
ROLE OF NUTRITION AND WELLNESS PROGRAMMES IN REDUCING THE HEALTH RISK AND STRESS LEVEL OF HOSPITALITY EMPLOYEES

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Stress is a state of mind when external demand of the role exceeds from the internal capabilities of the person. It is a response to physical, chemical, biological and emotional changes, consisting of a pattern of metabolic and behavioural reactions that helps in strengthening the organism. The stress in various occupations differs according to the nature of work and its influencing factors. With the increase in burden of non communicable disease risk factors in many countries, there is a need to identify the burden of stress and its associated factors. Stress-reducing techniques like personal management and counselling may help to tackle the stress

Employees with high stress levels had statistically significant lower quality of life, more fatigue, and poorer health compared with employees with low stress levels. In terms of their ability and motivation to participate in wellness programs, the high-stress employees were also less active and had less healthy nutritional habits, less support, and less confidence in their ability to be active. They also reported having more health problems, including high blood pressure, high blood sugar, high cholesterol, and overweight. Perhaps offering tailored stress reduction programs for these employees would be beneficial.

Stress at work is a ubiquitous and multifaceted phenomenon (Lazarus, 1993) that is costly for organizations because it contributes to expensive voluntary turnover (Villanueva & Djurkovic, 2009). Work stress can be a particular problem in customer-oriented fields because employees often experience conflicting demands of the company, supervisors, and customers, and these conflicts create dissonance for employees (Ruyter, Wetzels, & Feinberg, 2001).

Within the hospitality industry, work stress has been regarded as one of the most important issues facing managers because, among other things, it affects the performance of all levels of employees, including both managers and hourly employees (Ross, 1995). Recent research has found that employee stress in the hospitality industry is important because it can result in workers becoming exhausted and cynical (Kim, 2008) which can have negative effects on service delivery. Stress within the hospitality industry has been qualitatively and moderately correlated with employee physiological symptoms, including headaches, fatigue, indigestion, ulcers, blood pressure, heart attacks, and strokes (Krone, Tabacchi, & Farber, 1989), and thus may result in decreased productivity and increased health care costs for the hospitality employer.

Prior research outside the hospitality industry has shown that work stress is linked to stress-related illnesses (Karasek & Theorell, 1990). Other research has shown that work stress results in not

only increased blood pressure at work, but also physiological reactions that continue after employees have left work, and potentially health-impairing responses to jobs carry over to home settings and pose a high long-term risk of health impairment (Fox, Dwyer, & Ganster, 1993). Besides the cost to employers' health care expenditures, the cost to society is an issue, as well.

During the last few decades there has been continuing research interest in the impact of a person's vocation on personal health and well-being (Heirich, Cameron, Erfurt, Foote and Gregg 1989). The continuing increase in corporate health care cost has resulted in an increase interest in finding ways for preventing or reducing diseases. Gregg et al. (1990) believed that worksite health maintenance program is one of the most effective methods for risk-reduction and health promotion programs.

Work place offers special advantages as a location for risk-reduction and health promotion programs. The workplace is a bounded community in which there are daily interactions and standardized forms of communication (Gregg, Foote, Erfurt and Heirich 1990). A workplace health awareness program can address environmental changes that can improve health (smoke free work environment), and screen the entire target population.

According to Kenkel (1992), foodservice executives have highlighted three reasons for introducing workplace wellness programs: 1) to improve employees' health, 2) to contain medical costs, and 3) to lift employees' morale. Surveyed executives represented companies such as Hardee's Food Systems Inc. (Schachner 1991), ARA Services Inc (Ozunja, 1992), Hershey Foods Corp. (Overman and Thornburg 1992), and PepsiCo (Kenkel 1992). Chen (1989) and Bertera (1990) stated that the implementation of a workplace wellness program resulted in a significant drop in employees' health claims, in an improved employee health and work environment, in a decline in employee absenteeism, and in an undisclosed amount of financial savings.

However, the health care policies of these organizations reflect provisions for employees, since management perceives a need for good employee health in relation to cost containment, fringe benefits, public relations, or other factors. Little effort has been expended to determine how foodservice employees perceive themselves in relation to health habits and awareness. Tailoring a wellness program for this group is a challenge. Most existing wellness programs are designed for occupations where employees are not involved with food. Foodservice employees are constantly tempted by food, and the development of a successful wellness program for such employees requires an assessment of the needs and interests of such individuals.

Nutrition and fitness are inseparable in the media today. Whether interested in health maintenance (prevention, wellness) or therapy (weight reduction, cardiac rehabilitation), today's employers and employees are becoming more aware of the close relationship between diet and exercise (Lindeman, Rosing, Wallace 1991). A corporate sponsored wellness program is aimed at reducing the adverse economic and health effects of today's major medical problems, e.g., long-term disability. Consequently, offered health programs are designed to help reduce employees risk of heart disease, cancer, stroke, and injuries all of which can be prevented or significantly delayed (Anonymous 1985).

Corporate America has drastically shifted its focus from health care problem solving to more broad based prevention-oriented leadership and services approach. To meet this challenge the following initiatives have been established:

1. Comprehensive low-cost worksite wellness services for all employees.
2. Work related injury prevention program, communicable disease control program and immunization services program.
3. Smoking cessation and drug abuse awareness activities.
4. A cancer prevention program that applies basic public health principles and practices to reduce cancer incidence and improve the outcome of medical intervention, a program initially directed at cervical cancer detection and education.

This integrated approach was reflected in the Allentown, Pennsylvania foodservice establishment incentive program (Gurian 1987). Conducted under the auspices of the Allentown Bureau of Health, this initiative gives restaurants, bars, grocery stores and supermarkets a series of financial incentives (rebates) on their annual city operational fees. The rationale for providing a rebate for foodservice establishments is to help protect the public and employees health. For example, a rebate for establishing a nonsmoking section was developed. The objective was to help increase the availability of such areas in restaurants and bars. Similarly, a rebate was offered for foodservice establishments with 10 percent of their employees certified in CPR and anti choking procedure. The objective was to have one person certified in CPR and anti choking procedures on duty in each operating shift.

This collaborative corporate and public integrated prevention program has benefited the local community as well as foodservice operators. Institutions that participated in the program had their annual operational fees reduced. This program provides a tangible employee/consumer orientation and a well defined fiscal incentive, which enables foodservice establishments to voluntarily help promote the health of its employees and the public.

A foodservice employer who adopted a worksite wellness program stated that not only can a worksite program address environmental changes that may improve health, but also, at the worksite one can screen virtually the entire target population for specified health risks, and address interventions toward those people identified (Kenkel 1992). Thus, making it possible to measure how many of those with specified risks participate in risk-reduction programs, as well as to assess progress over time in reduction of risks and ultimately health changes as measured through company-paid health care costs.

Implementing health promotion changes through the workplace can contribute to healthier lifestyles, reduced absenteeism, and increased productivity (e.g., DOHA 2010b). A large portion of each day is often spent at work, as such it is a convenient site for intervention (i.e., the workers are already there), often there is collegial support (or an opportunity to increase support) and, with the support of employers, space and time to implement health-related messages and make environmental changes. A review of workplace interventions show that they are successful in addressing dietary behaviours (Steyn et al. 2009). Some workplace interventions show changes in the psychosocial determinants of dietary behaviour (e.g., more collegial support to eat healthy in the workplace) (Engbers 2006). However, others show tangible results. For example, a study of New Zealand blue-collar men in a manufacturing workplace compared an intervention group (nutrition displays in cafeteria and 30-minute monthly workshops) with a control group, and after 6 months demonstrated not only high retention in the workplace program, but also significant changes in fat intake, fruit and vegetable intake and nutritional knowledge (Cook et al. 2001).

There are numerous benefits of worksite wellness programs. In fact there are more than 200 scientific studies indicating the positive return-on-investment for worksite wellness programs.

The worksite organizational culture and environment are powerful influences on behavior and these needs to be put to use as a means of assisting employees to adopt a healthier lifestyle. Benefits of worksite wellness programs for employees include:

- Weight reduction
- Improved physical fitness
- Increased stamina
- Lower levels of stress
- Increased well-being, self-image and self-esteem

Although some health risk factors, such as heredity, cannot be modified, focused education and personal discipline can change others such as smoking, stress, physical inactivity, weight gain, and alcohol use—and, by extension, hypertension, high cholesterol, and even depression. The results are worth the effort.

Employees after the completion of the program revealed several themes and barriers for not participating. The top three reported barriers to participation (in order from most often to least often reported) were insufficient incentives, inconvenient locations, and time limitations. Employees expressed that offering more money as an incentive would make it more likely for them to attend and the extra money was "always good." Location was an issue due to the distance between foodservice facilities. Some employees would only attend classes held at their location and did not attempt to go to the classes held at the opposite end of campus. Timing and scheduling of the weekly classes were reported to be difficult because they were conducted during the work day and it was often hard to find a time that employees would be able to attend without disrupting their shift schedules and responsibilities. Time was an especially important barrier with retail location facilities which did not have time in between meals to leave and classes were held during one of their busiest times. Scheduling the classes on one morning during the week limited the number of employees that could attend. Employees who were off on Wednesdays or who worked the night shifts had to make an extra effort to come in during their time off to attend the classes. Some employees reported that they were not interested in the topics discussed and, therefore, did not attend. Topics that were cited as being of interest that were not included in the program or were not covered in-depth included: hypertension, stress management, heart health, shopping on a budget, exercise, and proper child nutrition. Marketing referred to initiatives for the promotion and publication of the program such as flyers, information from location managers during pre-service meetings with employees, and other media outlets. Employees felt that they were not adequately informed and made aware of the program and the timing and scheduling of the occurrence of the classes. Health beliefs were expressed as comments such as not attending because of perceived sufficient health knowledge and having a healthy family.

From an organizers perspective, successfully planning and implementing this program was not without its own set of barriers, many of which were similar to those expressed by employees. Scheduling and timing of the weekly classes were reported to be difficult because they were conducted during the work day and it was often hard to find a time that employees would be able to attend without disrupting the shift schedules. Attendance was further hindered when sites were short-handed due to callouts (employee calls to inform managers that he/she will not be at work due to sickness, transportation issues, etc), production schedule being behind target, or by continuous service operations (such as retail outlets

versus dining halls that had set meal periods and open/close schedules). To better accommodate the busy schedules of foodservice employees, organizers tried to keep the classes short, 15 to 30 minutes. However, it was reported to be difficult to adequately address all of the information within the short class periods. The location of the weekly classes was another important and sometimes difficult factor for organizers to address. On this college campus, employees were spread out over 14 dining locations. With people in so many different locations, it was nearly impossible to find a location that was convenient for all to attend without having to walk or drive. If employees chose to drive, parking spaces are limited and, therefore, created another problem to factor in with transportation. This issue was addressed by alternating the end of campus that classes were held at, but this still did not capture all dining locations, leaving some employees with a travel time to factor in. Finally, program evaluation on knowledge for Wellness Wednesdays was extremely difficult due to low participation rates and regular attendees. An overall knowledge pre/post-evaluation would not have provided accurate information about the effectiveness of the program because all employees did not attend all 10 classes. With such irregular attendance, it was hard to evaluate how effective the program was in relation to lifestyle factors, weight, and health status as well as preventing maximum knowledge gain due to the inability to build on information from one week to the next.

In order to increase participation rates, creative approaches to meeting employees' needs are required. Previous research shows that by addressing employee preferences and perceived barriers, the likelihood of achieving and maintaining better health and well-being will be significantly increased. This information can be obtained prior to the start of the program by distributing a needs and interest survey to all employees and would ensure that the topics presented were relevant and appropriate for the intended audience.
