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EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE DEPARTMENT OF FINANCE, NORTH – WEST PROVINCE



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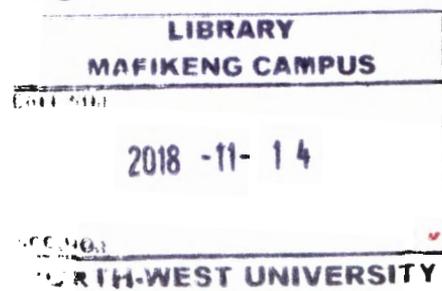


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DECLARATION

I, the undersigned, Gordon Kgosiabusang Letlhogile, hereby declare that the contents of this mini-dissertation for the requirements of the degree of Master in Public Administration at the North-West University, Mafikeng Campus is my work and has not been previously submitted to this University or any other University, and that all materials used have been duly acknowledged by way of references.



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Date 21/06/2018

ABSTRACT

The aim of this study was to determine the effectiveness of Employee Health and Wellness Programme (EHWP) in the Department of Finance in the North West Province, South Africa. The study also investigates the benefits of the programme to both employees of the Department of Finance and the Department of Finance as an employer.

Interviews were used as data collection method. The researcher considered this data collection method as the most appropriate, considering the depth of information gleaned through one-on-one interviews. Semi-structured interview was also employed to allow the researcher for opportunity to make follow-up questions in order to get more information. The study revealed that Employee Health and Wellness Programme in the Department of Finance, North West Province, is not adequately utilized. The programme is mainly utilized by employees from Administration Programme with less utilization from core programmes.

The study further revealed that there is poor participation of staff members and insufficient support from other managers. EHWP is not well-marketed in the department and only a few officials know about the services offered because of this. There are, however, benefits of the programme to employees who participate as they are better informed on health and wellness issues.

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CHAPTER 1:

GENERAL INTRODUCTION OF THE STUDY

1.1. Introduction

Employee health and wellness programme is an employer's programme intended to promote the well-being of its employees. The principal purpose of introducing employee health and wellness programme in an organization is to create an awareness of wellness issues, to facilitate personal change and health management and to promote a healthy workplace.

When an organization introduces a wellness programme, it allows its employees to take charge of their own well-being. Such activities as personal finances, substance abuse, health problems and job demands are among the range of services that employee wellness programmes offer.

This study will examine activities or services offered at Employee Health and Wellness Programme (EHWP) and to establish if objectives of the EHWP are being realised and if not what management is doing to correct the situation.

In this chapter, the following are discussed:- the background of the study, definition of concepts, problem statement, aim and objectives of the study, research questions, significance of the study, research design and methods, scope of the study and outline of chapters.

1.2. BACKGROUND TO THE STUDY

1.2.1. Historical overview of the problem.

Sieberhagen, Pienaar and Els (2011:2) are of the view that organizations are becoming more and more aware about issues affecting their employees' wellness to the extent that employers are interested in integrating wellness activities within their organisational responsibilities. The support employees receive from their organisations through EWPs presents substantial benefits to those who use these programmes. The support employees receive include, among others, increased mental wellness, energy, resilience, life and job satisfaction as well as reduced stress and depression. The success and effectiveness of EWPs depend on a number of factors, including the rationale, use and evaluation of the wellness programmes. The importance of evaluating EWPs cannot be overestimated, primarily because these justify their existence, determine the extent to which they achieve their objectives and provide ways and means of improving their overall effectiveness.

An Employee Assistance Programme (EAP), according to Benavides and David (2010: 293-294), has the purpose of helping employees with personal and non-work related problems that could potentially have an adverse effect on employees' performance on the job. In the past EAPs focused on alcohol and substance abuse problems, which adversely affected job performance. Today Employee Health and Wellness Programmes (EHWPs) offer the following services:- legal advice, assistance with aging parents, marital or family counselling, psychological counselling, stress reduction sessions, financial planning assistance, and a number of other programmes. In order to assist employees with personal problems, the services may also cover employees' immediate family members.

Services offered by Employee Assistance Programme are meant to diagnose, treat and rehabilitate employees whose personal problems are interfering with work performance. The benefit of this programme, from the employee's viewpoint, is to treat personal problems before they have an irreparable effect on job performance. From the employer's viewpoint, the aim is to rehabilitate employees whose personal problems are a threat to productivity. Many EAPs have been successful in helping employees with substance abuse problems, regaining confidence, and becoming productive after some evident lapse. Overall, studies have shown that EAPs are now an integral part of an organization's benefits package and they have proved to be effective.

Vyas-Doorgapersad and Surujlal (2015:6685) emphasise that due to the workplace demands and competitive work-environment, employees experience high levels of stress. Organizations, world-wide, have established Employee Wellness Programmes (EWPs) to ease the work-pressure and offer health and wellness services to employees. Globally, organizations have realized that in order to maintain an overall workplace wellness of employees, it is vital to take employees' wellness seriously.

Workplace wellness, according to Vyas-Doorgapersad and Surujlal (2015:6685) may be described as activities or programmes designed to inculcate healthy behaviour in the workplace by enabling people to develop control over, and to improve their health. Employee Wellness Programmes focus on the employees' wellbeing and encourage employees to live more healthily. Given the associated benefits such as healthier employees, employees with reduced stress levels, more energetic employees and more motivated employees, it is not surprising that many organisations have established Employee Assistance programmes (EAPs) which are sometimes called Employee Wellness Programmes (EWPs) in other organisations.

1.2.2. Definition of concepts

Health

Huber, Knottnerus, Green, van der Horst, Jadad, Kromhout, Leonard, Lorig, Loureiro, van der Meer, and Schnabel (2011:343) point out that the current World Health Organization (WHO) definition of health, formulated in 1948, describes health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Wellness

Wellness according to Schueller (2009:923) overlaps with concepts such as positive mental health, flourishing, well-being, and happiness even though none of these constructs alone is sufficient. Instead, wellness is a multifaceted concept that integrates signs of well-being with the ability to function well. Put simply, wellness includes both living well and doing well. Wellness, furthermore, is not merely the absence of illness or distress, but instead represents the presence of positive characteristics such as positive emotions, positive social interactions and positive functioning. On the other hand, wellness, in the context of an organization, is defined by Miller, Grise-Owens and Addison (2016:1) as a condition in which employers support their employees to take care of their wellbeing. Some organizations extend some of the services meant for their employees to their immediate family members.

1.3. PROBLEM STATEMENT

The Department of Finance has a programme called Employee Health and Wellness Programme (EHWP), whose objective is to make employees aware about their health and wellness. The current problem is inadequate implementation of EHWP and low level participation of Department's employees in the programme.

This programme could result in a healthy and productive workforce, if implemented effectively. This study evaluates the effective implementation of the health and wellness programme in the Department of Finance, in the North West Province situated in Mmabatho.

1.4. RESEARCH QUESTIONS

Research questions are indicated below:-

- What are the best ways of implementing an Employee Health and Wellness Programme (EHWP) in the Department of Finance?
- What are the benefits of implementing EHW programme in the Department of Finance?
- What are the reasons for unsatisfactory participation of employees in the EHW programme in the Department of Finance?

1.5. AIM AND OBJECTIVES OF THE STUDY

1.5.1. Aim of the study

The aim of the study is to analyse and evaluate the effectiveness of a Health and Wellness programme inaugurated in the Department of Finance in Mmabatho.

1.5.2. Objectives of the study

The objectives of the study are set to:-

- determine the best ways of implementing Employee Health and Wellness Programme (EHWP) in the Department of Finance.
- determine the benefits of implementing EHW programme in the Department the Department of Finance.
- determine the reasons for unsatisfactory participation of Department of Finance's employees in EHW programme.

1.6. SIGNIFICANCE OF THE STUDY

The study is deemed significant in that:

- Department could identify if its health and wellness programme is managed and implemented effectively or not.
- The Department could predictably identify aspects of health and wellness programme which need improvement.
- The benefits of effective implementation of a health and wellness programme within the Department as an employer and its employees becomes apparent and transparent to the stakeholders.
- Recommendations are made in a bid to improve the health and wellness programme initiated in the Department.

1.7. RESEARCH DESIGN AND METHODS

1.7.1 Research design

A research design, according to Kumar (2014:122), is the road map that one follows during a research journey to find answers to the questions as validly, objectively, accurately and economically as possible. It is a procedural-cum-

operational plan that details what and how different methods and procedures are applied during the research process.

1.7.2 Research methodology

According to De Vos, Strydom, Fouche and Delport (2014:63) there are two well-known and recognized approaches to research, which are qualitative and quantitative paradigms. Each approach has its own purposes, methods of conducting the research, strategies for collecting and analysing the data. This study followed qualitative research method.

The department of Finance in the North – West Province has been identified for this study with the aim of examining the effectiveness of the implementation of Employee Health and Wellness Programme (EHWP). In a process of examining the effectiveness of this programme 13 respondents were identified, 7 EHWP practitioners and 6 senior managers.

1.7.2.1. Qualitative method

Creswell (2007:37) points out that qualitative research begins with assumptions, opinions, a theoretical lens, and the study of research problems inquiring into issues affecting individuals or groups on their day-to-day life experiences. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data, analysis that is inductive and establishes patterns.

Researchers who adopt a qualitative perspective according to Bell (2014:9) are more concerned with understanding individuals' perceptions of the world and what they experience in life. They establish which social facts exist and use a scientific approach to determine such facts, hence adopting qualitative approaches.

Qualitative research places emphasis on insights, meanings and interpretations. It is about exploring understandings and experiences and delving into the world of the everyday as well as into that which is unusual or out of the ordinary (Fawcett 2015:55). This study adapted qualitative approaches in order to fathom the utility and impact of a wellness programme initiated in one organisation in the North West province.

1.7.2.2. Data collection

Qualitative researchers, according to Leedy and Ormrod (2015:277), often use multiple forms of data in a single study. They might use observations, interviews, objects, written documents, audio-visual materials, electronic entities and other textual material to answer their research questions. This study used interviews as a data collection method.

1.7.3. Population

A scientific population contains all units of a set (sometimes referred to as a universe). If one is interested in the population of the United States, every single person in the United States is part of the set (Abbot and McKinney 2013:102).

The department of Finance has a staff compliment of 540 employees. This is the population from which the sample is extracted.

1.7.4. Sampling

Sampling, according to Kumar (2014: 229), is the process of selecting a few (a sample) from a bigger group (the population) as the basis for estimating or predicting the prevalence of an unknown variable, situation or outcome regarding the bigger group. A sample is a subgroup of the population that a researcher is interested in.

Fawcett (2015:75) emphasises that sampling in its broadest sense relates to the selection of respondents for the research project to be carried out. Clearly, it would be impossible to include whole populations in research studies, justifying why a sample or subset of the population is taken.

A sample according to Abbot and McKinney (2013:103-104) is a subset of units taken from the population. Samples are typically done in studies for practical reasons. Researchers collect a proportion of the population to serve as the group and assume that the findings from the sample reflect the same traits and values in the population.

The sample for this research is 13. This includes officials working in EHWP and a few senior managers who participate in EHWP.

1.7.5. Methods of data analysis and interpretation

1.7.5.1. Qualitative data analysis

Data analysis in qualitative research, according to Creswell (2007:148), consists of preparing and organizing the data for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables or discussions.

1.8. DELIMITATION OF THE STUDY

The study was conducted only in the Department of Finance in Mmabatho and the results of the study may not be applicable to other departments in the North West province.

1.9. RESEARCH ETHICS

According to Berg (2009:60) social scientists, perhaps to a greater extent than the average citizen, have an ethical obligation to their colleagues, their study population and the larger society. The reason for this is that social scientists

delve into the social lives of other human beings. From such excursions into private social lives, various policies, practices and even laws may result. Thus, researchers must ensure the rights, privacy and welfare of the people and communities who form the focus of the studies.

Ethical guidelines serve as standards, and a basis upon which each researcher ought to evaluate their own conduct. As such, this is an aspect which should be borne in mind continuously. Ethical principles should thus be internalized in the personality of the researcher to such an extent that ethically guided decision-making and the humane and sensitive treatment of participants become part of the total research style (De Vos *et al*, 2014:114-115).

Abbot and McKinney (2013:61) point out that while the primary objective in carrying out social research is to protect those who participate, there are a variety of other ethical issues related to doing social research, including discipline-specific professional standards of competence, integrity, scientific responsibility and social responsibility.

1.10. Outline of the chapters

Chapter 1

General introduction of the study

This chapter outlines the introduction, definition of concepts, background to the study, problem statement, research question, aim and objectives, significance of the study, research methodology and design, scope of the study and the organization of the study.

Chapter 2

Literature review on effectiveness of Employee Health and Wellness Programme (EHWP)

This chapter focuses on the effectiveness of Employee Health and Wellness Programme (EHWP) in the Department of Finance, in the North West Province.

Chapter 3

Research design and methodology

This chapter discusses the research design and methodology, the type of the study undertaken and how the data was collected and analysed.

Chapter 4

Data presentation and analysis

Data could be presented in a form of tables and graphs and analysed qualitatively, but in this study tables and graphs were not used.

Chapter 5

Summary, findings, conclusions and recommendations

This chapter summarizes the entire research, findings, conclusions, recommendations to the Department of Finance, North West, and offers suggestions for further research.

1.11. CONCLUSION

It is apparent that employee health and wellness programmes have benefits for both employees and the employer in that when employers have effective wellness programmes in place they tend to inculcate a culture of healthy lifestyles among their employees. This results in an active and a healthy workforce. A healthy workforce brings about good productivity to an organization. Involvement of employees in health and wellness programmes is

of paramount importance. The next chapter provides a literature review on the history and efficacy of wellness programmes on both the global and local scale.

CHAPTER 2:

LITERATURE REVIEW

2.1 Introduction

The previous chapter was a general introduction of the study. This chapter provides literature review about management of health and wellness programme in the public sector and in particular within the Department of Finance in the North-West Province. The academic research on management of health and wellness programme, where qualitative research method was used, has not been explored before in the Department of Finance. This chapter covers the following topics: engaging employees in wellness programme, prevention of chronic diseases, factors contributing to non-communicable diseases and managing employees with mental health issues.

2.2. Engaging employees in wellness programme

Abdullah and Lee (2012:480) point out that a wellness programme is seen as a way to stop the bleeding in health care costs for both employers and employees. Employee wellness programmes create a win-win situation between employer and employees. Employers win by way of reduced costs in healthcare, disability, absenteeism and workers compensation. Employees, on the other hand, benefit by learning how to live a healthy lifestyle and how to be safe on the job.

Mello, Penceliah, Phago, Maserumule, Wessels, Ndevu, Mahlangu, Mzini, Lues and Dorasamy (2014: 244) submit that it is accepted that the workplace has an effect on employee's wellbeing as it affects morale and job satisfaction. In addition, it may be assumed that when employees are satisfied with their job, they generally tend to be healthier, thereby increasing their performance. However, when employees perceive their work environment as a source of

discontent, it could result in various maladies, including stress. In recent years, stress has become a widespread phenomenon in the workplace, which affects employees' mental and physical health. This, in turn, affects employee performance and organizational productivity. The Department of Finance's work environment seem to be conducive compared to other Departments in the Province. This is true because for the past four audited financials years from 2014/2015 up to 2016/2017, the Department has been receiving clean audit opinions from the office of the Auditor General of South Africa (AGSA) and a compliance level against an assessment tool called Management of Performance Assessment Tool (MPAT) introduced by Department of Performance Monitoring and Evaluation in the presidency. The Department of Finance is one of the three (3) departments that that are performing well against MPAT in the North – West Province.

Silcox (2016:14) indicates that for a successful wellbeing programme there must be agents in the form of specific participants. Branding is also important because this makes the EHW programme exciting. Organisations need to keep the wellbeing offer fresh and be able to adapt to emerging health issues. Data on the causes of sickness, absenteeism, information available from an employee assistance programme and information from occupational referrals can all be used to demonstrate ways in which a wellbeing programme makes a difference.

Caver, Davenport and Nyce (2015:32) contend that employers striving to develop and implement a coherent health and wellness strategy should start by understanding what employees value or what is interesting for employees. Because health and well-being is a personal issue, many organizations use employee opinion surveys and consumer marketing techniques to segment their employee population to better understand the needs, preferences and values of different employee groups. Using this knowledge, they can then establish programme strategies and priorities, implement different programme elements,

measure their progress, and modify programme elements based on those results to drive sustainable change.

2.3. The role of an Employee Health and Wellness programme (EHWP) and line managers

Caver *et al.*, (2015:35-36) state that Human Resources Unit, through Employees Health and Wellness Programme, plays an important role in the design, execution and on-going management of health and productivity initiatives. To build a culture of health, EHWP starts with enlisting the support of senior leadership to make health a top priority within an organisation. They use data and analytics to better understand the employee population, including demographics, drug utilization, absence and productivity statistics. This information is then used to develop programmes focused on wellness, prevention, and managing illnesses.

Silcox (2016:14) further emphasises that building an employee wellbeing programme requires line managers to be involved and lead by example. Managers need to understand that workplace wellbeing is vital to the organisation's wider performance and not an add-on activity that does not have any meaning.

2.4. Improving workforce health and lifestyle

According to the health promotions and workplace wellness strategies, employers in South Africa overwhelmingly cite improving productivity and reducing absenteeism as the main reasons for introducing wellness programmes. The two motives also featured strongly for other nations, with an additional focus on improving worker morale and the United States of America citing reducing health insurance costs (Mello *et al.* 2014:257).

Improving workforce health and lifestyle behaviours, according to Caver *et al.* (2015:31), lowers medical and disability claims and reduces unplanned sickness, absence and lost productivity. Research shows that companies with highly effective health and productivity programmes experience, among others, reduced health care costs, fewer lost days due to unplanned absence and disability, reductions in some health risks such as tobacco use or physical inactivity as well as lowering voluntary turnover rate. Unhealthy lifestyles and poor diets contribute to the bad health status that South Africans find themselves in. This is a serious problem that needs to be addressed as a matter of urgency and failure to do so ultimately undermines the economic development of the country. These were the words expressed by the chairperson of the Government Employees Medical Scheme (GEMS) Board of Trustees. He further pointed out that the burden of non-communicable diseases (NCD), such as type two diabetes and cardiovascular diseases are the main causes of deaths in the world more than infectious diseases (Zava Rikhotso, 2014:28).

Swords (2014:582) holds the view that a significant cost for employers related to having an unhealthy work force is absenteeism. Absenteeism is defined as the amount of time an employee misses work. This includes scheduled and unscheduled absences. It has also been established that employees who are healthy miss fewer days of work compared to obese or unhealthy employees. When employees miss an excessive amount of workdays, then the overall productivity and morale of a company suffer.

2.5. The impact of wellness programme on coronary artery disease

Lategan, Lourens and Lombard (2011:489-490) confirm that chronic diseases of lifestyle are responsible for 60% to 70% of all natural deaths in industrialised, westernised communities. Coronary artery disease (CAD) accounted for nearly 41% of natural deaths in the year 2000 in the United States of America.

Furthermore, approximately 20% of Americans suffer from disorders like hypertension and angina, which are related to CAD. The mortality rate from CAD in South Africa (SA) shows similar trends. In SA, 16.3% of all deaths between 1995 and 2005 were as result of CAD. During the last few decades, employers have realised that the health status of employees has a direct influence on their company's productivity. The physiological advantages of regular physical exercise, such as an improvement in cardio-respiratory fitness and improved energy levels also have some psychological advantages. These include improved morale and a positive feeling towards employers, as well as lower levels of anxiety, higher mood state and lower depression.

2.6. Understanding how healthy workplaces are created

The World Health Organization (WHO) defines a healthy workplace as one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace. The workplace is increasingly seen as a setting for health promotion and preventive health activities, not only to prevent occupational injury, but also to improve people's overall health and well-being (Wyatt *et al*, 2015: 162).

In the workplace, it is often assumed that employees who are more satisfied with the physical environment are more likely to produce better work outcomes. However, employees' satisfaction is recognised as an important factor in the success of an organization and is regarded as a key indicator of performance. This is based on the rationale that higher levels of satisfaction amongst employees have the potential to improve their morale and reduce voluntary turn-over. It is also worth noting that customer satisfaction surveys are considered an important means to improving performance (Lee, 2006: 343).

2.7. Wellness management – South African public service perspective

The Employee and Wellness Strategic Framework for the Public Service (2008) points out that individual and organisational wellness is represented by this pillar. Individual wellness is herein defined as the promotion of the physical, social, emotional, occupational, spiritual, and intellectual wellness of employees. This could be made possible by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risks. Evidence-based practices could also be used to ensure that there is individual and organizational wellness in the Public Service.

The Employee and Wellness Strategic Framework for the Public Service (2008) furthermore stipulates that organisational wellness is meant to promote an organizational culture that is conducive to individuals and organizational wellness, and work-life balance in order to enhance the effectiveness and efficiency of the Public Service. The intended outcome of wellness management therefore is to maximise and sustain the potential of human capital and an effective and efficient Public Service that is positively responsive to the needs of the public. Wellness Management is a priority due to increasing recognition by employers that the health, safety and wellness of employees directly impact on the productivity of the entire organization. As employees are the life-blood of the organization, it is vital to help them produce at their optimum levels. Both personal and workplace factors influence overall wellness and employee performance. Wellness is regarded as the optimal state of the health of individuals and groups of individuals with two main focal points of concerns, namely: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community and other settings (Employee and Wellness Strategic Framework for Public Service, 2008).

The Workplace Wellness Management programme was developed as a result of Employee Assistance Programmes (EAP) and Work-Life Balance Programmes. Historically the EAP mainly supported individual wellness, through counselling and such educational efforts as stress management, managing change, and other wellness promotion strategies. The Work-Life Balance Programme promotes flexibility in the workplace to accommodate work, personal and family needs which can result in benefits to organizations due to higher levels of employee satisfaction and motivation. Wellness Management strives to meet the health and wellness needs of the Public Servants through preventative and curative measures by customizing those aspects from traditional programmes such as EAP, Work life Balance and, Wellness Management programmes that are most relevant and fit the uniqueness of the Public Service, (Employee and wellness strategic framework for public service, 2008).

2.8. Prevention of chronic diseases

Prevention of chronic disease is an important global health issue. Unhealthy lifestyle practices such as poor nutrition, physical inactivity, alcohol use and smoking can contribute to the chronic disease burden and significantly impact on population health conditions. At the workplace, unhealthy lifestyles reduce productivity and increase absenteeism and presentism. Workplaces provide access to a considerable proportion of the adult population and as such, are an ideal setting for health promotion initiatives. Therefore, programmes aimed at the workplace have the potential to reach a large segment of the population who might not be exposed to other health promotion initiatives. Health promotion efforts are usually directed towards improving the health risk assessments, vaccinations, and wellness activities targeted at improving healthy eating, physical activity, cigarette use, alcohol consumption and mental health outcomes (Pescub, 2015:1).

2.8.1 Chronic diseases in the United States of America

Sorensen (2011:196) states that chronic disease is the leading cause of death in the United States of America. Risk factors and work conditions can be addressed through health promotion aimed at improving individual health behaviours such as health protection, including occupational safety and health interventions. Responding to the need to address chronic disease at worksites, the National Institutes of Health and the Centres for Disease Control and Prevention convened a workshop to identify research priorities to advance knowledge and implementation of effective strategies to reduce the risks of chronic diseases.

Sorensen (2011:196) furthermore indicates that approximately half of Americans live with chronic disease, and about one fourth report residual effects from it. Chronic diseases, including heart disease, cancer and stroke are leading causes of death in the United States of America. Of additional concern is that the prevalence of chronic disease is higher in the United States of America than in other developed countries. More than 81million Americans have cardiovascular disease, costing an estimated \$503 billion in 2010. Almost 24 million people have diabetes, costing \$174 billion in 2007. Approximately 67% of adults are overweight or obese. Worksites provide an opportunity to address multiple individual risk factors and risk conditions through worksite health promotion aimed at changing individual behaviours, worksite health protection including occupational safety, health interventions and efforts to address unhealthy work-family conflict. As an environmental faucet for delivering chronic disease prevention efforts, worksites provide a ready channel for reaching a large number of people who are employed. Worksite conditions also contribute to the development of chronic diseases, for example, through hazardous job exposures, high job demands and inflexible work schedules. Individual health behaviours contribute significantly to chronic disease

outcomes. In 2000, 435 000 deaths (18.1% of total deaths) were attributed to tobacco use, 365 000 deaths (15.2%) were attributed to a combination of poor diet and lack of physical activity, and 84 000 deaths (3.5%) were related to misuse of alcohol. These 4 individual health behaviours collectively accounted for approximately 40% of all deaths in the United States in the year 2000.

2.8.2 Chronic diseases in South Africa

Kolbe-Alexander (2012:20) indicates that South Africa, like many developing nations, has a dual burden of chronic disease with non-communicable diseases (NCD) accounting for more than a third (37%) of all deaths. The other major causes of death are HIV/AIDS (30%) and other communicable diseases (21%). In addition to the increasing prevalence of NCD mortality and morbidity, there is a concomitant increase in the prevalence of contributing risk factors such as inactivity and obesity. Indeed, South African employees are at increased risk for cardiovascular disease with more than half not meeting recommended physical activity guidelines. It is reported that 71% of the employees studied were inactive. Furthermore, 80% of the employees were categorised as being at risk for 2 behavioural risk factors (which included inactivity, overweight or obesity, smoking, not managing stress effectively) while 18% had three behavioural risks. The workplace has been identified as a setting that could potentially reach a large number of people simultaneously, and positively impact on the risk and health profile of individuals, and is therefore an opportune setting for interventions targeting the adult population. A health risk assessment (i.e. screening) has been regarded as an entry point in comprehensive health promotion programmes and precedes the implementation of targeted interventions. Those individuals identified as being at risk for cardiovascular disease may therefore be directed to appropriate intervention programmes aimed at reducing future healthcare expenditure.

Jinnett, Schwatka and Tenney (2017:237) on the other hand, assert that trends of an aging workforce, longer working lives, and increased work demands and increased prevalence of chronic health conditions have both societal and economic implications. Chronic health conditions have been linked to an increased risk of workforce accidents, more serious complications after accidents, prolonged recovery times and decreased productivity. When employees are unable to come to work because of injury or other health reasons, this is a major component of overall productivity. It is also true that when employees come to work but perform at lower levels than usual because of health reasons, this would often account for more lost productivity than absenteeism.

2.9. Factors contributing to non-communicable diseases

Skaal and Mathibedi (2015:1176-1177) established that poor eating habits and physical inactivity are directly linked to health consequences, such as osteoporosis (a condition characterized by a decrease in the density of bone, decreasing its strength and resulting in fragile bones), obesity (too much of fat), hyperlipidaemia (a condition in which there are high levels of fat particles in the blood) and diabetes (a group of diseases that result in too much sugar in the blood). There is a high prevalence of obesity in the world, which is one of the contributing factors to the onset of non-communicable diseases (NCDs). In 2005, the World Health Organization (WHO) estimated that there were 1.6 billion obese adults globally and this figure is predicted to double by the year 2015. Obesity is no longer a burden only in developed countries; it poses a public health threat in developing countries as well. Obesity prevalence has increased by 35% between 1992 and 2005, and it was predicted that the increase has the potential to reach epidemic levels in sub-Saharan Africa (SSA). Obesity prevalence has been found to vary by location and gender with females being more affected compared to men in SSA countries, including South Africa.

Research shows that there is a high prevalence of obesity among black men and women in South Africa due to lifestyle behaviours such as over nutrition and lack of exercise which contributes to NCDs in South Africa. Arnett (2016:566) points out that the reasons for the evident deterioration of health in the United States of America workforce is because workforce obesity prevalence has been increasing at a disturbing rate. She is also of the view that the workplace is a strategic place for chronic disease prevention and health management. She further states that although life expectancy among men and women has increased, there is also an increase in disability due to a high burden of chronic non-communicable diseases such as obesity, diabetes and hypertension.

2.10. Managing employees with mental health issues

Martin (2015:50-51) points out that mental illness has become a leading global health concern. In the United States of America, it is estimated that one in four adults suffer a diagnosable mental disorder that impairs their social, interpersonal, and occupational functioning. Furthermore, depression is the leading cause of disability. Disability, as a result of depression, is predicted to affect between 20 and 55% of adults worldwide by 2020. It is further estimated that the percentage of the population with an undiagnosed mental disorder is almost equivalent to those with a diagnosed mental disorder and that many sufferers of mental health such as depression and anxiety are prevalent in the working population. Managing an employee with an on-going or episodic mental health condition is a job demand that managers are likely to face in the near future. A recent study found 68% of leaders had worked with or managed an employee who was experiencing depression. Henderson, William, Little and Thorncroft (2013:70), on the other hand, maintain that mental ill-health accounts for a significant proportion of long-term absences from work and is responsible for many early retirements.

Gowan and Robbins, (2012:14) assert that mental illness may affect anyone. If one does not experience mental illness now it does not mean that it may not occur in future. The fact is that mental health may have affected our friends, colleagues or family members. Employees who are experiencing mental health problems may be seen by their behaviour or performance which is not satisfactory and could suggest that an employee is experiencing depression. An employer, manager or supervisor to a person experiencing depression has a responsibility to such an individual and organization to provide a solution to the problem.

LaMontagne, Martin and Page (2014:3-4) emphasize that mental health problems, both clinical (e.g. major depression, anxiety disorders) and subclinical (e.g. psychological distress), are very common in working populations. Mental health disorders and related problems represent a large and complex phenomenon in the workplace. Mental health problems among working people are also costly to society at large, healthcare systems, employers and affected individuals and their families. Numerous other job stressors, either individually or in combination, have been shown to influence mental health. These include job insecurity, bullying or psychological harassment, low social support at work, organisational injustice, and effort-reward imbalance. All working people can be potentially exposed to job stressors. This means that even small increases in risk from such exposures could translate into substantial and preventable illness burdens. Henderson, *et al.* (2013:70) maintains that ill-health accounts for a significant proportion of long-term absences from work and is responsible for many early retirements.

2.11. Mental health in medical workers in East China

Hu (2014: 238) indicates that work stress has been extensively studied in recent years. However, researchers have paid more attention to the work stress of civil

servants and teachers than to that of medical workers. It is reported that in China medical workers have higher levels of stress than did office workers. In fact, work-related stress is quite common among medical workers in China. It is estimated that 85% of Chinese medical workers are under stress, and 53% are under intense stress. In general, work stress among medical workers is more common and more severe in China than in Western countries. The high stress level of medical workers is negatively related to both quality of work and quality of daily life, and may be associated with mental health. Doctors and nurses deal with unconventional emergencies and are at risk of being infected by patients with contagious diseases. In addition, they also make great efforts to provide optimal services consistent with public expectations. These factors are all likely to be associated with high levels of work stress and could result in negative emotions, thus supporting the idea that work stress is related to mental health.

Wong, Zhuang, Pan and He (2014:195) state that China has too many people who are suffering from mental illness, most of whom never receive any kind of professional assistance. According to the World Health Organization (WHO) each government is expected to formulate a mental health policy that specifies the overall direction for mental health, including its vision, values and objectives. China has done the right in formulating a mental health policy. This was done in 1987. In the past few years, the Chinese government has issued several government policy papers to promote mental health care services in China.

2.12. Mental health status in Europe.

Cottini & Licifora's (2013:958) study shows that adverse working conditions, defined in terms of job demands and job hazards, are strongly associated with workers' mental health problems, and it also has an effect on the job quality on

workers' mental health. They further state that around 20% of the adult working population faces some type of mental health problem at any given time. The relevance of mental health problems at the workplace also goes beyond individual well-being, as mental disorder is likely to have significant externalities on co-workers. Employee performance, rates of illness, absenteeism, accidents, and staff turnover are all strongly associated with employees' mental health status. Workers with better mental health are generally reported to be more productive, less likely to suffer from illnesses, and less subject to sickness leave. In this respect, the burden of mental health disorders on health and productivity has long been underestimated. Within Europe, the European Commission estimated that mental health problems account for 25% of claims for disability benefits across member countries.

The relationship between job quality and workers' health conditions has received considerable attention in different fields. The primary source of job stress and adverse mental health conditions comes from the imbalance between job demands and workers' decision latitude in terms of controlling their own activities and skills usage. They further said that we should expect that in workplaces where job demands are high and worker's autonomy is low, job quality will be poor and workers' mental health is likely to be adversely affected (Cottini & Lucifora, 2013: 960).

In Canada alone, approximately 6.7 million people, nearly one fifth of the country's population, are currently living with a mental health problem. Unfortunately, as mental health problems continue to become more prevalent, so do their associated costs. Efforts to improve knowledge about mental health and mental health problems have been relatively infrequent, especially compared to the efforts designed to improve knowledge about physical health problems. As a result, many employers and employees tend to have a relatively limited understanding of mental health. Regardless of whether or not mental

health problems are caused in or out of the workplace, the prevalence of mental health problems among the general public makes mental health a pressing issue for employers. There is no conclusive evidence to suggest that the workplace is the sole cause of employee mental health problems. If an individual's personal problem or physical health issue develops into a mental health problem, the mental health problem may impair the individual's performance at work. Work-related challenges can be a significant source of psychological ill-health and can substantially contribute to reductions in overall health and wellbeing. Although the workplace has the potential to negatively impact individual's mental health, working is also important to the development and maintenance of psychological health and wellbeing. Work is a primary source of self-identity and provides a means for individual satisfaction and accomplishment (Dimoff & Kelloway, 2013: 203).

2.13. Impact of Mental Health Problems on Employees and Organizations

Mental health issues pose a serious risk to the success of businesses and create a compelling need to ensure managers can effectively deal with such issues when they arise in the workplace. Individuals with depression typically experience poor concentration, decreased motivation, restlessness, irritability, fatigue, and reduced decision-making capacity, which may prevent them from performing their work duties effectively. Poor mental health can also inhibit innovation capacity and lower creativity due to a narrowing of cognitive and behavioural flexibility. From a purely financial standpoint, the impact of mental disorders in the workplace is immense. A large proportion of the economic burden relates to lost productivity due to disability claims, absenteeism, presenteeism (reduced performance resulting from working while ill), and staff turn-over. Depression is the health condition with the largest individual-level effect on work performance (Martin, 2015:51).

Moll, Zanhour and Patten (2017) concur that mental illness in the workplace is a growing concern, leading to high rates of absenteeism, reduced productivity and performance and social tensions in the workplace. Common mental disorders such as anxiety and depression are the leading causes of productivity losses, with increasing demands on employers to support the mental health of their workers. Unfortunately, mental health problems often go unaddressed, which may be due in part, to poor mental health literacy, or inadequate knowledge and beliefs about mental disorders that are key to their recognition, management or prevention. The mental health literacy of workers and their supervisors is an important component of building early intervention and support for workers who may be struggling with mental health issues. An understanding of mental health literacy and tools to evaluate it in the context of the workplace are a key part of this process.

Klachefsky (2013:36) put an emphasis on the fact that employees' health and working conditions are related. This researcher further pointed out that heavier workloads and increased responsibilities may make employees to experience stress and depression which may contribute to lower productivity and negatively affect profitability. What is important for employers is to learn and recognize signs and symptoms related to stress and depression. Employers must be in a position to deal with such problems so that employees may return to their normal lives and become healthier and productive.

2.14. Effects of smoking on productivity

Weng (2012:307) points out that smoking is responsible for cardiovascular, cerebrovascular, respiratory and other diseases, including cancer of the lungs and other organs, causing one in 10 adult deaths world-wide. The risk of premature death is extremely high as a result of these smoking-related diseases. This poses a serious economic burden for many countries. Large financial and social costs due to smoking come in the form of productivity loss as a result of death, absenteeism, sick leave or disability of the work-force. In the United States, the Centre for Disease Control and Prevention estimates between 2000–2004, cigarette smoking and tobacco exposure resulted in 443 000 premature deaths, equating to approximately 5.1 million years of potential life lost. In the United Kingdom, approximately 50 million working days are lost each year due to smoking, valued at £2.5 billion. A study of employers in Scotland found that the annual cost of employee smoking was estimated to be about £450 million from lost productivity due to absence from work, smoking breaks and fire damage. The sheer scale of the finances suggests that decreases in smoking in the work-force may result in significant gains in productivity through reduced absenteeism. There is some evidence in published studies to suggest that smoking is associated with absenteeism.

Walsh (2012:10) takes an interesting position on the effect smoking, arguing that it has an impact on productivity and contributes to absenteeism since smokers keep on absenting themselves from their workstations more often than their non-smokers counterparts. He contends that this has a bearing on additional costs that are incurred by employers and often results in lowering productivity and morale among employees who are on duty and performing their functions. The fact is that smokers take frequent breaks and easily make more mistakes than their non-smoking colleagues.

2.15. Integrated intervention approach

LaMontagne, *et al.* (2015:2) hold the view that to realise the greatest mental health benefits to the whole nation, workplace mental health intervention needs to comprehensively protect mental health by reducing work-related risk factors for mental health problems, promote mental health by developing the positive aspects of work as well as worker strengths and positive capacities. Mental health problems are common in the working population, and represent a growing concern, with potential impact on workers which may result in lost productivity, rising job stress-related claims and rising working age disability pensions for mental disorders. An integrated approach would be needed to, firstly, prevent mental health by problems by reducing work-related risk factors, and secondly by promoting healthy mental conditions by developing the positive aspects of work as well as worker strengths and positive capacities.

2.16. Health promotion at workplace

Recent decades have witnessed a growing importance attached to health in the workplace. Organizations want to protect themselves as much as possible from threats of health-related lawsuits. Complying with necessary regulations and safeguarding the welfare of employees should thus be high on the agenda. It clearly makes sense for organizations to adopt a proactive approach to these matters. After all, evidence suggests that a happy workforce is consistently more industrious. The significance of workplace health promotion is heightened. This marketing procedure provides an effective way of engaging various stakeholder groups to collectively help improve health at work (Cole, 2016:23).

Kumar (2016:24) points out that work-life balance contributes positively to mental health. Today's culture is that employees work around the clock without having time off to relax after employer's time. Working for a long period of

time with a lot of work pressure and short deadlines can easily lead to stress. If stress is not attended to on time it causes depression or anxiety. Employees are encouraged to undertake regular check-ups.

Larsson, Akerlink and Sandmark (2016:485) on the other hand have observed that there is a huge difference in the way in which organizations deal with workplace health matters. They maintain that although organizations consider a healthy workforce an important ingredient for productivity, it is quite worrying that those who take proactive approach are fewer than those who are reactive.

2.17. Conclusion

This chapter reviewed local and global literature on health and wellness at workplace. Different sources were cited, the majority advancing arguments on the threats posed to the wellbeing of workers in the workplace and the intervention strategies that have been proposed by different researchers. The next chapter focuses on research design and methodology of the study, indicating the research approach and data collection method used in this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY OF THE STUDY

3.1. Introduction

The previous chapter concentrated on literature review. This chapter presents the research methodology and design that was followed by the researcher. In this chapter, the methodology used in assessing the effectiveness of health and wellness programme (HWP) in the Department of Finance in the North –West, Mahikeng Head-Office is presented, with specific focus on population and sample, data collection method and the instrument used in getting information from the respondents.

3.2. Research design

According to Thomas (2013:103) a research design is the plan for the research. In being a plan, it has to take into account the researcher's expectations and context. If the idea of research design is unfamiliar, one would need to engage another kind of design. Flick (2014:111) further defines research design as a plan for collecting and analysing evidence that makes it possible for the investigator to answer the pre-set research questions. The design of an investigation covers all aspects of the research, from the stage details of data collection to the selection of techniques of data analysis to be followed.

The study assisted the researcher to explore the challenges experienced by employees who utilize Employee Health and Wellness Programme and identify other interventionist ways and means that assured the effectiveness of Employee Health and Wellness programme in the public service. The study addressed employees' utilization of the programme and client satisfaction about the programme, as well as determining whether or not the programme adds value to the department by increasing productivity through wellness initiatives.

3.3. Research approach

This study followed a qualitative approach. Barbour (2008:1) points out that qualitative research approaches the world with an open mind to understand, describe and sometimes explain social phenomena from the inside in a number of different ways. Qualitative researchers are interested in knowing experiences, interactions and documents in their real context and in a way that gives room to their particularities and the materials in which they are studied. Researchers themselves are an important part of the research process, either in terms of their own personal presence as researchers, or in terms of their experiences in the field and with the flexibility they bring to the role. Qualitative research takes context and cases seriously for understanding issues under study. Thomas (2013:104) holds the view that the approach is not just about whether you use this method or that method, but rather about how the researcher thinks about the real social world.

de Vos *et al* (2014:63) maintain that at present there are two well-known and recognized approaches to research, namely the qualitative and the quantitative paradigms. Each approach has its own purposes, methods of conducting the inquiry, strategies for collecting and analysing the data and criteria for judging quality. Qualitative approach is used to answer questions about the complex nature of phenomena, with the purpose of describing and understanding the phenomena from the participants' point of view. Qualitative researchers often start with general research questions rather than specific hypotheses; collect an extensive amount of verbal data from a small number of participants. The qualitative research is classified as unstructured because it allows flexibility in all the aspects of the research process. A study is qualitative if the purpose of the study is primarily to describe a situation, phenomenon, problem or event.

Berg (2007:8) indicates that qualitative research properly seeks answers to questions by examining various social settings and individuals who inhabit these settings. Qualitative researchers are most interested in how humans live and their experiences and how inhabitants of these settings make sense of their surroundings through symbols, rituals, social structures, social roles, and so forth. As a result, qualitative techniques allow researchers to share in the understandings and perceptions of others and to explore how people structure and give meanings to their daily lives. Researchers using qualitative techniques examine how people learn about their day-to-day experiences and the lives of others.

Leedy and Ormrod (2010:135) clarify the fact that the term qualitative research encompasses several approaches to research that are, in some respects, quite different from one another. Yet all qualitative approaches have two things in common. First, they focus on phenomena that occur in natural settings, which is in the real world. Secondly, they involve studying those phenomena in all their complexity. Qualitative researchers rarely try to simplify what they observe. Instead, they recognize that the issue they are studying has multi-dimensional layers and dynamics, and so they try to portray the issue in its multifaceted forms.

3.4. Qualitative research method

Creswell (2013:44) maintains that qualitative research begins with assumptions and the use of interpretive theoretical frameworks that inform the study. The research problems explored are connected to the meanings individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting, sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns. The final

presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem and its contribution to the literature.

Qualitative research is defined by Merriam (2009:14) as an effort to understand situations in their uniqueness as part of a particular context and the interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future, but to understand the nature of that setting, what it means for participants to be in that setting, what their lives are, what is going on for them, what their meanings are, what the world looks like in that particular setting and in the analysis to communicate that faithfully to others who are interested in that setting.

Strauss and Corbin (1998:11) refer to qualitative research as any type of research that steers away from using statistical procedures since such studies are about people's lives, personal experiences, behaviours and feelings.

3.5. The distinction between qualitative and quantitative research

According to Davies (2007:10) the distinction between qualitative and quantitative methods has been the subject of extensive discussions in academic circles. The two approaches differ from each other in their style, language and objectives. Both are supported by a large and complex literature employing contrasting systems of terminology and analytical sophistication. Both have inspired the development of dedicated computer software programmes. Deciding which of the two research methods to use in a project is often partly determined by the epistemological foundations of a particular course. Students, too, may have an inclination. Some are drawn to qualitative research approach by practical considerations: they see it as small scale, more manageable in a limited time frame, and offering the temptation of doing research without having to do the sums or learn about statistics. Ideologically, there is an

undeniable tendency for qualitative methods to be perceived as more human and more in tune with contemporary social thinking. On the other hand, quantitative research employs scientific principles and techniques that have made the modern world what it is, and it offers the tempting idea that its findings have a certain definiteness about them, which makes it possible for conclusions to be drawn to a specifiable level of probability.

According to Lichtman (2014:17) the following table (table1), shows distinctive elements between qualitative and quantitative research:-

Table1. Distinctive elements between qualitative and quantitative research.

Qualitative	Quantitative
Describe and understand human and social phenomena	Test hypotheses and provide descriptive information
Why and what?	How many and who?
Subjective interpretation	Objective reality
Natural	Experimental/ laboratory
Key role/ reflective	Outside of the system
Tends to be smaller/ non-random	Tends to be larger; randomly selected
Purposeful sampling, snowball sampling	Random or stratified sampling
Study of the whole rather than specific variables	A few variables studied; some manipulated; some controlled
Interview, observational or visual	Outcomes/ scores
Thematic or narrative	Statistical
Experimental format – may include alternatives such as performance.	Traditional format

Lichtman (2014:41) further indicates that qualitative research moves from specific to the general, and moves from the concrete to the abstract. This method employs inductive approach and involves the study of a phenomenon in its entirety rather than identification of specific variables.

3.5.1 Qualitative research designs

Case study – in a case study, a particular individual, program, or event is studied in depth for a defined period of time. A case study may be especially suitable for learning more about a little known or poorly understood situation. It can also be appropriate for investigating how an individual or programme changes over time, perhaps as the result of certain conditions or interventions (Leedy and Ormrod 2013:141).

Ethnography – According to Creswell (2014:14) ethnography is a design of inquiry coming from anthropology and sociology in which the researcher studies the shared patterns of behaviours, language, and actions of an intact cultural group in a natural setting over a prolonged period of time. Data collection often involves participant observations and interviews.

Phenomenological study – in its broadest sense, the term phenomenology refers to a person's perception of the meaning of an event, as opposed to the event as it exists externally to the person. A phenomenological study attempts to understand people's perceptions, perspectives, and understandings of a particular situation. In some cases, the researcher has had personal experience related to the phenomenon in question and wants to gain a better understanding of the experiences of others. By looking at multiple perspectives on the same situation, the researcher can then make some generalizations of what something is like from an insider's perspective (Leedy and Ormrod, 2013:145). The above-mentioned qualitative designs are all important but the most appropriate one for this researcher is the case study.

3.6. Population

Waller, Farquharson & Demsey (2016:62) state that a population is all the objects within a particular category. Population categories are determined by research question. Any group of people researched should be part of the target population. Since it is not usually feasible to include all the members of a population, researchers select some members to participate in their study. The term population does not necessarily have to apply to the human population of a given geographical location, but is a statistical term that refers to a collection of persons, groups, events or things about which we wish to generalize (Williams, 2003:74). The population of this study is 450 of employees for Department of Finance. These are employees currently employed by Department of Finance. The population is based on the approved structure by the Member of the Executive Council (MEC) which has 450 funded posts. This structure was last approved in 2012.

3.7. Sampling

Sampling is the process of selecting participants, cases and location(s) for one's study (Waller *et al*, 2016:62). Sampling strategy is intimately related to the goals of research and paradigms within the research is conducted. Deciding where and with whom to conduct the study has important consequences for the ultimate findings. An appropriate location and participants need to be selected if research questions are to be answered with care and rigour. Qualitative researchers also try to find a sample that generates findings that are broadly applicable. However, qualitative studies are usually small in scale but often robust in terms of depth. The approach to sampling is quite different in that care is taken to select cases and participants who provide relevant information for the research questions. Qualitative samples are selected based on theoretical sampling, snowball sampling, purposive sampling or convenience sampling.

This research has followed purposive sampling. Purposive sampling refers to selecting participants with particular criteria that enable the researcher to answer the research question. Here participants are selected because they have particular attributes that the researcher wanted to study.

Qualitative researchers want to understand under what conditions a particular behaviour occurs, not whether the behaviour is representative. The goal of qualitative research is to identify a sample that is representative of a population so that one can generalize their results to the population (Vanderstoep and Johnston, 2009:187).

Waller *et al* (2016:66) further elaborate that there are four ways that qualitative samples are selected which are described below:-

Theoretical sampling: Theoretical sampling is a specific approach to sampling that aims to develop theory. Once a research topic is identified, appropriate groups are selected through which to investigate the research question.

Snowball sampling: Snowball sampling is where participants are asked to suggest further participants who share specific traits, characteristics and behaviours. Once a research question is selected and the target population identified, the researcher looks to one or more members of this target population to sample. These key informants should be able and willing to refer the researcher to further participants.

Convenience sampling: Convenience sampling refers to selecting participants who are easily available. A common convenience sample is university students, who are frequently studied by academics because they are accessible and often interested in taking part.

Purposive sampling: Purposive sampling refers to selecting participants with particular criteria that enable the researcher to answer their research question. Here participants are selected because they have particular attributes that the researcher is interested in studying which are known as inclusion criteria.

In this study, a purposive sampling method was selected because there is only one sample set in which the respondents are placed. Therefore, the Department of Finance in the North-West Province was selected as a population where the sample is 7 EHWP practitioners and 6 senior managers of the Department who are active or using services offered in Employee Health and Wellness Programme.

3.8. DATA COLLECTION

Data collection according to Creswell (2013:145) means gaining permissions, conducting a qualitative sampling strategy, developing means for recording information both digitally and on paper, storing the data, and anticipating ethical issues that may arise. Also, in the actual forms of data collection, researchers often opt for only conducting interviews and observations.

Merriam (2009:87) states that data are nothing more than ordinary bits and pieces of information found in the environment, concrete and measurable or invisible and difficult to measure, as in feeling. Whether or not information becomes data in a research study depends solely on the interest and perspective of the investigator. Qualitative data consists of direct quotations from people about their experiences, opinions, feelings and knowledge obtained through interviews; detailed descriptions of people's activities, behaviours, actions recorded in observations and excerpts, quotations or entire passages extracted from various types of documents. Data have to be noticed by the researcher, and treated as data for purposes of research. Collecting data always involves selecting data, and the techniques of data collection.

3.8.1 The interview as an instrument of data collection

Thomas (2013:194) considers an interview as a discussion with someone in which an interviewer tries to get information, facts or opinions or attitudes, or combination of these. There are three basic subtypes of interview: structured interviews, unstructured interviews and semi-structured interviews. Each involves the interviewer in face-to-face contact with another person, namely the interviewee.

The purpose of conducting an interview is the same whether an interviewer uses a structured, formal style or an unstructured, conventional style. An interviewer gathers information from participants about the topic an interviewer is studying. The goal of the interviewer is to learn what an interviewee thinks or feels about certain things, to explore the shared meanings of people who live and work together (Lichtman, 2014:246).

According to Yates (2004:165) there are three main approaches of interviews:

- **Structured interview:** short specific questions. Questions are read exactly as on the schedule;
- **Semi-structured interview:** here the interviewer is merely guided by the schedule;
- and an **unstructured interview:** the interview does not have any evident overall structure.

3.8.1.1. Structured interview

A structured interview is a meeting with another person in which a researcher asks a pre-determined set of questions. Beyond this set of questions there is very little scope for follow-up, little scope for pursuing an interesting comment from the interviewee. The idea behind the structure is that there is a degree of uniformity provided across the different interviewees the researcher meets. The

interviewees' responses are recorded on a form that mixes different kinds of response, both open-ended and closed (Thomas, 2013:196).

Lichtman (2014:248) points out that the strength of structured interview lies in getting standardized information in a relatively rapid span. He further emphasizes that the purpose of a structured interview is to eliminate the often dominant role of the researcher and introduce objectivity.

3.8.1.2. Unstructured interview

Thomas (2013:197) points out that an unstructured interview is like a conversation. There is no predetermined format to the interview beyond the researcher's general interest in the topic. The researcher does not meet their interviewee with a pre-specific list of questions. The unstructured interview allows interviewees to set the agenda. Interviewees determine the important issues to be covered.

3.8.1.3. Semi-structured interviews.

The semi-structured interview provides the best of both worlds as far as interviewing is concerned, combining the structure of a list of issues to be covered together with the freedom to follow-up points when necessary. Because of this combination, it is the most common arrangement in most small-scale research. In order to get the best of both worlds afforded by the semi-structured interview, the researcher needs an interview schedule, which is a list of issues which the researcher wants to cover (Thomas, 2013:198). Semi-structured interview has been followed in this study: there was an interview schedule prepared and the researcher posed questions to the interviewees and in cases where responses were not adequate the researcher made follow-ups.

3.8.2. Conducting an interview

In order to design an interview schedule, according to Yates (2004:166), the researcher needs to consider the main types of questions they intend to ask. There are three types: initiating questions, probes and follow-up questions. Follow-up questioning approach was followed.

Initiating questions: these are the main questions relating to interview themes a researcher defines and are used to direct the conversation. There are a few points to reiterate and to specifically consider when designing initiating questions for qualitative interview. These include the following:-

- Questions should be neutral, not leading.
- Jargon should be avoided
- Use of open questions is recommended and closed questions should be avoided
- One question at a time should be asked

The researcher adhered to a simple form of asking questions which were free from jargon and not leading. One question was asked at a time.

Probes: Very often it is necessary, or interesting, to ask the participant for more information or to elaborate on points. This may be more necessary with some participants. Probes are used to encourage participants to expand on their initial responses and to develop points without changing the topic or asking a new initiating question. Probing was applicable, especially where some questions were not fully answered or where there was a need to provide more information.

Follow-up questions: these are questions that pursue themes during the course of the interview. Follow-up questions are necessitated by the manner in which responses are provided, and this happens as the interview progresses. These follow-up questions make the process flexible and interactive in nature. Follow-

up questions were made and they were quite useful because interviewees were able to provide more information.

In order to have access to the Department of Finance's staff members, the researcher had already been granted written permission to conduct interviews. Interview was used as a data collection method for this qualitative study. Merriam (2009:87) points out that talk shows, the internet, news, and print media rely on interviews to make their story. Although interviewing is a common activity across cultures, as a data collection technique in social science research, interviewing is a systematic activity. In all forms of qualitative research, some and occasionally all of the data are collected through interviews. The most common form of interview is the person-to-person encounter in which one person elicits information from another. The main purpose of the interview is to obtain a special kind of information. The researcher wants to find out what is in and on someone else's mind. Structured interview has been followed in this study.

3.8.3. Data analysis

Analysis according to Bernard and Ryan (2010:109) data analysis is the search for patterns, themes and constellations of ideas in data to explain why such patterns emerge. Analysis starts before the researcher collects data – the researcher has to have some nest of ideas, however nebulous, about what they study. Analysis is the essential qualitative act.

Creswell (2014:195) states that data analysis in qualitative research proceeds hand-in-hand with other parts of developing the qualitative study, namely, the data collection and the write-up of findings. While interviews are going on, for example, researchers may be analysing an interview collected earlier, writing memos that may ultimately be included as a thick narrative in the final report, and organizing the structure of the final report. An interview was conducted to

a sample of 13 respondents (7 EHWP practitioners and 6 senior managers). After all respondents were interviewed an analysis of their responses was done. An analysis of how each EHWP practitioner and senior manager responded to each question was done by way of recording their responses to the questions.

3.8.4. Ethical considerations

Informed consent

According to Flick (2014:55) informed consent is about the interviewees knowing and understanding the disadvantages and advantages of their participation in the research project undertaken. They must also be informed that their participation is voluntary. Voluntary informed consent was obtained from each interviewee who participated in this research. Written permission to conduct the study was granted by the Head of Department for Department of Finance. The purpose of the study was read to them from the informed consent form which contained the purpose of the study.

Confidentiality

Williams (2015:81) holds the view that proper management of data is of paramount importance, including safe keeping of the data. Flick (2014:59) goes further to say that participants to the research project should not be able to identify which people participated in such a project. The identities of interviewees, such as their names and addresses were protected. Their information has been stored in a safe and secured place so that no one can have access to it. Respondents were assured that confidentiality would be guaranteed. No personal details of the respondents were written on the questionnaires.

3.8.5. Conclusion

This chapter outlined the research design and research methodology. The main purpose of this chapter was to examine the methodology that was used in collecting data. It outlines how the information was collected from the Employee Health and Wellness Programme practitioners and a few senior managers in the Department of Finance. The researcher used qualitative research method through which face-to-face interviews were conducted. The next chapter focuses on data presentation and analysis.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

In Chapter three, the research design, qualitative research and research methodology were discussed. This chapter focuses on presentation and interpretation of data gathered from 13 respondents namely, 7 Employee Health and Wellness Programme (EHWP) practitioners and 6 senior managers from different Directorates by means of the interview. To determine the effectiveness of Employee Health and Wellness Programme in the Department of Finance, the researcher established firstly, how EHWP practitioners and some senior managers know about the benefits and possible impact EHWP makes to Department of Finance employees. The qualitative approach was used and the analysis and interpretation of data was carried out based on the results of the interviews.

4.2. PRESENTATION OF DATA

The rhetoric of persuasion is quite often best served by presenting data in a visual form but also in clear and concise thematic conceptualisations. These formats are preferred because they summarise a great deal of sometimes quite complex data in very little space (Williams, 2003:198). In this study, the approach used is thematic analysis as it is the most foundational of qualitative procedures. The data collected from the Department of Finance is qualitative and in the form of interview transcripts collected from research participants: EHWP practitioners and some senior managers of the Department of Finance.

Presented data will be linked to the following objectives of the study, which are to:-

- determine the best ways of implementing Health and Wellness Programme in the Department of Finance.
- determine the benefits of implementing EHW programme in the Department the Department of Finance.
- determine the reasons for unsatisfactory participation of Department of Finance's employees in EHWP programme.

4.3. INTERVIEW RESPONSES AND ANALYSIS OF DATA

The interview schedules were developed in line with the research questions on the effectiveness of an Employee health and wellness programme in the Department of Finance, North-West Province.

The main data was collected from different sources in the Department of Finance, North-West Province in the interview form (see annexure A), namely 7 EHWP practitioners and 7 Senior Managers. This was also the same respondents whose views are reported in the interviews of each category.

4.3.1. EMPLOYEE HEALTH AND WELLNESS PROGRAMME PRACTITIONERS RESPONSES AND ANALYSIS

Question 1	What problems hinder effective implementation of Employee Health and Wellness Programme (EHWP)?
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Practitioner 1 response

Inappropriately qualified people who run this programme. Non-integration of EHWP services and rolling out services in a silo way. Inadequate support from

middle management. No evaluation of the effectiveness of events/workshops/awareness done by organizing team.

Practitioner 2 response

Poor participation of staff members. No support from other Senior Managers. Some managers tend to prioritize their work assignments over EHWP activities. Some of the documents get delayed for approval somewhere at management level.

Practitioner 3 response

Management support is minimal. There are sections that do not participate during events, they claim to be busy. There are internal squabbles/conflicts within EHWP which hinder team-work. Employees in EHWP do not work in an integrated manner. Everyone within EHWP wants to be an expert.

Practitioner 4 response

No proper integration of services within EHWP.

Practitioner 5 response

Delays from management in processing documents e.g. purchasing of goods and services.

Practitioner 6 response

One of the problems is lack of Occupational Health and Safety (OHS) standard operating procedures with regard to events management. The safety aspect of events is left out when events are being arranged, as a result of this, there is lack of integration of all EHWP pillars.

Practitioner 7 response

The programme is effectively implemented in the Department and it is the best in all the Provincial Departments in the North-West Province. There are no changes of staff, budget and management support and commitment is there. However, participation of staff in our programme remains a challenge. Gym is under-utilized because its space is too small for additional equipment and there is no shower facility.

Analysis:

Practitioner 2 and 3 agree that there is poor participation of staff members and there is no support from other Senior Managers. There are sections that do not participate during events; such sections claim to be busy. Practitioners 1, 4 and 6 agree that there is no proper integration of services within EHWP. Practitioner 1 holds the view that there are inappropriately qualified employees who are appointed to run the programme. Practitioner 3 further raises the issue of internal squabbles and conflicts within EHWP which hinder team-work and affect effective implementation of this programme.

Practitioner 6 says one of the problems is lack of Occupational Health and Safety (OHS) standard operating procedures with regard to events managements. He indicates that the safety aspect of events is left out when events are arranged. If lack of standard operating procedures is a problem the question remains why they are not initiating the process of crafting it as it is their responsibility and submit to manager responsible for this programme. Practitioner 5 raises a different issue from others, stating that there are delays from management in processing documents. Practitioner 7's response is that this programme does not have problems and that it is effectively managed and it is the best in the province. However, the practitioner seems to contradict himself because he raises challenges of poor participation of staff members and under-utilization of the departmental gym.

Question 2	What do you think would be the best way of implementing Employee Health and Wellness Programme (EHWP) in the Department?
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Practitioner 1 response

Appointment of appropriately qualified and relevant people in line with the services offered in EHWP.

Practitioner 2 response

As EHWP, we need to intensify marketing the services we offer. We must also be visible. Buy-in of Senior Management is needed so that they can encourage their staff members to participate in EHWP services.

Practitioner 3 response

Firstly we need to do management orientation on EHWP. If management can view EHWP as management tool, the programme would achieve its intended goal and make the expected impact.

Practitioner 4 response

EHWP practitioners must undergo training on integration of EHWP service pillars.

Practitioner 5 response

Management and staff in general must consider EHWP as mandatory not optional because the programme is governed and regulated by national policy

from the Department of Public Service and Administration (DPSA). Flexibility on working hours should be considered.

Practitioner 6 response

EHWP is seen as an events-driven programme, instead of marketing the programme's services in such a way that employees understand that the programme is not only about events but there are a series of health services offered. Communication about events or activities must be effected well in advance and there is a need to communicate yearly calendar of events to employees. There is a need for standard operating procedures for EHWP.

Practitioner 7 response

If Senior Managers and supervisors can lead by example, this would encourage staff participation in the programme.

Analysis:

Practitioners 2, 3 and 7 agree that buy-in of Senior Management is needed so that they can encourage their staff members to participate. Practitioner 1 is of the view that appointment of appropriately qualified and relevant people in line with services offered in EHWP would make this programme effective. Practitioner 4 has identified a gap where EHWP practitioners are not working in an integrated manner; therefore, they must undergo training on integration of EHWP service pillars. Practitioner 5 says if Management and staff in general could consider EHWP as mandatory rather than optional, the services of the programme would be adequately utilized. Practitioner 6 holds the view that this programme is perceived as a programme for events and this can only be changed if marketing of EHWP is intensified.

Question 3	To what extent has this programme benefitted employees and the employer?
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Practitioner 1 response

Benefits to employees - Employees are better informed on health and wellness issues. People have been diagnosed during screening campaigns who did not know their status before. Employees start to have high morale.

Benefits to the employer – reduced absenteeism and productive workforce.

Practitioner 2 response

Benefits to employees – the programme also covers employees’ family members. Clinic and gym are available at workplace. All services offered in this programme are free. Home and hospital visits are done by practitioners.

Benefit to the employer – happy employees bring about productivity.

Practitioner 3 response

Benefits to employees – changes in lifestyle. More information on health matters and improvement on personal financial management.

Benefits to the employer – reduction of absenteeism, conducive working environment and team work.

Practitioner 4 response

Benefits to employees – employees are not expected to go outside their workplace to get health and wellness assistance; assistance is at their door steps. They also do not have to spend money for these services because they are free. Assistance is also extended to employees' family members.

Benefits to the employer – the fact that services are offered at workplace, employees spend less time for consultation and go back to their workstations without losing too many hours queuing at community clinics or hospitals or consulting private health practitioners when productivity and service delivery suffers.

Practitioner 5 response

Benefits to employees – employees are now conscious about their general health. Time off during wellness events relieves mental tension that employees experience.

Benefits to the employer – workplace is conducive and employees are interested and motivated to come to work.

Practitioner 6 response

Benefits to employees – employees access medical supplements for free. Medical expenses are exorbitant; therefore, employees consider the department as a caring employer for them.

Benefits to the employer –the fact that services are offered at workplace means that employees can quickly return to work and increase productivity than going outside which can be time-consuming and waste of time invaluable time for the employer.

Practitioner 7 response

Benefits to employees – employees are much more informed. Employees easily access health and wellness advice at their workplace and services are free and extended to their family members. Once officials leave this department they miss this programme because they cannot get the same services with their new employer.

Benefits to the employer – Employer's time is saved. Employees could have spent more time outside.

Analysis

Benefits to employees - Practitioners 1, 3, 5 and 7 agree that the benefits derived from this programme are that employees are better informed on health and wellness issues. Practitioners 2, 4 and 6 maintain that employees are not expected to go outside their workplace to get health and wellness assistance; assistance is at their door steps. They also do not have to spend money for these services because they are free.

Benefits to the employer –all the practitioners maintain that since services are offered at the workplace, employees can quickly return to work and increase productivity than going outside which can be time-consuming and waste of invaluable time for the employer. They also agree that the fact that all these services are offered for free, this saves a lot of money for employees. Practitioners 2, 3, 5 further agree that happy employees bring about increased productivity.

Question 4	What impact did the programme have on the employees?
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Practitioner 1 response

High staff morale. Lifestyle of those who have been using services have changed. Employees have started to eat right and started exercising. They have also accepted their health status.

Practitioner 2 response

The impact is that some staff members have started to manage their stress levels properly and to be healthy and happy people.

Practitioner 3 response

The department experiences staff retention. Most of employees who left the department want to come back. Employees are highly motivated.

Practitioner 4 response

Employees feel they are taken care of by the employer. As a result of this they become productive.

Practitioner 5 response

People are more conscious of their health status.

Practitioner 6 response

Participation of employees on physical activities has increased. Few have lost weight and there is improvement in their wellbeing.

Practitioner 7 response

Employees have learnt a great deal on how to take care of their health, especially during wellness events.

Analysis

Practitioners 1, 2, 5, 6 and 7 agree that lifestyles of those who have been using services have changed. Practitioners 3 and 4 point out that employees are highly motivated and as a result of this they become productive.

Question 5	What impact did the programme have for the employer?
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Practitioner 1 response

Productive workforce.

Practitioner 2 response

Productivity which resulted in the Department getting clean audit opinion for the past three years, making this department the most compliant department in the North-West Province. Employees are happy to work for this department; those who left want to come back. There is also workforce stability.

Practitioner 3 response

Return on investment because the employer sees the benefits of the programme for the budget spent on the programme. The department has a positive image.

Practitioner 4 response

Dedicated workforce.

Practitioner 5 response

Increased productivity. Alcoholism cases decreased and the rate of absenteeism has declined.

Practitioner 6 response

Productivity and reduction of absenteeism.

Practitioner 7 response

The department has committed employees and teamwork which has resulted in improved job performance.

Analysis:

Practitioners 1, 2, 5, 6 and 7 all agree that the programme has impacted on employees by improving productivity. Practitioner 3 says this has resulted in the department having a positive image while practitioner 4 perceives a dedicated workforce.

Question 6	What may be the cause of inadequate participation of employees in this programme in the Department of Finance?
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Practitioner 1 response

- Poor marketing strategy may be a problem.
- No needs analysis or client satisfaction surveys frequently conducted.
- Poor monitoring and evaluation on feedback received.
- Inadequate redress when complainants raise concerns about services offered.

- Some employees do not have confidence or trust towards the programme's ability to address their confidential personal matters.
- The programme does not adequately offer employees what they want.
- Some units managers refuse some of their employees to participate in the programme; they hide behind busy schedule.

Practitioner 2 response

Maybe the programme is doing the same thing over and over again. We need to reach out to employees perhaps by way of developing a questionnaire so that they may suggest what they need.

Practitioner 3 response

Some managers do not allow employees to attend EHWP events. Some of the employees are very ignorant; when they are given time off to attend EHWP events they would rather go home or shopping instead of participating. Some are not willing to receive health and wellness information shared with them.

Practitioner 4 response

There are no interesting venues around Mafikeng to implement interesting different activities.

Practitioner 5 response

It may be that the programme is managed the same way year in year out. Employees are not informed about events well in advance.

Practitioner 6 response

Other managers do not want to release their employees to participate during wellness events. The presenters do not emphasize that EHWP is a must for employees.

Practitioner 7 response

Employees prioritize their work over participation in EHWP.

Analysis:

Practitioners 1, 3 and 6 say that other managers do not want to release their employees to participate during wellness events. Practitioners 2 and 5 are of the view that the programme is doing the same thing over and over which may be the cause for poor employees' participation. Practitioner 4 says there are no interesting venues around Mafikeng to implement interesting and different activities. Practitioner 7 indicates that the refusal of some unit managers to allow their employees to participate in the programme because they are busy is an excuse.

Question 7	What can be done to improve the level of employees' participation in this programme?
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Practitioner 1 response

Effective marketing strategy must be rolled-out.

Practitioner 2 response

Installation of showers at gym can improve level of participation. Support groups for all the services offered under EHWP can assist a great deal.

Practitioner 3 response

We need to identify employees who are not participating and interview them in order to understand their point of view.

Practitioner 4 response

Motivation for approval for venues that are interesting should be considered. Before an event takes place, we must get some input from employees on how they prefer the event to take place.

Events assessment or feedback from participants must be done.

Practitioner 5 response

Introduction of incentives that can attract employees' participation. Wellness activities must be marketed earlier. The department should also consider bringing different people with different expertise from outside the department, preferably professionals.

Practitioner 6 response

I think the EHWP should invite input from employees on how programme services can be improved. There is no suggestion box for all the services at EHWP. Notice boards must be used for communication about the programme.

Practitioner 7 response

The programme has to upscale its marketing strategy. Token of appreciation should be given to participants who are regular, especially during wellness activities which would encourage them to carry on with their participation level.

Analysis

Practitioners 1, 5 and 7 hold the view that roll-out of an effective marketing strategy could improve the level of participation of employees in this programme. The challenge lies in the realisation that they have not tried different marketing strategies because such an effective strategy must come from them. According to practitioner 2, one of the reasons why there is under-utilization of the departmental gym is because there is no shower and toilets in the gym and installation of showers at this gym could improve level of participation. Practitioner 5 further maintains that if the department is serious about increasing participation levels then it must consider bringing in different people with different expertise from outside the department, preferably professionals. This, in my view, could also contribute in increasing participation level. Practitioner 3 and 6 suggest that there is a need to identify employees who are not participating and interview them in order to understand their point of view. Practitioner 4 suggests that before wellness events take place, they must get some input from employees on how they prefer events to take place.

Question 8	Which marketing strategy can be used to motivate employees to make use of EHW programme?
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Practitioner 1 response

Management should be encouraged to participate in the programme. Intensification of training to EHWP committee members should be considered. Rewarding regular participants with presents e.g. massage vouchers could attract more participation.

Practitioner 2 response

We need to communicate EHWP services and activities regularly. There should be more awareness campaigns rolled out.

Practitioner 3 response

Visibility of wellness practitioners to different sections. Regular visits to sections to make employees aware about the kind of services they offer must be undertaken.

Practitioner 4 response

Each directorate must be targeted. Non-participating employees should be targeted.

Practitioner 5 response

EHWP should be given a slot to present about its services and benefits at Departmental Management Committee level.

Practitioner 6 response

EHWP manager should have a column on the departmental internal newsletter for marketing purposes. Wellness should be made a standard item at senior management level.

Practitioner 7 response

During directorates meetings, EHWP should be given a slot to market wellness services.

Analysis

Practitioner 1 insists that rewarding regular participants with presents can be a good marketing strategy for employees' participation. Practitioners 5, 6 and 7 are of the view that wellness should be given a slot at senior management meetings and directorates meetings on regular intervals in order to market wellness services. Practitioners 2, 3 and 4 are of the view that each directorate must be targeted and non-participating employees should be encouraged further than is the case at present.

4.3.2. SENIOR MANAGERS' RESPONSES AND ANALYSIS

Question 1	What problems hinder effective implementation of this programme?
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Senior manager 1 response

I think some of our employees do not understand the aims and objectives of this programme. Most of the employees think of the clinic only; there are many more services other than clinic. We tend to market this programme occasionally only during events. Some of us are unable to use the services of this programme due to fear that confidentiality on status is not guaranteed. There is no shower and toilets at gym.

Senior manager 2 response

There is no commitment from other officials. The time of events should be looked into. Wellness events, especially fun runs, must start earlier in the morning during summer and at the right time in winter. The current team at EHWP seem not to be good at planning or managing this programme effectively. The current calibre of practitioners seems to lack passion because they are not running the programme in an interesting way. Timing of events is

important because during certain months some employees cannot attend due many compliance assignments that must be done.

Senior manager 3 response

The programme is not well marketed in the department and only a few officials know about the services they offer because of poor marketing. Some of the challenges may be: - inadequately skilled EHWP practitioners or budget.

Senior manager 4 response

Some employees are not sure about the guarantee to their confidential matters by EHWP employees. Marketing seems to be a problem because some employees do not know the benefits of this programme towards their productivity.

Senior manager 5 response

What hinders the effective implementation of this programme is lack of feedback from the programme to employees. The timing of events is a bit problematic because it does not accommodate everybody. EHWP practitioners do not conduct researches so that they can make this programme interesting.

Senior manager 6 response

The programme is a good one. The only problem is that it is not effectively communicated and properly marketed to employees. As a manager, my view is that the programme is not well coordinated, the main business of the Department may be compromised because there are times where we are expected to submit some important information and wellness programme decides to run events that interfere with the business of the Department.

Analysis

Senior managers 1, 3, 4 and 6 agree that the programme is not well marketed in the department and only a few officials know about the services they offer because of poor marketing. Senior Managers 2 and 6 complain about the timing of EHWP events because during certain months some employees cannot attend due to many compliance assignments that must be done. The two Senior Managers who complain about timing revealed that their Directorates do not participate irrespective of when events are held. Their employees do not attend Departmental events and timing is a mammoth challenge. Senior manager 1 and 4 emphasize that one of the challenges may be due to fear of confidentiality not guaranteed. Senior Manager 1 further complains that there is no shower and toilets at gym. It is true that users of the gym are expected to take a shower afterwards, including availability of toilets for both male and female. Senior manager 3 and 5 complain about inadequately skilled EHWP practitioners and their inability to conduct researches that would assist them to enhance programme implementation.

Question 2	What do you think would be the best way of implementing Employee Health and Wellness Programme (EHWP) in the Department?
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Senior manager 1 response

The inputs of employees must be elicited in order to improve how services are rendered in EHWP.

Senior manager 2 response

EHWP must establish what people want. Money must be spent on the most preferred services. This programme must be made interesting.

Senior manager 3 response

EHWP must have practitioners who possess specialized skills and appropriately qualified e.g. Psychologists, Nurses, Social Workers and a qualified gym trainer.

Senior manager 4 response

Awareness about EHWP must be rolled out in individual units, not how it is done currently. Regular feedback to employees must be done to check if employees are happy about the services or not.

The programme should know the health status of all employees so that they can come up with possible health solutions that effectively address their health problems.

Senior manager 5 response

Continuous exploration of new and interesting topics must be undertaken, not sticking to the same topics year in year out. Employees who benefited from this programme should share their experiences with their fellow colleagues, and they should be encouraged to do so.

Senior manager 6 response

EHWP must prepare an integrated departmental business plan for the whole year which addresses a concern from other managers that EHWP schedule does not cater for them. Events should not come at short notice.

Analysis

Senior Managers 1, 2 and 4 are of the view that regular feedback to employees must be done to check if employees are happy about the services or not and EHWP must establish what people want. I fully agree with them because improvement of any service or product can only be improved if customers are afforded an opportunity to tell if they are happy with the service or not. Senior Manager 3 says EHWP must have practitioners who possess specialized skills and are appropriately qualified. This is because EHWP must be administered by professionals in their specialized fields. Senior Manager 5 advised on the need to include topics that are interesting whereas Senior Manager 6 advised that notices of events should be communicated well in advance. complains about short notice events.

Question 3	To what extent has this programme benefitted employees and the employer?
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Senior manager 1 response

Benefits to employees – the clinic is attends to the primary health care of employees at their workplace. The programme has assisted employees on their psycho-social issues. EHWP services are not only for employees but are extended to their immediate family members.

Benefits to employer – healthy workforce results in enhancing productivity.

Senior manager 2 response

Benefits to employees – team work and improved morale. Time of going to health centres outside workplace has been reduced.

Benefits to employer – better service delivery, healthy and happy workforce. Employees appreciate how the employer cares about them. This will also result in enhanced staff retention.

Senior manager 3 response

Benefits to employees – employees have health services at their door step, which saves them a lot of money which they could have lost to private health care centres.

Benefits to employer – the programme has reduced absenteeism among employees which is costly for the employer if employees were to consult outside. The other benefit is that availability of health services at the workplace keeps employees within the workplace vicinity in order to provide required contractual services.

Senior manager 4 response

Benefits to employees – clinic is a benefit in that employees receive immediate attention and return to workplace afterwards. Gym is for free and saves money. The benefits of this programme [is that it] increases productivity.

Benefits to employer – healthy workforce reduces absenteeism and increases productivity.

Senior manager 5 response

Benefits to employees – personally the programme has assisted me to be health conscious and know the benefits of physical training.

Benefits to employer – healthy and productive workforce. Employees become less stressed and relationships between them improves.

Senior manager 6 response

Benefits to employees – employees are aware about chronic diseases and how to live a healthy lifestyle.

Benefits to employer – productivity

Analysis

Senior Managers 1, 2, 3 and 4 say the clinic is at the employees' door step and they receive immediate attention and return to their workplace afterwards. Gym is for free and saves money. There is no doubt that a clinic at the workplace saves money, both of the employer and employees. Senior manager 1 elaborates further that EHWP services are not only for employees but are extended to their immediate family members. Senior Manager 5 and 6 confess that the programme has assisted them to be health conscious.

On the other hand the programme has benefited the employer in the following manner: - senior managers 1 and 2 agree that a healthy workforce results in increased productivity. It is true that a healthy workforce results in increased productivity. Senior Managers 3, 4, 5 and 6 agree that a healthy workforce reduces absenteeism and saves the employer's budget.

Question 4	What impact did the programme have on the employees?
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Senior manager 1 response

Health and wellbeing of employees has improved. Staff morale has improved.

Senior manager 2 response

I have seen people reducing their weight. The programme has created a culture of healthy living.

Senior manager 3 response

The impact is the improved health and good relations between employees. Productive workforce.

Senior manager 4 response

It has assisted in a change of lifestyle of employees.

Senior manager 5 response

Decreased weight of participants. The programme has encouraged me to run long distances and participate in marathons. This has also boosted my self-esteem and confidence.

Senior manager 6 response

The programme has a positive impact on immediate families if an employee has direct benefit.

Analysis:

Senior Managers 1, 3 and 4 all agree that health, wellbeing and morale of employees have all improved, especially those who have been participating in the programme. Senior Manager 2 and 5 confessed that their participation has assisted them to decrease their weight; they are also of the view that this might have done the same to other colleagues who participate in the programme. Senior Manager 6 is of the view that the programme has a positive impact on immediate families if an employee has derived direct benefit. A change in an employee has a direct change to his or her immediate family members.

Question 5	What impact did the programme have for the employer?
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Senior manager 1 response

Low rate of absenteeism brings about higher productivity which saves the employer's money. It enhances productivity.

Senior manager 2 response

Team work and improved productivity. Less sick leave taken.

Senior manager 3 response

Productivity and good working relations.

Senior manager 4 response

Productive workforce.

Senior manager 5 response

Team work and productivity. Absenteeism has gone down.

Senior manager 6 response

Healthy workforce has a great impact on the employer, in that if the employer hires a sickly workforce there will be no productivity. The Department of Finance is the best performing department because it has a healthy workforce.

Analysis

All Senior Managers agree in principle that the impact the programme had for the employer is enhanced productivity in the Department of Finance, especially from employees who are using services of the programme.

Question 6	What may be the cause of unsatisfactory participation of employees in this programme in the Department of Finance?
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Senior manager 1 response

- Employees seem not to understand the objective of this programme.
- Doing the same thing over and over again every year is boring to some employees.
- Some employees do not take services from administration branch seriously because such services are not from core programmes.
- Some managers do not take Wednesday sports day seriously, it is business as usual for them.
- Others use Wednesday sports day as an opportunity to dodge their work responsibilities.

Senior manager 2 response

Some services offered by EHWP are not interesting.

Senior manager 3 response

The programme is not well marketed. Confidentiality can also be a contributing factor; employees do not have confidence in them that their personal information will be kept confidential. Programme practitioners do not interact directly with units to make them aware about their services. Furthermore, wellness events are convened during hectic schedules.

Senior manager 4 response

Lack of shower facility at the gym makes people not to use the gym optimally. Some employees feel that services offered by EHWP are not appealing.

Senior manager 5 response

Poor marketing of the programme and non-reporting of the benefits of the programme make employees lose interest.

Senior manager 6 response

The programme is good but it is not properly marketed. People who work in this programme must come closer to unit managers in order to get their input and buy-in.

Analysis

Senior Managers 1 and 2 say doing the same thing over and over every year tend to be boring to some employees. Senior Manager 3, 5 and 6 say poor participation is as a result of the fact that the programme is not well marketed and confidentiality can also be a contributing factor. Senior Manager 4 highlights lack of shower and toilet facility at the gym makes people not to use the gym optimally.

Question 7	What can be done to improve the level of employees' participation in this programme?
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Senior manager 1 response

Strengthening of awareness campaign is necessary. It has to be done programme by programme on a quarterly basis. Employees' confidentiality must be guaranteed.

Senior manager 2 response

Installation of shower and toilets facilities in a gym could improve employees' participation. Safety of employees' cars must be improved (parking site is not safe, there is no physical security and CCTV cameras).

Senior manager 3 response

The quality of services must be improved. The planning of events must be through consultation with unit managers in order check appropriateness and availability of staff members during certain periods of the year.

Senior manager 4 response

Installation of shower and toilet facilities at the gym. To liaise with Department of Social Development to release at least one social worker to handle social work related matters. Intensification of awareness through units which can encourage more participation.

Senior manager 5 response

Means of communication to be improved by way of using the latest technological means.

Senior manager 6 response

Appointment of a private company to develop a marketing strategy would ensure that employees develop interest in using EHWP services.

Analysis

Senior manager 1 and 4 suggest that intensification of awareness through units could encourage more participation. Senior Manager 2 says installation of shower and toilets facilities in a gym could improve employees' participation and is supported by Senior Manager 4. Installation of toilet facilities would increase participation at the gym because most of the employees complain about absence of shower which discourages them from using the gym because it will inconvenience them as most of them travel long distances to come to work. Senior Managers 3 and 5 say the quality of services must be improved at EHWP. Senior Manager 6 suggests that the services of marketing strategists must be sourced in order to address the wide marketing gap that exists.

Question 8	Which marketing strategy can be used to motivate employees to make use of EHW programme?
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Senior manager 1 response

Visibility of services offered by the programme should be seen on notice boards and the benefits must be displayed. Interaction with employees must be done on regular basis. The services and benefits of this programme must feature regularly on internal departmental newsletters.

Senior manager 2 response

EHWP practitioners must be visible by marketing the programme on a regular basis.

Senior manager 3 response

Visiting offices or directorates to inform employees about the programme can be a good marketing strategy. This programme must be properly marketed.

Senior manager 4 response

Flyers depicting all services and benefits of the programme should be displayed on strategic places of the building including in the lifts, stairs and other entrances and guarantee of confidentiality must be emphasized.

Senior manager 5 response

Promotional materials on EHWP be displayed more often at workplace not only when wellness events are held.

Senior manager 6 response

Employees who have benefited from the programme should make testimonials so that other employees can see the benefits of the programme. Modern technology must be used to communicate this programme.

Analysis

The majority of Senior Managers, (5) agree that visibility of EHWP services and benefits offered in the programme is of paramount importance. Unlike everybody, Senior Manager 6 suggests something different: he suggests that employees who have benefited from the programme should make testimonials so that other employees could see the benefits of the programme.

4.4. Conclusion

In this chapter, looking at the responses of the interview conducted, the main problem is that there is no effective marketing strategy for the EHWP programme and employees' confidentiality is not guaranteed. Some of the problems are linked to having the same topic year in year out, no regular feedback elicited from employees on programme implementation and EHWP practitioners who do not undertake research on how best this programme could be improved. Some EHWP practitioners blame some unit managers who deny opportunity to some employees to participate during wellness events. There are also other senior managers who lay the blame on EHWP that they do not consult them when they prepare EHWP schedules for the year. Both EHWP practitioners and Senior Managers complain about lack of showers and toilets at the gym which contributes to under-utilization of the facilities. The next chapter presents a final reflective focus on summary, findings, conclusions and recommendations.

CHAPTER FIVE

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

In chapter four the data gathered from 7 EHWP practitioners and 7 Senior Managers by means of interviews in the Department of Finance, North-West Province was presented and analysed. The data gathered was presented, interpreted and analysed based on the qualitative research approach methodology that was utilized to collect data.

The study was undertaken to assess the effectiveness of an Employee Health and Wellness programme in the Department of Finance, North-West Province. The findings reflect on the effectiveness of this Health and Wellness Programme, causes for poor participation of employees, benefits and impact of the programme to both employees and the employer.

5.2. Summary

In chapter one an overview of this research study was given, that is, the statement of the problem, aims and objectives, significance of the study, research methods, population and sampling, scope of the study and the outline of the chapters were presented.

In chapter two, the literature connected to the research problem was reviewed. From the literature study the reasons for implementing a wellness strategy, improving workforce health and lifestyle, prevention of chronic diseases and managing employees with mental health issues were interrogated in the face of the implementation of a wellness programme in the Department of Finance, North-West province.

It therefore became clear that after assessment of an Employee Health and Wellness programme, the strengthening of awareness of EHWP services is necessary. Visibility of services offered by the programme is also critical to its sustainability. Guarantee of confidentiality of personal information must be enforced throughout the lifespan of the programme. Development of an effective marketing strategy of EHWP services must be done. Installation of shower and toilet facilities in the gym could improve employees' participation.

In chapter three, the research design and methodology were discussed. The design of interview questions for data collection was given sufficient reflection, and the interviews were conducted with EHWP practitioners and some Senior Managers of the Department.

In chapter four the study undertook an analysis and interpretation of selected sample of Department of Finance where the research was conducted. Qualitative data was presented and discussed.

5.3. FINDINGS

The following are important findings that emerged from chapter four data and its analysis. It would be advisable to Department of Finance, North-West Province EHWP practitioners, Senior Managers and all concerned with health and wellness in the Department to consider these findings:

5.3.1. Problems that hinder effective implementation of Employee Health and Wellness Programme (EHWP) in the Department of Finance

Poor participation of staff members and insufficient support from other senior Managers were identified as encumbrances. EHWP is not well-marketed in the department and only a few officials know about the services offered because of poor marketing. Some employees are not comfortable to use departmental EHWP services due to fear of confidentiality not guaranteed.

5.3.2. Benefits of the programme to the Department of Finance and its employees

Employees are currently better informed on health and wellness issues through the EHWP. The fact that there is a fully functional clinic in the Department essentially means that employees do not need to travel outside their workplace to get health and wellness assistance - they get it right at their workplace. The other benefit is that they save money in that all services offered at EHWP are free. To the employer, the benefit is a healthy and productive workforce that brings about enhanced productivity.

5.3.4. Causes of poor participation of the Department of Finance's employees in Employee Health and Wellness Programme (EHWP)

Participation to EHWP programme is unsatisfactory. Poor marketing strategy of the programme and the fact that there are some directorate managers who refuse some of their employees to participate in the programme contributes to poor

participation. There are, of course, some employees who out of ignorance do not know the benefits of participating in EHWP activities. With regard to gym, both EHWP practitioners and Senior Managers agree that lack of shower and toilet facility at the gym makes employees not to use the gym optimally. If the shower and toilet facility were installed, there would be an increase in the use the gym provided it is kept clean at all times. Confidentiality can also be a contributing factor, where some employees do not trust that their personal information will be kept confidential.

5.3.5. Strategies that could be employed by management of Department to motivate employees to use services offered at EHWP

An effective marketing strategy is essential in this respect. Installation of showers and toilets at the gym that are properly looked after should be prioritised. Intensification of awareness campaigns to unit managers and enhanced visibility of wellness practitioners in different sections would add benefits to this programme.

5.4. CONCLUSIONS

- EHWP's effectiveness is not adequate because of poor participation of employees in the programme.
- There are benefits derivative from the programme to both employees and the employer because services offered by this programme are free and delivered at the workplace. Furthermore, employees are better informed on health and wellness issues. The benefit to the employer is a productive workforce.
- Ineffective or poor marketing strategy of this programme, refusal by some managers to release their staff members and ignorance among some officials about the benefits of this programme contribute to poor participation of employees on this programme.

- Marketing strategy is ineffective which has resulted in poor participation.

It is, therefore, important to take the stated findings into cognisance and improve the implementation of the programme.

5.5. RECOMMENDATIONS

The aim of this research was to assess the effectiveness of EHWP in the Department of Finance, North-West and find ways and means of addressing challenges that may impede effective implementation of this programme. In order to realise this aim, a qualitative research was conducted. The findings of the research are incorporated in the following recommendations:-

5.5.1. Management buy-in and conducting of regular surveys

In order for EHWP to be effectively implemented management buy-in is important and by way of conducting regular surveys on employees on how they want services to be offered and then providing regular feedback to employees on the programme.

5.5.2. Conducting awareness sessions regularly

It is important that EHWP practitioners conduct awareness sessions for the Department in order that the employees understand the benefits of participating in this programme.

5.5.3. Visibility of EHWP practitioners in different units

There is a need for EHWP practitioners to develop a comprehensive plan on rolling out their services to different units or directorates within the Department in order to close the gap that most of the departmental employees do not know the services and benefits offered by this programme.

5.5.4. Training of EHWP practitioners on marketing and the need to conduct regular researches on services offered by EHWP

It is clear from the majority of participants, both practitioners and senior managers, that one of the reasons that contributes to the programme not being adequately effective is the fact that it is poorly marketed. Therefore, there is a

need to train EHWP practitioners in the field of marketing. Exposing EHWP practitioners to research methodologies would also enhance their knowledge of identifying topics that are interesting for employees.

Recommendation to undertake different research methods

It is suggested that further research be undertaken using quantitative research methods and different sample-size to investigate issues that hinder effective implementation of Employee Health and Wellness Programme in the Department of Finance, North-West. Different research methods may determine different or additional assessment results that might be appropriate to the Department of Finance.

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TO : Mr Ndlela Kunene
Head of Department (HOD)

From : Gordon Letlhogile

Date : 20th April 2016

**REQUEST TO UNDERTAKE MY RESEARCH PROJECT IN HEALTH AND WELLNESS
PROGRAMME OF THE DEPARTMENT OF FINANCE: NORTH – WEST PROVINCE**

Dear Mr. Kunene

I hereby request permission to undertake my research project in Health and Wellness Programme in Department of Finance

The topic of my research project is "*the effectiveness of Health and Wellness programme in the Department of Finance – North West Province*".

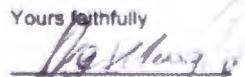
I wish to report that Professor David Mello who is the head of Masters of Public Administration programme has approved this research project

I am a registered student of this Masters Degree and wish to finalize this mini- Dissertation because it is the only academic project that I am left with before I graduate in October this year 2016

I wish to confirm that I will treat this project with confidentiality it deserves because I know legal requirements that Health and Wellness programme is governed by and am also governed by University Code of Ethics which I must adhere to

Your permission to allow me to undertake this project will be appreciated

Yours faithfully


Mr Gordon Letlhogile
Director: Strategic Management
Date 21/04/2016

Together moving Bokone Bophirima forward.



REQUEST TO UNDERTAKE MY RESEARCH PROJECT IN HEALTH AND WELLNESS PROGRAMME OF THE DEPARTMENT OF FINANCE NORTH - WEST PROVINCE

Recommended

The research will assist the employee with his qualification and will possibly serve as useful information for the Department where we bring about meaningful and relevant implementation of policies for positive change.

Ms M. Mwase
Chief Director: Corporate Services
Date 25/04/2016.

Approved / not approved

Mr. Ndlela Kunene
Head of Department (HOD)
Date

INTERVIEW SCHEDULE TO INTERVIEWEES / RESPONDENTS

Dear Sir/Madam

The aim of the study is to assess the effectiveness of the Health and Wellness Programme in the department of Finance. It is in this context that the researcher would like to evaluate the effectiveness of this programme and various interventions in improving work performance.

Your accurate and objective response in answering questions is of vital importance as it will be used to recommend alternative ways and means of improving Health and Wellness Programme.

SECTION A

1. What problems hinder effective implementation of Employee Health and Wellness programme (EHWP) in Department of Finance?

2. What do you think would be the best way of implementing Employee Health and Wellness Programme (EHWP) in the Department?

3. To what extent has EHWP benefitted Department of Finance and its employees.

4. What impact did EHWP have on the employees of Department of Finance?

5. What impact did EHWP have on Department of Finance as the employer?

6. What may be the cause of poor unsatisfactory participation of employees in EHWP in the Department of Finance?

7. What can be done to improve the level of employees' participation in EHWP?

8. Which marketing strategy can be used to motivate employees to make use of EHWP?

9. What other suggestions do you have that you think will assist to improve EHWP in the Department of Finance?

THANK YOU FOR PARTICIPATING IN THE INTERVIEW

The respondent

Department of Finance

North – West Province

Mmabatho

Dear sir/ Madam

INFORMED CONSENT FOR TAKING PART IN THE STUDY

The aim of the study is to determine the effectiveness of Employee Health and Wellness Programme (EHWP) in the Department of Finance in the North – West Province, its Provincial Office is based in Mmabatho.

The study will be conducted by **Mr Gordon Letlhogile** as part of his studies towards **Master's Degree in Public Administration**. Permission to undertake this research has been approved by the Head of Department.

The study will take a form of face to face interview to the selected individuals. Please answer the questions to the best of your ability. Your accurate and objective response in answering questions is of paramount importance.

Nota bene Be assured that the information you provide will be treated with high confidentiality it deserves and your identity will not be disclosed to anybody during data analysis.

The findings of the study will be available to you on request.

Thanking you in advance for your maximum cooperation.

Yours sincerely

Mr. Gordon Letlhogile

Master of Public Administration student

(North – West University, RSA)

Respondent

Supervisor: Professor David Mello

North – West University, RSA

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Human Resource Research Ethics Committee (HRREC) on 28/08/2017, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Effectiveness of employee health and wellness programme in the North West	
Project Leader/Supervisor: Prof D Mello	
Student: G Lethogile	
Ethics number:	N W U - 0 0 6 6 9 - 1 7 - A 9
	<small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>
Application Type: Single Study	
Commencement date: 2017-08-20	Expiry date: 2020-08-20
Risk:	NA

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HRREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HRREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

<p>General conditions:</p> <p>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:</p> <ul style="list-style-type: none"> • The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HRREC: <ul style="list-style-type: none"> - annually (or as otherwise requested) on the progress of the project, and upon completion of the project - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project. - Annually a number of projects may be randomly selected for an external audit. • The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HRREC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited. • The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via HRREC and new approval received before or on the expiry date. • In the interest of ethical responsibility the NWU-IRERC and HRREC retains the right to: <ul style="list-style-type: none"> - request access to any information or data at any time during the course or after completion of the project; - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process; - withdraw or postpone approval if: <ul style="list-style-type: none"> any unethical principles or practices of the project are revealed or suspected, it becomes apparent that any relevant information was withheld from the HRREC or that information has been false or misrepresented, the required annual report and reporting of adverse events was not done timely and accurately, new institutional rules, national legislation or international conventions deem it necessary. • HRREC can be contacted for further information via Estie.Emboch@nwu.ac.za or 018 289 2873.
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The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or HRREC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA Du Plessis
Digitally signed by
Prof LA Du Plessis
Date: 2017.08.31
15:06:40 +02'00'

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)



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17th October, 2017

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, Muchativugwa Liberty Hove, confirm and certify that I have read and edited the entire mini-dissertation, **EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE DEPARTMENT OF FINANCE, NORTH-WEST PROVINCE** submitted by **GORDON KGOSIEBUSANG LETLHOGILE**, student number 16319583 in accordance with the requirements in partial fulfilment of the **MASTER'S DEGREE IN PUBLIC ADMINISTRATION**, Faculty of Commerce and Administration, North-West University, Mafikeng.

Gordon Kgosiebusang was supervised by **Professor D M Mello** of the North-West University.

I hold a PhD in English Language and Literature in English and am qualified to edit academic work of such nature for cohesion and coherence.

The views and research procedures detailed and expressed in the dissertation remain those of the researcher/s.

Yours sincerely

Dr M.L.Hove (PhD [North-West University], MA [Manchester], PGDIP [LONDON] [UZ], BA Honours, English [UZ])

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