

The development of guidelines for an employee health and wellness programme for a health care group in the North West Province

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BA (Hons); MA (Social Work)

Thesis submitted for the degree *Doctor Philosophiae* in Social Work at the Potchefstroom Campus of the North-West University

Promotor: Prof P Rankin

Date of submission: November 2015

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incubator for the human spirit.”*

Anita Roddick, 1942-2007

DECLARATION BY RESEARCHER

Hereby I, Reinette Joubert declare that:

The development of guidelines for an employee health and wellness programme for a health care group in the North West Province which I submitted at the North-West University: Potchefstroom Campus, is my own work, and has been language edited. All the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signature

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LANGUAGE EDITING

TO WHOM IT MAY CONCERN

This is to confirm that I assisted Reinette Joubert (11932287) with the language editing of her doctoral thesis. The development of guidelines for an employee health and wellness programme for a health care group in the North West Province, while she was preparing the manuscript for examination. I went through the entire draft making corrections and suggestions with respect predominantly to language usage. A second follow-up round followed in which some outstanding issues were clarified. Given the nature of the process, I did not see the final version, but made myself available for consultation as long as was necessary.

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PREFACE

This manuscript is submitted in article format and edited articles will be presented for possible publication to the Professional Journal Social Work/Maatskaplike Werk.

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ABSTRACT

Key words: health, wellness, employee health and wellness, employee health and wellness needs, employee assistance programmes, health care group, Matlosana District.

The goal of this research was to develop guidelines for an employee health and wellness programme for a health care group in the North West Province. It was assumed that, if implemented, such a programme would contribute to the overall health and wellness of the organisation by enhancing the health and wellness of employees. In order to develop these guidelines, employees' health and wellness needs within the health care group were determined. These guidelines will be suggested to the management of the health care group and will serve as a basis for an Employee Health and Wellness Model that can be used in other contexts as well.

The research commenced with a literature review in order to determine current employee health and wellness practices and to verify the value of such programmes for employees and organisations. The first article studied the nature and characteristics of employee health and wellness programmes. The difficulty to define health and wellness as well as different perspectives confirms the fact that these programmes are multi-dimensional. This should encourage organisations to develop holistic programmes with employees' optimal health and wellness as its final goal.

Employees spend a significant amount of hours at work, which makes it the ideal place to promote health. It has been proved that employee health and wellness programmes have a direct impact on the bottom line of organisations. Furthermore, increased job satisfaction, less absenteeism, improved productivity and better quality of work life also result from these programmes leaving employees happy and healthy, which eventually contribute towards a healthy society.

The research consists of two parts. The first part involves a qualitative approach. The researcher interviewed key staff members in order to identify the needs of employees with regard to an employee health and wellness programme. Collected data was then used as a basis for the second, quantitative phase, which consisted of a self-developed questionnaire that was completed by employees.

An exploratory factor analysis was done from which 14 constructs emerged as possible health and wellness interests. The priority interests of employees were determined with

a means procedure and promoting assertiveness, managing diversity within the workplace, relationship management within the workplace and personal growth and development occupied the first four positions. There was only a small difference in terms of interests between the remaining fields. Effect sizes indicated that there was a medium effect size in the level of interest on some of these constructs in terms of language, age and job level.

Research results laid a foundation and provided guidelines to plan and develop an employee health and wellness programme for the specific health care group. It is recommended that the health care group consider a structured, formalised employee health and wellness programme that will optimise employees' health and wellness on physical, emotional, social and occupational dimensions. In short, priority should be given to the implementation of programmes that aim to optimise employees' social wellness. Relationship management programmes should be considered and target employees on management level as they showed more interest in this regard. Health promotion activities should first be promoted among employees in the age group 51 and older before other age groups are gradually involved. Personal growth and self-care programmes should also be developed and implemented.

The most important suggestions coming from the study is that further research should be done on employee health and wellness needs within a cultural context. The final programme that stem from the proposed guidelines should be evaluated in order to determine whether the the programme reached its goal by improving the health and wellness of the employees within the health care group.

OPSOMMING

Sleutelwoorde: gesondheid, welstand, werknemergesondheid en welstand, werknemergesondheid- en welstandsbehoefte, werknemerondersteuningsprogramme, gesondheidsgroep, Matlosana-distrik.

Die doel van hierdie studie was om riglyne vir 'n werknemergesondheids- en welstandsprogram vir 'n gesondheidsgroep in die Noordwes Provinsie te ontwikkel. Die aanname is dat, indien so 'n program geïmplementeer word, die program tot die algehele welstand van die Groep sal aanleiding gee deur die gesondheid en welstand van werknemers te bevorder. Ten einde hierdie riglyne te ontwikkel, is die gesondheids- en welstandsbehoefte van werknemers in die Gesondheidsgroep bepaal. Die riglyne sal aan die Bestuur van die Gesondheidsgroep voorgelê word en sal as 'n basis vir 'n Werknemergesondheids- en Welstandsmodel kan dien wat in ander kontekste ook gebruik kan word.

Die navorsing is met 'n literatuurstudie begin om die huidige gesondheid en welstandspraktyke sowel as die waarde van sodanige programme vir werknemers en organisasies te bepaal. Die eerste artikel het die aard en karaktereienskappe van werknemergesondheids- en welstandsprogramme bestudeer. Die probleem rondom die definisie van gesondheid en welstand asook die verskillende perspektiewe ten opsigte van werknemergesondheid en welstand bevestig die multi-dimensionele aard van die programme. Dit behoort organisasies aan te moedig om holistiese programme te ontwikkel met optimale werknemergesondheid en welstand as finale doelwit.

Werknemers spandeer 'n aansienlike aantal ure by die werk, wat dit die ideale plek maak om gesondheid te bevorder. Dit is bewys dat werknemergesondheids- en welstandsprogramme die winsgrens van organisasies beïnvloed. Andersins gee sodanige programme aanleiding tot groter werksbevreëdiging, laer afwesigheidsyfers, verhoogde produktiwiteit en 'n beter kwaliteit beroepslewe met gelukkige en gesonde werknemers wat uiteindelik 'n gesonde gemeenskap verseker.

Die navorsing bestaan uit twee gedeeltes. Die eerste gedeelte bestaan uit 'n kwalitatiewe benadering. Die navorser het onderhoude met sleutelpersone (werknemers) gevoer om hul behoeftes ten opsigte van 'n werknemergesondheids- en welstandsprogram te identifiseer. Data wat tydens die eerste fase ingesamel is, is as basis vir die tweede, kwantitatiewe fase gebruik wat uit 'n self-ontwikkelde vraelys bestaan het en deur

werknemers voltooi is. 'n Eksploratiewe faktorontleding is gedoen waaruit 14 konstrunkte as moontlike gesondheids- en welstandsbelangstellings voortgespruit het. Die prioriteit van werknemers se belangstellings is deur 'n prosedure van gemiddeldes bepaal en selfgeldig, hantering van diversiteit in die werksplek, hantering van verhoudings in die werksplek en persoonlike groei en ontwikkeling het die eerste vier plekke gevul. Daar was slegs 'n geringe verskil in belangstelling tussen die oorblywende items. Effekgroottes het aangetoon dat daar 'n medium effek grootte is in sommige konstrunkte met betrekking tot taal, ouderdom en posvlak.

Navorsingsresultate het 'n grondslag gelê en riglyne vir die beplanning en ontwikkeling van 'n werknemergesondheids- en welstandsprogram vir die betrokke gesondheidsgroep voorsien. Daar word voorgestel dat die gesondheidsgroep 'n gestruktureerde, formele Werknemergesondheids- en Welstandsprogram oorweeg wat werknemers se welstand op fisiese, emosionele, maatskaplike en beroepsdimensies sal optimaliseer. Kortliks behoort die implementering van programme wat fokus op die optimalisering van maatskaplike welstand van wernemers prioriteit te geniet. Programme in die hantering van verhoudings op bestuursvlak moet oorweeg word aangesien daar meer belangstelling getoon is deur hierdie groep. Gesondheid moet eers onder werknemers in die ouderdomsgroep 51 en ouer bevorder word alvorens ander ouderdomsgroepe geleidelik daarby betrek word. Persoonlike groei- en selfsorgprogramme moet ook ontwikkel en geïmplementeer word.

Die belangrikste voorstel wat uit die studie voortkom, is dat verdere navorsing ten opsigte van werknemers se gesondheids- en welstandsbehoefte binne 'n kulturele konteks moet plaasvind. Die finale program as eindresultaat van die voorgestelde riglyne moet geëvalueer word ten einde te bepaal of die program sy doel in die verbetering van gesondheid en welstand van die gesondheidsgroep bereik het.

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SECTION A

INTRODUCTION AND OVERVIEW

INTRODUCTION

1. PROBLEM STATEMENT

Employees can be seen as one of the most important commodities within any organisation. They are appointed to perform certain duties in order to ensure that organisational goals are achieved. Many employers are more and more compelled to focus on the health and wellness of their employees as organisational goals are only reached with a sustainable, mentally and physically healthy workforce (Kruger, 2011:1 & Malouf, 2011:14). Many companies go through organisational restructuring in order to reduce costs whilst improving efficiency. These transformations often lead to psychological and physical distress (Bourbonnais *et al.*, 2006:341). As a result of such a changing work environment, with technology as the driving force, progressive companies cannot ignore the deconstructive impact of such changes on the health and wellness of employees (Bessinger, 2006:52). Bessinger further argues that organisational restructuring, the changing nature of the employment relationship, an increase in cultural diversity as well as work and family life demands all contribute to a decline in employees' health and wellness, which in turn have an impact on their work environment.

It seems clear that the management of employee health and wellness has become essential for the survival of any organisation, since healthy employees can be seen as both an asset and a vehicle for organisational success (Grawitch *et al.*, 2006:145). It is proved that employee health and wellness programmes (henceforth abbreviated as EHWP) have a direct influence on an organisation's bottom line, because of a reduction in illness-related absenteeism – it is more likely for a healthy employee to go to work (Jandeska & Zapach, 2003:38). These authors also note that healthy employees benefit from the recruitment and retention of other productive employees and that the general workplace morale is likely to improve.

Although the focus on health and wellness of employees is becoming more vital, employee support is not at all a new concept – in one form or another employee assistance programmes (henceforth abbreviated as EAP) have existed for many years, even as early as 1917 (American College of Sports Medicine, 2003:55; eNotes, 2012; Murphy, 1995:43 & Watkins, 2003:xi) and showed tremendous growth during the 1970s and 1980s when a variety of social work functions were added to their portfolios (Dickman & Challenger, 2009:29; Weiss, 2010:325). Many studies proved the effectiveness of

these programmes with reference to improved employee wellness and saving organisations' money (Csiernik, 2011:352). From a legal perspective, Kruger (2011:2) as well as Sieberhagen *et al.* (2009:5-6) propose that, although not explicitly covered by legislation, current employment-related legislation in South Africa is structured in such a way that the health and wellness of all employees are getting more attention. Such legislation include the Constitution of the Republic of South Africa (1996), the Occupational Health and Safety Act (Act 85 of 1993), the Labour Relations Act (Act 66 of 1995), the Basic Conditions of Employment Act (Act 75 of 1997), the Skills Development Act (Act 97 of 1998) and the Employment Equity Act (Act 55 of 1998).

Some literature suggests that the success of EAPs lies with the tendency to focus on the identification and fixing of already existing problems, which also seem to have been a general tendency within the social and behavioural sciences (Bessinger, 2006:78; Jobson, 2003:20 & Seligman & Csikszentmihalyi, 2000:5). According to Sieberhagen *et al.* (2009:2) various paradigms can however be used in the study of the health and wellness of employees and refer to three specific paradigms that prove to be relevant. They distinguish between the pathogenic paradigm that focuses on the origins of illness, the salutogenic paradigm, focusing on the origins of health and the fortigenic paradigm that has its focus on the origins of strength (Strümpfer, 1995). Sieberhagen *et al.* (2009:2) suggests that these paradigms should be implemented into the study of employee health and wellness by concluding that the focus should not only be on those factors within the workplace that has a negative effect on employees, but also on those aspects that lead to the promotion of employees' health and wellness.

EHWPs still seem to refer broadly to a full spectrum of health management services (Benavides & David, 2010:302). In its infancy, the main focus of EHWPs used to be on physical health, but presently integrates a wide variety of resources with optimal health as a result, maximising the health of both the employee as well as the organisation (Grawitch *et al.*, 2006:129 & McDonough, 2011:5). This range of fields (such as medicine, psychology, etc.) all seem to have something to contribute towards the health and wellness of employees (Danna & Griffin, 1999:379). Consequently, various activities can form part of an EHWP, but should be determined by the needs of the workplace as employees are more likely to respond to a programme tailored to their needs (Bessinger, 2006:59, 63; Wein & Hernandez, 2011:36).

The term “healthy” does not just mean the absence of disease. Therefore, a more proactive and holistic approach is needed in order to ensure the health and wellness of employees. Interventions should not only target so-called high risk employees, but should also include healthy employees (O’Donnell & Bensky, 2011:3). This approach is found in the form of EHWP’s (Benavides & David, 2010:294 & Bessinger, 2006:78). According to Bessinger (2006:78) it is suggested that there should be a more collaborative approach between EAPs and EHWP’s and that their interdependence should be recognised, leading to a more synergistic approach (DeJoy & Wilson, 2003:340). With regard to this Hettler’s internationally acclaimed wellness model justifies consideration for planning and developing EHWP’s (Hettler, 1976:1-2 & Lubbe, 2010:5). By applying such a holistic model it is likely that one will become more aware of the interconnectedness between the dimensions and their contribution towards optimal health. These dimensions include occupational wellness (personal satisfaction of a person’s work life), physical wellness (a healthy body), social wellness (interaction between oneself and the community and environment), intellectual wellness (mental stimulation), spiritual wellness (finding meaning and purpose) and emotional wellness (acceptance and management of emotions). By developing any programme to improve employees’ health and wellness, it should be asked whether it will help employees to reach their full potential; whether it recognises and therefore addresses the entire person and whether it recognises and mobilises employees’ personal strengths (as suggested by the National Wellness Institute, n.d.).

Whilst safe, accessible and confidential workplace sponsored programmes are becoming popular, there is a critical need for it within the health care industry (Kendall *et al.*, 2008:125). Literature makes it clear that the health care industry is not excluded from negative consequences caused by rapid changes such as restructuring, budget cuts and shrinking staff sizes (Kyrouz & Humphreys, 1997:105; Petterson & Arnetz, 1998:1763 & Tyler & Cushway, 1992:97). According to Kruger (2011:2) changing technology, treatment options as well as the emergence of diseases seem to cause even more turmoil. Keeping employees healthy, attracting and retaining the most talented workforce within the health care industry seem to be a greater problem than before, because of labour-intensive, physically and emotionally demanding work (O’Donnell & Bensky, 2011:2). Lindo *et al.* (2006:154) as well as the National Institute for Occupational Safety and Health (NIOSH, 2008:1) agree that these employees often face some of the most

stressful situations found in any workplace resulting in, but not limited to, higher rates of substance abuse, suicide as well as increased prevalence of depression and anxiety.

Despite constant organisational changes as well as physically and emotionally draining work, health care employees work with human beings who tend to have unique health care needs that cannot be seen as universal for all health care industries (Kruger, 2011:9). The kind of health care that needs to be provided as well as basic human nature creates a unique employee profile. Consequently, any form of assistance requires interventions tailored to individual needs instead of superficial “quick fixes” that treat all employees as if they are alike (Kendall *et al.*, 2008:125; Tyler & Cushway, 1992:97 & Yu *et al.*, 2009:373). Taking this into consideration, it is assumed that the development of a formal programme is crucial within any health care group in order to ensure a healthy workforce. The impact that a healthy workforce has on these organisations’ bottom line seems much bigger than on that of any other organisation (O’Donnell & Bensky, 2011:2).

The researcher had been appointed as Wellness Facilitator during 2011 for a health care group in the North West Province. This position was initiated by the Human Resource Manager after she implemented a project in order to determine the work related well-being of employees by means of the Organisational Human Benchmark (Afriforte, 2010). Since then it has been an annual project. Discussions with the Human Resource Manager confirmed that there is a need for formal interventions on primary (organisational), secondary (team) and tertiary (individual) levels within the organisation (Kruger, 2013).

Consequently, a need was identified to develop an EHWP as tertiary intervention (Kreuger and Neuman, 2006 as referred to by Fouché, 2011:456). Since the appointment of the researcher a few interventions in the form of individual counselling and employee support groups have been implemented, but a formalised EHWP was yet to be developed. The researcher approached management with such a proposal which they approved after which the study to develop guidelines for an EHWP in the organisation commenced.

2. RESEARCH QUESTIONS

The following questions guided the research:

- **Question 1**

What are the current practices with regard to EHWP?

- **Question 2**

What are the views on the value of such programmes?

- **Question 3**

What are the specific health and wellness needs of employees within a health care group in the North West Province?

- **Question 4**

What guidelines can generate from this research for the development of a proposed EHWP for the selected health care group?

3. GOAL AND OBJECTIVES OF THE RESEARCH

3.1 Goal

The overall goal of the research is to develop guidelines for an EHWP for a health care group in the North West Province.

3.2 Objectives

Specific objectives of this research are:

- To do a literature review on employee health and wellness in order to determine its current practices and value of such a programme for employees and organisations.
- To determine the health and wellness needs of employees of a health care group in the North West Province.
- To suggest guidelines to the management of the health care group in the North West Province for the development of a plan for an EHWP for employees in the company

4. CENTRAL THEORETICAL STATEMENT

The central theoretical argument is that it will be in the best interest of employees of a health care group in the North West Province if their specific health and wellness needs are established and integrated into a proposed EHWP. This argument is based on the assumption that such a programme will enhance the health and wellness of employees and eventually contribute to the overall health and wellness of the organisation.

The research will determine the health and wellness needs of employees within the health care group, which should eventually lead to a better quality of work life. The research will

also indicate the form of a proposed EHWP in order to meet the needs of involved employees. It is envisaged that the findings of the research will form the basis of an EHWP model to be used in other contexts as well.

5. METHOD OF INVESTIGATION

5.1 Review of relevant literature

The researcher studied relevant literature in order to gain a better understanding of the nature and meaning of the research questions and to encapsulate the collective efforts of various other researchers (Fouché & Delpont, 2011:134 & Neuman, 2006:11). The aim of the literature study was to demonstrate the fact that the topic is generally known, to give guidance with regard to the route that has been taken by previous researchers, to integrate already existing information and to stimulate new ideas (Neuman, 2006:11).

5.2 Empirical study

5.2.1 Research purpose

The project had a combination of exploration and description as purposes (Rubin & Babbie, 2011:133-134). The nature of EHWP's are described and employees' health and wellness needs are explored and integrated into proposed guidelines for the health care group.

5.2.2 Research approach

A multi-phase mixed methods design was used to achieve the purpose of the research (Creswell & Clark, 2011:100). An exploratory qualitative design (Fouché & De Vos, 2011:95) was used in the first phase of the research, which formed the basis for the data collection instrument that was used in the second, quantitative (survey) phase of the study.

An interview guide (Greeff, 2011:352) was used in the first part to conduct interviews with key staff members on each job level within the organisation by making use of stratified purposeful sampling (Onwuegbuzie & Leech, 2007:103, 109). The second phase was implemented by using a survey design (Rubin & Babbie, 2011:381) to identify employees' needs.

5.2.3 Research design

A survey method was used for the quantitative part of the study (Botma *et al.*, 2010:133) and a case study for the qualitative part (Fouché & Schurink 2011:320). The research commenced with an exploratory qualitative design. This formed the basis for the second part of the study which consisted of a survey of the health and wellness needs of staff members within the health care group.

5.2.4 Research participants

Purposive (stratified) sampling (Engel & Schutt, 2014:105) was used in the first part of the study to accommodate employees from three main Business Units and each of the job levels within the organisation. All employees were involved in the second part of the study to ensure an adequate return of questionnaires. In effect, it resulted in an availability sampling type (Bertram & Christiansen, 2014:61 & Strydom, 2011a:232).

5.2.5 Ethical aspects

All information was handled in a confidential manner and all measures were taken to protect the privacy of all participants (Strydom, 2011b:121). This respect for privacy is especially important in Social Sciences (Boulton, 2009:40 & Strydom, 2011b:113). Participation in the research project was voluntary and participants were informed of this by means of written communication.

Participants were informed about the purpose, methods and risks associated with the research by means of an informed consent form that had to be signed by them (Reamer, 2001: 434). Thus, participants were fully aware of their right to privacy as well as the nature and extent of the research.

Ethical approval for the research was gained by the Ethics Committee of the Potchefstroom Campus of the North-West University with Ethics Certificate Number (N W U - 0 0 0 0 9 - 1 4 - A 1).

6. RESEARCH LIMITATIONS

- It was originally planned to determine the needs for programmes, to develop, implement and evaluate it, but unfortunately the given time to complete a Ph.D did not allow it. Therefore, it was decided to limit the study to the development of guidelines for health and wellness programmes.

- In South Africa limited research is available on this subject. Although there is available information about particular projects, no comprehensive research project could be traced. Therefore, the researcher had to rely on international literature and research, although well-integrated approaches with regard to EHWP's also seem limited.
- The study did not take the different Departments e.g. nursing versus administration into consideration. Nor did it consider various Units, e.g. theatre, general wards, ICU etc. In this respect it would be interesting to see in what ways and to what extent health and wellness needs among these employees differ.

7. TERMINOLOGY

7.1 Health

The World Health Organization's (2003) defines health as "*...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*".

7.2 Wellness

- Cobin and Pangrazi (2001:3) define wellness as "*...a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being*".
- The National Wellness Institute's (n.d.) definition of wellness states that "*wellness is an active process through which people can become aware of, and make choices toward, a more successful existence*".
- Reardon's (1998:117) definition of wellness is "*...a composite of physical, emotional, spiritual, intellectual, occupational, and social health; health promotion is the means to achieve wellness...*"

7.3 Employee health and wellness

Sieberhagen *et al.* (2011:1) state that there exists no current universal definition for employee health and wellness. Definitions for "health" and "wellness", as indicated above, include reference to physical health as well as mental, psychological and emotional aspects (Danna & Griffin, 1999:361). The conclusion drawn from this is that employee health and wellness should be seen as an active, on-going process and has to be approached holistically. Furthermore, employees should be encouraged to take responsibility for, not only sustaining, but also improving their own health and wellness.

8. RESEARCH REPORT PRESENTATION

Section A consists of a general introduction to the research.

Section B consists of the first three articles. The first two articles represent the literature review of the study. Article three consists of the empirical investigation.

Article 1: Employee health and wellness in the corporate world

The first article studied the nature and characteristics of EHWP's and confirmed the multi-dimensional nature of such programmes.

Article 2: The effectiveness of employee health and wellness programmes: a critical overview

The workplace as the ideal setting for health promotion was discussed during the second article. Furthermore this article argued the effectiveness of EHWP's.

Article 3: The health and wellness needs of employees of a health care group in the North West Province: an empirical investigation

The research methodology is discussed in the third article.

Section C consists of the summary, conclusion and recommendations of the study.

Summary, conclusion and guidelines

The last article summarises the research project followed by the final conclusion and recommendations.

Section D consists of the combined list of references.

Section E consists of the addendums that contain the additional material referred to in the third article.

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SECTION B

ARTICLES

ARTICLE 1: EMPLOYEE HEALTH AND WELLNESS IN THE CORPORATE WORLD: THE NATURE AND CHARACTERISTICS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

Reinette Joubert

Pedro Rankin

ABSTRACT

Key words: health, wellness, employee health and wellness programmes, employee assistance programmes, programme implementation

This article is the first of three which serves as a background to the empirical part of the study. The purpose of this article is to explore and describe the nature and characteristics of EHWP. A short overview with regard to the history of these programmes as well as the main concepts – health and wellness are given. The need for EHWP and its role in the corporate environment are also explored after which the necessary building blocks will be investigated. Furthermore, the term “wellness” is explored by using a wellness model.

To find a universal acceptable definition for health and wellness is challenging and several authors have confirmed that employee health and wellness should be seen from a multi-dimensional point of view. Furthermore, employee health and wellness is dynamic and proactive and should be approached holistically.

For many years EAPs have assisted and supported troubled employees, but when optimal health is considered, an integrated approach in the form of EHWP may even be of greater value to organisations. Such an approach could lead to the implementation of various programmes and activities in the workplace, which target all employees. It could motivate and assist employees who experience health and wellness risks to reach optimal health and wellness whilst healthy employees are encouraged to maintain their current condition.

Although no definite guidelines exist, there seem to be some universal factors when it comes to the implementation of an EHWP. First of all, organisational commitment is

required. It means that both management and employees should buy in and be actively involved in an EHWP. A wellness team, representing different sectors of the workplace, should be appointed. Employee needs in terms of programmes should be determined after which goals and objectives are formulated and Employee Health and Wellness Policies are written. An action plan could assist with the achievement of such goals and objectives. Lastly and most importantly, the programme should be evaluated.

1. INTRODUCTION

This article is the first of three which serves as a background to the empirical part of the study. Its purpose is to explore and describe the nature and characteristics of EHWPs. A short overview with regard to the history of these programmes as well as the main concepts – health and wellness are defined. The need for EHWPs and its role in the corporate environment are also explored after which the necessary building blocks will be investigated. Furthermore, the term “wellness” is explored by using a wellness model.

Presently EHWPs is a necessity and not just a luxury in the corporate environment (Wein & Hernandez, 2011:35). Skilled employees play an important role as organisations are becoming more and more competitive (Samuel & Chipunza, 2009:410). Organisations rely on these employees for their skills and expertise in order to be ahead of others. Unfortunately, retention of these employees is becoming a challenge.

Management of employee health and wellness is an integral part of the survival of any organisation, because healthy employees are both an asset and a vehicle towards organisational success (Grawitch *et al.*, 2006:145). It is more likely for a healthy employee to go to work (Jandeska & Zapach, 2003:38). It has been proven that EHWPs are directly responsible for a reduction in illness-related absenteeism and therefore have the potential to attend to an organisation’s bottom line.

Jandeska and Zapach (2003:38) also state that healthy employees will aid in the recruitment and retention of other productive employees and that the general morale of the workplace is improved.

Thus EHWPs promote and enhance workplace and organisational health. It is expected that employers only start to trust in EHWPs once they notice improvement in productivity and a difference to the bottom line.

In addition to the discussion about employee health and wellness, and to provide a broader perspective, EAPs and Occupational Social Work (hereafter called OSW) will be discussed briefly. Broadly they do share the common general goals with regard to the welfare of employees in the workplace. In an attempt to tie them all together, the three approaches are discussed under the following heading.

2. EMPLOYEE SUPPORT

The term employee support includes EAP, OSW and EHWP with regard to employee welfare. The focus of the research is employee health and wellness, and the discussion about EAP and OSW serves to delineate the field of employee support.

2.1 Employee assistance

Googins and Godfrey (1987:192) maintain that neither practitioners nor theorists have agreed on a precise definition of EAPs because of the wide variety of programme types. This makes an absolute definition of EAPs difficult if not impossible. Googins and Godfrey proceed by describing EAPs as “...a set of policies and program procedures by which a work organization legitimately intervenes in identifying and treating problems of employees that impact and have the capacity to impact job performance.” Cunningham (1994:5) states that a better understanding of an EAP is a program that provides direct service to an organisation’s workers who are experiencing many personal or work-related problems. Mannion (2004:56) reminds his readers that Roman defined EAP as “...a mechanism for the resolution of a quite wide range of problem situations in the workplace.” Barker (2003:141) describes EAPs as services “...offered by employers to their employees to help them overcome problems that may negatively affect job satisfaction or productivity. Services may be provided on-site or contracted through outside providers. They include counselling for alcohol dependence and drug dependence, marital therapy or family therapy, career counselling and referrals for dependent care services.”

EAPASA (2010:1) defines EAPs as “...the work organisation’s resource, based on core technologies or functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues.”

According to these definitions the conceptualisation of EAPs has not changed much over the last couple of decades. The following central themes with regard to EAPs emerge from such definitions:

- EAPs are work-based programmes.
- EAPs focus on personal and work-related problems causing productivity issues.
- It deals with a wide variety of problems in and outside the workplace.
- It is predominantly reactive.
- EAPs focus on individual problems by taking into consideration the type of problems.

In the light of the variety of problems EAPs have to deal with, it is clear that various resources can be used to achieve its objectives, which include resources in the community. Whoever is responsible for the co-ordination of EAP services and case management has to be widely skilled and trained appropriately.

2.2 Occupational social work

Barker (2003:216) explains that industrial social work is synonymous with occupational work and states that industrial social work is professional social work that is normally practiced under the auspices of employers or labour unions, or both. Its purpose is to enhance the overall quality of employees' lives within and beyond the work setting. This gives OSW a much broader scope than EAPs. This is confirmed by Cunningham (1994:5) when she states that OSW describes a broader concept than EAP. To elaborate on this view, the same author explains that unlike employee assistance counsellors, occupational social workers may be involved in problems of occupational health and safety, worker compensation issues, corporate philanthropy, child care contracting, services for the unemployed and underemployed, job training, consumer assistance, retirement planning and several other roles. Cunningham (1994:6) eventually concludes that occupational social work may be defined as *"...a field of social work practice that includes a broad range of social and occupational welfare services intended to address the needs and to facilitate the biopsycosocial functioning of workers, their dependants and their work organizations."*

Googins and Godfrey (1987:5) propose the following definition of OSW: *"...a field of practice in which social workers attend to the human and social need of the work community by designing and executing appropriate interventions to ensure healthier individuals and environments."*

After Smith and Gould (1993:9) analysed various authors' definitions, they identified the following common themes:

- OSW involves the application of social work expertise by social work professionals. As such it is firmly anchored in the social work profession as a whole.
- The community of work is the prime target and context in the application of the practitioner's art. OSW offers services throughout the world of work and on behalf of the various publics that compose this arena.
- Concerns of occupational social workers embrace, but go beyond problematic individual behaviour. The individual is not neglected, but neither is the broader social context within which individual behaviour takes place. As part of its practice mandate, OSW is concerned with organisational and environmental change to foster healthier organisations and communities.

This distinguishes OSW clearly from EAPs as it is practiced only by professional social workers. This is in contrast with EAPs where no specific professional group is generally identified.

- Its scope is broader than employee assistance which mainly focuses on the individual. OSW focuses on the work and the external community.
- It is also pro-active compared to employee assistance that is predominantly reactive.

2.3 Employee health and wellness

Employee health and wellness comprises of two concepts, i.e. "health" and "wellness" that should be explained separately. Furthermore, it is necessary to understand employee health and wellness within the context of the work environment, in particular for the purpose of this study.

2.3.1 Health

Literature define health differently, but for the purpose of this study the definition of the World Health Organization (2003) is accepted according to whom health is "*...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*" The same Organization also regards health as a fundamental human right (Nutbeam, 1998:351). This definition is comprehensive as it embraces more than mere physical health. It refers to bodily, psychological and social (relationship) health and

therefore clearly reflect the multifaceted nature of man who has a holistic character. Apart from that, it also provides a suitable framework for this study.

As with several other concepts described in this article, there is no single acceptable definition for wellness. Several definitions are given below after which problems experienced in defining wellness are discussed.

Cobin and Pangrazi (2001:3) refer to wellness as “...a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being”, whilst the National Wellness Institute (n.d.) describes wellness as “...an active process through which people can become aware of, and make choices toward, a more successful existence”.

The same authors regard the following as characteristics of wellness:

- “Wellness is a conscious, self-directed and evolving process of achieving full potential”.
- “Wellness is a multidimensional and holistic, encompassing lifestyle, mental and spiritual wellbeing, and the environment”.
- “Wellness is positive and affirming”.

Reardon (1998:117) defines wellness as “...a composite of physical, emotional, spiritual, intellectual, occupational, and social health; health promotion is the means to achieve wellness”. This definition is to a large extent similar to that of the World Health Organization’s definition of health.

Thus, although wellness is defined differently it is difficult, if not impossible, to develop a universally acceptable definition. Several authors highlight some related issues to the concepts “health” and “wellness”. According to Els and De La Rey (2006:46) research with regard to wellness as a phenomenon is fragmented and many attempts had been made to define it (Miller & Foster, 2010:3). Miller and Foster (2010:7) argue that the terms “health”, “wellness”, and “well-being” are not clearly separated in literature, but are rather applied collectively whilst Allen *et al.* (2007:2) consider well-being to be an integral part of wellness. Therefore, the concepts “wellness” and “well-being” collectively highlight the existence of positive emotional, mental and spiritual states which are influenced by a person’s perception of being in control of his/her beliefs and behaviours (Busser, 1990:11). Positive feelings including enthusiasm and joy and positive functioning such as personal mastery, personal growth and sound interpersonal relationships are some

main components for wellness (Keyes, 2005:539 & Page & Vella-Brodrick, 2013:1008). Ryan and Deci (2001:142) report on two perspectives of well-being: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic approach, which focuses on meaning and self-realisation and defines well-being in terms of the degree of a person's full functioning. Connections between people, meaning and purpose in life, satisfaction with life and the development of personal strengths are all building blocks of wellness (Allen *et al.*, 2007:2). Taking the above views into consideration wellness in general refers to the extent to which a person feels good about himself and the world he is living in.

It is important not to regard wellness as a static condition, but rather to interpret it as dynamic. Promotion is an important characteristic which leads to wellness. This implies that a worker is able to promote his own wellness or that it can be promoted within organisational context.

2.3.2 Employee health and wellness

Employee health and wellness should be viewed in the context of the work environment and the interaction between an employee and his/her workplace. However, Sieberhagen *et al.* (2011:1) state that currently no specific universal definition exists for employee health and wellness which is to be expected when the difficulties to define these concepts are taken into consideration. According to previous definitions of health and wellness one can refer to physical health as well as to mental, psychological and emotional aspects (Danna & Griffin, 1999:361).

Health and wellness still seem to refer broadly to a full spectrum of health management services (Benavides & David, 2010:302). In its infancy, the main focus of EHWP's used to be on physical health, but currently incorporates a wide variety of resources which contributes towards optimal health of both the employee as well as an organisation (Grawitch *et al.*, 2006:129 & Karch, 2005). Various fields such as medicine and psychology seem to contribute towards the health and wellness of employees (Danna & Griffin, 1999:379). Consequently, various activities form part of an EHWP, which ideally should be determined by the needs of a workplace as employees are more likely to respond to a programme tailored to their needs (Bessinger, 2006:59, 63 & Wein & Hernandez, 2011:36).

3. THE EVOLUTION OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

EHWPs should be understood within its developmental context. Historically, EHWPs have its roots in EAPs which play a huge role in the current health and wellness focus (Jacobson & Attridge, 2010:27). The following is an overview of its origin.

3.1 Employee assistance programmes

Although the focus on employees' health and wellness is becoming more essential, employee support is not a new concept at all. EAPs have been in existence for many years, even as early as 1917 (American College of Sports Medicine, 2003:55; eNotes, 2012; Murphy, 1995:43 & Watkins, 2003:xi) and showed tremendous growth during the 1970's and 1980's when various social work functions were added to existing portfolios (Dickman & Challenger, 2009:29 & Weiss, 2010:325). This attributed to changes in management philosophy and styles in response to a greater awareness of employees' psychosocial needs.

Sonnenstuhl and Trice (1995:1) define EAPs as “...*job-based programs operating within a work organization for the purposes of identifying ‘troubled employees’, motivating them to resolve their troubles, and providing access to counselling or treatment for those employees who need these services.*” The same authors proceed to explain a troubled employee as “...*individuals whose personal problems (such as alcoholism, drug addiction, marital difficulties, and emotional distress) preoccupy them to the extent that in either their own or their supervisors’ judgment, their work is disrupted.*”

A summary of the history of these programmes follow as cited by Dickman and Challenger (2009:28-31) and Trice and Schonbrunn (2009:24-25):

The origin of these job based programmes stem from efforts by employers to eliminate the accepted use of alcohol within a workplace. The rewards of these so-called occupational alcoholism programmes (OAP's) included the saving of money, increased productivity and rehabilitated skilled workers. Ultimately, it was assumed that these programmes could also be beneficial for other problems. Services were expanded to include various problems, such as those associated with marriage and family, emotional problems, financial and legal problems and drug related problems. Industrial counselling then emerged and by the end of the seventies, the growth of EAPs exploded. Currently, there is a more preventative approach in the form of employee enhancement programmes

(EEPs) that supplement the EAP movement. The focus has now shifted towards healthy lifestyles including stress management, concepts of holistic health and dealing with other addiction problems, for example smoking, overeating, overworking and so forth.

This change from a narrow focus on a particular problem to broad brush programmes opened the way for the convergence of EAPs and EHWP. The focus of EAPs on employees with personal and job-related problems is its most distinguishing factor compared to other supportive programmes in the workplace. Several authors confirmed this fact and came to the conclusion that the success of EAPs therefore lies within the tendency of focusing on the identification of and solving already existing problems, which also seem to be a general tendency within the social and behaviour sciences (Bessinger, 2006:78; Jobson, 2003:20 & Seligman & Csikszentmihalyi, 2000:5). Guidotti (2013:17) puts the nature of EAPs in a nutshell by describing it as an initiative by employers that aims to identify employees' problems, whether it is substance abuse, mental health problems or any other form of personal problems. These employees are usually referred for treatment and supported and motivated during and after treatment. The history of EAPs are illustrated in the following figure (Dickman & Challenger, 2009:30):

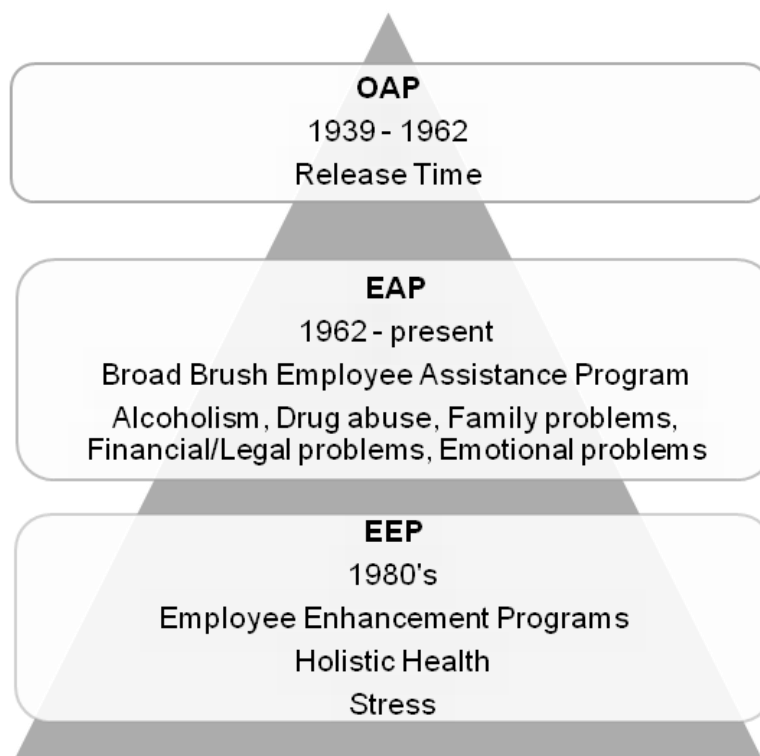


Figure 1.1: The history of EAPs

3.2 Employee health and wellness programmes

The notion of a healthy workplace is not at all a new idea and has evolved over the last 60 years (Grawitch *et al.*, 2006:129). A combination of cost-containment and a movement towards health promotion is at the root of these programmes (Reardon, 1998:117).

The primary focus on cardiovascular disease, a state that shortens many careers was the main reason for the development of EHWP's. Workplace facilities provided a venue for exercise both for the purpose of rehabilitation and risk reduction (Karch, 2005). Karch also explains that health care costs started to spiral during the 1980's. Organisations responded to this by maintaining younger workers' health and leaving a smaller percentage of older workers in traditional indemnity plans. During the same time progressive companies' EHWP's divided in two ways: not only addressing cardio arrest, but also addressing several factors and serving all employees and not only Executives. During the 1980's EHWP's included topics like smoking cessation, high blood pressure control, weight reduction and stress management (Murphy, 1995:43).

During the 1990's EHWP's began to focus on disease prevention as well as the promotion of health, which in turn had various economic benefits (Karch, 2005). These benefits included reduced absenteeism and higher productivity, ensuring prosperous organisations during the 21st century and shaping its current character. Thus, the focus shifted from prevention to promotion which can be seen as a progressive development. This change in the dynamics of health promotion is described by Karch (2005) who uses the word "migration" to explain this journey, where health and safety, employee assistance, insurance, recruitment and retention all started working towards wellness. More employees as well as their families have been reached over the last three or four decades by means of a broader approach by employers. An internet news article by AFC Management (2015) confirms this tendency and states that leading EHWP's focus on an individual's physical, mental and emotional dimensions with a positive impact on both employees and their families. It should be stressed that a happy family life is an important part of employees' well-being. Therefore, it is suggested that more family-orientated events should be included in programmes.

4. SYNERGISTIC APPROACH TOWARDS EMPLOYEE HEALTH AND WELLNESS

According to Sieberhagen *et al.* (2009:2) various paradigms can be used in a study of employees' health and wellness. They refer to three relevant paradigms. Firstly, the pathogenic paradigm that focuses on the origin of illness. Secondly the salutogenic paradigm studies the origin of health. Thirdly the fortigenic paradigm has its focus on the origin of strength (Strümpfer, 1995). Sieberhagen *et al.* (2009:2) suggest that these paradigms should be involved in the study of employee health and wellness so that the focus is not only on those factors within a workplace which have a negative effect on employees, but also on those aspects leading to the promotion of employees' health and wellness.

The fact should be stressed that an EHWP is not only a programme aiming at the treatment of “sick” employees and/or short term stress reduction activities. The core of an EHWP is to create optimal health for all employees and to prevent an excessive amount of stress over a prolonged period of time. Therefore, it is proposed that employee health and wellness should be viewed in a holistic way, seeing the entire person with a balance between physical, social, emotional, occupational, spiritual and intellectual dimensions. The effect of the environment on these dimensions should also be taken into consideration (Hettler, 1976).

The amalgamation of mentioned paradigms is illustrated by means of the illness-wellness continuum, as developed by Travis in 1972 and published in 1975 (The Wellspring, 2015):

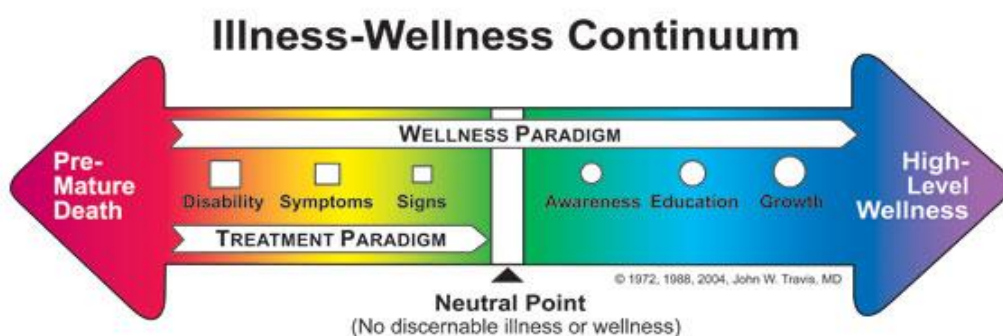


Figure 1.2: The illness-wellness continuum

According to Travis (in The Wellspring, 2015), wellness is an ongoing process – never static. The worsening state of health is illustrated on the left hand side. Working from a

treatment point of view, this paradigm could lead to the alleviation of symptoms (the neutral point). When working from a wellness paradigm, a person can now reach higher levels of wellness. The wellness paradigm is not replacing the treatment paradigm, but rather working in harmony with it.

The theory of the illness-wellness continuum together with preceding definitions show that the term “healthy” not only means the absence of disease. Therefore, a more proactive and holistic approach is needed in order to ensure employees' health and wellness. Interventions should therefore not only target the so-called high risk employees, where illness already exists. Unfortunately most employers still mainly focus on “sick” employees in order to re-integrate them into the organisation (Kirsten, 2010:254). Contrary to this, the aim of EHWP's is to move employees to the right hand side of the continuum in order to achieve optimal health. Kirsten (2010:254) argues that the improvement of employee health and the provision of good working conditions also improve their morale, motivation and performance which is only possible when integrating services and programmes (Kruger, 2011:35 & Sepsenson & Delowery, 2005:320).

According to Bessinger (2006:78) as well as Dickman and Challenger (2009:32) it is advised that a more collaborative approach between EAPs and EHWP's should be followed as both are increasingly becoming unified. This interdependence leads to a more synergistic approach, as suggested by De Joy and Wilson (2003:340) as well as Evans (2009:203). Somehow EAPs and EHWP's overlap in the sense that each approach wants to add some value to the functionality of an employee, albeit by different methods. When combined with other work-life programmes it becomes a vital organisational resource (Jacobson & Attridge, 2010:28) with numerous advantages for both the organisation and employees as Attridge (2005:44) reports below.

4.1 Advantages for the organisation

Advantages of integration are:

- Better adequacy in the development of programmes.
- Lower administrative costs as less representatives are utilised.
- More emphasis on preventative services.
- Increasing participation in the programme due to the fact that employees can be cross-referred from one service to another.

4.2 Advantages for employees

The combination of EAP and EHWP services has the following advantages for employees:

- Employees may be more satisfied as the combined programme might be more user friendly.
- One contact point can limit the repetition of problems for different service providers.
- Availability of a fuller range of services.
- Increased privacy and fewer stigmas to personal issues (e.g. mental health problems) as people enter an integrated programme instead of directly contacting an employee assistance officer.
- A shift to these programmes will be proactive and will include healthy employees (Fensholt, 2009:2-3 & O'Donnel & Bensky, 2011:3).

5. THE SIX DIMENSIONS OF WELLNESS

Although the term “wellness” has been defined in the first part of this article, the National Wellness Institute (n.d.) mentions that:

- *“Wellness is a conscious, self-directed and evolving process of achieving full potential”.*
- *“Wellness is a multidimensional and holistic encompassing lifestyle, mental and spiritual well-being, and the environment”.*
- *“Wellness is positive and affirming”.*

In the light of perceived multidimensional definitions of health and wellness the international acclaimed model of Hettler justifies consideration for planning and developing EHWPs (Hettler, 1976:1-2 & Lubbe, 2010:5). Hettler’s model is presented in the diagram below. It contains six dimensions of wellness, i.e. occupational, physical, social, intellectual, spiritual and emotional wellness.

The model may be used as a tool for planning and a basis for the development of an EHWP. When used as a guideline, important activities covering all six dimensions will eventually lead to a holistic approach of employee health and wellness. The model is illustrated below (National Wellness Institute, n.d.):

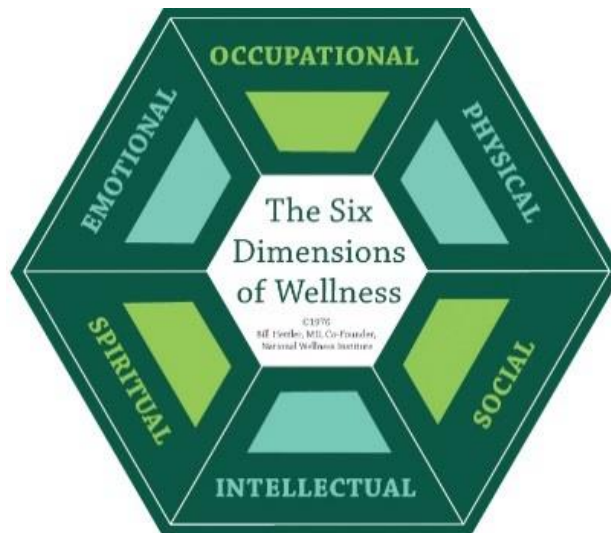


Figure 1.3: The six dimensions of wellness

The abovementioned six dimensions of wellness include certain beliefs or principles together with the term “tenets” which may also be translated as principles or assumptions. Whilst the dimensions are investigated, an attempt will be made to give some practical examples of how these can be implemented in the workplace, as cited by Holmqvist & Maravelias (2011:45).

5.1 Social wellness

This dimension refers to the connection between the self and the environment, whether the community, nature and/or other people (Hettler, 1976 & Lubbe, 2010:6). A social healthy person is aware of his/her value to society and the impact he/she has on different environments. Therefore, they take active steps to enhance a healthy living. This results in healthy personal relationships and an improved living space.

The following principles are suggested for social wellness:

- One should rather contribute to the common welfare of the community than be self-centered.
- Rather live in harmony with the environment and other people than in conflict (Hettler, 1976:1 & Lubbe, 2010:7).

This dimension includes childcare programmes, peer leadership development training and support groups in the workplace.

5.2 Occupational wellness

Occupational wellness involves a satisfied and enriched work life. A person's attitude towards his/her work is the core of this dimension as each person has particular gifts, skills and talents contributing towards significant employment and personal fulfillment (Hettler, 1976:1 & Lubbe, 2010:7). Important factors in this dimension include aspects like career choice and ambition, job satisfaction and personal performance.

The following two principles or assumptions form the basis of this dimension:

- A career choice that is in line with personal beliefs, values and interests is better than selecting an unrewarding career.
- Skills development that is practical, functional and transferable will result in structured opportunities for involvement which is better than remaining uninvolved and inactive (Hettler, 1976:1 & Lubbe, 2010:7).

The particular dimension involves aspects such as job satisfaction, financial wellness and growth opportunities in the workplace.

5.3 Spiritual wellness

Within this dimension one would find a person's search for existential meaning, characterised by harmonious personal feelings and emotions ranging from disappointment, fear and despair to happiness, pleasure and joy (Hettler, 1976:2 & Lubbe, 2010:6-7).

The search for meaning involves various experiences portrayed by a person's value system that eventually give meaning to his/her existence. Spiritual wellness becomes obvious when a person's actions match his/her value system (Hettler, 1976:2 & Lubbe, 2010:6-7).

The following two principles or assumptions are associated with this dimension:

- An open mind that contemplates the meaning of life whilst being tolerant towards the beliefs of others is better than being intolerant and narrow minded.
- It is better to be congruent, living in consistency with personal values and beliefs than feeling untrue to oneself (Hettler, 1976:2 & Lubbe, 2010:8).

Life-planning workshops are an example of enhancing spiritual wellness in the workplace.

5.4 Physical wellness

This dimension describes physical development by recognising the importance of regular physical activity and a healthy diet (Hettler, 1976:1 & Lubbe, 2010:8). Time should be spent in building personal strength and endurance by recognising the relationship between the body's performance and sound nutrition. This dimension suggests that attention should be given to the body's warning signs by caring for minor illnesses and taking responsibility in seeking professional medical assistance for more serious cases. Psychologically a person benefits from looking and feeling good which improve self-esteem and self-control.

The following two principles or assumptions serve as a basis for the dimensions of physical wellness:

- Healthy food is better than an unhealthy diet as it improves a person's overall health.
- Being physically fit is better than being unfit and out of shape (Hettler, 1976:1 & Lubbe, 2010:9).

Increasing physical activity, alcohol education and smoking cessation programmes can form part of this dimension.

5.5 Intellectual wellness

This dimension emphasizes mental stimulation. The expectation is that a person should continue to grow intellectually in order to expand his/her knowledge and skills so that it can be shared with others. Issues such as problem solving and creativity should be explored whilst pursuing personal interests and keeping up with current affairs (Hettler, 1976:1 & Lubbe, 2010:9).

The following two principles or assumptions serve as a basis for this dimension:

- Challenging and stretching one's mind by being creative and occupied in intellectual activities is better than being unproductive and self-satisfied.
- To identify potential problems and use available information in order to solve them is better than waiting, worrying and battling with major problems later on (Hettler, 1976:1 & Lubbe, 2010:9).

These programmes aim at career planning, development and the enhancement of self-esteem.

5.6 Emotional wellness

One should be aware of and accept personal feelings as well as those of others. The ability to manage feelings and to cope with stress should be enhanced (Hettler, 1976:2 & Lubbe, 2010:10). One should be able to make decisions based on the connection between feelings, thoughts and behaviour. The ability to be independent as well as the importance of support should be recognised. An emotionally well person is able to see conflict as a healthy part of life; is able to trust and respect; takes responsibility for his/her actions and has a positive attitude towards life. This dimension also includes a person's positive feelings and enthusiasm towards him-/herself.

The following two principles or assumptions serve as basis for this dimension:

- Being aware of and accepting one's emotions is better than denying them.
- An optimistic approach to life is better than being a pessimist (Hettler, 1976:1 & Lubbe, 2010:10).

This dimension pays attention to issues such as stress management, recreation and leisure programmes in the workplace (Lubbe, 2010:10).

6. EMPLOYEE HEALTH AND WELLNESS PROGRAMME APPLICATIONS

Together with their definition of wellness as “...a *multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being*”, Cobin and Pangrazi (2001:3) make certain suggestions for health and wellness professionals and their programmes. Firstly they suggest that organisations should accept one, uniform definition of wellness. Such a clear definition is essential for programme development and implementation. Secondly, this definition should be promoted and used in an accurate and consistent way. Lastly, these programmes should include more than physical activity in order to embrace and promote all aspects of wellness. Mentioned aspects should eventually establish a standardised EHWP which in turn should improve employees' overall wellness. Furthermore, it should make the evaluation of such programmes easier.

A definition of “health” and “wellness” at the beginning of this article assumed that “healthy” not only implies the absence of disease. Therefore, a more proactive and holistic approach is needed in order to ensure employees' health and wellness.

Interventions should not only target the so-called high risk employees, but must also include healthy employees (O'Donnell & Bensky, 2011:3). Once again the health care continuum applies.

6.1 Model of behavioural change

According to Rosen and Spaulding's (2009) third best practice, EHWPs should be built on a model of behavioural change across the health care continuum. They explain that any population consists of the below health risk strategies.

6.1.1 Low risk

Low risk employees are those who tend to pursue positive behaviours and healthy lifestyles (Rosen & Spaulding, 2009). They are for example physically active and have lower stress levels. This group should be involved in programmes that aim to maintain their positive, healthy behaviour. It could also be used as a "benchmark" to decide on the purpose of the programme.

6.1.2 Moderate risk

Moderate risk employees tend to exhibit some risk factors with regard to their health and well-being. Usually these employees are smokers or physically inactive. In this case it is suggested that intensified programmes assist them to live a healthier lifestyle (Rosen & Spaulding, 2009).

6.1.3 High risk

High risk employees are those who almost or already have chronic conditions (Rosen & Spaulding, 2009). Intense support programmes should be available for these employees in order to improve their lifestyle as well as to prevent further complications.

According to the abovementioned all employees across the whole continuum should be targeted. In planning EHWPs various risk groups in the organisation should be identified, because the risk levels will have an effect on the nature and goals of programmes to be developed.

6.2 Employee health and wellness programme models

6.2.1 A traditional versus a holistic model towards employee health and wellness

A comparison between a traditional approach and a more holistic approach of EHWP is illustrated in the following table.

Table 1.1: Traditional versus holistic health promotion

	Traditional	Holistic
Focus	Identification and elimination of biomedical risk factors and diseases	How the relationship between physical, emotional, social, and spiritual factors contribute to health
Emphasis	Sickness and disease is the result of unhealthy behaviour and poor lifestyle choices	Health is the result of a meaningful life and supportive human relationships
Motivation	Motivation for change stems from fear, therefore preventing disease and premature death	Motivation for change is to enhance enjoyment of life and fulfillment of a sense of purpose
Primary assumption	People are seen as bad and unable to make healthy choices	People are good and have the ability to make healthy choices
Professional role	The role of an expert, prescribing behaviour to save people from themselves	The role of ally, facilitating the reconnection between the person and his/her internal wisdom
Change process	Techniques towards behavioural change control, suppress and eliminate negative behavior	Techniques towards behavioural change facilitate the development of consciousness

Source: (Lubbe, 2010: 14 & Robison, 2004: 3 – 5)

The traditional approach is to a large extent based on a deficiency “model” whilst the holistic approach emphasizes a strengths approach. With the holistic model, the move will be towards the high level wellness pole of the illness-wellness model continuum (figure 1.2).

6.2.2 Typical health promotion components

Due to the dynamic nature of organisations, EHWP’s should not be static, but rather reflect changed needs as a result of changing approaches of human resource management. EHWP’s should therefore always be considered as alive and dynamic, because wellness in itself is not an event, but rather a process (Bender & Bég, 2013:376 & Kendall *et al.*, 2008:124). These programmes may begin with simple, elementary activities and expand over time by initially choosing one or a few programme components. Such a tentative approach would give planners an opportunity to measure employees’ attitude towards such a programme. As a programme develops, the scope will enlarge. Bender and Bég (2013:37-377) define typical health promotion components as part of EHWP’s:

Table 1.2: Typical health promotion components

Health education	Smoking	Pulmonary function testing
Cancer prevention	Occupational hazards	Weight control
Common minor illnesses	Back care	Weight monitoring
Heart disease	Health fairs	Stress reduction
Cardiopulmonary resuscitation	Preventative medicine	Breast cancer
Mental health	Screening activities	Prescriptive exercise regimes
Diabetes	Intervention	Colon cancer
Nutrition	Activities	Referral to physician
Allergies	Hypertension screening	Physical conditioning
Stress	Smoking cessation	Aerobic activity
Family health	Diabetes screening	Fitness centre
Substance abuse	Dietary interventions	Strength and stretch

Automotive safety	Cardiovascular risk factors	Sport medicine
Depression		

Source: (Bender & Bég, 2013:376-377)

Although the beforementioned table could be used as a guideline, the needs of employees determine what an EHWP should entail. This would then form the basis for an employee health and wellness policy. The trend in health promotion components as shown in the above table are towards physical health, which leaves room for an argument that EAP and OSW programmes can attend to the emotional and social aspects of an EHWP, especially within the framework of the World Health Organisation’s definition of health.

7. THE IMPLEMENTATION OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

The success of an EHWP is largely determined by its implementation. The key principle for establishing a health and wellness plan is careful planning, which should consist of a systematic logical sequence of steps or stages. There is not much literature about the development and implementation of a health and wellness plan in particular. However, various internet sources suggest steps for developing and implementing a health and wellness plan. The suggested process is similar to an intervention process, because it represents a form of organisational intervention that fosters and promotes organisational health. Tuft’s Health Plan (2015) as well as the Health Plan of Alberta Government (Healthy U, 2015) were used. In this regard the document by Alberta Government stresses the fact that there is no precise route when it comes to the implementation of successful EHWPs, but common, similar success factors are suggested. These include commitment by management, involvement of employees, sufficient resources and clear policies in line with the mission, vision and values of a particular organisation with regard to workplace safety, health and wellness. Kessler (2015:2-7) lists the following essentials for a wellness programme: an assessment of needs, designing the programme, promoting employee buy-in and evaluating the programme. Tuft’s Health Plan (2015) is used as a background and framework, because it is suitable for the purpose of this research. It is also in line with the steps followed by the Canadian Centre for Occupational

Health and Safety (CCOHS, 2014:1-6). The following steps are suggested by the Tuft's Health Plan (2015:321):

7.1 Organisational commitment

Organisational commitment means that senior management should support the efforts and work to drive participation in an EHWP (Tuft Health Plan, 2015:3). According to guidelines by the Alberta Government there might be a need to persuade management that an EHWP could be a sound strategy for business (Healthy U, 2015). Another suggestion is that dedicated staff time and resources should specifically be budgeted for.

The benefits of an EHWP should be communicated to management, including the positive effect that employee health as well as job satisfaction may have on retention, morale and overall productivity (Healthy U, 2015). On the other hand, employees will notice management's commitment in their health and wellness. Programme awareness on all levels of management should lead to a "top down" support approach. Without this support an EHWP might just as well fail.

7.2 Create a wellness team

Creating a wellness team includes the identification of programme managers and provision of resources, such as health and wellness materials as well as a budget (Tuft Health Plan, 2015:4). The team can fulfill the function of an advisory committee, representing the interests of employees, management and, if applicable, labour unions. It is recommended that members should represent the different sectors of the employee population, including representatives from Human Resources, Health and Safety as well as Communications (Healthy U, 2015).

7.3 Needs identification

Research should be done in order to identify needs as the programme should meet them (Tuft Health Plan, 2015:6). This may also include interests, concerns and schedules of employees as well as a resource audit to determine the strengths of the organisation in this regard. A formal survey regarding employees' needs and interests relating to health and wellness is common practice in larger companies (Healthy U, 2015). Staff meetings, focus groups and suggestion boxes are also options to gather necessary information from employees.

7.4 Formulate goals and objectives

Formulate goals and objectives to determine the direction of the programme (Tuft Health Plan, 2015:7). Infinite Wellness Solutions (2013) distinguishes between EHWP's goals and objectives. According to them goals are long-term accomplishments after implementation of an EHWP. They ensure readers that these goals are more likely to be achieved if it is realistic, reflect the needs of both management and employees, and is a natural flow from collected data. Furthermore, they suggest a set time when the goals should be achieved. On the other hand, objectives are implemented strategies with particular goals in mind. In order to determine whether objectives have been achieved, it is recommended that they are written like goals in the form of specific steps along a timeline (Infinite Wellness Solutions, 2013).

7.5 Wellness policies

Establish wellness policies with guidelines on how the programme should operate (Tuft Health Plan, 2015:10). A policy can be described as *“a set of policies and principles, rules, and guidelines formulated or adopted by an organization to reach its long-term goals and typically published in a booklet or other form that is widely accessible. Policies and procedures are designed to influence and determine all major decisions and actions and all activities take place within the boundaries set by them. Procedures are the specific methods employed to express policies in action in day-to-day operations of the organization. Together, policies and procedures ensure that a point of view held by the governing body of an organization is translated into steps that result in an outcome compatible with that view”* (Business Dictionary, 2015). Thus, a Health and Wellness Policy should be developed as the EHWP develops and is an essential component in any programme.

7.6 Action plan

Develop an action plan and execute it so that goals and objectives can be achieved (Tuft Health Plan, 2015:16). The planning of different components is part of the development of an action plan. Incentives and notification of employees regarding particulars of the programme are important. Wellness Proposals (2013) suggest that EHWP's implement a plan that may involve arrangements for wellness vendors as well as health and wellness speakers by negotiating with health clubs and scheduling health plans and wellness activities. This highlights the importance of health and wellness partners who are

mentioned in the next article. Furthermore, such proposals explain that the implementation of a Health and Wellness Programme occurs concurrently by means of marketing, resource allocation and evaluation. The general rule of thumb is to start slowly with activities that will most likely be successful.

7.7 Evaluate

Evaluate the outcome of and EHWP to determine whether the programme has been successful (Tuft Health Plan, 2015:18). Healthy U (2015) suggests tools for an EHWP to monitor progress and evaluate success regularly. The article indicates that regular evaluation identifies successful areas as well as those elements influencing participation in the programme. Evaluation also leads to a better understanding of matters that need attention as well as sustained support by management. Evaluation can also be a learning opportunity in order to adapt to the programme.

8. CONCLUSION

The purpose, nature and characteristics of EHWP were discussed in this article, as well as the adjacent fields of OSW and EAPs. The discussion included the difficulty of defining health and wellness and its components as well as the different perspectives of employee health and wellness. The evolution of EHWP was described from which contrasts and similarities of different EAPs were derived, showing that both support the workforce in an organisation. The development of both EHWP and EAPs were investigated as it involves the integration of both types of programmes to the ultimate benefit of each employee as well as the total workforce and the entire organisation.

It was indicated that the concepts “health” and “wellness” contain all elements of the World Health Organization’s definition. It is concluded that this Organization's definition of health has an influence on the nature of employee health and wellness and appropriate programmes. The multidimensional nature of employee health and wellness should encourage organisations to develop programmes that focus on several aspects of employee health.

The importance of EHWP in the corporate world was highlighted. Healthy employees contribute to organisational success of which a healthy corporate environment is the result. Health and wellness were viewed from a holistic point of view by incorporating various dimensions such as social, occupational, spiritual, physical, intellectual and

emotional wellness. This implies that it is not only “sick” employees who eventually benefit from an EHWP, but all employees as optimal health is the final goal.

Definitions of EAPs and OSW made it clear that the latter has a much broader focus than EAPs, although it does not imply that the two approaches can be fit into watertight compartments. Some overlapping between the two fields could be inevitable once the type of services rendered by EAP and OSW are taken into consideration. However, a very important distinction is that OSW can only be practiced by professional social workers. EAPs cannot do social work, but social workers could practice EAP, because many EAPs are staffed by social workers.

In the broadest sense, both EAPs and OSW contribute to employee health and wellness although their programmes, procedures and methods may differ. In practice it is envisaged that an organisation’s employee health and wellness policy determines the approaches to be followed to promote employee wellness.

Taking into consideration the various disciplines and professions of EAPs, OSW and EHWP, a team approach and interdisciplinary co-operation will form part of the operations of the three approaches towards employee welfare and wellness.

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ARTICLE 2: THE EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES: A CRITICAL OVERVIEW

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Pedro Rankin

ABSTRACT

Key words: workplace, advantage, workplace morale, successful programmes

The purpose of this article is to give an overview of the value of EHWP by describing the motivation for them within the South African and workplace context. Essential elements for successful EHWP are discussed, because of the assumption that an effective EHWP should be based on a well-planned and well-designed programme after the needs of an organisation had been determined.

The workplace is an ideal setting to enhance employee health and wellness as a great deal of time is spent at the workplace. Usually a wide range of resources is available in the workplace, which makes it easier to include a variety of disciplines in programmes. Ultimately, happy and healthy employees contribute to healthy families and community.

The advantages of EHWP for both the organisation and employees have been discussed in many studies. These programmes have proven to be successful in the return on investment, directly affecting the bottom line of an organisation. Increased job satisfaction, increased productivity and enhanced quality of work life also result from these programmes. Furthermore, these programmes enhance the attractiveness of organisations and improve employee morale in general.

Successful EHWP rely on a culture of health that is only possible with the support of management and labour unions. Programmes should align with the identity of the organisation and Employee Health and Wellness Policies should be developed. All employees who are involved in EHWP are entitled to confidentiality and should constantly be made aware of the programme to encourage participation. Apart from a variety of experts and topics that should be included in programmes, external resources should be investigated. Supervisors should be trained to use EHWP and services should be accessible and cost effective.

1. INTRODUCTION

The purpose of this article is to give an overview of the value of EHWP's by describing the motivation for them within the South African and workplace context. Essential elements for successful EHWP's are discussed, because of the assumption that an effective EHWP should be based on a well-planned and well-designed programme after the needs of an organisation had been determined.

According to the World Health Organization's definition of health an EHWP must acknowledge the link between mental and physical health. Two significant environments for employees are the family and workplace of which its effect on the general health of employees should not be underestimated.

Statistics presented by Noemdoe (2002:31) show that personal problems are responsible for the deterioration of work performance by one fourth of the nation's workforce at any given moment in time. When distracted by personal and/or work related problems, employees find it difficult to pay attention at work, which often has negative consequences for both employees as well as an organisation. For the organisation, the cost of unhealthy employees are reflected in absenteeism, sick leave, accidents, being late, grievances, ineffective decision making, high turnover rates and low staff morale. The same author also argues that statistical data from the International Labour Organization show that the absenteeism rate is four times higher because of substance abuse, five times higher because of other mental health problems and five to seven times higher as a result of family problems.

The conclusion from this is that both physical as well as psychological wellness is equally important. Healthy employees not only contribute to the effectiveness of organisations, but also play an overall role in staff loyalty and contribute to the attraction and retention of staff (Jandeska & Zapach, 2003:38). Therefore, EHWP's benefit both employees' as well as an organisation's wellness (Ho, 1997:187).

2. ORGANISATIONAL LIFE AND THE INDIVIDUAL: EMPLOYEE HEALTH AND WELLNESS IN THE CORPORATE WORLD

2.1 The rationale behind employee health and wellness programmes

Motivation for EHWP's is firstly based on the fact that the workplace is the location where great numbers of people find themselves during daytime hours whilst a significant group

of employees also work night shifts. Thus it is a natural setting where people can be reached with services to promote their health. Secondly, and related to the need for EHWP's in the workplace, is continuous change and restructuring in organisations with efforts to adjust to political, social and economic changes (Bessinger, 2006:52 & Bourbonnais *et al.*, 2006:341).

When the World Health Organization's definition of health is taken into consideration it must be emphasised that the promotion of health in an organisation and society cannot be achieved by one discipline only. This is confirmed by the European Network for Workplace Health Promotion who defines workplace health as “...*the combined efforts of employers, employees and society to improve the health and well-being of people at work. The vision of workplace health promotion places particular emphasis on improving the work organization and working environment, increasing workers' participation in shaping the environment, and encouraging personal skills and professional development...*” (World Health Organization, 2013 & Zungu & Setswe, 2007:6).

The workplace is one of the most important targets for the improvement of health and wellness. Lubbe (2010:15), citing Dreyer (1996:104-108) as well as Warner (1990:65) agree that employees spend most of their time at work and will therefore be subjected to the predominating culture. Furthermore, it is suggested that the workplace can be an ideal opportunity where incentives can be used as motivation to change.

Employees can get social support and be exposed to an intervention programme for a longer period of time in the workplace in which case employees' positive lifestyle changes are transferred to their families. Therefore, it seems as if EHWP's are beneficial to both employer and employee.

De Joy and Wilson (2003:340) along with Nutbeam (1998:362) argue that the workplace is a crucial part of people's lives and should not be ignored, but rather be used to enhance health. In conjunction with these authors Danna and Griffin (1999:358) as well as the World Health Organization (2013) recognise the workplace's direct influence on the physical, economic, social and mental wellness of employees, which in turn go over to non-work domains, such as the health of families, communities and society. Therefore, the workplace is one of the most popular targets to promote health and wellness as employees spend more or less forty hours per week at work, creating the ideal setting for the promotion of health and wellness (Healey & Walker, 2009:16; Holmqvist & Maravelias, 2011:38 & Kelly, 1999:5). The World Health Organization's suggestion for the 21st

century is that the workplace should be one of the most significant settings for the promotion of health and wellness because of the long hours per day and the largest part of life that are spent there.

Many companies undergo organisational restructuring in order to reduce costs and to improve efficiency. These transformations often lead to psychological and physical distress (Bourbonnais *et al.*, 2006:341). In a continuously changing working environment with technological progress, companies cannot ignore the deconstructive impact of these changes on the health and wellness of employees (Bessinger, 2006:52). Bessinger also argues that organisational restructuring, the changing nature of employment relationships, an increase in cultural diversity as well as work and family demands all contribute to declined health and wellness of employees which in turn shows in the working environment.

2.2 Regulatory framework for employee health and wellness programmes

Although legislation emphasises a safe working environment, EHWP's are not compulsory yet (Mchunu, 2012:5 & Scanes, n.d.). However, these authors, together with Kelly (1999:1) suggest that more attention should be paid to optimise employee health.

From a legal perspective, Kruger (2011:2) as well as Sieberhagen *et al.* (2009:5-6) propose that, although not explicitly mentioned, current employment-related legislation in South Africa is structured in such a way that the health and wellness of all employees is attended to increasingly. Together with cited authors, September (2010:27-29), Rakepa (2012:36-42) and applicable legislation the following brief explanation applies:

- The Constitution of the Republic of South Africa (1996) states that all people have the right to work and to be protected against unfair labour practices. Furthermore, everybody has a right to healthcare as well as to social services. In the context of EHWP's, employees have to be treated with dignity, have equal opportunities, be free to choose whether they want to participate in a programme or not, and have the right of confidentiality.
- The Occupational Health and Safety Act (Act 85 of 1993) prescribes that employers should provide a safe and healthy working environment to all employees. By complying with this Act employers identify health and safety hazards in the workplace. This should apply to both physical and psycho-social factors in order for a troubled

employee to feel safe. This Act also provides for employees to be responsible for their own health and safety.

- The Labour Relations Act (Act 66 of 1995) promotes fair labour practices as stipulated in the Constitution according to which employers should consult about employees' health and wellness issues. However, it seems as if only physical symptoms of ill health are attended to without paying much attention to psychological issues.
- The Basic Conditions of Employment Act (Act 75 of 1997) ensures social justice and development. If employers adhere to these prescribed working conditions, employees will reach their full potential, resulting in optimal productivity. Should working conditions not be adhered to it may have negative consequences for employees' health and wellness, impairing their occupational and personal functioning.
- The Skills Development Act (Act 97 of 1998) promotes the skills development of employees, which enhances productivity and the quality of work. Therefore, the workplace should also enable employees to attain new skills. The result of a lack of skills, decreased motivation and personal problems is poor employee performance.
- The Employment Equity Act (Act 55 of 1998) eliminates unfair discrimination and promotes equity and diversity in the workplace by emphasising equal opportunities as well as fair treatment of all employees. Amongst others this Act prohibits discrimination based on race, sex, gender, religion, marital status, HIV status, pregnancy, family responsibilities, sexual orientation, political opinion, etc. It also prohibits any form of harassment, involuntary testing of employees for drug abuse and any medical condition, including HIV status.

Although the implementation of EHWP is not enforced by any Act, abovementioned Acts promote the character of an EHWP. As stated above, it serves as a regulatory framework and guide in order to meet specific requirements. The Constitution emphasises human rights reflected in the development and management of an EHWP.

The Constitution of the Republic of South Africa (1996) emphasises the rights and entitlements of workers and provides the broadest context for EHWP compared to other Acts.

The Occupational Health and Safety Act (Act 85 of 1993) prescribes a healthy and safe work environment. Thus, it defines the conditions for a work environment. Stipulations in this Act have to be taken into consideration when employee support programmes are

implemented. Health and wellness needs may arise together with social and physical aspects in the workplace.

The Labour Relations Act (Act 66 of 1995) deals with fair labour practices. Although the focus in this Act rather seems to be on physical health than on other health aspects mentioned by the World Health Organisation's definition, employers should broaden their focus in formulating EHWP policy.

The Basic Conditions of Employment Act (Act 75 of 1997) stipulates what the basic conditions for employment should be. The implementation of an EHWP is not specifically stipulated in the Act. However, the existence of an EHWP will fall within the principles embodied in the Act.

The Skills Development Act (Act 97 of 1998) facilitates skills of the workforce, which lead to greater and enhanced productivity. Depending on the identified needs of a company's workforce opportunities for skill improvement provided by an employer might promote employees' wellness.

By promoting equality regarding employment, the Employment Equity Act (Act 55 of 1998) has relevance for EHWP as the programme and its opportunities should be accessible to all employees.

Altogether, the Acts discussed above each adds to and gives form to any EHWP's legitimacy and should serve as a guide to the programme.

3. THE NEED FOR ORGANISATIONAL INTERVENTIONS

Statistics show that South Africans as young as 25 have lifestyle diseases and seem to be unhealthy in general (Els & Booysen, 2014 & Mead, 1998:24). They often live in unhealthy conditions and due to economic circumstances more than half of the population has to go without food. A study by Discovery Health shows that 63% of employees has an unhealthy weight and 25% is obese, 76-100% experience five or more risk factors and 24,3% has chronic conditions (Regenesys, 2012). In South Africa R15 billion and 132 million workdays are lost annually due to premature employee deaths caused by cardiovascular diseases (Regenesys, 2012). The mentioned article presents figures by SACOB, stating that over R20 billion is lost due to absenteeism and lower productivity as a result of illness and disability.

One out of five South Africans does or will suffer from a mental illness, such as depression, anxiety and substance abuse (Health 24, 2012). According to Van Eeden (2014), HIV and Aids awareness, stress management as well as mental health awareness is still not clearly defined and/or regulated in the workplace. Therefore, employees need a holistic rather than a selective approach towards health and wellness.

The focus should rather be on the overall wellness than on particular issues. Interventions on organisational level have three critical advantages compared to treatments of particular issues (Hiller *et al.*, 2005:429).

Firstly, organisational interventions have a broader scope that includes a large number of people at a given time. Secondly, organisational interventions are not only problem orientated, but also improve the effectiveness of employees as well as the workplace. Lastly, organisational interventions focus directly on the work environment, rather than seeing problems as an individual failure. The workplace seems to be a much more powerful setting with a broader range of resources that affects change (Hiller *et al.*, 2005:429).

Individual interventions are necessary in particular cases, but taking the economy into consideration when implementing EHWP, a programme focusing on all employees is more viable. Certain health concerns like HIV and Aids, especially with regard to preventative measures needs interventions on a general organisational level.

4. EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

The effectiveness of EHWP has been proven in many studies in terms of increased employee wellness and saving organisations money (Csiernik, 2011:352). Pursuant to Ceridian (2009:68) the most essential factor affecting the competitiveness and productivity within any company is the human element. Therefore, employees are seen as the most important commodities within any organisation. They are appointed to perform certain functions to ensure that organisational goals are achieved. Consequently, sustained productivity ensures long-term success (National Business Group on Health, 2011:7). Currently many employers are increasingly compelled to focus on the health and wellness of their employees, because organisational goals can only be reached by a sustainable mental and physical healthy workforce (Kruger, 2011:1 & Malouf, 2011:14).

The researcher consulted literature of previous research about the effectiveness of EHWP's and a combined discussion will follow. For the purpose of this article, terms such as "health", "wellness", "well-being", "organisation", "workplace", "corporate", etc. as used by different authors in the literature, are used collectively as EHWP's.

4.1 Return on investment

Due to rising health care costs, partly because of an aging workforce and increasing stressors, organisations need to look for programmes to promote employee health whilst reducing costs (Goetzel *et al.*, 2002:423). According to Goetzel and Ozminkowski (2008:309) several studies have been conducted to answer the question as to whether EHWP's can reduce health care costs. More than 20 years' evidence shows that acceptable financial returns are yielded by these programmes. The conclusion is that poor performance of an employee directly affects the bottom line of organisations (De Groot & Kiker, 2003:65).

Together with former research, Mattke *et al.* (2013:xxv) found that EHWP's can reduce risk factors whilst increasing healthy behaviours, resulting in a belief that if employees continue to participate in such programmes, it will reduce medical costs drastically. In 36 of their critically reviewed studies, of which 22 considered employee health care costs, 22 examined absenteeism and eight studied both, Baicker *et al.* (2010:2-7) found that initiatives aimed at improving employee wellness results in substantial savings for the organisation, although it has been a few years after implementation (Baicker *et al.*, 2010:5). These authors showed that for every dollar spent on EHWP's, medical costs dropped by approximately \$3.27 and the cost of absenteeism by \$2.73.

4.2 Job satisfaction

Parks and Steelman (2008:60; 65-66) studied the job satisfaction of 2 480 individuals by means of a meta-analysis. It shows that increased job satisfaction is associated with participation in these programmes. The evidence was given in seventeen studies – 15 published studies and two dissertations. These authors base their findings on the fact that EHWP's may be an indication of an employer who values his employees and that these programmes may be attractive to employees, thus assisting with recruiting and retention. This is also in line with findings by Du Preez (2012:215) and Ho (1997:186) who indicate that EHWP's can have a positive effect on job satisfaction.

4.3 Absenteeism

De Groot and Kiker (2003:64) conducted a meta-analysis of the non-monetary effects of EHWP. They included long-term programmes that promoted physiological, mental and emotional health. Firstly it shows a significant effect EHWP have on employee absenteeism. Employees who participated in these programmes tend to stay healthier. Therefore, the rate of absenteeism due to illness declined. Together with these findings Parks and Steelman's (2008:60) meta-analysis of 17 studies, yielding absenteeism data of 7 705 individuals, also found that when participating in EHWP, employees tend to be less absent. Employees also tend to be healthier and to take less sick leave. Ho (1997:187-188) supposes lower absenteeism levels when employees are satisfied with their jobs. EHWP also have a definite impact on stress related absenteeism as employees become more resilient in their coping with stressful situations (Du Preez, 2012:215).

4.4 Job performance and productivity

According to the same meta-analysis by De Groot and Kiker (2003:65-66) EHWP have a profound effect on employee performance. Interestingly enough, this was especially noticed in those who were compelled to participate and when programmes were developed for specific health issues. According to Du Preez (2012:215) employee productivity improves as a result of participation in EHWP.

4.5 Enhancing the quality of life at work

A job is much more than just earning a living (Hiller *et al.*, 2005:429). It provides an identity, ensures contact with people, gives structure to life and is a means to meet goals and contribute to society.

Hiller *et al.* (2005:429) argue that a working environment, characterised by stress, absenteeism, sub-optimal performance, fear for and distrust in the employer and low commitment to a job, will deliver unhappy, stressed, physically and mentally unhealthy employees. This often leads to the loss of key employees.

On the other hand, Ho (1997:187-188) uses his study of EHWP in Singapore to indicate that these programmes have a positive impact on employees' view about their organisation. Therefore, EHWP contribute a great deal towards employees' attitudes with regard to their workplace.

4.6 Enhancing the attractiveness of the organisation

From an organisational point of view Goetzel and Ozminkowski (2008:310) argue that should an EHWP improve employees' health and performance, it would enhance an organisation's competitiveness as well as its standing in the community as a caring organisation.

EHWPs can be seen as a valuable fringe benefit (Ho, 1997:187) leading to greater employee satisfaction. This should be beneficial for the employer as well, as replacement costs are less and employees are performing better (Baicker *et al.*, 2010:5 & Wolfe & Parker, 1994:25). It is also beneficial for future staff recruitment.

4.7 The PATH model

Literature as far back as 1990 that linked healthy workplace practices, employee wellness and organisational improvements was divided into the following four categories by Grawitch *et al.* (2006:130-131). Firstly to define key healthy workplace practices, secondly to establish a relationship between employee wellness and organisational improvements, thirdly to look at the relationship between healthy workplace practices and organisational improvements and fourthly to make a connection between healthy workplace practices, employee wellness and organisational improvements. Grawitch *et al.* (2006:130-131) developed the PATH model from these categories, involving practices to enhance optimal health.

This model has a comprehensive approach for the link between organisational practices, employee wellness and organisational improvements by using a synthesis of literature with a variety of disciplines and domains which include psychology, sociology, medicine, management, economics and public health (Grawitch *et al.*, 2006:130-133).

The model explains that healthy workplace practices can be divided into five categories. Apart from this it includes a variety of health programmes and policies that organisations can implement to achieve both employee wellness and organisational effectiveness. Furthermore, a link between employee wellness and organisational improvement is illustrated of which the latter strengthens healthy workplace practices. This model reflects a healthy workplace, which fosters employee health and wellness that can also be profitable and competitive. The following figure represents the framework of this model (Grawitch *et al.*, 2006: 132):

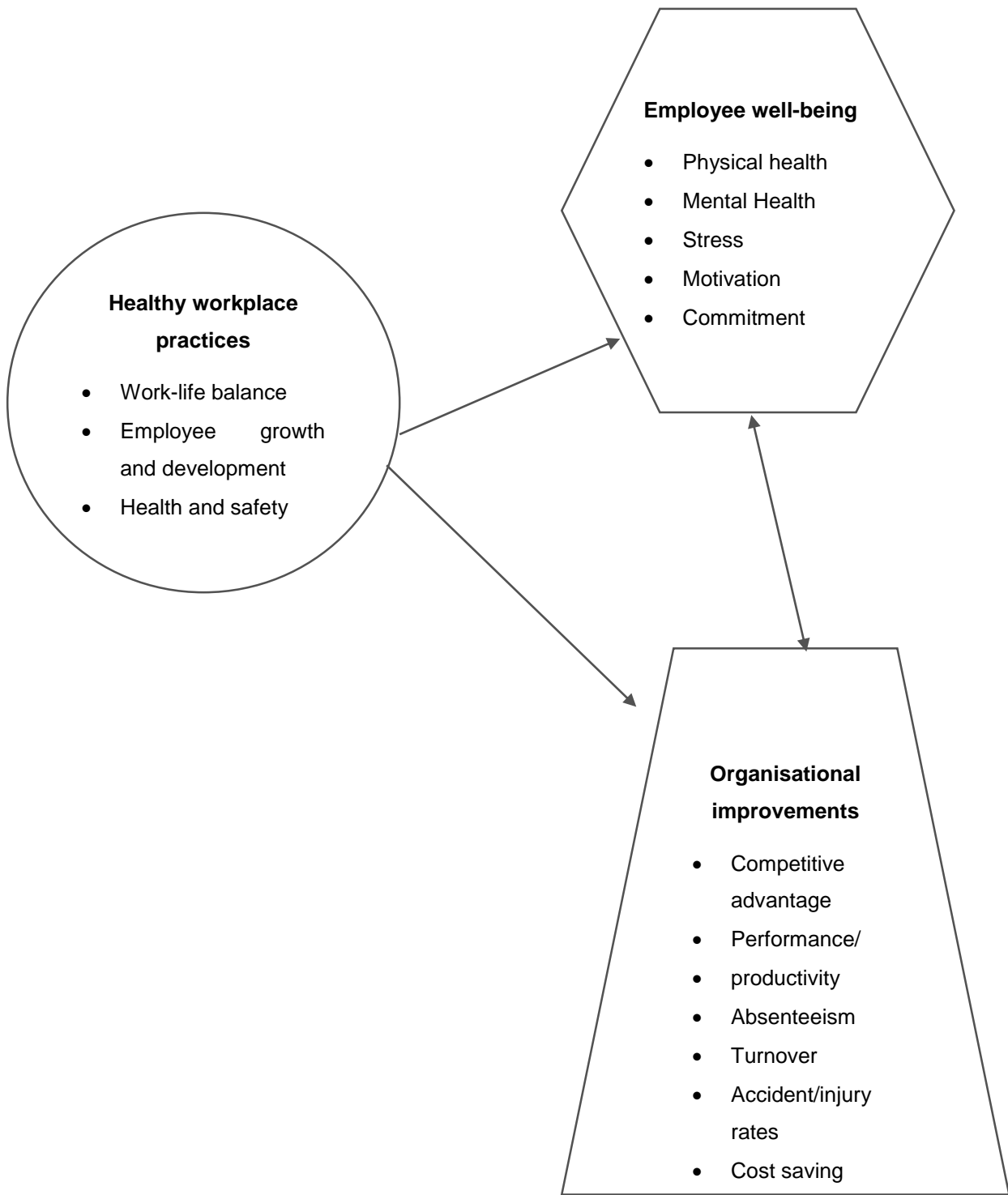


Figure 2.1: The PATH model

According to several authors the following are additional advantages of EHWP:

- Strengthening of positive culture in the organisation.
- Reduced health care claims.
- Prevention of occupational diseases, injuries and/or accidents.
- Reducing worker's compensation costs.
- Extended working life of employees.
- Healthy retirements.
- Overall reduction of stress amongst employees.
- Increased employee performance and productivity.
- Increased employee morale.
- Promote positive lifestyle behaviours which enable them to make healthier lifestyle choices.
- Reduced employee turnover.
- Increasing wellness of employees of which the result is healthier communities.
- A positive lifestyle promotes the recruitment and retention of other productive employees.
- Reduced absenteeism as healthy employees are more likely to come to work.
- Increased presenteeism.
- Meeting labour legislation requirements.
- Improved industrial relations.
- Improved public relations, both inside and outside an organisation.

(Addley *et al.*, 2001:439; Benavides & David, 2010:303; Berry *et al.*, 2010:8; Csiernik, 2011:352; Du Preez, 2012:215; Holmqvist & Maravelias, 2011:38-39; Jandeska & Zapach, 2003:36; Kelly, 1999:15; Mason, 1992:33; Mead, 1998:26 & Sieberhagen *et al.*, 2011:2).

The above confirms that EHWP contribute to a productive, present, healthy employee corps. These employees actively contribute to a healthy culture within an organisation.

In the long run, healthy organisations and healthy employees contribute to a healthier society.

However, measuring EHWP's effectiveness locally poses some problems. According to a study by Sieberhagen *et al.* (2011:12) on the management of employee wellness in South Africa, the difficulty of measuring EHWP's real effectiveness lies within the tendency of organisations' subjective observation of successful programmes.

On the other hand, these authors as well as Field and Louw (2012:7) state that the implementation of an EHWP should lead to increased positive employee outcomes and decreased negative employee outcomes, which can be an indication of a successful programme. However, according to these authors there have not recently been any EHWP's evaluated in South Africa in order to determine if outcomes were achieved in practice.

5. SUCCESSFUL EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

In the following section different elements that may improve EHWP's and ultimately lead to successful programmes are discussed.

5.1 Employee health and wellness programme improvement

In 1990 Warner (1990:70-74) predicted a maturing work site with health promotion strategies and suggested certain improvements for programmes. Although it has been written two decades ago, it may still have lessons for today. The list of refinements include:

- Incentives can be used as a motivational tool for positive behavioural change amongst employees, although some critics are of the opinion that such change is not sustainable.
- Behavioural change should be maintained by seeing such change as necessary stages along a continuum where each stage has its own required skills to maintain such a change.
- Each module in specific programmes should consist of different health promotion options with regard to a specific topic.
- Health promotion should be promoted into corporate bureaucracy.

- The physical environment should be improved as this has a profound influence on behaviour.
- Persistent technological development and organisational change require more attention to employees' psychological wellness.

Therefore, sustainable behavioural change requires that the holistic nature of employees is taken into account as employees may have different needs in terms of programme components and positive reinforcement methods.

5.2 Components of successful programmes

According to Ho (1997:186) no single model exists for successful wellness programmes. However, the author mentions certain important components for effective EHWP, which are discussed below.

Dickman (2009:48-54) acknowledges 11 essential attributes for effective EAPs. The first article stressed the fact that EAPs are more problem orientated and EHWP are more preventative and comprehensive with regard to programme content. Furthermore, a synergistic approach was suggested. Therefore, these components are valuable for successful employee focused programmes. Berry *et al.* (2010:3-8) propose that the effectiveness of any EHWP is built on six pillars. According to the authors successful programmes are possible if these pillars are well-constructed. As both these viewpoints have similarities and seem to add to one another, they will be discussed simultaneously in the form of 13 essential components for effective EHWP together with other authors' contributions.

5.2.1 Management endorsement and multilevel leadership

According to Dickman (2009:48) all levels in an organisation, i.e. top management, middle management and wellness staff should actively support and advocate the EHWP (also compare Harden *et al.*, 1999:564; Hiller, *et al.*, 2005:429; Ho, 1997:186 & Pelletier, 2009:822). At the same time it is one of the stages of EHWP implementation. This is the only way to create a culture of health. As employees observe managers as role-models, managers should have a positive attitude towards the programme. This will lead to programme participation (Berry *et al.*, 2010:3 & Wolfe & Parker, 1994:26). When management endorse the EHWP it is likely that top management will support it entirely

and that all other management levels will open their doors for EHWP staff. This will lead to middle and lower management support. Ultimately financial support may follow.

5.2.2 Labour endorsement

The support of labour unions is just as important as it increases participation in EHWP programmes drastically (Dickman, 2009:48). Therefore, a positive attitude towards the programme is important. Management together with labour unions enhance the credibility and utilisation of a programme (Bews & Bews, 1988:23 & Naidoo & Jano, 2003:119).

5.2.3 Alignment

EHWPs should be in line with an organisation's identity and aspirations (Berry *et al.*, 2010:3-4). Furthermore, Goetzel and Ozminkowski (2008:314-315) mention that these programmes should be integrated with organisations' central operations and linked with business objectives (Pelletier, 2009:822).

5.2.4 Policy statement

A clear policy statement in line with the philosophy and intention of the programme communicates employees' value to an organisation (Els & Booysen, 2014). Apart from that employees are protected by such a policy statement. The following should be stated in any policy (Dickman, 2009:49):

- No workplace is without problems as it is human and part of life.
- Problems will be handled professionally and rather sooner than later.
- All problems will be dealt with confidentially.
- Alcohol and/or drug related problems are not to be punished, but should rather be treated effectively.
- EHWPs are not substitutes for disciplinary policies, but rather assist employees and their families.
- Participation in EHWP programmes is always voluntary.

5.2.5 Confidentiality

This is the cornerstone of any EHWP and strict confidentiality policies must be followed (Dickman, 2009:49 & Lukcso, 2013:353). Bews and Bews (1988:22) are of the opinion

that breach of, and even perceived breach of confidentiality is likely to ruin the programme “*right from the start*”. All employees are entitled to confidentiality and should be informed about it by their supervisors when referred to the EHWP. No one else has the right to divulge confidential information with regard to an employee other than the employee him-/herself.

5.2.6 Supervisor and labour steward training

Supervisors and labour stewards have to be trained to use an EHWP, especially during the initial phases of programme implementation (Dickman, 2009:51). Issues such as referral of an employee, the confidential nature of an EHWP, available programmes and expected feedback should be included in the training.

5.2.7 Financial aspects

Employees are often afraid of counselling services’ costs (Dickman, 2009:52). Therefore, affordable EHWP services would encourage employees to participate. However, some problems need more specialised interventions. In such cases an EHWP practitioner should suggest a list of external service providers to management together with applicable criteria for the payment of such referrals. Alternatively, employees’ medical fund as well as Government facilities could also be explored.

5.2.8 Professional personnel

Personnel responsible for an EHWP should be experts in their field (Dickman, 2009:53; Els & Booyen, 2014 & Ho, 1997:186). A multi-disciplinary team as well as a network of experts should be available to employees (Bews & Bews, 1988:23). These might include experts in alcohol and/or drug related problems, marriage and family counselling and general emotional problems.

Interviews and counselling techniques as well as knowledge with regard to the community are also necessary for external referral purposes. The possibility to refer troubled employees from the EHWP to the EAP for support should always remain an option.

5.2.9 Partnerships

Essential components of the programme as well as other enhancements depend on active collaboration with both internal and external partners (Berry *et al.*, 2010:7).

Partnerships are necessary to reflect the broad variety of human needs related to health and wellness.

5.2.10 Broad service components

The same “broad brush” principle offered by EAPs applies to EHWP. Human beings are complex. Therefore, Goetzel and Ozminkowski (2008:314-315) suggest that programmes should address individual, environmental, cultural and policy factors that affect employees’ health and productivity and simultaneously target several health issues. Bews and Bews (1988:23) as well as Pelletier (2009:822) mention that it is in the best interest of employees if a programme covers a wide range of topics. Therefore, a programme should be designed in such a way that it covers more than one area (Dickman, 2009:53). Bews and Bews (1988:23) also argue that the wider the range, the more effective a programme would be. This could include issues such as personal problems, family problems, financial problems, grief, mental health, alcohol and/or drug related issues, legal problems, etc. In order for employees to participate in a programme, it should be relevant, of high quality, engaging and comprehensive.

5.2.11 Accessibility

Employees should be able to access an EHWP timely and conveniently (Dickman, 2009:54 & Pelletier, 2009:822). If the Employee Health and Wellness office is on the premises, access will be quick and easy, especially for those employees who have transport problems (Bews & Bews, 1988:23). On the other hand, offices away from the premises are more private and provide better confidentiality. As limited time is often a reason for non-participation, convenient accessibility is very important (Wolfe & Parker, 1994:26).

5.2.12 Programme awareness

Wellness is not just a mission; it is also a message that should be communicated. Constant communication, targeting employees, marketing the programme and its services together with promotional efforts contribute to effectiveness (De Groot & Kiker, 2003:66; Field & Louw, 2012:8; Ho, 1997:186 & Pelletier, 2009:823). The marketing of initiatives should clearly represent the services offered by the programme in order to encourage participation (Dickman, 2009:54 & Naidoo & Jano, 2003:121).

5.2.13 Programme evaluation

Evaluation of a programme is essential to measure its success. Both the EHWP and an organisation needs to know if the programme is effective and achieving its goals (Dickman, 2009:54). Penetration rates, cost effectiveness, the nature of the client population, client satisfaction, Management and Union satisfaction, medical cost savings and productivity gain are all factors that could be evaluated.

5.3 Principles underlying successful programmes

According to Bender and Bég (2013:387) the following are principles for successful health promotion programmes:

- Employees should want to participate. Therefore, the programme should be trusted.
- An approach that enhances participation is essential for both the creation and evaluation of the programme. Employee inputs should therefore be encouraged (Pelletier, 2009:822).
- Employees' belief in the programme's contribution towards wellness is important.
- The programme integrates and uses external resources in the community.
- The focus of the programme is self-responsibility.
- The programme should adapt to certain factors within an organisation and of the employee population, such as language, sex, education, etc.
- Regular programme evaluation is essential in order to replace old and unpopular concepts with new ideas.
- The creation of a healthy culture eventually leads to programme sustainability.

Pelletier (2009:822-823) refers to above-mentioned but also mentions that for EHWP's to be effective proper programme planning is essential and high risk individuals should be targeted properly. Programme participation is motivated by means of incentives, which will probably result in higher participation rates (also mentioned by Merrill *et al.*, 2011:785).

Factors contributing towards successful EHWP's were discussed. The implementation of such programmes as described in the previous article, confirm the importance of such a process. It may also be used as a checklist to evaluate the implementation process.

5.4 INEFFECTIVE EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

From a qualitative perspective, Person *et al.* (2010:150) are of the opinion that it still remains unclear why employees refrain from EHWP participation. Yet, employees indicate that the following are barriers for non-participation (from the most important to the least important):

- Insufficient incentives.
- Inconvenient locations.
- Limited time, especially for those who work shifts.
- Some employees were not interested in specific topics that were presented.
- Insufficient marketing.
- Health beliefs, such as knowledge about health that is perceived as sufficient.

Although it has been noticed that incentives do not always contribute to sustainable behavioural change, it seems as if the lack thereof may hinder participation in programmes. Abovementioned again stresses the fact that programme components should be employee-centered.

According to Field and Louw (2012:7) citing Milano (2007) ineffective EHWPs are ineffective due to programmes that are implemented in a sporadic and random manner. Consequently, a lack of promotional material, non-individualised and generic health messages, unmotivated employees, an unreached target audience and inconvenient scheduled activities all inhibit the success of EHWPs.

6. CONCLUSION

People spend a significant amount of hours at work, making the workplace the ideal location to initiate EHWPs. Results of an unhealthy corporate environment are low productivity, frequent absenteeism and high turnover rates. This can be costly for an organisation, undermining its goals, vision and even success (dcdardentalks, 2012). Employees tend to observe employers as concerning and caring when EHWPs are implemented with the result of a positive attitude towards the organisation (Parks & Steelman, 2008:59-60). Healthier and happier employees who are satisfied with their

jobs are the results of participation in an EHWP, which ensure a healthy corporate environment and eventually promote the health of society.

EHWPs are especially successful and of great value when their returns on investment, job satisfaction, lower absenteeism rates, job performance and productivity are considered. These enhance the quality of life at work as well as the attractiveness of an organisation. The positive effects of such programmes are not limited and this article confirmed that EHWPs are beneficial for both the individual and organisation on several levels. Thus, it adds value to the organisation as a system, including individual as well as groups of employees as subsystems and eventually to the community as a broader system.

Contributions towards successful programmes as well as aspects that prevent a successful programme were studied. A randomly implemented programme without any personalised initiatives was also discussed as a challenge. Employees should be heard rather than facing a top-down approach where Management or wellness staff decide on the behalf of employees with regard to a programme. Therefore, the key to successful programmes is a well-planned, participative approach in the development of EHWPs.

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ARTICLE 3: THE HEALTH AND WELLNESS NEEDS OF EMPLOYEES OF A HEALTH CARE GROUP IN THE NORTH WEST PROVINCE: EMPIRICAL DATA

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ABSTRACT

Key words: health and wellness needs, exploratory factor analysis, means procedure, effect sizes

The goal of the research was to develop guidelines for an EHWP for a health care group in the Matlosana District in the North West Province. In order to achieve this goal a multi-phase mixed methods design was used to determine employees' health and wellness needs. The research commenced with a qualitative approach. The researcher interviewed key staff members on different job levels throughout the organisation in order to identify the needs of employees with regard to an EHWP. Collected data of this first phase was used as a basis for the second, quantitative phase during which a self-developed questionnaire was handed to all employees to complete. An exploratory factor analysis was done from which 14 constructs emerged as possible health and wellness interests.

Cronbach alpha reliability values and validity values indicated that collected data can be regarded as trustworthy. Employees' interests were determined by a means procedure. Promoting assertiveness, diversity management within the workplace, relationship management within the workplace and personal growth and development occupied the first four positions. There was only a small difference in terms of interest between the remaining fields. Effect sizes indicated that there was a medium effect size in the level of interest on some of these constructs in terms of language, age and job level.

1. INTRODUCTION

This article reports on the findings of the research project with regard to the research respondents' health and wellness needs.

2. PROBLEM STATEMENT

The researcher had been appointed as Wellness Facilitator during 2011 for a health care group in the North West Province. This position was initiated by the Human Resource Manager after the Organisational Human Factor Benchmark (Afriforte, 2010) had been implemented. The project was launched in all the Business Units under the name We Care. Discussions with the Human Resource Manager confirmed that findings after the first launch suggested the need for formal interventions on primary (organisational), secondary (team) and tertiary (individual) levels within the organisation (Kruger, 2013). As a result of this a need was identified by an expert, as indicated by Fouché (2011: 456, citing Kreuger and Neuman, 2006). This identified need was to develop an EHWP as tertiary intervention for the health care group.

As this was still an unexplored area in the organisation, the researcher began with a few basic interventions which included individual counselling services with troubled employees (an approach from the EAP movement), support groups for employees, mainly focusing on personal development and annual implementation of the Organisational Human Factor Benchmark (Afriforte, 2010). Despite these interventions, a formalised EHWP based on scientific evidence was yet to be developed.

However, the researcher observed a need for a more comprehensive EHWP and approached management with a proposal in this regard that was approved. Thus, the researcher was able to embark on the present research project.

3. GOAL AND OBJECTIVES OF THE RESEARCH

3.1 Goal

The goal of the research was to develop guidelines for an EHWP for a health care group in the North West Province.

3.2 Objectives

Objectives of this research were:

- To do a literature review on employee health and wellness in order to determine its current practices and the value of such a programme for employees and organisations.
- To determine employees' health and wellness needs of a health care group in the

North West Province.

- To suggest guidelines to Management of the health care group in the North West Province for a development plan for an EHWP for employees in the company.

4. ETHICAL ASPECTS

After the researcher had presented the proposed research to the health care group's Executive Committee she was granted permission to conduct the research. The Ethics Committee of the Potchefstroom Campus of the North-West University gave ethical approval: Ethics Certificate Number N W U - 0 0 0 0 9 - 1 4 - A 1.

Ethical aspects of this study were recognised and handled accordingly. Firstly, to see to it that no harm was done to research participants (McLaughlin, 2012:64-65). Secondly, to ensure that the research was accurate and truthful (Gravetter & Forzano, 2012:108; Hugman, 2010:150 & Strydom, 2011b:113-114). All participants received a consent letter (Addendums 1 and 2) by which they agreed to participate in the research which entailed the following (Hugman, 2010:152 & Reamer, 2001:434):

- Participants were introduced to the researcher (Hardwick & Worsley, 2011:33).
- The purpose of the study was explained to participants in terms of what the research entailed and why they were asked to participate (Hardwick & Worsley, 2011:33 & Strydom, 2011b:117). The researcher had no intention to mislead participants.
- The procedure of the research was explained to give participants an idea of what was expected of them as well as the estimated time it would take (Hardwick & Worsley, 2011:33 & Strydom, 2011b:117).
- Any risks and/or discomfort were explained (Hardwick & Worsley, 2011:33 & Strydom, 2011b:115). Participants involved in the interviews were ensured that only the researcher would handle all voice recordings (Boulton, 2009:40; McLaughlin, 2012:62 & Strydom, 2011b:119). Participants who were invited to complete the qualitative questionnaire, did it anonymously.
- Benefits of the research were described (Hardwick & Worsley, 2011:33).
- Participants were not compensated.
- Participants received the contact numbers of both the research supervisor as well as a member of the Ethics Committee for more information and any enquiries (Hardwick

& Worsley, 2011:33).

- Participants had to sign a consent form (Addendums 3 and 4), which also assured them that participation was voluntary and that they are free to withdraw from the research at any time (Hardwick & Worsley, 2011:33; McLaughlin, 2012:64 & Strydom, 2011b:116).

The researcher is registered as a Social Worker at the Council of Social Service Professions (SACSSP) and therefore bound to its ethical values (SACSSP, 2015). The researcher has skills to create a safe climate for participants (Strydom, 2011b:124). Furthermore, the researcher is able to observe and understand people from their unique frame of reference.

5. RESEARCH METHODOLOGY

5.1 Literature study

The literature study laid a foundation for this research project (Adams, *et al.*, 2007:53). The purpose of the literature was to show how this research fits into the field of employee health and wellness, to gain a better understanding of the nature and meaning of the research questions and to encapsulate collective efforts of different researchers (Bertram & Christiansen, 2014:13; Fouché & Delport, 2011:134 & Neuman, 2006:11). Adams *et al.* (2007:49) bring to mind that the importance of a literature study is to enquire whether the research topic is significant, if any work has been done on the specific topic, if there are any experts in the field and who they are, if there are theoretical perspectives and common research methods on the specific topic and what they are, if there are any obstacles and controversies associated with the topic and if the topic is open to hypothesis testing.

5.2 Empirical study

5.2.1 Research purpose

The project had a combination of exploration and description as purposes (Rubin & Babbie, 2011:133-134). The nature of EHWPs was described after which the health and wellness needs of employees within the health care group in the North West Province were explored and integrated into proposed guidelines for the mentioned health care group.

5.2.2 Research approach

A multiphase mixed methods design was used to achieve the goal of the research (Creswell & Clark, 2011:100). An exploratory qualitative design (Fouché & De Vos, 2011:95) was used during the first phase of the research and formed the basis for the data collection instrument that was used in the second, quantitative (survey) phase of the study.

An interview guide (Greeff, 2011:352) was used during the first phase and interviews were conducted with key staff members on each of the job levels of the organisation, by making use of stratified purposeful sampling (Onwuegbuzie & Leech, 2007:103, 109). A survey design was used in the second phase to identify the needs of employees (Rubin & Babbie, 2011:381).

5.2.3 Research design

A survey method (Botma *et al.*, 2010:133) was used for the quantitative part of the study and a case study (Fouché & Schurink, 2011:320) for the qualitative part of the study.

The research commenced with an exploratory qualitative design. Fouché and De Vos (2011:95) refer to Blaikie (2000) by explaining that exploratory research is usually done in the case where insight is needed, in this instance to get familiarised with a relatively new field and to answer the question: “what” (Mouton, 2001 as cited by Fouché and De Vos, 2011:95). The exploratory qualitative part of the study formed the basis for the second part of the study which consisted of a survey of the health and wellness needs of staff members within the health care group. Surveys are usually used to describe a population and to quantify aspects of a population (Fowler Jr., 2014:1 & Sapsford, 2007:3). With reference to nursing, Botma *et al.* (2010:133) say that survey research is an integral part of nursing research, as exploratory, descriptive and explanatory research is possible with survey research.

5.2.4 Procedures

- The research commenced by presenting the proposed research to the Executive Committee of the health care group after which unanimous consent was given that the research could be done within the group during working hours. A letter of consent was also given to the researcher. Before each phase of the research started, an e-mail was sent out by the Human Resource Manager to all Unit Managers to inform

them about the research so that staff members in the various Units could be informed about it.

- Stratified purposeful sampling was used for the first part of the study (Onwuegbuzie & Leech, 2007:103, 109). After participants had been selected an administrative staff member in the Human Resource Department invited them telephonically to participate in the study. Those who gave their permission were interviewed (either their offices or in the researcher's office) using an interview guide. Recordings of the interviews were saved on a hard drive and transcribed by the researcher. Data collected in these interviews were analysed and used to develop the quantitative questionnaire that was used for the second part of the study. The researcher decided not to include the narratives of these interviews in the research document in order to protect sensitive information – either on a personal or on an organisational level.
- The second part of the study involved a structured, self-designed questionnaire which was handed out to all staff members. Data collected was processed by the Statistical Consultation Services Division of the Potchefstroom Campus of the North-West University. It was then used to answer research questions.

5.2.5 Research participants

For the first part of the study, purposive (stratified) sampling was used to accommodate employees from each job level in the organisation. The researcher contacted the Human Resource Department to request a list of employees in each Business Unit which had to indicate how long each of these employees has been employed in their current positions. Unfortunately, the only information obtained from the system, was the particular date on which employees had been appointed in the Business Unit. The researcher then sorted the information according to the different job levels on different spread sheets. Then, the different job levels were sorted from the furthest back to the most recent date on which each employee joined the Group.

In order to ensure that all Units were represented and that selected participants were holders of the necessary information that was needed (Adams *et al.*, 2007:146), samples were taken from each job level in each Business Unit. Three staff members from middle management level had been selected in each of the Business Units: one who had been employed the longest by the organisation, one who had not been employed so long (in the middle of the spread sheet) and one who had been employed recently. Two skilled

level staff members from each of the Business Units were chosen: one who had been employed the longest and one who had been employed by the organisation recently.

The same method used for Middle Management applied to the semi-skilled level staff and the same method for skilled level staff applied to those on basic level. Only one staff member from the third Business Unit is employed on this level and only one on basic level participated. Altogether 27 staff members participated.

All employees of the health care group were involved in the second, quantitative phase in order to secure an adequate return of questionnaires. Therefore, no sampling was done and the total population of approximately 525 employees were involved. In effect it resulted in an availability sampling type (Bertram & Christiansen, 2014: 61; Engel & Schutt, 2014: 104).

5.2.6 Data collection instruments used

The researcher used an interview guide (Addendum 5) in the first, qualitative phase according to the objectives of the research, by using the literature study as background (Greeff, 2011: 352). After three staff members had been interviewed, the interview guide was refined. Data collected from all the interviews were used to develop the quantitative questionnaire for the second phase of the data collection process.

The interview guide enabled respondents to freely give as much details as they deemed necessary (Bertram & Christiansen, 2014:76-77 & Greeff, 2011:351). It was then used in personal interviews with participants in order to find out what their opinions were about the subject, what their preferences were and to confirm their attitudes and beliefs (Bertram & Chirstiansen, 2014:82).

A structured, self-designed questionnaire was used for the second, quantitative phase of the data collection process. After the researcher had compiled a list of questions in collaboration with the research supervisor, it was tested on eight staff members. Consequently, adjustments were made to eliminate possible uncertainties and to refine the questionnaire. The same ethical procedures applied for the quantitative phase as were used in the qualitative phase.

The development stage considered the researcher took into account what the population looked like in terms of background and educational levels (Radhakrishna, 2007). The researcher attempted to keep instructions, statements and response alternatives clear and to use vocabulary that respondents were familiar with (Delpont & Roestenburg,

2011a:192). Furthermore, it was ensured that statements represented only one idea relevant to the purpose of the questionnaire. As English and Afrikaans are the predominant languages of the organisation, it was used in the questionnaire, which also contributed to a better understanding of instructions and statements. The questionnaire was self-administered as it was handed out to each participant who completed it by him-/herself (Delpont & Roestenburg, 2011a:188 & Sapsford, 2007:47).

The questionnaire consisted of 71 items that had to be responded to on a 4-point Likert scale. Usually Likert scales are used for research where ordinal-level categories appear along a continuum in order to determine the attitudes of a population (Delpont & Roestenburg, 2011b:211-212, citing Neuman, 2006:207). Normally Likert scales consist of five (or seven) items with a mid-range (Kostoulas, 2013). However, for purposes of this research it was decided to exclude the mid-range in order to avoid central tendency bias and by doing so, respondents were encouraged to take a stand either to one side or the other (Garland, 1991; Kostoulas, 2013 & Oxford Reference, 2015).

After the questionnaire had been developed, the Statistical Consultation Services of the North-West University, Potchefstroom Campus was consulted. Feedback was given with regard to the questionnaire and the necessary adjustments were made. After the Statistics Consultation Service had approved the questionnaire, the researcher pilot tested it with staff members on different levels. It is imperative that all newly constructed questionnaires should be pilot tested before they are used since efficiency is said to be a key element in data gathering (Delpont & Roestenburg, 2011a:195 & Sincero, 2015). The purpose of the pilot tests was to see whether all participants on different job levels understood and followed the instructions and statements, to establish how long it would take to complete the questionnaire and to check for any errors. Skilled staff, semi-skilled staff as well as basic staff (a total of eight) participated for this purpose. For content improvement, the Human Resource Manager was asked to revise the questionnaire (Delpont & Roestenburg, 2011a:195). After all the logistical and technical issues were addressed the questionnaire was printed and distributed (Sincero, 2015).

5.2.7 Data collection

In the first, qualitative phase an interview guide was used to conduct interviews with 27 staff members identified by means of purposive selection.

After participants had been identified, the researcher requested administrative staff of the Human Resource Department to contact participants telephonically to obtain their permission to be contacted by the researcher in order to adhere to ethical requirements. As soon as participants gave their permission, the researcher made the necessary arrangements with them. As the research involved three different Business Units, participants had a choice of the most convenient and private location.

Before each interview the researcher discussed the informed consent letter with participants after which they had to give written permission that they could participate in the research. After the interview the participants were thanked for their inputs.

For the second, quantitative phase of the research name lists were obtained from the Human Resource Department by which all employees were grouped within the specific Department in their Business Unit. The number of employees within each Business Unit determined how many copies of questionnaires were needed. Each employee received the following:

- A cover letter (Addendum 6) which introduced respondents to the researcher, explained the nature and purpose of the research and motivated respondents to participate in the research (Delpont & Roestenburg, 2011a:190-191).
- A consent letter (Addendum 7).
- The questionnaire (Addendum 8).

In order to ensure anonymity copies of the questionnaires were handed out separately.

The researcher delivered the above-mentioned to all Unit Managers. After Unit Managers had been informed about what the documents entailed they were requested to distribute it within their Departments as well as to sign each person's consent form (as person obtaining consent) or to instruct the person in charge of the distribution to do so.

With assistance of unit managers 525 questionnaires were distributed within the health care group. In order to accommodate shift workers, respondents were given a fortnight to complete questionnaires and after a follow-up 231 questionnaires were returned and taken to the Unit for Statistical Consultation Services of the Potchefstroom Campus of the North-West University for an exploratory factor analysis to determine the validity of the questionnaire. Questions were subdivided into clusters or sub-scales and a Cronbach Alpha calculation together with an exploratory data analysis determined the reliability and validity of which values are given under the appropriate headings in this document.

5.2.8 Data analysis

Interviews for the first phase were recorded and downloaded onto the researcher's laptop. The researcher preferred to transcribe the interviews personally. The first reason was to protect participants as some of the information, either personal or organisational, seemed sensitive. Secondly, the researcher had a chance to work systematically through the audio recordings, which lead to a better understanding of the interviews. By listening to and typing the recordings, the researcher became familiar with the data (Dickson-Swift *et al.*, 2007:337).

Data analysis in qualitative research is done by sorting and coding (Christ, 2010:647). It is suggested by Schurink *et al.* (2011:409) that the analysis should carry on after data had been organised, which implies that researchers work through transcripts several times. After collecting the data and analysing it per hand, this suggestion as well as the circular nature of qualitative data analysis enabled the researcher to notice new things that lead to the revision and re-analysis of data by using a word-processing programme. The following represents such a workflow of data analysis (Khandkar, n.d.):

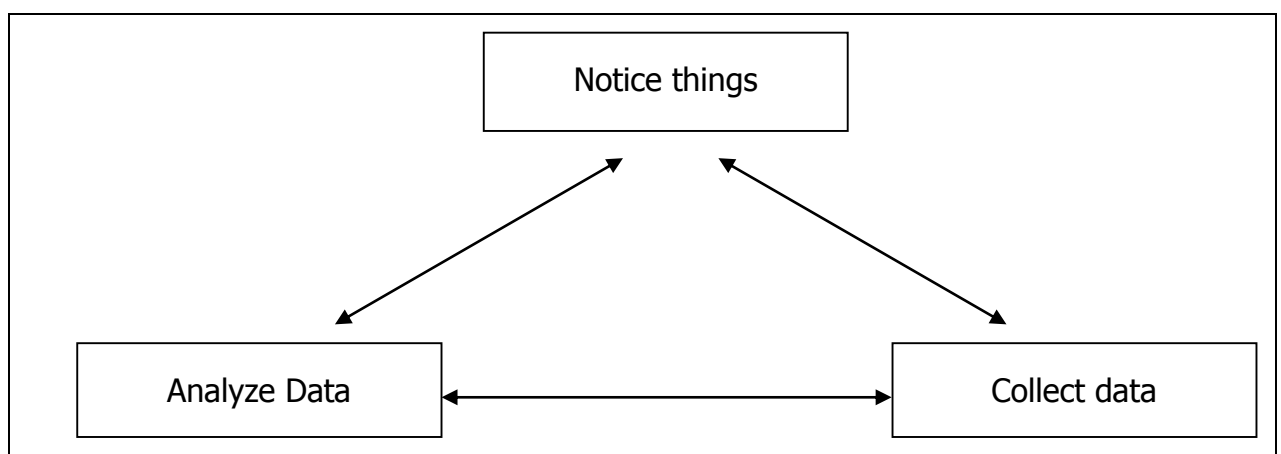


Figure 3.1: Workflow of qualitative data analysis

The qualitative part of the study was processed according to the open coding system as suggested by Strauss and Corbin (Rubin & Mouton, 2012:499). According to the open coding system, categories were created pertaining to segments of the text. The researcher then broke down the data into discrete parts which were closely examined and compared for similarities and dissimilarities (Schurink *et al.*, 2011:414). The research supervisor read through the data as well in order to check whether the researcher missed some themes. After the grouping process, the researcher named the categories by using

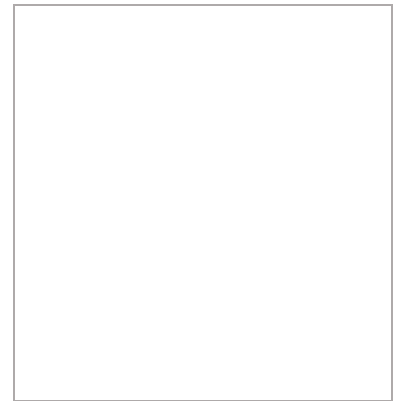
the six dimensions of wellness as discussed in the first article. Hence the categories physical, social, emotional, spiritual, occupational and intellectual wellness emerged, each consisting of the themes in the next table:

Table 3.1: Grouped themes

<p style="text-align: center;">Physical</p> <ul style="list-style-type: none"> • Physical activity • Healthy eating • Healthy weight • Healthy cooking • Fitness programmes • Screenings: eyes, blood glucose, cholesterol, blood pressure, body mass index • Smoking cessation • Physical appearance, e.g. professional dress and make-up • Healthy sleeping habits • Ergonomics 	<p style="text-align: center;">Emotional</p> <ul style="list-style-type: none"> • Emotional and personal support services in the workplace • Dealing with emotions • Emotional self-care • Debriefing • Stress management • Dealing with criticism • Emotional Intelligence • Burnout prevention • Dealing with difficult situations in the workplace • Relaxation techniques 	<p style="text-align: center;">Intellectual</p> <ul style="list-style-type: none"> • Effectiveness in the workplace • Work prioritising and planning • Management of work loads • Professional behaviour skills • Self-image • Self-confidence • Dealing with difficult clients • Dealing with the public • Hobbies and leisure activities
<p style="text-align: center;">Social</p> <ul style="list-style-type: none"> • Conflict management – between employees and different units • Diversity training – dealing with different personalities, genders, cultures etc. 	<p style="text-align: center;">Occupational</p> <ul style="list-style-type: none"> • Supervisor-employee relationships • Management skills • Leadership programmes • Motivational skills 	<p style="text-align: center;">Spiritual</p> <ul style="list-style-type: none"> • Personal knowledge • Personal growth and enrichment • Self-control

- Assertiveness and boundaries
- Social events for team spirit
- Teamwork
- Healthy work environment

- Financial skills
- Team building
- Work-life balance
- Occupational growth and development
- Regular breaks



For the second, quantitative part of the research data capturing and analysis were done by the Statistical Consultation Service of the North-West University, Potchefstroom Campus. The SAS was used in this regard (SAS Institute Inc., 2005).

6. PRESENTATION OF DATA

6.1 The profile of respondents

Table 3.2: Language of respondents

Language				
English	Afrikaans	Xhosa	Southern Sotho	Tswana
27	158	9	9	21
12.05%	70.54%	4.02%	4.02%	9.38%

Employees who participated in the research were mainly Afrikaans and English (82.59%) whilst the remaining 17.41% was Xhosa, Southern Sotho and Tswana. For the purpose of this study English and Afrikaans will be referred to Western as Home Language whilst Xhosa, Southern Sotho and Tswana will collectively be referred to as Indigenous as Home Language.

Table 3.3: Age of respondents

Age							
16 – 20	21 -30	31 - 35	36 – 40	41 – 45	46 – 50	51 - 60	61– 65
1	47	28	35	48	23	33	15
0.43%	20.43%	12.17%	15.22%	20.87%	10.00%	14.35%	6.52%

There are no consistent distribution of age groups amongst employees in the sample. Most employees were between 21-30 and 41-45. No reliable deductions can be made from these because staff enter and leave the company on an ongoing basis.

Table 3.4: Gender of respondents

Gender	
Male	Female
29	198
12.78%	87.22%

The dominant gender group in the sample was females (87.22%) whilst a minority of males (12.78%) participated. A reason for this could be that the majority of employees in the health field are females.

Table 3.5: Business Unit of respondents

Business Unit (BU)			
BU 1	BU 2	BU 3	BU 4
148	56	10	8
66.67%	25.23%	4.50%	3.60%

The first Business Unit is the largest of the four and generated the largest group in the sample (66.67%). The second Business Unit is the second largest in the health care group and consisted of 25.23% in the sample. Unfortunately a very small number of

employees participated in the third and fourth Business Units, which were only 4.50% and 3.60% respectively.

Table 3.6: Number of years in present Business Unit

Number of years in present Business Unit				
0 – 5 years	6 – 10 years	11 – 15 years	16 – 20 years	20+ years
99	61	28	28	5
44.80%	27.60%	12.67%	12.67%	2.26%

During the research most of the employees in the sample (72.4%) were employed for less than 10 years.

Table 3.7: Job level of respondents

Job level				
A	B	C1 – C3	C4 – D1	D2 – D4
26	83	75	15	7
12.62%	40.29%	36.41%	7.28%	3.40%

Job level A – also known as basic staff – represents the lowest employment level in the company. Job level B (40.29%) is known as semi-skilled staff whereas job level C1-C3 (36.41%) consists of skilled employees. These three job levels consist of the biggest sample. Level C4-D1 represent middle management and levels D2-D4 senior management.

6.2 Validity and reliability of the measuring instruments

Cronbach Alpha (CA) values were calculated to determine the reliability of the questionnaire and are illustrated in the table below (Nunnally & Bernstein, 1994: 212):

Table 3.8: Cronbach Alpha values

Construct	Name	C.A
F1	Skills training and development	0.85
F2	Personal appearance	0.82
F3	Health promotion	0.84
F4	Team-building	0.78
F5	Personal growth and development	0.78
F6	Self-care	0.77
F7	Relationship management within the workplace	0.81
F8	Handling diversity within the workplace	0.88
F9	Handling intra-organisational relationships	0.69
F10	Creating a relaxed atmosphere within the workplace	0.69
F11	Workload management	0.72
F12	Use of free time outside the workplace	-
F13	Physical health care	0.57
F 14	Promoting assertiveness	-

CA's varied between 0.57-0.88. The lowest CA was for physical health care (0.57), whilst creating a relaxed work environment and handling of intra-organisational relationships both were 0.69. From there the CA values increased consistently up to 0.88. No CA's were determined for the use of free time and promoting assertiveness, because sub-groups consisted of one item only.

An exploratory factor analysis was done to determine relationships and patterns, which grouped variables into clusters based on shared variance (Yong & Pearce, 2013:79). Normally the first step in scale building is the exploratory factor analysis since it is

primarily used to determine the number of common factors that influence the set of variables and to determine the strength of the relationship between each factor. Therefore, it is established to determine which variables fit together (DeCoster, 1998 & Yong & Pearce, 2013: 80). In order to avoid ambiguity, factors were rotated to attain an optimal simple structure, defining distinct clusters of interrelated variables using the Oblimin rotation method (Cattell, 1973 as cited by Yong & Pearce, 2013:84). Item numbers were linked with statements and the researcher as well as the research supervisor evaluated the content in terms of their relevance according to literature. The factor analysis retained 14 factors which explain 69% of the variation in the data. The MSA was 0.89 where this index ranges from 0 to 1 and appropriateness can be indicated by ≥ 0.08 as meritorious, 0.70 as middling, 0.60 as mediocre, 0.50 as miserable and < 0.50 as unacceptable (Hair *et al.*, 1998: 99 & Tabachnick & Fidell, 2001:589). Final communalities varied between 0.77 and 0.96. The constructs and numbers of questions making up each construct are below:

Table 3.9: Construct number, name and items

Construct	Name	Items
F1	Skills training and development	71, 69, 70, 19, 62
F2	Personal appearance	36, 15, 25, 22, 47, 50
F3	Health promotion	26, 6, 52, 60
F4	Team-building	59, 58, 57, 53, 3
F5	Personal growth and development	37, 32, 31, 35
F6	Self-care	9, 8, 10, 17, 27
F7	Relationship management within the workplace	42, 14, 29, 65
F8	Handling diversity within the workplace	20, 7, 12, 49, 21, 11, 33
F9	Handling intra-organisational relationships	16, 24
F10	Creating a relaxed atmosphere within the workplace	56, 54, 63, 45

F11	Workload management	66, 41, 28
F12	Use of free time outside the workplace	30
F13	Physical health care	2, 4, 34
F 14	Promoting assertiveness	5

6.3 Interest levels

In order to determine the health and wellness needs of employees, the means procedure was followed and results are shown in the table below:

Table 3.10: Items of interest

Construct		N	Mean	Std dev	Minimum	Maximum
F1	Skills training and development	231	2.99	0.69	1.00	4.00
F2	Personal appearance	231	2.88	0.65	1.00	4.00
F3	Health Promotion	231	2.40	0.83	1.00	4.00
F4	Team building	231	2.49	0.67	1.00	4.00
F5	Personal growth and development	231	3.04	0.62	1.00	4.00
F6	Self-care	230	2.95	0.62	1.00	4.00
F7	Relationship management within the workplace	230	3.05	0.65	1.00	4.00
F8	Managing diversity within the workplace	231	3.12	0.60	1.00	4.00

F9	Handling intra-organisational relationships	230	2.84	0.69	1.00	4.00
F10	Creating a relaxed atmosphere within the workplace	230	2.66	0.69	1.00	4.00
F11	Workload management	231	2.91	0.66	1.00	4.00
F12	Use of free time outside the workplace	229	2.681	0.94	1.00	4.00
F13	Physical health care	231	2.683	0.63	1.00	4.00
F14	Promoting assertiveness	228	3.16	0.73	1.00	4.00

The following table indicates the interest levels from highest to lowest:

Table 3.11: Ranked items of interest

	Construct	N	Mean	Std dev	Minimum	Maximum
F14	Promoting assertiveness	228	3.16	0.73	1.00	4.00
F8	Managing diversity within the workplace	231	3.12	0.60	1.00	4.00
F7	Relationship management within the workplace	230	3.05	0.65	1.00	4.00
F5	Personal growth and development	231	3.04	0.62	1.00	4.00
F1	Skills training and development	231	2.99	0.69	1.00	4.00

F6	Self-care	230	2.95	0.62	1.00	4.00
F11	Workload management	231	2.91	0.66	1.00	4.00
F2	Personal appearance	231	2.88	0.65	1.00	4.00
F9	Handling intra-organisational relationships	230	2.84	0.69	1.00	4.00
F13	Physical health care	231	2.68	0.63	1.00	4.00
F12	Use of free time outside the workplace	229	2.68	0.94	1.00	4.00
F10	Creating a relaxed atmosphere within the workplace	230	2.66	0.69	1.00	4.00
F4	Team-building	231	2.49	0.67	1.00	4.00
F3	Health promotion	231	2.40	0.83	1.00	4.00

Although the mean scores for the different constructs do not differ much, the four highest scores, all with $m > 3$, were promoting assertiveness, handling diversity within the workplace, relationship management within the workplace, and personal growth and development. Therefore, participants indicated that they would be to a great extent interested in more knowledge about topics of this nature. However, the level of interest that was found in the other constructs may also be considered as important. Skills training and development, self-care, workload management, personal appearance and intra-organisational relationships are presented by $m = 2.84-2.99$. Thus, participants are also keen to obtain more knowledge in these areas. Physical health care, use of free time outside the workplace, creating a relaxed atmosphere within the workplace, team-building and health promotion ranged between $m = 2.40-2.68$, moving towards a more neutral point and could therefore also be included.

6.4 Effect sizes

For the purpose of obtaining effect sizes and for statistical processing, original demographic details of participants were regrouped as follows:

Table 3.12: Language regrouped

Language				
Western Home Language		Indigenous Home Language		
English	Afrikaans	Xhosa	Southern Sotho	Tswana
2		2		

Table 3.13: Age regrouped

Age							
16 – 20	21 -30	31 - 35	36 – 40	41 – 45	46 – 50	51 - 60	61– 65
1			2			3	

Table 3.14: Business Unit regrouped

Business Unit (BU)	
BU 1	BU 2
1	2

Table 3.15: Job level regrouped

Job level				
A	B	C1 – C3	C4 – D1	D2 – D4
1			2	

Guidelines for effect sizes according to Cohen (1988:25-27) were used for the interpretation of d-values:

- $d = 0.2$ small effect.
- $d = 0.5$ medium effect and noticeable with the naked eye.
- $d = 0.8$ large effect, noticeable with the naked eye and also practical significant.

Effect sizes are shown in the table below:

Table 3.16: Descriptive statistics, effect sizes and p-values for the constructs of interest for language

Construct	Language	N	Mean	Std	p-value	d-value
Skills training and development	1	192	3.06	0.64	0.0021*	0.55 Δ
	2	39	2.63	0.78		
Personal appearance	1	192	2.88	0.65	0.96	0.01
	2	39	2.88	0.67		
Health promotion	1	192	2.48	0.78	0.0049*	0.50 Δ
	2	39	2.01	0.93		
Team building	1	192	2.54	0.66	0.01*	0.50 Δ
	2	39	2.23	0.67		
Personal growth and development	1	192	3.07	0.60	0.09	0.30
	2	39	2.87	0.67		
Self-care	1	191	2.99	0.62	0.05*	0.35
	2	39	2.77	0.63		
Relationship management within the workplace	1	192	3.12	0.64	0.0021*	0.57 Δ
	2	38	2.75	0.63		
	1	192	3.13	0.57	0.23	0.20

Managing diversity within the workplace	2	39	2.98	0.74		
Handling intra-organisational relationships	1	192	2.82	0.67	0.54	0.11
	2	38	2.91	0.80		
Creating a relaxed atmosphere within the workplace	1	192	2.73	0.68	0.0005*	0.63Δ
	2	38	2.30	0.64		
Workload management	1	192	2.97	0.65	0.0018*	0.56Δ
	2	39	2.60	0.64		
Use of free time outside the workplace	1	192	2.72	0.91	0.23	0.21
	2	37	2.49	1.10		
Physical health care	1	192	2.74	0.63	0.0010*	0.57Δ
	2	39	2.38	0.59		
Promoting assertiveness	1	189	3.18	0.69	0.40	0.14
	2	39	3.05	0.89		

* Statistically significant at 0.05 level according to t-test results for independent groups

Δ Medium effect in practice

A difference of medium effect (0.55Δ) and also noticeable with the naked eye, was found between groups 1 and 2 with regard to skills training and development. This means that group 1 (m = 3.06) is more interested in skills training and development than group 2 (m = 2.63). A difference in medium effect (0.50Δ) and also noticeable with the naked eye was found between groups 1 and 2 with regard to health promotion. This means that group 1 (m = 2.48) is more interested in health promotion than group 2 (m = 2.01). A difference of medium effect (0.57Δ) and also noticeable with the naked eye was found between groups 1 and 2 with regard to relationship management in the workplace. This means that group 1 (m = 3.12) is more interested in relationship management than group

2 (m = 2.75). A difference of medium effect (0.63 Δ) and also noticeable with the naked eye was found between groups 1 and 2 with regard to creating a relaxed atmosphere within the workplace. This means that group 1 (m = 2.73) is more interested in creating a relaxed atmosphere within the workplace than group 2 (m = 2.30). A difference of medium effect (0.56 Δ) and also noticeable with the naked eye was found between groups 1 and 2 with regard to workload management. This means that group 1 (m = 2.97) is more interested in workload management than group 2 (m = 2.60). A difference of medium effect size (0.57 Δ) and also noticeable with the naked eye was found between groups 1 and 2 with regard to physical health care. This means that group 1 (m = 2.74) is more interested in physical health care than group 2 (m = 2.38). Thus, there was noticeable differences between language groups with regard to the following interests:

- Skills training and development.
- Health promotion.
- Relationship management within the workplace.
- Creating a relaxed atmosphere within the workplace.
- Workload management.
- Physical health care.

These should have to be considered in programme planning. The reason for these differences was not researched, but the assumption is that the explanation could be sought in cultural differences.

Table 3.17: Descriptive statistics, effect sizes and p-values for the constructs of interest for age and job level

Construct	Age	N	Mean	Std	p-value	d-value
Health promotion	2	106	2.26	0.79	0.02*	0.50 Δ
	3	48	2.66	0.73		
Construct	Job level	N	Mean	Std	p-value	d-value
Relationship management within the workplace	1	208	3.02	0.65	0.15	0.48 Δ

	2	22	3.33	0.53		
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* Statistically significant at 0.05 level according to t-test results for independent groups

Δ Medium effect in practice

A difference of medium effect size (0.50Δ) and also noticeable with the naked eye was found between age groups 2 and 3 with regard to health promotion. This means that group 3 (m = 2.66) is more interested in health promotion than group 2 (m = 2.26). This older age group may be more interested in health promotion as they are at an age where one will find an increase in chronic diseases as the body experiences a lot of physical changes (AON, 2014:5 & Salah, 2012:2-3).

A difference of medium size (0.48Δ rounded off to 0.50Δ) and also noticeable with the naked eye was found between group 1 and 2 with regard to relationship management within the workplace. This means that group 1 (m = 3.33) is more interested in managing work relationships within the workplace than group 2 (m = 3.20). In a way this makes sense, because it is the group that would most probably need to connect with their employees in order to lead and to motivate them (Hartzell, 2015 & Jay, 2015).

7. CONCLUDING REMARKS

This article explained the route that was followed for developing guidelines for an EHWP for a health care group in the North West Province. A multi-phase mixed methods design was used, starting with an exploratory qualitative design. The first part of the study made use of a semi-structured interview schedule and information obtained from this schedule was used to plan the second, quantitative part of the study. A self-developed questionnaire was used to gather data from participants. Data was analysed by the Statistical Consultation Service of the North-West University, Potchefstroom Campus. A total of 71 variables were used in the questionnaire from which 14 constructs materialised.

The overall impression is that promoting self-assertiveness, handling diversity within the workplace, relationship management within the workplace and personal growth and development all seem to be priority interests of participants. However, other constructs did not show a huge difference and should also be taken into account in programme development.

As far as various job levels are concerned, there was only one practical difference between employees' and Management's interests. There was a medium effect on

relationship management within the workplace, which can be an indication that Management has a greater need for programmes aimed at managing relationships within the workplace.

There was only one practical difference between the age groups 36-50 and 51-65. The medium effect on health promotion showed that employees in an older age group might be more interested in health promotion.

There were several practical differences between employees with a Western Home Language and those with an Indigenous Home Language. Medium effect sizes indicated that employees with a Western Home Language showed more interest in skills training and development, health promotion, relationship management within the workplace, creating a relaxed atmosphere within the workplace, workload management and physical health care.

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SECTION C

SUMMARY, CONCLUSIONS AND

GUIDELINES

SUMMARY, CONCLUSIONS AND GUIDELINES

1. SUMMARY

The main purpose of the research was to establish guidelines for the development of an EHWP for a health care group in the Matlosana district of the North West Province.

The study was based on the assumption that an EHWP will contribute to the overall health and wellness of the organisation and that it will enhance the health and wellness of employees. The research determined the health and wellness needs of the health care group's employees and it is expected that the implementation of the proposed guidelines would eventually improve the quality of employees' work life. Furthermore, the research indicated the form of such an EHWP in order to meet the needs of involved employees. It is envisaged that these findings could form the basis for an EHWP model in other contexts as well.

The study commenced with a literature review about employee health and wellness after which its current practices and the value of such programmes for employees and organisations were discussed. Relevant literature was consulted to get a better understanding of the nature and meaning of the research questions and to encapsulate collective efforts of different authors.

The first article discussed the purpose, nature and characteristics of EHWP's as well as common arguments about various definitions of health and wellness. It also stressed the fact that EHWP's not only focus on physical aspects, but that employees should be seen holistically. Therefore, the multi-dimensional nature of EHWP's should be recognised. Programme activities should aim to improve employees' optimal health on all dimensions.

Although the health and wellness of employees are not explicitly covered by South African legislation, current employment-related legislation is nonetheless structured in such a way that the health and wellness of all employees are getting more attention.

The important role of an EHWP in the optimisation of employees' health and wellness should not be underestimated. Employees spend a significant amount of hours in their workplace each week, making it an ideal setting for health and wellness promotion. Not only would it benefit the individual, but it will eventually also have an effect on the community. These programmes also proved to be successful on organisational level in terms of return on investment, job satisfaction, improved productivity and job

performance, lowered absenteeism rates, enhancing the quality of work-life as well as the attractiveness of the organisation.

The study continued with the empirical phase that determined the health and wellness needs of employees within a health care group in the North West Province. Specific health and wellness needs of employees on different job levels as well as possible differences with regard to gender, Business Units, age and language were studied. Findings of the study lead to guidelines that will be presented to Management of the health care group in order to develop an EHWP for employees in the company.

2. CONCLUSION

Participants in the research confirmed that employees in this particular organisation are interested to know more about the following topics, ranging from most to slightly less important:

- Promoting assertiveness.
- Managing diversity within the workplace.
- Relationship management within the workplace.
- Personal growth and development.
- Skills training and development.
- Self-care.
- Workload management.
- Personal appearance.
- Handling intra-organisational relationships.
- Physical health care.
- Use of free time outside the workplace.
- Creating a relaxed atmosphere within the workplace.
- Team-building.
- Health promotion.

Both the Cronbach Alpha (CA's) reliability values of the questionnaire and the validity values (MSA's) of the exploratory factor analysis were of such a level that collected data from the investigation be regarded as trustworthy.

Promoting assertiveness, managing diversity within the workplace, relationship management within the workplace and personal growth and development were the first four most important interests. Taking the mean score as standard, there were small differences in terms of interests among the remaining fields.

Differences of medium effect sizes, also noticeable with the naked eye, between the Western and Indigenous language groups with regard to the following items of interest were recorded: skills training and development, health promotion, team-building, relationship management within the workplace, creating a relaxed atmosphere within the workplace, workload management and physical health. This may be attributed to cultural differences in a country with a diverse population, which should be considered when planning programmes.

Only one practical difference between interests of employees and management occurred. The latter indicated that employees on that level are more interested in relationship management which is possible when the role and function of Management is considered.

Besides answering this research question, the research also investigated whether there were any other differences in terms of gender, age, language and Business Units. There was no significant difference between gender and Business Units. However, there was a practical significant difference between the age groups 36-50 and 51-65, which indicated that employees in the older age group are more interested in health promotion.

The first article of this study described different wellness dimensions. Bearing in mind that health and wellness should always be seen as multi-dimensional, four main dimensions emerged, namely social wellness, emotional wellness, occupational wellness and physical wellness.

3. GUIDELINES

3.1 General guidelines from the literature on employee health and wellness programmes

- EHWPs should be accepted as a vehicle for organisations that sustain and improve employees' health and in turn contribute to organisational health.

- The World Health Organization's definition of health should be accepted to accommodate EHWP's.
- Employee health and wellness should be viewed in the context of the work environment and the interaction between an employee and his/her workplace.
- EHWP's, OSW and EAP's should be regarded as interlinked and mutually supportive.
- EHWP's should be regarded as proactive and multi-professional.
- It should be accepted that employees as well as the organisation benefit from EHWP's.
- Social wellness, physical wellness, occupational wellness, emotional wellness spiritual wellness and intellectual wellness should be accepted as essential building blocks of EHWP's.
- EHWP's should be supported by Management. There should be employee participation, sufficient resources and an employee health and wellness policy.
- A wellness team should be created.
- A limit should be placed on the number of programmes developed due to financial and manpower implications. Staff time and resources should specifically be budgeted for.
- An employee health and wellness plan must be written and should include the goals, an implementation time frame and evaluation method.
- An employee health and wellness policy ought to be developed. The policy should be in line with the philosophy and intention of the programme and should include guidelines on how the programme should operate.
- The EHWP should meet employees' needs.
- Goals and objectives for the EHWP should be established.
- An action plan should be developed and evaluation procedures for the EHWP should be determined.
- An EHWP should focus on the overall wellness of employees rather than on particular issues.

- EHWP's should focus on all employees and not on particular individuals.

3.2 Guidelines based on the demographic characteristics of the respondents

Particular demographic characteristics of the employees were established as part of the quantitative survey, which served as an important basis for the envisaged planning of an EHWP in the group where the research was done. It is assumed that different demographic characteristics have an influence on employees' needs and programme planning, although the correlation between specific demographic characteristics have not been determined. Empirical data indicated that respondents' demographic profiles should receive priority attention.

The **language** of the employees should be considered in the development of EHWP's. Empirical evidence indicated that respondents fall into five language groups, dominated by Afrikaans (70.54%), followed by English (12.05%), Tswana (9.38%), Xhosa and Southern Sotho with the latter two groups equally divided (4.02%). It is not known how many respondents in the latter three groups understood Afrikaans or English. However, it is important that employees do not feel excluded due to a specific language used in EHWP's.

As far as **age** is concerned most of the respondents (20.87%) were between 41 and 45. However, the age composition of employees does not remain stable as people enter and leave the organisation continuously. Although interests were not correlated with age, it should be considered in programme planning, because interests might differ with age.

There was quite a big difference in terms of **gender** as the majority of respondents (87.22%) were females. When planning EHWP's the interests of women should receive high priority.

3.3 Guidelines based on the needs survey amongst the respondents

It will be possible to accommodate some of programme needs identified in the survey in a single programme which is the principle upon which some of the guidelines below are suggested. The programme needs reported in the survey need to be translated into programmes.

- **Culture and language**

During the survey, it was found that respondents speak five different languages. Language could be an indication of culture as well and cultural sensitivity should be taken into consideration in the planning of EHWPs. The descriptive statistics indicated that significant differences are to be found in programme needs related to language, age and job level.

If possible people should be trained to present programmes in indigenous tongues.

- **Programme variety**

Processed data indicated small differences in mean scores between the various items of interest. This indicated an equal interest in a wide variety of programmes. However, it will be impractical to attempt to implement too many programmes simultaneously. It is suggested that programmes are planned on a priority basis, starting with those at the top of the list.

- **Relationship building programmes**

Judging from the ranked items of interests, the first three items on the list refers to a need to acquire skills to promote relationships at work. The fourth item, the need for personal growth and development could also be integrated in programmes that intend to promote relationships.

- **Work-related programmes**

Skills training and development were ranked 5th with workload management 7th on the list of programme needs. These two needs are both related to work and skills training and development may include skills in workload management.

- **Health-related programmes**

Health-related programme needs can be accommodated in a general health-care programme. A plan based on the World Health Organization's definition of health could accommodate various dimensions of health, such as health promotion, physical health care, self-care and personal appearance. The use of free time outside the workplace may also be accounted for under this rubric.

- **Workplace-related programmes**

It is suggested that the following needs should be accommodated in work-related programmes: team building, creating a relaxed atmosphere in the workplace and handling intra-organisational relationships.

4. LIMITATIONS OF THE STUDY

The limitations of the study are discussed below:

- It was originally planned to determine the needs for programmes, to develop, implement and evaluate it, but unfortunately the given time to complete a Ph.D did not allow it. Therefore, it was decided to limit the study to the development of guidelines for health and wellness programmes.
- In South Africa limited research is available on this subject. Although there is available information about particular projects, no comprehensive research project could be traced. Therefore, the researcher had to rely on international literature and research, although well-integrated approaches with regard to EHWP's also seem limited.
- The study did not take the different Departments e.g. nursing versus administration into consideration. Nor did it consider various Units, e.g. theatre, general wards, ICU etc. In this respect it would be interesting to see in what ways and to what extent health and wellness needs among these employees differ.

5. SUGGESTIONS FOR FURTHER RESEARCH

The following suggestions for future research flow from this study:

- Research on employees' health and wellness needs should be done within a cultural context.
- The final programme coming from the proposed guidelines should be evaluated in order to determine whether it improved employees' health and wellness.
- A standardised questionnaire should be developed to serve as a framework and basis in other organisational contexts as well to determine employees' health and wellness needs.
- The self-developed questionnaire determined that employees might be interested to obtain more knowledge about specific health and wellness topics. However, this does

not mean that an employee who indicated that he/she does not want to know more about a specific topic will not benefit from it in one or other way. In this regard a diagnostic tool will be very helpful to determine what the health and wellness of employees looks like.

SECTION D

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SECTION E
ADDENDUMS

ADDENDUM 1: PHASE 1 CONSENT LETTER (ENGLISH)



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Web: <http://www.nwu.ac.za>

**School for Psycho Social Behavioural Sciences:
Social Work Division**

Tel: (018) 2991676
Fax 087 231 5483
EMail Pedro.Rankin@nwu.ac.za

Dear Sir/Madam

PHASE 1: CONSENT TO BE A RESEARCH PARTICIPANT

I am **Reinette Joubert** from the North-West University working on a **health and wellness programme** and I would like to invite you to give consent and participate in my study. Information about the study follows to enable you to so make an informed decision.

1. PURPOSE OF THE STUDY

The purpose of this study is to **establish guidelines for the development of a health and wellness programme for the employees of the healthcare group in the North-West Province where you are employed.** You are being asked to participate in this study because **you are one of the employees of the healthcare group** and your **views, opinions and experiences** are very valuable to me.

2. PROCEDURE

If you agree to participate in this study you will be expected to do one/all of the following:

- **Participate in an individual interview, during which time you share your views, opinions and experiences in approximately 90 minutes. A voice recorder as instrument and device to record the interview will be used.**

3. RISKS/DISCOMFORTS

Data will be handled with the greatest secrecy and no names will appear in the voice recordings. Please feel free to mention any concerns you may have before, during or after the interview.

No individuals identifiers will be used in any publications resulting from this study and only the researcher and my research supervisor will work with the information that you shared. All sensitive information will be protected by storing it on a flash drive locked away.

4. BENEFITS

The expectation is that a health and wellness programme based on scientific evidence will contribute to the improved health and wellness feelings of each staff member and to that of the company as a whole and also to the community of employees.

5. COSTS

There will be apart from time, no costs to you as a result of your participation in this study.

6. PAYMENT

You will receive no payment for participation but refreshments will be made available.

7. QUESTIONS

You are welcome to contact **Prof. P Rankin** at Pedro.Rankin@nwu.ac.za if you have any further questions concerning you consent at tel.**0182991679**. The particulars of the contact person of the Ethics Committee is given below

Ethics committee contact details: Mrs Carolien van Zyl

E-mail Carolien.Van Zyl@nwu.ac.za

Tel: 0182992094

It will be appreciated if you can sign the attached letter and hand it back to the person from whom you received it.

Yours sincerely

Reinette Joubert

ADDENDUM 2: PHASE 1 CONSENT LETTER (AFRIKAANS)



Privaatsak X6001, Potchefstroom
Suid-Afrika, 2520

Tel: (018) 299-1111/2222
Web: <http://www.nwu.ac.za>

**Skool vir Psigososiale Gedragwetenskappe:
Vakgroep Maatskaplike Werk**
Tel: (018) 018 2991676
Faks: (018) 087 231 5483
E-pos: Pedro.Rankin@nwu.ac.za

Geagte Mnr./Mev.

FASE 1: TOESTEMMING TOT DEELNAME AAN 'N NAVORSINGSPROJEK

Ek is **Reinette Joubert** van die Noordwes-Universiteit wat navorsing doen oor 'n **gesondheid- en welstandsprogram** en wil u graag uitnoui om u toestemming tot deelname aan ons projek te gee. Besonderhede oor die projek volg hieronder om u in staat te stel om 'n ingeligte besluit te neem.

1. DIE DOELVAN DIE STUDIE

Die doel met die studie is om **riglyne te vestig vir die ontwikkeling van 'n gesondheid- en welstandsprogram vir werknemers van die gesondheidsorggroep in die Noordwes Provinsie in wie se diens u is.** U word gevra om aan die studie deel te neem **omdat u 'n werknemer van die gesondheidsorggroep is en u gesigspunte, menings en ondervindings baie waardevol vir my is.**

2. PROSEDURE

Indien u tot deelname aan die studie sal instem, sal van u verwag word om een of alle van die volgende te doen:

Deelname aan 'n individuele onderhoud van ongeveer 90 minute waartydens u u gesigspunte, menings en ondervindings sal deel. 'n Stemopnemer sal as instrument en apparaat vir dataversameling gebruik word

3. RISIKO'S EN ONGEMAK

Data sal met die grootste geheimhouding hanteer word en geen name sal in stemopnames genoem word nie. Neem asseblief die vrymoedigheid om voor, gedurende en na afloop van die onderhoud enige kommer wat u mag hê, te noem.

Daar sal nie gebruik gemaak word van enige metodes waarvolgens deelnemers in enige publikasie voortvloeiend uit die studie, geïdentifiseer sal word nie, en slegs ekself en my studieleier sal die data wat u gedeel het, hanteer. Alle sensitiewe inligting sal beveilig word deur dit op 'n datastokkie ("*flash drive*") te stoor en dan toe te sluit.

4. VOORDELE

Die verwagting is dat 'n gesondheid- en welstandsprogram wat op wetenskaplike feite berus, tot die verhoogde gevoelens van gesondheid en welstand van elke personeellid, die maatskappy as geheel sowel as die gemeenskap van werknemers 'n bydrae sal lewer.

5. KOSTE

Daar sal afgesien van tyd, geen koste vir u verbode wees as gevolg van u deelname aan die projek nie.

6. VERGOEDING

U sal geen vergoeding ontvang vir u deelname nie, maar verversings sal beskikbaar wees.

7. VRAE

U is welkom om Prof P Rankin by Pedro.Rankin@nwu.ac.za, tel. **0182991679**, te kontak vir enige verdere vrae in verband met u instemming. Die besonderhede van die kontakpersoon van die Etiese Komitee word hieronder verskaf.

Etiese komitee se kontakbesonderhede: Mev. Carolien van Zyl

E-pos [Carolien.Van Zyl@nwu.ac.za](mailto:Carolien.Van.Zyl@nwu.ac.za)

Tel: 0182992094

Dit sal waardeer word as u die begeleidende brief kan onderteken en dit kan terugbesorg aan die persoon van wie u dit ontvang het.

Vriendelike groete

Reinette Joubert

ADDENDUM 3: PHASE 1 CONSENT FORM (ENGLISH)

CONSENT FORM

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent without any consequences.

Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily consent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand what I might benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

Date

Signature of the participant

Date

Signature of the person obtaining consent

ADDENDUM 4: PHASE 1 CONSENT FORM (AFRIKAANS)

TOESTEMMINGSVORM

DEELNAME AAN HIERDIE PROJEK IS VRYWILLIG
DIT STAAN U VRY OM TE WEIER OM AAN HIERDIE PROJEK DEEL TE NEEM OF OM ENIGE
TYD SONDER NAGEVOLGE TE ONTTREK, SELFS NADAT U DIE VORM VIR INGELIGTE
TOESTEMMING ONDERTEKEN HET.

Teken asseblief hieronder indien u bereid is om aan die projek deel te neem.

Ek _____ gee hiermee my vrywillige toestemming
om aan die bovermelde studie deel te neem. My deelname is nie op enige manier afgedwing nie
en ek verstaan dat ek enige tyd, indien ek gedurende die verloop van die studie ongemak ervaar,
kan onttrek. Ek begryp ook dat my naam aan niemand, wat nie deel van die studie is, openbaar
sal word nie, en dat die inligting vertroulik hanteer sal word en nie op enige stadium aan my naam
gekoppel sal word nie. Ek verstaan verder die voordele wat my deelname sal inhou sowel as wat
die moontlike risiko's sal wees en dat iemand beskikbaar sal wees as ek behoefte aan verdere
bespreking sal hê.

Datum

Handtekening van die deelnemer

Datum

Handtekening van die persoon wat deelname verkry het.

ADDENDUM 5: INTERVIEW GUIDE

I am Reinette Joubert from the North-West University working on establishing guidelines for the development of a health and wellness programme for the employees of this healthcare group. You have been asked to participate in this study because you are one of the employees of this healthcare group and your views, opinions and experiences are very valuable to me. The expectation is that a health and wellness programme will contribute to the improved health and wellness feelings of each employee, to that of the company as a whole and also to the community of employees.

A health and wellness programme refers to programmes in the workplace that aims to improve the health and wellness of employees. It therefore does not just focus on employees who may experience problems, but should rather encourage all employees to be healthier. It is important to remember that the word healthy does not only focus on physical health. It refers to a person as a whole and can be defined as a state of physical, mental and social well-being. Wellness can refer to the way in which a person feels good about himself and his world.

Section A: Psychological and emotional health

1. Do you think it is the responsibility of your employer to maintain and promote your happiness as a person at work and outside work?
2. Do you think it is necessary to maintain and promote employee's mental health in order to be a productive employee?
3. Would you want to see that programmes are presented in order to maintain or improve the happiness of employees?
4. Can you think of such programmes? (Dealing with tension, dealing with conflict, improving of relationship, family-work balance, self-assertiveness programmes)

5. What causes a breakdown in your happiness inside and outside of the workplace and how would you like to change it?
6. Does the organisation have such programmes?
7. What changes or improvements would you recommend?
8. What are your needs regarding such programmes?

Section B: Physical health

9. Do you think that your employer has the responsibility of maintaining and promoting your physical health in your work and outside your work?
10. Do you think it is necessary to maintain and promote employee's physical health in order to be a productive employee?
11. Would you like to see that programmes and facilities are offered that will make it possible to maintain and promote the physical health of employees?
12. Can you think of examples of such programmes or facilities? (Gyms, smoking-cessation programmes, measuring of cholesterol, measuring of blood pressure, lifestyle programmes, alcohol education, holistic health guidance, health education programmes)
13. Does the organisation have such programmes?
14. What changes or improvements would you recommend?
15. What are your needs regarding such programmes?

Section C: General

16. Would you take part in programmes that are presented within a group context?
17. Who must take responsibility for presenting such programmes in the workplace?
18. Should these programmes be presented during working hours?
19. Should employees be permitted to attend such programmes during working hours?

20. Do you think that this workplace is a good setting for the promotion of health and wellness?

What makes you say this?

21. What benefits do you think an employee health and wellness programme can have in this company?

22. Is there anything else that you would like to add? Do you have any questions?

Thank you for participating in this study. Feel free to contact me should you have the need for any further discussions after this interview.

ADDENDUM 6: PHASE 2 COVER LETTER



Privaatsak X6001, Potchefstroom
Suid-Afrika, 2520

Tel: (018) 299-1111/2222
Web: <http://www.nwu.ac.za>

**Skool vir Psigososiale Gedragwetenskappe:
Vakgroep Maatskaplike Werk**

Tel: (018) 018 2991676
Faks: (018) 087 231 5483
E-pos: Pedro.Rankin@nwu.ac.za

Dear Sir/Madam / *Geagte Meneer/Mevrou*

CONSENT TO BE A RESEARCH PARTICIPANT / TOESTEMMING TOT DEELNAME AAN 'N NAVORSINGSPROJEK

I am Reinette Joubert from the North-West University working on a **health and wellness programme** and we would like to invite you to give consent and participate in the study. Information about the study follows so that you can make an informed decision.

*Ek is Reinette Joubert van die Noordwes-Universiteit wat navorsing doen oor 'n **gesondheid- en welstandsprogram** en wil u graag uitnooi om u toestemming tot deelname aan ons projek te gee. Besonderhede oor die projek volg hieronder om u in staat te stel om 'n ingeligte besluit te neem.*

1. PURPOSE OF THE STUDY / DOEL VAN DIE STUDIE

The purpose of the study is to **establish guidelines for the development of a health and wellness programme for the employees of a health care group in the North-West Province where you are employed**. You are being asked to participate in this study because **you are one of the employees of the health care group and your views, opinions and experiences are very valuable to us**.

*Die doel van die studie is om riglyne te vestig vir die ontwikkeling van 'n **gesondheid- en welstandsprogram vir werknemers van die gesondheidsgroep in die Noordwes Provinsie in wie se diens u is**. U word gevra om aan die studie deel te neem omdat u 'n **werknemer van die gesondheidsorggroep is en u gesigspunte, menings en ondervindings baie waardevol vir my is**.*

2. PROCEDURE / PROSEDURE

If you agree to be in the study you will be expected to **complete a questionnaire which will take approximately 60 minutes of your time.**

Indien u tot deelname aan die studie sal instem, sal van u verwag word om 'n vraelys te voltooi wat ongeveer 60 minute van u tyd in beslag sal neem.

3. RISK OR DISCOMFORTS / RISIKO'S EN ONGEMAK

Data will be handled with the greatest secrecy and no names will appear on the questionnaire. Please feel free to mention any concerns you may have before, or after the completion of the questionnaire. No individual identifiers will be used in any publications resulting from this study and only the researcher and my research supervisor will work with the information that you shared. All sensitive information will be protected by locking it up and storing it on a flash drive locked away.

Data sal met die grootste geheimhouding hanteer word en u moet nie u naam op die vraelys aanbring nie. Voel gerus om enige besorgdheid wat u mag hê te noem voor of na die voltooiing van die vraelys. Daar sal nie gebruik gemaak word van enige metodes waarvolgens deelnemers in enige publikasie voortvloeiend uit die studie, geïdentifiseer sal word nie, en slegs ekself en my studieleier sal die data wat u gedeel het, hanteer. Alle sensitiwiteit sal beveilig word deur dit op 'n datastokkie te stoor en dan toe te sluit.

4. BENEFITS / VOORDELE

The expectation is that a health and wellness programme based on scientific evidence will contribute to the improved health and wellness feelings of each staff member, to that as a company as a whole and also the community of employees. Your contribution as an individual staff member adds value to this planned new source of support.

Die verwagting is dat 'n gesondheids- en welstandsprogram wat op wetenskaplike feite berus, tot die verhoogde gevoelens van welstand van elke personeelid, die maatskappy sowel as die gemeenskap van werknemers 'n bydrae sal lewer. U as individuele personeelid dra by tot hierdie beplande ondersteuningsbron.

5. COST / KOSTE

There will be apart from your time, not cost to you as a result of your participation in this study.

Daar sal afgesien van tyd, geen koste vir u verbode wees aan u deelname aan die projek nie.

6. PAYMENT / VERGOEDING

You will not receive payment for participation.

U sal nie vergoeding ontvang vir u deelname nie.

7. QUESTIONS / VRAE

You are welcome to contact **Prof. P. Rankin** at **Pedro.Rankin@nwu.ac.za** tel **0182991679**. If you have any further questions concerning your consent.

*U is welkom om **Prof. P. Rankin** by **Pedro.Rankin@nwu.ac.za** tel **0182991679** te kontak vir enige verdere vrae in verband met u instemming.*

Ethics committee contact details / Etiese komitee kontak besonderhede:

Mrs/Mev Carolien van Zyl

E-mail: Carolien.VanZyl@nwu.ac.za

Tel: 0182992094

Yours sincerely / *Vriendelike groete*

Reinette Joubert

ADDENDUM 7: PHASE 2 CONSENT LETTER

CONSENT FORM

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent without any consequences. Should you be willing to participate you are required to sign below:

I _____ hereby voluntarily consent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. **I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage.** I also understand what I might benefit from participation as well as what might be the possible risks and should I need further discussion someone will be available.

Date

Signature of participant

Date

Signature of person obtaining consent

TOESTEMMINGSVORM

DEELNAME AAN HIERDIE PROJEK IS VRYWILLIG

Dit staan my vry om te weier om aan hierdie projek deel te neem of om enige tyd sonder nagevolge te onttrek, selfs nadat u die vorm vir ingeligte toestemming onderteken het. Teken asseblief hieronder indien u bereid is om aan die projek deel te neem:

Ek _____ gee hiermee my vrywillige toestemming om aan die bovermelde studie deel te neem. My deelname is nie op enige manier afgedwing nie en ek verstaan dat ek enige tyd, indien ek gedurende die verloop van die studien ongemak ervaar, kan onttrek. **Ek begryp ook dat my naam aan niemand, wat nie deel van die studie is nie, openbaar sal word nie, end at die inligting vertroulik hanteer sal word en nie op**

enige stadium aan my naam gekoppel sal word nie. Ek verstaan verder die voordele wat my deelname sal inhou sowel as wat die moontlike risiko's sal wees end at iemand beskikbaar sal wees as ek behoefte aan verdere bespreking sal hê.

Datum

Handtekening van deelnemer

Datum

Handtekening van persoon wat deelname verkry het

ADDENDUM 8: QUESTIONNAIRE



A RESEARCH PROJECT DETERMNING GUIDELINES FOR DEVELOPING A HEALTH AND WELLNESS PROGRAMME FOR A HEALTH CARE GROUP / 'N NAVORSINGSPROJEK OOR RIGLYNE VIR DIE ONTWIKKELING VAN 'N GESONDHEID EN WELSTANDSPROGRAM VIR 'N GESONDHEIDSGROEP.

Instructions for the completion of the questionnaire / Instruksies vir die voltooiing van die vraelys:

- Please complete ALL questions / Voltooi asseblief ALLE vrae.
- Only one answer per question / Slegs een antwoord per vraag.
- Please read and sign the consent form / Lees en teken asseblief die toestemmingsvorm.
- Please tick the boxes that applies to you / Merk die blokkies wat op u van toepassing is.
- Please complete and return the questionnaire to the person you received it from within 7 days / Voltooi asseblief die vraelys en besorg dit binne 7 dae terug aan die persoon van wie u dit ontvang het.

Please note that this questionnaire is anonymous – no names will therefore be connected to the questionnaire / Let asseblief daarop dat die vraelys anoniem is – geen name sal dus gekoppel word aan die vraelys nie.

A. DEMOGRAPHIC DETAILS / DEMOGRAFIESE BESONDERHEDE

Language / Taal

English Engels	Afrikaans	Zulu	Xhosa	Southern Sotho	Northern Sotho	Tswana	Venda	Tsonga	Swazi	Ndebele	Other
1	2	3	4	5	6	7	8	9	10	11	12

Gender / Geslag

Male/Manlik	Female/Vroulik
1	2

Business Unit / Besigheidseenheid

Wilmed Park	Sunningdale	Parkmed	MMHS
1	2	3	4

How many years have you been working in your present business unit? / Vir hoeveel jaar werk u al in u huidige besigheidseenheid?

0 – 5 years	6 – 10 years	11 – 15 years	16 – 20 years	20+ years
1	2	3	4	5

Age / Ouderdom

16 - 20	21 -30	31 -35	36 – 40	41 – 45	46 – 50	51 - 60	61–65	65+
1	2	3	4	5	6	7	8	9

Job level / Posvlak

A	B	C1 – C3	C4 – D1	D2 – D4
1	2	3	4	5

B. ITEMS OF INTEREST / ITEMS WAARIN U BELANGSTEL

Place a circle around the appropriate number next to the following topics to indicate the strength of your interest in more knowledge about the topic in your workplace. Mark according to the explanation in the box below.

Omkring die toepaslike nommer langs die volgende items om die sterkte van u belangstelling oor meer kennis van die onderwerp in u werkplek aan te dui. Merk volgens die verduideliking in die kassie hieronder.

1	=	Very little extent / Tot 'n baie klein mate
2	=	Little extent / Tot 'n klein mate
3	=	Great extent / Tot 'n groot mate
4	=	Very great extent / Tot 'n baie groot mate

1. Motivating others / Om ander te motiveer	1	2	3	4
2. Exercise programmes / Oefen programme	1	2	3	4
3. Social interaction in the workplace / Sosiale interaksie binne die werkplek	1	2	3	4
4. Relaxation techniques / Ontspanningstegnieke	1	2	3	4
5. Self-confidence skills / Selfvertroue vaardighede	1	2	3	4
6. Cholesterol screenings / Cholesterol siftingstoetse	1	2	3	4
7. Personal emotional support / Persoonlike emosionele ondersteuning	1	2	3	4
8. To get to know yourself better / Om self beter te leer ken	1	2	3	4
9. Balance between work-life and personal life / Balans tussen werkslewe en persoonlike lewe	1	2	3	4
10. Spending leisure time constructively / Konstruktiewe vrytydspandering	1	2	3	4

Please turn the page / Blaai asseblief om

11.	To get along with different personality types / <i>Om met verskillende persoonlikheidstipes oor die weg te kom</i>	1	2	3	4
12.	To manage emotions / <i>Om emosies te beheer</i>	1	2	3	4
13.	To work more effectively / <i>Om meer effektief te werk</i>	1	2	3	4
14.	Developing effective supervisor-employee relationships / <i>Ontwikkeling van effektiewe toesighouer-werknemer verhoudings</i>	1	2	3	4
15.	Professional appearance in terms of hair styling / <i>Professionele voorkoms in terme van haarstilering</i>	1	2	3	4
16.	Interaction between the different units in your workplace / <i>Interaksie tussen die verskillende eenhede binne jou werkplek</i>	1	2	3	4
17.	Personal enhancement / <i>Persoonlike verryking</i>	1	2	3	4
18.	Healthy recipes / <i>Gesonde resepte</i>	1	2	3	4
19.	Skills for professional conduct / <i>Vaardighede vir professionele optrede</i>	1	2	3	4
20.	To understand colleagues better / <i>Om kollegas beter te verstaan</i>	1	2	3	4
21.	Getting along with people from different backgrounds / <i>Om met mense van verskillende agtergronde oor die weg te kom</i>	1	2	3	4
22.	Making your work area more comfortable / <i>Om u werksarea meer gemaklik te maak</i>	1	2	3	4
23.	Work prioritising / <i>Werksprioritering</i>	1	2	3	4
24.	Interaction between the different business units in the group / <i>Interaksie tussen verskillende besigheidseenhede in die groep</i>	1	2	3	4
25.	Professional appearance in terms of make-up / <i>Professionele voorkoms in terme van grimering</i>	1	2	3	4
26.	Blood glucose screenings / <i>Bloedsuiker siftingstoetse</i>	1	2	3	4
27.	Emotional self-care / <i>Emosionele selfsorg</i>	1	2	3	4
28.	Management of workload / <i>Bestuur van werkslading</i>	1	2	3	4
29.	Managing conflict with clients / <i>Hantering van konflik met kliënte</i>	1	2	3	4
30.	Hobbies / <i>Stokperdjies</i>	1	2	3	4
31.	Self-control / <i>Selfbeheersing</i>	1	2	3	4
32.	Stress management / <i>Streshantering</i>	1	2	3	4
33.	Dealing with the public in a professional way / <i>Om die publiek op 'n professionele manier te hanteer</i>	1	2	3	4
34.	Healthy eating habits / <i>Gesonde eetgewoontes</i>	1	2	3	4
35.	Personal growth in your occupation / <i>Persoonlike groei in u beroep</i>	1	2	3	4
36.	Dressing for your body-type / <i>Aantrek volgens u liggaamstipe</i>	1	2	3	4
37.	Dealing with criticism / <i>Hantering van kritiek</i>	1	2	3	4
38.	Improved team spirit / <i>Verbeterde spangees</i>	1	2	3	4
39.	Financial skills / <i>Finansiële vaardighede</i>	1	2	3	4
40.	Healthy sleeping habits / <i>Gesonde slaapgewoontes</i>	1	2	3	4

41.	Setting boundaries / <i>Stel van grense</i>	1	2	3	4
42.	Management skills / <i>Bestuursvaardighede</i>	1	2	3	4
43.	Healthy weight / <i>Gesonde gewig</i>	1	2	3	4
44.	Getting along with different cultures in the workplace / <i>Om met verskillende kulture binne die werksplek oor die weg te kom</i>	1	2	3	4
45.	Burnout prevention / <i>Voorkoming van uitbranding</i>	1	2	3	4
46.	Self-image / <i>Selfbeeld</i>	1	2	3	4
47.	Physical appearance / <i>Fisiese voorkoms</i>	1	2	3	4
48.	Emotional intelligence / <i>Emosionele intelligensie</i>	1	2	3	4
49.	Managing difficult situations in the workplace / <i>Hantering van moeilike situasies binne die werksplek</i>	1	2	3	4
50.	Fitness / <i>Fiksheid</i>	1	2	3	4
51.	A place to discuss personal problems / <i>'n Plek waar persoonlike probleme bespreek kan word</i>	1	2	3	4
52.	Blood pressure screenings / <i>Bloeddruk siftingstoetse</i>	1	2	3	4
53.	Team building activities / <i>Spanbou aktiwiteite</i>	1	2	3	4
54.	Lunch breaks away from your work station / <i>Etensbroke weg van u werkstasie</i>	1	2	3	4
55.	Beauty workshops / <i>Skoonheid werksinkels</i>	1	2	3	4
56.	Smoking cessation programmes / <i>Staaak van rook programme</i>	1	2	3	4
57.	Social events / <i>Sosiale geleenthede</i>	1	2	3	4
58.	Getting to know colleagues on a personal level / <i>Om kollegas op 'n persoonlike vlak te leer ken</i>	1	2	3	4
59.	Theme days / <i>Tema dae</i>	1	2	3	4
60.	Eye screenings / <i>Oog siftingstoetse</i>	1	2	3	4
61.	Friendly work environment / <i>Vriendelike werksomgewing</i>	1	2	3	4
62.	Leadership programmes / <i>Leierskapsprogramme</i>	1	2	3	4
63.	A healthy work climate / <i>'n Gesonde werksklimaat</i>	1	2	3	4
64.	Getting along with different generations (age groups) in the workplace / <i>Om met verskillende generasies (ouderdomsgroepe) in die werksplek oor die weg te kom</i>	1	2	3	4
65.	Conflict management / <i>Konflikhantering</i>	1	2	3	4
66.	Self-assertiveness / <i>Selfgeldig</i>	1	2	3	4
67.	Emotional debriefing opportunities / <i>Emosionele ontlofting geleenthede</i>	1	2	3	4
68.	A comfortable work area / <i>'n Gemaklike werksarea</i>	1	2	3	4
69.	Training in your occupation / <i>Opleiding in u beroep</i>	1	2	3	4
70.	Effective work planning / <i>Effektiewe werksbeplanning</i>	1	2	3	4
71.	More in-service training opportunities / <i>Meer indiensopleiding geleenthede</i>	1	2	3	4

