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PERCEPTIONS OF HEALTH AND WELLNESS PROGRAMME COORDINATORS ON THE IMPLEMENTATION OF THE PROGRAMME IN GAUTENG GOVERNMENT DEPARTMENTS BETWEEN 2012 AND 2014

A report on a research study presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements

for the degree Master of Arts in Social Work by coursework and research report in Occupational Social Work

by

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August 2017

DECLARATION

I, Margaret Mashiane, declare that this research report is my own independent work. Submitted in partial fulfilment of the requirements of the degree Master of Arts in Social Work by course work and research report in Occupational Social Work at the University of the Witwatersrand, Johannesburg.

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Margaret Mashiane

August 2017

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ABSTRACT

In 2004 the Gauteng Provincial Government (GPG) introduced a health and wellness Programme to manage human risks that negatively influence work performance and the wellness of employees. A qualitative research study was conducted using phenomenology design to explore in-depth experiences of 13 EHWP Coordinators on the implementation of wellness management as one of the four pillars of the Department of Public Service and Administration (DPSA) integrated Employee Health and Wellness Strategic Framework (EHWSF), (2008). The EHWSF was created to rapidly transform the nature of holistic support to employees so as to mitigate individual and organisational risks within the public sector. The method of data collection utilised was face to face interviews, with the use of a semi-structured interview schedule as a tool to gather data. Purposive sampling was utilised and the sample selected from a population of twenty nine (29) GPG EHWP Coordinators based on an inclusion criteria. The collected data was analysed utilising thematic analysis to identify themes and patterns in the data, to contextualise and describe the findings. The main findings were the inconsistent understanding in terms of the implementation of the DPSA EHWSF wellness management among participants, which suggest that the programme is not fully implemented in GPG. The lack of capacity, dedicated budge, inconsistent structure and positioning of the programme as well as management support were some of the deterrents in implementing the full scope of the wellness management pillar. Although DPSA EHWSF promotes the integration of four pillars, the study found gaps with the practical implementation of the framework in particular the wellness management pillar which was the focus of the study, there was less emphasis on organisational wellness. The study concludes that the findings will contribute towards review of policy, framework and programme development.

Key words: Employee Health and Wellness, Department of Public Service and Administration Employee Health and Wellness Strategic Framework, Thematic Analysis, Wellness Management Pillar

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ACRONYMS

COGTA	Department of Cooperative Governance and Traditional Affairs
DDG	Deputy Director General
DPSA	Department of Public Service and Administration
EAP	Employee Assistance Programme
EHWP	Employee Health and Wellness Programme
EHWSF	Employee Health and Wellness Strategic Framework
EMT	Executive Management Team
EXCO	Executive Committee
GDF	Gauteng Department of Finance (former e-Government)
GDP	Gross Domestic Product
GPG	Gauteng Provincial Government
HOD	Head of Department
HR	Human Resource
HRA	Human Resource Administration
HRM	Health Risk Manager
HSRC	Human Sciences Research Council
MPAT	Management Performance Assessment Tool
OHS	Occupational Health and Safety
OD	Organisational Development
PILIR	Policy Incapacity Leave and Ill Health Retirement
PIS	Participation Information Sheet
PSC	Public Service Commission
SHERQ	Safety, Health, Environment, Risk and Quality
SMT	Systems Monitoring Tool
SOLVE	Stress, Tobacco, Alcohol, HIV&AIDS, Violence, Nutrition, Physical Activity, Healthy Sleep and Economic Stress

WHO	World Health Organisation

CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

Gauteng is the economic hub of South Africa, contributing 39% to the Gross Domestic Product (GDP) of the country as noted in Gauteng Provincial Government (GPG) Medium Term Policy Statement Report (2013). GPG is the largest employer in the province with approximately one hundred and fifty thousand (150 000) employees who are expected to deliver on the political mandate and ensure effective service delivery to the Gauteng citizens, GPG (Management Information Support Services, 2016). It is thus incumbent upon the state to invest in a programme that will manage the health and wellness of employees, to comply with legislative requirements for the employer to provide a health and safe working environment and to actualise the National Development Plan vision (2030) emphasis on building a capable state. The Programme has evolved over the years with a shift from a fragmented reactive Employee Assistance Programme (EAP) to a comprehensive proactive Employee Health and Wellness Programme (EHWP) in line with the Department of Public Service and Administration's (DPSA) EHWSF circular of 2009.

The objective of the framework is to enable the development of approaches and interventions by government departments for the execution of the four pillars, namely: HIV and AIDS and Tuberculosis (TB) management; health and productivity management; safety, health, risk and quality management; as well as wellness management in the public sector (DPSA EHWSF, 2008). The study undertaken focused on the implementation of the Wellness Management pillar. This pillar "is represented by an individual and organisational wellness, wherein individual wellness is the promotion of the physical, social, emotional, occupational, spiritual, and intellectual wellness of individuals, and organisational wellness is attained by creating a climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risks" (DPSA EHWSF 2008, p. 31).

The DPSA EHWSF was formulated following robust research, consultation and benchmarking with international and local legislative prescripts, scholarly institutions and many other stakeholders in the wellness field. Internationally, the well-being of employees

have been the subject of various scholars, examining the possible integration of Employee Assistance Programme with other services, and wellness was found to be one of the players of the integration movement Mulvihill (2003), Steinman (2009), Dickman & Challenger (2003). Today wellness programmes are aligned to the World Health Organisation Global Plan of Action for Workers Health 2008-17 (as cited in DPSA EHWSF, 2008). Internationally wellness programmes go beyond psychosocial services and include comprehensive health management services, fitness centres, health screenings, health risk appraisals, educational activities, behaviour change programs, and high-risk interventions. These services are aimed at assisting organisations with improving employee productivity, curtailing health care costs, and integrating other key employee benefit programs and initiatives, Mulvihill (2003).

1.2 STATEMENT OF THE PROBLEM

In 2011, GPG completed a DPSA inventory aimed at determining the readiness of departments to implement the integrated EHWSF. The inventory was however only focused on the implementation of the HIV and AIDS and TB management and not the other three pillars of the integrated EHWSF. Although the inventory only focused on HIV and AIDS and TB management, the results thereof still reflected gaps in the practices of GPG EHWP and non-compliance with the 2009 circular introduced by DPSA on the integrated framework. Some of the areas of non-compliance included: development and review of departmental EHWP policies; standard operating procedures; implementation and operation of EHWP management with regard to capabilities and support mechanisms necessary to achieve EHWP management policies and objectives and targets (DPSA Systems Readiness Monitoring Tool report, 2012). While previous inventory focused on HIV & AIDS and TB management, this study aimed to gain a greater understanding and perceptions of EHWP Coordinators on the practices and implementation of wellness management in GPG.

1.3 JUSTIFICATION FOR THE STUDY

The motivation to conduct the study was prompted firstly by the fact that, the DPSA EHWSF is fairly new and since its launch in 2008, no scientific research has been conducted to determine suitability of the wellness pillar implementation in GPG. Secondly, the study

conducted by Harrison (2009) which compared the DPSA EHWSF (2008) and the White Paper for Social Welfare (1997) found a disjuncture between the two approaches and the practical implementation. Both approaches have adopted a developmental paradigm, however Harrison's study "highlights that in practice this developmental paradigm is frequently not reflected where employee health and wellness is often used interchangeably with 'employee assistance'. There is an emphasis on 'sick', troubled or 'underperforming' employees who need intervention, but little emphasis on the development of human capital, and even less emphasis on the concurrent development of social capital in the workplace" (Harrison, 2009, p. 371). Thirdly, the researcher is employed by a department responsible for supporting EHWP in the province, and has a collegial interest in understanding the views of the EHWP Coordinators regarding how the programme is implemented. It is therefore envisaged that the study will contribute to the body of knowledge within the EHWP field in GPG as well as inform further policy review and programme development in the Public Service.

1.4 SIGNIFICANCE OF THE STUDY TO THE DISCIPLINE OF SOCIAL WORK

The study is significant to social work in that the DPSA EHWSF (2008) integrated approach on employee and organisational wellness, is similar to the principles that underpin the discipline of Occupational Social Work, wherein the challenges experienced by the employee are viewed holistically in relation to the environment, the workplace setting as well as the surrounding community (Van Breda & Du Plessis, 2009). The study will further determine whether the programme implemented by GPG departments aspires towards a holistic approach that promotes individual and organisational wellness as commissioned by the DPSA circular of. 2009.

1.5 RESEARCH QUESTION

Research is always prompted by a question or hypothesis of some sort to try and predict the answer to the research problem being explored (Terre Blanche, Durrheim & Painter, 2006).

The research question that this study attempted to answer is:

What are the perceptions of the EHWP coordinators regarding the implémentation of the wellness management pillar in GPG departments?

1.5.1 Sub-questions

- How is the DPSA EHWSF perceived by the coordinators?
- What are the factors that promote active implementation of the DPSA EHWSF Wellness Management pillar?
- What are the factors that hinder active implementation of the DPSA EHWSF Wellness Management pillar?
- How is the EHWP programme monitored and reported?
- What are the perceptions of the coordinators regarding the role of managers in implementing the programme?

1.6 OVERALL OBJECTIVE OF THE STUDY

To explore the perceptions of the GPG EHWP Coordinators on the implementation of the Wellness Management Pillar in GPG departments.

1.6.1 Secondary Objectives

- To describe the views of the Coordinators about the DPSA EHWSF wellness management pillar and its suitability for implementation in GPG
- To explore factors that promote the implementation of the DPSA EHWSF wellness management pillar
- To explore factors that hinder the implementation of the DPSA EHWSF wellness management pillar
- To determine positioning of the wellness management programme and support structure in departments
- To determine monitoring and evaluation processes of the wellness management programme

The following key concepts in this document are defined here:

Department of Public Service and Administration Employee Health and Wellness Strategic Framework - was developed "to ensure the management of comprehensive health and wellness programmes and services in public service organizations", DPSA EHWSF mission (2008).

Thematic analysis – "is a general approach to analysing qualitative data that involves identifying themes or patterns in the data. In some qualitative studies, the purpose is to generate theory or models", Wagner, C., Kawulich, B., & Garner, M. (2012, p. 231).

Wellness Management Pillar - Wellness "is regarded as the optimal state of the health of individuals and groups of individuals with two main focal points of concerns, namely: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings", World Economic Forum (as cited in DPSA Wellness Policy, 2013)

1.7 OUTLINE OF CHAPTERS

Chapter one: Introduction: This chapter provides an overview of the study, delineates the aims and objectives, the justification for the study and its significance. The succeeding chapters will cover the following areas:

Chapter Two: Literature Review: This chapter deals with the body of literature and studies related to the study and seeks to establish what are the current practices in similar settings internationally, nationally and provincially

Chapter Three: Methodology: This chapter includes the research methodology, methods and research instruments utilised are outlined.

Chapter Four: Presentation and Discussion of the Findings: In this chapter the findings of the study are analysed and discussed in accordance with the literature reviewed in an endeavour to address the aims and objectives of the study.

Chapter Five: Main Findings, Conclusion and Recommendations: In this chapter the conclusion is drawn against the aims and objectives of the study, recommendations are made with regards to future studies within the employee wellness sphere.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses the concept of Employee Health and Wellness Programme (EHWP) as outlined in the DPSA Strategic Framework and how it is implemented in GPG departments. The second section highlights the study conducted by Harrison (2009) which found a disjuncture between an idealistic paradigm for employee health and wellness on the one hand and the actual implementation of employee health and wellness practice on the other in the South African context. The third section of this chapter discusses the origins of Employee Assistance Programmes (EAP) both internationally and in South Africa and the latter section focuses on the emergence of EHWP in the public sector and its implementation in the (GPG). Lastly, this chapter discusses the systems theoretical framework that underpins the study.

EHWP have emerged as a consideration in many organisations due to "increasing recognition that the health, safety and wellness of employees directly affect the productivity of the entire organisation" (DPSA EHWSF, 2008, p. 31). Prior to discussions on the EHWP literature review, it is critical for the researcher to highlight that this proposed research builds on the study conducted by Harrison (2009), who assessed and compared the current employee health and wellness practice against the two policy frameworks which are, the draft DPSA EHWSF (2008) and the White Paper on Social Welfare, RSA (1997) policy frameworks that guide the implementation of employee health and wellness in the South African context. Harrison's study highlights the disjuncture between an ideal paradigm of employee health and wellness on the one hand and the actual employee health and wellness practice on the other in the South African context.

2.2 HISTORY OF EAP INTERNATIONALLY

The origins of Employee Assistance Programmes (EAP) can be traced back to the United States of America in the 1940s, as an Occupational Alcohol Programme providing assistance to employees that had alcohol related challenges (Du Plessis, 1990; Terblanche, 2006). In Australia the first EAP was established in 1977 and was funded by the government. As with the USA, it was also designed to target alcohol and drug abuse (Kirk & Brown, 2003).

EAP is defined by the Employee Assistance Professional Association (2010, p. 3) as a "worksite–based Programme designed to assist: firstly, work organisations in addressing productivity issues, secondly 'employee clients' in identifying and resolving personal concerns, including but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal issues that may affect job performance". This definition is narrow and places greater emphasis on interventions targeted at the employee rather than the organisation.

In the 1970s the programme expanded as employees presented with other challenges beyond alcohol and drug abuse, such as declining work performance, and absenteeism. The stigma attached to OAP also contributed to the expansion of the service offering. A "broad brush" approach which legitimized attention to the full range of personal problems was introduced, giving rise to the concept of "troubled employee" suggesting that it is the employee that has a problem, neglecting the role of the environment (Du Plessis, 1990, p. 210). Although there seems to be consensus among several older literature reviews that "absenteeism is the productivity outcome most consistently related to overall alcohol use" (Martin, Kraft & Roman, Normand, et al. and Zwerling as cited in Frone, 2013, p. 117), more recent literature reviews show more inconsistent relations between overall alcohol involvement and absenteeism (Ames, et al.; Blum, Roman & Martin, Boles, Pelletier & Lynch et al. as cited in Frone, 2013). Determining the cause and effect of the two is "much more complex and may depend on a number of factors, such as consumption patterns (frequency and quantity of use), contexts (e.g. outside the workplace and work and work hours or during the workday), and experience (e.g. tolerance related to the use of psychoactive substances, as well as personal and organisational characteristics" (Frone, 2013, p. 131).

Hence the traditionally narrowly focused EAP models that have centered interventions around the individual and ignored the organisational influence have been the source of the most vehement criticisms of EAPs (Kirk & Brown, 2003) and this has necessitated a more comprehensive approach to a health and well-being programme (Henke, Goetzel, McHugh & Isaac, 2011).

EAPs have grown rapidly in the "United Kingdom and the United States where at least 92% of Fortune 500 companies now provide EAPs" (Sciegaj as cited in Kirk & Brown, 2003, p. 138). Although the concept of top 500 companies does exist in South Africa, research shows that less than half of South Africa's top 100 companies have such programmes in place

(Naidoo and Jano as cited in Sieberhagen, 2008). Furthermore, within the South African public sector, the concept of top performing national or provincial departments is yet to be determined in terms of the association with effective EAPs.

In the 1970's, other scholars examined the possibility of integrating other services to the reactive and narrow focus of EAP. Mulvihill (2003), indicated that "just as early EAPs focused on occupational alcoholism, wellness programs began in the 1970s as worksite-based programs essentially focused upon fitness centres and other activities". Mulvihill (2003), further argues that the body of exercise science literature grew around this time to include corporate fitness facilities which may now include occupational and physical therapy and other rehabilitative and alternative services that are often only confined to companies such as Fortune 500 who from a financial perspective are in a position to secure funding to procure the top state of the art fitness facilities for their employees. Nonetheless a study by Bhagat, Steverson and Segovis (2007) indicate that EAPs are beginning to grow in countries that are undergoing rapid globalisation such as China, India, Southeast Asia, Brazil, Argentina, Mexico and Chile. The study further highlights the cultural dissimilarities between most of these countries and the western world, which have called for a need to redesign EAPs to acknowledge the cross-cultural issues across the globe (Bhagat et al., 2007)

Although the process of redesigning EAPs in non-Western culture seems slow, EAP scope has broadened to encompass a wider range of services such as individual counselling, stress management, critical incident stress debriefing, wellness programmes, mediation, change management and managerial coaching (Kirk & Brown, 2003). As the programme evolved, there were also eminent challenges around the lack of a universal definition for wellness as literature uses terms "wellness" and "well-being" interchangeably (Sieberhagen, Pienaar, & Els, 2011). Despite the lack of universal definition, the position held by most literature is that there are benefits for companies who invest in EHWPs. A possible return on investment for employers might include lower absenteeism, increased productivity, healthier employees, fewer accidents and lower staff turnover (Dhanesar and Hales as cited in Sieberhagen, et al., 2011).

A review by Giga, Cooper and Faragher (2003) of over 74 international studies on stress management intervention revealed that 70% of studies tackled work-related stress by developing intervention strategies aimed at the employee, while 55% studies displayed

programme elements concerned with interventions at the individual and organisational level; and only 40% studies had an approach aimed exclusively at the organisation. The literature highlights stress management programmes aimed at developing workers' coping skills is unlikely to maintain employee health and well-being in the long-term, without procedures in place within organisations for reducing or preventing environmental stressors (Cooper et al. as cited in Giga, Cooper & Faragher, 2003). This conventional approach has been reactive and biased portraying an impression that the problem lies solely with the individual employee.

The Johnson & Johnson study on EHWP conducted by Henke, Goetzel, McHugh & Isaac (2011) on the other hand evaluated a programme that supports a healthy lifestyle called 'Live for Life' which has been in existence for over three decades. Some of the benefits reported by the study for the individual and the organisation were a meaningful reduction in rates of obesity, high blood pressure, high cholesterol, tobacco use, physical inactivity, and poor nutrition. On average the savings translated to per employee savings of $565 dollars in 2009, producing return on investment equal to a range of $1.88 – $3.92 dollars saved for every dollar spent on the programme. The Johnson and Johnson study may be criticised for focusing more on the return on investment for the company over the "theoretical assumptions that underpin EAPs, grounded in the humanistic paradigm of the Western organisational behaviour that organisations have a moral responsibility to come to the aid of an individual employee when experiencing difficult times" (Bhagat et al. 2007, p. 224). Mulvihill (2003) further explains that, another major development occurred when Erfurt and Foote (1983) began conducting cardiovascular-oriented blood pressure screenings in the auto industry. They were also among the first to coordinate wellness programmes and EAPs to illustrate the potential to save on health care costs, especially when effective follow-up programs are put in place.

2.3 HISTORY OF EAP IN SOUTH AFRICA

According to Terblanche (as cited in Sieberhagen, et al. 2008), EAP in South Africa started to emerge in the 1980s. They were initiated by the Chamber of Mines of South Africa after carrying out a feasibility study in the mining industry. Pillay (2007, p. 38) notes that "this study represented a milestone in the development of EAPs with the first two of seven counselling services introduced in 1986 by the Chamber of Mines in the two main mining

areas in the country". Challenges experienced by employees at the time were also exacerbated by the undesirable working conditions under the oppressive policies of the apartheid regime, which may have contributed to alcohol, drug problems and mental illness challenges.

Although a social worker was appointed to assist the mine to handle the challenges (Terblanche, as cited in Pillay, 2007), the integrity of the programme is questionable given the inequalities in terms of distribution of services along race and gender at the time. The programme may have been utilised as a mechanism to further victimise or stigmatise identified 'troubled employees', the majority of whom would have been the previously disadvantaged working class in South Africa. While in the USA and other European countries, the use of EAPs did not come naturally due to its association with alcohol, the dynamics on the use of EAPs in the South African context were further compounded by a complex system that unjustly segregated employees on the basis of race and gender. Despite these challenges, EAPs have grown significantly in South Africa. A study conducted by Terblanche, as cited in du Plessis (2009) recorded 64 companies that provide EAP services, although the programme structures, content and staffing varied enormously.

2.4 MOTIVATION FOR EAP IN THE SOUTH AFRICAN PUBLIC SERVICE

Historically Employee Assistance Programmes (EAPs) have been operating as a function within Human Resource Management in the public service (Public Service Commission Report, 2006). The rapid political changes within the South African context, the world of work and the plague of HIV and AIDS in the country, necessitated that the Public Service Commission (PSC) ensure optimal functioning of EAPs in the public service. In 2008 an estimated 5.3 million South Africans were living with HIV, with a prevalence rate of 10.6%. This figure increased to 12.2% with 6.4 million South African living with HIV in 2012 according to the Human Sciences Research Council's (HSRC) National HIV Prevalence, Incidence and Behaviour Survey (2012). What is concerning is that of the national prevalence in 2012, the economically active age group 15 – 49 years had a 18.8% prevalence rate - an increase from the 16.2% rate of the same age group in 2008, with the 50 years and above age group estimated at 7.6% prevalence rate in 2012. This is an often neglected group however also still economically active.

Furthermore the political commitment to the health and wellness of the nation is enshrined at the highest level of legislation in the country. The South African Constitution, Act 108 of 1996, states that "everyone has a right to an environment that is not harmful to their health or well-being, the right to have access to health care services, including reproductive health care" (as cited in the DPSA EHWSF 2008, p. 13).

As the scope of EAPs evolved globally, the public service had to adapt to meet the dynamic and complex needs of employees within the changing environment. Following extensive investigation into international and local best practices and consultation with internal stakeholders, the DPSA developed an EHWSF that was informed by a clear need for a common approach, understanding and uniformity of programme implementation within the public service (DPSA EHWSF 2008). Some of the international and South African legislation that underpin the strategy include, the World Health Organisation (WHO) Global Plan of Action on Workers Health 2008 – 17, the International Labour Organisation's (ILO) Decent Work Agenda in Africa 2007 – 15 (DPSA EHWSF, 2008). The "WHO defines EHW as the promotion and maintenance of the highest degree of physical, mental, spiritual and social well-being in all occupations; the prevention of illnesses caused by working conditions; the protection of employees from risks in their work environment; the placement of employees in an occupational environment adapted to optimal physiological and psychological capabilities". (WHO as cited in Mogotsi, 2011, p. 1).

A programme that encapsulates a holistic approach to wellness, as in the WHO definition, would be valuable for government. Practical implementation of the wellness programme will require that human resource policies acknowledge such a wellness programme as a strategic partner, advocate for funding and establish an employee wellness centre that will provide seamless integrated health and wellness for employees and the organisation.

Some of the challenges that hinder optimal implementation of the EHWP, as highlighted by Rakepa & Uys (2013) include: limited capacity, budget constraints, lack of commitment among senior managers, a reactive approach resulting in no proactive management of the workplace problems and limited scope. It is against these arguments that the study seeks to determine whether there is any disjuncture between framework guidelines and the practical implementation of the wellness management pillar in GPG departments.

2.4.1 GPG Programme

In GPG, the Programme started in 1999 as an EAP. A study conducted by Pillay (2007, p. 40) found EAPs to be "fragmented and not implemented consistently in terms of structure, positioning, job descriptions, and level of support provided for the programme in respective provincial departments". Furthermore, each department provided its own EAP activities with differing levels of offerings. Pillay (2007) further argues that the Programme would be beneficial to GPG if only there was synergy and uniform implementation.

A decision to implement a seamless EWP in GPG was contained in the Human Resource White Paper, following research into the status of EAP in the province. In 2004 the Office of the Premier mandated the central coordination of the programme within the then Transversal Gauteng Shared Service Centre through a combination model. The model includes departmental EAP/EHWP Coordinators responsible for first line counselling and referral to the outsourced service provider for further assessment and management.

The Programme in GPG evolved over the years from reactive EAP services to a more inclusive and holistic programme in compliance with a DPSA circular issued in 2009 for all national and provincial departments to implement an integrated and comprehensive EHWSF. The DPSA further developed generic tools such as policies, guidelines and operational plan templates to guide departments with the implementation of the framework. Furthermore the outsourced services are in the second year of implementation; this provides GPG with an opportune time to explore the views of the EHWP Coordinators regarding the implementation of the outsourced services.

2.4.1.1 Wellness Management Pillar

The development of a Wellness Management pillar is a radical departure from the EAP that was limited in scope, practice and was reactive and lacked a preventative approach (DPSA EHWSF, 2008). Risk trends analysis, based on various sources of health information and medical aid schemes, confirmed trends of psycho-social problems, hostile working environments within the public sector and hence the need for a strategy that promoted individual and organisational wellness (DPSA EHWSF, 2008).

The wellness management pillar consists of four functions which are individual wellness, which is divided into two: Physical wellness (Awareness and education on medical checkup, promote good nutrition, health diet weight control, promote exercise, recreation, meditation

and relaxation, managing lifestyle diseases and health risk), Psycho-social (social, emotional, spiritual, intellectual and economic wellness); Organisational wellness (Organisational development and support, absenteeism interventions, Productivity management interventions, Training and skills development; and Work Life Balance (Home and community responsibilities, child care and family support, management, retirement and elder care management, wellness management flexibility policy), (DPSA EHWSF 2008). Currently the GPG EHWP offers the following services: counselling for psycho-social related challenges, physical wellness, spiritual services, critical incident debriefing sessions, financial wellness, HIV and AIDS and TB management services, pre-retirement workshops, relationships and resilience training, re-integration, stress management, team interventions, EHW related training interventions for GPG managers and employees, health screening and behavioural risk management (GPG EHWP Risk Trends Annual Report, 2013). The researcher is of the view that currently most of the services implemented in GPG are more focused on the individual wellness rather than organisational wellness.

Since the DPSA EHWSF wellness management pillar advises on a developmental approach that fosters individual and organisational wellness to ensure a productive and efficient public service, an imminent question that one might ask is, does this translate into a productive public service? The GPG employee risk trend profile presented with financial over-indebtedness, relationship issues, stress and depression as well as muscular skeletal problems which manifest in high absenteeism as a result of the unplanned sick leave - an equivalent of reduced productivity (GPG EHWP Risk Trends Annual Report, 2013).

Recent studies show that “presenteeism seems to be prevalent and costly for organisations now more than absenteeism” (Gosselin, Lemyre & Corneil, 2013, p. 75). While previously the assumption was that work attendance equated to performance, it now appears that health-related loss of productivity can be traced equally to workers showing up at work as well as to workers choosing not to. The findings are forcing organizations to reconsider their approaches regarding regular work attendance and productivity levels (Gosselin, et al. 2013).

The DPSA EHWSF (2008) provides guidelines to identify and manage individual and organisational risks that may pose a threat to productivity and service delivery. The Systems Monitoring Tool (SMT) provides guidelines to enable departmental EHWP officials to conduct a self-assessment of their readiness to implement the EHWSF and policies of the

DPSA. The SMT measures the following readiness areas for the implementation of the wellness management Programme within the framework (DPSA EHW SMT, 2012):

- Commitment to EHW management policies
- Planning of the EHW management system
- Implementation and operation of the EHW management system
- EHW management system evaluation, corrective and preventive action
- EHW Management review

The study explored the perceptions of coordinators in terms of how the wellness management pillar is implemented as per the guidelines of the SMT document.



Diagram 1: DPSA EHWSF Pillars (2008)

The wellness management pillar is as important as the other pillars in terms of creating awareness to facilitate personal change and health management for the individual and the organisation in an endeavour to promote a healthy and supportive workplace. Furthermore wellness management contributes to the bottom-line of the organisation, because it helps to link productivity directly to the health issues by emphasizing prevention (Sieberhagen, 2008). Furthermore the SOLVE (2012) were identified as guidelines to address the objectives of the wellness management pillar in the public sector. The guidelines acknowledge that a stressful work environment can contribute to a range of psychosocial challenges for employees wherein employees can start using substances (drugs and alcohol) in a bid to cope with the stressors of the job. These coupled with sedentary lifestyles can negatively impact eating and sleep patterns, and cause problems such as obesity and high cholesterol levels. The SOLVE

guidelines (2012) includes a policy that comprises action oriented educational tools to address stress, drugs and alcohol, violence, HIV&AIDS, tobacco, nutrition, physical activity, healthy sleep and economic stress. The model recognises the interdependent relationships between psychosocial factors and other health-related behaviours and their underlying causes in the workplace and proposes that they be managed in an integrated manner to realise effective results for the employees and the organisation.

2.5 THEORETICAL FRAMEWORK

Ecological systems theoretical framework was instrumental in assisting the researcher to understand the implementation of the DPSA EHWSF 2008 within the workplace. According to Howe (2009), ecosystems theory is based on the premise that people are interconnected and interrelated in the world in which they live. Due to this interaction with the environment, people will also change in response to shifts in the economy, the political landscape, technology and so on, hence some of the underpinnings of systems theory involve the transactions between the individual and their social environment, (Bertalanffy as cited in Healy, 2005, p. 134).

A systems approach identifies the individual parts or elements of a system and then seeks to understand the nature of their collective action or reciprocal relationship (WorldsView Consulting, as cited in Dugmore, 2013). The whole is considered to be more than the sum of the system's parts. In other words, systems theory considers that a separate assessment of the individual and a separate assessment of the environment are inadequate to address individual and societal problems and issues (Compton, Galloway & Cournoyer, 2005). Dugmore (2013) further argues that the theory holds that individuals and companies cannot be understood apart from the context in which they exist because of the reciprocal relationship between the various elements of a system.

The ecosystems theoretical framework was useful to also understand the concept of a 'poor fit' between employees, employers, workplaces and communities which is often characterised by some form of conflict with each other, hence repairing the conceptually fractured relationship between person and environment is one of the key proponents of ecosystems theory (Germain and Gitterman as cited in Healy 2005). Some of the sources of the high absenteeism and stress trends in GPG are related to organisational issues such as restructuring, work morale, and people management issues (GPG EHW Annual Report,

2013). It is thus necessary to examine a holistic approach that will focus not only on the employee as the source of the problems, but rather the interaction between the employee and the workplace environment. Systems theories have however been criticised for their assumption that everything fits into a social order, an essential social structure that establishes accepted relationships between people, groups and organisations in society, (Payne, 2014). Scholars continue to discover new meaning in the world and there remain on-going revelations about the nature and order of human behaviour.

Occupational social work orientation and value base is grounded in systems theoretical framework, the professional services of occupational social work take place in the context of a work environment; the rationale for providing occupational social work services in the workplace is based on the premise that work plays a central role in people's lives over and above shelter and other basic needs, work transcends family, social, community and workplace relationships Mo–Barak et.al (as cited in Dugmore 2013). Occupational social work is defined as "A field of practice in which social workers attend to the human and social needs of the work community by designing interventions to ensure healthier individuals and work environment" Googins & Godfrey, 1987, p. 5). The concept of the "work community" that holistically focuses on who the client is, shares a common conceptualization as the comprehensive and integrated DPSA EHWSF (2008) that commissions the public sector to implement interventions that transcends beyond the individual to the organisation in the workplace. The framework's principles are also in line with Kruger and Van Breda's (as cited in Van Breda & Du Plessis 2009, p. 322) Occupational Social Work Practice Model (OSWPM), which utilizes the Binocular vision as a metaphor for the social work principle of person-in -environment committed to the interface between people and their environments. The Binocular vision approach emphasizes that there is an interaction between the employee and the environment and therefore employees' challenges should be reviewed holistically, applying the Binocular Vision which is the ability to have a 'telescopic' and a 'microscopic' view of a situation at the same time. This approach argues that the microscopic lens of the binocular is focused on issues close up related to everyday struggles of individuals and families or matters related to workplace stressors and conflicts. The telescopic lens on the other hand enables the Social Worker to see the broader picture, a view on policies, decision making processes with trade unions and management on how to combat workplace challenges in the public sector. The occupational social work practice model is therefore grounded within these two principles Kruger and Van Breda (as cited in Van Breda & Du

Plessis, 2009, p. 323). Furthermore the OSWPM clarifies the notion of the four "positions" in which the emphasis of the binocular vision ensures that occupational social workers remain at the centre of the organisation with the ability to provide integrated and comprehensive interventions that are responding to the needs of the context both of the employees and management without over identify with either parties in the workplace.

2.6 CONCLUSION

The literature review focused on the history and evolution of EAP to wellness programmes both in the international and South Africa context. This was followed by the motivation to implement EAP in the public sector and how the programme has evolved from a fragmented and reactive service to an integrated EHWP commissioned by the DPSA EHWSF for implementation in National and Provincial government departments. An outline of the GPG programme describing the wellness management pillar which was the focus of the study was highlighted. The literature concluded by highlighting the Systems theoretical framework which underpins the study. The following chapter of the research report outlines the research approach and methodology.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 INTRODUCTION

This section outlines the approach and methodology utilised to investigate the research problem. According to Wagner, Kawulich & Garner (2012, p.52) "Methodology is where assumptions about the nature of reality, knowledge, values, theory and practice on a given topic come together". It defines the order and the nature of planned activities to carry out the research effectively. In this chapter, the following are discussed: scope and setting, research approach and design as well as the method used to collect and analyse data.

3.2 RESEARCH APPROACH

In 2012, Wagner et al. (p.126) delineated qualitative approach as "concerned with understanding the processes and the social and cultural contexts which shape various behavioural patterns". Hence the qualitative research approach was utilised in the study to gain insight into the experiences of the GPG EHWP coordinators of the employee wellness programme, as the implementers of the programme.

Furthermore, qualitative research provided an in-depth understanding and contextualisation of the EHWP coordinators views about the Programme in GPG. The approach allowed the researcher to gather data from multiple sources such as interviews and documents. Disadvantages of the approach were that, firstly, participants would have provided socially desirable responses that they thought the researcher wanted to hear, secondly, data collection was costly and time consuming and there was a risk of results being influenced by researcher bias (Creswell, 2014).

3.3 RESEARCH DESIGN

Phenomenology study was more suitable as a design in which the researcher explored and described the experiences of the GPG EHWP Coordinators from their perspective, on the implementation of the wellness management pillar in the province. The design simply

describes and doesn't attempt to explain a person's experience (Wagner, Kawulich & Garner 2012).

3.4 SCOPE OF THE STUDY

The study was conducted in GPG, which is comprised of fourteen departments with the largest, Department of Education, with approximately 105 000 employees and the smallest, Department of Economic Development, with approximately 400 employees.

The following departments participated in the study:

1. Gauteng Department of Education
2. Gauteng Department of Infrastructure and Development
3. Gauteng Department of Roads and Transport
4. Gauteng Department of Community Safety
5. Gauteng Department of Economic Development
6. Gauteng Department of Agriculture and Rural Development
7. Gauteng Department of Human Settlements
8. Gauteng Department of Co-operative Governance and Traditional Affairs
9. Gauteng Department of Office of the Premier
10. Gauteng Department of Social Development
11. Gauteng Department of e-Government
12. Gauteng Provincial Treasury

3.4.1 Population, Sample and Sampling procedures

Terre Blanche, Durrheim, and Painter (2006) explain that population refers to the larger pool from which sampling is drawn. Purposive sampling was utilised and a sample drawn from a population of 29 EHWP coordinators based on an inclusion criteria as follows:

- Participants to have a minimum of 3-5 years' experience in the wellness field
- Coordinators of departments that are participating in the transversal EHWP contract, with an outsourced service provider
- Coordinators employed in a department that has an approved SMT for 2012, 2013 and 2014 financial years

The coordinators were recruited in an informal discussion using the Participation Information Sheet (PIS), contained in Appendix B, to clarify the purpose of the study and researcher's position. A pre-screening process based on the above inclusion criteria was utilised to determine the sample number, the researcher anticipated that at least 13 coordinators, one from each department who met all three inclusion criteria would participate so as to have 13 participants in order to enhance the representativeness of the study within GPG. Although there are 14 GPG departments, the Department of Health was excluded from the study as it did not meet inclusion criteria 3 above; the department had a separate outsourced service provider for EHWP (de Vos, Strydom, Fouché & Delport, 2005).

In an effort to manage issues of bias and the role of power in influencing the study (Creswell, 2014), the researcher's position was clarified that conducting the study is based on a collegial interest to highlight insights that may improve implementation of the wellness management programme in the province. The researcher further shared transcripts of the interviews with each participant to allow them to verify them and gave them an opportunity to remove from the transcript any information that they felt was sensitive.

3.4.2 Research instrument

The study utilised a semi-structured interview schedule as an instrument to gather data (de Vos et al., 2011), as outlined in Appendix E. The formulation of the questions in the interview schedule was guided by (Smith & Osborn, 2007). The interview schedule contained 11 questions. It was critical to ensure that the questions were non-judgmental and simple to facilitate so as to ensure full participation and trust. Throughout the research process, the

researcher kept a reflective diary to promote self-awareness and receptivity, especially given her supportive role in the programme in GPG.

3.4.3 Pre-testing of the research tool

The interview schedule was pre-tested on two coordinators from the various departments who met the inclusion criteria but did not participate in the study. Pre-testing of the research tool assisted to determine whether the questions were clear, fair and feasible to elicit relevant responses from participants. The interview schedule was duly amended based on the inputs made during the pre-test. The pre-test was also conducted in a bid to increase the trustworthiness of the research tool.

3.4.4 Method of data collection

Face to face interviews were utilised as a method of collecting data for the study. The method was chosen to provide a setting where the interviewer and the interviewee could discuss the topic in detail. Conducting interviews was a useful way of getting large amounts of data that had depth in that the interviewer could probe further in areas that emerged from the interview and participants could also ask questions for clarity.

The advantages of the face-to-face interviews were that participants provided historical information about the programme and allowed the researcher to observe the facial expressions of the participants as opposed to telephone or e-mail, internet type of interviews. Some of the disadvantages of face-to-face interviews were that the information provided was filtered through the views of the interviewees; the researcher's presence may also have biased responses (Creswell, 2014).

3.4.5 Methods of Data Analysis

Thematic analysis as a method of qualitative research data analysis was utilised to identify themes and patterns in the data, to help contextualise and describe the findings of the study conducted in GPG (Wagner, Kawulich, & Garner, 2012). This method was chosen to aid the researcher to better understand the experiences of the coordinators on the implementation of the wellness management phenomenon.

The data gathered was transcribed, firstly into individual participant's transcripts, then transferred into an excel spreadsheet while sifting through information to identify recurring words, phrases and concepts. The gathered data was then categorised and coded into

recurring themes in accordance with key trends and patterns that appeared from the interviews with EHWP Coordinators. This assisted the researcher to pick up on the repeated activities, vocabulary and emotions expressed by participants Taylor & Bogdan (as cited in Wagner, Kawulich, & Garner, 2012).

3.5 TRUSTWORTHINESS OF THE RESEARCH STUDY

3.5.1 Credibility

Credibility deals with the question, "how congruent are the findings with reality" (Shenton 2004, p. 64). To ensure credibility of the study, the researcher prolonged engagements in the field and gained in-depth understanding of the phenomena. The researcher further looked for multiple influences and multiple sources of information such as documents and reports to enhance credibility of the study (Tuckett, 2005). The researcher kept a reflective journal throughout the process of the study and maintained, consistent observation and member checking with EHWP coordinators, prior to reporting finalisation for accuracy of findings (Creswell, 2014).

3.5.2 Transferability

Transferability refers to the extent to which the findings can be applied in other contexts or with other respondents (Babbie & Mouton 2001). The researcher was not concerned about generalising the findings to other contexts, hence purposive sampling was utilised so as to gather 'thick' descriptions of the phenomenon. The researcher's observation was defined with reference to the GPG context (Babbie & Mouton 2001; Tuckett, 2005). Kvale (1994) further argues that in qualitative research, different interpreters find different meanings.

3.5.3 Dependability

Dependability refers to the extent to which a study can be repeated using the same method, same participants and context to produce similar results (Carey, 2013; Shenton, 2004). All supporting data, as well as the interview notes were made available to the supervisor to check for the dependability of the study, thereby enabling a future researcher to assess the extent to which proper research practices were followed (Shenton, 2004; Tuckett, 2005). The researcher requested permission to record interview sessions from the participants of the study (see Appendix D).

3.5.4 Confirmability

Confirmability "refers to the degree to which the findings are the product of the focus of the enquiry and not of the biases of the researcher" (Babbie & Mouton, 2001, p. 278)
Rich data were kept regarding all procedures undertaken during the research process.
All raw data, audio tapes and verbatim transcripts were made available and may be reviewed. The researcher made use of direct quotes and all field notes were made available to the supervisor.

3.6 ETHICAL CONSIDERATIONS OF THE STUDY

Ethics are broadly agreed on norms by a group of people in society regarding what is morally right or wrong (Babbie & Mouton, 2001). It is further argued that a researcher has many ethical obligations to the participants of the study and colleagues in the scientific community; hence the researcher upheld integrity in conducting this scientific research.

3.6.1 Voluntary Participation

The researcher clarified her role and voluntary participation in the study without adding undue pressure for the participants to feel obligated to participate in the study (Babbie & Mouton, 2001). The purpose and possible benefits of the study to improve programme implementation were explained in the PIS. (see Appendix B). Permission to conduct the study was obtained from the Gauteng Director General at the Office of the Premier to conduct the research study in the province. (see Appendix A).

3.6.2 Informed consent

To facilitate cooperation, relieve possible anxiety and insecurity, all participants were requested to complete the consent form to grant their permission to participate in the study (de Vos et al., 2011) see (Appendix C). All other logistics regarding the study, including coordinators' qualifications, training attended and number of years within the field was clarified.

3.6.3 Avoidance of harm

As far as was reasonably possible, the researcher ensured that EHWP Coordinators were not exposed to any form of physical or emotional harm (Babbie & Mouton, 2001). Detailed

information also offered the participants the option to withdraw from the study should they have wished (de Vos et al., 2011). The researcher encouraged participants to utilise the GPG EHWP outsourced confidential services for debriefing and support should a need arise following participation in the study.

3.6.4 Confidentiality

The researcher assured participants that information gathered from the interviews would be handled confidentially and locked in a safe space (Shenton, 2009). This was done in an effort to alleviate any anxiety on the part of EHWP Coordinators, especially those in GPG where the community of practice is made up of a small group of people who know each other very well. In order to protect the identity of the participants, the researcher puts a disclaimer that the names utilised in the research are pseudonyms and not the real names of the participants to ensure that no information from the study can be traced back to the participants.

3.7 LIMITATIONS OF THE RESEARCH STRATEGY, DESIGN AND METHODOLOGY

The researcher as far as possible endeavoured to minimise possible limitations of the study. In an attempt to minimise resistance, the researcher clarified the position of the researcher and highlighted the fact that conducting a scientific study is one way of determining the value of the programme in the province to solicit the budget and improve implementation of the programme. The researcher pre-tested the question to ensure that the questions were relevant and clear in the semi-structured interview schedule. To mitigate this limitation, a pre-test on two coordinators who met the inclusion criteria, was conducted within the community of practice to enhance credibility and relevance of the interview schedule and to manage socially desirable responses. The researcher assured confidentiality and encouraged honesty.

3.7.1 Time Frame

The research was conducted over 2015 and 2016 and explored implementation of the wellness Programme. The duration of the interview was a maximum of an hour for each participant.

3.7.2 Budget

The research was conducted as part of the partial fulfilment towards Masters Studies in Occupational Social Work and incurred financial costs for printing of participation sheets and consent forms as well as telephone costs to schedule interviews. Financial implications were also incurred in the amount of hours spent on interviews by both the researcher and the participants.

3.8 CONCLUSION

This chapter provided the methodology outline utilised to conduct this research. The qualitative research approach selected for the study and the research question and objectives were described. Furthermore the sample size, research instruments, data collection and analysis methods were discussed. Thereafter ethical considerations together with limitations of the study were emphasized The following chapter provides a presentation of data as well as an analysis and discussion of the findings in relation to the research question, the literature review and the theoretical framework that underpins the study.

CHAPTER FOUR

4. PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

This chapter presents and discusses the findings of the study on exploring the perceptions of employee health and wellness coordinators on the implementation of the wellness programme. The findings are presented and discussed using illustrative quotes and themes that were developed using thematic analysis to respond to the objectives of the study. These were mainly: to describe the views of coordinators on the implementation of the DPSA EHWSF wellness management; to explore the factors that either promote or hinder the implementation; to determine positioning of the wellness management programme as well as determining the monitoring and evaluation of the programme.

4.2 IDENTIFYING DETAILS OF THE PARTICIPANTS

Thirteen EHWP coordinators from 12 GPG departments who met the inclusion criteria were interviewed. The participants were given the background and purpose of the interview prior to the interview, consent was granted and all the interviews were recorded. The table below illustrates a profile of the participants:

Table 1: Profile of Coordinators (N=13)

Demographic Factor	Sub-Category	No.
Gender of Coordinators	Men	5
	Women	8
Years of experience in EHWP GPG	1 – 5	5
	6 – 10	7
	11 – 15	1

Table 1, above shows that, of the 13 coordinators who participated in the study, eight are women and five are men. This is in line with the demographics of the GPG population wherein the women were in the majority with a total of 80 524 and men at 67 253 during the 2014/15 financial year, (GPG – Management Information Support Services, 2016). Table 1 also shows that seven participants had between six to ten years of work experience and, only two of the participants had less than six years' experience implementing the programme in GPG.

In terms of educational background, eight of the participants have a Social Work degree; two participants held a degree in Psychology, one in Public Health, one in HR and the remaining participant had a Diploma in project management. Beyond their formal qualifications, ten participants indicated that as part of work-related courses in the last two years, they have studied short courses in Employee Assistance Programme, project management, monitoring and evaluation as well as Safety and Management Training Course (SAMTRAC), which is an Occupational Health and Safety course.

The majority, eleven out of thirteen participants, are managers of the EHWP in GPG and held job titles from Deputy Director to Assistant Director Level, which places them within the middle management structures in GPG.

4.3 PRESENTATION OF THEMES

The analysis of the study on perceptions of the GPG EHWP Coordinators, with regards to the implementation of the wellness management pillar in GPG departments, yielded themes that emanate from the objectives of the study. The researcher analysed data using thematic analysis to categorise themes with similar meaning and looked for disparities in the data. The presentation of the findings will be based on four main themes, namely: understanding of the DPSA EHWSF wellness management; experiences of coordinators regarding the implementation of the DPSA EHWSF Wellness management pillar; factors that either promote or hinder the implementation of the wellness management pillar; as well as monitoring and reporting processes of the Programme. The direct quotes from the data will be presented utilising pseudonyms and not participant's real names.

Table 2: Themes and sub themes from the data analysis:

Themes	**Sub-themes**
1. Coordinators understanding of the DPSA EHWSF wellness management	**1. Individual wellness** a. Psycho-social support b. Physical Wellness **2. Organisational wellness** a. Supportive work environment b. Reducing absenteeism c. Organisational culture **3. Work life balance** **a.** Personal, family and work **b.** Policies on reasonable accommodation and flexible hours **c.** Facilities to cater for child care and after school Programme

2. **Experiences of Coordinators regarding the implementation of the DPSA EHWSF Wellness management pillar**	**1. Challenging work environment** a. Budget allocation for the implementation of the Programme b. Role of management in implementing the Programme c. Lack of capacity d. Trust and reluctance of employees to use the service **2. Positioning and reporting structures** a. Lack of uniformity in the positioning of EHWP b. Lack of marketing of the Programme
3. **Factors that promote or hinder the implementation of the wellness management pillar**	**1. Communication and marketing of the Programme** a. Management buy in and union support b. Transversal Forum c. Budget d. Monitoring Performance Assessment Tool
4. Monitoring and reporting of the Programme	**1. Monitoring and evaluation** **a.** Provincial Monitoring and Evaluation **b.** Readiness Systems Monitoring Tool (SMT)

Table 2, above, provides a breakdown of the themes and sub-themes that were prominent in the data of the findings

4.3.1 Theme 1: *Coordinators understanding of the DPSA EHWSF wellness management pillar*

To help explore their understanding, participants were asked to describe their understanding or the meaning of wellness management. This theme was divided into three sub-themes which also had sub-topics that further described coordinators understanding of the DPSA EHWSF wellness management pillar in GPG. The first sub-theme was individual wellness,

which comprised sub topics that included psycho-social support and physical wellness. Organisational wellness was the second sub-theme, with sub-topics that included issues of a supportive work environment, reducing absenteeism, and organisational culture. Lastly, work life balance which comprised sub topics: balance between personal, family and work; policy on reasonable accommodation and flexible hours as well as facilities to cater for child care and after school programme. The sub-themes are discussed in detail next.

4.3.1.1 Sub theme 1: Individual wellness

The findings showed that participants' understanding or meaning of wellness management varied. Four participants struggled to articulate their understanding of the DPSA EHWSF wellness management pillar. While for five participants, the meaning of wellness management was limited to individual wellness and only four of the participants presented a meaning that was comprehensive and inclusive of organisational wellness and/or work life balance as delineated in the DPSA EHWSF (2008). One of the participants made this example:

> *It means two things, firstly it looks at the individual wellness and secondly organisational wellness I think for reasons that you cannot separate an individual from the organisation because they are at the heart of the organisation, so to be able to realise the organisational performance, you need to have well employees that are also healthy that will function at optimal level. On mental health we are obviously looking at stress levels how are they coping with their work, interpersonal relationships at work, also issues of depression and or any psychiatric and anxiety issues that may impact on work productivity.* (Omphile)

a. ***Psycho-social support***

The study established that psycho-social support was outlined as the main identifier to explain the meaning of wellness management programme for coordinators and a component that focuses on services geared towards individual wellness in GPG. Eight participants cited an understanding of the DPSA EHWSF (2008) under individual wellness to mean a workplace programme offered by the employer that provides psycho-social support which includes emotional, financial, social and spiritual wellness to employees and their family members aimed at reducing stress, depression and other mental health challenges.

Participants indicated that psycho-social support services for GPG employees and their family members are offered through counselling, training and other awareness raising initiatives. This finding is supported by Makala's (2011) study on perceptions of employees about a health and wellness programme in the National Department of Public Works.

The psycho-social support services are rendered and managed through a combination/hybrid model with an outsourced wellness/EAP service provider rendering mostly reactive services, such as telephone counselling, face to face, on-site trauma debriefing while departmental coordinators as the implementers of the programme, offer coordination of more proactive services such as financial wellness, substance dependency awareness workshops, relationships, resilience and other related programmes that address what emanates from the reactive outcomes, like referrals to rehabilitation centres, and management of critical incidences. Some of the responses provided here:

> *The framework gives direction and a guideline to what the public servants wellbeing should be like so in terms of the wellness pillar in my view I believe that it is concerned mainly with the individual wellness of the employees which will be like encompassing the social issues and psycho-social wellbeing of stress, relationships. Anything that affects people at a psychological and also at a social level* (Okhela)

This position was supported by Kholeka who described the wellness pillar as:

> *Wellness Management Pillar in terms of the DPSA Framework is a framework that basically focuses on overall wellness because it touches on all the other three pillars. But specifically, it focuses on social, psychological, emotional, and spiritual and also I think financial wellness, so it is about spheres of wellness.* (Kholeka)

Two participants further emphasized the impact of psycho-social challenges on the productivity of employees. Another participant picked up on the psycho-social theme, but added that proactively implementing wellness can minimise absenteeism in the workplace:

> *The wellness pillar, it's a very broad pillar, it's got aspects of financial wellness, physical wellness, spiritual wellness, so it's more in ensuring that before we expect employees to be productive we need to ensure that they are well to deliver services. For me, it's very critical because it's more proactive*

> *in making sure that we avoid issues such as absenteeism and strikes in the workplace.* (Nkanyezi)

This participant felt that the programme is reactive:

> *Mostly I think our interventions are more reactive in nature than preventative unless on cases where we do awareness, but mostly we react to the situation, because the problem presents and we try and deal with it, that is at the individual level.* (Omphile)

The findings show that the knowledge and understanding of the wellness management pillar varied among participants, which may suggest that the full scope of the DPSA EHSF wellness management is not implemented consistently across all GPG departments. It was clear from the findings that most of the activities implemented under the wellness pillar still largely focused on interventions geared towards the individual employee. Literature reviewed indicates that wellness programmes have evolved over the years to be more integrative in nature; moreover the DPSA EHWSF (2008) highlights four objectives of wellness management, which include individual, physical, organisational and work life balance for public service implementation. Only four participants provided a comprehensive understanding of the wellness management pillar focusing on the individual holistically and was inclusive of all the components of the framework: organisational wellness and work life balance. These responses showed better knowledge of the framework, which may translate to the full scope of the wellness management pillar being implemented in a few departments. Not only do these responses highlight an understanding of the interconnectedness between the individual and the organisation in alignment with the DPSA framework, but they are also in line with the person in environment, theoretical perspective that underpins the study which argues that an individual's behaviour cannot only be understood by focusing on one aspect of the individual (Kemp, Whittaker & Tracy, 1997).

The findings also showed that wellness management exists to proactively prevent absenteeism and strikes in GPG departments. The findings are in line with the SOLVE guidelines (2012) which indicate that, psychosocial problems also take a heavy toll in terms of reduced productivity through absenteeism, higher medical costs and staff turnover, as well as the associated cost of recruiting and training new workers. Contrary a study conducted by Madikologa (2014) indicates that, 50% of respondents in her study were of the view that the programme did not assist as the absenteeism still persisted.

b. Physical wellness

All except five coordinators cited physical wellness as the second most important component under individual wellness management. Participants viewed physical wellness as a proactive intervention that is managed in the department, intended to prevent lifestyle illnesses such as obesity, high blood pressure and heart-related challenges. They indicated that activities under physical wellness included exercise, weight control, diet and nutrition plans, different types of sport, including walks and marathons, providing awareness and education on medical and health conditions. Lifestyle illnesses are managed through health promotion, facilitating health screening to test, among others, for prostate or cervical cancer and other conditions, including hypertension and cholesterol, as cited by these participants:

> *The way I see it's more proactive in the sense that it promotes health, caring programmes, promoting physical wellness which is the gym, the walk, race, your weight loss, those are preventative that's my understanding of wellness management component, programmes like child care facilities, canteens which promote healthy living and for me that's being proactive and it's also preventative.* (Maduvha)

> *Under sports and recreation in the department we have teams that are active and involved in different sport activities and we also have recreation, the choral music.* (Khanyisa)

Another participant highlighted how physical wellness also promotes a workplace that supports employees with proper diet and weight management.

> *Register people for races so that we encourage physical wellness we recently started or just about to properly take off a weight management programme because we are trying to have a workplace that actually supports people with their body image. Yes weight management programme, normally we speak of weight and when we speak of weight we think of an overweight person, but there are people who are actually underweight and should be put under a programme for support.* (Akhona)

Two participants indicated that physical wellness has a proactive element of health screening and education, advising on healthy eating and substance abuse awareness:

> *Implementing the healthy eating, where the doctor provides an eating plan we also do assessments and refer which is a little bit of the counselling programme and we then do the screening, the health promotion giving education on eating healthily, substance abuse awareness, mainly those are the components that we focus on.* (Maduvha)

Overall, the findings indicate that there was a strong consensus by participants that physical wellness is a critical component of individual wellness to mitigate health risks and promote an active lifestyle. Participants further emphasized education and awareness programmes as part of physical wellness to influence mind-set and behaviour change towards healthy eating habits and diet, through workplace canteens and weight management programmes for employees.

The findings are consistent with Mulvihill's (2003, p.13) definition that "Wellness is a set of organised activities and systematic interventions, offered through corporations/work sites, managed care organisations and governmental/community agencies whose primary purpose is to provide health risks and influence health behaviour changes".

The researcher is of the view that the majority of the participants understand what physical wellness entails and how it can be utilised to proactively influence behaviour change of GPG employees. Particularly given that the GPG EHWP Annual Report 2014/15 indicated an increase in GPG stress levels that coexist with non-communicable diseases such as hypertension, and cholesterol, which can be averted through physical activity, routine health check-ups and healthy lifestyle habits. The findings are also consistent with the alarmingly rapid increase in the incidence and public health burden of non-communicable diseases (NCDs), which caused an estimated 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008 (due mainly to cardiovascular diseases, cancers, and chronic respiratory diseases). NCD's also place a grave economic burden on countries, WHO Global Worker's Plan 2008-2017

Furthermore, the SOLVE (2012), guidelines acknowledge that the sedentary nature of certain jobs and the lack of exercise, can cause problems related to obesity and high cholesterol levels. It is therefore important that all these psychosocial factors and medical concerns be managed in an integrated manner because of the inter-relationship between them. Jointly, these factors can lead to health-related problems for the employee and lower productivity for the organisation, causing major accidents, fatal injuries at work.

The findings confirm the literature that wellness management contributes to the bottom-line of the organisation, because it helps to link productivity directly to the health issue by emphasizing prevention (Sieberhagen, 2008).

4.3.1.2 Sub theme 2: Organisational Wellness

a. Supportive Work Environment

The study revealed that, the participants that stated their understanding of wellness to include organisational wellness also highlighted the importance of an organisational culture that creates a safe and supportive work environment for employees, and policies that promote quality of life aimed at reducing absenteeism and enhancing employee work performance which ultimately improves productivity.

One of the participants emphasized that organisational wellness is about promoting a healthy and productive workforce to ensure the department meets its strategic objectives and made the following examples:

> *And then on an organizational level we look at things like organizational change, we look at know reinforcing morale, conflict management within the organization, sick leave management, incapacity counselling due to ill-health. To say we have assisted you as an individual to cope, but then how does the organization cope with the challenges that come, because the organization is a community, it's bound to have, ups and downs.* (Kholeka)

Another participant provided an understanding of wellness management on how important the culture of the organisation is in providing a supportive working environment as it influences the morale of employees:

> *At the organisational perspective we are looking at the organisational culture and how or to what extent does it influence employee morale, as well as looking at management support policies in terms of taking care of employees for example if I bring my child to work how is that environment created for me so that my kid can feel safe and I don't waste time going to after care to or pick up the kid, but making sure that it caters for my needs as a mother.* (Omphile)

Two other participants associated wellness with reduction in absenteeism

> *So basically our wellness management is touching on all spheres of life. Meaning that our overall goal at the end of the day is reductions in absenteeism and hope to improve productivity in the workplace.* (Kholeka)

> *It's more in ensuring that before we expect employees to be productive we need to ensure that they are well to deliver services. For me, it's very critical because it's more proactive in making sure that we avoid issues such as absenteeism and strikes in the workplace.* (Nkanyezi)

The findings show an in-depth understanding of the role of wellness by coordinators and how wellness should be implemented moving beyond a programme that addresses individual needs to the one that propels interventions to promote a supportive organisational culture and setting.

This finding is in line with the DPSA EHWSF (2008) which highlights that, organisational wellness enhances an organisational culture that is conducive to individual and organisational wellness and work-life balance in order to enhance the effectiveness and efficiency of the public service. The intended outcome of wellness management is to maximise and sustain the potential of human capital and an effective and efficient public service.

The findings are consistent with Lowe (2003) that an important consideration for culture of the organisation is how healthy work environments contribute to the well-being of individual workers and the performance of the economy. Healthy and safe work environments reduce overall health care costs and are the ones that support workers to use their skills and talents, thereby contributing both to the quality of work life and performance.

The findings affirm (Harrison, 2009; Van Breda & Du Plessis, 2009) on the workplace being a community and that a developmental approach is required if workplaces are to maximise human capital and that there is an ethical responsibility for occupational social workers to advocate for services that enhance both the employees and the organisation lives and to improve the organisations policies and procedures.

4.3.1.3 Sub theme 3: Work Life Balance

Work life balance and improving quality of life of employees was seen as an important component of the wellness programme and the following comments from two participants refer to the understanding of this component in the workplace.

> *…is that it has to do with the organisational wellness, how the environment that we work in, is actually supportive and contributes towards employees well-being for example, like the development of a gym, you know child care facilities, looking at issues of flexible policy and just having a supportive environment you know encouraging productivity and rewarding at the same time. So that's my understanding.* (Okhela)

> *…or if I am a breastfeeding mother is there space for me when I come back from maternity leave where maybe I'll be reintegrated back to work and if I want to express breast milk will there be facilities available to cater for those things?* (Omphile)

The participant further cited the following example to explain issues of reasonable accommodation and the importance of reintegration of employees back into the workplace following a long leave of absence:

> *An employee who has been discharged from rehab or a person who has been absent for a very long time due to ill health, with reintegration of that person as a wellness management programme you have to advise the immediate supervisor, it will be ideal if the person doesn't work a full day. However be reasonably accommodated so that the person can be reintegrated into his/her core functions so that it's not overwhelming for the person due to the long leave of absence from his/her core, so that is how you balance the work life, it's all about win-win situation whereby we ensure that the person is healthy and productive in the workplace, the health issues which is an individual win and issue of productivity which is the win for the organisation.* (Khanyisa)

The findings showed that EHWP coordinators have a critical role in advising the workplace on broader organisational matters, such as managing sick leave and incapacity. Neglecting these organisational issues has a potential to negatively impact government service delivery mandates if not properly managed. The participants' responses provided further insight into

organisational aspects of wellness management that provides for flexible policies to accommodate the unique needs of employees with regards to being reintegrated into the workplace environment following long absences as a result of maternity, injury and or illness. The importance of catering for breastfeeding mothers and providing for child care facilities such as an after school care programme was noted. At an organisational level, this service assists working parents to minimise the stress that parents endure associated with the safety of their children and taking constant time off to fetch the children, take them home and only then come back to work. This implies that there would be cost savings for the employer and would inspire employees to be productive, knowing that their children are safe in a child-friendly environment in the workplace. The findings also show participants' emphasis on organisational wellness being a proactive approach to promote a supportive and functional workplace environment. These findings are consistent with Mogotsi's (2014) study in that a supportive environment yields motivated and actualised employees.

The findings on work life balance under wellness management also confirm the DPSA EHWP Framework (2008) that a flexible workplace that considers work, personal and family needs; can result in benefits to organisations due to higher levels of employee gratification and inspiration.

Although there were a few participants who shared a comprehensive response to the issues of employees at an organisational level, they also raised some challenges regarding the implementation of organisational wellness focused interventions. The findings show that even in departments where there is a clear understanding of what comprises wellness management and how it should be implemented, organisational wellness is not effectively implemented as highlighted by Omphile:

> *No I think practically, it's just in black and white, but I think in terms of implementation I don't think we have made any strides.* (Omphile)

Nkanyezi, echoed this position that there is a gap in terms of implementing organisational wellness and acknowledged that the policy is there to guide the process, however there is a lack of implementation of organisationally focused programmes due to various factors, one being Employee Health and Wellness is not suitably positioned at a strategic level to influence the culture of the organisation as cited below:

> *Maybe it's one of the areas that we need improvement on. I think our policy, we have a wellness policy which is relevant to be able to assist in terms of that but remember if we talk of organisational wellness, we talk about the state of wellness within the organisation, it's at the macro level not at the case level. So that is what we talk of when we talk of position wellness at a strategic level to say that wellness should have an influence in how the organisation is orientated that is organisational culture, the climate within the organisation what is the role of wellness there, that is what I feel we are not doing well, we are lacking in terms of that*. (Nkanyezi)

The findings show that some participants have made efforts to gradually integrate organisational wellness initiatives amidst challenges in their organisations through establishing partnerships with relevant business units. One of the participants, Omphile, highlighted the efforts made by her department to streamline implementation and initiate a child care facility for working parents:

> *Though I know for me in my department, we do have quite a lot of parents who do bring their kids to work after school, so what we are trying to do, we have a room where they can just be safe so that they don't just linger around and feel unsafe.* (Omphile)

The same participant, Omphile, pointed out the importance of working together with HR unit specifically the transformation team to assist with support and reintegration of women who have been on maternity leave.

> *And we try our level best in working with HR for women who go on maternity leave so that when they come back, we at least design some kind of intervention so that they are able to settle back in their work functions and when they have special needs we are able to work with the transformation unit to make sure that they have proper tools to be able to work and function, because sometimes you find that some women have been on maternity leave, not to rear a child, but because they have lost a child so you find that they come back with additional burden of stress, so we need to be sensitive in terms of dealing with that and prepare the team as well in terms of how to approach that person.* (Omphile)

This example demonstrated a comprehensive understanding of how the organisational wellness can be implemented and strategically aligned to the human resource function and ensuring that the environment is conducive to provide support to employees.

This finding confirms the literature reviewed that EHWP is not part of the core business in organisations, but it is a support function (PSC Report 2006), critical to advise on key health and wellness trends that may negatively impact on the organisation.

Three of the coordinators highlighted the wellness management pillar as an over-arching pillar of the DPSA EHWSF framework and indicated that it seems to provide a broad understanding of wellness with which the other pillars can link up.

> *For me wellness management, that's the main pillar, wellness pillar, is like the social work side pillar, from there that's when you start to pick up the psycho-social issues which affect employees. Those psycho-social issues might be work-related or not. If I say work-related it might be work-related because of hazards which will link to Occupational Health and Safety it can be work related, relating to productivity issues which will be Health and Productivity Management pillar. So for me wellness management pillar is the main pillar that can give rise to other pillars, but they work interchangeably, but it is the main pillar because if you check all the structures especially the social work side of psychosocial issues.* (Sisanda)

It was also interesting that this participant related wellness management to social work principles which involve the interaction of the individual with the environment and the impact thereof. This finding is coherent with Occupational Social Work theoretical perspectives, wherein challenges experienced by the employee are viewed holistically in relation to the environment, the workplace setting as well as the surrounding community (van Breda, 2009).

4.3.2 Theme 2: *Experiences of Coordinators regarding the implementation of the DPSA EHWSF Wellness management pillar*

Coordinators had diverse views about their field of practice. This theme elicited four sub themes which also comprised sub-topics. The first sub theme was challenging work

environment with sub topics: budget allocation, the role of management, lack of capacity in implementing the programme and trust issues and reluctance of employees to use the service.

The second sub theme was EHWP positioning and reporting structures with sub-topics: lack of uniformity in the positioning of EHWP and lack of marketing of the programme.

4.3.2.1 Sub theme 1: Challenging work environment

The lack of a supportive work environment made it difficult for participants to render wellness services effectively. Participants were of the view that the lack of capacity, lack of committed budget, to implement the programme, the lack of management support, strategic positioning and reporting structures, were some of the contributing factors to the challenges experienced in implementing the wellness programme in GPG.

a. Budget allocation for the implementation of the programme

All participants indicated that the EHWP has been allocated a budget; however it was interesting that six participants said the programme has a dedicated budget, while the other seven participants indicated that although the programme has a budget, it is not dedicated to the programme, and it's a centralised budget that is shared with other sub business units.

The findings revealed that in departments where there is a dedicated budget for the programme, participants indicated efforts of implementing proactive services at an organisational level such as training, team-building, walks and races, unlike in departments where there is no dedicated budget. It is the researcher's opinion that the advantages of having a dedicated budget advances effective planning, implementation and thereby meets the strategic objectives of the department.

On the contrary, in departments where there is no dedicated budget, this can create limitations for programme implementation as noted by Lihle:

> *There is no specific designated budget for EHWP; it's shared within Human Capital Management with other business units.* (Lihle)

Nkanyezi reiterated the challenges of non-designated budget for the Programme:

> *There is a centralised budget. It's not like a real spent budget for wellness, anything can happen during the course of the financial year, the DPSA tool that seeks to compel the accounting officer at the management level to make sure that the wellness is well versed but I think they are being done to tick the boxes because, like the committed budget towards wellness we don't have it even when you do cost operation plan you check in September, you'll be told there is no longer budget.* (Nkanyezi)

Another participant identified that while budget may be allocated for the programme at the beginning of the financial year, it may also be cut due to cost-cutting measures. This contributes to poor implementation and lack of sustainability for the programme:

> *The biggest is financial resources, we don't have sufficient financial resources to maintain and sustain the programme and I think with the cost-cutting measures it makes it more difficult because, yes we plan at the beginning of the year, we have a budget that is approved, but when it comes to implementation, then you can't implement because of cost-cutting measures.* (Omphile)

The study showed that the lack of dedicated budget is the biggest challenge for the effective implementation of the programme in GPG. Furthermore, where the budget is utilised for multiple projects, this can lead to lack of clarity resulting in the inability of the programme to meet objectives and this becomes challenging in running the programme effectively and reflects poor management. This finding is similar to a study conducted by Madikologa (2014) on inadequate resources to support the implementation of the EWP. Madikologa (2014) further confirmed that budget allocations were prioritised for core functions while support functions were inadequately budgeted for as a result of shortage of resources within the public sector.

As stated in the literature review in Infinite Solutions, (as cited in Makala's study, 2011), senior management must combine forces and be willing to finance the wellness design, implementation and appraisal of the programme. Therefore, it is the opinion of the researcher that the budget for the GPG wellness management programme must be committed by National Treasury to ensure effective implementation.

The challenges associated with lack of clarity in how the budget is allocated for the wellness programme, were further highlighted by Kholeka that in her department, allocated funding is dedicated to fund the outsourced wellness service provider and doesn't cover the internal proactive wellness programmes:

> *The department is funding the external service provider of which mainly focuses on EAP services not EHWP, because EAP is what the industry offers but EHWP is what GPG has in fact, all the funding we have is for an EAP external service provider and internally we cannot implement our Programmes.* (Kholeka)

This finding shows that there may be lack of understanding by management in terms of allocation of budget for the EHWP and that priority is still given to EAPs, which is what is offered by industry service providers, and is viewed to operate within a medical model with the focus centred on the employee to mitigate risks as opposed to a developmental model of EHWP that recognises the reciprocal relationship or interaction between the employee, the business environment and the broader social context as outlined by the DPSA EHWP framework (2008).

This analysis may suggests that the industry has not yet integrated the four pillars and that maybe there are few companies who fully understand and integrate the four pillars of the DPSA framework. However there is even a greater need for managers to be familiarised with the integrated EHWSF and their role in terms of decision making and budget allocation for holistic implementation. This finding confirms Harrison's (2009) study that there is an emphasis on 'sick', troubled or 'underperforming' employees who needs intervention, but little emphasis on the development of human capital, and even less emphasis on the concurrent development of social capital in the workplace, (Harrison, 2009, p. 371).

Due to lack of budget for the programme certain departments leverage on partnerships with relevant stakeholders either internally or externally. Omphile shared how she used a different strategy to establish partnerships, source budgets from internal stakeholders while also aligning the programme with the department's core mandate and made this example:

> *We look for partners within the department, internally, for strategic units, like the Rural Development or the Agricultural section and where is the bulk of the people concerned about the core mandate of the department or the Vet section*

> *and we approach them and say we have a wellness management programme that we want to do, how can you assist with funding and then they will set aside money from their training budget. Like for example in the beginning of the year we wanted to promote healthy eating so we asked Rural Development to bring in their farmers to sell vegetables to our employees so that in a way it supports their mandate but it also supports the healthy living because we are saying to employees, you can have your vegetable gardens, have green vegetables and eat healthy, so it helps in both ways and it's not only supporting the mandate of that particular unit but it also supports the mandate of the department in the much broader perspective.* (Omphile)

The findings revealed that strategic alignment of the wellness programme demonstrates how the programme can add value and contribute to the mission and vision of the department's broader core mandate. Since the ultimate goal of a successful wellness programme is to ensure the organisation performs optimally, it is the view of the researcher that the strategy utilised by this department also highlighted the importance of mainstreaming employee wellness programmes within the business functions of the department. This implies that the programme stands a good chance of being recognised and supported by both management and the employees in the department.

Interestingly the findings further showed that the EHWP budget in one of the departments is further committed for the management of ill health and incapacity leave and falls under EHWP while in other departments it falls under Human Resource Administration (HRA).

> *Incapacity is actually very strenuous for us you know because in most departments incapacity is within HRA, which is Human Resource and Administration but in this department incapacity is the function within EHWP. What the department has done, they have given EHWP the responsibility of observing and managing all incapacity interventions as well as the case management of it, so then we have an oversight responsibility basically and also the budget of paying the Health Risk Manager (HRM) is the one we use the same EHWP budget to pay the HRM.* (Kholeka)

The findings show new knowledge for the study and a practical example of a department that has strategically aligned the management of incapacity and health management as part of a job description of the wellness coordinator. Management of Policy Incapacity Leave and Ill

Health Retirement (PILIR) falls under Health and Productivity Management which is one of the pillars of the integrated DPSA EHWSF (2008). It is interesting that in this department the function falls under wellness management coordinator, with possible advantages to be gained.

The findings suggest that there is potential to leverage and explore further on the link between PILIR and wellness in that the wellness coordinator will be able to advise the department on how to manage and proactively mitigate the direct and indirect costs associated with either short or long term leave of absence of employees as a result of illness/injury after an employee has exhausted the normal 36 working days normal sick leave in the three year sick leave cycle (PILIR Policy, 2009).

Significantly, this finding is consistent with the literature reviewed: that the success of the wellness programme is most likely to be evident when linked to one or more of the strategic goals as it will stand a better chance of maintaining the support of management throughout the implementation process (Infinite Solutions as cited in Makala, 2011).

b. Role of Management in implementing the programme

The second most challenging area for participants was on the lack of management support for the wellness management programme. Seven participants highlighted their experiences of the lack of management support of the wellness programme, especially senior management. Emotively, participants raised their frustration about the lack of visibility and attendance of senior managers and cooperation in releasing employees to attend wellness management sessions. Madhuvha made this comment:

> *Attendance is very poor because if you request managers and chief directors to release employees to attend sessions they will prioritise, what they need to do in their unit versus your workshop and say to the employees, No we have deadlines you can't go to that training you must stay here and do this, whereas if it's marketed and recognised at a strategic level, managers would not have a leg to say, you can't so I think this is a big challenge with our programme.* (Madhuvha)

Another participant contributed to this position

> *Challenges would be attendance. You find that managers will say no employees are busy. Therefore they cannot participate or we don't have budget.* (Nombulelo)

Madhuvha further delineated challenges on the lack of management support and understanding of the programme and expressed feelings of frustration that there is an expectation in her department to be responsible for both operations and strategic matters of the programme:

> *The other major challenge is limited support from senior management, sometimes you wish that they understand the programme better so that they can start to support you because there are things they expect you to go and sit with DDG or HOD and you know how public sector works when you come as an Assistant Director, you battle to get an appointment, secondly being given an ear to listen to what you have to say.* (Madhuvha)

It was observed that some participants utilised other means to get their management's support and buy-in for the programme. One participant indicated the importance of respecting and aligning the programme to the core business of the department when there are competing priorities as well as consulting with organised labour to influence their members to attend wellness sessions.

> *…therefore it becomes a challenge in terms of attendance of planned proactive programmes it could be marketing sessions, financial wellness sessions or substance abuse, awareness campaigns or even sports. We tend to only manage to reach people that are office-based but the need for our service is our employees that are school-based that are responsible for the core business of the department but they are hard to reach, however as the programme we not only sit back, we came up with initiatives to address those challenges. We engaged with the labour union to negotiate to allow their union members to stay behind after working hours so as a result most of our programmes we do them after teaching hours, that will be from 14h00 – 16h00 and it's a sacrifice that employees are making but it's beneficial to them and also to the employer*. (Khanyisa)

Madhuvha also described how she utilised influential structures to get management to take wellness management seriously, and made this example:

> *I get frustrated to a point where I impose myself to the director, the Chief Director and say we need to do this, we are expected to do this by the Premier's office, by DPSA so you use your influential structures to say it's not me it is the DPSA, it means that we are not complying and the other one which is helping to a certain extent is the MPAT because they know we have to comply with regards to and they will respond but it's frustrating to be fighting all the time.* (Madhuvha)

When asked about the role of management in the implementation of the wellness programme, participants' responses varied however there was a general consensus that managers are strategically positioned to provide leadership and support in the implementation of the programme. Managers were divided into levels as in the summary of the participants' responses below:

The Head of Department

- Advocate and champion the programme
- Approve resources to implement the programme
- Lead the establishment of a wellness committee
- Advise Executive Committee on the status of health and wellness in the province

Senior Managers

- Also to champion and communicate the benefits of implementing wellness Programme to their counterparts and employees
- Ensure recruitment of qualified professionals in the implementation of the Programme
- Ensure that wellness practitioners are registered with relevant professional bodies
- Ensure continuous capacity building of wellness practitioners
- Take accountability for the programme

- Familiarise themselves with the DPSA integrated framework, lobby the Head of Department and the Chief Financial Officer to finance the programme

- To attend managerial workshops to familiarise with the programme and on how to identify and address employees who have psycho-social challenges that affect work performance

Middle Managers and Team leaders

- Middle management to market the programme within their unit and inform the employees about the benefits of the programme and also refer employees who have challenges

- To communicate positive messages about EHWP because currently the participants indicated that employees perceive being referred to utilise the program as some sort of punishment

- To familiarise themselves with the programme as they are the first line of management to use it to benefit the employees wellness but also to support their management responsibilities

The findings illustrate the critical strategic role that managers ought to play in supporting and championing the wellness programme to ensure that employees attend wellness sessions as the benefits of healthy and well employees will have a ripple effect, for the organisation, in curbing challenges such as absenteeism and or other healthy lifestyle illnesses that can be prevented when employees proactively look after themselves. Middle management was reported to be more active and supportive towards the programme than senior managers in some departments, however in some departments; participants reported that the middle managers were the ones who were problematic, as this participant commented:

> *Other managers end up wanting to manipulate the programme for their own benefit and they will say to one of their subordinates that I have taken you to EHWP to get help, you didn't get help, and I'm giving you a warning. So you find someone will refer to EHWP for their own reasons and not to really improve the well-being of the employee. So I think the role of the top management is to support the programme. But the main managers are the ones that people report to, not at a strategic level, at an operational level,*

> *that's where the challenge is. Those are the ones that should be targeted more; they should be the ones championing the programme because they are the ones who deal with daily operations.* (Okhela)

This finding indicated that there is a lack of understanding by middle managers in terms of their role in identifying and referring employees that have challenges, to the wellness programme.

Masson (as cited in Madikologa, 2014) argues that for wellness programmes to be a success, these programmes must be supported by senior management and should be linked to the strategy of the organization. It was interesting that in Madikologa's (2014) study some of the managers who were interviewed cited that their role is to be enablers and to coordinate the programme, contrary to the current study wherein the implementers of the programme were interviewed and they indicated the lack of management support as a challenge towards the effective implementation of the programme.

One of the critical success factors for effective implementation of the programme is the leadership's participation and proper communication mechanisms. Cascio (2006) further argues that one of the critical points about the role of management in dealing with employee wellness programmes is that managers of all levels in the organisation need to support wellness programmes as the absence of such support, could contribute to failure of the programme. Literature reviewed argues persuasively that wellness management has critical benefits for organisational performance and if not taken seriously, it can be considered a threat to the organisation as employees are at the heart of organisational performance in meeting its goals Madikologa (2014).

The researcher concurs with the literature that employee wellness is every manager's responsibility and therefore it is critical that they should advocate and champion wellness Programmes. Furthermore, central to wellness is the issue of behaviour change, if employees feel the employer cares about their well-being they are bound to identify and feel a part of the organisation's vision and mission.

c. Lack of capacity

Six participants cited lack of capacity as the third major challenge that hindered effective implementation of the wellness management programme.

One participant indicated that not all aspects or the comprehensive wellness management pillar was implemented in her department due to lack of capacity:

> *In my department we are unable to implement all the elements related to the Wellness Management Pillar simply because of lack capacity in the department.* (Madhuvha)

Another two participants further expressed feelings of frustration, being overstretched and trying to do everything with limited capacity. They further indicated that they are responsible for the other three pillars of the DPSA framework beyond wellness management and at times expected to attend strategic meetings and do presentations. One participant indicated that having a Social Work Master's student does assist to deal with caseloads and more sensitive issues.

Kholeka picked up on capacity challenges and further highlighted that integrating Safety, Health, Environment, Risk and Quality (SHERQ) requires technical expertise and made this example:

> *The lack of capacity, being the only person doing all the four pillars, basically it's a challenge, also we had a few challenges in terms of integrating the programme especially with the SHERQ pillar, there was no SHERQ, previously it was OHS and they were working as a separate function. But now integrating it back to EHWP, it's a bit of a challenge because SHERQ has been enhanced and which is a good thing, but then in terms of the technical expertise that's where we are struggling most.* (Kholeka)

The third participant highlighted that the lack of capacity in her department is exacerbated by space challenges in that three departments share one building. As a result, employees are taking on more job responsibilities as the department cannot appoint new staff due to space limitations, as Lihle indicated:

> *…because of our space issue we can't employ additional staff. So for the past year and a half one of the reasons why our employees have high stress levels*

> *is because they are running with more than one job they are running with more than what they are supposed to do.* (Lihle)

The findings also identified that due to overcrowded work stations, employees may be at risk of acquiring occupational illnesses and furthermore employees present with low morale which is negatively influenced by the working environment.

> *I know we're looking at wellness management, but occupational health and safety; it affects our physical wellbeing within the organization. Our employees' morale is down because of simple things like toilet paper in the bathroom, you will get to the toilet and there is no toilet paper. Electrical wires on the floor that can cause injury. The little things in our environment do affect the morale at the end of the day. So for me, I feel it's overwhelming because I'm also one of those people doing more than one person's job.* (Lihle)

The findings also raise concerns about the safety of some government buildings and lack of compliance with the Occupational Health and Safety (OHS) Act 85 of 1993. The OHS Act stipulates that every employer shall provide and maintain, as far as reasonably practicable, a working environment that is safe and without risk to the health of employees. Also the challenges that buildings are leased to government and therefore there is very little government can do to effect change; all changes to be done via the lessor. One of the participants indicated that even when the air conditioners are not working, everything has to be done via the lessor.

The participant also highlighted the issue of ergonomics and lack of proper seating demarcations as negatively impacting on employee health and performance of the three departments that are lumped together:

> *Also with regards to the building are the ergonomics and the way we are lumped together. Like there are no proper seating arrangements at the department. Yes space planning and our ergonomics and so on. Because we all sharing this building, we are sitting amongst each other. It's more our HR and it indirectly affects Employee Health and Wellness.* (Lihle)

The findings show that although the research focused on the implementation of the wellness management pillar other interesting findings surfaced such as the challenges with the lack of

compliance to the OHS Act by some of the departments in the province. This raises concerns regarding the safety of employees who are entrusted with delivering of the political mandate of the Premier in the province. Accounting offices in the province can be held criminally liable for compromising the health and Safety of the employees. Interestingly, the findings of the study are similar to what other researchers found in terms of lack of resources, both financial and human, as key challenges that hindered the effective implementation of the wellness programme (Pillay 2007), (Madikologa 2014). The similarity with the study conducted by Pillay (2007) and the current study was the target group who were implementers of the programme, whereas the study conducted by Madikologa (2014) focused on the end users of the programme, yet the lack of resources was identified as a common challenge in all three studies. Therefore the studies looked at different groups, but the findings are the same. The other concerning recurring element in the themes, are the risks and hazards that employees are exposed to in some of the GPG working environment/ buildings, further endangering the safety of employees. This suggests a need for the Department of Labour to conduct inspections and enforce compliance.

d. Trust issues and reluctance of employees to use the service

A few participants highlighted that there was reluctance by employees to use the services as a result of stigma attached to the programme as explained by this participant:

> *I don't think there is buy in, there are issues of stigma in terms of what wellness should be doing, are people coming to wellness, if people are having programmes, the stigma of wellness, we still have it because even those who use programmes, they are still shy in approaching the programme, so its budget, buy-in and issues of stigma, so it's those three.* (Nkanyezi)

Another participant highlighted the issue of confidentiality:

> *Maintain confidentiality and also to assist with employees' level of trust in the programme. Having the external service provider on board assists in that way, if employees are unsure to sort of win their trust to dispel any doubts and so on. I feel that we have a wonderful service; it's trying to reach the household and whoever is living in the household but definitely is not utilized to its full capacity. And I am not sure if it boils down to marketing.* (Reatlegile)

Kholeka picked up on the issues of lack of utilisation of the programme but added that there is a need to build rapport with employees to enhance the integrity of the programme and to market the services offered through wellness management.

> *so you find that there is a lot of reluctance in terms of using the programme, they are not sure whether they can trust the programme or is reported back to management and also people are not aware of the services that we offer. You find that if you are having a session, the person is surprised to know that there is 1, 2, 3 that you offer in the programme. So we still need to build rapport and then make employees aware what exactly do we offer, even if it's sub directorate meetings where you get a ten minute slot in their meeting, just to present, what the programme offers. For us our challenge in implementing the programme has been the lack of capacity, being the only person doing all the four pillars basically. It's a challenge because then you have to juggle everything. (Kholeka)*

The findings show that employees still face challenges utilising the programme based on perceptions that they have about mental health and counselling. The advantages of utilising an outsourced service provider to ensure integrity and confidentiality of the programme were highlighted. The findings suggest that it is important, how key messages to promote the programme are communicated to ensure buy-in and trust and to encourage employees to utilise the services of the wellness programme.

Nonetheless a study by Bhagat, Steverson and Segovis (2007) indicate that EAPs are beginning to grow in countries that are undergoing rapid globalisation such as China, India, Southeast Asia, Brazil, Argentina, Mexico and Chile. The study further highlights the cultural dissimilarities between most of these countries and the western world, which have called for a need to redesign EAPs to acknowledge the cross-cultural issues across the globe (Bhagat et al., 2007)

Both Makala (2011) and Madikologa (2014), identified trust issues associated with the low utilisation rendered through the outsourced service provider. It is further important to strengthen the marketing initiatives and highlight the confidential nature of the programme that upholds ethical and professional conduct regulated by among others by the South African Council for Social Service Professions (SACSSP) and Health Professions Council of South Africa (HPCSA).

4.3.2.2 **Sub theme 2***: Employee Health and Wellness positioning and reporting structures*

All thirteen participants indicated that EHWP is not positioned as a Directorate in GPG departments. The structure of the programme varied in all the departments with the function being located in the Human Resource Management Directorate, which is also referred to as Human Capital Management or Corporate Services in some departments. Four participants indicated that the programme is positioned within Human Resource Management (HRM), two said it is positioned in Human Resource Planning (HRP), two in Human Capital Management (HCM), while the other three in Human Resource Development (HRD), and two in Human Resource Management Administration (HRMA).

Of the 13 participants, four further indicated that EHWP falls under the Employee Relations sub-directorate and highlighted challenges that emanate from reporting to Employee Relations in that the programme is somehow confused with being a disciplinary and punitive measure instead of being supportive towards employees and their challenges. This discourages employees from using the Programme as outlined by this participant:

> *I don't think it's ideally positioned because you can imagine Employee Health and Wellness being partnered with Employee Relations, it's like a conflict of interest because EHW is seen as a support Programme to assist employees when they go through difficult times whilst Employee Relations is looking at discipline, labour relations issues, it will be ideal if we have EHW subunit within the Human Capital Chief Directorate where we would have maybe a senior manager who has EHW qualifications heading the subunit. It will make much more sense and it will report to the Chief Directorate.* (Madhuvha)

The challenges of not having the programme as a directorate were further described by the participants as a disadvantage. One of the participants was of the view that EHWP is not prioritised in terms of budget allocation and capacity, unlike other business units such as Human Resource Development and Recruitment:

> *it's more of a compliance, but there is not much effort so if it was a directorate, issues of budget, issues of staffing whereby we have a lot of shortage of staffing, some decisions that are made are really towards the*

> *detriment of the programme. It would have been better if we had our own directorate.* (Nkanyezi)

Other participants were of the opinion that the programme was not duly represented at an executive level, as such escalation of strategic decisions and advocacy was lacking or delayed as there is no senior manager who advocates for the programme.

> *if the EHWP is positioned as a sub directorate, there has been few challenges where some of the issues it takes time to be escalated to Executive Committee (EXCO), because the person that is managing the programme doesn't have a sitting at the EXCO board management level, it's managed at the middle management level and which disadvantages the programme, if there are any issues of concern that needed to be raised it took longer.* (Khanyisa)

Similarly Madhuvha concurred with this view:

> *I wish for an ideal situation where you have a senior manager in EHW who will sit at those meetings on regular basis and, market EHW on that level because if I am sitting here as an assistant director, who markets the programme for me at the high level for example the DDG level like your Chief Director level, the HOD level, I don't attend the EMT, the SMTs, I will only go per request to do a presentation. It's a big challenge for me, it would be nice if it's represented at that level so that it can be recognised so it's for that reason I feel the programme is not getting the acknowledgement and the recognition it's supposed to get.* (Madhuvha)

Of the 13 participants, one remarked that EHW is a support function to HR and it is therefore appropriately positioned in this directorate:

> *I think very few departments have a stand-alone directorate but I think it does go with Resource Management because it is sort of a support function, it is not the core business, but it does pair well with Human Resources because we also have certain functions where we need to work jointly. For example certain Employee Relations cases get referred. Our PILIR which is temporary*

> *incapacity leave; there are PILIR cases which need wellness attention, they are referred to us. We are in a good directorate*. (Lihle)

This finding indicated a discrepancy from all the other participants, in terms of positioning of the programme. The finding further supports the literature that stipulates that a wellness programme is not a core function of a department but provides a support function (PSC, 2006). This finding may suggest that while there was a strong sense by participants that the programme be advocated to be a Directorate, the important question is how can the wellness programme be recognised and be properly aligned to support the core business in departments?

The lack of uniformity in structures and reporting directorates contributes to inconsistent implementation of EHWP in various GPG departments. Reporting to different directorates contributes to the EHWP not getting the necessary management support, sometimes lack of priority due to the lack of understanding of the programme by the managers. This contributes to the frustration of the programme implementers as some of them feel they are expected to perform operations as well as strategic functions.

One participant highlighted that the structures in different departments are not the same and that the transversal unit should guide the issue of the structures in GPG so that there is uniformity:

> *As much as we are under the transversal is that our structures are not the same. There are smaller departments with enough staff members but big department like us with less qualified people and that I think it's the main challenge that should be addressed. Departmental structures should be reviewed according to their sizes, because it should be addressed not only by the employee health wellness but by the transversal Organisational Development. It will be good if we have uniform structures in other provinces this is what is happening, the structure is the same, the staff is distributed accordingly but here in Gauteng I think there is still a bit of a problem.* (Sisanda)

Other participants supported this position and also added the risks of a structure that doesn't comply with Occupational Health and Safety Act No 85 of 1993:

> *We have two people for four pillars. Worst of them all, we have pillar like OHS, I mean OHS is a specialist pillar, you need to have somebody who is a specialist within OHS we don't have that and then you look at the nature of our business we have maintenance, we have people in construction we do property management, meaning that we are looking at all the buildings in the GPG department, we are the ones who look into all that but we don't have an OHS specialist so when we have contractor coming in to construct a school and all of that there is no one who can say to the contractor we need your file, your OHS in terms of compliance.* (Nkanyezi)

The findings showed that Occupational Health Safety is a challenge in GPG departments and poses a threat to the wellness of employees at individual and at an organisational and structural level. This finding implies that OHS is not taken seriously in GPG and therefore employees are at risk to occupational hazards and injury on duty.

4.3.3 Theme 3: Factors that Promote the Implementation of the Programme

The findings displayed that factors that promote the implementation of wellness management varied amongst participants based on how well the programme was aligned to the mandate of the department, innovation and passion for the programme. However the analysis revealed that the most prevalent factors that participants considered to be useful in promoting the implementation of the wellness management pillar were: communication and marketing of the programme through media channels as well as through sporting activities and labour forums; management support and buy-in; and the strategic alignment of wellness management to the core mandate of the departments.

Table 3: Factors that promote the implementation of a wellness management programme

Themes of Identified Factors	**Quotes**
1. **Communication and Marketing**	*our communication is helping us to market the service even though we do not have a budget, we are able to communicate clearly* (Lethabo)
1.1 Strategic Partnerships	*Partnership with communication, with the HRD, the wellness committee from different directorates, that committee will play a role of lobbying for wellness from the different divisions of management. A director to become a champion in terms of the role at the committee* (Kholeka)
1.2 Sport activities	*We have a very active staff: our soccer and netball teams play every Friday so a lot of people enjoy the sport so we use that opportunity. Over the years it has become like a culture that the department takes part in sporting events so we have learnt to plan it well in advance to communicate.* (Okhela)
1.3 Demystifying stigma attached to wellness Programme	*Proactive programmes like when sport is associated with wellness, no one will put stigma within that programme, how do you orientate your programmes, do your financial wellness, is it only targeting employees with garnishee orders or do you call everyone and address them?* (Nkanyezi)
1.4 Health screenings	*In wellness clinics, we have some incentives where a person can come for a full body massage and we try to augment that with other services that are not necessarily offered by GEMS like we would have a podiatrist, you will have your mammograms done and we buy people like a fruit pack or something like that and the incentive has somehow helped in terms of people actually coming to the programme.* (Akhona)

2. Management, labour support and buy-in	*For me it is support from the HOD like the senior manager, When you have support from your senior managers you find that employees are able to then see the importance* (Nombulelo). Another participant highlighted partnership with labour union: *Yes I think the partnership that was created with the labour union it played a critical role in terms of that, because we also use those structures to advocate for our programme* (Khanyisa)
3. Coordinator's passion for the programme	*The first thing is, I as the coordinator am very passionate about the programme".* (Reatlegile)
4. Transversal forum	*We have a provincial forum that assists us because we are able to benchmark with other departments and you can see that some of the challenges are not unique to your departments* (Nkanyezi)
5. **Outsourced wellness services**	*It was good what the transversal team did with the service provider when it sends through the executives for executive care because our chief director went and he came back raving and bragging If it was that good and I hope it will help when he gets to management meetings to talk about the programme in that very light of excitement but it helps when you have a supportive management. Even speaking about it, then you rely on your manager to go and report your programme up there, if they do not have the understanding. So you see the one that was done was actually very good (executive care), and then we are able to send people for counselling to the service provider or for trauma debriefing at no cost to the individual but cost to the department.* (Lethabo)
6. Budget	*If we did not have the budget, we would not have a personal support line that is available 24 hours at no cost to employees, so budget plays a critical role.* (Khanyisa)

7. Monitoring Performance Assessment Tool (MPAT)	*MPAT is a good thing because it forces managers to allocate budget for the programme, I use MPAT to force managers to comply and do wellness programme because managers just don't support programme I use DPSA and Office of the premier this is required by these structural offices* (Madhuvha)

The findings showed that the majority of participants viewed the role of communication of the programme as a critical component in terms of how the type of messages to promote wellness is communicated. This was regarded as important in a bid to demystify the stigma and misconception that employees have about wellness management programmes. Notably good communication messages are the vessel with which changes in attitude and behaviour will be actualised, which is the essence of promoting wellness and healthy lifestyle habits. This implies that without a strong communication strategy, the programme is bound to fail.

The findings further revealed the significance of management support and the key role they play in terms of decision making for successful implementation of the programme.

They also reveal the key role of labour as a partner and structure that can influence their members to use the service, as more often labour is the first point of contact when their members are experiencing challenges and they trust the union. Hence, strategical alignment of the programme with labour makes business sense, especially that some of the earlier establishments of EAP were initiated by labour as indicated in the literature contained in Sieberhagen, et.al. (2011).

Contrary to the participants' experiences and challenges around lack of resources to implement the programme discussed earlier, the findings above infer that despite these challenges participants identified other factors that would be instrumental in implementing the programme. This suggests advocacy, innovation and creativity for the programme as further highlighted by one of the participants who alluded that if the programme is well aligned to support the mandate of the department, the executive will know about the programme and this will promote implementation. The participant made an example of strategic communication aligned with the transformation agenda in her department, communicating the message that the wellness programme is a programme designed to support employees with change management and thereby both employer and employee benefit from the services. Hence the participant indicated that as much as the programme is

not strategically positioned in terms of who is managing the programme, they enjoy the management support in demonstrating the value of the programme to the executive.

4.3.4 Theme 4: Monitoring and evaluation of the Programme

This theme was divided into two sub-themes, namely provincial monitoring and evaluation and Readiness Systems Monitoring Tool instituted y DPSA.

4.3.4.1 Sub theme 1: Provincial monitoring and evaluation

Participants indicated that monitoring is done through monthly reports against the deliverables committed in the operational plans for internal purposes and quarterly reports monitored through the transversal EHWP unit whose role is to provide coordination oversight and policy guidelines of the Programme against the GPG operational plan. Furthermore, two participants also highlighted that the programme's key deliverables have been expressed at the level of the departmental Annual Performance Plan (APP) which puts the programme in a better position for recognition by the executive management.

> *Two monitoring units, one from the transversal usually come through for monitoring purposes, they check us in terms of what we have planned to do, are we achieving it, but also they check us as to are we complying to issues such as those identified in the OHS so that's part of monitoring and also internally we have the very same structure, but on a lesser level, on a weekly basis we meet the reporting team to ensure that all issues identified during OD and so forth they have been attended to.* (Sisanda)

Participants also reported that the challenge with reporting has to do with utilising different templates for internal departmental use and for the DPSA which are sent to Transversal business unit.

> *Programme is also monitored externally by the Transversal EHWP that is based at the GDF where we are expected to also compile a report using a different template to the one used internally, but a template agreed upon on a provincial level for the monitoring of the EHWP.* (Khanyisa)

The findings showed that monitoring and reporting is important for planning purposes in GPG. The findings also imply that the programme implementers and the sub directorates are being held accountable for the performance and progress of the programme in GPG.

It was interesting to note that based on the findings presented, that only two participants indicated that evaluation of the EHWP is conducted through a customer satisfaction survey there is no clear evidence of evaluation of the wellness management programme in GPG at a departmental level except for the Monitoring Performance Assessment Tool by the DPSA at a National level Participants further felt that this process is used as a compliance exercise instead of a process to improve the quality of implementation of the programme

Only two participants noted that noted that the programme is evaluated through use of customer satisfaction survey from the end-user perspective at a department level.

> *we review some of the interventions, through evaluation forms just to find out what are the suggestions from the employees so that we identify needs from there and then we go through different sets of data, like our HR information systems leave trends, we look at the customer satisfaction survey that we do on an annual basis just to pick on the key issues that we need to focus on and we look at what we committed*. (Omphile)

The study by Patton (as cited in Madikologa 2014, p. 75) confirms "the importance of evaluation and argues that it is a systematic process of collecting data about the design, activities and outcomes of programmes with the aim of either determining whether they have achieved what they were intended to do or improving and enhancing the programmes".

The findings have revealed that there is regular monitoring and reporting which can be regarded as an important process for planning purposes in GPG. However, it is further noted that the reporting process is made difficult by many different reporting templates, suggesting that the process is cumbersome and there is a need to review the templates utilised by GPG for reporting purposes. The researcher noted with interest that participants also raised matters related to OHS, and HIV & AIDS and how these relate to total wellness, especially given that GPG implements an integrated employee health and wellness programme.

4.3.4.2 Sub theme 2: Readiness Systems Monitoring Tool (SMT)

The findings specified that participants had challenges with regards to the Systems Monitoring Tool which is a self-assessment tool for national and provincial government departments to assess their readiness to integrate and implement the four pillars of the EHWSF as highlighted by this participant:

> *SMT is part of the tool we use to monitor and the MPAT is one of the assessment tool and there is this other one that I was reading on today I can't remember what it is, but often there will be reports from M and E to look at the mainstreaming of HIV and AIDS within the reports there are M and E tools that constantly checks with us as to are we mainstreaming the entire programme within the whole department and we also have , consultative meetings with our coordinators and peer educators to check the state of the programme within their regions and institutions and we have our own HR management meetings that is where they check performance in relation to plan so we do have that.* (Nkanyezi)

When asked about their experiences on the positive and negative aspects of the SMT, participants highlighted the following:

Positive aspects of the SMT tool:

The DPSA SMT tool was useful as

- a guide, a resource, it's a very useful tool even if you want to do your operational plan and you don't know where to start under a certain pillar, you can refer to it
- a way of communicating the status of the wellness to the accounting officers and if there are areas of improvement if we don't have staff in wellness, or a dedicated budget, we still don't have policy in wellness, why is it that we don't have a specialist in OHS so it's in a way a constant reminder to the accounting officers and all the authority to say this is where you are, this is how far you have gone and this is the target that you are working towards.

- a means of providing a checklist on the type of documents required and how far is your department in terms of compliance as well as the difference between a strategy and a policy

Negative aspects of the SMT tool:

Participants indicated that some of the shortcomings of the SMT included:

- The lack of guidance and support from the DPSA in terms of reviewing department structures to align to the DPSA EHW strategic framework so that there can be effective implementation of the four pillars
- The lack of feedback from the DPSA, regarding the progress and performance of departments with regards to the integration of the four pillars
- The participants felt that management was not held accountability for the implementation of the SMT tool
- Participants indicated that populating the SMT tool is a difficult and cumbersome process felt that the calculations require revision
- The SMT tool was perceived as a mal-compliance process that departments undertake for MPAT purposes
- Participants felt that the SMT should receive more support from senior management

Although the Systems Monitoring Tool is a self-assessment tool designed by DPSA for departments to assess their progress in terms of the readiness to integrate the EHWP programme; the findings revealed that the majority of participants found the process flawed, cumbersome and what was most frustrating is the lack of feedback from DPSA or monitoring visits from DPSA to determine whether departments are implementing what is indicated in the SMT and to indicate performance progress. Some of the participants felt that the process is completed by junior officials and senior management have limited information about the programme which leaves gaps in terms of accountability at an executive level. The arguments raised by participants are further endorsed by Sieberhagen et.al (2011) in the literature reviewed in that the success and effectiveness of the EWPs is dependent on a couple of factors including the rational utilisation and evaluation of the programmes with relevant user-friendly evaluation tools.

4.4 SUMMARY

The findings indicated that while there were efforts made by the GPG departments to implement the wellness management pillar in GPG, there were evident challenges with the practical implementation of the programme and the framework is not clear on how it will support departments in terms of aligned structures to facilitate the implementation of the four pillars, and comprehensive implementation of the wellness management that focuses on the organisation and work life balance. Furthermore the inconsistent or lack of common understanding of the wellness management pillar by implementers of the programme presented a concern, as it suggests that the programme is not fully implemented in some departments.

The lack of designated budget for the programme in some departments contributes to inconsistencies in the implementation of the programme in GPG, thus reflects poor planning, management and gives an impression that wellness is not taken seriously and this negatively impacts on the programme. Furthermore, there was a strong perception that the programme is on the periphery, it is underfunded and receives minimal attention from management

It is the researcher's view that the three most critical components for effective implementation of the programme, that is individual, organisational and work-life balance, presented challenges for implementers in the province. The study revealed that although the DPSA EHWS framework commissioned for the integrated implementation in all Provincial and National departments, there was no evidence of guidance or support from the DPSA with regards to reviewing structures to enable the effective implementation of the integrated framework.

The study further revealed that participants regarded the sourcing of an external online counselling service for GPG employees and their family members as a positive aspect in that the service is confidential, credible and has the integrity to dispel the myths and stigma around concerns with confidentiality. Participants also viewed the GPG EHWP forum as a source of support for the community of practice and a platform to share knowledge, learn best practice, idenify gaps in the field of wellness management and provide each other with peer support. An interesting finding in the study was that the Policy On Incapacity Leave and Ill Health Retirement (PILIR) was administered and managed within the EHWP programme in one department which gives the department more insights health and productivity related challenges as the coordinator is able to advise the department on how to decipher ill health

applications assisted by providing a professional report from a wellness management perspective that assesses the environment at individual level of the employee, the impact of the organisation, conducting home visists to determine the impact of the ill health application at a broader macro level for the applicant. This suggests that the roles of occupational social work as highlighted by Frank and Streeter (as cited in Du Plessis, 1994) could be incoporated in wellness management practices in the workplace at a micro (therapist to employee and family), at a meso level (an educator and capacity builder) and at a macro level (facilitator, advisor, needs assessor, change agent, advocate, coordinator as well as a monitor and evaluateor among other roles) to assist all stakeholders with absenteeism management inetrventions.

While the study indicated that participants displayed creativity and passion to implement the programe amidst capacity, budget and positioning challnegs, it was also evident from the findings that there is a gap in terms of attending to SHERQ and Occupational Health and Safety concerns in the province and without the necessary technical and skills expertise in the field, there is a risk of the employer abdicating the responsiblity to comply with teh OHS Act No 85 of 1993 to ensure the health and safety of employees. The researcher is of the view that based on the findings of the study there is evidence that the programme requires multidisciplinary team to implement the full scope of the programme.

4.5 CONCLUSION

This chapter has highlighted the findings of the study in relation to the research question and objectives. The profiles of the participants were captured in terms of their age, gender qualifications and years of experience working in the field of EHWP. The data presented the experiences and perceptions from the coordinators as the implementers of the wellness programme in GPG. As this was a qualitative study utilising face to face interviews, the responses from participants were expressed in direct quotes utilising pseudonyms and statements which were further supported by tables and numbers to describe the views.

CHAPTER FIVE

5. MAIN FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

Wellness management pillar delineates components that are key not only to enhance human capital and individual wellness, but also for enhancing organisational wellness in the public service, yet this was area that was found to be lacking in terms of implementation of the programme in GPG (DPSA EHWSF, 2008). The research question aimed to understand the perceptions of the EHWP Coordinators regarding the implementation of the wellness management pillar in GPG departments. The researcher has heard the voices of the participants as the implementers of the programme in GPG and will summarise the main findings, based on each objective of the study, make conclusions and recommendations for programme improvement and future research within the employee health and wellness field.

5.2 SUMMARY OF FINDINGS

Objective 1: To describe the views of the Coordinators about the DPSA EHWSF wellness management pillar and its suitability for implementation in GPG

The main finding under this objective was that there was no common understanding of the meaning of the DPSA EHWSF wellness management among GPG EHWP coordinators as implementers of the programme. Most participants largely understood wellness management to be associated with individual wellness which is intervention at a micro level and seemed to perceive the individual as the source of challenges in the organisation, which was inconsistent with the DPSA EHWSF (2008) functions of wellness management which also broaden the scope individual wellness but to organisational wellness and work life balance centred more on the macro level.

The participants' understanding indicated a narrow perception of wellness management implementation which was somehow in line with the EAP approach where the emphasis of a medical model regards the individual "as sick" or as the one with the problem, which Harrison's (2009) study identified as well. The majority of the participants understanding indicated a lack of consideration of the Systems theoretical approach that recognizes the

reciprocal relationship nature of individuals and organisations and holds that they must be understood within the context in which they exist (Compton, Galloway & Cournoyer, 2005), which was concerning given the DPSA EHWSF (2008) DPSA EHWSF (2008) integrated approach on employee and organisational wellness, is similar to the principles that underpin the discipline of Occupational Social Work, wherein the challenges experienced by the employee are viewed holistically in relation to the environment, the workplace setting as well as the surrounding community (Van Breda & Du Plessis, 2009).

The participants' narrow perception was concerning as it meant that the wellness management pillar is not fully implemented in most departments. Very few participants provided an in depth comprehensive meaning of the wellness management pillar inclusive of organisational wellness and work life balance. The findings showed that although on a limited scale these few participants not only implemented interventions to address employees' challenges. But there were efforts to incorporate proactive interventions focusing on improving the organisational environment and how it can support the employees for optimal performance. Culture in a bid to enhance the quality of life and wellness of employees and in keeping up with (Van Breda & Du Plessis, 2009) Occupational Social Work Model, where the impetus is on commitment to interventions aimed at changing the work environment to effect change in employees lives and beyond.

The participants held a strong view that although the policy, guidelines and tools are in place to guide processes, there is however a lack of implementation of organisationally focused interventions to influence the culture which literature persuasively argues that wellness management has critical benefits for organisational performance and if not taken seriously, it can be considered a threat to the organisation as employees are at the heart of organisational performance in meeting its goals Madikologa (2014).

The integration of the DPSA EHWSF (2008) means that there is an interface of the four pillars, however the findings indicated that the challenge seemed to be that some coordinators are expected to implement all four core functions inclusive of PILIR, OHS as was indicated in the study with minimal capacity. The perceptions of the participants indicated that that although the DPSA EHWSF is integrative of four pillars, there are challenges with practical implementation; the participants' perception was that there are no clear guidelines on how to operationalise the strategic framework. This finding confirms Harrison's (2009) study that the DPSA EHWSF has a disjuncture between the framework and practical implementation.

Objective 2: To explore factors that promote the implementation of the DPSA EHWSF wellness management pillar

The main finding of this objective was that participants felt that there are factors that could improve the implementation of the programme in GPG. One of the critical success factors for effective implementation of the programme was identified by participants to be leadership participation; strategic support and buy in as literature reviewed argues persuasively that managers of all levels in the organisation need to support wellness programmes as the absence of such support, could contribute to failure of the programme. Cascio (2006). Majority of participants indicated that communication and marketing the programme through sporting events, forging partnerships with internal and external stakeholders including the labour forums were also instrumental in the effective implementation of the programme. Their view is supported in the literature reviewed Mulvihill (2003) of core practices for wellness programme that are considered key for the successful implementation of the programme. An interesting finding was that beyond these factors participants that were able to strategically align the wellness management programme to support the departments in meeting their core mandate gained competitive advantage of their executive management to support the implementation of the programme.

Objective 3. Factors that hinder the implementation of the wellness management programme

The main finding of this objective was that participants felt that there are factors that hinder the implementation of the programme. The lack of capacity to implement the programme, the lack of a committed budget, and the lack of management support, was identified by most participants as the major deterrents to implementing the wellness programme effectively.

The deficiency in capacity to implement the wellness management pillar as indicated by participants is as a result that there is an expectation by DPSA for departments to implement the four integrated EHWP pillars without reviewing the structures and capacity to deliver on this framework. Hence the full scope of wellness management is not implemented as coordinators indicated that they are expected to run with other functions of the integrated

EHWP framework. So while the framework is deemed suitable for implementation, the study has revealed that systematic implementation is a challenge.

The participants held a strong view that although the policy, guidelines and tools are in place to guide processes, there is however a lack of implementation of organisationally focused programmes due to various factors, one being EHWP is not suitably positioned at a strategic level to influence the culture of the organisation. A significant finding about the study is that even those participants who demonstrated an in-depth understanding of the wellness management pillar indicated that the implementation of organisational wellness interventions was also minimal in their departments as a result of lack of budget and other factors as highlighted by the findings.

Due to the lack of clarity on operationalisation of the framework, and the lack of capacity, it was indicative from the participants that implementation of the full scope of wellness is problematic for example the study showed that most efforts of implementation are focused on individual wellness rather than organisation wide interventions. It can be assumed therefore that the absence of organisational interventions conversely will make little impact on the organisational wellness, which is what the scope of the framework proposes, aspiring for conducive working environments and have employees that are productive who can deliver on the mandate of the premier, thus reduced health care costs and less absenteeism will be visible.

5.4 Determine positioning of the wellness management programme and support structures

The main finding in this objective was that there was no uniformity in structures and reporting directorates indicated by all participants, furthermore the EHWP is not positioned as a Directorate in all GPG departments. The lack of uniformity in structures and reporting directorates contributes to inconsistent implementation of EHWP in various GPG departments. Participants indicated that reporting to different directorates for example Employee Relations created a conflict of interest and with minimal support base for implementers of the programme on confidential and ethical case management matters. As a result, participants indicated that this contributes to the programme not getting the necessary management support, sometimes lack of priority due to the lack of understanding of the

programme by managers. This contributes to the frustration of the programme implementers as some also felt overstretched and expected to perform operations as well as strategic functions.

An interesting finding from the study was that majority, 11 participants are Deputy Directors and Assistant Directors, which places them in middle management positions. However, the participants indicated that the programme received less priority as there was no representation at the executive level, some participants indicated that their managers' knowledge was limited in terms of the programme content. The study further revealed that all the participants of the study are highly educated and have vast experience in the field of wellness, however there was evidence that the inconsistent organisational structures and job titles for the programme seemed to contribute to the confusion and inconsistency in implementation of the programme.

The study further revealed that the health and wellness agenda is relegated to the periphery and lower levels of the organisation and therefore the programme become marginalised and individualised, making little impact on the work community as a whole. Another interesting finding from the study was the overwhelming view that although participants recognised that PSC (2006) confirms the programme as a support function to Human Resource unit, the study revealed that there was a strong view for the programme structures to be reviewed, to have its own Directorate to operationalise the DPSA EHWSF operationalisation of the framework and the interface of the pillars.

5.*5 Monitoring and evaluation of the wellness programme*

The main finding in this objective was that the participants were of the view that, there were systematic processes for monitoring and reporting of the programme within departments and through the transversal team. The reporting was based on the wellness management policy and the annual operational plan. The study further revealed that at a National level, the System Monitoring Tool does provide for systematic reporting, however the participants' perception was that the process was flawed and cumbersome and sometimes due to the positioning of the programme at the periphery participants were of the view that the process of self-assessment on the document maybe biased and contribute to mal-compliance. The National monitoring and reporting was found to be discouraging as there was no feedback

from the DPSA on the progress of the SMT reporting process. Participants indicated that the lack of audits by the DPSA to verify the SMT submission, the lack of accountability and the fact that there are no consequences for non-compliance, raises concerns about the process and thus requires a formal review to be initiated to verify the submissions by departments.

Some of the participants felt that the process is completed by junior officials and senior management have limited information about the programme which leaves gaps in terms of accountability at an executive level. The arguments raised by participants are further endorsed by Sieberhagen et.al (2011) in the literature reviewed in that the success and effectiveness of the EWPs is dependent on a couple of factors including the rational utilisation and evaluation of the programmes with relevant user-friendly evaluation tools.

5.3 CONCLUSION

The research findings indicated that the DPSA EHWSF on wellness management is suitable for implementation in the public sector given the scope and ultimate goal of the framework to better the lives of employees at a micro level and the interdependent systems within the workplace at a meso level, external community that employees originate from at a macro level. The rich insights and findings provided by participants confirmed the research results.

The main area in which there was a discrepancy between the participants' views was on the understanding or the meaning of wellness management, wherein majority of the participants' understanding was limited to interventions geared towards the individual, whereas a few of the participants on the other hand provided a comprehensive and integrated understanding of the framework which included organisational wide and work life balance programmes that took into cognisance the interdependence and interconnectedness of the systems in the workplace. It can be concluded that some of the participants' knowledge in wellness management is limited in terms the meaning of wellness management pillar and how it is to be implemented or that the implementation process is not standard and clear. Although there was a lack of common understanding of the wellness management pillar, participants provided rich, valuable insights on the concept of wellness management in their responses to the rest of the research questions. There was also a strong perception by participants that the DPSA EHWS framework has a lot of positive aspects and that it is suitable for GPG practice, however there are still challenges and gaps with the implementation of the full scope of

wellness management pillar with regards to capacity, financial resources and lack of management support and leadership to champion the programme in Gauteng.

A significant finding about the study was the minimal emphasis on organizationally focused interventions such as the ones outlined by the DPSA EHWSF (2008) that may include productivity management and absenteeism interventions, and some of the work life balance that may include the interface between home and community responsibilities, child care and family support and or implementation and management of flexibility work policy, to foster internal organisational change and affirming that some of the workplace problems exist due to structural and processes of the organisation Frank and Streeter (as cited in Du Plessis, 1994).

The findings indicated that there is scope for Occupational Social Work in the workplace to contribute towards the knowledge and implementation gaps identified in the study as by virtue of training, the discipline focuses on the impetus on a developmental focus-driven approach that seeks to holistically address challenges within the organisation and improving the lives of the community at a macro level contributing to social change (Du Plessis, 1994; and Van Breda, 2009).

5.4 RECOMMENDATIONS

5.4.1 USE OF FINDINGS OF THE STUDY

The findings of this study can be used to improve knowledge, capacity building and to inform policy and programme development in the field of wellness management in GPG and the public sector. The literature has affirmed that organisational wellness is a critical component that should not be overlooked when wellness programmes are instituted. Wellness interventions have a positive impact on organisational performance and talent retention. (Madikologa, 2014). Therefore the researcher recommends the programme be adequately resourced and prioritised as a strategic partner and an enabler in the organisation and promote a culture of safety and influence change at a macro level. Furthermore, continuous capacity building for managers and the coordinators on the full scope of wellness management and guidelines for implementation and integrating organisational-wide type of interventions to close the gap identified by this research. Detailed recommendations for the different spheres of government are spelled out below:

Recommendations For GPG

- Review the structure of the EHWP to implement an integrated DPSA framework and consider a Directorate level for the Programme;
- Allocate a dedicated budget to implement the programme;
- Ensure compliance with Occupational Health and Safety Act, No 85 of 1993;
- Strengthen knowledge by management of the DPSA EHWSF and the SMT;
- Professionalise EHWP by formalising recruitment processes and appoint professionals registered with a recognised professional body;
- Facilitate capacity building workshop to train all coordinators on the implementation of the wellness management pillar to ensure consistency and integration of the pillar.
- Strengthen managerial workshops, to capacitate managers on their role with regards to referring subordinates to wellness and how they can further support employees without abdicating their other line management responsibilities.

Recommendations for the DPSA

- Review the framework and approve EHWP structures to implement the integrated strategic framework
- Provide guidance and leadership on how to implement the comprehensive EHWSF
- Approve comprehensive structures to implement the framework
- Provide capacity building for the management on the DPSA framework and SMT
- Consider adapting the DPSA EHWSF to position it within departments
- Conduct an evaluation of the framework that was initiated in 2009.

Recommendations for Transversal EHWP

- Advocate for revised structures to implement the integrated EHWP
- Advise management on the status of wellness in the province and lobby for a committed budget to implement the programme
- Facilitate debriefing, supervision and support workshops for coordinators
- Facilitate capacity building for community of practice within the EHWP field on latest practices in the field of EHWP.

Recommendations for the coordinators

- Align the department's core mandate to ensure wellness management supports service delivery
- Leverage on strategic partnerships with human resource business units, Occupational Health and Safety specialist, Nurses and Doctors to review a multi-disciplinary approach to effectively implement the integrated Employee Health and Wellness Strategic Framework in the public sector
- Advocate and market the programme in GPG.

For Occupational Social Work

- Occupational Social Work to be considered for workplace programmes for their expert knowledge of implementation of programmes at micro, meso and macro levels
- To collaborate with workplace social responsibility programmes to bring about social change

Future Research

Future research should consider a larger sample that would include the views of multiple stakeholders involved in the wellness programme. Of significance would be to explore the perceptions of senior management in implementing departments. In addition, studies in EHWP at other government departments in different provinces could be considered. This research can be used to infer comparisons and similarities with other studies which could result in a more comprehensive picture of how employee wellness of public servants in South Africa is undertaken. Furthermore future research should consider the DPSA as the custodians of the Employee Health and Wellness Strategic Framework in the public sector to corroborate the findings.

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APPENDICES

Appendix A - Permission letter the Director General to conduct research study within Gauteng Provincial Government Departments – permission granted

Appendix B - Participant Information Sheet

Appendix C - Consent Form for participation

Appendix D - Consent form for tape recording of the interview

Appendix E - Interview Schedule

Appendix F - Ethics Clearance Certificate

APPENDIX A

GAUTENG PROVINCE
FINANCE
REPUBLIC OF SOUTH AFRICA

MEMORANDUM

TO:	Ms. Phindile Baleni Director General: Gauteng Office of the Premier	**FROM:**	Ms. Menyezwa Menze Director: Transversal Employee Health and Wellness Programme
CC:	Mr. Malibongwe Mboyi Chief Director: Human Resource Services	**DATE:**	25 March 2015
SUBJECT: Request for approval for Ms. Margaret Mashiane to conduct an academic research study in GPG within the Employee Health and Wellness Programme, towards part fulfilment of Masters in Occupational Social Work Degree			

1. Purpose

The purpose of this memorandum is to request the Director General's approval for Ms. Margaret Mashiane to conduct an academic research study in GPG within the Employee Health and Wellness Programme, as partial fulfilment towards a degree for Master of Arts in Occupational Social Work for which she is registered for, at the Witwatersrand University for 2015.

2. Background

Ms. Mashiane is employed within the Human Resource Services: Transversal Employee Health and Wellness Programme in the Gauteng Department of Finance as a Deputy Director, responsible for operations in the business unit. The Transversal Employee Health and Wellness unit is mandated with the responsibility to oversee the coordination, monitoring, evaluation and reporting on the health and wellness status of GPG employees. Part of the responsibilities of the unit requires ensuring that individual and organisational risks are identified and managed through suitable strategies and interventions.

It has been more than ten years that GPG introduced a wellness programme to provide psychosocial services to employees and their immediate family members. Since inception the programme has evolved with a move from fragmented and reactive Employee Assistance Programme (EAP), to a more comprehensive and proactive Employee Health and Wellness Programme (EHWP) approach in line with the Department of Public Service and Administration (DPSA) EHW Strategic framework launched in 2008. Over the years the Transversal EHWP unit has analyzed extensive data based on presenting health and wellness trends to inform programme development in departments.

3. Motivation to conduct the study

The motivation to conduct the study was prompted by the fact that, the DPSA Employee Health and Wellness Strategic Framework (EHWSF) is fairly new and since its introduction in 2009, no systematic research has been conducted to determine the practical implementation of the framework in GPG. The interest in the study was further motivated by the gaps identified by DPSA in 2012 with regards to lack of compliance, in the implementation of the Systems Monitoring Tool, which is a tool that is aimed at determining the readiness of government departments to implement the integrated EHWP. The proposed study therefore seeks to explore in-depth the views of the EHWP Coordinators' about the practical implementation of the framework, with specific focus on the wellness management pillar in GPG departments between 2012 and 2014.

The proposed research topic will focus on:

Exploring perceptions of the Employee Health and Wellness Programme Coordinators on the implementation of the programme in Gauteng Government departments between 2012 and 2014

3.1 Secondary Objectives

- To describe the views of the Coordinators about the DPSA EHWSF wellness management pillar and its suitability for implementation in GPG
- To explore factors that promote active implementation of the programme to the DPSA EHWSF wellness management pillar
- To explore factors that hinder active implementation of the DPSA EHWSF wellness management pillar
- To determine positioning of the EH&W programme and support structure in departments

It is envisaged that the study will contribute to the body of knowledge within the EHWP field in GPG, and to inform framework analysis, programme improvement and policy guidelines in the Public Service.

4. Deliberations

The research study will be conducted during 2015 academic year. A qualitative research study will be conducted using a case study design to explore in-depth experiences of EHWP Coordinators drawn using purposive sampling from a population of 29 GPG EHWP Coordinators based on an inclusion as follows:

1. Participants to have been employed as an EHWP Coordinator within GPG since 2009
2. Participants to at least have 3-5 years' experience in the wellness field
3. Coordinators of departments that are participating in the transversal EHWP contract with an outsourced service provider
4. Coordinators employed in a department that has an approved System Monitoring Tool (SMT) for 2012, 2013 and 2014 financial years

The method of data collection will be interviewing making use of a semi-structured interview schedule as a tool to gather data. Purposive sampling will be utilised and the sample selected from a population of twenty nine (29) GPG EHWP Coordinators based on a selection criteria. A pre-screening process based on the above inclusion criteria will determine the sample number, the researcher anticipates that at least 13 Coordinators, one (1) from each department who meet all four (4) inclusion criteria will participate so as to have thirteen (13) participants in order to enhance representativeness of the study within GPG. Although there are fourteen (14) GPG departments, the department of Health is excluded from the study as it does not meet inclusion criteria 3 above; the department has a separate outsourced service provider for EHWP. The collected data will be analysed using thematic analysis.

5. Financial Implications

Ms. Mashiane is a recipient of a bursary from the Gauteng Department of Finance to study Masters in Occupational Social Degree and there will be no further financial implications for the Province for granting her permission to conduct an academic research study.

6. Recommendations

In light of the above motivation, it is therefore recommended that the Director General in the Office of the Premier grant Ms. Mashiane permission to conduct research study within the EHWP field as part fulfillment towards a Master's in Occupational Social Work degree for 2015 academic year.

Compiled By:

Name	Designation	Signature	Date
Ms. Menyezwa Menze	Director: Transversal EHWP		2015-04-25

5. Financial Implications

Ms. Mashiane is a recipient of a bursary from the Gauteng Department of Finance to study Masters in Occupational Social Degree and there will be no further financial implications for the Province for granting her permission to conduct an academic research study.

6. Recommendations

In light of the above motivation, it is therefore recommended that the Director General in the Office of the Premier grant Ms. Mashiane permission to conduct research study within the EHWP field as part fulfillment towards a Master's in Occupational Social Work degree for 2015 academic year.

SUBMISSION APPROVAL

Name	Designation	Signature	Date
Ms. Phindile Baleni	Director General: Office of the Premier	Baleni	01/04/2015
Comments:			

GAUTENG PROVINCE
FINANCE
REPUBLIC OF SOUTH AFRICA

Enquiries: M. Menze
Director: Human Resources
Tel: (011) 689 6245
9 April 2015

University of the Witwatersrand
Department of Social Work
School of Human and Community Development
Private Bag 3
Wits
2050

Dear Sir/Madam

APPROVAL FOR MS. MARGARET MASHIANE TO CONDUCT AN ACADEMIC RESEARCH STUDY ON THE PERCEPTIONS OF THE EHWP COORDINATORS ON THE IMPLEMENTATION OF THE PROGRAMME IN GAUTENG GOVERNMENT DEPARTMENTS FROM 2012 - 2014

In my capacity as the Director General in Office of the Premier (Gauteng Province) grant Margaret Mashiane permission to conduct an academic research study within Gauteng Provincial Government departments for the year 2015, on the proposed topic:

"Exploring perceptions of the Employee Health and Wellness Programme Coordinators on the implementation of the programme in Gauteng Government departments between 2012 and 2014"

I duly authorize that Margaret Mashiane be granted access to the following departments in order to conduct the study:

Gauteng Department of Office of the Premier
Gauteng Department of Treasury
Gauteng Department of Finance
Gauteng Department of Roads and Transport
Gauteng Department of Economic Development
Gauteng Department of infrastructure Development
Gauteng Department of Social Development
Gauteng Department of Cooperative Governance and Traditional Affairs
Gauteng Department of Human Settlement
Gauteng Department of Sports, Arts, Culture and Recreation
Gauteng Department of Agriculture and Rural Development
Gauteng Department of Community Safety
Gauteng Department of Education

Yours Sincerely

Baleni

Phindile Baleni (Ms)
Director General
Office of the Premier
Gauteng Province
Date 13/04/2015

Tel: (011) 689 6000, Fax: (011) 355 2112
Physical Address: 75 Fox Street, Imbumba House, Marshalltown, Johannesburg
Postal Address: Private Bag X112, Marshalltown, 2107
www.gautengonline.gov.za Hotline: 0860 428 8364

Appendix B

Participant Information Sheet

Good day

My name is Margaret Mashiane and I am a Masters student registered in the Department of Social Work at the University of Witwatersrand for the academic year 2015. As part of the requirements for the degree, I am conducting a research study entitled: Exploring the perceptions of the EHWP Coordinators on the implementation of the programme in Gauteng Government departments between 2012 – 2014

It is hoped that the research study will enhance EHWP Coordinators' understanding of the factors that promote or hinder the implementation of the Wellness Management pillar in order to inform programme design and policy guidelines.

I therefore wish to invite you to participate in the study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to participate, I shall arrange to interview you at a time and place suitable for you. The interview will last approximately one hour. You may withdraw from the study at any time and you may refuse to answer any questions that you feel uncomfortable with.

With your permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept confidential and locked in a cabinet for a period of two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

Should you feel the need for supportive counselling following the interview, I have arranged for the service to be provided free of charge by the GPG EHWP outsourced EHWP service provider ICAS – SA. To make an appointment, they may be contacted at 0800611169.

Please contact me on 0714433178 or my supervisor, Ms Roshini Pillay on 011 717 – 4486 if you have any questions regarding the study. We shall answer them to the best of our ability. Should you wish to receive a summary of the results of the study; an abstract will be made available on request.

Thank you for taking the time to consider participating in the study.

Yours sincerely

Margaret Mashiane

Master of Art Occupational Social Work Student

University of the Witwatersrand

School of Human and Community Development

Supervisor signature

Appendix C

Participant Code:.....

Consent form for Participation in the research study entitled:

Exploring perceptions of the EHWP Coordinators on the implementation of the programme in Gauteng Government departments between 2012 - 2014

I ....., hereby consent to participate in the research study conducted by Margaret Mashiane. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential.

Name.....

Date.....

Signature.....

Appendix D

Participant Code: .....

Consent form for Audio Taping of the interview for the research study entitled :

Exploring perceptions of the EHWP Coordinators on the implementation of the programme in Gauteng Government departments between 2012 - 2014

I ....., hereby consent to the tape recording of the interview with Margaret Mashiane. I understand that my confidentiality will be maintained at all times and that tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there are no publications. I also agree to allow for direct quotes to be incorporated into the study.

Name.....

Date.....

Signature.....

Appendix E

Interview schedule 1

Interview Schedule for exploring the perceptions of the EHWP Coordinators on the implementation of the programme in Gauteng Government departments between 2012 - 2014

Demographic Information

Job Title:	
Age:	
Race:	
Gender:	
Who do you report to e.g. Director, Deputy Director or other	
How many people do you supervise?	
Has the programme been allocated a budget?	
Is there an EHWP policy that is signed	
Qualification/s:	
Work related courses that have been attended in the last two years:	
Work experience within the EHWP field:	
Duration of employment within GPG in the EHWP field:	

Interview schedule 2

1. Explain where EHWP is positioned in the department
2. In your own words tell me what the DPSA EHWSF Wellness Management pillar means?
3. Can you describe how the Wellness Management pillar is implemented in your department

   3.1 What are the activities implemented under the Wellness Management pillar in your department?

4. What are some of the challenges you experience in implementing the programme and how do you address them?

5. What are some of the factors that promote the implemetation of the DPSA EHWSF Wellness Management Pillar?

6. Explain the methods used to report on the programme in your department??

7. Describe the monitoring processes of the programme in your department?

8. Describe your understanding of the DPSA SMT tool

   8.1. What are the positive aspects of the SMT tool?
   8.2. What are the negative aspects of the tool?

9. What is the role of Management in the implementation of the DPSA EHWP wellness pillar in your department?

10. Are there any suggestions you would like to make regarding the implementation of the wellness management pillar within the workplace?

Thank you for your participation in the study

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Mashiane

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H15/07/32**
PROJECT TITLE	Exploring the perceptions of the Employee Health and Wellness Programme coordinators on the implementation of the programme in Gauteng Government departments between 2012 and 2014
INVESTIGATOR(S)	Ms M Mashiane
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	24 July 2015
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	13 August 2018

DATE 14 August 2015 **CHAIRPERSON** J. Knight
(Professor J Knight)

cc: Supervisor : Ms R Pillay

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

20/08/2015
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES