

CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

The new social, economic and political dispensation has presented South African society with many challenges. Maentja (1998) cited in Nemukongwe (2003:1) notes that changes in South Africa are so fundamental that they are transforming the landscape of almost every aspect of life. Work life is not excluded.

Nemukongwe (2003:1) argues that workplace related problems such as retrenchments, job losses; low morale; transformation; poor pay and poor productivity are increasingly being identified as issues needing to be addressed in South African workplaces, as they may be major sources of stress and trauma. These issues present particular challenges to line managers as they spend most of their working hours interacting closely with employees. Ekurhuleni Metropolitan Municipality is, therefore, not immune to these challenges.

Research in the field of mental health and workplace performance has shown that the impact of stress and trauma on employees are major issues that require attention in the workplace (South African Federation of Mental Health Fact Sheet, 2000).

More often than not, people experience traumatic and stressful life events and challenges that have psychological and physical effects and these may have damaging effects on the productivity of employees (Martin, 1989).

There seems to be dichotomous views about the nature of management of people in the workplace. They need to be seen as both a resource to the workplace as well as human beings. Dickson (1977: 278) argued that “managing people is about looking at people as a resource to be managed and administered and as human beings with human needs to be developed”.

This study seeks to investigate perceptions of line managers at Ekurhuleni Metropolitan Municipality, an urban Municipality on the eastern side of Johannesburg, regarding the impact of stress and trauma on work performance among employees.

1.2 Rationale

The study was motivated by the training and professional experience of the researcher, general observations on peoples’ everyday lives and previously conducted research in the field of mental health and work (Nemukongwe, 2003; Buist, 2000; South African Federation of Mental Health, 2000).

During the fourth year of the researcher’s studies towards the BA (social work) degree, the researcher worked with traumatized and stressed employees and she researched the effects of trauma on the effectiveness and efficiency of employees in the workplace. During the course of the study, she found out that, generally line managers showed little interest and understanding regarding the topic and as a result were reluctant to release their employees for special interviews and trauma debriefing sessions, or to play a supportive role.

Line managers, generally trained in technical rather than human relationship skills, seemed poorly informed regarding the relationship between stress, trauma, work performance and productivity of employees. Their perceptions are therefore important, as line managers are both major role players in the organisations' productivity levels and work closely with employees. If well informed and capacitated they are in the best position to detect and or identify mental health problems among employees timeously.

The researcher's experience in working in a mental health organisation also made her aware that stress and trauma are some of the major causes of poor productivity and poor work performance in the work place. It can even lead to dismissal. This was evident during trauma debriefing and stress management sessions for traumatized employees from different companies. During such sessions it was evident that employees' productivity decreases when they experienced trauma and stress related problems and they felt that their managers did not understand them, or supported them. This in turn tended to increase their levels of stress.

Local government is at the level where direct service delivery occurs and thus effective and efficient performance of employees is crucial. It is also in this level of public service that employees are faced with more challenges as they deal directly with communities at grass roots level and they are more likely to experience work related stress and trauma. Social problems, life difficulties and chronic illnesses like cancer, HIV and AIDS are also some of the stressful and traumatic experiences people go through on a daily basis. Furthermore the workplace itself may also be stressful or traumatic, as transformation, socio-economic and political changes are some of the issues that challenge the mental health of employees.

At the time of the study, the researcher was employed by Ekurhuleni Metropolitan Municipality and it was anticipated that the research would assist in the achievement of the objectives of the Municipality's research department. An overview of literature on the field of mental health and workplace productivity indicated that the impact of phenomena such as stress and trauma on employees' productivity and the role of line managers in employees' human development and welfare had not been well researched in South Africa. Therefore, it was envisaged that this study would add to the body of knowledge on employees' wellness and workplace productivity.

1.3 Aims of the Study

The overall aim of the study was to explore how line managers in Ekurhuleni Metropolitan Municipality perceive the impact of stress and trauma on work performance among employees. Specifically, the research objectives were:

1. to determine how line managers see their role in helping employees deal with challenges relating to stress and trauma
2. to explore the knowledge and views of line managers about stress and trauma and their impact on work performance
3. to explore line managers' perceptions of experiences of dealing with work related problems that might be related to employees' stressful and traumatic experiences

4. to determine line managers' awareness of and propensity to utilize support structures put in place by Ekurhuleni Metropolitan Municipality to assist in mental health related problems like stress and trauma
5. to make recommendations about further training and development of line managers in Ekurhuleni Metropolitan Municipality

1.4 Potential Value of the study

It was envisaged that the study would be of value in the following ways:

The study addresses an important area in the field of human studies and work. It was anticipated that it would highlight the important role to be played by line managers in human development and mental health of employees.

It was envisaged that the study would add new knowledge in the field of human development, work and occupational social work.

The results of the study could influence policies on labour relations and employee assistance programmes at Ekurhuleni Metropolitan Municipality. Furthermore the study could also help in the development of appropriate programmes to capacitate line managers on dealing with mental health issues like stress and trauma.

1.5 Research Methodology

1.5.1 Research Design

The study utilized a combination of the qualitative and quantitative approach with an exploratory/descriptive research design. Thyer (1993) cited in De Vos (1998:123) views a research design as a blue print or detailed plan for how a research study is to be conducted. De Vos (1998:358) further notes that the main aim of qualitative research designs are to measure the social world objectivity, to test hypothesis and to predict and control human behavior. According to Baker (1998) quantitative descriptive designs are best suited for testing the relationship between variables.

1.5.2 Sampling

The researcher used random sampling, which is a method of probability sampling procedure. Bailey (1994:87) defines probability sampling as a sampling procedure in which all elements of the population have a known chance of selection, no element is assured of selection and no element is excluded from selection. Seaberg (1985) cited in Mckendrick (1990:276) defines simple random sampling as the selection at random of a specific number of persons from a complete list of persons in the population.

Thirty line managers were randomly selected, by choosing every third name on the list. Telephonic contacts were made with the selected line managers to invite them to participate in the research study.

1.5.3 Research Instrument and Data Collection

To collect the required data, the researcher used a specially constructed questionnaire (see Appendix D) with a combination of close-ended and open-ended questions. Appointments with individual line managers were made telephonically to hand deliver questionnaires and to collect them approximately 48 hours after delivery. A time was chosen that suited both the researcher and the respondents and the questionnaires were delivered at a venue that was convenient to the respondent.

1.5.4 Data Analysis

Using frequency distribution, the data was statistically analyzed; it was also manually analyzed by identifying relationships between variables; trends; tendencies; experiences and the knowledge base of line managers on the impact of trauma and stress on work performance. (Millward,1995) in De Vos (1998: 156) refers to this type of data analysis method as thematic content analysis and maintains that the thematic content analysis is useful in analyzing text and establishing possible relationships between variables.

1.6 Limitations of the Study

While conducting the study, the researcher encountered one limitation. Due to the nature of the study, the respondents were likely to answer some of the questions in the data collection tool in the way that they thought was acceptable.

To minimize this limitation, the section of instructions in the questionnaire pointed out that there is no wrong and right answer and that all information provided will be treated confidentially. The researcher also emphasized the aforementioned points in the study's information sheet.

1.7 Definition of Concepts

Stress – “Non specific response of the organism to any demand made on it” (Sumbulu,1999:29).

Lazarus and Folkman (1984:19) define stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing”.

Trauma – “A clinical diagnosis given to the development of specific symptoms following a tragic incident not generally encountered in human experience” Corneil (1991) cited in Figley (1995:52).

Employee Assistance Programme (EAP) – “A set of company policies and procedures for identifying, or responding to personal or emotional problems of employees which interfere, directly or indirectly, with job performance” (Googins and Godfrey, 1987:102).

Workplace – place, setting, premises where people perform work or duties in the cause of gainful employment (Mogorosi, In Press).

Effectiveness – Refers to the extent at which an employee manages to reach his or her practice objectives (Mckendrick: 1990). In his writings Skidmore (1995) defines effectiveness as the ability to achieve desired results.

Perception – An active and constructive process, which in the light of experience and expectations (Pennington, 1990:05) may be defined as a complex response to a sensation (where a sensation is an immediate experience of stimuli).

1.8 Organisation of the study

The research report is organized according to the stages of the research process, as follows:

Chapter one introduces the aims of the study; background and context of the study; potential value of the study; research design and methodology and it also outlines the organisation of the study.

Chapter two provides discussions on literature pertinent to the study. Specific focus is given to stress and trauma as major mental health problems being faced by employees, general systems' approach to life and work, industrial relations and line management and managed mental health care in the workplace.

Chapter three provides in-depth discussions on the research design and methodology used in the study. The chapter gives a comprehensive outline of the research design and the research procedures including the research instrument; data collection; sampling; pre-testing and data analysis. The chapter also discusses the limitations of the research methodology.

Chapter four presents the research findings in the form of tables and graphs. In this chapter facts are presented and research findings are organized in the form of major subsections, guided by the research instrument.

Chapter five out-lines the research main findings, conclusions drawn from these in terms of the original aims of the study and recommendations for practice and future research.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Many different stressors have an impact on the mental health of individuals. Illness of a loved one; financial troubles; family problems; death of a loved one; natural disasters and traumatic crimes are a few examples of major life events that can negatively affect ones' mental health (Cooper and Smith, 1985).

Scarpitti and Anderson (1992) pointed out that employees tend to bring their personal problems to work, which often results in a decrease in their level of productivity. This section examines systems theory, trauma and stress as mental health problems, common issues that increase stress levels of employees; industrial relations; line management; managed mental health care in the workplace and the role of social workers and employee assistance programmes in the workplace.

2.2 Systems theory: employees and the workplace

2.2.1 General systems perspective

The workplace and the wider social life of workers cannot be separated. Employees carry with them their experiences, problems and life challenges wherever they go, including the workplace. Akabas and Kurzman (1981: 52) maintain that "the myth that work and the rest of life exist in two separate worlds has been exposed for the denial of reality it represents. No longer will workers buy the notion that their work roles and other roles are unconnected. No longer are communities willing to accept the

concept that the behavior of the work institution is economic, the behaviours of communities are social and never the twain shall meet”.

Bertalanffy (1952), a pioneer in general systems’ theory, cited by Sheafor et al. (1994: 52), defined a system as “complex of elements standing in interaction”. Miller (1978) cited in Sheafor et al. (1994: 52) views all life as a series of interacting systems, arguing, “All nature is continuum. The endless complexity of life is organized into patterns, which repeat themselves at each level of system, mutuality exists among the components of a system. Each makes a contribution towards the process of the whole and receives in turn a portion of the benefits from those activities”. Sheafor et al (1994) also maintains that a symbiotic relationship exists amongst the parts of a system, each component to some degree affected by all other parts of the system. A change in one part will affect all other parts.

Worsely et al. (1977: 275) offers valuable insight into the world of work and the importance of positive industrial relations for general wellbeing of employees. Morales and Sheafor (1992) cited by Sheafor et al. (1994: 54) further emphasize that employees do not exist in a vacuum, after work they go home to their families and are exposed to family problems. Employees are also part of the broader community and are also prone to challenges that are being faced by both the local community and the global community. They also have historical experiences that contribute to their current situations. The systems theory outlines this interrelation. According to Smith and Cronje (2000) cited in Nel (2001:68) people can be regarded as a subsystem in the organisation along with departments; groups; and teams. According to systems theory, in order to pursue employees’ good mental health, employers need to

consider the dynamic interplay of biological; social; and cultural systems, because this interplay greatly affects the individuals' behavior and functioning (Smith and Cronje, 2001).

2.3 Trauma and Stress as Mental Health Problems

2.3.1 Introduction

Social problems; life difficulties and chronic illnesses are some of the stressful and traumatic experiences that people go through. Furthermore, people go to work carrying with them many expectations and if these expectations are not met, individuals can experience mental health problems like stress and trauma. When Frazer (1983) talks of mental health, his focus is on the way people feel about themselves, how they meet the demands of everyday life and how they get on with others. This section explores the contribution of stress and trauma to mental health conditions, the impact of stress and trauma on peoples' everyday lives and on work performance.

2.3.2 Trauma and its impact

Corneil (1991) cited in Figley (1995: 52) defines trauma as “a clinical diagnosis given to the development of specific symptoms following a tragic incident not generally encountered in human experience”. These may be events such as large-scale disasters; fatal accidents with multiple victims; and or loss of significant others tragically or unexpectedly (such as during war). Webster (2000) also defines trauma as an injury or wound violently produced and an emotional experience or shock, which has lasting psychological effects.

The aftermath of trauma includes intrusive memories; thinking about the incident all the time; no longer looking after yourself and those who are close to you; feeling guilty or not wanting to be alive; no energy and feeling tired all the time; mood swings; poor concentration and memory; low levels of self esteem and assertiveness and substance abuse (CSVN publication). All these can be detrimental to the mental health of people generally, particularly in the case of employees.

2.4 Stress

2.4.1 Definition and Descriptions of Stress

Frazer (1983:16) points out that one of the most significant developments on the health front in more recent times is the realization that stress can have very damaging effects on the body as well as on the mind. According to Jackson (1990) stress may arise from many sources, such as exposure to severe cold or partaking in excessive exercise. However, most people suffer from stress that arises from mental or emotional sources, by far the most common and constant type. Stress is an everyday experience and although it is often thought to happen in response to some major traumatic events in people's lives, this is not usually the case. More frequently it develops as a result of constant daily problems that push coping resources to the limit (Jackson, 1990).

Cooper and Smith (1985) define stress as “the non-specific response of the body to any demand made upon it”. According to Rice (1998) there are three definitions that have been used where stress is seen as a

- ❖ Physical force – This suggests that an external event has placed such severe pressure on an individual that basic survival skills are all they are capable of.
- ❖ Subjective emotional tension – this is a psychological approach suggesting that stress is an internal psychological struggle which an individual expresses as overwhelming and is perceived as threatening and harmful.
- ❖ A physical arousal – this is a physiological approach, stress is defined as a non specific response of the body to any demand made upon it.

However, the three definitions have been integrated and a fourth definition was proposed (Rice, 1998). The integrated model for defining stress was proposed by Richard Lazarus and Rice (1998) and their colleagues. Lazarus and Folkman (1984:19) defined stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing”.

Jackson (1990) argues that stressors can be related to major changes in a persons’ ongoing life pattern. According to Cooper and Smith (1985) stressors can be classified into two groups, external stressors and internal stressors. External stressors may include those in the physical environment such as: noise; bright lights; too much heat; confined spaces. In the social environment, these may include rudeness; bossiness or aggressiveness. Cooper and Smith (1980) point out that in the workplace these may include excessive rules and regulations; deadlines; too little or too much work; a “cold” boss or

colleague; or an incompetent or insensitive manager. Major life events that act as stressors may include: promotion or demotion at work; death of a colleague; relative or family member and newborn baby in the family. Day to day issues may also act as stressors for people.

Internal stressors involve lifestyle choices such as use of habit-forming substances; lack of sleep; or an overloaded schedule. Negative self-talk leading to stress may include: pessimistic thinking; self-criticism and overanalyzing. So-called mind traps or cognitive distortions adding to stress may include: unrealistic expectations; taking things personally; all-or-nothing thinking; exaggerating and rigid thinking (Eckenrode and Gore, 1990).

The South African Federation for Mental Health fact sheet (2000: 2) describes various types of stressful events including, cataclysmic phenomena, which are sudden, unique and powerful single events or clusters of related occurrences affecting large number of people. They include natural disasters such as tornadoes; hurricanes; floods and volcano eruptions. According to Dohrenwend (1981) and Lazarus and Folkman (1984) cited in Lazarus (1995:19), other types of stressful events include powerful events that challenge adaptive abilities in the same way as cataclysmic events do, but affects specific people, for example, illness (HIV and cancer); death in the family; birth of a first child or loss of a job and divorce. The third type and most common type of stressful events are called occupational hazards or daily problems. These are stable and repetitive problems faced in daily life, including work related stressors, e.g. job dissatisfaction; pressure of job deadlines; too much paper work; little or no participation in decision making; too much or too little work; family/marital problems and community problems (Eckenrode and Gore,1990).

2.4.2 Common Symptoms of Stress

Fraser (1983:16) described a comprehensive theory of the human response to stress, namely, the general adaptation syndrome. He described three definable stages to the human stress responses, i.e. the stage of alarm; the stage of resistance and the stage of exhaustion. The alarm stage occurs as a reaction to perceived threat. It is normally short, not lasting more than a few days.

Resistance to factors that caused stress characterizes the stage of resistance. The capacity to resist, however, is limited, and should the stress be sufficiently long, the stage of resistance will be replaced by a stage of exhaustion characterized by some form of failure of the body's defence resources. This stage may be associated with the development of psychosomatic diseases, like, ulcer and cardiovascular diseases (Fraser, 1983).

Stress has many varied symptoms. Common symptoms that are related to stress include physical symptoms: fatigue; headache; insomnia; muscle aches/stiffness (especially neck; shoulders; and low-back); heart palpitations; chest pains; abdominal cramps; nausea; trembling; frequent or prolonged colds and illness; flushing or sweating and high blood pressure. Mental symptoms involve decrease in concentration and memory; lost self confidence; memory lapses; poor judgment; indecisiveness; mind racing or going blank; confusion and loss of sense of humour (Cooper and Smith, 1985) and (Fraser,1983).

Emotional symptoms include anxiety and nervousness; depression; moodiness; anger; irritability; resentment; cynicism; frustration; worry; fear; impatience and short temper. Behavioural symptoms can be associated with the following behavioural patterns i.e. pacing; fidgeting; nervous habits such as nail

biting or foot tapping; increased appetite; smoking; drinking; crying; yelling; swearing; blaming; poor job performance and over reaction to situations (Cooper et al (2001).

2.4.3 Responses to Stress

2.4.3.1 Effects of trauma and stress on body and mind

According to Kahn and Byosiére (1992:604) there are three categories of possible responses to stress, they are psychological responses, physiological responses, and behavioural responses. Allen (1985) further highlights that people often respond to traumatic and stressful events differently, such as saying and feeling things that they had not experienced previously. People may not know why they are feeling strange and different. The same applies to their significant others and people they socialize with (South African Federation of Mental Health, 2000).

Some of the effects of stress and trauma may occur during the experience, some happen afterwards and sometimes the effects may only begin to happen a long time later. Effects of trauma may last for a short or long time. The responses do not come independently, a person may experience the aftermaths concurrently or one after the other (Freedy and Hobfall, 1995). Before trauma affects what human beings do, it certainly has to affect his/her body and mind in certain ways (Alexander, 1983). The South African Federation of Mental Health (2000) points out that everything that surrounds the victim of a traumatic event be it work or family or social life is also going to be affected. This is because people do not live in a vacuum but are surrounded by others and have various roles and responsibilities in society.

Below are common psychological, physiological and behavioural effects of stress and trauma described by various sources (CSVR, 2000; Alexander, 1983; and Kahn & Byosiére, 1992).

❖ **Physiological Responses**

In the medical sciences, the concept of stress is linked closely to the physiological reactions in the individual. After exposure to stressful situations, people are more likely to suffer from cardiovascular symptoms related to blood pressure, cardiac activity and cholesterol levels. Biochemical measures, including, catecholamine; corticosteroids and uric acids can also be experienced. Stress can manifest itself in gastrointestinal symptoms, especially symptoms of peptic ulcers (Freadman et al, 1986 and Walsh and Jackson, 1995).

❖ **Psychological Responses**

Intrusive Memories

Without warning, certain memories of the traumatic event can suddenly come into the person's mind. This can happen at any time, when one is least expecting it or, if faced with a direct reminder of the traumatic experience (CSV, 2000).

Thinking about the Experience all the time

The victim keeps thinking about the experience all the time. It feels as if he/she will never forget about it and live a normal life again. During this process the victim may also be reminded of painful life experiences. A person may have memories/feelings of loss or of love for other people in his life who have been injured or killed. This goes hand in hand with "as if feelings". "As-if-feelings" are those, which make the victim re experience the traumatic experience (CSV, 2000 and Allen, 1985).

Avoidance or Numbing

Eckenrode and Gore (1990) argue that after a bad experience; a person may stop caring about himself and other people. The person may be withdrawn and feel emotionally detached from family, friends and work colleagues. He/she may find it very difficult to relate to other people. The person may always feel guilty or bad to be alive. They may always feel tired and lethargic (CSV, 2000).

Negative effects on Social Relationships

Exposure to traumatic events may also have a number of effects on social relationships. Evidence has been described by Farlane (1987) cited in Scarpitti and Anderson (1992: 152) who reported longitudinal data on the impact of the 1983 Australia bush fire on the patterns of social interaction. A group of 183 disaster-affected families were compared with 497 families who had not been exposed to the disaster, at both 8 and 26 months after the event. The interaction in the disaster-affected families was characterized by increased level of irritability; fighting; withdrawal and decreased enjoyment of shared activities.

Increased Arousal

A traumatised person may find himself or herself going very quickly from one mood to another, e.g. the person may be laughing and then suddenly start crying without understanding why. He or she gets irritable or angry very quickly about small things that did not trigger the same emotion before the trauma (CSV and Parkinson, 1993).

❖ Behavioural Responses

The numbers of studies that have investigated behavioural responses of stress are fewer than those, which have measured psychological responses. Kahn & Byosiére (1992:608) grouped behavioural responses to stress into the following five categories.

The first category is the group of degradational behaviours, those behaviours which disrupt the work role and affect job performance. They include accidents and errors, alcohol and drug use within the workplace. The second category is aggressive behaviour at work. This category includes counter productive acts, such as stealing; purposeful damage; and spreading of destructive rumors. Thirdly, behavioural stress responses include flight from the job i.e. absenteeism; turnover; early retirement; and strikes. Fourthly, self-damaging behaviours like alcohol abuse; drug abuse; caffeine use, and accidents may be experienced. Lastly, family roles and social roles may also be disrupted.

2.5 Effects of Stress and Trauma in the Workplace

Mental ill health, which includes conditions such as stress and trauma, can have damaging effects in the workplace (Domain, 1994). Kahn and Byosiére (1992:610) argue that ramifying consequences of stress involve performance – performance of the individual on the job and other life roles and by extension, performance of the organisation as a whole. For example, a study that was conducted by Barling & Rosenbaum (1986) cited in Dunnett & Hough (1992:611), compared a group of abusive husbands with two groups of non-abusive husbands, one self-described as satisfied with marriage and the other dissatisfied. The study showed that abusive husbands experienced more objectively verifiable negative

events on the job as well as more subjective work stress. Maiden (1992) and Martin (1989) discuss the common effects that stress and trauma have on the employees' effectiveness.

- ❖ High absenteeism: this can be the result of stress that lowers the body's resistance. Lack of motivation is also a major factor in absenteeism.
- ❖ Reduced productivity: people may work less and fail to meet deadlines.
- ❖ High staff turnover: stress and mental ill health may contribute to an employee's decision to leave.
- ❖ Poor interpersonal relationships: troubled employees may alienate colleagues, refuse to take management's instructions or fail to manage effectively.
- ❖ High medical aid claims: high levels of stress may lead to physical illness, which may in turn result in regular visits to medical practitioners.

From the aforementioned effects, it is evident that conditions like stress and trauma can have negative effects on the productivity of employees in the workplace. It is therefore the responsibility of the employer to put processes and services in place to help identify and take care of troubled employees in the workplace. Most importantly, the employer needs to capacitate line managers with knowledge of conditions like stress and trauma since line managers work closely with general employees and are in a better position to identify mental health problems like stress and trauma should they become evident.

2.6 Common issues that increase stress levels of employees

2.6.1 Introduction

It is generally accepted that the world of work and society in general is unpredictable and uncertain. Economic trends and the effects of globalization have an impact on the workplace (Rice, 1998). Corporate mergers; foreign competition; consumer demand; organizational change; plant closures; shifts in budgetary allocations; crime; HIV/AIDS; family disintegration; high levels of poverty and violence are some of the factors that contribute on high stress levels of individuals (Scott, 1985).

Eckenade and Gore (1990) model on stress also offers an informative and comprehensive overview of both the causes of work stress and the organizational and individual problems which may arise when the individual worker experience stressors. Employees are frequently exposed to traumatic and stressful conditions and experiences (South African Federation on Mental Health, 2000). The most common issues that are likely to increase the stress levels of employees are discussed below and include: HIV/AIDS; social problems; family problems; retrenchment and a work-home interface.

2.6.2 HIV/AIDS

HIV/AIDS is a serious problem affecting the whole world. According to Tuck, (2004: 189) almost 38 million people worldwide are living with HIV/AIDS, six million have died in the past two years alone. In South Africa itself there is a noticeable effect of the pandemic, it is recorded as having the fastest HIV infections in the world. It is estimated that in South Africa there are 1500 new infections daily (Crew, 2001). Based on an antenatal survey conducted in 2002 by the South African Department of

Health, it is estimated that 2, 95 million women between the ages of 15 and 49 are infected with the HIV virus, 2, 3 million males between the ages of 15 to 49 are also HIV positive and 91 271 babies are infected with the HIV virus through mother to child transmission (Sampson, 2004: 126).

HIV/AIDS is one of the major mental health challenges facing everyone globally. This is devastating for employees directly and indirectly. Employees are forced to live with the pain and trauma of seeing their co-workers die, they are forced to witness their loved one's (children; siblings; friends; spouse and parents) deaths. These experiences have devastating effects on the mental health of employees. HIV/AIDS especially affects men and women in their working lives. In Zimbabwe, some companies have reported that HIV/AIDS costs are absorbing as much as one fifth of company s' earnings (Gross and Smith, 1995; Kagiso Education, 2001). In Zambia and Tanzania it is estimated that AIDS related illnesses and deaths cost companies more than their total profits (Kagiso Education, 2001). Goss & Smith (1995) indicate that HIV/AIDS affects those who are economically active and productive the most, those who are between 25-40 years of age. Although people with HIV/AIDS can still work, over a period of years they start becoming sick and feeling weak more frequently. This means regular sick leave affecting productivity at work. As they grow weaker, their damaged immune system fails to protect them from opportunistic diseases and this may result in death. This has financial implications for the companies as they lose both skills and manpower.

Of note is the impact of HIV/AIDS on human resources management of employees since HIV/AIDS increases the stress levels in a variety of ways. Personnel managers have to find ways to cope with staff, which is increasingly unwell and unable to perform to standard, for instance failing to reach productivity levels or missing deadlines. Employees have to deal with the strain of increased workloads

making up for the decreased performance of those colleagues who may be developing HIV/AIDS and related diseases (Jackson, 1990:298).

The impact of HIV/AIDS in the workplace can destroy both the company and its capital. According to UNAID (2003), in spite of progress in providing access to treatment; political commitment; and increased awareness, the pandemic is still posing serious challenges to the economy. Other research indicates that HIV/AIDS will cause the South African economy to shrink by 12% by 2010 and that South Africa will have lost 11% of its workforce due to AIDS related deaths by 2005/2006 (Tuck, 2004:189). According to Sampson (2004: 139) HIV/AIDS cannot be separated from broader developmental issues such as poverty; gender inequalities; human rights just to mention a few, it threatens the mental health of people and their social and economic security.

2.6.3 Family problems

Mills Wright (1990) in Sarcapitti and Anderson (1992:3) define social problems as those problems that affect large numbers of people and have their origins in the institutional arrangement and history of society, they also have the potential to undermine social institutions and threaten social stability. Personal troubles were defined as those that occur within the character of the individual and within the range of immediate relations with others. South African society has problems such as crime; poverty; violence; substance abuse; and unemployment.

Personal or family problems are also on the rise in communities, including the high rate of divorce, which has detrimental effects on both spouse and children involved, financial problems and marital violence. Most importantly social problems and personal problems have detrimental effects on the wellbeing of individuals in society (Anderson & Scarpitti, 1992).

2.6.4 Violence

Mckendrick and Hoffman (1990:3) describe violence as a social construction with many complex causes. Most societies exhibit violence in one form or the other. Van Der Spuy (2000: 9) also defines violence as the threatened or actual use of physical force inflicted upon another person; oneself; a group of people; or a community, which normally has a high likelihood of resulting in injury or death. Violence can have serious traumatic implications on the lives of workers as well as their work performance in the workplace. Violence is considered a social problem because a large number of people are affected by it everyday.

According to Gelles (1987) if violent acts were restricted to an occasional suicide or an infrequent homicide, we could perhaps leave it to psychologists to discover the reasons people sometimes hurt themselves and others (Gelles, 1987)). Unfortunately acts of violence are by no means so rare, indeed, few of us are lucky enough not to encounter some form of anger and hostility almost everyday. These emotions may be blown into violent and sometimes earth shaking proportions; criminal assault; or even war (Dohrend and Dohrend, 1981).

Violence disrupts society. Every society creates institutions designed to achieve certain ends e.g. a court system is established to administer justice. Someone who murders in anger or frustration is ignoring the socially acceptable ways to resolve dispute and is expressing contempt for the normal legislative and judicial process (Scarpitti and Anderson, 1992).

Violence may assume many different forms, ranging from individual violence directed against the self to the violence of one society against the other. These include suicide; criminal violence; domestic violence; child abuse; gang violence; assassination; terrorism and war (Gelles, 1987). All these forms of violence may contribute to the poor mental health of individuals, whether they have been affected directly or indirectly.

2.6.5 Retrenchment

Retrenchment is a harsh reality of modern living. According to Mamphiswane (2000: 114), retrenchment occurs when an employee's service is terminated, as the company can no longer provide work for the employee. Bendix (2001) further points out that retrenchment is a term used for dismissal due to operation requirements or as a no-fault termination. "Unlike dismissal for misconduct, retrenchment is a termination of employment at the initiative of the employer, for reasons not related to the employee" (Bendix, 2001:253). Retrenchment is dismissal not tainted by blameworthy conduct on the part of the employee (Bendix, 2001).

According to Bendix (2001) retrenchments happen everywhere and no positions are immune. Retrenchment is clearly not only a business issue, but also a social one. Epstein (1989:2) further argues that retrenchment is often a traumatic experience as it can involve major personal; career and financial

changes. There is no blue-print to follow, since every situation is unique. A retrenched person sometimes goes through considerable emotional problems (Joubert, 1993:14).

Retrenchment can cause intense feelings, mainly negative at first. From time to time feelings of anger; uselessness; resentment and anxiety are common (Joubert, 1993). Joubert (1993) identifies five common emotional stages that people go through after job loss, the first stage includes strong negative feelings such as anger; bitterness and self-pity. During the second and third stage, a person may experience self-optimism and relief that it is not as bad as it seems, followed by pessimism and anxiety, “I am failure and I will never find another job”. Characteristics of stages four and five are severe depression; resignation; low self-esteem and lack of purpose or goal in life. Joubert (1993) further argues that people can stop at stage three by accepting joblessness and the fact that this does not equate to failure. Stage four allows for the individual to re-assess his/her situation, gain new confidence, set new goals and explore new opportunities. According to Epstein (1989), there are three different types of reaction to job loss, they are, perceptual; emotional and psychological. The reactions of individual workers to job loss include how the retrenchment is cognitively interpreted and what the job loss means for them in their lives, what caused the lay off, how much disruption they expect it will bring to their lives and how likely they believe they will be able to recover from their misfortunes. The emotional reaction includes possible feelings of depression; anxiety or discouragement in the wake of job loss. There are numerous physiological reactions, caused by retrenchment such as elevated blood pressure; sleeping difficulties; increased or decreased eating and the abuse of alcohol and/or medication.

Reactions to job loss can also be understood in terms of models such as the grieving process model of Kubler-Ross (1969: 6), which proceed through a number of stages, the most common being, shock; denial; anger; bargaining; depression and finally acceptance. According to the systematic model, all these stages can have detrimental emotional and physical effects to family members and colleagues (former colleagues).

Losing a job does not only affect the individual, it affects the whole family. General systems theory points out that “a change in one part will impact on all other parts” (Sheafor et al, 1994:52). The loss of job will have an impact upon every member of the worker’s family. One way this can happen is through changes in the behaviour of the unemployed individual that will in turn affect his/her family

Other changes, such as adjustment in roles may be more subtle. Individuals who were accustomed to an authoritarian role at work may begin to exaggerate those aspects of their role at home to compensate for the sense of self importance they feel they have lost. The family will also be affected by financial cutbacks. The entire family may be confronted with the stigma that accompanies unemployment (Kates & Graven, 1998)). Job loss does seem to also contribute to the rate of marital separation and divorce. Retrenchment is associated with negative change in the family climate. Husbands and wives faced with unemployment often report significant loss of cohesiveness and supportiveness, and an increase in conflict in their families (Walsh & Jackson, 1995).

Epstein (1989:2) points out that retrenched workers and their former colleagues find themselves suffering from lack of companionship. The day to day interactions with co-workers are gone and many laid-off workers become more withdrawn or reluctant to share their negative feelings with friends.

These can have devastating effects on their friends as they feel that they can not get through to help the friend during his/her difficult times.

“Many survivors are profoundly affected by the whole retrenchment experience. This can be attributed to the survivors’ themselves having had to endure significant changes, perhaps in organisational status, in their reporting relationships with their bosses and subordinates and their lines of responsibility; authority; and accountability to name a few” Clark and Koonce (1995) cited in (Pillay, 1999: 5). Whilst some survivors respond positively to the retrenchment experience, manifesting feelings of hope and relief, especially if they were worried before the process that they would be included, most survivors become anxious and insecure about their ability to function in the new environment. Survivors often lower their productivity, develop poorer job attitude and some voluntarily leave their employer in the wake of the retrenchment of their co-workers.

2.6 Conclusion

It is evident from the literature presented in this chapter that stress and trauma can have damaging effects on both the body and mind. Since stress and trauma affects the body and mind, it is also likely to affect the effectiveness and efficiency of employees in the workplace (Eckenrode and Gore, 1990). Systems theory also emphasizes the importance of seeing individuals as existing in a system where change in one part will influence all other parts (Sheafor et al, 1994).

2.7 Industrial Relations and Line Management

2.7.1 Introduction

In her research on the effects of stress and trauma on work performance, Mbawu (2000) argues that line managers work more closely with employees than top managers, furthermore they spend more of their working hours interacting with employees. It is therefore easier for them to contribute, either positively or negatively to the mental health of employees.

Effective management of people has a lot to do with making employees happier, more sensitive and socially conscious people (William and Ray, 1993). Sibson (1976) point out that an enterprise must avoid human relations characterised by unhappy; insensitive and unproductive or disruptive employees. The strategic goal is full utilisation of the firm's human assets. Below, human relations and communication are discussed as some of the factors that can contribute to effective management of people.

2.7.2 Human Resource Management

After a comprehensive review of the leadership literature Yukl and Van Fleet (1990) cited in Dunnet and Hough (1992: 149) defined leadership as a process that includes influencing the task of objectives and strategies of an organisation or group, influencing people in the organisation to implement the strategies and achieve the objectives, influencing the group maintenance and identification, and influencing the culture of the organisation.

The two groups of authors define leadership as a process, not as a stereotyped individual, therefore the definition best suits the frame of reference of the conducted study. In their article on theory and research on leadership in organisations, the two authors discussed two theories of management/leadership, the trait approach and the behavioural approach to management (Dunnet and Hough, 1992).

The trait approach emphasizes the personal attributes of leaders. Early leadership theories attributed success to possession of extra ordinary abilities such as tireless energy, penetrating intuition and irresistible persuasive powers (Yulk and Van Fleet, 1990 cited in Dunnet and Hough, 1992: 150). Hundreds of trait studies were conducted during the 1930's and the 1940's to discover these elusive qualities of a leader (Gibb, 1954; Mann, 1959; Stogdill, 1948; Yulk and Van Fleet, 1990) cited in Dunnet and Hough, 1992:150).

The trait approach relates to traits in leader effectiveness. According to the trait approach to leadership, individual traits that appear to be related to managerial effectiveness and advancement include high energy levels; stress tolerance; integrity; emotional maturity; and self-confidence (Bass, 1990; Kirkpatrick and Locke, 1990; Yulk and Van Fleet, 1990) in Dunnet and Hough (1992:151). High energy levels and stress tolerance help people cope with the hectic pace and unrelenting demands of most managerial jobs, the frequent role conflicts and the pressure to make important decisions without adequate information (Dunnet and Hough, 1992). Leaders with high emotional maturity and integrity are more likely to maintain cooperative relationships with subordinates; peers and superiors (Dunnet and Hough, 1992).

Emotional maturity means that a leader is less self-centered (has concern for others); has more self control (less impulsive; able to delay gratification and resist hedonistic temptations); has more stable emotions (not prone to extreme mood swings or out bursts of anger); and is less defensive (more receptive to criticism; more willing to learn from mistakes) (Dunnet and Hough, 1992).

Integrity means that a person's behaviour is consistent with espoused values and that the person is honest and trust worthy. Self confidence makes a leader more persistent in pursuit of difficult objectives, despite initial problems or set backs. Without strong confidence a person is less likely to make influence attempts, and any influence attempts made are less likely to be successful (Dunnet and Hough, 1992).

Motivation is another aspect of personality related to managerial effectiveness and advancement. In a programme of research conducted by MacClelland and his colleagues, leader motives were measured with a projective test (MacClelland and Boyatzis, 1992; MacClelland and Burnharm, 1976) cited in Dunnet & Hough (1992:151). The three motives investigated were; the need for power; the need for achievement and the need for affiliation. Someone with a high need for power enjoys influencing people and events and is more likely to seek positions of authority. Someone with a high need for achievement enjoys attaining challenging goals or accomplishing difficult tasks; prefers moderate risks and is more ambitious in terms of career success.

Someone with a high need for affiliation enjoys social activities and chooses close; supportive relationships with other people. Research has found out that effective leaders in large hierarchical organisations tend to have a socialised power orientation i.e. a strong need for power combined with

high emotional maturity; a moderately strong need for achievement and a relatively weak need for affiliation (Dunnet and Hough, 1992: 151).

The very research by MacClelland and his colleagues found that leaders with a socialised power orientation use their influence to build subordinate' commitment to organisational goals and they seek to empower and develop subordinates by using more consultation, delegation and coaching. In contrast, managers with a personalised power orientation (strong need for power combined with low emotional maturity) are interested primarily in personal domination of others (MacClelland and Burnharm, 1976) cited in Dunnet and Hough: 151).

These managers are likely to do things that jeopardize task objectives and interpersonal relations, such as trying to manipulate and coerce people, trying to undermine potential rivals, taking credit for successful activities without acknowledging contributions by others, covering up mistakes and problems and finding scapegoats to blame when failure occurs (Dunnet and Hough, 1992:151). These studies confirm the argument that line managers play a major role in their subordinate' effectiveness in the workplace.

2.7.3 Skills Related to Effective Leadership

2.7.3.1 Introduction

Skills relevant for carrying out a leader's duties and responsibilities are another predictor of leadership effectiveness (Ruston and Rum, 1987). It is not enough to have the appropriate personality traits, a person also needs considerable skills to be effective as a leader. Unfortunately, the conceptualisation of

leadership skills has not received much attention and little effort has been made to refine and validate the concept (Jian and Tyson, 2004).

2.7.3.2 Human relations and communication in the work place

Ruff and Singer (2001) as cited in Jian and Tyson (2004: 275) are of the view that the critical importance of relationships at work in the context of management is a recurrent theme in the relationship and development literature reflecting the way managers need to support positive relations with their subordinates as a major part of their job.

Relationships that contribute to professional and personal growth are essential for the quality of work life; individual wellbeing and personal development. According to Liard (1975: 337) “if people are to get along with one another, there must be good communication between them”. In the area of industrial relations, freedom of communication is essential. If workers are tense they will not feel free to communicate with each other or with their supervisor. Freedom of communication fosters efficiency in the workplace (Liard, 1975).

According to Maddux and Voorhees (1987) good managers achieve successful results in their organisations by communicating effectively with their staff. Managers should communicate effectively with their employees to achieve the desired results. They further point out that supervisors can overcome the reluctance to enter into dialogue by creating an atmosphere that is conducive of results. That is, the circumstances and the individual involved must be evaluated to determine the most effective approach, the supervisor must be descriptive not judgmental and they must be supportive not authoritarian (Liard, 1975).

According to Scott (1985) factors that become important to interactional justice are perceptions and even more importantly, trust and standing. Trust relates to an individual's perceived intentions of others behaviour and treatment. The perceived intention of others is important as they allow individuals to make assumptions concerning future treatment. Perceptions of individuals are very important as they influence their behaviours and assumptions.

HM treasury, a guide for new managers (1990:42) discusses major responsibilities of line managers. Included is the statement that, "as a manager you must at all times be available for your staff to help with any personnel or welfare needs". HM treasury, a guide for new managers (1990) further outlines that people's lives do not begin and end at the office door, as employees also have an outside life and each can affect the other. According to this guide, the manager must get to know the staff, their interests and their personal backgrounds, without being intrusive. The managers must further be sensitive in discussing staff's personal life. In this way the manager will be always be in a position to appropriately assist to address mental health issues of employees. All this is guided by the manager's perceptions of the relationship between mental health issues and productivity.

Buist (2001) examined the roles supervisors/management play in the likelihood that employees' take advantage of the employee assistance programmes. Participants who felt that they had a relationship with their supervisors were more likely to speak to their supervisors and/or line managers. On the other hand, some respondents noted that their supervisors were unconcerned about their wellbeing; one specifically commented: "he don't care, he think we are too low, I feel he is a harsh man to everybody". These findings also demonstrate that line managers /supervisors have an important role to play in fostering good mental health of employees in the workplace.

Line managers who don't care about their subordinates' mental health simply do not care about good productivity, because the two are totally related.

2.8 Managed mental health care in the workplace

2.8.1 Introduction

In view of the mental health problems discussed, the need for occupational social workers and employee assistance programme practitioners is unquestionable. Davis & Gibson (1994) also agree that, increasingly, organisations are beginning to realize that a number of social problems may affect a worker's productivity and performance. In addition, work itself can be a cause of stress with potentially harmful effects for both the individual and the workplace. In trying to provide a valuable employee benefit and create a stable, effective and efficient workforce, organisations need to provide employee wellness programmes (Hossie et al, 1993)

2.8.2 Roles for Occupational Social workers and Employees' Assistance Programmes in the workplace

Even in the 1930's, Freud (1930:27) maintained that "no other technique for the conduct of life attaches the individual so firmly to reality as laying emphasis on work, for his work at least gives him a secure place in a portion of reality in human community". Work is extremely important for a human being and it is thus important that the workplace environment is as positive and helpful as possible.

Managed mental health care came into existence as a response to the escalating costs associated with treatment and rapidly increasing health benefit premiums. According to Wagman and Schiff (1990) cited in Buist (2001: 6) managed mental health care can be described as the development and implementation of a mental health benefit plan that controls cost whilst ensuring that the quality of service being delivered can not be sacrificed. For occupational social workers and employee assistance programmes practitioners to engender mental health in the workplace, relevant systems require development for all the stakeholders in the workplace.

According to Davis and Gibson (1994) cited in Gould and Smith (1988: 234) increasingly, organisations are beginning to realize that a number of social problems may impact on a worker's productivity and performance. In addition, work itself can be a cause of stress with potential harmful consequences for the individual. It can be argued that the employer has the ethical duty or social responsibility to offer some kind of service for troubled employees (Buist, 2001: 6).

The primary functions of the employee assistance programmes practitioners and occupational social workers, are to provide timely and professional service for troubled employees. Organisations that allocate resources to these programmes do so not only in an attempt to provide valuable employee benefits, but also to create a more stable and efficient workforce (Hosie et al, 1993).

According to Berridge and Cooper (1994) cited in Buist (2000: 6), mental health care is a systematic intervention in the workplace, usually at the level of the individual employee. Behavioural science knowledge, methods for recognition and control of certain work and non work problems (notably

alcoholism, drug abuse and mental health issues like stress and trauma), which adversely affect job performance, are implemented. The objective of such interventions is to enable the individual to return to making his/her full work contribution and to attaining fully functional personal life.

2.9 Conclusion

Research has demonstrated that stress and trauma of employees has important implications for many aspects in companies. Studies further demonstrate that social support and mental wellbeing increase job satisfaction and commitment (Cooper et al, 2001). Literature supports the importance of involvement of line managers on mental wellbeing programmes for employees. This chapter has explored stress and trauma as mental health problems and their causes, their psychosocial and physical effects; leadership and managed mental health programmes in the workplace.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter discusses social research methods used by the researcher for the purpose of conducting the study. This includes the research design and the sampling procedure used to sample a group of respondents from a larger population. The chapter further highlights the type of data collection instrument used to obtain the required information. Data presentation and data analysis are also described. Throughout the chapter, the strength and weaknesses of the methods used are also detailed.

3.2 Research design

The study utilised a hybrid of the quantitative and qualitative approach with an exploratory/descriptive research design. De Vos (1998:358) notes that the main aims of qualitative research designs are to measure the social world objectivity to test hypothesis and to predict and control human behaviour. According to Baker (1998) quantitative – descriptive designs are best suited for testing the relationship between variables. Exploratory designs acquaint the researcher with the characteristics of the research target with the principal objective being to refine concepts.

The purpose of the study was to describe line manager' perceptions about the impact of stress and trauma on work performance. Rubin and Babbie (1997:107) describe an exploratory design as being useful when the researcher has limited knowledge about a given subject and wants to develop a perspective on it. Bailey (1990) maintains that quantitative approaches are advantageous because they

provide a broader understanding of the phenomenon. The study's focus was on seeking a broader understanding on the impact of trauma and stress on work performance. Few studies have been done on the impact of stress and trauma on work performance, but line manager' points of view were never explored. According to Bailey (1987:38) descriptive studies have no formal hypothesis; they attempt to describe phenomena in detail. In this study, the researcher described the perceptions of line managers at Ekurhuleni Metropolitan Municipality regarding the impact of stress and trauma on work performance among employees.

Rubin and Babbie (1997:107) describe an exploratory design as being useful when a researcher has limited knowledge about a subject and wants to develop a perspective on it, which was the case in this research study. Mouton and Marais (1990) cited in De Vos (1998:124) also emphasize that the goal or objective in exploratory studies is the exploration of a relatively unknown research area. Dooley (1995:264) clearly states that "an exploratory study explores a research question about which little is as yet known".

Exploratory designs seek to build theory rather than test it. This was an advantage for the present study because few studies in South Africa have been conducted on perceptions of line managers on mental health problems and their impact on work performance.

Bailey (1990) describes the advantages and disadvantages of quantitative approaches. He states that quantitative approaches are advantageous because they reach for a larger number of respondents and information. One of the disadvantages of quantitative approach is that they do not indicate whether the observed changes/responses would persist over time.

3.3 Methodology

3.3.1 Sampling procedure

Baker (1988: 137) points out that sampling refers to “a systematic method of selection”. In social research, it is used to select subjects to be studied. Arkava and Lane (1983) cited in De Vos (1998:191) point out that “a sample is thus the element of the population considered for actual inclusion in the study”. Sampling provides a broad representation of the respondents (Bailey, 1994).

The researcher used simple random sampling for the study, a method of probability sampling. Bailey (1994) defines probability sampling as a sampling procedure in which all elements of the population have a known chance of selection, no element is assured of selection and no element is excluded from selection. Seaberg (1985) cited in Mckendrick (1990:267), defines simple random sampling as the selection at random of a specific number of persons from a complete list of persons in the population. The advantage of simple random sampling is that chances of selection are equal to all prospective respondents.

A list of all line managers who have been working for Ekurhuleni Metropolitan Municipality for a minimum of three years and their contact number was obtained from the human resources department. Respondents were chosen from various departments, namely, information technology; health; administration; electricity; engineering; parks and finance. The aforementioned departments were given priority because their fields of specialisation are not generally in human studies and therefore,

employees in these departments are likely to be less specifically informed on issues of mental wellbeing e.g. stress and trauma.

Ekurhuleni (northern region) is a relatively large part of Ekurhuleni Metropolitan Municipality with $\pm$ 85 line managers. Every third line manager was selected as a prospective respondent and approximately twenty eight (28) participants from the various departments were chosen. Out of the 57 who were not chosen during the first sampling process, two more were chosen, using the same sampling procedure (every third line manager). A total of 30 line managers were sampled. The inclusion of 30 line managers ensured that the study was representative. Selected line managers were contacted telephonically and requested to take part in the study. Consent letters (see Appendix B), subject information sheet (see Appendix A) and questionnaires (see Appendix D) were hand delivered by the researcher after telephonic consent was granted. After forty-eight (48) hours of the delivery of the questionnaires, they were collected from the respondents. Out of 30 sampled line managers, 29 successfully completed their questionnaire and only one line manager did not complete his questionnaire.

3.3.2 Research tool / instrument

According to Bailey (1982: 111) “once the concept and the hypotheses have been carefully formulated and a good sample drawn, the next link in the research chain is the data collection instrument. To collect the required data, the researcher constructed a questionnaire (see Appendix D), which explored the attitudes and knowledge of line managers regarding signs and symptoms of stress and trauma. The questionnaire also examined their views on how the aforementioned issues affect productivity and

organisational effectivity. Questions exploring their roles in responding to employees psychological difficulties were also included in the questionnaire.

The questionnaire had a combination of closed-ended and open-ended questions. Baker (1988) defines open-ended questions as questions that give room for the respondents to write the answer, she further defines closed-ended questions as questions that give the respondent an opportunity to select a single response from a list of possible answers. Open-ended questions allowed respondents an opportunity to further elaborate certain questions.

Since the line managers were known to be fluent in English, the questionnaire was written in English. The dictionary of social work (1995) cited in De Vos (1998:152) defines a questionnaire as a set of questions on a form that is completed by the respondent in respect of a research project. The questionnaires were hand-delivered allowing respondents to complete them in their own time and privacy, without the intrusion of the researcher. De Vos (1985:155) also notes that one of the disadvantages of hand delivered questionnaires is that “a small geographical area can be covered per occasion because field workers have to return to collect the completed questionnaire’.

3.3.3 Data collection method

Questionnaires were used to collect the required data. Appointments with individual line-managers were made telephonically to hand deliver questionnaires and to collect them approximately forty-eight (48) hours after delivery. A time was chosen that suited both the researcher and the respondents and the questionnaires were delivered at a venue and time that was convenient to the respondents.

The questionnaire was constructed in English, using the assumption that most line managers are fluent in English due to the nature of their work and that they have a post-matric qualification. To determine its effectiveness and problems, the questionnaire was also pre-tested with two randomly selected line managers from Ekurhuleni Metropolitan Municipality, southern region. Line managers used for pre-testing did not form part of the selected sample.

3.3.4 Data presentation and Analysis

According to Babbie (1997) cited in Nemukongwe (2003: 22) data presentation entails breaking data into constituent parts to obtain answers for the study, which is then supplemented by the interpretation of research findings. Data analysis answers the question “How shall I arrange and present my findings?” he further points out that the researcher compares the results and the inferences drawn from the data to theory and from research results and observations (Babbie, 2001).

The aim of data analysis is to find answers to hypotheses or research questions posed in the study (Baker, 1988). Sumbulu (1999) cited in Nemukongwe (2003:77) argues that data analysis and data interpretation involves making sense out of what people have said, looking for patterns, putting together what has been said and integrating what different people have said. During data analysis, the researcher speaks of the meaning and implication of research results, their congruence or lack of congruence with the results of other researchers. It is also important for the researcher to compare results with the demands and expectations of theory, which serves an additional purpose of verification as suggested by De Vos (1998).

The research data was statistically analysed using frequency distribution, it was also analysed qualitatively by identifying relationships between variables; trends; and or themes in the reported experiences and knowledge base of line managers on the impact of trauma and stress on work

performance. Millward (1995) cited in Nemukongwe (2003: 77) refers to this type of data analysis method as thematic content analysis. He maintains that thematic content analysis is useful in analyzing text and establishing possible relationships between variables. Throughout the interpretation of data, theory was used to make sense of analysed data. Tables and graphs were used to present the collected data.

3.4 Ethical considerations

Bailey (1994) maintains that a code of ethics establishes feasible requirements for ethical behaviour of the researcher. These requirements cover most, but not all, of the potential sources of ethical conflict that may arise in research teaching and practice. Furthermore, De Vos (1998: 24) points out that “ethics are a set of moral principles which are suggested by individuals or groups, are subsequently widely accepted, and offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other research assistants and students”.

The dignity, privacy, and respect of the respondents were upheld. The researcher applied for and received the appropriate ethical clearance from the Ethics Committee of the Faculty of Humanities at the University of Witwatersrand (see Appendix C). The research proposal was also submitted to the Ekurhuleni Metropolitan Municipality research committee for ethical clearance and approval to conduct the research at Ekurhuleni Metropolitan Municipality, Northern Region.

Baker (1988) further notes that ethical considerations can be reduced to a simple question, “whose rights are more sacred”, those of the scientist, those of individuals or institutions being studied or those of the public to learn from the research? Ethical guidelines also serve as a standard and the basis upon which each researcher ought to evaluate his/her own conduct (De Vos, 1998).

Different authors identify different ethical issues (Brewer and Hunter, 1990; Corey et al., 1993; Dane, 1990, Grinnel, 1993; Judd, Smith and Kidder, 1991; Singleton et al., 1988) cited in De Vos (1998: 24). Ethical issues include the principle of no harm to experimental subjects or respondents. “Subjects can be harmed in a physical or emotional manner. Harm to respondents in social science will mainly be of an emotional nature” (De Vos, 1998: 25). The conducted research and the researcher did not expose respondents to any form of harm.

Confidentiality refers to the situation where the researcher can identify a given persons response but essentially promises not to do so publicly, for example, in an interview survey the researcher is in a position to make public answers given by a particular respondent, but the respondent is assured that this will not be done (De Vos, 1982). Siber (1982), cited in De Vos (1998: 25) defines privacy as “that which normally is not intended for others to observe or analyse”. Bailey (1994) further explains that the right to privacy is the individuals’ right to decide when; where; to whom; and to what extent his or her attitudes, beliefs and behaviours are revealed.

The researcher was sensitive to these issues. To ensure confidentiality, the researcher did not use names in the research report and no other person had access to the names of the respondents except the researcher and her supervisor (De Vos, 1982). Respondents were assured of confidentiality in the subject information sheet and advised that the data will be destroyed after completion of the research

report. Voluntary participation or informed consent is another ethical issue taken into consideration during the research process. Obtaining informed consent implies that all possible or adequate information regarding the goal of the investigation and the procedures followed during the study will be outlined to the respondent. Further, more participants must be legally and psychologically competent to give consent and they must be aware that they are at liberty to withdraw from the investigation at any time De Vos (1998: 26). To make sure that respondents voluntarily participated in the study, it was clearly explained through the consent letter and subject information sheet that participation is voluntary, there will be no negative consequences if the respondents choose not to participate and that they can withdraw from the research at any stage (see Appendices A and B). Release or publication of the findings is also one of the ethical issues important in social research. According to Strydom (1994), cited in De Vos (1998: 32) the findings of the study must be introduced to the reading public in written form. Researchers should compile the report as accurately and objectively as possible (Dane, 1990). Release of the findings should occur in such a manner that utilisation by others is encouraged (Babbie, 1990). Subjects should be informed about the findings in an objective manner, without offering too many details or impairing the principle of confidentiality (De Vos, 1998). A summary of the research report was made available to the respondents on request and Ekurhuleni Metropolitan Municipality received a copy of the research report.

For the purposes of the study, a subject information sheet was provided to every prospective participant, with a consent form, which they signed agreeing to participate in the study (see Appendices A and B). The information sheet gave respondents an opportunity to decide on whether to participate in the study or not, it also explained the nature and purpose of the study. The subject information sheet gave the respondents all the information they needed in order to make an informed decision.

It also informed the respondents of the confidentiality principle regarding information that was provided, no names appeared in the questionnaire, identifying details were kept to a minimum in the questionnaire and it was therefore not possible to identify respondents through the demographic details obtained. The consent letter also explained that there would be no negative consequences if respondents choose not to participate in the study (see Appendix B).

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

4.1 Introduction

This chapter presents statistical data collected from twenty-nine (29) line managers from different departments at Ekurhuleni Metropolitan Municipality, northern region. All line managers had been working for Ekurhuleni Metropolitan Municipality for at least three years. Graphics in the form of tables and graphs present the collected data, the results of which are detailed below.

4.2 Biographical Data

4.2.1 Positions held by respondents within Ekurhuleni Metropolitan Municipality

The following positions were among those held by the respondents: senior administration clerks; regional managers; operations managers; regional coordinators; facility care takers; chief liaison officers; clinic managers; ward coordinators; and senior horticulturalists. The respondents were therefore representative of a broad range of categories of line managers.

Table 4.1**Period that management position was held**

Period (in years)	Number of respondents	Percentage
0 – 5	13	45 %
6 – 10	7	24 %
11 – 15	6	21 %
16 – 20	3	10 %
Total	29	100 %

Table 4.1 shows that 45 % of the respondents had been holding management/ supervisory positions for five years and less, while 55 % had been holding management positions for more than six years. This indicates that most of the respondents had experience in managing people.

Table 4.2**Total service period within the Municipality**

Service period (in years)	Number of respondents	Percentage
3 – 5	6	21 %
6 – 8	10	34 %
9 -11	4	14 %
12 – 14	4	14 %
15 +	5	17 %
Total	29	100 %

Table 4.2 indicates that 79 % of the respondents had been working for the Municipality for a period of six and more years. The majority of respondents were likely to understand and know Ekurhuleni Metropolitan Municipality as an organisation as they had been part of it for quite some time, they would thus be well aware of its culture and organisational ethics.

Table 4.3

Core business of departments in which respondents work

Core Business of Department	Percentage (%)
Parks; sports facilities; and community halls	31%
Community outreach; Community Health and Safety	21%
Housing	3.44 %
Library and information services	7%
Administration	10%
Information technology	3.44%
Electricity management	7%
Disaster management	7%
Finance	7%
Waste management	3.44%
Total	100%

Table 4.3 shows that the study covered most of the departments in Ekurhuleni Metropolitan Municipality and respondents were from different departments in Ekurhuleni.

The majority of respondents' departments (31%), focused on maintenance of community parks; management of sports facilities; and management of community parks. Furthermore, 21% of the participating departments core businesses were community outreach and/or health and safety.

Table 4.4

Number of subordinates supervised by each respondent

Number of subordinates	Respondents	Percentage (%)
0 -5	4	14%
6 – 10	4	14%
11 – 15	4	14%
16 – 20	7	24 %
21 – 25	7	24%
Other	3	10 %
Total	29	100%

Table 4.4 shows that the majority of respondents (72 %) supervised more than ten (10) subordinates. It is evident that most of the respondents had many employees to supervise and therefore held considerable responsibility. They were thus also likely to be helpful in addressing the objectives of the study.

Table 4.5

Highest level of education

Level of education	No. of respondents	Percentage (%)
Grade 10	2	7%
Matric	5	17 %
Diploma	14	48 %
Degree	7	24 %
Masters Degree	1	4%
Total	29	100%

Table 4.5 shows that the majority of respondents had achieved an education standard above secondary level, 48 % of them had a diploma, and 24 % had a degree, 4 % had a masters degree and only 7 % left school with Grade 10. The education level of the respondents was thus reasonably high.

4.3 Views on stress and trauma and their impact on work performance

4.3.1 Understanding of Stress and Trauma

Of the twenty-nine (29) respondents, the majority ie 93% attempted to define stress and trauma and only 7 % did not define either. Of the 93 % who tried to define both concepts, only 21 % gave definitions that could be considered as “correct”. Therefore, the majority of respondents (72%) failed to properly define stress and trauma. Sumbulu (1999:29) defines stress as “a non specific response of the organism to any demand made on it”.

Corneil (1991) cited in Figley (1995:52) defines trauma as “a clinical diagnosis given to the development of specific symptoms following a tragic incident not generally encountered in human experience”.

Examples from respondents, who defined stress and trauma appropriately,

“Stress is an emotion caused by an incident or action you do not have control over”

“Stress is usually caused when ones’ mental and emotional make up is under pressure”

“Trauma usually results from physical; emotional and psychological pain”

Example from respondents who poorly attempted to defined stress and trauma,

“Stress is when one always feels tired and unable to work”

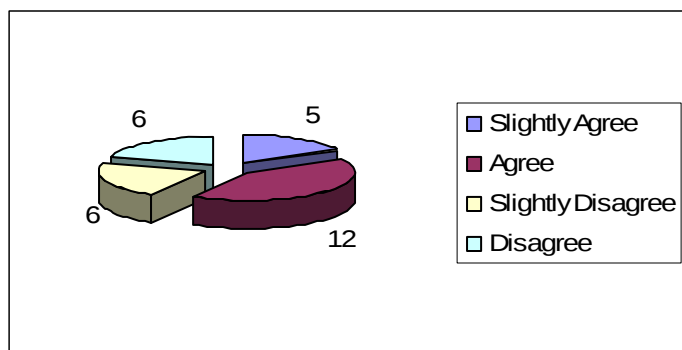
“Stress can be defined as suffering and unhappy”

“Trauma is when you are always afraid that something is going to go wrong”

Frazer (1983:16) points out that one of the most significant developments on the health front in more recent times is the realization that stress can have very damaging effects on the body as well as on the mind.

Figure 4.1

Perceptions of general prevalence of stressful or traumatic experiences



Most line managers (58%) were of the opinion that everyone is likely to experience a stressful or a traumatic experience occasionally. A relatively high number (42 %) disagreed that stressful and traumatic experiences are commonly prevalent. Eckenrode and Gore (1990) also argue that employees are exposed to traumatic and stressful conditions and experiences.

4.3.2 Causes of Stress and Trauma

All of the line managers who participated in the study, mentioned several areas they perceived to be causes of stress and trauma. They included “being unhappy at work and at home, retrenchment; money problems; bad news (losing a loved one); putting pressure on oneself; inappropriate planning; work load; poor support from subordinates; secrets; personal problems; accidents; demand for performance under difficult conditions (lack of equipment and short notice for projects)” among others.

The respondents concurred with literature regarding the causes of stress and trauma. Anderson and Scarpitti (1992) pointed out that social problems and personal problems were the major causes of stress.

Similarly, Gelles (1987) also believed that violence is the major cause of trauma and Joubert (1993) argues that retrenchment is often a traumatic experience. It was also interesting to note that all respondents commented on the causes of stress and trauma.

Table 4.6

Views on frequency of occurrence of stressful or traumatic difficulties

Difficulty	Very often	Often	Sometimes	Seldom	Total
Social Problems	10	5	10	4	29
Chronic Illness	6	7	10	6	29
Retrenchments	2	7	14	6	29
Family Problems	5	13	8	3	29
Relationship Problems	13	3	12	1	29
Total	36	35	54	20	145

Table 4.6 shows that 34 % of respondents agreed that employees may sometimes experience social problems as stressful or traumatic, while 14 % believed that this can seldom happen. Thirty four percent believed that chronic illnesses can sometimes cause employees to be stressed or traumatized. Only 31% of the respondents were of the view that retrenchment could result in employees being stressed or traumatised very often. Almost half (48%) believed that sometimes employees can be stressed or traumatised when retrenchments take place at the workplace. Cooper and Smith (1990) pointed out that stressful and traumatic difficulties like illness of a loved one; financial troubles; family problems and violent crimes are some of the stressors that can affect people's mental health.

Table 4.6 further indicates that 45 % of respondents were of the opinion that family problems can often be experienced as stressful and traumatic, but 55 % of the respondents believed that family problems could sometimes lead to trauma and stress. Just below half (45 %) of line managers who completed the research questionnaire are of the view that, very often, relationship problems can lead to stress and trauma. The majority of respondents believed that social problems; chronic illness; retrenchments; family problems and relationship problems can sometimes be experienced. The word “sometimes” was chosen fifty-four (54) times as opposed to other alternatives such as “often” (35 times) and “very often” (35 times) which is contrary to the views of Ackenrode and Gore (1990) who emphasise that family problems, chronic illness and relationship difficulties can often be experienced as stressful and traumatic amongst individuals.

Figure 4.2.

How problems at home and in the community affect work performance.

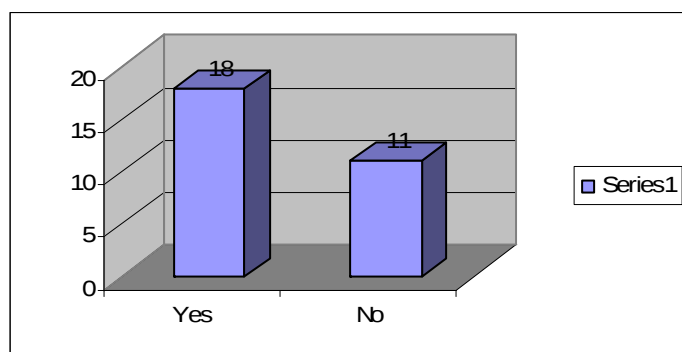


Figure 4.2. shows that the majority (62 %) of the respondents believe that problems experienced at home and in communities can affect work performance, while 38 % of the respondents were of the view that problems experienced at home and in communities do not affect work performance.

Similarly, Eckenrode and Gore (1990) and Lazarus (1995) reported that clinicians have come to recognize that job stress and family stress do not exist independently or in isolation but they interact substantially.

4.3.3. Perceptions on how often trauma and stress causes difficulties

A great majority of the line managers (79%) believed that poor concentration and physical illnesses like high blood pressure and headaches could be caused by a traumatic and or stressful experience. Only 21% of the respondents were of the view that there is no direct relationship between poor concentration and stress and trauma. The findings were inline with literature written on trauma and stress and their effects.

Frazer (1983) maintains that people who have experienced traumatic and or stressful events are more likely to experience poor concentration and suffer from physical illnesses. In addition, the majority of respondents agreed that there is a direct relationship between poor relationships with co-workers (76 %); substance abuse (66%); avoidance and increased arousal (62%) and stress and trauma.

A substantial number of respondents thought that there is basically no direct relationship between difficulties like low self esteem and assertiveness (42 %), irritability and mood swings (51%); intrusive memories (48%) and stress and trauma. These perceptions contradicted what literature presents as effects of stress and trauma on body and mind (Graven and Kates, 1998). It is further acceptable to say if employees were to present with the aforementioned symptoms, line managers are more likely not to identify them as mental health problems.

4.3.4. Perceptions on relationship between stress; trauma and work performance problems

The majority of line managers agreed that there is a relationship between stress and trauma and work performance problems like absenteeism (72%); high staff turn over (69%); poor interpersonal relations (86%); high medical aid claims (87%); failing to meet dead lines (83%) and reduced productivity (79%).

This indicated that most respondents were in a position to directly link individual work performance problems with personal problems. The findings of the study agreed with systems theory views that it is not possible to separate the workplace and the wider social life of employees (Frued, 1930). Morales and Sheafor et al (1994) also emphasise that employees do not exist in a vacuum, after work they go home to their families and are exposed to family problems, they are also part of their community and as a result, are exposed to community challenges, all these systems interact and can directly affect each other.

4.4. Experiences of dealing with work related problems

Figure 4.3

Views on capacity to deal with troubled employees

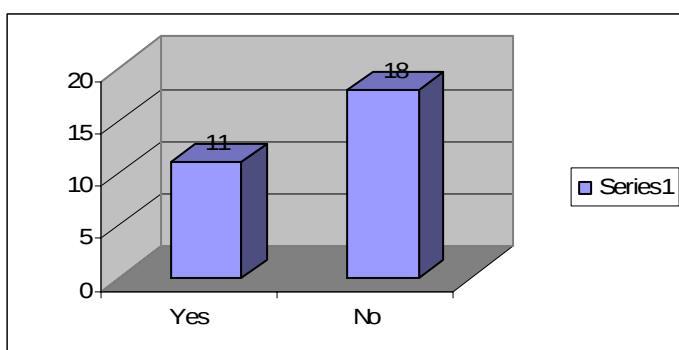


Figure 4.3 shows that the majority of respondents 62 %, are of the opinion that line managers are not well capacitated to deal with troubled employees and only 38 % of the respondents thought that line managers are well capacitated to deal with employees experiencing mental health problems. Ruffs and Singer (2001) cited in Jian and Tyson (2004:275) are of the view that the critical importance of relationships at work in the context of management is a recurrent theme and there is need for positive and supportive relationships between line managers and their subordinates.

Table 4.7

Opinions on responsibility to help subordinates with personal problems

Opinion	Number of respondents	Percentage ((%)
Yes	13	45%
No	16	55%
Total	29	100%

Table 4.8. shows that 55 % of respondents do not think that it is the responsibility of line managers to help subordinates with their personal problems while 45 % of the respondents were of the view that it is the responsibility of line managers to help their subordinates with their personal problems. That is, more than half of line managers will not help subordinates who are experiencing mental health problems. Maddux and Sibson (1987) believe that good managers achieve successful results in their organisations by communicating effectively with their staff. In his writings Liard (1975) emphasizes that line managers must play a supportive role towards their subordinates' mental wellbeing.

Figure 4.4.

Views on being too busy to attend to employees' personal problems

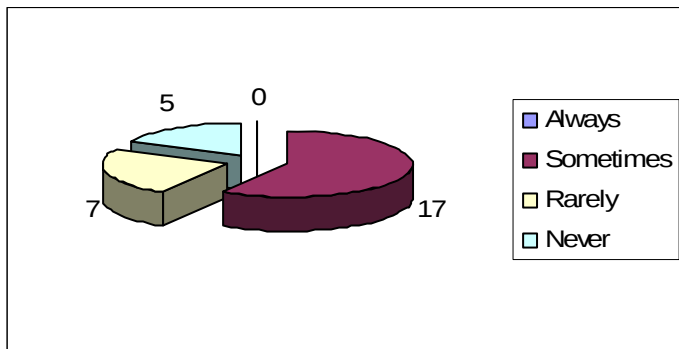


Figure 4.4. indicates that just above half (59 %), of the respondents often felt that they are too busy to attend to employees' personal problems, 24 % said that they rarely feel they are too busy to attend to employees' personal problems, while only 17 % of the total number of respondents were of the view that they never feel that they are too busy to attend to employees' personal problems. These findings concur with the findings of other studies on issues of people management. Sibson (1976) points out that, through its line management, an enterprise must avoid human relations characterised by unhappy; insensitive; unproductive and disruptive employees. In her study on industrial relations factors affecting the propensity to use an employee assistance programme, Buist (2001) found that employees felt that their supervisors may have an important impact on whether or not they would use employee assistance programmes.

Figure 4.5

Quality of interpersonal relationships between subordinates and line managers

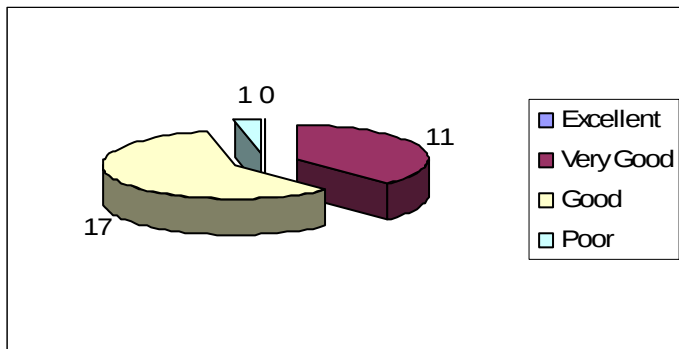


Figure 4.5. shows that none of the respondents felt that their relationship with their subordinates was excellent. Less than half of the respondents (37%) felt that their relationship with their subordinates was very good and more than half of respondents (59 %) were of the view that the relationship was normal (good) while only 4 % felt that it was poor.

Table 4.8 Managers perceptions on prioritizing mental health issues during human resources performance management

Statement	Always	Often	Sometimes	Seldom	Total
Corrective action taken when performance problems arise	15	6	3	5	29
I approach employees in a way that encourages them	18	7	2	2	29
I encourage employees to disclose their problems	9	8	9	3	29
I can be firm, yet communicate concerns to subordinates	13	11	4	1	29
I give praise to employees for meeting job requirements	17	6	4	2	29
Total	72	38	22	13	145

It was interesting to find that 73 % of respondents said that they do not hesitate to take corrective action when performance problems begin to develop. Only 10 % of the line managers said that sometimes they hesitate and 17 % do not hesitate to take corrective action when performance problems begin to develop. Thus, the majority of respondents indicated that they would first take corrective action before they check issues like mental wellbeing of the employee when performance declines. The trait approach on leadership maintains that a good leader needs emotional maturity and is more concerned about the wellbeing of others. Thus before taking corrective measures, possible mental health issues that may have led to negative behavior should be explored (Dunnet and Hough, 1990).

The findings also indicate that 86 % of respondents believe that they approach employees in a way that makes them want to improve and only 14 % were of the view that their approach to employees does not make them want to improve. It was also evident that just above half of the respondents (59 %),

encourage employees to disclose their problems, work related or personal and recommend corrective action. However, just less than half of the respondents (41 %) said that they do not encourage employees to disclose personal problems nor do they further involve themselves or recommend corrective measures.

The findings further suggest that a large number of managers still find it difficult to try to reach out to their subordinates' mental wellbeing issues. According to Maddux and Voorhees (1987), good managers achieve successful results in their organisations by fostering good communication with their staff. Similarly, the majority of line managers (83%), believe that they can be firm and speak with authority, yet communicate sincere concerns to their subordinates and 80 % of the respondents said that they give praise to employees for meeting job requirements.

Figure 4.6.

Views on responsibility to help employees feel good about themselves

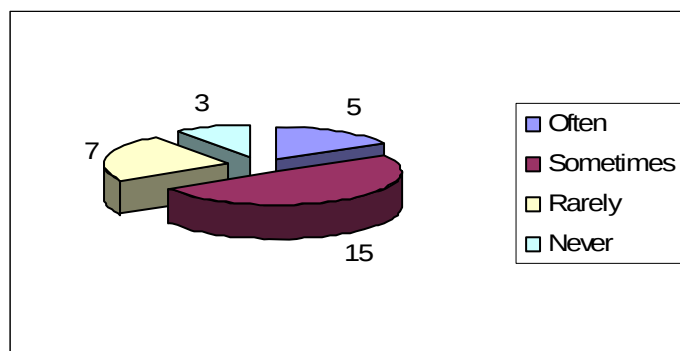


Figure 4.6. shows that 52 % of the respondents said that they sometimes think it is their responsibility to help employees feel good about themselves. While only 17 % thought that they often feel it is their

responsibility to help employees feel good about themselves and 35 % thought they rarely and never feel that it is their responsibility to help employees feel good about themselves.

Figure 4.7. Involvement of employees in the decision making processes

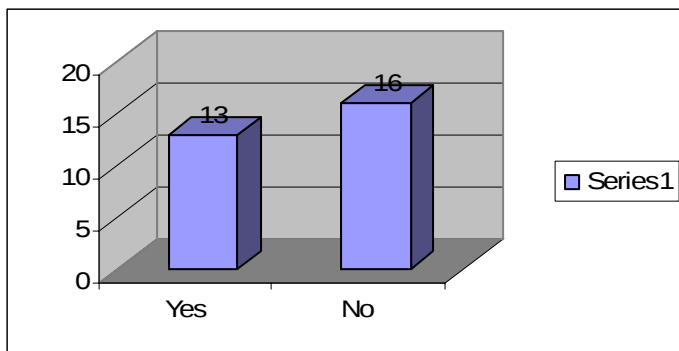


Figure 4.7. shows that more than half of respondents (55 %) were of the view that employees are not involved in decision making processes in their respective department and 45 % thought otherwise, they were of the view that employees in their department are involved in decision making processes. Liard (1975) points out that more often than not, employees are not involved in the decision making processes and this makes them feel disempowered and less important within their organisations.

4.5. Understanding of employee assistance programmes and propensity towards utilising employee assistance programmes

Figure 4.8

Responsibility in dealing with troubled employees

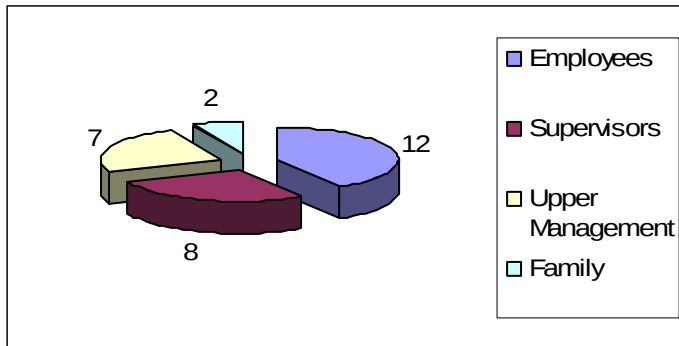


Figure 4.9. shows that only 28 % of respondents thought it is the responsibility of line-managers/supervisors to deal with troubled employees and 41 % were of the view that it is the responsibility of employees themselves to deal with their troubles. Furthermore, 24 % of respondents were of the view that it is the responsibility of upper management to deal with troubled employees and only 7 % thought that the responsibility rests with the family of troubled employees.

The findings of the study also indicate that 66 % of respondents would rather deal with their problems themselves than seek help from the Employee Assistance Programmes department and 44 % thought they could seek help from the EAP department. The findings concur with the findings of the research conducted by Buist (2001) on Industrial Relations Factors Affecting the Propensity to use an Employee Assistance Programmes, she also found that employees would rather deal with their problems themselves from the EAP.

4.6 Awareness of available Support Structure

Table 4.9 Understanding of EAP and propensity towards utilising EAP

Views	Yes	Percentage (%)	No:	Percentage %	Total
Knowledge & understanding of EAP	12	41 %	17	59 %	100 %
Views on importance of EAP	25	86 %	4	14 %	100 %
Views on availability of EAP department	4	14 %	25	86 %	100 %

Table 4.9. shows that more than half of line managers/supervisors (59%), did not understand what Employee Assistance Programmes were and only 41 % thought they understood what EAP is. Literature states that line managers should be at the forefront of promoting EAP programmes and without general understanding of these programmes, it will definitely be impossible for line managers to promote these programmes to their subordinates, which can directly impact on productivity (Wagman and Schiff, 1990 cited in Buist 2001:6).

Table 4.9 indicates that 86 % of the respondents thought that Employee Assistance Programmes are important and only 14 % thought that Employee Assistance Programmes are not important. Hosie et al (1993) also maintains that trying to provide a valuable employee benefit and create a stable, effective and efficient workforce, organisations need to provide employee wellness programmes. The majority of line managers (86 %) believe that Ekurhuleni Metropolitan Municipality does not have an Employee Wellness Department and only 14 % believed that there is an Employee Wellness Department in Ekurhuleni Metropolitan Municipality.

CHAPTER FIVE: SUMMARY; CONCLUSIONS; AND RECOMMENDATIONS

5.1 Summary of the Study

The study found that line managers did not manage to properly define stress and trauma. It was interesting to note that even though line managers struggled to define stress and trauma, they were knowledgeable about other issues related to stress and trauma and work performance. They are of the perception that everyone is likely to experience a stressful and/or a traumatic experience at some time or another. They also believed that family problems and relationship problems often cause stress and trauma.

In addition, the study established that line managers believed that social problems; chronic illness; and retrenchment cannot always cause stress and trauma, they believe that this can only happen sometimes. Contrary to this view, they are of the opinion that the workplace environment and social life of employees cannot be separated, the respondents believed that problems experienced at home and in communities can affect work performance.

Line managers perceive life difficulties such as poor concentration; physical illness; poor relationships with co-workers; low esteem; assertiveness; substance abuse; mood swings; intrusive memories and avoidance as having a relationship with traumatic and stressful experiences. They also believe that it is very common for a relationship to exist between stress and trauma and work performance problems such as absenteeism; high staff turn over; poor interpersonal relations; high medical aid claims; failure to meet dead lines. Respondents also said that there is a direct relation between stress and trauma and work performance.

The study further found that poor productivity; absenteeism; poor interpersonal skills; low staff morale; change in management and poor positive feedback are the most common work performance related challenges faced by employees. Line managers also said that they have not done anything to try to deal with the aforementioned challenges. They are also of the opinion that they are not capacitated to identify and deal with troubled employees. Line managers suggested that training is required for line managers to be able to positively deal with such work performance challenges.

The presented study found that line managers are of the view that it is not their responsibility to deal with troubled employees. Line managers are of the view that sometimes they are too busy to attend to employees' personal problems, this indicates that they basically do not see a role to play in their subordinates' mental health issues such as stress and trauma. They believe that there is no positive or supportive relationship between line managers and their subordinates regarding personal issues. Line managers also said that they do not see a role to play in boosting the morale of their subordinates. They believed that employees are not involved in the decision making processes within their specific departments.

The study found that line managers do not understand what employee assistance programmes are. As the majority of line managers do not understand what an EAP is, it can be argued that they cannot play an effective role in trying to create a stable, effective and efficient workforce. The study also established that respondents believed that their subordinates do not know what an EAP is.

Even though line managers agreed that Employee Assistance Programmes are important and employees should always make use these programmes. Line managers said that they would rather deal problems themselves than seek help from an EAP department if it is available. Line managers are of the view that Ekurhuleni Metropolitan Municipality does not have a department that provides Employee Assistance Programmes.

5.2 Conclusions

Role of line managers' in helping employees deal with challenges relating to stress and trauma

It can be concluded, therefore, that line managers do not believe that they have a role to play in helping their subordinates deal with challenges relating to stress and trauma since employees spend most of their time in the workplace and it is the line managers who work directly with employees. These perceptions may be detrimental to fostering high productivity levels amongst employees.

Knowledge and views of line managers' regarding stress and trauma and their impact on job performance

It can also be concluded that line managers do not understand what stress and trauma are, but they believe that stress and trauma related challenges could have a negative impact on work performance. Line managers are aware that problems experienced at home and in communities can affect productivity in the workplace. Line managers also agree that everyone is likely to experience a traumatic and/or stressful experience once in a while.

Line managers' experiences of dealing with work related problems related to employees' stressful and traumatic experiences

Although line managers mentioned work related challenges that are experienced by their subordinates, it can be concluded that line managers basically do not have any experience of dealing with work related problems that might be related to employees' stressful and traumatic experiences. Line managers have not been helping employees to address these challenges because they believe that they are not capacitated to identify and deal with troubled employees. It can further be concluded that line managers do not think it is the responsibility of supervisors to help subordinates deal with personal problems.

Line managers' awareness and propensity to utilise support structures put in place by Ekurhuleni Metropolitan Municipality to assist in mental health related problems

Line managers seem not to be aware of support structures put in place by Ekurhuleni Metropolitan Municipality to assist employees on mental health related problems like stress and trauma. It also seems that they feel helpless in terms of being able to help troubled employees. There is little propensity of line managers to utilise employee wellness programmes put in place to assist with mental health problems. However, line managers are of the opinion that employee assistant programmes may assist in addressing mental health challenges such as stress and trauma.

In general, line managers are not well informed regarding the relationship between stress; trauma; work performance and productivity of employees.

5.3 Recommendations

Based on the findings of the study, the researcher proposes the following recommendations for future research, policy and employee assistance programmes.

❖ Recommendations for Employee Assistance Programmes

Given the well-documented increase of violence and traumatic activities in all areas of society, effective and efficient Employee Assistance Programmes are a necessity in all workplaces. Mental health services departments in workplaces must be able to provide preventative approaches to dealing with mental wellbeing issues.

Preventative approaches need to be developed and/or used in dealing mental health problems such as stress and trauma e.g. psychosocial support outreach programmes for all employees.

These programmes require co ordination and communication between Employee Assistance Programmes Officers, Supervisors and Community Based Organisations.

Line managers spend most of their time working closely with employees; therefore they need to be extensively trained on mental health issues such as stress and trauma; their symptoms and effects on survivors, colleagues and on work performance.

Furthermore, training is required regarding strategies of early detection of employees having mental health problems. This will enable the employer to save on resources e.g. reduced sick leave; high

productivity; and reduced occupational accidents. Line managers also need to be involved on aftercare programmes for employees who are experiencing mental health problems like stress and trauma.

Employee Assistance Programmes department at Ekurhuleni Metropolitan Municipality need to embark on a massive, extensive and exciting project to educate employees and line managers about the importance and roles of Employee Assistance Programmes. Most importantly, Employee Assistance Programmes Officers need to be accessible and close to the employees.

The study also poses a challenge on policies implemented by organisations and government. Both institutions need to come up with strategies to workshop employees on these policies and most importantly, the institutions need to come up with strategies to monitor and evaluate policies that were developed.

❖ **Recommendations for future researchers**

More studies on mental health and work performance are necessary. Evaluative studies also need to be conducted for assessment of relevancy and effectiveness of Employee Assistance Programmes. Further research is necessary regarding the successful involvement of line managers in subordinates' wellbeing. Further research should also be conducted on the successful involvement of line managers in their sub-ordinate's wellbeing.

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Appendix A

SUBJECT INFORMATION SHEET

Dear Sir/Madam

I am an Industrial Social Work Masters student at the University of the Witwatersrand. Part of the requirements for the fulfillment of the degree is the completion of a research report. I am conducting my research on perceptions of line managers at Ekurhuleni Metropolitan Municipality regarding the impact of stress and trauma on work performance among employees. The study aims to explore how line managers in Ekurhuleni Metropolitan Municipality perceive the relationship between stress, trauma and work performance in the workplace. The study will help Ekurhuleni Metropolitan Municipality develop appropriate programmes to capacitate line managers on knowledge of mental health problems like stress and trauma and how to deal with them at a line management level. It would be appreciated if you would agree to participate in the research by answering the questionnaire that will be provided for the purposes of the study. The questionnaire will be in English and will take approximately 45 minutes to complete. The questionnaire will be completed at your own venue and time without the presence or intrusion of the researcher. You will be given 48 hours to complete the questionnaire, that is, the questionnaire will be collected by the researcher 48 hours after delivery.

Please note that participation is entirely voluntary. There will be no negative consequences if you choose not to participate and you may withdraw from the study at any time. Participation or non – participation will in no way affect your position or your work in the Municipality. All information provided will be kept confidential. Your name will not appear anywhere on the questionnaire or in the

report. Your answers will not be traceable to you as codes will be used to write the report. The report will focus on general trends rather than individual responses. Data will be destroyed as soon as the research report has been completed and accepted by the University of the Witwatersrand.

A written report will be given to the Human Resources department of the Ekurhuleni Metropolitan Municipality, EAP division. A summary of feedback on the study will also be available.

If you will like to participate in this study, please sign the consent form provided.

Thank you

Yours faithfully

Mulalo Mbawu (Miss)

Contact Number: 0834004286 or (011) 920 1120 ext272/246 (work)

Appendix B

CONSENT TO PARTICIPATE IN RESEARCH

I hereby agree to participate in the aforementioned research. I acknowledge that I am free to refuse to participate or withdraw from the study at any time. There will be no negative consequences to a decision to withdraw from the study and this will in no way affect my employment status or treatment in the organisation. I am also aware of the fact that my confidentiality will be upheld and that my name will not be linked to any specific responses. Only the researcher will have access to the specific information supplied by myself. The data will be destroyed once the research report has been completed.

SIGNATURE:

DATE:

Appendix D

QUESTIONNAIRE

INSTRUCTIONS

- PLEASE ANSWER ALL QUESTIONS
- THERE ARE NO WRONG OR WRIGHT ANSWERS
- ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL
- MARK YOUR ANSWERS WITH AN (X) AND WRITE SETENCES IN THE SPACES PROVIDED

A. BIOGRAPHICAL DATA

1. What position do you hold in the Municipality?

2. How long have you been holding this position?

3. How long have you been working in the municipality

0-3 years	3-5 years	6-8 years	9-11 years	12-14 years	15 years +

3. What is the core business of your department?

4. How many people do you supervise?

0-5	6-10	11-15	16-20	21-25	Other

5. What is your highest level of education? Please state the name of the qualification.

Matric	
Diploma	
Degree	
Other (specify)	

**B. VIEWS ON STRESS AND TRAUMA AND THEIR IMPACT ON WORK
PERFORMANCE**

6. What is your understanding of stress and trauma?

7. How do you feel about the statement that everyone is likely to experience a stressful or a traumatic experience once in a while?

Slightly agree	
Agree	
Slightly disagree	
Disagree	

8. What do you think might be causes of stress and trauma?

9. Please rate how often you think the following difficulties may be experienced as traumatic or stressful amongst employees.

Difficulty	Very often	Often	Sometimes	Seldom
Social problems				
Chronic illnesses				
Retrenchment				
Family problems				
Relationship difficulties				
Other (specify)				

10. Do you think that problems/challenges experienced by employees at home and communities can affect their work performance?

Yes	
No	

Please explain

11. How often do you think the following difficulties may be related to the experience of stress and / or trauma?

Difficulty	Always	Often	Sometimes	Rarely
Poor concentration				
Physical illness e.g. high blood pressure & head aches				
Poor relationship with co-workers				
Low self esteem and assertiveness				
Substance abuse				
Irritability and mood swings				
Intrusive memories				
Avoidance and increases arousal				

12. How common do you think is it for a relationship to exist between stress, trauma and work performance in performance problems mentioned below?

Work performance issues	Very common	Fairly common	Not very common	Not at all common
Absenteeism				
High staff turn over				
Poor interpersonal relations				
High medical aid claims				
Failing to meet dead lines				
Reduced productivity				

C. EXPERINCES OF DEALING WITH WORK RELATED PROBLEMS

13. What are the most common work performance related challenges/problems faced by employees in your department/section? (list them below)

14. How have you been dealing with the above mentioned challenges?

15. Do you feel that you are well capacitated to identify & deal with troubled employees?

Yes	
No	

If your answer is no, please describe what you think can be done to help capacitate you?

16. Do you think it is part of your responsibilities as a supervisor to help your subordinates with their personal problems?

Yes	
No	

17. How often do you feel that you are too busy to attend to employees personal problems?

Always	
Sometimes	
Rarely	
Never	

18. How good is your relationship with your subordinates?

Excellent	
Very good	
Good	
Poor	

19. How often do the following statements apply to you?

Statements	Always	Often	Sometimes	Seldom
I do not hesitate to take corrective action when performance problems begin to develop				
I approach employees in a way that makes them want to improve				
I encourage employees to disclose their problems, work or personal, and recommend corrective action				
I can be firm and speak with authority, yet communicate sincere concern to my subordinates				
I give praise to employees for meeting job requirements				

20. Do you think it is your responsibility to help employees feel good about themselves?

Often	
Sometimes	
Rarely	
Never	

21. Are employees involved in decision making in your department?

Yes	
No	

If your answer is yes, how are they involved?

D. UNDERSTANDING OF EMPLOYEE ASSISTANCE PROGRAMMES AND PROPENSITY TO UTILIZE EMPLOYEE ASSISTANCE PROGRAMMES

22. Do you understand what employee assistance programmes are?

Yes	
No	

If your answer is yes, please explain

23. Whose responsibility do you think is it to deal with troubled employees?

Employees themselves	
Supervisors	
Upper management	
Family	
Other (specify)	

Why? -----

24. How often do you think troubled employees should use employee assistance programmes in the workplace?

Always	
Sometimes	
Rarely	
Never	

25. Do you think employees in your department know what employee assistance programmes are?

Yes	
No	

Please substantiate your answer

26. Is the expenditure on psychological services and employee assistance programmes a waste of much needed monetary resources and time?

Slightly agree	
Agree	
Slightly disagree	
Disagree	

27. Do you think employee assistance programmes are important?

Yes	
No	

28. Would you rather deal with your problems yourself or seek help from the employee assistance programmes department?

Always	
Sometimes	
Rarely	
Never	

Please support your answer

E AWARENESS OF AVAILABLE SUPPORT STRUCTURES

29. Does Ekurhuleni Metropolitan Municipality have an employee wellness department?

Yes	
No	

If your answer is yes, answer question 30, 31&32

30. Where is it situated?

31. What are the services that are available for employee?

32. Is the department accessible to everyone who desire to utilize it?

Yes	
No	

32. Have you, your co-workers or subordinates ever utilized the services?

Yes	
No	

33. If your answer to question number 32 is yes, was it helpful?

Yes	
No	

34. Where can the department improve?

35. Is there anything you would like to say in relation to the study?

THANK YOU FOR YOUR CO-OPERATION AND PARTICIPATION.