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The Impact of Recovery Experiences on Employees Health: An Empirical Study on IT Sector

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Abstract

In the contemporary world, never-ending work can create numerous challenges for employees, including maintaining good health and well-being. Literature supports that workaholic employees compromise their health to establish their efficiency. The study is an attempt to discuss the recovery experiences that can be followed to enable a person to regain their pre-stressor level following a stressful event as and when possible, for better health and well-being. The present study evaluates the role of recovery experiences on employees' health. The current study focuses on an important but often overlooked issue. Through Purposive sampling, data was collected from software engineers working in high-performing IT companies. Data was collected between September 2023 and March 2024, with 390 employees contributing, and 338 of the surveys were considered suitable for analysis. Data was collected on a close-ended questionnaire based on a 5-Likert scale. The data analysis and presentation were facilitated through the use of software such as Microsoft Excel, SPSS 25, Smart PLS 3.3, and Wondershare EdrawMax. The findings revealed that recovery experiences are highly effective for maintaining good employees' mental health. They positively influence employees' social health as well. It identified implications for improving organisational functioning and highlighted significant research gaps to guide future research.

Keywords: Recovery Experiences, Employee Health, Mental Health, Social Health

Introduction

Research has indicated that the incapacity to take breaks and recover from work-related stressors might have adverse impacts on job satisfaction and health (Meijman & Mulder, 1998; Sonnentag & Zijlstra, 2006). Furthermore, research has shown that sufficient recovery, whether it occurs during a lengthy vacation or respite (Eden, 2001; Westman & Eden, 1997; Westman & Etzion, 2001; Etzion et al., 1998), or on the weekends or after work (Sonnentag, 2001; Sonnentag & Kruel, 2006), is beneficial to both work and health. According to Meijman and Mulder (1998), recovery is the psycho-physiological revival process that enables a person to regain their pre-stressor level following a stressful event. Sonnentag and Fritz (2007) refer to the mechanisms facilitating recovery as recovery experiences. They include psychological detachment from work, relaxation, mastery (off-job activities related to mastery that provide personal challenges or chances to acquire new abilities), and control (the capacity to select the leisure activity one wants to engage in, as well as the appropriate time and method to engage in it).

In 1948, the World Health Organization defined health as: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental Health refers to the development, preservation, prevention, treatment and enhancement of total personality in all its varied aspects. It deals with individuals, groups, and social institutions as interdependent systems. Scholars have investigated the role of social network structure in combating social disconnection and potentially improving physical health (Cohen et al.,2009; Farrell et al., 2022).

The study is a crucial effort to address the issue of employees detaching from work or work-related tasks after office hours and relaxing and regaining energy. The research provides several contributions to the literature. First, given the relative scarcity of available research in the related field, this paper responds to numerous calls from scholars to discuss the role of recovery experiences on employees' health. Second, this study further explores the role of recovery experiences on employees' mental and social health. Lastly, this research will open several avenues of research for academicians and businessmen for this rarely discussed variable: recovery experiences.

Literature Review

Recovery Experiences

Psychological detachment implies disengaging mentally from work during the off-job time (Sonnentag & Fritz, 2007). That means not doing work-related tasks such as receiving job-related phone calls or reading e-mails at home. In everyday terms, psychological detachment is often experienced as ‘‘switching off’’ during off-job time (Sonnentag & Bayer, 2005). Empirical evidence suggests that psychological detachment is helpful in employees recovering from job stress and for their better well-being (Fritz et al., 2010; Demsky et al., 2014; Buchler et al., 2020; Cangiano et al., 2021; Eichberger et al., 2021; Mihelic et al., 2023). Further, Sonnentag and Fritz (2007) showed that psychological detachment was negatively related to health complaints, emotional exhaustion, depressive symptoms, need for recovery, and sleep problems. Relaxation is characterised by low activation and increased positive affect (Stone et al., 1995). This state may be either a result of deliberately chosen strategies aimed at the relaxation of body and mind, like meditation or progressive muscle relaxation, or relaxation may occur while reading a book, taking a walk, or listening to music. In the study by Sonnentag and Fritz (2007), relaxation had negative effects on health problems, emotional exhaustion, need for recovery, and sleep problems. The literature confirms that relaxing activities contribute to the well-being of employees (Siltaloppi et al., 2009; Molino et al., 2015; Walter & Haun, 2020). The mastery experience refers to pursuing mastery-related off-job activities (e.g. taking a language class or learning new sports) that offer individual challenges or opportunities to learn new skills (Fritz & Sonnentag, 2006; Sonnentag & Fritz, 2007). Fritz and Sonnentag (2006) demonstrated that higher levels of mastery experiences during vacation were related to lower levels of exhaustion on the employee’s return to work. Mastery was negatively related to emotional exhaustion, depressive symptoms, and the need for recovery (Sonnentag & Fritz, 2007). Control can be described as a person’s ability to choose an action from two or more options. When applied to leisure time, it refers to control over such decisions as which activity to pursue and when and how to pursue this chosen activity. According to Sonnentag and Fritz (2007), the experience of control during leisure time may increase self-efficacy and feelings of competence; therefore, it may be an external resource that promotes recovery from job strain.

Employee health

A person's physical and mental states and interactions with the social context in which they live and work

can be combined to form the multifaceted concept of well-being (Boreham et al., 2016, p. 4). Kelloway, Weigand, McKee, and Das (2013) conducted a study focusing on the health issues related to work in the software development profession in India and the USA. They found that factors such as rest breaks, working hours, and exercise significantly impact employees' health. The study also revealed that the primary health issues faced by employees in India and the USA are eye strain, headaches, general fatigue, and back pain. In 2012, Das conducted a study examining and addressing the prevalent health concerns software developers often encounter in their line of work. The study involved over 60 developers from various countries in the sub-continent, and findings revealed that the most frequent health issues among developers include eye strain, fatigue, and back pain.

Mental Health is the ability of human beings to adjust to the world and to each other with maximum effectiveness and happiness. (Menninger 1945). Mental Health refers to the development, preservation, prevention, treatment and enhancement of total personality in all its varied aspects. It deals with individuals, groups, and social institutions as interdependent systems. Mental illness may have a direct or indirect impact on physical health. For instance, mental disorders, such as depression, may directly lead to physical illness by weakening and/or altering the immune response. There is extensive evidence suggesting that stress can lead to decreased immune functioning (Kiecolt-Glaser & Glaser, 1992; Miller et al., 2007), and depression, in particular, has been linked to changes in cellular immunity (Herbert & Cohen, 1993), often resulting in reduced immune response. These changes may increase viral and bacterial infections, including influenza and the common cold (Cohen et al., 1998; Takkouche et al., 2001). By impairing immune response, mood disorders may also increase the severity of allergies and asthma, which can be triggered by viral illnesses (Bell et al., 1991; Richardson et al., 2006; Goodwin et al., 2006; Aarons et al., 2008).

Researchers who study positive psychology and human well-being—whose work transcends negative states of being—have quickly come to see social relationships as a vital aspect of health (Keyes, 1998; Larson, 1993, 1996; Ryff & Singer, 2000). Social health is defined as the adequate quantity and quality of relationships in a particular context to meet an individual's need for meaningful human connection (Doyle & Link, 2024). Although social ties and the interactions they engender can be constructive and uplifting, they can also be stressful and negative, which can decrease well-being (Brooks & Dunkel Schetter, 2011; Rook, 2015; Walen & Lachman, 2000). Both the existence of low-quality, burdensome social links and the absence of high-quality relationships may be detrimental to social health. Of course, these characteristics can also change during a relationship, or a person may experience conflicting emotions at different times for a particular connection (Fingerman et al., 2004; Zoppolat et al., 2023).

Recent trends suggest that work occupies an increasing amount of individuals' time and energy relative to previous generations, affecting both their work and nonwork lives (Richardson, 2017). Central to the concept of recovery is the idea that employees need breaks from the demands of work in order to function optimally. Regardless of when or how one takes a break, recovery exists as a critical process that occurs during these breaks and can benefit employees in various ways. Moreover, recovery has been considered a key predictor of outcomes of importance to employees and employers.

Conceptual Research Model and Hypotheses

Our model evaluates the impact of recovery experiences on employees' health. Two dimensions of employee health are analysed, i.e. mental health and social health. Literature emphasised that recovery experiences promote employees' mental and social well-being. Binnewies et al. (2010) disclosed that the

state of being recovered benefits weekly job performance and decreases the psychological costs of accomplishing tasks during the week. De Bloom et al. (2014) support recovery (psychological detachment, relaxation, better energy level) from work stress during lunch breaks by either exposure to nature or carrying out relaxation exercises. Eichberger et al. (2021) suggest that on evenings with more TASW (technology-assisted supplemental work), employees were less likely to detach from work-related issues and, in turn, experienced increased negative mood at bedtime. Hamilton et al. (2021) declared that engagement and working overtime were indirectly related to work-life conflict through a lack of psychological detachment from work. Marzuq & Drach-Zahavy (2012) discussed that the general effects of short respites on recovery are that exhaustion significantly decreases and vigour significantly increases. Sonnentag et al. (2010) indicate that psychological detachment from work during off-job time is an essential component that helps to safeguard employee well-being and work engagement. Van Hoff (2015) found that relaxation during the commute from work to home was positively related to serenity after returning home from work. The following hypothesis and conceptual model, depicted in Figure 1, are put out in light of the literature review.

H1: Recovery experiences have a significant positive effect on Employee Health.
H2: Recovery experiences have a significant positive effect on Mental Health.
H3: Recovery experiences have a significant positive effect on Social Health.

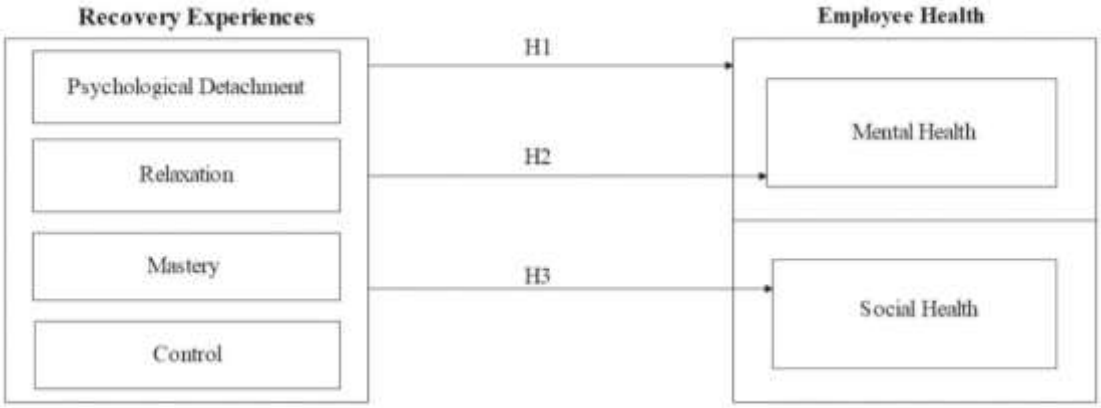

Figure 1: Conceptual Model

Research Methodology

A five-point Likert scale was used for data collection, and Smart PLS-3.3 was used in the study to use the Partial Least Square Equation Modelling (PLS-SEM) technique. In management research, PLS-SEM is a reliable technique for estimating intricate cause-and-effect relationship models (Gudergan et al., 2008). The research employed a purposive sampling methodology. Software developers from high-performing IT organisations participated in the survey. Between September 2023 and March 2024, data was gathered. Data on 390 employees was gathered through questionnaires. After utilising box plots and z-scores to exclude all outliers, the final filtered data consisted of 338.

The sample's demographic characteristics included 57 females (16.9%) and 281 males (83.1%). Of the employees, 314 (92.9%) had one to ten years of experience, 22 (6.5%) had eleven to twenty years, and 2 (0.6%) had twenty-one to thirty years. 38 (11.2%) personnel were at the top level, 233 (68.9%) were at the middle level, and 67 (19.8%) were at the bottom level. Table 1 shows that 270 (79.9%) of the

employees were between the ages of 21 and 30; 58 (17.2%) were between 31 and 40; and 10 (3.3%) were between 41 and 50.

Tools

Recovery Experiences with 13 items included in the study, after item reliability, 5 factors, with loading less than .708 with inadequate value of composite reliability and AVE were removed,8 items measured based on the scale developed by Shimazu, A., Sonnentag, S., Kubota, K., & Kawakami, N. (2012) analyses in the study.

Employee health

1. Mental health: The Employees' Mental health inventory by Dr Jagdish (revised in 2018) has been used in the research. It had 24 items. After the item reliability test, finally, 14 items were evaluated.
2. Social Health: After extensive review, 11 items of social health are included in the paper, and 4 items crossed the item reliability test and were included in the final model. Sources of these items are Dex and Bond (2005), Singh, S. (2014), and Chan et al. (2016).

Data Analysis and Results

The Structural equation model

There are two components to the structural equation model. The first measurement model is useful for evaluating the validity and reliability of the constructs. The second structural model evaluates variable relationships.

The Measurement Model

The measurement comprises two latent variables: Recovery experiences with eight and employees' health with 22 manifest variables (observed variables) (Figure 2). Employee health is a higher order (reflective-reflective construct), with MH &SH as lower-level constructs.

Construct Reliability

Factor loading/ Item reliability test

Factor loading refers to the "extent to which each item in the correlation matrix correlates with the given principal component. Factors loadings above 0.708 are recommended. So, and the final model with all the recommended loadings can be seen in Figure 3

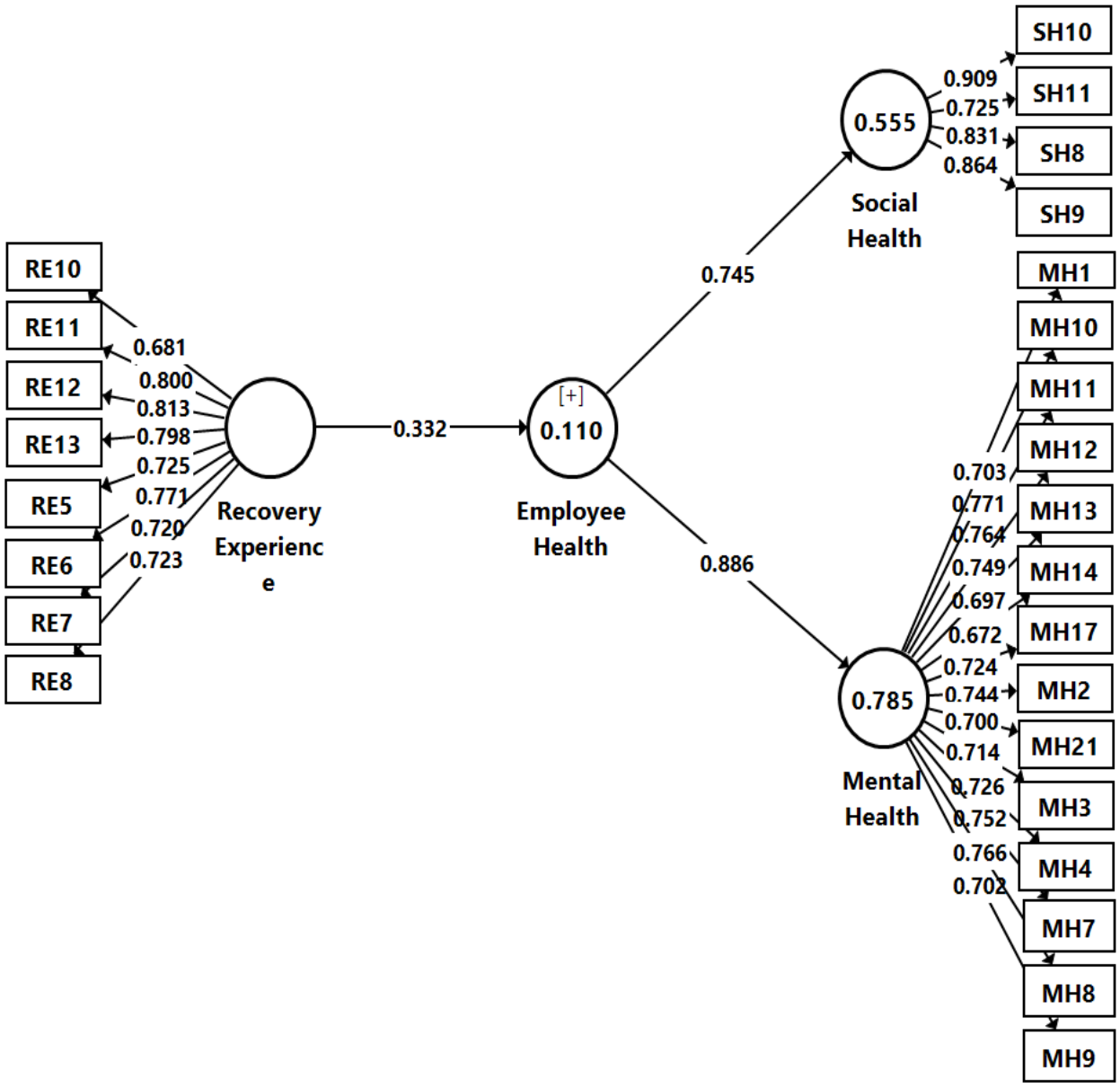

Figure 2: Structural Model with Path Coefficients

Internal consistency reliability

The internal consistency reliability values are displayed in Table 4 with Alpha, rho_A and composite reliability values. For every construct, the Cronbach alpha and composite reliability (CR) fell between the designated ranges of 0.70 and 0.95, and rho_A values are between them (Hair et al., 2019), depicting the internal consistency reliability.

Table 1: Loading, Reliability and Validity

Constructs	Items	Loading	VIF	Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
	RE10	0.681		0.895	0.917	0.914	0.57

Recovery experiences	RE11	0.8					
	RE12	0.813					
	RE13	0.798					
	RE5	0.725					
	RE6	0.771					
	RE7	0.72					
	RE8	0.723					
Mental health	MH1	0.703		0.932	0.932	0.94	0.53
	MH10	0.771					
	MH11	0.764					
	MH12	0.749					
	MH13	0.697					
	MH14	0.672					
	MH17	0.724					
	MH2	0.744					
	MH21	0.7					
	MH3	0.714					
	MH4	0.726					
	MH7	0.752					
	MH8	0.766					
	MH9	0.702					
Social Health	SH10	0.909		0.853	0.862	0.902	0.698
	SH11	0.725					
	SH8	0.831					
	SH9	0.864					
Employee Health	TOT_MH	0.909		0.747	0.758	0.887	0.798
	TOT_SH	0.877					

Construct Validity

Convergent validity

The average variance extracted (AVE) was used to measure convergent validity, and according to Hair et al. (2014), it should be larger than 0.50 for all constructs (Shown in Table 3).

Multi-collinearity was also assessed, with each indicator's variance inflation factor (VIF) value to determine whether or not the variables had a collinearity problem. The results indicated no collinearity because every value was less than 3, Hair et al. (2014).

Discriminant validity

Discriminant validity was assessed using the Fornell–Larcker criterion and Heterotrait–Monotrait (HTMT) ratio.

Table 2: Fornell–Larcker criterion

Constructs	Employee Health	Mental Health	Recovery Experience	Social Health
Employee Health	**0.893**			
Mental Health	0.786	**0.828**		
Recovery Experience	0.332	0.263	**0.755**	
Social Health	0.745	0.526	0.203	**0.835**

Note: Diagonal and Italicized elements are the square roots of the AVE. Below the diagonal elements are the correlations between the constructs.

Table 2 displays that the diagonal values of each construct in each column should be higher than other correlational values in Fornell–Larcker criterion (Hair et al., 2019).

Table 3: Heterotrait–Monotrait (HTMT) ratio

Constructs	Employee Health	Mental Health	Recovery Experience	Social Health
Employee Health				
Mental Health	0.204			
Recovery Experience	0.384	0.281		
Social Health	0.445	0.586	0.214	

Table 3 shows that using cross-loadings on each factor, the Heterotrait-Monotrait (HTMT) Ratio was used to evaluate the discriminant validity. Given that the values are less than 0.85, it appears that discriminant validity is present and that each construct is unique (Henseler et al., 2015).

Validating Higher order construct (Reflective-Reflective)

The higher-order construct, Employee Health, is also validated as a part of the measurement model assessment. It was assessed for the construct reliability and validity in Tables 1, 2, and 3. The result for reliability and validity of the higher-order constructs shows that both reliability and validity were established.

The Structural Model

The structural model was proposed to examine the structural relationship among the variables, including standard assessment criteria: the coefficient of determination (R^2), the blindfolding-based cross-validated redundancy measure (Q^2), and the statistical significance and relevance of the path coefficients. The prediction power of the model was also assessed using PLS predict (Hair et al., 2019). In Smart PLS, the structural model can be assessed with the help of bootstrapping. Bootstrapping amplifies the existing data. The findings revealed that all the three hypotheses, H1: RE→EH (β=0.332, t=7.842, p<0.001), H2: RE→MH (β=0.886, t=117.022, p<0.001), H3: RE→SH (β=0.745, t=28.418, p<0.001) are supported as β value > .20, t value >1.96 and p-value <0.05). The structural model reflects the paths hypothesised in the

research framework. A structural model is assessed based on the R^2, Q^2 and significance of paths. The coefficient of determination (R^2) value indicates the amount of variance in dependent variables that is explained by the independent variables. Path coefficient (β) can be interpreted as a standardised beta coefficient that is calculated in ordinary least squares regression. The bootstrapping technique is used to determine the significance of the path coefficient (β> 0.20) with t-statistics (t-stat > 1.96). Table IV presents the path coefficient, t-statistics and significance level. Further, Q^2 establishes **the predictive relevance** of the endogenous constructs. The Q^2 > 0.0, shows the model has predictive relevance. The results show that there is significance in the prediction of the constructs (see Table IV). Furthermore, **the model fit** was assessed using SRMR. The value of SRMR was 0.084, below the required value of .10, indicating an acceptable model fit (Hair et al., 2016).

Table 4: Relationship between RE and EH (H1, H2, H3)

Relationship	β	T-Stat	P Value	Const	R^2	Q^2	SRMR	Decision
H1: RE -> EH	0.332	7.842	0.000	**EH**	0.11	0.086	**0.084**	**H1, H2, H3 Supported**
H2: RE -> MH	0.886	117.022	0.000	**MH**	0.785	0.409		
H3: RE -> SH	0.745	28.418	0.000	**SH**	0.555	0.383		

Notes: Const= Construct; β = Path Coefficients; R^2= Coefficient of Determination; Q^2 = Predictive relevance; SRMR= Standardized Root Mean Square Residual

Importance-Performance Map Analysis (IPMA)

RE is in Quadrant 1 (Q1). This quadrant represents high importance and high performance. Recovery experiences have high total effects (around .35) on the x-axis, indicating they strongly influence Employee Health. A one-point increase in RE is suggested to increase EH by .35 points. RE show high performance (above 60 on the 100-point scale) on the y-axis. RE are crucial for EH. Although there is room for improvement, managers should continue to promote RE for the better health and well-being of the employees (Not 100 on the y-axis can be seen in Figure 3).

Based on this analysis, it is evident that providing opportunities for recovery is essential in supporting employees in destressing, which helps them maintain good health. Robust employees can lead a well-balanced professional and personal life.

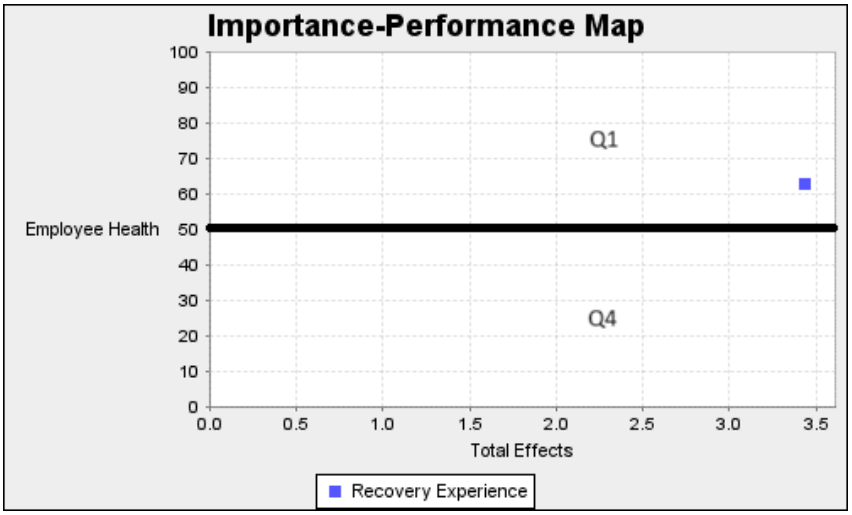

Figure 3: Importance-Performance Map

Discussion and Conclusion

The results confirmed that recovery experiences positively and significantly influence employee health. Recovery experiences can account for an 11.0% change in Employee health. Employee health, in this context, is considered a higher-order reflective-reflective construct. The reason behind only 11% positive impact of recovery experiences may be that other health dimensions, like physical, spiritual etc, are not included in the study. It is evident that recovery experiences play a crucial role in alleviating employees' mental health concerns, with the potential to bring about a 78.5% change in mental health. This highlights the importance of providing opportunities for employees to recuperate from work-related stress, leading to improved mental well-being. Furthermore, the research reveals that these recovery experiences also contribute to enhanced social health, accounting for 55.5% of the change in social health among employees.

Implications

Regarding the theoretical contributions of this paper, the research advances our knowledge of the need for employees to be robust and resilient in an organisational context in order for them to perform magnificently. This can only be achieved when people recover from existing stress effectively.

In terms of practical implications for management, it is clear that organisations need to prioritise not only the efficiency of their employees but also actively promote their recovery experiences. It is understood that the volume of work will not decrease, so it is essential to equip employees with the ability to replenish their energy reserves as needed in order to manage their workload without sacrificing their health.

Limitations and Future lines of research

The study has several limitations. Firstly, this research was conducted on the software employees of high-performing IT organisations. Similar research can be performed on other sectors like banking, tourism, event management, etc. Secondly, we limited the present study to the two dimensions of employee health-Mental and social. Further studies can explore this further by analysing the role of recovery experiences on all three dimensions of mental, social, and physical health. Lastly, we evaluated the role of recovery experiences on employees' health. However, it could be possible that the same recovery approach can be more effective on one gender but less on another or might be more influential on the top level but less on the bottom level employees or married and unmarried might be recovered differently. More research that can contribute to framing a holistic approach to recovery experiences for all the employees in the organisational setting must come forward.

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