

# IMPACT OF HUMAN CAPITAL DEVELOPMENT INITIATIVES ON WELL-BEING OF EMPLOYEES WITH CHRONIC ILLNESS

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*“Disability exists in the shadows of public awareness and the periphery of policy making”  
-M. J. Prince, 2009*

## INTRODUCTION

This paper is a tribute to the unsung warriors of organisations who brave the daily challenges of chronic illness, cloaked in a conspiracy of silence. The study attempts to present the role of human capital development initiatives in enhancing the psychological well-being of an overlooked section of diversity – Employees with chronic illness.

According to the United Nations, even though employment “Provides many opportunities for social participation, from economic independence, to family formation, to a sense of contributing to the national economy” (United Nations 2007, p. 85), worldwide, 80 to 90% of working-age persons with disabilities are unemployed. (United Nations 2010).

Chronic Illness literature (Beatty & Joffe, 2006) presents the fact that employees suffering from disability caused by chronic illness are often overlooked in the narratives of positive

organisational support and human capital development. One of the main reasons being that disability caused by chronic illness doesn't follow a predictable path and thus poses a challenge to policy framing. The illnesses range from mild to severe, low interference to high interference, episodic to ongoing, and above all visible to invisible. Chronic diseases are responsible for contributing the largest share to the overall mortality in the developing countries, except for Sub-Saharan Africa (Suhrccke, Nugent, Stuckler, & Rocco, 2006).

Most commonly occurring illnesses include cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases (World Health Organization (WHO), 2018). The other common chronic diseases could be musculoskeletal disorders, multiple sclerosis, epilepsy, migraines and many more.

Due to lack of organisational support, many employees are not able to lead productive lives and suffer in silence. Suhrccke et al (2006), in their report affirmatively advocate the importance of timely interventions to address the chronic diseases so as to control the economic and social

costs attached to it. There has been a growing evidence that chronic diseases equally affect the high, and low-and-middle-income countries (LMICs). The associated costs in LMICs are way more than high income countries owing to the less effective preventive and treatment measures available in the LMICs (WHO, 2018). The statistics from the WHO highlight the fact that around 15 million people die every year in the age group of 30-69 years owing to these chronic diseases, and around 85% of these mortalities occur in LMICs (WHO, 2018).

The social justice paradigm advocates the provision of opportunities of development to every human being. Professional life of an individual is not just a means of livelihood but plays an important role to his/ her overall psycho-social development. Ogujiuba & Adeniyi (2005) point out that no country has achieved sustained economic development without substantial investment in Human Capital. Adam Smith in his book 'The Wealth of Nations' (1776) laid the basis of the concept of human capital as it is seen today.

## HUMAN CAPITAL

Modern human capital theory was presented by the economists Theodore Schultz and Gary Becker. The main proposition of human capital theory is that the quality of human being is more important than the number of it and the role of human capital investment is greater than that of material capital (Prince, 2009). It lays emphasis on the role of education as an important enabler of human capital development. However recent research has broadened the definition of human capital development from educational attainment to meaningful accommodation

(Wilton & Schuer, 2006) in the form of giving autonomy; Flexibility (Ruhindwa, 2016), social capital (Bourdieu, 1980, 1986; Coleman, 1988, 1990; Putnam, 1993, 1995; Dinda, 2014), inclusive design of built environment/ physical workspaces (Imrie & Hall (2003). Coleman (1988, 1990) presents social capital as a preliminary condition for human capital development. According to Tan and Wang (2010), simply providing training and development programmes is not the key to better performance and higher productivity. Organisations need to look into the needs of the employees and ensure that HCD policies are aligned with both company and individual goals. Development refers to "the growth of realisation of a person's ability, through conscious or unconscious learning". Marimuthu et al (2009) refer to the definition of human capital as "the knowledge, skills, competencies, and attributes embodied in individuals that facilitate the creation of personal, social and economic well-being" (Organisation for Economic Co-Operation and Development or OECD, 2001: 18).

Edvinsson and Malone (1997) define human capital as a combination of employees' capabilities and competencies and the way they are managed. Ward et al (2012) adopt the capabilities approach given by Amratya Sen & Martha Nussbaum to draw attention to the restricted workplace employment opportunities of disabled employees that curtail their 'positive freedom' and "prove to be impediments to attaining their potentials as human beings". They posit that work is one of the most important of human activities and an important factor in fostering an individual's self-worth

and self-esteem. (Kavka 2000). Work is “one of the basic conditions under which life on earth has been given to man”(Arendt, 1998). Thus human capital development becomes an important organisational responsibility. This paper attempts to build a case for Organisational initiatives in the form of human capital development enablers that would lead to the psychological outcome of wellbeing.

## **BARRIERS AND CHALLENGES FOR EMPLOYEES WITH CHRONIC ILLNESS**

Individuals with chronic diseases and the resultant disabilities, specially, in their productive and working age, suffer with various challenges of unemployment and underemployment (Feldman, Leana and Bolino, 2002; Konrad, Moore, Doherty, Ng & Breward, 2012). There may be variations in the severity of the symptoms of chronic diseases. Based on the symptom severity, some population with chronic diseases may voluntarily exit the workforce while many others are still willing to continue working (Beatty and Joffe, 2006; Varekamp and van Dijk, 2010). At work, they may experience extreme forms of job insecurity (Cunningham, James and Dibben, 2004; Kaye, 2009; Schur et al., 2009), financial and economic challenges (Burkhauser & Daly, 1996), career management challenges (Beatty and Joffe, 2006), employment and workplace discrimination (Hum and Simpson, 1996; Lengnick-Hall, Gaunt and Kulkarni, 2008; Schur, 2002; Wooten and James, 2005). The costs associated with maintaining the employment of these employees with chronic diseases is very economical as compared to the

cost of losing them and making a fresh hire as many of the workplace support required by these employees may already present as provisions to other diversity groups (Schur, Nishii, Adya, Kruse, Bruyère, & Blanck, 2014). The means of maintaining and facilitating their employment is human capital development interventions, also considering their work disability due to illness as the basis for devising interventions.. Organisations need to work towards their meaningful employment. It may include ensuring accessing infrastructure, modifications to the workspaces or job design, altered and flexible work schedules and work locations, growth and development opportunities to enhance their employability, and a participative decision making to ensure their voice in designed a customised plan of human capital development interventions according to the individual's need. The provision of these workplace support for employees with disabilities at the organizational level is a complex process and mediated by the managerial decision making, based on cost-benefit trade-offs (Barraquier, 2011). These accommodations, as ‘reasonable accommodations’, are provisioned in the legal framework of every nation to protect the employment related rights of the people with disabilities and shield them against any form of workplace or community level discriminations. For example, in the Rights of People with Disabilities Act (RPWD) Act, 2016, reasonable accommodation has been defined as “necessary and appropriate modification and adjustments, without imposing a disproportionate or undue burden in a particular case, to ensure to persons with disabilities the enjoyment or exercise of rights equally with others”- abstract mention

of the disproportionate or undue burden on employers in the legislative framework gives the employers an open end to regard the workplace accommodations as a costly affair and an economic burden for the organization towards supporting the continued employment and work facilitation of employees with chronic diseases. It gives the final discretion in the hands of the employer whether to provide the workplace support to the employee or not.

Therefore, the decision and onus of human capital development interventions for employees with chronic illness lies in the discretion purview of their employer. Based on the human rights theory, it is the basic right of the employee and with the intent of providing equal employment opportunity to its employees, it is the responsibility of the owner to overtly and proactively arrange for the provisions for HCD interventions or HCD enablers (as is the term used for the present study) for their employees with invisible disabilities like chronic illness.

## **IMPACT OF HUMAN CAPITAL DEVELOPMENT INITIATIVES ON INDIVIDUAL OUTCOMES**

Vargas et al (2016) assert that Human Capital development is related to the efficiency and sustainability of and organization as research is replete with evidence of a direct positive link between HC and organizational performance (Nyberg and Wright 2015; Chen et al. 2012; Clarke et al. 2011; Sharabati et al. 2010; Bontis and Serenko 2009; Tovstiga and Tulugurova 2007; Bontis et al. 2000; Bontis 1998; among others). Thus human capital plays an important role in not only increasing effectiveness and

efficiency of an organisation but also contributes to the sustainability of an organisation (Barney 1991).

According to Bontis (1999), human capital potentially assures the long-term survival of an organization. Along these lines, Stewart (1997) stated “human capital first creates wealth from the abilities and talent of individuals and then, through these individuals’ work, creates value”. Kulkarni (2016) considers the career development initiatives undertaken by the organisation as playing a crucial role in the Human capital Development of every being. Career development is seen as a developmental process of a human being that can be managed by the focal employee (e.g. concern with managing one’s successes) as well as the organisation (e.g. programs or practices that assist employees in managing their careers) (Greenhaus & Callanan, 2006). While discussing the important role of organisation in removing roadblocks of the advancement of employees with disability, Kulkarni (2016) throws light on glaring biases and prejudices that employees with disabilities have to face along their careers which may impact the success of their career as well.

Human resource practices thus are critical to creating opportunities for advancement and growth of human capital (Gelfand et al, 2005). Top management commitment, accommodation initiatives by the organisation, participation in crucial decision making, flexible work systems, development and training programs, and public acknowledgement and recognition of contribution of employees with disability and are some of the human resource practices that can contribute to HCD. (Bruyère, 2000; Domzal et al., 2008).

Recent studies have attempted to establish and identify the underlying mechanism of the link between HCD enablers and the employee & organizational outcomes (e.g., Heffernan, Harney, Cafferkey, and Dundon (2016).

## WELLBEING

Nesse (2004) stated “Happiness and unhappiness are not the ends, they are means. They are aspects of mechanisms that influence us to act in the interests of our genes.”

Wellbeing is a multi-dimensional concept. It is primarily about studying the quality of life of an individual. The quality of life can be examined with various lenses which are beyond the mere facets of financial and economic wellbeing (Diener and Seligman, 2004). Studying and examining the wellbeing of employees is of critical importance for the success of the business organizations (Spreitzer and Porath, 2012).

Absence of illness is not health. Same way absence of mental illness does not ensure wellbeing. The seminal work on mental health of an individual was started by Jahoda (1958), where the mental health of an individual was conceptualised into six dimensions related to the optimal functioning in an individual's life. This work did not receive attention until Ryff (1989) conceptualised the psychological functioning of an individual into six dimensions which were similar to the ones in Jahoda's work. Exploring and understanding the experiences of employees with disabilities is of critical significance. Ryan and Deci (2001) have focussed on the two aspects of psychological experiences, namely hedonic and eudaimonic aspects, of psychological wellbeing.

## ORGANIZATIONAL JUSTICE

Social justice at the level of an institutional entity can be termed as organizational justice. The term was coined by Wendell French in 1964. The organizational justice refers to the fairness prevailing in the organization (Greenberg, 1990), whereas perceived organizational justice is the sense of felt justice prevailing in the organization, majorly from the employee perspective. In industrial and organizational psychology literature on individuals with disabilities, workplace discrimination is one of the prominent cited reasons for workplace stress and workforce exit. Therefore, to study the sense of justice among people with chronic illness is extremely important.

Based on the fairness theory and social exchange theory, organizational justice has two main dimensions – distributive justice, procedural justice, and interactional justice. Distributive justice refers to the way people rationalise the efforts put in by the employee versus rewards received from the side of the organisation (Adams, 1965). Procedural justice means the manner or the process to distribute the available resources among the members of the organization (Thibaut and Walker, 1975).

## THEORETICAL FOUNDATIONS

### Ability-Motivation-Opportunity Theory (AMO theory)

The AMO framework emerged in the early 2000 decade (Appelbaum, Bailey, Berg & Kalleberg, 2000; Boxall & Purcell, 2003). It is one of the most widely used frameworks to explain the linkages of human capital management and performance. It is a multidimensional

framework defining the various sources and mechanisms for achieving optimum performance of an individual entity (employee/organization). Industrial psychologists believe that ability is a precursor to performance, social psychologist propose that motivation is the underlying mechanism which leads to performance whereas the opportunity dimension was introduced by Blumberg and Pringle (1982) as a source of optimum performance. The ability, motivation and opportunity together can span the various sources and causes of performance of an entity. The AMO theory forms the basis to explain the beneficial impact of HCD enablers on the employee performance by improving their psychological wellbeing. For example, the physical support received enhances the functional capacity of an employees facing some job function related challenges thereby enhancing the ability of the employee. the flexible work arrangements enhance the ability by allowing them to manage work and their health and illness related demands, thereby motivating them to contribute their better performance towards the organization by improving their positive affect. The training and development opportunities will give them more opportunities to grow in their current job and career which will again enhance their affective commitment towards the organization.

## RESEARCH METHOD

The study adopted a qualitative research design to understand the impact of human capital development enablers on the employees with chronic diseases working. The aim of the qualitative study was to ascertain the HCD enablers experienced by these employees and

how these enablers are instrumental in the lives of such employees with chronic illnesses who are managing their illness and work together.

### Qualitative Study

Recruitment of the sample: In the first phase, the employees were tried to be reached through their employers. The HR managers and line managers were contacted via personal networks to assist in connecting with the desired sample. But this effort did not bear fruition majorly due to confidentiality issues expressed by the managers of these employees. Then a hospital was contacted and was requested to allow the data collection for academic purposes. Therefore, purposive snowball sampling (Patton, 2002) was used as method to collect the qualitative study sample.

Inclusion Criteria: The primary inclusion criteria were a self-reported chronic illness, continued employment, and experienced work problems due to illness and treatment.

Sample: Out of total eight, four were females and four were male respondents. One of the females worked as senior diversity and inclusion head in her organization suffering from multiple sclerosis (1), another worked in a small private school as a primary teacher diagnosed with chronic kidney disease (2). The third female suffered from epilepsy and worked in a private firm as a software programmer (3). The fourth was a patient of chronic back ailment ( L4, L5 vertebrae) and worked in an airline (4). All four were in the age group of 30-40 years. Out of the four male respondents, one of them worked as sales professional in a garments company with employee size below 50, had chronic kidney disease (5). The second male respondent was a person with epilepsy working in a large global

multinational company as financial consultant (6) The third male was a hospital attendant and he himself suffered from. multiple sclerosis(7). The fourth male, a school teacher was a kidney patient who required regular dialysis(8). All the four males fell in the age bracket of 30-40 years. Research tool and process: Face-to-face interviews (N=8) were conducted with the respondents with their prior consent. Transcripts were started to be made along with the field notes added to the transcripts on the same day, along with the preliminary analysis of transcripts. The researchers stopped reaching out to more respondents when similar themes started to emerge from the transcripts, as this is indicative of sampling adequacy in qualitative studies. The data reached saturation around the 8th interview. After taking a brief about their illness history, the primary research questions that were asked during the semi-structured interviews were:

1. What kind of support do you receive to manage your work along with your illness?
2. Has your organization been fair to you in giving you enough and required support?
3. How important to you is receiving support at work, in the context of your illness?
4. How would you rate your well being in your work context ? How satisfied do you feel

Additional questions were asked based on the responses given by the participants. Participants were described in detail about the strictly academic purpose of the study and total confidentiality of the information and their anonymity was assured.

The recorded interviews were transcribed verbatim. Iterative Analysis was conducted to identify the key themes emerging from the

qualitative data. Both the researchers started analysing them independently. The researchers immersed themselves in reading them multiple times, and the audio recordings were also listened to again and again. Every single reading and listening exercise provided a more detailed understanding of the phenomenon and the employee experience. The detailed field notes also emerged as a strong basis for the merging themes of the study. The list of emerging themes was prepared by both the researchers independently. And later a collective list of all the emerging themes was prepared and a third opinion was sought independently from an expert in the area. After taking the expert opinion, the related themes were merged formed a new shortened list of themes, and a few sub-themes were created.

## RESULTS

### Derived themes from content Analysis of interviews

1. Human Capital Development Initiatives
  - a. Physical support
    - i. Infrastructure support
    - ii. Accessibility support
  - b. Social Support at work
    - i. Co-worker emotional and instrumental support
    - ii. Immediate supervisor emotional and instrumental support
  - c. Flexible work options
    - i. Time flexibility
    - ii. Work Flexibility
    - iii. Leave pool sharing
  - d) Growth and Development Opportunities
  - e) Perception of Justice

- f) Workplace Challenges faced by patients of Chronic illness
- g) Well- Being

## DISCUSSION

There is a dearth of literature examining the wellbeing of the employees with chronic diseases and the resultant disability. The present investigation is trying to study the human capital development enablers to support the employees with chronic diseases in their work performance by improving their experience at work (psychological wellbeing).

Physical support emerged as an important theme as patients with different illnesses require different types of physical support. As one of the respondents pointed *'Physical accommodation precedes any kind of accommodation.. Due to my muscular sclerosis I need cooler rooms, especially when my illness flares up... Thankfully my organisation has allowed me to sit separately, in a much colder room'*. There can't be fixed rules. Organisations need to make flexible accommodations as per the employee's condition. The second theme that emerged from the answers was Social support. All respondents mentioned about the importance of social support in their life. As respondent (1) pointed 'The pressure to look and behave normal like others get lessened if your boss and peer support you'. The third HCD enabler that emerged was Flexible work systems. The unpredictable flareups of the chronic illness makes it difficult to adhere to fixed routines. Working at own pace, space and schedule as per the severity of the flare up or 'attack' is beneficial to the employees as well as the organisation. Forcing ill employees to work becomes counter-productive. Respondent 3

pointed out that 'leave pool sharing' is a unique way where in other normal employees donate their leaves to the one who served it. Growth and development through good exposure to good projects/ assignments and technical training also was giving satisfaction and a sense of well being. As one of the respondents pointed out 'I often get ignored during assignment allocation as everyone assumes that I would fall ill... but I too need to learn through challenging assignments... how can they assume that I will fall ill ? Thus the organisations need to take stock of the situation and make special accommodation so that people can disclose their illness without any fear of retribution. If the organisations take care of individual needs, the well being of employees increases. This finds explanation in the JDR theory and Conservation of Resources Theory (Hobfoll, 2011). According to the Job-Demands Resources model (Bakker and Demerouti, 2007), the job characteristics can have a profound impact on the employee wellbeing. According to the Conservation of Resources Theory (Hobfoll, 2011), employees with various physical challenges might lose their personal resources and hence would need more support in terms of job resources to make up for their loss, otherwise loss of resources might function as job stressors for them. HCD enablers in the form of physical and infrastructural facilitators, forms of workplace flexibility, social interactions and support, various training and development opportunities and employee participation in various decision making process related to their work factors give them a robust platform to avail equal and justified opportunities to perform effectively and grow in their respective job roles and careers.

An important theme was 'challenges' faced by the employees with chronic diseases majorly emerge in the form of work disabilities which may take several forms - physical, cognitive, psychological, or social. To help them overcome these challenges, it is in organization's own interest to facilitate favourable working environment for these employees, as in the future times, the proportion of employees suffering from some form of chronic diseases and the resultant disability will be way higher than today. To avoid the leakage of this talent pool from workforce, a timely and a composite set of facilitators to assure them equal work opportunities. This would have a bearing on their perception of justice too. Respondents who felt that their workplace was a 'fair' and 'just' place, reported higher well being and satisfaction. The physical, social and flexibility support at work is found to contribute to wellbeing of the employees in one of the recent works by Tuan et al (2020).

Respondents who had amore favourable perception of HCD enablers had a higher perception of Organisational justice and they felt more 'engaged' and 'involved' with their organisation. As one of the employees reported 'If my organisation cares for me, I too will care for it and give my level best'. Another respondent reported that 'fair appraisal' and 'fair allocation of resources and development opportunities' is not just an expectation but 'their right'. The results find support in a study in the Indian banking sector that explored the relationship between perceived justice and employee wellbeing (engagement), and found that distributive justice was most strongly related to employee wellbeing and all the three dimensions of justice are also inter-related (Ghosh, Rai, & Sinha, 2014). Thus

the results of the study not only fill the gap in inclusion literature but also pave the way for future direction of research.

For most of the employees with some chronic disease and resultant work disability, it becomes indispensable to disclose their illness to their employer or immediate supervisor. This is generally driven by the underlying need of the affected employee for some work adjustment or workplace support (Munir, Leka and Griffiths, 2005a). But there is a simultaneous risk of workplace discrimination in the case of self-disclosure (Munir, Leka and Griffiths, 2005b). Also, in case the employees decide to not disclose and self-accommodate their chronic disease or work disability there is an underlying risk of being misunderstood as lazy or an underperformer (Beatty, 2004). All these reasons together or in isolation can become a cause of stress at work, which might ultimately result in psychological distress (Munir, Yarker, Haslam, Long, Leka, Griffiths, and Cox, 2007). The results of this study point towards an important organisational responsibility.

## CONCLUSION AND LIMITATIONS

This study concludes that the human capital development interventions embedded in an inclusive culture is the need of the hour to sustain the employment of people with chronic illness in the existing workforce. This is also in favour of the organizations to avoid a future talent pool shortage. The people with chronic illnesses continue to live and face the negative work experiences and ultimately either leave the work, workforce or underperform. But with the human capital development interventions in place, which are also cost effective because the needs

for such interventions is episodic and timebound based on the illness and treatment related needs of the individual employee, the employees can be given the right to be fully functional in their job performance, creating an overall win-win situation. The HCD interventions function by mitigating the negative effects of illness related and other psychosocial challenges at work and enhance the feelings of perceived fairness, contributing an overall improved working experience of the employees, which in turn is

conducive to positive employment outcomes and organizational outcomes.

This study though contributory in its unique way to a rather invisibly disabled and silently suffering section of the society, still carries certain limitations. The responses are all self-reported therefore present a risk of self-report bias. The future studies can adopt a longitudinal study design. The number of chronic diseases included in the study are limited based on the sample.

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