Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/apme

Original Article

Trends shaping corporate health in the workplace

Rohin Rameswarapu [a,*], Sameer Valsangkar [b], Ariz Rizvi [c], Upasna Kamineni [d]

[a] Technical Consultant, Apollo Life, India
[b] Public Health Consultant, India
[c] Head, Institutional Business, Apollo Life, India
[d] Executive Director, Apollo Life, India

ARTICLE INFO

Article history:
Received 17 July 2014
Accepted 26 July 2014
Available online 23 August 2014

Keywords:
Occupational health
Health promotion
Wellness
Non-communicable diseases

ABSTRACT

Background: The paradigm for corporate health is morphing from traditional curative services to health protection and promotion. An epidemic of "lifestyle diseases" has developed in the India which warrants an organized integration of company's health, safety and environment policy through a directed wellness program. The current study explored the burden and determinants of lifestyle diseases among an organization.

Material and methods: A cross sectional study was conducted over 3 months among employees' at a multinational organization in the field information and technology across 10 cities in India. Data was gathered through a semi-structured questionnaire with socio-demographic details (age, sex) and occupational characteristics such as duration of working hours. Biometric measurements such as body mass index, blood pressure, total cholesterol and random blood sugar were documented. Statistical measures obtained included descriptives including means, proportions and percentages.

Results: A total of 30,134 employees participated in the study comprising of 16,652 (55.3%) males and 13,482 (44.7%) females. 15,177 (50.3%) belonged to the age group 18–25 years. 24,414 (81%), 4745 (15.7%), 975 (3.2%) had normal, borderline and high risk values respectively for serum cholesterol. 27,660 (91.8%) had blood glucose under normal range, while 2474 (8.2%) were found to be having abnormal blood glucose values.

Conclusion: Wellness clinics and occupational health centres act as a fulcrum and since most of the non-communicable diseases could be prevented by modifying the lifestyle factors and the clinics can provide health coaching, tobacco cessation programmes, nutrition, disease management programs.

1. Introduction

Health protection and promotion have been traditionally confined to healthcare settings (e.g. hospitals, dispensaries, nursing homes and clinics). But in the recent years there has been a paradigm shift in the concepts of healthcare and health promotion activities have been initiated at workplace through medical rooms or wellness centres. A medical room

* *Corresponding author*. Tel.: +91 9989709604.
E-mail address: dr.rohin.r@gmail.com (R. Rameswarapu).
http://dx.doi.org/10.1016/j.apme.2014.07.010

or occupational health centre or wellness centre is essentially a space located inside of the client establishment which is created to cater to health needs of the employees' working in that organization. The medical rooms are equipped to handle curative component and creates a platform to generate awareness about the preventive component of chronic lifestyle diseases. The medical room is typically staffed by a medical doctor and paramedics who are available to offer services during the work hours. The medical room is stocked with basic medications, antibiotics and emergency drugs which can handle the out-patient department and treat surgical or medical emergencies. Organizations both small and large can have employee wellness and occupational health awareness programs which can engage employees in this strategy to enhance their ability to have a healthier lifestyle (primary prevention), early diagnosis and treatment (secondary prevention), identify occupational health hazards and prevent occupational health injuries, emergency preparedness and promote healthy work environment. Health promotion and protection activities have been planned and operated independently of each other at workplace, which has led to limited effectiveness of the program.[1] Workplace health protection and promotion is organized integration of company's health, safety and environment policy. This is more so evident among employers' hazardous industries, where occupational health centres are statutory requirements under Section 41-C, Factories Act, 1948.[2] Workers in hazardous industries are frequently exposed to chemicals, solvents, toxic fumes, extreme temperature, repetitive strain injuries and noise which can cause detrimental health effects and irreversible damage to health of the workers.

India, is passing through the phase of epidemiological transition, over the decade, an epidemic of "lifestyle diseases" has developed in the India. This could be attributed to sedentary lifestyles, poor nutrition, dependency on alcohol and substance and work related stress are driving the incidence of non-communicable diseases (diabetes, cardiovascular diseases, stroke, cancer and chronic respiratory diseases).[3] A recent study revealed that tobacco use, hypertension and physical activity were more prevalent in lower education groups.[4]

In addition, these medical conditions once thought to be a problem of geriatric age group is seeing a paradigm shift towards young urban population which is resulting in illness related loss of productivity due to absenteeism.[3] In addition of the above mentioned, gender distribution has shown rise among female employees' in the past years. The nature of occupational health injuries varies with the gender of employees'; female employees are more prone for injuries about 68.4%.[5] These chronic diseases have become a major burden, as they lead to impaired quality of life, premature death and disabilities and exponential rise in healthcare expenditure.[6] The projected loss of national income attributable to heart disease, stroke and diabetes in India from 2005 to 2015 is around 236.6 billion (1.5% of the GDP) international dollars. In addition to the later, WHO's Global Plan of Action on Workers' Health 2008–2017, states that "Health promotion and prevention of non-communicable diseases should be further stimulated in the workplace, in particular by advocating healthy diet and physical activity among workers and promoting mental health at work".[7]

Apollo Life, as an organization is conscientiously focussed on providing solutions on integrative health and wellness services for manufacturing and IT sector organizations across India through occupational health centres and wellness clinics respectively.

The present article focuses on workplace health concerns and expounds the benefits of having health promotion measures at work place.

2. Materials and methods

The present study was conducted at a multinational organization having a large presence in India, in the field information and technology.

A cross sectional study of 3 months duration from December, 2013 to February, 2014 was undertaken with employees working with the organization. Consent was obtained from the concerned department of the organization and the sample subjects. Professionals working in different department's such as human resource, software development, service providers were included in the study. All the employees' were explained about the purpose of the study and confidentiality was ensured.

Inclusion criteria: for the study subjects were 1) individuals who were working as a permanent employee, since past 1 month. 2) Individuals who had given verbal consent were included in the study sample.

The study was conducted across 10 locations in India (Hyderabad, Chennai, Bengaluru, Gurgaon, Kolkata, Kochi, Coimbatore, Mangalore, Mumbai and Pune).

The cross sectional study included questionnaire with socio-demographic details (age, sex) as well as duration of working hours. Biometric measurements such as body mass index, blood pressure, total cholesterol and random blood sugar were documented. The samples were obtained on-site in the client organization office space and analysed at a central lab at the each location. The reports were also handed over to the employees and the management.

Statistical analysis was conducted using Statistical Products and Service Solutions (SPSS) version 20. Data was appropriately coded and entered and numerical data was entered as such. Statistical measures obtained included descriptives including means, proportions and percentages.

3. Results

A total of 30,134 employees participated in the study.

The study sample consisted of 16,652 (55.3%) males and 13,482 (44.7%) females Tables 1 and 2.

Majority of the subjects 15,177 (50.3%) belonged to the age group 18–25 years, followed by 7949 (26.3%) of the subjects belonging to the age group 26–30 years. 4901 (16.2%) respondents belonged to age group 31–35 years, while 1610 (5.3%) subjects belonged to the age group 36–40 years and 497 (1.6%) respondents belonged to the age group of 40 years and above Table 3.