



Assessing employee wellness programme's effectiveness on staff  
in a South African mental health facility

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## DECLARATION

I, the undersigned, Kebotile Karlina Mahasha, hereby declare that the contents of this mini-dissertation for the requirements of the degree of Master of Business Administration (MBA) at the North-West University, is my work and has not been previously submitted to this University or any other University, and that all materials used have been duly acknowledged by way of references.



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Kebotile Karlina Mahasha

Date :04 November 2025

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## ABSTRACT

The aim of this study was to assess the effectiveness of an employee wellness programme (EWP) for staff employed at a private mental health facility in South Africa. The study further sought to explore the perceived benefits of the programme for both employees and the organisation. Guided by the interpretivist paradigm, the study adopted a qualitative research approach to gain a deeper understanding of employees' perceptions and experiences regarding the implementation and impact of the EWP.

Data were collected through semi-structured interviews with 10 participants, consisting of four nurses, two managers, and four administrative staff members. This method was selected for its ability to generate rich, detailed insights and to allow for follow-up questions where clarification or elaboration was needed. Thematic analysis was employed to identify and interpret emerging patterns within the data.

The findings revealed that, while all participants were aware of the EWP and recognised its importance in promoting well-being, the programme was not being utilised to its full potential. Barriers such as high workloads, time constraints, limited managerial support, and the stigma associated with help-seeking behaviour were found to hinder participation. Despite these challenges, participants reported positive outcomes amongst those who had engaged with the programme, including improved stress management, emotional resilience, and awareness of mental health and wellness practices.

The study concluded that, although the EWP is viewed as a valuable organisational resource, its overall effectiveness is constrained by operational barriers within the facility. Enhanced communication, stronger leadership involvement, and the integration of wellness activities into daily work routines are recommended to improve engagement and impact.

**Keywords:** employee wellness programme, employee well-being, performance, mental health facility, South Africa, qualitative

## LIST OF ABBREVIATIONS

|               |                                                              |
|---------------|--------------------------------------------------------------|
| DPSA          | Department of Public Service Administration                  |
| EAPA-SA       | Employee Assistance Professional Association of South Africa |
| EWP           | employee wellness programme                                  |
| HR            | human resources                                              |
| JD-R Model    | Job Demands–Resources Model                                  |
| OCSA          | Occupational Care South Africa                               |
| Stats SA      | Statistics South Africa                                      |
| PSC framework | psychosocial safety climate framework                        |
| WHO           | World Health Organisation                                    |

## **TABLE OF CONTENTS**

|                                                 |           |
|-------------------------------------------------|-----------|
| <b>DECLARATION .....</b>                        | <b>2</b>  |
| <b>ACKNOWLEDGEMENTS .....</b>                   | <b>3</b>  |
| <b>ABSTRACT</b>                                 | <b>4</b>  |
| <b>LIST OF ABBREVIATIONS .....</b>              | <b>5</b>  |
| <b>CHAPTER 1: BACKGROUND AND OVERVIEW.....</b>  | <b>11</b> |
| 1.1 INTRODUCTION.....                           | 11        |
| 1.2 BACKGROUND TO THE STUDY .....               | 12        |
| 1.3 PROBLEM STATEMENT.....                      | 13        |
| 1.4 SIGNIFICANCE OF THE STUDY.....              | 14        |
| 1.5 AIM AND OBJECTIVES OF THE STUDY .....       | 15        |
| 1.5.1 Aim of the Study .....                    | 15        |
| 1.5.2 Research Objectives .....                 | 16        |
| 1.5.3 Research Questions .....                  | 16        |
| 1.6 LITERATURE REVIEW.....                      | 16        |
| 1.6.1 Conceptualising EWP.....                  | 17        |
| 1.6.2 Effectiveness of EWP.....                 | 17        |
| 1.6.3 Employee Perceptions and Engagement ..... | 17        |
| 1.6.4 Organisational Outcomes .....             | 17        |
| 1.7 THEORETICAL FRAMEWORK OF THE STUDY.....     | 18        |

|                                           |                                              |           |
|-------------------------------------------|----------------------------------------------|-----------|
| 1.7.1                                     | The JD-R Model .....                         | 18        |
| 1.7.2                                     | Maslach and Leiter's Burnout Theory .....    | 18        |
| 1.7.3                                     | Self-Determination Theory .....              | 19        |
| <b>1.8</b>                                | <b>DEFINITIONS OF KEY CONCEPTS.....</b>      | <b>20</b> |
| <b>1.9</b>                                | <b>OVERVIEW OF RESEARCH METHODOLOGY.....</b> | <b>20</b> |
| <b>1.10</b>                               | <b>DEMARCATIION OF THE STUDY .....</b>       | <b>21</b> |
| <b>1.11</b>                               | <b>OUTLINE OF THE DISSERTATION .....</b>     | <b>21</b> |
| <b>1.12</b>                               | <b>CONCLUSION .....</b>                      | <b>22</b> |
| <b>CHAPTER 2: LITERATURE REVIEW .....</b> |                                              | <b>23</b> |
| <b>2.1</b>                                | <b>INTRODUCTION.....</b>                     | <b>23</b> |
| <b>2.2</b>                                | <b>THEORETICAL FOUNDATION .....</b>          | <b>25</b> |
| 2.2.1                                     | The JD-R Model .....                         | 25        |
| 2.2.2                                     | Maslach and Leiter's burnout theory.....     | 25        |
| 2.2.3                                     | The PSC framework .....                      | 26        |
| 2.2.4                                     | Self-determination Theory .....              | 27        |
| <b>2.3</b>                                | <b>COMPONENTS OF EFFECTIVE EWPs.....</b>     | <b>27</b> |
| <b>2.4</b>                                | <b>CHALLENGES IN IMPLEMENTING EWPs.....</b>  | <b>31</b> |
| 2.4.1                                     | Lack of leadership support .....             | 31        |
| 2.4.2                                     | Design and Evaluation Challenges.....        | 31        |
| 2.4.3                                     | Unfavourable Context.....                    | 32        |
| 2.4.4                                     | Structural and Resource Constraints.....     | 32        |

|                                                |                                                  |           |
|------------------------------------------------|--------------------------------------------------|-----------|
| 2.4.5                                          | Culture and Stigma.....                          | 33        |
| 2.4.6                                          | Operational and Logistical Challenges .....      | 33        |
| 2.4.7                                          | Government Policy .....                          | 34        |
| <b>2.5</b>                                     | <b>SUMMARY OF REVIEW.....</b>                    | <b>34</b> |
| <b>2.6</b>                                     | <b>CONCLUSION .....</b>                          | <b>36</b> |
| <b>CHAPTER 3: METHODOLOGY.....</b>             |                                                  | <b>37</b> |
| <b>3.1</b>                                     | <b>INTRODUCTION.....</b>                         | <b>37</b> |
| <b>3.2</b>                                     | <b>RESEARCH PARADIGM.....</b>                    | <b>37</b> |
| <b>3.3</b>                                     | <b>RESEARCH APPROACH.....</b>                    | <b>38</b> |
| <b>3.4</b>                                     | <b>RESEARCH DESIGN.....</b>                      | <b>38</b> |
| <b>3.5</b>                                     | <b>METHODS .....</b>                             | <b>39</b> |
| 3.5.1                                          | Population and Sampling.....                     | 39        |
| 3.5.2                                          | Data Collection .....                            | 40        |
| 3.5.3                                          | Data Analysis .....                              | 40        |
| <b>3.6</b>                                     | <b>TIME HORIZON .....</b>                        | <b>41</b> |
| <b>3.7</b>                                     | <b>STRATEGIES TO ENSURE TRUSTWORTHINESS.....</b> | <b>41</b> |
| <b>3.8</b>                                     | <b>ETHICAL CONSIDERATIONS .....</b>              | <b>42</b> |
| <b>3.9</b>                                     | <b>CONCLUSION .....</b>                          | <b>43</b> |
| <b>CHAPTER 4: DISCUSSION AND ANALYSIS.....</b> |                                                  | <b>44</b> |
| <b>4.1</b>                                     | <b>INTRODUCTION.....</b>                         | <b>44</b> |
| <b>4.2</b>                                     | <b>FINDINGS .....</b>                            | <b>44</b> |

|                                                         |                                                                                   |           |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|-----------|
| 4.4.1                                                   | Theme 1: Awareness and Understanding of the EWP .....                             | 46        |
| 4.4.2                                                   | Theme 2: Perceived Benefits and Impact of the EWP on Employee<br>Well-being ..... | 47        |
| 4.4.3                                                   | Theme 3: Influence of the EWP on Work Performance and<br>Productivity .....       | 48        |
| 4.4.4                                                   | Theme 4: Challenges and Barriers to Participation in the EWP .....                | 50        |
| 4.4.5                                                   | Theme 5: Recommendations for Improvement of the EWP .....                         | 52        |
| <b>4.5</b>                                              | <b>DISCUSSION OF FINDINGS .....</b>                                               | <b>55</b> |
| 4.5.1                                                   | Awareness and Understanding of the EWP .....                                      | 55        |
| 4.5.2                                                   | Perceived Benefits and Impact on Well-being .....                                 | 55        |
| 4.5.3                                                   | Influence on Work Performance and Productivity .....                              | 56        |
| 4.5.4                                                   | Challenges and Barriers to Participation .....                                    | 56        |
| 4.5.5                                                   | Recommendations for Improvement .....                                             | 57        |
| <b>4.6</b>                                              | <b>CONCLUSION .....</b>                                                           | <b>57</b> |
| <b>CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS .....</b> |                                                                                   | <b>59</b> |
| <b>5.1</b>                                              | <b>INTRODUCTION .....</b>                                                         | <b>59</b> |
| <b>5.2</b>                                              | <b>SUMMARY OF FINDINGS .....</b>                                                  | <b>59</b> |
| <b>5.3</b>                                              | <b>RECOMMENDATIONS .....</b>                                                      | <b>59</b> |
| <b>5.4</b>                                              | <b>STUDY LIMITATIONS AND RECOMMENDATIONS FOR FUTURE<br/>RESEARCH .....</b>        | <b>60</b> |
| <b>5.5</b>                                              | <b>CONCLUSION .....</b>                                                           | <b>61</b> |
| <b>REFERENCES .....</b>                                 |                                                                                   | <b>63</b> |

|                                                         |           |
|---------------------------------------------------------|-----------|
| <b>ANNEXURE A: OPEN-ENDED INTERVIEW QUESTIONS .....</b> | <b>74</b> |
| <b>ANNEXURE B: ETHICAL CLEARANCE.....</b>               | <b>75</b> |
| <b>ANNEXURE C: GATE KEEPERS LETTER.....</b>             | <b>77</b> |
| <b>ANNEXURE D: INFORMED CONSENT .....</b>               | <b>79</b> |
| <b>ANNEXURE E: CERTIFICATE OF EDITING.....</b>          | <b>82</b> |

## CHAPTER 1: BACKGROUND AND OVERVIEW

### 1.1 INTRODUCTION

Employee wellness programmes (EWPs) are structured, employer-led interventions aimed at promoting employee well-being across physical, mental, social, and financial domains (Jain & Jain, 2020). Introduced formally in South Africa in 1986 by the Chamber of Mines (Employee Assistance Professional Association (EAPA-SA), 2023), EWPs have become vital tools in managing workplace stress, improving health outcomes, and fostering supportive organisational environments (World Health Organization (WHO), 2021). These initiatives commonly provide services such as counselling, financial planning, and wellness education to help employees navigate work–life demands (Moyo & Pienaar, 2021).

Despite their widespread adoption, concerns persist regarding their long-term effectiveness, particularly when implementation lacks consistent evaluation and leadership involvement (Madonsela, 2023; Van der Walt, 2021). This study explored the alignment between EWP activities and their intended outcomes within a South African mental health facility, focusing specifically on the role of leadership in enhancing programme success. While leadership commitment is a recognised enabler of EWP effectiveness, it is often overlooked in practice (Mazzetti & Schaufeli, 2022).

Additionally, cultural inclusivity is highlighted as a critical consideration in the South African context. Scholars advocate the integration of traditional healing practices and recognition of diverse health perspectives to ensure greater accessibility and relevance (Mokgobi & Mogashoa, 2022). Although regional research remains limited, initiatives such as EAP for Africa reflect a growing trend toward professionalising wellness efforts across the continent (EAPA-SA, 2011).

The present study is theoretically grounded in Bakker and Demerouti's (2017) Job Demands–Resources (JD-R) Model, which explains how well-being is shaped by the balance between job demands and available resources (Bakker & Demerouti, 2017), the Psychosocial Safety Climate (PSC) Framework (Karatuna *et al.*, 2025) that links organisational climate to psychological well-being (Dollard & Bakker, 2010), which explores how emotional workplace experiences influence employee behaviour.

The next section provides background to the present study, followed by the problem statement and an explanation of the significance of the study.

## **1.2 BACKGROUND TO THE STUDY**

EWPs form a key part of modern organisational strategy by promoting healthier, more engaged employees (Blackburn, 2005). In South Africa, their relevance is heightened by persistent socio-economic challenges, mental health burdens, and the impacts of COVID-19 (Jacobs & Leso, 2023; Pillay *et al.*, 2022).

While widely adopted, many EWPs are not supported by strong evidence or long-term evaluations. Employers often implement these programmes without clear metrics for success or integration with organisational culture (Madonsela, 2023; Van der Walt & Coetzee, 2021). The rise of remote work has further complicated wellness delivery, contributing to isolation and disengagement (García-Salirrosas *et al.*, 2023; Kowalski *et al.*, 2022).

Leadership plays a key role in wellness outcomes. Research shows that transformational and supportive leadership improves well-being, morale, and programme uptake (Mujtaba & Cavico, 2023; Radu, 2023). However, the lack of leadership integration in EWP design often limits impact and sustainability (Mazzetti & Schaufeli, 2022; Stritch & Christensen, 2023). This study sought to close existing research gaps by evaluating how leadership, delivery strategies, and organisational culture influence EWP success in mental health settings.

The research is primarily focused on a selected private mental health institution situated in Johannesburg, within the Gauteng province of South Africa. The institution has an approximate capacity of 100 beds and provides psychiatric rehabilitation services for various mental illnesses offering comprehensive psychiatric assessments, clinical diagnosis and supportive therapy through both in-patient and out-patient services delivered by a multidisciplinary clinical team. The EWP was subsequently introduced at the institution in the last quarter of 2021.

### 1.3 PROBLEM STATEMENT

Measuring employee wellness is complex, and traditional evaluation methods often fall short in capturing meaningful outcomes (Vyas-Doorgapersad, 2024). Although many organisations invest significantly in wellness initiatives, the lack of clarity on which benefits matter most to employees can lead to ineffective outcomes and wasted resources. When aligned with employee needs, however, wellness programmes can boost productivity and organisational performance (Krekel *et al.*, 2019). In South Africa, many programmes are introduced without proper needs assessments, resulting in poor alignment and low engagement (Sieberhagen *et al.*, 2011). This highlights the need for a structured framework such as the JD-R Model (Bakker & Demerouti, 2017), which explains how balanced job demands and resources can reduce burnout and improve well-being.

One of the most pressing challenges facing organisations today is the high prevalence of employee stress and burnout, which poses significant threats to long-term sustainability (Schaufeli, 2022). In South Africa, stress-related absenteeism costs the economy an estimated R16 billion annually, with up to 15% of employees absent daily due to mental health issues (Occupational Care South Africa (OCSA), 2020). These absences lead to productivity losses, increased overtime, delays, and administrative strain (Goetzel *et al.*, 2022). When burnout leads to staff turnover, companies face the costs of recruiting and onboarding new employees, who generally take six to eight months to reach full productivity (Oxford Economics, 2021).

The focus of the present study was a private mental healthcare institution that had introduced an EWP in 2021, aimed at fostering self-care and holistic well-being by addressing five key dimensions: physical, mental, financial, social, and occupational health. Despite its comprehensive design, the programme faces challenges related to poor implementation and low employee engagement.

While the benefits of EWP are widely recognised, there is a notable lack of empirical research on employee perceptions, particularly in high-stress environments like mental health institutions (Mazzetti & Schaufeli, 2022; Madonsela, 2023; Hartling & Thompson, 2023). This gap is especially evident in the South African private healthcare sector, where most studies emphasise general outcomes such as productivity, engagement and validated wellness measurement (Mpungose & Silinda, 2025).

The present study was aimed at filling this gap by exploring how employees in the context of a mental health institution perceive and engage with the programme. The study explores the programme's strengths and limitations from the employee perspective, and provides practical recommendations to enhance its design, delivery, and evaluation. Addressing the dual challenges of low participation and limited feedback may support more effective and sustainable wellness interventions, potentially reducing burnout and improving organisational outcomes in this domain.

#### **1.4 SIGNIFICANCE OF THE STUDY**

The significance of this study lies in its value to organisational leaders such as directors, managers, human resources (HR) practitioners, and EWP developers, particularly in the healthcare sector, who may gain practical knowledge on the perceived value and impact of an EWP. The findings may assist in determining strengths and limitations in current wellness structures and in formulating strategies to enhance the relevance and longevity of EWPs and enhance employee participation.

The findings contribute to evidence-based policymaking by informing resource allocation towards wellness programmes. The study highlights the organisational value of investing in targeted wellness initiatives that enhance employee well-being, motivation, and overall performance (Smith & Patel, 2022). From a theoretical standpoint, the study contributes to existing literature on employee wellness and organisational behaviour by providing context-specific evidence on how employees in high-stress environments perceive and respond to wellness interventions. The present study is underpinned by the JD-R Model (Bakker & Demerouti, 2017) and PSC framework which together, explain how workplace demands and available resources influence employee well-being, motivation, and engagement with EWPs. The findings offer empirical insights into the relationship between participation in EWPs and participants' psychological engagement with the programme such as motivation and involvement, (Yu, 2024) which are under-researched in mental healthcare settings.

This study is aligned with the United Nations (United Nations, 2015) Sustainable Development Goals 3 (Good Health and Well-being) and 8 (Decent Work and Economic Growth).

The study contributes to theory through the refinement of wellness evaluation frameworks and a contribution to academic debates on employee engagement, health psychology, and HR strategy. Furthermore, the study makes a practical contribution by providing guidance to healthcare managers and HR professionals about improving EWP implementation and relevance. Regarding policy, the study provides support for evidence-based budget decisions and wellness policy design within and beyond the targeted private mental healthcare institution.

The study may benefit several social groups, including frontline healthcare workers, support staff, HR departments, and EWP managers operating in high-pressure environments. The findings may also provide learning and have application value across academic disciplines such as healthcare, organisational psychology, healthcare management, and HR development.

Finally, the research is relevant to the healthcare industry, particularly mental health institutions, but may also be of value to wellness providers, HR consultants, and sectors such as education, emergency services, and social work. Other divisions within the healthcare industry and similar institutions may use the findings to benchmark and enhance their internal wellness frameworks.

The next section details the aim of the study.

## **1.5 AIM AND OBJECTIVES OF THE STUDY**

This section specifies the overall aim of the study, together with the research objectives and research questions that guided the inquiry.

### **1.5.1 Aim of the Study**

The aim of this study was to evaluate the effectiveness of an EWP implemented at a private mental health institution. More broadly, the study was aimed at contributing to the existing body of knowledge regarding wellness interventions in the healthcare sector by examining how EWPs influence employee well-being, organisational engagement, and productivity. In doing so, the research offers practical insights for improving wellness strategies in similar organisational contexts across South Africa.

### **1.5.2 Research Objectives**

Meeting the overall aim of the study was guided by the following research objectives (ROs):

RO1: To explore how employees perceive, understand, and respond to the offerings provided through the EWP.

RO2: To explore the influence of wellness initiatives on employee attitudes, motivation, and workplace productivity.

RO3: To identify the key barriers to employees' active participation and engagement in the EWP.

### **1.5.3 Research Questions**

The research questions (RQs) related to the stated objectives were: RQ1: How do employees perceive, understand, and respond to the offerings of the EWP?

RQ2: In what ways do wellness initiatives influence employee attitudes, motivation, and workplace productivity?

RQ3: What factors are barriers to employee engagement and participation in the EWP?

The next section provides a brief introduction to literature in the domain under study, which is expanded upon in Chapter 2.

## **1.6 LITERATURE REVIEW**

EWPs have gained significant attention over the past decade, due to growing awareness of the impact of employee well-being on organisational performance, particularly in high-stress environments such as healthcare. These programmes aim to enhance employees' physical, emotional, and mental health while simultaneously improving productivity, reducing absenteeism, and fostering a positive organisational culture (Attridge, 2019:622).

### **1.6.1 Conceptualising EWP**

EWP are structured initiatives provided by employers to support the holistic health of employees, and include services related to mental health, fitness, lifestyle management, disease prevention, and stress management (Baicker *et al.*, 2015). These programmes reflect both ethical duties to promote employee wellbeing and economic motivations related to cost savings and performance. In the healthcare sector, wellness interventions are especially critical. Healthcare workers often face emotional strain, long working hours, and burnout, which can lead to high turnover and low job satisfaction (Shanafelt *et al.*, 2017).

### **1.6.2 Effectiveness of EWP**

Numerous studies have attempted to evaluate the effectiveness of EWP, often with mixed outcomes. For instance, a large-scale study by Song and Baicker (2019) concluded that, although EWP can improve some health behaviours, such as physical activity, they often do not lead to significant changes in clinical outcomes or reduced absenteeism in the short term. In contrast, a South African study by Nienaber *et al.* (2014) found that targeted wellness interventions tailored to the organisational culture and employees' needs can improve morale, job satisfaction, and retention. The discrepancy in findings suggests that context, design, and employee perception play crucial roles in determining the success of wellness initiatives.

### **1.6.3 Employee Perceptions and Engagement**

Employee engagement is critical to the success of EWP. Studies show that employees are more likely to participate in initiatives they perceive as relevant, confidential, and non-judgmental (Baxter *et al.*, 2021:4). Lack of awareness, time constraints, distrust in organisational motives, and fear of stigma often act as barriers to participation (Trotter, 2018). The alignment between management communication and employee expectations has also been shown to influence participation rates.

### **1.6.4 Organisational Outcomes**

From an organisational perspective, EWP have been linked to improved productivity, lower absenteeism, reduced healthcare costs, and enhanced employer reputation

(Goetzel *et al.*, 2014:1131). In the healthcare industry, where patient care is directly affected by staff well-being, the organisational return on investment in EWPs can be substantial (Baicker, 2010). However, studies caution against viewing this return on investment in purely financial terms. According to Quick *et al.* (2016:219), non-financial benefits such as team cohesion, emotional resilience, and improved workplace culture often provide long-term value that is difficult to quantify.

The next section discusses the theoretical framework that underpinned the study.

## **1.7 THEORETICAL FRAMEWORK OF THE STUDY**

A theoretical framework helps shape research by guiding the development of questions and the interpretation of findings. The study adopted the JD-R Model (Bakker & Demerouti, 2017), Maslach and Leiter's burnout theory (2016) and the Self-determination theory (Ryan & Deci, 2020) which are complementary, discussed below.

### **1.7.1 The JD-R Model**

The JD-R Model (Bakker & Demerouti, 2017) provides a theoretical foundation for understanding the relationship between employee well-being, organisational support, and job performance. According to the JD-R Model (Bakker & Demerouti, 2017), workplace outcomes are influenced by the balance between job demands, such as workload and emotional strain, and job resources, such as wellness support, autonomy, and feedback. When job demands outweigh available resources, burnout can occur. However, sufficient resources promote engagement and positive outcomes (Bakker & Demerouti, 2017).

In the present study, the EWP under study is viewed as a key job resource, intended to reduce psychological strain and boost motivation and engagement, ultimately improving organisational outcomes such as productivity and retention. The JD-R Model (Bakker & Demerouti, 2007:2017) thus offers a useful framework for understanding how an EWP impacts employee well-being.

### **1.7.2 Maslach and Leiter's Burnout Theory**

Maslach and Leiter's burnout theory (2016) provides insight into emotional exhaustion, depersonalisation, and reduced personal accomplishment as dimensions of burnout

commonly experienced in healthcare settings. Burnout is considered a psychological response to chronic workplace stress, leading to a reduced sense of personal achievement (Maslach & Leiter, 2016). This is especially relevant in the healthcare sector, where staff regularly face intense emotional and cognitive demands.

Burnout theory (Maslach & Leiter, 2016) highlights six areas of work life that influence burnout: workload, control, reward, community, fairness, and values. A mismatch in any of these areas can raise the risk of burnout (Maslach & Leiter, 2016). In the present study, the EWP was assessed as a potential intervention to help realign these factors by reducing stressors and building resilience.

### **1.7.3 Self-Determination Theory**

Self-Determination Theory (SDT) (Ryan & Deci, 2020) provides a theoretical lens for understanding employee motivation, engagement, and well-being in organisational contexts. The theory posits that psychological well-being and sustained motivation are dependent on the satisfaction of three basic psychological needs: autonomy, competence, and relatedness. When these needs are supported within the workplace, employees are more likely to experience intrinsic motivation, engagement, and positive mental health outcomes.

In relation to Employee Wellness Programmes, SDT emphasises the importance of wellness initiatives that are perceived as supportive, voluntary, and relevant to employee needs. Programmes that enhance employees' sense of control, build personal capability, and promote social connection are more likely to achieve meaningful engagement. In high-stress environments such as mental healthcare settings, SDT complements the Job Demands–Resources Model and burnout theory by explaining how motivational processes influence employees' responses to organisational resources. In the present study, SDT informs the interpretation of employee perceptions of the EWP, particularly in relation to motivation, participation, and engagement.

The next section provides definitions of the key concepts of interest in the present study.

## 1.8 DEFINITIONS OF KEY CONCEPTS

**Employee wellness programme (EWP):** An EWP comprises a co-ordinated set of strategies to promote health and prevent disease, implemented by an employer to improve the physical, mental, and emotional well-being of employees and overall productivity (Baicker *et al.*, 2015:304). EWPs may include counselling services, health screenings, fitness activities, nutrition support, and stress management initiatives.

**Employee well-being:** Employee well-being encompasses the overall physical, emotional, psychological, and social health of employees, influenced by both workplace conditions and personal factors (Sonnentag, 2015:266). Factors related to employee well-being include job satisfaction, work–life balance, and stress levels (Schaufeli, 2022). In the present study, employee well-being was assessed in terms of staff perceptions of their physical and emotional health, their ability to manage work-related stress, and their satisfaction with the wellness support provided by the organisation.

**Organisational outcomes:** Organisational outcomes reflect the effectiveness and efficiency of an organisation, including productivity, employee retention, performance quality, and absenteeism (Goetzel *et al.*, 2014:1130). In the present study, organisational outcomes refer to perceived improvements in staff performance, morale, absenteeism rates, and overall productivity as linked to participation in the EWP.

**Burnout:** Burnout is a psychological syndrome resulting from chronic workplace stress, characterised by emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment (Maslach & Leiter, 2016:353). In the present study, burnout refers to the emotional fatigue and stress-related withdrawal experienced by healthcare employees, as explored in relation to their participation in the organisations' EWP.

The next section provides a brief overview of the study paradigm and the methodology employed in conducting the study, which is expanded upon in Chapter 3.

## 1.9 OVERVIEW OF RESEARCH METHODOLOGY

The present study is based in a constructivist ontology and an interpretivist epistemology. The study followed a qualitative research approach and an exploratory case study design with a cross-sectional time horizon. Study participants were selected from the population

using purposive sampling, and primary data were gathered through semi-structured interviews using an interview guide as the research instrument. The collected data were analysed using thematic analysis.

The next section clarifies the delimitation of the study.

### **1.10 DEMARCATION OF THE STUDY**

The demarcation of the study defines the boundaries within which the research is conducted (Creswell & Creswell, 2018). The present study falls within the field of organisational behaviour and HR management, with a specific focus on employee well-being and wellness strategies. The study is geographically focused on a selected private mental health institution located in the City of Johannesburg in South Africa's Gauteng province, which is the most populous and economically active region in the country (Municipal Demarcation Board, 2021; Statistics South Africa (Stats SA), 2022). The study centres on a single organisational case to enable in-depth exploration of employee perceptions of the EWP. The unit of analysis for this study was permanent employees of the mental health institution who had direct access to the EWP, as they are best positioned to offer meaningful insights into their experiences, engagement levels, and perceived value of the services provided. The next section provides an overview of the chapters in the dissertation.

### **1.11 OUTLINE OF THE DISSERTATION**

The dissertation is structured into five chapters.

Chapter 1 introduced the study by outlining the background, problem statement, the significance of the study, and the research aim and supporting research objectives and - questions. This was followed by a brief overview of literature and theory relevant to the study domain and definitions of key concepts. The chapter also provided a brief overview of the study methodology and clarified the demarcation of the study.

Chapter 2 presents a review of existing literature relevant to EWPs, organisational outcomes, and employee perceptions. The chapter also discusses the theory and frameworks that underpinned the study and identifies key knowledge gaps.

Chapter 3 details the research paradigm that underpinned the study, followed by detailed discussions of the research approach, the research design and the methods employed in sampling, data collection and data collection. Ethical considerations, power relationships, and trustworthiness of the study are also addressed.

Chapter 4 presents the findings of the study based on the thematic analysis of the data obtained through the semi-structured interviews, in relation to the research objectives and -questions and supported by verbatim quotations from the interview transcripts.

Chapter 5, the final chapter, provides a summary of the findings, which are then discussed according to existing literature. This is followed by a discussion of the theoretical and practical implications of the findings, including recommendations for practice. The chapter concludes with a review of the study limitations, together with recommendations for future research.

The next chapter provides a review of extant literature on the domain under study.

## **1.12 CONCLUSION**

This chapter provided an overview of the study by introducing the research context, rationale and focus on EWP within a private mental healthcare setting in South Africa. The background and problem statement highlighted the growing importance of employee well-being in high-stress environments, alongside persistent gaps in empirical research on employee perceptions and engagement with EWPs. The chapter also outlined the significance of the study, demonstrating its theoretical, practical and policy relevance for organisational leaders, HR practitioners, and wellness programme developers.

Furthermore, the chapter presented the aim, objectives, and research questions that guided the inquiry, as well as an overview of the literature and theoretical frameworks underpinning the study, namely the Job Demands–Resources (JD-R) Model, Maslach and Leiter’s burnout theory and Self- Self-Determination Theory. Key methodological considerations, including the research paradigm, design, and demarcation of the study, were also briefly discussed to situate the research approach.

The chapter concludes by laying the foundation for Chapter 2, which critically reviews the literature on employee wellness programmes, employee perceptions, organisational outcomes, and the theoretical frameworks underpinning the study.

## CHAPTER 2: LITERATURE REVIEW

### 2.1 INTRODUCTION

EWPs are workplace-sponsored initiatives designed to take a proactive and preventative approach to employee wellbeing. Through organised wellness activities, health education, and lifestyle modifications, they concentrate on advancing social, mental, and physical health (Marais & Pienaar, 2022). These initiatives seek to address possible issues with wellness before they become more significant issues. Alternatively, employee assistance programs (EAPs), on the other hand, are workplace-sponsored support services that offer private, reactive help to staff members who are struggling with personal, emotional, or professional issues. Their goal is to assist workers in resolving current issues that could have an impact on their general functioning, performance, or health (Attridge, 2019). When combined, EWPs and EAPs provide a complementary framework for promoting workplace health.

EWPs are increasingly viewed as one tool in a broader framework of mental health at work that incorporates three pillars: prevention of psychosocial hazards, promotion of positive mental health, and support for those with mental health conditions through reasonable accommodations and structured return-to-work processes (Bailey *et al.*, 2023). This broader approach aligns with global occupational health strategies, which increasingly emphasise the importance of addressing employee well-being at a systemic, organisational level rather than focusing solely on individual-level interventions (WHO, 2020). EWPs may be highly useful in mental health facilities, where staff experience high caseloads, moral distress, and traumatic patient-related situations. They are also subjected to emotional labour, as their jobs require that they display a positive attitude while suppressing negative emotions. These factors are associated with higher burnout, anxiety, depression, and post-traumatic stress disorder (Ardekani *et al.*, 2022). Healthcare worker burnout increased considerably during the COVID-19 pandemic, with pooled estimates reaching as high as 50% (Sasangohar, 2022). Although some post-pandemic amelioration has been noted, greater occupational stress and psychological strain amongst mental health professionals, relative to pre-pandemic baselines, remain a global concern. In addition, staff at mental health facilities often have to deal with unpleasant and sometimes unsafe situations involving psychotic patients. They also experience role strain, which emanates from the environment's fast-paced nature.

Combined, these contextual factors indicate the need for organisational support for employees through a structured EWP (O'Connor, 2022). Meta-analyses and systematic reviews published between 2020 and 2024 indicate that workplace wellness interventions have modest effects on reducing stress and burnout (Hartling *et al.*, 2023; Nielsen *et al.*, 2021; Organisation for Public Mental Health Guidance [OPMHG], 2017). However, these studies report more favourable incremental improvements in mental well-being and job satisfaction when such interventions are implemented alongside organisational-level strategies, including workload management, supervisory support, and participatory decision-making.

Programmes based on the Psychosocial Safety Climate (PSC) Model, which proposes fostering an environment that protects employees' psychological health, have been demonstrated to produce larger and more lasting reductions in work stress, enhance productivity, and lower absenteeism without leave (Idris *et al.*, 2022).

While EAPs remain a focus of EWPs in healthcare settings, their efficacy hinges on how well they are embedded within an organisational wellness framework that addresses stigma, concerns about confidentiality, and the diverse cultural background and values (Attridge, 2022). This is particularly relevant in mental health facilities, where professional identity and fear of reputational harm have been shown to be barriers to employees seeking psychological support (Kinman & Teoh, 2021). Innovative and individualised resources, such as mindfulness-based stress reduction programmes for healthcare providers (Adams *et al.*, 2012) and resilience-training workshops, have been shown to reduce emotional exhaustion among healthcare professionals. Greater flexibility in the work environment has also been associated with increased employee engagement (Sasaki *et al.*, 2021).

The WHO and International Labour Organization (2022) presented a model for disease prevention, disease protection, and care advocacy, which includes interventions in working conditions, organisational culture, and supportive relationships, rather than mere coping. This systems lens is especially pertinent in the context of mental health facilities, where job design, staffing levels, and organisational climate combine to affect employee psychological outcomes and service quality. It also emphasises the worldwide economic cost of mental health, together with the need to capture disutility's accrued in care process (Arvidsson *et al.*, 2024).

In the South African public sector, policy frameworks have been established to facilitate the implementation of comprehensive wellness interventions. The Department of Public Service Administration (2022) released revised employee health and wellness guidelines that emphasises equitable access, ongoing monitoring, and organisational readiness as vital successful EWP implementation (DPSA, 2022). Research on South African public-sector wellness programmes suggest that uptake and effectiveness can be improved by aligning the workplace EWP with the organisation's policy framework (Mothiba, 2023).

This review considers global and South African studies commencing with the present study's theoretical foundation.

## **2.2 THEORETICAL FOUNDATION**

The present study's main theoretical foundation was the JD-R Model (Bakker & Demerouti, 2017), Maslach and Leiter's burnout theory (2016) and the study also drew on the PSC framework (Stephan et al., 2016) and self-determination theory (Ryan & Deci, 2020), discussed below.

### **2.2.1 The JD-R Model**

The JD-R Model (Bakker & Demerouti, 2017) have taken the model to a new internationalisation of job demands–resources interventions. Although the mental health facility where the present study was conducted provides an excellent training environment for mental health professionals, demands such as exposure to aggression and administrative burdens are high. If these demands are not counter-balanced by resources like supportive supervision and recovery opportunities, the risk of burnout increases. Strategic resource enhancements could foster engagement and performance (Schaufeli, 2022).

### **2.2.2 Maslach and Leiter's burnout theory**

Maslach and Leiter's burnout theory conceptualises burnout as a psychological response to chronic, unresolved workplace stress, particularly prevalent in emotionally demanding professions such as healthcare (Maslach & Leiter, 2016). Burnout is described as a multidimensional construct comprising emotional exhaustion, depersonalisation (or cynicism), and reduced personal accomplishment. Emotional exhaustion reflects feelings

of being emotionally depleted, depersonalisation involves a detached or negative attitude towards work and service recipients, and reduced personal accomplishment refers to diminished feelings of competence and work-related efficacy.

The theory further identifies six key areas of work life that influence the development of burnout: workload, control, reward, community, fairness, and values (Maslach & Leiter, 2016). Burnout is likely to occur when there is a persistent mismatch between employees and their work environment across these domains. In mental healthcare settings, high workloads, emotional labour, limited autonomy, and insufficient organisational support contribute significantly to burnout risk. Maslach and Leiter's framework is particularly relevant to the present study, as it highlights burnout as a systemic organisational issue rather than an individual deficiency, thereby reinforcing the importance of organisational-level interventions such as Employee Wellness Programmes.

### **2.2.3 The PSC framework**

Psychosocial Safety Climate (PSC) reflects the shared perception of workers on policies, practices, and procedures for the protection of worker psychological health and safety in an organisation (Dollard, 2007). This PSC framework focuses on the general organisational climate with regard to the psychological health of employees. Bailey *et al.* (2023) note that a psychologically safe climate is one in which senior management is committed to ensuring employees' mental health, prioritisation of well-being over short-term productivity, coupled with supportive communication. High psychological safety correlates with lower burnout, less absenteeism, and greater productivity (Idris, 2022). A psychologically safe organisation is characterised by endorsement of support-seeking behaviours, which alleviates stigma and increases EWP utilisation (Edmondson, 2019; Milligan-Saville *et al.*, 2017).

Halbesleben *et al.* (2024) argue that prolonged high demands deplete employees' emotional and cognitive resources, and that recovery and growth opportunities must be engineered through systemic factors such as scheduling predictability, sufficient staffing, and frequent team debriefing. This may be interpreted to imply that EWPs should be designed to generate lasting benefits, rather than short-term fixes.

## **2.2.4 Self-determination Theory**

Ryan and Deci's (2020) self-determination theory holds that employees flourish in environments that meet their psychological needs, specifically autonomy, competence, and relatedness. To demonstrate, in mental health facilities, clinicians' choice of self-care options versus participation in programmes (autonomy), structured training in areas like de-escalation or trauma-informed care (competence), and peer support groups (Ryan & Deci, 2020).

Empirical syntheses revealed that fulfilment of these needs bolsters motivation and is also linked to diminished burnout, improved affective well-being, and heightened engagement, whereas ongoing need frustration predicts strain and withdrawal (Howard *et al.*, 2020). In healthcare, programmes that incorporate skills training alongside autonomy-supportive supervisory behaviours (e.g., collaborative goal-setting and acknowledging feelings as a key task demand). (Hartling & Thompson, 2023; Nielsen *et al.*, 2021).

These four theoretical perspectives converge on several components of effective EWPs in mental health facilities, namely the reduction of excessive job demands, increasing supportive resources, creating an organisational climate that promotes psychological safety, ensuring fairness in rewards, and the design of interventions to support autonomy, competence, and relatedness. The combination of the four perspectives provided the theoretical foundation in the present study's evaluation of EWPs. The next section discusses the components of effective EWPs noted in literature.

## **2.3 COMPONENTS OF EFFECTIVE EWPs**

The EWPs of mental health organisations should be multi-faceted and integrated at the organisational and individual level in addressing job demands, personal resilience, and organisational culture (Cox & Griffiths, 2022). Systematic reviews highlight that holistic programmes that aim to improve not just physical health but also psychological, social, and occupational well-being, are effective (Hartling *et al.*, 2023). In mental healthcare, staff are exposed to prolonged emotional labour, individuals with complex needs, and risks to safety, which have to be addressed in EWPs.

Attridge (2022) noted the importance of mental health support, the availability of counselling, psychological testing, and EAPs. Accessible, confidential, and culturally competent provision of such services has been demonstrated to increase help-seeking behaviour from extremely reluctant groups, reduce stigma associated with mental health difficulties, and improve well-being incrementally (Attridge, 2022). Mental health services within EWP must respond not only reactively, but with preventative measures like regular mental health screenings, resilience-building workshops, and proactive referrals.

Workload management and job redesign where necessary are equally important, especially in high-stress environments such as mental health facilities. Based on the JD-R Model (Bakker & Demerouti, 2017), interventions aimed at reducing excessive demands by, for example, redistributing the caseload, applying task-sharing strategies, or optimising shift patterns could considerably decrease the risk of burnout and, simultaneously, enhance productivity. Flexible scheduling through self-rostering and part-time work has been shown to significantly improve the work–life balance and reduce absenteeism amongst healthcare providers with caregiving roles (Nielsen *et al.*, 2021). Breaks in work routines could increase focus and reduce emotional exhaustion (Howard *et al.*, 2020).

Another key factor in EWPs' success is leadership engagement in the form of support of participation, communication, and behaviour modelling (Bailey *et al.*, 2023). In the context of a psychologically safe climate, leadership commitment ensures that policies and practices connect wellness goals and organisational priorities and allow employees time to participate in wellness activities (Idris *et al.*, 2022).

Successful EWPs also provide skills development and training such as workshops and e-learning modules on trauma-informed care, de-escalation techniques, mindfulness, and stress management. Studies have indicated that skill-based interventions function best when tailored to the specific context in which they are deployed, were designed collaboratively with staff, and are supplemented with on-site coaching or peer mentorship (Ryan & Deci, 2013).

EWPs should also consider the promotion of physical health, which is challenging in settings characterised by shift work, irregular hours, and resource scarcity. Interventions could comprise on-site fitness centres, discounted gym memberships, supplying healthy

food options, ergonomic assessments, and immunisation campaigns (Howard *et al.*, 2020).

Peer-support networks play an important role. Organisational peer-support systems, including structured debriefing groups, mentorship schemes, and buddy programmes have been demonstrated to enhance a sense of belonging, reduce experiences of isolation, and reinforce relatedness (Ryan & Deci 2020). Peer groups could offer a safe space for discussing coping strategies, emotional processing, and group problem-solving.

EWPs should continually measure effective coverage of early-warning and response mechanisms through monitoring and evaluation systems. The assessment methods should be multi-dimensional, and should track process indicators (e.g., rates in participation, utilisation patterns), as well as indicator values (e.g., burnout levels, absenteeism rates, patient care outcomes). Feedback loops could be used to adapt programmes through continuous, iterative cycles to improve trust levels and increase engagement (Bakker *et al.*, 2023).

Mothiba and Mothiba (2023) point to the need for greater alignment between EWPs and broader organisational strategies, HR policies, and occupational health and safety regulations. This ensures that well-being is not a siloed process, but an integral part of the organisational ethos, built into job design, leadership development, and performance management.

Recent meta-analyses have also found that comprehensive, multi-component EWPs, those that combine mental health support with workload management, physical health promotion, and leadership engagement, are effective in improving employee well-being, job satisfaction, and engagement (Hartling *et al.*, 2023). Improvements in the form of less burnout, reduced turnover, and better patient care have been reported for such interventions within healthcare (Nielsen *et al.*, 2021). In mental health services, EWPs focusing on psychosocial stressors been found to reduce emotional exhaustion, enhance resilience, and reduce levels of workplace violence (Bailey *et al.*, 2023; Idris *et al.*, 2022).

The benefits of EWPs are documented in numerous empirical case studies conducted in healthcare settings (Sasangohar, 2022). The benefits of EWPs are documented in empirical case studies conducted in healthcare settings (Sasangohar, 2022). Specifically, these studies report measurable improvements in employee engagement, reduced

psychological distress, lower absenteeism, and enhanced job satisfaction. For example, a 12-month wellness initiative that incorporated counselling services, structured debriefing sessions, and flexible working arrangements resulted in a 22% reduction in absenteeism, alongside reported increases in work engagement and perceived organisational support. In Australian mental health services, job-related resources such as organisational wellness programmes with leadership support (peer support networks and skills training) were associated with increased morale and decreased turnover intentions (Haywood *et al.*, 2024)

From an economical perspective, businesses that invest in EWPs may see a substantial return on their investment. According to the WHO and the International Labour Organization (2022), for every USD 1 invested in mental health promotion, there is a return of USD 4 in improved health and productivity. This comes in the form of lower absenteeism, heightened presenteeism, and reduced staff turnover. In research on healthcare settings, Attridge (2022) noted improved patient satisfaction and service quality, which improve the results of organisational performance metrics.

Organisational integration is crucial to ensuring that EWPs are aligned with HR practices, occupational health, and clinical governance to enable sustainability and scalability (Mothiba & Mothiba, 2023). EWP success depends not only on the features of intervention components, but also on the context in which they are delivered.

Literature supports the potential for EWPs to improve staff well-being in mental health organisations, particularly when programmes are comprehensive, integrated into organisational systems and processes, and supported by effective leadership (Bakker & Demerouti, 2017; Mazzetti & Schaufeli, 2022; Harvey *et al.*, 2021; Van der Walt & Coetzee, 2021). This requires addressing structural factors, accessibility, and embedding ongoing evaluation mechanisms to measure success. In summary, a successful EWP is greater than the sum of its components, requiring consideration of organisational design, leadership characteristics, cultural change, and systemic integration. The most effective approach to increasing employee resilience is to promote mental health, manage demand, inspire leaders, teach skills, support physical health, develop peer networks, track progress, and offer ongoing and comprehensive mental health services.

## **2.4 CHALLENGES IN IMPLEMENTING EWPs**

Some studies have found that EWPs have only small to moderate effects on outcomes such as perceived stress levels, psychological well-being, and short-term work-related attitudes. For example, a systematic review by (Hartling & Thompson 2023) concluded that EWPs reduce stress and improve psychological well-being in the short term.

However, the evidence suggests that more substantial and wide-ranging benefits such as improvements in employee engagement, job satisfaction, organisational performance and overall health tend to emerge over the medium to long term. The following section explores the factors identified in the literature that contribute to the limited or inconsistent outcomes reported for EWPs.

### **2.4.1 Lack of leadership support**

EWP implementation is hampered when programmes are not properly integrated into organisational systems or are poorly supported by leadership. EWPs' impact remains limited when they focus solely on individual-level interventions and fail to address ongoing structural factors that contribute to poor mental health, such as excessive workloads, chronic understaffing, and limited professional development opportunities, factors that were particularly evident during the COVID-19 pandemic (Kinman & Teoh, 2021).

### **2.4.2 Design and Evaluation Challenges**

EWP design and implementation often follow a generic 'one-size-fits-all' approach, with interventions that do not match specific demands, resources, or the organisational culture (Hartling & Thompson 2023). Programmes that are not contextualised to the practicalities of psychiatry and community mental health care may be perceived as irrelevant by staff, resulting in low levels of ownership and engagement (Howard *et al.*, 2020).

A further challenge in implementing EWPs is a lack of consistent outcome measures. While many studies measured self-reported well-being and satisfaction, fewer have measured objective outcomes like absenteeism or patient care quality or clinical errors (Nielsen, 2021). Furthermore, in mental health settings, outcomes could be driven by factors outside of the workplace (e.g., wider community mental health policies and resource availability). Due to a lack of standardised metrics to measure EWPs'

effectiveness, it is challenging to synthesise research findings different national and regional contexts. In addition, longitudinal studies in this domain are scarce, limiting assessment of long-term impact and the ability to infer causality (Bakker & Demerouti, 2022). Additionally, few studies provide a breakdown of results according to demographic factors such as gender, role, or years in service (Idris *et al.*, 2022).

### **2.4.3 Unfavourable Context**

Implementing EWP in mental health establishments is hampered by distinct challenges. The emotional burden, regular exposure to patients in crisis, and the potential for violence often necessitate targeted interventions that go beyond what typical EWP offer (Bailey *et al.*, 2023). Resource constraints in public sector facilities, especially prevalent in low- and middle-income countries, limit the feasibility of implementing comprehensive programmes. Even when these programmes are available, competing priorities like reaching patient care targets limit employees' participation in wellness activities (Mothiba & Mothiba, 2023).

There is also an important cultural dimension to consider. In some contexts, discussing mental health or seeking support remains stigmatised, discouraging participation and reducing the impact of EWP (Kinman & Teoh, 2021). To address this, wellness interventions should be tailored to the local cultural context and co-designed with employees to ensure relevance and inclusivity. Such an approach could help break down barriers, foster openness, and promote positive behavioural change.

### **2.4.4 Structural and Resource Constraints**

Financial and human capital constraints are some of the largest barriers to EWP implementation in mental health facilities, especially in public-sector settings. Programmes are often underfunded, have a narrow scope, and clinical service delivery is prioritised over wellness initiatives (Kinman & Teoh, 2021). Most public-sector facilities in low- and middle-income countries have no funds or insufficient budgets for wellness initiatives, leading to organisations relying on low-cost or ad hoc initiatives that may not be neither effective nor sustainable (WHO & International Labour Organization, 2022). With regard to human capital limitations, wellness co-ordinators and occupational health professionals are scarce, and organisations leave the task of wellness initiatives to HR

departments or ward managers who do not have the skills required for programme design, delivery, and evaluation (Attridge, 2022). That results in a fractured rollout, low visibility of initiatives, and uneven adoption across departments.

#### **2.4.5 Culture and Stigma**

The workplace culture plays an important role in the success of EWPs. Ironically, one of the primary barriers to employees in healthcare settings seeking mental health care is the stigma associated with help-seeking (Kinman & Teoh, 2021). Some employees will not admit that they are stressed, burnt out, or have a mental health problem for fear of seeming unprofessional or incompetent in a culture that value resilience and emotional control (Howard *et al.*, 2020). The situation is exacerbated in settings where confidentiality mechanisms are not well-defined or trustworthy.

Participation rates in EWPs may be affected by what is referred to as ‘the participation paradox’, whereby individuals who are most in need of support, such as those experiencing high levels of burnout or psychological distress, are often the least likely to participate (Howard *et al.*, 2021). Barriers that contribute to this paradox include limited accessibility, fear of stigma, concerns about confidentiality when using employer-provided mental health services, shift-work constraints, and scepticism regarding the effectiveness of wellness initiatives (Attridge, 2022). However, these obstacles could be mitigated through intentional programme design that prioritises confidentiality, offers flexible delivery formats (such as digital and after-hours options), and actively involves employees in the development process to ensure relevance and trust.

Cultural acceptance is also influenced by leadership’s attitudes toward wellness (Idris & Dollard, 2022). In organisations where managers either under-value wellness or see it as a secondary priority to operational performance, such initiatives may face low participation and engagement (Bailey *et al.*, 2023), compared to organisations where managers support wellness behaviours and get involved in activities, thereby making initiatives more acceptable (Idris *et al.*, 2022).

#### **2.4.6 Operational and Logistical Challenges**

It is challenging to schedule and maintain wellness activities while meeting the operational demands of a mental health facility, which include, e.g., 24-hour service provision, high-

acuity unit loadings, and crisis care. Employees work long shifts and are often on-call, which means many are not able to participate in in-person sessions. In under-resourced settings, some employees may not have access to the technology required to participate in online programmes (Nielsen *et al.*, 2021).

Competing priorities may also impede participation in wellness activities. Participation may be affected in times of increased patient admissions or emergencies (Mothiba & Mothiba, 2023). Furthermore, the lack of integration of EWPs with broader organisational systems such as HR processes (including appraisals and development needs), clinical governance, and occupational health practices could hinder EWPs' relevance and impact.

#### **2.4.7 Government Policy**

The lack of integration of EWPs with national policies on occupational health, safety, and labour standards could affect the outcomes of EWPs (Rashid, 2024; WHO & International Labour Office, 2022). In South Africa, although the Department of Public Service and Administration has developed strategic frameworks for employee wellness, their uptake has been inconsistent at healthcare facilities, with responsibility for implementation often delegated to individual managers without sufficient monitoring or support (Hoyle *et al.*, 2024). EWPs can be limited by pervasive systemic factors such as national healthcare budget allocations undermining the feasibility of implementation (Bobini & Cicchetti, 2025). In the absence of concurrent policy change to address these structural determinants, workplace wellness programmes risk serving as 'band-aid' solutions that fail to identify or correct root causes of occupational strain.

### **2.5 SUMMARY OF REVIEW**

This review provides evidence that EWPs can result in significant improvements in staff well-being, engagement, and performance when they are comprehensive, contextually appropriate, and organisationally embedded. Effectiveness also depends on overcoming structural, cultural, and operational difficulties, as well as embedding the programmes within a supportive organisational climate. Combining theoretical frameworks and empirical findings allows the identification of strategic recommendations, some of which follow. EWPs should be designed to address the structural determinants of well-being and the individual coping capacities of employees. Interventions should also focus on

reducing excessive job demands and increase job resources, as suggested by the JD-R Model (Bakker & Demerouti, 2017).

The key factor in programme success is leadership engagement. Senior management's commitment to mental health, as noted by the PSC framework (Stephan *et al.*, 2016), conveys to staff that wellness is a genuine organisational concern (Bailey *et al.*, 2023). This may be illustrated by managements engagement in wellness programmes and scheduling time during work for participation in EWP activities. According to self-determination theory, leaders should be trained in autonomy-supportive behaviours to promote intrinsic motivation, engagement, and the long-term sustainability of such programmes (Ryan & Deci, 2020).

Cultural norms and stigma inhibit individuals' willingness to engage in EWPs, especially in health care settings where being resilient is praised (Howard *et al.*, 2020). Overcoming these hurdles requires context-specific programmes co-created with staff, where interventions are based on local cultural values and the workplace realities of various demographic groups, including occupations. It is also important to ensure confidentiality mechanisms are in place (Attridge, 2022). Peer-support networks are another way of reducing isolation and fostering relatedness, which is one of the three psychological needs noted in self-determination theory (Ryan & Deci, 2020). In the context of mental healthcare, a flexible delivery model could overcome scheduling barriers and increase access for shift workers, and may include online modules, mobile applications, or asynchronous resources (Nielsen *et al.*, 2021).

Good EWPs require strong monitoring of both processes and outcomes. Process measures may include participation rates, programme reach, and staff perceptions of the acceptability of interventions. Outcome measures could include burnout levels, absenteeism, presenteeism, turnover intention, and patient care outcomes (Hartling *et al.*, 2023).

EWPs require earmarked budgets to ensure their sustainability. The alignment with national occupational health and wellness policies, such as the Employee Health and Wellness Framework of the South African Department of Public Service and Administration, (Chigbu *et al.*, 2024) can increase their legitimacy. In ensuring that EWPs are run by specialists, organisations could engage in partnerships with external stakeholders, including government agencies, non-governmental organisations, and

universities. These collaborations could provide essential support and resources that may be lacking internally, thereby strengthening the overall efficacy and reach of EWPs (Hoyle *et al.*, 2024; Swanepoel *et al.*, 2023).

## **2.6 CONCLUSION**

Research has shown that EWPs can be effective in improving staff well-being, engagement, and performance, including in mental health facilities, provided that they are holistic, context-specific, and integrated into the organisational systems. This chapter discussed EWPs in relation to the JD-R Model, the PSC framework, and self-determination theory. Discussions included the components of effective EWPs and challenges in their implementation.

The literature supports multi-component interventions that incorporate mental health support, workload management, leadership engagement, skill development, and the establishment of peer-support networks to reduce burnout, absenteeism, turnover intentions, and to enhance morale, resilience, and patient care quality. The implementation of EWPs need to consider barriers such as resource limits, stigma, operational difficulties, and alignment with organisational policy and systems, and activities should be tailored to demographic groups.

The literature also highlights that EWPs need to be leadership-driven and co-created with staff to enhance participation. Developers should also ensure strategic alignment with national policies. The sustainability of EWPs has to be enhanced through continuous monitoring and evaluation, to enable constant refinement of programmes in line with changing requirements and evidence from outcomes.

The next chapter discusses the methodology followed in conducting the present study.

## **CHAPTER 3: METHODOLOGY**

### **3.1 INTRODUCTION**

This chapter presents the study's research methodology, starting with the research paradigm in which the study was anchored. This is followed by discussions of the research approach, the research design, and the methods employed to select participants from the study population and collect and analyse the data. This is followed by a discussion of the strategies employed to ensure trustworthiness and the ethical considerations related to the study.

### **3.2 RESEARCH PARADIGM**

A research paradigm represents the researcher's worldview regarding the nature of reality, i.e., ontology, and how a study should be conducted to gain the necessary knowledge, i.e., epistemology (Bhattacharjee, 2012; Tracy, 2013). The research paradigm is a philosophical lens that informs the research process (Creswell, 2014:6).

The present study is based in a constructivist ontology and interpretivist epistemology. The constructivist ontology holds that reality is subjective and socially constructed. Within this worldview, knowledge is understood to emerge from the lived experiences, perspectives, and interpretations of individuals, rather than it being an objective or universal truth (Lincoln & Guba, 1985). Interpretivism holds that individuals actively interpret their own realities, and that their experiences are best understood within their specific social and cultural contexts (Creswell & Poth, 2017).

This paradigm was considered suited to the study's aim of understanding how employees perceive the EWP of a private mental healthcare institution. By engaging in dialogue and co-constructing meaning with participants within their natural environment, the researcher sought to derive rich insights from their narratives and reflections (see Lincoln & Guba, 1985:39; Merriam & Tisdell, 2016). The constructivist–interpretivist paradigm also supported conceptualisation of wellness and evaluation of the EWP's effectiveness from participants' perspective.

The constructivist paradigm is aligned with the study's qualitative approach, discussed in the next section.

### **3.3 RESEARCH APPROACH**

A study could be either quantitative, in which numerical data are gathered and analysed statistically, or qualitative, in which data are collected in the form of text and images, amongst others. A combination of the two is referred to as mixed-methods research. Consistent with the constructivist–interpretivist paradigm (Saunders *et al.*, 2019:167), present study followed a qualitative approach. In using this approach, the researcher gains in-depth insights into participants lived experiences in their own words of the phenomenon under study (Bhattacharjee, 2012; Creswell, 2014).

Qualitative research allows the researcher to explore and understand the meanings individuals or groups attach to social problems or phenomena, enabling insights that may not be captured through quantitative methods (Creswell, 2014:4; Denzin & Lincoln, 2018). This approach was particularly applicable to the present study, as it sought to explore employees' subjective experiences, perceptions and interpretations of the EWP within a mental healthcare context. Given the exploratory nature of the study and its focus on understanding how organisational, leadership, and cultural factors shape engagement with the EWP, a qualitative approach was deemed most suitable for capturing the depth and complexity of participants lived experiences.

### **3.4 RESEARCH DESIGN**

Leedy and Ormrod (2015) describe research design as a comprehensive plan that guides the researcher in sampling, data collection, and analysis. It is thus a framework that links the research questions with the methods employed, ensuring alignment between the research problem, methodology, and objectives (Creswell, 2014:11).

The present study followed an exploratory case study design, which is aligned with the constructivist–interpretivist paradigm (Lincoln & Guba, 1985:39). An exploratory design is suited to research on a topic on which there is a lack of knowledge and research (Stebbins, 2001:5). The study focused on the case of a single organisation in a specific and real-life context (Creswell, 2017; Yin, 2018:15). Given the limited research on the impact and effectiveness of EWPs in the South African private mental health context and the unique setting of the Gauteng province, this design was considered most appropriate. The design enabled the researcher to explore complex, context-specific experiences of participants.

## **3.5 METHODS**

This section describes the target population and the methods employed to select participants, gather data, and analyse the data.

### **3.5.1 Population and Sampling**

The population of a study refers to the entire group of individuals or units that meet the criteria for inclusion and from which a sample is drawn (Saunders *et al.*, 2019:274). The study population comprised 45 permanent employees of a private mental health institution in Gauteng, South Africa who were both eligible for and participants in the organisation's EWP.

Sampling is the process of selecting participants from the population to take part in the study. Participants were selected using purposive sampling, which is a non-probability sampling method, meaning that not every member of the population had an equal chance of being selected for participation (Etikan & Musa, 2016:2). In using purposive sampling, also referred to as 'judgement sampling', participants are selected based on the researcher's judgement of their ability to contribute rich and relative data to the study (Creswell, 2014:189; Saunders *et al.*, 2019:315).

Qualitative research does not require large sample sizes; rather, the aim is to reach data saturation, which is the point at which no new information or themes emerge from additional data collection (Guest *et al.*, 2006:59). The realised sample of the present study comprised 10 participants. This sample size was sufficient to capture a diverse yet manageable range of perspectives, enabling saturation while remaining feasible within the study's scope and timeline (see Kaiser *et al.*, 2022).

In sampling, participants were required to be full-time employees with at least six months' exposure to the organisation's EWP and the ability to converse in English. A minimum exposure period of six months was deliberately selected to ensure that participants had sufficient time to become familiar with the programme and form informed perceptions of its accessibility, relevance and effectiveness. In addition, this timeframe allowed the inclusion of relatively new employees, whose perspectives were considered valuable as they may offer more candid and less demoralised reflections on the institution and its wellness initiatives, thereby enriching the depth and balance of the qualitative data.

### **3.5.2 Data Collection**

The data were collected through semi-structured interviews, which were guided by an interview guide containing open-ended questions (see Annexure A), which was developed based on reviewed literature. Open-ended questions and the use of an interview guide allow for both structure and flexibility, enabling in-depth exploration of participants' perceptions while ensuring discussions remain on the topic under discussion and that all participants are asked the same questions (Saunders *et al.*, 2019:437). In semi-structured interviews, the researcher is able to pose additional, probing questions to gain more information or clarify participants' responses (Lincoln & Guba, 1985:41).

Prior to fieldwork, formal permission was obtained from institutional management, and the organisation acted as gatekeeper, facilitating access and referrals. Each interview was scheduled at a mutually convenient time and conducted in a private space to ensure confidentiality. The duration of the interviews ranged from 15 to 30 minutes, allowing for the collection of rich, detailed data without imposing excessive demands on participants (Nowell & Albrecht, 2019). The interviews were audio-recorded, with participants' permission, while the researcher took notes to capture nonverbal cues and contextual observations that may enhance data interpretation.

When conducting research within an organisation where the researcher is employed, it is important to manage potential conflicts of interests and power dynamics. The present researcher holds a managerial role at a different facility within the same division and thus had no direct supervisory influence over participants.

### **3.5.3 Data Analysis**

The audio-recorded interviews were transcribed using artificial intelligence verbatim and analysed using NVivo software, which aids in organising the data (Khidr *et al.*, 2021). The data analysis followed an inductive approach, whereby the researcher moves from detailed information contained in the data to high-order concepts (Braun & Clarke, 2006:80). The use of NVivo also facilitated transparency in the analysis process by keeping a transparent audit trail of coding decisions (Castleberry & Nolen, 2018). The inductive approach centres on developing theory from detailed observations and empirical data, rather than testing predefined hypotheses. It seeks to uncover new theoretical insights that emerge directly from the data (Saunders *et al.*, 2019:152).

The method employed to analyse the data was Braun and Clarke's (2006, 2021) six-step process: (1) familiarisation with the data by reading and re-reading the transcripts in order to become familiar with the data; (2) generating initial codes by systematically identifying and categorising meaningful information; (3) searching for themes by clustering codes into higher-order, more abstract categories; (4) collating related categories into overarching themes and reviewing the themes to ensure they reflect the information contained in the data; (5) defining and naming themes with a concise label; and (6) producing the report by linking the themes to the research questions, supported by verbatim excerpts from the transcripts. This process is recursive and involves moving back and forth from raw data to themes (Nowell & Albrecht, 2019).

### **3.6 TIME HORIZON**

The time horizon of a study refers to the temporal scope within which the data collection and analysis occur. It defines whether the study captures a single moment in time (cross-sectional) or observes phenomena over an extended period (longitudinal) (Saunders *et al.*, 2019:212). The study followed a cross-sectional time horizon, which is suitable for exploring current opinions, attitudes, or behaviours (Creswell, 2014).

### **3.7 STRATEGIES TO ENSURE TRUSTWORTHINESS**

In qualitative studies, the quantitative measures of validity and reliability are replaced by trustworthiness, which is measured according to four criteria, namely credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985:301). Credibility refers to the study findings being truthful and believable. While qualitative findings are not generalisable, they may be transferable to another context (Houghton *et al.*, 2020; Saunders, 2019). Transferability is ensured by enabling the reader to judge whether the findings may be applicable in a different setting. Dependability requires the use of a recognised methodology that is captured in a detailed audit trail. Confirmability is achieved through objectivity by ensuring that the findings are based in the data and not influenced by researcher bias (Lincoln & Guba, 1985:301). The strategies employed to meet these criteria are discussed below.

Credibility was enhanced through expert review of the interview guide by an academic with qualitative research expertise and experience in organisational behaviour, as well as

through the conduct of a pilot interview with one employee who met the study's inclusion criteria but was excluded from the final sample. The pilot interview was used to assess the clarity, relevance, and sequencing of the interview questions, and minor refinements were made to simplify wording, reduce ambiguity, and improve alignment with the study objectives (Creswell, 2014:203). In addition, the researcher employed member-checking by returning interview transcripts to participants for verification, allowing them to confirm the accuracy and completeness of their responses.

Dependability was ensured through transparent documentation of the research process, including the methods employed to select participants and gather and analyse the data (see Castleberry & Nolen, 2018). Confirmability was enhanced by ensuring that the findings were grounded in participants' narratives, supported with direct quotations from the interview transcripts.

The researcher also maintained a reflexive journal to enhance trustworthiness by documenting personal assumptions, emotional responses, and decision-making processes throughout data collection and analysis (Lincoln & Guba, 1985:301; Moser, 2021). Regular reflective entries were used to identify and bracket potential biases, record methodological choices, and reflect on interactions with participants, thereby ensuring that interpretations remained grounded in the data rather than the researcher's preconceived views.

The next section discusses the ethical considerations that were considered pertinent to the present study.

### **3.8 ETHICAL CONSIDERATIONS**

The research received ethical clearance from North-West University's Research Ethics Committee (see Annexure B). Permission to conduct the study was obtained from the selected institution (see Annexure C). The researcher declared any potential conflicts of interests, and the use of the institution's HR department as gatekeeper ensured ethical distance between the researcher and participants (Babbie, 2021). The researcher adhered to the Protection of Personal Information Act No. 4 of 2013 (Republic of South Africa, 2013) throughout the study.

Participants were fully informed of the aim of the study and what their participation would entail and had to sign an informed consent form (see Annexure D) prior to commencement of the interviews, as recommended by Creswell (2023). Participation was voluntary, and participants were informed that they could withdraw at any stage, without consequences, in line with the ethical principle of respect for autonomy. Participants were assured of anonymity, and the researcher removed all personal identifiers in the reporting. All data are stored securely in a password-protected digital file and locked storage facilities to which only the researcher and study supervisor have access, and will be retained for a period of five years following completion of the study, after which they will be securely destroyed consistent with responsible data management (Hennink & Kaiser, 2022; Saunders *et al.*, 2023). To reduce the likelihood of psychological discomfort, since the study focused on employee well-being, participants were informed that they were free to refuse to answer sensitive questions. Participants were also informed that they had the option to be referred to appropriate wellness or counselling services if they experienced distress, in accordance with the principle of non-maleficence (Lincoln *et al.*, 2018).

If requested, a summary of the findings will be provided to participants and the organisation. All dissemination will adhere to strict ethical principles, ensuring the protection of participants' identities, sensitive organisational details, and any information that may compromise confidentiality (Saunders *et al.*, 2019:263).

### **3.9 CONCLUSION**

This chapter discussed the philosophical underpinnings, namely a constructivist–interpretivist paradigm, followed by details on the qualitative approach and the exploratory case study research design. Subsequent sections discussed the methods employed in the study, namely purposive sampling to select 10 participants from the defined population, semi-structured interviews to collect primary data, and thematic analysis to analyse the data inductively, with the use of NVivo. Thereafter, the chapter discussed the strategies employed to ensure academic rigour, followed by the ethical principles that were upheld throughout the study. The study's findings are reported in the next chapter.

## **CHAPTER 4: DISCUSSION AND ANALYSIS**

### **4.1 INTRODUCTION**

This chapter presents the findings of the data collected from 10 participants, comprising of four administration team members, four nursing team members and two managers who participated in semi-structured interviews. The data were analysed using thematic analysis. To evaluate the overall effectiveness of the wellness programme, the researcher explored how participants from the nursing and administration teams including managers understood the benefits and potential impact of the EWP on employees.

The findings address the study's research objectives, namely:

RO1: To explore how employees perceive, understand, and respond to the offerings provided through the EWP;

RO2: To explore the influence of wellness initiatives on employee attitudes, motivation, and workplace productivity; and

RO3: To identify the key barriers to employees' active participation and engagement in the EWP.

### **4.2 FINDINGS**

The findings of this study are presented according to the themes that emerged from the data. The themes and their related categories are summarised in Table 4.1 and discussed below.

**Table 4.1**

| Main Theme                                                    | Sub-Themes                                                                            | Focus / Description                                                                                                                          | Linked Interview Questions |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>1. Awareness and Understanding of the EWP</b>              | Participants' understanding of the purpose and objectives of the EWP.                 | Explores how participants perceive and comprehend the EWP and whether they know how to access and utilise its services.                      | Q1, Q8                     |
|                                                               | Awareness of available EWP services and accessibility.                                |                                                                                                                                              |                            |
| <b>2. Perceived Benefits and Impact on Employee Wellbeing</b> | Psychological and emotional benefits (e.g., stress reduction, improved morale).       | Examines the positive effects of the EWP on employees' overall wellbeing and team dynamics.                                                  | Q2, Q3, Q5, Q6             |
|                                                               | Physical wellbeing benefits (e.g., healthier lifestyle habits).                       |                                                                                                                                              |                            |
|                                                               | Positive influence on workplace relationships and morale.                             |                                                                                                                                              |                            |
| <b>3. Influence on Job Performance and Productivity</b>       | Increased motivation and engagement.                                                  | Investigates how the EWP affects employees' job performance, productivity, and engagement levels.                                            | Q4, Q6                     |
|                                                               | Improved concentration and work quality.                                              |                                                                                                                                              |                            |
|                                                               | Reduced absenteeism and burnout.                                                      |                                                                                                                                              |                            |
| <b>4. Barriers and Challenges to Programme Participation</b>  | Workload and time constraints.                                                        | Explores challenges that hinder employees' participation and the contextual barriers within the mental health facility.                      | Q7, Q8                     |
|                                                               | Stigma and confidentiality concerns                                                   |                                                                                                                                              |                            |
|                                                               | Environmental and operational limitations (e.g., staffing shortages, client demands). |                                                                                                                                              |                            |
| <b>5. Recommendations and Leadership Support</b>              | Suggestions for programme improvement (content, accessibility, communication).        | Identifies participants' recommendations to enhance programme relevance and examines the visibility and role of leadership in EWP promotion. | Q9, Q10                    |
|                                                               | Perceptions of management and leadership support for EWP initiatives.                 |                                                                                                                                              |                            |
|                                                               | Strengthening awareness and participation strategies.                                 |                                                                                                                                              |                            |

#### 4.4.1 Theme 1: Awareness and Understanding of the EWP

The first theme explores participants' awareness and understanding of the EWP in the selected mental health facility. Findings revealed that all participants were aware of the existence of the EWP, indicating that the programme is well-established and reasonably visible within the organisation. All participants demonstrated familiarity with the programme's overall purpose, which is to support employees' psychological, emotional, and physical well-being.

Despite this widespread awareness, participants expressed different levels of understanding regarding the scope of services and the processes involved in accessing support. Participants 1, 2, and 8, owing to their positions and professional roles, displayed a broader understanding of how the programme operates and the types of support available.

*"The wellness programme is there to help staff manage stress and personal challenges, and we often encourage our teams to use it when needed"* (Participant 3).

In contrast, some participants reported limited clarity about the specific services offered or how to access the EWP when needed. One participant explained:

*"We know the wellness programme is there, but we don't always know where to go or who to approach if we need help"* (Participant 4).

Another participant noted that information about the programme tends to surface only during wellness days or when training evidence is required by HR department, rather than through regular communication.

*"I honestly hear of this EWP when we are asked if we did sign the training register for a specific session"* (Participant 5).

These findings suggest that, while awareness of the EWP is high, ongoing communication and orientation regarding the programme's services are necessary to strengthen employee engagement and accessibility. Regular updates, wellness information sessions, and visible communication materials could help bridge the gap between awareness and practical understanding.

#### 4.4.2 Theme 2: Perceived Benefits and Impact of the EWP on Employee Well-being

Participants recognised the EWP as a valuable initiative intended to support both the psychological and physical well-being of employees in the mental health facility. Participants acknowledged that the programme contributes to awareness about stress management, emotional resilience, and general health. However, their experiences and engagement levels differed according to job roles, workload, and perceived organisational support.

Participant 1 explained that the EWP had encouraged staff to be more aware of their mental health needs.

*“The sessions helped me manage stress better, especially when dealing with emotionally draining cases.”*

This response reflects the potential for the EWP to enhance coping skills and reduce occupational stress amongst healthcare professionals exposed to high emotional demands.

Another participant stated that the EWP creates opportunities for self-reflection and stress reduction among staff:

*“The programme helps me to remember to take care of myself so that I can take care of others”* (Participant 2).

Similarly, Participant 3 highlighted that the initiative fosters resilience and contributes to improving team morale.

*“After attending the sessions, you tend to see like an elevated mood in the wards, but it quickly fades away, as it is not maintained continuously”* (Participant 3).

However, some participants noted that limited time and competing priorities often prevent consistent participation.

Three participants, who were junior employees, reported difficulty engaging with wellness activities, due to workload pressures.

*“We are expected to deliver on operational targets and, sometimes, wellness issues are seen as secondary” (Participant 4).*

This view was echoed by Participant 5:

*“It’s difficult to attend wellness sessions because there is always work piling up. When we return from these long sessions, often lasting over two hours, the workload is still waiting for us. Even worse, there are times when we are expected to attend these sessions after a night shift, without any compensation for the additional hours, when we could be at home resting in preparation for the next shift.”*

#### **4.4.3 Theme 3: Influence of the EWP on Work Performance and Productivity**

The findings highlight that employees are positive of the EWP on their work performance and productivity. While most participants acknowledged that the EWP has the potential to improve focus, morale, and coping, many reported that inconsistent participation limit its practical impact and effectiveness. The responses demonstrate how well-being and performance are intertwined within the demanding context of a mental health facility.

Participant 1 noted:

*“After attending one of the stress management sessions, I felt more focused and calmer when handling difficult patients.”*

This suggests that the EWP contributes to enhancing emotional regulation and job performance, especially in high-stress clinical settings.

Similarly, Participant 2 stated:

*“When staff are emotionally balanced, their performance naturally improves. We see fewer incidents and more teamwork.”*

This comment underscores the link between employee well-being and organisational outcomes, aligning with the view of Scott *et al.* (2022), who observe that wellness programmes foster a more engaged and productive workplace when employees’ psychological needs are met.

Participant 3 reinforced this view, stating:

*“Wellness initiatives help reduce absenteeism and improve concentration at work, but only if all staff can actually attend the sessions.”*

This highlights a recurring challenge identified across participants, namely that realising the benefits of the EWP depends on accessibility and management support.

Amongst other participants, responses were more mixed.

Participant 4 stated:

*“Sometimes, the programme helps you deal with stress, but when you go back to the floor, the pressure is still the same.”*

Similarly, Participant 5 said:

*“It’s difficult to apply what we learn when we are constantly short-staffed. You just go back to survival mode.”*

These sentiments indicate that, while the EWP provides valuable coping strategies, the lack of systemic support within the work environment limits the sustained effectiveness of these strategies in enhancing performance.

Participant 6 commented:

*“The programme gives us tools to manage stress and practise more self-care, but without changes in workload, it doesn’t make much difference.”*

These findings are aligned with the view of Fazal *et al.* (2022), who argue that the success of wellness interventions depends on the alignment between individual participation and organisational structures.

In contrast, Participant 7 offered a more optimistic view, stating:

*“After learning about relaxation techniques through EWP, I can now manage my time better and feel more productive.”*

Similarly, Participant 8 said:

*“The wellness activities boost team morale. People seem more positive after sessions.”*

These reflections show that, when employees are able to engage with the EWP, the activities contribute meaningfully to employee motivation and productivity. However, some participants were sceptical about the long-term influence of the programme.

Participant 9 remarked:

*“The impact or effectiveness is there, but it fades quickly, because the workload and stress levels remain unchanged for me.”*

Participant 10 stated:

*“The EWP helps us mentally, but the environment needs to change for performance to really improve.”*

Participant 10's view highlights that while EWPs offer mental support, their effectiveness depends on broader organisational conditions. This reflects evidence that wellness initiatives achieve meaningful impact only when supported by a healthy work environment (Marais & Pienaar, 2022).

#### **4.4.4 Theme 4: Challenges and Barriers to Participation in the EWP**

The findings reveal that, while participants value the EWP and recognise its importance, they face numerous challenges that limit their participation. These barriers related primarily to workload pressures, stigma, and logistical constraints, such as time and accessibility. These factors negatively affect employees' ability to engage meaningfully with the programme and to sustain wellness practices learned through EWP initiatives.

Participant 1 said:

*“We deal with patients throughout the day, and it's very difficult to step away from the ward to attend a wellness session.”*

This reflects how the continuous care demands within the mental health setting limit opportunities for staff to participate in scheduled wellness activities.

Similarly, Participant 2 observed:

*“Operational targets always take priority. It becomes hard to take time off for wellness sessions when there’s pressure to deliver services.”*

This view was echoed by Participant 3, who stated:

*“Management supports the EWP in principle, but there’s no real system to free up time for staff participation.”*

Participant 4 said:

*“We are always busy, so attending a session means leaving others to cover for you.”*

Participant 5 noted:

*“Sometimes, even when you want to attend, you can’t; there’s just too much to do, and patients or attending to doctors, queries need us all the time.”*

These findings indicate that, although leadership recognises the programme’s importance, structural support mechanisms are inadequate. Participants’ experiences demonstrate the tension between service-delivery priorities and self-care, suggesting that the programme’s accessibility is limited by operational realities.

Another recurring barrier was the stigma associated with seeking help.

Participant 6 expressed this concern:

*“People think if you actively participate in the wellness programme, it means you can’t cope.”*

Similarly, Participant 7 said:

*“Some staff avoid going to the EWP sessions because they don’t want others to think they have problems.”*

These perceptions reinforce the findings of Bai and Vahedian (2023), who report that stigma and workplace culture can discourage employees from accessing wellness resources.

Participant 8 mentioned logistical barriers, noting:

*“Wellness sessions are sometimes arranged when we are off duty, having to come and attend using public transport with financial constraints is not easy. Not everyone can attend.”*

Participant 9 raised the issue of communication, noting:

*“Sometimes, we only hear about wellness activities at the last minute, so we can’t plan around them.”*

These comments highlight the need for better scheduling and communication to improve participation rates.

Lastly, Participant 10 summarised the broader challenge, stating:

*“The EWP is a great idea, but it feels like it’s not fully integrated into our daily work; it’s something extra we have to make time for.”*

Overall, the findings suggest that, while the EWP is well-intentioned, participation is hindered by practical and cultural barriers. The dominance of work demands, insufficient time allocation, perceived stigma, and inadequate communication contribute to underutilisation of the programme. These observations align with the view of Grawitch *et al.* (2006), who argue that wellness initiatives must be embedded within the organisational culture and supported by leadership to achieve meaningful engagement.

Therefore, to improve participation, it is essential that the mental health facility adopts supportive policies that allocate time for wellness activities, normalise help-seeking behaviours, and enhance communication and scheduling systems. Such measures would not only increase accessibility but also strengthen the overall effectiveness of the EWP.

#### **4.4.5 Theme 5: Recommendations for Improvement of the EWP**

The final theme focuses on participants’ suggestions for strengthening the EWP to ensure it better supports staff well-being and enhances participation. Across all responses, participants expressed appreciation for the programme’s existence, but emphasised the need for greater accessibility, management involvement, and integration into daily work routines. The findings suggest that, while the EWP has a strong foundation, its

sustainability and impact depend on addressing structural, cultural, and operational limitations.

Participant 1 recommended:

*“The management should schedule regular wellness sessions that fit within working hours instead of expecting staff to attend after their shifts.”*

This indicates the need for better time management and scheduling that accommodates the demanding nature of clinical work.

Participant 2 highlighted the importance of visible leadership support:

*“Management should participate in some of the wellness activities. It would show commitment and encourage others to join.”*

Similarly, Participant 3 proposed the following:

*“Wellness should be part of our performance appraisals and staff meetings, not treated as a separate activity.”*

Participants also focused on improving communication and awareness.

Participant 4 stated:

*“We need better communication. Sometimes, we only hear about wellness events when it’s too late.”*

Participant 5 said:

*“More reminders and updates on WhatsApp or email would help people plan to attend.”*

These responses reinforce earlier findings that limited communication and inconvenient scheduling hinder participation. With regard to communication, Dawad *et al.* (2016) note that consistent awareness campaigns significantly improve programme uptake.

To address stigma, Participant 6 suggested the following:

*“The HR team should do more sessions or fun activities that don’t make people feel like they are being singled out for needing help. They should consider having team building-like activities that will also make it less boring.”*

Participant 7 noted:

*“EWP sessions should be normalised as part of staff development. That way, people won’t feel embarrassed to attend.”*

The ideas echo the view of Marenus *et al.* (2022), who advocate integrating wellness activities into broader staff development programmes to reduce stigma and encourage participation.

Participant 8 recommended expanding the range of services offered, stating:

*“There should be more physical wellness options like fitness challenges or mindfulness classes, not only counselling. Ninety percent of the time, we are sitting there and listening to the facilitator.”*

Participant 9 said:

*“We need on-site support, like quick check-ins or short relaxation breaks during shifts. Financial literacy should also be included in these sessions.”*

These suggestions highlight employees’ desire for practical, accessible wellness tools suited to their work environment.

Participant 10 stated:

*“The EWP is a good initiative, it just needs more visibility, better planning, and real support from management and onsite support.”*

Overall, the participants’ recommendations reveal a shared vision of a more inclusive, accessible, and integrated EWP. The findings indicate that improving communication, increasing management involvement, addressing stigma, and aligning wellness activities with operational realities would significantly enhance the programme’s reach and effectiveness.

These recommendations are consistent with the view of Mabasa and Chelule (2019), who found that wellness programmes thrive when employees perceive them as both relevant and supported by leadership. By implementing these improvements, the selected mental health facility could foster a healthier, more engaged and more productive workplace, ultimately realising the full potential of its EWP.

## **4.5 DISCUSSION OF FINDINGS**

### **4.5.1 Awareness and Understanding of the EWP**

The findings show a high level of awareness of the EWP amongst participants. Dawad *et al.* (2016) posit that awareness is a key determinant of EWP participation. However, awareness alone does not guarantee utilisation. In the present study, although employees know about the EWP, many do not engage with its services regularly, highlighting a gap between awareness and participation.

### **4.5.2 Perceived Benefits and Impact on Well-being**

Participants perceive the EWP as beneficial in promoting emotional resilience, enhancing coping skills, and reducing stress levels. These findings align with recent literature indicating that workplace wellness initiatives contribute to improved psychological health, morale, and engagement when effectively implemented (Cohen *et al.*, 2023; Plastow, 2023). Similar studies confirm that structured well-being interventions can strengthen emotional regulation, reduce burnout, and promote positive mental health outcomes amongst employees (Shiri *et al.*, 2023).

However, in the facility under study, participants noted that heavy workloads and ongoing emotional demands often limit their participation in EWP activities. This indicates that excessive job demands and time pressures are significant barriers to engagement in wellness initiative, thereby diminishing the effectiveness of the EWP, a phenomenon also noted by Sears *et al.* (2022). Chronic exposure to emotionally taxing work without adequate recovery opportunities has been linked to exhaustion, disengagement, and reduced programme impact (Paterson *et al.*, 2024). While the EWP offers meaningful benefits, its effectiveness is contingent upon an organisational climate that allows employees sufficient time to engage. Addressing systemic workload pressures and

promoting a supportive culture are therefore critical to translating the EWP's potential into sustained improvements in well-being (Cohen *et al.*, 2023; Hoosain *et al.*, 2023).

#### **4.5.3 Influence on Work Performance and Productivity**

The study found that employees who had engaged with the EWP reported short-term improvements in focus, emotional balance, and motivation. These findings mirror those of Mabasa and Chelule (2019), who observe that employees who participate in wellness programmes demonstrate improved morale and work performance. However, participants in the present study indicated that high workloads and limited managerial flexibility prevent sustained engagement.

In applying the JD-R Model (Bakker & Demerouti, 2017), the EWP can be conceptualised as a resource that enhances work engagement and performance when employees can access it freely. When job demands outweigh the available resources, the benefits of wellness interventions become temporary. Thus, the EWP's influence on performance in the context under study is limited by systemic factors rather than programme content.

#### **4.5.4 Challenges and Barriers to Participation**

Participants identified workload pressures, time constraints, limited communication, and stigma as major barriers to EWP participation. These findings are consistent with those of the studies by Giorgi *et al.* (2020) and Peters *et al.* (2022), which show that organisational culture, managerial attitudes, and job demands significantly influence employees' willingness and ability to engage in wellness initiatives. Heavy workloads and insufficient time to attend wellness sessions were highlighted as primary deterrents, echoing evidence that excessive job demands reduce employees' capacity to engage in self-care or well-being activities (Taris *et al.*, 2021).

Stigma remains a pervasive barrier to utilisation, with participants expressing fears that seeking wellness support may be interpreted as a sign of weakness or incompetence. Recent research confirms that stigma and low psychological safety undermine the uptake of mental health interventions in the workplace, particularly in high-pressure service sectors (Tan *et al.*, 2023). According to the JD-R Model (Bakker & Demerouti, 2017), when job demands outweigh organisational resources, such as managerial support, employees experience strain, which, in turn, reduces motivation to participate in wellness

activities (Bakker, 2022; Kelloway *et al.*, 2008). Therefore, a supportive workplace culture, high-quality communication, and reducing stigma are essential to fostering participation and ensuring the effectiveness of EWP (Peters *et al.*, 2022).

#### **4.5.5 Recommendations for Improvement**

Participants proposed several strategies to strengthen the effectiveness and sustainability of the EWP. These include integrating wellness activities into daily work routines, encouraging visible management participation, and improving internal communication channels. Such strategies align with recent studies emphasising that leadership commitment, accessibility, and consistent communication are crucial drivers of the success of EWPs (Abma *et al.*, 2022; Cooper & Dewe, 2021). When managers actively participate in and model engagement with wellness initiatives, employees are more likely to perceive these programmes as legitimate and valuable (Huang *et al.*, 2023).

Participants also suggested linking EWP activities to performance appraisals and professional development sessions to reinforce participation and accountability. Research supports embedding wellness objectives within organisational systems to promote sustained behavioural change and normalising wellness engagement as part of the workplace culture (Hassard *et al.*, 2021; Kowalski & Loretto, 2022). This integrated approach could also help reduce the stigma associated with help-seeking by positioning wellness as an organisational norm rather than a remedial measure (Huang *et al.*, 2023). Overall, the findings suggest that strategic alignment between wellness initiatives, leadership practices, and organisational processes is vital to achieving long-term well-being outcomes.

#### **4.6 CONCLUSION**

In summary, the findings of this study reveal that the EWP at the selected mental health facility is widely recognised and valued by employees across different departments. The five themes that emerged from the analysis, namely *Awareness and understanding of the EWP*, *Perceived benefits and effectiveness on employee well-being*, *Influence on work performance and productivity*, *Challenges and barriers to participation*, and *Recommendations for improvement* collectively illustrate both the strengths and limitations of the current programme. Participants demonstrated strong awareness of the

EWP's purpose, and acknowledged its potential to enhance emotional resilience, stress management, and overall well-being. However, operational pressures, stigma, and limited structural support were found to hinder meaningful participation and reduce the programme's long-term effectiveness.

Despite these challenges, participants expressed optimism about the EWP's role in promoting a healthier and more supportive work environment if the institution ensured greater management engagement and employed effective communication strategies and scheduling flexibility. The findings, therefore, underscore the need for a more integrated and inclusive approach that aligns wellness initiatives with the realities of the mental healthcare setting. These insights form the basis for the discussion in the next chapter, which presents the recommendations.

## **CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

This chapter presents the main findings of the study, together with recommendations for practice. This is followed by a review of the study's limitations and recommendations for future research.

### **5.2 SUMMARY OF FINDINGS**

The present study found that employees of the institution under study are well aware of the existence and purpose of the EWP. However, there is a need for improved visibility and effective communication regarding initiatives to enhance participation and understanding of available services.

The EWP is considered a valuable initiative that provides emotional support and stress-management strategies, thus promoting holistic wellness. However, work pressures and limited time constrain utilisation of the EWP.

The EWP has a positive influence on employees' motivation, concentration, and resilience, but these benefits were short-lived, due to operational constraints and insufficient managerial support. Challenges to employees' participation include high workloads, staffing shortages, stigma around participation, and scheduling conflicts, all of which hinder effective participation.

Participants recommended stronger management involvement, improved communication, flexible scheduling, the reduction of stigma, and setting aside dedicated time for wellness activities.

### **5.3 RECOMMENDATIONS**

Based on the findings, the following strategies are recommended for the institution.

#### **Institutionalise wellness as a strategic priority**

Embedding the EWP as a core element of organisational strategy ensures it is treated as more than a peripheral initiative. Studies have shown that, without strategic integration, wellness programmes risk being underutilised (Silinda & Mpungose, 2023).

### **Allocate dedicated time and ensure structural support for participation**

Allowing employees scheduled time and manageable workloads to allow them to attend wellness activities increases engagement. Research indicates that wellness initiatives have greater effectiveness when job demands are balanced with access to resources (Marin Farrona *et al.*, 2023).

### **Enhance visible leadership and communication**

High awareness alone is insufficient. Participants in EWP need clear information about services, coupled with easy access. Managerial support towards the EWP, involvement, and integration of wellness into performance appraisals will help normalise participation and reduce stigma. Recent evidence supports this link between leadership behaviour and the effectiveness of wellness programmes (Musau & Ndurumo, 2021).

### **Monitor, evaluate, and continuously adapt the programme**

Regular evaluation and feedback loops will ensure that the EWP remains relevant and effective. Systematic reviews have shown that even well-designed wellness programmes exhibit variation in effectiveness and thus require ongoing adaptation to their context (Marin Farrona *et al.*, 2023).

The next section reviews the limitations of the present study and recommends avenues for future research.

## **5.4 STUDY LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH**

While the study makes a contribution to knowledge on EWPs, it does have limitations. The focus on a single private mental healthcare facility in Gauteng and inclusion of only permanent staff with at least six months' tenure restricts the broader applicability of the findings. The researcher's employment within the organisation may have introduced participation- or social desirability bias, despite the safeguards in place. The subjective nature of a qualitative approach (Lincoln & Guba, 1985:303) is another limitation, and future studies could incorporate a quantitative component in the form of, e.g., metrics to measure outcomes of EWPs, which would enhance generalisability of the findings.

The present study was limited to a single institution in South Africa. Future studies could include institutions in other provinces and abroad, in order to make comparisons. Such studies could follow a longitudinal time horizon, thereby addressing the present study's limitation of a cross-sectional horizon. As the present study focused solely on employees in a private mental health facility, future research could include a broader range of participants, including employee wellness specialists and staff across a broader range of occupations to capture a more comprehensive perspective.

Researcher bias was also acknowledged as a potential limitation. The researcher's dual role as employee and investigator at the selected institution may have introduced positional bias. Participants might have perceived a power imbalance or exercised caution when sharing complaints (see Leedy & Ormrod, 2015). Additionally, bias could have been present in the purposive sampling process, as participants were selected from amongst colleagues at a different branch (see Leedy & Ormrod, 2015). However, these professional relationships may have fostered trust, encouraging participants to share more openly, thus enabling the collection of richer data.

## **5.5 CONCLUSION**

This study makes a theoretical contribution to the employee wellness and organisational behaviour literature by extending established frameworks into the context of private mental healthcare. By integrating the Job Demands–Resources (JD-R) Model, burnout theory, and Self-Determination Theory, the study offers a comprehensive understanding of how organisational resources, leadership practices, and motivational processes shape employee engagement with EWPs. The findings demonstrate that EWPs function not only as job resources that buffer work-related demands and mitigate burnout, but also as motivational mechanisms that influence autonomy, competence, and relatedness in high-stress work environments.

In addition, the study contributes to the limited body of qualitative research on employee wellness by foregrounding employee perceptions as a central explanatory mechanism for programme effectiveness within emotionally demanding healthcare settings. Although awareness of the EWP is high and its benefits are widely acknowledged, the findings reveal that structural and operational barriers constrain its effectiveness. The study further shows that visible leadership support, adequate time for participation, and the presence

of a stigma-free organisational culture are critical for wellness programmes to achieve their intended outcomes. Addressing these factors may enable organisations to create environments in which employee well-being and performance mutually reinforce one another, thereby supporting more sustainable and productive workplaces.

## REFERENCES

- Abma, T.A., Baur, V.E., Molewijk, B. & Widdershoven, G.A.M. 2022. Ethics support in workplace wellbeing programmes: a participatory approach. *Journal of Business Ethics*, 178(4):897-912.
- Adams, W.C. 2020. Conducting semi-structured interviews. In: J. Wholey, H.P. Hatry & K.E. Newcomer (eds.), *Handbook of practical program evaluation*. 5th ed. San Francisco: Jossey-Bass.
- Agrell, B. 2024. Integrating theoretical perspectives on employee wellness: New syntheses. *Occupational Health Review*, 12(1):1-18.
- Ardekani, A., Parker, S. & Williams, L. 2022. Emotional labour and mental health outcomes among clinical staff. *Clinical Psychology & Healthcare*, 9(3):223-238.
- Attridge, M. 2019. Employee wellness programmes: Evidence and practice. *Employee Benefits Journal*, 45(7):622-636.
- Attridge, M. 2022. Designing confidential and culturally competent EAPs for healthcare settings. *Workplace Health & Safety Review*, 68(4):212-220.
- Bai, S. & Vahedian, M. 2023. Stigma and employee wellbeing: organisational culture and participation in workplace health programmes. *International Journal of Environmental Research and Public Health*, 20(3):1152-1163.
- Baicker, K., Cutler, D. & Song, Z. (2010) 'Workplace wellness programs can generate savings', *Health Affairs*, 29(2), pp. 304–311.
- RAND Corporation (2019) *Workplace Wellness Programs Study: Final Report*. Santa Monica, CA: RAND.
- Baicker, K., Cutler, D. & Song, Z. 2015. Workplace wellness programmes can generate savings. *Health Affairs*, 34(4):304-311.
- Bailey, T., Dollard, M.F. & Idris, M. 2023. Psychosocial safety climate and workplace mental health: evidence and practice. *Occupational Medicine*, 73(2):85-97.

Bakker AB, Demerouti E. Job demands-resources theory: Taking stock and looking forward. *J Occup Health Psychol*. 2017 Jul;22(3):273-285. doi: 10.1037/ocp0000056. Epub 2016 Oct 10. PMID: 27732008.

Bakker, A.B. 2022. The Job Demands–Resources Model: state of the art. *Journal of Managerial Psychology*, 37(7):681-695.

Baxter, S., Knight, E., & Johnson, A. 2021. Employee perceptions of workplace wellness: relevance, confidentiality and stigma. *Occupational Health Psychology*, 16(1):1-12.

Bhattacharjee, A. 2012. *Social science research: principles, methods, and practices*. 2nd ed. Tampa, FL: University of South Florida.

Blackburn, J. 2005. *Workplace wellness and organisational strategy*. London: Kogan Page.

Boaro, A., Smith, J. & Evans, P. 2024. Under-reward and burnout among nurses: A comparative study. *Journal of Nursing Management*, 32(2):145-158.

Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2):77-101.

Braun, V. & Clarke, V. 2021. *Thematic analysis: a practical guide*. London: Sage Publications.

Castleberry, A. & Nolen, A. 2018. Thematic analysis of qualitative research data: is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, 10(6):807-815.

Chamber of Mines/Employee Assistance Professional Association (EAPA-SA). 2011. *EAP for Africa: progress and professionalisation of employee assistance services*. Johannesburg: EAPA-SA.

Cohen, A., Plastow, N. & Hoosain, N. 2023. Workplace wellbeing interventions in healthcare: lessons from South Africa. *South African Journal of Industrial Psychology*, 49(1):1-11.

Cooper, C.L. & Dewe, P.J. 2020 *Well-being and Work: Future Challenges*. London: Routledge. [https://www.gov.za/sites/default/files/gcis\\_document/201409/3706726-11act4of2013protectionofpersonalinforcorrect.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/3706726-11act4of2013protectionofpersonalinforcorrect.pdf)

Cooper, C.L. & Dewe, P.J. 2021. Wellbeing interventions in the workplace: an evidence-based review. *Human Resource Management Review*, 31(4):100765. [https://www.researchgate.net/publication/309601449\\_Work\\_and\\_Wellbeing\\_in\\_the\\_21st\\_Century](https://www.researchgate.net/publication/309601449_Work_and_Wellbeing_in_the_21st_Century)

Cox, T. & Griffiths, A. 2022 *Workplace Health and Wellbeing: Managing Psychosocial Risks in Organisations*.

Creswell, J.W. & Creswell, J.D. 2018 *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 5th edn. Thousand Oaks, CA: Sage.

Creswell, J.W. & Poth, C.N. 2017. *Qualitative inquiry and research design: choosing among five approaches*. 4th ed. Thousand Oaks, CA: Sage Publications.

Creswell, J.W. 2014. *Research design: qualitative, quantitative, and mixed methods approaches*. 4th ed. Thousand Oaks, CA: Sage Publications.

Creswell, J.W. 2018. *Educational research: planning, conducting, and evaluating quantitative and qualitative research*. 6th ed. Boston: Pearson.

Dawad, S., Ashraf, R. & Muller, J. 2016. Employee wellness programmes and participation: a South African perspective. *South African Journal of Human Resource Management*, 14(1):1-9.

Denzin, N.K. & Lincoln, Y.S. 2018. *The SAGE handbook of qualitative research*. 5th ed. Thousand Oaks, CA: Sage Publications.

Dollard, M.F. & Bakker, A.B. 2010. Psychosocial safety climate as a precursor to work conditions, engagement and distress: a multilevel model. *Journal of Occupational and Environmental Medicine*, 52(5):569-577.

Edmondson, A.C. (2019) *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth*. Hoboken, NJ: Wiley.

Employee Assistance Professionals Association of South Africa (EAPA-SA). 2023. *History and role of EAPs in South Africa*. Johannesburg: EAPA-SA.

Etikan, I., Musa, S.A. & Alkassim, R.S. 2016. Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1):1-4.

Fazal, S., Alvi, A. & Hussain, S. 2022. Work–life balance and employee wellbeing: mediating role of organisational support. *Personnel Review*, 51(5):1409-1424.

García-Salirrosas, E. 2023. Remote work, isolation and employee wellbeing: systematic perspectives. *Journal of Workplace Health*, 11(2):65-82.

Giorgi, G., Lecca, L.I. & Ariza-Montes, A. 2020. COVID-19-related mental health effects in the workplace: stigma and stress among employees. *International Journal of Environmental Research and Public Health*, 17(21):7857. <https://pubmed.ncbi.nlm.nih.gov/33120930/>

Goetzel, R.Z. 2022. Economic and organisational impact of employee mental health in South Africa. *South African Health Economics Review*, 8(1):3-22.

Goetzel, R.Z., Mosher Henke, R., Tabrizi, M., Pelletier, K.R., Loeppke, R., Ballard, D.W. Metz, R.D. 2014. Do workplace health promotion programs work? *Journal of Occupational and Environmental Medicine*, 56(11):1130-1139.

Gravitch, M.J., Gottschalk, M. & Munz, D.C. 2006. The path to a healthy workplace: a critical review linking healthy workplace practices, employee well-being, and organisational improvements. *Consulting Psychology Journal: Practice and Research*, 58(3):129-147.

Guest, G., Namey, E. & Chen, M. 2020. A simple method to assess and report thematic saturation in qualitative research. *PLoS ONE*, 15(5):1-17.

Hammarberg, K., Kirkman, M. & de Lacey, S. 2016. Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, 31(3):498-501.

Hartling, L. & Thompson, A. 2023. Systematic review of EWPs in health care: short- and long-term outcomes. *Systematic Reviews in Occupational Health*, 7(1):1-22.

Hassard, J., Teoh, K., Visockaite, G. & Cox, T. 2021. The effectiveness of workplace wellbeing programmes: a systematic review. *Occupational Medicine*, 71(5):213-222.

Hennink, M. & Kaiser, B.N. 2022. *Qualitative research methods*. 2nd ed. London: Sage Publications.

Hoosain, N., Cohen, A. & Plastow, N. 2023. Mental health professionals' experiences of workplace stress and wellbeing programmes. *South African Journal of Occupational Therapy*, 53(1):15-24.

Houghton, C., Casey, D., Shaw, D. & Murphy, K. 2020. Rigour in qualitative case-study research. *Nurse Researcher*, 27(1):12-17.

Howard, S., Ryan, R. & Deci, E.L. 2020. Need satisfaction at work: links to engagement and burnout in healthcare. *Journal of Applied Psychology in Health*, 6(3):210-227.

Huang, J., Wang, S. & Li, X. 2023. Leadership engagement and employee wellbeing: the mediating role of psychological safety. *Frontiers in Psychology*, 14:1123765. [https://www.researchgate.net/publication/371317289\\_Inclusive\\_leadership\\_and\\_work\\_engagement\\_Exploring\\_the\\_role\\_of\\_psychological\\_safety\\_and\\_trust\\_in\\_leader\\_in\\_multiple\\_organizational\\_context](https://www.researchgate.net/publication/371317289_Inclusive_leadership_and_work_engagement_Exploring_the_role_of_psychological_safety_and_trust_in_leader_in_multiple_organizational_context)

Idris, M., Dollard, M.F. & Bailey, T. 2022. Psychosocial safety climate and organisational outcomes. *International Journal of Workplace Health Management*, 15(2):99-116.

Jain, P. & Jain, R. 2020. Employee wellness programmes: definitions, scope and practice. *Corporate Health Journal*, 6(1):12-28.

Kaiser, B.N., Hennink, M.M., Lawrence, E. & Becker, S. 2022. How many interviews are enough? Data saturation and variability in qualitative research. *Field Methods*, 34(1):23-41.

Karatuna, I., Jönsson, S., Dollard, M.F. and Muhonen, T., 2025. The associations of the psychosocial safety climate with human service workers' job demands, resources, and work-and health-related outcomes: A scoping review. *Safety Science*, 191, p.106949.

- Kelloway, E.K., Barling, J. & Hurrell, J.J. 2008. *Leadership and employee health: the role of supportive supervision*. Oxford: Oxford University Press.
- Khidr, S., Al-Gahtani, A. & Al-Motairy, S. 2021. Using NVivo for qualitative data analysis in educational research: best practice recommendations. *International Journal of Research in Education and Science*, 7(4):1102-1116.
- Kinman, G. & Teoh, K. 2021. Stigma, help-seeking and mental health support for healthcare professionals. *Occupational Medicine*, 71(1):35-42.
- Korstjens, I. & Moser, A. 2021. Series: Practical guidance to qualitative research. Part 4 – Trustworthiness and publishing. *European Journal of General Practice*, 27(1):47-52.
- Kowalski, T. & Loretto, W. 2022. Wellbeing and work: a review and future research agenda. *Human Resource Management Journal*, 32(2):314-329.
- Krekel, C., Ward, G. & De Neve, J.-E. 2019. Employee wellbeing, productivity, and firm performance: evidence and case studies. *Journal of Economic Behaviour & Organization*, 154:117-134.
- Leedy, P.D. & Ormrod, J.E. 2015. *Practical research: planning and design*. 11th ed. Boston: Pearson Education.
- Leso, V. & Jacobs, M. 2023. COVID-19 and the South African healthcare workforce: impacts on mental health and service delivery. *South African Medical Journal*, 113(6):420-427.
- Lewis, S. & Thornhill, A. 2019. *Research methods for business students*. 8th ed. Harlow: Pearson Education.
- Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Mabasa, N. & Chelule, S. 2019. Employee perceptions of wellness programmes in the mining sector: implications for employee engagement. *South African Journal of Labour Relations*, 43(2):45-59.

Madonsela, T. 2023. *Evaluating long-term outcomes of workplace wellness programmes in South Africa*. Pretoria: Institute for Workplace Studies. <https://repository.up.ac.za/items/7b2e2458-f14c-41e4-86ba-20bc637cf032>

Marens, R., Chizema, S. & Patel, J. 2022. Workplace stigma and participation in employee assistance programmes: a global perspective. *Journal of Occupational Health Psychology*, 27(4):356-368.

Marín Farrona, A., Alonso-Martín, P. & Molina-Sánchez, H. 2023. Effectiveness of workplace wellness programmes: balancing job demands and resources. *Journal of Occupational Health Psychology*, 28(2):115-129.

Mazzetti, G. & Schaufeli, W.B. 2022. Leadership and wellbeing: the overlooked enabler of effective EWPs. *European Journal of Work and Organizational Psychology*, 31(5):560-579.

Merriam, S.B. & Tisdell, E.J. 2016. *Qualitative research: a guide to design and implementation*. 4th ed. San Francisco: Jossey-Bass.

Milligan-Saville, J.S., Tan, L., Gayed, A., Barnes, C., Madan, I., Dobson, M., Lewis, R. & Harvey, S.B. (2017) 'Workplace mental health training for managers and its effect on employees' help-seeking and stigma: A cluster randomised controlled trial', *The Lancet Psychiatry*, 4(11), pp. 850–858.

Moser, A. 2021. Reflexivity in qualitative research: balancing closeness and distance. *Qualitative Health Research*, 31(5):897-903.

Mothiba, T. & Mothiba, M. 2023. *Integrating wellness and occupational health in South African hospitals*. Johannesburg: Health Systems Press.

Mothiba, T. 2023. Aligning EWPs with organisational policy frameworks in South African healthcare. *Public Sector Health Review*, 4(2):45-58.

Moyo, K. & Pienaar, J. 2021. Services and components of EWPs in South Africa: a descriptive study. *South African Journal of Human Resource Management*, 19(1):1-9.

Musau, P. & Ndurumo, M. 2021. Leadership behaviour and employee wellness programme effectiveness: evidence from organisational health studies. *African Journal of Human Resource Management*, 9(1):44-56.

Nielsen, K., Randall, R., Yarker, J. & Brenner, S.O. 2021. Organisational interventions for improving employee wellbeing: meta-analytic evidence. *Work & Stress*, 35(1):1-22.

Nienaber, M., van Rensburg, G. & Botha, P. 2014. Targeted wellness interventions in South African organisations: outcomes and lessons. *South African Journal of Labour Relations*, 38(2):25-40.

Nowell, L.S. & Albrecht, L. 2019. Applying thematic analysis: a practical guide for trustworthiness. *The Qualitative Report*, 24(7):1372-1383.

Organisation for Public Mental Health Guidance (OPMG). 2017. *Guidance on workplace mental health interventions*. London: OPMG.

Organisation for the Coordination of South African Statistics (OCSA). 2020. *Economic costs of work-related stress in South Africa: a national estimate*. Pretoria: OCSA. <https://www.stellenboschbusiness.ac.za/news/2024-07-01-real-costs-burnout-workplace>

Oxford Economics. 2021. *The cost of replacement: the economic impact of staff turnover*. London: Oxford Economics.

Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N. & Hoagwood, K. 2015. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5):533-544.

Paterson, M., Stone, J. & Leka, S. 2024. Chronic stress, recovery, and burnout among healthcare professionals: implications for organisational wellbeing programmes. *Occupational Health Science*, 8(1):65-82.

Peters, S., Taris, T.W. & de Jonge, J. 2022. Workplace wellbeing in high-demand environments: the moderating role of job resources. *Journal of Occupational Health Psychology*, 27(3):205-218.

- Pillay, P., Nkosi, M. & Dlamini, S. 2022. Mental health burdens and workplace resilience after COVID-19 in South Africa. *South African Journal of Public Health*, 16(4):210-220.
- Plastow, N. 2023. Employee wellness and resilience in the South African healthcare sector. *South African Journal of Human Resource Management*, 21(1):1-10.
- Preti, A. 2025. Recent advances in work-stress models: new empirical tests. *Journal of Occupational Health Psychology*, 30(1):1-20.
- Quick, J.C., Quick, J.D. & Nelson, D.L. 2016. *Preventive stress management in organisations*. 2nd ed. Washington, DC: American Psychological Association.
- Radu, S. 2023. Transformational leadership and employee wellbeing: recent empirical evidence. *Leadership Quarterly*, 34(1):88-101.
- Ryan, R.M. & Deci, E.L. 2020. *Self-determination theory: basic psychological needs in motivation, development, and wellness*. New York: Guilford Press.
- Sasangohar, F. 2022. Burnout among healthcare professionals during COVID-19: a global review. *Journal of Clinical Health*, 11(2):98-110.
- Saunders, M., Lewis, P. & Thornhill, A. 2019. *Research methods for business students*. 8th ed. Harlow: Pearson Education.
- Schaufeli, W.B. (2022) 'Engaging leadership: How leaders promote employee engagement, well-being, and performance', *European Journal of Work and Organizational Psychology*, 31(4), pp. 532–547.
- Schaufeli, W.B. 2022. Burnout research: state of the art and future directions. *Revista de Psicología del Trabajo y de las Organizaciones*, 38(2):89-101.
- Sears, L.E., Coberley, C.R. & Pope, J.E. 2022. Workplace wellness participation and health outcomes: a longitudinal analysis. *Journal of Occupational and Environmental Medicine*, 64(3):195-203.
- Shanafelt, T.D., Goh, J. & Sinsky, C. 2017. The business case for investing in physician wellbeing. *JAMA Internal Medicine*, 177(12):1826-1832.

Shiri R, Nikunlaakso R, Laitinen J. Effectiveness of Workplace Interventions to Improve Health and Well-Being of Health and Social Service Workers: A Narrative Review of Randomised Controlled Trials. *Healthcare (Basel)*. 2023 Jun 17;11(12):1792. doi: 10.3390/healthcare11121792. PMID: 37372909; PMCID: PMC10298158.

Sieberhagen, C., Schwab, A. & Crous, F. 2011. Employee wellness programmes in South Africa: uptake and evaluation challenges. *South African Journal of Human Resource Management*, 9(1):1-9.

Silinda, F. & Mpungose, C.B. 2023. Integrating employee wellness into organisational strategy: a South African perspective. *South African Journal of Industrial Psychology*, 49(1):1-9.

Silinda, M. and Mpungose, S., 2025. Exploring Workplace Wellness Programmes and Their Influence on Employee Productivity: A Case of the Public Accident Sector. *International Journal of Applied Research in Business and Management*, 6(2).

Smith, L. & Patel, R. 2022. Employee wellbeing and organisational performance: policy implications for health services. *Health Policy Review*, 7(3):45-53.

Song, Z. & Baicker, K. 2019. Effectiveness of employer wellness programmes: evidence from large employers. *New England Journal of Medicine*, 381:2497-2506.

Stebbins, R.A. 2001. *Exploratory research in the social sciences*. Thousand Oaks, CA: Sage Publications.

Stritch, J. & Christensen, R.K. 2023. Leadership integration in employee wellness design: barriers and opportunities. *Public Administration Review*, 83(2):205-218.

Tan, L., Zhou, Y. & Xu, Q. 2023. Reducing stigma in workplace mental health programmes: the role of psychological safety. *International Journal of Workplace Health Management*, 16(2):151-166.

Taris, T.W., Peters, S. & de Jonge, J. 2021. Balancing job demands and resources in mental health work: a test of the JD-R Model. *Work & Stress*, 35(1):85-102.

- Tiffin, P., Jungert, D. & DeHaan, R. 2024. Multi-component interventions in healthcare: a synthesis of 2020–2024 evidence. *Health Services Research*, 59(4):1-20.
- Tracy, S.J. 2013. *Qualitative research methods: collecting evidence, crafting analysis, communicating impact*. Chichester: Wiley-Blackwell.
- Trotter, H. 2018. Barriers to participation in workplace wellness programmes: a review. *Occupational Health Review*, 12(1):78-86.
- United Nations (2015) *Transforming our world: the 2030 Agenda for Sustainable Development*. New York: United Nations.
- Van der Walt, A. 2021. *Implementation challenges for EWP in South African organisations*. Pretoria: Centre for Organisational Health. [https://www.researchgate.net/publication/270870290\\_Management\\_of\\_employee\\_wellness\\_in\\_South\\_Africa\\_Employer\\_service\\_provider\\_and\\_union\\_perspectives](https://www.researchgate.net/publication/270870290_Management_of_employee_wellness_in_South_Africa_Employer_service_provider_and_union_perspectives)
- Vyas-Doorgapersad, S. 2024. Measuring employee wellness: advances and methodological challenges. *South African Journal of Research Methods*, 2(1):12-29.
- Weiss, H.M. & Cropanzano, R. 1996. Affective events theory: a theoretical discussion of workplace emotions. *Research in Organizational Behavior*, 18:1-74.
- World Health Organization & International Labour Organization (WHO & ILO). 2022. *Good practice: mental health at work*. Geneva: WHO/ILO Joint Publication. [https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed\\_protect/@protrav/@safework/documents/publication/wcms\\_856976.pdf](https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/publication/wcms_856976.pdf)
- World Health Organization (WHO). 2021. *Mental health in the workplace: policy and practice guidance*. Geneva: WHO.
- Yin, R.K. 2018. *Case study research and applications: design and methods*. 6th ed. Thousand Oaks, CA: Sage Publications.
- Yu, H., Zhang, T. and Zhang, P., 2024. Boosting engagement: Effects of wellness programs in hospitality workplaces. *Administrative Sciences*, 14(11), p.271.

## **ANNEXURE A: OPEN-ENDED INTERVIEW QUESTIONS**

### **RESEARCH INTERVIEW QUESTIONS**

Title: Assessing the employee wellness programmes' effectiveness on staff in a South African mental health facility.

1. How would you describe your overall understanding of the Employee Wellness Programme?
2. In your opinion, what are the key benefits of the programme for staff?
3. What aspects of the programme do you believe have had the most impact on employee well-being?
4. How has the programme influenced your daily work performance or productivity?
5. Can you share a specific experience where the programme contributed positively to your mental or physical well-being?
6. What changes, if any, have you noticed in team morale or staff engagement since the programme's implementation?
7. What challenges or barriers do you face when trying to participate in wellness activities?
8. From your role as [Receptionist/Nurse/Manager/etc.], how relevant and accessible is the programme to your job-specific challenges?
9. What components or services would you suggest be added, removed, or improved in the programme?
10. How visible is leadership's support in promoting the Employee Wellness Programme, and how could it be strengthened?

## ANNEXURE B: ETHICAL CLEARANCE



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3 September 2025

### ETHICS APPROVAL LETTER OF STUDY

Based on approval by the **North-West University Economic and Management Sciences Research Ethics Committee (EMS-REC)** on 3 September 2025, the Economic and Management Sciences Research Ethics Committee hereby **approves** your study as indicated below. This implies that the North-West University Senate Committee for Research Ethics (NWU-REC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|------------------|---|---|---|------|---|---|--------|---|---|---|---|---|---|---|-------------|--|--|--|--------------|--|--|--|------|--|--|--------|--|---------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Study title:</b>                                                                                                                                                                                                                                           | Assessing the effectiveness of employee wellness programmes on staff in a selected mental health facility in South Africa                                                                                                                                                                                                                                                                                                                         |                        |                    |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Study leader/Supervisor (Principal investigator/Researcher):</b>                                                                                                                                                                                           | Dr H. Saurombe                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>University no.:</b> | 24078093           |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Student:</b>                                                                                                                                                                                                                                               | Ms K.K. Mahasha                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>University no.:</b> | 40659607           |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Ethics number:</b>                                                                                                                                                                                                                                         | <table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>8</td><td>6</td><td>3</td><td>-</td><td>2</td><td>5</td><td>-</td><td>A</td><td>4</td></tr><tr><td colspan="4">Institution</td><td colspan="4">Study number</td><td colspan="3">Year</td><td colspan="2">Status</td></tr><tr><td colspan="15">Status: S = Submission; R = Re-submission; P = Provisional authorisation; A = Authorisation</td></tr></table> |                        |                    | N                | W | U | - | 0    | 0 | 8 | 6      | 3 | - | 2 | 5 | - | A | 4 | Institution |  |  |  | Study number |  |  |  | Year |  |  | Status |  | Status: S = Submission; R = Re-submission; P = Provisional authorisation; A = Authorisation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N                                                                                                                                                                                                                                                             | W                                                                                                                                                                                                                                                                                                                                                                                                                                                 | U                      | -                  | 0                | 0 | 8 | 6 | 3    | - | 2 | 5      | - | A | 4 |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Institution                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    | Study number     |   |   |   | Year |   |   | Status |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Status: S = Submission; R = Re-submission; P = Provisional authorisation; A = Authorisation                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Application type:</b>                                                                                                                                                                                                                                      | Single study - Postgraduate research                                                                                                                                                                                                                                                                                                                                                                                                              |                        | <b>Risk level:</b> | Low/minimal risk |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Commencement date:</b>                                                                                                                                                                                                                                     | 9/3/25                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                    |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Expiry date:</b>                                                                                                                                                                                                                                           | 9/3/26                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                    |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    |                  |   |   |   |      |   |   |        |   |   |   |   |   |   |   |             |  |  |  |              |  |  |  |      |  |  |        |  |                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Special in process conditions of the research for approval (if applicable):**

None.

**General conditions:**

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- The study leader/supervisor (principal investigator)/researcher must report in the prescribed format to the EMS-REC:
  - annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and
  - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the EMS-REC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for an external audit.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility, the NWU-SCRE and EMS-REC reserves the right to:
  - request access to any information or data at any time during the course or after completion of the study;
  - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;
  - withdraw or postpone approval if:
    - any unethical principles or practices of the study are revealed or suspected;
    - it becomes apparent that any relevant information was withheld from the EMS-REC or that information has been false or misrepresented;
    - submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or
    - new institutional rules, national legislation or international conventions deem it necessary.
- EMS-REC can be contacted for further information or any report templates through the secretariat. Botlanyana Maluleka ([Botlanyana.Maluleka@nwu.ac.za](mailto:Botlanyana.Maluleka@nwu.ac.za)/ +27 18 2852436) or the chair Prof Diana Viljoen-Bezuidenhout ([Diana.Viljoen@nwu.ac.za](mailto:Diana.Viljoen@nwu.ac.za) / +27 16 9103403).

The EMS-REC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the EMS-REC or the NWU-SCRE for any further enquiries or requests for assistance.

Yours sincerely,

Prof Diana  
Viljoen-  
Bezuidenhout

Digitally signed by Prof  
Diana Viljoen-  
Bezuidenhout  
Date: 2025.09.04  
14:19:06 +02'00'

**Prof Diana Viljoen-Bezuidenhout**

**Chairperson: NWU Economic and Management Sciences Research Ethics Committee**

## ANNEXURE C: GATE KEEPERS LETTER



Netcare Hospitals (Pty) Ltd  
76 Maude Street, Corner West Street, Sandton, South Africa  
Private Bag X34, Benmore, 2010  
Tel: +27 (0)11 301 0000  
Corporate Fax: +27 (0)11 301 0499  
[www.netcare.co.za](http://www.netcare.co.za)

### RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2025-0043

Ms Kebotile Mahasha

E mail: [Kebotilem@gmail.com](mailto:Kebotilem@gmail.com)

Dear Ms Mahasha

#### **RE: ASSESSING THE IMPACT OF EMPLOYEE WELLNESS PROGRAMMES ON STAFF PERFORMANCE AND WELL-BEING IN MENTAL HEALTH SETTING: A QUALITATIVE STUDY IN SOUTH AFRICA**

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Netcare Akeso Parktown Hospital, has been approved, subject to the following:

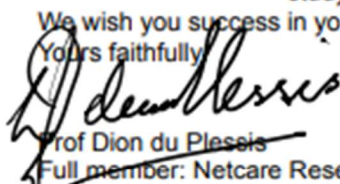
- i) Research may now commence with this FINAL APPROVAL from the Netcare Research Operations Committee.
- ii) All information regarding Netcare will be treated as legally privileged and confidential.
- iii) Netcare's name will not be mentioned without written consent from the Netcare Research Operations Committee.
- iv) All legal requirements regarding patient / participant's rights and confidentiality will be complied with.
- v) All data extracted may only be used in an anonymized, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.
- vi) The research will be conducted in compliance with the GUIDELINES FOR GOOD CLINICAL PRACTICE IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2016).
- vii) Netcare must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Netcare Research Operations Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
- viii) A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date.
- ix) Netcare has the right to implement any recommendations from the research.
- x) Netcare reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/Netcare or should the researcher not comply with the conditions of approval.
- xi) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE

FIRST.

- This approval granted applies strictly to the proposal as stipulated in the original application received.
- Should any amendments or variation to the materiality of the content of the research study become necessary during the course of the study, the principal investigator/researcher must apply for approval of these amendments/changes to the Netcare Research Operations Committee, prior to implementation.
- Any extension of the duration, and / or site, and / or investigators of the authorization granted in this approval must be applied for in writing timeously for consideration by the Netcare Research Operations Committee in order to ensure continuity of the study/research.

We wish you success in your research.

Yours faithfully



23 September 2025

Prof Dion du Plessis

Full member: Netcare Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy



Prof Reitze Rodseth

Head of Clinical Data Innovation and Research

Netcare Hospitals (Pty) Ltd

Date: 26/9/25

1

Directors: R H Friedland (CEO), K N Gibson (CFO), E Bock (Managing Director: Hospital Division)  
Craig Grindell (Managing Director: 911)  
Company secretary: C Vikisi Reg. No. [1996/006591/07](#)

## ANNEXURE D: INFORMED CONSENT

8 July 2025

DEAR PARTICIPANT

### INFORMED CONSENT LETTER TO INTERVIEW PARTICIPANTS

You are invited to take part in a research study that forms part of a Master of Business Administration (MBA) degree. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is entirely voluntary, and you are free to say no to participating. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the NWU Economic and Management Sciences Research Ethics Committee (EMS-REC) and will be conducted according to the ethical guidelines and principles of the North-West University and other international ethical guidelines applicable to this study.

**Title of the project:** Assessing the effectiveness of employee wellness programmes on staff in a selected mental health facility in South Africa.

**Institution:** NWU Business School

#### Names and contact details of project staff

|                                  | Supervisor             | Researcher       |
|----------------------------------|------------------------|------------------|
| <b>Title, name &amp; surname</b> | Dr H Saurombe          | Ms KK Mahasha    |
| <b>Full Names</b>                | Hazvineyi Saurombe     | Kebotile Mahasha |
| <b>Function in Project</b>       | Principle Investigator | Researcher       |
| <b>Telephone</b>                 | 0840290454             | 0722399527       |

#### What is this research study all about?

This study aims to explore employee experiences, perceptions and engagement with the current wellness programme offered at your facility. The research focuses on identifying strengths, limitations and areas for improvement in the programme, with the goal of enhancing staff well-being, participation and organisational support.



**Why have you been invited to participate?**

You have been invited to participate in this research study because you fall into at least one of the following categories:

- Participants must be permanent employees of the selected mental healthcare facility.
- Participants must have access to and awareness of the employee wellness programme being studied.
- Participants must have been employed at the facility for a minimum of six months, to ensure adequate exposure to the programme.
- Participants must be willing and able to give informed consent to participate in the study.
- Participants must be fluent in English, as interviews will be conducted in English and no translation services will be provided.

**What will be expected of you?**

You will be expected to:

- Participate in a 45 – 60min semi-structured interview with the researcher at a suitable time and private area without interruptions that is convenient for both parties via an online platform. This will be scheduled by the researcher once approved by the NWU ethics committee.
- Respond to the questions in an open and honest manner.
- Inform the supervisor should you feel or experience any form of discomfort or distress during the research process and inform the supervisor if you at times feel the need to terminate your involvement in the research process.

**Will you gain anything from taking part in this research?**

This research study intends to give you a voice to reveal, explain and reflect on your personal experiences, perceptions, and engagement with the employee wellness programme offered at your facility. No monetary reward shall be made available for participation in the study. You will however be furnished with a two-page communique on the outcomes of the study that you can utilize to gain insight into how staff experiences may inform future improvements to wellness initiatives and workplace support.

**Are there risks involved in your taking part in this research and what will be done to prevent them?**

Participation in this study does not create any physical risk to you as the study does not involve any physical activities or experiments. We, however, have identified certain ethical principles that shall be always maintained to prevent any damage to you. The focus of these principles will be to protect your dignity and keep all records provided private and confidential.

**How will we protect your confidentiality and who will see your findings?**

You will be assigned a unique participant ID. Our interview will be recorded and saved with reference to the ID, but data collected shall be regarded as confidential and will not be shared with any 3rd party that is not directly involved in the research process. Personal details of participants and their direct input to the research study shall not be made public. All records of the research shall be kept for a retention period and destroyed by an appropriate means. The findings of the study will be made public however will not contain any raw data that might incriminate certain individuals. All records will be managed in accordance with POPIA guidelines.

**What will happen with the findings or samples?**

The findings concluded in the study will be for academic purposes and will only be utilized to add to the current body of available knowledge.



**How will you know about the results of this research?**

Participants in the study, should they require, will be made aware of the results of the research, through a two-page communique, by means of electronic mail. The electronic final version of the dissertation will also be made available if requested.

**Will you be paid to take part in this study and are there any costs for you?**

Participation in this study will not yield monetary value to you. There is no cost envisaged to you except the time that you spend participating in this study. This study will be funded by the researcher herself.

**Is there anything else that you should know or do?**

You may contact the supervisor, Dr H Saurombe on [saurombehazvineyi@gmail.com](mailto:saurombehazvineyi@gmail.com) if you have any further questions or problems. You will receive a copy of this information and consent form for your own purposes.

**DECLARATION****Declaration by participant**

By signing below, I (PARTICIPANT ID) agree to take part in the research study titled: Assessing the effectiveness of employee wellness programmes on staff in a selected mental health facility in South Africa.

I declare that:

I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable in. The research was clearly explained to me. I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered. I understand that taking part in this study is voluntary and I have not been pressured to take part. I may choose to leave the study at any time and will not be handled in a negative way if I do so. I may be asked to leave the study before it has finished if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at: \_\_\_\_\_ On: \_\_\_\_\_

Signature of participant

\_\_\_\_\_

**Declaration by researcher**

I Kebotile Mahasha declare that:

- I explained the information in this document to (PARTICIPANT ID)
- I did/did not use an interpreter
- I encouraged them to ask questions and took adequate time to answer them or I was available should they want to ask any further questions.
- I am satisfied that they adequately understand all aspects of the research, as described above.
- I am satisfied that they had time to discuss it with others if they wished to do so.

Signed at: \_\_\_\_\_ On: \_\_\_\_\_

Signature of researcher

\_\_\_\_\_



## ANNEXURE E: CERTIFICATE OF EDITING

**TERESA KAPP**

Phone:  
+27 82 789 7878  
E-mail:  
tekapp@mweb.co.za  
info@teresakapp.com

This serves to certify that I duly edited:

**Assessing an employee wellness programme's effectiveness on staff in a South African mental health facility**

by

**K. K. Mahasha**

**orcid.org/0009-0003-98009-4024**

Please note that all editing is done in *Track Changes*, and I therefore have no control over what is accepted or rejected by the author. Furthermore, I have no control over text added at a later stage. Should there be any queries, please contact me on the number provided above.



**Teresa Kapp**

Independent researcher, editor, copywriter, qualitative data analyst

Clients include: Students and faculty of University of Stellenbosch, Stellenbosch Business School, University of Johannesburg, WITS, North-West University, NWU Business School, University of Pretoria, GIBS, University of Cape Town, Vlerick Business School (Belgium), UNISA, and Namibia University of Science and Technology (formerly Polytechnic of Namibia), and companies such as Namibia Independent Electoral Commission, Takealot, UN Women, UN Global Compact, FNB, and ABSA, amongst others.

Publications:

**EE Elgaronline**

### **Living wage**

Anita Bosch and Teresa Kapp

Category: Chapter

Collection: Business 2025

Published: 21 Jan 2025

DOI: <https://doi.org/10.4337/9781803922065.ch26>

Page Range: 263–267

### **Equal pay for work of equal value**

Anita Bosch and Teresa Kapp

Category: Chapter

Collection: Business 2025

Published: 21 Jan 2025

DOI: <https://doi.org/10.4337/9781803922065.ch39>

Page Range: 135–138

### **Gender pay gap**

Anita Bosch and Teresa Kapp

Category: Chapter

Collection: Business 2025

Published: 21 Jan 2025

DOI: <https://doi.org/10.4337/9781803922065.ch61>

Page Range: 201–205