

The implementation of a health risk management strategy: The case of the KwaZulu-Natal Department of Education

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ABSTRACT

The well-being of employees is at the nucleus of Government's ability to render quality services and to adhere to its constitutional mandate. Amongst the values and principles guiding public administration, as provided for in Section 195(1) of the Constitution of the Republic of South Africa, 1996, is that good human resource management and career development practices should be cultivated, in order to maximise human potential. The same holds true for employees in the education sector, as without educators, there will be no teaching and learning. It is therefore important to uncover not only the causal factors impacting negatively upon employee health, but also the organisational risk behaviour and practices as well as the general health status of educators and officials in the KwaZulu-Natal Department of Education (KZN DOE).

While the Human Immuno Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) pandemic received global attention and necessary funding which led to the creation of capacity within the workplace, little was done to take care of other chronic diseases like tuberculosis (TB), depression and diabetes. Official reports of the KZN DOE confirmed that more and more educators and employees were succumbing to work stress, fatigue, low morale, over indebtedness and burn-out resulting in extended sick leave. What also became clearly apparent in this study is that some educators and employees were at times manipulating and abusing the sick leave policy by pretending to be sick while not being sick at all. Some educators would apply for medical boarding and be medically declared to be unfit to work. Ironically, shortly after the payout of the pension benefits to the said sick educators, they seem to recover speedily to open and operate their own businesses. To address these problems, the Department of Public Service and Administration, through collective bargaining, decided to revise the leave policy to include incapacity leave and outsourced the management of incapacity leave and ill-health retirement to an independent health risk manager. However, there are critical ill-health factors that had been overlooked and that require necessary attention of the executive management.

The KZN DOE has the enviable challenge of managing the well-being of educators and employees within a working environment affected by chronic absenteeism as well as lifestyle diseases. This qualitative study was conducted within the KZN DOE with special reference to the Pinetown and Umlazi District Offices. The aim of the study was to determine whether the implementation of the health risk management strategy over the past few years by the KZN DOE has yielded the desirable and intended outcomes. In addition, this study was conducted to interrogate the challenges faced by the department in the effective implementation and management of policies and procedures on sick leave to curb absenteeism. The study provides critical information with regards to the underlying human characteristics which form the basis of human behaviour. It also points to the need for the executive management to consider employee health and wellness as a strategic human resource management function worthy of adequate financial resource allocation.

It is clear from this study that the provision of quality education, teaching and learning and effective service delivery are dependent upon employee wellness. This will translate in healthy educators and employees who work in a generally conducive work environment. During the course of this research project, it was revealed that the KZN DOE experienced an increase in the number of educators and employees who utilise sick leave and incapacity leave. This challenge results in additional costs because of substitute educators who have to be appointed to teach learners while sick educators are on leave. Apart from the additional expenditure, the relatively unhealthy work environment has become a concern for the department, hence the decision was made to explore strategies to deal with employee health and wellness in an integrated and holistic manner. As a consequence, the KZN DOE implemented a health risk management strategy as an intervention measure.

Keywords: health risk, KZN DOE, absenteeism, employee wellness, sick and incapacity leave, human resource management, health risk assessment, work stress

DECLARATION

I declare that this research study is my own work and has not been submitted elsewhere for the purpose of obtaining a degree.

G.B. Sithole

Date:.....

Signature

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CHAPTER 1

INTRODUCTION

1.1 ORIENTATION

Amongst the values and principles guiding public administration, as provided for in Section 195 (1) of the Constitution of the Republic of South Africa, 1996, is that good human resource management and career development practices should be cultivated to maximise human potential. This means that the citizens have a right to expect efficient, skilled and experienced educators guided by effective health risk management strategies and leave policies aimed at mitigating excessive use of sick leave. In a school environment, absenteeism indirectly affects those educators who have to fill-in because that results in extra work and fatigue.

The purpose of the Basic Conditions of Employment Act 75 of 1997 is to advance economic development and social justice by fulfilling the primary objectives, amongst which is the establishment and enforcement of basic conditions of employment. Chapter 3, Section 22 of the Basic Conditions of Employment Act, 1997 deals with sick leave. The government acknowledges that employees have medical reasons to be absent from work. However, certain procedures have to be in place to ensure that service delivery is not compromised. The objective is to ensure that sick leave is granted within a structured framework to limit possible abuse. The Code of Good Practice of the Labour Relations Act 66 of 1995 states that employers must manage their disabled or incapacitated employees, while making every attempt to re-deploy and accommodate them within their organisation.

Furthermore, Section 14 (1) of the Appointment of Educators Act 76 of 1998, as amended, gives management authority to discipline educators who absent themselves without valid reasons. All of these statutory mechanisms were designed to regulate the behaviour of employees in the public sector, while seeking to ensure effective management of sick leave in particular. The general view of the South African Government regarding employee health and well-being is that employees should be efficient and be productive at all times in the workplace. In this regard, the Public Service Regulations, 2001 were amended to insert part VI in Chapter 1 as a mechanism to manage HIV and AIDS in the workplace. In addition, the DPISA introduced *Managing HIV/AIDS Guidelines* in July 2002 to ensure that the working environment supports effective and efficient service delivery, while as far as reasonably possible, taking employees' personal circumstances, including disability, HIV and AIDS and other health conditions, into account.

Stone (2008:4), as cited by Nel *et al.*, (2011:6), defines human resource management as the "involvement of the productive use of people in achieving the organisation's strategic objectives and the satisfaction of individual employee needs". According to Lall and Zaidi (2008:3), the significance of human resource management can be explored at three levels, namely as an instrument for growth to an organisation, as interaction between

employee and employer and as a professional management field. In essence, the role of human resource management cuts across all functional areas in a department.

The KwaZulu-Natal Department of Education (KZN DOE) has a Human Resource Management Unit (HRMU) premised upon conventional human resource management principles. However, there is a need to shift towards a more strategic human resource management approach. According to the Grobler *et al.*, (2011:8-9), adopting a human resource approach adds value to the organisation because it leads to greater quality and quantity of work and higher employee motivation. Withers *et al.*, (2010:61-62), make an important observation regarding the challenges that human resource practitioners face in their quest to transform the human resource management function. One of those challenges is to elevate human resource management to a strategic level. This also holds true for the KZN DOE.

The primary task of the HRMU is to ensure that the department's human resources are utilised and managed as effectively as possible. The HRMU has approved human resource policies to ensure control of employees. However, the primary responsibility for the implementation of human resource policies and procedures rests with the immediate supervisors (see Grobler *et al.*, 2011:16). The principals, deputy principals, and heads of department are essentially tasked with the implementation of the human resource policies and procedures in schools.

Du Plessis *et al.*, (2006) as cited by Nel *et al.*, (2011:21), explain that the role of the Human Resource Manager has "evolved from that of a functional specialist to one of a business and strategic partner". This is important as the success of the department is dependent upon the right calibre of employees it appoints and the policies it implements for control purposes. There is a strong argument for aligning human resource structure with business strategy to ensure that organisations compete effectively (Holbeche, 2009:71). Such alignment would benefit the KZN DOE given its size. It would also have to consider reengineering the HRMU in order to function effectively.

Attitudes are the feelings and beliefs that largely determine how employees will perceive their environment, commit themselves to intended actions and ultimately behave (Newstrom, 2011:219). Absenteeism may be a result in declining attitudes and hence a need to ensure that absenteeism is not analysed in isolation. It could be argued that the strategic objectives of the KZN DOE can only be achieved if all the employees have the right attitude for what they are employed to do and be committed to the vision of the department. Dissatisfied employees may engage in psychological withdrawal or physical withdrawal like unauthorized absences (Newstrom, 2011:225). The negative effects caused by lengthy periods of absence require the attention of executive management as well as that of the Head of Department (HOD).

According to Newstrom (2011:229), employees who have low job satisfaction tend to be absent more often. Some absences are caused by legitimate medical or personal reasons. This suggests therefore that there is a link between the level of absenteeism,

environment and the job. From a contemporary point of view, people and their behaviour within organisations are a potential source of organisational problems. Organisational behaviour consists of the attitudes and actions of people at work (Fox, 2006:4). Absenteeism flowing from the usage of sick leave points to a number of factors within the organisation and has a link to the implementation of policies and procedures. Satisfaction appears to be negatively related to absenteeism and turnover (Fox, 2006:5). This supports the view that absenteeism flows from other variables such as attitude, stress and organisational behaviour.

It is important for all employees to take the responsibility upon themselves to stay healthy as suggested by Codaty (2011:16). Stress at the workplace may result in unusual behaviours and symptoms like rudeness and absenteeism, amongst other things (Codaty, 2011:121). In a study undertaken by Olivier and Venter (2003:192), one of the conclusions reached was that the principals, school governing bodies, Department of Education and government should reduce stress endemic amongst educators. This view points to the fact that stress may not be ignored as a variable to excessive usage of sick leave. The problem therefore is that it could be difficult to determine what is reasonable as far as tardiness and absenteeism (Shepard, 2005:111-112). However, the KZN DOE should not tolerate absenteeism on the part of educators, as these behaviours may impact negatively upon the overall organisational performance. Parsee (2008:527-529) provides clear guidelines on how absenteeism could be managed from a legal point of view. In essence, educators who absent themselves with no good reason may be charged with misconduct.

According to Grobler *et al.*, (2006:111–112), amongst the most pressing human resource problems is absenteeism. It is therefore important for the principals and subject advisors to understand that they are part of the solution in fighting absenteeism. One of the causes of extended absence is the impact of HIV and AIDS which is discussed hereunder.

The impact of HIV and AIDS in the education sector means that the KZN DOE may face a challenge of shortages of educators, especially in the critical areas of mathematics and science (Wood, 2008:29). This in turn could have devastating effects upon the learning outcomes of not only pupils at schools, but society at large. The fact that the KZN DOE has one of the highest HIV prevalences (see Ndinga-Mavumba & Pharoah, 2008:109), means that the department has to ensure that its human resource plan factors that in as a risk. Strategies to mitigate such risk should form part of the departmental employee health and wellness policy. The establishment of the Employee Health and Wellness Unit was a response to the growing need to ensure a healthy workforce. According to Nel *et al.*, (2011:269), employee wellness improves productivity and morale and reduces excessive absenteeism and health costs. Although the wellness programmes are in place, the reality is that there are various other factors which lead to excessive absenteeism. Failure to deal with the management of HIV and AIDS in the workplace carries possible high economic and morale costs such as absence from work and worker attrition, which are likely to increase as people fall ill and take sick leave (Grobler *et al.*,

2006:405). According to Page *et al.*, (2006:98-99), when more people fall sick through HIV and AIDS, service delivery could be severely compromised.

It is incumbent upon the Employee Health and Wellness Unit to ensure appropriate work-life-balance amongst employees (Holbeche, 2009:56). In the case of educators, healthy and fit educators are critical for the learning environment and achievement of good results. According to Coulson *et al.*, (1998:153), a healthy workplace has clear policies and guidelines regarding occupational hygiene and safety. This is equally important in a school environment in view of the chemicals that schools have for cleaning and science experiments. Such a healthy environment would reduce the risks of unnecessary absenteeism.

According to Bates *et al.*, (2007:80–81), the HIV and AIDS pandemic impacts upon every part of South African society and both government and private organisations are seriously affected and often threatened by a high level of infection amongst their employees. It is such concerns that prompted the government to take measures aimed at ensuring proper management of incapacity leave.

In 2000, the Department of Public Service and Administration (DPSA) developed a Directive on Leave of Absence in the Public Service to regulate the utilisation and the management of leave. The DPSA also developed a Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) in 2006, whose objectives were to set up structures and processes, which would ensure intervention and management of incapacity leave in the workplace to accommodate temporary and permanently incapacitated employees. Flowing from these two regulative mechanisms, the KZN DOE issued Human Resource Management Circular No. 49 of 2009 which is aimed at ensuring effective implementation of the revised determination on leave of absence of educators in terms of Public Service Coordinating Bargaining Council (PSCBC) Resolution 1 of 2007.

The KZN DOE also has a Policy on Employee Assistance Programme in place. It requires supervisors to be alert and to observe the performance of their supervisees so as to identify changes of behaviour and declines in performance. It also requires the supervisor to document evidence in relation to deteriorating job performance, that is, absenteeism, late arrival, failure to meet deadlines, physical appearance or any other behavioural change (KZN DOE Policy on Employee Assistance Programme: 5).

A study by the Public Service Commission (PSC) on the implementation of PILIR in 2011 found that while there was a reduction in sick leave days taken after the implementation of PILIR, the cost of sick leave had escalated. The conclusion was that PILIR had failed to achieve its main objective of reducing sick leave costs. The findings of the study are a cause for concern, as they suggest that there may be a problem with regard to the implementation process (PSC Report on Evaluation of the Policy and Procedures on Incapacity Leave and Ill-Health Retirement, 2011:40).

The Member of the Executive Council (MEC) has the powers to take decisive action against those employees found to be using sick leave to the detriment of the department, which inadvertently impacts upon effective learning and teaching. The challenges pertaining to the implementation of health risk management policies have to be understood in order to develop effective measures to address them. The scholarly articles on sick leave, absenteeism, employee health and wellness, health risk management and organisational behaviour will be studied to get a better understanding of the subject. The main focus of this study is to investigate the underlying factors that may have hindered the outsourced management of incapacity leave from achieving some desirable and intended outcomes of the health risk management strategy in the KZN DOE.

To implement health risk management policies and procedures, the KZN DOE needs a health risk management strategy, about which Carter and McMahon, (2005:144) make the following recommendations: identify risk, assess the probability of occurrence, determine the impact or consequences of the risk eventuating, develop strategies to remove the risk and minimise the chances of its occurrence, develop plans to be implemented in the event of the risk eventuating and train people in accordance with the risk mitigation strategy.

1.2 PROBLEM STATEMENT

In terms of the MEC's policy statement which informed the Strategic Plan for 2005 – 2010, the KZN DOE is committed to the development of a culture of learning and teaching at schools and delivery of quality education (KZN DOE Strategic Plan 2005 – 2010:2). The KZN DOE has also made a commitment to improve matriculation results through matric intervention programmes, focusing upon early childhood development and adult basic education and training, implementing HIV and AIDS awareness and intervention programmes in schools and repair and maintenance of school buildings (KZN DOE Strategic Plan 2005 – 2010:2).

The KZN DOE (KZN DOE Strategic Plan 2005, 2010:2) noted that because of its size, it requires considerable capacity at Head Office as well as at regional and district offices to effectively manage all systems of education. A health risk management strategy forms part of the control systems in the department aimed at monitoring sick leave trends and curbing absenteeism. The KZN DOE (KZN DOE Strategic Plan 2005 – 2010:12) also made a commitment to develop a system to reduce the impact of HIV and AIDS on educators to counter the undesirable effects of educator casualties on the effectiveness of the education and training system.

Educators are arguably the most critical resources in improving the quality of teaching and learning (KZN DOE Strategic Plan 2005 – 2010:4). Therefore the KZN DOE has to determine whether it has sufficient control mechanisms and measures in place to ensure that absenteeism is controlled, in order to achieve the highest standards of professional ethics in terms of learning and teaching. A question of appropriate health management processes comes to mind in light of the critical role that the department plays in the lives

of the citizens of the province. Healthy educators, supported by a safe environment, are vital to the delivery of quality education and the successful achievement of improved matriculation results and other key strategic goals. The KZN DOE has allocated 87% of its budget of R37,028 billion to compensation of employees, with only 13% remaining for the delivery of services (Budget Speech: 2013/14). The financial resources spent on compensation of employees must match the end product, and by implication improved school functionality and educational outcomes at all levels.

The MEC's Budget Speech (Mchunu, 2013/14:3) also states that managers at all levels would have to demonstrate high levels of effective and efficient management. It is further pointed out that ineffectiveness in the department is unacceptably high. This concern by the MEC raises a fundamental question about the capacity of the human resource management team to train and develop managers to support the vision of the department. High levels of indecision and inefficiency should not be condoned and it is worse if such bad behaviours are raised in the MEC's Budget Speech (Mchunu, 2013/14: 3).

In terms of the latest PERSAL Report, between 01 April 2014 and 31 January 2015, the KZN DOE had 106189 employees. The number of employees who used sick leave was 32159, accounting for 159058 sick leave days and 30% of the employees. The cost of sick leave was R188,211,104.25, translating to an average cost of R5790.33 per employee.

Health risk management is a new concept in government and is premised on Chapter 8, Item 10 of the Code of Good Practice in the Labour Relations Act 66 of 1995, as amended. Health risk management strategy is an essential tool that provides an assessment of all applications for incapacity leave and ill-health retirement. It is managed by an implementing agent as a measure of ensuring objective assessment. So far the impact of these frameworks has not yet been determined by the government in terms of the change in the prevention of abuse of sick leave and the reduction in absenteeism since they were implemented. The extent to which these statutory frameworks have contributed to the improvement of the management of health risk in the KZN DOE will be subjected to the scrutiny of this research project.

In this study, the implementation of the leave of absence of educators and PILIR will be investigated. The research seeks to determine whether the implementation of the health risk management strategy over the past five years by the KZN DOE has yielded the desirable and intended outcomes. This will be done by a thorough analysis of the leave policies and procedures to establish the capacity of the supervisors to comply with the provisions of all the enabling prescripts. An analysis of sick leave reports from Persal and PILIR reports from the Health Risk Manager, as well as reports from the Employee Health and Wellness Manager will be done. The study will also look at the challenges faced by the KZN DOE in the effective implementation and management of policies and procedures on sick leave, in its endeavour to reduce absenteeism. The problem is that absenteeism in the KZN DOE is relatively high, which impacts negatively upon the financial resources as well as organisational performance. The results of this research

should strengthen the capacity to implement the health risk management strategy more efficiently and effectively by the KZN DOE.

1.3 RESEARCH QUESTIONS

The research questions that will guide the research are the following:

- What are the theoretical and meta-theoretical underpinnings of the study of human behaviour in general and health risk in particular?
- What are the principles and best practices associated with human resource management strategies to deal with absenteeism in the workplace?
- What are the statutory and regulatory frameworks governing human behaviour in the South African Public Service?
- What is the status of human resource management in the KZN DOE in general and health risk management in particular?
- What are the current challenges associated with the implementation of a health risk management strategy in the department?
- What recommendations could be made on strategic, tactical and operational levels to facilitate a more effective implementation of a health risk management strategy in the department?

1.4 RESEARCH OBJECTIVES

The objectives of this research are to:

- Describe the theoretical and meta-theoretical underpinnings of the study of human behaviour in general and health risk in particular.
- Explain the principles and best practices associated with human resource management strategies to deal with absenteeism in the workplace.
- Describe the statutory and regulatory frameworks governing human behaviour in the South African Public Service.
- Explain the status of human resource management in the KZN DOE in general and health risk management in particular.
- Explain the current challenges associated with the implementation of the health risk management strategy in the department.
- Recommend solutions that could be made on strategic, tactical and operational levels to ensure effective implementation of a health risk management strategy in the department?

1.5 CENTRAL THEORETICAL STATEMENTS

According to Abdullah and Mohamed (2002:205-206), absenteeism can have a negative effect upon productivity levels and can be disruptive if an absent worker is part of a team. It is highly likely that when sick leave is viewed as a benefit that must be used,

absenteeism will continue and seriously affect productivity. In an “out of control workplace” people ignore rules, absenteeism is high and work is of poor quality. Educators who are absent for a long period cost the department money and learners knowledge which leads to poor results. Taking tough action in line with the policy framework should be strengthened. A serious breach of workplace legislation could damage the organisation (Carter & McMahon, 2005:51-52). The KZN DOE needs to improve its capacity to implement the policy framework on leave of absence.

Absenteeism has been a concern for employers and the study of worker absence over the last century or so has been dominated by the idea that absence is a problem of worker discipline. Treble and Barmby (2011:3) argue that to say low absence rates are good absence rates is misleading, and if used as the basis for human resources practice, could lead to policies encouraging inefficiency. It is the inefficiency that should be eliminated if the mandate of the educators is to be achieved. Treble and Barmby (2011) have however studied absenteeism from the perspective of economists, hence the creation of sick pay models which cannot be applied in the public service.

Boon *et al.*, (2014:31) studied the relationship between perceptions of human resource management, absenteeism and time allocation at work. It was clear that the importance of employees having a positive perception of human resource management practices that are offered implies that organisations should not only invest in designing effective human resource management bundles, but also in good communication and consistent implementation. The KZN DOE has to ensure that principals and educators are sensitized on the importance of adhering to the sick leave prescripts at all times.

While absenteeism is a major problem, there is however a concern that some educators attend school but fail to teach due to physical or psychological health problems as argued by Gosselin and Lauzier (2011) as cited by Gosselin *et al.*, (2011:75). This could be worse than absenteeism because the department can appoint a temporary educator to replace an absent educator. In the case where an educator is at school but unable to teach, pupils lose out. Such a situation may be difficult to manage and hence should be discouraged because the consequences are dire in the event that the educator has a contagious disease.

Jensen and McIntosh (2006:138) contend that workers with a high level of absenteeism are occasionally absent for voluntary reasons, whereas the workers with low levels of absenteeism are not. This proved not to be the case with the educators. The fact of the matter is that educators have a duty to teach and should spend more time in class than outside of the class, hence the implementation of health risk management strategies. According to Winkler (1980:235) personal characteristics like distance between the educator’s home and school may be attributed to high rate of absenteeism. It is also interesting to note that the study concluded that absenteeism in the public sector had received very little attention in the literature (Winkler, 1980:240). While significant progress has been made in South Africa regarding the development of sick leave

legislation, studies to establish the implementation process and whether there is reduction in absenteeism, are generally lacking.

1.7 RESEARCH METHODOLOGY

1.7.1 Literature survey

It is considered useful to explore what has been written on the topic to be researched as a way of preparation as explained by Babbie (2013:118) as it would confirm what is in existence in terms of the existing body of knowledge. He also explains that it would guide the researcher to always consider the reader when introducing the topic. According to Bless *et al.*, (2013:21) reviewing literature helps the researcher to learn first-hand what has been studied on the specific question, thereby increasing the researcher's understanding of the concept under investigation. This study aimed to investigate the challenges related to the implementation of the health risk management strategy and sick leave policies. According to Meyer (2012:67), strategy implementation is about turning intention into reality. In essence the KZN DOE would need to ensure that a clear structure is in place to give effect to the health risk management strategy to realise its objectives.

1.7.2 Empirical investigation

A qualitative research approach was chosen for this study with a single case study as the research design and was conducted in the KZN DOE. De Vos *et al.*, (2011:321) contends that case studies can be particularly useful for producing theory and new knowledge, which may inform policy development. In this study, the implementation of the health risk management strategy was investigated. This was done by means of a thorough analysis of the leave policies and procedures to establish the capacity of the supervisors to comply with the policy provisions and statutory prescripts.

1.7.2.1 Research design and approach

The study is explanatory in nature, as it tries to assess the effectiveness of the implementation of the health risk management strategy. It determines the capacity needs in terms of human resources to implement the risk management strategies. The research study was conducted by following a qualitative research design by means of a case study of the KZN DOE. According to Bless *et al.*, (2013:16), the qualitative approach is often used when the problem has not been investigated before. It is also an approach that uses smaller samples from which a better understanding of the phenomenon being investigated is produced. Furthermore, they explain that the problem is investigated from the respondent's point of view and thus the focus of the study is to determine what respondents' think and feel about a particular phenomenon or issue.

The qualitative case study explores the concept of health risk management strategies as an intervention for curbing absenteeism. The relevance of the study is that the results could inform the policy review process and strengthen strategy implementation. The

qualitative research process is more difficult to describe, since the steps are generally less linear (Bless *et al.*, 2013: 21). However this would not pose a problem in view of the fact the all the stages form part of the research methodology.

1.7.2.2 Data collection methods

According to Bless *et al.*, (2013:22), in qualitative research, data collection and analysis often take place at the same time, or as alternating processes, in a cycle. Qualitative data includes written and spoken words, artefacts, pictures and videos. In the case of interviews, data collection may include the use of audio recorders and video cameras. Data collection and analysis may in turn lead to more literature study, making the process ever more flexible and cyclic.

The data collection instrument adopted for this research proposal was semi-structured interviews. Interviews were conducted with the following participants:

- The Head of Department for KZN DOE;
- The Senior Manager responsible for human resource administration at Head Office;
- The Senior Manager responsible for employee health and wellness;
- the two Heads of District Offices;
- Human Resource Practitioner responsible for leave processing; and
- The Health Risk Manager.

The advantage of choosing interviews as the data collection instrument is that obtaining relevant information is relatively quick and the objectives of the study can be thoroughly explained to the participants. Furthermore, questions for further clarity can be addressed immediately. During the interviews, there is a possibility of getting additional information which might have been otherwise omitted. Interviews also provide an opportunity for honest and sincere responses, as the participants may acknowledge the importance of the study. However, the researcher experienced some disadvantages associated with interviews in that it was difficult to secure interviews with some participants due to their unavailability. In addition, interviews were rather costly since participants work in different districts.

The two districts amongst the twelve that the KZN DOE has established were selected for the study because they are the biggest as far as their geographical area and staff numbers are concerned. The two districts are thus representative of the target population. Information was collected from PERSAL reports, department and district' strategic documents, as well as scholarly articles and text books, on absenteeism, sick leave and employee health risk management. The interviews are the third leg for purposes of triangulation of data and, as such, are a supplementary data collection method to verify information acquired from the case study and the documentation and literature survey.

1.7.2.3 Data analysis

According to Bless *et al.*, (2013:21), once data is collected, it must be organised and checked for accuracy and completeness. When this process has been completed the researcher should use a range of arithmetic and statistical tests to describe the sample data and generalise from this data set to the population from which the sample was drawn. Qualitative analysis, according to Babbie (2010:418), involves a continual interplay between theory and analysis. In analysing qualitative data, the researcher seeks to discover patterns such as changes over time or possible casual links amongst variables. The data collected was analysed with a view to draw whatever conclusions where necessary for the study (i.e. problem statement) and possible solutions.

Once the collected data is in a suitable form, the researcher is ready to interpret it for the purpose of drawing conclusions that reflect the interests, ideas and theories that initiated the inquiry (Babbie, 2010:117). Secondary analysis provides social researchers with an important option for “collecting” data cheaply and easily, but at a potential cost in validity (Babbie, 2010:293).

1.8 LIMITATIONS OF THE STUDY

Just like most research projects undertaken by both natural and social researchers, this study has identifiable limitations to be acknowledged. Included among them are the following:

- The study is undertaken in and is focused upon one department out of nine departments that employ educators in the whole country. Therefore the scope of research coverage is rather narrow (i.e. case study with two units of analyses); hence it could most probably be difficult to generalise the findings of the study.
- The study has relied upon a qualitative approach only and therefore may not benefit from the strength of quantitative research design.
- There is very little scholarly text and research done on health risk management specific to the KZN DOE.
- The KZN DOE is decentralised into twelve districts, but the study focused only upon two districts (case study).
- The educators themselves are not part of the sample; their views may have enabled a more in-depth analysis and broader scope on what are perceived as unacceptable human resource practices within the KZN DOE.
- Lack of information from the Government Employment Pensions Fund in relation to ill-health retirement applications.

1.9 ETHICAL CONSIDERATIONS

Ethical considerations are about conducting oneself in a manner that is beyond reproach during the process of data collection. Those who participate in the research need to be

respected in terms of protecting the information they furnish, despite the fact that they do so on a voluntary basis. In the event where participants have to reveal personal information about themselves, this must be done on the understanding that it would be handled in the strictest confidence.

According to Babbie (2010:65) this norm of voluntary participation, though, goes directly against scientific concerns. He also explains that subjects can be harmed psychologically in the course of a social research study. To avoid that, he suggests that the researcher must look for the subtlest dangers and guard against them. The anonymity and confidentiality of the respondents in the research project should always be guaranteed (Babbie, 2010:67). The respondents will be informed of the purpose of the research so as to allay the fears they may have and that their participation was voluntary. This would be within the ethical values of the research study imperatives.

The researcher complied fully with these requirements and also obtained an ethical clearance number from the North West University's Research Ethics Committee as well as permission from the respective managers in the districts to conduct the research.

1.10 STRUCTURE OF THE RESEARCH

The research report is organised into five chapters to operationalise the respective research objectives, as outlined hereunder:

Chapter 1: Introduction

The chapter provides a general orientation of the study that introduces the reader to the problem statement, the locus of the study as well as the key constructs forming part of the investigation. It also explains the research approach and design that will guide the study and articulates the research questions and objectives as well as the central theoretical arguments.

Chapter 2: Theoretical framework of health risk management strategy

The chapter provides a detailed literature review in order to get insight into the meta-theoretical and theoretical framework of the health risk management strategy.

Chapter 3: Legislative, policy and regulatory framework on the health risk management in the KZN DOE

The chapter explores applicable policy, the legislative and regulatory framework guiding health risk management in the public service with specific focus upon certain aspects of health risk management as applied in the KZN DOE. It also seeks to establish the status of implementation and application with a view to understanding the gaps and shortcomings in relation to the level of compliance.

Chapter 4: The implementation of the health risk management strategy: Empirical findings

The chapter presents data collection in line with the qualitative and case study research design followed in this study. It also provides a detailed analysis of data collected and empirical findings.

Chapter 5: Conclusion and recommendations

The chapter presents the summary, recommendations and conclusion derived from the empirical findings.

1.11 CONCLUSION

This chapter provides the reader with an exposition of what the intention of the study is and also identifies the problem statement that necessitated this study in the KZN DOE. The locus of the study provides a clear understanding of the areas to be focused upon, supported by research questions and objectives that are key to guiding the researcher in the chosen research methodology. The structure layout provides a flow of process in terms of gathering and compiling the necessary information for the study which resonates well with the guiding principles of research.

CHAPTER 2

THEORETICAL FRAMEWORK OF HEALTH RISK MANAGEMENT

2.1 INTRODUCTION

This chapter provides a comprehensive theoretical framework that reflects on some scholarly perspectives of health risk management with its associated dimensions of employee behaviour and organisational dynamics. It explores different prominent theories of organisational behaviour propagated by theorists such as Taylor, McGregor and others within the purview of psychology and industrial psychology disciplines. Also featured in this chapter is the discussion on concepts related to organisational behaviour such as emotions, job satisfaction and work stress. Furthermore, the relationship between organisational behaviour and health risk management will be explored, to establish how they link with employee behaviour and health risk. Since the concept of health risk management falls within the domain of the human resource management function, the role of human resource management will also be analysed.

The research question to be answered is how the changes in the functional area of human resource management potentially affect the behaviour of employees in the workplace. The primary aim of this chapter is thus to present a credible explanation on how and why employees behave in different ways in the workplace. This will be done with deliberate intent to determine the behaviour of educators in the KZN DOE. The meta-theoretical and theoretical underpinning of the study of human behaviour will be discussed in detail, with special reference to health risk management.

2.2 HEALTH RISK MANAGEMENT: CONCEPTUAL CLARIFICATION

In this section health risk management will be conceptualised with the purpose of establishing the interface between its constituent parts, namely health, risk and management.

2.2.1 Health

Health is defined by the World Health Organisation (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” Foxcroft and Roodt (2013:172). According to Diener *et al.*, (2008) as cited by Foxcroft and Roodt (2013), well-being refers to the full range of aspects that contribute to an individual’s assessment of his/her quality of life, including social aspects, physical and mental health, and feelings of happiness and safety. Although there are various domains of well-being that various authors have analysed, suffice to say that the well-being of employees in the workplace must be promoted.

McGuire *et al.*, (1988:4) argue that defining health is difficult. This is because of the relationship between health care and health status. It is accepted that the maintenance

of health may be seen to involve, for many, not just the treatment of disease but also the prevention of the disease. Another view may be that the maintenance of health is also linked to the social environment, hence the assertion that health may be linked to unemployment and wealth, amongst other things. Therefore it could be suggested that health would appear to accept that anything and everything can affect health status. According to McGuire *et al.*, (1988:32) health also takes account of subjective feelings. They further posit that the primary concern is with health care, rather than health. They also argue that from an economic perspective, health is not tradeable and that health is a characteristic of health care. Therefore health is sustained through an application of a multitude of factors and influences.

Marks *et al.*, (2000:3) describe health as a social construction. They posit that the concepts of 'health', 'mind', and 'body' vary across time and place, but for all cultures and cosmologies they play a fundamental role in the experience of being a human. There should be an appreciation that "health and illness are embodied in the everyday talk and thought of people with different languages, cultures and religious groups". Marks *et al.*, (2000) further hold that the World Health Organisation's (WHO) definition of health is not adequately comprehensive. The "missing elements" in their view are physical, social, psycho-social and spiritual dimensions of health, since they are a necessary part of general well-being. Accordingly, Marks *et al.*, (2000:4) adjusted the WHO definition as follows: "Health is a state of being with physical, cultural, psycho-social, economic and spiritual attributes, not simply the absence of illness".

Vasethevan and Mthembu (2013:2) contribute by stating that health, well-being and wellness tend to be used interchangeably. However, health does not just mean the physical well-being of the individual, but rather refers to social, emotional, spiritual and cultural dimensions of human welfare. They further argue that attaining and maintaining health is not a simple endeavour, since health and disease are closely linked to the environment in which people live and work. Therefore the health status of people is generally influenced by the immediate environmental factors prevailing in their area of work and residence. Vasethevan and Mthembu (2013:3) further confirm that environmental conditions and situational factors play a major part in people's behaviour and chosen lifestyles. In this regard Nicholas (2008:350) reflects that various organisations in the private and public sectors have embarked upon employee health and wellness programmes to provide employees with opportunities to utilise those programmes for their well-being in the workplace. There is an increasing body of evidence that suggests that those employees who take good care of their health are less absent and more motivated. Prevention of minor ailments would lead to a healthy and productive workforce with a low rate of absenteeism.

A person's health is generally subjected to a broad range of factors which, according to Vasethevan and Mthembu (2013:3), can be broadly grouped into political and economic factors. These broad factors act as an umbrella over sub-factors wherein the employees have an opportunity to respond in a manner that would help improve their health. The sub-factors may include physical, psychological, cultural and environmental factors. This

classification system has led to the design of a comprehensive or holistic approach to attaining and maintaining health, referred to as the “Psychosocial-environment Model” of Health (Vasethevan & Mthembu, 2013:3). This means that factors that can affect life have to be identified in order to attain and maintain optimal health for people. Therefore health risk management procedures should respond to the comprehensive approach to attaining and maintaining good health. As can be seen in Figure 2.1 below, determinants of health often fall outside employees’ control.

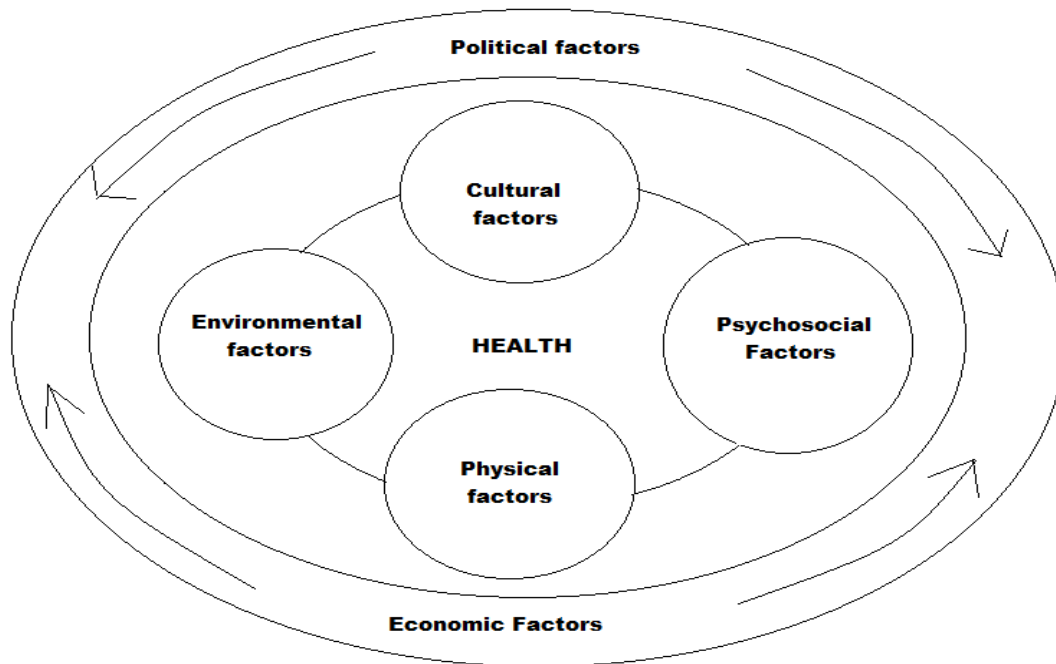


Figure 2.1 A psychosocial-environmental model

Source: Vasethevan and Mthembu (2013:3)

According to Coon and Mitterer (2010:430) people who are truly healthy enjoy a positive state of wellness or well-being. Furthermore, they acknowledge that maintaining wellness is a lifelong pursuit and more importantly, a labour of love. However, it is vital to pay attention to health-promoting behaviours in order to ensure that the outcomes of healthy and fit people, as well as improved service delivery, are achieved by organisations.

According to De Haan (2001:xiii) a number of factors influence the complete health status of individuals. These factors include adequate nutrition, sufficient pure water, sanitation, immunization, maternal and child health services, destruction of insect vectors, services for treatment of common ailments and education in health matters. Due to the multidimensional nature of these factors, De Haan (2001:8) suggests that multidisciplinary teams in the workplace should be dedicated to the general health and well-being of employees. In most industrial and commercial organisations, such teams have occupational nurses to provide a comprehensive health service, inclusive of the promotion of health, the prevention of injury and ill-health and the early detection of diseases.

According to the WHO, as cited by De Haan (2001:8), occupational or workplace health is a significant variable, especially in developing countries, since the benefits enjoyed by employees and their families can form a part of the primary health care system. The rationale behind this view is that healthy employees may not be at risk of getting infections easily, have more knowledge on dealing with psycho-social problems and are better equipped to manage their lifestyles. Employee health and wellness programmes should incorporate all the necessary health needs for employees, including having first aid kits and fire extinguishers. The well-being of the employee in an organisation is affected by accidents and by ill-health, both physically and mentally (Regis, 2008:338). According to Marks *et al.*, (2000:5) a health promotion approach provides a unifying concept for those who recognise the need to make changes in the ways and conditions of living in order to improve health. However, Wall and Owen (2002:155) posit that a genuine shift of emphasis from care to prevention requires a willingness to allocate scarce resources to non-urgent and often unglamorous areas. They further postulate that it means recognising that the contribution of managers to the success of prevention programmes is equal to that of clinicians, although the boundary between the clinical and the management role is unclear. Therefore, health promotion programmes should be clear in terms of what the management's role is.

According to Thorogood and Coombes (2004:4) there are a wide variety of concepts of health that differ between individuals, between professions, and between cultures. At one end of a spectrum health is defined as the absence of disease or longevity, and at the other end health is seen as the concept of enablement or well-being. The most commonly used definition of health in health promotion is that set down by the WHO (1948) that says "Health is seen as a resource for everyday life, not the object of living. Health is a positive concept emphasising social and personal resources as well as physical capabilities".

To stay healthy may be a challenge, however, there are employees in particular whose behaviour renders their health vulnerable to various diseases. According to Wyndham (1982), as cited in De Haan (2001:36), "the conditions that have contributed to death and disability in the recent past are destructive lifestyles, especially because people can live without their indulgence". In the main, these lifestyles include smoking, excessive use of alcohol, drug abuse, violent and aggressive behaviour and dietary excesses. Employees indulging in the said lifestyles are more than likely to suffer from chronic diseases like carcinoma, ischemic heart disease and hypertension. Figure 2.2 below reflects some of the biggest causes for health problems in the workplace.

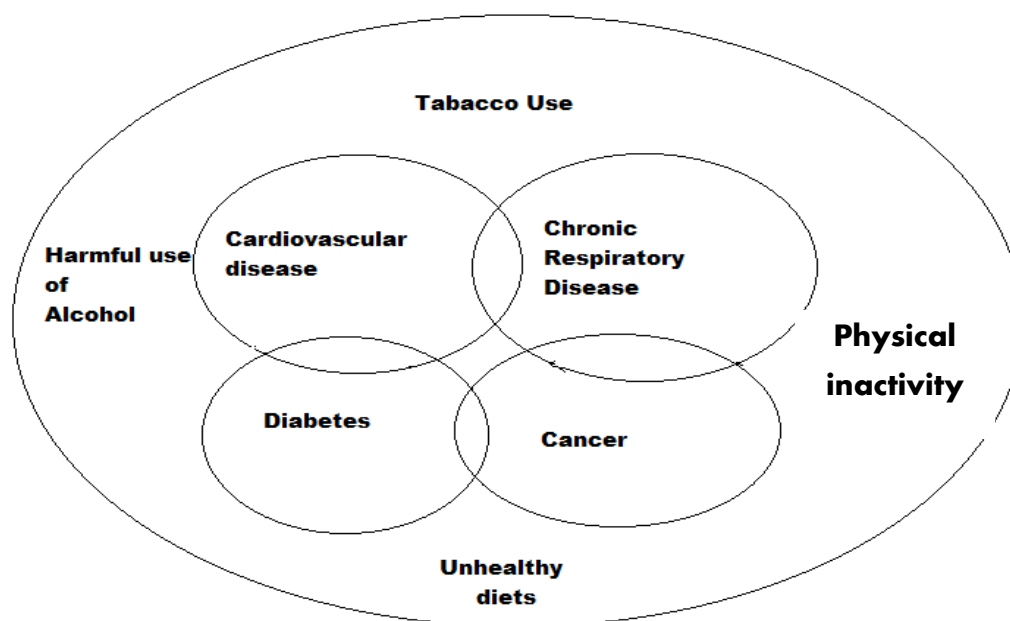


Figure 1.2 Most significant causes of illness

Source: WHO (2010)

According to Jamison *et al.*, (2006:97), the burden of non-communicable diseases in low and middle income countries not only is growing rapidly, but is already astoundingly large. By 2001, cardiovascular disease (CVD) had become the leading cause of death worldwide in both developing and developed countries. Non-communicable diseases are now dominant sources of morbidity and mortality around the globe. Therefore the key health risk factors for CVD, namely, obesity, physical inactivity and unhealthy diets require immediate executive management interventions to change unhealthy lifestyles Jamison *et al.*, (2006:99). In addition to the said health risk factors, Dolamo and Peprah (2011:67) assert that a number of socio-economic factors have a bearing upon health status. This view is in sync with the submissions of Vasethevan and Mthembu above.

2.2.2 Risk

There is a plethora of risk definitions which point to the fact that risk is a complex concept and yet is part of every individual and any organisation. Rowe (1977 in Wharton, 1992:4) defines risk as “the potential for unwanted negative consequences of an event or activity, while Lawrence (1976 in Wharton, 1992:4) defines risk as “a measure of the probability and severity of adverse effects”. However, Rescher (1983 in Wharton, 1992:5) explains that “risk is the changing of a negative outcome. To measure risk we must accordingly measure both of its defining components, the chance and the negativity”. According to Wharton (1992:5) as cited by Visser and Erasmus (2002:196), risk should be defined as “any unintended or unexpected outcome of a decision of course of action”. This implies that risk could not be planned for, yet it needs to be managed, averted, avoided or even eliminated where possible.

According to the Occupational Health and Safety Management Systems Requirements (2007:4) a risk can be regarded as a combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill-health that can be caused by the event or exposure(s). On the other hand, Young (2006:11) defines organisational risk as “the exposure of an organisation to potential losses, resulting from shortcomings and/or failures in the execution of its operations. These losses may be caused by internal failures or shortcomings of people, processes and systems, as well as the inability of people, processes and systems, to cope with the adverse effects of external factors”. This view of Young’s confirms the widely acknowledged point that there are three levels of identifiable risks, namely strategic, intermediate and operational risks.

Nersesian (2008:2) focuses on all-encompassing forms of risk. He concedes that risk can be defined by the circumstances that lead to a non-sustainable financial loss. Clearly this points to a financial risk, although it supports the thinking that every transaction in the workplace has an inherent risk. This means that risk can be mitigated by putting in place measures once all the risks have been identified and evaluated. According to Pencheon *et al.*, (2001:442) risk is the probability that a particular adverse event occurs during a stated period of time, or results from a particular challenge. As health is to a large extent influenced by environmental factors, Strydom and King (2009:716) submit that risk “may therefore be seen as the probable occurrence of an adverse effect, or an assessed threat to persons, the environment and property, due to some hazardous situation or owing to a systems failure”. Therefore it has to be acknowledged that risk can never be reduced to zero, however, it has to be closely controlled and properly managed with a view to reducing it.

Bagchai (2008:2) opted for the operational risk definition that says “the risk of loss resulting from inadequate or failed internal processes, people and systems or from external events. It includes legal risk but excludes strategic and operational risk”. While it can be argued that the definitions of risk are biased towards financial wellbeing of an organisations, human resources have inherent risks also with a major impact upon the operational management. Hence it is acceptable to consider health risk within the realm of operational management in the context of this study.

2.2.3 Risk management

According to Booyens (2014:403) risk management refers to a process of identifying possible risks, analyzing or assessing these risks (qualitatively and/or quantitatively), planning the interventions necessary to mitigate these risks, implementing the mitigation strategies and monitoring and evaluating or reviewing the outcome of the interventions. Muller *et al.*, (2011:479) as cited by Booyens (2014:403), postulate that risk management can be regarded as a specialised management responsibility and function, entailing strategy analysis, strategy development, strategy execution and strategy review.

Writers specialising in risk management, such as McKinney (1995:180), Coe (1989:187) and Valsamakis *et al.*, (1992:14) have all contributed to the conceptualisation of risk

management. McKinney (1995:180) defines risk management as “a comprehensive and systematic approach aimed at identifying, measuring, and controlling an entity’s exposure to accidental loss, theft, and liability involving human, financial, physical and natural resources”. On the other hand, Coe (1989:187) refers to risk management as “the process of identifying and controlling risks of all kinds: accidents, fire, thefts, and liability suits”, while Dickson (1989 in Valsamakis *et al.*, (1992:13) refers to risk management as “the identification, analysis, and economic control of those risks threatening the assets or earning capacity of an organisation”. However, Valsamakis *et al.*, (1992:14) as cited by Visser and Erasmus (2002:196), adopted a risk management definition that declares “a managerial function aimed at protecting the organisation, its people, assets, and profits, against the consequences of pure risk, more particularly, reducing the severity and variability of losses”. For the purposes of this study the definition provided by McKinney (1995:180) above will be utilised as the working definition for risk management since it is inclusive in nature. It incorporates most factors to be taken into account when effecting and implementing health risk management strategy in an institution such as the KZN DOE.

From an extensive literature review it is evident that virtually every aspect, activity and function of an institution has inherent risk that management needs to consider. Policy-relevant analysis should include an assessment of the health benefits of simultaneous reductions in multiple risks because of epidemiological and social characteristics of risk factor exposure and hazard (Lopez *et al.*, 2006:6). According to Marmont and Wilkinson (2006:2), much of the epidemiological dimensions seek to identify risk factors for disease. For instance, smokers have higher risks of several diseases than those who have never smoked, and raised plasma cholesterol or blood pressure are associated with increased risk of cardiovascular disease. The loss of key staff has the potential to affect service delivery and production outputs and is thus a risk factor that requires the attention of the executive management. A number of reasons may be attributed to the loss of staff, such as absenteeism, work stress, low morale and job satisfaction and these become health risk factors which essentially need effective health risk management. Therefore employees become a risk factor which often gets omitted when risk management issues are considered (Young, 2006:10). In reality, health risk management processes are similar to other risks associated with financial management. In essence, for any organisation to achieve its strategic goals, it has to have healthy employees which suggests that health risk of employees should receive priority attention.

Young (2006:13) contends that the most important resource of any organisation is its employees and yet they have always been overlooked when operational risk had been evaluated. He postulates that people risk is a major contributing factor in the event an organisation fails to deliver on the strategic goals. Therefore “an effective risk management function, based upon a broad and integrated framework, is necessary to ensure that all the risks are covered” (Young, 2006:25).

The significance of the risk management process is that measures are put in place to involve all line managers in the identification of key organisational risks. This serves as a

training and awareness session which makes every unit understand their risks and develop strategies, in terms of action plans to mitigate or control the identified risks which become a departmental risk profile. The control, financing and monitoring processes are secondary measures after the risk profile had been compiled. Thus it is important that every unit within the organisation has to be part of the risk identification process. According to Smith (2012:54) it is the responsibility of every manager to ensure that the measures put in place to manage the risks within their performance areas are effective and adhered to at all times.

2.2.4 Health risk management

Health risk management in its simplest form can be regarded as a function of an employer to adequately deal with the administration of sick and incapacity leave, ill-health retirements, and all other related matters. In the absence of a universal definition of health risk management, the principles of general risk management apply. McCann *et al.*, (2011:76) postulate that an organisation engages in risk management when it attempts to eliminate or reduce the risks associated with a particular hazard. Therefore any attempts to eliminate or reduce risks associated with health hazards in the workplace are effectively health risk management. To confirm this view, McCann *et al.*, (2011:76) assert that risk management of the hazards associated with alcohol misuse in the workplace involves education, policy implementation, introduction of procedures and protocols, and constructive persuasion. In essence, within the whole health risk management strategy, one of the objectives is aimed at mitigating alcohol as a risk factor. For a more direct managerial definition, Muller *et al.*, (2011:296) argue that management of health and safety is about safe work systems, policy and procedures and control measures, identification of hazards, training programmes, safe working behaviours, health and safety committees and action plans. Broadly speaking, these are all the necessary requirements for ensuring the health and well-being of employees in the workplace. In addition, employee assistance programmes are aimed at preventing and treating a wide variety of employee behavioural and/or medical problems, including substance abuse, family disruptions, stress and work-based traumas.

According to Muller *et al.*, (2011:476) risk assessment involves the identification and assessment of actual and potential internal risks (physical, clinical, operational, occupational/human resources, technological, business continuity and disaster recovery) as well as external risks (environmental, social, natural or artificial/synthetic, credit, market and compliance). Essentially risk assessment should be considered a prelude to risk management as postulated by Tennant and Howells (2010:28) in the risk management of mental health patients. Health risk factors are multiple and varied in nature and therefore health risk assessments in relation to personal health, mental health and environmental health, should support all the processes associated with health risk management. Muchinsky (2006:346) posits that work defines who employees are and therefore it is of great importance that health risk management finds value in the lives of employees. This is premised upon the recognition that health risk is a reality and that for

attaining good health, the implementation of employee health and wellness programmes would receive management attention.

Duffey and Saull (2008:264) focus upon the rights of employees and assert that they have the right to know about hazards, get training in the safe use of equipment, complain about safety issues and concerns and refuse to perform anything that may harm them. The authors further caution that employers should give effect to these rights by making safety procedures available, training employees, and having the necessary mechanisms such as health and safety inspections and committees in place to respond to any concerns. The rights of the employee and the obligations of employers are the necessary conditions for a safe working environment.

According to Kemshall *et al.*, (2013:75) it is fundamental that risk management should seek to reduce the likelihood of harmful outcomes occurring, or, if they do still occur, reducing the degree of harm likely to be caused. Furthermore, Kemshall *et al.*, (2013:169) theorise that risk assessment and risk management require working together with all stakeholders, both within a particular institution and across different organisations. Practitioners also need to regularly reflect upon risk management plans to check that the actions being taken are still relevant and that they contribute to achieving the desired outcomes. Therefore this ties in with the purpose of health risk management which is to ensure a healthy workforce in a disease free work environment. However, at the level of occupational health and safety, Robson and Toscano (2007:226) advise that in an effort to manage risk to the employee, several types of controls have to be put in place to limit safety and health risks of employees. Although they advise from the provisions of the American legislation, the provisions are similar to those of the Occupational Health and Safety Act 85 of 1993 in South Africa.

In the South African Government, health risk management became common practice mainly due to the findings of the Auditor-General's Performance Audit of the management of sick leave benefits at certain national and provincial departments in 2005. This Audit revealed serious problems associated with the management of sick leave in government departments. A number of procedural issues were identified to be incorrectly applied, especially that the information on the Personnel Salary Information System (PERSAL) was inconsistent with the number of sick leave days utilised and that supervisors were not managing sick leave effectively. It appeared that the financial value of mismanaged sick leave and ill-health retirement approvals had not been considered as lost revenue by accounting officers.

Another significant finding was that in terms of the prescripts for the management of sick leave, provisions only existed for temporary and permanent disability leave, once the sick leave credit had been exhausted. After that employees could qualify for medical retirement. The lack of explicit regulations led to a situation where some employees exploited the system by feigning illness and ended up leaving the public service on the grounds of ill-health. It was also found that the Employee Assistance Programme (EAP) did not form part of a human resource strategy to address the well-being of employees to

proactively reduce sick leave levels (AG Report, 2005:18). The Audit findings prompted the Department of Public Service and Administration to develop a Management Policy and Procedure on Incapacity Leave and Ill-health Retirement for the Public Service Employees (PILIR) which was approved in November 2005. The objectives of PILIR are as follows:

- “Adopt a holistic approach to health risk management, by seeking synergies with wellness and disease management programmes provided by members’ medical schemes and by implementing sick leave management as well as rehabilitation and re-skilling structures in conjunction with health risk management.
- Prevent abuse of sick leave by managing incapacity or ill-health as far as possible.
- Adopt a scientific approach to health risk management based upon sound medical, actuarial and legal principles.
- Involve the various stakeholders in the health risk management processes and structures.
- Implement health risk management that is consistent, fair and objective.
- Support health risk management that is cost effective and financially sound” (AG Report, 2005:19).

Essentially health risk management derives its principles from risk management as defined above. The similarities are common and the focus in health risk suggests that for a change, people risk factors are given the necessary attention in managing employees’ health in the workplace. Therefore, health risk management can be regarded as a system of identifying and assessing health risks among employees with a view to improving their health and wellness and curbing absenteeism. Furthermore, it can be regarded as a process by which the executive management establishes systems, structures and procedures through which employee health and wellness programmes would be administered and managed.

As in financial and operational risk, health risk management involves the assessment of health of employees by referring them to specialists for an evaluation of their level of health. While employee health is an individual matter, it has immense organisational impact when considering the ramifications of staff turnover and absenteeism. Effective management of health risk would contribute positively to healthy employees, reduced absenteeism, better lifestyles and eventually improved service delivery. The core benefit thereof is that both the employer and the employee are able to work together in the management of the employee’s health and wellness.

Mental health is another core element of the overall health and well-being of employees. According to Tetrick and Quick (2003), as cited by Muchinsky (2006:345) “the purpose of occupational health psychology is to develop, maintain and promote the health of employees directly and the health of their families. The primary focus of occupational health psychology is the prevention of illness or injury by creating safe and healthy working environments”.

This concludes a brief conceptualisation of the core constructs of this study. In the next section, focus shifts to a more in-depth exploration of the theoretical and meta-theoretical perspectives of health risk management as focus of the empirical investigation.

2.3 HEALTH RISK MANAGEMENT: THEORETICAL AND META-THEORETICAL PERSPECTIVES

Since 1860, there have been different theorists like Freud (1856-1939), Jung (1875-1961), Erikson (1902-1994), Skinner (1904-1990), Cattell (1905-1998), Maslow (1908-1970), Kelly (1905-1967) and Bandura (1925 to date) who made remarkable efforts to determine and understand how human beings behave. Their research findings brought about various approaches to human behaviour in the workplace (Swartz *et al.*, 2011:120). However, the approaches of Erikson, Skinner and Maslow seem to be relevant and appropriate for the theoretical exposition of health risk management. In terms of Skinner's theory, people go through various stages of development from birth to death and hence "need to successfully resolve a major developmental conflict within each important stage of growth in order to achieve mature functionality" (Swartz *et al.*, 2011:127).

Skinner further postulates that the way in which people behave depends upon whether they have been rewarded or punished for a particular behaviour in the past and whether they expect a reward or punishment in the future (Swartz *et al.*, 2011:128). In a way, this approach resonates with the normal experiences of human beings, as past experiences always guide them to the future. The impact upon employees may be significant because there are a number of environmental factors that may influence their behaviour and eventual health in the workplace. The most appropriate and guiding theoretical frameworks constituting the basis for this study, are organisational behavioural theories. Therefore this section explores the multitude of organisational behavioural theories as they inform health risk management. This will be done in order to induce deeper understanding of employees' conduct in their particular organisational setting. This exploration will be divided into classical organisation theories, neo-classical theories, humanistic organisation theories and contingency theories as propounded by different scholars.

2.3.1 Classical organisational theories

Arguably the most important proponents of organisational theories are Taylor (1911), Fayol (1929), Mooney and Riley (1939), Urwick (1940) and Weber (1947). Their theories made a significant contribution by advocating and presenting different perspectives on human behaviour in particular organisational settings. According to these classical theorists, for an organisation to operate efficiently, there should be a scientific approach to management, division of labour, unit of command, narrow span of control, specialisation, professionalisation, employee obedience of rules, procedures, departmentalism and controls of the authority.

Crafford *et al.*, (2006:84-86) also acknowledge Scientific Management Theory (Taylor), Bureaucracy Theory (Weber) and Administrative Model Theory (Fayol) for establishing a correlation between employee behaviour and output. The purpose thereof was mainly to determine the criteria for organisational behaviour conducive for organisational performance. As far as Taylor was concerned, poor performance was mainly a result of poor management and not because of inadequate, incompetent or unhealthy workers. This led to the formulation of standard rules and operating procedures aimed at guiding performance as well as the introduction of incentives for improved performance. This gave birth to the so-called “scientific management movement”. This movement was later criticized, however, for being “dehumanising” since employees’ needs were virtually ignored in favour of profit. Weber’s theory was premised upon the belief that organisations had to be structured around five main principles, namely:

- “manager’s formal positions of authority that give them the right to control the activities of those who work under them;
- employees should be hired and promoted upon the basis of their skills and performance
- employees need to know exactly what is expected of them
- there needs to be a formal hierarchy or power structure so that employees know exactly who they report to and who reports to them; and
- managers need to introduce standards, rules and procedures to control activities and behaviour in the organisation”.

Taylor’s and Weber’s theories brought to the fore the importance of work life balance, because of a realisation that employees are susceptible to illnesses that may affect organisational performance. Therefore it became necessary that within the organisational processes, inherent health risks in the workplace should be identified and assessed with a view to ensuring that the well-being of employees is secured. It also made the employer aware that employees need a healthy and conducive workplace in order to deliver good quality results.

The Administrative Model was premised upon the principles of scientific management and was heralded as being the first approach to clearly define the functions of management. Fayol developed fourteen principles of management including specialisation and division of labour, responsibility and authority, discipline, remuneration, centralisation, equity and team spirit. It is said that Fayol emphasised the importance of fair management, creativity and good relationships in the workplace (Crafford *et al.*, 2006:84-86). Fayol’s theory was more accommodating, as it put the interests of employees at the level where they can operate in a conducive environment. This made a great impact as issues of occupational health and safety, employee health and wellness, healthy and fit employees and general well-being have become part and parcel of many organisations. According to Muchinsky (2006:250) Classical Theory assumes that any organisation is comprised of four basic components, namely a system of differentiated activities, people, cooperation towards a goal and authority. Once the organisational

structure is in place, the process of defining sub-units and related functions takes effect and that process is broken into various principles, such as functional principle, scalar principle, line/staff principle and span of control principle. In a nutshell, these principles deal with characteristics of work, job profiles, delegation of responsibility, supervision of staff, level of authority and the number of employees. Classical Theory is also credited with providing the structural autonomy of organisations (Muchinsky, 2006:250). However, Miles (1975) was of the view that classical theorists put more emphasis upon the efficiency of individual units in a hierarchical structure. He instead favoured a mixed functional approach like matrix management, project teams or special administrative offices with functional authority (Wexley & Yukl, 1977:33).

Classical theorists are of the firm inclination to regulate employees due to their assumption that employees “are lazy, dislike work, have little ambition, avoid responsibility, lack creativity and are only motivated by a desire for economic gain and security” (Wexley & Yukl, 1977:33). In his contribution to the organisational theory building exercise, McGregor (1960) as cited in Wexley and Yukl (1977:33) cogently posited that “people are inspired and influenced by other factors in addition to the need for survival employees have the propensity to inflict self-direction, initiate and be creative, provided the job enrichment, participative management and management by objectives approach are allowed and promoted by the authoritative leadership of the organisation”.

The standpoint of the classicalists, according to Argyris (1964) imposes a stressful work environment and unproductive work atmosphere for employees at all levels. In turn these stressed employees demonstrate low morale features, associated with “absenteeism or turnover referred to as physical withdrawal, apathy, daydreaming, drugs leading to psychological withdrawal, aggressive behaviour and acts as well as informal group resistance to controls and fixation upon instrumental rewards such as pay and benefits, de-emphasis of achievement, recognition and accomplishment of meaningful tasks” (Wexley & Yukl, 1977:34). The perspective from which Schein (1980:53) as cited in Gerber *et al.*, (1996:357) views the behaviour of employees in the workplace is premised upon the rational-economic, social and self-actualisation assumptions. Based on rational-economic assumptions, he argues that employees’ behaviour in particular and people’s behaviour in general is such that it creates the advantage and economic benefits and incentives for employees either as individuals or a group. Based upon social assumptions, Schein asserts that employees are human beings with social relationship needs which influence and motivate how they behave in an organisational work environmental context. Accordingly, these social needs have to be attended to, especially the need for social acceptance and acknowledgement of valuable contribution made by employees. Based upon self-actualisation assumptions, Schein suggests that the creation of a conducive work environment for employees to find their projects, tasks and key responsibilities interesting, more meaningful, challenging and enabling is imperative for employees’ growth and learning.

Maslow’s theory assumes that a human being has a number of needs, however, they are divided into two categories of higher-order and lower-order needs. The lower-order needs

are physiological, safety and social. The higher-order needs are made up of ego and self-actualisation. According to Osland *et al.*, (2007:103) organisations satisfy physiological needs by providing salaries and wages so employees can live adequately. Security needs are satisfied by providing pension and health care plans, career paths within organisations and a safe work environment. Organisations fulfil social needs by permitting interaction with colleagues, work team structures, social and sports facilities and parties. They further explain that the organisation can satisfy the self-esteem need by providing feedback and recognition for high performance and accomplishments, seeking and respecting employee input, making employees visible to others, and promoting them. The last need of self-actualisation can be fulfilled when organisations allow employees to use their skills and talents fully at work (Osland *et al.*, 2007:103). Therefore issues of regular absence at work, mood swings and withdrawal tendencies would be better understood if managers took time to investigate along Maslow's Hierarchy of Needs. Some of the aspects of his theory are still relevant in the workplace, however, everything depends upon individual employees. Therefore by assessing health risks in the workplace, adequate and relevant employee health and wellness programmes may be put in place. It is important that these programmes focus upon the causes rather than address the symptoms of the identified health risks. Thorough health risk assessment should be able to achieve that goal. The employer is now more aware of the importance of health and well-being of the employees. It has also made the employer aware that a conducive environment leads to improved organisational performance. Managing sick leave, incapacity leave and absenteeism in general may be strengthened by having a better understanding of employees' behavioural tendencies.

2.3.2 Neo-classical theories: Behaviourism

Flowing from the concerns that classical theories were too rigid, there was an attempt to prove that human beings had the ability to think creatively and be motivated by certain actions. According to Swartz *et al.*, (2011:525), Roethlisberger and Dickinson were the first to conduct studies amongst the employees at Hawthorne Western Electric Plant between 1924 and 1937 to prove that any change in the conditions in the work environment would result in increased or reduced productivity. Employees were placed in two rooms with one room given more illumination. The assumption was that those in the room with more light would produce more. However, after a series of tests, results revealed that there was no relationship between productivity and the level of illumination. This was based upon the evidence that employees in both rooms produced relatively the same amount, regardless of the varied level of illumination. It was therefore agreed that individual and social processes in the workplace were far too important to ignore. The Hawthorne studies therefore support the view that employee satisfaction is a major determinant of performance.

According to Pride *et al.*, (2008), as cited by Bergh and Geldenhuys (2014:166), the Hawthorne studies conducted by Mayo at Hawthorne revealed that productivity improved for both groups regardless of varying illumination. It was also proven that even where the employee was paid for each unit produced, production remained constant, despite

changes in the “standard” rates set by management. The conclusion drawn therefore was that human factors were responsible for the unexpected results of the experiments. The lessons learnt from the Hawthorne studies were that “human factors are at least as important as the rate at which employees are paid” and that employees are ordinary human beings who can think and reason according to the surrounding factors. The results of the Hawthorne studies could therefore be credited for the birth of the human relations movement whose premise was that “employees who are happy and satisfied with their work are motivated to perform better” (Bergh & Geldenhuys, 2014:166). These and other findings led to the emergence of the so-called “behaviourism” and the “human relations management” which emphasize that social relations in the workplace may be more important motivations of work performance than work design and financial rewards. The summation to be made is that a toxic work environment is a health hazard with varying levels of health risks that may develop amongst employees. The human relations management approach made the employer concede that health risk management was vital in the establishment of a healthy and disease free workplace. This was an acknowledgement that a stress-free workplace is a source of great energy for employees to perform to the best of their ability and produce work of high quality. Employees are keen to respond positively to any measures as long as their health and well-being, especially their personal needs, are given the necessary attention.

2.3.3 Humanistic organisational theories

Pursuant to the dominance of the so-called classicalists, was the emergence of the second generation of scholars who were regarded as humanistic theorists (Wexley & Yukl, 1977:32). Among the leading figures in this group of highly renowned thinkers were McGregor (1960), Argyris (1957, 1964) and Likert (1961,1967). The essence of their perspectives was the “informality” dimensions of organisations and employee behaviour that reflects “the human relations and interaction between organisation structure and human characteristics” (Wexley & Yukl, 1977:33). There was a strong view upon the part of the humanistic theorists that the classicalists overlooked the fact that “employees have motives besides the obvious needs for economic subsistence, job security and that informal behaviour is vital for understanding organisational processes”. They constituted a school of thought that advocated “the concern for the physical and mental health and welfare of all individuals”.

Argyris (1957, 1964) proposed a personality and organisational theory premised upon the view that nature and bureaucratic organisations are not compatible. He argued that a human being goes through various stages of development from infancy to mature adulthood. During those stages a lot happens in terms of changes influenced by social, environmental, economic and technological factors. On the other hand, he posited that a bureaucratic organisation structure “forces most employees to be passive, dependent and subservient, thereby frustrating employees who desire meaningful work, self-relevance and psychological growth”. He further assumed that when employees are frustrated, they are likely to suffer from physical withdrawal behaviours like absenteeism,

psychological withdrawal, become aggressive or be fixated upon instrumental rewards (Wexley & Yukl, 1977:34).

According to Muller *et al.*, (2011:69) McGregor's Theory X and Y focused upon people's underlying needs and labels those needs that motivate people to behave. Accordingly, "Theory X" views human beings negatively and "Theory Y" views them positively. In his view, managers' perceptions of the nature of human beings direct their behaviour towards followers based upon the following assumptions:

- X – Employees inherently dislike work and, whenever possible, will attempt to avoid it. Since employees dislike work, they must be coerced, controlled or threatened with punishment to achieve the set goals. Employees will avoid responsibilities and seek formal direction whenever possible. Most followers place security above all factors associated with work, and will display little ambition and initiative.
- Y – Employees view work as something as natural as rest or play. People will exercise self-direction and self-control if they are committed to the objectives. The average person can learn to accept, and even seek responsibility. The ability to take innovative decisions is widely dispersed through the population and is not necessarily the sole domain of those in management positions.

Although Argyris seems to support McGregor's assumption of Theory X, he qualifies that by saying "if employees are exposed to a frustrating organisation". Therefore, errant employee behaviour may be a health risk whose source could be ascribed to poor organisational arrangement and leadership.

The argument of Likert (1961:103, 1967) is also convincing and worth consideration as it provides another alternative explanation which sheds further light upon the employee behaviour and well-being in the workplace. According to Likert in Wexley and Yukl (1977:35) there are less effective and effective managers and the effective ones are those who subscribe to the humanistic perspective and the other less effective managers are affiliated to the classicalist's school of thought. Likert regards the quality of leadership, communication, decision making, goal setting and control as crucial factors that determine the effectiveness of an organisation. Furthermore, he argues advisedly so, that "the leadership and other processes of the organisation must be such as to ensure maximum probability that in all interactions and in all relationships within the organisation, each member, in the light of his background, values, desires and expectations will view the experience as supportive and one which builds and maintains his sense of personal worth and importance". In essence, Likert advocates for a healthy work environment that is stress-free and hence conducive for effective and efficient organisational performance.

According to Weiten (2008:388) behavioural theories are firmly rooted in extensive empirical research. Quite a number of scholars have acknowledged Skinner's contribution on the understanding of how the environmental consequences and conditioning influence people's characteristic behaviour. Although Bandura (1977),

Mischel (1973) and Rotter (1982) criticised Skinner's theory for being "pure" behaviourism, Bandura nevertheless expanded upon it by adding the element of social learning. He effectively asserted that a number of personal factors within a person's personality govern their behaviour. On the other hand, Mischel postulates that "people make responses that they think will lead to reinforcement in the situation at hand". However, Mischel's theories were considered to be controversial and provocative because of their relative importance of the person as opposed to the situation in determining behaviour (Weiten, 2008:390-391).

Papalia and Olds (1988) in Swartz *et al.*, (2011:131-132) contend that humanistic approach to personality development puts emphasis upon the importance of the "subjective, unique experience of each person and the potential all of us have for self-fulfilment through spontaneity, creativity and personal growth". In his approach, Maslow focused upon positive aspects of human nature such as joy, enthusiasm, love and well-being. He further developed a hierarchy of needs to support his theory and differentiated between two types of needs, namely, deficiency needs and growth needs. The characteristics of a healthy personality, in a nutshell, support the view that regardless of the situation, an individual's needs have to be satisfied at all times for effective performance. Failure may trigger certain reactions which may be detrimental to the performance of the organisation.

2.3.4 Contingency theories

According to Galbraith (1973), as cited by Wexley and Yukl, 1977:43) an organisation can be viewed as an "information processing network" because information is the basis for the performance of any task. In terms of Galbraith's Information Processing Model, there are three factors, namely, the diversity of inputs, the number of different resource inputs used in the transformation process and the difficulty of the performance goals. This model looks at the difficulties when there is no existing organisational structure but work to be done. This boils down to an uncertain situation which results in confused employees with a significant workload. Lack of proper structures mean the information would not be processed on time, leading to unnecessary delays and demotivated employees. According to Robbins and Coulter (2014:368), an appropriate structure depends upon four contingency variables, namely, the organisation's strategy, size, technology and degree of environmental uncertainty. Accordingly, the structure would be informed by strategic direction in the form of goals and the determination of the number of units and posts. Technology enables the organisation to deliver effectively and efficiently while environmental issues impact to a certain degree. Therefore uncertainty in the workplace causes employees to be anxious and stressed. Such reactions may trigger other ailments among certain employees, particularly those with chronic ailments leading to a spike in sick leave utilisation and unnecessary absenteeism. Management should always ensure that decisions taken are decisive and also consider the interests and well-being of employees.

The Lawrence and Lorsch Theory is premised upon the assumption that organisations have to be in sync with the relevant sectors of the environment to become effective. The theory acknowledges that organisations have separate functional components. However, the relationship between various components and relevant sectors of the environment was not clearly established. The Lawrence and Lorsch Theory encourages coordination and cooperation amongst various components with interdependent tasks (Wexley & Yukl, 1977:46-47). Van Tonder (2004:18) asserts that structural analysts demonstrated a greater awareness of the interdependencies between an organisation and its environment and recognised the importance of information, power and conflict. Furthermore, he adds that in terms of evolution, structural analysis (contingency and systems views) has been replaced by contemporary theories. Contemporary theorists look at creating meaning, developing information flow and ensuring connectedness and interdependence of functional units (Van Tonder, 2004:49). This will benefit the organisation with regard to clear roles and responsibilities, effective management of resources, healthy and stress free work environment and improved service delivery.

From the foregoing information, it has become clear that employees' behaviour in the workplace resonates with all the theories espoused by various theorists, albeit at varying degrees. The said theories have also provided sufficient ideas to allow social scientists to better understand the value of humankind and how certain occurrences amongst our environments could be explained. In the context of the South African Public Service in general and the KZN DOE in particular, the theoretical perspectives provide management with a better understanding of the general behaviour of employees in relation to organisational setting. It has brought to the fore management requirements in ensuring that the work environment is healthy, safe and free of hazardous situations. Of particular importance is the ability for management to assess the health risk factors in view of sick leave, incapacity leave and absenteeism. The management of employees' affairs including health risk is a human resource function and the role of human resource management (HRM) will be discussed in detail in the following section.

The significance of the theories on health risk management is their ability to articulate the nuances of human behaviour from the health, organisational and environmental perspectives which provide the employer with a complete understanding of possible health risk factors and determinants. Accordingly, certain behavioural tendencies may be easily detected and be given the necessary attention. In the main, employees' behaviour is influenced by the manner in which they are managed, the workplace environment, the workload, the span of control, communication and workload. Therefore the employer is empowered with the knowledge and information that seeks to say rules and regulations and stricter controls are not always the answer for poor work performance, withdrawal and absenteeism. Essentially, people are not helpless pawns of determined forces (Weiten, 2014:375). According to Murray (cited by Larsen *et al.*, 2013:296) individuals differ from each other in terms of the basic needs, such as how some people have a more intense and lasting need for achievement than do other people. Therefore from an employers' point of view, these theories postulate that employees are normal human beings whose interests and needs should be accommodated. They also brought to light

that money and other financial incentives are not the only factors that motivate them to perform better. As for Humanistic Theory in particular, Meyer *et al.* (2008:333) assert that human nature is basically good or, at the least, neutral. However, vicious, destructive behaviour is attributable to bad environmental influences rather than to any inherent disposition. With this information, health risk assessment and management becomes effective and specific in terms of employee health wellness programmes.

2.4 THE HUMAN RESOURCE MANAGEMENT FUNCTION

The HRM function is probably the function that has been researched and analysed more than any other function within the workplace and yet has not always received much prominence at the strategic level of many organisations. It has evolved over time as can be observed from the following historical progression from the days of personnel administration to what is currently referred to as strategic human resource management (SHRM).

The need to develop management practices to regulate employees became especially necessary at the end of the last century. This was mainly in response to industrialisation and the large-scale influx of workers to the manufacturing industry (Gerber *et al.*, 1996:32). At the time, it is said that management practices were mainly based upon the principle of “survival of the fittest”. Simply put, employees had very limited or no say in the way they were managed in the workplace. This meant that the management of employees was not governed by a structured framework of policies and practices. Hence the human resources management question (cf. Bendix, 1956:254) dealing with the relative relationship between management and employees and the obligations of management towards management were largely undefined. Also, the management philosophy was generally in congruence with strict religious convictions. In this regard Litwack (1962:67) stated that “...the rights and interests of human labouring man will be protected and cared for, not by labour agitators, but by the Christian men to whom God in his infinite wisdom has given the control of the property interests of the country”. However, there was no clear consensus amongst the management cadre about the “best” management philosophy regarding human resources management practice (Gerber *et al.*, 1996:32). Instead only two dominant approaches existed, namely, the Commodity Approach and the Paternalistic or Social Welfare Approach.

In terms of the Commodity Approach, the value of the employees was not important but rather their labour. Employees were also discouraged from improving their level of education (Litwack, 1962:64). The Paternalistic or Social Welfare Approach was no better as it treated employees as “charity cases” and gave the impression that they were doing them a favour. This was an unfortunate case of significant employee exploitation (Farnham, 1990:21).

According to Holley and Jennings (1987:27), as cited by Gerber *et al.*, (1996:33), the period between 1910 and 1930 ushered in a new phase in that employers realised that employees are people with unique capabilities and personalities. This was based upon

the Psychological Reform Approach and the Effectiveness Approach. The importance of the two approaches was that they would bring to the fore the human element in the employees that enables them to think, decide, be creative, be innovative and provide advice. In the process, employees' lives were influenced by a number of factors and pressures which sometimes made them sick. Employers thus began to realise that it was important to treat employees with respect in order to successfully achieve the organisational goals. The Effectiveness Approach thus motivated management to realise that employees were unique human being and should be treated and managed as such.

The book entitled "The Principles of Scientific Management" published by Taylor in 1937 sparked in-depth research on personnel services, recruitment and selection, training, salaries and wages (Gerber *et al.*, 1996:33). However, the personnel departments were established in about 1912 and the importance of the personnel function was emphasized during the outbreak of World War I. During the build up to World War II, personnel management was established as a fully-fledged organisational function (Gerber *et al.*, 1996:34). Lall and Zaidi (2008:4) also agree that the emergence of labour union legislation in the 1930s led to a new emphasis upon protecting the firm in its interaction with unions. The discriminatory legislation of the 1960s and 1970s meant the potential for more lawsuits, and effective personnel practices became even more important. However, the emphasis was still upon what human resources could do to protect the organisation rather than the positive contribution it made to the firm's effectiveness. In the early years of industrialisation, the human resources role was limited to policing the organisation.

In the 1970s, senior management tended to concentrate on formalisation of relations with unions and national issues. In the 1980s management concerns turned to efficiency and productivity, which many felt were best dealt with at line management level. Storey (1992) in Redman and Wilkinson (2001:4), postulates that changes in the arena of HRM did not come from initiatives designed directly to do this. Change was driven by broader organisational initiatives and personnel specialists have not been seen as the key drivers of change. Management saw the unions as a threat to the bottom line, while the unions viewed the management actions as putting the interests of the company before those of the employees. Storey (1992), and Lall and Zaidi (2008:4) believe that while management has embraced the importance of employees, the protection of the interests of the organisation has been the priority. Therefore bringing the unions to the table was a strategy to limit their influence upon the employees by eliciting the union's buy-in first on any issues. The strategy was also aimed at establishing the union's weaknesses to be exploited during collective bargaining seasons. By so doing, management thought that the chances of protracted negotiations would be limited as the relationships would have been improved. This has partly worked in the public sector although the relationships in the private sector, in the main remain somewhat "frosty".

In line with the evolution of HRM was the transformation from personnel management (PM) to HRM and later SHRM. In order to induce a better understanding of the said concepts, it would be best to start with the definitions attached to each and then provide the similar or contrasting features.

2.4.1 Personnel management

According to Gerber *et al.*, (1996:34) “personnel management is that part of the management function which is primarily concerned with the human relationships within an organisation. Its objective is the maintenance of these relationships on a basis which, by consideration of the well-being of the individual, enables all those engaged in the undertaking to make their maximum personal contribution to the effective working of that undertaking”. Graham and Bennet (1993:157) state that the British Institute for Personnel Management defines the concept of personnel management as “that part of management concerned with people at work and with their relationships within an enterprise. Its aim is to bring together and develop into an effective organisation the men and women who make up an enterprise and, having regard for the well-being of the individual and of working groups, to enable them to make their best contribution to its success”.

According to Redman and Wilkinson (2001:4), traditionally personnel management is often characterised as having little focus upon broader business links and being overly concentrated upon the activities of personnel professionals and a range of operational techniques. Hence it was considered as a low-level record keeping and “people maintenance” function. According to Lall and Zaidi (2008:4) in the early days of the establishment of various fields of management, a department called “administration” was established to hire, monitor, supervise and compensate the employees of the organisation. With the growth of industrialisation and the advent of information technology, personnel management was born. It later became a fully-fledged and distinct field of management.

2.4.2 Human resource management

Gerber *et al.*, (1996:13) adopted the definition of Hall and Goodale (1986:6) which states that HRM is the process through which an optimal fit is achieved amongst the employee, job, organisation and environment so that employees reach their desired level of satisfaction and performance and the organisation meets its goals. This was considered to be a revolutionary but far more pragmatic approach. Redman and Wilkinson (2001:4), in turn, argue that HRM is traditionally characterised as being much more concerned with business strategy, linkages with human resources strategy and taking the view that human resources is *a*, if not *the*, most important organisational resource. According to Holley and Jennings (1987:4) in Gerber *et al.*, (1996:34) “human resources management refers to activities, policies, beliefs and the general function that relates to employees or personnel department”.

Sisson (1990) sees HRM in terms of four aspects of employment practice, namely an integration of human resources policies with business planning, a shift in responsibility for human resources issues from personnel specialists to line managers, a shift from the collectivism of management (trade union relations to the individualism of management-employee relations) and an emphasis upon commitment. Guest (1987) theorises that

human resources management has four key dimensions, namely commitment, flexibility, quality and integration (Redman & Wilkinson, 2001:8). The assumption therefore is that employees are loyal to the employer and hence commit fully to the goals of the organisation. Within a workplace characterised by dedication and improved performance, employees are mature and flexible to adapt to changes deemed necessary for the betterment of the organisation and the achievement of high levels of performance. All the said dimensions become effective once integrated with other strategies to provide a solid base for operational success. Satisfied and stress-free employees are less likely to be absent more often which translates to high morale and motivation.

According to Stone (2008:4), as cited by Nel *et al.*, (2011:6), HRM involves the productive use of people in achieving the organisation's strategic objectives and the satisfaction of individual employee needs. Furthermore, Nel *et al.*, (2011:6) suggest that this definition should be interpreted in terms of quality assurance in everything that is being done by human resources in an organisation to add value to the bottom line.

According to Redman and Wilkinson (2001:8), HRM is many things to different scholars. Their assertion has proved to be true. Most scholars, however, acknowledge that substantial changes have occurred through the historical and evolutionary phases that have highlighted the importance of employees in the workplace. Another area of agreement is that the employees of today have become prone to illnesses due to destructive lifestyles, high-performance work, work stress and poor management and leadership and organisational culture. This means therefore that within the strategic alignment of the organisation, issues of health risk should be part of the top management agenda at all times.

2.4.3 Similarities and differences between Personnel Management and Human Resource Management

Graham and Bennett (1993:159-160) in Gerber *et al.*, (1996:11) differentiate between personnel management and human resource management as follows:

- Personnel management is practical, useful and instrumental, and is generally concerned with the administration and implementation of HRM policy. HRM is concerned with strategic aspects and involves the total development of human resources within the organisation.
- Personnel management is both reactive and diagnostic in nature. HRM is prescriptive in nature and concerned with strategies, the introduction of new activities and the development of ideas.
- Personnel management is primarily concerned with the enforcement of company rules and regulations amongst employees rather than with bringing about loyalty and commitment to company goals. HRM determines the general policy for employment relations within the organisation.

- Personnel management has short term perspectives. HRM has long term perspectives and attempts to integrate all human aspects of the organisation into a coherent whole, thus encouraging individual employees to have an attitude that strives for high performance.
- HRM is concerned with broader implications of the management of change and not only with the effects of change on work in practice.
- HRM aspects are an important input for organisational development.

Crafford *et al.*, (2006:145-146) also contribute by differentiating between the two concepts as follows:

- PM and HRM strategies are concerned with the running of business.
- PM and HRM recognise that line managers or supervisors are responsible for managing people.
- PM and HRM have respect for the individual and balancing organisational and individual needs.
- PM and HRM develop people to achieve their maximum level of ability, both for their own satisfaction, so as to achieve the organisation's objectives.
- PM and HRM recognise that placing and developing people in and for the right jobs is essential for the organisation's ever-changing requirements.
- PM and HRM use the same tools or people management techniques (recruitment, selection, competence analysis, performance management, training and development, reward and compensation management).
- PM and HRM attach importance to the communication and participation that must happen between employees and management.
- PM is an activity aimed primarily at employees and non-managers. HRM is less clearly focused.
- PM focuses upon the people management activities of line managers or supervisors. HRM is much more concerned with the whole organisation and with supporting line management activities.
- PM does not always support initiatives to change the organisation. HRM emphasises the importance of senior management's involvement in managing the organisational culture.
- PM is seldom concerned with the strategic areas or planning of business. HRM emphasises the strategic nature of the function.

What the above definitions mean is that the element of human relations and well-being of employees featured prominently in PM as expressed by Niven in Farnham (1990:23), Graham and Bennet (1993:157) and Lall and Zaidi (2008:4), while HRM was seen to be more concerned with a shift to strategic focus. Sisson (1990), Guest (1987), Hall and Goodale (1986:6), and Stone (2008:4) have highlighted the changed focus and agree on certain aspects like integration and the importance of employees' commitment to the organisational strategic goals.

Writers like Redman and Wilkinson (2001:4) seemed to question the reason why human resources were treated as the most important resources in the organisation. They postulate that HRM is depicted as aspirational, whereas PM is what actually happens in practice in many organisations, so their summation is that the comparison is unfair (Redman & Wilkinson, 2001:8). Legge (1989) and Gennard and Kelly (1997) also questioned whether HRM was really a changed way in terms of approach or a mere branding of the concept of PM. Given the minor differences between the approaches of both concepts, their reservations are warranted. On the other hand, HRM was heralded as a new era of humane people-oriented employment management (Keenoy, 1990:375). Torrington (1993) as cited by Redman and Wilkinson (2001:4) asserts that much of what is labelled HRM may be seen much more simply as long-standing good people management practice, whilst what was less effective has been relegated to remain, rather unfairly it seems, with the “PM” brand. Torrington’s (1993) assertions may not be correct because when the conclusions of Crafford *et al.*, (2006:145-146) and Graham and Bennett (1993:159-160) in Gerber *et al.*, (1996:11) above are considered, there are a lot of similarities in practices espoused by both brands. This positive view accommodates the South African Government initiatives including the introduction of employee health and wellness programmes aimed at improving the health of employees and curbing absenteeism. This also sits well with the implementation of the health risk management strategy with the KZN DOE.

Legge (1989) finds more common ground between ideal types of personnel management and human resources management than other commentators, but also identifies three significant differences in the human resources literature, namely, HRM concentrates on managers rather than on what managers do with shop floor employees, it emphasises the key role of line managers rather than personnel managers, and it emphasises the responsibility of top management for managing culture. There is however little research that is available to determine how the employees on the shop floor have been affected by the said changes. What is positive therefore is that according to Guest (1999:23), there is some evidence that the employee experience of HRM is not always negative and exploitative. On a negative side, HRM was derided as a “blunt instrument to bully workers” (Monks, 1998).

Wood (1999) argues that innovations in HRM tend to accompany changes in production concepts and that innovations on humanistic grounds are unrealistic, while Beardwell (1998) postulates that in part HRM can be seen as a consequence of managing in “unchartered territory” with new rules governing the employment relationship. With any new developments and changes in the workplace, there will be concerns as to the reaction and implications during the implementation stage. Effective communication plans and workshops led by HR managers help address any problems that may arise.

During the evolution process, it was noted by other writers that although a shift had been made from PM to HRM, there was still some confusion with regard to defining human resources roles. There was also a pressing need to professionalise the human resources function to ensure that human resource practitioners and managers understood the

strategic thrust of HRM. Accordingly, Ulrich (1997:24) asserted that “HR professionals must fulfil both operational and strategic roles, they must be both police and partners, and they must take responsibility for both qualitative and quantitative goals over the short and long term”. He goes further to provide a comprehensive definition of human resources roles which seek to signify a significant shift from a traditional approach of PM. In a nutshell, Ulrich (1997:24) considers the four broad roles of human resources as strategic human resources, firm infrastructure, employee contribution and transformation and change.

According to Noe *et al.*, (2009:3) HRM is critical to the success of organisations because human capital has qualities that make it valuable. This would not make any positive impact unless the right calibre of employee is recruited and the organisation positions itself as an employer of choice. Noe *et al.*, (2012:5) state that HRM refers to the policies and systems that influence employees’ behaviour, attitudes and performance. According to their observation, “effective HRM has been shown to enhance company performance by contributing to employee and customer satisfaction, innovation, productivity and development of a favourable reputation in the firm’s community”. In the context of government, the underlying principles are the same and hence the need to vigorously assess the health risk of employees and the factors contributing to absenteeism.

Robbins *et al.*, (2009:10) as cited by Nel *et al.*, (2011:4) define management as “the process of coordinating and overseeing the work activities of others so that their activities are completed efficiently and effectively”. Robbins *et al.*, (2009:10) further postulate that there is an inter-relationship of various disciplines impacting upon HRM. The said disciplines are psychology, sociology, social psychology, political science, anthropology and organisational behaviour. It is within this context that the implementation of health risk management strategy becomes important because of the impact it would make in attaining a healthy working environment. The interrelationship between various disciplines informing and enriching the study of HRM is depicted in Figure 2.3 below.

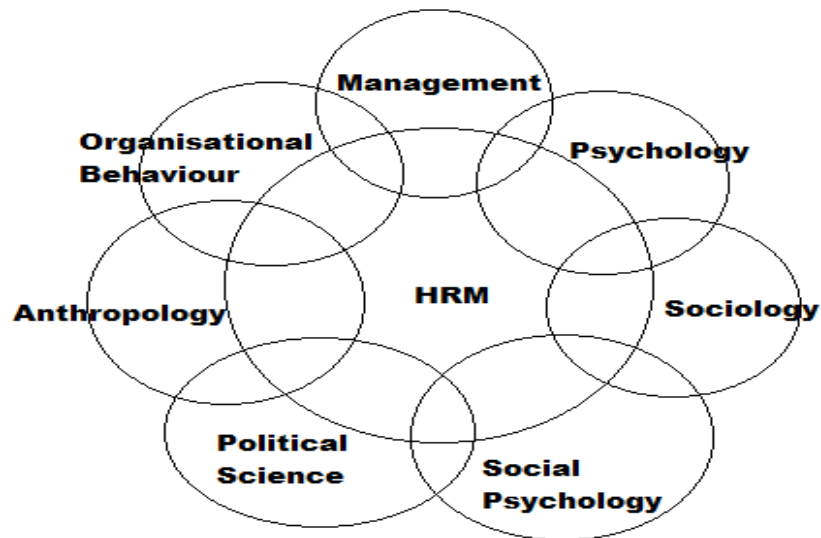


Figure 2.2 Interrelationships of various disciplines impacting on HRM

Source: Robbins et al., (2009:10)

According to Nel *et al.*, (2011:6) the influence of the social environment of an organisation has, to a large extent, been underestimated in the past. Recently, it features much more prominently as far as the top management of organisations is concerned. This environment is shaped by the society in which the organisation features. Potential customers and employees of the organisation, with their attitudes and values concerning work, products and business, their educational and skill level and their expectations are integral parts of the social environment. To prosper, the organisation must achieve a fine balance between the needs of employees and customers, and meeting its own organisational goals. The challenges for human resources professionals are primarily focused upon the culturally and racially diverse workforce. Other social issues to be considered include managing diversity, education and skills development and the impact of HIV/AIDS (Douglas & Sutherland, 2009:54-55).

Modern HRM considers its employees as its most important resource and its role has shifted from “policeman” to a “developer” who takes care of the overall development of its employees in terms of skill, career graph and psychological satisfaction (Lall & Zaidi, 2008:15). Legge as cited by Regis (2008:5), impresses upon ensuring that human resource policies should be integrated with strategic business planning and used to reinforce an appropriate (or change an inappropriate) organisational culture. This is an important development as it makes the role of HRM more comprehensive. The major elements of HRM strategy and functions, as described Regis (2008:5), can be related to organisational culture. He adds that “human resource planning defines the balance of demand and supply of human resource in the organisation, training and development play an important role in instilling the culture, while goal-setting and appraisals make the culture performance-oriented and enable it to operate with predictability. Reward management reinforces the culture and succession planning helps in maintaining the

culture". It is with this in mind that health risk management provides the necessary health risk information to assist in the development of measures to mitigate or control health risks. Even the public service has changed with the emphasis upon economy and efficiency (Rocha, 1994 in Redman & Wilkinson, 2001:5). With all the economic and political factors that impact upon employees and the uncertainties brought about by new developments, the levels of stress and anxiety shot up with a significant increase in job security (Redman and Wilkinson referring to the report by the ESRC Centre of Business Research at Cambridge University for the Rowntree Foundation). They argue that although EAPs are there, they can only ease the impact of workplace stress and not cure it. In the current dispensation, employee health and wellness systems have been expanded to incorporate employee assistance programmes.

Redman and Wilkinson (2001:6) believe that HRM practices may have added considerably to the stresses of modern work-life, with the increased use of such practices as performance management systems, contingent pay and "flexibilisation". Thus, human resources management is clearly not a simple panacea and may have contributed directly to some of the employee problem. However, they are quick to suggest that it is relatively safe to speculate that it looks likely to play an increasingly important role in the workplaces of the future. Noon and Blyton (1998) in Redman and Wilkinson (2001:7) further caution that continuity issues should not be overlooked in the pursuit of the brave new world of HRM. Armstrong (1987), Hendry *et al.*, (1988), and Williams *et al.*, (1989) also warned of the danger of focusing almost exclusively upon the initiatives of management and thereby seeing employees as essentially passive beings, whose attitudes and behaviour are there to be moulded by human resources strategy in the pursuit of competitive advantage. The feasibility of a "top-down" approach to the management of organisational culture has already been challenged by a number of authors (Redman & Wilkinson, 2001:7).

How have the said changes benefitted the employees or the employer in the workplace? The employees have become the critical asset of the organisation and their input into the organisational performance has received management recognition. The emergence of unionisation has also improved collective bargaining and led to employees receiving better remuneration and substantial leave benefits. However, the operational requirements have also improved in terms of high performance organisations resulting in work stress and burn out. On the other hand, the employers have been working on strategies to outsource and reduce labour costs, to change the culture to enhance the organisation's performance and to provide a far more intensive focus upon the bottom line than before. Since the start of the new millennium, a growing body of research has indicated that interaction between co-workers is one of the primary sources of job stress. Organisations are also increasingly adopting flatter organisational structures and hierarchies to enhance productivity, and, as they do so, the potential for conflict increases (Nel *et al.*, 2011:18). "Organisations are now less hierarchical in nature, have adopted more flexible forms and have been subjected to continuing waves of organisational change programmes such as total quality management, business process engineering, performance management, lean production, learning organisation and a seemingly relentless series of culture change initiatives. The type of staff employed and the way

they are organised has also undergone considerable change in the organisational form. Employees are often more likely to be female, work part-time, away from the workplace” (Redman & Wilkinson, 2001:5).

Greer *et al.*, (1999) postulate that the utilisation of management consultants was seen as an important conduit along which new and more sophisticated human resources practices would flow between organisations. A concern for the human resources function was that outsourcing may have been fuelled by senior management concerns about the quality and responsiveness of in-house human resources function (Redman & Wilkinson, 2001:17). Such concerns are known to have led to anxiety amongst employees, leading to withdrawal and absenteeism.

Part of the transition of the human resource function was the exploration of the self-service facility to enable employees to manage some of their transactions without the assistance of the HR practitioner. In this regard it may be argued that the South African Public Service is lagging behind in terms of the utilisation of technology to provide self-service features on human resources transactions like leave and submission of applications. A human resource information system is a computer system used to acquire, store, retrieve and distribute information related to a company’s human resources. Managers use the system to track employees’ vacation and sick days and to make changes in staffing and pay (Noe *et al.*, 2012:50). It generally has removed the element of subjectivity in the approval of applications for incapacity leave and ill-health retirement. Nevertheless, the management of health risk for government has been outsourced to private service providers. This was considered to be an acknowledgement that Government does not have the specialised knowledge and expertise required for the assessment and processing of health risk applications.

It is evident that the amount of time that the HRM function devotes to administrative tasks is decreasing, and its roles as a strategic business partner, change agent, and employee advocate are increasing. It seems that human resource managers generally need to shift their focus from more administrative operations to a more strategic focus (Noe *et al.*, 2012:7). This shift led to the emergence of the concept of strategic human resource management (SHRM). SHRM implies that HRM is fully integrated into strategic planning, that HRM policies cohere both across policy areas and across managerial levels and that HRM policies are accepted and used by line managers as part of their everyday work. Holbeche (2006:419) as cited by Nel *et al.*, (2011:16) asserts that an organisation’s overall business strategy should provide the guidance for the HRM strategy, which in turn outlines the organisation’s people objective achievement endeavours. Consequently, HRM strategies ought to focus upon issues that are supportive of what line managers see as the main focus to achieve an organisation’s objectives. However, Nel *et al.*, (2011:17) cautions that SHRM is more than merely the alignment of business strategy and human resource capabilities, because HRM incorporates a wide spectrum of human resources attributes. Regis (2008:7) postulates that the formulation of organisational strategy is integrative with the formulation of functional strategies. This means human resource strategy assumes more importance because it provides human resources for other

functional areas too. The reciprocal interdependence between an organisation's business strategy and human resource strategy underlines the strategic significance of human resources (Regis, 2008:7). SHRM is therefore concerned with "analysing the opportunities and threats existing in the external environment, formulating strategies that will match the organisation's (internal) strengths and weaknesses with environmental (external) threats and opportunities, implementing the strategies so formulated and evaluating and controlling activities to ensure that an organisation's objectives are duly achieved" (Regis, 2008:6).

2.5 TOWARDS AN ANALYTICAL FRAMEWORK FOR HEALTH RISK MANAGEMENT

It is an accepted fact that employee behavioural factors sometimes do influence organisational behaviour, hence these behavioural factors require to be closely managed (Lewis, 1999:8 in Van Rensburg, 2010:242). On employee behavioural factors influencing organisational behaviour, Herzberg (cited by Muller, *et al.*, 2011:69) argues that "factors relating to the high morale, motivation, advancement, recognition, growth prospects, responsibility and achievement, promotion and job itself can have a positive effect upon job satisfaction and result in increased output".

In addition to the above, Gerber *et al.*, (1996:50) stress the importance of the job context and general environment in influencing the work behaviour of individual employees in organisational settings. Other behavioural factors regarded as crucial in individual employee's functioning within the given organisational job context environment are: "organisational culture and climate, management philosophy, leadership style, structures and personal policy, working conditions and interpersonal as well as group relations". In an organisational setting these determinant factors are important to consider in determining organisational behaviour because they influence and affect motivation, commitment, adaptability, satisfaction, attitudes, perception, emotions, productivity, absenteeism, labour turnover, stress levels, morale, achievement and promotion of employees. It is argued that employees' behaviour is premised on the way in which they believe other employees behave. This observation applies to the managers who are said to "direct their behaviour and actions according to the way they believe other employees behave" (Gerber *et al.*, 1996:50). A confluence of all of the above employee behavioural factors collectively constitute organisational behaviour. In developing an analytical framework to gauge the level of health risk management in the KZN DOE, some of the abovementioned organisational employee's behavioural factors have to be used as criteria to measure the extent to which they influence organisational behaviour of the KZN DOE for the job context environment. These factors will be employed as key indicators of the health risk management in the department.

The Theory of Achievement Motivation of McClelland is relevant and could be tested in this study. According to McClelland's Theory of Achievement Motivation, "a person's aroused motivation to behave in a particular way is said to depend upon the strength of readiness of his motives and on two kinds of perceptions of the situation, namely, his

expectations of goal attainment and the incentive values he attaches to the goals presented” (Litwin & Stringer, 1968:12). Osland *et al.*, (2007:103) refer to the need for achievement as “a need to accomplish goals, excel, and strive continually to do things better”. While Bergh and Geldenhuys (2014:172) refer to the need for achievement “as characterised by the desire to achieve goals as effectively as possible, McClelland’s assumption is that there is a relationship between the achievement motivation aroused in individuals, entrepreneurship and economic growth of a particular cultural group. His theory is that any person has the potential to show a variety of behaviours. How a person behaves, however, depends upon the relative strength of his or her various motives and the opportunities offered in the situation.

2.5.1 Health risk: Related constructs

To design an analytical framework it is necessary to briefly reflect upon some of the related constructs influencing health risk management. These constructs indicate the multidimensional nature of health risk within the fields of organisational behaviour in general and human resource management in particular.

2.5.1.1 Emotions

Emotions is a health risk area that requires attention as emotional wellness of educators has a major role in the cognitive ability of a person and directly impacts upon effective service delivery. Stimie and Fouche (2004) in a study conducted to understand the full impact of lack of emotional wellness and poor management efficiency within public hospitals, concurred with Steward (2000) in that real time emotions are a large part of what managers manage even at schools. According to Thomson (1998) as cited by Stimie and Fouche (2004), emotional wellness is defined as perceived, real or imagined ability to change, handle or better one’s circumstances. Just like stress is a variable that may lead to absenteeism, emotional wellness requires as much attention. Generally the level of absenteeism in public health is as bad as that in education if the results of the study by Stimie and Fouche are taken into consideration.

Schlebusch (2000:109) states that “humans are social beings and many of our emotions involve other people”. This holds true for the educators whose entire lives revolve around people in the form of learners, colleagues and school management. A number of issues are faced by educators on a daily basis given the different personalities in class and the inherent pressure of teaching. Some of the issues may trigger certain reactions emotionally that may affect their well-being if the impact is negative and not addressed accordingly. With effective employee health and wellness programmes, they have an opportunity to learn to control their negative and stress-related emotions (Schlebusch, 2000:112).

2.5.1.2 Job satisfaction

According to Noe *et al.*, (2009:295) job satisfaction is a pleasant feeling resulting from the perception that one's job fulfils or allows for the fulfilment of one's important job values. Determining an employee's level of satisfaction in a job is very difficult given that various factors may influence employees differently. However, there are ways to monitor job satisfaction so as to understand the specific reasons for job dissatisfaction. If the department aspires to be a high performance organisation, it has to ensure that its employees experience job satisfaction (Noe *et al.*, 2009:474). Furnham (1992:197) suggests that it is possible "that different people in the same job experience different sources and amounts of satisfaction, while two people doing quite different jobs experience comparable levels of satisfaction".

Locke (1976), as cited by Furnham (1992:206), developed a comparative Theory of Job Satisfaction on the basis that job satisfaction may be more closely related to whether or not work provides people with what they want, desire or value. His argument makes sense because making a blanket assumption about job satisfaction would be dangerous, given different personalities and subjective needs which are influenced by a number of factors. This theory differs slightly from that of Maslow which is said to have been too general and did not consider the need for money.

2.5.1.3 Work stress

Franken (1994) defines stress as a set of physiological, psychological and behavioural reactions serving an adaptive function (Swartz *et al.*, 2011:408). Selye (1982) as cited in Swartz *et al.*, (2011:408) is of the view that a wide variety of dissimilar situations are capable of producing the stress response which includes fatigue, effort, pain, fear and even success. Stress is a dynamic condition in which an individual is confronted with an opportunity, demand or resource related to what the individual desires and for which the outcome is perceived to be both certain and important (Robbins & Judge, 2007:665).

Ray and Miller (1991) in the Psychosocial Wellness Toolkit (2009:93) explain that "stress in the workplace is unavoidable but its effects are often deleterious both to the stressed and the organisation". The consequences of unmanaged stress are huge because the stressed person's actions tend to have a devastating effect. Apart from the stressed individuals putting their lives in danger, the work to be performed suffers (Psychosocial Wellness Toolkit, 2009:93). It may be very difficult to determine one's level of well-being unless a diagnostic assessment by a medical practitioner is done. Therefore the task of supervisors is critical and chances of them feeling the pressure and succumbing to the same depressing situation are significant.

According to Van den Bergh (2000) as cited in the Psychosocial Wellness Toolkit (2009) stress, depression and family issues are the top three problems in the workplace in South Africa. In terms of this survey, there is a reason for KZN DOE to be pro-active in terms of putting in place measures to assess such health risks amongst its employees. It is worth

noting that stress is consistent with high pressure occupations like teaching and this requires management to be equipped with skills to manage stress manifesting in the workplace. This resonates with the definition of stress by Warren and Toll (1994) as cited in the Toolkit which reads “stress is the response to the perceived relationship between the demands on us and our ability to cope”.

On the flipside of the stress coin is eustress, which is essentially positive stress. Rothmann, in his behavioural conference report (Risk Management, March 2006:21) concludes that high school teachers are among the most “unwell” profession in the country. He further explains that in terms of the research done at Potchefstroom, it focused upon two areas, namely, distress prevention and eustress generation, where eustress is increased by identifying and enhancing aspects of work that employees find most engaging, by establishing meaningful goals, allocating job resources required for excellence, maintaining frequent and inspirational dialogue and helping workers to recognise eustress in themselves. According to Cousins *et al.*, (2004) as cited in the SA Journal of Human Resource Management (2009:3), it is critical that stress related work must be risk assessed and managed like any other hazard.

Cousins *et al.*, (2004), recommend the adoption of a management standard approach because it is a set of principles agreed upon by organisation in consensus, in order to enhance health and wellness. This is done by identifying work-related stress and reducing associated risks. In essence, all the stakeholders can be involved in the governance of employee health and wellness. It is further postulated by Cousins *et al.*, (2004) that “standards are designed to help simplify risk assessment for stress, to encourage employers, employees and their representatives to work in partnership to address work-related stress throughout the organisation and to provide a yardstick by which organisations can gauge their performance in tackling the key causes of stress”. Cooperation and unity amongst all the stakeholders are encouraged by this approach and would lead to effective implementation of a health risk management strategy.

In light of the growing problem of absenteeism, there is a suggestion to have a national strategy to deal with physical and psychological risks at work that influence the health and wellness of employees. Employers have to identify work conditions that will expose employees to physical and psychological risks, but currently little is done in terms of risk analysis and occupational stress interventions (SA Journal of Human Resource Management, 2009:7). The establishment of an Employee Health and Wellness Unit within the department would benefit from the national discussion in terms of new trends and best practices. Noe *et al.*, (2000:363) also concur with the view that absenteeism is disruptive and costly to the organisation.

It is evident that educators’ excessive use of sick leave and long periods of absenteeism could be traced back to various stressors within the workplace and their households. The responsibility of the KZN DOE is to acknowledge stress as one of the health risks to be managed in order to curb absenteeism. Having said that, individual educators have to also take responsibility by first acknowledging that they are stressed and secondly are

willing to subject themselves to the stress management programmes. Ross and Altmaier (1994) are cited in the Psychosocial Wellness Toolkit (2009) explaining that stress management methods can be grouped into preventive/combative coping and pro-active measures coping. Therefore programmes of stress management would have to provide for stress audits, Employee Assistance Programmes (EAP), stress programmes, policies and guidelines (Psychosocial Wellness Toolkit, 2009: 118-120). A view to conduct an audit within the employee health and wellness programme is necessary in order to have an insight into the effectiveness of the programme. It would also help determine the financial cost to the department.

Strumpfer (1995) argues that the focus of employee health and wellness should not only be upon negative health problems in the workplace, but encourage the promotion of positive aspects of employee health and wellness. This is a critical view point as it responds directly to the policies and procedures in place for wellness programmes. While there is a consensus across the board with regard to the need for effective employee wellness programmes, their success is mainly dependent upon effective and efficient implementation strategies, especially change management and communication. According to Maslach *et al.*, (2001) burnout is a negative work-related well-being state and employees who suffer from burnout are exhausted, cynical and feel ineffective. Various other authors, like Ahola and Hakanen (2007) are of the view that a depressed employee may be suffering from burnout. The current challenges of poor matric results at some schools, rude and underperforming learners have the potential to throw other educators over the edge. Strong management at schools should be able to identify those educators with depression symptoms or tendencies and refer them for counselling. Rothmann and Rothmann (2006) argue that stress-related ill-health has many consequences, including absenteeism, loss of attentiveness and concentration and low energy levels. In the same study, Levinson and Druss (2005) found that individuals who suffer from depression seem more likely to perceive themselves to be susceptible to physical illness.

2.5.1.4 Motivation

According to Milkovich and Boudreau (1988:165) as cited by Gerber *et al.*, (1996:320), motivation is the drive that energises, sustains and directs a person's behaviour. Motivation derives from perceived relationships between behaviours and the fulfilment of values and needs. Armstrong (1988:120) states that motivation is inferred from or defined by goal-directed behaviour. It is anchored in two basic concepts, namely, the needs that operate within the individual and the goals in the environment towards or away from the individual moves. In essence, motivation has a link to the way a human-being behaves which ties it to behavioural theories and assumptions, as mentioned above.

Lussier (2000), as cited by Dolamo and Pepira (2011:188), defines motivation as the willingness of an employee to achieve organisational goals. They further explain that motivation is what drives people to behave in certain ways and are motivated to do what is in their best interest. In essence, "motivation is need-related and people seek to reduce

various need deficiencies, which in turn reduces anxiety and tension". Gerber *et al.*, (1996:320) note that human behaviour stems directly from need. In order to get a better understanding of the concept of motivation, reference is made to three theories of motivation developed by Maslow (1954), Herzberg (1954) and McClelland (1961).

2.6 CONCLUSION

In this chapter, an attempt has been made to outline the theoretical and meta-theoretical grounding for organisational behaviour and the focus of this study. This was done by exploring the scholarly work of classical theorists such as Taylor, Fayol, Weber, Urwick, Mooney and Riley. Their arguments make it clear that organisational behaviour as expressed in employee conduct, is heavily influenced by the application of rules and regulations. According to these classicalists, if employees are not controlled and regulated it would be rather difficult for employers to implement their operational plans and achieve their strategic objectives.

Prominent scholars like Woodworth, Bandura, Skinner, Tolman and others provided an alternative perspective in trying to explain the behaviour of employees in the workplace. These organisational behaviour theorists developed social learning theories based upon the observation that "the person and his/her characteristics mediate between the stimuli and response". On the basis of these theories, the formulation and implementation of rules and regulations recognises the importance of environmental influences in the workplace and therefore the outcome is easily managed. Furthermore, the alternative theoretical perspective of those referred to as second generation thinkers on organisational behaviour are humanistic theorists. The line of argument for them is that the informality aspect of organisation, human relations and interaction of employees are too important to be ignored and they should consider studying and explaining the organisational behaviour. Included amongst these humanistic thinkers are McGregor, Argyris and Likert. In the course of this chapter, verification of the relevant employed concepts has been provided to deepen the understanding of the context within which they are utilised.

The role of human resource management as a function was briefly explored with special reference to the historical and evolution from whence it was personnel administration to SHRM. It was worth noting that before the emergence of the industrial revolution, employees were treated as "beggars" in that they did not enjoy any rights nor protection which means that their employment was at the mercy of the employer. At the time personnel administration was about managing employees' records as well as payments. However, it was established that as more people were employed due to changed circumstances, in relations to economics and politics, PM became a new concept.

Significant changes have taken place in the last forty years with writers, academics and researchers trying to determine whether the difference between PM, HRM and SHRM really exists. The rationale for transformation has been going on for years, with different perspectives being provided in terms of new thinking and the advent of information

technology. However, the majority view was and still is that the role of HRM plays a central part in the operations of an organisation. This is the realisation that without skilled, knowledgeable and experienced employees, there would be no service delivery or productivity, hence an integrated approach of systems to ensure that management of employees is not only a human resource function but a management function. This view and approach allows the KZN DOE to have effective management of health risks, because right from the assessment process, every manager is involved. The understanding of the employee behavioural factors as explained by various theories should provide proper guidelines in the management of sick leave, withdrawal, morale, job satisfaction, motivation and work-stress. The risks associated with the health of the employees should be assessed within the context of behavioural factors as informed by the overall job context environment. The importance of understanding of what is meant by health has shed light on the intricacies of human behaviour that may have been taken for granted.

The policy and applicable legislative and regulatory framework on the health risk management to be discussed in the next chapter will also deal in detail with the issues explored from a legislative perspective.

CHAPTER 3

LEGISLATIVE, POLICY AND REGULATORY FRAMEWORK ON THE HEALTH RISK MANAGEMENT STRATEGY IN THE KZN DOE

3.1 INTRODUCTION

According to Walt (1994:73) public policy making is a political process, not simply an analytical problem solving process. It is a process of negotiation, bargaining, and accommodation of many different interests which reflects the ideology of the government in power. Formulation of policy will usually take into account those interests, and will also be affected by prior or related policies, the financial and other resources available, and expected resistance or support. Formulation of policy is thus closely affected by those who take part in it. Hallsworth *et al.*, (2011:17) postulate that the strength of policy is integral to the strength of government as a whole, and that of the country at large. Therefore any policy process should have the interest of all the citizens and help advance the strategic goals of the organisation.

The recognition that employees are a significant pillar in the success of government and service delivery initiatives led to the need to formulate legislation aimed at ensuring the well-being of employees in the workplace. Government employees are the life blood of the public service delivery machine and therefore should always be healthy and fit to perform at an optimum level. This does not mean employees in the private sector are different as their health is as important and hence legislation on the basic conditions of employment covers employees across all sectors of employment. While it could be argued that government has always had legislation to manage conditions of service, however, certain challenges regarding the impact of the Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic and other illnesses necessitated the development of appropriate sick leave policies. There was also a realisation that it would serve government better to promote healthy lifestyles through a holistic employee health and wellness programme. This led to the development of an Employee Health and Wellness Strategic Framework, which will be discussed in detail in the coming sections.

The new era of democratic dispensation in South Africa brought about anxiety, uncertainty, fear and excitement amongst employees which resulted in them having various stresses as a reaction thereto. The transformation process also touched on the conditions of service, particularly leave of absence. As the effects of the new dispensation became entrenched and institutionalized, government also observed that other employees were abusing sick leave. There was also an acknowledgement that some cases were resulting from genuine illnesses and resulting in excessive periods of absence. As a result, service delivery and overall organisational performance was severely affected. It was on these conditions that the South African Government introduced measures to regulate the management of health risk and ill-health retirement. It was also noted that employee health and wellness programmes were a cornerstone for

a healthy and productive workforce. In essence, Government sought to recognise the constitutional imperatives that give importance to the health and the quality of life of all citizens. The provisions of the Constitution highlight the importance of health, not only for a select few, but for every citizen.

In this chapter, the provisions of the statutory and regulatory framework including policies and guidelines, will be explored to determine the scope and depth of health risk in the KZN DOE. The analysis of these documents will provide a better understanding of the Government's commitment to a healthy and productive workforce within a disease-free work environment. However, the efforts of Government may not be underestimated as the literature review suggests that the health of employees is subjected to a multitude of factors and influences. Such is the concern of Government that so many initiatives have been considered to improve the health and wellness in the workplace.

3.2 STATUTORY FRAMEWORK ON HEALTH RISK MANAGEMENT

The statutory framework provides a broad intention by the legislature to give recognition to the needs of the citizens, employees in this context, to ensure that there is normality and order in the management of government affairs and operations. For the health risk management strategy to achieve its purpose and objectives, it has to be guided by various statutory provisions to ensure that it is addressing the constitutional imperatives.

3.2.1 The Constitution of the Republic of South Africa, 1996

It is worth noting that the relevant provisions of the Constitution combine the health aspects and the human resource management element which are key to this study. Therefore the implementation of a health risk management strategy requires the full support of the executive management and should be funded accordingly. As can be understood, the specific details regarding each element of health risk management will be amplified by relevant pieces of legislation in the coming sections. However, the Constitution of the Republic of South Africa, 1996, in its preamble, states that the Constitution is adopted as the supreme law of the Republic so as to "improve the quality of life of all citizens and free the potential of each person" amongst other things. Furthermore, Chapter 2, Section 27 (1) (a) states that "everyone has the right to have access to health care services, including reproductive health care". Chapter 10, Section 195 (h) states that "Good human resource management and career development practices, to maintain human potential, must be cultivated".

The constitutional imperatives may be regarded as the main source for the formulation of a legislative framework that seeks to regulate the management of certain functions. Therefore the health of employees and their dignity is protected by the relevant legislation for the benefit of both the employer and the employee in relation to rights, roles and responsibilities. As such, Section 23(1) stipulates that "everyone has the right to fair labour practices", which is important as employees suffering from certain diseases should also be treated with due respect. Section 24(a) further provides that "everyone has the

right to have an environment that is not harmful to their health or well-being". The deduction to be made is that government has taken the lives of the citizens both in the workplace and in the community seriously and therefore the health and well-being of employees may not be compromised.

3.2.2 Occupational Health and Safety Act 85 of 1993

The main purpose of the act is to provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery, the protection of persons at work against hazards to health and safety arising out of, or in connection with, the activities of persons at work, to establish an advising council for occupational health and safety, and to provide for matters connected therewith.

Section 17 of the act determines the procedure for the establishment of health and safety representatives. All government departments are bound by this section as they employ more than twenty employees. The health and safety representatives are appointed by the HOD for a specified period and must be employees employed in a full-time capacity. The functions of health and safety representatives are spelt out in Section 18 of the act. Health and safety representatives are an extension of both the employer and employee in the provision of a healthy workforce, within a safe and disease-free work environment. Their responsibilities are important as they help with the compliance aspect and provide information that may improve and strengthen policies in the area of occupational health and safety. Their outcomes have the potential to positively influence some of the employee health and wellness programmes.

Sections 19 and 20 of the act also detail mechanisms for the establishment of the health and safety committees, as well as their functions. The health and safety committee may be regarded as an important resource to identify health risk issues, assess their impact and advise the HOD accordingly.

3.2.3 Public Service Act 103 of 1994

The Minister of Public Service and Administration (MPSA) derives the mandate from Chapter 10 of the Constitution, read in conjunction with Section 3 of the Public Service Act 103 of 1994, as amended. All government departments are subject to the authority of the MPSA in relation to the following matters:

- the functions of, and organisational arrangements in the public service;
- employment and other personnel practices, including the promotion of broad representivity as well as human resource management and training, in the public service;
- the salaries and other conditions of service of officers and employees;
- labour relations in the public service;
- information management and information technology in the public service; and

- public service and reform.

Section 2(b) further stipulates that the MPSA shall accept responsibility for any policy which relates to a matter referred to in the preceding provisions, and the provision of a framework of norms and standards with a view to giving effect to any such policy. While Section 3(c) also empowers the MPSA to make determinations regarding the conditions of service of officers and employees generally, Section 3 (d) extends the MPSA's authority to make regulations under Section 41 (1) of the act.

In reference to this study, the MPSA has the authority to make regulations in terms of Section 41(1)(c)(ii) regarding the circumstances under which medical examination shall be required for the purposes of any provision of this act, and the form of medical reports and certificates. Section 41(1)(d)(i) further empowers the MPSA to make regulations regarding the duties, powers, conduct, discipline, hours of attendance and leave of absence of officers and employees and their conditions of service, including the occupation of official quarters. In terms of Section 41(1)(d)(vi) and (vii) the MPSA has the power to make regulations regarding medical aid to officers and employees and the health and safety of officers and employees in the workplace.

The said sections of the act highlight the critical linkages between human resources, employee health and human resource management. The act therefore sets the basis for the development and formulation of the necessary policies and regulations to manage sick leave and absenteeism in the workplace. The summation to be made is that health risk management strategy flows from various pieces of legislation that aim to improve the lives of employees in the workplace. The government as an employer cares for its employees if the provisions of the said legislation support that.

3.2.4 Labour Relations Act 66 of 1995

The popular view is that the Labour Relations Act is to promote labour peace in the workplace. However, its primary purpose is to give effect to and regulate the fundamental rights conferred by Section 27 of the Constitution, amongst other things, and give effect to obligations incurred by the Republic as a member state to the International Labour Organisation (ILO). Furthermore, it is to provide a framework within which employees and their unions, employers and employers' organisations can collectively bargain to determine wages, terms and conditions of employment and other matters of mutual interest, and formulate industrial policy.

It is important to note that there is a clear link in that the Constitution provides a framework for the recognition of health, which is confirmed in the Public Service Act and further provided for in the Labour Relations Act. Government's commitment in the provision of a healthy environment in the workplace is clearly embedded in the Labour Relations Act and reminds the executive management of their obligation to the employees regarding their health and wellness. Furthermore, Item 10 of Schedule 8, Code of Good Practice: Dismissal, provides for measures to deal with dismissals resulting from incapacity on the

grounds of ill-health or injury. Therefore the relevance of this act is important in this study as this responds directly to the fundamental of the health risk management strategy. According to Muller *et al.*, (2011:219), it must be determined when establishing a policy and legal framework whether a framework of policy and of law exists to protect the rights of all persons and employees living with HIV and AIDS, to promote prevention, and to provide care and support in both formal and informal workplaces.

The Code of Good Practice: Key aspects of HIV/AIDS and Employment is therefore an important schedule in the Labour Relations Act. The primary objective of the code is to set out guidelines for employers and trade unions to implement so as to ensure that individuals with HIV infection are not unfairly discriminated against in the workplace. The secondary objective of the code is to provide guidelines for employers, employees and trade unions, on how to manage HIV/AIDS within the workplace. The code is very detailed and extensive in its articulation of the process and mechanisms to be followed in managing HIV and AIDS in the workplace, including that employers must manage their disabled or incapacitated employees, while making every attempt to re-deploy and accommodate them within their organisation.

The Public Service Act and the Labour Relations Act may be regarded as the key pieces of legislation that give effect to the implementation of the health risk management strategy in the KZN DOE. They both provide strong elements that resonate with health, health risk, wellness of employees as well as principles of human resource management. It is also noteworthy that although the custodian of the Labour Relations Act is the Minister of Labour, most matters of public service employees fall within the ambit of the MPSA. However, government departments like all employers, are required to report to the Department of Labour on an annual basis on the issues ranging from employment equity to occupational health and safety. Therefore some sort of synergy amongst the said pieces of legislation exist which helps address all the constitutional imperatives.

3.2.5 Basic Conditions of Employment Act 75 of 1997

The purpose of the act is to give effect to the right to fair labour practices referred to in Section 23(1) of the Constitution, by establishing and making provision for the regulation of basic conditions of employment, and thereby to comply with the obligations of the Republic as a member state of the ILO and to provide for matters connected therewith. In line with the constitutional imperative of recognising human dignity, the Basic Conditions of Employment Act (BCEA) in this context provide a directive in terms of leave of absence. The determination by the Minister of Labour provides the employers with a framework to manage the leave of absence appropriately. Section 22 of the act explains in detail the terms and conditions for granting sick leave to employees. Furthermore, Section 23 specifies the employee obligation to provide a medical certificate issued by a registered medical practitioner to support applications for sick leave beyond two days. This is an important provision because it seeks to minimise the possibilities of abuse of sick leave.

The South African Public Service, through collective bargaining at the General Public Service Sector Bargaining Council (GPSSBC) improved on the said provisions of Section 22 of the act, by introducing incapacity leave and ill-health retirement for employees whose illness is declared long term incapacity. The MPSA also introduced an 8-week rule to curb the abuse of sick leave. The details of the said measures will be discussed below in the policies section. However, it has to be noted that there is a clear reference to the Constitution, Public Service Act and Labour Relations Act in terms of providing a holistic approach to managing leave of absence in the workplace. The educators also enjoy the same benefits in terms of conditions of service, although their appointment is in terms of the Employment of Educators Act 76 of 1998. The approach to managing sick leave, incapacity leave and ill-health retirement is the same in the Public Service.

3.2.6 Employment of Educators Act 76 of 1998

The purpose of the act is to provide for the employment of educators by the State, for the regulation of the conditions of service, discipline, retirement and discharge of educators and for matters connected therewith. Chapter 2 of the act mandates the Minister of Education to determine among other things, the conditions of service of educators. The determinations by the Minister of Education are also guided by the provisions of the BCEA and the collective agreements in the Education Labour Relations Council (ELRC). With regard to sick leave management and incapacity leave procedures, all government employees enjoy the same benefits.

In addition, the Employment of Educators Act provides an incapacity code and procedures to manage incapacity and poor work performance in the form of Schedule 1. This is an important inclusion as it brings the elements of the Labour Relations Act, Occupational Health and Safety Act and the Employment Equity Act into one document. The incapacity code and procedures in respect of ill-health or injury are in sync with the objectives of the health risk management strategy. However, Section 14 (1) of the act, empowers management with authority to discipline educators who absent themselves without valid reasons. It has to be appreciated that the act also provides punitive measures to deal with those educators who may be tempted to abuse the incapacity leave policies.

3.2.7 Employment Equity Act 55 of 1998

The main purpose of the act is to ensure equality in the workplace in terms of an appropriate racial mix informed by the provisions of the affirmative action plans and employment equity targets. The act also cautions against discrimination in the workplace and prohibits unfair discrimination based upon HIV status. It also prohibits HIV testing unless it is authorised by the Labour Court. Therefore no policies, procedures and guidelines may contain clauses that are discriminatory, as that would be a violation of the law.

3.2.8 Medical Schemes Act 131 of 1998

The act states that a medical scheme may not unfairly discriminate, directly or indirectly against any person on the basis of their HIV status. In essence, the protection of infected employees goes beyond the workplace, which is critical because government contributes to the medical aid fund of employees. This suggests that infected employees should be treated fairly and equally at all levels.

3.2.9 Promotion of Equality and the Prevention of Unfair Discrimination Act 4 of 2000

The act's main objective is to ensure that all forms of unfair discrimination and inequality in the workplace are removed, including unfair discrimination based upon HIV status. It also provides guidelines that should be followed to promote equality. Flowing from the Constitution, there is adequate legislation that seeks to ensure that employees are not unfairly discriminated against, regardless of the status of their health. It is therefore incumbent upon the HOD to ensure that there are ongoing training workshops aimed at ridding the department of all discriminatory practices that may exist.

3.2.10 National Health Act 61 of 2003

The National Health Act flows from the Constitution as is the case with other pieces of legislation. Amongst the objectives of the act as stipulated in Chapter 1, Section 2 (c) is to regulate national health and to provide uniformity in respect of health services across the nation by protecting, respecting, promoting and fulfilling the rights of:

- (i) the people of South Africa to the progressive realisation of the constitutional right of access to health care services, including reproductive health care; and
- (ii) the people of South Africa to an environment that is not harmful to their health or well-being.

The act is meant to promote good health and prevent ill-health, diseases and accidents in the workplace. It also makes provision for the notification of certain diseases and conditions (Acutt & Hattingh, 2011:11).

3.2.11 Public Finance Management Act 1 of 1999

The objective of the act is to ensure prudent financial management in the public sector. Chapter 5 provides all the processes relating to the appointing of the accounting officer and the inherent responsibilities. The significance of the Act in health risk management is that sick leave and incapacity leave have financial implications. Furthermore, each department has to budget appropriately for ill-health retirement, which involves leave gratuity and medical aid provision. The Health Risk Manager is an independent service provider who also gets paid accordingly, which necessitates adequate budgetary control.

In addition, employee health and wellness programmes need sufficient funding to be effective.

This brings to the end a short description of the statutory framework. In the next section, the focus shifts to the regulatory framework that governs health risk management.

3.3 THE REGULATORY FRAMEWORK GOVERNING HEALTH RISK MANAGEMENT

In most cases, ministers are mandated to develop regulations to give effect to a particular legislation, in order to ensure that there is proper guidance and effective implementation. The regulatory framework is therefore a simplified version of the legislation, which provides specific details and covers all areas intended for implementation. There are various documents that have a bearing upon the health risk management, whose aim is to ensure that the KZN DOE achieves its statutory obligations. The most important ones relevant to this study will be discussed briefly below.

3.3.1 White Paper for the Transformation of the Health System in South Africa, 1997

The White Paper was published by the Ministry of Health to present a set of policy objectives and principles upon which the unified national health system of South Africa would be based. It also provides various implementation strategies designed to meet the basic needs of all people in the country. The main thrust of this document is to present a strategic approach based upon a comprehensive health care informed by a wide array of policies aimed at transforming the health care system. According to the document, the development of a national health information system will facilitate health planning and management, and strengthen disease prevention and health promotion in areas such as HIV/AIDS, sexually transmitted diseases (STDs) and maternal, child and women's health.

One of the goals of the White Paper is to develop health promotion activities in the following manner:

- provide a healthy environment;
- improve the psychological well-being of people and communities;
- reduce alcohol and other drug abuse, with particular emphasis upon tobacco, glue, cocaine, mandrax, heroin and marijuana;
- promote healthy behaviour to prevent sexually transmitted diseases and HIV transmissions;
- prevent the transmission of communicable diseases such as tuberculosis (TB) and the development of hypertension and diabetes.

The White Paper also notes that HIV/AIDS is one of the key health issues affecting the population and that the State's commitment to developing a comprehensive and

coordinated national AIDS programme is essential. In terms of this commitment a national AIDS control programme was formed and based upon the National AIDS Plan for the country. The whole of Chapter 9 of the White Paper is dedicated to matters related to HIV/AIDS and provides a detailed expression on what the Government's position is. Environmental health also receives adequate attention, and of importance is that, according to Chapter 11, the Department of Health endeavours to limit the health risks which arise from physical and social environment. The principle it adopts is that every person has the right to a living and working environment which is not detrimental to their health and well-being. This is critical, given that health is influenced and affected to a great extent by environmental factors which impact directly and indirectly upon the lives of employees.

In terms of Chapter 14, the document notes that by affecting the health of the working population, occupational injuries and diseases have profound effects upon productivity and the economic and social well-being of employees, their families and dependents. Occupational health programmes must focus upon providing services, conducting research and disseminating information to improve employees' health status. The prime responsibility of occupational health services is to identify, control and prevent adverse health effects caused by the working environment. Therefore employers are primarily responsible for providing occupational health services in the workplace.

3.3.2 Health Sector Strategic Framework, 1999 – 2004

The Minister of Health issued the Health Sector Strategic Framework in 1999 to set out the strategic thrust of the health sector for the period 2000-2004. This framework benefitted from the new government's experience over the preceding five years, a difficult period of transition from the old administration to the new administration. It was informed by a number of discussions, workshops, seminars, conferences and conventions aimed at improving the quality of life for the whole population. This was premised upon government's mandate enshrined in the Bill of Rights of the Constitution.

One of the key messages from the framework that describes the essence of what the Department of Health planned to do reads thus: "to deal decisively with the HIV/AIDS epidemic and its ramifications which threaten to undo our developmental gains". Employees are directly affected and infected by the HIV/AIDS epidemic, both at home and in the workplace, which has a negative impact upon service delivery. This also results in long periods of absence, meaning over utilisation of sick leave and sporadic absenteeism. It has to be understood that HIV/AIDS and tuberculosis (TB) as health risks in the workplace need to be managed with care given the sensitivities around them. The framework also notes the socio-economic impact upon the health of the population and raises concerns that due to high levels of unemployment and poverty, the public health system would still carry the burden of the HIV/AIDS epidemic. While this may be regarded as an outlook of the population in general, the fact of the matter is that employees are part of the greater population and their well-being has similar financial implications for the

fiscus. Therefore sustaining a healthy workforce will have a positive impact upon the health of the population at large.

Another critical detail of the framework is the information on the health status. The results of the South African Demographic and Health Survey found that South Africans are not very healthy. This was largely attributed to the impact of HIV/AIDS and TB. The survey also found that a significant number of adults had chronic diseases like asthma and hypertension and raised a worrying concern about overweight and obese people. Although this is just a summary, the picture that is painted is really gloomy which challenges government to put measures in place to manage health risk issues in the workplace.

The framework therefore commits the government to strengthening its efforts on the strategies to decrease the incidence of HIV/AIDS, STDs and TB. This commitment is displayed in the establishment of the National AIDS Council with government and civil society representatives to coordinate HIV/AIDS activities. The chairperson is the Deputy President of the country, which means there is a great political will to combat the epidemic. The problems associated with mental health and substance abuse and chronic diseases also receive adequate attention in the framework. These are health risk issues prevalent in the workplace and require proper health risk management strategies to be overcome. The framework further touches on the human resource management element, especially skills and systems development, human resource information systems and attraction and retention of skilled and experienced employees in the Public Service.

3.3.3 HIV/AIDS/STD Strategic Plan for South Africa, 2000 – 2005

The strategic plan is a collaborative effort by the Ministry of Health aimed at implementing recommendations which have not been adequately addressed since 1997. It also provides a strategic framework for the country's response to the HIV/AIDS and STD epidemic. The purpose of the national strategic plan is to guide the country's response as a whole to the epidemic. It is recognised that no single sector, ministry, department or organisation is by itself responsible for addressing the HIV epidemic. At a departmental level, policies will be developed and guided by this plan which will be specific to the needs of the department.

The national strategic plan also highlights the major causes and determinants of the epidemic in South Africa. The immediate determinants of the epidemic include behavioural factors such as unprotected sexual intercourse and multiple sexual partners, and biological factors such as high prevalence of sexually transmitted diseases (STIs), while the underlying causes include socio-economic factors such as poverty, migrant labour, commercial sex, the lack of formal education, stigma and discrimination. Naturally employees are directly and indirectly affected by these causes and determinants which leads to high levels of sick leave utilization, work stress, depression and absenteeism. In addition, TB and STIs exacerbate the problem of the HIV epidemic. This

accentuates the fact that managing health risks in the workplace cannot be overemphasized.

The national strategy has identified four priorities, namely prevention; treatment, care and support; research, monitoring and evaluation and human rights and legal rights. However, these priorities have been augmented by fifteen goals to ensure a multi-pronged attack on the epidemic. Those that have a direct and relevant bearing on this study are the following:

- Priority Area 2: treatment care and support.
- Goal 7: provide treatment, care and support services in health facilities.
- Priority Area 4: human rights and legal rights.
- Goal 15: develop and appropriate legal and policy environment.

3.3.4 Public Service Regulations, 2001

The MPSA issued the regulations in terms of Section 41 of the Public Service Act, 1994 as amended to give effect to certain provisions of the act and also guide the Executive Authority on the implementation of human resource management practices. The regulations also articulate what powers the Executive Authority and the HOD have in relation to managing the department.

According to Part V, F(c), an HOD shall ensure that an employee does not abuse sick leave. However, as part of government wide response to the HIV/AIDS epidemic, Part VI, E of the regulations is dedicated to a detailed mechanism guiding departments on how to manage HIV/AIDS and related diseases in the workplace. This provisions has since enabled departments to formulate and develop policies to manage HIV/AIDS and TB in the workplace. The achievement of this regulation is the establishment of units in departments with skilled human capital which has led to the allocation of necessary financial resources to run relevant programmes and awareness campaigns.

Part VII, G.3.1 empowers the Executive Authority on the basis of medical evidence, to consider the discharge of an employee in terms of Section 17(2)(a) of the Public Service Act on account of ill-health. To this end, an Executive Authority may require an employee to undergo a medical examination by a registered physician. Part VII, G.3.2 goes further to state that a discharge on account of ill-health shall occur with due regard to Item 10 of Schedule 8 of the Labour Relations Act.

3.3.5 Managing HIV/AIDS in the workplace, 2002

According to the guideline document, the Department of Public Service and Administration recognises the serious nature of the HIV/AIDS epidemic and its impact upon the public service, and is committed to ensuring that the impact of HIV/AIDS on the

efficient and effective delivery of services is minimised. The objectives of the guide are as follows:

- contextualise the HIV/AIDS epidemic within the country as a whole and within the public service in particular;
- identify key challenges to the public service in the context of HIV/AIDS;
- assist departments to plan, develop, implement and maintain HIV/AIDS workplace policies and programmes within a human rights and gender framework;
- provide practical guidance and information to departments on managing the HIV/AIDS epidemic; and
- promote the application of the minimum standards on HIV/AIDS.

3.3.6 ILO Code of Practice on HIV/AIDS and the World of Work, 2001

The International Labour Organisation's (ILO) Code of Practice on HIV/AIDS is very comprehensive and covers all the aspects related to the employer's and employee's responsibilities in the workplace. The code also signifies a world-wide concern about the impact of HIV/AIDS in the workplace in particular. It also provides a clear set of detailed guidelines that aim to ensure that the workplace is characterised by healthy, fit and productive employees.

According to Juan Somavia, Director-General for the ILO, the HIV/AIDS epidemic is a global crisis, and constitutes one of the most formidable challenges to development and social progress. He goes further to state that "Beyond the suffering it imposes upon individuals and their families, the epidemic is profoundly affecting the social and economic fabric of societies. HIV/AIDS is a major threat to the world of work: it is affecting the most productive segment of the labour force and reducing earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatisation aimed at workers and people living with and affected by HIV/AIDS".

This observation by an international body speaks volumes and explains why there is so much narrative about HIV/AIDS. The devastation of the epidemic has attracted global attention which means it cannot be ignored in the workplace by the executive management, hence the formulation of relevant guidelines, notably the Managing of HIV/AIDS in the Workplace issued by the MPSA in July 2007. Among the most important general rights and responsibilities in the code is vulnerability. This requires governments to take measures to identify groups of employees who are vulnerable to infection, and adopt strategies to overcome the factors that make these employees susceptible. Therefore departmental policies should address this element by ensuring that appropriate prevention programmes are in place.

The code provides a detailed list of what the employers and their organisations may do, however, for this study, and the following are very pertinent:

- Workplace policy: employers should consult with employees and their representatives to develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all employees from discrimination.
- Personnel policies: employers should not engage in nor permit any personnel policy or practice that discriminates against employees infected with or affected by HIV/AIDS.
- Grievance and disciplinary procedures: employers should have procedures that can be used by employees and their representatives for work-related grievances. These procedures should specify under what circumstances disciplinary proceedings can be commenced against an employee who discriminates on the grounds of real or perceived HIV status or who violates workplace policy on HIV/AIDS.
- Risk reduction and management: employers should ensure a safe and healthy working environment, including the application of universal precautions and measures such as the provision and maintenance of protective equipment and first aid. To support behavioural change by individuals, employers should also make available, where appropriate, condoms, counselling, care support and referral services.

Training is also an important element of the code and fits in well with health risk management strategy to get every employee on board. According to the code, supervisory and managerial personnel should receive training to:

- enable them to explain and respond to questions about the workplace's HIV/AIDS policy;
- be well informed about HIV/AIDS so as to help other workers overcome misconceptions about the spread of HIV/AIDS in the workplace;
- explain reasonable accommodation options to employees with HIV/AIDS so as to enable them to continue to work as long as possible;
- identify and manage workplace behaviour, conduct or practices which discriminate against or alienate employees with HIV/AIDS; and
- enable them to get advice about the health services and social benefits which are available.

Training is critical for health risk management strategy to succeed and achieve the desired outcomes.

3.3.7 General Administrative Regulations, 2003

The regulations are issued by the Minister of Labour in terms of the Occupational Health and Safety Act 85 of 1993. They clarify procedures with regard to the establishment of health and safety committees. In terms of Section 5, the employer should make available a suitable meeting place for a health and safety committee and ensure that the records, as contemplated in Section 20(2) of the Occupational Health and Safety Act, are kept for a period of at least three years.

The regulations also specify the timeframe within which the negotiations and consultations before the designation of health and safety representatives takes place. Section 6 of the regulations articulates what the agreement should entail. It also explains what should happen in the event that a dispute exists during the negotiation and consultation process. The regulations provide specific details and guidelines regarding the responsibilities of the employers on incidents pertaining to occupational diseases. Occupational diseases are clearly a health risk and hazard that require proper management to ensure that the lives of employees are secured. Therefore the existence of health and safety committees makes the implementation of health risk management strategy effective and should have the desired positive outcomes.

3.3.8 Green Paper: National Strategic Plan, 2009

The Green Paper on a National Strategic Plan was tabled in Parliament to initiate a process of public consultations aimed at eliciting views, comments and ideas on the proposed national planning for the country. The reason behind the proposal for national planning was necessitated by the observations of the previous 15 years of democracy. There was a concern that planning was based upon a five year strategic plan with no common focus and cohesion of all government departments. According to the Green Paper, a National Planning Commission would be established with members who would be respected intellectuals and experts outside of government. Their main goal would be to develop a long term plan informed by breaking down the country's high level aspirations into focused strategies.

The National Plan was considered to be a government framework for addressing major developmental challenges. Therefore improved healthcare for all was one of the areas to be considered by the National Planning Commission. As part of South Africa Vision 2025, the long term goal in relation to health is an adequate healthcare system characterised by low TB and HIV and AIDS infection rates. According to the Green Paper, the Planning Commission would also investigate the national health profile and developmental healthcare strategies.

The relevance of the Green Paper in this study is the acknowledgement of the government's unwavering efforts to always address the challenges of health risk within the greater population. This will have a position impact upon the health status of employees and provide efficient employees and improve service delivery.

3.3.9 Employee Health and Wellness Strategic Framework, 2008

In the framework, the MPSA postulates that “Historical approaches to solving challenges of employee health and wellness within the public service, given tomorrow’s complex environment, are inadequate. The high-value public servant of the future will be characterised by a capacity for balanced and healthy living to ensure efficient service delivery”. According to the MPSA, the framework takes cognisance of the reality that is created by HIV and AIDS and TB, chronic diseases and occupational injuries and disease and environmental and quality management, as some of the main challenges facing the country currently.

It seeks to represent an integrated, needs-driven, participative, and holistic approach to employee health and wellness in the public service. The integrated approach to employee health and wellness recognises the importance of individual health, wellness and safety and its linkages to organisational wellness and productivity in the public service. The framework is underpinned by the following four critical common strategic interventions:

- HIV and AIDS and TB Management;
- Health and Productivity Management;
- Safety, Health, Environment, Risk and Quality Management; and
- Wellness Management.

According to the framework, employee health and wellness programmes in the public service are rapidly transforming the nature of holistic support provided to employees to ensure risk management, occupational health, safety, productivity and wellness of government employees and their families and the safety of citizens in the public service world of work. It is based upon what is currently considered a national priority as guided by current disease burden in the country’s worker population, of which the public service constitutes 10%.

The vision for the strategic framework is articulated as “A healthy, dedicated, responsive and productive public service”. This integrates with all the efforts put in place by government to ensure that the workplace is characterised by healthy and fit employees. The framework also seeks to address two major issues which are occupational health and quality of work life. It also provides steps to guide the implementation process.

3.3.10 KZN Department of Education Strategic Plan, 2010-2015

In his introductory message in the KZN Department of Education Strategic Plan (2010-2015) the HOD states that “...our managers have recommitted themselves to becoming the best managers in the public service”. He further postulates that Government remains fully committed to ensuring that educators and school management teams operate within a conducive environment. However, on a less positive note, he concedes that “...on

average, 3000 educators exit the system per annum and a large percentage is due to high mortality rate...The department is losing highly qualified educators and having a challenge in replenishing the lost skills and expertise". It is therefore important to realise that health risk assessment in the education arena has a huge role to play. According to the Strategic Plan, the impact of HIV and AIDS on the teaching corps, needs to be assessed continually, so that mitigation strategies and Employee Assistance Programmes are designed and implemented. These measures are envisaged to have minimal negative impact upon teaching and learning.

3.3.11 KZN Provincial Employee Health and Wellness Policy Framework, 2011

According to the preamble of the policy framework, its focus is to create a healthy environment, health promotion, prevention, diagnosis, treatment and counselling services for employees and their immediate family members. It also posits that health and welfare services shall be made available to all employees at all levels. It further postulates that the impact of psycho-social problems on the KZN Provincial Administration shall be included in the strategic thinking and planning of its management teams. Therefore the management of employees with psycho-social problems can only be cost-effective if it is given priority and integrated into the day-to-day management of the KZN Provincial Administration.

The policy framework also commits the KZN Provincial Administration to creating a working environment that supports effective and efficient service delivery, with emphasis upon all its employees' health, safety, well-being and personal circumstances. Furthermore, it "demonstrates the province's social responsibility and commitment for the physical, spiritual, emotional, mental and social well-being of its employees through the establishment of the employee health and wellness programme". The said programme encourages early identification of problems, which have a major impact upon service delivery due to increased absenteeism and lower productivity.

The objectives of the policy framework are in line with other pieces of legislation and are meant to do the following:

- create a conducive work environment that takes into consideration gender and disability mandates, thus ensuring optimal functioning of all employees;
- promote the health and well-being of all employees;
- promote occupational health and safety;
- mitigate the impact of HIV and AIDS and TB on the public service workplace; and
- ensure that the public service workplaces comply with all relevant acts, codes and policies.

The policy framework brings all the provisions of the national framework and guidelines into one document with special reference to the KZN provincial context. It also confirms

that the executive management is well aware of its responsibility, since the policy framework was approved at the highest level of decision making.

3.3.12 National Strategic Plan on HIV, STIs and TB, 2012 – 2016

This is a strategic guide for the national response to HIV, STIs and TB for five years. The plan addresses the drivers of HIV and TB epidemics and builds on the achievements of the previous national strategic plans to achieve its goals. According to the plan, it aims to inform national, provincial, district and community-level stakeholders on strategic directions to be taken into consideration when developing implementation plans. It will also be used by the South African National AIDS Council (SANAC) as the framework to coordinate and monitor implementation by sectors, provinces, districts and municipalities. The national strategic plan is located within the constitutional framework of South Africa and strives towards its ideals of human dignity, non-racialism, non-sexism and the rule of law.

In line with the 20 year vision, the national strategic plan has the following goals:

- reducing new HIV infections by at least 50%, using combination prevention approaches;
- initiating at least 80% of eligible patients on antiretroviral treatment (ART) with 70% alive and on treatment 5 years after initiation;
- reducing the number of new TB infections and deaths from TB by 50%;
- ensuring an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the national strategic plan; and
- reducing self-reported stigma related to HIV and TB by at least 50%.

The National Strategic Plan has four strategic objectives, which will form the basis of the HIV, STI and TB response. They are listed hereunder:

- Addressing social and structural barriers to HIV, STI and TB prevention, care and support;
- Preventing new HIV, STI and TB infections;
- Sustaining health and wellness; and
- Increasing the protection of human rights and improving access to justice.

As part of the new approach, the plan invites researchers and policy makers to commit jointly to an evidence-based approach to the country's HIV, STI and TB response, including the development of a common understanding of the main drivers and risk factors for transmission at a local and national level. Data needs to be collated and synthesized so that researchers and policy makers can make informed decisions upon priorities. A common understanding of the status, nature and future consequences of these diseases is an important initial step. The plan encourages regular interaction between researchers, policy makers and the leaders of public health programmes to ensure that the HIV, STI

and TB policies take account of the latest science. It also submits that government funding of HIV, STI and TB research should increase substantially.

3.3.13 National Development Plan, 2013

Chapter 10 of the National Development Plan (NDP) is dedicated to health and states in its introduction that the country's health challenges are more than medical. It also states that behaviour and lifestyle also contribute to ill-health. Therefore it calls on everyone to make informed decisions about what they eat, whether or not they consume alcohol, and their sexual behaviour amongst other factors. The NDP emphasises that people need information and incentives to change their behaviour and lifestyles. Accordingly, promoting health and wellness is critical to preventing and managing lifestyle diseases, particularly the major non-communicable diseases amongst the poor, such as heart disease, high blood pressure, cholesterol and diabetes, which are likely to be a major threat over the next 20 to 30 years.

The NDP also notes that other non-behavioural factors that affect well-being including the environment in which people are born, grow up, live and work can affect their health negatively. The important aspect of the NDP is that it acknowledges that most of its strategies are in line with many strategies under consideration by the Ministry of Health. However, the National Planning Commission calls on all citizens to think differently about their health and to work with government and each other to create a healthy nation. This is critical and it strengthens the view that health issues cannot be solved by the Ministry of Health alone. The effective implementation of the health risk management strategy will go a long way to contributing to the NDP's Vision 2030, which is founded on a set of goals and priorities aimed at achieving a health system that works for everyone and produces positive health outcomes.

3.3.14 KZN DOE Annual Performance Plan, 2014/2015

One of the policy injections that the plan aims to deliver upon is "Action Plan to 2014 towards realisation of Schooling 2025". The plan has 27 goals for achieving Schooling 2025 vision, and incidentally Goal 17 has a direct impact upon the health of educators which is to "strive for a teacher workforce that is healthy and enjoys a sense of job satisfaction". The planned interventions and activities are that the Employee Assistance Programme (EAP) will coordinate and facilitate educational workshops and encourage employees to know their status by:

- coordinating and conducting presentations on HIV/AIDS and TB;
- presenting rights of people that are related to all social ills; and
- holding wellness days to raise awareness and testing and communicating with educators by Lifeline.

Educators will be encouraged to hold poster competitions on a healthy family and the rights of people. The EAP will also coordinate wellness programmes, including health screenings, stress management workshops, financial literacy workshops and work and play retirement programmes.

3.4 POLICIES GUIDING HEALTH RISK MANAGEMENT

Some of the legislative and regulatory frameworks are augmented by operational policies which deal largely with department specific processes and procedures. Other policies are a product of collective agreement, which means that they apply to all departments equally. Policies on leave and health risk management apply to all departments equally too, as they flow from collective agreements. They are briefly discussed hereunder:

3.4.1 Directive on Leave of Absence in the Public Service, 2000

According to the Department of Public Service and Administration (DPSA), the observation that employees were still abusing sick leave by exploiting the provision that a medical certificate was only compulsory for 3 days or more, led to the introduction of the 8-week rule in the public service (DPSA Circular, 2005:1). As part of implementing new changes to the sick leave provisions, the DPSA issued an amended Directive on Leave of Absence in the public service in November 2003. Amongst the amendments made was the change of the term disability leave to incapacity leave. There was also an in-depth explanation on the process of acceptance of medical certificates.

In terms of the new leave dispensation issued in 2000, employees who have exhausted their sick leave credit in a three year cycle can apply for temporary disability leave. The conditions are that an employee should make an application to the HOD once an attending medical practitioner has confirmed a need for additional sick leave days. Such an application would need to be supported by a medical certificate and be fully motivated. The HOD could require that a second opinion be obtained, by referring the employee to another medical practitioner. This is to enable the HOD to apply his/her mind properly after having the benefit of two medical reports.

The temporary disability, if approved, would be for a period of 30 days. In the event that there was no improvement in the condition of the employee within 30 days, the disability would be taken as permanent and the HOD would approve another 30 days paid sick leave. However, during this period, the employer is required to find an alternative placement for the employee or adapt his/her duties or work circumstances to suit the employee's disability. If the disability renders the alternative placement impossible, an application for the termination of services on the grounds of ill-health would be made in accordance with the provisions of Public Service Coordinating Bargaining Council (PSCBC) Resolution 12 of 1999.

3.4.2 Policy and Procedure on Incapacity Leave and Ill-health Retirement, 2005

The Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR) was approved by the MPSA in November 2005 with two objectives, namely to set up structures and processes, which will ensure intervention and management of incapacity leave in the workplace to accommodate temporary or permanently incapacitated employees, and to ensure that rehabilitation, re-skilling, re-alignment and retirement, where applicable, of temporary or permanently incapacitated employees are facilitated, where appropriate. Furthermore, the PILIR was premised upon the following mission:

- “to adopt a holistic approach to health risk management, by seeking synergies with wellness and disease management programmes provided by employees’ medical schemes and by implementing sick leave management as well as rehabilitation and re-skilling structures in conjunction with health risk management;
- prevent abuse of sick leave by managing incapacity or ill-health as far as possible;
- adopt a scientific approach to health risk management based upon sound medical, actuarial and legal principles;
- involve the various stakeholders in the health risk management processes and structures;
- implement health risk management that is consistent, fair and objective; and
- support health risk management that is cost effective and financially sound”.

In terms of the provisions of PILIR, incapacity leave is categorised as a short period (29 days) and a long period (30 days and more) which the HOD can approve on the advice of the Health Risk Manager. If the illness continues beyond the approved long period, an alternative placement is considered or job profile amended to suit the employee’s illness. If there is no improvement, the long period of incapacity leave becomes permanent incapacity leave. However, if sufficient medical evidence supports that ill-health retirement is the only solution, the HOD is so advised. In essence, ill-health retirement is considered as a last resort because it is a costly way of leaving the public service, on the side of the employer.

The paradigm shift brought about by the PILIR is the introduction of a process of checks and secondary assessments which aims to ensure that a thorough investigation is done before any application for ill-health retirement is approved. The doubts associated with unscrupulous medical practitioners who are bribed to provide fake medical certificates are eliminated through the referrals by the Health Risk Manager to independent specialists with whom they are contracted. The provision, however, still exists for the HOD to go against the advice of the Health Risk Manager and grant approval for ill-health retirements. This may be done in cases where the practical situation in the workplace does not accommodate the continued employment of the ill employee. In such cases, the provisions of PSCBC Resolution 12 of 1999 are applied.

The Government acknowledges that employees have medical reasons to be absent from work. However, certain procedures have to be in place to ensure that service delivery is not compromised. The objective is to ensure that sick leave is granted within a structured framework to limit possible abuse.

3.4.3 KZN DOE Policy on an Employee Assistance Programme

EAP is a referral service that supervisors and employees can use to seek professional treatment for various problems. The key to effectiveness of an EAP is striking the right balance between collecting information that can be used to promote employee health on the one hand and the employee's right to privacy. Employee wellness programmes take a proactive and pre-emptive focus upon trying to prevent health-related problems in the first place (Noe *et al.*, 2000:450).

The KZN DOE has a policy on EAP in place. It requires supervisors to be alert and to observe the performance of their supervisees, so as to identify the change of behaviour and decline in performance. It also requires the supervisor to document evidence in relation to deteriorating job performance, that is, absenteeism, late arrival, failure to meet deadlines, physical appearance or any other behavioural change.

3.4.4 Health and Productivity Management Policy for the Public Service, 2008

The policy provides for health and productivity management defined as “the integrated management of health risks for chronic illness, occupational injuries and diseases, mental diseases and disability to reduce employees’ total health-related costs, including direct medical expenditures, unnecessary absence from work and lost performance at work”. The policy serves as a broad guide for government public service organisations in responding to health productivity management in the public service world of work. It also introduces additional interventions based upon recent advances in knowledge, including integrated health risk assessment and management.

It deals with all aspects of employees’ health, including primary prevention of occupational hazards, promotion and protection of health at work, employment conditions and a better response from health systems to employees’ health. Furthermore, it advocates the principles of employees’ right to enjoy the highest attainable standards of physical and mental health and favourable working conditions. The policy provides that the workplace should not be detrimental to employee health and well-being. It prescribes that the primary prevention of occupational hazards should be given priority and that all components of the health systems should be involved in an integrated response to the specific health needs of the working population. The objectives of the policy are as follows:

- Focus upon the areas of disease management, mental health management, injury on duty and incapacity due to ill-health and occupational health education and promotion.
- Reduce healthcare costs and improve quality of life for individuals with chronic conditions by preventing or minimising the effects of a disease or chronic condition and medical surveillance.
- Help employees manage their lives successfully and provide them with the emotional and spiritual resilience to allow them to enjoy life and deal with distress and disappointment.
- Reduce absenteeism from work, abuse of sick leave, injuries on duty, ill-health retirements, incapacity leave, occupational diseases and health risks.
- Enhance the knowledge levels of individuals, help catalyse and reinforce behaviour change, while intentionally leading to improve health and productivity.

The policy sets out what role each person from the HOD to the labour representative should play to ensure successful implementation.

3.4.5 HIV and AIDS and TB Management Policy for the Public Service, 2008

The policy is meant to guide government public service organisations in responding to HIV and AIDS and TB management. It also provides guidelines on how to implement HIV and AIDS and TB management programmes in the workplace, as part of the overall employee health and wellness initiatives. The policy is underpinned by a number of principles which are listed hereunder:

- Recognition of HIV and AIDS and TB co-infection as a workplace issue.
- Respect for human rights and dignity.
- Gender equality.
- Healthy and safe work environment.
- Social dialogue.
- Confidentiality and protection of employees' personal data.
- Non-discriminatory workplace practices.
- Reasonable accommodation.
- Appropriateness and cultural sensitivity.
- Access to information and education.
- Equal access to all health entitlements.
- Continuity of/and partnerships.
- Alignment to national protocols.

All these principles are about ensuring that employees infected and affected by HIV and AIDS and TB are treated as humanely as possible and not unfairly discriminated against. There is also a provision to protect other employees, by ensuring that the work environment is safe and healthy, so as to prevent occupational exposure and transmission of HIV and TB.

3.4.6 Wellness Management Policy for the Public Service, 2008

According to the introductory part of the policy, wellness management is a response to the recognition that the health and well-being of employees directly impacts upon productivity of the entire organisation. It also acknowledges that “both personal and workplace factors influence overall wellness and employee performance”. The policy is aimed at guiding departments on how to implement wellness management programmes in the workplace. The objectives of the policy are to:

- meet wellness needs of the public servants through preventative and curative measures;
- promote the physical, social, emotional, occupational, spiritual, financial and intellectual wellness of individuals;
- create an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risks; and
- promote work-life balance through flexible policies in the workplace to accommodate work, personal and family needs.

This is an important development, as it strengthens the view that a healthy workplace is the main source of energy for employees and will produce work of good quality as the needs are being given the necessary attention.

3.4.7 SHERQ Management Policy for the Public Service, 2008

The Safety, Health, Environment, Risk, Quality (SHERQ) Management Policy seeks to make a paradigm shift regarding the issues of health and safety in the public service. Whereas occupational safety is traditionally viewed as the preserve for the mining industry and departments like Health and Public Works, the reality is that matters of occupational safety are for all types of industries and departments. The objectives of the policy are as follows:

- to improve occupational health and safety by controlling health hazards in the workplace;
- to have a healthy and safe public service environment that is safe for both public servants and the community at large;
- to have a public service that can identify and manage risks and improve quality of services; and
- to guide the public service on how to manage risks, eliminate illnesses, diseases and accidents.

The policy also provides a detailed segregation of responsibilities from the HOD to the labour representative. According to Acutt and Hattingh (2011:17) a global health plan of action for workers was adopted at the 16th World Health Assembly in May 2007 for the

period between 2008 and 2017. The global plan of action was based upon the following conclusions:

- The health of workers is determined by occupational hazards, social and individual factors and worker access to health services.
- Many interventions already exist for the primary intervention of occupational hazards and for developing safe and hygienic workplaces.
- Workers and local communities are exposed to different occupational hazards in different countries and have varying access to occupational health services.

These policies (health and productivity management, HIV and AIDS and TB management, wellness management, SHERQ management) are informed by the Employee Health and Wellness Strategic Framework which highlights the depth of work government has done in the area of employee health and well-being. Issues of employee health and safety are global issues, and therefore ensuring a healthy workplace is consistent with international practice and protocols.

3.5 CONCLUSION

There is a remarkable bias towards the HIV and AIDS and TB epidemic in the regulatory framework which is understandable, given its global impact and general effect upon employees in particular and families in general. Other diseases are associated with HIV and AIDS through opportunistic infections, which means by attacking the HIV and AIDS epidemic, other diseases would be reduced accordingly. Therefore the South African Government's commitment to the fight against HIV and AIDS and TB cleared a way to mitigate against other chronic diseases through employee health and wellness programmes.

It has to be accepted that Government has done significant work to provide the necessary legislative and regulatory framework to ensure healthy and fit employees in a safe working environment. However, it is incumbent upon the executive management to drive the implementation of these regulations with vigour to achieve the desired outcomes. The employee health and wellness programmes should be given priority backed by an effective monitoring and evaluation plan to ensure that all the set milestones are achieved accordingly. The strategic thrust of the department should be underpinned by human resource management policies that are progressive and support the health and well-being of employees.

The next chapter will look at the whole case of KZN DOE in relation to the implementation of health risk management strategy and inherent challenges.

CHAPTER 4

THE IMPLEMENTATION OF THE HEALTH RISK MANAGEMENT STRATEGY: EMPIRICAL FINDINGS

4.1 INTRODUCTION

The previous chapters laid out both the theoretical and policy foundations that guide the implementation of the Health Risk Management Strategy by the KZN DOE as the locus of this study. Chapter 2 ventured into a comprehensive literature survey that sought to induce a thorough understanding of the key constructs of this study, namely health risk management. The purpose of invoking and relying upon the plausible work of scholars was to deepen the comprehension of how the theories of human behaviour and health risk management in the workplace have been explicated. In this respect, the literature survey has guided the researcher to construct the theoretical components of this study, while also nurturing the researcher's understanding of the variables behind the employees' behaviour in a particular organisational setting.

Chapter 3 elaborated extensively upon the policy, legislative and regulatory framework framing the health risk management strategy in the KZN DOE. In this instance, references have been made to a number of legislative and strategic frameworks that are executed by the KZN DOE to effect health risk management. The provisions of the statutory frameworks on health risk management guide the management of the KZN DOE and employees alike on the acceptable norms and standards and behaviour that should be demonstrated by government employees in the workplace. They prescribe and regulate both the employee wellness and behaviour of educators and public service personnel in the government departments, hence informing the implementation of health risk management strategies and programmes. However, based upon a preliminary investigation, it became evident that the KZN DOE has challenges associated with the leave administration, issues pertaining to employee health and wellness, as well as the management of its health risk management strategy. Therefore the purpose of this chapter is to investigate the nature and challenges associated with the implementation of the health risk management strategy of the KZN DOE. The chapter will clarify the methodology utilised, data collection instrumentation, as well as the main findings emanating from the empirical investigation. The focus is to explore the challenges confronting the KZN DOE as it implements the health risk management strategy as per the input obtained from participants during interviews.

4.2 LOCUS AND FOCUS OF THE EMPIRICAL INVESTIGATION

The locus of this study is the KZN DOE and the study objectives are to describe the theoretical and meta-theoretical underpinnings of the study of human behaviour in general and health risk in particular, and also to explain the principles and best practices associated with human resource management strategies to deal with absenteeism in the workplace. Furthermore, the objectives include the description of the statutory and

regulatory framework governing human behaviour in the South African Public Service, explaining the status of human resource management in general and health risk management in particular and including the challenges associated with the implementation of health risk management strategy. The final objective is to make recommendations of the solutions that could be made on strategic, tactical and operational levels to ensure effective implementation of a health risk management strategy. Therefore the focus of the study is on the implementation of the health risk management strategy by the KZN DOE to determine whether there is compliance with the strategic, legislative and policy framework prescribed by the government.

According to the MEC for Finance, the KZN DOE is the biggest department in the province with a total budget of R42,142 billion in the 2015/16 financial year. This represents 41.3% of the total budget of the provincial government. The largest share of the Department's budget allocation, 82.8% is for the provision of personnel (Scott, 2015/16:21).

Educators who are the mainstay of the department have the unenviable task of achieving excellent results at all levels. However, the challenges that they face may lead to high levels of stress, excessive use of sick leave, long periods of incapacity leave and absenteeism. As was established in Chapter 3, absenteeism in schools has huge ramifications, both in financial terms and quality of education. Miller *et al.*, (2007) as cited by Lucas *et al.*, (2012) make a valid point when they conclude that "Teacher's absence often means that students have lost opportunities to learn. Further, teacher absences disrupt the routines and relationships which support the learning process."

The KZN DOE has an organisational structure that is designed to respond to the set strategic objectives. However, there are inherent organisational challenges as well as environmental influences that have to be taken care of on an ongoing basis. As observed in Chapter 2, stress, sick leave, incapacity leave and absenteeism are some of the challenges that have to be managed by the relevant managers. Wexley and Yukl (1977:13) concede that despite all the pressures exerted on the organisation, the values and behaviour of the organisation's members are generally shaped by their cultural background. In others words, educators' cultural belief systems and values may prevail over that which is inconsistent with what their work-related objectives are. This is essentially in keeping with the occupation of educators whose overall work performance has to navigate through learners with different personalities, attitudes, psychological issues and levels of aptitude. They also have to deal with pressures from the national department in relation to new measures aimed at improving teaching and ultimately, the matric results. Therefore, educators' behaviour is critical to the success of the KZN DOE. In essence, the environment and support systems are the cornerstones for the general well-being of educators and learners. The benefit to be derived from this would be healthy educators and reduced utilisation of sick leave and application for incapacity leave.

As illustrated, one of the fundamental challenges that the KZN DOE faces is absenteeism amongst educators. Ordinarily educators who experience significant levels of pressure and anxiety to deliver excellent results may be stressed and depressed. Inevitably, such

feelings have the potential to result in the over-application of sick leave. In the severe cases, this could lead to incapacity and hence long periods of absence. Stress should be avoided by all means as it may have a negative effect upon organisational behaviour as well as individuals' health. However, stress levels may not always be easily detected or measured and this could lead to absenteeism, staff turnover, coronary heart disease and viral infections (Kinicki & Fugate, 2006:165).

4.3 RESEARCH METHODOLOGY

According to Welman *et al.*, (2005:2) research methodology considers and explains the logic behind research methods and techniques. It therefore has much wider scope than research methods which, in turn, have a wider scope than research techniques. Cresswell (2008), Hagan (2006), and Maxfield and Babbie (2009) in Dantzker and Hunter (2013:57) agree that qualitative research is a non-numerical explanation of one's examination and interpretation of observations, the purpose of which is to identify meanings and patterns of relationships. While they acknowledge that conducting qualitative research may be time-consuming, they also agree that, to the quality researcher, the time factor may not be of concern. However, positive outcomes may be achieved within reasonable time.

4.3.1 Qualitative research design

Research design aims to address the planning of scientific inquiry through which a strategy for finding out something would be designed as posited by Babbie and Mouton (2001:72). Welman *et al.* (2005:52) contend that a research design is the plan according to which research participants are obtained, including the collection of information from them. It is the research design that details and describes what the engagement with the participant would be. In essence, it is a detailed action plan regarding the research to be conducted. According to Maree (2007:70), a research design is a plan or strategy which moves from the underlying philosophical assumptions to specifying the selection of respondents, the data gathering techniques to be used and the data analysis to be done. The choice of research design is based upon the researcher's assumptions, research skills and research practices, and influences the way the data is collected. Maree (2007:70) further states that six types of qualitative research designs are usually discussed. They are conceptual studies, historical research, action research, case study research, ethnography and Grounded Theory. While these designs may be further refined as they represent broad categories, suffice to say that case study research was chosen for the purposes of this study as stated in Chapter 1.

According to Babbie (2010:92) research design is about the exploration of new interest or when the subject of study itself is relatively new. He adds that it is more appropriate for a more persistent phenomenon. Babbie further categorises research design into exploration, description and explanation. Symon *et al.*, (2012: 119) assert that research design should be underpinned by a sound understanding of the relevant epistemological conventions and the explicit articulation of what the study is trying to achieve. Dantzker

and Hunter (2013:82) describe a research design as a feasible plan or blue print that responds to the who, what, where, when, why and how of an investigation.

The researcher opted for explanatory qualitative research design as a way of responding to why the KZN DOE was perceived to be having a high rate of absenteeism and why there was a problem with the implementation of the health risk management strategy. Therefore, information from the policy documents in relation to sick leave and incapacity leave and data collected from a sample identified to participate in the study were studied, analysed and compared. This led to the understanding of the problems by the researcher, proving sufficient input for the formulation of recommendations.

4.3.2 Case study design and units of analysis

The term “case study” pertains to the fact that a limited number of units of analysis are studied intensively. The units of analysis include individuals, groups, and institutions. In case studies the focus or objective is directed towards understanding the uniqueness and the idiosyncrasy of a particular case in all its complexity (Welman *et al.*, 2005:193). Furthermore, a case study cannot be both typical and atypical. The unit of analysis does not necessarily have to be human, but may also involve organisation documents and personnel records.

Welman *et al.*, (2005:194) also mention three aspects that are consistent with case study research. Firstly, the case should be defined/demarcated (boundaries should be determined). Secondly, whichever technique is used to collect data, the concern is not merely to describe what is being observed, but to search, in an inductive fashion, for recurring patterns and consistent regularities. Thirdly, triangulation is frequently used to discern these patterns. Because the number of cases is limited, the very purpose of cases studies is to intensively examine those cases that are indeed available. In view of the consideration that the researchers themselves are the research instrument, an attempt is usually made to corroborate findings according to at least three different approaches.

According to Maree (2007:75), the term “case study” has multiple meanings. It can be used to describe a unit of analysis or to describe a research method. Depending upon the underlying philosophical assumptions of the research, a case study research could be positivist, interpretive or critical. Bromley (1990:302) as cited in Maree (2007:75) posits that a case study is a “systematic inquiry into an event or a set of related events which aims to describe and explain the phenomenon of interest”. Yin (1984:23) defines the case study research method as an empirical enquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used.

Maree (2007) further postulates that researchers have used a case study method for many years across a variety of disciplines to answer “how” and “why” questions. Case studies offer a multi-perspective analysis in which the researcher considers not just the voice and perspective of one or two participants in a situation, but also the views of other

relevant groups of actors and the interaction between them. Essentially it enables researchers to come to a deeper understanding of the dynamics of the situation, and this aspect is a salient feature of many case studies.

The case research design allows for the intensive study of a given issue, policy, group in its social context at one point in time, even though that period may span months or years (Adler & Clarke, 2007). Case studies may also be longitudinal in that theory sometimes observes repeated cases over a certain length of time. They are not limited as to what can be studied. However, they can be costly and time consuming and may not provide an explanation for why the results turned out as they did (Dantzer & Hunter, 2013:87).

According to Maree (2007:75-76), the unit of analysis is a critical factor in case study research. It is often focused upon a system of action rather than an individual or a group of individuals, but case studies can also be selective, focusing upon one or two issues that are fundamental to understanding the system being examined. Hence the three units of analysis chosen for this study within a single case study of KZN DOE, as listed hereunder:

- the Head of Department;
- the Human Resource Management officials (senior management, middle management, operational level); and
- the Health Risk Manager.

4.3.3 Target population and sampling

According to Welman *et al.*, (2005:52) the population is the study object and consists of individuals, groups, organisations, human products and events, or the conditions to which they are exposed. A research problem therefore relates to a specific population and the population encompasses the total collection of all units of analysis about which the researcher wishes to make specific conclusions. Welman *et al.*, (2005:56) make a distinction between probability samples and non-probability samples. In the case of probability sampling, the probability can be determined that any element or number of the population would be included in the sample. In non-probability sampling, the probability cannot be specified. Welman *et al.* (2005:57) further assert that non-probability sampling is frequently used for reasons of convenience and economy. What is important, however, is that probability sampling enables the researcher to indicate the probability with which sample results deviate in differing degrees from the corresponding population values. The advantage of non-probability samples according to Welman *et al.*, (2005:68), is that they are less complicated and more economical than probability samples. Marlow (2011:146) agrees with this view and adds that the researcher is able to identify information rich elements and specifically select them, which makes non-probability sampling a method of choice in qualitative studies. The target population for this research study was senior managers responsible for human resource management and health risk management and middle managers responsible for the same in district offices.

Moreover, Welman *et al.*, (2005:69) argue that purposive sampling is the most important type of non-probability sampling. Accordingly, researchers rely upon their experience, ingenuity and/or previous research findings to deliberately obtain units of analysis in such a manner that the sample they obtain may be regarded as being representative of the relevant population. The problem though, is that different researchers may proceed in different ways to obtain such a sample. It is therefore impossible to evaluate the extent to which such samples are representative of the relevant population. The sample for this study is backed by the recognition of overall accountability for human resources in the KZN DOE and responsibility for employee health and wellness in the workplace. All selected participants have the experience, expertise and knowledge to provide the researcher with relevant and rich information that will enhance the understanding of the problem statement and lead to appropriate analysis, findings and recommendations.

According to Maree (2007:79) sampling refers to the process used to select a portion of the population for study. Qualitative research is generally based upon non-probability and purposive sampling. Purposive sampling means that participants are selected because of some defining characteristic that makes them the holders of the data needed for the study. Sampling decisions are therefore made for the explicit purpose of obtaining the richest possible source of information to answer the research questions. Paton (1990) in Maree (2007:79) has identified sixteen sampling strategies although three are most commonly used by beginner researchers, namely stratified purposeful sampling, snowball sampling and criterion sampling. They are briefly explained hereunder:

- Stratified purposive sampling – means selecting participants according to pre-selected criteria relevant to a particular research question.
- Criterion sampling – often overlaps with some or other sampling strategies. It implies that the researcher decides at the design stage of a study the typical characteristics of the participants to be included and the number of participants.
- Snowball sampling – a method whereby participants with whom contact has already been made are used to penetrate their social networks to refer the researcher to other participants who could potentially take part in or contribute to the study.

Based upon the research objectives and questions of this study, the most appropriate sampling strategy was the stratified purposive sampling. Seven participants were selected on the basis of the position they occupy within the organisational structure of the KZN DOE, with a bias to human resource management. One participant was selected on the basis that health risk management is managed by an independent service provider. These participants were identified by the researcher as custodians of the KZN DOE and central repository of the data to respond to questions raised during the interviews.

Babbie (2010:116) postulates that the population for a study is that group about whom the researcher wants to draw conclusions. He further argues that “we are never able to

study all the numbers of the population that interests us, however, and we can never make every possible observation of them". In every case, a sample is selected from amongst the data that might be collected and studied. The sampling of information occurs in everyday life and often produces biased observations. The researcher is able to identify information rich elements and specifically select them in non-probability sampling as described by Marlow (2011:146). While it can be argued that non-probability sampling is limited in terms of representativeness, it is however a "sampling of choice in qualitative studies" because generalizability of results is less important (Marlow, 2011:140).

According to Dantzker and Hunter (2013:110) conducting research requires the getting of information about a specific concept, phenomenon, event or group, hence a need for sampling. The general goal when choosing a sample is to obtain one that is representative of the target population. Representation requires that every member in the population or sampling frame has an equal chance of being selected. This is referred to as probability sampling (Dantzker & Hunter, 2013:111). On the opposite end is non-probability sampling which does not provide the opportunity for all members of the sampling frame to be selected. This shortcoming often leads to questions and concerns over the representativeness of the sample. However, when the sample produces the requisite information, representativeness is often not as much of a concern (although its limitations must still be noted). There are four types of non-probability samples, namely, purposive, quota, snowball and convenience (Dantzker & Hunter, 2013:113-114). The purposive sample seems to be the most popular. A major factor of purposive sampling is accessibility to units or individuals that are part of the target population. It is for this reason that purposive sampling was utilised to identify the participants from the case.

4.3.4 Data collection

Interviews are perhaps the most familiar data collection tool both for new qualitative researchers and participants (Braun & Clarke, 2013:77). Briggs (1986) contends that interviews are certainly one of the most common methods of data collection within the social and health sciences and the most common qualitative method of data collection. Braun and Clarke (2013:78) postulate that the semi-structured interview is the dominant form for qualitative interviews. In this approach, the researcher has prepared an interview guide before the interview, but does not rigidly adhere to it, either in terms of the precise wording of questions, or the order in which questions are asked. Furthermore the participants are given the opportunity to discuss issues that are important to them, that the researcher has not anticipated, and are not on the interview guide, so the researcher needs to be flexible.

Welman *et al.*, (2005:165-166), Maree (2007:87) and Dantzker and Hunter (2013:58-59) state that three types of interviews are used for data collection, namely, structured, unstructured and semi-structured interviews. They are described as follows:

- Structured interview – The interviewer puts a collection of questions from a previously compiled questionnaire, known as an interview schedule, to a

respondent face-to-face and records the respondent's responses. The interviewer is restricted to the questions, their wording, and their order as they appear on the schedule, with relatively little freedom to deviate from it. It often takes the form of a conversation with the intention that the researcher explores with the participant his views, ideas, beliefs and attitudes about certain events or phenomena. Open-ended interviews are normally spread over a period of time and consist of a series of interviews. This entails the asking of pre-established open-ended questions of every respondent which are mostly quantitative in that they consist entirely or predominantly of closed-ended questions.

- Unstructured interviews – Are informal and used to explore a general area of interest in depth. There is no predetermined list of questions to work through in this situation, although the researcher needs to have a clear idea about the aspect or aspects that he wants to explore. They are considered good for qualitative or explorative research. The questions are detailed and developed in advance, much as they are in survey research. They are frequently used in multiple case studies or larger sample groups to ensure consistency, but if they are overly structured, they inhibit probing. Interviews are far less rigid. Seldom is a schedule kept or are there usually any predetermined possible answers. The common form makes use of open-ended questions. Interviews are done in conjunction with participant observation.
- Semi-structured interviews – Between completely structured and unstructured interviews. The researcher has a list of themes and questions to be covered, although these may vary from one interview to the next. Instead of an interview schedule, interview guides are used in semi-structured interviews. They are commonly used in projects to corroborate data emerging from other data sources. They seldom span a long time period and usually requires the participant to answer a set of pre-determined questions. They do allow for the probing and clarification of answers. Semi-structured interview schedules basically define the line of inquiry. They primarily follow the same ideas or guidelines of a structured interview. The major difference is that the interviewer can go beyond the responses for a broader understanding of the answers and probe for more detail. Commonly used a qualitative research strategy.

For purposes of data collection of this investigation, the researcher used semi-structured interviews because of the flexibility to probe for more information from the participants. This interview type is more appropriate to provide the relevant responses, and allows the researcher to also make observations to the manner in which the participants respond. It also allows the researcher to skip other questions in the event they had been covered during the previous questions.

Accordingly, an interview schedule was drafted and pre-tested (piloted) with officials from the Human Resource Administration Section as well as from the Employee Health and Wellness Section to ensure the validity and clarity of the questions. Minor adjustments to the original questions were affected as a result. The researcher also submitted an application to the Head of Department for KZN DOE and the Director-General for Public

Service and Administration to obtain permission to conduct the interviews. The reason to approach the Department of Public Service and Administration is that it has the authority over the health risk management company contracted to the KZN DOE. Securing permission to conduct interviews is in compliance with the guidelines for ethical research at North West University.

Appointments for interviews with the participants were scheduled and the interviews were conducted in their offices, with the exception of the Health Risk Manager with whom the interview was held at the airport. All participants signed consent forms which clearly explained the purpose of the research study and had the assurance of the confidentiality of their responses. All participants agreed to a request to have the interviews recorded and the researcher also took notes during the interviews. The interview questions are attached as Annexures B, C, D, E, F, G and H.

4.4 DATA ANALYSIS

According to Maree (2007:103) qualitative data analysis is an iterative approach aimed at understanding how participants make meaning of the phenomenon under study. The Head of Department, Senior Manager: Human Resource Services, Senior Manager: Human Resource Development and Employee Wellness, Deputy Manager: Human Resource Services – Pinetown District, Deputy Manager: Human Resource Services – Umlazi District, Principal Personnel Officer and Health Risk Manager were selected as the participants in this case study. They were considered to be the most relevant in providing insight into the management of absenteeism and implementation of sick leave and health risk management policies. All the participants boast vast experience in human resource management and policy implementation. After all the interviews referred to above were completed, the recordings were transcribed. Once the transcripts were available, a process of coding ensued as reflected below:

4.4.1 Coding

According to Braun and Clarke (2013:206) coding is a process of identifying aspects of the data that relate to the research question. The researcher chose to use open coding in thematic analysis through which themes and categories were identified as posited by Maree (2007:103). Cleaning of data was done in accordance with the postulations of Marlow (2011:217) and assisted in identifying relevant codes, categories and themes. Phases of thematic analysis as supported by Braun and Clarke (2006) were followed as explained hereunder:

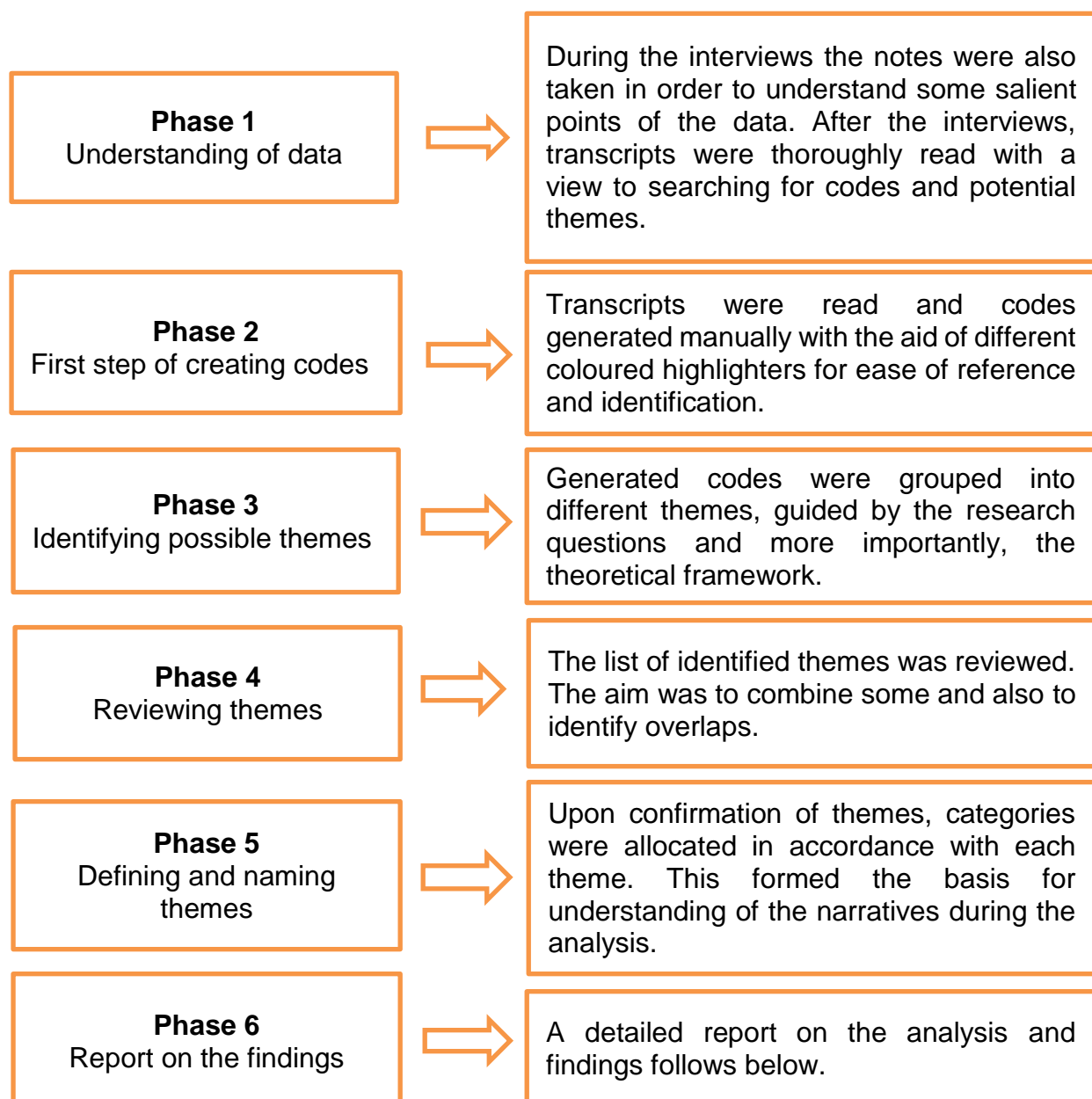


Figure 3.1 Phases of Thematic Analysis

Source: Adapted from Braun and Clarke (2006)

4.5 RESEARCH FINDINGS AND ANALYSIS

In this section the empirical findings, based upon the interviews with the participants to elicit their understanding and perception of the health risk management within the KZN DOE will be outlined.

Table 4.1 Biographical information

Participant	Years of service	Designation
1	24	Head of Department
2	37	Senior Manager: HR Services
3	32	Senior Manager: HRD and Employee Wellness
4	25	Deputy Manager: HR Services – Pinetown District Office
5	20	Deputy Manager: HR Services – Umlazi District Office
6	37	Principal Personnel Officer – District Office
7	19	Health Risk Manager

Three participants form part of the executive management team and have vast experience in the public service in general and education in particular and boast a combined total of 93 years of service. The other two participants have a combined total of 45 years in human resource management in education and form part of a management team in district offices. One other participant has 37 years of experience in human resource management and administration. The health risk manager has 19 years of experience in the field of health care and health risk management. They were eminently capable of responding adequately to the interview questions and providing the researcher with relevant information, possibly omitted during the interview. However, in terms of this study, Participants 1, 2, 3 and 7 will be categorised as Participant Group 1 and Participants 4, 5 and 6 will be categorised as Participant Group 2.

After following all phases of thematic analysis as guided by Braun and Clarke (2006), three main themes emerged from the data. It is however acknowledged that they may appear to be duplicated and with some overlaps, but they are inextricably linked as the analysis will clarify. The narratives derived from the participants are reflected in italics. The three main themes are as follows:

- Theme 1: Challenges associated with leave management and policy implementation
- Theme 2: Employee health and wellness management
- Theme 3: Management of health risk management strategy

4.5.1 Theme 1: Challenges associated with leave management and policy implementation

4.5.1.1 Location and displacement

There exist several rural schools in the jurisdiction of the KwaZulu-Natal Department of Education (KZN DOE). The province continues to be challenged by attracting educators to such schools. Compounding the problem further are issues of poor infrastructure and lack of resources which may influence the displacement of educators. This challenge of

poor infrastructure in rural schools is cited by one participant (14%) in participant group 2:

“...Schools in the rural areas have no telephone system and poor postal service communication with principals a challenge.”

The KZN DOE has approximately 5899 public schools, excluding special schools, with a high number of those in rural areas according to the KZN DOE’s snap survey for ordinary schools 2015 report. Some participants explained that the process on post provision norm has negatively influenced the attendance of educators. Annually, the KZN DOE adjusts its educator allocations according to fluctuation of pupil enrolment at schools. This process is guided by Section 2.4 of the Employment of Educators Act 76 of 1998, read in conjunction with the Personnel Administrative Measures of 1998. The objective of this process is to ensure that the post provision norm, which is 1 educator to 31 learners is maintained. In terms of the process, those educators found to be in excess are transferred to other schools. This is acknowledged by one participant (14%) in Participant Group 1 as follows:

“When a new establishment is declared every year there is a movement of educators above the post provisioning norm of the school. This means certain educators must be transferred and be placed at another school”.

The negative outcome of this process impacts in numerous ways in the lives of the affected educators, particularly financially, due to incurring additional travel costs. Moreover, the newly allocated school might be under resourced, thereby affecting the transferred educator’s ability to provide effective teaching and learning. This lack of resources according to Brown (2002) can be human, financial and technical. These aforementioned changes and concomitant influences have contributed to reasons why affected educators become stressed, depressed and eventually take sick leave which is noted by one participant (14%) in Participant Group 1 below:

“...that causes instability and in terms of your family...you used to walk to school next to your house now you will be matched and placed into a school which is 50kms away from your home so that also causes some stress...”

Winkler (1980:235) too suggests that personal characteristics like distance between the educator’s home and school may be attributed to high rate of absenteeism. Beyond location, displacement was yet another factor of concern to participants, where the pervasive political dynamics influence some educators’ decision on displacement as cited by one participant (14%) in Participant Group 1 below:

“...we, in 1997 came up with a law which was called the Displacement of Educators Policy. In this regard teachers would declare themselves displaced when there is a problem with attendance caused by political circumstances in which the school is located...”

Furthermore, union membership was said to influence the lives of educators and invariably bring the different political ideologies to the fore, particularly where there is dominance of one over the other. It is common knowledge that unions are associated with

certain political organisations which influences the relationships shared amongst educators at schools. It becomes even more complicated when an educator is transferred through the displacement process to a school dominated by a union not of his or her affiliated union. While educators and public service personnel are not permitted to engage in political activities, the mere presence of active unionism in the workplace generates tension as confirmed by the participant (14%) in Participant Group 1 below:

“...if you live in a village which predominantly is NATU you would feel uncomfortable if you are SADTU”

The same participant added that educators abuse the Policy on Post Provision Norm by declaring themselves displaced when they encounter problems at school or in their immediate residential area and decide to stay at home. In essence, despite the KZN DOE not sanctioning their move, they attempt to transfer themselves. Should they not have their requests met, they decide to absent themselves on the pretext of being sick, as eloquently referred to directly below:

“...teachers would then firstly report illness when they are not; and then later on we discover that the issue is that they don't want to go to a school too far away but they can't go to the one which is here...”

Therefore this view of the two participants in Participant Group 1 above seem to vindicate the point made by Winkler (1980) in the literature review section of this study.

The above responses from two participants (29%) in Group 1 and one participant (14%) in Group 2 suggest that the Displacement of Educators Policy of 1997 and the Procedure on Post Provision Norm may have adversely contributed to the high number of educators taking sick leave. However, it should be stated that one cannot draw an inference based upon the response of one participant. Although the Displacement of Educators Policy of 1997 was subsequently withdrawn on 18 November 2011 by a resolution of the KZN Provincial Chamber of the Education Labour Relations Council, the Procedure on Post Provision Norm still applies. In essence, the displacement of educators on the basis of post provision norm is inevitable. Therefore transferring educators in accordance with the post provision norm should be managed sensitively, in order to obviate major disruptions in the lives of educators, as Lall and Zaidi (2008:15) support that modern human resource management considers its employees as its most important resource.

4.5.1.2 Workload and work stress

Eighty-six percent of the participants from both participant groups emphasized that the situation of inadequate human resource capacity has led to excessive workloads. The consequence of this is that employees become overwhelmed with work, exacerbated by pressures and deadlines that need to be met. Clearly, performing additional duties to ensure that teaching and learning and service delivery are not compromised by absence of staff, results in stress and fatigue. Partab (2010) adds that the physiological effects of stress like fatigue and headaches ultimately impairs functioning and contributes to burnout which is a constant reality. Moreover, the ratio of educator to learner in most public South African schools is acknowledged as being fairly disproportionate, which evidently

contributes to stress, which impacts upon the increasing amount of sick leave taken. Similarly some departmental officials also feel the pressure to undertake work of other colleagues, causing them to suffer from work-stress. The following related responses specify the challenge of inadequate capacity and overload:

“...the issue of workload in respect of educators...our PPN or our learner educator ratio at the moment is 1 to 31, in terms of the province...the actuals at schools there are educators who are having about 70 learners in a classroom...because some principals...will admit more than that...”

“...when it comes to office based educators the problem is the issue of non-filling of vacant posts...people are doing the work of about 3 or 4 people...”

“...most of the time we have a backlog...backlog in the filing of those leave forms...if we can have more staff at least for the capturing...”

“...we need people, more people in leave and also in the registry section...”

“The reason for absenteeism is stress related”.

Another salient point raised by two participants (29%) in Participant Group 2 is that existing staff in the Leave Section are also pressurised and proceed to take sick leave which severely compromises the output and workflow of the entire unit. They are generally susceptible to psychological stress which has the potential to affect their ability to produce quality work and meet critical deadlines. While attempting to cope, under demanding circumstances, they unwittingly place themselves under duress as confirmed by Swartz *et al.*, (2011). They subsequently present with low morale and lack of desire to engage in any further duties. Such a situation is not conducive to the work environment. However, counselling services afforded by the Employee Health and Wellness Unit may be utilised under such circumstances to ameliorate issues of stress and burnout which is expressed below:

“...I have noted that also the staff that work in the Leave Section...need assistance...they need counselling from time to time...they are somehow demotivated.”

“...there was a guy who was...doing the medical boards, I actually said you know this guy is going to go on medical board himself now because he was the only one doing it for the 3 districts...”

Reflected above are the challenges of backlog and insufficient staff that impact negatively on staff stress. Cousins *et al.* (2004) caution that managers should put measures in place to ensure that work stress and associated risks are properly managed.

4.5.1.3 Associated health risk factors

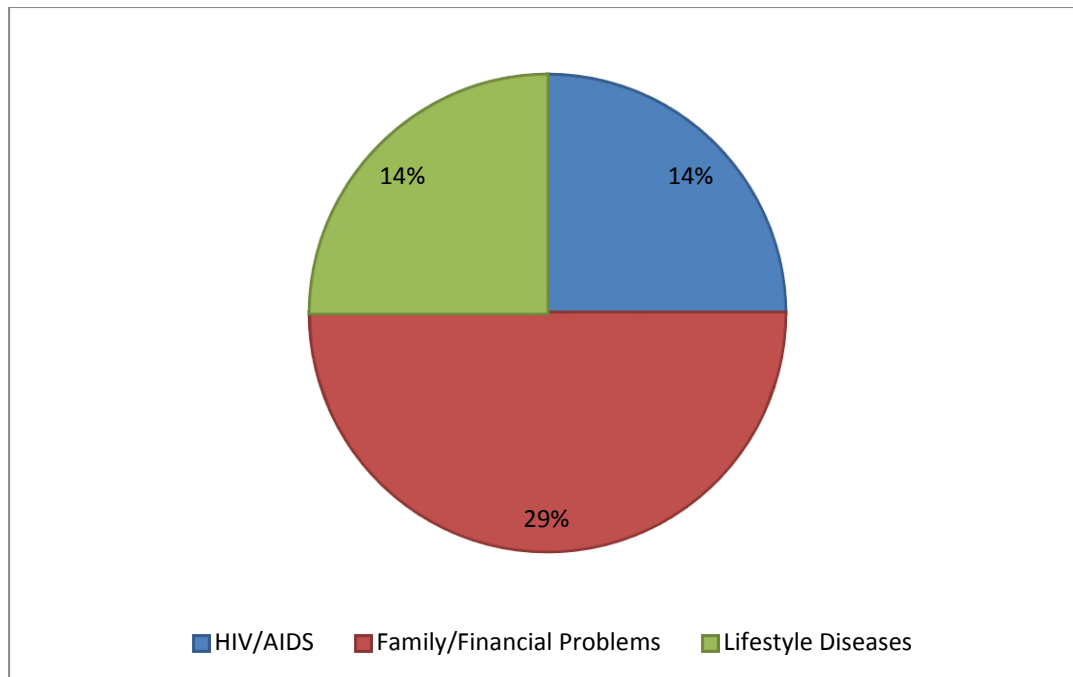


Figure 4.2 Participants' expression of health risk factors

Absenteeism has over the years received increasing attention, although the underlying health risk factors have been overlooked. Health risk factors manifest themselves in various forms as expressed by the participants in Figure 4.2 above. According to Swartz *et al.*, (2011:401) risk is the possibility of harm, and to risk something, such as health, means impairment. Furthermore, risk behaviours refer to specific forms of behaviours that are proven to be associated with increased susceptibility to a specific disease or ill-health. Therefore the inability of supervisors to closely monitor the sick leave tendencies of staff makes it difficult for KZN DOE to determine the underlying health risk factors. While it could be argued that staff have a responsibility to inform their supervisors of the reasons for their regular absence, this can only be achieved when trust exists. Robbins (2001) recommends that trust should be at the centre of a working relationship, because parties are able to share information and discuss issues of importance openly with an understanding that confidentiality will prevail. However, this trust seems to be compromised in the relationship between supervisors where information about sick leave is not shared. There could be deeper, more complex underlying health risk factors which cause educators and public service personnel to absent themselves without reporting and also of failing to confide in their supervisors as reflected in the following statements by 2 participants (29%) in Participant Group 1:

"...especially educators who disappear by absenting themselves without reporting...problem of wellness...financial challenges, family challenges..."

"...when you talk about the health of educators, certain problems are raised, one is the health of teachers and the spread of HIV/AIDS...I can assure you that much more than is reported is the number of teachers who are HIV infected..."

The prevalence of a number of diseases points to a health risk that educators and public service personnel are exposed to. This is acknowledged by one participant (14%) in Participant Group 1 as follows:

“There are also other diseases that are lifestyle oriented, for example, your diabetes, your TB...unfortunately we have a lot of them”.

In addition to ill-health concerns, it was mentioned by one participant (14%) in Participant Group 1 that educators were experiencing serious financial challenges which have a negative impact upon their well-being. This in turn has led to excessive use of sick leave and abuse of policies by resigning or applying for early retirement, only to apply for re-appointment once they had been paid their pension benefits as supported by the statement below:

“...you cannot force a person when he decides that he is retiring due to these challenges...most early retirements that we have...we have discovered that those retirements are as a result of financial challenges...people want to withdraw their pension, cover their financial problems...come back for reappointments...”

Other participants provided no inputs in relation to the associated health risk factors.

It is therefore noteworthy that there are health risk factors which have to be assessed for the benefit of the KZN DOE so that effective strategies to manage health risks are implemented. Although some of the problems are beyond the capacity of KZN DOE in terms of resolution, it is however vital that a conducive work environment be supportive and empathetic to the affected individuals. Muller *et al.*, (2011:290) caution against some common harmful socio-psychological conditions which may result in low quality of work life, including stress, dissatisfaction, apathy, withdrawal, tunnel vision, forgetfulness and inner confusion about roles. The success of the implementation process of health risk management strategy is dependent upon the full understanding of the health status of educators and public service employees.

4.5.1.4 Poor management of sick leave processes

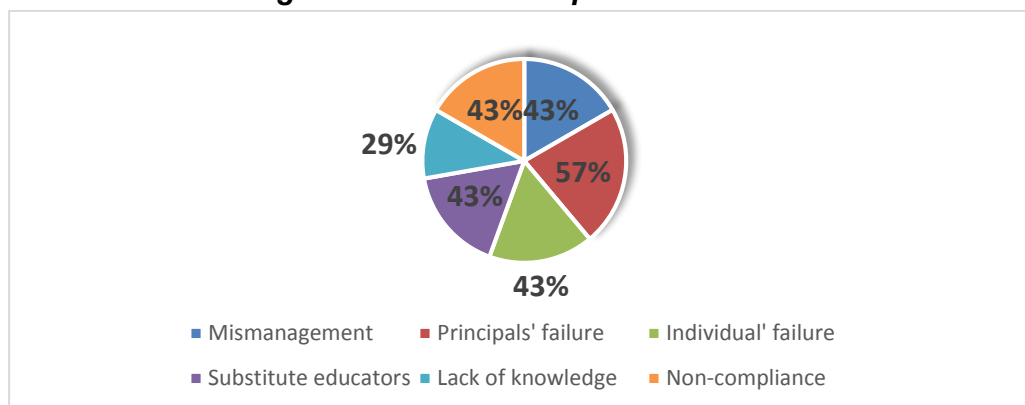


Figure 4.3 Participants' views on management of sick leave processes

Seventy one percent of the sampled participants explained that the problem of managing sick leave effectively was pervasive across all levels of management. This was against the provisions of the approved sick directive and Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR). There are basic requirements that every individual educator and public service personnel member has to abide by as part of sick

leave management. Those requirements include completing the sick leave form, which is thereafter signed by the supervisor and head of the unit. It is then submitted to the Human Resource Management Unit for capturing on the PERSAL system, thereafter it is updated on the sick leave record and filed. In essence the responsibility of sick leave management lies with an individual member of staff and immediate supervisor. The most salient views expressed by different participants are depicted in Figure 4.3 above. This mismanagement has also been brought to the attention of outside agencies as is observed in the statement below by three participants (43%) in Participant Group 1:

“The Auditor General has in the last 2 years qualified the department based on poor leave administration.”

“...level of absenteeism especially in respect of educators is not very high but there is a concern about the way it is managed at the level of schools...”

“People always think there is a high volume of absenteeism among educators and employees but if you look at the actual number of educators and those utilising incapacity leave it is not that much it is actually a lower rate than anticipated.”

It seems that the processing of leave forms is at the core of the problem, as explained by some participants. Some sick leave forms were submitted late from schools leading to backlogs in the Leave Section due to limited human resource capacity. Two participants (29%) in Participants Group 2 were of the view that the principals' lack of urgency to ensure that sick leave forms arrived at the circuit office as soon as they had been signed was problematic. The following statements from the said participants support the expressed concern of late submissions:

“...you find that the leave forms take a back seat; they would accumulate at the school...once there is a sizable number of leave forms then they would think of submitting those leave forms...once it hits the district office it comes in like boxes because it is not one school, it is not one ward, it is actually quite a number of wards...we end up with large number of leave forms coming in at the same time you see...then our HR offices in the district are not coping with those numbers...”

“...school level the management of leave and other HR related matters are ...secondary...what they do is teaching and learning and therefore leave forms would accumulate...then our HR offices in the district are not coping...”

However, it was also mentioned that the circuit offices were also to blame as they gathered sick leave forms from various schools and submitted them in boxes, and in most cases these were very late. If late there are financial implications. Sick leave credits are reflected on the salary advice which means educators and public service personnel are able to verify and manage their leave credit accordingly. However, in the event of delays in capturing, educators and public service personnel might take sick leave even when they had exhausted their sick leave. This subsequently results in a salary disallowance from the affected educators and employees, a situation which creates unnecessary labour disputes. Apart from the stipulations of the Leave Directive of 2001, HRM Circular Number 16 of 2013 states that “employees must ensure that completed leave forms are submitted to the supervisor/head of institution within 5 days from the first day of absence failing which the supervisor/head of institution must make a written request for the leave

forms to be submitted within a further 2 days.” Therefore, the individual educator or public service employee is responsible as stipulated by the policy to report their absence within the stipulated timeframes as explained by the three participants (43%) in Participant Group 2 below:

“...in terms of sick leave when an employee is on sick leave when you come back to work it is your responsibility within the 1st two days to fill in the leave form and submit it.”

“...what is more difficult with us in the department is leave policy has got time frames you see and we are unable to meet those time frames...if a person is away a person needs to report within...5 days.”

“In terms of submitting the documents for leave some of them do not even submit.”

Another shortcoming of late submission of sick leave forms is the implications upon the health condition of the affected person. An audited and updated sick leave profile is imperative when granting incapacity leave in instances where sick leave had been exhausted. Such sick leave profiles are also critical in the event where alternative placement is advised by the health risk manager and more importantly, it keeps all members of staff aware at all times of their sick leave credit. When sick leave records are not updated, incorrect assumptions are made with regard to sick leave credits, resulting in staff taking sick leave even when they no longer have sufficient sick leave credit. The statement by the two participants (29%) in both participant groups below attest to this understanding:

“...what is causing the problem at the moment is that some of the educators think that leave is not captured and therefore they remain with this 36 days for 3 years having used all the days...”

“...staffing would assist to have people on ground level that can inform employees once their 36 days of sick leave are about to be exhausted...”

There was a poignant issue mentioned by three participants (43%) in Participant Group 2 that school principals were somehow very enthusiastic when submitting applications for substitute educators, with the majority of vacancies caused by educators on sick leave. However, instead of submitting both the application for substitute educator and the sick leave forms for the educator to be substituted, they would only submit the application for substitute educator. They added that principals were applying for substitute educators at an alarming rate, as more educators are booked off sick, resign or apply for early retirement. This has placed the KZN DOE in a predicament where it has been compromised by having to reappoint educators who had left the service within 12 months as substitute educators. The participants’ concerns are expressed below:

“...they normally submit the normal sick leave forms when they are supposed to be submitting the annexures. Their main focus is only on getting the substitute educator...I did a PERSAL report checking all the substitutes...since January 2015 up until now...it is quite bad...seemingly...almost each and every educator is having a substitute.”

“...we have 2 different stages where the documents come to us and one it comes to the Leave Section for the granting of the leave and the other it goes to an appointment section where you appoint a substitute educator...principals of schools are only concerned about the replacement of the educator...”

“When an educator is not at work because of ill health, the most important issue becomes the replacement of that person. So the issues of absenteeism and wellness are not given that much of emphasis.”

It would appear that the aforementioned situation was influenced by the interests of the learners who should not be without an educator as agreed to in the New Growth Path – Accord 2 (Accord on Basic Education and Partnerships with Schools) of 2011 and hence the prioritisation of a substitute educator. However, some participants believed that a high number of substitute educators was indicative of a sick workforce. This situation also impacted upon the KZN DOE, in that it found itself reappointing educators who had just resigned or taken early retirement as explained by one participant (14%) in Participant Group 1 as follows:

“The policy that we have is that if a person has retired the person must have a cooling down period of about 12 months, but the challenge that the department is facing is that the other policy is that there must be an educator in front of the child, so if a maths educator retires today you cannot wait for another 12 months to reappoint him because it is very difficult to get the replacement.”

While it is acknowledged that the interests of the learners take precedence, it is equally important that sick leave management is not compromised by the failure to attach sick leave forms to the application for appointment of a substitute educator. There are also other conditions attached to the re-appointment of educators after a break in service in accordance with HRM Circular Number 72 of 2010.

In addition, the underlying problem was identified as a lack of knowledge on the part of first level supervisors, as explained by some participants. In a sense, there was a concern that in spite of efforts by the Human Resource Management Unit in promoting compliance, supervisors were still ignoring critical provisions of sick leave directive and PILIR. This problem of non-compliance was cited by two participants (29%) in Participant Group 2:

“Our managers need to be well versed with the leave policies. This includes the heads of institution at the school level, because most of the time it is the head of institution who claims not to know what to do.”

“If a person does not report to work, some of them claim not to know what to do. If a person is not reporting properly or is not submitting the required supporting documentation they plead ignorance.”

In a sample size of seven participants, two participants (29%) in Participant Group 2 mentioned that there was a general misconception that leave management is a human resource management responsibility which is incorrect. They explained that supervisors are effectively responsible for ensuring that those absent from work report accordingly, complete the necessary sick leave forms, submit medical certificates and submit sick leave forms to the district office within the specified timeframes. One of the core duties and responsibilities of the principal according to the Personnel Administrative Measures of 1998, is to ensure that departmental circulars and other information received which

affects members of the staff is brought to their notice as soon as possible and is stored in an accessible manner. Therefore principals are responsible for such administrative duties. The same participants raised concerns about certain principals who failed to attend workshops arranged by the Human Resource Management Unit on sick leave management. Other principals would send representatives who sometimes distorted information when providing feedback to the respective persons thereafter. The effect of this was that supervisors were ill-informed on new knowledge, hence the perpetuating problems pertaining to management of sick leave, as the statement below supports:

“Some principals don’t attend workshops and send representatives. This leads to distortion of information and failure to adhere to policy imperatives.”

Proper leave management enjoins supervisors to also keep their own sick leave registers which helps keep track of sick leave used and sick leave credit available. It also helps to expedite the process of planning the appointment of substitute educators. It was mentioned that sick leave reports are never discussed at management meetings, which is a risk that has to be addressed, as sick leave has serious financial implications for the department.

Furthermore, the sick leave directive is a product of negotiation between government and labour at the Public Service Coordinating Bargaining Council (PSCBC) which stipulates every detail regarding the process. The KZN DOE has therefore issued the said directive down to schools in the form of the circulars. These circulars inform principals and supervisors of the latest changes where necessary, but most importantly explain the process to be followed. Of the sampled participants, three participants (43%) in both participant groups emphasised that engagements were held with principals and supervisors on the importance of complying with the provisions of the sick leave directive. These initiatives are acknowledged by the said participants below:

“...some workshops have been conducted for the principals, circuit managers and the specific circular that comes into my mind is HRM 15 of 2008 which clearly stipulates as to how the issue of absenteeism or sick leave...”

“...the work shopping, the people need to be made aware of their roles and responsibilities...they need to know what the leave entitlements are what types of leave they are entitled to and so on...then they need to understand what is their role and their responsibility in managing...”

“...especially at school level, principals have been workshopped, I can attest to that because I was part of the team that work shopped principals....we did a road show where we were workshopping principals and we also did individual workshops where we targeted certain schools...we were invited to come and do the workshops in terms of leave management policies...”

Procedurally, the Human Resource Management Unit can only process sick leave and incapacity leave applications once they have been received from the principals and supervisors. They have to stick to the stipulated provisions, particularly timeframes to ensure that capturing and updating remain on track. Therefore sick leave management is essentially a dual responsibility between a supervisor and supervisee. However, beyond

the issue of sick leave management was the importance of the correct systems to facilitate the expeditious processing of sick leave forms as the two participants (29%) in Participant Group 2 identified in the following statements:

“The department tried to introduce a faster reporting process where leave would be reported immediately at the school level. This failed because of lack of infrastructure in other schools.”

“What we also suggested...even at the 2nd level there could be those officials responsible for recording/capturing sick leave to make it quicker to alert the system.”

Given the importance of documenting and maintaining sick leave records, improving infrastructure at circuit offices deserves some consideration.

4.5.1.5 Abuse of sick leave

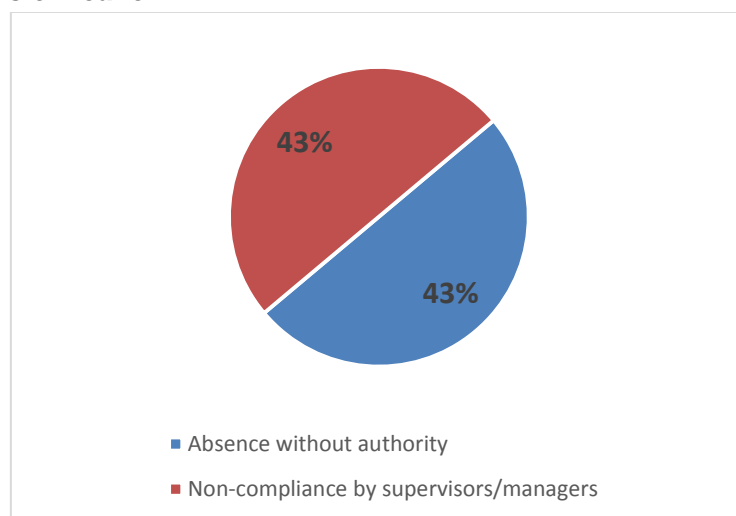


Figure 4.4 Participants’ expression of reasons behind abuse of sick leave

The abuse of sick leave occurs in numerous ways, including failure to complete sick leave forms and feigning sickness as depicted in figure 4.4 above. One participant (14%) in Participant Group 1 and two participants (29%) in Participant Group 2 mentioned that some educators used sick leave as an excuse to express their anger or unhappiness of their workplace. The sick leave directive provides for absence without the submission of the medical certificate for one or two days. Therefore this provision is sometimes exploited when an educator does not feel like going to work. The participants also highlighted that the displaced educators who are not happy with the decision to transfer to a new school would instead stay at home and report as being ill, including those who experience problems in the workplace. Others would submit medical certificates on a regular basis, even if they are effectively not sick but reacting to a particular matter they were aggrieved about as supported by the statements of the three participants (14%+29%=43%) hereunder:

“...could be a couple of incidences where people manipulate the policy to gain themselves some time off...there are those who would like to be declared unfit in order to be medically boarded and afterwards go to run a business.”

“...feign illness if they want to take a break, sometimes because they have problems in their institutions...if a person wants a transfer elsewhere, they simply take leave and say they are sick...”

“...our leave policy, it says 36 days in a cycle of 3 years and then it goes on to say if you need additional sick leave you can apply for temporary incapacity leave, but it does not give the number of days after that, then it is very easy to abuse.”

There were diverse thoughts on the actual reasons why educators and employees abuse sick leave. However, it was observed that unhappiness at work and financial problems were notable causal factors. The provisions of the Labour Relations Act 66 of 1995 and Employment of Educators Act 76 of 1998 afford supervisors and management powers to charge those found to have abused sick leave, with misconduct.

Linked to abuse of sick leave is non-compliance with policy provisions, which some participants found disconcerting, given the stipulated timeframes and processes involved in terms of sick leave management. Educators, like all public service personnel have an obligation to report immediately to their supervisors when they are sick and submit medical certificates within the stipulated timeframes. One participant (14%) in Participant Group 1 and two participants (29%) in Participant Group 2 (14%+29%=43%) explained that in spite of these stipulations, there was still a sizeable number of educators who continued to absent themselves without reporting and submitting the required documents. They found this bordering on the abuse of sick leave as there is a thin line between abuse and non-compliance. Non-compliance compromises the administrative process of capturing and updating leave and leads to unnecessary audit queries. It also adds to administrative burden, since educators who are not at school or who failed to report for duty for 14 days are deemed to have been dismissed. Once they are dismissed they promptly present themselves which then requires another process of reinstatement. Some of the responses that reflect these concerns are as follows:

“...some Level 1 managers do not comply with sick leave policies, in spite of the fact that workshops have been conducted...”

“Principals have been workshoped but somehow they are not adhering to those policies.”

“...educators who disappear, absenting themselves without reporting and I feel that the cause for this it is because of their challenges, health challenges...could substantiate by looking at the number of cases that we receive when we sit in the reinstatement advisory committee...most educators who apply for reinstatement that have been charged with Section 14...come back and apply for reinstatement and indicate that their challenges...”

The principal is also mandated by the Personnel Administrative Measures of 1998 to ensure that the school is managed satisfactorily and in compliance with applicable legislation and regulations as prescribed. The observation from the above data is indicative that educators and employees exploit the loopholes within the sick leave policies and directives that are open to abuse. However, there appears to be a component of failure by the supervisors to strictly apply the provisions of the sick leave directive, especially compliance with the timeframes.

4.5.2 Theme 2: Employee health and wellness management

4.5.2.1 Stigma and lack of information

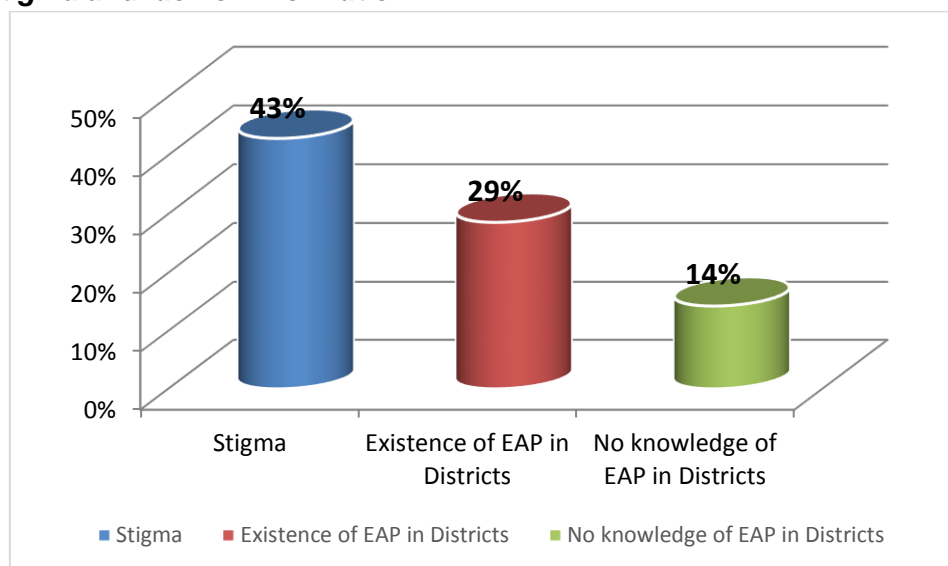


Figure 4.5 Participants' response to the level of stigma and lack of information

Figure 4.5 above highlights the different views of the participants as they responded to the question of stigma and lack of information in relation to employee health and wellness. One participant (14%) explained that there were still visible signs of fear to disclose their health problems or challenges by the educators and public service personnel. Although Government and the KZN DOE in particular has placed structures to promote employee health and wellness in place, the programmes that the unit operates remain under-utilised. The creation of the Employee Assistance Programme (EAP) Unit was one of the initiatives aimed at providing sick educators and public service employees with care and support in the workplace. Such care and support was also available for advice and guidance on any problem they might encounter. However, the EAP Unit was immediately associated with HIV and AIDS, and therefore fewer staff members felt comfortable utilising the services offered by the unit. They were concerned that their health information would not be treated confidentially. The following statement by the said participant supports this contention:

"I have dismissed a teacher who didn't come to school for 14 days. It later transpired that he was afraid to tell me that he was HIV positive."

The existence of stigma is a reality and can be complicated (Partab, 2006) but mechanisms are in place to promote employee health and wellness in a holistic manner. The establishment of the Employee Health and Wellness Unit is grounded on the management of HIV and AIDS and TB, wellness and productivity management, including safety, health, environment, risk and quality in the workplace, as provided for in the Employee Health and Wellness Strategic Framework, 1998. The unit has made some notable strides in providing the necessary wellness programmes and the executive management acknowledges their contribution, although some challenges are noted by the two participants (29%) in Participant Group 1 below:

“There are EAP practitioners in every district, making sure that the issue of employee wellness is taken care of.”

“...currently we have EAP Practitioners at the level of the district...so those programmes that were running...are making a big mark in the department...”

However, two participants (29%) in Participant Group 2 cited a lack of visibility of the Employee Health and Wellness Unit at the district level, and were of the view that it was either that the unit's services are not well promoted or that there was a fear to utilise them by the affected individuals. The dissenting views by the said participants in the district offices are detailed below:

“If EAP calls for people to come and attend the wellness programme, very few attend. They are very reluctant to go there. I am not sure why people do not really recognise EAP as the thing that can assist them.”

“I do not think we have an EAP practitioner in the district. But I do know that there was somebody who was an EAP practitioner who resigned.”

The stigma attached to the Employee Health and Wellness Unit may be attributed as a reason why some educators and employees would absent themselves without reporting. Robbins (2001) supports that the existence of trust and ethical conduct within the workplace improves relations, and discussions are characterised by openness and willingness to share information and ideas. It is therefore vital for supervisors and heads of institutions to create an environment conducive to open discussion, trust and performance, based upon ethical conduct. However, participants in district offices contradicted management's assertion that there were employee assistance practitioners in the district offices. The contrasting views by the participants should not be taken lightly as they point to a lack of internal communication. The Employee Health and Wellness Unit has a responsibility to ensure that employee well-being in the workplace receives the necessary attention and educators and public service personnel should be encouraged to utilise the services of the unit for the benefit of their health. Sharing of information and having regular meetings between management and heads of districts would ensure that they have the same understanding on pertinent issues around employee wellness.

The stigma associated with the unit and those who utilise their programmes should be interrogated. Supervisors and managers at school level also have the responsibility to ensure that discrimination on the basis of ill-health is discouraged. Confidentiality is a legal obligation to respect the right to privacy (Black-Hughes & Strunk, 2010:106) and clearly some participants explained that matters of ill-health were very personal and delicate, leading to the information being kept confidential. Moreover, there should be no discrimination against workers upon the basis of real or perceived HIV positive status (Muller *et al.*, 2011:221). Nonetheless, discriminatory practices on the grounds of ill-health are not permitted according to South African law. This is admitted by the one participant (14%) in Participant Group 1 below:

“Principals or our 1st Level supervisors have been advised through workshops that they must treat the issue of sickness in confidence and be sensitive.”

The overall view with regard to the responses above is that the Employee Health and Wellness Unit's functions have to be promoted and marketed appropriately at all levels. Noe *et al.*, (2000) support the establishment of employee assistance programmes for their preventative nature as among other things, they promoted positive health influences. Contrasting views by the different managers are a sign of poor internal communication which impacts negatively upon the image of the KZN DOE.

4.5.2.2 Promotion of health and wellness programmes

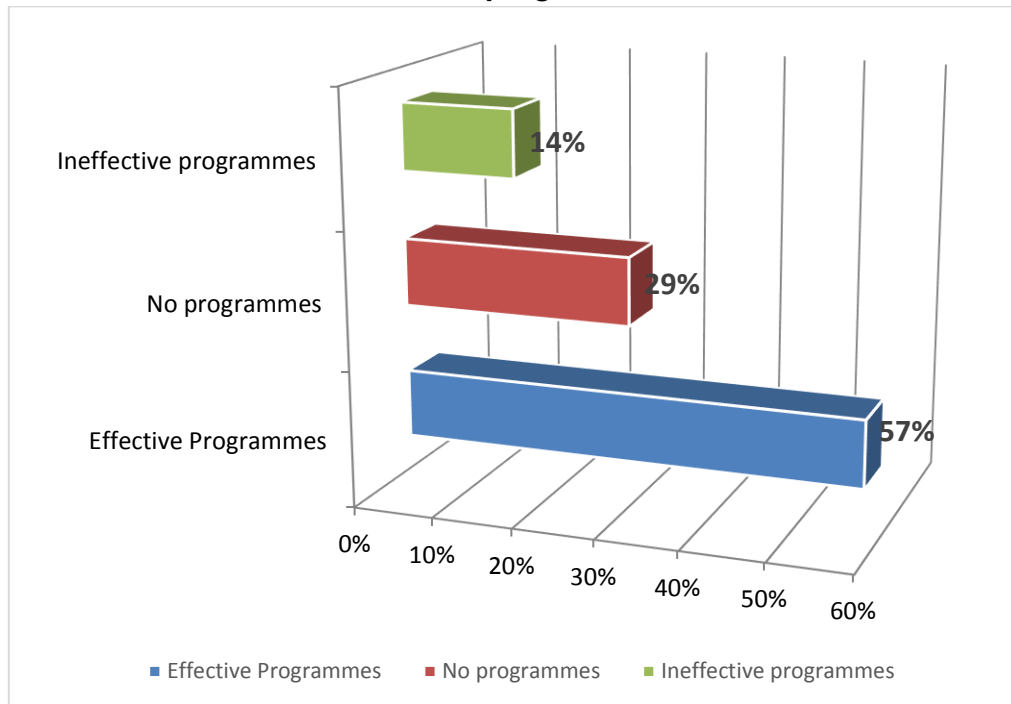


Figure 4.6 Participants' views on health and wellness programmes

There were contrasting views advanced by the participants with some commending the KZN DOE, while others claimed being unaware of their efforts as depicted in Figure 4.6 above. Clearly KZN DOE has collaborated with other stakeholders like Departments of Social Development and Health and GEMS, to make additional resources available to manage HIV and AIDS and TB. The Employee Health and Wellness Unit was noted as providing the necessary capacity to ensure that the management of HIV and AIDS and TB in the workplace is in accordance with the Policy on Management of HIV and AIDS and TB Management, 2008. The following responses by four participants (57%) in Participant Group 1 allude to the efforts of the unit:

"...when you go to do your normal tests for HIV, the clinic tests you for the rest because we have learned that we have tended to treat these diseases in isolation...and now we want someone to test for all..."

"The employee assistance programme that we have with the department, it is a small section but working with other structures like GEMS and the Department of Health we have been able to make a mark."

"...got a component which was called COBALT which was specifically assisting on the issues of HIV and AIDS to all our employees in all the districts."

“Employees welcomed this particular programme and most of these employees have been assisted. Through our EAP, they have been assisted. GEMS will visit our offices to come and do the testing of BP, sugar level, cholesterol and HIV.”

“...in terms of care being the challenge or the scourge of HIV and AIDS as well as TB, it is rated very high...we had a team that was doing capacity building or training educators on issues of HIV and AIDS.”

“...but wellness has a big task to inform based on the stats we provide on high incidence illnesses or most prominent disease profiles...”

Three participants (43%) in Participant Group 2 in the district offices were however of the view that little occurred in respect of employee health and wellness programmes as indicated in the following statements:

“In terms of managing HIV, etc. we are supposed to have an EAP in place and wellness programmes but nothing is being done.”

“You probably get that from the EAP which is sometimes once quarterly. Even that is not well marketed to the employees, so only those that feel like going there and playing and doing whatever that they are doing, so people go as and when they like. I think if maybe more awareness campaigns are needed.”

“I do not have a view because I do not know what is happening if there are any programmes that are running.”

“I do not think, I am not sure whether the department has got that directorate that deals with wellness.”

The obvious observation was that the participants at Head Office differed with their colleagues in the district offices and that created the impression that officials were operating in silos. It also suggests that matters of employee health and wellness were not receiving the attention of the executive management and that a definitive gap in internal communication existed. It may be safe to assume that staff at district level may not be benefiting from the wellness programmes conducted by EAP, thereby compromising the health needs of educators and employees. The efforts of a collaborative ethos were also noted, especially in a constraining and limited financial and human resource environment.

4.5.2.3 Positive impact of EAP

Despite the above contradictions, three participants (43%) in Participant Group 1 believed that the implementation of employee health and wellness programmes had had a positive contribution in the lives of educators and employees. They also suggested that educators and public service personnel had embraced the employee assistance programmes. The statements below support their appreciation:

“...improving because of the reduction in the number of educators in that category but not satisfied because the reduction is not significant...so much effort, but so little change.”

“...about 80% of our employees have embraced this thing and then some who are HIV positive have embraced this programme...”

“...we have definitely seen a decline in applications specifically ill health retirement and long periods of incapacity.”

It was encouraging to note that there was a positive contribution derived from the implementation of employee health and wellness programmes. While there was a relative difference of opinion between the participants in Head Office and those in the district offices pertaining to the employee health and wellness programmes, the general view was that the EAP Unit was making progress. Muller *et al.*, (2011:221) acknowledge that solidarity, care and support should guide the response to HIV and AIDS in the world of work. Given the size of the KZN DOE, it was obvious that the impact would not be easily noticeable unless the statistical information was made available. However, the responses by the participants directly involved with sick leave and incapacity leave application forms, revealed a positive impact.

4.5.2.4 Collaboration with other stakeholders

As noted above, 57% of the sampled participants (43%) from Participant Group 1 and 14% from Participant Group 2 lauded the collaborative efforts of KZN DOE. The KZN DOE has very limited human and financial resources and all efforts to maximise the potential benefits from the public private partnerships has been encouraged. There are lessons and best practices to be learnt from these engagements, in view of the fact that employee well-being in the workplace is a global phenomenon. The following related responses confirm the existence of a good working relationship with other stakeholders:

"We've got joint projects with the Department of Health to deal with wellness of staff."

"We have seen also Old Mutual taking part in doing some of these things in our districts. There are companies and organisations that have been visiting our schools requesting people to come and be tested for these illnesses, HIV, and cholesterol."

"Reports that come from GEMS indicate that there are challenges. However, those processes are voluntary...having collaboration with the Department of Health as well as the Department of Social Development in issues of family problems..."

"...we just dedicated one day to wellness day where we invited people from GEMS...some insurance companies...we also invited Virgin Active and you know..."

The Government Employees Medical Scheme (GEMS) works with KZN DOE on wellness days to conduct voluntary testing for HIV and screening for ailments including cholesterol and blood sugar levels, blood pressure, HIV and AIDS (voluntary counselling and testing), weight circumference, weight and height. Once all the tests are analysed, a comprehensive report is made available for executive management's attention. In addition, Virgin Active's involvement is more on awareness about physical programmes available to help educators and public service personnel stay healthy. These partnerships are vital for health promotion.

4.5.2.5 Limited discussion on EAP and wellness

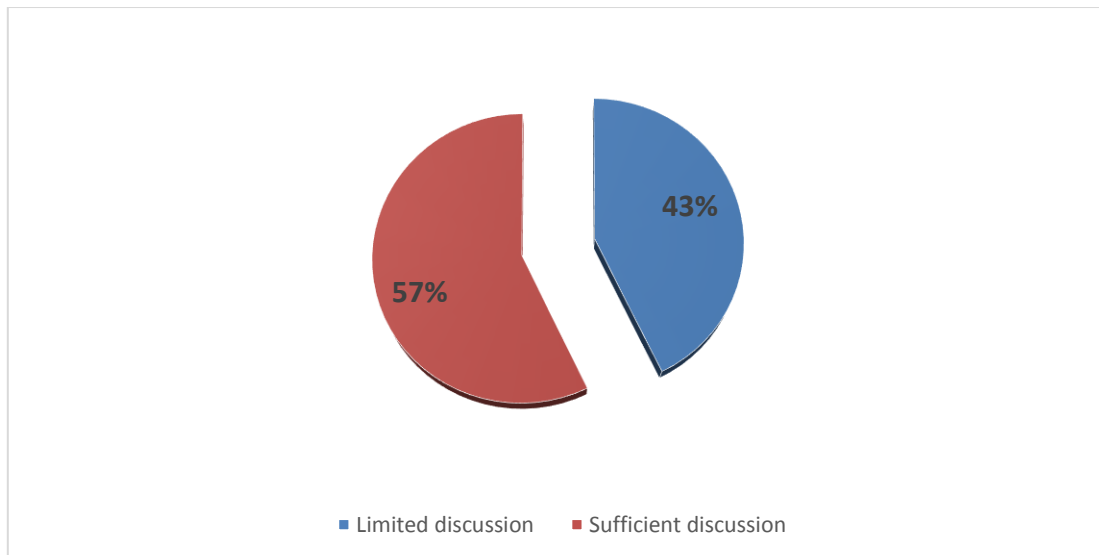


Figure 4.7 Participants' views on management discussion on EAP and wellness matters

Different views of the participants are expressed in Figure 4.7 above. A concern that employee health and wellness have not really become a standing agenda item in the executive management meetings was expressed by three participants (43%), one participant (14%) in Participant Group 1 and two participants (29%) in Participant Group 2. They noted that on rare occasions when absenteeism was discussed, they would deliberate on employee health and wellness, but such deliberations would only be limited to educator replacements as cited below:

"...easily say that wellness is not prioritized to the extent that I would like...tend to deal with this in relation to, when it affects teaching and learning..."

"...except that I know that we only meet to discuss the policy and the extent of the rate of absenteeism, but not to deliberate on the wellness and wellbeing..."

"...more of a concern when issues of absenteeism are spoken and it is the issues of replacements."

Four participants (57%) in Participant Group 1, however, appeared to be satisfied with the fact that employee health and wellness matters were discussed in management meetings as acknowledged below:

"...they report regularly through my top management meetings through the deputy director general in corporate management and they are mostly engaged with teachers..."

"...the matter has been a cause for concern and at the level of top management as well both triple M which is MECs Management Meeting and top management...this matter has been raised on several occasions and at the level of branch..."

"...may not be sure of the intensity of deliberation but reports are presented to the top management...it is a matter that is at the agenda of top management."

"...it is one of the largest employers in the country who actually implement so yes I must say the executive management do take to heart the advice..."

Certainly the KZN DOE has introduced an organisational structure to establish and maintain relations with other stakeholders. The said concerns support the view that some officials within the KZN DOE work in silos. This was evident in the participants' responses regarding the discussion of employee health and wellness matters in the executive management meetings. Some participants (43%) were of the view that the discussions were limited and not as intensely focused, while others (57%) felt there were sufficient deliberations in the executive management meetings. Strategic human resource management is all about the significant role of employees in the organisation. It therefore affords an opportunity for the Employee Health and Wellness Unit to ensure that employee health and wellness is thoroughly discussed at all executive management meetings.

4.5.3 Theme 3: Management of health risk management strategy

4.5.3.1 Policy implementation challenges

All participants expressed some level of frustration with the policy provisions that created complications and difficulty during the implementation process. The PILIR provides conditions for the processing of application forms for incapacity leave. However, one of the areas of concern pertains to temporary incapacity leave where the number of days is not specified. This was therefore noted as a gap that could potentially be exploited by those who abuse sick leave. It was also mentioned that the policy does not specify exactly which documents should accompany an application form for incapacity leave. This was cited as causing the health risk manager to reject the application on the grounds of incompleteness. This in turn would result in delays in the finalisation of the cases. The views of the participants are depicted in Figure 4.8 below:

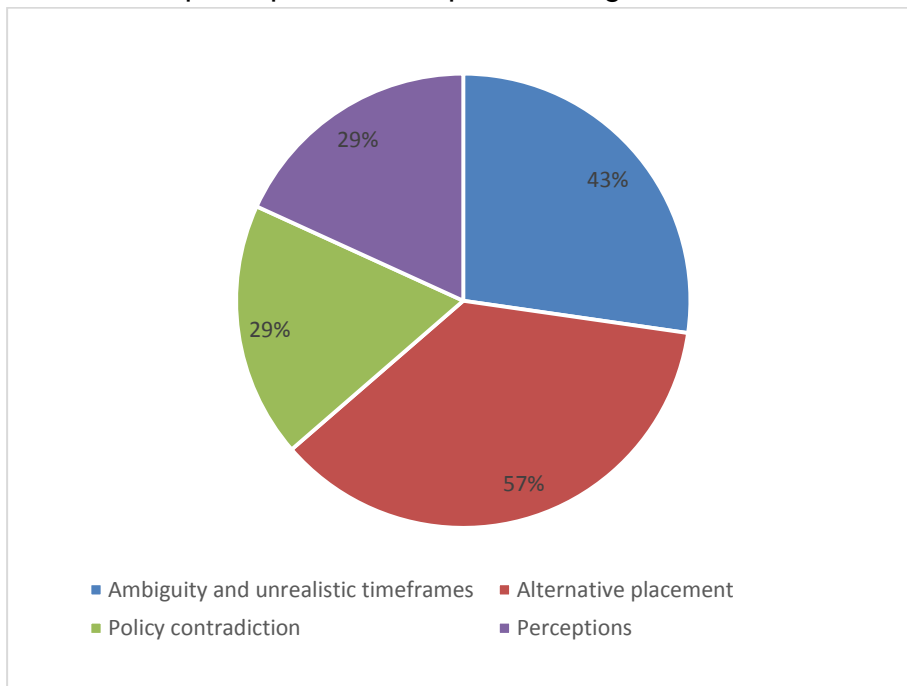


Figure 4.8 Participants' expression of policy implementation challenges

Timeframes within which to submit incapacity leave forms to the health risk manager were found to be unrealistic, especially given the location of schools and lack of cooperation from attending medical practitioners. These challenges of ambiguity and unrealistic timeframes are cited by three participants (43%) in Participant Group 2:

“...it has got some gaps...it does not specify what supporting documentation to be attached but also it says that it was not designed for the education sector.”

“...the timeframes that are there in terms of the PILIR document are not realistic.”

“...principals of schools were told that PILIR documents come to us within 7 days, it comes to us 3 months or a year later.”

“In the district office we need to have processed it within particular time frame and that is why now we finding it difficult to implement the same policy that we have designed because the time frames are really too tight looking at the area we cover...”

Another concomitant area of concern for the other four participants (57%), two participants from each group, was that the PILIR was complicated in respect of advice from the health risk manager, where alternative employment was recommended instead of ill-health retirement. They found this to be problematic, especially with terminally ill educators and public service personnel and in respect of educators who have lost their ability to teach. Furthermore, an educator who has lost the ability to teach would be unwilling to transfer to an administrative position. These participants were of the view that such advice was impractical and challenging to implement, as opportunities for alternative employment for an educator are non-existent. An educator is appointed in terms of the Appointment of Educators Act 76 of 1998 with different conditions of service. Opportunities for alternative employment were therefore limited, even with re-skilling and training. This is admitted by the said participants beneath:

“According to our research the health risk manager advises that a terminally ill employee be given alternative employment. The point that we have raised is, what is alternative employment for an educator?”

“...if the person applied to be an educator and there is alternative placement, alternative placement is not specified...what do they mean by alternative placement...we cannot move an educator from the position of being an educator into administrative position because those are two posts class that are different...it was designed for the other departments where they sometimes make recommendations for alternative placements.”

“...more of a challenge...they would give a recommendation of alternative placement and we having trouble implementing that recommendation because within the education...we have got educators and non-educators...educators teach...alternative placement within the public service and yet we are looking at a particular skill, a teacher who teaches...therefore we have quite a challenge in implementing those kinds of recommendations...”

“...after we get the report from the health risk manager there is an advice to say an official must get an alternate appointment...”

“...is a bit of a challenge, after the health risk manager has done the assessment they would give a recommendation of alternative placement and we are having trouble implementing that recommendation...”

The feeling of frustration among the participants was noted, as granting of ill-health retirement is considered as a last resort. The financial implications are vast, which may be the reason why the decision to approve ill-health retirement is only reached after a lengthy and involved process. The health risk manager has a responsibility to ensure that the interest of both the sick applicant and the KZN DOE are protected. It is therefore within the PILIR for the health risk manager to advise alternative placement.

Further to the challenges expressed above, was the challenge of educators who absented themselves without reporting for more than 14 days. Section 14 of the Employment of Educators Act 76 of 1998 empowers the MEC for Education to dismiss educators who absent themselves for 14 days and more without a valid reason. However, the same Act provides for the re-instatement of the dismissed educators when the committee on re-instatement accepts and approves such a re-instatement. In addition, two participants (29%) in Participant Group 1 cited the recent trend of educators resigning or taking early retirement to withdraw their pension benefits. In terms of the policy, they may not be re-appointed within 12 months of leaving the Department. However, in the interest of learners, educators are reappointed even if they have not been away for more than 12 months. The statements below reflect their sentiments:

“...that means possibly a child in class without a teacher. Section 14 of the Employment of Educators Act states if you are absent beyond 14 days you are dismissed. We dismissed teachers but the very same law empowers teachers to ask for reinstatement.”

“...educators who apply for reinstatement that have been charged with Section 14, indicate that their problems...if a person has retired, he/she must have a cooling down period of about 12 months but the challenge...is that the other policy is that there must be an educator in front of the child...if a maths educator retires today you cannot wait for another 12 months to reappoint...because it is very difficult to get a replacement.”

Another two participants (29%) also stated that a lack of knowledge of government policies by the citizens made it difficult to manage perceptions regarding educators and public service personnel deemed to be sick, but who are noticed out in public. Similarly officials tend to perceive some applications for ill-health retirement as deserving but are confused when this does not follow as such. This challenge of managing perceptions is explained by the said participants below:

“...challenge is dealing with long illness...it becomes very difficult when someone is seen in the community as being improving but they are not at school...the communities will then say but ‘this person is in the payroll of the department but look at him, he is not sick we saw him he was at church, he was singing so why is the department allowing the situation like this to happen?’...the perception of people around this which makes it difficult to manage the policy.”

“...must have an understanding of the policy to know what is required, because often they say but somebody can be seen as being ill at the moment and that to them constitute retirement whereas they must consider that the policy dictates that the Labour Relations Act and Employment Equity Act must be followed...exhausting all avenues before retiring on ill health.”

It was evident from all the responses above that there are challenges that have been noted since the implementation of the PILIR. Challenges of contradictions and ambiguity impact negatively upon service delivery, because decisions become difficult to the implementation. There are occasions when cases are also litigated for various reasons. Hanekom (1987) postulates that regardless of the process involved in policy development, there will always be new issues that need attention during the implementation phase.

4.5.3.2 Voluminous incapacity leave forms

A shared concern was expressed by two participants (29%), one from each group, regarding the volume of accompanying forms for incapacity leave to be considered. While the process of assessing the application requires very detailed information, the inherent difficulty is that most of the annexures have to be completed by the specialists or attending medical practitioners who are not readily available to complete these forms, as soon as practically possible. The statements below reflect this concern:

“Each application for Annexure B is 38 pages, application for Annexure A is 10 pages. If you are sick for one day after 36 days you are filling in a 10 page document. If you are sick for 30 days you filling in a 38 page document, you are duplicating it, you are photocopying it, it is a waste of paper.”

“...staffing is a problem, the leave clerks who deal with PILIR and HR, it is not their core function, so it is difficult to implement and manage and the forms are cumbersome as well, employees struggle to get the information from their doctors...”

“...doctors themselves do not have time to fill in that 38 pages...the doctor fills in 19 pages or 17 pages...have no time to fill in 17 pages and the policy says within 7 days it has to be submitted to us...it does not come to us within 7 days it comes to us 2 or 3 months later...the doctor says my job is to take care of patients not to write stories...they refuse to do it.”

It would appear that at the development stage of the PILIR, the notion was to elicit as much information as possible from an applicant for incapacity leave, to inform the assessment. The contribution by the specialist or attending medical practitioner is important, but the size of the forms makes this time consuming, and the specialists or medical practitioners do not have the time. The question that needs to be answered is whether their medical inputs were sourced during the development of the application forms. The reluctance of the specialists and medical practitioners to complete these forms suggests that their inputs were never sourced, hence the complaints from the participants. It is understood that specialists and medical practitioners do not have time and the amount of information required does not help much when the same form has to be submitted within a few days.

4.5.3.3 Lack of understanding

The implementation of the PILIR may have meant additional sick leave to some educators and employees. Although workshops and training were conducted to inform staff of the

new policy, some participants articulated concerns at the lack of understanding with regard to the provisions of the PILIR. The PILIR also contains certain conditions which the applications must satisfy, which do not always occur as explained by two participants (28%), one from each participant group below:

“Leave entitlement is 36 days over a period of 3 years but people assume that since there is PILIR they are entitled to go on leave forever. So they do not understand that PILIR is there as a policy and also there is a limit even to that.”

“They must have an understanding of the policy to know what is required because often they say but somebody can be seen as being ill at the moment and that to them constitute retirement...”

The implementation of the PILIR was preceded by workshops and training aimed at empowering educators and employees. However, it could be that not everyone was able to attend these workshops, thereby missing out on valuable knowledge and information. It would nonetheless be incorrect for the educators and public service personnel to simply absent themselves without proper authorisation. There is little excuse for ignorance of the policies and prescripts and supervisors should not allow such incidents to occur. It is evident that some gaps exist in respect of understanding of the provisions of the PILIR and these contribute to the abuse of sick leave.

4.5.3.4 Promotion of wellness

All participants (71%) from Participant Group 1 described partnerships with other departments and stakeholders which aimed at the promotion of employee health and wellness as imperative to address the issues of employee health and wellness. Ensuring a healthy workforce requires adequate human and financial resources. However, the involvement of other stakeholders assists in reaching more districts. There seemed to be a problem with internal communication, as other members of staff were not privy to the work of the Employee Health and Wellness Unit. This is acknowledged by the said participants as follows:

“...we have a dedicated unit under cooperate management that deals with this so there is an on-going wellness programme which seeks to promote emotional intelligence of our teachers, promote their wellness...”

“...companies and organisations that have been visiting our schools requesting people or even our offices urging people to come and be tested for these illnesses...”

“...and also preach the gospel of healthy lifestyle that would include physical exercises and also consulting the medical practitioners on issues...”

“We support the wellness drive by the Office of the Premier....we have seen that if we promote knowledge and understanding of our conditions that can be modified by activities of daily living and you know preventing the chronic illnesses the obesity turning into the diabetes and hypertension...”

It was however noted during the interviews that no participant made mention of any health risk assessment being conducted and the health and wellness reports being discussed in executive management meetings.

4.5.3.5 Strengthen capacity building and support

Four participants (57%), three from participant group 1 and one from Participant Group 2 articulated the observation that managers did not concern themselves with matters of human resource management. It would appear that they did not prioritise human resource management at all. This was concerning, as staff supervision and management are fundamental responsibilities derived from the performance agreement between the supervisor and supervisee. Therefore it cannot be expected of the Human Resource Management Unit to be responsible for managing the well-being of every member of staff. They merely provide support to line functions. The following statements support this view:

“...we need to strengthen the support by circuit managers because circuit managers are supervising schools...they should be close to the principals on supporting them.”

“...these health challenges need to be addressed closely by either increasing the resources that are monitoring health challenges like having structures that would go to the level of schools...principals at the levels of schools do not have that full capacity to manage the challenge of health factors or health problems...”

“...it would have to start from the managers, the work shopping, the people need to be made aware of their roles and responsibilities when it comes to...first of all they need to know what the leave entitlements are what types of leave they are entitled to and so on...”

“...because of staffing as I mentioned previously and it is also an administrative burden placed amidst their other HR functions...that can go around and train and inform employees then that can be something...”

It must be acknowledged that principals' core function is teaching and learning, which is why there is poor management of human resource matters at school level. However, principals also have a management responsibility, which compels them to treat matters of human resource management as equally important. The schools also have senior management teams and school governing bodies as extension of management authority.

4.5.3.6 Workload and inadequate capacity

It was evident from six participants (86%), three from each participant group, that there was tremendous pressure exerted on employees as a result of staff on sick and incapacity leave for long periods, and those who have left the service on the grounds of ill-health. This situation exacerbated the already overwhelmed, stressed and burnt out work environment, as cited by the said participants below.

“...also when it comes to office based educators the problem is the issue of non-filling of vacant posts, the moratorium on the filling of posts...people are doing the work of about 3 or 4 people.”

“...capacity in terms of human beings or filling the post, attracting people with qualification...we are competing with other sectors in terms of having psychologists being part of the department, psychiatrists as well as other professionals...”

“...we need people more people in leave and also in the registry section...also the staff that work in the Leave Section also need assistance...they also need counselling from time to time...”

“Human Resources are under resourced and also in terms of equipment definitely out-dated. We have no computers, some of the staff do not have computers, do not have printers, printers are not functional printers or we do not have the software.”

“...our officials that handle these there is not like big numbers just few people and we expect them to make sure that all the leave forms that come in are captured, managed the PILIR processes the applications for temporary incapacity leave...have requested that they need to relook at the structure of the leave section...those people are like over stretched in terms of the duties...given more people...”

“...they have different issues on the one hand also staffing is a problem the leave clerks who deal with PILIR and HR is not their core function so it is difficult to implement and manage...definitely staffing would assist in to have people on ground level...”

The inherent problem of increased workloads and inadequate capacity contributes to low morale amongst the educators. Some processes in terms of work performance get compromised when vacant posts remain unfilled for long periods, which is an unfortunate situation the KZN DOE finds unavoidable. The delays in the processing of sick leave and incapacity leave forms have a negative effect, depending upon the health condition of the affected individual.

4.6 CONCLUSION

In this chapter, the findings from the participants about their understanding and perceptions regarding the health risk management and implementation of sick leave directive, and particularly PILIR were analysed. The process of coding and thematic analysis of the participants' responses was pivotal in the provision of answers to the research questions and the theoretical framework. It was evident during the interviews with the participants that, despite the existence of a functional Human Resource Management Unit in the KZN DOE, there were still significant challenges associated with the implementation of sick leave directives and PILIR. It was also abundantly clear that there was a gap in internal communication and limited discussion upon employee health and wellness in executive management meetings.

While some participants were of the view that the Employee Health and Wellness Unit had made a positive impact upon the well-being of educators and public service personnel, it was however apparent that the work of the unit had not been properly marketed. The next chapter will conclude by giving a summary of the participants' recommendations as they relate to the challenges identified during the interviews, as well as the overall recommendations aimed at improving the implementation of health risk management strategy and associated challenges.

CHAPTER 5

THE IMPLEMENTATION OF THE RISK MANAGEMENT STRATEGY: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The findings of this study were sketched out in the previous chapter flowing from the interviews held with the sampled participants. The views, understanding and perceptions of the sampled participants provided sufficient information for the researcher to formulate relevant recommendations. The purpose of this final chapter is to provide a general summary of the study, to come to certain conclusions, and to make specific recommendations in addressing the problems uncovered in the investigation.

This study on the implementation of the health risk management strategy in the KZN DOE has provided a theoretical and meta-theoretical framework that explicates human behaviour in general and health risk in the workplace in particular. This aspect of the study constructed a firm conceptual theoretical basis against which the practice and behaviour of educators and public service personnel in the KZN DOE were measured, to determine the extent of compliance with the health risk management strategy. Therefore the principles and best practices on human resource management strategies to address absenteeism were discussed in detail, in order to shed light on the factors associated with absenteeism and inconsistencies in the application of the PILIR. In Chapter 3 of this study, the researcher endeavoured to present the policy and legislative framework regulating employees' behaviour, which all employees of Government are mandated to comply with as a yardstick to measure the practice and conduct of employees. Part of what this study provided is the status of human resource management in the KZN DOE and how the health risk management strategy and its inherent challenges in the Department are dealt with by the management and officials. The most telling discovery of the study is the established fact that there is poor management of sick leave and incapacity leave processes on the part of the educators and public service personnel. With such a high level of non-adherence to the human resource management policy prescription, there is largely no consequence management and accountability for such a high level of non-compliance.

5.2 SUMMARY

This qualitative study was meant to assess the effectiveness of the implementation of the health risk management strategy and related human resource capacity needs. It has explored the health risk management strategy as an intervention to curb absenteeism. The specific objectives of the research study were:

- To describe the theoretical and meta-theoretical underpinnings of the study of human behaviour in general and health risk in particular.

- To explain the principles and best practices associated with human resource management strategies to deal with absenteeism in the workplace.
- To describe the statutory and regulatory framework governing human behaviour in the South African Public Service.
- To explain the status of human resource management in the KZN DOE in general and health risk management in particular.
- To explain the current challenges associated with the implementation of the health risk management strategy in the KZN DOE.
- To recommend solutions that could be made on strategic, tactical and operational levels to ensure effective implementation of a health risk management strategy in the KZN DOE.

The content of the respective chapters was aimed at operationalising these objectives. Below, a brief summary of the main findings emanating from these objectives is provided.

5.2.1 Chapter 1

This chapter provided an introduction to the study with a view to understanding the KZN DOE as the case study, with reference to the key components of the study, namely health risk management and the implementation of sick leave and incapacity leave directives and policies. This chapter also provided an insight into what the approach would be in terms of research, focusing upon the problem statement, research questions and objectives, central theoretical arguments and more importantly, the research methodology. It therefore set the tone for the research study, as all the darts were put in place. A research framework that ensured the direction was clear from the beginning, guaranteeing that all the important elements and reasons for the study were determined.

5.2.2 Chapter 2

Chapter 2 provided a detailed literature review, in order to gain insight into the meta-theoretical and theoretical framework pertaining to the health risk management strategy. In this part of the study, the verification of the used concepts, such as health risk, was rendered to induce clarity. From this the researcher was able to construct the conceptual theoretical framework with extensive elaboration of scholarly perspectives to determine a clear understanding of employee behaviour in the workplace.

In the process, the study achieved its Research Objectives 1 and 2 as listed in Chapter 1, as the facets of employee behaviour that employers either ignore or are not apprised of in relation to employee health and well-being were brought to the fore. It also critically explained how best absenteeism could be managed from a human resource management perspective. Therefore the KZN DOE may benefit immensely by incorporating established principles and best practices in the Department's human resource management systems.

5.2.3 Chapter 3

The researcher proceeded to Chapter 3 to explore applicable policy and legislative and regulatory frameworks on health risk management in the public service, which were interrogated with a view to determining the scope and level of attention given to matters of employee health and wellness. The implementation and application processes in the KZN DOE were also established, thereby providing a clear understanding into the gaps and shortcomings in relation to compliance. In essence, the study achieved its Research Objective 3, as there was a clear understanding that it was now time for improving upon implementation. Addressing minor gaps is part of a normal review process, but at a strategic level there are sufficient policy, legislative and regulatory frameworks.

5.2.4 Chapter 4

Chapter 4 shed light on how relevant data was collected as part of a preferred research methodology and research design, culminating in interviews with the identified participants. A thorough analysis of the data collected was done, resulting in the creation of themes, categories and codes. Empirical findings shed light upon the practical situation within the KZN DOE pertaining to the health risk management and implementation of sick and incapacity leave directives and policies. This was a positive achievement for the study in respect of Research Objectives 4 and 5, as the established gaps in terms of capacity, communication between Head Office and district offices and level of awareness regarding wellness programmes were explained. The implementation challenges would now be harnessed and improved.

5.2.5 Chapter 5

Finally the recommendations and conclusion derived from the empirical findings are provided in detail as part of the last chapter. They are aimed at providing the KZN DOE with information that will assist in the effective implementation of the health risk management strategy and enhance compliance thereof.

The study has also achieved its Research Objective 6 as the recommendations advanced are detailed and empower all levels of management and supervision with valuable information to guide them in achieving the best outcomes of the health risk management strategy.

5.3 CONCLUSIONS

It transpired during the course of the interviews with the sampled participants during the research exercise that there is inefficiency in processing the sick leave and incapacity leave applications due to factors associated with a lack of commitment and good work ethics upon the part of some educators and public service personnel. Therefore a conclusion has to be made that there is not adequate monitoring of the implementation of the health risk management strategy, in order to detect the inefficiencies and provide

rapid intervention measures to ensure the improvement of the operations and processes that are applied by the KZN DOE. In some instances, educators and public service personnel appear to be taking unfair advantage of the human resource management systems by not being honest and manipulating the incapacity leave policy in bad faith at the cost of the KZN DOE in particular and the government in general.

This study brought to the fore the fact that the implementation and management of the health risk management strategy by the KZN DOE has not accurately yielded the anticipated policy outcomes as initially intended. Some unintended and undesirable behaviour of educators and public service personnel is directly contradicting the purpose for which the health risk management strategy was conceived and designed to achieve. The health risk management strategy as implemented was not conceived and designed to deal with the underlying health risk factors that cause the excessive abuse of sick leave, long periods of incapacity leave and absenteeism in the workplace.

The consequences of such behaviour are that learners' learning processes are disrupted by high levels of educators' absenteeism. Another important revelation of this study is the fact that the institutional and organisational technical capacity to effectively oversee the management of health risk management strategy by the KZN DOE could easily be rated below average. In some cases, the responses of participants confirmed the fact that incapacity leave policy and strategy are vulnerable to abuse by those educators and public service personnel who have a high propensity for laziness, low morale, a poor work ethic and mischievous and evil intentions in the workplace.

Educators who are the mainstay of the department have the unenviable task of achieving excellent results at all levels. However, the challenges that they face may lead to high levels of stress, excessive use of sick leave, long periods of incapacity leave and absenteeism. As in any workplace, absenteeism in schools has huge ramifications, both in financial terms and quality of education. Miller *et al.*, (2007) as cited by Lucas *et al.*, (2012) make a valid point when they conclude that "Teachers' absence often means that students have lost opportunities to learn. Further, teacher absences disrupt the routines and relationships which support the learning process."

5.4 RECOMMENDATIONS

The information derived from the interviews with the participants, tested against the theoretical perspective in relation to literature review and legislative, policy and regulatory frameworks, provided the researcher with vital information to make recommendations. The study results discovered that absenteeism amongst educators and public service personnel is actually lower than anticipated. However, the major problem was found to be with a lack of compliance with the sick leave directive and incapacity leave policy. The researcher also noted that employees with mental and behavioural disorders constituted 33.6% of temporary incapacity leave applications and 23.3% of ill health retirement applications respectively. As a rule, employees with mental and behavioural disorders may not be summarily dismissed because their conditions can be controlled with

medication. However, they may not be fully functional when they are at work which has the potential to slow down service delivery or increase workload for others colleagues. Flowing from the foregoing information, the following recommendations are made.

5.4.1 Recommendation 1: General conditions

During the interviews with the participants, the researcher observed that some of their responses were actually vital recommendations that would improve the efficiency and performance of the KZN DOE. For instance, in relation to delays in the submission of sick leave forms from schools to the district offices, some Group 2 participants recommended that schools with good infrastructure should be used as capturing points for sick leave. Their view was that PERSAL should be installed and staff appointed to receive and capture sick leave for all schools within the identified areas. Once all the capturing was done, leave forms would then be submitted to the district offices for updating of records, auditing and filing. Such capturing centres should enable principals to manage sick leave and other leave better and improve capturing, which is affected by delays. If better resourced schools could not be used, they further recommended that circuit offices should be used for immediate leave capturing by training administrative personnel on the utilisation of the PERSAL system. The recommendation that circuit offices should be made capturing centres for all kinds of leave should be given serious consideration by the executive management. Minimal upgrades of infrastructure would ensure that they are operational within a short space of time.

5.4.2 Recommendation 2: Location and placement of educators

The KZN DOE sometimes finds itself in an invidious position in that it has to abide by the prescripts in respect of ensuring that the post provision norm is achieved and also not lose educators in the process. As noted during the interviews with the sampled participants, location of schools and displacement of educators after the new establishment had been declared, was a source of great discomfort and stress for the affected educators. While it is acknowledged that the process is necessary and aimed at ensuring equity in terms of the distribution of educators, it is however recommended that a task team be set up to look at the negative effects of the transfers. Such a task team should also work with the Labour Relations Unit to ensure that disputes arising from educator displacements flowing from post provision norm processes and general grievances at schools are addressed amicably and within reasonable time.

5.4.3 Recommendation 3: Workload, capacity and work stress

During the interviews with sampled participants, the overwhelming majority lamented the serious shortage of staff, particularly in the Leave Section and Employee Health and Wellness Unit. This appeared to be the major reason for burnout and work stress of Human Resource officers in the Leave Section and the low level of visibility of wellness programmes within the Department and district offices. This prompted the researcher to recommend as follows:

- The KZN DOE has to find a way of reprioritising its financial allocations in line with the austerity measures or consider shifting of funds from non-essential services, so that sufficient funds become available to expedite the process of filling vacant posts. At least each district office should have a Wellness Practitioner to give effect to the existence of employee assistance programmes.
- In the short term, administrative personnel in circuit offices closer to district offices should be seconded to assist with leave capturing at certain intervals to ameliorate the problems of delays to ensure that sick leave records are always updated. Such an exercise will also empower circuit administration personnel with PERSAL skills, knowledge and general exposure to the system.
- With regard to schools, the department needs to revisit the post promotion norm and the enrolment policy. If the approved ratio is 1:31 and the situation in some classes is 1:70, that suggests that serious flaws exist within the system of post provisioning norm and schools' enrolment policy. However, it is a matter that needs a thorough investigation in accordance with the relevant prescripts.

Apart from the problem of inadequate capacity, there were concerns of poor management on the part of some principals. The researcher is of the view that an act of poor management should be treated as an act of misconduct. While human resource administration is an ancillary function to teaching and learning, the administrative staff should always work closely with the principals to ensure that delays are eliminated and efficiency is improved. It was also noted that at some schools there is a pressing need to strengthen their administrative and human resource capacity. It is therefore recommended that such schools be identified by district managers and measures be put in place to assist them with the necessary capacity.

It is furthermore clear that educators' use of sick leave and long periods of incapacity leave could be traced back to various stressors within the workplace and their households. The responsibility of the KZN DOE is to acknowledge the stress as one of the health risks to be managed, in order to curb absenteeism. Having said that, individual educators have to also take responsibility by first acknowledging that they are stressed and, secondly, be willing to subject themselves to the stress management programmes. A view to conduct an audit within the employee health and wellness programmes is necessary, in order to have an insight into the effectiveness of these wellness programmes. It would also help to determine the financial cost to the Department.

While the filling of vacant posts may be a problem due to financial constraints, healthy human resources are a cornerstone for the effective functioning of the Department. Therefore the KZN DOE should be mindful of the fact that burnout and work stress are counterproductive and result in high levels of absenteeism.

5.4.4 Recommendation 4: Management of sick leave

The principals have a responsibility in terms of the Personnel Administration Measures, 1998 to ensure that they manage administrative matters effectively. Hence the following recommendations by the researcher:

- The HoD should deliberately enforce principals and supervisors through monthly reports to provide lists of educators and public service personnel who have taken leave during the month. This would prompt the principals and supervisors to account as these reports would mean that leave management receives management attention. This would improve the speed at which leave is captured, audited and updated and therefore address the concerns of the Auditor-General.
- The human resource management should report principals and supervisors who constantly fail to attend workshops for leave management. Principals account for a high number of those who fail to submit sick leave forms timeously and should be held accountable in accordance with the labour relations provisions.
- A refresher training or workshop on the provisions of the PILIR and sick leave directives should be arranged by the Human Resource Management Unit, for educators and public service personnel to ensure that complaints of lack of knowledge, mismanagement and non-compliance are addressed. Such training/workshops are necessary in light of the new appointments that take place on a regular basis. Educators and public service personnel should always be kept informed of their responsibilities with regard to sick leave management.

Furthermore, the researcher recommends that principals should be advised that for any application for a replacement educator to be approved, it should be accompanied by the sick leave or incapacity leave forms of the educator being replaced. If such a directive is implemented, principals would then give sick leave or incapacity leave forms the same importance, thereby improving the submission and capturing of sick leave or incapacity leave forms. Linked to the problem of replacement educators, the executive management should be furnished with a comprehensive health risk assessment report, so as to establish the underlying reasons for such a high number of substitute educators.

Given the importance of keeping proper sick leave records and the financial implications around sick leave, there is a genuine reason for improving infrastructure at circuit offices in order to devolve capturing of sick leave to circuit offices. While it is a viable option, it however requires the Department to conduct a comprehensive investigation into the matter. The outcome would provide a better insight in terms of feasibility, resources and access. This has to be conducted against the backdrop of the stringent timeframes provided in the PILIR and sick leave directive in terms of reporting.

A sense of responsibility and ethical behaviour should also be inculcated by the executive management in the minds of educators and public service personnel, to mitigate the problem of abuse of sick leave. Strengthening of sick leave policy and directives should

be given attention with a view to introducing stricter punitive measures against those found to have abused sick leave. Consideration should also be given to limiting the number of days for temporary incapacity leave. Reporting protocols need to be strengthened and technology be used to speed up the process to ensure that loopholes are not used as an excuse for non-compliance.

5.4.5 Recommendation 5: Employee health and wellness programmes

It was observed during the interviews with the sampled participants that conflicting views existed amongst them in relation to the existence of the employee health and wellness programmes. It was disconcerting that the good work of the Employee Health and Wellness Unit and its stakeholders was not receiving wide exposure within the KZN DOE and district offices. The wellness days help with screening for certain ailments and testing and the results of those screenings and tests provide management with useful information. The researcher therefore decided to recommend as follows:

- With regard to wellness programmes offered by the Employee Health and Wellness Unit, marketing should be enhanced with a view to increasing access and encouraging other educators and public service personnel to utilise the employee assistance programme. In order to achieve maximum benefit from these programmes, it is suggested that an on-site cluster of all wellness services be established at strategic centres within district offices. Such establishments should also include mental health assessments, given that mental and behavioural disorders are high on the list of the disease profile.
- Instead of having quarterly wellness days, educators and public service personnel should be able to access these facilities on a daily basis at their leisure. This would ensure that management information on employee health and wellness be available on a daily basis. Improving access would also require that all the services of the Employee Health and Wellness Unit should be posted on the website, including printing critical information on the salary advices.
- Sharing of information relating to employee assistance programmes between officials at Head Office and district offices has to be improved and engagement on relevant activities should be strengthened. The KZN DOE must also promote the employee assistance programmes as part of an effort to build trust and confidence with possible alleviation of stigma associated with employee assistance programmes. Of importance is that the Employee Health and Wellness Unit should ensure that all district offices are aware of its functions and services and how they could be accessed, notwithstanding limited capacity.
- Wellness programmes should be extended to all district offices and schools for the health benefit of all educators and public service personnel, as the impact would be great for the learners. There should be constant monitoring of all wellness programmes in order for management to remain sensitive to the health and wellness of educators and public service personnel.

- Identified health risk factors through health risk assessment should be discussed at management meetings, so that the overall programme of the Department is not compromised. Early detection of educators and public service personnel who need medical attention would help the Department to manage its resources effectively and efficiently. Risk assessment involves the identification of internal risks, physical, clinical, operational, occupational/human resources (Muller *et al.*, 2011:476). Therefore such a risk assessment report is critical in order to give effect to the policy in terms of risk management.
- Stakeholder meetings should be strengthened and held on a monthly basis to assess the impact of the wellness programmes.
- Health promotion should be enforced through regular wellness events, as they have a potential to build confidence and eradicate stigmatisation of wellness programmes.

The KZN DOE should utilise internal communication effectively, so that all the good work achieved by the Employee Health and Wellness Unit and its partners filters throughout the entire Department and district offices. This would attract more educators and public service personnel to the employee health and wellness programmes. The Employee Health and Wellness Unit has a duty to encourage all members of staff to do voluntary testing as a way of improving their knowledge with regard to their health status. Supervisors and managers should sign an undertaking that they would treat all information in strict confidence. This would ensure that information on employee health risk factors is kept confidential at all times. The Employee Health and Wellness Unit has to be at the forefront of interrogating wellness reports, risk assessment reports and ill-health profiles, in order to devise strategies to better manage health risk in the KZN DOE. Therefore regular contact with the health risk manager is strongly recommended by the researcher.

The question to be answered is whether the implementation of PILIR by the KZN DOE as part of the health risk management strategy, has achieved the desired outcomes. In Chapter 2, the objectives of the PILIR are listed as follows:

- Adopt a holistic approach to health risk management, by seeking synergies with wellness and disease management programmes provided by members' medical schemes and by implementing sick leave management as well as rehabilitation and re-skilling structures in conjunction with health risk management.
- Prevent abuse of sick leave by managing incapacity or ill-health as far as possible.
- Adopt a scientific approach to health risk management based upon sound medical, actuarial and legal principles.
- Involve the various stakeholders in the health risk management processes and structures.
- Implement health risk management that is consistent, fair and objective.
- Support health risk management that is cost effective and financially sound.

To a certain degree, there have been notable achievements judging by the responses from some participants during the interviews. The creation of the Employee Health and Wellness Unit is one step in the right direction as one of its responsibilities is to ensure that a holistic approach to health risk management is achieved. This unit is already working with various stakeholders and partners in its endeavours to ensure effective health risk management processes and structures. There is reason to believe that with adequate capacity and sufficient resources, this unit will successfully manage a consistent, fair, objective and cost effective health risk management process. The independent assessment of incapacity leave and ill-health retirement has been successful, notwithstanding a few challenges. This has ameliorated the problem of fraudulent applications for ill-health retirement and streamlined such applications.

5.4.6 Recommendation 6: Policy implementation

For the health risk management strategy to achieve its objectives, the implementation process has to be effective, efficient and have the buy-in of everyone in the organisation. Therefore a change in the mind set amongst line managers would be required, to ensure that the process is smooth and hassle-free. It is also expected of the principals, together with senior management teams, to play a leading role in managing the implementation of the health risk management strategy. However, the strategy implementation affects the entire organisation and all employees are participants in the implementation process (Ehlers & Lazenby, 2004:177). The HOD for KZN DOE carries the responsibility for leading and driving the implementation of the health risk management strategy. Ehlers and Lazenby (2004:180) are correct in asserting that leaders have a challenging task of ensuring that all stakeholders are committed to the implementation of strategies and embracing change. It is therefore fitting that within the structure of the KZN DOE certain organisational adjustments should be effected to ensure that appropriate capacity is available to drive the implementation process. For quick attainment of results brought about by the said adjustments, Lynch (2000:772) suggests that those closest to the organisational changes should be empowered so that they can respond quickly.

In order for all stakeholders to respond positively, a culture change would be required from the HR practitioners and HR managers as a way of building organisational capability as discussed by Withers *et al.*, (2013:237). The failure to implement health risk management strategy successfully could be attributed to HR practitioners and HR managers. This view is supported by Holbeche (2009:407) who argues that the organisation's culture is critical to the implementation of new strategies.

Mchunu (2012) wrote in her proposed guidelines for a workplace health promotion policy and implementation framework that "stakeholder involvement needs to form the basis of the implementation process". She also concluded that "workplaces need to aim at being health promoting workplaces (comprehensive approach), rather than providing health promotion in the workplaces (selective approach)". This view supports the government's latest initiative of looking at health management as a complete package, from dealing with absenteeism to assessing the health risk in relation to various diseases. Engaging

all stakeholders in the implementation process will ensure success and positive outcomes.

Noe *et al.*, (2000:43) posit that during the strategy implementation, the organisation follows through on the strategy that has been chosen. This consists of structuring the organisation, allocating resources, ensuring that the firm has skilled employees in place and developing reward systems that align employee behaviour with the organisation's strategic goals. In the context of this study, since the organisational structure and resources are already in place, it will be incumbent upon all stakeholders to ensure that the health risk management strategy is implemented effectively and efficiently.

The researcher is of the view that while the timeframes are a real concern, the KZN DOE can also reconsider its organisational arrangements. Circuit offices only serve as a post office and should be bypassed in the submission of sick leave and incapacity leave application forms, in order to save time. However, given that the PILIR has been in place for a number of years now, it provides sufficient reasons for the timeframes to be reviewed. The KZN DOE has a lot of schools in rural and far flung areas and therefore has a practical challenge with regard to the submission of documents. It is therefore recommended that a task team comprising of DPSA, human resource practitioners and the health risk manager should be established. The terms of reference for the proposed task team should be as follows:

- To critically deliberate upon the advice of "alternative placement" issued by the health risk manager on ill-health retirement applications of educators.
- To consider simplification of processes in relation the implementation of the PILIR by reducing the volume of incapacity leave application forms.
- To consider placing a cap on the number of sick leave days that an employee may be granted after 36 days sick leave has been exhausted.
- To consider proposals for the review of the timeframes in accordance with the practical geographic landscape of the KZN province.
- To deliberate upon the provisions of the PILIR that provide uncertainties which give rise to complications, contradictions and ambiguities which are impacting upon the implementation process. For instance, that granting of ill-health retirement is only considered after all attempts for alternative placement have failed.
- To develop a framework for re-skilling and training of educators and public service personnel who apply for ill-health retirement, as advised by the health risk manager.
- To deliberate upon specific reasons and policy provisions that result in the applications for incapacity leave and ill-health retirement being declined by the health risk manager, which has led to litigation by dissatisfied applicants.

Once this is achieved, the success of the implementation of health risk management strategies will be realised, paving the way for a healthy workforce. As stated in Lynch

(2000:925), it would be in the best interest of the KZN DOE to devise change management measures and a proper communication plan to ensure the effective implementation of the health risk management strategy.

5.4.7 Recommendation 7: Management meetings on EAP and wellness

Strategic human resource management is all about the recognition of educators and public service personnel as a critical cog in a wheel for teaching, learning and service delivery. It is therefore a responsibility that requires the executive management to ensure that employee health and wellness reports, including health risk assessment reports are a standing item upon the agenda of executive management meetings. The deliberations thereof should empower all managers and supervisors with invaluable information on employee health and wellness in the workplace, as well as measures adopted by the KZN DOE to promote employee health and wellness.

Another important observation made was that the executive management had failed to have a meaningful engagement with the health risk manager. This was profound, given the implications of the advices of the health risk manager and the amount that the KZN DOE spends on a monthly basis. While the health risk manager is obligated to meet with the KZN DOE as per the contract, this meeting only takes place at operational level. There is a strategic need for the executive management to meet with the health risk manager. It is therefore recommended that such meetings be arranged, at least quarterly, to interrogate amongst others, a health risk assessment report and disease profile. Such strategic meetings would enable management to determine effective strategies aimed at mitigating the identified health risk factors.

Certainly the KZN DOE has laid a solid foundation in terms of creating an Employee Health and Wellness Unit within its organisational structure and establishing partnerships with other stakeholders. However, it would be in its best interest to consolidate the current capacity and elevate the wellness reports to the executive management for in-depth discussion during monthly meetings. The employee health and wellness function should be a standing item upon the agenda of the management meetings with all the wellness reports received from the stakeholders and health risk manager. Employee health and wellness needs to be considered a strategic matter deserving of the executive management attention at all times. Employee health and wellness reports should provide the KZN DOE with valuable information in terms of the health status, disease profile and health risk factors affecting educators and public service personnel. There was no indication that a comprehensive health risk assessment had been done during the interviews with the participants, which leaves many educators and public service personnel susceptible to contracting diseases in the workplace. Regular discussions would also enable the KZN DOE to provide sufficient financial resources to the Employee Health and Wellness Unit to ensure that it achieves all its performance targets.

The head of the Employee Health and Wellness Unit should ensure that the executive management is provided with health risk profiles of all employees on a monthly basis.

Such reports would inform the executive management of the health status of employees and gaps to be closed. It would also sensitise all managers and supervisors about the importance of employee health and wellness, particularly the management of HIV and AIDS and TB and other chronic and lifestyle diseases. It may be very difficult to determine one's level of well-being unless a diagnostic assessment by a medical practitioner is done. Therefore the task of supervisors is crucial and chances of them feeling the pressure and succumbing to the same depressing situation are huge. This is critical in view of the fact that poverty contributes to the incidents of HIV and AIDS and TB.

5.6 CONCLUSION

This chapter provided a brief summary of the previous chapters with a view to linking the outcomes of each chapter, thus establishing a clear sense of understanding of what the study intended to achieve. The objectives of the health risk management strategy through the implementation of the PILIR were outlined, with the corresponding implementation challenges. The findings of the empirical investigation were clearly defined, setting a basis for various suggestions and more importantly the key recommendations aimed at improving the implementation process, compliance and particularly curbing absenteeism.

It could be concluded that although the government managed to institutionalise the health risk management strategy which gave way to the implementation of a holistic approach to health risk management in the public sector through the PILIR, the abuse of sick leave by some government employees is still prevalent. The tightening of policy provisions as recommended and full compliance by all educators and public service personnel will ensure the achievement of a scientific approach to health risk management premised upon clinical, medical, actuarial and legal principles. Effective implementation and application will rid the Department of unscrupulous educators and public service personnel with ill-intentions of manipulating the health risk management strategy which negates what it was conceived and designed to achieve.

The adoption and implementation of the health risk management strategy has been a plausible policy innovation with prospective health benefits for government employees. However, its execution over the past five years by the KZN DOE has not entirely achieved all its intended strategic objectives, due to lack of compliance and lack of organisational and human capacity. Therefore there is not convincing evidence of reduction of abuse of sick leave and absenteeism as an intended strategy outcome.

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ANNEXURE A

CONSENT FOR PARTICIPATION IN AN ACADEMIC RESEARCH STUDY

THE IMPLEMENTATION OF A HEALTH RISK MANAGEMENT STRATEGY: THE CASE OF THE KWAZULU-NATAL DEPARTMENT OF EDUCATION

Dear Respondent

You are invited to participate in an academic research study conducted by Glen Bhekizizwe Sithole, a Masters student from the School of Social and Government Studies at North West University, Potchefstroom Campus.

The research seeks to determine whether the implementation of the health risk management strategy over the past five years by the Department has yielded the desirable and intended outcomes. The research would also look at the challenges faced by the Department in the effective implementation and management of policies and procedures on sick leave in its endeavour to reduce absenteeism. The accountability of the part of the implementing agent would also receive the necessary attention in terms of adding value to the desirable and intended outcomes of the health risk management strategy. The study meets all ethical requirements.

Approval for you to participate in the study has been obtained from the Head of Department, Dr NSP Sishi. See attached letter of approval for ease of reference.

Please note that the interview will be conducted with you to ensure validation of the results of the study and the answers you provide will be treated in strict confidence. You will also have an opportunity to expatiate on the questions asked since the interview questions are open-ended. The interview will take approximately 45 minutes to complete.

The results of the study will be kept confidential and used only for the purposes of what it is intended. Your participation in the study will remain anonymous. Should you have questions or comments regarding the study, please contact my supervisor, Prof Gerrit van der Walddt (Contact number: 018 299 1633, email: Gerrit.vanderwalddt@nwu.ac.za).

CONSENT

I _____ as _____ hereby
voluntarily grant permission for participation in the study and that the information
furnished should be treated as confidential.

ANNEXURE B

INTERVIEW QUESTIONS FOR HEAD OF DEPARTMENT

Research title: Implementation of the Health Risk Management Strategy: The case of KwaZulu-Natal Department of Education

Biographical information:

How long have you been with the Department of Education?

When did you become the Head of Department for KZN DOE?

What major functional areas have you worked in?

Questions

1. What is your understanding about the general health and well-being of educators and employees in the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

2. In your opinion, to what extent do executive management meetings deliberate on and take resolutions on health and well-being of educators and employees in the department?
3. What strategies has the department adopted and implemented to ensure effective management of absenteeism among educators and employees?
4. In your view, what are the challenges facing the department with regard to the implementation of sick leave directives and policies?
5. Does the department have any challenges in the implementation of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR)?
6. What would you say have been the achievements of the implementation of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR)?
7. What do you think needs to be done to improve the implementation process of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR)?
8. How has the department responded to the number of educators and employees who are on incapacity leave and those who have retired on the grounds of continued ill-health? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

9. Have you been made aware of the health risk factors that negatively affect educators and employees in the department? How? What was your reaction to those health risk factors?

10. What is the role of supervisors, school governing bodies, senior management teams and line managers in the management of health risk of educators and employees?
11. What is your understanding of the human resource management's role in the implementation of the health risk management strategy?
12. How have health and wellness programmes contributed to the health and well-being of educators and employees? Are they effective?
13. How would you describe the overall management of application for incapacity leave and ill-health retirement among educators and employees in the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

14. What is the management's view on the management of HIV and AIDS and TB and other chronic illnesses among educators and employees?
15. What does the department do when the Health Risk Manager advises against the approval of ill-health retirement and the alternative placement is impossible?

Thank you for your participation!

ANNEXURE C

INTERVIEW QUESTIONS FOR SENIOR MANAGER: HUMAN RESOURCE SUPPORT

Research title: Implementation of the Health Risk Management Strategy: The case of KwaZulu-Natal Department of Education

Biographical information:

How long have you been with the Department of Education?

When did you become the Senior Manager: Human Resource Support?

What are your current key responsibility areas?

Questions

1. What is your perception regarding the level of absenteeism among educators and employees in the department?
2. In your understanding, what are the reasons behind absenteeism among educators and employees in the department?
3. What has the department done to manage sick leave among educators and employees?
4. To what extent do executive management meetings deliberate on and take resolutions on the health and well-being of educators and employees?
5. How has the implementation of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) changed the trend with regard to sick leave utilisation and absenteeism in general?
6. What is your view regarding the challenges associated with the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR)?
7. How has the department managed the number of educators and employees who are on incapacity leave and those who have retired on the grounds of ill-health?

Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

8. What could be done to ensure that management at all levels is sensitive to the reasons why educators and employees are always on sick leave, incapacity leave and retire on the grounds of ill-health?
9. What do you think needs to be done to improve the implementation process of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) in the department?
10. What is your perception regarding the Employee Assistant Programme (EAP) and associated employee health and wellness programmes? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

11. How have educators and employees embraced the Employee Assistance Programme (EAP) and associated employee health and wellness programmes?
12. In your view, what needs to be done to ensure that educators and employees know about their health status and the underlying reasons behind their ill-health?
13. What is your perception regarding the health and wellness programmes' contribution to the health and well-being of educators and employees? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

14. What is your view regarding the management of HIV and AIDS and TB and other chronic illnesses among educators and employees? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

15. What is your opinion about the level of effectiveness of the sick leave directives and policies from the Department of Public Service and Administration (DPSA)? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

Thank you for your participation!

ANNEXURE D

INTERVIEW QUESTIONS FOR SENIOR MANAGER: EMPLOYEE HEALTH AND WELLNESS

Research title: Implementation of the Health Risk Management Strategy: The case of KwaZulu-Natal Department of Education

Biographical information:

How long have you been with the Department of Education?

When did you become the Head of Employee Health and Wellness in the KZN DOE?

What are your current key responsibility areas?

Questions

1. What is your understanding of the health profile of educators and employees in the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

2. What is your perception regarding the level of absenteeism among educators and employees in the department?
3. To what extent do executive management meetings deliberate on and take resolutions on the health and well-being of educators and employees?
4. What is your perception regarding the management's level of awareness about the reasons why educators and employees are on sick leave, incapacity leave or retire on the grounds of ill-health? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

5. What is your view regarding the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) in the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

6. What is your perception regarding the health risk factors that are associated with absenteeism among educators and employees in the department?
7. What do you think needs to be done to improve the health and well-being of educators and employees in the department?

8. What is your perception regarding the benefits of the Employee Assistance Programme (EAP) and associated employee health and wellness programmes? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

9. How have educators and employees embraced the Employee Assistance Programme (EAP) and associated employee health and wellness programmes? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

10. In your view, what needs to be done to ensure that educators and employees know about their health status and the underlying reasons behind their ill-health?
11. What is your perception regarding the health and wellness programmes' contribution to the health and well-being of educators and employees? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

12. What is your view regarding the management of HIV and AIDS and TB and other chronic illnesses among educators and employees? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

13. What challenges have you experienced in the implementation of employee health and wellness programmes aimed at improving the health and well-being of educators and employees?
14. What, in your view, needs to be done to ensure effectiveness and success of employee health and wellness programmes?

Thank you for your participation!

ANNEXURE E

INTERVIEW QUESTIONS FOR UMLAZI DISTRICT HEAD

Research title: Implementation of the Health Risk Management Strategy: The case of KwaZulu-Natal Department of Education

Biographical information:

How long have you been with the Department of Education?

When did you become the Head of Umlazi District Office?

What are your current key responsibilities?

Questions

1. What is your perception regarding the level of absenteeism among educators and employees in Umlazi District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

2. What is your view regarding the implementation of the policies on sick leave, incapacity leave and ill-health retirement in Umlazi District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

3. What can be done to improve the management of absenteeism among educators and employees in Umlazi District?
4. To what extent do executive management meetings deliberate on and take resolutions on the health and well-being of educators and employees?
5. How has the implementation of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) changed the trend with regard to sick leave utilisation and absenteeism in general?
6. What is your view regarding the challenges associated with the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR)?
7. How has the Umlazi District managed the number of educators and employees who are on incapacity leave and those who have retired on the grounds of ill-health? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

8. What could be done to ensure that management at all levels is sensitive to the reasons why educators and employees are on sick leave, incapacity leave and retire on the grounds of ill-health?
9. What do you think needs to be done to improve the implementation process of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR)?
10. How have educators and employees embraced the Employee Assistance Programme (EAP) and associated employee health and wellness programmes in Umlazi District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

11. What strategies has the department adopted and implemented to promote healthy lifestyles among educators and employees in the Umlazi District?
12. In your view, what needs to be done to ensure that educators and employees know about their health status and the underlying reasons behind their ill-health?
13. What is your perception regarding the health and wellness programmes' contribution to the health and well-being of educators and employees in Umlazi District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

14. What is your view regarding the management of HIV and AIDS and TB and other chronic illnesses among educators and employees in Umlazi District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

15. What is your view regarding the capacity to manage and process the applications for sick leave, incapacity leave and ill-health retirement in Umlazi District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

Thank you for your participation!

ANNEXURE F

INTERVIEW QUESTIONS FOR PINETOWN DISTRICT HEAD

Research title: Implementation of the Health Risk Management Strategy: The case of KwaZulu-Natal Department of Education

Biographical information:

How long have you been with the Department of Education?

When did you become the Head of Pinetown District Office?

What are your current key responsibilities?

Questions

1. What is your perception regarding the level of absenteeism among educators and employees in the Pinetown District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

2. What is your view regarding the implementation of the policies on sick leave, incapacity leave and ill-health retirement in the Pinetown District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

3. What can be done to improve the management of absenteeism among educators and employees in the Pinetown District?
4. To what extent do executive management meetings deliberate on and take resolutions on the health and well-being of educators and employees?
5. How has the implementation of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) changed the trend with regard to sick leave utilisation and absenteeism in general?
6. What is your view regarding the challenges associated with the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR)?
7. How has the Pinetown District managed the number of educators and employees who are on incapacity leave and those who have retired on the grounds of ill-health? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

8. What could be done to ensure that management at all levels is sensitive to the reasons why educators and employees are on sick leave, incapacity leave and retire on the grounds of ill-health?
9. What do you think needs to be done to improve the implementation process of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR)?
10. How have educators and employees embraced the Employee Assistance Programme (EAP) and associated employee health and wellness programmes in the Pinetown District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

11. What strategies has the department adopted and implemented to promote healthy lifestyles among educators and employees in the Pinetown District?
12. In your view, what needs to be done to ensure that educators and employees know about their health status and the underlying reasons behind their ill-health?
13. What is your perception regarding the health and wellness programmes' contribution to the health and well-being of educators and employees in the Pinetown District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

14. What is your view regarding the management of HIV and AIDS and TB and other chronic illnesses among educators and employees in the Pinetown District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

15. What is your view regarding the capacity to manage and process the applications for sick leave, incapacity leave and ill-health retirement in the Pinetown District? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

Thank you for your participation!

ANNEXURE G

INTERVIEW QUESTIONS FOR SENIOR PERSONNEL OFFICER

Research title: Implementation of the Health Risk Management Strategy: The case of KwaZulu-Natal Department of Education

Biographical information:

How long have you been with the Department of Education?

When did you become the Senior Personnel Officer in the Department of Education?

What are your current key responsibility areas?

Questions

1. What is your understanding regarding the utilisation of sick leave and the level of absenteeism among educators and employees in the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

2. What is your view regarding the application of sick leave directives and policies by the educators and employees in the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

3. How effective is the management sick leave directives and policies within the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

4. What challenges have you experienced with the application of sick leave directives and policies among educators and employees?
5. What is your view regarding the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) in the department? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

6. What challenges have you experienced in the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) in the department?
7. What, in your view can be done to improve the implementation process of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) in the department?
8. What is your view regarding the capacity to process applications for sick leave, incapacity leave and ill-health retirement received from educators and employees?
Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

9. In your view, what needs to be done to ensure that educators and employees know about their health status and the underlying reasons behind their ill-health?
10. How has the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) affected the processing of sick leave applications?
11. What has been done to ensure effective management of HIV and AIDS and TB and other chronic illnesses among educators and employees in the department?
12. What has been done to ensure that educators and employees adhere to the policies and procedures aimed at improving employee health and well-being in the department?

Thank you for your participation!

ANNEXURE H

INTERVIEW QUESTIONS FOR HEALTH RISK MANAGER

Research title: Implementation of the Health Risk Management Strategy: The case of KwaZulu-Natal Department of Education

Biographical information:

How long have you been with Thandile Health Risk Management?

How long have you been a Health Risk Manager?

What are your current key responsibility areas?

Questions

1. What is your perception regarding the level of absenteeism among educators and employees in the KZN Department of Education?
2. In your view, what are the reasons behind the level of absenteeism among the educators and employees in the KZN Department of Education?
3. What is your perception regarding the implementation of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) in the KZN Department of Education? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

4. What is your view regarding the challenges associated with the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) in the KZN Department of Education?
5. How has the department managed the number of educators and employees who are on incapacity leave and those who have retired on the grounds of ill-health? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

6. What could be done to ensure that management at all levels is sensitive to the reasons why educators and employees are always on sick leave, incapacity leave and retire on the grounds of ill-health?
7. What do you think needs to be done to improve the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) in the KZN Department of Education?
8. In your view, what needs to be done to ensure that educators and employees in the KZN Department of Education know about their health status and the underlying reasons behind their ill-health?
9. How has the KZN Department of Education benefitted from the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR)?

10. How has the implementation of the Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) changed the health and well-being of the educators and employees in the KZN Department of Education?

11. What is your view regarding the management of HIV and AIDS and TB and other chronic illnesses among educators and employees in the KZN Department of Education? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

12. Does the executive management of the KZN Department of Education understand and appreciate the concept of health risk management?

13. What is your perception regarding the handling and processing of applications for incapacity leave and ill-health retirement by the human resource management unit? Please choose any of the following:

Very poor 1	Poor 2	Adequate 3	Good 4	Excellent 5
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Please substantiate your answer.

14. What, in your view, needs to be done promote employee health and employee well-being among educators and employees in the KZN Department of Education?

Thank you for your participation!