

Review Article

Workplace holistic health and wellness: a healthy move towards Viksit Bharat Abhiyan 2047

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ABSTRACT

Lifestyle diseases, such as diabetes, cardiovascular diseases, obesity, and hypertension, are witnessing a rapid increase across India. This surge is largely attributed to modern sedentary lifestyles, poor dietary practices, inadequate physical activity, and high levels of occupational and personal stress. These conditions not only compromise individual health and quality of life but also significantly impact workplace productivity, increase absenteeism, and burden the healthcare system. In response to this growing challenge, organizations in India are progressively adopting workplace holistic health and wellness programs. These initiatives go beyond conventional health check-ups and address the physical, mental, emotional, and social dimensions of employee well-being. They include interventions such as yoga and mindfulness sessions, nutritional guidance, regular health screenings, mental health counselling, physical activity promotion, and stress management workshops. This study explores the evolution and growing relevance of workplace wellness programs in the Indian context. It analyses the critical components that make these initiatives effective and highlights their measurable impact on reducing the burden of lifestyle diseases. Furthermore, it emphasizes the role of a holistic and preventive health approach in fostering a healthier, more productive workforce. The integration of wellness into the workplace not only benefits individual employees but also contributes to national development goals by enhancing human capital. As India moves towards the realization of the Viksit Bharat Abhiyan a vision of a developed and progressive nation. By promoting employee well-being, these initiatives align closely with the broader goals of sustainable economic growth, social welfare, and national prosperity.

Keywords: Lifestyle disease, Diabetes, Cardiovascular, Obesity, Hypertension, Viksit Bharat Abhiyan, Health promotion

INTRODUCTION

The rapid urbanization and demanding work environments within India have caused a rise in non-communicable diseases (NCDs) among employees.¹ In India, chronic illnesses are manifesting at nearly a decade earlier than in developed nations, often by age 40 or even sooner.² This alarming trend underscores a need for more proactive health and wellness measures in many Indian workplaces. These measures should manage chronic conditions along

with mental health issues among employees.³ India is facing a health crisis characterized by a rapid rise in lifestyle diseases.⁴ According to the Global Burden of Disease Study, NCDs accounted for over 60% of deaths in India in 2019.⁵ Sedentary work environments, unhealthy dietary practices, and psychological stress significantly contribute to this burden.⁶ Workplaces, where adults spend nearly one-third of their waking hours, offer a unique opportunity to implement preventive health interventions.⁷ An integrated approach to workplace wellness tackling a variety of health determinants is additional information.⁸

SCIENTIFIC UNDERSTANDING OF WELLNESS

While wellness is often portrayed through simplified lenses- fitness routines, dietary trends, or mindfulness quotes- the scientific reality is far more complex and interdisciplinary. Wellness is not merely absence of illness but a dynamic state influenced by a web of biological systems, psychological resilience, social determinants, and even environmental exposures. Advances in systems biology, neuroendocrinology are reshaping our understanding of how wellness is regulated and sustained over time. This article moves beyond conventional interventions to examine wellness as a measurable, evolving process-one that requires rigorous enquiry. Panels of laypeople and experts evaluated self-esteem, self-responsibility, mental health, life satisfaction, sleep and recuperation, and functioning.

16 (26%) domains have statistically significant differences. For example, laypeople placed greater value on safety, inner peace, services and health care, humour, and leisure than did professionals. Experts in turn gave higher ratings to work-life balance, community, lifestyle choices, coping, meaningfulness, and cognitive health based on the ordinal number.⁹

Research has shown that obtaining and utilizing personalized knowledge and skills related to health and disorders, referred to as 'an appetite for learning' along with 'applying the knowledge in practice,' are viewed as beneficial for enhancing mental health. The primary aim of caring science and healthcare practice is to foster, support, and sustain individuals' own perceptions of their health. The most essential instruments in healthcare practice for promoting well-being across various care disciplines are the terms and concepts employed in conversations among professionals as between professionals and their patients. reach the primary aim of care. The quality of treatment and the likelihood of achieving the primary objective of care are negatively impacted when there are insufficient words to adequately convey the intrinsic significance and meaning of the aim.¹⁰

EMERGING NEED FOR WORKPLACE HOLISTIC HEALTH AND WELLNESS

The constitution of the WHO, ratified at the International Health Conference in New York in 1946, defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".¹¹ Considering a typical work shift, it may be inferred that individuals dedicate a large portion of their working day to the workplace, emphasizing the need for collective endeavors of employers, employees, and society to enhance the health and well-being of individuals in the workplace, referred to as workplace health promotion^{12,13} Only by taking a holistic approach that, on the one hand, safeguards employees' health and safety by preventing and protecting them from occupational hazards and, on the other, promotes their health, can a safe, healthy, and

resilient workplace be established. It is crucial to health promotion to remove barriers so employees may make healthy decisions rather than instructing them what to do.¹⁴ Multicomponent treatments' comprehensive approach provides flexibility, enabling participants to select the components that best fit their needs.¹³ The need to safeguard the productivity and well-being of the economically active population is urgent as we deal with demographic shifts, including an increasing proportion of the population in working age. Thus, it is necessary to continuously make important decisions about occupational health and safety policies as well as health care measures.¹⁵

THE PARADOX OF PROGRESS: HDI AND THE ESCALATING BURDEN OF LIFESTYLE DISEASES

As nation climbs the ladder of human development, marked by advancements in health, education, and income, a quiet paradox has begun to emerge- progress has brought with it a new set of health challenges. The very indicators that define the Human Development Index often correlate with shifts in daily routines, diets, work patterns, and physical activity levels. These lifestyle transitions, while reflective of modernization, have given rise to a growing epidemic of NCDs, including diabetes, cardiovascular illnesses, and obesity. Unlike infectious diseases that decline with development, these conditions tend to rise- replacing long-term pressure on healthcare systems, families, and economies. Examining this trend through lens of HDI enables a deeper understanding of how development can both enhance and inadvertently endanger public health, especially when wellness is not prioritized alongside economic and educational goals.

A study conducted on global disparities in colorectal cancer showed, Comoros, Vanuatu, and Sao Tome and Principe had the fewest new colorectal cases, while China, the US, and Japan had the most. The disparity in the number of cases and ASIR (age standardized incidence rate) can be ascribed to different nations' varying populations, healthcare systems, and cancer surveillance systems. Additionally, the study discovered favorable relationships between the standardized incidence and mortality rates of colon cancer and a number of HDI parameters, such as income, education, and life expectancy at birth. This suggests that, for a variety of reasons, there is a correlation between increased human development and higher incidence and death of colon cancer. These include enhanced detection made possible by sophisticated healthcare systems, nutritional and lifestyle changes that accompany development, and longer life expectancy, which leads to an increase in instances among older populations. The intricate connection between development and the epidemiology of colorectal cancer emphasizes the necessity of multimodal control measures that include screening, prevention, treatment, and research.¹⁶

PREVENTABLE YET PERSISTENT: THE GROWING DALY FOOTPRINT OF LIFESTYLE DISEASES

In an age where medical breakthroughs are accelerating and public awareness of health risks is at all-time high, continued rise of conditions such as diabetes, cardiovascular diseases and chronic respiratory illnesses are no longer confined to affluent societies or aging population- they are emerging earlier, spreading faster, and silently reshaping the global disease burden. While preventable through well-documented interventions, these diseases remain stubbornly persistent, carving out an increasing share of Disability Adjusted Life Years (DALYs) worldwide.

DALYs, a metric that quantifies both premature mortality and years lived with disability, offer a sobering lens through which to assess the true cost of inaction. Unlike fatal infections or acute trauma, lifestyle diseases rarely make headlines- but their cumulative toll on human productivity, well-being, and national economies is immense. More than a clinical challenge, this is a social and systemic one: a reflection of environments that normalize poor nutrition, sedentarism, and chronic stress, especially in rapidly urbanizing, high HDI regions. The story of lifestyle disease is not one of ignorance, but inertia- where the science of prevention exists, yet fails to translate into sustained community level change.

As people age, the prevalence of diabetes steadily rises. This implies that diabetes care should pay special attention to the elderly. In addition to lowering the disease burden of diabetes, we should improve health awareness of routine blood glucose testing, increase health monitoring and health promotion for the elderly, and achieve early detection, early management, and early treatment for high-risk groups like those with high blood sugar, excessive weight, and obesity. Because diabetes screening is more widely used, there was a greater percentage of early diabetes diagnosis. Additionally, type 1 and type 2 diabetes may be diagnosed using improved methods. Because of these causes, developed regions have high rates of diabetes incidence and prevalence.¹⁷

RISE IN BURDEN OF LIFESTYLE DISEASES: A DEMOGRAPHIC CHALLENGE

One of the main causes of morbidity and mortality globally is the increasing trend of lifestyle diseases, also known as non-communicable diseases (NCDs), such as diabetes, heart disease, stroke, respiratory conditions, and cancer. A significant contributing factor to this problem is the demographic shift toward an aging population, resulting from longer lifespans and lower birth rates. This shift can be attributed to improvements in living conditions, healthcare, and nutrition (18), which, in turn, increase the prevalence of these chronic illnesses (19). These diseases pose a major demographic challenge due to their impact on both individuals and society at large, including (but not

limited to) increased healthcare costs, decreased productivity, physical and emotional burdens, and reduced quality of life.²⁰ NCDs also make people more vulnerable to communicable infections, which further strains health systems. Additionally, NCDs and their associated risk factors negatively affect the labour and employment sectors. Some noted labour market consequences include reduced overall income, earlier retirement, and lower employment participation. Workers affected by NCDs often have low productivity levels and high absence rates.²¹ It has also been observed that NCDs have increased the burden of morbidity and mortality during adolescence, which may jeopardize the prospects of future generations.²² Such a trend among the youth population of India could lead to long-term consequences, as an important aspect anticipated to drive economic growth in India is the demographic dividend, primarily represented by its youth population, which constitutes one-fifth of the world's youth population.²³

DEMOGRAPHIC DIVIDEND, HOLISTIC HEALTH, AND LIFESTYLE DISEASES

Demographic dividend is defined as “the economic growth potential that can result from shifts in a population’s age structure, mainly when the share of the working age population (15 to 64) is larger than the non-working age share of the population (14 and younger and 65 and older),” by the United Nations Population Fund (UNFPA). This potential arises because more people can be productive and support economic progress, resulting in a demographic dividend.²⁴ However, the current trend of rising lifestyle diseases as a result of the country's socioeconomic change brought on by fast urbanization, industrialization, and globalization, threatens this progress.²⁵ Individuals who suffer from lifestyle diseases or their risk factors, like depressive disorders, diabetes, hypertension, excessive alcohol use, cigarette smoking, or are overweight or obese, are more likely to be unemployed, earn less money, and experience higher rates of sickness absenteeism and disability pension.¹⁸ To leverage our nation's demographic advantage, we require an integrated strategy that enhances both youth and overall workforce participation.²⁶ Addressing lifestyle diseases by managing modifiable risk factors within the population is a cost-effective method to reduce the with high-risk and population-based approaches.²⁷

A “life course approach” along with population-based and high-risk strategies is essential to control and prevent NCDs. The “life course approach” begins with maternal and prenatal health and emphasizes the promotion of healthy behaviors from infancy through adulthood and into old age. To effectively address NCDs, it is crucial to incorporate proven, cost-effective interventions into a policy framework. These interventions should be implemented through coordinated efforts in education, healthcare responses, environmental changes, and policy implementations.²⁸

ENERGY PLUS: A WORKPLACE HOLISTIC HEALTH AND WELLNESS PROGRAM FOR EMPLOYEES

Engaging and energetic program for lifestyle disease and financial upliftment services (ENERGY PLUS) is an exigency to address at corporate world and at any workplace. This program is designed by Social outreach cell of All India Institute of Medical Sciences Rishikesh with the concept of translational medicine and enriching primary care at doorstep to screen diseases and risk factors for growing NCDs. This program comprises of physical, mental, social spiritual and financial wellness of employees working at workplace. The study conducted by Rahman Shiri et al 2023 evidenced with reduction in employees' burnout and emotional exhaustion after workplace wellness intervention.²⁹ Similar study conducted in Indonesia endorse the fostering workplace wellness among employees enhancing organisational productivity and financial wellness among employees.³⁰

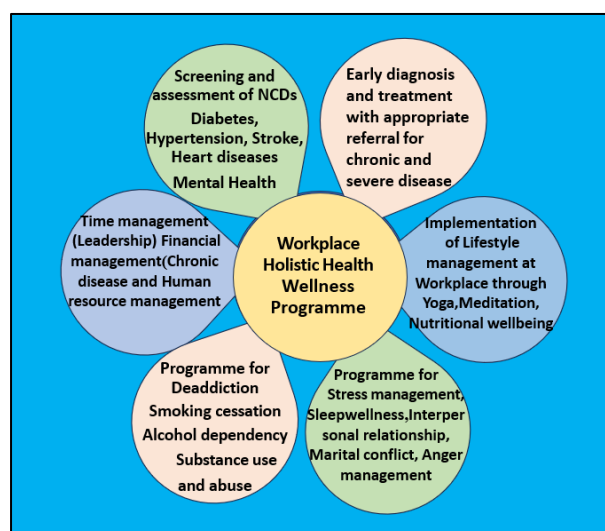


Figure 1: Components of a workplace holistic health and wellness program.

Latest research says that health and wellbeing and the value of human capital are interlinked.³¹ Health and wellbeing status of any employee directly influence the employee work behavior, work attendance and job performance. Therefore, developing healthier employees in terms of physical, mental and social, Spiritual & Financial wellbeing will results more productive workforce and economy.

This Energy Plus A workplace Holistic health & Wellness Program for Employees program initiated with aim to promote wellbeing among employees to ensure positive health and wellness with productive performance through “Workplace Holistic Health & Wellness Model “with objectives of to ascertain & promote health and wellness among employees of organization and assessment and screening of risk factors for the life style diseases

(Cardiovascular disease, diabetes, stroke, Mental health) among employees and to assess the effect of “Workplace holistic health & Wellness programme” on overall wellbeing & performance of employees of the organization.

Physical health

Fitness sessions, ergonomic designs, routine health screenings. Diet & nutrition education, sleep wellness. Preventive health check-ups.

Mental and emotional wellbeing

Stress management workshops, meditation, access to counsellors. Peer support groups, burnout prevention strategies.³²

Occupational health and ergonomics

Workstation design, reducing repetitive strain injuries. Safe and healthy physical working environment.³³

Social wellness

Inclusion policies, team-building, communication workshops. Family wellness engagement.³⁴

Spiritual and purposeful engagement

Mindfulness, yoga, community service programs. Meaningful work and value-based leadership.³⁵

Lifestyle behaviour modification

Tobacco cessation, alcohol de-addiction support. Healthy habits promotion using nudges and gamification

CHALLENGE INTRICACY FOR IMPLEMENTATION OF HOLISTIC HEALTH & WELLNESS PROGRAM IN INDIAN SECTOR

One of the major barriers to the successful implementation of a Holistic Health & Wellness Program in the Indian corporate sector is the prevailing attitude among top leadership, particularly CEOs, who often prioritize financial performance over employee wellbeing. Additionally, organizational policies are frequently structured to maximize output, often encouraging extended working hours, unrealistic performance expectations, and minimal flexibility. The absence of dedicated wellness budgets, lack of leadership endorsement, and limited integration of health KPIs into organizational performance indicators further reflect the systemic undervaluation of employee health. Until there is a paradigm shift in leadership perspectives that aligns financial success with employee wellbeing, holistic wellness programs are likely to remain peripheral and under-implemented.

Table 1: Scope this programme.

Scope area	Description	Expected Outcome
Healthy Workforce	Promoting physical and mental well-being of employees to ensure a sound and positive working environment.	Enhanced organizational performance, creativity, and productivity.
Disease screening	Early detection of diseases through regular screening programs.	Prevention of severe complications, improved individual health, and overall organizational wellness.
Early diagnosis and treatment	Timely medical interventions for identified health issues.	Reduced illness burden, minimized absenteeism, and better workforce efficiency.
Wellness and motivational sessions	Conducting regular sessions on stress management, depression, anxiety, interpersonal conflict resolution, and motivation.	Lower workplace stress, improved mental health, team cohesion, and increased productivity.

Table 2: Phases of this program.

Phases	Activities (Input)	Output
Phase 1	Physical health Screening (Diabetes, Hypertension, Stroke, Cancer ,cardiovascular disease) Obesity Management Smoking/Alcohol cessation Nutrition Management Work place Yoga /Exercise Work place meditation	Reduction in Number of Diseased person in organisation , Reduction in absenteeism at workplace. Reduction in number of employees seeking for medical leave Increased effective and sound working Hour Increase work productivity
Phase 2	Mental and social Health (Stress Management, Anger Management, Interpersonal relationship management, Domestic stress management, Employees burn out) Communication skills Emotional regulation Time Management Financial management	Improvement of quality work Improvement of fine skills Increased Productivity of work Less time involved in conflict management Increased working hour with sound environment Increased readiness for work Increased responsibility for company /organization
Phase 3	Spiritual wellbeing Workplace believe and Ego ...How to handle. Work life balance Work place Meditation and technique to feel gratitude.. Happiness Mantra	Development of leadership quality Personality development Effective and sound work output for organization Focused and target based working will enhance

CONCLUSION

The rising prevalence of lifestyle diseases in India poses a critical challenge to public health, economic productivity, and the long-term sustainability of the nation's workforce. With adults spending a significant portion of their lives in occupational settings, the workplace emerges as a strategic platform for implementing comprehensive health promotion initiatives. Integrating holistic health and wellness programs into the fabric of organizational culture offers a proactive and scalable approach to address the root causes of NCDs such as diabetes, hypertension, obesity, and cardiovascular disorders. A truly holistic approach goes beyond addressing physical health and embraces multiple dimensions of well-being such as mental, emotional, social, ergonomic, and spiritual. Programs that incorporate regular physical activity, stress management techniques, ergonomic workspaces, nutrition education, digital health tools, and social support systems can foster sustainable behaviour change. Furthermore, leadership engagement, supportive workplace policies, and

continuous health education play a pivotal role in ensuring long-term success and participation.

At a broader level, they support national goals by building a healthier, more resilient population. As India progresses toward the vision of a Viksit Bharat 2047, workplace wellness must be recognized as a foundational pillar of health system reform and socio-economic development. Prioritizing employee well-being is not merely a corporate responsibility but a national imperative, essential for creating a thriving economy, productive, and future-ready nation.

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