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Corporate wellness programmes and organisational cost savings

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My friend Kathryn Aron, for that last-minute read; and

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Dedication

For my parents
Brenda Clur and Robert Blake
with love and thanks

Declaration

I declare that this research report is my own, unaided work. It is submitted in partial fulfillment of the degree of Master of Management in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other University.



Alison Stephanie Blake

14 January 1995

Abstract

There is mounting concern about the increasing cost of healthcare, making it unaffordable for more people. Until recently, healthcare has been reactive and curative, in the main, as opposed to proactive and preventive. In the USA and Australia, much research has been undertaken on the effectiveness of wellness programmes - any programme which aims to educate individuals on unhealthy practices and lifestyles, and thereby pre-empt or avoid severe illness. In this country, wellness programmes are a relatively new approach.

The purpose of this exploratory study was to establish the perceptions of human resource and health practitioners on the effect of wellness programmes in reducing the following organisational costs:

- ***absenteeism***
- ***poor performance***
- ***medical aid claims***
- ***health care costs.***

Although most respondents agreed that absenteeism levels reduce as a result of wellness programmes, respondents were not convinced that these programmes result in improved performance, reduced medical aid claims or reduced healthcare costs.

CORPORATE WELLNESS PROGRAMMES AND ORGANISATIONAL COST SAVINGS

Alison Stephanie Blake

This research report submitted to the Faculty of Management, University of the Witwatersrand, in partial fulfillment of the requirements for the degree of Master of Management

January, 1995

CHAPTER TWO: LITERATURE REVIEW

2.1 Corporate Wellness Programmes

Corporate wellness programmes encompass everything from "simple health tips in employee newsletters, to fully equipped on-site health clubs staffed by exercise physiologists, athletics trainers, physical therapists and physicians," (Mangan, 1993, p57). Some wellness programmes also screen employees for disease at an early stage, when treatment is often less expensive. Wellness programmes are any kind of ongoing informational or participatory programme - from smoking cessation and weight-loss programmes to health screenings and in-house exercise facilities - that encourage employees to lead healthier lives (Bernstein, 1992).

Corporate wellness programmes educate and motivate employees and their families to adopt better health habits.

Harper (1993) alludes to the aspect of transfer of responsibility to the individual, in the wellness programme process. She states that it is "a process designed to improve individuals' health by motivating them to take responsibility for their own health," as well as "a process designed to provide systems, products and service individuals need to change their health and lifestyle behaviours," (p.3).

Bernstein (1992, p.46) describes wellness programmes as "investments"

anxiety [on the part of staff members] can result in reduced effectiveness. Even if welfare services cannot increase individual productivity, they can help to minimise decreases". The slight modification of Porter and Lawler's model of motivation (1968), cited in Armstrong (1991, p.162), is useful in capturing the spirit of this discussion diagrammatically (Figure 1 below).

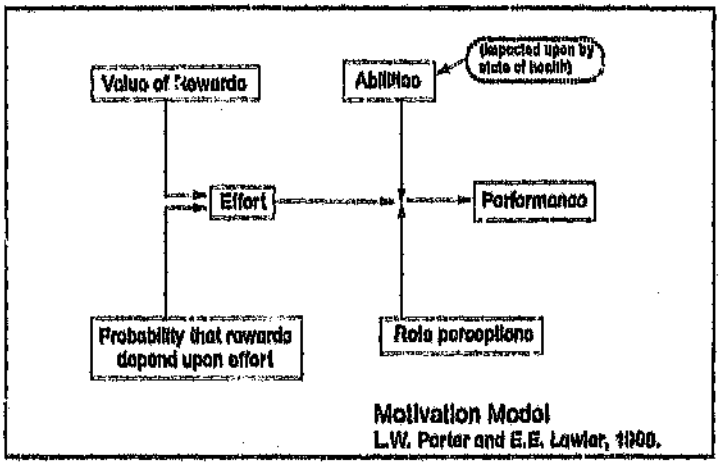


Figure 1: Modification of Porter and Lawler's Model of Motivation

1.5 Value of the Research

The value of this research is the contribution that its findings can make to organisational health and safety planning. If wellness programmes are perceived to reduce costs, these programmes may find a more prominent place in the strategies of other organisations, as well as medical aids and health insurers.

(Ivancevich and Glueck, 1983). Poor performance can be regarded as an opportunity cost to an organisation.

Performance is negatively affected by ill health. If one upholds Vroom's (cited in Armstrong, 1991, p167) suggestion that

Performance = Ability x Motivation,

then it can be deduced that the lower the motivation, the poorer the performance, and the higher the cost of production to the organisation.

1.4.3.4 Decreased Motivation

Motivation is concerned with the strength and direction of behaviour and it is closely linked to satisfaction and performance. A well-motivated person is someone with clearly defined goals, who takes actions that he or she expects will achieve those goals (Armstrong, 1991). Motivation is inferred from or defined by "the needs that operate within the individual and the goals in the environment toward or away from which the individual moves," (Armstrong, 1991, p. 45).

Decreased motivation has a negative impact on performance, which, in turn, will cost the organisation in lost opportunity, and also in terms of decreased performance. Armstrong, (1991, p774), argues that "Increases in morale or loyalty [as a result of increased motivation] may not result in commensurate or, indeed, in any increases in productivity, but undue

force, by units, over time (Ivancevich and Glueck, 1983), and can be used as an indirect measure of employee performance. Absenteeism is an organisational cost, not only in direct terms of what an individual does not achieve during the absent period, but also in terms of the opportunity cost. Absenteeism in South Africa is believed to be as high as 5% (Financial Mail, 1993).

1.4.3.2 Poor Productivity

The high levels of unemployment, violence, political uncertainty and recent depressed economic conditions have all contributed to the low productivity levels in this country. Listed by the World Competitiveness Report (1993) as having the one of the lowest productivity levels of the fifteen emerging industrial nations evaluated, South African joined India, Pakistan and Malaysia at the bottom of the "People" category, and ranked 14th in worker motivation, alcohol and drug abuse. Moreover, the 1.6% growth in productivity over the last few years (cited in Harper, 1993) is considered to be far below the objective. With the recent lifting of trade and economic sanctions, it has become increasingly vital that productivity levels improve and costs reduce in order to ensure South African organisations a place in the global economic market.

1.4.3.3 Poor Performance

Performance can be simply defined as unit labour costs per unit of output

1.4.2.4 Conclusion

The South African medical aid industry is in a crisis of medium- and sometimes short- term survival. The growing local population, the impact of AIDS and its alarming projections, and the exorbitant cost of medical care and medicines are just some of the factors that serve to complicate the solutions to these crises. What is more, the rapid escalation of costs, the increasing number of medical aid claims and the reducing value and extent of benefits offered by medical aids and insurers has created a problem for both issuers and recipients of healthcare. Clearly, the status quo is neither acceptable nor sustainable, and new interventions must be sought to address these problems. Both individuals and organisations need to be educated about the opportunities they have to lower short- and medium-term healthcare costs through better medical consumerism and improved lifestyle practices.

1.4.3 Organisational Costs associated with Poor Health

Medical aid and medical insurance contributions form only part of the organisational cost of healthcare. Indirect costs associated with ill health include absenteeism, poor motivation and reduced productivity.

1.4.3.1 Absenteeism

Absenteeism can be defined as the rate of voluntary absences of the labour

1.4.2.2 High Medical Aid Rate of Inflation

The Medical Schemes Act (No. 72 of 1967) was designed to protect consumers and suppliers of services in the low-inflation, low technology era of the late sixties and seventies. The rate of increase in medical aid contributions has been in excess of 25% per annum. This is far higher than the CPI of around 10% (Financial Mail Supplement, 1993), and renders medical aids increasingly unaffordable to the general public.

1.4.2.3 Increased Claims for Curative Purposes

During 1991, the industry paid out 29,6% more claims (in number) than were paid out in 1990. Between 1988 and 1993, benefits paid out by schemes increased by an average of 28% per year, while beneficiaries increased by an average of only 3,3% per year (Financial Mail Supplement, 1993). In the early 1980s, medical costs averaged 2-3% of salaries paid by South African companies. By the end of 1992, this figure had risen to 8% (Harper, 1993). An important part of the problem of increasing medical aid claims, and thus corporate wellness costs, is consumer-driven, as medical aid members overuse health services for curative purposes. Another major contributor to the cost of corporate wellness, is the increasingly higher tariffs levied by service providers.

undertaken by the Medical Research Council (also cited in Harper, 1993), 73% of South Africans between the ages of 15 and 65 years are in need of lifestyle interventions.

1.4.2 Trends in the Medical Aid Industry

Since the cost of and the associated cover provided by medical aids, impacts directly upon the cost of organisational health, it was pertinent to study the recent trends in the medical aid industry. In analysing the contribution of various schools of thought on health and safety matters, Armstrong, (1991) emphasised the importance of adequate education and training facilities, and advocated continuing education and guidance on eliminating health hazards. He also noted that the most vital function of health and safety programmes is to identify potential hazards, and prompt remedial action.

1.4.2.1 Increasing Cost of Medical Services

Adequate healthcare is becoming increasingly unaffordable. Medical treatment has become more sophisticated, pushing up costs, and many medical aids and their members have been unable to keep up with these costs (Financial Mail Survey, 1994).

1.3 Statement of the Research Problem

The problem which was researched was: Do wellness programmes contribute to the reduction of organisational costs? This was researched both directly, in terms of reduced healthcare-related costs and indirectly, in terms of reductions in person days lost, and improved motivation and well-being that results in improved performance on the job.

Corporate wellness programmes which have been introduced recently may not show immediate results, and may display a cumulative benefit only. Thus, perceptions about the future value of wellness programmes in reducing organisational costs, were also be researched.

1.4 Background to the Research Problem

1.4.1 Quality of Life Issues in South Africa

The quality of life of South Africans has been adversely affected by a number of conditions: stress, violence, rapid socio-political changes are but a few. According to a study undertaken by the Human Sciences Research Council (HSRC), cited by Harper (1993), approximately 50% of visits to General Practitioners are of a non-medical nature. The HSRC further reported that 30% of South Africans aged 15 years and above, are at risk of alcohol dependency. This condition would impact negatively on productivity and absenteeism levels. According to findings from research

1.1 Frame of Reference

1.1.1 Definition of a Corporate Wellness Programme

For the purposes of this research report, a "Corporate Wellness Programme" is defined as any activity undertaken by an organisation (health insurer or employer) to reduce psychological and physiological healthcare needs.

1.1.2 Definition of Health

For the purposes of this research report, "Health" is defined as "a state of physical, mental and social well-being" (Gordon quoted in Invancevich and Glueck (1983, p. 602). The ultimate aim of wellness programmes is physical, mental and emotional health.

1.2 Scope of the Research

The research has been limited to the perceived cost-saving contribution of wellness programmes in place in medium-sized organisations, which provide medical aid cover for employees and whose employees do not have to rely upon state health services. The impact of wellness programmes in the public sector has not been researched. The report concentrates on programmes dealing with life-style related conditions. Occupational Safety, industrial disease and industrial accidents are not focused on.

CHAPTER ONE: INTRODUCTION

In the words of Harper (1993, p.1), "Man's quest for health has probably never been more dedicated than it is in the 1990's....In particular, the business sector has realised the enormous benefits of promoting health among its employees - lower healthcare costs, reduced absenteeism, improved productivity and higher employee commitment, to name but a few."

This research report explores the perceptions of individuals in larger South African organisations on the cost savings associated with wellness programmes in this country.

This chapter provides a frame of reference for the research, as well as a background to the research problem and outlines the limits of the research. In Chapter Two, literature on wellness programmes is reviewed. In Chapter Three, the research propositions which have been derived from the literature, are stated. In Chapter Four, the research methodology is detailed. In Chapter Five, tables of and brief discussions on the results and findings are set out. In Chapter Six, these results are interpreted and linked back to the literature. In Chapter Seven, conclusions are arrived at and recommendations are made.

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duration of sick leave;

- improved employee morale, as a result of the perceptions of employees that their employer is concerned about their well-being and health, which, in turn, may result in higher productivity and improved quality of outputs;
- the improved ability to perform: being physically and mentally healthier, employees are less prone to injuries and illness.

Soderberg, president of Johnson & Johnson Health Management Institute (USA), notes, "The very first thing you see when you put in a comprehensive wellness programme is a lift in morale and attitude," (quoted in Mason, 1992, p34). Morale impacts positively on motivation, and motivation impacts positively on performance. Thus, it can be inferred that performance will improve once a wellness programme is in place.

In conclusion, there is much in the literature that supports the view that successful wellness programmes implemented in organisations, can result in reduced absenteeism and improved performance.

2.8 Role of Wellness Programmes in Reducing Other Organisational Costs

Apart from the direct costs associated with ill-health discussed above, organisations are often subject to a number of costs which result indirectly

states that research on the cost-effectiveness of health promotion programmes is inconclusive, at best.

In summary, it is wise to identify the areas or variables to be measured prior to implementation of the wellness programme. Once the wellness programme is in progress, remeasurement of these variables should take place continually. It is also important to be aware of other factors that may influence changes, so that true measurement of the effectiveness of a wellness programme can take place.

2.7 Role of Wellness Programmes in Reducing Absenteeism and Improving Productivity

Robert Kaman, president of the Association for Fitness in Business (AFB), states that the economic benefits that will result from an effective wellness programme are reduced healthcare and disability costs, reduced absenteeism and turnover, and increased productivity (Mason, 1992). The ability to achieve these economic benefits requires an intellectual commitment to the wellness programme and to the total health of employees, demonstrable by at least one champion in top management.

Harper (1993) suggests that increased productivity is one of the results of the introduction of a wellness programme. According to her, this is evident in the following areas:

- reduced absenteeism, including a decrease in the amount and the

One or several factors may have contributed to this change. Terry and Fowles (1989) suggest that each company needs to develop its own custom-designed audit strategy for evaluating the results, learning from them, and using them as a guideline for change. They suggest that a health promotion survey must involve top management and it may require the services of outside experts.

Based on the assumption that few organisations have successfully measured and quantified the true impact of wellness programmes, perceptions of their effectiveness may serve as an indicator of their actual success.

Doherty (1989) observes that although studies by some organisations suggest that wellness programmes are sound practices, some experts disagree with the financial returns. He also notes that critics of wellness programmes argue that they tend to attract the younger and more physically fit employees. In addition, most employers do not include dependents in wellness programmes, although they account for a huge portion of healthcare costs (Doherty, 1989). Other writers (for example, Ivancevich and Glueck, 1983) dispute the effectiveness of wellness programmes in reducing costs.

Caudron and Rozek (1990) observe that about 80% of the corporations that offer health promotion programmes have established them without quantifiable proof that the programmes actually save money. Kahler, the executive director of Wellness Councils of America (in Woolsey, 1991),

Shadovitz (1988) notes that findings from a 5-year study of 11,406 Johnson & Johnson employees revealed that the employee wellness programme was saving the company about $1 million annually through such activities as improved productivity, reduced absenteeism, and lower healthcare costs.

In sum, it would appear that successfully implemented and managed wellness programmes have the potential to reduce organisational healthcare costs, as well as costs associated with poor motivation, poor productivity and absenteeism. However, the key to this question is measurement.

2.6 Measurement of Wellness Programmes

Measurement of the effectiveness of any wellness programme remains one of the most vital aspects of its implementation. However, it is difficult to attribute a changing trend or behaviour pattern solely to a wellness programme, since the latter is a process that takes place over time, and which does not exclude other experiences and happenings that may influence behaviour.

According to Bernstein (1992), data such as absentee days, health insurance costs, and employee turnover rates should be collected before the programme is launched. Once the programme is launched, the company can track the number of employees participating and whether or not specific goals are being met. Nevertheless, it is often difficult to attribute a particular change in trends solely to the effect of the wellness programme.

conflicting views as to the effectiveness or otherwise of these strategies.

2.5 Role of Wellness Programmes in Reduction of Healthcare and Associated Costs

There is no shortage of wellness programme success stories, and the proponents of wellness programmes have attempted to measure the benefits gained.

- For over 10 years, Control Data Corporation has studied the health of thousands of its employees, targeting 7 risk factors that include smoking and cholesterol levels. It was found that its wellness programme saves the company an estimated $1.8 million in healthcare costs each year (Doherty, 1989).
- AT&T's Total Life Concept programme was expected to save the company $10 million in 10 years by reducing the risk of cancer and heart disease among workers (Doherty, 1989).
- It is claimed that Blue Cross-Blue Shield of Indiana's "Stay Alive & Well" programme has saved it $1.45 in healthcare costs for each dollar spent on the wellness programme.

Harper (1993), suggests that wellness programmes result in reduction of healthcare benefit costs through reduced utilisation of curative healthcare services and lower life insurance costs, due to healthier lifestyle practices.

and confidentiality, ensure easy access to programmes and facilities, and open programmes to the family members and dependents of employees. Health promotion should be an integral part of an overall human resources strategy.

2.4.1.2 Disincentive programmes

These are designed to shift more financial risk to employees choosing to maintain unhealthy lifestyles. They are most commonly implemented by redesigning the employer's medical-benefit plan. Consequently, disincentives are imposed on virtually all employees receiving medial benefits and having high risk health habits. Disincentives can be in the form of:

- higher employee deductibles,
- co-insurance and premium contributions.

Employers save money in three ways by using disincentive programmes:

- employee health habits improve;
- costs shift to employees;
- the risk of returning to poor health habits is less than is the case with incentive programmes, as the punitive measures are more apparent. Thus backsliding, or returning to these bad habits, decreases.

In conclusion, strategies exist which, either through negative or positive reinforcement, attempt to perpetuate healthy lifestyle practices. There are

- **lump-sum payments**, for example, Manhattan-based Atco Properties and Management Inc., implemented a programme that paid employees who quit smoking $500; Cleveland-based Bonne Bell offered employees $5 for every pound they lost, up to 50 pounds.
- **preventive-care accounts**, where companies contribute sums of money into an employee preventive-care spending account, in order to help employees pay for preventive health services, such as nutritional counselling, immunisations, weight reduction programmes, smoking cessation programmes, cancer screenings, etc.
- **increased employer premium contributions**, for example, Rockford, an Illinois-based Swedish-American Hospital, reduced employees' medical premium contributions up to 10% when employees visited several pre-assigned physicians and agreed to comply with the physician's recommendations to improve their health status.

Some companies are also providing items such as gymnasium bags and relaxation tapes. According to Madlin (1991), one of the most powerful incentives for employees to participate in wellness programmes is for companies to offer them during working hours. While incentivised wellness programmes are a good way to control healthcare costs, not all companies have embraced them. Wachsman and Swanson (1992) advocate that companies should focus on the benefits of the programme rather than the punitive aspects. Companies should show respect for individual privacy

considered against the background of the factors that affect health and safety at work. Woolsey (1991) states that health promotion and wellness programs can help contain costs, but only if certain steps are taken. He quotes Kahler (in Woolsey, 1991), executive director of Wellness Councils of America, who believes that, to be effective, top management must be committed to the concept of wellness and must build health promotion into its long-term plans.

2.4.1 Strategies to Encourage Participation in Wellness Programmes

The success or otherwise of any wellness programme is determined by the extent of commitment of the participants. However, Madlin (1991) suggests that mandatory participation in one or other wellness initiative, can often create employee relations problems. Nevertheless, there are various tools or strategies available to organisations, to assist them in managing and improving organisational wellness and healthcare costs.

2.4.1.1 Incentive Strategies

Incentives can take various forms. Cave (1992) notes that incentive strategies may include educational seminars and material, health risk assessments and health promotion programmes. They may also take the form of:

healthcare costs have consistently outpaced inflation in the US, over the last 10 years. However, this is not the only reason that wellness programmes have been initiated in the workplace. Harper (1993) suggests that intended reduction of benefit costs, productivity improvement, reduction of human resource development costs, improvement of individuals' quality of life and enhancement of corporate image may also form the basis of the move to introduce wellness programmes in organisations.

The writer proposes that corporate social responsibility is another reason for their implementation.

In summary, although a variety of reasons for wellness programme implementation in organisations are put forward, every one of these, either directly or indirectly, relates to a move to reduce organisational costs.

2.4 Corporate Wellness Strategy

According to the National Productivity Institute, South African companies spend less than 1% of their turnover on training and almost 8% of turnover on healthcare (Harper, 1993). This exorbitant expenditure on healthcare is also true of healthcare spending in the USA, where healthcare costs exceed all corporate profits. In 1992, healthcare cost American companies a total of $817 billion (Harper, 1993).

It is submitted that, in general, health and safety programmes need to be

This is depicted diagrammatically in Figure 2 below.

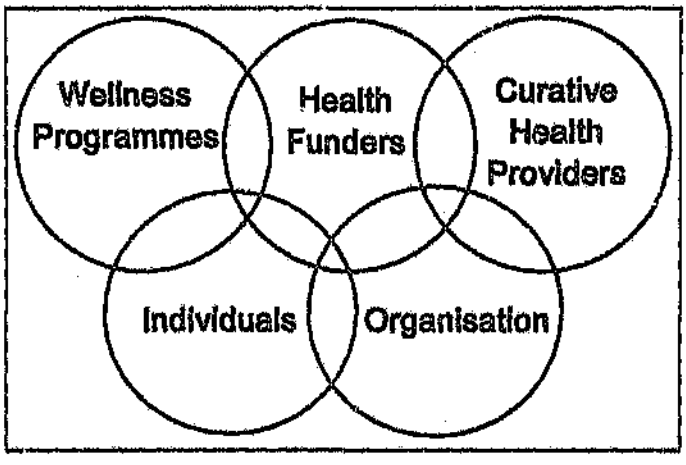


Figure 2: Integration of Wellness Programmes with other Healthcare Services

In conclusion, the term "wellness programme" covers a wide variety of health interventions, varying in cost and application. Common threads appear to be their proactive nature, and their attempt to place responsibility upon the individual through increased education and awareness of so-called 'risk' behaviours.

2.3 Reasons for Implementation of Wellness Programmes

Armstrong (1991) notes that the rapid rise in healthcare costs is one of the primary motivators for the introduction of health improvement or wellness programmes. Indeed, as alluded to previously, the rate of inflation of medical aid contributions has been in excess of 25% per annum in South Africa (Financial Mail Supplement, 1993). Shadovitz (1988) notes that

Armstrong (1991) states that he can find no evidence that group services like gyms and other sports facilities are good for morale. According to him, these services are costly and should be provided only if there is a real need and demand for them. He further contends (p779) that "a massive investment in sports facilities is usually of doubtful value, unless there is nothing else in the neighbourhood,".

Kaman (quoted in Mason, 1992) suggests that although there are no set formulas for instituting a corporate wellness programme, most comprehensive programmes include the following elements:

- health education
- health risk appraisal or assessment (for example, a questionnaire about health and lifestyle habits, such as weight, exercise, cholesterol level, smoking, etc.)
- preventative screenings
- fitness
- weight and lifestyle management
- personal safety
- ergonomics

Harper (1993) suggests that in order for a wellness programme to be a success, it should be integrated with other healthcare services.

made to provide both current and long term benefits. This view is supported by Wachsman and Swanson (1992), who state that a company can use a wellness programme for improving its wellness index (the wellness status of each employee that is inversely related to the rate of utilisation of healthcare services) and for decreasing the overall utilisation of healthcare services over the long term.

2.2 Theory of Wellness Programmes

2.2.1 Types of Wellness Programme

Wellness programmes include a wide variety of health initiatives, the common thread being their proactive nature. They include such tools and programmes as health-related videotapes, monthly newsletters on health and wellness-related issues, self-care and healthcare books, workshops on health topics, health assessment questionnaires and Employee Assistance Programmes (EAP's), (Grobman, 1991).

Armstrong, (1991) divides organisational wellness programmes into two main categories, in principle:

- Individual or personal services in connection with sickness, bereavement, domestic problems, employment problems, elderly and retired employees;
- Group services, comprising sports and social activities.

CHAPTER THREE: RESEARCH PROPOSITIONS

The following research propositions were derived from the literature reviewed in Chapter Two above:

1. There is a perception that the implementation of wellness programmes results in a reduced level of absenteeism in organisations, both now and in the future;

2. There is a perception that the implementation of wellness programmes results in improved performance (including productivity and motivation), both now and in the future;

3. There is a perception that the implementation of wellness programmes reduces the incidence of medical aid claims related to the topic of the wellness programme;

4. There is a perception that the implementation of wellness programmes reduces healthcare costs to organisations.

The propositions were derived in the following manner (see Figure 3 on Page 34). Various high risk or unhealthy lifestyle practices and conditions were identified. The impact of these conditions or unhealthy practices on the organisation and thus on organisational costs, was distilled into four generic areas:

It is proposed, thus, that drop-out rates, as well as participation rates, should be considered as indicators of the relative success or failure of a wellne·s intervention. Another issue to consider is that successes are more likely to be recorded in the literature, than are abject failures. However, one should not discount the successes achieved through wellness programmes, and this research attempts to unearth some of the successes and failures, and the reasons behind these, in local organisations.

2.10.7 Belz Enterprises

Belz Enterprises launched its wellness programme, "Feelin' Ducky," in Spring 1991, as part of a major overhaul of its employee benefit programme. The wellness plan had two key goals: to make employees more aware of healthy lifestyles through awards, and to contain costs. Under the programme, employees can receive points for participating in health and safety activities and can earn prizes. So far, the programme has been successful. In the first quarter of "Feelin' Ducky", nine of the fourteen operating units participating in the programme met their healthcare cost goal. The programme became a permanent part of Belz's benefit plan (Burcke, 1992).

2.10.8 Conclusion

Although preventive healthcare is not a new field, it has not been as well documented in this country, as it has in the USA, Europe and Australia. There is no shortage of examples in the literature of the positive results and cost savings associated with the successful implementation of various types of wellness programmes. The point is made, though, that it is difficult to attribute such results directly and solely to the implementation of wellness programme. It is also possible that only the "converted", who continue involvement in a particular type of wellness programme, are being measured.

in ensuring the success of wellness programmes.

2.10.6 Texas Instruments

Texas Instruments (TI) in Dallas subscribed to the philosophy that responsibility for good health lies primarily with the individual, and that the company would do what it could to support employees in their endeavours. Smokers at TI had to pay $10 a month for their health plans, where non-smokers did not have to pay anything. When they introduced these smoker premiums in 1991, a number of smoking-cessation classes were also offered.

In 1989, TI introduced "Lifetrack", a wellness programme that provided health and fitness assessments and screenings, eleven fitness centres, health education, and health newsletter and a resource library (Mason, 1992).
Erie Plastics Co. (Corry, Pennsylvania) turned to its labour-management team to establish a programme to help improve the safety of its workers and reduce costs. The joint labour-management committee allocated US$50,000 to be used as incentives toward reduced absenteeism, increased exercise, improved diets and smoking cessation. Between 1990 and 1992, lost-time accidents declined from 20 to six and lost-time days fell from 1002 to 78 (Cameron, 1993).

aerobic classes, health education, cooking classes, weight management counselling, etc. (Caldwell, 1992 and Mason, 1992).

Wellness programme implementors at Travelers Corporation discovered that communication was the key to getting a wellness programme off the ground. The communications aspect was started in 1985, where information on lifestyle, medical self-care and the appropriate use of the healthcare system was disseminated through various media. These media included:

- a health risk appraisal, which yielded confidential reports to the individual as well as a composite report to the company;
- a monthly newsletter, which was mailed to each employee's home;
- brochures;
- videotapes; and
- *Take Care of Yourself*, a medical reference book given to every new employee.

Family members were also included in the programme. One unexpected spin-off was that the programme became a major factor in retaining employees.

These case studies illustrate the direct benefits and cost savings that can result from the successful implementation of various wellness programmes. The case studies below illustrate the effectiveness of incentive programmes

wellness-at-the-worksite programme studies attempted under closely controlled conditions. Among other things, Birmingham discovered that the longer the wellness programme was in place, the greater the lifestyle change and, therefore, the greater the savings. Birmingham saved about $10 for every dollar the city and NIH together invested in the wellness study. (Whitmer, 1992).

2.10.5 Travelers Corporation

In a cost-benefit analysis of its employee fitness programme, The Travelers Corporation reported employee benefit cost savings of US$7.8 million in 1990 as a direct result of its Taking Care Programme (TCP), a corporate-based health promotion programme (Mason, 1992 and Grobman, 1991). This represented a US$3.40 return for every US$1 invested in the TCP programme and was directly attributable to decreased health benefit claims, increased employee health status, increased productivity and reduced absenteeism. Travelers realised a $620 000 cost saving because the number of unnecessary visits to physicians decreased.

The programme consisted of two parts: the Taking Care Communications Programme that provided employees with information on lifestyle, medical self-care, and the appropriate use of the healthcare system. The Taking Care Centre, a 48,000-square-foot comprehensive fitness facility offered to field office employees in Hartford, Connecticut, which offered a pool,

Sony initiated improved preventive care and wellness programme measures, offering reimbursement for annual blood screenings, pap smears, mammograms, physical examinations for children covered by health insurance up to the age of 7, and smoking cessation programmes.

Sony also began to offer a customised health risk appraisal and produced and mailed an audiocassette tape on wellness called "Sony's Flex Steps to Good Health in 1992: Lend Us Your Ear," to each employee's home. The tape shared tips and facts on leading a healthy lifestyle. Sony went a step further in trying to control the rising cost of medical care, and intr duced the preferred provider organisation (PPO) concept.

2.10.4 The City of Birmingham, Alabama

In 1990, the city of Birmingham, Alabama, had 4,000 full-time employees with medical benefit expenses of $2,075 each per annum. Birmingham managed to contain its medical outlays and kept its 1990 cost per employee $1,200 below the national average. The city was also able to contain costs with no major reductions in coverage or significant increases in employee contributions. The experience of Birmingham resulted from a carefully controlled, scientific study partially funded and monitored by the National Institute of Health (NIH). The NIH provided Birmingham with a $1.5 million grant in 1984, with the understanding that the city would match the funds. The $3 million, 5-year partnership is one of the most extensive

entirely due to the wellness programme initiated in 1985. In 1986, the company added a nutritional counselling programme and weight loss and smoking cessation incentives (Woolsey, 1991).

2.10.3 The Sony Corporation of America

In 1992, Sony undertook an exhaustive study of medical care claims filed during 1988, 1989 and 1990. It was found that approximately 50% of total claims costs were for illnesses and accidents that might have been preventable or modifiable through behavioural changes. Secondly, it was found that the company was paying what were considered to be retail prices for hospital and medical services that could be obtained wholesale through preferred provider arrangements (Santora, 1992).

On the basis of these findings, Sony embarked on an "Employee Wellness Campaign" for 1992, designed to raise the health-consciousness of its employees as well as to stabilise the cost of providing healthcare coverage. This wellness programme targeted about 12,000 employees nationwide, and focused on risk factors linked to lifestyle-related conditions that were most prevalent among its employees. (Caldwell, 1992).

Research undertaken later in 1992 by Hewitt Associates of Beminster, New Jersey, showed that one third of claims resulted from what were considered to be modifiable conditions, and that about 17% of employees were responsible for more than 50% of all medical claims. As a direct result,

this reason, less literature is available on local wellness interventions.

Below are brief descriptions of some successful wellness programmes.

2.10.1 Coors Brewing Company

According to Lynn Gilfillan, community wellness co-ordinator for Coors Brewing Company, for every dollar that Coors Brewing Co. had spent on its wellness programme, it was saving about $6 in reduced healthcare costs, and there was less sick leave and increased productivity. Encouraging employee wellness was part of the credo of the company. At other companies, double-digit increases in health plan costs had been common in 1990 and 1991, but Coors held the increases to 8% in 1990 and 7% in 1991. Coors' wellness programme included several components. A major one was the Coors Wellness Centre, an on-site facility that offers exercise equipment as well as programmes for diet counselling and back injury. Coors also covered 90% of healthcare bills for employees in its health risk assessment programme. (Geisel, 1992).

2.10.2 Superior Coffee Company

Vince Pellettiere, director of human resources for Superior Coffee Co., maintained that the company had saved money since beginning a wellness programme in 1985. After the first year, claims costs dropped 10%. However, Pellettiere acknowledged that the decrease may not have been

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Centre for Human Development noted that wellness programmes would contribute directly to three of these programmes, namely:

- **Satisfying human needs:** in promoting freedom from chemical addictions, improving marital and family health, offering [through Employee Assistance Programmes] mental health support and counselling, offering programmes for the promotion of healthy lifestyles.
- **Developing human resources**
- **Building the Economy,** by enabling individuals to contribute to their own, and thus community upliftment.

It was decided to limit the scope of this research to wellness programmes implemented in organisations and not to tackle public health issues. Nevertheless, it can be concluded that through the relationship of employees to the greater community, the effects of organisational wellness programmes extend into the broader community, and contribute to the efforts of the RDP.

2.10 Wellness Programme Case Studies

The notion of wellness programmes has been in place for several years in the United States of America, and as a result, their success in various US organisations is well documented. It is suggested that South African organisations have lagged behind their American counterparts, and that for

from ill-health, or would not be incurred in the presence of good health and resultant motivation.

Harper (1993, p3) states that wellness programmes result in cost reduction in recruitment, education and training costs which result from employee turnover. She notes that, "A progressive-thinking company which demonstrates investment in employees' health motivates its workers to stay with the company,".

2.9 Wellness Programmes as Part of the Reconstruction and Development Programme

The Reconstruction and Development Programme (RDP) is a socio-economic policy framework, which seeks to integrate, organise and mobilise South African resources towards the building of a democratic, non-racial, non-sexist future. The RDP has five key focus areas or programmes:

- Meeting Basic Needs;
- Developing Human Resources;
- Building the Economy;
- Democratising the State and Society;
- Implementing the RDP.

An undated paper, released under the auspices of The Witwatersrand

organisations were researched.

Industry Sector	No. of Companies Represented	Company Names
Financial Services	6	Johannesburg City Council - Human Resources Directorate Liberty Life MPF Services (Pty) Ltd Rand Mutual Assurance Standard Bank of Southern Africa Witwatersrand Centre for Human Development
Hotel / Leisure/ Service	6	Associated Medical Aids (AMA Medical Aid Administrators) Eskom (Megawatt Park) Eskom (Germiston) South African Airways Telkom Witwatersrand Centre for Human Development
Manufacturing	6	AECI Operations Services (Pty) Ltd (Noble Associates) Mercedes Benz Exchange Units Mondi Paper Company Ltd National Chemical Products (NCP) South African Breweries Sunbake (Pty) Ltd
Mining	9	Anglo American Anglovaal CSIR (Division of Mining and Technology) Gencor Goldfields of South Africa (Goldfields) Johannesburg Consolidated Investment (James Park) Johannesburg Consolidated Investments (Randfontein) Rand Mines The Employment Bureau of Africa Ltd (TEBA)

In cases where more than one questionnaire was received from respondents from a particular site, the types of programmes in place on that site were recorded only once. Perceptions on the effectiveness or otherwise of a wellness intervention were treated independently, and recorded separately.

5.2 Respondent Type

The population was identified as all human resource practitioners and

CHAPTER FIVE: RESULTS AND FINDINGS

In this chapter, the content of the returned questionnaires is summarised. The results are linked and compared to the literature in Chapter Six. They are analysed and recommendations are made in Chapter Seven. Results have been divided into two sections: the first dealing with general or background information, the second dealing with information specific to particular kinds of wellness programmes..

5.1 Types of Industry represented in the Research

It was hoped that at least five companies from each of the following categories would be represented in the sample: Financial Services; Hotel/Leisure/Service; Manufacturing; Mining. In practice, companies in the categories detailed in the table on Page 43 were identified by independent experts as leaders in the wellness field, representatives of which returned questionnaires to the researcher.

The exact number and type of company approached was dictated by the views and selections of the independent experts interviewed. A total of thirty four organisations were listed as "leaders". Questionnaires were returned by respondents from twenty five companies. It was decided that separate plants of two of the organisations that operate as independent strategic business units, i.e., ICI and Eskom, would be treated as separate organisations, since the healthcare activity on each plant differed, as did the perceived effectiveness of the wellness initiatives. Thus, in effect, the perceptions of the effectiveness of wellness programmes in twenty seven

A telephone call was made to those respondents who had not returned the questionnaire by the return date, as a reminder. Since the sample was small enough, the researcher was able to follow up each questionnaire individually.

4.1.6 Population

For the purposes of the questionnaire, the population was defined as all human resource managers and corporate health practitioners in those companies considered by independent experts to be "leaders" in the field of wellness programmes in the Gauteng area.

4.1.7 Sample Size

The number in the sample was dependent on the number of "leaders" identified by independent experts. Thirty companies with more than 100 employees, situated within the Gauteng region, were identified by the experts interviewed in the in-depth interviews.

4.1.8 Method of Sampling

The sampling method was judgmental, dependent on access and convenience, and an effort was made to include at least four companies in each of the categories identified on the front page of the questionnaire. Again, the "leader" companies were identified by the experts, so the researcher did not have very much control over which companies were selected. Questionnaire distribution was followed by a phone call to each respondent, to ensure completion of the questionnaire.

Prior to circulation, the questionnaire was piloted, to ensure that there were no ambiguities or questions that may be misconstrued. Piloting resulted in several changes to the original questionnaire.

Once the questionnaire had been finalised, each individual in the sample was telephoned or visited to explain the purpose of the study and to request that the questionnaire be completed. The researcher undertook to send a synopsis of the findings to each respondent, on request. The questionnaire was sent out to the list of respondents by fax, by post or delivered by hand, depending on the relative distance of the organisation from central Johannesburg. Hand-delivered questionnaires were printed on coloured paper, so that they were prominent against other paper on the respondent's desk and were less likely to be lost or misplaced.

It was not deemed necessary to translate the finalised questionnaire into Afrikaans, as all the respondents spoke to the researcher in English. Nevertheless, one respondent chose to complete his questionnaire in Afrikaans.

6. The information gleaned from these interviews was used to define the population for the questionnaire (a copy of which appears in Appendix 3).

4.1.4 Discussion Outline

The discussion outline, which appears in Appendix 2, was posted or faxed to interviewees for consideration before the scheduled interview. A confirmation letter, to which the outline was attached, was posted or faxed to the interviewee for receipt about 10 days before the scheduled interview.

4.1.5 The Questionnaire

The questionnaire, which was structured and suitable for simple statistical analysis purposes, was used to obtain research data. The techniques for analysing the data had to be selected accordingly and depended upon the final version of the questionnaire. It was decided that the research would be predominantly of a qualitative nature. The questionnaire was exploratory in nature, and allowed for detailed content analysis. It was based on a literature review, as well as the expert in-depth interviews described above.

2. A facsimile (fax) confirming the time and date of the appointment, as well as thanking the individual for their willingness to co-operate, was sent to the interviewee. The fax confirmed permission to tape the interview, if this permission was granted telephonically. The researcher also included in the fax an undertaking to submit a transcription of the interview for confirmation of accuracy, and her willingness to amend the transcript to improve accuracy, at the request of the interviewee.

3. The interviewee was refaxed confirmation of the meeting one week or one day before the meeting (depending upon how long before the interview had been scheduled the initial contact had been made). A copy of the interview outline was also sent.

4. After the interview had taken place, the interviewee was sent a copy of the interview transcription, together with a letter of thanks for his or her time and assistance. The interviewee was requested in the letter to check the transcription for accuracy and to make amendments where he or she felt they were necessary. If no amendments were necessary, the interviewee was requested to provide written acknowledgement of its accuracy.

5. Where appropriate, interviewees were sent a copy of the section of the report in which their input was used, for written ratification.

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5. Where appropriate, interviewees were sent a copy of the section of the report in which their input was used, for written ratification.

4.1.1 Interviewee Population

The interviewee population was identified as health- and human resource experts in senior or management positions, with broad-based experience in a field related to wellness, community health and/or human resources.

4.1.2 Interviewee Sampling Method

Interviewees were chosen judgementally, on the basis of their perceived expertise and the researcher's ease of access to these individuals. Convenience sampling does not pretend to be representative of a population, nor is there any attempt to control bias. However, unless the data is sterile, highly refined and controlled by criteria, the findings of the research may not be trustworthy.

4.1.3 Interview Procedure

The following procedure was followed in regard to the in-depth interviews:

1. The interview appointment was arranged telephonically in advance. Permission was sought to tape record the interview.

CHAPTER FOUR: RESEARCH METHODOLOGY

As this was a new area of empirical research in South Africa, this study was an exploratory investigation to determine whether or not there was a perception among local healthcare and human resource practitioners that wellness programmes have a constructive, cost-saving role to play in local organisations. The research methodology used was the survey method of research.

4.1 In-depth Interviews

Seven in-depth interviews were held with selected experts. These included a medical aid administrator, two wellness programme consultants, an occupational health nurse, a medical doctor, and two personnel practitioners who were involved with health strategies in their organisations. Representatives from BUPA (British United Provident Association) and PPP (Private Patients' Plan), the two main healthcare insurers that operate independently of the British National Health service, were also interviewed. The learnings from these discussions were instrumental in the formulation of the questionnaire.

- Absenteeism;
- Performance, (which includes motivation and is impacted upon by physical and emotional well-being);
- Healthcare costs, which are the costs to the organisation of addressing ill health, for example, in the form of on-site clinics, occupational health staff, on-site doctors or nurses, etc.; and
- Costs associated with medical aid claims

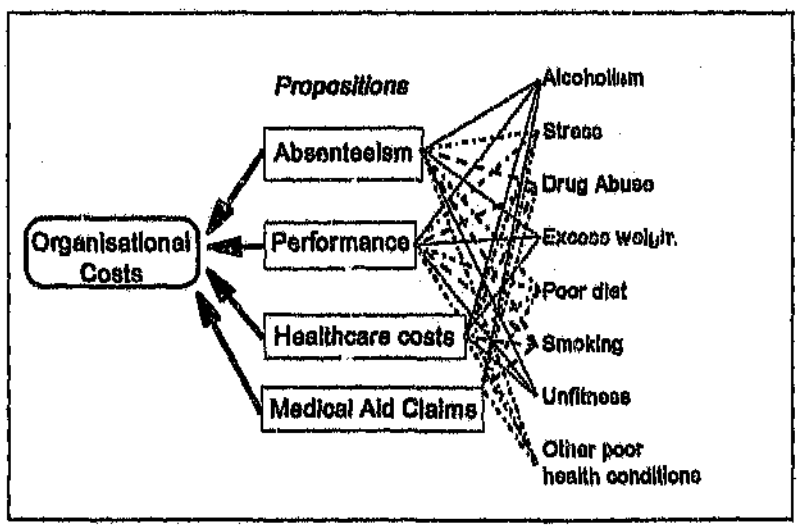


Figure 3: Derivation of the Research Propositions

A table summarising the way in which these propositions have been supported in the literature review, and the way in which they have been tested in the research, appears in Appendix 1.

- Absenteeism;
- Performance, (which includes motivation and is impacted upon by physical and emotional well-being);
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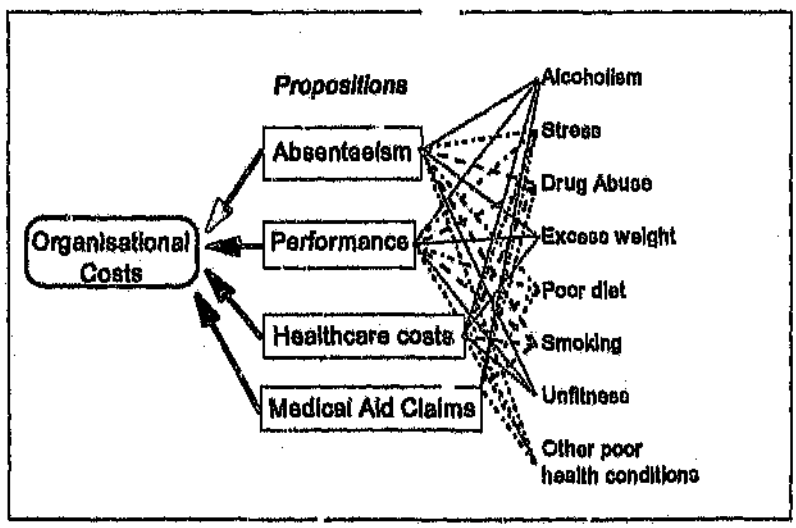


Figure 3: Derivation of the Research Propositions

A table summarising the way in which these propositions have been supported in the literature review, and the way in which they have been tested in the research, appears in Appendix 1.

Three respondents felt that this was not the case.

The most successful wellness programme...	No. of respondents
Will result in reduced absenteeism in future	28
Will not result in reduced absenteeism in future	3
Don't know	-
Omitted	-

5.9 Impact of Least Successful Wellness Programme on Absenteeism

Present

Seven respondents indicated that the least successful wellness programme impacted positively on absenteeism, while twelve felt that this programme did not reduce absenteeism. Eleven respondents omitted this question.

The least successful wellness programme...	No. of respondents
Has resulted in reduced absenteeism	7
Has not resulted in reduced absenteeism	12
Don't know	1
Omitted	11

Future

Twenty eight of the respondents believed that the least successful wellness programme would result in reduced absenteeism in the future, and only three disagreed.

The least successful Wellness Programme...	No. of Respondents
Will result in reduced absenteeism in future	28
Will not result in reduced absenteeism in future	3
Don't know	-
Omitted	-

- "Survey those who use the programme".
- "Absenteeism stats, numbers of referrals for treatment rehabilitation vs. cost and success rate".
- "Facts of individual cases kept confidential, but stats should be supplied to management".
- "Reduced absenteeism, improved productivity, reduced medical aid costs".

5.8 Impact of Most Successful Wellness Programme on Absenteeism

Present

Nineteen respondents agreed that the most successful wellness programme resulted in reduced absenteeism. Four believed that no reduction in absenteeism resulted, while four respondents indicated that they did not know and four respondents did not answer the question.

The most successful wellness programme...	No. of respondents
Has resulted in reduced absenteeism	19
Has not resulted in reduced absenteeism	4
Don't know	4
Omitted	4

Future

Twenty eight respondents believed that, as a result of their most successful wellness programme, reduced absenteeism would result in the future.

- "Track changes over time".
- "Programme utilisation, absenteeism, turnover, medical costs".
- "By studying / documenting the results of the programme".
- "Through performance management, absenteeism and medical stats".
- "A baseline of the group profile should be established before intervention and measurement post-interaction should be compared with the baseline."
- "Research - examining statistics and writing reports in management talk e.g. cost effective, productivity".
- "Feed-back questionnaire and medical staff checks".
- "Absenteeism, production records, happier and healthier workforce, clinic stats".
- "Comparison of medical expenses incurred by smokers and non-smokers".
- "One would have to keep track of all the referrals and also assess the effectiveness of the programmes or their implementation by supervisors or managers. This would provide enough information for a pre- and post-study".
- "Statistics of usage (number of participants, sick leave and absenteeism figures)".
- "Via interviews or through questionnaires, ascertain from those who went on the course what they felt was important".

- "Normally money is the driving force behind these programmes and 'everyone' must have it. I say: identify a small segment of your population, measure them, implement, measure, and thereafter, formulate the plan to gradually move to the whole population. Tell and sell along the way. This isn't what happens, and there is no point in measuring the way things are currently."
- "Privacy and confidentiality prevent accurate and detailed reporting".

5.7.2 Suggestions on How Wellness Programmes Should be Measured

Respondents made the following recommendations and comments:

- "Statistics on a monthly basis and questionnaires".
- "Medical aid claims, physical monitoring, personalised questionnaires, departmental games - how well does the supervisor know the subordinate and vice versa (you remember the husband and wife games they used to have on TV)".
- "I'm not sure, but I believe professional research teams should be utilised".
- "A variety of measures - self-report by clients, medical aid statistics, healthcare costs, feedback from managers relating to productivity".
- "Programmes have to be measured in terms of cost and cost benefit - i.e. Rand invested, Rand Saved".

Eight of the wellness programmes perceived to be least successful were measured and thirteen of them, were not measured. One respondent did not know and nine did not answer the question.

Of those programmes not measured, five respondents indicated that they would be measured in future, and seven indicated that there was no intention to measure their effectiveness in future.

Intention to Measure in the Future	
Yes	5
No	7
Omitted	19

5.7.1 Value of the Measurement of Wellness Programmes

Twenty five respondents believed the measurement of wellness programmes to be meaningful. three disagreed, and three respondents omitted the question.

Value of Measurement of Wellness Programmes	No of Respondents
Measument is meaningful	25
Measurement is not meaningful	3
Omitted	3

Reasons given by respondents who did not see any value in measuring wellness programme effectiveness were as follows:

- "There is too little co-ordination between managerial and OD programmes and ratings of productivity etc., and those of health services";
- "There is a significant 'lie factor' to factor into any measure".

Recipients of the wellness programme included under "other" in both the most and least successful programme were "unions" and "representatives".

5.7 Measurement of Effectiveness of Wellness Programmes

Most Successful Wellness Programme

Most successful Programme Measured	20
Most successful Programme not measured	9
Don't know	2
Omitted	0

The effectiveness of twenty of the wellness programmes perceived to be the most successful was being measured. Nine of these programmes were not being measured, and two respondents did not know whether or not any measurement was taking place.

Intention to Measure in the Future	No of Respondents
Yes	9
No	2
Don't know	1
Omitted	19

Nine respondents stated that there was an intention to measure the effectiveness of the most successful programme in the future. Two reported that there was no such intention, and one stated that she did not know if there was any intention to measure its effectiveness in the future.

Least Successful Wellness Programme

Least successful Wellness Programme ...	No of Respondents
Is measured	8
Is not measured	13
Don't know	1
Omitted	9

Respondents added the following reasons for implementation of the least successful wellness programme:

- "Social investment in line with the RDP,"
- "To educate and enlighten and increase awareness,"
- "To protect the investment of senior management,"
- "For an individual's own well-being,"
- "For health reasons,"
- "As part of the healthcare service we offer,"
- "To improve individual fitness,".

5.6 Levels at which Wellness Programmes were Implemented

Most Successful Wellness Programme

Level at which Wellness Programme Implemented	No. of Companies
Senior Management	22
Middle Management	23
Lower Level Staff	25
Employees' Families	15
Other	2

Wellness programmes seemed to have been implemented at all levels in the organisation, although the funding of gym membership was frequently only available to top management.

Least Successful Wellness Programme

Level at which Wellness Programme Implemented	No. of Companies
Senior Management	18
Middle Management	19
Lower Level Staff	18
Employees' Families	8
Other	3

Other reasons for which the most successful wellness programme was implemented were as follows:

- a social investment in line with Research and Development Programme;
- to reduce ill health retirement applications;
- to enhance improved lifestyle;
- to assist with a changing corporate and social climate;
- to meet the corporate mission;
- to reduce drain on the pension fund;
- to improve quality of life;
- to support organisational change programme;
- on humanitarian grounds;
- to deal with mine accidents immediately;
- to assist employees financially;
- to promote good general health;
- to equip staff with stress-handling skills so that they can deal with the environment.

One respondent noted that motivations vary and that a mixture of the five options provided was probably the most likely reason for implementation of the most successful wellness programme.

Least Successful Wellness Programme

Reason Wellness Programme Implemented	No. of Respondents who Agreed
To reduce Absenteeism	13
To improve Performance	15
To reduce Medical Aid Claims	11
To reduce Healthcare Costs	13
Corporate Social Responsibility	13
Other	7

Ten types of wellness programme occurred frequently. These are: on-site hospitals/clinics/ nurse, Employee Assistance Programmes (EAP's), rehabilitation for substance abuse, stress management programmes, company-funded gymnasium (gym) membership, subsidised medical check-ups, training on health issues, smoke-enders programmes, weight and diet control programmes and the circulation of booklets on health issues. Only these wellness programmes are analysed in detail in this research report.

5.5 Reason for Wellness Programme Implementation

Respondents were given five options, and provided with space to provide their own reasons for the implementation of both the most- and the least successful wellness programmes in their organisations. Following were the findings:

Most Successful Wellness Programme

Reason Wellness Programme Implemented	No. of Respondents who Agreed
To reduce Absenteeism	20
To improve Performance	24
To reduce Medical Aid Claims	14
To reduce Healthcare Costs	16
Corporate Social Responsibility	15
Other	14

5.4 WELLNESS PROGRAMMES IN WELLNESS "LEADER" COMPANIES

Type of Wellness Programme	No. of Organisations with Programme in place	No. of times selected as MOST successful wellness programme	No. of times selected as LEAST successful wellness programme
On site hosp/clinic/nurse	25	13	1
Employee Assistance Programme	24	13	3
Rehabilitation for substance abuse	23	1	5
Stress Management Programmes	21	2	2
Company-funded gym membership	20	1	1
Subsidised medical check-ups	18	1	1
Training on health issues	17	-	1
Smoke-enders	15	1	6
Weight/diet counselling	14	-	1
Circulate booklets on health issues	14	-	3
Communication and motivation	2	-	-
Career development	1	-	-
Trauma counselling	1	-	-
Assertiveness training	1	-	-
Burn-out counselling	1	-	-
Situational leadership	1	-	-
Pre-retirement counselling	1	-	-
Team building	1	-	-
Personal counselling	1	-	-
Health imposition	1	-	-
Marriage enrichment	1	-	-
EAP training for supervisors	1	-	-
Problem-solving/Creative thinking	1	-	-
Goal setting	1	-	-
QUESTION OMITTED		-	6

In researching what types of wellness programmes are in place in organisations perceived to be "leaders" in the wellness field, an interesting spread was apparent. The table above details the number of organisations with specific types of wellness programmes in place.

5.4 WELLNESS PROGRAMMES IN WELLNESS "LEADER" COMPANIES

Type of Wellness Programme	No. of Organisations with Programme in place	No. of times selected as MOST successful wellness programme	No. of times selected as LEAST successful wellness programme
On site hosp/clinic/nurse	25	13	1
Employee Assistance Programme	24	13	3
Rehabilitation for substance abuse	23	1	5
Stress Management Programmes	21	2	2
Company-funded gym membership	20	1	1
Subsidised medical check-ups	18	1	1
Training on health issues	17	"	1
Smoke-enders	15	1	6
Weight/diet counselling	14	"	1
Circulate booklets on health issues	14	"	3
Communication and motivation	2	"	"
Career development	1	"	"
Trauma counselling	1	"	"
Assertiveness training	1	"	"
Burn-out counselling	1	"	"
Situational leadership	1	"	"
Pre-retirement counselling	1	"	"
Team building	1	"	"
Personal counselling	1	"	"
Health imposition	1	"	"
Marriage enrichment	1	"	"
EAP training for supervisors	1	"	"
Problem-solving/Creative thinking	1	"	"
Goal setting	1	"	"
QUESTION OMITTED		"	6

In researching what types of wellness programmes are in place in organisations perceived to be "leaders" in the wellness field, an interesting spread was apparent. The table above details the number of organisations with specific types of wellness programmes in place.

corporate health practitioners in those companies considered by independent experts to be "leaders" in the field of wellness programmes, in the Gauteng area. A total of thirty one questionnaires were returned, of which seventeen had been completed by human resource practitioners, and fourteen by corporate health practitioners.

Human Resources	17
Health/Psychological	14

5.3 Number of Employees

No. of employees	Companies
100 - 250	4
251 - 500	3
501 - 750	3
751 - 1000	5
1001+	12

The organisations that the questionnaire respondents represented varied in size from one hundred to ten thousand employees. Four of the companies had between one hundred and two hundred and fifty employees; three companies had staff complements of between two hundred and fifty one and five hundred; three companies had between five hundred and one and seven hundred and fifty on their payroll, and five companies, between seven hundred and fifty one and one thousand employees. A proportionately large number (twelve) of companies had more than one thousand employees, suggesting that companies with larger numbers of employees are more likely to have wellness programmes in place.

medical care costs, both now and in the future. Findings on each type of wellness programme were grouped together below, in order to present a cohesive discussion on its perceived merits and demerits.

5.19.1 On-site Hospital/Clinic/Nurse/Doctor

A total of 25 of the organisations researched had either an on-site hospital, clinic nurse or doctor.

5.19.1.1 Length of Time in Place

Although seven respondents did not indicate exactly how long these wellness programmes had been in place, such phrases as "since the inception of the mine" and "long-term" were used. Five respondents gave no answer whatsoever. One clinic had been in existence for 80 years, another for 40 years, and others for 25 and 20 years, respectively.

Following is a table which indicates the relatively long-standing nature of these initiatives:

Length of Time in Existence	No. of Companies
10 years +	10
4 - 9 years	3
1 - 3 years	0
No indication	5
Other response e.g. long standing	7

5.18.2 Structural Issues

- "Shortage of manpower,"
- "Lack of continuous exposure to a programme, for example, when individuals are relocated; individuals working on a different site from that from which the service is offered; or turnover is high. Structural Weaknesses,"
- "Some programmes are only available to certain employees and not others; the 'unfocused' nature of certain programmes,"
- "Line management not committed to the programme,"
- "Safety programmes bore employees,"
- "Lack of property and professionally trained staff,"
- "The language barrier. Often, pamphlets in English and Afrikaans are circulated to a predominantly Black or semi-literate workforce,"
- "Cost,".

5.19 Perceptions of the Effectiveness of Specific Wellness Programmes

Respondents were asked to describe and then rate the success or otherwise of the wellness programmes in place in their organisations. They were then asked to discuss their most successful and least successful programme in terms of its effect on absenteeism, performance, medical aid claims and

5.18 Barriers to Success of Wellness Programmes

The following issues were cited by the respondents as factors negatively impacting on the success of the wellness programmes in their organisations:

5.18.1 Issues associated with Individual Attitudes

- "People believe "it will never happen to me,"
- "Lack of willingness to comply,"
- "Lack of insight and motivation on all the participants' side,"
- "The voluntary nature of rehabilitation programmes,"
- "Poor compliance and relapse;"
- "Individual attitudes e.g. individuals who have no wish to change their smoking behaviour,"
- "People are not committed - they want to eat and smoke because they enjo, it,"
- "Managers and staff are reluctant to admit a problem
- "In the case of alcoholism - denial on the part of both the employee and supervisors, who do not want to take the trouble or are scared,"
- "Concerns about confidentiality,"
- "People scared to expose their inabilities to cope, and their problems,"
- "The unwillingness of individuals to expose themselves to others they do not trust,".

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- "The voluntary nature of rehabilitation programmes,"
- "Poor compliance and relapse;"
- "Individual attitudes e.g. individuals who have no wish to change their smoking behaviour,"
- "People are not committed - they want to eat and smoke because they enjoy it,"
- "Managers and staff are reluctant to admit a problem
- "In the case of alcoholism - denial on the part of both the employee and supervisors, who do not want to take the trouble or are scared,"
- "Concerns about confidentiality,"
- "People scared to expose their inabilities to cope, and their problems,"
- "The unwillingness of individuals to expose themselves to others they do not trust,".

5.17 Rand Return of Wellness Programmes

Respondents were asked to estimate the Rand return for every R1 invested in the most successful wellness programme in place in their organisations.

Rand Return for every R1 invested in the most successful wellness programme	Number of Respondents
R1,10	1
R2,00	2
R3,00	1
R4,00	1
A minimum of R50	1
R2000	1 (it is suspected that this respondent misunderstood the question)
Don't know	6
Omitted	17
Other	1

The majority of respondents avoided answering this question. Seventeen omitted the question. One respondent ("other") suggested that the most successful programme saved the company "the average salary of each participant plus pension fund pay-out as at death". This, and the estimation of R2000 per R1 of investment, was the highest estimate of company savings. However, both of these estimates were discarded by the researcher as nonsense. Five of the eight respondents who attempted to quantify the savings, believed that the savings were in the region of 110% to 400%. The exceptionally high number of participants who could not or would not quantify the investment return, suggests that they do not have access to this kind of information, or that companies are not measuring the Rand return of their wellness initiatives.

5.16 Other Benefits resulting from Wellness Programmes

Most Successful Wellness Programme

Fifteen respondents mentioned benefits over and above reduced absenteeism, improved performance, and reduced medical aid and healthcare costs. Five respondents believed that no additional benefits resulted from wellness programmes, one respondent indicated that he was unsure, and ten left the question blank.

The most successful Wellness Programme ...	No of Respondents
Results in additional benefits	15
Does not result in additional benefits	5
Don't know	1
Omitted	10

Least Successful Wellness Programmes

Nine respondents believed that additional advantages were offered by their least successful wellness programme. Ten respondents believed that no such advantages were present, and twelve respondents omitted the question.

The least successful Wellness Programme ...	No of Respondents
Results in additional benefits	9
Does not result in additional benefits	10
Don't know	-
Omitted	12

These advantages will be dealt with individually under the appropriate wellness programme section.

5.15 Impact of Least Successful Wellness Programme on Healthcare Costs

Present

The least successful Wellness Programme...	No. of Respondents
Has resulted in reduced healthcare costs	6
Has not resulted in reduced healthcare costs	13
Don't know	4
Omitted	8

Six respondents believed that their least successful wellness programme reduced healthcare costs, and thirteen respondents argued the opposite. A total of twelve respondents did not know, or did not answer the question.

Future

The least successful Wellness Programme...	No. of Respondents
Will result in reduced healthcare costs in future	8
Will not result in reduced healthcare costs in future	10
Don't know	5
Omitted	8

Eight respondents believed that healthcare costs would reduce in the future as a result of the least successful wellness programme, and ten respondents believed otherwise. Thirteen respondents omitted or did not know the answer to this question.

5.14 Impact of Most Successful Wellness Programme on Healthcare Costs

Present

Thirteen respondents felt that the most successful wellness programme in their organisation had resulted in reduced medical care costs, eight denied this, and seven respondents did not know. The question was omitted by three respondents.

The most successful Wellness Programme...	No. of Respondents
Has resulted in reduced healthcare costs	13
Has not resulted in reduced healthcare costs	8
Don't know	7
Omitted	3

Future

The most successful Wellness Programme...	No. of Respondents
Will result in reduced healthcare costs	15
Will not result in reduced healthcare costs	7
Don't know	8
Omitted	1

Fifteen respondents indicated that reduced healthcare costs would result from their most successful wellness programme in the future. Seven respondents believed that no such trend would be apparent, eight did not know and one respondent omitted the question.

5.13 Impact of Least Successful Wellness Programme on Medical Aid Claims

Present

The least successful Wellness Programme...	No. of Respondents
Has resulted in reduced medical aid claims	9
Has not resulted in reduced medical aid claims	12
Don't know	3
Omitted	7

Twelve respondents believed that their least successful programme had not resulted in reduced medical aid claims. Nine respondents believed that it had, and ten respondents did not know or omitted the question.

Future

The least successful Wellness Programme...	No. of Respondents
Will result in reduced medical aid claims	11
Will not result in reduced medical aid claims	7
Don't know	5
Omitted	8

A total of eleven respondents believed that the least successful programme would result in reduced numbers of wellness programme topic-related medical aid claims, in the future. Seven respondents felt that reduced medical claims would not reduce in future as a result of the least successful wellness programme, and a total of thirteen respondents did not answer either way.

5.12 Impact of Most Successful Wellness Programme on Medical Aid Claims

Present

The most successful Wellness Programme...	No. of Respondents
Has resulted in reduced topic-related medical aid claims	12
Has not resulted in reduced topic-related medical aid claims	9
Don't know	7
Omitted	3

Twelve respondents felt that medical aid claims relating to the wellness programme topic reduced as a result of the implementation of their most successful wellness programme, nine believed that these costs did not reduce. Seven respondents claimed that they did not know either way, two of whom claimed that it was too soon to comment. Three respondents omitted the question.

Future

Fifteen respondents believed that medical aid claims related to the wellness programme topic would result in future as a result of their most successful wellness programme, eight respondents believed otherwise, and a total of eight did not provide an answer either way.

The most successful Wellness Programme...	No. of Respondents
Will result in reduced topic-related medical aid claims in future	15
Will not result in reduced topic-related medical aid claims in future	8
Don't know	6
Omitted	2

5.11 Impact of Least Successful Wellness Programme on Performance

Present

Six respondents believed that the least successful programme in their organisation resulted in improved performance, and thirteen respondents believed it did not. Four respondents did not know, and eight omitted the question altogether.

The least successful Wellness Programme...	No. of Respondents
Has resulted in improved performance	6
Has not resulted in improved performance	13
Don't know	4
Omitted	8

Future

The least successful Wellness Programme...	No. of Respondents
Will result in improved performance in future	9
Will not result in improved performance in future	10
Don't know	4
Omitted	8

Nine respondents believed that the least successful programme in their organisation would result in improved performance in future, whilst ten respondents argued that it would not. Twelve respondents did not know or omitted the question.

5.10 Impact of Most Successful Wellness Programme on Performance

Present

The most successful Wellness Programme...	No. of Respondents
Has resulted in improved performance	19
Has not resulted in improved performance	6
Don't know	6
Omitted	-

Nineteen of the respondents believed that the most successful wellness programme in their organisation resulted in improved performance, while only six believed that it did not. Six respondents did not know, one felt that it was too soon to say, and another argued that it was very difficult to measure this.

Future

The most successful Wellness Programme...	No. of Respondents
Will result in improved performance in future	24
Will not result in improved performance in future	3
Don't know	-
Omitted	4

Twenty four of the total of thirty one respondents believed that the most successful wellness programme in their organisation would result in improved performance in the future. Only three individuals disagreed with this statement, and four omitted the question.

programme has been in existence in any of the organisations researched. Twelve of the twenty companies with subsidised gym membership in place, had only offered it for between one and five years. Seven respondents did not indicate how long it had been in place.

Length of time in Place	No. of programmes
10 years +	1
4 - 9 years	6
0 - 3 years	6
No. of years not provided	7

5.19.3.2 Intention to Implement

No respondents indicated that their organisation would implement this type of wellness programme in the future.

5.19.3.3 Perceived Degree of Success

Degree of Success	No. of Respondents
No success	0
A little success	4
Moderate success	7
Good success	1
Very successful	7
Don't know	1
Omitted	0

Company-funded gym membership was viewed as relatively successful in comparison with some of the other programmes in place. None of the respondents rated it as having no success. Four respondents perceived the programme as having a little success and it was observed that it would be successful with those individuals who would go to a gym in any case, but

programme has been in existence in any of the organisations researched. Twelve of the twenty companies with subsidised gym membership in place, had only offered it for between one and five years. Seven respondents did not indicate how long it had been in place.

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Degree of Success	No. of Respondents
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A little success	4
Moderate success	7
Good success	1
Very successful	7
Don't know	1
Omitted	0

Company-funded gym membership was viewed as relatively successful in comparison with some of the other programmes in place. None of the respondents rated it as having no success. Four respondents perceived the programme as having a little success and it was observed that it would be successful with those individuals who would go to a gym in any case, but

were really working hard at it.

5.19.2.5 Least Successful Programme: Subsidised Medical Check-ups

Only one respondent rated this programme the least successful due to its only being available to executives.

5.19.2.6 Other Benefits resulting from Subsidised Medical Check-ups

One respondent noted that subsidising the medical check-ups gives a positive image to the company for showing concern and providing the service. Another wrote, "It gives people an improved outlook on life, and makes for healthier family relationships, in general."

5.19.3 Company-Funded Gym Membership

A total of 20 organisations canvassed offered fully or partially-subsidised gym memberships to its employees. Of these, three organisations offered the benefit to executives or senior executives only.

5.19.3.1 Length of Time in Place

Interestingly, company-funded gym membership appears to be a relatively 'new' wellness programme, thirteen years being the longest that such a

5.19.2.2 Intention to Implement

Only one respondent whose company did not currently offer subsidised medical check-ups indicated that there was an intention to implement this service for executives only.

5.19.2.3 Perceived Degree of Success

Degree of Success	No. of Respondents
No success	0
A little success	0
Moderate success	6
Good success	8
Very successful	7
Don't know	1

Six respondents rated the programme as moderately successful, eight of the respondents believed it to have a good success rate, and seven respondents rated it as very successful.

5.19.2.4 Most Successful Programme: Subsidised Medical Check-ups

In spite of the high ratings afforded subsidised medical check-ups, only one respondent identified this service as the most successful wellness programme in place. According to this respondent, regular medical check-ups are linked to the improved lifestyle programmes in place in his organisation. Cholesterol levels are tested, and diet and exercise advice given to people at risk. The respondent commented that these individuals

- "Mine doctor would not readily give medical certificates as he too is an employee and sometimes forms part of management,"
- "Saves management's time. The clinic helps with problem cases and management is left free to focus on broader concerns,".

5.19.2 Subsidised Medical Check-ups

A total of eighteen companies subsidised medical check-ups. Of those, four companies offered this programme to top management or executives only.

5.19.2.1 Length of Time in Place

Three of the seven responses that did not provide time for which the programme had been in operation, suggested that it had not been newly implemented, for example, "long term", "since the inception of the mine", "a few years".

Length of time in Place	No. of programmes
10 years +	7
4 - 9 years	4
0 - 3 years	0
No. of years not provided	7

Generally, these programmes have been in place on a medium- to long term basis.

5.19.1.9 Impact of On-site Hospital/Clinic/Doctor/Nurse on Healthcare Costs

Respondents made the following comments to explain their answers:

Present

- "Treatment of minor complaints, means less load on medical aid,"
- "The mine doctor is an employee of the mine. His earnings were fixed, not dependent on the number of consultations, so there is no real healthcare cost savings,"
- "The service if free to all employees, thus healthcare costs are reduced for staff, but not for the organisation,"

Future

The comments made were identical to those made above.

5.19.1.10 Other Benefits associated with the Programme

The respondents listed the following additional advantages offered by on-site hospitals/clinics/doctor/nurse:

- "Seen as positive assistance that the company can render,"
- "Reduced costs to families, leaving them with more money for other activities, for example, study and recreation,"
- "Reduced costs,"

5.19.1.8 Impact of On-site Hospital/Clinic/Doctor/Nurse on Medical Aid Claims

Present

Respondents made the following observations:

- "There is no real impact for us, because persons belonging to medical aid may only receive treatment for one day, according to the Medicine Control Act. Thus, they will still have to consult their own doctor for most complaints, which will drain their medical aid,"
- "Treatment of minor complains at work results in less load on the medical aid,"
- "Greater awareness, and thus, earlier treatment will reduce medical aid claims,".

Future

- "Yes, it will continue to reduce medical aid claims, but we have no stats to prove this,"
- "Increased awareness of illness, reduces medical aid claims,"
- "Our on-site clinic is an alternative to expensive private consultants,"
- "Earlier diagnosis of problems and the convenient speedy attention of high quality staff encourages usage of the clinic. Also, large companies can command significant discounts in medicines etc., so medical aid is used less,".

- "Ill workers are satisfied to go to work, even though they are ill, knowing that they receive medical care at work, and can continue with daily working activities after treatment,"
- "Some employees have recovered from their depression, stress, etc. and are now coping better,"
- "The medical services on the mine are free, so people can afford to use it. Their performance improves because they are healthier,"
- "Healthy employees are more productive and motivated,"
- "Acute ailments are treated. Patients feel well and work well,".

Future

- "Early identification of 'troubled' employees means that they can be helped quicker,"
- "Dealing with stress that can affect issues, and improves an individual's performance,"
- "Work related problems can be addressed,"
- "Employees feel that the company cares about their health and well-being, this motivates them,".
- "Healthy employees are more productive,"
- "Earlier diagnosis of problems results in their being resolved quicker,".

- "Staff do not need to take time off to go to a doctor. There is medical care on site,"
- "Acute ailments are treated early, before problems develop,".

Future

- "It will continue to reduce absenteeism, especially in terms of drug dependence,"
- "It will serve as a warning to the managers. Early detection of stress at work/home and quick referral to the employee wellness centre, will continue to reduce absenteeism,"
- "Maintenance of better health will continue,"
- "Work related problems can be addressed,"
- "In future, less time will be spent off work to visit doctors/hospitals,"
- "As the programme gains acceptance and earlier treatment of problems reduces, prolonged absenteeism for major complications will also reduce,".

5.19.1.7 Impact of On-site Hospital/Clinic/Doctor/Nurse on Performance

Respondents made the following observations:

Present

- "Reduction in stress levels results in improved performance,"

- "Legally required to provide primary healthcare and treat the sick. This satisfies a daily need,"
- "It limits time off work, nips illness in the bud and saves our medical aid a fortune,".

5.19.1.5 Least Successful Wellness Programme: On-site Hospital/Clinic/Doctor/Nurse

Only one respondent rated this type of programme as the least successful wellness programme in place. The reason given was because the main purpose of this programme was to test for policy formulation purposes, rather than to care for staff.

5.19.1.6 Impact of On-site Hospital/Clinic/Doctor/Nurse on Absenteeism

Respondents made the following comments:

Present

- "Although we can't measure the positive results, the on-site doctor acts as a warning if sick leave is abused,"
- "The on-site clinic results in us having more healthy employees on site,"
- "The clinic reduces absenteeism - a worker does not have to take a day off to visit. an off-site clinic for minor ailments and treatment of chronic diseases,"

Reasons given for their success were as follows:

- "It is more established and offers more established services,"
- "There is no stigma attached to it,"
- "It is beneficial to all employees,"
- "Nurses are competent and service-orientated,"
- "All the other wellness programmes flow out of this one function [clinic],"
- "It provides appropriate inter-disciplinary support to employees and management, which helps reduce healthcare costs,"
- "It meets the needs of an industrial workforce,"
- "It is used frequently by members of staff at all levels,"
- "Primary healthcare and preventive health are available to all employees,"
- "It provides constant supervision of employees' health, immediate treatment of injuries. Because it is on-site, there is very little interference with production,"
- "Staff members have access to medical services 24 hours a day. Check-ups done as part of the annual induction programme, are compulsory,"
- "Increasing medical costs, society in transition and violence - it serves a need,"

5.19.1.2 Intention to Implement

Two organisations that did not have these programmes in place, intended to implement them shortly.

5.19.1.3 Perceived Degree of Success

Respondents rated the success of their on-site hospitals/clinics/ nurses/doctors as relatively successful, in general, with only one respondent rating it as having only a little success and another as moderately successful. A total of eighteen respondents rated its success as good to very good, and five respondents omitted the question or claimed that they did not know how successful the programme was.

Degree of Success	No. of Respondents
No success	0
A little success	1
Moderate success	1
Good success	7
Very successful	11
Don't know	2
Omitted	3

5.19.1.4 Most Successful Wellness Programme: On-site Clinic/Hospital/Nurse/ Doctor

Of the twenty five organisations which offered these on-site services, thirteen respondents voted them to be the most successful wellness programme in place.

5.19.5.3 Perceived Degree of Success

Weight and diet counselling was rated as moderately successful by seven of the respondents, with three respondents rating its effectiveness as having only a little success. One respondent judged their programme as having no success whatsoever, another rated their programme as very successful, and a third rated is as a good success. One respondent indicated that they did not know how successful their programme was.

Degree of Success	No. of Respondents
No success	1
A little success	3
Moderate success	7
Good success	1
Very successful	1
Don't know	1
Omitted	0

5.19.5.4 Most Successful Programme: Weight/Diet Counselling

No respondents rated this as the most successful wellness programme in place.

5.19.5.5 Least Successful Programme: Weight/Diet Counselling

One respondent voted weight/diet counselling as the least successful wellness programme in their organisation, attributing its lack of success to the fact that it "required a high degree of motivation and fundamental behaviour change".

credible,"

- "The EAP also gives some troubled employees an outlet,".

5.19.5 Weight/Diet Counselling

There were a total of fourteen weight/diet counselling programmes operational in the companies researched. Three of those were offered as part of the EAP, and one was contracted out to an external consultant.

5.19.5.1 Length of Time in Place

Length of time in Place	No. of programmes
10 years +	0
4 - 9 years	5
0 - 3 years	2
No of years not provided	7

Exactly half of the respondents whose organisations offered weight/diet counselling, did not indicate how long the programme had been in place. Nine years was the longest for which a weight/diet programme had been in existence, four programmes had been around for between four and five years, and two programmes had been in place between two and three years.

5.19.5.2 Intention to Implement

No respondents mentioned that their companies had plans to implement such a programme in future.

practicing a healthy lifestyle,".

5.19.4.9 Impact of EAP's on Healthcare Costs

Respondents made the following observations:

Present

- "The EAP is not medically orientated,"
- "Unknown - other than the fact that counselling offered is free and is being used increasingly,"
- "As a result of the EAP service, healthcare costs do reduce,"
- "The EAP is unrelated to healthcare costs,".

Future

- "We hope that there will be an increase in awareness, and thus a reduction of healthcare costs,"
- "Indirectly healthcare costs are reduced, because of fewer GP [general practitioner] visits,"
- "Although healthcare costs are not saved, there is little doubt that costs are saved, even if only in productivity,".

5.19.4.10 Other Benefits provided by EAP's

Respondents noted the following additional benefits which EAP's offered.

- "Goodwill due to the sense of immediate crisis care being available and

5.19.4.8 Impact of EAP's on Medical Aid Claims

Respondents commented as follows:

Present

- "It is never monitored,"
- "Difficult to say - we don't analyse claim patterns - we should,"
- "The EAP is not medically orientated,"
- "The EAP is not related to medical aid claims,"
- "Sometimes the EAP has resulted in more medical aid claims,"
- "In some cases, the EAP stops troubled employees from going to their doctor to get sleeping pills, so this reduces medical aid claims,".

Future

- "Health exposure is becoming institutionalised in the workplace,"
- "Medical aid claims will increase initially, only,"
- "One cannot measure this effectively,"
- "The EAP results in less time off and less visiting of doctors,"
- "Employee referrals result in costs for physychological/psychiatric assessment in some instances,"
- "Our medical scheme does not cater or cover issues such as stress treatment or smoking, nor witchcraft issues,"
- "New changes are evident in people's awareness of the importance of

- "The EAP is very problem-solving orientated which leads to increased motivation and productivity,"
- People have an outlet for their problems that is accessible. This is a big motivator,".

Future

The following comments were made by respondents

- "The EAP will be measured and employees will know the parameters,"
- "With reduced absenteeism, performance subsequently will improve,"
- "The EAP also involves career guidance and personal development counselling. Employees have direction and are thus motivated,"
- "Happy and healthier employees become motivated and more productive,"
- "Certainty of change but lack of knowledge of the impact it will have is causing demotivation,"
- "The programmes are aimed at producing a healthy workforce in order to improve productivity,"
- "Performance should improve if troubled employees are being helped,"
- "People work better when they feel that they are needed and noticed,"
- "Any drop in performance is monitored and documented,".
- "The programmes are aimed at producing a healthy workforce to improve productivity,".

cannot deal with all of these,"

- "Managers/supervisors are empowered to monitor and counsel employees, so there is a ripple effect,"
- "The EAP keeps a legitimate check on 'lead swingers',".

5.19.4.7 Impact of EAP's on Performance

Respondents made the following comments:

Present

- "Although there is no effective measurement, certain cases are positively influenced,"
- "Every referral has shown progress in this regard from the baseline at entry,"
- "One cannot say - one hears about good performance as well as bad performance,"
- "With their social and psychological problems being attended to, this serves as a motivating factor and improved productivity results,"
- "The EAP makes people feel important and thus motivates them,"
- "The only indicator that we have of success is that the counselling side is being utilised more and more. General seminars have to have number limits imposed,"
- "Not 100%, but early identification and referral for counselling / therapeutic intervention can result in improved performance,"

reduces,"

- "Managers/supervisors are more adept to keep track of absenteeism through the EAP,"
- "Stress management and other psychological problems are dealt with, and so absenteeism reduces,"
- "The EAP controls excessive absenteeism without victimisation - alternative but complementary to disciplinary procedures,"
- "The EAP creates awareness on the part of managers/supervisors, about the 'troubled' employee. With appropriate response/referral, it results in reduced absenteeism,".

Future

Respondents noted:

- "Eventually, it will be monitored more thoroughly,"
- "It has already had the effect of reducing absenteeism, and will continue to do so,"
- "The more services are used, the better the results will be,"
- "It has been discovered that 50% of absenteeism is caused by social/psychological problems, thus the EAP has a very definite role to play,"
- "Problems are being addressed, so absenteeism is impacted,"
- "There are too many stress factors which are being compounded, EAP

5.19.4.5 Least Successful Programme: EAP

Three respondents rated EAP's as the least successful programme. Two of the respondents attributed the lack of success to the newness of the initiative, one noting that the programme has not been developed to its full potential, the other explaining that usage is low because the concept is new and that a relationship of trust has not been formed yet. The latter respondent also noted that management in her organisation, in particular, was wary of the EAP, and thought it was there for "non-performers and misfits". The third respondent indicated that the staff was not interested in the EAP. She also noted that since the EAP service was situated in central Johannesburg (away from the location of the organisation), staff in need of counselling would prefer to go to someone of their own choice situated closer by.

5.19.4.6 Impact of EAP's on Absenteeism

Present

Respondents made the following observations:

- "Every referral has shown progress in this regard from the baseline at entry,"
- "Employees stay away from work as a result of their social and psychological problems. The EAP goes some way to counteract this,"
- "EAP follows up on absenteeism and trends are monitored; absenteeism

- "It has been discovered that 50% of absenteeism is caused by social or psychological problems, thus our EAP helps in this area,"
- "The EAP is an employee counselling service run by a qualified psychologist,"
- "Popular acclaim,"
- "Problems are being identified and, with reasonable success are being addressed. However, employees do not always like to reveal their personal problems, but it will improve as the programme becomes known and trusted and concerns about confidentiality are alleviated,"
- "The EAP is addressing the needs of both the 'wage earner' and management, directly and indirectly, and is preventative,"
- "The general EAP which is multi-faceted, has a psychiatric/psychologist team added to general counselling,"
- "Excessive social, political and internal company changes have caused great stress. This programme has proved to be essential,"
- "There has been a total change in behaviour of people referred,"
- "Many of the services are driven through the clinic and the Witwatersrand Centre for Human Development (EAP). Identification of troubled employees takes place. There are more referrals of employees to EAP - informal and formal and voluntary,".

5.19.4.3 Perceived Degree of Success

The majority of respondents rated the EAP as moderately successful, with six respondents rating its success as good and four as very successful.

Degree of Success	No. of Respondents
No success	0
A little success	1
Moderate success	12
Good success	6
Very successful	4
Don't know	1
Omitted	0

5.19.4.4 Most Successful Programme: EAP

Thirteen respondents rated the EAP as the most successful programme in place in their organisation. Reasons provided for its success were as follows:

- "The utilisation rate has rapidly improved,"
- "Offers a wide variety of services to all our employees,"
- "There is a great need for EAP amongst all our employees, particularly for our Black employees, due to the Township stress situations as well as the uncertainty of traveling on public transport in view of the violence experienced,"
- "Our EWP [employee wellness programme] has a multi-disciplinary approach (pro-active) and is supportive of individual trauma,"

5.19.4 Employee Assistance Programmes (EAP's)

Twenty four of the organisations researched, including every mine, had an EAP.

5.19.4.1 Length of Time in Place

Length of time in Place	No. of programmes
10 years +	2
4 - 9 years	10
0 - 3 years	5
No of years not provided	7

This wellness programme, though one of the most popularly voted most successful wellness programme, had not been offered on a long term basis, by many of the respondent organisations. Two respondents indicated that an EAP had been in place for longer than ten years, and ten respondents indicated that it had been in place for between four and nine years. Three respondents of the seven respondents who did not give the exact number of years, used descriptions like, "long term", "since the inception of the mine" and "many, many years", indicating the age of the programme. Five respondents indicated that the EAP's had been in place in their organisations for between naught and three years.

5.19.4.2 Intention to Implement

No respondents indicated that their organisations intended to implement an EAP.

not necessarily with those who would not otherwise seek membership of a gym. Seven of the respondents rated this programme as a "moderate success", and one rated it as a "good success". These programmes were rated as "very successful" by seven respondents. Only one individual indicated that they did not know what kind of success rate was enjoyed by company funded gym membership.

5.19.3.4 Most Successful Programme: Company-funded Gym Membership

One respondent voted company-funded gym membership as being the most successful wellness programme in place. She substantiated her claim by explaining that due to the increasing awareness of fitness taking place in society generally, gym membership carried no stigma, nor did it require behaviour change, and these two aspects were fundamental to its success.

5.19.3.5 Least Successful Programme: Company-funded Gym Membership

The respondent who cited this as the least successful programme in place explained that the programme was only available at limited sites and was aimed at management. Furthermore, he explained, the on-site gym was understaffed and did not really promote health.

ideally. However, I tend to be negative, as in 13 years, I have known no success stories,"

- "The organisation is seen to be attempting to deal with these issues ..i the workplace,"
- "Improved morale and quality of work of the workforce,"
- "The general morale of the company is lifted,"
- "Increased employee morale and commitment as employees view the company as concerned about their welfare,".

5.19.10 Stress Management

5.19.10.1 Length of Time in Place

There were a total of twenty one stress management programmes in place. Six of the respondents indicated that stress management was offered through the EAP.

Length of time in Place	No. of programmes
10 years +	0
4 - 9 years	5
0 - 3 years	3
No of years not provided	13

5.19.10.2 Intention to Implement

No .espondents indicated that their organisations had ..ny intentions of implementing stress man..gement programmes.

5.19.9.8 The Impact of Substance Abuse Rehabilitation Programmes on Medical Aid Claims

There will be a reduction in costs borne by the company, according to one respondent.

5.19.9.9 The Impact of Substance Abuse Rehabilitation Programmes on Medical Care Costs

One respondent remarked that stress-related illnesses could be avoided, thereby reducing an organisation's absenteeism levels. Another respondent noted that successful rehabilitation resulted in a reduction of on-the-job accidents and injuries which result from performing under the influence of substances. It also resulted in improved safety.

5.19.9.10 Additional Benefits which Substance Abuse Rehabilitation Programmes offer

Respondents noted the following additional benefits:

- "A reduction of injuries and accidents which result from performing while under the influence of substances,"
- "Improved safety,"
- "An in-house substance abuse service reduces the time spent out or away getting cured,"
- "A happier, healthier and more productive workforce, would result

- "There is a lack of management support and follow-through,"
- "The programme is not managed by supervisors. There is a visiting psychologist / social worker who is available once a week for counselling. The process is really driven by self-referrals or referrals by supervisors,"
- "There appears to be a stigma among both Black and White employees. They don't accept that drug abuse could be a disease. Management still needs to be educated to accept that drug abuse patients have to be assisted. Hence our rehabilitation programme is not running as well as it might,".

5.19.9.6 The Impact of Substance Abuse Rehabilitation Programmes on Absenteeism

It was noted that because of the increased awareness of the problems associated with substance abuse, more early referrals should take place, thereby reducing absenteeism.

5.19.9.7 The Impact of Substance Abuse Rehabilitation Programmes on Performance

One respondent noted that employees and management could clearly see the change in performance of a rehabilitated individual. A noticeable improvement in motivation is apparent in rehabilitated individuals.

5.19.9.3 Perceived Degree of Success

Degree of Success	No. of Respondents
No success	0
A little success	2
Moderate success	14
Good success	5
Very successful	1
Don't know	1
Omitted	0

The programme was voted as moderately successful by fourteen of the respondents, two believed it to have a little success, five respondents rated it as having good success and one voted it as being very successful. One respondent was unable to comment.

5.19.9.4 Most Successful Programme: Rehabilitation for Substance Abuse

One respondent voted the rehabilitation for substance abuse as the most successful programme in place, stating that although it was acknowledged by the workforce and management and was used by all staff members, there was an unfortunate stigma attached to illness.

5.19.9.5 Least Successful Programme: Rehabilitation for Substance Abuse

Five respondents identified this programme as the weakest wellness programme in their organisation, providing the following explanations:

5.19.8.6 Additional Benefits which Booklets on Health Issues provide

One respondent noted that such literature may result in an increased awareness of health issues amongst staff.

5.19.9 Rehabilitation for Substance Abuse

A total of twenty three substance abuse rehabilitation programmes were in place in the organisations canvassed. Seven of the respondents indicated that rehabilitation for substance abuse was offered as part of their EAP programme.

5.19.9.1 Length of Time in Place

Length of time in Place	No. of programmes
10 years+	5
4 - 9 years	5
0 - 3 years	2
No of years not provided	9

One programme had been in place for 43 years, another for 20 years, but most of the programmes had been in place for far less time. One respondent mentioned that this programme was run on an ad hoc basis.

5.19.9.2 Intention to Implement

None of the respondents indicated that their organisation would be implementing such a programme in the future.

believed that the programme was very successful. Two respondents had no idea either way.

5.19.8.4 Most Successful Programme: Circulation of Booklets on Health Issues

No-one voted circulation of booklets on health issues as the most successful wellness programme in place.

5.19.8.5 Least Successful Programme: Circulation of Booklets on Health Issues

Three respondents believed the circulation of booklets on health issues was the least successful programme in place in their organisations and provided the following comments to substantiate their views:

- "In our anti-smoke campaign, the anti-smoking leaflets were not accessible to the staff,"
- "The majority of staff on the mine were Black. Booklets were printed in English and Afrikaans,"
- "Literacy problems and language barriers made our health booklets quite useless,".

5.19.8.1 Length of Time in Place

Length of time in Place	No. of programmes
10 years +	0
4 - 9 years	4
0 - 3 years	3
No of years not provided	7

Of the seven respondents who did not offer the exact period of time for which the programme had been place, one of the programmes was described as occurring with intermittent regularity, another as an on-going initiative. Two of these programmes were offered as part of the EAP.

5.19.8.2 Intention to Implement

One respondent indicated that there was an intention to circulate booklets on health issues in the future.

5.19.8.3 Perceived Degree of Success

Degree of Success	No. of Respondents
No success	0
A little success	2
Moderate success	6
Good success	3
Very successful	1
Don't know	2
Omitted	0

Two respondents believed that the programme had a little success, six rated it as a moderate success, and three as a good success. Only one respondent

wellness programme in place in their organisation.

5.19.7.5 Least Successful Programme: Training on Health Issues

Training on health issues was voted as the least successful wellness programme by one respondent, who noted that although all the wellness efforts of her organisation were regarded as moderately successful, related training sessions on aspects of health were regarded as the least successful, especially the training on smoking.

5.19.7.6 Additional Benefits which result from Training on Health Issues

Two respondents listed additional benefits of such programmes:

- "Increased awareness is created through education, e.g. AIDS education. But it is very difficult to measure actual behaviour changes,"
- "People have a higher morale if they realise that the company cares for their well-being,".

5.19.8 Circulate Booklets on Health Issues

Fourteen companies circulated booklets on health issues to employees.

training was on-going, another reported that it had only been a once-off occurrence.

5.19.7.2 Intention to Implement

No respondents indicated that their organisations were intending to implement training on health issues in the future.

5.19.7.3 Perceived Degree of Success

Degree of Success	No. of Respondents
No success	0
A little success	3
Moderate success	10
Good success	3
Very successful	1
Don't know	0
Omitted	0

Three respondents rated the programme as having a little success, and ten of the seventeen respondents who offered views on the effectiveness of health training in their organisations, rated it moderately successful. Three respondents rated the programme as a good success, and one as very successful. No respondents indicated that they did not know how successful the programme was, or omitted the question.

5.19.7.4 Most Successful Programme: Training on Health Issues

No respondents voted training on health issues as the most successful

commitment,".

5.19.6.6 Additional Benefits of Smoke-Enders Programmes

One respondent (presumably a non-smoker) noted that these programmes 'decreased irritation and annoyance to non-smoking colleagues'.

5.19.7 Training on Health Issues

Seventeen organisations offered training on health issues, of wh'ch two offered the facility as part of their EAP programme.

5.19.7.1 Length of Time in Place

Programmes had been in place in organisations between twenty five years and two years, but since ten individuals did not indicate how long their programmes had been in place, it is difficult to establish any trends. Again, some indicators of how long these measures have been in place were evident in such words as "on-going", which were written in the space provided for period in place.

Length of time in Place	No. of programmes
10 years +	3
4 - 9 years	3
0 - 3 years	1
No of years not provided	10

Of the ten respondents who did not indicate how long the programme had been in place, one said that training was intermittent, another reported that

viewed as having a good success rate. Four respondents did not know the degree of the programme's success, and five respondents omitted the question.

5.19.6.4 Most Successful Programme: Smoke-Enders

One smoking cessation programme was voted the most successful wellness programme. This was attributed to press coverage, which led a number of employees to start the programme.

5.19.6.5 Least Successful Programme: Smoke-Enders

Six respondents rated their organisation's smoking cessation programme as the least successful of the wellness programmes in their organisation. Below are the reasons forwarded for this lack of success:

- "The staff displays a lack of interest, an 'I can stop in my own time, I don't need help' attitude, or they simply don't want to stop smoking,"
- "It is very difficult to change a lifestyle. Smokers are aggressive about their right to smoke,"
- "There is a low success rate because smoking cessation requires determination, and the discipline was not there amongst our staff. I've never heard of anyone who stopped smoking,"
- "Stopping smoking requires a high degree of motivation and fundamental behaviour change. Not everybody has the necessary

5.19.6 Smoke - Enders

Fifteen of the organisations researched had a smoke-enders programme in place, eight of these offered smoking cessation as part of their EAP, and one of these promoted it through their primary health initiative.

5.19.6.1 Length of Time in Place

Length of time in Place	No. of Programmes
10 years +	0
4 - 9 years	5
0 - 3 years	5
No of years not provided	5

5.19.6.2 Intention to Implement

Two respondents indicated their organisations' intention to implement smoking cessation programmes in the future.

5.19.6.3 Perceived Degree of Success

Degree of Success	No. of Respondents
No success	1
A little success	2
Moderate success	2
Good success	1
Very successful	0
Don't know	4
Omitted	5

Four of the programmes were rated moderately or slightly successful. One programme was rated totally unsuccessful, while one programme was

that they did not result in reduced medical aid claims thirty eight times. A total of twenty omissions of the questions relating to medical aid claims occurred. The high proportion of individuals that did not know, and frequent comment that there was no link between the wellness programme and medical aid claims, suggested that there was no strong link in the minds of respondents between the wellness programme and medical aid claims. Reduction of medical aid claims was named as a motive for implementation only twenty five times (across the categories 'most successful' and 'least successful' programme). It was the option chosen the least number of times of all the options, excluding the "other" category. This was an interesting observation and it is believed that it further indicated a certain ignorance on the relationship between the programme, its aims and link to medical aid claims and the costs it sought to reduce.

6.1.1.3 Healthcare Costs

The reduction of healthcare costs was chosen twenty nine times by respondents as a motive for wellness programme implementation. That wellness programmes do result in reduced healthcare costs was chosen forty two times; that they do not, was marked thirty nine times, which suggested an almost 50% split in opinion amongst respondents. In comparison with the perceptions in regard to the other propositions, many more respondents were unsure of issues relating to healthcare costs, than they were in regard to issues relating to absenteeism and performance.

absenteeism.

Harper's (1993) contention that intended reduction of benefit costs, productivity improvement, reduction of human resource development costs, improvement of individuals' quality of life and enhancement of corporate image are some of the factors which form the basis of the move to introduce wellness programmes in organisations, was only partly borne out in the research. The reduction of human resource development costs was never mentioned as a motive for wellness programme implementation. The aim of improving performance featured as the most widespread motive for introduction of these programmes, with the need to reduce absenteeism as the second most frequently cited reason. The reasons given by respondents in the open-ended section of the questions relating to the motive for wellness programme implementation were not financially-orientated, but rather humanitarian. In sum, although considerations relating to cost played a major role in the decision to implement wellness programmes, respondents perceived that humanitarianism or social-consciousness had a large role to play in the motivation for implementation of such programmes.

6.1.1.2 Medical Aid Claims

Respondents agreed with the statement that medical aid claims related to a wellness programme topic reduce when the wellness programme is implemented, a total of forty seven times. Respondents were of the opinion

6.1.1.1 Absenteeism and Performance

It was interesting to note that respondents rated performance improvement most frequently (thirty nine times) as the reason for the implementation of wellness programmes. Respondents agreed that a wellness programme (be it the most or the least successful) will result in improved performance a total of sixty times. Reduced absenteeism, which was listed by thirty three people as a motive for wellness programme implementation, was mentioned a total of sixty three times. This indicated that although most wellness programmes are intended to improve employees' performance, they are perceived to have a greater impact on absenteeism than they do on performance.

The statement that a wellness programme would not result in reduced absenteeism was agreed with thirty times, while respondents believed that improved performance would not result thirty two times. This is a very even split of opinion, and further supports the above finding that the perception of impact of a wellness programme on absenteeism is greater than its impact on performance. Since there was a total of sixteen omissions of the questions relating to both present and future absenteeism, and present and future performance, the omission factor and its impact on the findings, is nullified. The research thus supported the findings on absenteeism detailed in the various case studies in the literature review, i.e., that successfully implemented wellness programmes do result in reduced

basis for further research.

Some of the findings could not be linked back to the literature reviewed and it may be that these findings are due to specific issues in the South African environment which are absent in other countries.

6.1.1 Motives for Implementation versus Perceived Outcomes

The four categories - absenteeism, performance, medical aid claims and healthcare costs - were looked at holistically. Future and present trends were not separated and the motives behind implementation of the least and most successful programmes were merged. Perceptions about the positive or negative effect of a wellness programme on each category were looked at.

Aim/ Reason for implementation	No. of times Reason given for Wellness Programme Implementation	Most and Least Successful programmes have/ will achieve aim	Most and /Least Successful programmes have not/will not achieve aim
To reduce absenteeism	33	63	30
To improve performance	39	60	32
To reduce medical aid claims	25	47	38
To reduce healthcare costs	29	42	39

impact of the wellness programme they were discussing. This was especially true of some of the healthcare practitioners who completed the questionnaire.

There were a number of seemingly illogical inconsistencies in the responses provided by the participants. For example, seven respondents agreed that the least successful wellness programme had resulted in reduced absenteeism, but an overwhelming twenty eight respondents believed that reduced absenteeism would result in the future from the implementation of the least successful programme.

The final point of note was the seemingly inconclusive findings of the research. What was concerning is not so much what was observed and noted in the questionnaire, but what was omitted. What was not said and what was not done in South African organisations regarded as "leaders" in the wellness field raised a number of questions about what happened in the wellness field in other local organisations. Clearly, South African organisations fall far behind their American and Australian counterparts in this area of development.

Although it was the aim of this research to establish whether or not wellness programmes in organisations are perceived to result in reduced absenteeism, improved performance and reduced medical aid claims and healthcare costs, the findings were not limited to issues relating to these propositions. Indeed, it is hoped that some of these findings will form the

organisations. This also supported the view that in some organisations there was little communication across the organisation about wellness.

A high number of respondents omitted the question on the estimated Rand saving which resulted from their organisation's most successful wellness programme. The researcher received several telephone calls from respondents expressing concern on how to answer this question. Only eight of the thirty one respondents offered to quantify the saving, of which two of the answers ("R2000 approximately" and "the average salary of each participant plus pension payout as at death") were discarded as nonsense.

Six of the respondents omitted the part of the questionnaire that sought to explore perceptions regarding the least successful wellness programme in their organisations. This may be due to their concerns as to the confidentiality of the research. One respondent wrote in the margin of the questionnaire, "We regard all of our programmes as quite successful", which shows that she obviously misunderstood the question, taking "least successful" to mean "unsuccessful".

A number of respondents did not complete the sections in which they were asked to explain their answers. Sadly, this detracted from the richness of the research. Some of the explanations provided by respondents bore no real relevance to the question asked, or reflected that the respondents had little understanding of the "bigger picture", or the broader implications and

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CHAPTER SIX: ANALYSIS OF THE RESULTS

In this chapter, the findings of the research are linked and compared to the literature reviewed in Chapter Two above. However, before this takes place, some preliminary observations are made.

6.1 Broad Observations

There was a noticeable lack of logic in some of the responses which were received from respondents. Inconsistencies within questionnaires were also common.

Many of the respondents did not seem to know the difference between medical aid claims and healthcare costs. Two respondents noted this in the margin of the questionnaire, and others made it clear by the way in which they responded to the related questions.

In several cases, a questionnaire was received from one human resource and one health practitioner within the same organisation (e.g. Eskom, AECI, JCI, Goldfields, Standard Bank). In most cases, it seemed as though the health department and the human resources department had little or no communication with each other. Furthermore, in the main, the healthcare practitioners seemed to have very little knowledge of the cost or impact of their service. The comment "I do not have access to this type of information", or words with a similar meaning, appeared frequently in questionnaires completed by the healthcare practitioners in the larger

5.19.11 Other types of Wellness Programmes

The following wellness programmes were named, but were not voted either the most successful, nor the most unsuccessful programme in place in organisations researched. In all cases, only one of each type of wellness programme was mentioned, except for retirement planning, which was present in two different organisations. Since these were only present in relatively few of the organisations researched, they were not further explored or analysed.

Wellness Programme	How long in place	Effectiveness Rating
Career Development	1 year	Very successful
Trauma Counselling	1 year	Moderate success
Assertiveness Training	2 years	Good Success
Burn-Out Counselling	3 years	Moderate success
Situational Leadership	1 year	Moderate success
Communication and Motivation	2 years	Moderate success
Pre-retirement counselling	1 years	Very successful,
	7 years	Moderate success
Team Building	1 year	Moderate success
Personal Counselling	2 years - for managers only	Good Success
Health imposition	1 year	Very successful

- "Managers will continue to manage their stress better,".

Future

Respondents indicated that the trends mentioned in 5.18.10.7 above would continue.

5.19.10.8 Impact of Stress Management on Medical Aid Claims

No specific explanations were provided by respondents in regard to the present impact of stress management programmes on medical aid claims. However, one respondent did note that stress-related illnesses may decrease in the future.

5.19.10.9 Impact of Stress Management Programmes on Medical Care Costs

One respondent commented that stress management programmes helped to avoid stress-related illnesses and would continue to do so in the future.

5.19.10.10 Additional Benefits of Stress Management Programmes

One respondent noted that stress management programmes resulted in increasing levels of tolerance for colleagues.

it is only a part-time service and that managers do not stay at the plant for any significant length of time, so the full impact and benefit of the programme could not be enjoyed. The other respondent explained, "Employees are looking for a 'quick fix' programme. Our one needs commitment."

5.19.10.6 Impact of Stress Management on Absenteeism

Present

Respondents made the following comments:

- "Statistics indicate a reduction in absenteeism,"
- "Absenteeism reduces because managers manage stress more easily,"

Future

Respondents noted that:

- "Less time will be taken off due to stress-related illnesses,"
- "Reduced absenteeism at present will continue into the future,".

5.19.10.7 Impact of Stress Management on Performance

Present

Respondents made the following comments:

- "Staff work shorter hours and achieve more,"

5.19.10.3 Perceived Degree of Success

Degree of Success	No. of Respondents
No success	0
A little success	2
Moderate success	10
Good success	5
Very successful	1
Don't know	3
Omitted	-

Stress management programmes were perceived as having a little success by two respondents, as moderately successful by ten respondents, as having good success rates by five respondents and as very successful by only one respondent. Three respondents omitted the question.

5.19.10.4 Most Successful Programme: Stress Management

Two respondents voted their organisation's stress management programme as the most successful wellness programme in place. One respondent explained that although stress management was out-sourced, the programme was very practical and adapted to all levels. Both respondents noted that their in-house stress management programme was enforced for all members of management.

5.19.10.5 Least Successful Programme: Stress Management

Two respondents rated their organisation's stress management programme as the least successful wellness programme. One respondent explained that

reduced healthcare costs. Thus, these findings do not support the fourth proposition of the research, namely, that there is a perception that the implementation of wellness programmes reduces healthcare costs to organisations, although the literature would suggest otherwise.

In summary, the perceptions of individuals intir ately involved in wellness programmes in "wellness leader" organisations is that wellness programmes do have a positive impact on certain organisational costs.

In light of the fact that South African organisations are not enjoying the full potential or benefits that wellness programmes are achieving in other countries, the following recommendations, which are based on sound human resource theory and incorporate the recommendations of respondents, have been devised.

7.2 Recommendations

7.2.1 Creating a Climate of Trust

Concerns about confidentiality and individuals' concerns about exposing their inabilities to cope, their weaknesses and their problems, can only be addressed through the creation of a climate of trust within the wellness structure that seeks to address problems. This can take years to develop, but is probably one of the most fundamental ingredients for the success of any wellness programme.

7.1.2 Performance

It is the perception that improved performance may result from the successful implementation of wellness programmes, and most likely will do, in the future, although the measurement of this phenomenon is not widespread. This partially supports the second proposition of this research, that there is a perception that the implementation of wellness programmes results in improved performance (including productivity and motivation), both now and in the future.

7.1.3 Medical Aid Claims

It is the perception that medical aid claims did not reduce substantially as a result of the implementation of wellness programmes. Again, this was not measured by most organisations and, as a result, many respondents had no idea whether or not wellness programmes impacted in any way on medical aid claims. This does not really support the third proposition of this research, namely, that there is a perception that the implementation of wellness programmes reduces the incidence of medical aid claims. This also does not reflect the findings in the literature.

7.1.4 Healthcare Costs

Once again, the findings of the research indicate that there is no real idea as to whether or not the implementation of wellness programmes results in

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

Organisational wellness programmes in this country have not fulfilled their potential, and are not making the impact or achieving the successes that they are in other countries. As a result, organisations are not currently experiencing the same types or degree of cost savings which organisations in other countries are enjoying.

The following conclusions in relation to the four propositions of this research, can be made:

7.1.1 Absenteeism

It is the perception that reduced absenteeism does result from the implementation of both successful and unsuccessful wellness programmes and is expected to continue to do so in the future. This is not unlike the findings overseas and agrees with the first proposition of this research, namely, that there is a perception that the implementation of wellness programmes result and will contintue to result, in future, in a reduced level of absenteeism in organisations.

in fewer lifestyle-related illnesses and thus decreased claims for curative purposes.

In conclusion, wellness programmes, if properly implemented and managed, have a potentially major contribution to make in improving organisational health, improving performance and reducing absenteeism. They may also have a very constructive role to play in reducing medical aid claims and healthcare costs. In this way, they actively contribute to organisational cost savings.

6.1.6.2 High Rate of Inflation of Medical Aid Contributions

Although the respondents expressed diverse views on the link between the number of medical aid claims and wellness programmes, it is the view of the researcher that the high number of medical aid claims has a direct and proportional impact on the inflation of medical aid rates. Were the number of claims to be reduced, the rate of inflation of medical aid contributions would reduce concomitantly. Medical aid claims would reduce as the result of successful wellness programme implementation. Newly educated and motivated individuals would attempt to minimise some of their high risk behaviours, thereby reducing the incidence of conditions related to unhealthy lifestyles. The number of unnecessary visits to medical service providers would reduce due to the increased awareness of what are serious and what are not serious conditions.

6.1.6.3 Increased Claims for Curative Purposes

The proactive and preventive approach of wellness programmes is in contrast to the reactive, curative approach of current medical aids, which pay for medical service after the individual has become ill, rather than attempting to prevent the condition from occurring in the first place.

The role of wellness programmes in light of the problem of the increased number of curative medical aid claims is simple: Wellness programmes would play a part in promoting wellness and improved lifestyles, resulting

to be questionable. It is perceived that although wellness programmes result in reduced absenteeism, and perhaps in improved performance, medical aid claims and healthcare costs may or may not reduce. In sum, it can be deduced that organisations do not have quantifiable proof that the programme will save money.

6.1.6 Wellness Programmes and Trends in the Medical Aid Industry

6.1.6.1 Increasing Cost of Medical Service

As mentioned in Chapter One, the cost of medical services has continued to increase rapidly over the last few years. Wellness programmes, if successfully implemented, would have a role to play in reducing the need for medical care, especially in those areas where poor lifestyle habits contribute to, exacerbate or cause a medical condition. Their educative role empowers individuals to make choices as to their lifestyle and behaviour. Nevertheless, as discussed above, lifestyle changes are only truly successful and long-lasting if the individual is motivated to change his or her behaviour.

Wellness programmes also serve to educate individuals as to the nature of particular health conditions and should thus result in reduced unnecessary visits to doctors or other medical service providers.

questionnaire respondents, who telephoned to discuss aspects of the questionnaire. In all cases, the challenge of measurement had not been fully conquered. One of the most frequently raised barriers to successful and accurate effectiveness measurement seemed to be the difficulty in attributing any behaviour change or trend to a wellness programme alone. In all cases, a wellness programme was regarded as a process, and as such, it was believed that behaviour change would take place over time. From a measurement perspective, it was almost impossible to ignore the impact of extraneous variables and other influences.

There was overwhelming support for the view that measurement of wellness programmes was meaningful. Disappointingly, however, the comments provided by respondents on how wellness programmes should be measured, did not add any light to the mystery of measurement. They suggested what should be measured, but not how it should be measured. Very little insight was exhibited as to the complexities and vagaries of measurement. This may be linked to the fact that often the implementors of these programmes are not involved in the costing or measurement of them.

The contention of Caudron and Rozek (1990) that about 80% of the corporations that offer health promotion programmes have established them without quantifiable proof that the programmes actually save money, is probably supported in the research. Accuracy of measurement of the effectiveness of wellness programmes in South African organisations seems

get ideas from programme participants on how they should improve the experience.

6.1.4.4 Language Barriers

Language barriers can be overcome by making all publications and training available in the vernacular. Educational material can be read out aloud and explained at union forums, or during specially scheduled meetings to illiterate employees. Help lines can be set up to address specific concerns.

6.1.5 Measuring the Effectiveness of Wellness Programmes

Effectiveness is defined as "the extent to which the [wellness] function achieves the desired results at minimum cost and at optimal speed." (Walker, 1992, p332) and the extent to which it "supports the successful implementation of ideas and long-term business strategies" (Walker, 1992, p333).

The ratio of financial return to investment evident in the literature was not reflected in the research. The key weakness of current wellness programmes: **measurement.**

The issue of accurate wellness programme effectiveness measurement was discussed informally with a number of individuals in the human resources field during the course of the research, as well as with nine of the

introduction of more expert assistance. There are several options apart from the direct recruitment of full-time staff, which might be more cost effective. For example, a number of organisations could collectively contribute to the expense of individual/s who render services to all of them on a part-time basis. It seems to be preferable for service/s to be rendered on-site. Nevertheless, if the service, and not the individuals requiring the service, could do the commuting, all the better.

The shortage of manpower could be a function of cost or skills availability. Both of these issues could be addressed, to some extent, by the above suggestion that resources and expertise shared by several companies.

6.1.4.2 Lack of Line Management Commitment

Lack of commitment by line management is a key weakness in any initiative implemented in an organisation, and presents very challenging problems. Management endorsement lends credibility to a programme, and oils the wheels for its implementation. Obtaining management commitment requires more than moral suasion. It requires that the direct benefits and impact on the 'bottom line' be explained in concrete terms to which the management will respond.

6.1.4.3 Uninteresting/Boring Wellness Programmes

If programmes are perceived to be boring, programme co-ordinators should

(White and Bednar, 1991, p641). The issue of motivation has taken on added significance, as explanations for poor workmanship and declining productivity have been sought. White and Bednar put forward three sources of motivation: intrinsic, extrinsic and vicarious. The source of intrinsic motivation is a need than occurs within the individual. Extrinsic motivation is caused by incidents or stimuli that occur externally. Vicarious motivation refers to that fact that seeing others rewarded or punished functions as a motivator by arousing an individual's expectations that he or she is likely to experience similar outcomes for her or his own comparable performances. It was not within the scope of this research report to provide in-depth strategies on how to motivate employees to attend or utilise wellness programmes, or to conform to recommended behaviours. However, it is suggested that organisations should focus on extrinsic motivational techniques, and attempt to measure their effectiveness, in improving individual motivation.

6.1.4 Structural Issues

Structural issues are relatively simple to analyse and address. Respondents raised the following key structural problems associated with the implementation of wellness programmes in their organisations:

6.1.4.1 Shortage of Skilled Manpower

Shortage of skilled manpower in an organisation should be alleviated by the

There was very little support for Armstrong's (1991) contention that group services like gyms and other sports facilities are not especially good for morale. Participants' perceptions were that company-funded gym membership is relatively successful in comparison with some of the other programmes in place. None of the respondents rated it as having had no success. A total of fifteen respondents rated the programme a moderate to very good success. This is perhaps due to the fact that as a nation, South Africans are perceived to be far more fitness conscious than, say, the British, whose weather does not lend itself as much to outdoor activity.

6.1.2 Lowering the Barriers to Success

In the previous chapter, the barriers to success were divided into two categories: barriers created by individuals' attitudes, barriers which were caused by structural weaknesses or shortcomings in the programmes being offered.

Attitudinal barriers were further sub-divided into those which can be addressed through education, and those which require the building of trust to reduce, and those which only individual motivation can overcome.

6.1.3 Individual Motivation

Motivation comprises those psychological processes that cause "arousal, direction and persistence of voluntary actions that are goal directed".

This is supported by Kahler, the executive director of Wellness Councils of America (in Woolsey, 1991), who states that research on the cost-effectiveness of health promotion programmes is, at best, inconclusive.

A number of the respondents indicated that they did not understand the difference between healthcare costs and medical aid claims, and this would certainly have impacted on the way in which they answered the questions.

Findings of the research partially supported Ivancevich and Glueck (1983) who dispute the effectiveness of wellness programmes in reducing costs. Apart from the fact that many respondents did not understand what healthcare was, the mixed feelings apparent in this regard were believed to stem from the respondents' lack of exposure to and involvement in matters relating to the cost of healthcare.

6.1.1.4 Other Observations

Doherty's (1989) criticism that most employers do not include dependents in wellness programmes, although they account for a large portion of healthcare costs was not reflected in the research. Indeed, fifteen of the twenty seven companies researched included employees' families in their scope. This would probably make measurement of the effectiveness of the wellness programme that much harder to track, and measurement accuracy levels would probably also be reduced.

Another consideration was the importance that respondents understood the concepts being dealt with in the questionnaire. Unless the concepts and questions were effectively communicated, the potential wealth of experience and knowledge of respondents could not be tapped and, thus, not used to maximum effect. In fact, some of the respondents did not fully understood the concepts and this reduced the quality of their responses.

7.4 Recommendations for Future Research

The scope of this preliminary study was limited. It is believed that the following research would add value to the field of wellness programmes:

- A similar study in an increased number of organisations, respondents and regions. Comparisons could be made between factors which occur in one region but not in others.
- A study should be undertaken in which the perceptions of both a human resource and a healthcare practitioner in each organisation is sought. The findings may shed some light as to the areas of commonality and differences of perception which exist in regard to wellness programmes. They might also point to some of the communication gaps which the present research has suggested.
- A study should be undertaken to establish the views of participants in specific types of wellness programmes. Analysis of the responses could add value in future implementation of wellness programmes.

7.3 Limitations of the Research

This was a new area of empirical research that could only be exploratory in nature. As such, it could not be regarded as the conclusive body of research work in this area. Furthermore, the research was exploring an industry in rapid transition, subject to changing legislation and structures.

The sample size selected obviously restricted the size of the database. Moreover, since the study was limited to human resource and health practitioners in the Gauteng region, specific issues relating to other provinces did not necessarily emerge.

The data collection method was dependent on the questionnaire. Much of the strength and richness of the data collected was dependent upon the willingness of the respondents to spend time developing quality responses.

The questionnaire was semi-structured, with respondents provided with options of "yes" or "no" response options to respond to a question. They were then provided with space to explain their answers. Respondents were also provided with categories to complete by marking the appropriate box with a bold "X". In this way, ambiguities were minimised, and respondents were afforded the opportunity to defend or substantiate their perspective. Broad, generic open-ended questions were asked, and respondents were allowed the opportunity to include any other issues or points that they thought were of importance to the topic being researched.

their organisation had any such incentive programmes.

If incentives were to be implemented in wellness programmes, an incentive, rather than a disincentive strategy should be utilised. Punitive measures are not appropriate when the majority of the working population is existing just above the bread line. Moreover, punishment in the case where, say, a drug addict has a lapse, may be more damaging than motivational. The issue of incentives or disincentives in wellness programmes would be a useful topic for further research.

It is proposed that the use of incentives in conjunction with wellness programme implementation would improve the interest in the programme, enhance participation and encourage continued behavioural or lifestyle changes. Incentives, if correctly managed, could provide continued positive reinforcement of ideal behaviours. Incentives are currently highly under-utilised in South African corporate wellness programmes.

7.2.7 Measurement of the (Cost) Effectiveness Of Wellness Programmes

As mentioned in Chapter Six, this is certainly an area where research would be of great value. Indeed, to develop a method whereby the benefit of wellness programmes could be accurately quantified, would probably be one of the most important contributions that could be made to the wellness field.

According to them, there must be congruence and mutual support of broad and specific strategy, organisational structure, staffing, skills, management style, information and other systems and shared values.

The 7 S's of each wellness programme should be identified and their relationship with each other evaluated. Problem areas or gaps should be identified and addressed and the effect of the changes evaluated.

All wellness programmes should be the subject of continued evaluation and feedback. In this way, they can develop and improve, to better address the needs of employees and, indirectly, the broader community.

7.2.6 Incentives

The case studies of Belz Enterprises, Erie Plastics Co. and Texas Instruments described in brief in Chapter Two above, illustrate the potential of incentive strategies to enhance the success of wellness programmes by motivating individuals to continue their involvement in wellness programmes.

Although incentives are used in the US to encourage individuals to participate in certain wellness programmes, none of the individuals to whom the researcher spoke informally during the period of the research, appeared to have any positive or negative incentives in place in regard to their wellness programmes, nor did any of the respondents mention that

7.2.5 Identification of Structural Problem Areas

Structural barriers to success are probably the simplest to overcome. However, careful and continuous reassessment and testing of current structures must take place in order to provide optimal structural support for any wellness programme.

There are several different approaches to identifying structural problem areas. One option is to evaluate each programme in terms of the "7 S's Theory" (See Figure 4 below) developed by the consultants McKinsey and Company (quoted in Walker, 1992 and in Waterman et al., 1980).

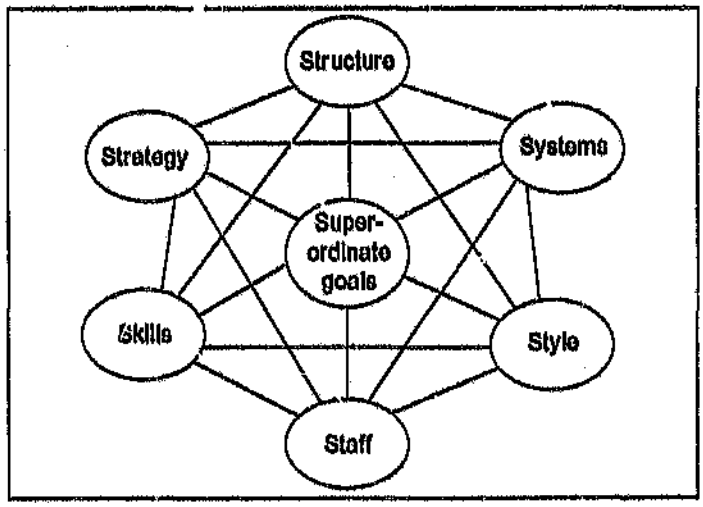


Figure 4: The 7S's Model

(Waterman et al., 1980)

These stages of change include:

1. **Initiation,** where the initial sharing of information on background, motives and aims takes place.
2. **Clarification,** where further elaboration on the initiation stage takes place.
3. **Specification and Agreement,** where details of services, costs, and other values are communicated.
4. **Diagnosis,** where data is collected concerning organisational processes and problems are collected.
5. **Goal-setting and Action Planning,** where specific goals and strategies are developed.
6. **Intervention** into on-going behaviours, structures and processes.
7. **Evaluation,** where the effectiveness of the intervention strategies, the energy and the resources are used to effect the behaviour change. Also, the relationship between the service provider and the individual should be evaluated.
8. **Alteration,** to modify the wellness strategies, levels of implementation, goals, targets or to realign resources used in the intervention.
9. **Continuation and Maintenance,** to monitor and maintain strategies, or alter them to realign them with changing goals.

operating pressures, family or peer pressure, culture, control, politics and individual resistance.

- **Support structures:** If at all possible, support mechanisms should be put in place, especially if a wellness programme takes place off-site. On-site support teams and other networks have a role to play in providing consistent and available support when individuals who run wellness programmes are not immediately available.
- **Communications structures:** Formal communication channels should supplement informal communications networks so that information is disseminated quickly and accurately. Feedback on successes and cost savings should be made available to wellness programme participants, with due regard for confidentiality.
- **Sustaining the energy of the wellness programme:** The momentum of any wellness programme must be maintained. Some techniques in achieving continued motivation are diffusing blockages, recommitment (e.g. re-stating management or the managing director's commitment and support of a programme) and actively celebrating successes.

7.2.4.1 Stages of Change

Any wellness programme will go through several stages of change as it develops. It is relevant to note these stages. By recognising the stage of change which a programme has reached, unreasonable expectations on the effectiveness of the programme can be minimised.

participants, where applicable and applied to the implementation of wellness programmes.

- **Personal response to change:** This should be considered in terms of individual beliefs, personal reactions to change and to the style in which the change takes place. Benefits of the wellness programme should be communicated to the individual.
- **The mindset of the organisational leaders regarding change:** The programme should be linked to both organisational and individual needs and strategy.
- **The purpose of the lifestyle or behaviour change:** The wellness programme will normally require a change in lifestyle/risk behaviour. To that end, the following issues need to be discussed with the individuals before commencement of the programme: planning; methods of assessment; designing the desired state; analysing the impact of the programme on the individual, his or her family and his or her interaction with work colleagues; the implementation process; fine tuning; reviewing the time-span of the programme and any other operational issues.
- **Predictable forces set in motion:** Barriers to an individual's success on the wellness initiative may spring up unexpectedly. Some of these should be discussed with the individuals on the programme, who should be aware and, thus, armed to battle against them. Such forces include:

believed that a wellness programme approximates an organisational development exercise and human resource practitioners/healthcare practitioners need to:

1. Understand and accept the need for the wellness programme and the opportunity it presents;
2. Assess the situation;
3. Design the desired state and negotiate and discuss that desired state with employees;
4. Analyse the impact;
5. Organise and plan for the proposed change of behaviour/lifestyle (for example, communicate incentives);
6. Implement the wellness programme;
7. Formalise the new state (reinforce successful participants);
8. Evaluate the process;
9. Monitor the process and make the necessary changes on an on-going basis.

This process should be repeated for every new wellness programme implemented.

Other key change management considerations, detailed below, should be communicated to and agreed upon with the workforce or programme

wellness initiatives did not fulfill their potential. This forms the basis of a vicious circle: when wellness programmes do not fulfill their potential, they are regarded as failures and less energy and resource is allocated to them.

For wellness programmes to achieve the kinds of results described in the case studies described in Chapter Two, they need to have total and visible commitment from senior management. This is in line with Woolsey's (1991) assertions on the importance of top management support for any organisational intervention. Wellness programmes should be spear-headed by a senior individual with both positional- and personal power.

Secondly, wellness programmes need to have a place in the formalised human resources strategy of an organisation. The purpose of their implementation, and their role within the greater human resources strategy needs to be communicated to and agreed with all parties involved in their implementation and, if possible, with the individuals who will participate in the programmes.

Wellness programmes need to be regarded as a strategic thrust themselves, as opposed to an "incidental extra" and this perception of their importance needs to be created and reinforced through senior line- and human resource management involvement.

7.2.4 Wellness Programme Implementation

Although this was not an area specifically studied in the questionnaire, it is

have little or no idea about the impact of their wellness interventions on medical aid claims, performance levels, and absenteeism figures.

It is proposed that, in order to facilitate the monitoring of the effectiveness of wellness programmes in improving individual health, channels of communication between human resources practitioners/human resource departments and healthcare practitioners/departments, need to be opened and actively stimulated. This would also facilitate the measurement of the impact on such wellness programmes on organisational cost containment.

It is important that the relevant individuals have access to data that assists them in strategic and structural decisions regarding wellness programme implementation and management. It is equally important that information about the effects of wellness programmes be made available to all employees, so that the value of such programmes may be assessed, and, if found lacking, timeous amendments may be made.

7.2.3 Commitment to Wellness as an Integral Part of the HR Strategy or as an End in Itself

Based on the evidence of this research, wellness programmes in local organisations were not regarded as an integral part of the human resources strategy, but rather as an "add-on afterthought", the responsibility for which was delegated quite far down the organisational ladder. As such, commitment from senior management was not evident, and thus the

7.2.2 Communication

Communication has a central role to play in organising people, and in organisations. Perceptual differences are often the source of miscommunication ["Perception is the process whereby an individual selects, organises and interprets stimuli from the environment" (White and Bednar, 1991, p312)]. Within organisations, formal communication networks should be put in place so that communication occurs both downward and upward, from the lowest level of employee to top management. Formalised feedback on all wellness programmes should be in place so that before, during and post-implementation wellness programme data can be collected.

Based on the evidence of this research, human resource departments (which are often in charge of the strategic decisions associated with wellness programmes) have little or no communication with the health practitioner (company nurse/clinic/hospital/external consultant/designated employee well-being officer) who was responsible for the implementation of the wellness programme. Human resource personnel seem to have very little knowledge about the cost to the organisation of healthcare.

Similarly, health practitioners seem to have very little idea of how their involvement fitted into the greater human resource strategy, or indeed, of the impact of their wellness intervention on the employee, in the context of his or her work environment and at home. Health practitioners seem to

INTERVIEW WITH ALISON BLAKE
Master of Management Student - Wits Business School
on [day and date] at [time]

TOPIC: The Contribution of Wellness Programmes to Organisational Cost Savings

Basic Assumption

The rapid escalation of medical costs, increasing numbers of medical aid claims has resulted in the reducing value and extent of benefits offered by medical aids. A means of improving health care benefits or reducing health care costs, must be found in order to reverse, or at least prevent this crisis from deteriorating.

Definition of a Wellness Programme:

"Any activity undertaken by an organisation to reduce physical and psychological health care needs"

Discussion Outline

1. Is there a role for wellness programmes in South African organisations? Please explain.
2. What are the benefits of wellness programmes? Please explain.
3. Do you believe that wellness programmes result in cost savings for organisations in terms of:

- **reduced absenteeism**
- **improved performance**
- **medical aid claims relating to the wellness programme topic**
- **health care costs relating to the wellness programme topic**

Please explain.

4. How can the cost savings and/or benefits of wellness programmes be measured? How should they be measured?

5. Which organisations in the Gauteng area, with more than 100 employees, are "leaders" in the implementation and management of wellness? Why have you described them as "leaders"?

Many thanks for agreeing to assist me.

Appendix 2

Discussion Outline

OVERVIEW: PROPOSITIONS, LITERATURE REVIEW, ANALYSIS

Propositions	Related Literature Review	Related Questions in Questionnaire	Analysis (Qualitative)
1. There is a perception that the implementation of wellness programmes results in a reduced level of absenteeism in organisations, both now and in the future;	3.2.3 Organisational Costs Associated with Poor Health 3.2.3.2 Absenteeism 4.5 Role of Wellness Programmes in Reduction of Health Care and Associated Costs 4.7 Role of Wellness Programmes in Reducing Absenteeism and Improving Productivity 4.10 Case Studies	Now Future General 4f(i) 4g(i) 4b(i) 5f(i) 5g(i) 5b(i)	Frequency (yes/no) Content analysis (open-ended questions)
2. There is a perception that the implementation of wellness programmes results in improved performance (including productivity and motivation), both now and in the future;	3.2.3 Organisational Costs Associated with Poor Health 3.2.3.1 Poor Productivity 3.2.3.3 Poor Performance 3.2.3.4 Decreased Motivation 4.5 Role of Wellness Programmes in Reduction of Health Care and Associated Costs 4.7 Role of Wellness Programmes in Reducing Absenteeism and Improving Productivity 4.10 Case Studies	4f(ii) 4g(ii) 4b(ii) 5f(ii) 5g(ii) 5b(ii)	Frequency (yes/no) Content analysis (open-ended questions)
3. There is a perception that the implementation of wellness programmes reduces the incidence of wellness programme-topic related medical aid claims;	4.5 Role of Wellness Programmes in Reduction of Health Care and Associated Costs 4.10 Case Studies	4f(iii) 4g(iii) 4b(iii) 5f(iii) 5g(iii) 5b(iii)	Frequency (yes/no) Content analysis (open-ended questions)
4. There is a perception that the implementation of wellness programmes reduces health care costs to organisations.	4.5 Role of Wellness Programmes in Reduction of Health Care and Associated Costs 4.10 Case Studies	4f(iv) 4g(iv) 4b(iv) 5f(iv) 5g(iv) 5b(iv)	Frequency (yes/no) Content analysis (open-ended questions)

Appendix 1

Overview: Propositions, Literature Review, Analysis

Veliotes, G.P. (1991): *Strategic Options for the Medical Aid Industry*, Unpublished MBA Research Report, Johannesburg: University of the Witwatersrand.

Witwatersrand Centre for Human Development *Training and Consultation Repertoire* (undated).

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Pirow, P.C. (1990): *How to do Business Research*, Johannesburg, Juta's Publishers Information Series ISBN 0-7021-2439-7.

Rothman, H. (1989): "Wellness Works for Small Firms", *Nation's Business*, 77, 12 December, p42-44.

Tully, S. (1994): "Remedy: Educate the Patient", *Fortune*, February 7, p78.

Towers, B. (Editor) (1992): *The Handbook of Human Resource Management*, Oxford: Blackwell Publishers.

ii. Improved Performance Yes ☐ No ☐
Why? _____

iii. Reduction in programme topic-related medical aid claims Yes ☐ No ☐
Why? _____

iv. Reduction in programme topic-related health care costs Yes ☐ No ☐
Why? _____

v. Any other benefits? Yes ☐ No ☐
Please explain _____

6. Do you believe that the measurement of these kinds of programmes is meaningful?

Yes ☐ No ☐

If yes, how should they be measured? _____

, why do you say that? _____

Any other comments relating to these programmes and their effectiveness... _____

THANK YOU FOR YOUR TIME AND COOPERATION

It would be appreciated if you could complete this questionnaire by Monday 31 October 1994

On completion, please fax it to (011) 498-2447, or telephone Alison Blake (011) 498-2429 to arrange for its collection.



If you would like a copy of the executive summary, please write your name and postal address below.

_____

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5. Least Successful Wellness Programme in place

a. Describe the programme, in brief. _____

_____

_____

What are the barriers to success? _____

_____

b. Why was it implemented?



i. To reduce Absenteeism ☐

ii. To improve performance ☐

iii. To reduce medical aid claims ☐

iv. To reduce healthcare costs ☐

v. Corporate Social Responsibility ☐

vi. Other _____

c. At what level is the programme implemented?

Senior Management ☐

Middle Management ☐

Lower Level Staff ☐

Employees' Families ☐

d. Is its effectiveness measured? Yes ☐ No ☐

e. If not, is there an intention to measure its effectiveness in future? Yes ☐ No ☐

f. Which of the following trends, do you believe, have resulted from the programme?

i. Reduction of Absenteeism Yes ☐ No ☐

Please Explain _____

_____

_____

ii. Improved Performance (productivity and motivation) Yes ☐ No ☐

Please Explain _____

_____

_____

iii. Reduction of programme-topic related medical aid claims Yes ☐ No ☐

Please Explain _____

_____

_____

iv Reduction of programme topic-related medical care costs Yes ☐ No ☐

medical care costs

Please Explain _____

_____

_____

g. Do you believe that any of the following will result from the programme in the future?

i. Reduced Absenteeism Yes ☐ No ☐

Why? _____

_____

_____

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- Different wellness programme effectiveness measurement techniques need to be researched. This is perhaps the most important area which needs to be addressed if wellness programmes are to have any permanent place in organisations in the future.
- The "indirect" cost savings not detailed in the propositions of the research, which may result from wellness programmes were not further explored in this research, but may form the basis for further research in this area.
- Research should be undertaken on effective incentives for lifestyle stage.

7.5 Conclusion

The role of wellness programmes in South African organisations is not secure at this time and perceptions on their effectiveness in reducing organisational costs are very mixed. Crises facing the medical aid and healthcare industries, along with RDP imperatives, are increasing the urgency for an effective and respected array of pre-emptive wellness initiatives.

The challenge lies with organisations to manage the culture and perceptions and fulfill the expectations of their employees, in order to finally achieve the full benefits and enjoy the organisational cost savings which successfully managed wellness programmes can provide.

c. At what level is the programme implemented?



(MORE THAN ONE BLOCK CAN BE TICKED)



Senior Management ☐
Middle Management ☐
Lower Level Staff ☐
Employees' Families ☐
Other ☐

d. Is its effectiveness measured? Yes ☐ No ☐

e. If not, is there an intention to measure its effectiveness in the future? Yes ☐ No ☐

f. Which of the following trends, do you believe, have resulted from the programme?

i. Reduction of Absenteeism Yes ☐ No ☐
Please Explain _____

ii. Improved Performance (productivity and motivation) Yes ☐ No ☐
Please Explain _____

iii. Reduction of programme-topic related medical aid claims Yes ☐ No ☐
Please Explain _____

iv Reduction of programme topic-related medical care costs Yes ☐ No ☐
Please Explain _____

g. Do you believe that any of the following will result from the programme in the future?

i. Reduced Absenteeism Yes ☐ No ☐
Why? _____

ii. Improved Performance Yes ☐ No ☐
Why? _____

iii. Reduction in programme topic-related medical aid claims Yes ☐ No ☐
Why? _____

iv. Reduction in programme topic-related health care costs Yes ☐ No ☐
Why? _____

v. Any other benefits? Yes ☐ No ☐
Please explain _____

vi. I believe that for every R1 invested in this programme, the company has saved R.....

PLEASE ANSWER ALL QUESTIONS

1. Which of the following programmes is currently in place in your organisation?

(PLEASE  OR COMPLETE THE APPROPRIATE BOX)

** Degree Success: 1 = No success; 2 = A little success; 3 = Moderate success; 4 = Good success; 5 = Very successful; 6 = Don't know

Type of Wellness Programme	Yes	No	If yes, how long in place?	If no, intend to implement shortly?	Degree of Success (see ** above)
On-site hospital/clinic/doctor/nurse					
Subsidised regular medical check-ups					
Company funded Gym membership					
Employee Assistance Programme (EAP)					
Weight/Diet Counselling/Advice					
Smoke-enders programme					
Training on health issues					
Circulate booklets on health issues					
Rehabilitation for substance abuse					
Stress Management Programme					
Other, please specify....					

2. Which one of these programmes do you regard as the most successful? _____

Why do you say so? _____

3. Which one of these programmes do you regard as the least successful? _____

Why do you say so? _____

4. Most Successful Wellness Programme

a. Describe the programme, in brief. _____

b. Why was it implemented? (MORE THAN ONE BLOCK CAN BE TICKED)



- i. To reduce absenteeism ☐
- ii. To improve performance ☐
- iii. To reduce medical aid claims ☐
- iv. To reduce healthcare costs ☐
- v. Corporate Social Responsibility ☐
- vi. Other _____

Questionnaire

THE PURPOSE OF THIS QUESTIONNAIRE

This questionnaire forms the basis of research for a Human Resource Masters Degree It seeks to explore the nature and success of various wellness programmes in place in organisations identified as being "leaders in the wellness field". It also seeks to explore the perceived effectiveness of these wellness programmes in reducing organisational costs - not only in terms of healthcare-associated costs, but also in terms of secondary costs - absenteeism, poor motivation and performance.

Definition of a Wellness Programme

For the purpose of this questionnaire, the definition of 'Wellness Programme" will be:
"any activity undertaken by an organisation (insurer/employer) to reduce the need for psychological and physical health care."

BIOGRAPHICAL DETAILS

Company name _____

City/Town where Organisation is located _____

Respondent's Name _____

Respondent's Designation _____

Respondent's Areas of Responsibility _____

_____

_____

_____

PLEASE MARK THE APPROPRIATE BOXES WITH A ☒

Type of Industry

- ☐ Financial Services
- ☐ Hotel / Leisure / Service
- ☐ Manufacturing
- ☐ Mining
- ☐ Retail
- ☐ Other, please specify



_____

_____

_____

Total Number of Staff

- ☐ 100 - 250
- ☐ 251 - 500
- ☐ 501 - 750
- ☐ 751 - 1000
- ☐ 1001+



October 1994

Dear Respondent

The Contribution of Wellness Programmes to Organisational Cost Savings

I am currently conducting research on perceptions of the present and future impact of wellness programmes on absenteeism, performance, medical aid claims and medical care costs, as part of the requirements for the Master of Management degree.

The study is of an exploratory nature. A combination of the rapidly increasing cost of medical services, the high medical aid rate of inflation and the increasing number of claims for curative purposes, has rendered the medical aid industry in severe crisis. Organisational health costs have been escalating rapidly, exacerbated by socio-political violence and stress. For these reasons, perceptions of an alternative, proactive and pre-emptive perspective on healthcare cost containment, is being researched.

To make this research possible, I would greatly appreciate it if you would complete the attached questionnaire.

It would be most appreciated if you would complete the questionnaire by 30 October. Once completed, please return the questionnaire to me by fax on (011) 498-2447. Alternatively, please telephone me on (011) 498-2429, so that I may arrange for its collection. Responses will be handled with strict confidentiality: while the organisations approached for questionnaire completion will be listed, individual responses will not be attributed to specific individuals or organisations.

Should you wish to receive an executive summary of the findings, please complete the appropriate section on the last page of the questionnaire.

If you wish to clarify any matter concerning the research or the questionnaire, please contact the writer at work on (011) 498-2429, or at home on (011) 803-9384.

Your time and assistance is greatly appreciated.

Yours sincerely

A.K.Blake

Alison Blake

This serves to confirm that Alison Blake is a registered Master of Management Student at the Wits Business School and that the aforementioned research project is being conducted as a requirement towards her degree. Your co-operation in completing and returning the attached questionnaire will be appreciated.

M Bendixen

DR M T BENDIXEN
Research Co-ordinator
Wits Business School

Appendix 3

Questionnaire and Covering Letter

Author: Blake A.S
Name of thesis: Corporate wellness programmes and organisational cost savings

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