

Comprehensive Health, Stress- Free and Wellness at Work: A Positive Step Toward Viksit Bharat Abhiyan 2047

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ABSTRACT

In India, lifestyle disorders like diabetes, heart disease, obesity, and high blood pressure are on the rise. Modern sedentary lifestyles, bad eating habits, insufficient physical activity, and high levels of personal and professional stress are all major contributors to this increase. In addition to endangering people's health and quality of life, these circumstances have a major negative influence on workplace productivity, raise absenteeism, and put a strain on the healthcare system. Organizations in India are gradually implementing workplace holistic health and wellness initiatives in response to this expanding concern. These programs cover the physical, mental, emotional, and social aspects of employee well-being in addition to standard health examinations. These include interventions such as yoga and mindfulness classes, dietary counselling, regular physical exams, mental health counselling, encouragement of exercise, and stress management classes. This article examines the evolution of occupational health initiatives and their growing importance in India. It also shows how a preventive, holistic approach to health can help create a healthier, more productive workforce. Integrating workplace well-being by improving human capital not only helps individual workers but also contributes to achieving national development goals. Viksit Bharat Abhiyan, the vision of a developed and progressive nation, is becoming a reality in India. These programs are closely linked to the broader objectives of social security, sustainable economic growth and national prosperity, thereby contributing to the well-being of employees.

Keywords: Non-Communicable Diseases (NCDs), Health, Human Development Index (HDI), Viksit Bharat Abhiyan,

INTRODUCTION

India's rapid urbanization and harsh working conditions are increasing the incidence of non-communicable diseases (NCDs) among employees. The onset of chronic diseases in India is nearly a decade earlier than in developed countries, often around the age of forty or even earlier. This alarming trend highlights the need for more proactive health measures in many workplaces in India. These measures should help manage chronic illnesses and mental health issues among employees. India is facing a health crisis characterized by a sharp rise in lifestyle-related diseases. According to the Global Burden of Disease Study, more than 60% of deaths in India in 2019 were due to NCDs. Sedentary working conditions, unhealthy diets, and psychological stress significantly contribute to this burden. Workplaces, where adults spend almost a third of their waking hours, provide a unique opportunity to implement preventive health interventions. An integrated approach to well-being at work addressing a variety of health determinants provides additional information.

A Scientific Understanding of Health

Although wellness is frequently shown through oversimplified lenses, such as dietary fads, exercise regimens, or quotations about mindfulness, the scientific reality is much more intricate and multidisciplinary. A dynamic condition impacted by a network of biological systems, psychological resiliency, social variables, and even environmental exposures, wellness is more than just the absence of illness. Our understanding of how wellbeing is maintained throughout time is changing as a result of developments in systems biology and neuroendocrinology. This article explores wellbeing as a quantifiable, dynamic process that necessitates thorough investigation, going beyond traditional remedies. Self-esteem, self-responsibility, mental health, life satisfaction, sleep and recuperation, and functioning were assessed by panels of laypeople and professionals. There are statistically significant differences in 16 (26%) domains. For instance, compared to professionals, laypeople valued safety, inner peace, services and health care, humour, and

leisure more. Based on the ordinal number, experts rated work-life balance, community, lifestyle choices, coping, meaningfulness, and cognitive health higher.

According to research, acquiring and implementing individualized health and disorder-related knowledge and skills—also known as "an appetite for learning" and "applying the knowledge in practice"—are thought to be advantageous for improving mental health. Fostering, supporting, and maintaining people's beliefs of their own health is the main goal of caring science and healthcare practice. The terminology and concepts used in professional-to-professional and professional-to-patient talks are the most important tools in healthcare practice for improving well-being across diverse care disciplines. achieve the main goal of care. When there are not enough words to appropriately explain the intrinsic significance and meaning of the aim, it negatively affects both the quality of therapy and the possibility of attaining the primary target of care.

Workplace Holistic Health and Wellness's Growing Need

The WHO Constitution, 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 simply the absence of disease or infirmity." A typical shift shows that people spend the majority of their working day at work, highlighting the need for workplace wellness, where employers, employees and society work together to improve the health and well-being of people in the workplace. Create a sustainable workplace. To promote good health, it is essential to remove barriers so that employees can make healthy decisions rather than being told what to do. An integrated, multi-component treatment approach provides flexibility, allowing participants to choose the components that best suit their needs. In the face of demographic changes, including an increase in the proportion of the working-age population, there is an urgent need to protect the productivity and well-being of economically active people. Therefore, important decisions regarding occupational safety and health policies and public health measures must be made on an ongoing basis.

HDI And the Growing Burden of Lifestyle Diseases: The Paradox of Progress

A quiet paradox has started to surface as the country moves up the human development ladder, which is characterized by improvements in income, education, and health. Progress has also brought with it a new set of health issues. Changes in daily routines, diets, job patterns, and levels of physical activity are frequently correlated with the very indicators that make up the Human Development Index. Despite being a reflection of modernization, these changes in lifestyle have led to an increasing number of NCDs, such as diabetes, obesity, and cardiovascular diseases. These disorders tend to worsen over time, putting long-term strain on families, economies, and healthcare systems, in contrast to infectious diseases that decrease with development. A fuller understanding of how development can both improve and unintentionally jeopardize public health can be gained by examining this tendency through the lens of HDI, particularly when wellness is not prioritized alongside economic and educational aspirations.

According to a study on the disparities in colorectal cancer worldwide, China, the US, and Japan had the highest number of new cases, while Comoros, Vanuatu, and Sao Tome and Principe had the lowest. The diverse populations, healthcare systems, and cancer surveillance systems of various countries can be blamed for the discrepancy in the number of cases and ASIR (age standardized incidence rate). The study also found positive correlations between a number of HDI factors, including wealth, education, and life expectancy at birth, and the standardized incidence and mortality rates of colon cancer. This implies that there is a link between increasing human development and higher colon cancer incidence and mortality for a number of reasons. These include higher life expectancy, which causes an increase in cases among older people, improved detection made possible by advanced healthcare systems, and dietary and lifestyle changes that coincide with development. The need for multimodal control strategies, which include screening, prevention, treatment, and research, is highlighted by the complex relationship between development and the epidemiology of colorectal cancer.

Lifestyle Diseases' Growing Daly Footprint: Preventable Yet Permanent

The ongoing rise of diseases like diabetes, cardiovascular diseases, and chronic respiratory illnesses is no longer limited to wealthy societies or the aging population in a time when medical advancements are accelerating and public awareness of health risks is at an all-time high. Instead, these conditions are emerging earlier, spreading more quickly, and subtly changing the global disease burden. Despite being preventable with well-established therapies, many illnesses continue

to be stubbornly persistent and account for a growing portion of Disability Adjusted Life Years (DALYs) globally. A depressing prism through which to view the full cost of delay is provided by DALYs, a metric that measures both years lived with disability and premature mortality. Lifestyle diseases rarely make headlines, in contrast to deadly infections or severe injuries, yet they have a huge cumulative impact on national economies, human productivity, and well-being. This is a social and systemic issue rather than a therapeutic one; it is a reflection of settings that normalize chronic stress, sedentarism, and poor nutrition, particularly in high HDI, quickly urbanizing areas. The tale of lifestyle disease is not one of ignorance, but rather of inertia—the existence of prevention science that does not result in long-term, community-level change.

Diabetes is becoming more common as individuals get older. This suggests that older people with diabetes should receive extra care. In addition to reducing the burden of diabetes, we should raise awareness of the importance of routine blood glucose testing, increase health monitoring and health promotion for the elderly, and accomplish early detection, early management, and early treatment for high-risk populations such as those with obesity, high blood sugar, and excessive weight. There was a higher percentage of early diabetes diagnosis due to the increased usage of diabetes screening. Better techniques can also be used to diagnose type 1 and type 2 diabetes. These factors contribute to the increased incidence and prevalence of diabetes in developed areas.

Increase In Lifestyle Diseases: A Demographic Difficulty

The rising prevalence of lifestyle diseases, sometimes referred to as non-communicable diseases (NCDs), such as diabetes, heart disease, stroke, respiratory disorders, and cancer, is one of the primary causes of morbidity and mortality worldwide. The demographic shift toward an aging population brought on by longer lifespans and lower birth rates is a major contributing element to this issue. This change can be linked to advancements in diet, healthcare, and living situations, all of which raise the incidence of certain chronic diseases. Due to their effects on both individuals and society, including (but not limited to) higher healthcare expenses, lower productivity, physical and mental difficulties, and a lower quality of life, these diseases present a significant demographic issue.

Additionally, NCDs increase a person's susceptibility to infectious diseases, further taxing healthcare systems. Furthermore, the labour and employment sectors are adversely affected by NCDs and the risk factors that are linked to them. Reduced overall income, early retirement, and decreased employment participation are some of the observed labour market repercussions. NCD-affected workers frequently have excessive absenteeism and reduced productivity. Additionally, it has been noted that NCDs have raised the burden of morbidity and death throughout adolescence, thus endangering the prospects of future generations. Such a trend among India's teenage population could have long-term repercussions because the country's youth population, which makes up one-fifth of the world's youth, is a key factor expected to propel economic growth.

Lifestyle Diseases, Holistic Health, and Demographic Dividend

The United Nations Population Fund (UNFPA) defines the demographic dividend 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)." This possibility results from a demographic dividend, which allows more people to be productive and support economic advancement. However, this progress is threatened by the present trend of increasing lifestyle diseases because of the nation's socioeconomic transformation brought on by rapid urbanization, industrialization, and globalization. People with lifestyle diseases or their risk factors—such as depression, diabetes, high blood pressure, excessive alcohol consumption, cigarette smoking, or being overweight or obese—are more likely to be unemployed, make less money, and have higher rates of disability pension and sick leave.

We need an integrated approach that increases youth and general workforce participation in order to capitalize on our country's demographic advantage. One economical way to lower the prevalence of high-risk and community-based lifestyle diseases is to manage modifiable risk factors within the population. Controlling and preventing NCDs requires a "life course approach" in addition to population-based and high-risk tactics. The "life course approach" focuses on promoting healthy habits from infancy through adulthood and into old age, starting with maternal and prenatal health. Incorporating cost-effective, proven interventions within a policy framework is essential for effectively addressing

NCDs. Coordinated efforts in education, healthcare responses, policy implementation, and environmental improvements should be used to carry out these interventions.

Energy Plus: A Holistic Workplace Health and Wellness Program for Workers

In the business sector and in any workplace, it is imperative to implement an engaging and dynamic program for lifestyle disease and financial upliftment services (ENERGY PLUS). The All-India Institute of Medical Sciences Rishikesh's social outreach department created this initiative with the idea of translational medicine and improving primary care at the patient's door to screen for illnesses and risk factors for developing NCDs. This program covers the financial, social, spiritual, mental, and physical well-being of workers. Following a workplace wellness intervention, employees' burnout and emotional weariness decreased, according to a 2023 study by Rahman Shiri et al. Similar research carried out in Indonesia supports the idea that promoting employee financial wellness and workplace wellness increases organizational productivity.



Fig 1: A Holistic Approach Optimizing for Employee Well-Being

According to recent study, there is a connection between human capital worth and health and well-being. Any employee's health and well-being have a direct impact on their work behaviour, attendance, and productivity. Therefore, a more productive workforce and economy will emerge from developing healthier employees in terms of their physical, mental, social, spiritual, and financial wellness.

This Energy Plus A workplace holistic health and wellness program for employees was started with the goal of ensuring positive health and wellness with productive performance through the "Workplace Holistic Health & Wellness Model." The program's objectives are to determine and promote health and wellness among employees of the organization, assess and screen risk factors for lifestyle diseases (cardiovascular disease, diabetes, stroke, and mental health), and evaluate the impact of the "Workplace holistic health & wellness program" on the general wellbeing and performance of the organization.

Convenient and occupational health: designing workstations to prevent repetitive strain injuries. a physically safe and healthy workplace.

Emotional and Mental health: access to counsellors, meditation, and stress management classes. peer support groups and techniques to avoid burnout.

Physical health: regular health examinations, ergonomic designs, and exercise regimens. nutrition and diet instruction, as well as sleep health. preventive medical examinations.

Intentional involvement and Spiritual: yoga, mindfulness, and volunteer work. Leadership based on values and meaningful work.

Lifestyle behaviour modification: help for alcohol de-addiction and quitting smoking. Promoting healthy habits with gamification and nudges.

Social wellness: communication courses, team-building exercises, and inclusion policies. involvement in family wellness.

Holistic Health & Wellness Program Implementation Difficulties in The Indian Sector

The prevailing mindset among top leadership, especially CEOs, who frequently put financial performance ahead of employee wellness, is one of the main obstacles to the successful implementation of a Holistic Health & Wellness Program in the Indian corporate sector. Furthermore, organizational policies are often designed to optimize productivity, which frequently promotes long workdays, irrational performance standards, and little flexibility. The systematic undervaluation of employee health is further demonstrated by the lack of wellness budgets, the lack of support from the leadership, and the restricted integration of health KPIs into organizational performance metrics. Holistic wellness programs are likely to remain peripheral and underutilized until there is a paradigm shift in leadership viewpoints that links financial performance with employee wellbeing.

Conclusion

A major threat to public health, economic productivity, and the long-term viability of the country's labour force is the increasing incidence of lifestyle diseases in India. Given that adults spend a large percentage of their lives in work environments, the workplace becomes a critical venue for carrying out all-encompassing health promotion programs. A proactive and scalable strategy to address the underlying causes of NCDs like diabetes, hypertension, obesity, and cardiovascular illnesses is to include holistic health and wellness initiatives into the fabric of business culture. A fully holistic approach addresses mental, emotional, social, economic, and spiritual aspects of well-being in addition to physical health. Sustainable behaviour change can be promoted by programs that include regular exercise, stress reduction strategies, ergonomic workspaces, nutrition education, digital health technologies, and social support networks. Long-term success and participation are also greatly influenced by leadership involvement, encouraging workplace regulations, and ongoing health education. More broadly, they help achieve national objectives by creating a population that is healthier and more resilient. Workplace wellness must be acknowledged as a fundamental component of health system reform and socioeconomic growth as India moves closer to the goal of a Viksit Bharat 2047. Setting employee well-being as a top priority is not just a business obligation but also a national necessity for building a prosperous, productive, and future-ready country.

References

1. Alevin AT, Rustam A, Widaninsi V, Salyanti E, Vlandari HP. Promoting happiness at work: Strategies to improve employee engagement and productivity. *Academic journal*. 2024;1(5):605-13
2. Bajpayee PM, Mohanty PC, Yadav MK. Breathing at Risk: Examining India's Changing Cooking Fuels and the Alarming Impact of Indoor Air Pollution on the Health of Children Under Five. *Journal of Biosocial Sciences*. 2025;57(1):17-40.
3. Baird S, Chonara S, Azopal PS, Bharati P, Bringent J, Biermann O et al. Call to action: Second Lancet Commission on Adolescent Health and Well-Being. *Lancet* [Internet]; 2025.
4. Chan R. The impact of employee health and well-being on work performance. *Journal of Education, Humanities, and Social Sciences*. 2024;29(1):372-8.
5. Chakraborty D, Wu DS, Jha P. Examining the labor market impact of noncommunicable disease risk factors: a systematic review. *SSM - Population Health* [Internet]. 2024;25:101564
6. Darmadi D., Mohammadian Hafshedjani A., Khairy S. Global disparities in colorectal cancer incidence: charting the current morbidity and mortality situation, analyzing geographic differences, and assessing human development indicators. *Journal of Preventive Medicine and Hygiene*. 2025;65(4):E499-514.
7. Eriksson M, Ekström-Bergström A, Arvidsson S, Jormfeldt H, Torstensson S, Ørström U et al. The meaning of happiness in nursing based on an analysis of Rogers' evolutionary concepts. *Scand J Caring Sci*. 2024年; 38 : 185-99
8. Grad FP. The Preamble of the Constitution of the World Health Organization. *PubMed*. 200280(12):981-4.

9. Hansen KS, Moreno-Ternero JD, Østerdal LP. Quality- and productivity-adjusted life years: From QALYs to PALYs and beyond. *Journal of Health Economics*. 2024;102885–5.
10. Ivo Iavicoli, Spatari GL, Casey Chosewood, Schulte PA. Occupational Medicine and Total Worker Health®: from preventing health and safety risks in the workplace to promoting health for the total wellbeing of the worker. *PubMed*. 2022;113(6):e2022054–4.
11. Jose N, Sruthi M, Rachel J, Jerome K, Vaz C, Saju C. Barriers and facilitators of noncommunicable disease (NCD) prevention in Kerala: A qualitative study. *Journal of Family Medicine and Primary Care*. 2022;11(6):3109.
12. Kauppi KJ, Roos ET, Borg PT, Cantell KS, Torkki PM. What is wellness? Investigating the importance of different domains of wellness among laypeople and experts: A survey study. *Scandinavian Journal of Public Health*. 2024;53(1):23-31.
13. Lewis BA, Napolitano MA, Buman MP, Williams DM, Nigg CR. Physical activity interventions: an update on advancing sedentary time, technology, and dissemination and implementation research. *Journal of behavioral medicine*. 2025;48(1):99-110.
14. Madiwalappagol S, Chavan K. Demographic Dividend in India. *INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS*. 2023;10:129-34.
25. Jose N, Sruthi M,
15. Prabhakaran D, Singh K, Reddy KS. What are the Evidence Based Public Health Interventions for Prevention and Control of NCDs in Relation to India? *Indian Journal of Community Medicine*. 2011;36(5):23.
16. Shiri R, Nikunlaakso R, Laitinen J. Effectiveness of Workplace Interventions to Improve Health and Well-Being of Health and Social Service Workers: A Narrative Review of Randomised Controlled Trials. *Healthcare (Basel)*. 2023;11(12):1792
17. Udahemuka FF, Walumbwa FO, Ngoye B. Enhancing meaningful work: the roles of spiritual leadership, intrinsic motivation, and employees' gender. *International Journal of Business & Society*. 2024;25(2).
18. Virtanen M, Tea Lallukka, Marko Elovainio, Steptoe A, Kivimäki M. Effectiveness of workplace interventions for health promotion. *The Lancet Public Health [Internet]*. 2025;10(6):e512–30.
19. Wang MS, Deng JW, Geng WY, Zheng R, Xu HL, Dong Y, et al. Temporal trend and attributable risk factors of cardiovascular disease burden for adults 55 years and older in 204 countries/territories from 1990 to 2021: an analysis for the Global Burden of Disease Study 2021. *European journal of preventive cardiology*. 2025;32(7):539-52.
20. Zaman S, Wasfy JH, Kapil V, Ziaieian B, Parsonage WA, Sriswasdi S, Chico TJ, Capodanno D, Colleran R, Sutton NR, Song L. The Lancet Commission on rethinking coronary artery disease: moving from ischaemia to atheroma. *The Lancet*. 2025;405(10486):1264-312.
21. <https://www.shrm.org/content/dam/en/shrm/shrm-labs/articles/optimizing-for-employee-well-being--a-holistic-approach-for-hr-leaders-/chart-optimizing-employee-well-being.png>