

**THE OCCURRENCE OF ILLNESSES IN THE
WORKPLACE
AND THEIR PROBABLE INFLUENCE ON
PRODUCTIVITY**

By

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**SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS
OF THE DEGREE OF**

MASTER OF BUSINESS ADMINISTRATION

In The

FACULTY OF COMMERCE AND ADMINISTRATION

At The

UNIVERSITY OF NORTH WEST

SUPERVISOR: DR. M.P. MAAGA

APRIL 2002

DECLARATION

I declare that the dissertation for the degree of Master of Business Administration (MBA) at the University of North West hereby submitted by me, has not previously been submitted for a degree at this, or any other University. This is my own work in design and execution and that all material contained herein has been duly acknowledged.

BAILE ANGELA APPLGREEN

ACKNOWLEDGEMENTS

I am indebted to my supervisor Dr M.P Maaga for his patience and the professional guidance he offered me throughout the development of this research project. His unfailing support helped to make this dissertation a reality.

My heart-felt gratitude goes to my family, and in particular my husband Mentor, for their tireless support and sacrifices during the difficult times of my studies. It is difficult to express what their love, prayers and strength have meant in my life.

I also acknowledge with gratitude the friendly guidance of my friend Doreen Ross who has been encouraging me to reach for my goal during the times when I nearly lost hope. She was a pillar of strength.

I thank the almighty for giving me strength and perseverance throughout my studies.

ABSTRACT

The study was undertaken to determine the influence of illnesses on productivity in the workplace. Illnesses pose the greatest challenges to business. Health related absenteeism resulting in low productivity, has been identified as a problem which needs a multi-disciplinary approach.

Health problems such as backache, headache, tuberculosis, alcoholism, stress etc. were identified as some of the main reasons for absenteeism.



Lack of health promotion programmes and employee assistance programmes (EAPs) as well as guidelines on the control of absenteeism, were also identified.

Recommendations made related to the provision of health promotion programmes, employee assistance programmes and formulation of strategies aimed at controlling absenteeism and illnesses at the workplace. Central to these programmes was the necessity to link care with preventative strategies.

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CHAPTER 1

1.1 INTRODUCTION

Illnesses are considered to be a rising concern in many organisations in South Africa. Organisational managers are interested in maintaining a lower level of illnesses for good reasons. High levels of illnesses can result in low productivity, increased absenteeism and turnover, and an assortment of other employee problems including alcoholism, drug abuse, hypertension and a host of other illnesses. (Carrel at al, 1998:418).



Human resources managers today have to deal with complex problems that threaten the health of employees. These include HIV/AIDS, Alcoholism, tuberculosis, meningitis, sexually transmitted diseases (STD's), gout, bronchitis, diabetes, asthma etc. (Gerber at al, 1995:306)

Twenty years after the first clinical evidence of Acquired Immunodeficiency Syndrome (AIDS) was reported, AIDS has become the most devastating disease human kind has ever faced. Since the epidemic began, more than sixty million people have been infected with the virus worldwide. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth biggest killer. (UNAIDS/WHO: December 2001).

During the period 1994 to 2001, there has been an exponential growth of Human Immunodeficiency Virus (HIV) infections in South Africa. Experts agree that South Africa now faces one of the world's most severe HIV/AIDS epidemics. Based on available data, scientists have concluded that HIV/AIDS is transmitted through various ways i.e. blood or other body fluids. However, the bulk of the research carried out throughout the world has shown that AIDS is in the majority of cases transmitted sexually. With the recent manifestation of AIDS, society is being confronted with an infectious disease of pandemic proportions to which medical science as yet has no answer. (Mail & Guardian, November 2,2001)

Alcoholism was previously regarded as a moral and criminal problem, the modern approach is to regard it as an illness that requires special treatment. Alcoholism has a drastic effect on employees and their work. The quality and quantity of work performed by an alcoholic are considerably reduced. (Godse and Maxwell, 1990:35)

Excessive work stress has serious consequences for both the employee and the organisation. In the case of employee, stress may lead to anxiety, depression, anger, headaches, alcohol and drug abuse and poor interpersonal relations. (Business Times: November 10,2001)

Diabetes Mellitus or sugar diabetes is rapidly emerging as a major public health problem. It is a chronic debilitating disease, but early detection and effective

management may be associated with a normal lifespan and quality of life. It is a multi-faceted disorder and inflicts a tremendous economic burden on patients, families and health care providers. (Du Plessis, 1993:24)

1.2 BACKGROUND TO THE PROBLEM

Illnesses pose the greatest challenges to business in South Africa. The workplace provides an excellent environment to implement health promotion programmes and policy reform.

It is in the employer's best interest to keep employees healthy and productive. Many employers have found, through responsible analysis, that providing some level of care to ill employees, often beyond that offered by the medical scheme, can create significant long term savings for the company (People Dynamics, March 2001)

There are four major ways in which illnesses will affect business: -

- There will be a reduction in overall productivity.
- There will be a limited selection of employees – many talented people will succumb to illnesses and others will be left to care for the sick.
- There will be an increase in the cost of risk benefits, absenteeism, and for the recruitment and training of new staff.

- The cumulative effect will cripple the economy.

The adverse effects of illnesses on the workplace will give rise to major difficulties for employers. The direct cost of illnesses will be felt through escalating employee benefits and medical aid scheme costs. Indirect effects such as reduced productivity of employees and the negative impact on consumer markets will put pressure on the sustainability of business profits. (Erasmus et al, 2000;68)

The socio - economic impact of the diseases is widespread and devastating beyond concerns of health and its immediate ramifications.

The University of South Africa's Bureau of Market Research (BMR) announced in its annual research review that about 2,27 million economically active people would die of AIDS related diseases by 2010. A loss of this magnitude in the number of economically active South Africans and in human capital could seriously damage the South African economy, said BMR director Professor Carel van Aardt. Van Aardt said the impact of AIDS could cripple the economy through soaring medical and other costs related to AIDS before the full demographic effect is felt. (AIDS Analysis Africa, June 2001)

Here are a few of the statistics making up the gruesome AIDS picture:

- An estimated 34,3 million people were infected with HIV worldwide at the end of 1999 and there have already been 18,8 million deaths since the start of the epidemic.
- An estimated 19% of the adult population of South Africa is already infected and it is expected that the figure will rise to 25% by 2005.
- The picture is bleaker in South Africa's neighbours with prevalence rates of between 20% and 26% in Botswana, Zimbabwe, Namibia and Swaziland.

(Sowetan: May 24,2001)

Tuberculosis is the most common opportunistic infection and the biggest killer of people living with AIDS. Tuberculosis is often the first AIDS-defining illness, which changes the person's status from HIV infected to AIDS. (Wellness Management Report, March: 2001)

Employee Assistance Programmes (EAPs) can help employees overcome serious problems that affect productivity. Employers can retain highly skilled and valuable employees who suffer from alcoholism, HIV/AIDS, tuberculosis, stress, depression and other illnesses.

Investing in the health of employees provides returns by reducing absenteeism, increasing productivity and ensuring competitive advantages over other companies that do not manage illnesses effectively.

The focus of this study is on the occurrence of illnesses in the workplace and their influence on productivity. Critical to this is to increase efforts to prevent new infections, while at the same time finding humane, cost effective and practical ways to care for and support those already infected.

1.3 PROBLEM STATEMENT

The focus of this study is on the occurrence of illness in the workplace and its probable influence on productivity. Absenteeism and low productivity are the obvious problems facing an organisation and it is these issues that need to be addressed.

1.3.1 SUB PROBLEM

The extent to which employees will succumb to illnesses, others will be left to care for the sick, productivity will drop in a sick labour force, the recruitment and training of new staff and the cumulative effect that it might have on the economy.

1.4 HYPOTHESES

- The higher the levels of absenteeism, the lower the productivity.

- The higher the levels of illnesses, the lower the productivity

1.5 OBJECTIVES OF THE STUDY

- ✓ To determine the extent of absenteeism due to health problems.
- ✓ To identify the main health problems that contribute to absenteeism.
- ✓ To determine what remedial actions were taken, to monitor and control the situation.

1.6 IMPORTANCE OF THE STUDY

LIBRARY

The findings could provide the North West Provincial Government (Department of Health) with the **most effective** ways to deal with illnesses in the workplace and how to manage them.

This study is important because it will guide business in dealing with the effect that illnesses have on their businesses and how to deal with it.

1.7 RESEARCH METHODOLOGY

Here we outline and explain the methodology used in the research process, both with regard to the gathering of data and the analysis thereof. We also explain the

rationale behind the methodology employed and how the research was conducted.

1.7.1 RESEARCH DESIGN

A survey research design is used in this study. A survey research design is explained as an all-purpose tool and a broad manner of collecting data and obtaining useful information (Schwartz et al, 1980) The major purpose of survey design is to largely produce the descriptive and correctional nature of data produced. The survey design allows the researcher to receive both the cognitive and communicative processes from the sample.

Research design refers to the overall plan which includes every aspect of a proposed research study from the conceptualisation of the problem right through to the dissemination of the findings (Grinnel, 1988: 219)

This research will therefore seek to describe the influence that illnesses have on the workplace.

1.7.2 METHODS OF DATA COLLECTION

According to Reid (1984:9) data may be collected through questionnaires, interviews, observation of direct interaction and using available materials such as case records and statistical data. In addition, literature review and the experience surveys can be used to gather available data. The following method was implemented in gathering data: -

- Personally administered questionnaires

1.7.3 PERSONALLY ADMINISTERED QUESTIONNAIRES

Polansky (1976: 62) defines a questionnaire as a common research instrument, which comprises a series of questions that are filled by all participants in a given sample. Data sometimes lie buried deep within the minds or within the attitudes, feelings or reactions of men and women. An instrument that could be used to observe beyond the physical reach is the questionnaire.

In this study the researcher developed a questionnaire consisting of approximately twenty questions. After compilation, the questionnaires were distributed to the sample and collected by the researcher after the respondents completed them.

1.7.4 SAMPLING

Sampling is a process of selecting a portion of the designated population to represent the entire population. Sampling determines the extent to which the research findings from the study sample can be generalised to the larger population from which the sample was drawn.

Subjects who participated in this study were taken from the business sector in Mafikeng Central Region.

Mafikeng is the capital of the North West Province, situated virtually in the center of the Southern African Development Community (SADC), 24 kilometers by road and rail from Botswana border post of Ramatlabama

Mafikeng is the seat of the provincial headquarters of all State Departments in the province, with offices for members of the Executive Council of the Provincial Government, Directors General, Receiver of Revenue and other executive state officials. Most of the administrative offices are lodged in the Garona building in the center of the suburb of Mmabatho, linked to the Parliament complex. Other government offices are spread over various centers in the city.

Mafikeng has a total population of 250 000 people.

1.7.5 SAMPLING PROCEDURE

T & J Products (Pty) Ltd. - Manufacturers of sugar confectionery and gum products were selected: -

The Managing Director was contacted regarding their participation in the research project. The idea was to investigate how illnesses influence their companies' productivity and profitability, the attitudes of these organisations with regard to illnesses and how they deal with the situation.

1.7.6 DATA ANALYSIS

According to Reid (1984: 243) data analysis is the categorising, ordering, manipulating and summarising of data to obtain answers to research questions.

Information gathered from questionnaires was categorised by the researcher.

As this study is descriptive in nature, the researcher used descriptive statistics and tables in presenting data. According to Behr (1988: 12) descriptive statistics are procedures that are concerned with summarising or describing data.

1.8 LIMITATIONS OF THE STUDY

As a result of conducting this study the following limitations can be noted: -

Due to the sensitivity of the research topic, the researcher was forced to use a self administered questionnaire, where respondents fill in the questionnaire on their own instead of a personal interview as it afforded one greater flexibility in an attempt to illicit information.

1.9 CONCLUSION

Corporations need to quantify the prevalence of the disease in their organisations and then implement a management strategy to minimise its impact. Business need to recognise that managing illnesses is one of the costs involved in operating in Africa and move forwards.

Absenteeism and low productivity are the obvious problems facing an organisation and it is these issues that need to be addressed. Productivity will drop in a sick labour force and extra workers will have to be hired to cover for those who are absent.

Illnesses affect businesses, families, communities and nations, and combating them requires a co-ordinated effort were all stakeholders play a meaningful role in managing them.

Literature review will be discussed in chapter two. The research design, methods of data collection, sampling and data analysis will all be discussed in detail in chapter three. Chapter four will entail analysis and interpretation of data and finally findings, recommendations and conclusion on chapter five.

CHAPTER 2

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

It is obvious poor employee health will lead to high absenteeism and low productivity. Management can protect the organisation against these losses to a great extent by regularly investigating the well being of employees. The employee does benefit from such a health plan in the sense that fewer work days and less pay are lost as a result of absenteeism (Gerber et al, 1995:306).

Promotion of health and prevention of disease are part of the same process. At present, we are dealing with chronic diseases, one half of which are caused by unhealthy behaviour and lifestyles. It is impossible to think of prevention of disease without thinking of promotion of health or to promote health without being aware of the hazards to health from disease, accidents and violence. (O'Donnel and Ainsworth, 1984:106)

In the work situation, the employee may be exposed to a wide variety of factors that may lead to illness. These include toxic substances such as carbon monoxide and vinyl chloride acids, gases, excessive noise and vibration (which may affect hearing, disturb balance and cause neurological imbalances) and

extreme temperatures (which may lead to breathing problems). Skin, kidney and liver diseases, abnormal blood pressure and mental aberrations can be caused by factors in the work place. (Gerber et al, 1995:310)

It is the responsibility of management to see to it that the workplace is equipped in such a way that occupational health is promoted. To achieve this, health programmes that include the following can be instituted at organisations:

- Medical facilities on the premises, including doctors and nurses who regularly monitor the health of employees.
- Sufficient liaison with the medical profession (specialists and health agencies) to offer assistance to employees suffering from alcoholism, drug addiction and mental disorder.
- Special educational programmes that pay attention to nutrition, physical exercise, mass control, etc.
- Special attention to the cleanliness of the premises, including food handling, disease prevention, etc.
- Proper first-aid facilities for injuries and illnesses.
- Adequate and confidential medical records. (Quick and Quick, 1984:45)

Physical health will now be examined.

2.2 PHYSICAL HEALTH

Human resources managers today have to deal with complex problems that threaten the health of employees. These include AIDS, alcoholism, stress, headache, backache, sugar diabetes, tuberculosis, meningitis, depression, sexually transmitted diseases (STDs), etc.

2.2.1 HIV/AIDS

AIDS is a disease that undermines the immune system of the body, with the result that the individual is exposed to a wide range of diseases, usually with fatal complications. In the workplace, attention should be focused on the fear among employees, particularly those who have to work with employees suffering from AIDS. Training in the work place must disseminate information regarding the nature, symptoms and transmission of the illness, and prepare employees for the emotional problems they may experience when a fellow worker contracts this fatal disease. (Pucket and Emery, 1988:15)

The spread of AIDS is outrunning the community's ability to deal with it. Despite substantial progress made by the medical profession, a cure for AIDS has not been found. Perhaps the most important task is to strengthen preventative strategies. This is an urgent matter, especially in Africa, since the number of AIDS cases is rising rapidly. The key to success is collective efforts as stressed by AIDS Epidemic Update (December 2001)

The rate at which AIDS is spreading in South Africa will have far reaching implications, tearing at the fabric of social life in this country. Some of these implications are economic consequences of the epidemic, social consequences and human development. (Sowetan: May 4, 2001)

To help break the speed, at which the epidemic is spreading, UNAIDS calls on countries to rapidly put in place effective prevention programmes, particularly to slow HIV among young people. At the same time, the need for expanding access to treatment and care remains critical to the success of any efforts to fight AIDS. Twenty years into the epidemic, millions of young people still know little about the epidemic. In some countries, many have never even heard of AIDS and those who have hold serious misconceptions about how HIV is transmitted. Any successful AIDS response will require providing young people with the information and life skills they need in order to prevent infection. (UNAIDS Press release; November 28,2001)

Employees living with HIV/AIDS will be productive for a longer period if they receive the medical, social and psychological support they need. An employee may not be dismissed simply because they are HIV-positive. If procedures for assessing and managing the performance of employees do not exist, these must be developed pro-actively and transparently so that, as the impact of AIDS becomes more apparent, employers are able to respond rationally.

It is advisable to develop procedures for performance assessment and management, so that all supervisors and managers are clear on the criteria for dealing with:

- Absenteeism
- Sick leave
- Transfer to lighter duties
- Ill health
- Early retirement
- Employee counseling and so on.

(Guidelines for HIV/AIDS Policies and programmes, March 1997)

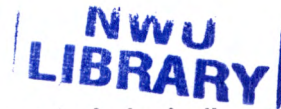
2.2.2 Alcoholism

Whereas alcoholism was previously regarded as a moral and criminal problem ("place the victim in a cell overnight to dry out"), the modern approach is to regard it as an illness that requires special treatment.

Alcoholism has a drastic effect on employees and their work. The quality and quantity of work performed by an alcoholic are considerably reduced. It is interesting to note that alcoholics do not cause more accidents at work than other workers, as they tend to be more careful because they are aware of their problem and try to hide it. In addition, the labour turnover of alcoholics is not abnormally high, which is contrary to public opinion on the matter. It is a fact, however, that the morale of other employees is adversely affected because they

have often to do the work of fellow employees addicted to alcohol. (Gerber et al, 1995: 308)

According to De Cenzo and Robbins (1988:511) there are two important misconceptions about alcoholics, i.e. that they are easy to spot and that they are primarily blue - collar and low – skilled employees. No supervisor is a psychiatrist and therefore does not have specialised training to identify this problem. The four techniques according to which alcoholics in the workplace are handled are disciplining, dismissal, treatment within the organisation and referral to an agency outside the organisation. Disciplining to just short of dismissal is the most commonly used technique, followed by internal treatment and referral to agencies outside the organisation.



The most important components of a programme to control alcoholism are: -

- *Policy document:* Top management declares the organisation's commitment to the programme and allocates responsibility to the relevant people. It confirms the willingness of the organisation to help those in need.
- *Cooperation of the trade union:* Where the employee is a member of the trade union, this aspect is important. If the trade union is involved at an early stage, this may play an important role in obtaining the support of the employee's colleagues.
- *Education:* An information programme and training covering all the dimensions of alcoholism and also spelling out the extent of the organisation's control programme is desirable.

- *Training:* Supervisors and managers at all levels must receive thorough training in how to handle alcoholism. The supervisor bears the primary responsibility for identifying the problem and for handling the alcoholic as an individual.
- *Professional services:* Provision must be made for nursing services, counselors, human resource specialists, medical doctors and psychiatrists, as well as for medical outpatient treatment within the community. (Gerber et al, 1995:305)

2.2.3 Stress

There are two primary causes of work stress: environmental factors and personal factors. *Environmental factors* that give rise to stress include the work schedule, the pace at which the work must be completed, the work quality, the route to and from work and the number and nature of customers per employee. No two people will, however, react to stress in the same way, because *personal factors* determine the tolerable level of stress. Employees who feel driven to give their best at all times place themselves under greater stress than others. Aspects such as patience, self – respect, health and exercise, sleep patterns and attitude to work will also influence the employee's reaction to stress in the work situation. (Gerber et al, 1995:310)

Excessive work stress has serious consequences for both the employee and the organisation. In the case of the employee, stress may lead to anxiety, depression, anger, cardiovascular diseases, headaches, accidents, alcohol and drug abuse, excessive appetite or poor interpersonal relations. In the case of an

organisation, stress may lead to a reduction in the output of the employees, as well as to increase absenteeism and staff turnover and more grievances. It must be emphasised, however, that work stress and work pressure do not have to be negative or to have a dysfunctional effect on work performance. Some employees, for example, work better under mild stress and work pressure, and are more productive if they know that they must complete a task within a given time. (Quick and Quick, 1984:77)

A combined set of empirical research studies and skilled clinical observations have confirmed the association between a wide range of stressors and serious physical disease. Heart attacks, strokes, peptic ulcers, asthma, cancer, diabetes, hypertension, headache, back pain, and arthritis are among the many diseases and symptoms which have been found to be caused or worsened by stressful events. (O'Donnel and Ainsworth, 1984:12)

2.2.4 Headache

The tension headache is one of the universal symptoms of stress. It appears to be caused by spasm of the facial and scalp muscles. Such headaches can sometimes become chronic and quite difficult to treat. Migraine headaches, by contrast, seem to be caused by a spasm of the blood vessels, which supply the brain. Although migraine headaches can sometimes be caused by stress, they

can also result from several other factors. Investors plagued by this sickness develop headache, stomach trouble and fatigue (Sewil: 1969).

2.2.5 Backache and arthritis

Backache is one of the most common causes of lost time at work and one of the most frequent conditions seen by the family physician. Although many acute backaches can be attributed to various strains and sprains suffered from over exertion, chronic backaches frequently have no association with trauma.

Those who treat patients with chronic backaches attribute much of the problem to muscle spasm induced by stress and to the lack of strength and flexibility, which results from a sedentary occupational and recreational life. (Quick and Quick, 1984:60)

2.2.6 Diabetes mellitus

The origin of diabetes mellitus or sugar diabetes is still being studied, but it is apparent that the adult form of diabetes is closely related to diet and obesity, which may be symptoms of distress. Diabetes is defined as the existence of abnormally high glucose in the bloodstream. It should not be surprising that stress induced by a high intensity of life changes is associated with the appearance of diabetes or disturbance of blood glucose control (Grant, 1974)

2.2.7 Tuberculosis

Tuberculosis is an infectious disease, which may attack any part of the body, but it is usually the lungs that are affected. Pulmonary tuberculosis is the one in which the lungs are affected. This infection is spread mainly by droplets which carry the disease, germs from infected people to healthy people. These infected droplets are produced when a person with tuberculosis coughs while other people are close by. Many healthy people become infected in this way. In South Africa more than 50 000 newly discovered tuberculosis cases are reported each year, and many people die from it.

A person, who has been diagnosed positive, showing that tuberculosis germs are present, must be treated. If not treated he will spread the disease. (Primary Health Care, March 1991)

2.2.8 Depression

Depression is the most common significant psychological condition. It is often accompanied by extreme anxiety. It may be mild and self-limited or it may be severe enough to lead to suicide. Stressful events such as business failure, termination, and interestingly enough, promotion have led some employees and managers into varying depths of depression and even suicide. Although family and personal events such as death of a spouse or illness in the family show the strongest relationship to the onset of depression, work related events are also important (Paykel, 1976).

There are many kinds of illnesses. The above mentioned illnesses are the most common in the workplace. In many organisations, particularly large manufacturing companies, a small number of hard-core human resource (HR) problems require the special attention of line management and HR staff. The most pressing HR problems include absenteeism and low productivity.

2.3 ABSENTEEISM

Excessive employee absenteeism can significantly drain productivity and profits, creating innumerable problems for supervisors and the employees who work regularly. Decision-makers should periodically compute the cost of absenteeism to their organisation. Such data will indicate the severity of the problem and the impact of absenteeism on profits. (Carrell et al, 1998:580)

The large element of illness-related costs is absenteeism. An annual cost of absenteeism has been estimated at over \$40 billion for U.S organisations. At the job level, a one-day absence by a clerical worker can cost a U.S employer up to \$100 in reduced efficiency and increased supervisory workload. These figures indicate the importance to an organisation of keeping absenteeism low. It is obviously difficult for an organisation to operate smoothly and attain its objectives if employees fail to report to their jobs. The workflow is disrupted, and often important decisions must be delayed. (O'Donnel et al, 1984:54)

In organisations that rely heavily upon assembly line production, absenteeism can be considerably more than a disruption, it can result in drastic reduction in quality of output, and in some cases, it can bring about a complete shutdown of the production facility. But levels of production beyond the moral in the range in any organisation have a direct impact on that organisation's effectiveness and efficiency. Illness, fatigue or excess stress can significantly decrease an employee's productivity for the most part, we can assume that organisations benefit when employee absenteeism is low. (Strauss and Sayles, 1980:46)

A health promotion programme that reduces the employee's absenteeism might have that effect on him for three reasons: reduced frequency of sickness and thus improvement in well-being, increased loyalty or sense of responsibility to the employer and desire to take part in daily health promotion activities, (O'Donnel et al, 1984:46)

2.4 PRODUCTIVITY

If an employer hopes to improve the productivity of its work force by means of a health promotion programme, the programme will have to be one that has a direct impact on each participant. In general the more intensive the programme and the greater the degree of intervention, the greater the final

impact on each participant. In general also, the greater the impact of the programme on the participant, the greater the contribution of the programme to relevant organisational goals. (O'Donnel et al, 1984:46)

An organisation is productive if it achieves its goals and does so by transferring input to output at the lowest cost. As such, productivity implies a concern for both effectiveness and efficiency. A business firm is effective when it attains its sales or market share goals, but its productivity also depends on achieving those goals efficiently.

Measure of such efficiency may include return on investment, profit per dollar of sales, and output per hour labour. One of organisational behaviour's major concerns is productivity. We want to know what factors will influence the effectiveness and efficiency of individuals, of groups, and of the overall organisation. (Gerber et al, 1995:48)

Our whole society depends on the efficient production of a vast range of goods for its very existence. The more efficient and plentiful is production, the more goods and services are available to society and therefore the more society as a whole is likely to benefit.

HR professionals frequently implement strategies for improving productivity and quality in their organisations. Most of these strategies depend on employees seeing a link between what they produce and what the company is

attempting to achieve. Without the relationship, work may be less meaningful, and ultimately the employee will be less motivated to perform it. Some of the strategies considered highly effective by some organisations are considered ineffective by other organisations and partially effective by still others. (Carrel et al, 1998:122)

2.5 IMPACT OF ILLNESSES ON THE ECONOMY

An increase in illness and death in a population will inevitably have economic and social consequences. As far as the economy is concerned, the growth in potential output is expected to be less than 3% during 2001 to 2015, while spending on the health services by both the government and households are foreseen to increase substantially. Illnesses can be expected to exert pressure on the balance of payments, especially in terms of capital flows. (News 24: November 14,2001)

Negative investor sentiments resulting from the potential cost of illnesses to companies and the economy, may have a dampening effect on the inflow of capital. This may put downward pressure on the rand against the major international currencies. With regard to labour, illnesses will lead to slower growth in the labour force. (Business Times: November 25,2001)

Families, the public health service, and some private sector firms are feeling the impact of illnesses and death.

2.6 EFFECT OF ILLNESSES ON BUSINESSES

The private sector has a crucial role to play in achieving sufficient economic growth in South Africa to raise the general standard of living. It is a major source of employment, creates wealth, and supplies the population with food, clothing, housing and most essential (nonessential) goods and services. Some private sector firms, particularly in KwaZulu – Natal and Gauteng are beginning to feel the impact of illnesses. This is manifesting itself in increased illness and death in the workforce. (City Press, October 14,2001)

South African employers are increasingly recognising the impact illnesses have on business and are implementing a range of interventions to counter their effects on business viability. This is one of the findings of Deloitte and Touche Human Capital Corporations surveys on AIDS in the workplace. (N.W. Mirror: July 30,2001)

Businesses that take no action now to counter the effects of illnesses on their workplaces face devastating financial losses and wholesale damage to their viability. Nearly a fifth of the workforce is ill, but it is possible to reduce losses

by up to 30% - if appropriate education and training are undertaken without delay. (Mail & Guardian: April 26,2001)

According to People Dynamics, (Volume 19) NMG Consultants and Actuaries conducted a research over the past few months at various companies and identified a pattern that enables NMG to predict with some confidence that employers who commit to proper wellness programs will achieve significant savings. Companies are actually seeing deaths. As a result their business attitudes towards illnesses have shifted over the past year.

Jenny Gillies, a specialist in AIDS in the workplace, distinguishes between direct costs, such as medical aid contributions and pension funds and indirect costs, such as training and development, recruitment, sick leave and absenteeism to companies. Currently consuming 5% of companies' annual salary budget, direct costs are projected to double within five years and triple within ten years. Indirect costs, currently eating about 1% of annual salary budgets, are set to account for 10% by 2005. When direct and indirect costs are combined, the cost to a company of one new HIV infection is five to eight times that person's annual salary – depending on the skills level of the person infected. For younger employees in upper job bands, the cost per new infection is six to nine times annual salary. (People Dynamics: Volume 19)

Many businesses have suffered from illness either through the premature deaths of skilled or experienced employees or through the growing number of

AIDS-related deaths among their demographic markets. Illnesses, crime and lack of managerial skills have been blamed for the high rate of failure among South African small, medium and micro enterprises (SMMEs). One in nine of the country's population is estimated to be infected with the HIV virus that causes AIDS. (News 24: July 2001)

South African employers should actively manage illnesses in the workplace in order to reduce their effect on business and society, said Old Mutual deputy managing director Peter Moyo. Preventing new infections is critical, while at the same time finding caring, cost effective and practical ways to care for and support those already infected. Illnesses are manageable within the company and the country. The effects of illnesses could be reduced if ways were devised to detect and prevent new infections. (Sowetan Business: January 22, 2002)

The mining industry is committed to fighting HIV/AIDS. To reverse the trend it was imperative to introduce other initiatives which included providing aggressive and appropriate treatment for sexually transmitted diseases, as well as offering preventative therapy and drugs against opportunistic infections such as TB – which is a major public health problem, with the miners particularly at risk because of the concomitant exposure to silica dust, said Gay Khaile, communications adviser, Chamber of Mines of S.A.

In addition, the industry's multi-pronged approach extends the treatment for sexually transmitted infections (STIs) into surrounding communities with

positive results, as this engagement showed the potential to reduce new HIV infections by 40% (The Star: November 13,2001)

If productivity falls and costs rise, then profits and share prices must be affected. Internationally, canny investors are already concerned about the effects of illnesses on the South African economy in general and on the performance of some large companies in particular.

Yet it takes no great stretch of the imagination to see that investors alive to the impact of illnesses will soon expect these factors to be costed into a listed company's share price, explains Wayne Myslik, management consultant at NMG Levy. (City Press, October 21,2001)

According to Sarah Donnelly of Assessment Solutions Africa, there is no need for costly wellness programmes. Let peer educators tackle illnesses in the workplace. The most cost-effective way of implementing a wellness programme within an organisation is through the use of peer educators. Peer educators are workers within an organisation nominated by their peers as leaders. They are people they would trust and confide in on confidential issues without the threat of being judged or of their breaking confidentiality. The peer educators need to be fully trained on all aspects of illnesses including, among others, prevention, workplace safety, treatment and workers' rights. It is their responsibility to proactively "spread the word and not the virus". They actively work at breaking down the negative stigma attached to HIV-positive status and at raising AIDS issues in the workplace on an ongoing basis. The peer

educator system has been successfully adopted by many leading companies in their fight against illnesses and also enjoys the strong support of trade unions. (Workplace: March 6,2002)

The effects of illnesses on business are reduced productivity, increased costs and loss of customers.

Profits are being depressed by a number of factors:

- Absenteeism is increasing not only because of the ill health experienced by employees, but also because workers take time off to care for their families (these demands are felt especially by women) and for funerals.
- Employees who die or retire on medical grounds have to be replaced, their replacements may be less skilled and experienced and therefore may require training.
- Growth in the volume of sales is declining as the market shrinks through sickness and death.
- The costs of health care, medical aid and hospitalisation are rising.
- The communities in the neighbourhood of business need more support to weather the crises. (Whiteside & Sunter, 2000:99)

2.6.1 EMPLOYEE BENEFITS

A potentially significant area for additional illness costs relates to employee benefits. For individual companies, much will depend on the conditions of the employment, the level of staff and what benefits are provided. Benefits

typically include group life insurance, pension, funeral benefits and medical aid. Essentially, there are two scenarios: either payroll costs will rise or benefits will be cut to contain costs (Mail & Guardian, October 5:2001)

2.6.2 THE IMPACT ON BUSINESS COMMUNITY

The increase in orphans and street children may increase the rate of crime, which will make it more difficult to retain skilled but internationally mobile staff. The police and defense force may experience increased mortality, particularly at the middle levels, which could decrease stability.

The state health system will experience much higher demands being placed on it, which may lead to a deterioration in the level and quality of service. This could put pressure on the private sector to use private hospitals to care for employees (Sowetan, November 22:2001)



Government resources may be diverted from infrastructural projects, crucial to the functioning of the private sector, into care and prevention programmes.

A concern peculiar to South Africa is the impact on affirmative action. For historical reasons, the levels of illness are higher in the black population than the white. The national policy of affirmative action is likely to be hindered by the illness mortality. (City Press, October 14,2001)

There are likely to be problems around localisation policies. Many countries have spent years developing local skills to replace expatriates. Illnesses may delay and reverse the implementation of these programmes. A more worrying problem is that government policies may not recognise the new realities. (Sowetan, May 4, 2001)

2.7 IMPACT ON MARKETS

Illnesses could reduce the absolute number of potential customers making markets that are relatively saturated and which depend critically on the population growth the most vulnerable. While in some countries total population growth over the next decade might remain positive, growth will be markedly slower. (Health Care report, March 2001)

The impact of the illness on specific markets will depend on the demographic profile (e.g. age, sex, income level, geographic location) of consumers. Where demand for goods is far from saturated and growing strongly, many of the consumers who die or have their disposable income reduced by illnesses will be replaced by new earners and consumers. Yet even the strongest markets will wilt if overall GDP and consumption expenditure is badly hit by the epidemic (News 24, September 2001)

In South Africa, labour market adjustments to illnesses, such as increasing capital intensity or using less skilled labour that is cheaper to replace, may exacerbate economic and political polarisation. Market growth for goods and services targeted at upwardly mobile household may also be severely affected. A major concern for the retail sector in South Africa is the provision of credit. Many of the clothing chains offer credit, which is written off in the event of the customer's death. In addition, store cardholders may be offered funeral benefits in the event of their or their dependants' deaths. (Business Times: December 9,2001)

2.8 ILLNESSES AND NATIONAL ECONOMIC GROWTH

It is only through economic growth that redistribution can be funded and employment created. Furthermore, South Africa has experienced negative or very low growth for many years now. The diversion of resources from savings to care will happen as people spend their savings on medication and special food. As the disease progresses and financial resources are used up, people will begin cashing in insurance policies and selling capital items. In the rural areas, the sale of cattle and farming equipment is already known to occur. (Saturday Star: May 26,2001)

2.8.1 ILLNESSES AND THE FUTURE OF GOVERNMENT

Society will lose a substantial fraction of the people who currently keep the wheels of commerce and the state turning, and from whose ranks the next generation of leaders will emerge. The reservoir of national human capital will be depleted. The people who die will have had resources invested in them – they will have completed their education and training and will have accumulated valuable experience. Their death means that this investment is lost (Edelston, 1988:209)

Government inefficiency is likely to result from the fact that government tends to have generous conditions of employment and operates in a less flexible fashion. It is quite possible that people who fall ill will have extended periods of sick leave during which their posts will not be filled and their work will not be done. There is a danger of human rights being infringed. Such infringements could even be entrenched in the legal system, if actions such as making AIDS notifiable are not thought through properly. (Workplace: October 10,2001)

2.9 CONCLUSION

The projected adverse effects of illness on the workforce will give rise to major difficulties for employers. The direct cost of illness will be felt through escalating employee benefits and medical aid scheme costs. Indirect effects such as

reduced productivity of staff and the negative impact on consumer markets will put pressure on the sustainability of business profits.

An effective response to illnesses in the workplace must include the development of a company policy. Following policy development, a thorough response includes development and implementation of a wellness-training programme. (People Dynamics (2001) Volume 19)

It is in the employer's best interest to keep employees healthy and productive as long as possible. Many employers have found that, through responsible analysis, that providing some level of care to ill employees can create significant long-term savings for the company.

Investing in the health of employees provides returns by reducing absenteeism, increasing productivity, reducing employee benefit costs, and ensuring competitive advantages over other companies that do not manage illnesses effectively. Through aggressive strategic action, employers can save costs. (Workplace: October 4, 2001)

Health is no longer being defined as just the absence of disease but rather as the optimal attainable state of well-being of body, mind and spirit. Health promotion programmes are designed to help the individual to alter unhealthy behaviour and effect a change in life style. The workplace is undoubtedly the sight where these programmes will have the greatest impact on the present adult population.

The employer has as much at stake as the employee. Health educators and practitioners can help integrate those programmes into the corporate world.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The main objective of this chapter is to outline the method of research used to collect valid and reliable information about the variable under investigation. The empirical investigation, which was designed in the form of questionnaires, determines the challenges faced by managers in the workplace with regard to the occurrence of illness and their probable influence on productivity.

3.2 POPULATION SAMPLE

A study was conducted at **T & J Products (Pty) Ltd. Manufacturers of sugar confectionery and gum products**, based in the central region of Mafikeng.

The sample comprises of a total of 70 employees, 44 female and 26 male employees. Most of them are in the age group between 22 and 30 years.

The study was basically descriptive. Bless and Higson-Smith (1995:42) postulates that the purpose of the descriptive study is to gain insight into a situation, phenomenon, community or a person. The need for such a study could arise from a lack of basic information in a new area of interest.

3.3. INSTRUMENTATION

Questionnaires and interviews were vital instruments used in the collection of data in research (Borg, 1987:418). The method of data collection was, to some extent, guided by the purpose of the study. In this case, the researcher wanted to gather information from managers regarding the influence of illnesses on productivity.

3.4 QUESTIONNAIRE AS A RESEARCH TOOL

According to Schnetler (1984:44), a questionnaire is a device that enables subjects to answer questions. A questionnaire is a data-collecting instrument that is mostly used in surveys. A well-designed questionnaire boosts the reliability and validity of the data to acceptable levels of tolerance.

A questionnaire is a data collection instrument that contains a select group of questions chosen because of their relevance. Thus, the questionnaire is carefully worded for clarity.

Questions asked should produce the data needed for the study. Questions are a creative means to tap subjects for ideas. To gather information, one requires an

artistic touch. This touch may be fostered by carefully recreating the best type of questions, which one has used in everyday life. One should be creative in developing the questionnaire (Backer, 1988: 166)

A good questionnaire must create a feeling of importance on the part of the respondents, a sense of relevance and that their co-operation is vital. The researcher should avoid emotionally charged words. He /She should allow the respondents to report on what is really true of their situation. Some people may distort their responses and feel the need to comply with these types of items (Adams, 1985:207).

Categories of questions (refer to appendix1, questionnaire)

Key categories of questions are the following: -

- A. Demographic Data
- B Absenteeism
- C. Productivity
- D. The attitude of the organisation with regard to illnesses

3.4.1. Characteristics of a good questionnaire

Constructing a questionnaire is not an overnight task. It requires considerable time and thought. It should embrace all the concerns of research. Questions should be clear on the part of both the researcher and the respondents. It should

clearly state the specific aspects of the research needed to be tested. The researcher should be careful not to measure in one item what other items have already measured (Mabena, 1995:98)

A good questionnaire allows the researcher to collect data directly from a person. By providing access to what a person's needs are, a questionnaire should be a powerful instrument of survey research. It should be made possible for a researcher to measure what a person thinks, the experience taken, one's likes and dislikes, and what a person's experience has been (Guy, 1987:229).

3.4.2 Criticism against the use of the questionnaire

The questionnaire is commonly used as a tool for data collection. According to Schnetler (1989: 44), however, there are some criticisms against the use of a questionnaire like excessive non-response rates, poorly constructed items, The questionnaire dealing with trivial information and data from different questionnaires being difficult to synthesize.

Schnetler (1989:44) argues that the major criticism against the use of questionnaires is the poor design rather than the questionnaire per se.

3.4.3 Questionnaire construction

The information required plays an important role in questionnaire. The most important questions are those of opinion and attitude, as one tries to establish the feelings and the perceptions of the respondents at a specific time on a specific subject. The two basic types mainly used are the open-ended questions and close-ended questions.

3.5 VALIDITY

Validity is the extent to which one can assess a questionnaire. Validity is specific to the particular aspect that one wishes to assess. The questionnaire should be constructed in such a manner as to satisfy the purpose for which it is required. The questionnaire should be judged for adequacy. Validity is more surely to be achieved if the answers obtained from the respondents are honest and reliable. (Labuschagne, 1994:51)

3.6 PROCEDURE

The main emphasis in this study is on the methodology used to measure the occurrence of illness in the workplace and the probable influence they have on

productivity. The researcher visited T & J Products (Pty) Ltd. Manufacturing company to seek permission in order to conduct a research. A copy the questionnaire was handed to the managing director.

The questionnaire was the main instrument that the researcher used in collecting data. The questionnaire consisted of both open-ended and closed-ended questions. The researcher explained the objective and procedure of the investigation.

3.7 CONCLUSION

The questionnaire was the instrument used to collect data. Data was obtained through both open-ended and closed-ended questions. The following chapter will basically be dealing with data analysis and interpretation..

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The aim of this study as already mentioned is to investigate the occurrence of illnesses in the workplace and their influence on productivity. To achieve this aim the study attempted to find answers through questionnaires. This chapter will basically be dealing with presentation and analysis of the data obtained. Finally results will be contextualised.

4.2 ANALYSIS OF RESPONSES TO ITEMS OF THE QUESTIONNAIRE

The data was derived from both open and closed-ended questions. Percentages of responses were calculated.

TABLE 1: AGE GROUPS OF EMPLOYEES BY GENDER

| AGE GROUPS | MALE | FEMALE | Total | PERCENTAGE |
|-------------|------|--------|-------|------------|
| > 21 yrs | 2 | 4 | 6 | 8.6% |
| 22 – 30 yrs | 15 | 25 | 40 | 57.1% |
| 31 – 40 yrs | 6 | 8 | 14 | 20% |
| 41 + | 3 | 7 | 10 | 14.3% |
| Total | 26 | 44 | 70 | |

In Table 1, employee ages by gender are presented. A closer examination of this table shows or reflects that about 36,9% of employees are males and 62,8% are females. The table indicates that the majority of employees, that is 57,1% are between the ages of 22 and 30, followed by 20% who fall between the ages of 31 and 40.

According to this table, it can be concluded that most people who are economically active fall within the ages between 22 and 40 years.

TABLE 2: EMPLOYMENT PROFILE

| EMPLOYMENT CATEGORIES | MALES | % | FEMALES | % |
|-----------------------|-------|------|---------|-------|
| 1.Top management | 1 | 1.4% | 0 | 0% |
| 2.Middle management | 2 | 2.8% | 1 | 1.4% |
| 3.Supervisors | 2 | 2.8% | 2 | 2.8% |
| 4.Ordinary employees | 21 | 30% | 41 | 58.6% |

As Table 2 illustrates, employment profile or management structure is depicted. An examination of this table indicates that at top management level 1,4% represents male employees only and female employees are not represented at that level. At middle management level 1,4% are females.

It suggests that females are still under represented in management positions.

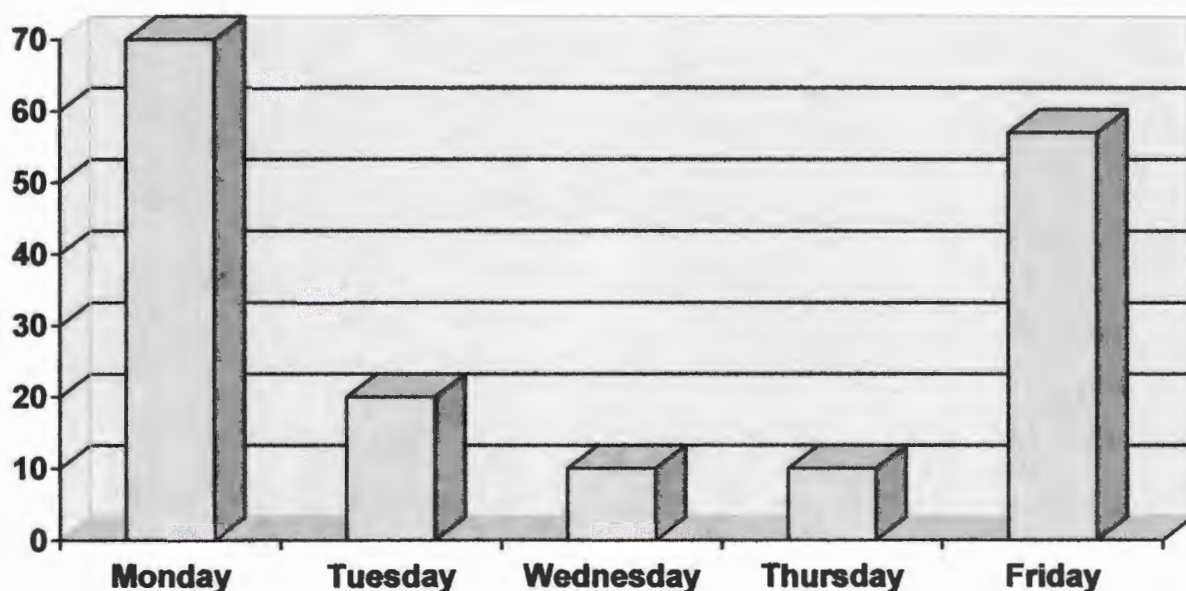
TABLE 3: WHICH AGE GROUP ABSENT THEMSELVES MORE ?

| AGE GROUP | MALES | FEMALES | No. OF ABSENTEES | PERCENTAGE |
|-----------|-------|---------|------------------|------------|
| > 21 | 2 | 4 | 1 | 1.4% |
| 22 - 30 | 15 | 25 | 8 | 11.4% |
| 31 - 40 | 6 | 8 | 3 | 4.3% |
| 41 + | 3 | 7 | 2 | 2.9% |

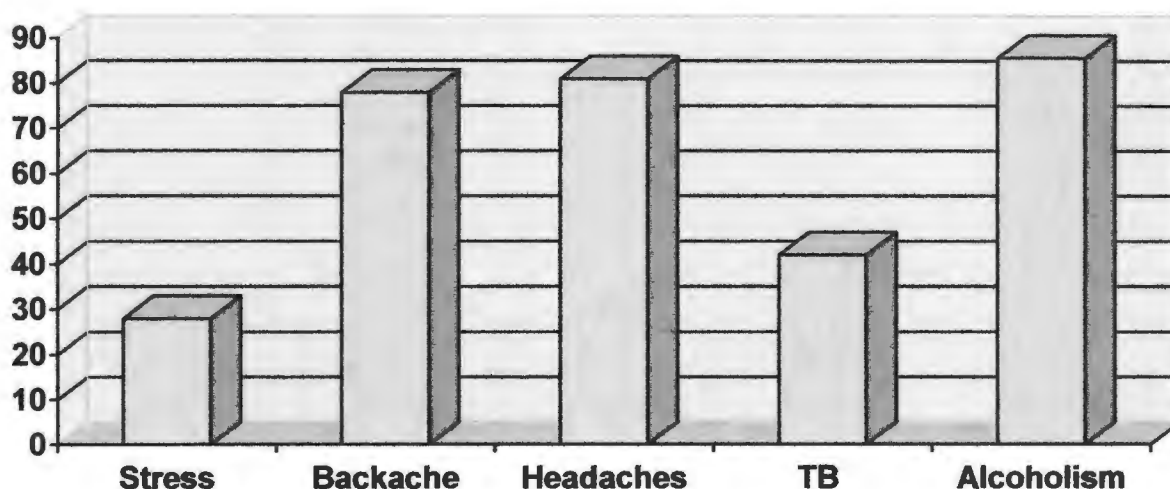
The above table suggests that employees who are in the age group of 22-30 years absent themselves more than other age groups. According to the medical records that are kept by management at the company, it is evident that those in the age group of 22-30 years have a high rate of absenteeism.

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FIGURE 1: DAYS OF THE WEEK WHERE HIGH LEVELS OF ABSENTEEISM IS EXPERIENCED.



From the graphical presentation above, Mondays and Fridays are the days with the highest levels of absenteeism. According to the Managing Director, employees absent themselves mainly on Mondays about 50 (71%) because of alcoholism and 40(57,1%) on Fridays. The company has introduced a breathalyzer to detect those who are under the influence of liquor. Because of this reason, employees avoid going to work, fearing that management will discover their position.

FIGURE 2: WHAT ACCOUNTS FOR MOST ABSENTEEISM ?

According to the medical records that are kept by management, illnesses account for most absenteeism. The most common are alcoholism 60(85,7%), headaches 57(81,4%), backache 55(78,5), tuberculosis 30(42%) stress 20(28,5) and other illnesses that are not clearly pronounced. The incidence of backache is aggravated by the fact that they stand the whole day in their different production sections and only take a break during lunchtime.

ITEM 11:WHAT DO YOU CONSIDER AS A HIGH LEVEL OF PRODUCTIVITY ?

On average per day, employees are expected to produce 2 million single sweets and 56 million single sweets per month. According to the managing director, the machinery is programmed to produce that amount of sweets, therefore they are expected to produce that amount unless there are unexpected problems like absenteeism, which is very common.

TABLE 4: DO EMPLOYEES NORMALLY MEET THEIR TARGETS?

| WEEKS OF THE MONTH | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----------------------|--------|---------|-----------|----------|--------|
| 1 st week | 1,2 m | 1,95 m | 1,92 m | 1,9 m | 1,3 m |
| 2 nd week | 1,3 m | 1,93 m | 1,94 m | 1,7 m | 1,5 m |
| 3 rd week | 1,6 m | 1,92 m | 1,98 m | 1,8 m | 1,2 m |
| 4 th week | 1,5 m | 1,90 m | 1,91 m | 1,9 m | 1,4 m |

The stipulated target is 2 million single sweets. The answer was no. With reference to Table 4, it clearly indicates that employees do not meet their target. This supports data collected of the days of the week, it confirms that indeed on Mondays and Fridays, production level is affected.

ITEM 13: IF NO, WHAT ACCORDING TO YOUR JUDGEMENT ACCOUNTS FOR THIS?

The high levels of absenteeism due to illnesses, accounts for the low productivity. Most of the time employees have to go to the doctor because they are ill. Illnesses are a very serious problem. Management has to get substitutions to operate machinery. These substitutes need to be trained and this affects productivity, it delays production. This also interferes with other sections because the flow of production is interrupted.

ITEM 15: THE ATTITUDE OF THE ORGANISATION WITH REGARD TO ILLNESSES AND WELLNESS PROGRAMME.

. Management stated that the supervisors have undergone First Aid training. First Aid function is basically for minor injuries and that is not good enough. The company does not have an Employee Assistance Programme (EAP) or a health promotion programme despite their extremely high rate of absenteeism

4.4 INTERPRETATION OF DATA

From the data analysis, it is clear that illnesses cause absenteeism, and absenteeism has an influence on productivity.

4.4.1 Illnesses

The data analysis reflects that employees in the age group 22 to 40 have a high rate of absenteeism due to ill-health. Literature review has shown that illnesses are prevalent among the young, targeting people in their peak in life. The highest rate of illnesses is amongst people between 20 and 40 years old, because a sizeable percentage of the population is aged between these years.

According to Figure 2, the most common illnesses are backache with the highest incidence and alcoholism, then follows headache, tuberculosis and stress. As already mentioned, employees' work involves standing for almost the whole day, hence the high rate of backache. It is assumed that headaches are as a result of the loud noise that is caused by machinery.

4.4.2 Absenteeism

It has been noted that absenteeism contributes to low productivity. The highest rate of absenteeism is experienced on Mondays. As already mentioned,

employees with alcoholism problem avoid coming to work on Mondays, mainly because they are afraid that the breathalyzer will detect their position. Most of these employees operate machines and it causes a problem for management because they have to find replacements. These replacements must be trained to do the job and this affects productivity.

4.4.3 Productivity

As shown in Table 4, employees do not meet their target. This is more evident on Mondays and Fridays when the level of absenteeism is high. In companies that rely heavily upon assembly-line production, as is the case with this company, absenteeism can be considerably more than a disruption, it can result in drastic reduction in quality of output, and in some cases, it can bring about a complete shutdown of the production facility.

Levels of production in any company have a direct impact on that company's effectiveness and efficiency. Companies benefit when employee absenteeism is low.

CONCLUSION

Creating a healthy environment which contribute to the wellbeing of employees at the same time, develops the very skills and attributes which are essential for the success of the company.

CHAPTER 5

FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

Illnesses pose one of the greatest challenges to business development in South Africa. Illnesses claim some of the best business leaders, managers and a great number of workers at all levels of the production system. Ill-health related absenteeism, loss of productivity and the cost of replacing workers, threaten the survival of a number of businesses and industrial sectors in the increasingly competitive market.

5.2 HYPOTHESES

- The higher the levels of illnesses, the lower the productivity.
- The higher the levels of absenteeism, the lower the productivity.

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5.3 RESTATEMENT OF THE OBJECTIVES

- To determine the extent of absenteeism due to health problems.
- To identify the main health problems that contribute to absenteeism.
- To determine what remedial actions were taken to monitor and control the situation.

5.4 GENERAL RESUME

This study was conducted at T & J Products (Pty) Ltd., manufacturers of sugar confectionery and gum products. The study focused on the probable influence of illnesses on productivity. The sample comprised of 70 employees of which 26 are males and 44 are females.

5.5 MAIN FINDINGS

5.5.1 Illnesses as the cause of absenteeism

The results from this section indicated a high level of illnesses as the main cause of absenteeism. Backache due to standing long hours and headaches caused by the loud noise of the machinery. Management indicated that the machine operators have been provided with ear covers to reduce the impact of noise, but

according to the researcher's observation, employees did not bother to use them. This also contributes to the high levels of stress.

According to the medical reports at the company, Tuberculosis (TB) is also very common. Tuberculosis is the most common opportunistic infection and the biggest killer of people living with AIDS. Tuberculosis is often the first AIDS-defining illness, which changes the person's status from HIV infected to AIDS. (Wellness management report: March 2001). Medical doctors have a tendency of mentioning AIDS-related diseases like TB, pneumonia, meningitis etc, instead of AIDS itself.

5.5.2 Absenteeism and low productivity.

It has been noted that illnesses are the major cause of absenteeism. Illness, fatigue and excess stress can significantly decrease an employee's productivity. For the most part, we can assume that organisations benefit when employee absenteeism is low. (Carrell et al, 1998:122)

Another observation is that low income and low morale amongst employees also contribute to absenteeism. Other employees are on contract, there is no commitment on their part. According to management, some employees who are on contract tend to leave before their contracts expire. This might be the result of authoritative management style that the researcher noticed.

On the production side, employees who replace or substitute those who are absent, make a lot of mistakes because they are inexperienced. This result in them producing rejected sweets which fail at the quality control section. This causes a great loss to the company.

It has been noted that the company does not have a health promotion programme. According to Newell (1995:30), Employee Assistance Programmes (EAPs) which focus on reducing alcoholism, psychological problems, other illnesses and on putting in place policies and procedures for dealing sensitively with employees who have problems, have generally been heralded as successful.

5.6 RECOMMENDATIONS

The company needs to actively manage illnesses in order to reduce their effect on business. Preventing new infections is critical, while at the same time finding caring, cost effective and practical ways to care for and support those already infected.

Following an evaluation of the interpretations and findings the following is recommended: -

Management should: -

- ◆ Ensure it understands the social and economic impact of illnesses on business activities.
- ◆ Adopt an appropriate strategy and policies to address and manage the potential impact.
- ◆ Regularly monitor and measure performance.

Managers have an implicit responsibility to measure and mitigate any factors that impact on their business.

If illnesses are affecting business, it is only prudent to measure the impact and estimate the costs. Once this has been done, it is only logical and responsible to look at measures to address the impact and contain these costs.

A tailored strategic response, designed to save the company money can be developed: -

An effective response to illnesses in the workplace must include the development of a company policy on illnesses. This policy sets out the company's legal obligations and provides a framework for how management and employees will be expected to deal with health-related issues in the future.

Following policy development, a thorough response includes the development and implementation of a training programme.

The training programme is designed to educate management on the business impacts of illnesses and ensure that they are prepared to deal with these issues in accordance with company policy. (People Dynamics, Volume 19)

Employee Assistance Programmes (EAPs) have a much broader and more comprehensive approach to helping employees identify and solve their personal problems, regardless of the cause. A major cause of the increasing number of EAPs is their success. This is likely due to: -

- Identifying problems early in their development
- The use of positive employer reinforcement to motivate EAP patients to continue treatment.
- EAP follow-up monitoring to minimise relapse problems (Carrell et al,1998:428)

It is recommended that the company should introduce Employee Assistance Programmes that can help employees overcome serious problems that affect productivity.

5.7 CONCLUSION

Wellness becomes both a component of and the guiding principle for a corporate health care strategy. Such strategies, although present in only a few major companies today, are the culmination of years in which benefits evolved from something given away to a joint employee-employer asset that both parties recognised the need to manage, of years in which the most enlightened employers were those who came to view the worker as a total person who, more than any product, held the key to the company's future success. A wellness health strategy incorporates all activities, policies and decisions that affect the health of employees, their families, the communities in which the company is located, and the consumers whose purchasing decisions determine the company's relative success in the market place. (O'Donnell and Ainsworth, 1984:12)

Health promotion programmes are designed to help the individual alter unhealthy behaviour and effect a change in life-style. The workplace is the site where these programmes will have the greatest impact. The employer has as much at stake as does the employee. The employer has a real financial interest in health promotion. Not only does he have an investment in his employee's training costs and experience but also, a healthy employee is more productive and takes fewer sick days.

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APPENDIX A

QUESTIONNAIRE

Instruction

You are kindly requested to circle yes or no and write your response on the dotted line.

A. Demographic Data

1. What is your position in this company? _____
2. How many female employees do you have in the company? _____
3. How many male employees do you have in the company? _____
4. Could you indicate the different age groups of your employees in terms of their gender

| | MALES | FEMALES |
|------------------|-------|---------|
| 21 yrs and below | | |
| 22 yrs to 30 yrs | | |
| 31 yrs to 40 yrs | | |
| 40 yrs and above | | |

5. How many employees in your company fall under the following employment categories?

| | MALES | FEMALES |
|-----------------------|-------|---------|
| 1. Top management | | |
| 2. Middle management | | |
| 3. Supervisors | | |
| 4. Ordinary employees | | |

B. Absenteeism

6. Do you keep medical records of your employees? YES NO

7. If yes what type of records do you keep (e.g. Medical certificates)
Give us a list

1. _____
2. _____
3. _____
4. _____
5. Others (specify)_____

8. Do you keep a record of absenteeism in general? YES NO

9. What accounts for most absenteeism in your company?
(List as many as you can)

1. _____
2. _____
3. _____
4. _____
5. _____

10. What days of the week do you experience high levels of
absenteeism?

(List them in order of priority)

1. _____
2. _____
3. _____
4. _____

11. Which age group absent themselves more?

C. Productivity

12. On the average what do you consider as a high level of productivity?

From your employees on the production line

(Indicate numbers, if applicable)

A. Average per day _____

B. Average per month _____

13. Do employees normally meet their targets? YES NO

14. If no, what according to your judgement accounts for this?

15. On a scale of 1 to 10 where would you say that in a month your average rate of absenteeism falls (circle the appropriate number)

1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9 , 10

D. Attitude of the organisation with regard to illnesses/health care

16. Does your company consider health care as an YES NO

important business issue? (Explain) _____

17 Do illnesses have impact on your business? YES NO

If yes, explain _____

18. Do illnesses have a negative impact on productivity YES NO
and employees _____

19. Do you have a management strategy YES NO
to deal with the situation? _____
