betterment. Other demographic interpretations can be superimposed on wellness and interpretations can be made from marital status point of view and age point of view. The limitation of the study as viewed by the researchers is that there is a tendency to take a central stand in answering a query than taking a strong stand by the respondents. This has an effect on the quotient score, which hovers around 50%.

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