1. INTRODUCTION

Workplaces have traditionally focused on core occupational and safety issues and have not paid adequate attention to the health of their employees.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. Preventing health related problems and enhancing well-being are very important for effective functioning in an individual’s life as well as at work. It is ironic that good health is often taken for granted and is neglected. The value of health is usually understood only when it is lost.

A large part of one’s adult life is spent at work. In India, it is estimated that about 98.97 million people are working in some enterprise, more or less equally distributed in urban and rural areas. A large part of this workforce has hardly any attention paid to its overall health and well-being.

A person’s well being influences the quality of work and in turn the productivity of the organisation. Any workplace policy or programme should take measures to maintain employee well-being and address factors that can undermine it. Such factors include physical ill health and psychosocial stressors.

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HEALTH RELATED PROBLEMS IN OUR COUNTRY

“What affects the community affects the workplace”.

PHYSICAL ILL HEALTH

Communicable illnesses among adults that contribute to a significant share of the burden of disease in India are diarrhoeal diseases, tuberculosis and HIV/AIDS. Non-communicable conditions include injuries, cardiovascular conditions (hypertension, coronary artery disease), mental illnesses and cancer\(^3\). Diabetes and chronic pulmonary diseases are also important causes of sickness at the workplace. HIV/AIDS cases are likely to triple and cardiovascular diseases and diabetes more than double by 2015. There will be a corresponding increase in the prevalence of tuberculosis and a rise of 25 per cent in cancers\(^4\) (Government of India, 2005). According to the World Health Organisation (2005), the estimated loss in India’s national income due to heart diseases, stroke and diabetes in 2005 was US $9 billion. It is projected that India will lose US $23 billion annually in foregone income in the decade between 2005 and 2014 owing to deaths relating to just three chronic diseases.

Besides the above, there are specific work-related illnesses and stressors in different work environments. Long working hours, night shifts and a sedentary lifestyle in certain sectors makes employees prone to heart disease and diabetes. Various muscular and orthopaedic problems, weight problems, sleep disorders are caused or exacerbated from certain types of work.

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“The employee cannot leave all his/her problems outside the factory gate”.

Workplaces are gradually becoming aware of the impact of both communicable and some of the non-communicable diseases. While attention is paid to some physical illnesses through regular health check up, health insurance and other programmes, psychosocial problems are little understood and often ignored. Such problems could be generated within or outside the workplace, but will impact the workplace through impaired efficiency and productivity.

<table>
<thead>
<tr>
<th>Work related factors that can impact employee health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work exposure related</td>
</tr>
<tr>
<td>Physical, organisational and social aspects of work and the workplace</td>
</tr>
<tr>
<td>Factors outside workplace</td>
</tr>
<tr>
<td>Physical and social aspects of life outside the workplace, including physical activity (e.g. household work, sports, exercise), economic incentives and cultural values</td>
</tr>
<tr>
<td>The physical and psychological characteristics (age, gender, body mass index, habits, genetic predisposition)</td>
</tr>
</tbody>
</table>
2. WORK RELATED CONDITIONS THAT INFLUENCE HEALTH

Several problems that occur at the workplace can be caused by both work as well as non-work related factors. The World Health Organisation recognizes a number of these, beginning with genetically determined predispositions and personal habits to adverse effects of the work environment.

Unemployment or lack of productive work can also lead to psychosocial stress. This is well known. In urban cities, rapid changes of jobs, because of greater opportunities of employability, abrupt business closure and termination due to global recession have also brought on new dimensions to the psychosocial problems.

A RESPONSIVE WORKPLACE

Workplace environments are not insulated from the community. Workplaces are greatly influenced by the characteristics of individual employees and the community in which they are located. Thus, they must be responsive to problems and changes within the community.

In a study of 400 computer operators in two taluks of Anand district, Gujarat, psychosocial workplace factors associated with musculoskeletal discomfort (MSD) included an overcrowded workplace, boring job activity and tight workload. A significant relationship was also found between MSD and lack of perceived peer and senior support.

---


Just won’t do!
The origins of psychosocial stress: inter-relationship between the workplace, the individual and the community

The Workplace
- Economic benefits
- Work structure
- Roles and responsibilities (control)
- Support (communication, feedback, appreciation)
- Sense of belonging
- Growth opportunities
- Organisation's policies including health, welfare, safety
- Organisational ethics of hiring, retaining, and terminating

The Individual
- Temperament
- Attitude
- Values
- Health
- Habits
- Social support
- Sense of illness or wellness
- Coping style

The Community
- Communicable and non-communicable illnesses
- Lifestyle attitudes and practices
- Access for recreation
- Support within the community
- Organised facilities for health including psychological care
3. PSYCHOSOCIAL STRESSORS

Various psychological responses, lifestyle practices, habits and behaviours can be potential psychosocial stressors. The International Labour Organization (ILO) uses the abbreviation SOLVE to address the main psychosocial problems at the workplace.

**WHY ARE PSYCHOSOCIAL PROBLEMS INCREASING?**

<table>
<thead>
<tr>
<th>Traditional problems continue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual vulnerabilities</td>
</tr>
<tr>
<td>Significant life events</td>
</tr>
<tr>
<td>Lack of psychological and social supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New issues arise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater focus on individual rather than collective desires and wants</td>
</tr>
<tr>
<td>Increase in stress and tension in personal lives</td>
</tr>
<tr>
<td>Changes in lifestyle</td>
</tr>
<tr>
<td>Migration and social isolation</td>
</tr>
</tbody>
</table>

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Any of the above factors may result in problems at the workplace or may occur in the future if proactive steps are not taken. A workplace policy and programme must pay attention to these specific problems.

3.1. STRESS

A certain amount of stress is important for one’s productivity. Either too much stress (time bound deadlines, high workload and little control) or too little stress (boring, monotonous, unchallenging work) can lead to unhealthy stress. In this publication, stress, unless otherwise specified, means unhealthy stress.

A study exploring the relationship between stress and hypertension in the aeronautical industry found a high prevalence of hypertension (25%). Factors associated with higher occupational stress were role conflict, unreasonable group, political pressure and intrinsic impoverishment.

Another study of employees of a mega industry in Gujarat found a 24% prevalence of hypertension. Hypertension was associated with general shift work, certain work sectors, obesity, alcohol and tobacco consumption.

A third study of hypertension among police personnel in Nagpur, Maharashtra, found a 22.5% prevalence of hypertension. Excess weight, alcohol and tobacco consumption were important correlates of hypertension.

These studies report much higher rates of hypertension than studies in the general population (11-16%) and illustrate the relationship of stress at the workplace, hypertension and other lifestyle problems.


The sources of stress may be within the family or generated from work conditions. Individual vulnerability and coping styles can also influence stress perception. Social isolation, particularly in jobs which involve public interface, can also lead to stress. Workplace stress can have its impact on family life in terms of quarrels, violence and a tense home life. Domestic stress can lead to workplace tensions and impaired productivity. If not effectively addressed, stress can lead to aggravation of physical problems (particularly hypertension, heart disease, problems of digestion, sleep, headache and other pains). It can impair the immune system and make the person more vulnerable to infection and other communicable diseases. Stress can trigger depression. Loss of self esteem, impaired creativity, concentration, decision making leading to impaired work performance are other consequences. Abuse of tobacco, alcohol and other drugs can also result from unresolved stress. High levels of stress has been found in diverse populations such as teachers, police, software and other IT professionals, managers, special educators and call centre employees\textsuperscript{11}.

A survey on ‘prevalence of fatigue’\textsuperscript{12} was carried out across 1309 respondents between the ages of 25 and 65 years. The survey found a relationship between fatigue and problems in career, family and finances among 30% of the respondents from Delhi, 32% from Bangalore and 38% from Kolkata.

Rapid change in modern working life, associated with increasing demands of learning new skills, need to adapt to new types of work, pressure of higher productivity and quality of work, time pressure and hectic jobs increase stress among the workforce\textsuperscript{13}. Privatisation and globalisation as well as the recent recession have ignited mergers, acquisitions and precarious employment, all of which have critically affected the domestic industry.

**COMMON MENTAL HEALTH PROBLEMS**

“*There is no health without mental health*”.

Although this is not addressed as a primary issue in SOLVE, we have included it here as mental health problems are very important causes of distress and disability.

Anxiety, depression and somatoform (pain) disorders are common mental disorders that are widely prevalent in India. Many researchers have evaluated the prevalence of common mental disorders in primary health care settings and report a prevalence of 21 to 42.3%\textsuperscript{14}.


\textsuperscript{13} Kulkarni GK. Burnout. Indian Journal of Occupational and Environmental Medicine. 2006; 10(1):3-4

\textsuperscript{14} Shankar BR, Saravanan B, Jacob KS. Explanatory models of common mental disorders among traditional healers and their patients in rural south India. Int J Soc Psychiatry 2006; 52:221-33.
In a UK study\(^{15}\), women who reported high levels of psychological job demands like long hours, pressure or lack of clear direction were 75% more likely to suffer from clinical depression or general anxiety disorders than women who reported the lowest levels of job demands. Men with high levels of these stress factors were 80% more likely to be depressed or anxious than those with the lowest levels.

Mental disorders increase risk for physical diseases and make individuals more vulnerable to injuries. Conversely, many health conditions increase the risk for mental disorder and co-morbidity\(^{16}\)

**DEPRESSION**

By 2020, depression is projected to become the second most common cause of disability, secondary only to heart disease. Depression can lead to a lack of enthusiasm to work, poor concentration, low energy and diminished quantity and quality of work. It can also cause errors, accidents and lead to absenteeism. A serious complication of depression is suicide.

Most employees suffering from depression try to hide it because of stigma, shame and fears of being reprimanded or terminated. They do not get the benefit of treatment. Effective treatments are available for depression and most individuals recover and can become productive and useful employees.

Minor psychiatric morbidity is the most common cause for sick leave in industrial occupations\(^{17}\).

In a survey of 238 employees in a chemical fertilizer factory\(^{18}\), 51.7% could be diagnosed as suffering from a psychiatric disorder (previous month). Substance use, depression, anxiety and sleep disorders were common. Educational level, job satisfaction, perceived stress and stressful life events were important predictors of psychiatric problems.

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SUICIDE

According to the National Crime Record Bureau, more than one lakh persons (1,18,112) in the country lost their lives by committing suicide during the year 2006, an increase of 3.7 per cent over the previous year. A large percentage of persons who committed suicide were employed\textsuperscript{19}. Bangalore, the IT capital has a high rate of suicide (35.3\% as against the national average of 10.5\% for 2006). Stress has been attributed to high rates of suicide in metropolitan cities.

Suicides by farmers has been a source of great concern. Reasons attributed include differential attainments of their peers who migrated and the inability to pay back loans taken for capital intensive agriculture resulting from crop failure\textsuperscript{21}. Farmer suicides have occurred in large numbers in several states\textsuperscript{22,23}. In more recent times, stress and job losses particularly in the software sector have been associated with an

Mental disorders (particularly depression and substance abuse) are associated with more than 90\% of all cases of suicide; however, suicide results from many complex socio-cultural factors. It is more likely to occur during periods of socio-economic, family and individual crisis situations (e.g. loss of a loved one, employment, threat to honour)\textsuperscript{20}.

\begin{itemize}
  \item \textsuperscript{19} National Crime Records Bureau. Suicides in India. Available from: http://ncrb.nic.in/ADSI2006/Suicides06.pdf
  \item \textsuperscript{22} The National Law School of India University. More farmer suicides in Karnataka than Vidharba 2006; Available from: http://www.alsenlaw.org/agriculture/articles/more-farmer-suicides-in-karnataka-than-vidarbha/
\end{itemize}
increased number of suicides\textsuperscript{24}. For women in the reproductive age group (15-44 years) in rural India, suicide has become the leading cause of death. Among persons who are HIV positive, stigma and fear associated with the condition is another important reason for suicide.

Poverty, deprivation, unemployment and poor education are associated with higher suicidal rates\textsuperscript{25}. Other correlates include unfulfilled expectations at work\textsuperscript{26}.

**STRESS PREVENTION AND MANAGEMENT**

<table>
<thead>
<tr>
<th>Organisational approaches</th>
<th>Individual approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide effective management and leadership</td>
<td>Manage workload</td>
</tr>
<tr>
<td>Clear chain of command</td>
<td>Time management</td>
</tr>
<tr>
<td>Available and accessible supervisors</td>
<td>Effective workload-management</td>
</tr>
<tr>
<td>Effective time management</td>
<td>Develop a balanced lifestyle</td>
</tr>
<tr>
<td>Define clear purpose, goal and roles for employees</td>
<td>Proper diet</td>
</tr>
<tr>
<td>Provide proper orientation</td>
<td>Avoid junk food, caffeine, tobacco, alcohol</td>
</tr>
<tr>
<td>Nurture team work</td>
<td>Adequate exercise</td>
</tr>
<tr>
<td>Develop peer support networks</td>
<td>Adequate sleep and rest</td>
</tr>
<tr>
<td>Develop a plan for stress management</td>
<td>Develop affiliations (social, societal, spiritual)</td>
</tr>
<tr>
<td>Educate employees about stress management/prevention</td>
<td>Keep contact with social supports</td>
</tr>
<tr>
<td>Mechanisms to identify stress</td>
<td>Stress reduction techniques</td>
</tr>
<tr>
<td>Stress prevention (break from high stress jobs, adequate breaks from work, avenues for help within the organisation, networking with outside agencies to provide help and counselling, both for stress and mental disorders)</td>
<td>Relaxation, deep breathing, yoga, meditation</td>
</tr>
<tr>
<td>Time management</td>
<td></td>
</tr>
<tr>
<td>Effective time management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recreation (music, other entertainment, exercise, time with family and friends)</td>
</tr>
<tr>
<td></td>
<td>Have confidantes and open up emotionally</td>
</tr>
<tr>
<td></td>
<td>Practice self awareness</td>
</tr>
<tr>
<td></td>
<td>Learn to recognize early symptoms of stress</td>
</tr>
<tr>
<td></td>
<td>Accept that you may need help</td>
</tr>
<tr>
<td></td>
<td>Examine personal prejudices and cultural stereotypes</td>
</tr>
</tbody>
</table>


\textsuperscript{25} Whitley E, Gunnell D, Dorling D, Smith ED. Ecological study of social fragmentation, poverty and suicide. BMJ 1999;319:1034-7

3.2. TOBACCO

The National Family Household Survey 2005\textsuperscript{27} (NFHS 3) estimates that 57% of men and 10.8% of women in India use tobacco in some form or other. Common forms of tobacco use are smoking (beedis and cigarettes mainly) and chewing tobacco (gutka, khaini, mawa etc). Earlier banning smoking in workplaces was in the context of fire hazard and safety. But we have now realized that tobacco is a serious public health problem, responsible for a variety of diseases including cancer, cardiovascular disease and respiratory diseases. Tobacco kills more than AIDS, legal and illegal drugs, road accidents, murder and suicide put together\textsuperscript{28}.

Workers in diverse employment settings are vulnerable to tobacco use and its consequences. The dangers of passive or secondary smoking on non-smoking co-workers are also increasingly recognized.

**TOBACCO USE IN DIFFERENT OCCUPATIONS (Males)**

<table>
<thead>
<tr>
<th></th>
<th>Smoking</th>
<th>Chewing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industrial Workers</td>
<td>30-52%</td>
<td>27-47%</td>
</tr>
<tr>
<td>Police Personnel</td>
<td>20-39%</td>
<td>50-55%</td>
</tr>
<tr>
<td>Media Personnel</td>
<td>10-37%</td>
<td>50-55%</td>
</tr>
<tr>
<td>Educational Personnel</td>
<td>19-74%</td>
<td>10-40%</td>
</tr>
<tr>
<td>Medical Personnel</td>
<td>9-32%</td>
<td>8-15%</td>
</tr>
</tbody>
</table>

Multiple sources including Tobacco Control in India\textsuperscript{29}

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\textsuperscript{29} Reddy S, Gupta PC. Tobacco Control in India. Available from: http://mohfw.nic.in/Tobacco%20control%20in%20India_(10%20Dec%202004)_PDF.pdf
Tobacco concerns at the workplace

Health damage to employees (significant association with cancer, cardiovascular diseases, strokes, diabetes, tuberculosis, asthma and other lung diseases)

This translates to greater sick leave, sickness benefits, absenteeism, higher disability costs to the organisation

Threat to safety

Environmental pollution

Areca nut abuse is a common problem in India. It may be used alone or in combination with tobacco

<table>
<thead>
<tr>
<th>Are you a Smoker? There are many advantages to your quitting smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 20 minutes</td>
</tr>
<tr>
<td>Within 2 hours</td>
</tr>
<tr>
<td>Within 8 hours</td>
</tr>
<tr>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Within 48 hours</td>
</tr>
<tr>
<td>By 3 months</td>
</tr>
<tr>
<td>By 9 months</td>
</tr>
<tr>
<td>Over 5-15 years</td>
</tr>
</tbody>
</table>

Tobacco is one of the most addictive substances known to man. It is estimated that out of 100 persons who have become addicted to tobacco, 70 want to quit, but only 2 or 3 are able to do so without help.  

The ideal way to prevent tobacco related problems is not to use tobacco at all. If a person has developed this habit, it is better to stop at the earliest. A person addicted to tobacco should seek professional help to quit.

In India the Tobacco Control Act of 2003 prohibits:

- Smoking in public places
- Advertising, sponsorship and promotion of tobacco products
- Sale of tobacco to minors
- Sale of tobacco products near educational institutions

The goals of the workplace in preventing tobacco related problems should be to:

- Protect workers from harmful effects of second-hand smoke
- Encourage tobacco users to quit
- Gain health benefits for employees
- Gain economic benefits for employers

Policy and programme for a tobacco free workplace

<table>
<thead>
<tr>
<th>Main activities</th>
<th>Beneficiaries/target groups</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make workplaces smoke free and protect employees from second hand smoke</td>
<td>All employees</td>
<td>Formulation of the policy</td>
</tr>
<tr>
<td>Formulate, Communicate, Implement policy and Monitor its implementation</td>
<td>Clients/customers (if relevant)</td>
<td></td>
</tr>
<tr>
<td>Help employees quit tobacco use, reduce risk of disease and premature death</td>
<td>Employees who use tobacco</td>
<td>Percentage of employees that attempt to quit</td>
</tr>
<tr>
<td>Counselling and cessation support for those who want to quit</td>
<td></td>
<td>Percentage of actual quitters</td>
</tr>
<tr>
<td>Information to all employees on dangers of tobacco use, the benefits of quitting</td>
<td></td>
<td>Percentage that remain tobacco free</td>
</tr>
<tr>
<td>and how to support colleagues to quit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.3. ALCOHOL AND OTHER DRUGS

A national study carried out in 2001 estimated that there are about 62.5 million alcohol users, 8.7 million cannabis users and about 2 million opiate users in India. Other abused drugs include stimulants, tranquilisers, inhalants and hallucinogens. Injecting drug use is a serious health problem because of a heightened risk for HIV, hepatitis and other diseases. Alcohol wreaks a very high public health cost from injuries, physical illnesses, deliberate self harm and high risk behaviours, including sexual risk behaviours. It also has a huge social cost arising from family problems, problems in employment and society. Alcohol and drugs are an important workplace issue because a majority of people who are users are in productive employment.

The International Labour Organisation\textsuperscript{34} estimates that employees with alcohol and drug use, in comparison with other employees:

- Have two to three times higher absenteeism
- Claim three times as many sickness benefits and file five times as many workers’ compensation claims
- Are involved in 20-25\% of workplace accidents (involving themselves or others)

Alcohol and many other drugs which are mind altering cause problems due to intoxication and health effects including addiction.

Mind altering substances can affect reaction time, motor performance and vision. They can result in relational problems with co-workers, emotional and mood disturbances and learning and memory impairment. Any of these factors can lower the level of work performance. Substance use related sickness increases medical costs and absenteeism. It leads to deteriorating working relations. Resulting grievances lead to losses in terms of time and the cost of adjudication.

**CATEGORIES OF ABUSED DRUGS**

<table>
<thead>
<tr>
<th>Central Nervous System Depressants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (includes spirits, wine, beer, home brews), Minor Tranquilisers (Benzodiazepines and Barbiturates)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Central Nervous System Stimulants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines, Cocaine, Nicotine, Caffeine</td>
</tr>
</tbody>
</table>


Opioids
Morphine and Heroin, Opium, Codeine in cough syrups, Prescription pain killers like Dextropropoxyphene, opioids used in treatment like Buprenorphine and Methadone

Cannabinoids
Hashish, Marijuana, Cannabis oil

Hallucinogens
Cocaine, Lysergic acid diethylamide (LSD), Mescaline, Psilocybin (in magic mushrooms), Ecstasy (MDMA), Phencyclidine (PCP)

Inhalants
Erasex (typewriter erasing fluid), Aerosol sprays, Glue, Petrol, Paint thinners

Others
Over the counter medications, other prescription drugs, Anabolic steroids (Testosterone, Danazol, Nandrolone, Fluoxymesterone)

Work–related factors that may increase the use of alcohol and drugs especially in vulnerable staff include:

- Shift work
- Travel away from home or working in remote locations
- Cultural norms that encourage substance use
- Availability of alcohol and drugs in or near the workplace
- Job stress including unequal rewards, unclear roles, job insecurity, unsatisfactory communication or boredom, lack of creativity
- Lack of control over work

Studies indicate that rates of alcohol and drug use are higher among workers in certain occupations such as:

- Those likely to work in high stress jobs or have easy access to these substances e.g. managers, sales staff, physicians, lawyers, bartenders, entertainers
- Those who work in unsupervised situations e.g. long distance drivers, travelling salespersons
- Those who function under extreme conditions e.g. army personnel, mining industry workers
- Call centres and information technology services are new entrants, working round the clock across different time zones

No sector is completely free of workplace problems related to alcohol and other drugs
ADDICTION

One important reason why people who use alcohol and other drugs are unable to give up use despite health and workplace concerns is the development of addiction.

Many of the drugs with a potential for addiction act on the reward areas of the brain. The brain responds by releasing a chemical called dopamine, which is associated with pleasure. Abrupt stopping of the drug results in uncomfortable withdrawal symptoms including craving for the drug. The only temporary short-term solution the addicted person knows is to continue its use.

PREVENTING AND MANAGING ALCOHOL AND DRUG RELATED PROBLEMS

The ILO uses a traffic light metaphor to prevent and address this problem among employees. Workplaces can have employees in the safe (green) zone, who have no problems from alcohol and drug use, those in the risk (amber zone) who have early problems from use and those in the danger (red zone) who have serious problems or addiction. The approach is to:

A common misconception is that persons addicted to alcohol are responsible for most alcohol-related workplace problems. Casual drinkers, in aggregate, account for far more incidents of absenteeism, tardiness and poor quality of work than the alcohol dependent.
Keep the greens green (through education and awareness, stress reduction, lifestyle improvement, zero tolerance for coming to work under the influence of alcohol/drugs (through periodic breath/drug testing)

Help the ambers become green (by encouraging self awareness, providing confidential counselling)

Providing assistance to the reds – once addiction occurs, the person usually needs treatment from a professional. After re-entry to the workplace, the recovering employee will need support and rehabilitation to maintain recovery and to become productive again.

The ILO Code of Practice\textsuperscript{36} emphasises the preventive approach to the management of alcohol and drug related issues at the workplace.

The Code:

Calls for joint assessment by employers and workers and their representatives of the effects of alcohol and drug use on the workplace and their cooperation in developing a written policy for the enterprise

Defines alcohol and drug related problems as health problems and establishes the need to deal with them without any discrimination, like any other health problem at work

Recommends that workplace policies cover all aspects of prevention, reduction and management of these problems and where feasible, integration of programmes into broad-based human resources development, working conditions or occupational safety and health programmes

Emphasises the ethical principles vital to concerted and effective action, such as confidentiality of personal information and the authority of the employer to discipline workers for employment-related misconduct, even when it is associated with the use of alcohol and drugs.

In India, as part of an alcohol and drug prevention programme, 12 enterprises initiated workplace prevention programmes in the late 1990s\textsuperscript{37}. Since then, many more have developed such prevention policies or have integrated alcohol and drug use prevention into their policies on occupational health, safety or welfare.


3.4. HIV/AIDS

The National Aids Control Organisation (NACO)\(^{38}\) estimates that there are about 2.5 million persons with HIV/AIDS in India (figures for 2006). For every 100 people living with HIV/AIDS, 61 are men and 39 are women. The infection is expected to increase among women in the next few years.

A UNAIDS/WHO report in 2001\(^{39}\) estimated that of the approximately 42 million persons affected by HIV world over, 26 million were workers. In Africa, where the impact of the AIDS epidemic has been most strongly felt, it has been projected that there will be a 12% reduction in the work force in 29 African countries by 2020 because of AIDS.

The most common ways in which HIV spreads is through unprotected sexual contact with an infected person, through infected needles/and or syringes (primarily for drug injection) and through unsafe blood transfusion. There is no known risk of HIV transmission to co-workers, clients or consumers from contact in industries like food-service establishments. Employments in health care settings and those providing personal-service (hair-dressing, cosmetology, massage therapists, tattooing etc) are advised to take precautions with instruments that are intended to penetrate the skin or which may accidentally penetrate the skin\(^{40}\).

In many sections of society, people living with HIV/AIDS encounter stigma and discrimination in their day to day life. Such stigma includes blame for their status, violation of rights including their right to employment, stigma in social interaction and at the workplace (refusing to share or work with HIV positive individuals, insistence of pre-employment testing and termination on being tested positive). A study in 2006 revealed that 74% of employees were hesitant to disclose their HIV status for fear of discrimination\(^{41}\).


## ILO Code of Practice on HIV/AIDS and the world of work

### Ten key principles

1. Recognition of HIV/AIDS as a workplace issue
2. Non-discrimination in relation to recruitment, promotion, training and other work processes
3. Gender equality
4. Health and safety
5. Social dialogue to develop and implement HIV/AIDS policies
6. No HIV screening for job applicants or persons in employment
7. Confidentiality
8. Continuation of the employer relationship
9. Prevention programmes at the workplace
10. Care and support at the workplace for those living with HIV/AIDS

## COMPREHENSIVE WORKPLACE PROGRAMME

An HIV/AIDS workplace programme needs to be action-oriented and aim to prevent new HIV infections, provide care and support for employees who are infected or affected by HIV/AIDS, and manage the impact of the epidemic on the organisation.

Key elements of an HIV/AIDS Workplace Programme include:

- An impact assessment of HIV and AIDS on the organisation
- HIV/AIDS awareness programmes
- Voluntary HIV testing and counselling programmes
- HIV/AIDS education and training
- Condom distribution
- Encouraging health treatment for Sexually Transmitted Illness (STI) and Tuberculosis (TB)

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Creating an open accepting environment
Wellness programmes for employees affected by HIV/AIDS
The provision of antiretrovirals or the referral to relevant service providers
Education and awareness about antiretroviral and treatment literacy programmes
Counselling and other forms of social support for infected employees
Reasonable accommodation for infected employees
Strategies to address direct and indirect costs of HIV and AIDS
Monitoring, evaluation and review of the programme.

In India, several organisations have formulated policies on workplace HIV/AIDS. These include private and public sector companies, the uniformed forces, central trade unions and the tourism sector.

**‘CHAMPIONS OF THE CAUSE’ – A WORKPLACE INITIATIVE**

Apollo Tyres Limited (ATL) is a young organisation with manufacturing and sales operations in India and South Africa. Apollo started its HIV programme working with truck drivers, and then initiated a comprehensive workplace programme in partnership with the ILO India project covering 7,000 employees in four locations. The company uses a network of volunteers who are trained as HIV peer educators and master trainers to roll out the programme with colleagues. In recognition of their contribution, they are known as ‘champions of the cause’.

Apollo is now helping to initiate HIV programmes among companies in its supply chain, targeting small and medium-sized business partners. It began by setting up a sensitization workshop for all its suppliers, letting them know it had included issues

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related to HIV in its code of ethics. Compliance with the code is a key criterion for Apollo when selecting supply chain companies. As a follow-up to the advocacy event, it is targeting eight companies a year to set up workplace programmes, with the help of its master trainers. Apollo plans to expand its HIV initiatives to involve 4,500 retailers across India through its 120 sales offices.

### 3.5. VIOLENCE

Violence or the threat of violence can occur within or outside the workplace. It can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job related deaths\(^46\). According to the US Department of Justice 1994, about one million individuals were victims of some form of violent crime in the workplace, constituting 15% of all the violent crimes.

<table>
<thead>
<tr>
<th>Types of violence at the workplace</th>
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</thead>
<tbody>
<tr>
<td><strong>Verbal</strong></td>
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<tr>
<td>Anger, aggression, hostility</td>
</tr>
<tr>
<td>Abuse</td>
</tr>
<tr>
<td>Intimidation</td>
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<tr>
<td>Threats</td>
</tr>
<tr>
<td>Swearing</td>
</tr>
<tr>
<td>Using vulgar language</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>Homicide</td>
</tr>
<tr>
<td>Assault</td>
</tr>
<tr>
<td>Threatening actions (banging doors, shaking fists)</td>
</tr>
<tr>
<td><strong>Psychological</strong></td>
</tr>
<tr>
<td>Mobbing</td>
</tr>
<tr>
<td>Bullying</td>
</tr>
<tr>
<td>Harassment, including sexual harassment (sending unsolicited email with explicit sexual content)</td>
</tr>
<tr>
<td>Demeaning behaviour</td>
</tr>
<tr>
<td>Embarrassing/humiliating behaviour</td>
</tr>
</tbody>
</table>

In a study among doctors in the UK, half of them reported experiencing some degree of violence or abuse from patients, including verbal abuse, threats and physical assaults. But many felt too guilty or embarrassed to report violent patients and blamed themselves or the incompetence of the health system.\(^47\)

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Violence requires a perpetrator and victim, except when the violence is self-inflicted. A perpetrator may be a client or customer, a co-worker, an employer or a stranger.

Certain characteristics of potential perpetrators include:

- Having a past history of violence
- Being a young male
- History of a difficult childhood
- Use of alcohol and drugs
- Having mental health problems
- Having difficulty in personal relationships

Individual risk vulnerabilities for potential victim include:

- Age and gender
- Appearance
- Health
- Experience
- Skills
- Personality and temperament
- Attitude and expectations

Organisational factors that can prevent or potentiate violence include:

- Physical features of the workplace
- Setting
- Managerial style
- Workplace culture
- Permeability to the external environment

Employees who work alone, interact with the public, deal with valuables, and those who work with people in distress, in schools and other educational institutions and with certain vulnerable individuals are at greater risk for violence.
Violence can cause serious damage to the workplace through lost productivity, absenteeism, a stressful work environment, a damaged reputation and difficulty in retaining workforce. For the individual, there is a close relationship between violence, stress, physical and mental health problems and disability.

Responsibility for workplace violence prevention and response does not fall neatly into one segment of an employer’s organisational chart. It is not exclusively either a security, human resource, legal, behavioural or management issue. It touches on each of these disciplines. The most effective response is a multidisciplinary approach, drawing on different parts of the management structure, with different tasks, perspectives, areas of knowledge and skills.

**SEXUAL HARASSMENT**

The issue is of concern for both women and the employers as studies show that sexual harassment touches lives of nearly 40-60% of working women.

In India, it has been only six years since sexual harassment was for the first time recognised by The Supreme Court as a human rights violation and gender based systemic discrimination that affects women’s Right to Life and Livelihood. The Court defined sexual harassment very clearly as well as provides guidelines for employers to redress and prevent sexual harassment at the workplace.

The Apex Court has given mandatory guidelines, known as Vishaka Guidelines, for resolution and prevention of sexual harassment. It holds employers responsible for providing a safe work environment for women. However, the issue still remains under the carpet for both women and employers.

The ILO draft Code to prevent workplace violence advises that workers and trade unions:

- Work with employers to develop appropriate risk assessment strategies and prevention policies;
- Support and encourage employers in creating and implementing personnel policies and practices that discourage all forms of workplace violence and negative stress;

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Strive to include provisions on the prevention and control of workplace violence and stress in national, sector and workplace agreements;

Use existing union structures and community-based safety organisations to provide information on workplace violence and stress prevention;

Develop training courses for workers’ representatives and work with employers in the design and organisation of training courses for all workers on workplace stress and violence;

Ensure that factors which increase the risk of occupational violence and/or stress in particular workplaces or when conducting particular tasks are addressed by workers and their health and safety representatives in consultation with employers.
<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Risk Factors</th>
</tr>
</thead>
</table>
| Criminal Intent        | Person exhibiting violent behavior has no legitimate relationship to the business or its employees; person is usually committing a crime in conjunction with the violence, such as robbery. Accounts for approximately 85% of workplace homicides. | ■ Working alone  
■ Handling money  
■ Working night shifts  
■ Too little lighting inside and/or outside  
■ Limited view of worksite from outside  
■ High crime area |
| Customers/Clients      | Person exhibiting violent behavior has a legitimate relationship and becomes violent while being served. Potential persons could include customers, clients, patients, students or any group for which business provides service.                                  | ■ Working alone  
■ Working when few others are present, such as nights  
■ Easy accessibility of the worksite  
■ Working with customers who have violent pasts  
■ Lack of fast communication devices  
■ No escape route |
| Worker-on-Worker       | Person exhibiting violent behavior is either a present or former employee. Person either threatens or attacks another employee or former employee. Accounts for approximately 7% of workplace homicides.                                             | ■ Escalating stress in the workplace  
■ No management protocol for disciplinary, termination, promotion action  
■ Lack of adequate screening prior to hiring (i.e. individual with a history of violent behavior in workplace)  
■ Inadequately trained supervisors |
| Personal Relations     | Person exhibiting violent behavior usually has or previously has had a personal relationship with one of the workers. This type of includes incidents of domestic violence that overflows into the work setting. | ■ Easy accessibility of the worksite  
■ Person has a violent past  
■ Working alone or where few others are present, such as nights  
■ Lack of administrative policy regarding workers with problems  
■ Unavailability of fast communication devices  
■ No escape route |

4. OTHER PSYCHOSOCIAL STRESSORS

Apart from stress, tobacco, alcohol/drugs, HIV and violence, there are many other lifestyle behaviours that can cause significant psychosocial stress at the workplace. Some of these are well known and some of them are emerging problems. The few that are discussed here are nutrition, sleep, gambling and internet addiction.

4.1. NUTRITION

Developing countries face the dual burden of malnutrition as well as overnutrition leading to obesity.

MALNUTRITION

India has been ranked 66th in the Global Hunger Index for 2008 and has fared worse than Myanmar, Sri Lanka, Pakistan and Nepal in its drive against hunger. Malnutrition is an undernutrition health condition caused by insufficient or improper diet. It is also a serious consequence of abrupt loss of employment and impoverishment.

A BBC Report (October 13, 2007)

It’s just after dawn on the Ramjhora estate in northern Bengal. In this remote region, not far from India’s border with Bhutan, tea has been the bedrock of the local economy for more than 150 years. But five years ago this estate was shut down when the owner packed up abruptly leaving unpaid salaries and no alternative employment. Weeds are now infesting the tea bushes, buildings are abandoned, and estate workers say that they have been slowly dying because they are not eating enough food. Exact numbers are hard to pin down. But one study released recently estimates that more than 700 people have died in this region in little more than a year from malnutrition.

Malnutrition grips handloom workers children in Varanasi

Extreme poverty has pushed the people of Dhannipur village in Varanasi District towards a state of malnutrition. Handloom workers in the village say that the mechanization of looms, besides various other factors has significantly decreased their chances of getting work, leaving them and their children under nourished.

Malnutrition can result in fatigue, dizziness, low energy, poor immune function, muscle and bone weakness, organ dysfunction and mental function. Malnutrition can affect health, education and workplace productivity.

A study of textile workers in the Pali and Jodhpur regions of Rajasthan showed that 52.9% had some sickness at the time of the interview. 71.3% suffered from anaemia, nearly 21% had a deficient intake in calories and 43.5% suffered from chronic energy malnutrition.

Poor nutrition, combined with ignorance of workplace hazards, poor sanitation and climatic proneness to epidemics make many workers vulnerable to a range of health problems. Use of alcohol and tobacco further impoverishes people and adversely affects their nutritional status. Monitoring the nutritional status of workers and their families, providing food subsidies, education and awareness about a balanced, nutritional diet and lifestyle are important steps to ensure adequate nutrition among employees.

**OBESITY**

Obesity is a rapidly growing problem in developing countries. Changes in dietary patterns, physical activity and lifestyles associated with affluence and migration to urban areas have led to increasing frequency of obesity. This increases the risk of diseases such as coronary heart disease, diabetes, stroke, weakening of the bones, arthritis, breathing problems and hormonal imbalance. In a study by the Nutrition Foundation of India, prevalence of obesity among the high income group ranged from 32% to 50%. Obesity also leads to serious emotional and self image problems.

Obesity is excess fat and is calculated based on a person’s Body Mass Index. For South Asians the ideal recommended BMI is less than 23

$$\text{BMI} = \frac{\text{Weight (in kgs)}}{\text{Height (in m)} \times \text{Height (in m)}}$$

<table>
<thead>
<tr>
<th>The BMI of a person who is:</th>
<th>Average built is</th>
<th>Overweight is</th>
<th>Obese is</th>
<th>Morbidly obese is</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21</td>
<td>25</td>
<td>30</td>
<td>&gt; 40</td>
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<tr>
<td></td>
<td>- 24.9</td>
<td>- 29.9</td>
<td>- 39.9</td>
<td></td>
</tr>
</tbody>
</table>

47% of children and more than one-third of women in India are undernourished and 52% suffer from anaemia (NFHS 3)

Specific interventions to prevent obesity include health education, promotion of healthy dietary practices and physical exercise. Providing dietary counselling and short periods of daily physical exercise/training is important particularly in workplaces employing a large number of people for sedentary occupations.

MOHFW, Govt of India

4.2. SLEEP RELATED PROBLEMS

We spend a third of our lives sleeping. Sleep is a basic necessity of life, as fundamental to our health and well-being as air, food and water. When we sleep well, we wake up feeling refreshed, alert and ready to face the day. When we do not, every aspect of our lives can suffer.

In the United States, half the employees surveyed in a National Sleep Survey poll in 2000 reported that sleepiness on the job interfered with their work.

Sleep disorders among adults include difficulties in falling asleep, difficulty in obtaining restful sleep, excessive dreaming, snoring, breathing problems and motor restlessness during sleep.

Problems in the sleep-wake cycle are most commonly seen in employees engaged in shift work and those who travel across time zones. However, many factors outside work (stress, health problems, lifestyle including use of tobacco and alcohol, mental illness, a disturbing sleep environment) can affect a person’s sleep and in turn affect their productivity.

Recommendations for improving sleep

- Maintain a regular bed and wake time schedule, including weekends
- Establish a regular, relaxing bedtime routine
- Create a sleep-conducive environment that is dark, quiet, comfortable, and cool
- Sleep on a comfortable, supportive mattress and comfortable pillows
- Finish eating at least two to three hours before your regular bedtime
- Exercise regularly. It is best to complete your exercise at least a few hours before bedtime
- Avoid caffeine (coffee, tea, soft drinks, chocolate) close to bedtime
- Avoid nicotine (cigarettes and other tobacco products) close to bedtime
- Avoid alcohol close to bedtime. Although many people think of alcohol as a sedative, it actually disrupts sleep, causing nighttime awakenings

Recommendations of the National Sleep Foundation, USA¹
4.3. OTHER BEHAVIOURAL ADDICTIONS

Gambling is defined as the act of playing for stakes in the hope of winning (including the payment of a price for a chance to win a prize)\textsuperscript{57}. Some forms of gaming such as lottery and horse race betting are ‘legal’ in India. The most common illegal form of gambling is ‘Matka’. Sports gambling and other forms of online gambling have become more common in the computer age.

Pathological gambling is an irresistible urge to gamble, and is presently recognized as a behavioural addiction. Pathological gambling can cause tremendous financial losses, debts, loan taking, theft, serious emotional as well as family problems.

\textsuperscript{57} Definition from wordnet.princeton.edu/perl/webwn
Signs of problem gambling include\textsuperscript{58}:

- Borrowing money frequently
- Continually boasting of winnings
- Complaining about debts more than usual
- Experiencing drastic mood swings
- Spending increased amount of time gambling during breaks
- Allowing work performance to deteriorate (getting distracted, missing deadlines, frequent unexplained absences from work)
- Change in personality (becoming irritable, secretive, dishonest)

Cyberaddiction or compulsive internet addiction is an emerging problem. Cyberaddiction includes compulsive internet surfing, gaming, getting hooked to computer games, online pornography and compulsively visiting role-play chat rooms and social networking sites. Those who spend long work hours at the computer, particularly those who provide support services are especially at risk, but with the advent of broadband and working from home, the list of affected people is endless\textsuperscript{59}. Psychological symptoms of cyberaddiction include a sense of euphoria while at the computer, inability to stop the activity and craving for more time at the computer, neglect of family and friends, lying to employer and others, neglecting work and feeling empty, depressed or irritable when not at the computer.

Addiction to gadgets like mobiles and electronic games can lead to psychological problems and affect work and study.

\begin{center}
\begin{tabular}{|l|}
\hline
\textbf{Preventing internet addiction} \\
Education and awareness \\
Supervision \\
Increasing accountability \\
Increasing visibility (not working in isolation) \\
Providing help and awareness of available help \\
Encouraging balance in life \\
\hline
\end{tabular}
\end{center}

\textsuperscript{58} AADAC. Are you concerned about your co-worker ‘s gambling. Available from: http://www.aadac.com/87_445.asp

\textsuperscript{59} Kandaswamy D. Internet addiction among techies. Available from : http://www.dqindia.ciol.com/content/topview/2006/106052101.asp
5. INTER-RELATIONSHIPS BETWEEN PSYCHOSOCIAL STRESSORS

The International Labour Organisation emphasizes the need to understand the inter-relationship of the various psychosocial stressors and recognise newer lifestyle, behaviour and social problems that can adversely impact the workplace. Many of these psychosocial stressors are interlinked and addressing any of these problems requires an understanding of each of them and their interrelationship. These stressors may originate from home, at the workplace, or in the community. The impact of these problems can be upon the individual and his/her family, the workplace or on the community.

The ILO recommends that a sound non-discriminatory workplace policy should actively involve the workers. It should be rooted in and committed to worker welfare, health and safety. This is recommended as the most appropriate method to deal with many of these problems. Specific strategies may then have to be developed to address each psychosocial issue at the workplace.
6. WORKPLACE WELLNESS AND MENTAL HEALTH PROMOTION

A healthy and happy employee is an asset to any organisation and can improve its productivity. Many organisations have now introduced programmes which focus on employee wellness.

Apart from focusing on physical and psychological well-being, other important areas that organisations need to address are building and strengthening work ethics, self esteem and pride in work, character building and developing work-life balance.

The principal components of employee wellness policies are:
- Prevention
- Management
- Training
- Support

In working women with multiple roles, enhancing coping strategies (problem solving and addressing emotions) by strengthening the use of the support network is important for well-being.


### Principal Components of Employee Wellness Policies and Programmes

<table>
<thead>
<tr>
<th>Domain</th>
<th>Approach</th>
<th>Activity</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Pre-employment health screening</td>
<td>Policies on tobacco, alcohol, HIV, etc</td>
<td>Proper internal communication with all employees regarding policies and programmes</td>
</tr>
<tr>
<td></td>
<td>Workplace risk assessment</td>
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<tr>
<td></td>
<td>Regular health screening</td>
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<tr>
<td>Management</td>
<td>Regular performance review meetings</td>
<td>Advising and taking appropriate action where necessary for issues such as attendance, work performance, accidents at work, sickness</td>
<td>Health and Safety co-coordinating committee</td>
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<tr>
<td></td>
<td>Review jobs / responsibilities</td>
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<td></td>
<td>Regular team meetings</td>
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<td></td>
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<tr>
<td></td>
<td>Monitoring development and training, with personal development plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>Managing staff performance</td>
<td>Health and safety issues, Ergonomics, First aid, Risk management</td>
<td>In-house mentoring programmes for peer support and counselling</td>
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<tr>
<td></td>
<td>Performance review</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Introduction to management and health and safety issues</td>
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<tr>
<td>Support</td>
<td>Professional counselling</td>
<td>Providing avenues for relaxation, Preventing stress, Stress awareness, Learning to cope with stress, Managing stress, Providing information on employee well-being, Encouraging informal and formal support systems</td>
<td>In-house professionals and occupational health services, Networking with outside agencies, Outsourcing services, Social support from family, friends, social, spiritual organisations</td>
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<tr>
<td></td>
<td>Helpline services</td>
<td></td>
<td></td>
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<td></td>
<td>Professional medical advice</td>
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<tr>
<td></td>
<td>Professional work related advice (including return to work after a disability)</td>
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<td></td>
<td>Leave</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Grievance redressal</td>
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**36**
Spirituality in the workplace

Spirituality is extensively incorporated either tacitly or explicitly in public, private, for profit and not-for profit organisations around the world. It is gaining importance with business professionals.

Workshops on human values, Art of Living Programmes, Transcendental Meditation, Vipassana programmes are now conducted in several organisations.

Although spirituality is an individual phenomenon, spirituality in the workplace is generally discussed in terms of organisational attributes such as corporate values, facilitating connectedness among employees and an experience of transcendence through the work process62.

The Bhagavad Gita covers all modern management concepts of vision, leadership, motivation, excellence in work, achieving goals, giving work meaning, decision making and planning with one main difference. While modern (primarily Western) management too often deals with problems at material, external and peripheral levels, the Gita tackles issues from a grassroots level of human thinking. The Gita focuses on dedication to work, and work commitment, motivation through inspiration and self-transcendence, a work culture and ethic that is divine, sincere and based on ‘dharma’, and not focused only on external reward. Service and general welfare are also important aspects of work according to the Gita. The Gita also prescribes sound mental health for managers, primarily internal constancy and peace63.

7. WHEELS OF CHANGE

Indian companies have begun to realize the impact of preventive health care on the industry and economy, particularly its relationship with labour productivity and corporate profitability. They also realize the positive role of preventive health care in boosting the corporate sector’s performance and improving the country’s economy. A recent electronic survey of some of the most well-established companies in the country and a field-cum-electronic survey of employees in Delhi and the National Capital Region was undertaken by ICRIER 64 to evaluate the preventive health care services offered by companies.

HIGHLIGHTS

- Absenteeism was mainly due to acute diseases and lifestyle diseases like cardiovascular diseases, diabetes, stroke and mental illness.
- At least 65 of the 81 respondents offered some sort of preventive health care measures to their employees.
- Two-thirds of the respondents assumed preventive health care as a part of their corporate social responsibility.
- 82 per cent agreed that preventive health checkups increase company productivity.
- More than half the firms offered preventive health check-ups to their employees.
- A sizeable number of respondents made available other facilities for prevention of disease like regular health screenings, stress-relieving techniques like yoga and lifestyle-related advice like diet and nutrition counselling.
- 46 per cent had a corporate tie-up with hospitals to deliver these

Unfortunately, most companies lacked a company policy for follow-up action on the preventive health check-ups. The range of psychosocial issues was not adequately examined in this study. It is likely that there were no specific programmes addressing these issues.

Business enterprises will have an enormous stake in ensuring health budgets and their appropriate utilization for minimising absenteeism, attrition, building team spirit and enhancing productivity. Formulating health policies at the workplace that integrate both physical health and psychosocial well-being is the direction towards a prosperous enterprise and a healthy and happy workforce.

8. BANGALORE’S WORKPLACE INITIATIVES

A few organisations in Bangalore started addressing psychosocial issues at their workplace more than two decades ago. Some programmes were in response to specific problems faced by the workplace. A couple of workplaces strengthened their existing programmes through their involvement in the ILO alcohol and drug prevention programme and subsequent SOLVE programmes.

Some of these endeavours are illustrated here. Each organisation has tailored its programme based on its unique characteristics and needs. What emerges from the stories are different recipes for successful workplace initiatives.

8.1. MICO

MICO, or the Motor Industries Company was founded in 1951. It has been a pioneer and leader in the Indian automotive segment for the last 54 years. It is the largest manufacturer of diesel fuel injection equipment in the country. With access to the international technology of Bosch, conscious commitment to quality and over 10,000 employees, it currently has five plants in the country: two in Bangalore and one each in Jaipur, Nashik and Goa. The company business also includes industrial equipment, auto electrical equipment, gear pumps for tractor applications, electric power tools, packaging machines, security technology products and Blaupunkt car multimedia systems. It has developed excellent R&D and manufacturing capabilities, a strong customer base and its market leadership is testimony to the high quality of its technology and products.

WHAT ARE SOME OF THE INITIATIVES MICO HAS UNDERTAKEN?

- **Employee Assistance Programme**

  In 1981, MICO perceived the need for a Counsellor. Over time, union members, friends, colleagues, private psychiatrists, social workers, spouses of employees began referring cases to the Counsellor. Employees’ families also began seeking assistance for personal problems. Today, MICO continues the long tradition of programmes for its employees to address issues pertaining to their well being.

- **Encouraging ‘healthy’ addictions**

  In the past, MICO collaborated with NIMHANS to tackle alcohol addiction at its Bangalore plant. A young workforce, with a lot of money in their hands and little to do in their free time were

65. Ms B. S. Radhamani (Manager, Social Counselling) MICO Bosch Ltd Bangalore provided the write-up.
vulnerable for problems related to drinking. A proactive and preventive approach along with the union’s support helped to conduct awareness programmes. Those requiring treatment for addiction were referred to NIMHANS and regular aftercare was provided at the workplace.

Counselling and treatment was preferred to disciplinary action.

Some of the issues discussed in the awareness programmes were:
- Signs of early problems due to alcohol and drug use
- Healthy ways of spending leisure time
- Learning to manage money and planning ahead
- Impact of substances on safety and health
- Life skills education

• “Complaint committee”

Specific incidents of sexual harassment reported by women employees are addressed by the committee. This is in keeping with the directive issued by the Supreme Court of India. Given the sensitivity of the issues, the concerned persons’ confidentiality is strictly maintained. Awareness programmes are regularly conducted.

• Stress busting through art

MICO’s Fine Arts Association has been declared the best in the industry. It encourages and supports arts, talents of employees and their children. Dramas, musicals, street plays and dance are included. There are ongoing awareness programmes on work-life balance. Regular yoga classes, sports clubs and team games are offered to the employees.

• “No Smoking” at MICO

In 1995, MICO decided that smoking was more than just a safety issue. It was a serious health issue. MICO recognized that tobacco caused major health related problems and was a leading cause of disease and death. It decided to completely ban smoking inside the workplace. The effects of passive smoking on health were also recognized, acknowledged and discussed by the top management. Various efforts were taken and carefully planned to make MICO ‘Smoke Free’. There was involvement at all levels - from top management, union and employees.

The objectives of the Tobacco Free Programme
- To protect all employees from health hazards associated with passive smoking
- To restrict smoking at the workplace
- To offer assistance to dependent employees interested in quitting smoking
The Count-down to a tobacco free workplace included:

- **Setting up of a Steering Committee** representing smokers, non-smokers, representatives of Unions, Personnel Managers, Safety representatives, Health and Safety staff
- **Development and strict implementation of a Tobacco Policy** applicable to both visitors and employees at all levels
- **Help from external agencies**: NIMHANS (Tobacco Cessation Clinic), KIDWAI Institute of Oncology, State Consortium for Tobacco Free Karnataka, Directorate of Health Education (for posters, pamphlets, setting of help desks)
- **Ban on sale of cigarettes / beedis** after a notice period of 1 month to the shop keeper near the canteen
- **Education and Awareness programmes on ‘No smoking’ (see box)**

| Display of banners/ posters at key locations |
| Information sharing seminars/ distribution of pamphlets/ street plays |
| Integration into Medical / Social Welfare programmes |
| Training by experts from external agencies |
| Messages displayed at key locations (canteens, toilets, notice boards, pay envelopes) |
| Special kiosks on tobacco - related information |
| ‘World No Tobacco Day’ celebrations |
| MICO Bangalore Plant: A smoke - free location, awareness on hazards of tobacco, active / passive smoking and “No –Smoking” campaigns |

Three months after initiation of the tobacco prevention programme, the MICO campus was declared a smoke free workplace.

*Awareness programme on tobacco for employees and Declaration of the Smoke Free workplace*
The Tobacco Cessation Clinic (TCC) at NIMHANS offered help to employees motivated to quit and provided treatment for withdrawal symptoms. Doctors from NIMHANS visited MICO every Thursday. These facilities were also extended to casual labourers.

**The Tobacco Cessation Clinic at MICO**

**Street play enacted by the employees**

- **Lifeskills education programme**

  In the 1990s, MICO initiated lifeskills education for its employees. Experts from different organisations in Bangalore were regularly invited to discuss issues related to stress and coping, good communication, decision making and other social skills.
• **Pre-employment training**

As part of the pre-employment orientation, employees were provided information on the detrimental impact of tobacco and alcohol to workplace safety and health.

To whom does MICO attribute the success of their programmes?

‘An enlightened management, co-operation from a responsible union and workers, a dedicated welfare department does wonders in the area of psychosocial well-being in an industry’.

**8.2. THE PRINTERS (MYSORE) PVT. LTD.**

The Printers (Mysore) Pvt. Ltd. (TPML) founded in 1948 is a publishing house in Karnataka. They publish Deccan Herald (English daily), Prajavani (daily in Kannada), Sudha and Mayura (popular Kannada magazines). The group gives comprehensive coverage of national and international news, while laying adequate emphasis on local and regional news. These magazines consistently feature popular articles by renowned writers.

Correspondents are located at numerous places within the country and abroad, providing the latest news, information and features to the Editorial office headquartered at Bangalore. The printing is done at the factory located at Kumbalgod. The departments at TPML comprise Advertisement, Editorial (English & Kannada), Electronics – Pre-press, Materials (Purchase & Stores), Production, Circulation (Packing & Distribution), Systems, Human Resources and Finance.

**“CHANGE IS THE ONLY CONSTANT”**

To fulfill the above mantra, TPML has kept pace with rapid global changes in the publishing industry. The group uses cutting edge technology such as total digital workflow, sophisticated

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66. Material for this write-up was contributed by Ms Ashima Dharmapal (Manager, Welfare) and Mr P. Chendamarakshan (Deputy General Manager, Human Resources) of TPML.
facilities for news capturing, editing, page layout and transmission, Computer to Plate (CTP), offset printing and high speed tower press with computer control. The organisation strives to stand tall among the newspaper giants of the country in its pursuit of excellence.

THE SOLVE JOURNEY

Hosting the first SOLVE Workshop in 2004

In association with NIMHANS, Bangalore for training support, the SOLVE Workshop (a module prepared by International Labour Organisation) to address health related problems at work was hosted by TPML in Bangalore. There were participants from different sectors (Public/ Private/ Educational and Counselling Services) including participants from Deccan Herald. For TPML, this initiative kicked off many formal programmes aimed to enhance the well-being of employees’ at both the Kumbalgod Plant and at the MG Road Office.

Putting SOLVE to use

TPML had identified specific problems at its plant and decided to introduce a structured programme to address them in 2005.

THE MAIN PROBLEM AREAS IDENTIFIED WERE:

- Absenteeism (mostly in Production, Circulation, Packing and Stores)
- Accidents at work attributed to physical strain, continuous overtime work
- Shift work (especially night shift) causing lack of sleep due to rotation of shifts
- Heavy work: Long working hours when the reliever did not turn up for duty - the existing employee continued with duty leading to stress
- Heavy debts due to deduction in salary (because of absenteeism)
- Attitude problem e.g. lack of motivation; boredom; no individual identity; lack of appreciation, reward or recognition
- Health problems e.g. diabetes, blood pressure, gastritis, skin/ dust allergy
- Violence at work and home: Increased tension, anger, arguments at home
- Alcohol related problems: Employees attending duty when intoxicated; colleagues taking up additional work
- Counselling issues: Employees not approaching Counsellor; felt problems were not kept confidential; did not expect support
There was clearly a need for involvement from the top management to address these problems and dialogue with the employees to resolve them.

The management sought NIMHANS expertise to address the psychosocial problems through in house training and intervention.

The broad objectives were to:

- Promote a healthy work environment among employees to enhance better quality of work and productivity
- Promote healthy coping skills and increase self esteem in the long run
- Identify problems and make referrals for therapeutic intervention (physical / psychological/ alcohol/ tobacco related)

**Some of the areas covered during training**

- Stress and Anger Management
- Communication and Assertiveness skills
- Improving Self Esteem
- Financial Management
- Alcohol and Drugs
- Tobacco Cessation
- Improving Sleep
- Basic Counselling Skills

**METHODOLOGY**

NIMHANS provided technical support and resources for training through training the trainers’ format (see box); The SOLVE module was continuously to address issues such as Stress, Tobacco, Alcohol problems, HIV and Violence at work. In - house trainers and experts from outside regularly conduct programmes.

**SOME OF TPML’S SIGNIFICANT ACHIEVEMENTS FROM 2005-2008**

**TACKLING STRESS**

- TPML has taken specific steps to help employees cope with daily stress. A recreation room was created in 2005, with facilities for indoor games (Carrom, Badminton etc). Regular programmes on Life Skills enrichment and Yoga are held. Positive work culture; Effective Communication, Anger Management are some of the topics that are covered.

- Cultural activities are conducted each month with the aim of improving the interpersonal relationship among employees and managers at various levels.
They also enable in motivating and exploring the talents in employees. Prizes (both cash and in kind) as incentives are given. Some of the cultural activities include:

- Talents Day
- Skit competition/ Mimicry
- Ethnic dress competition
- Singing competition / Anthakshari
- Dance competition
- Hasyostava
- Wellness Week (a 6-day programme)

Health talks are given by Medical Officers on topics such as Stress, Heart diseases, Children’s health, Ergonomics, Back problems, Good eating practices, Weight Management.

**TOBACCO CESSATION**

The plant at Kumbalgod and MG Road Office created designated zones for smoking and prohibited smoking in other areas. Regular awareness talks about tobacco and tips to quit smoking were provided. Posters were displayed in both Kannada and English. Employees motivated to quit smoking met the Counsellor or were referred to the Tobacco Cessation Centre at NIMHANS. Smoking has reduced considerably at both the Plant and Head Office and the designated zones are being used.

Mr. L works in the Production Department at the Kumbalgod Plant. He was a chronic absentee at work reporting frequent skin allergies as a cause for his absence. During the home visits, the Counsellor met his wife and children. She also found that Mr. L had a severe drinking problem and heavy debts. The Counsellor was able to motivate him to seek help for his skin problems. Mr. L attended many counselling sessions to address his drinking problems. There was a remarkable change in Mr. L’s life. Today, he is regular to work with significant improvement in his health. He has been rewarded with salary increments due to increased productivity at work. He is also free from drinking problems and has been sober for the past three years.

**ALCOHOL RELATED ISSUES**

Awareness talks to employees on early signs of problems due to drinking and counselling for those with serious problems is offered. The talks are given by both in-house trainers (who attended the SOLVE Course) and experts from NIMHANS. The Counsellor offers both individual and family counselling including home visits. The directory of treatment services for addiction problems enables the employee to choose from both government and private hospitals. Many have availed the services and recovered employees have been able to motivate others with similar problems to seek help.
COUNSELLING SERVICES

On an average, 52 employees were counselled between 2004 to 2008. Absenteeism was common in most of these employees. Many of them had alcohol related problems and faced difficulties in areas such as poor health, finance (debts) and family relationships. Motivational counselling for tobacco cessation was conducted for employees who wanted to quit smoking. Many were aggressive at work – frequent abuses and brawls were common. For such employees, anger management and healthy coping methods to deal with stress were discussed in counselling sessions. In some instances, home visits were made in addition to individual and family counselling. Visiting the families, getting them to share their feelings and understanding their problems brought about a lot of changes among the employees. Many were motivated to give up drinking and became more regular at work. The ‘transformed’ employees have been rewarded in the form of personal recognition and restoring their increment (deducted during the time of their absenteeism).

The overall impact of SOLVE programme
- Absenteeism reduced by 75% (from 2004-2005)
- Improvement in leadership qualities among employees
- Good interpersonal relationship
- Changes in attitude of employees (formerly aggressive)
- Decrease in alcohol related problems
- Decrease in smoking
- Decrease in verbal violence
8.3 THE KARNATAKA ROAD TRANSPORT ORGANISATION (KSRTC)

The KSRTC is now a vibrant public sector enterprise. Visionary leadership, upgradation of technology, sensitiveness to the workplace situation have been key factors for its transformation from a loss accumulating enterprise to a profit generating model workplace. The organisation went through several workplace related problems in the past. One such problem was alcohol abuse. The workplace effectively integrated its programme to address alcohol related problems into a health programme with very successful results.

The KSRTC case study has been elaborated to provide a broad view of the programme and its impact. It is intended primarily to provide further insights to other organisations. It aims to understand and address alcohol related problems in the context of other psychosocial problems, working conditions and organisational policy. The case study is also intended to be an inspiration to other workplaces in the country to provide guidelines for strategies to protect and promote human resource capital and address its problems.

A BACKGROUND: WHAT WAS HAPPENING AT THE KSRTC?

In the mid-1990s the Karnataka State Road Transport Corporation (KSRTC) faced the following issues:

- 20 - 25% of accidents at workplace related to alcohol and drug abuse
- 15 -16% accidents fatal
- Passenger safety threatened
- Heart attack, cancer, alcohol related problems including head injury were principal causes of death
- Employees away from home due to long work hours, excessive drinking, casual sex with consequences
- Huge losses to the Corporation

On a bus trip from Bangalore to Goa entailing a travel of sixteen hours, Mr K and his colleague took turns at driving. On the return from Goa, the colleague started drinking till he was intoxicated. When he took the wheel, the passengers protested. Mr K therefore offered to drive through the night instead of his colleague. The next morning, the colleague took over from Mr K and within the next ten kilometers collided with a tree. Mr K who was sitting next to the driver was killed and two others were seriously injured. An innocent employee had died because of his colleague’s drinking!

Based on the KSRTC WAPPA audit 2003 carried out by Pratima Murthy, Lakshmi Sankaran, Vivek Benegal, Pratima S, V. Naik, Chandrasekar, Hanumantharaya and Govindaraj, NIMHANS. The programme was co-ordinated by Dr S Manohar, Mr GG Hegde, Mr Kalyan Kumar, Mr MD Hafeezulla and Mr KN Ingalgi. It was actively supported by Mr Srikumar, then Director, Vigilance and successive MDs of the Corporation.
The Workplace Alcohol Prevention Programme and Activity (WAPPA) was born in 1997 with the objectives of: Motivating the workers; Reducing losses to the Corporation; Bringing about better discipline.

A comprehensive Alcohol and Other Drugs (AOD) policy was formulated in collaboration with the International Labour Organization (ILO). Emphasis was placed on an alcohol prevention programme integrated with health, safety, and productivity issues. Education and training assistance were provided to all the employees, supervisors and officers of the Corporation.

The unique features of the Policy for Addiction Treatment

In KSRTC, a comprehensive Alcohol and Other Drugs (AOD) policy to reduce the costs of substance abuse to the organisation and the individual was formulated. The programme officially named as WAPPA (Workplace Alcohol Prevention Programme and Activities), was treated as a health problem. Professionally qualified persons at the Jayanagar Hospital in Bangalore tackled this problem. Separate strategies were devised to address the problem of the employees categorized into the three zones (Red: chronic cases, Amber: drinkers with early problems and Green: employees with no problems). It was implemented with technical assistance from the International Labour Organization (ILO) and other NGOs in the State. It occurred within the scope of Total Quality Management strategies of the KSRTC.

The audit of WAPPA was conducted in the year 2003 by the National Institute of Mental Health and Neuro Sciences (NIMHANS) Bangalore to evaluate its impact on:

- Employee’s recovery and well being
- Family satisfaction
- Productivity following treatment

This audit covered the main Corporations in Karnataka namely KSRTC, BMTC (Bangalore Metropolitan region), NEKRTC (North East Karnataka), NWKRTC (North West Karnataka) and all the divisions under them.

WHAT DID THE WAPPA AUDIT (2003) SHOW?

Several improvements at the workplace:

- Reduced absenteeism due to ill health and alcohol
- Reduction in drinking and marked health improvement among treated employees
- Improved productivity and reduced accidents
- Reduction in family problems and improved family functioning
- Reduced debts and creation of assets
- Changes in lifestyle, gambling and high risk sexual behaviour
- Improved company image

Other enormous unquantifiable gains were a healthier, happier workforce, better working environment, better interpersonal relationships, happier families, greater safety for the public and an improved image of the organisation.

The path of helping the employee included identification of the problem, referral for treatment, intervention and follow-up. This is presented in the figure below.
1723 employees (43% drivers) of the various divisions in the state of Karnataka (KSRTC, BMTC, NEKRTC, NWKRTC) were beneficiaries of the WAPPA programme.

- 981 who underwent treatment were interviewed in the performance audit
- 842 (94%) said that they were happy with the treatment received
- At the time of discharge 803 patients said they wanted to maintain abstinence

**WAS THE WAPPA EFFECTIVE?**

The accompanying figure shows that 78% had reported having completely stopped drinking. 19% had reduced drinking and only 2% had returned to their original drinking levels.
In the above figure, the family appears to have played a major role in helping the employee stay sober. Keeping away from ‘high risk’ situations (where a high chance of relapse may occur), work routines and recreation in daily life are other factors. Support from the organisation (Welfare Officer) is a significant factor.

Just staying away from alcohol was not the only improvement. The figure below indicates that there was a significant reduction in health problems faced by employees who had given up or reduced drinking. Sleep disorders, memory lapses and sexual problems had reduced.
HOW THE FAMILY BENEFITED

- Separation rates came down (from 66 to 16) and divorce from 13 to 5.
- Reduced extramarital relationships post-treatment (prior to treatment, 144 employees reported having had extramarital relationships and the number came down to 14-post treatment)
- Emotional problems among children of treated employees had halved (from 54 to 22) and the number of school dropouts reduced from 77 to 29 in the period before and after treatment.

CHANGE IN RELATIONSHIP WITH FAMILY MEMBERS AFTER TREATMENT

Where change in relationship is concerned, the figure below reveals that there was significant improvement at 48% and moderate improvement (27%) reported by the family members.

WHAT THE FAMILY MEMBERS SAID ABOUT THE WAPPA PROGRAMME

Many of them were satisfied with WAPPA as an initiative and took an active involvement in follow up. Satisfaction was expressed about the De-Addiction Centre’s intervention with medical problems and family counselling. Many were grateful that there was ‘peace’ at home.
MONEY SAVED

In the year before treatment started, the employees collectively spent Rs.54, 12,680 on alcohol. This amounts to an average of Rs.1419 per employee per month. In the follow-up period (after the first 6 months to the end of 5 years) there was a drop of 88% in spending on alcohol (see figure below). It came down to just Rs.55 per employee per month. With increased saving, the employees were now able to reduce their debts. Their ability to create assets also increased.

![Percentage reduction in amount spent on drinking](image)

LIFESTYLE CHANGES AFTER TREATMENT

Having overcome their alcohol problem, the employees seemed to have gained control over other problems like gambling (playwin lottery). All of them were aware about HIV and many of had them voluntarily sought HIV testing during or prior to their treatment. They also indulged less in unprotected sex and there was a significant reduction in sexually transmitted diseases.

BENEFITS FOR THE CORPORATION

- Significantly improved work environment
- Reduction in absenteeism from 11.5% in 1999-2000 to 6.5% in 2002-2003
- Improved attitude and performance
- Improved productivity

While absenteeism reduced overall for the corporation, the treated employees showed a remarkable improvement in attendance being more regular to work based on the office records (Figure above)

**ACCIDENTS**

Accidents both related to the workplace and outside reduced significantly. Incidents of workplace accidents showed a reduction of 77% and accidents outside the workplace reduced by 76% illustrated in the figure.
VIOLENT BEHAVIOUR

Following treatment, the employees were less prone to violent outbursts. Incidents related to quarrels or violence at workplace reduced by 78%, quarrels with family members reduced by 85%, and physical violence by 86%. Indiscipline, which occurred very frequently earlier, has significantly reduced after 1997. Better enforcement of discipline and reduced alcohol related indiscipline has led to fewer altercations, arguments, strikes and a more peaceful work environment.

KSRTC has revealed the benefits of the valiant efforts to tackle the pressing issue of alcohol related problems at the workplace.

This was just one of the strategies among a series of changes to improve employee productivity and well-being as well as company image and profitability.

8.4. CENTRE FOR COUNSELLING AND SUPPORT

Indian Institute of Science is one of the most prestigious research institutes in the world. Since its inception in 1909, IISC has established a long and distinguished tradition of service to scholarship. Besides science and engineering courses, the Institute’s departments range from Biochemistry to Aerospace Engineering and serves to nuclear research and development in both the public and private sectors. The Institute engages in interactions with society and industry through a variety of outreach programs.

Inside IISC’s verdant campus lies the Centre for Counselling and Support, set up in 2001. Understanding that students have to face constant academic pressure and demands, CCS endeavours to address the psychosocial problems faced by them. The box below captures the message from the CCS:

Preventive Medicine and Healthy Lifestyle Clinic

Was set up in 2005 with the World Health Organization’s support. Drivers, conductors and mechanics in all the KSRTC divisions were evaluated at the De-addiction Centre premises at Jaya Nagar, Bangalore. Complete medical examination of the eyes, dental, cardiological problems were carried out. This has been lauded as yet another effort by KSRTC in continuing early prevention and intervention at the workplace.

68. Write-up contributed by Professor Nalini Dwarakanath (Social Counsellor, CCS) with support from Professor S. Savitri (Chairperson, CCS).
Counselling Can Help You:
- To realize your optimum potential
- Reach your goal within the stipulated time frame
- Develop good interpersonal relationships with friends and authorities
- Balance peer pressure
- Handle emotional imbalances
- Lead a stress free and better quality of life.
- Confidentiality is the “ETHICS” of Counselling

Student Council Representatives: The Council has a group of students who volunteer to help those with problems in their personal and academic lives. They are trained to identify symptoms and help those undergoing mental distress. The student fraternity is invited to meet once a fortnight to discuss issues that affect their day to day functioning. Guidelines are given to address issues through peer group counselling as they have been found to more effective. The affected person sees the volunteer as one among them or somebody who can be trusted. Many problems have been nipped in the bud at this primary level. The volunteers spend time talking to the distressed students, and those who require professional help are referred to CCS (see box below for an example).

J is a research student in the institute. He was in love with a girl and discovered that she loved someone else. J was upset, felt low and was unable to concentrate on his work. He approached the Student’s Council. One of the volunteers spent many sessions talking to him. The volunteer also had counselling supervision from the psychologist at CCS. J was able to resolve the relationship issue and revert to his academic work.

Such problems related to relationship issues are reportedly common especially among the student fraternity. The Student Council is usually the first point of contact. When the case is difficult, they are referred to the psychologist at the CCS.

The common problems are stress due to academic pressure, meeting deadlines, and strain in relationships. Counselling services are offered online, through telephone or face to face. Of late, the CCS has gained more acceptance. Its purpose is broadcasted through an in-house information network and ensured confidentiality and anonymity of counselling has added to its
worth. The Health Centre on campus is also utilizing its mental health services and referrals have increased. Getting the students to trust the CCS and consider it as an ally is a challenge and a time-bound process (see box for a case illustration).

R was referred from the Health Centre to CCS. He was unable to sleep, felt very sad and refused to open up and share his problems with the physician. The counselling sessions at CCS revealed that he was not able to cope with the severe academic pressure and was in a dilemma as to whether he should leave the course. He also toyed with the idea of going abroad for further studies. He did not want to discuss this with his professor. After many sessions with the counsellor, he was able to make a decision of completing the course at the institute. He is more focused on his work and has better well-being.

Counselling sessions are also offered for the support staff. Talks on Alcoholism, Smoking, Family and Marital issues are regularly held and the sessions are usually interactive.

Informative talks are delivered on specific areas by specially trained persons including human resource managers. Some of areas/topics include life skills, understanding self, interpersonal relationships, time management, problem solving, decision making and coping with stress.

CCS- Programme on human resources development 2008
8.5. CORPORATE PROGRAMMES IN THE IT SECTOR

INFOSYS

Infosys has a well-being initiative called HALE (Health Assessment and Lifestyle Enrichment Plan) which includes cardiac health checks, safety talks, on-line stress tests, etc. The Hale umbrella has been extended to include hobbies, interests, sessions for dance, Tai Chi, aerobics, Yoga, painting, and Pranic healing. Major locations have 4-5 HALE activities per month for employees to take part in. There is also a new initiative, HEAR (Hearing Employees and Resolving) which is about managing grievances more effectively. It also sponsors IWIN Circles (women’s support groups), satellite offices in downtown areas to make it easier for mothers with small children to work for Infosys.

WIPRO

WIPRO runs a counselling service called Mitr to improve the physical and mental well-being of its employees in both its IT and BPO divisions. Employees with a background in psychology can volunteer for part-time counselling. The programmes rolled out include aspects such as nutrition consulting, Arena (health centres), medical camps and employee well-being events.

The above are only illustrative examples of organisations that have undertaken workplace wellness initiatives. Such programmes need to extend to all workplaces in both organised and unorganised sectors in order to benefit employees, their families and workplaces.
‘THE GANDHIAN WAY: 8 LESSONS ON BUSINESS FROM THE MAHATMA’

What are the ‘business truths’ that Mahatma Gandhi advocated in his writings?

Gandhi’s spirit has proved to be resilient, smart, tough and ethical enough to avoid assimilation by the global ‘Mac-culture’. He was a spiritualist and an ideologue. His significance to the Corporate Sector was perhaps first acknowledged in 1998 when Apple Computers used a picture of him one of their global advertising campaigns. Why did Apple choose Gandhi? Apple, virtually the epitome of capitalism saw good reason to use Gandhi- they saw him as a role model in the business world. Even though he preferred the pencil to the typewriter, the loin cloth to the business suit and the field to the factory furnace he was preoccupied with modernity and technology and the changes wrought by it.

WHAT ARE THE 8 GREAT BUSINESS TRUTHS WE CAN LEARN FROM HIS SAYINGS?

1. Understand The Needs Of Your People
2. Identify With Your People
3. Reconcile Power With Service
4. Establish Principles Of Governance
5. Moral Criteria In All Decisions And Actions
6. Acknowledge The Fusion Of Ends And Means
7. Respect The Individual
8. Have The Freedom To Make Mistakes

Gandhi firmly believed that

One person can make a difference
Your life is your message
Leadership by example is not only the most pervasive but also the most enduring

69. Venkataramanan Associates, Bangalore. Copyright 2004. Used with permission from Burjor Kothwala (Editorial Team)
THE 7 DEADLY SINS ACCORDING TO GANDHI THAT WERE CRUCIAL IN THE WORK ENVIRONMENT.

1. Wealth without work
2. Pleasure without conscience
3. Knowledge without character
4. Commerce without morality
5. Science without humanity
6. Religion without sacrifice
7. Politics without principles
CITY LEVEL INITIATIVES
Prelude

Human Resource is one of the important factors of production. The Corporate bodies which have gained substantially from the changed scenario brought in during the last decade have realized the need to adopt good practices to improve labour productivity and improve the performance of the organisation through effective Human Resources Development policies.

Wellbeing and happiness of employees is necessary for the employees to contribute effectively to meet the goals of the organisation. The starting point of this is comfortable work place. Corporates also need to take up active policies to reduce workplace stress and to reduce the use of Tobacco, Alcohol & Drugs in the employees. The ILO has also identified and chalked out programmes to promote the wellbeing of employees at work place.

Dr.Pratima Murthy and Dr.Laxmi Sankaran have made a sincere effort in identifying and analyzing such issues which need to be addressed and also recommended appropriate solutions. They have also addressed other issues related to the employees such as nutrition, sleep and other behavioral aspects.

The workplace initiatives taken by KSRTC and in other organizations such as The Printers Mysore Private Limited, IISc, Infosys and WIPRO are the role models to other corporate bodies in having good employee relations as also in ensuring social and health benefits to the employees.

This book can become a guide to the Corporates in order to have healthy, safe and productive workplace.

Gaurav Gupta
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