

Construction & Validation of Employee Wellness Questionnaire

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Employee wellness is a poorly defined concept. It has as many numbers of definitions as the number of experts who have attempted to define it. A wide range of dimensions has been seen used in various tools to measure employee wellness. This study has developed a short scale to assess employee wellness. The 'Employee Wellness Questionnaire' has been developed using the established procedures and its validity and reliability have also been assessed. Despite a few limitations, the study has presented a plausible structure for the scale.

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Introduction

There was a time when most of the economies were in the transition phase, human morbidity and mortality were mainly attributed to improper sanitation, poor nutrition, and the lack of immunization. This situation has undergone a sea change, with infectious and contagious diseases being replaced by a wide range of lifestyle diseases. Some such diseases include cancer, cardiovascular diseases, hypertension, alcoholism, emphysema, gastrointestinal disorders, and certain other chronic conditions (Ramsey, 1982). Certain others include diabetes mellitus, low back ache, eye diseases, etc. The easiest way to deal with such diseases is to implement appropriate employee wellness programs in their place of work.

There is no universally acceptable definition for employee wellness. Wellness is badly defined, because there is little agreement about what the definition should contain (Sieberhagen, Pienaar & Els, 2011). A few available definitions are presented here. Ardell (1985) defines wellness as 'a conscious and deliberate approach to an advanced state of physical, psychological, and spiritual

health'. To Gilmore (1979) wellness is the daily striving for the goal of becoming healthier through ongoing assessment, intervention, and reinforcement. Corbin & Pangrazi (2001) define it as 'a multi-dimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being'.

An entirely different dimension is presented by Hettler (1984) when he describes wellness as an active process through which the individual becomes aware of, and makes choices toward, a more successful existence. Corbin, Lindey, Welk & Corbin (2002) describe wellness as a person's state of well-being that contributes to an improved quality of life. The President's Council on Physical Fitness and Sports (as quoted in *The Journal on Active Aging*, 2006) defines wellness as 'a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being'.

It is also defined as 'an integrated and dynamic level of functioning oriented toward maximizing potential, dependent on self-responsibility'. Wellness involves preventive health behaviors coupled with a shift in thinking and attitude. It is thus a comprehensive mind-set of lifelong growth and achievement in the emotional, spiritual, physical, occupational, intellectual, environmental, and social dimensions. Thus through wellness an individual strives toward higher levels of functioning for a lifetime, keeping complacency and passiv-

ity at bay. Wellness is not a goal to be attained but a continuous process that needs to be maintained.

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It can also be considered as a way of living, which seeks growth and improvements in all areas. It involves a lifestyle of deliberate choices and self-responsibility that require conscientious management and meticulous planning. There are many who consider wellness to be of curing sickness, counting fat grams, jogging, and measuring body fat. It is much more comprehensive than that. It is a mind-set of personal empowerment that attempts to approach life with optimism, confidence, and energy. Wellness is a lifelong quest toward optimal functioning. Individuals who strive for wellness have an exceptional openness to experience, and never fear new experiences and life's changes. They welcome changes, take control of their life and face it with creativity and freshness. Studies have shown that living a wellness lifestyle has tremendous potential for increasing longevity. Wellness is thus the idea of being aware of, and actively working toward better health. It can be commented to be 'making the rest of your life the best of your life.'

Wellness is a continuous, active process which is an ongoing, lifelong effort that is oriented toward maximizing one's potential. It is a commitment and determined choice to move toward optimal

well-being. It is a proactive approach to living, which involves loving, working, and playing based on values. Wellness is also said to be a self designed lifestyle that facilitates optimal health. Overall it is integration and an appreciation that everything which is done, thought, felt, and believed has an impact on the well-being. There is now increasing general interest in wellness which has made it easier for individuals to adopt a wellness lifestyle.

In management literature the terms wellness and well-being are often found used interchangeably (Martin, Kirkcaldy & Siefen, 2003). According to Sieberhagen, Pienaar & Els (2011), the absence of a universal definition, and confusion about a preferred term to describe wellness are aspects that pose innumerable difficulties in developing guidelines for good wellness practices in present day organizations.

From the available literature it can be seen that EWP's are intervention strategies that are intended to promote the well-being of employees. They could take the form of either curative or preventative in nature. The main purpose of a wellness program is to create an awareness of wellness issues among the employees, to facilitate personal change and health management among them, and the promotion of a healthy and supportive workplace.

Experiences show that EWP's often do not form part of core business structures (Bennett, 1999). This is because organizations fail to realize the extent to which employee wellness contributes to

organizations' bottom line. However, according to Dhanesar & Hales (1994) organizations that invests time and resources in EWP's, with the focus on being proactive rather than reactive, have harvested sufficient returns on their investments. Some of the possible returns on investment include lower absenteeism, healthier employees, fewer accidents and lower staff turnover.

In the contemporary world which is market-driven, a band of capable and resilient employee would be the most important resource, and fundamental to the badly needed productivity. The World Economic Forum states that, in India lifestyle-related illnesses caused due to poor diet, physical inactivity and to a certain level tobacco and alcohol consumption accounts for 27% of illnesses among working population. India also has the highest rate of diabetes in the world, presently affecting around 6-8% of the population. Projections indicate that this is expected to rise to 40% by 2030. It is also projected that in India, productive years of life lost due to cardiovascular disease is set to double between 2000 and 2030. A survey conducted by the World Economic Forum in India found that one quarter of the firms surveyed lost around 14% of their annual working days due to employee sickness. Studies also showed that such chronic diseases

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are the prime cause of lost work time in the working-age population. These can be avoided only through employee wellness activities.

Towards this, interventions are required to be made to improve healthy nutrition, increase in regular physical activity and avoiding the use of tobacco and harmful alcohol. This is estimated to reduce by up to 80% ill health and premature deaths caused by chronic diseases. Further, according to World Economic Forum, reducing just one health risk would increase the employee's on-the-job productivity by 9% and cut absenteeism rate by 2%.

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Organizations in general and IT organizations in particular are aware of these issues related to employee wellness. There is also increased interest in integrating wellness activities with employers' responsibilities (Hillier, Fewell, Cann & Shephard, 2005). This has led to the introduction of various programs which include Employee Wellness Programs (EWPs), Employee Assistance Programs (EAPs), etc. EWPs allow employees to take charge of, and the responsibility for, their own well-being (Derr & Lindsay, 1999). EWPs include all the activities that focus on relieving the stress of employees caused as a result of a host of factors like personal finances, substance abuse, health problems, career crises and job demands (Leiter & Wahlen, 1996).

EWPs has its origin in the older industrial medicine and hygiene programs that were concerned with first aid and medical care; occupational and environmental hazards like toxic components and noise; and with safety programs the primary stress of which were in accident prevention. Later the occupational safety and health programs expanded in scope and depth, and evolved in focus. The modern EWPs are intervention strategies intended to promote the overall well-being of employees. They can be either curative or preventative in nature. Organizations introduce EWPs to create awareness about wellness issues, to facilitate personal change and health management and to promote a healthy and supportive workplace. EWPs include activities that focus on relieving the stress of employees that may be caused due to aspects like personal finances, substance abuse, health problems, career crises and job demands (Leiter & Wahlen, 1996).

While EWPs address wellness issues at the workplace EAP, according to Berridge & Cooper (1994), is a programmatic intervention at the workplace, usually at the level of the individual employee using behavioral science knowledge and methods for the recognition and control of certain work- and non work-related problems. EWPs are also described as programs that cover the identification, assessment, monitoring, referral, counseling, and follow-up activities that aim at addressing employees' problems (White,

McDuff, Schwartz, Tiegel & Judge, 1996; Zarkin, Bray & Qi, 2000).

Dimensions of Employee Wellness

A review of literature provides that employee wellness is seen by different people in varying dimensions. For instance while organizations focus mostly on health, dimensions of wellness and positive work influences; service providers focus mostly on the recognition of dual benefits to organizations and employees. Labor unions however focus on another dimension – the legal requirements, and occupational health and safety. In general, six dimensions of wellness have been identified. They include emotional, vocational, physical, spiritual, intellectual, and social.

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Reasons for EWPs

A few reasons why organizations introduce EWPs are the following:

1. High levels of stress and the consequent absenteeism: Consequent to globalization, competition has increased manifold. This has resulted in increase in incidence of work stress. Work stress can affect the health of employees directly. This could ultimately lead to higher levels of absenteeism and even turnover.
2. To show organizations care: EWPs induce in the minds of the employ-

ees that they are being cared by their organizations.

3. Social responsibility: Many organizations introduce EWPs as part of corporate social responsibility. Increasing link is now evidenced between corporate social responsibility, improvements in their value to shareholders and the morale of employees. Organizations now list EWPs as under CSR activities. This would also enhance the image and prestige of the company.
4. To help reduce health care or medical costs: EWPs will help employees maintain a healthy mind and body, thereby reducing the incidence of health issues and the consequent costs associated with it.
5. To increase employee productivity: Since the EWPs address the welfare and morale of employees, it will help increase the morale and productivity.
6. To improve retention: As employees feel at ease and will be in high spirits in the organization, since there is adequate focus on their well being, retention will not be a big issue.

EWPs are now an economic imperative for corporations, and should be accorded strategic priority in India. The need for these programs is highlighted further when viewed against the backdrop of rising burden of a large number of non-communicable diseases in India. It is estimated that these diseases account for around 53% of total deaths.

Benefits of EWP for Employees

EWPs provide a number of benefits to employees. The first and foremost benefit is that it allows the employees to take charge of, and responsibility for, their own well-being. It would help the employees in relieving stress that may arise out of personal finances, substance abuse, health problems, career crises and job demands. Further benefits, according to Renaud, et al (2008) include increased mental wellness, energy, resilience, life and job satisfaction, reduced stress and depression.

Benefits to the Organization

Through introduction of EWPs employees would be able to derive a host of benefits like meeting relevant provisions of labor legislations, improved industrial relations, reduced absenteeism, increased employee performance and productivity, reduced health care costs, and substantial reduction in accidents (Addley, McQuillan & Ruddle, 2001; Goetzel & Ozminkowski, 2008; Hemp, 2004; Makrides, 2004; Shaw, Alfonso, Howat & Corben, 2007; Thogersen-Ntoumani & Fox, 2005).

According to Sieberhagen, Pienaar & Els, (2011) wellness of employees has the capacity to influence the wellness of the organization in which he works and vice versa. However, it is difficult to measure the effectiveness of EWPs because the measurement ultimately rests on the subjective perceptions of the organizations. It can be stated that improving positive employee outcomes and reduc-

ing negative employee outcomes could indicate the effectiveness of a EWP.

Elements of Effective EWP

EWPs, which are of importance to any organization, would be effective only if it is done in an objective manner. Normally the following elements are suggested for an EWP to be effective:

1. Establishing objectives and goals that are clear
2. Linking the specific programs to the business objectives
3. Communication to and engaging all levels of employees to such programs
4. Creation of an appropriate environment that is supportive in nature,
5. Lacing the programs with appropriate incentives so that desired results are achieved
6. Creating a social environment with appropriate norms and providing the necessary all round support
7. Designing and implementing a program that is multi component in nature and tailored to the specific needs of the organization

A few lifestyle practices identified to have the capacity to enhance wellness are:

1. Exercising aerobically at least four to five times per week.
2. Eliminating all forms of tobacco and alcoholic products.

3. Limiting the quantity of animal fats, cholesterol, trans-fats, and saturated fats in the diet.
4. Including in the diet a few servings of fruits and vegetables, and other high-fiber foods and whole grains.
5. Assessing personal stressors and practicing stress management techniques, including maintaining a strong social support system.
6. Pursuing and maintaining a healthy weight.
7. Practicing safe sex habits.
8. Balancing work, social, and personal time, including getting minimum of 6 to 7 hours of sleep every night.

The above literature presents the importance of wellness and its need in the current fast track work settings. The present study is intended to construct a short tool to assess employee wellness.

Methodology

This study has followed the framework provided by Hinkin (1998) to the development a psychometrically sound instrument for employee wellness. The steps followed include item development, administration of questionnaire, item reduction, and scale evaluation. The procedure followed is loose as per the framework of Hinkin (1998).

Item development

In accordance with Hinkin's (1998) guidelines the initial survey items were developed by specifying the various do-

mains. Items were then developed to assess these domains. Care was taken to see that the items developed measured the specified domains. A large number of the items were developed through this process. Items which were double-barreled, poorly worded, inconsistent with the particular dimension or duplications were either rewritten or eliminated. The content validity of the items was examined by a panel of judges working in a prominent business school. While two items had a two point scale (yes and no), one item had a four point periodicity scale (daily, once in a week, sometimes, and never), and the balance items were on a three point scale (almost always, sometimes and never). The questionnaire so developed was administered online to 262 IT/ITeS personnel, through Google docs. The participants of the study included employees from a wide range of backgrounds. The details pertaining to the demographics are presented in Table 1.

Table 1 Demographic Particulars of the Respondents

Particulars		Number
Gender	Male	155
	Female	107
Marital status	Married	128
	Unmarried	132
	Divorced	2
Qualification	Non graduate	17
	Graduate	59
	Prof. graduate	72
	Professional PG	114
Age	< 25 years	82
	26 – 30	101
	31 – 35	39
	36 – 45	31
	46 <	10

Item reduction

Item reduction can be done through steps like inter-item correlations and factor analysis (Hinkin, 1998). This study followed these steps. Items could be eliminated from the initial pool if the inter-item correlations between the differ-

ent items exceed .7. According to Boyle (1991) this could help in avoiding too much redundancy and artificially inflated estimates of internal consistency. Since in the present case no inter-item correlation exceeded .7, none of the items were eliminated (Table 2).

Table 2 Inter Item Correlation Matrix

	1	2	3	4	5	6	7	8	9	10
1	1	.496	.297	.203	.216	.117	.220	.189	-.042	-.029
2		1	.300	.202	.199	.158	.381	.221	-.116	-.038
3			1	.344	.358	.171	.286	.070	-.003	.038
4				1	.389	.139	.195	.173	.017	.094
5					1	.200	.286	.232	.013	.120
6						1	.415	.129	.042	.178
7							1	.233	-.061	.025
8								1	-.082	.011
9									1	.268
10										1

Notes

1. N = 262
2. Bolded values are correlated significantly

The items were then subjected to Factor Analysis using the principal component axis method and Varimax rotation method with Kaiser Normalization. Rotation converged in 5 iterations. Three factors emerged using the eigenvalue criterion. No items warranted removal as none of the 10 items exhibited factor loadings less than .4. Table 3 shows the results of Factor analysis.

From Table 3 it can be seen that five items were loaded in the first factor. These items measured the wellness pertaining to the personal aspects of the sample. Hence the factor was designated as ‘Personal wellness’. Three items were intended to measure the societal

aspects of wellness, and as such termed as ‘Social wellness’. Two items were intended to know if the subject used alcohol or drugs. This factor was named as ‘Moral wellness’. The fact that the items cluster were in the expected lines was of complete surprise to the investigator.

Reliability

For reliability assessment, two commonly used methods were chosen. First, the inter-item correlations of each scale were computed, followed by Cronbach Alpha. As a rule of thumb, according to Hair et al. (2006) for inter-item correlation, the item-to-total correlations should

Table 3 Rotated Component Matrix

Item no.	Items	Components		
		1	2	3
1	I engage in exercises such as jogging, swimming, brisk walking, cycling, etc.	.556		
2	I participate in physical activities such as badminton, tennis, bowling, cricket, aerobics or gardening	.456		
3	I maintain a healthy weight, avoiding overweight and underweight	.714		
4	I include a variety of fruits and vegetables in my diet	.723		
5	I limit the amount of fat and cholesterol in my diet	.651		
6	I have close friends, relatives or others with whom I talk about personal matters and call on for help when needed		.779	
7	I participate in community activities and/or hobbies that I enjoy		.773	
8	I get recommended age-appropriate medical screening tests such as blood pressure, cholesterol checks, dental exams, etc.		.444	
9	I use tobacco/tobacco related products			.690
10	I do not use alcohol as a way of handling stressful situations or problems in my life			.734

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

exceed 0.50 and the inter-item correlations should exceed the threshold value of 0.30. As 27 correlations were observed out of the 45 different item pairings, it can be concluded that both the conditions are met (Table 2). The Cronbach Alpha was also calculated, which stood at .687, denoting that the “Wellness Questionnaire” is a reliable tool.

Conclusion

Wellness is a badly defined concept. It has as many definitions as the number of experts who have attempted to define the concept. The meaning of wellness is based on the context in which it is used, and there are wide ranges of dimension too. The present study has some limitations, which has to be considered while generalizing the validity of the scale, the main being that the data was collected

only from employees of IT/ITeS companies. Most IT/ITeS companies do have wellness programs to suit the particular requirements of their employees. Perceptions of employees of other industries about wellness could be different from that of the samples selected. Further, it was the intension of the investigator to construct a short scale for wellness. The construct being very broad and vague, it could include a number of other variables that were not considered for the study.

Though the results of the study have succeeded in presenting a plausible structure for the scale, there is a definite need for further research so that the results could be confirmed. However, the tool is appropriate to assess the perceived wellness, and would provide directions to the employers regarding the thought pattern of their employees.

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