

Chapter 60

The Effect of Wellness Programs on Long-Term Contract Employees' Workplace Stress, Absenteeism, and Presenteeism

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ABSTRACT

The quasi-experimental study reported in the present article is aimed at increasing the understanding of the effects of long-term contract employees participating in wellness programs. The reported study examines the effect (if any) that a wellness program has on workplace stress, absenteeism, and presenteeism for long-term contract employees participating in a wellness program. A one group pretest-posttest design was used. Convenience sampling was conducted in a hospital in the New York City Metro area. Data was collected from 19 participants. Paired sample t-test and a Wilcoxon signed-rank test were used to determine if there was a significant statistical difference before and after a dance aerobic exercise intervention. The instruments used to gather data were the Perceived Stress Scale (PSS) and the World Health Organization Health Performance Questionnaire (HPQ). The results indicated a statistical difference for workplace stress, but no statistical difference for absenteeism and presenteeism.

INTRODUCTION

Stress in the workplace is a common and perennial issue. High levels of stress are strongly associated with a myriad of health problems. White-collar professionals, who account for 51% of the total United States (US) workforce (Department of Professional Employment, American Federation of Labor-Congress of Industrial Organization, 2015) are at a higher risk for chronic disease such as diabetes, heart attacks, and obesity (Corliss, 2015; The University of Kansas Health System, 2017). Chronic disease is one of the leading causes of death in the U.S. (Lee, Pierre, Zhu, & Hu, 2014) and results in high annual health care spending including \$432 billion on heart disease and stroke, \$245 billion on diabetes, and \$154 billion on lung disease (Lee et al., 2014). Following increased costs associated with chronic disease, health insurance spending has significantly increased (Sambamoorthi, Tan, & Deb, 2015). Health insurance spending was estimated at \$330.9 billion in 2003, and \$850 billion in 2010 (Office of the Assistant Secretary for Planning and Evaluation [ASPE], 2005; Schoenman & Chockley, 2013). From 2003 to 2010, the annual employer premium contribution for health insurance for employees with families increased by 73%, and for single employees by 60% (Collins, Radley, Schoen, & Beutel, 2014).

The monetary costs of stress related chronic diseases are not constrained to the cost of health care. Within organizations, costs associated with stress and illness manifest as high rates of employee absenteeism and presenteeism. Absenteeism undermines organizational success. Absenteeism, as defined by Senel and Senel (2012, p.1144) is the “lack of presence of an employee for planned work” and does not include absence that is planned. Swarnalatha and Sureshkrishna (2013, p. 1) define and explain absenteeism as “failure to report to work... Absenteeism is a type of unscheduled activity which threatens the organization to fall in danger as it leads to the disruption of the daily process.” Absenteeism usually refers to habitual or conscious decision to not be at work and is considered a type of deviant workplace behaviour (Sureshkrishna, 2013). There is evidence that wellness programs can significantly reduce absenteeism (Abdullah & Lee, 2012).

Presenteeism, can be considered opposite to absenteeism. It refers to being present at work even if ill or unfit for attending work (Dew, Keefe, & Small, 2003). While presenteeism might be viewed in a more positive light than absenteeism, it can be just as destructive as absenteeism, to both organization and employee (Dew, Keefe, & Small, 2003). Presenteeism results in greater morbidity and other illnesses such as depression, and evidently productivity during the workday is reduced (Dew, Keefe, & Small, 2003).

Both employers and employees suffer when an employee is absent from work. According to Society for Human Resource Management (2015), productivity loss due to unplanned absences is 36.6%, planned absences 22.6%, extended absences 34%, and hiring replacement workers 31.1%. The SHRM (2015), has shown employees' absence contributes to increased workload of other employees by 69%, with an additional 61% increase in stress, 59% increase in disruption of other work, 40% decrease in quality of work, and 29% increase in overtime.

The productivity loss cost to employers of employees suffering from chronic illness totals \$225.8 billion annually: \$1,685 per employee, per year (NCCDPHP, 2016b; CDC, 2017e). Adults with one or more chronic diseases accounted for 86% of health care expenditures in 2010 (NCCDPHP, 2016a). According to Lee et al. (2014), the cost per year of treating individuals with no chronic disease was \$2,137; one or more chronic diseases costs \$2,243 per year, compared to \$21,183 per year for treatment of individuals with five or more conditions. Adults with no chronic conditions cost Medicare \$211 per year, whereas adults with one or more chronic conditions cost Medicare an average of \$13,973 per year (Lee et al., 2014). According to CDC (2017e), the U.S. healthcare expenditure in 2015 was \$3.2 trillion,

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