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Perceptions of social workers regarding the employee health and wellness programme within the Gauteng department of social development Ekurhuleni regional office

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2020

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PERCEPTIONS OF SOCIAL WORKERS REGARDING THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME WITHIN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT EKURHULENI REGIONAL OFFICE

A report on a research study presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements

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

Occupational Social Work

by

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July 2020

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DECLARATION

I, Matlhodi Kgomotso Masango, declare that this research report is my own unaided work. Sources used in this report have been referenced. This report is submitted in partial fulfilment of the requirements for the degree of Master of Arts in Social Work by course work and research report in Occupational Social Work at the University of the Witwatersrand, Johannesburg.

_____

Matlhodi Kgomotso Masango Date: 13 July 2020

ACKNOWLEDGEMENTS

I would like to thank God for good health, strength, wisdom and perseverance through the entire course of my studies. When the journey seemed long and hard, I always took courage in God's word that says "But those who trust in the Lord will find new strength, they will soar on wings like eagles, they will run and not grow weary, they will walk and not faint". I feel very grateful to have had an opportunity to be supervised by Dr. Roshini Pillay. Thank you for your valuable academic inputs and your good work ethic. Your guidance and steadfast patience have resulted in the successful completion of this research report and I cannot thank you enough. A special thank you to my research participants and the Department of Social Development for allowing me to conduct the research study. Mrs. Mashiane I greatly appreciate the assistance you have provided me, it humbles me to this day. It would be inappropriate if I do not mention the names of my colleagues, Mr. Johnson Tau, Miss Tshifhiwa Livhalani and Miss Keitumetsi Mosetlo, who have in their own ways supported me. During the period of my research study, I was mentoring four matriculants: Thembelihle, Mahlatsi, Snegugu and Rose. I sometimes stayed up all night doing this research report so that I could influence them to remain focused on their studies. Even though I did this for them, but it really helped me to work hard, so they also deserve a big thank you. I am really grateful for family and friends who never grew tired of supporting and encouraging me. Mama no Baba Masango, I am so happy that we can finally spend quality time together, uLombeni uqedile isikole. Ncebakazi Mlunjwa and Sharlotte Rapopo, you are truly heaven sent. Last but not least, I would like to acknowledge my late father for instilling in me the value for education, I know he would have been very proud of me.

DEDICATION

This research report is dedicated to my loving husband, Lungile Sabelo Masango. Thank you for reminding me of my academic goals and inspiring me to pursue them. We were relatively a new married couple when I started this Masters Degree but you still assured me that it was the right thing to do. Whenever I felt bad for compromising our quality time, you always made me understand that we have a lifetime to spend together. Whenever I struggled to find balance between being a wife and a student, you were always ready to help with almost everything and anything. When it was hard, you always had the right words to say! Thank you for your endless words of encouragement and for keeping me in your prayers. Thank you for believing in my abilities and for your unwavering support. You are so self-less and I am really blessed to have a husband like you. I love you so much Phondo Elibomvu, lakwa- Masango.

ABSTRACT

The HIV and AIDS pandemic in South Africa was the seed for the development of the Employee Assistance Programmes (EAP), which is currently referred to as the Employee Health and Wellness Programme (EHWP) within the Public Sector. All Gauteng Provincial Government Departments (GPGD), including the Department of Social Development (DSD) employees have access to the programme. This research project specifically considers social workers as beneficiaries of the programme and it was a concern in this study as to whether the EHWP is customised in accordance to their needs. The primary purpose of this study was to explore the perceptions of social workers in the Department of Social Development, Ekurhuleni Regional Office regarding the Employee Health and Wellness Programme. A qualitative research study was conducted, using a case study design. A non-probability purposive sampling method was applied to select ten social workers and two key informants, utilising inclusion criteria. The method of data collection utilised was face-to-face interviews, with the use of a semi-structured interview guide as a research instrument to gather data. The collected data was analysed using thematic analysis to find themes and to contextualize the findings. The main findings of the research revealed that there is a lack of a customised programme that considers the specific needs of social workers and a need to counteract the view that social workers feel they do not need counselling services because they see themselves as invincible. The barriers to utilisation of the EHWP included: a lack of awareness on how to access the EHWP services, the turnaround time for telephonic counselling services and cultural beliefs.

KEY WORDS

Customisation, Ekurhuleni Regional Office, Employee Assistance Programme, Employee Health and Wellness Programme, Employee Health and Wellness Strategic Framework, Gauteng Department of Social Development, Social workers

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CISD	Critical Incident Stress Debriefing
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
EAP	Employee Assistance Programme
EAPA	Employee Assistance Professionals Association
EHWP	Employee Health and Wellness Programme
EHWPSF	Employee Health and Wellness Programme Strategic Framework
EASNA	Employee Assistance Society of North America
GEMS	Government Employee Medical Scheme
GPG	Gauteng Provincial Government
HIV	Human Immunodeficiency Syndrome
HPM	Health and Productivity Management
HRM	Human Resource Management
ICAS	Independent Counselling and Advisory Services
NPO	Non-Profit Organisation
OAP	Occupational Alcoholism Programme
OHS	Occupational Health and Safety
OSWPM	Occupational Social Work Practice Model
PIS	Participant Information Sheet
PSC	Public Service Commission
PTSD	Post-Traumatic Stress Disorder
SACSSP	South African Council for Social Service Professions
SANDF	South African National Defence Force
SHERQ	Safety, Health, Environment, Risk and Quality

STI	Sexually Transmitted Infections
STS	Secondary traumatic stress
TB	Tuberculosis
USA	United States of America
VCT	Voluntary Testing and Counselling

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

The Department of Social Development (DSD) remains firm in its vision which is "A caring and integrated system of social development services that facilitate human development and improve the quality of life" (Department of Social Development Annual Report, 2017). The mission of the organisation is to ensure that there are various services to help the disadvantaged in society (Department of Social Development Annual Report, 2017). This mission can be ensured by giving attention to the employees' wellbeing, which could have an influence on the service delivery and productivity of employees (Makala, 2011). The DSD has invested in the Employee Health and Wellness Programme (EHWP), to promote the wellbeing of employees and their family members. The programme started as an Employee Assistance Programme (EAP) and as a result of an integration of a variety of services to the programme, it is currently referred to as EHWP. The EHWP is mandatory for all 14 GPG departments (DPSA, 2008). The Employee Health and Wellness Strategic Framework (EHWPSF), serves as a guideline for the departments on how services should be rendered and what kind of services should be rendered for employees. The study undertaken focused on the perceptions of social workers regarding the EHWP in the DSD, Ekurhuleni Regional Office. The paucity of literature on the perceptions of social workers regarding the EHWP resulted in the need to consider this study.

1.2 STATEMENT OF PROBLEM AND THE RATIONALE FOR THE STUDY

The EHWP has been running for a period of 14 years in the DSD however there are no studies that specifically focus on the perceptions of social workers in the DSD regarding the programme. A study done by Pillay (2007) within the Gauteng Provincial Government (GPG) was based on comparing the EAP with the HIV and AIDS workplace programmes, this study showed a need for an integrated implementation of the programme. Another study done within the GPG indicated the following limitations: that the wellness pillar is not fully implemented; there is a lack of human

capacity and a dedicated budget; inconsistent structure and positioning of the programme as well as a lack of top management support (Mashiane, 2017).

In 2016 the Transversal EHWP in the Gauteng Department of e-Government and the Transversal Human Resource in the Office of the Premier conducted a survey to measure satisfaction of employees regarding the EHWP and to determine whether employees were familiar with EHWP services (EHWP Satisfaction and Familiarity Survey, 2015). The survey revealed that respondents are generally familiar with EHWP however they are not aware of various other services rendered through the programme. The respondents indicated their satisfaction with the programme except for the Occupational Health and Safety services (EHWP Satisfaction and Familiarity Survey, 2015). The study has shown that the visibility of the programme in the regions, districts and to the employee's family members is low. These studies show that there are gaps in the practices of the GPG EHWP and a need for compliance with the EHWP.

While previous GPG inventories focused on the perceptions of all the employees regarding EHWP, this study will specifically focus on social workers' perceptions regarding EHWP, which could translate to challenges and needs regarding the programme. The current knowledge of the EHWP is inadequate, very broad and generic in its scope. The understanding of the perceptions of social workers regarding the EHWP could help to customise the programme and to make it more suitable for social workers. Maiden (1992) is of the view that an EAP needs to be customised to make it suitable to a specific group, a team or a department in order to provide unique interventions which can bring appropriate and effective treatment for employees and this study agrees with this view. Govender (2009) also resonates with this perspective and further states that customisation can only be done when the needs of the specific groups are known

Barsky (2006) mentions that social workers promote the well-being of people, Whitaker, Weismiller and Clark (2006, p. 24) further stipulated that "social workers deal with an increase in paperwork, severity of client problems, caseload size, waiting list for services, assignment of non-social work tasks, level of oversight, coordination with community agencies and availability of professional training." Social workers are involved in field work, developing the youth, preventing crime in the society and alleviating poverty through programmes (Nicholas, Rautenbach & Maistry, 2010). According to Jackson (2014) when social workers are not receiving the necessary care to promote their wellbeing, their ability to care for their clients is greatly reduced. It is

therefore critical to have a valuable EHWP as it could translate to utilisation, which could promote productivity and good service delivery among social workers.

It is was envisaged that this study would contribute to the body of knowledge within the EHWP unit about the needs of social workers regarding the EHWP and this might help to customise the programme. The study might help in expanding services rendered through the EHWP and provide recommendations on plans that could improve the wellbeing of social workers.

1.3 RESEARCH QUESTION

What are the perceptions of social workers regarding the EHWP in the Gauteng Department of Social Development, Ekurhuleni Regional Office?

1.4 PRIMARY AIM AND SECONDARY OBJECTIVES OF THE STUDY

1.4.1 PRIMARY AIM OF THE STUDY

The primary aim of the study was to explore the perceptions of social workers regarding the EHWP in the Gauteng Department of Social Development, Ekurhuleni Regional Office.

1.4.2 SECONDARY OBJECTIVES OF THE STUDY

- To determine social workers' awareness of the EHWP
- To determine the social marketing strategies of the EHWP
- To understand the perceptions of social workers regarding the EHWP
- To explore the perceptions of social workers regarding challenges with the EHWP
- To consider recommendations from social workers regarding the EHWP

1.5 DEFINITION OF CONCEPTS

1.5.1 DEPARTMENT OF SOCIAL DEVELOPMENT, EKURHULENI REGIONAL OFFICE

The Ekurhuleni Regional Office is amongst the five regions that the Gauteng Department of Social Development Employee Health and Wellness Programme Unit services. The other regions that are serviced include: Tshwane, West Rand, Sedibeng and Johannesburg. Ekurhuleni Regional Office is situated in Germiston, which is a small town that forms part of the City of Ekurhuleni Metropolitan Municipality.

1.5.2 EMPLOYEE ASSISTANCE PROGRAMME

EAP can be defined as "a work-based programme that utilises core technologies to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues" (Reddy, 1994, p. 7).

1.5.3 EMPLOYEE HEALTH AND WELLNESS PROGRAMME

Unlike EAP which focuses on addressing challenges that emanate from employees, the EHWP also focuses on addressing challenges that are in the organisations to ensure productivity. The EHWP is aimed at providing holistic and comprehensive services which focus on health, occupational safety and wellness and has a dual focus for both the employees and the organization as a client system (DPSA, 2008).

1.5.4 EMPLOYEE HEALTH AND WELLNESS PROGRAMME STRATEGIC FRAMEWORK

"The Employee Health and Wellness Strategic Framework was developed by the DPSA to ensure the management of comprehensive health and wellness programmes and services in public service organisations" (DPSA, 2008, p.7). The role of the EHWPSF is to guide government departments in terms of developing interventions, services and strategies for government departments, which should be based on four pillars, namely: HIV and AIDS and Tuberculosis Management pillar, health and productivity management, and safety, health, risk and quality management and wellness management (DPSA, 2008).

1.5.5 SOCIAL WORK

According to the International Association of Schools of Social Work (IFSW, 2014, p.1), "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing."

1.5.6 SOCIAL WORKER

The term social worker applies to a graduate who holds a bachelor's degree or a masters or doctorate, who is registered with the South African Council for Social Service Professions (SACSSP) in terms of the Social Service Professions Act 110 of 1978 as amended (South Africa 1978: section 17). The social workers in this study are from the Department of Social Development, Ekurhuleni Regional Office and they are regarded as the recipients of the EHWP services.

1.5.7 COMBINATION MODEL

A combination model is one of the EAP models of service delivery which entails a combination of internal and external services, where the internal services are provided by the EAP manager who provides clinical and consultative services, plus the external EAP and vendors for diverse clinical care, 24-hour response, and the ability to deliver services across a vast geographical area (Collins, 2000).

1.5.8 CUSTOMISATION

Customisation is "Producing in response to a particular customer's needs and making a customer find value in a product." (Pine & Gilmore, 1999, p. 76). Customisation in this study means making an EHWP more suitable for the needs of social workers.

1.6 OUTLINE OF THE RESEARCH REPORT

The research report comprises of five chapters. The first chapter has provided an overview of the study with an introduction which contextualised the topic, explained the research problem statement and the justification for the study, the purpose of the study, the aim and research objectives, a brief description of the research design and methodology and the justification for the research. The second chapter is the literature review and it contains an outline of the theoretical framework which underpins the study, which is the Occupational Social Work Practice Model (OSWPM). The outline of the theoretical framework is followed by the history and evolution of the EAP internationally, nationally and provincially. The discussions on the historical background of the EAP is followed by discussions on how the programme is implemented in the DSD by firstly focusing on the positioning of the programme in the department, the service delivery model the DSD utilises, and how the EHWPSF is implemented in the DSD. The literature review also discussed the occupational challenges of social workers and the various interventions to address them. Lastly the literature review ends with discussions on various factors that may influence utilisation of the EHWP. The third chapter is about the research methodology, followed by the fourth chapter, which considers the data collected and an analysis of the results in relation to the research question and objectives. The fifth chapter presents the main findings, deliberates the conclusions and offeres some recommendations for the DSD, EHWP Unit and possible topics for further exploration are identified.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The first part of this chapter discussed the theoretical framework that underpins the study; the second part discussed the origins of EAP internationally, in South Africa and in the GPG departments. The third part of the chapter discussed the implementation of the EHWP in the DSD, the structure and positioning of the EHWP in the DSD, the model utilised for service delivery and the implementation of the EHWPSF in the DSD. The fourth section of the chapter discussed the occupational challenges of social workers and the relevant interventions to address them. Lastly discussions will focus on the factors that influence utilisation of EHWP.

2.2 THEORETICAL FRAMEWORK OF THE STUDY

The OSWPM was the theoretical framework that guided this study. The model was established by Van Breda to guide practitioners as they worked with employees facing occupational challenges. According to Kruger and Van Breda (as cited in Van Breda & Du Plessis, 2009, p. 322) the OSWPM utilizes the binocular vision which symbolises social work principle of person-in-environment. The OSWPM views the challenges of an employee holistically applying the binocular vision which is the ability to have a microscopic view (the ability to assist employees and their family members with everyday challenges) and a telescopic view (the ability to assist on a broader scale of issues in the workplace, such as developing policies, assisting with decision making processes and strategizing on how to solve workplace issues). The OSWPM encourages comprehensive and holistic services, embedded in four positions to choose from when assisting employees facing occupational challenges. These positions will be discussed against what the EHWP in DSD offers for the employees:

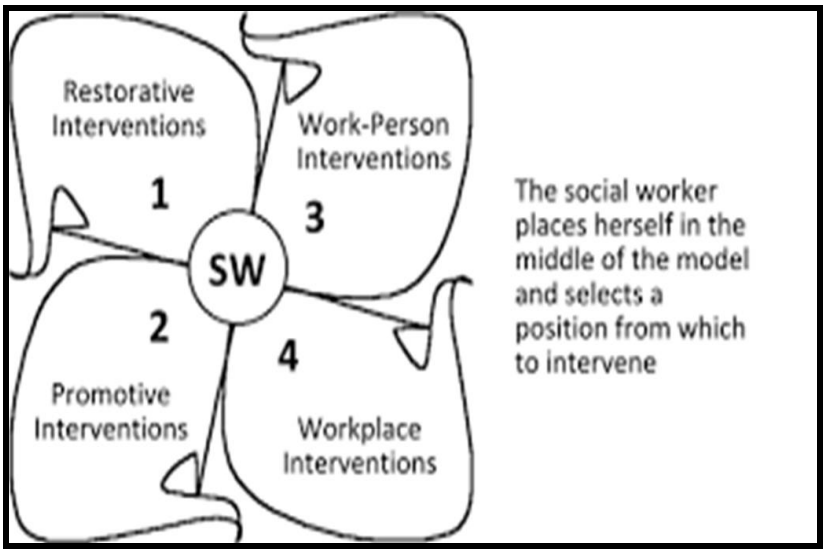


Figure 1: Occupational social work practice model (Van Breda & Du Plessis, 2009)

Position one: restorative interventions, has been identified as the traditional form of social work, this means that the practice focuses on personal problems and seeks to promote coping capacities (Van Breda & Du Plessis, 2009). In the DSD employees are provided with telephonic and face-to-face counselling services to help them handle psychosocial and work-related problems such as: stress, relationship issues, health, legal issues, childcare, finances, bereavement and trauma (Department of Social Development, 2017a).

Position two: promotive interventions, has a focus on "promoting or enhancing the social wellbeing of clients, the main emphasis is on prevention, education and development" (Van Breda & Du Plessis, 2009, p. 949). The DSD provides the following promotive interventions for the employees: medical check-ups, education and awareness of healthy lifestyle, trainings on occupational health and safety, financial management workshops, education on lifestyle diseases and health risks (Department of Social Development, 2017b).

Position three: the work-person intervention, focuses on facilitating the interface between the employee and the workplace and focusing on the employee's work role more than the workplace, in which the concern is "a stressed manager, sexually harassed female worker, over-loaded apprentice, advancing manager, discriminated against minority group worker, retrenched employee" (Du Plessis, 2001, p. 108). Employees in DSD receive services that include: Critical

Incident Stress Debriefing (CISD) and defusing, counselling for work related problems i.e. job dissatisfaction (Department of Social Development, 2017a). The employees are also made aware of how to report injury on duty (Department of Social Development, 2017c). The EHWP coordinator provides supportive services to employees regarding absenteeism, applications for incapacity leave, medical boarding and retirement, occupational health and safety trainings (Department of Social Development, 2017b; Department of Social Development, 2018).

Position four: workplace intervention, gives attention to the organisation itself and "the locus of change shifts from the employee to the workplace, management staff, communication channels, organisational culture, policies and procedures and people management practice" (Van Breda & Du Plessis, 2009, p. 326). The EHWP coordinator provides supportive and advisory services to management regarding absenteeism due to ill health, incapacity applications, application for medical boarding and retirement, injury on duty. The EHWP renders occupational health and safety training, the EHWP co-ordinator develops and implements policies and participates in strategic and business planning sessions (Department of Social Development, 2017b; Department of Social Development, 2018).

The OSWPM was utilised to evaluate the needs of social workers regarding the EHWP services or interventions based on the four positions of the model. Next will be a discussion on the origins of EAP internationally, in South Africa, and in GPG departments.

2.3 THE HISTORICAL BACKGROUND OF EAP INTERNATIONALLY

The existence of EAP today is a result of evolutions that occurred over years in the world of work. In the 1930s the EAP was initially started in the United States of America (USA) as an Occupational Alcoholism Programme (OAP) to help employees that had drinking problems in the workplace (Dickman & Challenger, 2003).

In the 1970s employees were presented with other challenges besides substance abuse such as: financial, marital and work problems and this resulted in the expansion of the services offered, adopting a "broad brush approach" (Du Plessis, 1991, p. 210). The stigma attached to OAP also contributed to changes in the programme (Buon &Tayler, 2007). During the 1980s and 1990s the

market for EAP started to spread into other areas such as Asia, Australia and Europe, Hong Kong, Singapore, Japan, China and India (Buon &Tayler, 2007). The next section will move on to how EAP developed in South Africa.

2.4 THE HISTORICAL BACKGROUND OF EAP IN SOUTH AFRICA

EAP services started to be visible in South African workplaces from the 1930s, the programme started in the field of Occupational Social Work (Du Plessis, Terblanche and Harper cited in Govender & Terblanche, 2009, p. 395). South African EAPs that progressed in the 1980s were inspired by the EAPs in the USA. (Maiden,1992; Terblanche, 1992). The South African EAPs, however did not start from the alcohol programmes but they started in order to address the social and legislative conditions within the work setting (Govender, T., & Terblanche, 2009). The first organisation to show interest in assisting its employees in an industrial context was the Chamber of Mines of South Africa, through an initiation of counselling services (Maiden, 1992; Terblanche, 1992). The challenges that the mine workers experienced were related to the undesirable work conditions under the apartheid regime (Mashiane, 2017). The next consideration will be how EAP developed in the GPG departments.

2.5 THE HISTORICAL BACKGROUND OF EAP IN THE GAUTENG PROVINCE GOVERNMENT DEPARTMENTS

The development of the EAP in GPG started in 1999 with the intention of restoring stability in the government departments. This was done through minimising the rate at which employees were leaving employment and helping them to adapt to the changes that were occurring socially and politically (Govender and Terblanche, 2009). The commitment to wellness in the government departments relates to the HIV and AIDS pandemic and the legislative conditions within the workplace environment.

Many government departments started with EAPs and there were inconsistencies with how the programmes were implemented (Pillay, 2007). The EHWPSF was informed by a clear need for uniformity of the programme implementation within public service (DPSA, 2008). The

development of the EHWPSF was influenced by different inputs that were made during discussions that were held in different conferences with the focus on an integrated approach. In November 2008 the Minister of Public Service and Administration approved and launched the EHWP Framework (Rapeka, 2012). The next section will discuss how the EHWP is positioned and structured in the DSD, followed by a discussion of the service delivery model the DSD utilises to implement the EHWP and lastly discussion will focus on how the EHWPSF is implemented in the DSD.

2.6 THE STRUCTURE AND POSITIONING OF THE EHWP IN THE DSD

The EAP was initiated in 2004 in the DSD, to help employees with their personal problems. The programme is monitored and evaluated by an EHWP transversal team, which is situated in the Department of the Office of the Premier. This team monitors all 14 Gauteng Government Departments, namely: Department of Education; Department of Roads and Transport; Department of the Office of the Premier; Department of Cooperate Government and Traditional Affairs; Department of Economic Development; Department of Infrastructure and Development; Department of Community Safety; Department of Human Settlement; Department of Sports, Arts, Culture and Recreation; Department of Treasury; Department of e-Government; Department of Agriculture and Rural Development and the Department of Health.

The transversal team is also expected to render support and guidance to the GPG departments; to negotiate and facilitate the tender process regarding the appointment of a new EHWP external service provider (if and when necessary); to report and analyse the monthly statistics of the department to identify trends and provide accommodation as to how to address the said challenges (Department of Social Development, 2017a). In the DSD, the EHWP is not positioned as a Directorate and it is rather located in the Human Resource Management (HRM) Directorate (Department of Social Development, 2017a). The EHWP budget forms part of the yearly budget of the Directorate of HRM. The allocation of money to the programme is negotiated with the Director, considering the monthly fee to the EHWP Service provider, conferences, workshops training and/or meetings and external referrals to professionals to assist with difficult cases.

The EHWP unit has four officials: An EHWP coordinator, appointed at an Assistant Director level and responsible for operational and strategic functions of the EHWP, and three Administrative

Officers. The Ekurhuleni Regional Office is one of the five Regions that the Gauteng Department of Social Development Employee Health and Wellness Programme Unit services, the other regions that are serviced include: Tshwane, West Rand, Sedibeng and Johannesburg.

2.7 SERVICE DELIVERY MODEL UTILISED IN THE DSD TO IMPLEMENT THE EHWP

Services at the DSD are rendered and managed through the EAP combination/hybrid model. Mothiba (2018) mentions that the advantages of the combination/hybrid model are the following: there is an internal staff based at a centralized office; accessibility of services is easier for all the employees; the internal staff monitors services that are rendered by the external service provider; confidentiality can be easily maintained and stigma can be prevented. The only disadvantage is that a combination/hybrid model is costly, mainly because the organisation must pay both the internal and external service providers (Mothiba, 2018). Maiden (1999) states that the combination approach is most probably the ideal model to deliver EAP services. Pillay (2007) concurs with the above statement and stipulates that the model allows a healthy balance of power between the EAP service providers.

Since the DSD is using a combination model, it has EHWP services internally which are provided by full time staff, referred to as the EHWP unit. The EHWP unit is situated at the DSD head office in Johannesburg. Careways is currently the external EHWP service provider in the DSD and it was appointed in July 2017 on a three-year contract. Prior to Careways, the department had a contract with ICAS and it was offering services on a fixed-fee, whereby a fixed amount is paid for the amount of employees expected to benefit from the programme and this number remains the same irrespective of the number of employees who utilise the programme. Careways is contracted on a fee-for-service basis, meaning that payments for services are made per consultation with the service provider. Careways mainly provides telephonic and face-to-face counselling for the employees at the DSD.

The EHWP is implemented in accordance with the EHWPSF which was developed by the DPSA (DPSA, 2008). Services and interventions for government departments are implemented based on four pillars, namely: the HIV and AIDS, STI and TB management, the health and productivity

management (HPM), the Safety, Health, Environment, Risk and Quality (SHERQ) management and the wellness management (DPSA, 2008). Nyati (2013) suggests that EHWP interventions should however not be copied from one department to another because of the different health and wellness challenges that could be found amongst employees from different departments. A necessity following the suggestion provided Nyati (2013) is to provide an awareness of how the EHWPSF is implemented in the DSD and the type of services that are rendered to the employees.

2.8 THE IMPLEMENTATION OF EHWPSF PILLARS IN THE DSD

This section will show a figure of the EHWPSF (DPSA, 2008), followed by a discussion of the EHWPSF pillars and the various services that are implemented for the employees in DSD.

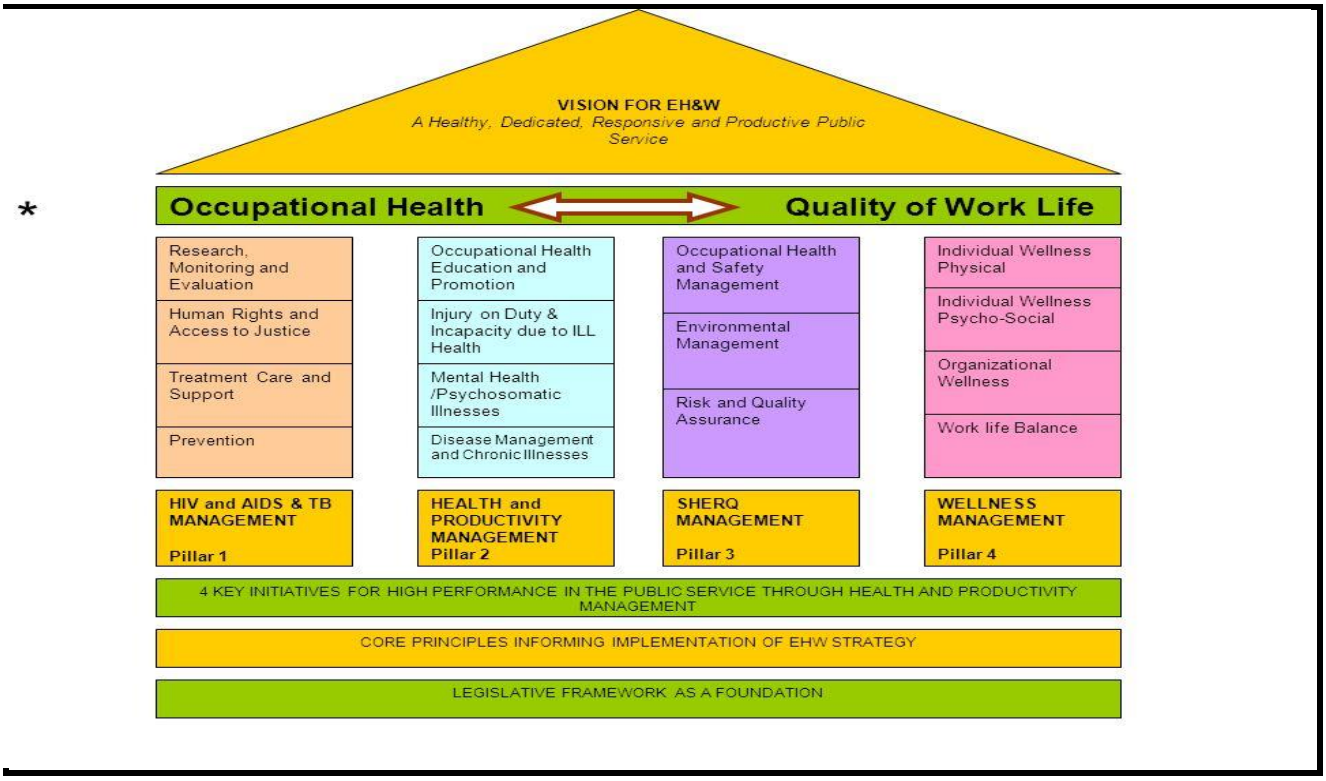


Figure 2: EHWPSF (DPSA, 2008)

2.8.1 PILLAR 1: HIV AND AIDS, STI AND TB MANAGEMENT

The HIV/AIDS pillar was "solely introduced to lessen incidents of HIV/AIDS and the impact of the disease has on employees, their families, communities and the societies in which they reside" (DPSA, 2008, p. 23). The EHWPSF aligns itself with the HIV and AIDS and STIs strategic plan for South Africa 2017-2022 in endeavoring to lessen the new number of infections and to provide appropriate treatment for the all people diagnosed with HIV/AIDS (Hopkins, Doheryy & Gray, 2018). The EHWP in the DSD outsources various services from the Government Employees Medical Scheme (GEMS) that are related to this pillar and these services include: VCT Testing as well as TB testing and prevention treatment and care (Department of Social Development, 2017c). The internal EHWP services include basic HIV/AIDS Training; distribution of male and female condoms; data regarding TB infections; information on hospitals that provide care & medication (ARV); refers those infected and/or affected by the disease to the EHWP external service provider for on-going counselling, sends desk drops (email messages) to employees to educate the employees on HIV & AIDS, STI and TB, conducts home-visits to employees homes and to clinics or hospitals if necessary (Department of Social Development, 2017c).

2.8.2 PILLAR 2: HEALTH AND PRODUCTIVITY MANAGEMENT (HPM)

HPM in the workplace is defined as "the integrated management of health risks for chronic illness, occupational injuries & diseases, mental diseases and disability to reduce employees' total health-related costs, including direct medical expenditures, unnecessary absence from work, and lost performance at work, also known as presenteeism in the Public Service world of work" (DPSA, 2008, p. 26). The HPM pillar in the DSD focuses on services that promote physical wellness and a healthy lifestyle (Department of Social Development, 2017b). This is implemented through outsourcing GEMS for health screening services, where employees would be tested for illness that include, but are not limited to, cholesterol, hypertension and diabetes (Department of Social Development, 2017b). The health screening services are conducted onsite and coincides with the World Health Calendar. The internal EHWP provides employees with information on various health related topics and this is done through desk-drops. The EHWP internal interventions also include supportive and advisory services to management and employees regarding absenteeism,

injury on duty, incapacity leave applications, application for medical boarding and retirement (Department of Social Development, 2017b).

2.8.3 PILLAR 3: SAFETY, HEALTH, ENVIRONMENT, RISK AND QUALITY (SHERQ) MANAGEMENT

SHERQ management pillar is based on "the promotion of optimal occupational health and safety for employees, the safety of citizens, the sustainability of the environment and the management of occupational and general risks" (DPSA, 2008, p.9). In the DSD the SHERQ management pillar is not coordinated by the EHWP unit, and it falls under a different directorate. In a study conducted by Mashiane (2017) findings show that SHERQ management pillar is a challenge to be implemented by the EHWP coordinators in GPG departments because it is a specialised pillar. The EHWP Unit in the DSD is however involved in this pillar to a certain extent but concentrates on the following priority areas: Occupational hygiene and safety and disaster management. The EHWP unit also sends desk-drops (emails) conscientizing employees on steps to follow when injured on duty. Employees that have encountered trauma are provided with psychosocial support services such as CISD and furthermore, the employees receive trainings on Occupational Health and Safety (OHS).

2.8.4 PILLAR 4: WELLNESS MANAGEMENT

The wellness pillar focuses on individual and organisational wellness. The wellness pillar addresses the needs of the employees by providing preventative and curative interventions (DPSA, 2017). In the DSD employees have access to face-to-face and telephonic counselling services to help them cope with psychosocial and work-related problems such as stress, relationship issues, health, legal issues, childcare, finances, bereavement and trauma (Department of Social Development, 2017a). A necessity following the discussion on the EHWP services rendered to all the employees in the DSD is to review literature on the occupational challenges of social workers and the interventions that have been suggested through literature to address these challenges.

2.9 THE OCCUPATIONAL CHALLENGES OF SOCIAL WORKERS

An understanding of intervention's suitability for the health and wellness of social workers must include an awareness of specific occupational challenges that are encountered by social workers (Conway, 2016). In this section discussions will be on the occupational challenges of social workers, which include: occupational stress, burnout, secondary traumatic stress and workplace violence. These occupational challenges will be discussed in more details next:

2.9.1 OCCUPATIONAL STRESS

The term occupational stress means "the response that people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope" (Sabastian, 2018:112). Literature that has been published on stress and work shows that the causes of stress in various work environments and professions differ (Ligege, 2016). In social work, factors such as being overworked, underpaid and under-recognised result in social workers to experience occupational stress (Calitz, Roux & Strydom, 2014; Moyane, 2016).

A study done in England indicated that 88% of social workers are stressed due to factors such as the high caseload, pressures of the job, low remuneration and staff retention (Beer, 2016). Moreover, a study conducted in Australia on social work stress and burnout shows that social workers experience high levels of stress, resulting in burnout and this trend is related to the discrepancies between the ideals of social work and what social workers actually do in practice (Lloyd, King & Chenoweth, 2002).

In the South African context, social workers can be included amongst the employees enduring high stress as a result of the pressure that they encounter from an increased demand for services (Moyane, 2016). A study done by Naidoo (2004) shows that social workers experience stress since their most energetic efforts sometimes seem to have little impact on some social problems. In a study conducted in the DSD (Ekurhuleni Region) Mare (2012) noted that 77% of social workers had unhealthy stress levels which is correlated to the type of work that they do and their work environment, namely: the high case-loads, their experiences of trauma during service delivery, low salary, difficult clients, negative professional relationships with colleagues, and a lack of resources. The study also indicated that employees did not experience major stress related to their

family life or personal relationships (Mare, 2012). The lack of interpersonal relationships between the managers or supervisors with their subordinates is another factor that has also been identified as causing occupational stress and increasing conflict (Moyane, 2016).

2.9.2 BURNOUT

The terms 'burnout' and 'occupational stress' can be easily confused, burnout can be understood to be a consequence of stress that occurs over a lengthy period of time (Masson, 2016). Burnout causes a person to feel very tired emotionally, mentally and physically (MacRitchie & Leibowitz, 2010). An individual suffering from burnout experiences emotional exhaustion (feeling drained), depersonalisation (apathetic attitudes towards clients), and a sense of inefficiency (Maslach & Leiter, 2016). Burnout affects social workers and employees in the health sector more frequently than any other population (Travis, Lizano, & Mor Barak, 2015). The emotional intensity of work done by social workers predisposes them to burnout (Louw, George & Esterhuyse, 2011). Some other contributing factors of burnout among social workers are: high caseloads, the pressure to complete work in a short period of time, shortage of staff and the demands of clients, poor work relations with colleagues and clients, a lack of social support, role ambiguity, lack of recognition and opportunity for advancement and the organisational culture (Ntsoane, 2017). A study conducted by Abdallah (2009), on the extent of burnout among Palestinian social workers working in the west bank shows that 20% of social workers experienced emotional exhaustion, 47% experienced depersonalisation and 53% reported a lack of personal accomplishment. In South Africa 19% of social workers that have migrated to other countries have led to burnout for those who still remained in the government and non-profit organisations (NPO) (Bartley, Beddoe, Duke, Fouché, Harington, & Shah, 2016).

2.9.3 SECONDARY TRAUMATIC STRESS (STS)

STS can be experienced by a social worker when he/she is indirectly exposed to trauma and this usually occurs through hearing traumatic experiences of the clients (Zimering, Munroe & Gulliver, 2003). STS is believed to be one reason why many social workers, leave the field prematurely (Figley, 1999). Masson (2019) mentions that STS may lead therapists to develop mechanisms such as denial, intellectualisation, dissociation, numbing and projection. Masson (2019) further states that numbing is usually evident through compulsive behaviours such as alcohol consumption, over-eating, over-spending or over-working. It is evident that STS may lead to other challenges

that can affect productivity within the workplace, such as substance abuse and financial problems. STS also affects personal, professional relationships and the therapist may also withdraw from clients (Dutton & Rubinstein, 1995).

In a study done by Bride (2007) in the United States on the prevalence of STS among social workers showed that 70% of the participants reported experiencing at least one symptom of Post-Traumatic Stress Disorder (PTSD), which indicates the presence of STS. The findings from a study done by Fogel (2015) on the effective ways social workers respond to secondary trauma, suggests that 15.2% of social worker experience STS. A study conducted by Munlo (2009) on STS with both social workers and psychologists who counselled Zimbabwean torture victims, shows that most (seven of eight) of the participants experienced STS.

In the South African context, a study conducted by Keyter and Roos (2015) on coping strategies to deal with STS amongst social workers that deal with traumatised children, shows that these social workers easily experience STS because of the nature of their work. While there is literature that supports that secondary trauma may result from working with traumatised clients (Fogel, 2015; Bride, 2007), other research studies argue that past personal trauma, a history of mental disorders, workplace factors (a lack of peer support and supervision) are associated with secondary trauma amongst social workers (Naturele, 2007).

2.9.4 WORKPLACE VIOLENCE

Social workers are vulnerable to workplace violence. This refers to "incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health" (Kennedy, 2004, p. 6). Workplace violence can affect the employees' health and wellness and may lead to low productivity and absenteeism (Tabane, 2017).

A national study by Jayaratne, Croxton, and Mattison (2004) on violence in the practice of social work confirmed that social workers experience violence at the workplace: 42% of the social workers sampled in this study had been verbally attacked by clients, 17.4% have been physically threatened and 2,8% had been physically assaulted. Given the role of social workers as a helping profession and agents of social change, incidents of violence are very high among them (Newhill, 2003; Griffin, 1995). In a study conducted by Ringstad (2012), findings show that workplace

violence towards social workers is a phenomenon that is growing. Malesa (2014) shows that social workers in the DSD encounter workplace violence and that there is a lack of interventions to deal with this occupational challenge.

In conclusion this section in the literature considered the different occupational challenges of social workers. It is clear that social workers need interventions that can help them to manage the occupational challenges that have been discussed in this section. The next section will be on the interventions that have been suggested through various studies, to promote the health and wellness among social workers.

2.10 INTERVENTIONS TO PROMOTE THE HEALTH AND WELLNESS OF SOCIAL WORKERS

This section discussed the interventions to promote the health and wellness of social workers relatively to the EHWP interventions that are currently offered in the DSD.

2.10.1 INTERVENTIONS FOR OCCUPATIONAL STRESS AND BURNOUT

Various proactive and reactive interventions have been found to improve occupational stress and burnout. Proactive interventions for occupational stress and burnout include physical exercise, which helps to improve moods and vitality (Fourie, 2015). Another strategy would be spiritual practices such as meditation, prayer and religious activities (Moyane, 2016). The employees who are already suffering from stress can receive reactive interventions such as individual counselling through the EAP (Dollard, Winefield & Winefield, 2001). Phipps and Byrne (2003) mentions that counsellors should attend their own counselling when necessary. Masson (2019) also suggests that social workers as therapists need to have an opportunity to talk about the impact that their work is having on them. From the stress management interventions that have been mentioned in this section, the DSD renders counselling services through the EHWP. Another occupational challenge that is encountered by social workers is STS and the interventions to deal with this challenge will be considered next.

2.10.2 INTERVENTIONS FOR STS

A study conducted by Gil & Weinberg (2015) on secondary trauma amongst social workers treating clients who have experienced trauma, found a need for education and training in coping strategies for therapists. Proactive interventions to deal with secondary trauma should include educational sessions, informative workshops and courses with social workers, as these measures reduce the onset of secondary trauma and can empower them. It is important during these workshops to educate social workers about the effects of indirect trauma exposure, as understanding the risk factors for STS is important in addressing the effects of indirect trauma (Masson, 2016; Fogel, 2015). Spirituality and religion may act as a coping mechanism and they play a significant role in providing meaning for counsellors (Govender, 2010). Debriefing and counselling interventions, are useful to serve against secondary trauma (Dollard et al., 2001; Kheswa, 2019). These interventions, according to Masson (2016), incorporates both the restorative and work-person interventions of the OSWPM. Counselling empowers employees with problem solving and coping capacities, which allows one to find solutions to deal with situations (Van Breda & Du Plessis, 2009). Personal psychotherapy is recommended to counsellors as this gives an opportunity to focus on the self and personal needs (Nene, 2006). The EHWP in the DSD only renders counselling and CISD services for employees. These services only focus on employees who have directly encountered trauma. Masson (2016) argues that there are limited interventions which focus on STS and that interventions usually focus on primary trauma survivors. James (2014) also supports that there is a need for proactive services for trauma, rather than to wait for a crisis.

2.10.3 INTERVENTIONS FOR WORKPLACE VIOLENCE

Social workers face distressed clients who may display anger and aggression so the safety of social workers when working with clients is crucial. The Occupational Health and Safety Act, Sections 8 to 13 highlights that the employer must create an environment that is safe for employees (Amos, Ristow, Ristow & Pearse, 2008). Training has been identified to be effective in dealing with workplace violence (Borcherds, 2015). Training should focus on making social workers aware of potential violence from clients and the ways of protecting themselves. Social workers should be empowered with skills such as self-defence, in order to respond to any violence when they are doing field work. It is important to have a workplace violence policy, to educate social workers

about the risk factors of violence from clients (Nater & Byrnes, 2017). The findings in Malesa (2014), shows that there is a lack of safety and security for social workers and that the DSD still needs proactive interventions to help social workers to deal with violent clients (Malesa, 2014). Furthermore, the study shows that there is a lack of awareness by the social workers regarding reporting the client-initiated violence and as a result social worker are not reporting such incidents (Malesa, 2014). The DSD implements reactive psychosocial services such as CISD and trauma crisis counselling to deal with workplace violence. The EHWP unit also sends desk-drops to educate employees on the procedure to follow when reporting injury on duty.

It was clear that the EHWP in the DSD offers some of the interventions that were suggested through literature. It should be also noted that the interventions that are discussed in this section are based on reviewed literature and many researchers based their findings on information they gathered from social workers in different contexts. These are valuable contributions however this study could benefit from hearing directly from social workers in the DSD, Ekurhuleni Regional Office regarding what interventions they feel are needed.

The researcher also found it very critical to further consider factors that may influence utilisation of the EHWP because it may be pointless to only focus on making the EHWP suitable to the needs of social workers and ignore factors that may influence the social worker's decision on whether to utilise the services or not. The next sections will consider factors that may influence the social worker's utilisation of the EHWP.

2.11 FACTORS THAT INFLUENCE UTILISATION OF THE EHWP

This section will focus on the factors that may influence utilisation of the EHWP amongst social workers.

2.11.1 SOCIAL MARKETING OF THE EHWP

Social marketing helps employees to be knowledgeable about the programme, which promotes utilisation of the programme (Manganyi, 2015). The following guidelines have been provided by the Employee Assistance Professional Assistance (2010) to promote effective marketing of the programme: the EAP should be marketed through inductions, brochures, boards, newsletters,

employee meetings, posters, flyers, electronic media and wallet cards. Beidel (1999) states one of the ways to effectively market EAP is through oral presentations because this social marketing strategy creates an opportunity for interactions between the EHWP officials and the employees.

It was earlier explained that the model that is utilised in the DSD to deliver EHWP services is the combination model and social marketing of the EHWP is done by the internal EHWP unit. The social marketing strategies that are implemented in DSD include desk-drop (email messages), flyers, posters, oral presentations, wallet cards, supervisory and union training (Department of Social Development, 2017a).

2.11.2 TRAINING OF SUPERVISORS, MANAGEMENT AND TRADE UNIONS ON THE EHWP

EAP training allows the management, supervisors, and trade unions, to gain information that will help them to understand the programme (EAPA, 2015). Training supervisors, helps in terms of the social marketing and utilisation of the programme and they become informed about how to make informal referrals (whereby the supervisor encourages their sub-ordinates to make use of the programme) and formal referrals (whereby the supervisors makes a referral in writing) to address work-related problems such as absenteeism, lowered job performance or any problem that may affect the productivity of employees (Govender, 2006; Manganyi, 2015). Labour unions are very influential in the workforce and acceptance of this programme may lead to its acceptance by the employees (Mothiba, 2018).

In conclusion, all the factors that have been discussed in this section play a critical role in promoting utilisation of the EHWP. The next section considers the various factors that may become a barrier to the utilisation of the EHWP.

2.11.3 AWARENESS OF THE EHWP

Awareness of the EHWP influences utilisation (Lawrence et al., 2002). The various factors which are associated with awareness include the visibility and familiarity of the programme. Visibility means that the programme should be easily seen in the work environment. When there are various strategies to market the programme, the visibility of the programme becomes high and employees become aware of it (Manganyi, 2015). Familiarity entails knowing about what the programme entails, the services that are rendered and how to access them (Mundalamo, 2015). When

employees are familiar with the programme, it becomes easy to access services. Social marketing of the programme plays a critical role in making employees become aware of the EHWP services and promoting the programme's visibility. Accessibility is another factor that influences utilisation of the programme and it will be discussed next.

2.11.3 ACCESSIBILITY OF THE EHWP

Accessibility of the EHWP is a factor that influences utilisation of the programme. A study by Csiernik (2003) shows that one of the determinants of accessibility include: employee's awareness of the programme, the physical location of the EAP services and the referral process adopted. Goetzel and Ozminkowski (2008) also supports that barriers such as time and location of the EHWP office are the main reasons that employees do not participate in EHWP. Parchman and Miller (2003) however argue that delivering a service by telephone promotes accessibility of services. It was earlier mentioned in the literature reviewed, that the internal services are at the head office which would require time, money and transport to access. Services can still be however accessed telephonically (Department of Social Development, 2017a). The next factor that will be discussed is the supposed invincibility to utilise the EHWP services.

2.11.4 SOCIAL WORKER'S SUPPOSED INVINCIBILITY

Several factors have been posited for this general trend in seeking professional help through counselling. These factors include fear of being stereotyped, shame, embarrassment, mistrust in counsellors and the fear of being perceived as weak (Yaacob & Sipon, 2014). Social workers are reluctant to seek professional help mainly because of the fear of being perceived as weak (Conway, 2016).

2.11.5 CULTURAL BELIEFS

Cultural beliefs are a major barrier to seeking psychological services, these beliefs include: the need to resolve family concerns within the family, as well as the expectation that black men adopt a position of power and authority within the family and community (Ruane, 2010). Traditional Africans may be uncomfortable with Western therapeutic services and there may be a need to find the indigenous forms of healing that may be used in times of distress (Matoane, 2012). According to Manganyi (2015), the growth of an increasingly diverse workforce makes it important that the EAP services adopt a multicultural approach to service delivery. Manzini (2005) further supports

this view and mentions that EAP should be able to reflect the diverse cultures and racial character of the worksite. The advocacy of cultural sensitivity increases utilisation of the programme (Manganyi, 2015).

This section has discussed all the factors that may influence utilisation of the EHWP. It can be concluded that it is critical to focus on addressing the perceived barriers to utilisation of the EHWP so that the utilisation of the EHWP can be promoted amongst social workers.

2.12 SUMMARY

The literature review outlined the OSWPM, which is the theoretical framework that underpins the study. This was followed by a history and evolution of the EAP both in the international and South African context. There was also a discussion on how the programme is implemented in the DSD by firstly focusing on the positioning of the programme in the DSD, the service model it utilises to implement the EHWP and how the EHWPSF pillars are implemented in the DSD. Subsequently, there was a discussion of literature on the occupational challenges of social workers and the various interventions that have been suggested to address them against a backdrop of what the EHWP offers to the employees at DSD. The literature review concluded by discussing various factors that may influence the utilisation of EHWP amongst social workers. The next chapter outlines the research approach and methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The aim of the study was to explore the perceptions of social workers regarding the Employee Health and Wellness Programme (EHWP), within the Department of Social Development, Ekurhuleni Regional Office. This chapter describes the research methodology in the study, with reference to the research approach and design. Wagner, Kuwulich and Garner (2012) mention that research methodology is where assumptions about the nature of reality, knowledge, values, theory and practice on a given topic come together. The study population, sampling frame and procedures, research instrumentation, methods of data collection and data analysis will be discussed in this chapter. Furthermore, the chapter addresses the trustworthiness, limitations and ethical principles that were considered during the study.

3.2 RESEARCH APPROACH

The researcher employed a qualitative research approach and exploratory in nature (Lietz, et al., 2006). Qualitative research approach can be defined as "a procedure that operates within a naturalistic, interpretative domain guided by the standards and principles of a relativist orientation, a constructivists ontology and an interpretivist epistemology." (Sarantakos, 2013, p. 36). The qualitative research approach was suitable for this study since the researcher wanted to understand and interpret the meanings that the participants would provide. Studies of this nature are usually done to satisfy the researcher's curiosity and desire for a deeper understanding and provide a platform for future research (Babbie & Mouton, 2008).

Qualitative research provides the reader with deeper information regarding what is being studied (Leedy & Ormrod, 2010). It was critical for the participants to provide the researcher detailed information for rich and expressive data regarding their views on the EHWP. The qualitative research approach allowed the researcher to conduct face-to-face interviews with participants and to ask questions, probe and clarify the data that was gathered, and this enhanced the researcher's understanding of the participants' perceptions regarding the programme. Qualitative research

emphasises depth of information using a small sample and highlighting the significance of interpretation and observation within a specific setting (Hennink, Hutter & Bailey, 2011). The researcher had a small sample, which consisted of 12 participants and this allowed sufficient time to fully engage in the topic and interpret the data.

3.3 RESEARCH DESIGN

Zainal (2007) defines case study design as a research method that allows a researcher to closely examine data within a specific context; it allows a small number of participants. The researcher utilised a case study design, specifically applying the single case study research design as it has been found to be the more appropriate design to utilize if the researcher wanted to have a broad understanding of the perceptions of ten social workers within a bounded system (Bryman, 2012). The study confined itself to social workers in the DSD (Ekurhuleni Regional Office), employed for more than three years. This study was conducted within a particular context (Baxter & Jack, 2008). The disadvantage about this design was that data could not be generalised to other contexts or a wider population (McLeod, 2010). However, the researcher was not interested in generalising the findings and was more interested in having data that is rich and in-depth.

3.4 POPULATION, SAMPLE AND SAMPLING PROCEDURE

Population is "a set of entities including people, in which all the measurements of interest to the researcher are represented." (De Vos et al., 2007, p. 197). In the context of this study, population refers to social workers at the Department of Social Development, Ekurhuleni Regional Office, which comprises of 81 social workers. It also refers to the key informants, which are all the 4 EHWP officials.

A sample is the elements or subset of the population considered for the actual inclusion in the study (De Vos et al., 2011). Purposive sampling, which is a non-probability sampling method was applied to select twelve participants. This sampling method was based on the researcher's judgement of who should participate in the study in order to serve the purpose of the study best (Strydom & Delport, 2011).

The criteria for the participants were that they had to be employees in the Department of Social Development (Ekurhuleni Regional Office) for more than three years, agree to be interviewed in English, sign the consent form (Appendix B) and to be audio recorded during the interview (Appendix C). It was postulated by the researcher that these participants would have had adequate time to be exposed to the EHWP within the DSD, Ekurhuleni.

The researcher also needed key informants to be part of the study because of their specialised knowledge of the EHWP programme, which would assist in insuring the credibility of the findings from the social workers. The inclusion criteria for the key informants (participants) was that they had to be officials that oversee and/or render EHWP services within the Gauteng DSD, have been employed for more than three years, agree to have the interview conducted in English, sign the consent form to participate (Appendix B) and agree to be audio recorded during the interview (Appendix C).

The researcher gained approval from the Deputy Director General of the DSD to do the research study (Appendix F). After receiving the ethical clearance certificate (Appendix G), the researcher approached the potential participants individually during the organization's operating hours. The researcher walked from office to office looking for potential participants. The researcher introduced herself and provided a description of the research and its purpose. All the potential participants were given a participant information sheet (PIS) (Appendix A) and were 'invited' to participate in the study. The first ten social workers (participants) and two key informants (EHWP officials) who were interested to participate in the study and met the inclusion criteria were selected for the study. The participants and the EHWP officials consented to participate in the study and to be audio recorded. The researcher thereafter scheduled interviews with them at their convenience.

The researcher is a social worker at the DSD however in a different office from the participants. It is important to note that the researcher is based in one of the satellite or cluster offices, whereas the social workers are from the regional office and key informants are from the head office. The researcher was not familiar with the majority of the participants in the study. This is important to mention as it validates that the researcher did not have a coercive role or any influence over the participants to get them to be involved in the study, they all genuinely had an interest in taking part in it.

The researcher initially planned to conduct the research outside the participants' offices to protect their identity and prevent them from victimisation as a result of taking part in the study. This became difficult to follow because they were all on duty and leaving the workplace was going to be problematic. Qualitative researchers usually collect data in the field site where participants experience the issue or problem under study (Creswell, 2014). With that being mentioned, the researcher still found it appropriate to conduct the study at the participants' workplace. However further measures were taken to protect them from being victimised. The researcher still made efforts to protect the identity of the participants by finding a private office for the interviews. Permission to use the office was requested but it was not explained that it is for the interviews, the researcher explained that she needed the office to do work. Permission was granted, the researcher had access to the keys of the office and all the interviews were conducted in it.

On the scheduled dates for the interviews with the key informants, they were busy with office visits to market the programme and as a result one key informant was interviewed at the Nigel office (in the researcher's office) and the other official was interviewed at the Springs office (in a private office, that was arranged prior the interviews).

3.5 DATA COLLECTION INSTRUMENT

The researcher utilised a semi-structured interview guide for the social workers (Appendix D) and the key informants (Appendix E). This data collection instrument allowed the researcher to prepare questions that are designed to address the objectives of the study (Bailey, 2007). Semi-structured interviews are organised around a particular area of interest but still allow flexibility in scope and depth (De Vos et al., 2011). Even though the researcher used the questions on the interview guide, probing, clarifying and exploring topics that emerged on the interviews was allowed. Similar questions were used for both the social workers and the key informants to ensure consistency, which helped to ascertain credibility. The researcher pre-tested the research instrument at the DSD, Ekurhuleni Regional Office to determine if the questions were easy to understand and answer by the participants. Secondly the naturalistic model was followed, which allowed the researcher to be open minded, flexible, empathetic, curious, able to listen and establish rapport (Hennink et al., 2011)

The problem with this data collection instrument is that the researcher should remain neutral (Bloomberg &Volpe, 2008). To deal with the limitation, the researcher kept a reflective diary to promote self-awareness throughout the research process. The reflections in the diary helped to take note of biased thoughts and responses during the interviews. It was noted that the researcher's knowledge and experiences regarding the programme sometimes influenced some of her non-verbal responses during the interview. Journaling these responses assisted the researcher to improve her interviewing skills and to prevent her background from shaping the study.

3.6 PRE-TESTING OF THE RESEARCH INSTRUMENT

De Vos (2002) mentions that pre-tests are designed to assess whether a research instrument, sessions and methodology will work. It was a challenge for the researcher to conduct a pre-test with a key informant because of the limited number of EHWP officials that could meet the inclusion criteria. The researcher therefore conducted a pre-test with two social workers that met the inclusion criteria.

The questions on the interview guide for social workers and the EHWP officials are similar, therefore the researcher still found it suitable to conduct the pre-test with the social workers only. The researcher pre-tested the interview schedule to determine whether the questions were clear, this helped to obtain relevant responses from the participants. Questions that were not clear or that did not provide responses that are relevant to the study were modified. The pre-test that was run with the participants allowed the researcher to determine the actual participants' reactions to the study and make the necessary amendments. The social workers that were part of the pre-test were not allowed to be interviewed again for the study.

3.7 METHODS OF DATA COLLECTION

Face-to-face interviews were used to collect data from the participants. Some of the advantages of this data collection method are that it allowed an opportunity to seek clarity with some of the questions and to further probe in areas that emerged in the interview (Holloway, 2005). The selected data collection method produced data that is in-depth and helped the researcher to fully

comprehend the topic being studied. Greeff (2011) explained that when a topic is controversial or personal it is rather best to choose semi-structured interviews as a data collection method. The disadvantage is that participants may feel uncomfortable to honestly share all that the researcher wants to explore (Greef, 2011). To deal with this limitation, the researcher only interviewed participants that consented to participate and to be audio recorded. Secondly, before an interview the participants were assured of confidentiality and anonymity in the study and were also made aware that the transcriptions would be locked in a cabinet and the recordings would be kept in a safe location with access restricted to the researcher and the supervisor. This assisted the participants to feel comfortable and to openly share their perceptions regarding the programme. The duration of the interviews ranged between 18 minutes to 1 hr 12 minutes.

3.8 METHODS OF DATA ANALYSIS

According to De Vos, Fouché and Venter (2002), data analysis entails the breaking down of data into constituent parts to obtain answers to research questions and to test the hypothesis. Analysis means the categorizing, ordering, manipulating, and summarizing of data to obtain answers to the research question. The researcher applied the thematic analysis approach to analyse the data. On the diagram below Creswell (2014) illustrates the steps of data analysis, which the researcher adopted to analyse the data once it had been transcribed.

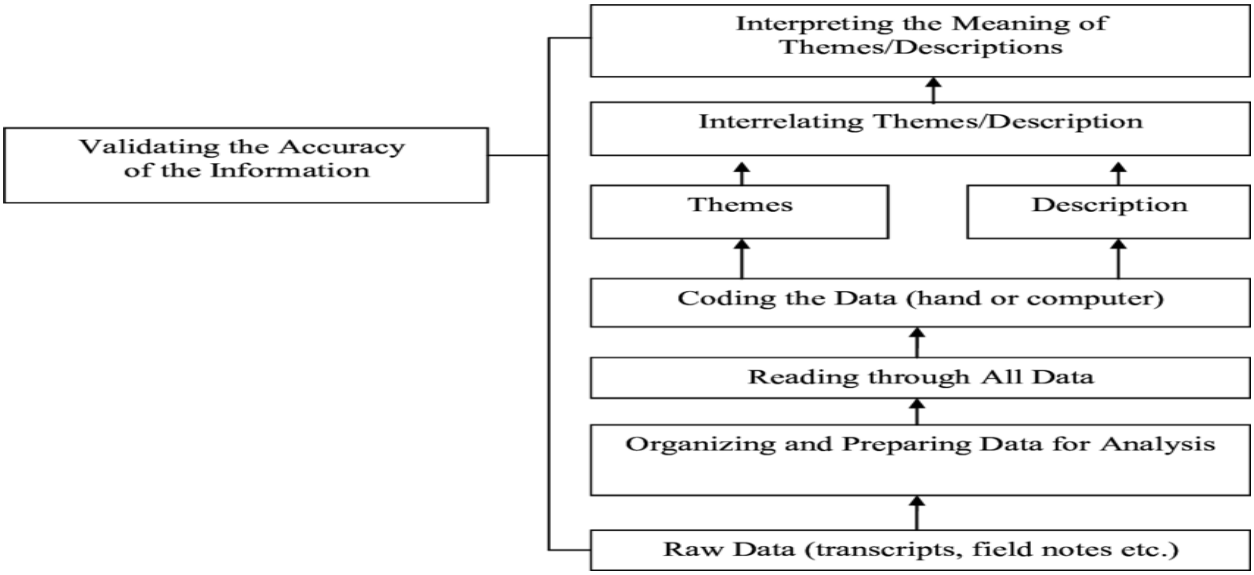


Figure 3: Steps of data analysis (Creswell, 2014)

Cresswell (2014) suggests the following steps should be taken: converting raw data, organising and preparing data for analysis, reading through the data, coding the data, making themes, connecting themes and lastly interpreting the meaning of the themes. The researcher implemented all the steps involved in the process of data analysis. On the first step of data analysis, the researcher started by using the tape-recorded data from the interviews and transcribing them into individual transcripts. Furthermore, the analysis involved reading the data, interpreting data and forming themes from similar words and phrases in each category that represented the different questions. In addition, some aspects of content analysis were used to determine the frequency of response and this supported more evidence-based practice (Vaismoradi, Turunen & Bonda, 2013). The data was colour coded wherever there were recurring patterns and significant views that appeared. The interview questions, which were created according to the research objectives, provided a good basis for key themes. The researcher's interpretations of the findings are supported by verbatim quotations from the participants. The responses from the key informants were used to triangulate the data from the participants and the literature, this enabled the researcher to validate the data gathered from the participants.

3.9 TRUSTWORTHINESS

Trustworthiness of the research findings in qualitative research is critical because this is one aspect that researchers challenge in qualitative research studies (Streubert-Speziale & Carpenter, 2003). It is for this reason that issues of validity and reliability (trustworthiness) were addressed in this study, using the four concepts that help to establish the trustworthiness of qualitative research, which include: credibility, transferability, dependability and conformability. In this section, each of these concepts and an explanation how they were implemented in the research study are discussed.

3.9.1 CREDIBILITY

Credibility mainly has to do with the congruency of the findings with reality (Shenton, 2004). It is findings that correspond with what is really happening that gives confidence in the findings. Lincoln and Guba (1985) identify various techniques that promote the credibility of a research

study and these include but are not limited to: triangulation and member checking. Two key informants were interviewed to validate the data provided by the participants.

Prior to the study, the researcher had individual interactions with participants as this allowed the researcher to build rapport with them and make them feel comfortable with the researcher, as a result the data that was collected is in-depth and congruent. The researcher ensured that the participants were people that were genuinely interested in being in the study as they were not forced to give consent. The researcher taped the interviews and developed transcripts of the interviews. After developing the transcripts, the researcher listened to the recordings while reading the transcripts to ensure that the data was correctly transcribed. The researcher does not work in the same office as the participants but is in the satellite office while the participants are in the regional office. The researcher took note of her thoughts and feelings and wrote them in a diary after each interview. This ensured that personal bias and feelings did not influence the research process or findings in any way.

3.9.2 TRANSFERABILITY

Transferability is another factor that ensures the trustworthiness of the findings in a study. It refers to the ability to have the same findings if the process was repeated again with different participants or in a different context (De Vos, 2011). Due to the fact that a single case was used in this study, transferability cannot be applied. The researcher intentionally selected a single case in order to have data that is more in-depth and to have a good understanding of what is being studied in this specific context. The researcher only focused the study on social workers in the DSD, Ekurhuleni Regional Office. The study could motivate further research to be done in other regions and cluster offices to have an understanding of other contexts.

3.9.3 DEPENDABILITY

Dependability refers to the extent to which a study can have the same results if the study was repeated in the same context (Shenton, 2004). All the research practices were reported in rich detail to ensure that future researchers can use the same practices to obtain the same or similar results in the same context.

3.9.4 CONFIRMABILITY

Confirmability refers to maintaining objectivity in the study by taking the necessary action to make sure that the findings are the results of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher (Shenton, 2004). The confirmability of the study was ensured through audio tapes and verbatim transcripts. The researcher had a few encounters in which the participants were concerned about whether they were able to answer correctly, i.e. they felt limited to answer the question regarding the strengths of the programme. In situations like this, the researcher explained to the participants that there is no specific answer that the researcher was looking for and that their responses were just purely their own views.

3.10 ETHICAL CONSIDERATIONS OF THE STUDY

Ethical considerations are crucial and are intended to protect the participants of the study. The ethical process ensures that the proceedings of the research study and all that the researcher aspires to do cannot be carried out if the participants are harmed in any way. The researcher refrained from harming anyone by adhering to the ethics discussed next.

3.10.1 VOLUNTARY PARTICIPATION

Oliver (2003) stipulated that participants have the right to withdraw their involvement in the research without feeling obligated to continue. The PIS (Appendix A) provided enough information for the potential participant to make an informed decision on whether to participate in the study or not, it was clearly explained that participation is voluntary and that the potential participants could withdraw at any time during the interview.

3.10.2 INFORMED CONSENT

According to Strydom (2011) informed consent from participants ensures full knowledge and cooperation of participants, while making the participants feel at ease and relieve possible aggression, resistance or insecurity that they may have. The PIS (Appendix A) provided enough information about the research to address any concerns that the participants may have, thereafter the participants were provided with the consent forms to sign when they had agreed to participate in the study and to be audio recorded (Appendix B and C). The researcher made the participants

aware that participation was voluntary and that the participants would not be disadvantaged by deciding to withdraw from the interview at any stage. The participants were not forced or pressured to sign any documents.

3.10.3 AVOIDANCE OF HARM

According to Strydom (2002) harm can be physical or emotional. The researcher prevented any harm that the participants could be subjected to by encouraging withdrawal from participation whenever the participant wished to. The researcher did not start the empirical part of the study before receiving an ethical clearance (Appendix G) from the Non-Medical Human Research Ethics Committee and permission to conduct the research within the DSD (Appendix F).

3.10.4 ANONYMITY AND CONFIDENTIALITY

Babbie (2001) states that confidentiality implies that only the researcher and possibly a few members of his staff should be aware of the identity of participants, and that the latter should have made a commitment with regard to confidentiality. The researcher assured the participants that information gathered from the interviews would remain confidential and would be kept in a safe space (Shenton, 2004). Confidentiality was covered in both the PIS (Appendix A) and the two consent forms see (Appendix B) and (Appendix C).

The researcher asked for the participant's permission to audio record the interviews. She also informed them that the audio recordings and interview schedules will be kept confidential and locked in a cabinet for a period of two years following any publications or for six years if no publications emanate from the study. It was explained that their names and personal details would be kept confidential and no identifying information would be included in the final research report. The participants consented to the use of direct quotes however they were guaranteed pseudonyms, instead of their real names will be used to maintain anonymity. The participants were made aware that only the researcher and supervisor would have access to the transcripts and recordings.

After each interview the researcher transferred the audio recordings to a password protected computer. The transcripts and audio recordings from the study were safely stored in a locked cabinet and will be kept for two years following publication or for six years in the case of no publication emanating from the study. The only other person with access to the recorded interviews and transcripts was the supervisor.

3.11 LIMITATIONS OF THE STUDY

The researcher is employed at one of the DSD offices, situated in Nigel. Even though she works in a different office but she could relate to some of the responses and this may have caused personal bias. Interpretations of the responses from the participants may have been subjective. The researcher has however avoided the above-mentioned limitations through continuous self-reflection. The researcher deviated from one of the data gathering procedures approved by the Human Research Ethics Committee; namely that the participants would be interviewed outside their workplace. The participants felt comfortable having the research conducted at their workplace so that it would be easier for them to just resume work. Another limitation is that the limited understanding of the EHWP and a lack of utilisation of some of the EHWP services might have influenced the responses of the participants.

3.12 SUMMARY

Chapter 3 provided the methodology of the research. The qualitative approach, the research question and objectives were discussed. Furthermore, the relevance of purposive sampling and the use of a semi-structured interview schedule were explained. The analysis methods of the data were explained. The trustworthiness of the findings, ethical concerns and limitations of the study were considered. Chapter 3 forms the backdrop for chapter 4, which offers an analysis and discussion of the research findings.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

Chapter 4 represents and discussed the empirical findings of the study, which focused on exploring the perceptions of social workers regarding the Employee Health and Wellness Programme within Gauteng Department of Social Development, Ekurhuleni Regional Office. The chapter begins with a presentation of the demographic information of the participants, followed by the themes and subthemes that emerged during data analysis. The last section of this chapter concludes with a discussion of the findings of this study. The findings are in line with the four predetermined objectives of the study and they will be discussed against the backdrop of the literature.

4.2 DEMOGRAPHIC INFORMATION

The demographic information is outlined in order to provide a clear picture of the study sample, which was based on the inclusion criterion. Ten social workers participated in this study and the researcher also interviewed two key informants. The demographic information of the participants can be summarised in Table 1 below:

Table 1: Profile of the participants (N =12)

Demographic factors	Sub-category	Number
Social workers (10)		
Sex	**Men**	**2**
	Women	**8**
Age	**25-30**	**2**
	31-35	**6**
	36-40	**1**

	41-45	**1**
Years of work experience in DSD	**4-8**	**8**
	9-13	**1**
	14-18	**1**
Key informants (2)		
Sex	**Men**	**1**
	Women	**1**
Age	**40-50**	**1**
	50-60	**1**
Years of work experience in DSD	**10-15**	**1**
	15-20	**1**

Table 1 above shows that of the ten social workers in the study, eight are female and two are males. There were more females in the study sample compared to the males which may be attributed to the gender distribution of social workers within the DSD, Ekurhuleni Regional Office as well as South Africa in general (Engelbrecht, 2010). The ages of the social workers ranged between 25 and 45, with most of the participants falling within the 31 to 35 age group. The work experience reported by the participants ranged between 4-18 years, with eight participants having between 4-8 years, one between 9 and 13 years, and only one who had more than 13 years of work experience. All participants had more than three years of work experience and from the vast range of work experience, it was postulated by the researcher that these participants would have had adequate time to be exposed to the EHWP within the DSD, Ekurhuleni Regional Office. Table 1 also shows that of the two key informants in the study, one was male and the second key informant was a female. The ages of the key informants ranged between 40 and 60. The work experience reported by the key informants ranged between 10 and 20 years.

4.3 PRESENTATION OF THEMES

This section presents the themes and the sub-themes of this study. These themes were drawn from the research findings and they are presented and discussed in terms of the objectives of this study namely: to explore the social workers' awareness of EHWP, to determine the social marketing strategies of the EHWP, to understand the perceptions of social workers regarding the programme and to consider the social workers' recommendations regarding the programme. Below is a table of the themes and sub-themes which will be followed by a discussion of these themes supported by direct quotes from the participants. Pseudonyms instead of real names are used in the presentation of the quotes.

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

Themes	**Sub-themes**
Social worker's awareness of EHWP	1. Understanding of what EHWP services are available • Counselling services • Health screening services • Awareness and education of a healthy lifestyle • Training on occupational health and safety 2. Awareness of how to access the EHWP services
Social marketing strategies of the EHWP	1. Social marketing strategies of the EHWP • Email communication from the EHWP unit • Informal supervisory referrals • Oral presentations by the EHWP unit • Trade unions

The perceptions of social workers regarding the EHWP	1. The strengths of the EHWP 2. The relevance of the EHWP services
The perceptions of social workers regarding the challenges with the EHWP	1. A lack of comprehensive implementation of the EHWP services. 2. The location of the EHWP unit as a barrier to utilisation 3. Supposed invincibility of social workers to seek help as a barrier to utilisation 4. Cultural beliefs as a barrier to utilisation
Social worker's recommendations regarding the EHWP	1. Social worker needs regarding the EHWP services • Workplace violence interventions • Debriefing services for STS • Team building activities • Physical fitness activities • Spiritual wellness programme

4.3.1 THEME 1: SOCIAL WORKERS' AWARENESS OF THE EHWP

It was important to explore the participants' awareness of the programme in order to later explore their perceptions regarding the programme. This section focuses on the social worker's awareness of the EHWP. Awareness of the EHWP includes: understanding of what services are available and familiarity with what procedures to use when accessing the programme (Mundalamo, 2016). Each of these themes are discussed in detail next.

4.3.1.1 *Sub-theme 1: Understanding of what EHWP services are available*

In order to explore the participants' awareness of the programme, they were requested to first describe what it entails.

4.3.1.1.1 Counselling services

When participants were asked to describe what the EHWP entails, all participants mentioned that the programme is a support system through counselling services aimed at helping employees with problems that are psycho-social and/or work related. Some of them went further to provide examples of these problems, and they included: stress, relationships and health related problems. A typical comment that was made by one of the participants was the following:

> *Okay health and wellness programme* [it is a programme whereby] *if ever I am stressed and overwhelmed with work there will be where they* [supervisor, management, EHWP coordinator*] send us to receive counselling, yes…then that is where my mind will be eased so that I can be able to focus on work.* [Ongeziwe, 5 years work experience, female]

A similar quote by Thandeka also shows the frequency of this response: [The programme helps] *when you have problems, or when you are not coping at home or at work, then you can go and get counselling.* [Thandeka, 6 years work experience, female]

Initially participants generally viewed EHWP as counselling services. Similar to this finding, in Makgato (2016) participants regarded EHWP as a programme that renders counselling services. Mashiane (2017) also indicated that psychosocial wellness was the main edifier of the participants' description of the programme. While all the participants' understanding of the EHWP was initially limited to counselling services, the concept was further explained by the researcher with the use of the DPSA EHWPF diagram, which consists of four pillars as explained in the literature review (DPSA, 2008). The participants were informed about the comprehensiveness of the programme, by mentioning all the pillars and the examples of services within each pillar. The researcher further probed and asked about the services which are implemented in the participants' worksite based on the four pillars. Subsequently participants were able to mention the EHWP services implemented in the DSD to a varied extent.

4.3.1.1.2 Health screening services

When the researcher further probed about the services that are rendered in the DSD, nine participants mentioned that there are health screening services whereby, the Government Employee Medical Scheme (GEMS) visits their worksite and tests employees for, amongst others, HIV, hypertension, cholesterol and body mass index.

One participant remarked:

> *Human Resource Management division has organised wellness programmes which was facilitated by the government employee medical scheme, where all the officials will go there to be examined for different things, it can be HIV, it can be the vision, it can be the body mass index.* [Sipho, 6 years work experience, male]

A key informant confirmed this finding and mentioned that: *Once a year there is a wellness event where we* [EHWP unit] *gets GEMS* [outsources services from GEMS], *to come and test out people's sugar levels, their cholesterol and stuff like that*. [Key informant, 19 years work experience, male]

The findings show that participants are familiar with the health screening services. A study that was conducted by Makala (2011) on the employees' perceptions and awareness of EHWP at the Department of Public Works, shows that participants were also aware of the health screening services provided to employees. This finding was also confirmed in the EHWP Satisfaction and Familiarity Survey (2015) which was conducted with all employees from the GPG departments, showing that participants are familiar with the health screening services rendered in their departments.

4.3.1.1.3 Awareness and education on a healthy lifestyle

Another service that the participants mentioned is education and awareness of a healthy lifestyle. Two participants mentioned that the EHWP unit educates employees on living a healthy lifestyle which is based on healthy eating habits and exercise. The following verbatim response by Ongeziwe encapsulates this theme: *They* [EHWP unit] *gives us guidance on healthy habits. I mean eating healthy, you must not always eat junk; you must eat healthy food, you must not sit for an hour without stretching.* [Ongeziwe, 5 years work experience, female]

The finding shows that participants are aware of the EHWP interventions which are meant to promote a healthy lifestyle amongst the employees. James (2012) mentions that the workplace is an advantageous place to encourage healthy behaviours as employees spend 8-10 hours per day at the worksite.

4.3.1.1.4 Occupational health and safety training

Another service that the participants mentioned is the Occupational health and safety training (OHS). Five participants mentioned that the programme also renders training on OHS. One participant mentioned: *They* [EHWP unit] *invited people* [outsourced services from the municipality] *to give us training on how the working environment should be, like it should have the emergency exits.* [Phindile, 4 years work experience, female]

A key informant also mentioned that the EHWP organises OHS training for the employees: *We* [the EHWP unit] *request the Johannesburg what do they call it? Johannesburg municipality, to come and do their presentations and trainings. They do the introduction to OHS.* [Key informant, 10 years work experience, female]

The findings show that participants are aware of the OHS training. Similarly, in the EHWP Satisfaction and Familiarity Survey (2015) which was conducted with all employees from the GPG departments, the findings showed that 66% of the participants have knowledge of the occupational health and safety training that is provided to the employees. Mdladlana (2007) indicated that the South African Government Departments renders OHS services and provides awareness campaigns. Another theme in this section is the social workers awareness of how to access the EHWP services, which will be discussed next.

4.3.2.2 *Sub-theme 2: Awareness of how to access the EHWP counselling services*

Seven participants have expressed that they are not well informed about how to access the EHWP counselling services. One participant stated:

I feel like I need this kind of services [counselling] *but I do not know where to go. Where should I go… Should I go to my supervisor? should I go to HR? Like it is not addressed, if ever I need this, which door should I approach?* [Thandeka, 6 years work experience, female]

The findings show that the participants are not well informed about how to access the EHWP counselling services. Manganyi (2015) ascertains that communication about the services and how to access them is an essential determinant to a successful EAP. The researcher found it critical to determine the social marketing strategies that are implemented in the DSD as this may be useful to know the effective social marketing strategies which can promote the visibility of the programme. The responses of the participants on the social marketing strategies of EHWP in DSD are discussed next.

4.3.2 THEME 2: SOCIAL MARKETING STRATEGIES OF THE EHWP

This section focuses on the social marketing strategies of the EHWP. The social marketing of EAP services is critical for utilisation of the EHWP. The participants were requested to mention the social marketing strategies that are utilised in their workplace

4.3.2.1 Email communication from the EHWP unit

In the DSD, one of the strategies to market the programme is through emails (desk-drops). Four participants mentioned that they read about the programme through the desk-drops sent to the employees which informs them about the available services. One participant explained this: *They* [EHWP unit] *communicates to us through the emails to say that there is this kind of service, from time to time they send communication to say that there is still this kind of service.* [Oratilwe, 4 years work experience, female]

A key informant confirmed this finding and mentioned that: *The EHWP unit constantly distributes information. We* [the EHWP unit] *call it desk-drops. It is just a small little message that we normally send to employees through the electronic communication channel within the Department* [to make employees aware of the programme]. [Key informant, 19 years work experience, male]

This finding shows that the use of emails is an effective strategy to market the programme in the DSD. Baloyi (2014) supports that email communication is the most effective strategy for marketing EHWP. In contrast one participant acknowledged that communication is an effective way to market the programme in the DSD, however it should not be used independently because not all social workers have computers. The following quote echoes these sentiments:

> *Sometimes when I open up my emails I can see that they* [the EHWP unit*] has sent emails, but I think they must also come to the people* [they should come to the office to market the programme] *because not all of us* [social workers*] in the Department that are using computers or laptops.* [Phindile, 4 years work experience]

The findings show that the challenge with emails, as a social marketing strategy is that some social workers do not have computers or laptops. A lack of resources such as computers amongst social workers was also been observed in a study conducted by Ntsoane (2017) on occupational stress, burnout and work engagement of social workers in the Limpopo Province. This study shows that it is only 72% of the social workers working for government that had computers and these had to be shared with four or five other social workers. Another social marketing strategy that was mentioned by the participants is informal supervisory referral, which will be explained next.

4.3.2.2 Informal supervisory referrals

Four participants mentioned that they heard about the programme through their supervisors when they were encouraging them to utilise services. One participant made the following comment: *So normally even our supervisor will tell us that maybe if you're having problems you must call the toll-free number and then they will be able to assist you.* [Phindile, 4 years work experience, female]

Similarly, another participant expressed the following:

> *Even supervisors, you know as an employee sometimes you will come across challenges which hinders your full potential, then your supervisor will somehow provide you with information* [regarding the EHWPservices*]*. [Sipho, 6 years work experience, male]

The findings show that supervisors encourage employees to utilise the EHWP services. Kanama (2018) agrees that the purpose of the supervisor's involvement is to encourage the employees to utilise the EHWP services. Witson and Winegar (2014) share the same sentiment that supervisors play a vital role in promoting EHWP services.

Two participants mentioned that supervisors need to receive training so that they can make formal referrals to deal with absenteeism. One of the participants made the following remark: *When someone is sick and you cannot ask that person what is wrong but you get a lot of signals. You can see that this person is sending a lot of sick notes… Yes, if they* [supervisors] *can be trained on that* [making referrals when an employee is has been sending a lot of sick notes]. [Fifi, 14 years work experience, female]

The findings show that there is a need for supervisors to be trained on making formal referrals in order manage absenteeism. The literature review shows that trainings empowers supervisors to make referrals. The reviewed literature also shows that the supervisors are expected to make formal referrals, which involves the supervisors referring employees in writing to mainly address work-related problems such as absenteeism, lowered job performance or any problem that may cause the employee to be unproductive at work (Manganyi, 2015). Although it is encouraged that supervisors should make formal referrals, Cagney (2006) argues that some supervisors are reluctant to utilise the programme because of fear to confront employees with work-related problems and they would rather ignore the employee until the situation becomes a crisis. Another social marketing strategy that was mentioned by the participants is the oral presentations conducted by EHWP unit which will be explained next.

4.3.2.3 Oral presentations by EHWP unit

Two participants mentioned that the EHWP unit has done oral presentations in their office, whereby all the employees were called into one meeting and were informed about the programme. One participant shared: *We* [employees] *were called in one big meeting, and then they called all these people from head office* [EHWP unit], *and then they were informing the staff* [about the programme]. [Lerato, 9 years work experience, female]

The findings show that one of the EHWP social marketing strategies in the DSD is through oral presentations conducted by the EHWP unit. Rajin (2012) mentioned that oral presentations effectively promote EAP and the acceptance of its services because it allows interactions with the targeted population. Mugari (2011) also supports that oral presentations are important and further argued that no matter how effective the written or electronic media is, in promoting the programme, the oral presentations may be the absolute social marketing tool as it creates an opportunity to reach customers and influence their perceptions on the programme.

While two participants mentioned that the EHWP unit conducts oral presentations, a contrary view from four participants was that there is a need for oral presentations in the DSD to train the employees on the programme. One participant stated: *They* [the EHWP unit] *needs to visit the region and give proper training to everyone, like visit different offices and give out information. Even if it is not every month and maybe it can be every after two months so that people are made aware that there are these* [kind of] *services.* [Sipho, 6 years work experience, male]

A key informant mentioned that, he was the only person in the EHWP unit for a long time and marketing the programme and that it has been a challenge to effectively market the programme. He further mentioned that there are however more officials that have joined the EHWP and they are responsible for oral presentations:

For me marketing is one of the most important things, which was quite a challenge because for a very long time I was alone [the only official in the EHWP unit] *as I have explained, but now I have people reporting to me and I have made them 100% responsible for marketing. My instructions to my team* [3 EHWP officials] *was that they need to have face-to-face consultations* [oral presentations] *with as many people as possible. Sit in front of the person and give them the wallet card, give them the information, explain to them what the programme is all about and ask them questions.* [Key informant, 19 years work experience, male]

There were discrepancies in terms of oral presentations as one of the social marketing strategies, wherein two participants mentioned that the EHWP unit renders oral presentations, four of the participants expressed that there is a need for oral presentations. This finding may be attributed to

the key informant's quote which shows that oral presentations were a challenge to implement because there was initially one official in the EHWP unit. Similarly, in a study conducted by Mashiane (2017), the findings support the view that when there is a shortage of staff in the EHWP unit, the implementation of the programme becomes affected. The last social marketing strategy that was mentioned by the participants is communication through the trade union representatives and it will be discussed next.

4.3.2.4 Trade unions

One participant mentioned that she heard about the programme in a meeting with her trade union: *I attended the meetings with NEHAU. That is the only platform where I got to know about the wellness or health issues. Either than that, there is nothing.* [Mbali, 8 years work experience, female]

The findings show that communication from the trade unions is another method of marketing the programme in the participant's workplace. Rakepa (2012) and Mugari (2011) support that the involvement of the trade unions, is one of the ways that the programme could be effectively promoted. Baloyi (2014) also acknowledges the involvement of the unions in promoting the awareness of the programme. All the social marketing strategies that have been discussed in this section have promoted the visibility of the EHWP services. The next section focuses on the perceptions of social workers regarding the programme

4.3.3 THEME 3: THE PERCEPTIONS OF SOCIAL WORKERS REGARDING THE EHWP

The intentions in this section were to obtain insights regarding the social workers' views of the EHWP.

4.3.3.1 *Sub-theme 1: The strengths of the EHWP*

The participants were asked to mention what the perceived strengths of the programme are. All the participants felt limited in expressing their views regarding the strengths of the programme because they had never utilised some of the services, such as counselling. The perceptions of the

participants on the strengths of the EHWP were based on services such as: health screening services and the email communications (desk-drops) sent to employees on healthy lifestyle tips. Four participants held a completely positive outlook about the benefits of the health screening services and the emails sent to them to create awareness of a healthy lifestyle. A typical example is captured in the following example:

> *You know…I will not tell you much about the programme [the services], but with the one* [service] *that comes with the GEMS people* [health screening services]. *I feel like they are very good because they are not only targeting people who are subscribed to GEMS. Some of us do not even have medical aids but they were able to assist us and if I am doing all those assessments, if there is anything that needs to be attended to they still make recommendations to go and see, a professional that can assist you further. So I think the process for me it was not discriminating.* [Sipho, 6 years work experience, male]

Ongeziwe commented on the emails that are sent to employees to educate and create an awareness about a healthy lifestyle, she mentioned that this kind of an initiative is good. She made the following comment:

> *Sometimes I will think that sitting at the table for one hour typing a report is good, because of a backlog and I want to finish, but not knowing that I am killing myself. But through those tips that they give us, it helps a lot because you have to stand up, stretch, drink water, drink more water... It is very, very, very good*. [Ongeziwe, 5 years work experience, female]

The findings show that the participants have a positive outlook about the health promotion services rendered to employees. Nyma et al., (2010) also supports that the health promotion services are beneficial for preventing illnesses, reducing health care costs, for risk avoidance, risk reduction and improved productivity measures.

4.3.3.2 *Sub-theme 2: The relevance of the EHWP counselling services*

The researcher found that all participants perceived the EHWP counselling services as relevant. One participant shared these sentiments regarding counselling:

> *I think that they* [services] *are relevant because let's say that I have a problem and I have to go to them* [for counselling], *obviously* [afterwards] *you will be able to cope with whatever challenge you were facing.* [Ongeziwe, 5 years work experience, female]

Similarly, another participant mentioned that the counselling services are relevant *because you will be speaking to somebody about the issues that you have in terms of the work that you are doing and also on how to deal with problems.* [Thandeka, 6 years work experience]

Even though the participants had never utilised the counselling services but they regarded them as relevant. A lack of utilisation of the counselling services could be attributed to an earlier finding that showed that there is a lack of awareness of how to access counselling services among social workers. In the next section, the participants further expressed their perceived challenges regarding the counselling services, which prevents utilisation.

4.3.4 THEME 4: THE PERCEPTIONS OF SOCIAL WORKERS REGARDING THE CHALLENGES WITH THE EHWP

The participants were asked about their challenges regarding the programme and their responses are discussed in this section.

4.3.4.1 Sub-theme 2: Location of the EHWP unit as a barrier to utilisation

Five participants mentioned that the location of the EHWP unit is a barrier to utilisation of the programme. One of the participants stated: *The services are not really here, in this department, they are at head office. So I don't think they are not accessible enough to staff.* [Lerato, 9 years work experience, female]

The findings show that participants have a problem with the fact that the EHWP unit is based at the head office, which makes accessibility of the services difficult.

A contrary finding was that two participants were of the view that, the location of the EHWP unit is not a barrier to utilisation because services can be accessed telephonically. The participants expressed that *even if you do not want to travel to go to people that are doing these services, you can also access their services telephonically which I think was convenient for most of the people.* [Sipho, 6 years work experience, male]

The findings show that some participants find the location of the EHWP unit as a barrier to accessibility of the services, whiles other participants mentioned that the services are accessible because of the available telephonic services. Miller (2003) supports that delivering services by telephone promotes accessibility of services.

Even though one of the findings show that telephonic services promote accessibility, one of the participants mentioned that: *When you call sometimes the lines are busy and you get frustrated. Sometimes people just give up altogether and say, it* [the telephonic service] *is not working.* [Thokozane, 4 years work experience, male].

The findings show that a barrier to utilisation of the EHWP telephonic services could be also associated with the delays encountered when accessing the services which discourages utilisation. This is consistent with the findings from the EHWP Satisfaction and Familiarity Survey (2015), which was conducted with the GPG employees which shows that some participants felt aggrieved with the turn-around period for telephonic counselling services.

4.3.4.2 Sub-theme 3: Cultural beliefs as a barrier to utilisation

Cultural beliefs were identified as a barrier to utilisation of counselling services amongst social workers. One participant mentioned that in the African culture it is believed that people are not supposed to talk about their problems. The participant further explained that utilisation of these services would also make it seem like you are not taking care of yourself:

> *Yes, because I think maybe this is an African thing, because when you are encountering a problem… it is like we are not supposed to talk about it and if there*

> *is something wrong with you and you are going for counselling it means that you are not taking care of yourself.* [Fifi, 14 years work experience, female]

Culture as a barrier to utilisation was confirmed by a key informant making the following comment: *If an African person is suffering from depression, they would rather go to the sangoma* [a traditional healer] *than go to a doctor that can actually treat his depression.* [Key informant, 19 years work experience, male]

The findings show that cultural beliefs can become a barrier to the utilisation of EHWP counselling services. Similarly, in the literature reviewed, it was also revealed that the traditional Africans find it difficult to seek psychological services and that they would rather resolve their problems within the family (Ruane, 2010). The findings also show that Africans would rather consult with traditional healers for assistance with a mental illness. Kaminer and Eagle (2010) support this view and mentions that western culture advocates that one should seek counselling and assistance from mental health professionals whereas in African cultures, people consult with traditional healers to assist them with these mental illnesses. Kronfol (2012) argues that perceptions on the sensitivity of services towards cultural values affects the acceptance and utilisation of the services. It is therefore suggested that the programme should be sensitive to factors such as culture, race, age and language (Mashilo, 2013).

4.3.4.3 Sub-theme 4: Supposed invincibility of social workers to seek help as a barrier to utilisation

Even though in the previous sections the participants were of the view that the barriers to the EHWP utilisation of counselling services include the location of the EHWP unit, cultural beliefs and a lack of awareness of how to access the services. In this section one participant was of the view that social workers are reluctant to utilise counselling services because of their professional role as therapists, which makes them think that they can deal with their own problems. This was echoed in the next quote:

> *I think the umbrella of their* [social workers] *profession could be the problem…being a social worker. You work with people with different issues and challenges, working with vulnerable people and you end up thinking that as*

> *therapist you can manage to deal with anything* [personal problems]. [Sipho, 6 years work experience, male]

A key informant confirmed that: *Social workers are sometimes extremely reluctant to make use of the EAP programme because they are reluctant to admit that they have challenges, they feel that they are qualified counsellors themselves.* [Key informant, 19 years work experience]

The findings show that social workers face challenges utilising the counselling services based on their professional roles as therapists. Similarly, Conway (2016) mentions that social workers are reluctant to seek help when they are struggling. In a study conducted by Masson (2019) titled *Secondary traumatic stress and coping: a case study of the social workers employed at the South African Police* findings also show that participants did not attend counselling even though the police medical aid makes provision for counselling services, a lack of utilisation of the counselling services was related to concerns regarding money and a lack of time to utilise the services (Masson, 2019).

4.3.4.4 *Sub-theme 1: A lack of holistic implementation of the EHWP services*

Another challenge that was identified with the programme is a lack of holistic implementation of services. All the participants were of the view that the programme is not comprehensively implemented. One participant shared this sentiment in the following comment:

> *Implementation* [of services] *is the biggest problem because you can attend training* [oral presentation] *and then they* [the EHWP unit] *can say okay there are* [these] *certain* [kind of] *services but when it comes to the actual implementation it is the opposite thing* [services are not implemented]. (Thokozane, 4 years work experience, male)

A key informant also mentioned that the EHWP unit has not managed to fully implement the EHWP programme.

> *There are still so many things* [services] *that we need to do and that we need to implement, that we can do but obviously time, the human capacity, budget, resources and all of those things make it difficult.* [Key informant, 19 years work experience, male]

The findings show that the services are not fully implemented. McCleary et al. (2007) show that even though the programme is known to benefit the employer not all of them are comprehensive and integrated. A study conducted by Mashiane (2017) also shows that even though the DPSA EHWPSF is integrative of four pillars, there are challenges with practical implementation which are associated with a lack of funding. The Public Service Commission (PSC, 2016) mentions that budgets specifically allocated to the EAP or EHWP results to a successful implementation of the programmes. In light of the challenges that the participants expressed in this study, they were also able to provide recommendations of what can be improved on the programme. The recommendations that were made were mainly based on their needs regarding the EHWP services and their responses are discussed next.

4.3.5 THEME 5: SOCIAL WORKERS' RECOMMENDATIONS REGARDING EHWP

A question was posed to evoke 'out of the box' thinking that would generate creative recommendations regarding the EHWP. Each participant was given a scenario- If you were in charge of running the programme, what changes would you make to it? Participants made the following suggestions regarding the EHWP services.

4.3.5.1 Sub-theme 1: Social workers' needs regarding the EHWP services

Three participants mentioned that there is a need for workplace violence interventions.

> *I do not think that the Department is considering our safety when we are out there. It is something I think that is lacking because there have been a number of times when we were attacked, when we went to do our work and like with me… I no longer go to the squatter camps…because I once had an experience there. We [social workers] go to people's houses and when you arrive there you do not know how the person* [client] *will be towards you.* [Fifi, 14 years work experience, female]

The finding also shows a lack of services for social workers to help them to deal with client-initiated violence. The response shows that there is a lack of safety and security for social workers during their daily contact with clients. Malesa (2014) supports this view and mentions that the DSD has a zero-tolerance attitude towards employee-on-employee workplace violence; however, it does not pay much attention to client-initiated violence. The literature reviewed shows that the

services that are provided for workplace violence include: psychosocial services such as CISD and trauma crisis counselling and the EHWP unit sends desk-drops to educate employees on the procedure to follow when reporting injury on duty.

Eight participants expressed a need for debriefing services to deal with STS. Two participants further specified that the social workers who mostly need these services are statutory social workers and one participant mentioned that social workers that render probation services, need debriefing services.

One participant remarked:

> *With the kind of work that we do I feel that we need to be doing a lot of debriefing, that is not provided for, that can help because sometimes you encounter a problem with a case where we* [statutory social workers] *work with children who are vulnerable, orphaned, neglected and abused. So sometimes it is overwhelming when you think of going to work because some of the challenges that they* [the children] *encounter are very traumatising and sad. [Fifi, 14 years work experience, female]*

Another participant commented:

> *Sometimes the cases that we deal with are very traumatic in nature especially if you work in the probation* [unit] *because we do presentence, assessments and rehab cases. So sometimes the cases that you will get are very traumatic and there is no debriefing.* [Thokozane, 4 years work experience, male]

The findings show that there is a need for debriefing to deal with STS. The literature review shows that social workers experience STS and one of the interventions to address this challenge is through debriefing. The literature review shows that one of the services that social workers need is debriefing. The findings also show that it is only social workers that work with traumatised clients that need debriefing for STS. This finding is supported by the literature, which shows that secondary trauma may result from working with traumatised clients.

Four participants mentioned that there is a need for teambuilding activities to improve relationships amongst social workers. One participant further mentioned that teambuilding activities would also improve relationships that social workers have with their supervisors:

> *Do teambuilding because I also think that we need that because we do not get along even us in the workplace. I will also do that so that we can create that relationship between me and my supervisor because now I will not go to my supervisor to speak about the things that are affecting me.* [Thandeka, 6 years work experience, female]

The findings show that participants would like teambuilding to be incorporated into the programme. Mashiane (2017) indicated that the challenge with implementing proactive EHWP services such as teambuilding activities, is that there are is a lack of dedicated budget for EHWP in some departments. The literature review shows that there is no dedicated budget for the DSD and a lack of teambuilding activities, which could explain a lack of teambuilding activities.

Four participants mentioned that there is a need for sport activities in their worksite. A sentiment motivating this view included:

Maybe if they can come with more sports activities because we do not have recreational activities in the Department. We need a sports day where we can maybe play netball. [Sipho, 6 years work experience, male].

A key informant explained that there was a sport programme however the *programme collapsed, and this is something that we need to get up and running.* [Key informant, 19 years work experience, male]

The findings also show that there is a need for physical fitness activities. Sharon-David and Tenenbaum (2017) mentions that exercise is frequently reported as an effective and a healthy way of relieving stress. The literature reviewed also shows that proactive interventions for occupational stress and burnout include physical exercise, which helps to improve moods and vitality, furthermore literature shows that sports could have both physical and mental benefits to the social workers.

One participant mentioned that there is a need for spiritual practices further, as an example, said that there needs to be morning prayer sessions. The participant mentioned that employees are

affiliated to different religions and therefore the prayer sessions could be voluntary. The participant stated:

> *I know that we are not affiliated into the same religious whatever but some people we are getting motivated by different things. So if maybe like every morning there is a prayer session it will depend on a person whether he or she wants to attend.* [Phindile, 4 years work experience, female]

A key informant confirmed that it has been a challenge to promote spiritual wellness in the DSD mainly because the employees have different beliefs. A key informant with 19 years' work experience shared his frustrations:

> *Because of all the different cultures and different beliefs, and it is really difficult because if you now have a prayer group, and it is only Christians, how do you accommodate the others?* [Key informant, 19 years work experience, male]

The findings show that there is a need for a spiritual wellness component on the EHWP. Collins (2005) supports this finding and mentions that social workers can find their work meaningful through spirituality practices, which is something important in a profession where one can easily lose interest due to secondary trauma and stress. Idler Idler, McLaughlin, and Kals (2009) explain that there is a relationship between positive health, wellness and spirituality. Research findings from Mohamed, Wisnieski, Askar, and Syed (2004) show that spirituality also helps in preventing psychological effects that have been caused by stress.

4.4 SUMMARY

In this chapter, the perceptions of social workers regarding the EHWP in the DSD (Ekurhuleni Regional Office) were explored, presented and interpreted. Semi-structured interviews were used to collect data from 12 participants. The themes that emerged from the data collection process were discussed and this section confirmed that all the stated objectives of the study were achieved. The next section considers a discussion on the findings, the conclusion and the recommendations.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

While previous GPG inventories focused on the general perceptions of employees regarding EHWP, this study focused on the perceptions of social workers. There had been no study that specifically focused on the perceptions of social workers in the DSD regarding the EHWP and the current knowledge was inadequate, very broad and generic in its scope. Rongen, Robroek, van Ginkel, Lindeboom, Pet, & Burdorf (2014) also mentions that participation may increase if the needs and preferences of employees match with those offered by the programme. Maletzky (2017) mentions that responding to the needs of employees makes them feel that they are important and that the organisation cares about their wellbeing and as a result there will be higher commitment to the programme. In this study, the researcher found it critical to have a better understanding of the social workers' perceptions regarding the EHWP.

5.2 DISCUSSION OF FINDINGS

The main objective of this study was to answer the question: what are the perceptions of social workers regarding the EHWP in the Gauteng Department of Social Development, Ekurhuleni Regional Office? The specific objectives consequently were: to explore the social workers' awareness of the EHWP, to determine the EHWP social marketing strategies, to understand the perceptions of social workers regarding the programme, to explore the perceptions of social workers regarding the challenges of the EHWP and to consider the social workers' recommendations regarding the programme. The results discussed in this summary show that the study achieved the aim and objectives as outlined.

5.2.1 OBJECTIVE 1: TO DETERMINE SOCIAL WORKERS' AWARENESS OF THE EHWP

The researcher noted that the participants initially viewed the programme as counselling services and they could not associate other EHWP services with the programme. The researcher explained the programme and the full scope of its services and further probed to determine the participant's awareness of the services implemented at their worksite. The participants showed an awareness of

the EHWP services rendered in their worksite to a varied extent. The most well-known service amongst the participants was the health screening-service and this can be related to the fact that this service comes onsite and coincides with the World Health Calendar. The findings also show that even though the participants were aware of the EHWP services, they are not well informed about how to access the counselling services.

5.2.2 OBJECTIVE 2: TO DETERMINE THE EHWP SOCIAL MARKETING STRATEGIES

The participants learnt about the programme through the following social marketing strategies: oral presentations, email communication (desk-drops) from the EHWP unit, supervisors and through communication from the trade unions. There are two social marketing strategies which were identified as the most effective to promote the programme, which are: the email communication and the supervisory informal referrals. There were however identified shortcomings with these social marketing strategies. The challenge with the emails is that some social workers do not have computers and laptops. The challenge with the supervisory referrals is that supervisors do not make formal referrals, in order to address work-related issues such as absenteeism. There were discrepancies with oral presentations as one of the social marketing strategies, wherein two participants mentioned that the EHWP unit renders oral presentations, four of the participants expressed that there is a need for oral presentations. This finding may be attributed to the key informant's quote which shows that there was initially only one official in the EHWP unit responsible to do oral presentations and this may have caused a lack of regular oral presentations.

5.2.3 OBJECTIVE 3: TO UNDERSTAND THE PERCEPTIONS OF SOCIAL WORKERS REGARDING THE EHWP

The findings show that the participants felt limited in expressing their views regarding the strengths of the programme because they had never utilised some of the services. Perceptions of the participants on the strengths of the services were based on the health screening services and the awareness and education on a healthy lifestyle. Participants held a completely positive outlook about the benefits of the health screening services and the awareness and education on a healthy lifestyle. The participants found counselling to be relevant even though they had never utilised the service.

5.2.4 OBJECTIVE 4: TO EXPLORE THE PERCEPTIONS OF SOCIAL WORKERS REGARDING CHALLENGES WITH THE EHWP

Participants were of the view that even if the social workers would want to use the services the EHWP offices are not easily accessible and they have to travel in order to access services. It was also noted that even though there are telephonic counselling services to mitigate against accessibility as a barrier, the other challenge is that there are delays in accessing the counselling services, which can be discouraging. Participants were also of the view that cultural beliefs is another barrier to the utilisation of the counselling services. A lack of utilisation of the counselling services was also associated with the view that social workers sense of invincibility which makes them unwilling to seek help. The participants were of the view that EHWP services are not fully implemented and that the programme lacks integration, one of the key informants expressed that this challenge is associated to funding and human capacity.

5.2.5 OBJECTIVE 5: TO CONSIDER RECOMMENDATIONS FROM SOCIAL WORKERS REGARDING THE PROGRAMME

The findings show that there is a need for trauma debriefing services to deal with STS encountered by social workers who are doing field and intake work, and the social workers who are providing probation services. Four participants mentioned that there is a need for teambuilding activities to improve relationships amongst social workers and their relationship with their supervisors. The findings also show that there is a need for a fitness programme which could help to relieve stress. The findings show that there is a need for a spiritual wellness component on the EHWP. Lastly there is a need for interventions to address workplace violence encountered by social workers when they are working with aggressive and violent clients.

5.3 SUMMARY

The main aim of the research was to explore the social workers' perceptions regarding the EHWP within the Gauteng DSD, Ekurhuleni Regional Office. The participants are aware of the EHWP services to a varied extent however they could not associate these services with the programme. The awareness of these services was related to their visibility within the participants' workplace, which was increased through various social marketing strategies. The most effective social marketing strategies to promote the programme are through supervisory informal referral and

through emails (desk-drops). Both these social marketing strategies, however, have limitations. For example, the email communications do not reach all the social workers because some of them do not have computers. The challenge with the supervisory referrals is that supervisors do not make formal referrals to address work-related issues such as absenteeism. Whiles some participants were of the view that there are oral presentations to market the programme, other participants were of the view that there are no oral presentations. This finding can be attributed to one of the key informant's quote which shows that there was initially one official in the EHWP unit responsible to do oral presentations and this may have caused a lack of regular oral presentations. Although social workers have a positive outlook of the EHWP there was a view that the programme is not comprehensive enough to meet the needs of the social workers and this challenge could be associated with a lack of a dedicated budget for the programme. The study showed the needs of social workers regarding the programme which included: the need for debriefing to cope with STS, teambuilding activities, a health and fitness programme, and a spiritual wellness programme. Furthermore, there is a need for interventions to address workplace violence amongst social workers. The identified barriers to utilisation of the EHWP include: a lack of awareness of how to access the services, the turnaround time for telephonic counselling services, the cultural beliefs.

5.4 RECOMMENDATIONS

5.4.1 RECOMMENDATIONS FOR THE DSD

It is recommended that the EHWP should have a dedicated budget for the programme, in order to implement services needed by the social workers.

5.4.2 RECOMMENDATIONS FOR THE EHWP UNIT

It is also recommended that a workplace violence policy should be developed, which includes interventions that could train social workers on how to deal with aggressive and violent clients. Furthermore, it is recommended that individual counselling policy for social workers to be developed. It is recommended that there should also be education and training on mental wellness, social workers should develop a better understanding that seeking help is not a sign of weakness and that to have compassion towards self -care is important. The EHWP unit should provide

regular oral presentations to create opportunities for social workers to raise questions and seek clarity on the programme. This social marketing strategy will assist the employees to know how to access the services and promote self-referrals. It is also important to improve accessibility of the telephonic services. The EHWP unit should render specific training on supervisory referrals focusing on aspects such as: discipline, reduced productivity and high absenteeism. It is recommended that there should be an introduction of interventions such as debriefing for STS, team-building, sports, spiritual wellness to promote the mental wellness of social workers. It is also recommended that the EHWP unit should provide trainings that could make social workers aware of potential violence from clients and the ways of protecting themselves, for example empower them with self-defense skills, create an awareness of the risk factors that cause or contribute to assaults and early recognition of escalating behavior or warning signs of violence. It recommended that the department should adopt an interdisciplinary approach. For example, arrangements can be made with the police officers to accompany social workers to do home visits.

5.4.3 RECOMMENDATIONS FOR FUTURE RESEARCH

The research was only done with social workers in the Ekurhuleni Regional Office and this could be also done in other offices and maybe it could be also done with other roles within the Department of Social Development such as, social auxiliary workers, administrators and other professional roles which are expected to benefit from the programme. Future research could evaluate the effectiveness of the EHWP social marketing strategies and it can also look into whether utilisation will increase amongst social workers if the services that were suggested are implemented.

5.5 CONCLUDING COMMENT

The perceptions of social workers regarding the EHWP, in the DSD Ekurhuleni Regional Office were explored and all the objectives of this study were accomplished. The results revealed that social workers generally have a positive outlook of the programme however there is a lack of a customised programme that considers the specific needs of social workers. Social workers are aware that there are counselling services however they do not make use of them because they see themselves as invincible. The barriers to utilisation of the EHWP included: a lack of awareness of

how to access the EHWP services, the turnaround time for telephonic counselling services and cultural beliefs. It is critical respond to these identified needs of social workers regarding the programme and to address the factors that were identified as barriers to utilisation. Participation may increase if the needs and preferences of the social workers match with those offered by the programme.

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APPENDIX A



Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

Participant Information Sheet

Good day

My name is **Matlhodi Kgomotso Masango** and I am a post graduate student registered for the degree MA in Occupational Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting a research on the **perceptions of social workers regarding the Employee Health and Wellness Programme within the Gauteng Department of Social Development, Ekurhuleni Regional Office.** It is hoped that this study could provide a better understanding of the needs of social workers regarding EHWP in the department of social development, which will assist in customising the programme. The study might help in expanding EHWP services rendered to social workers and provide recommendations on plans that could improve the wellbeing of social workers.

I therefore wish to invite you to participate in my study. If you accept my invitation, your participation is entirely voluntary, and you are free to withdraw at any time without any consequences. If you agree to participate, I would arrange to interview you at any time and place that is suitable for you outside your workplace, provided that it will have minimum destructions such as: noise, food and people. The interview will last approximately one hour, you may withdraw from the study at any time and you may refuse to answer any question that you feel uncomfortable with.

If you decide to participate, I will ask your permission to tape record the interview, the tapes and interview schedules will be kept confidential and locked in a cabinet for a period of two years following any publications or for six years if no publications emanate from the study. The

recording will be stored in a secure location (password protected computer) with restricted access to the researcher and the research supervisor. Your name and personal details will be kept confidential and no identifying information will be included in the final Masters of Arts research report. Direct quotes from the interview, without any information that could identify you may be cited in the research report or other write-ups of the research. Your responses may also be presented in conferences, book chapters, journal articles or books. Should you wish to receive a summary of the results of the study, an abstract will be made available on request.

Please contact me on 0117308426 (kgomotso.masango@gauteng.gov.za) or my supervisor, Dr Roshini Pillay on 011 717 4486 (roshini.pillay@wits.ac.za) if you have any questions regarding the study and we shall answer them to the best of our ability. If you have any concerns and complaints about the study, please contact Human Research Ethics Committee, Chairperson: Jasper.Knight@wits.ac.za or the administrator: Ms Shaun Schoeman at 0117171408

(Shaun.Schoeman@wits.ac.za).

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

_____

Matlhodi Kgomotso Masango

Date:_____

APPENDIX B

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

Consent form for participation in research study entitled:

The perceptions of social workers regarding the Employee Health and Wellness Programme:

A case study of the Gauteng Department of Social Development, Ekurhuleni Regional Office.

I hereby consent to participate in the research study conducted by Matlhodi Kgomotso Masango.

The purpose and the procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and that I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific question asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of an honours project and may also be presented in conferences, book chapters, journal articles or books.

Name of participant: _____

Date: _____

Signature: _____

APPENDIX C



Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail:socialwork.SHCD@wits.ac.za

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

The perceptions of social workers regarding the Employee Health and Wellness Programme: A case study of the Gauteng Department of Social Development, Ekurhuleni Regional Office.

I hereby consent to the tape recording of the interview with Matlhodi Kgomotso Masango.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor
- The recording will be transcribed and any information that could identify me will be removed
- When the data analysis and write-up of the research study is complete, the audio recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- The transcript with all identifying information directly linked to me removed, will be stored permanently and may be used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

Name: _____

Date: _____

Signature: _____

APPENDIX D

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

INTERVIEW GUIDE FOR SOCIAL WORKERS

A. Demographic Information

Age:	
Sex:	
Job title:	
Work experience within the Department of Social Development:	

B. The Employee Health and Wellness Programme

1) In your own words, please tell me what Employee Health and Wellness Programme entails?

2)Which services based on the four EHWP pillars are rendered within the department? (The researcher used the Employee Health and Wellness Strategic Framework (EHWPF) by DPSA

(2008) to explain the four pillars that should be implemented within the Department of Social Development)

3) Please explain the methods used within the department to market the programme?

4) What are your views regarding the programme?

4.1 What would you say are the strengths of the programme?

4.2 What are your areas of concern regarding the programme?

4.3 What are the comments of other social workers regarding the programme?

4.4 Do you consider the services rendered through the programme relevant in addressing the occupational challenges of social workers, such as: stress, depression, trauma, low morale, workplace violence, safety when working with clients and other challenges you can think of? Please explain your answer?

5) If you were in charge of running the programme, what changes would you make to it?

5.1 Keeping in mind the services rendered through the four pillars of EHWP, what changes would you make to these services?

5.2 What other plans or services would you introduce to enhance the wellbeing of social workers?

6) What are your additional comments regarding the programme?

THANK YOU FOR YOUR PARTICIPATION!

APPENDIX E

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

INTERVIEW GUIDE FOR THE KEY INFORMANTS

A. Demographic Information

Age:	
Sex:	
Job title:	
Work experience within the EHWP Unit:	

B. The Employee Health and Wellness Programme

1) In your own words, please tell me what Employee Health and Wellness Programme entails?

2) Which services based on the four EHWP pillars are rendered within the department? (The researcher used the Employee Health and Wellness Strategic Framework (EHWPF) by DPSA (2008) to explain the four pillars that should be implemented within the Department of Social Development)

3) Please explain the methods used within the department to market the programme?

4) What are your views regarding the programme?

4.1 What would you say are the strengths of the programme?

4.2 What are your areas of concern regarding the programme?

4.3 What are the comments of social workers regarding the programme?

4.4 Do you consider the services rendered through the programme relevant in addressing the occupational challenges of social workers, such as: stress, depression, trauma, low morale, workplace violence, safety when working with clients and other challenges you can think of? Please explain your answer?

5) What changes do you think need to be made to the programme?

5.1 Keeping in mind the services rendered through the four pillars of EHWP, what changes would you make to these services?

5.2 What other plans or services would you introduce to enhance the wellbeing of social workers?

6) What are your additional comments regarding the programme?

THANK YOU FOR YOUR PARTICIPATION!

APPENDIX F

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 12/01/66

Dear MK Masango

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on ***"The Perceptions of Social Workers Regarding the Employee Health and Wellness Programme: A case study of the Gauteng Department of Social Development, Ekurhuleni Regional Office"*** has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 13th February 2019.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Ms Amanda Hartmann
Deputy Director General: Support Services
Date: 15/2/2019

APPENDIX G



SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)



DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SW/19/02/01

PROJECT TITLE: The perceptions of social workers regarding the Employee Health and Wellness Programme: A case study of the Gauteng Department of Social Development, Ekurhuleni Regional Office.

RESEARCHER/S: M Masango (1763153)

SCHOOL/DEPARTMENT: SHCD Social Work

DATE CONSIDERED: 28 February 2019

DECISION OF THE DEPARTMENTAL COMMITTEE: Approved

RATIFIED BY THE WITS HREC (NON-MEDICAL): 26 April 2019

EXPIRY DATE: 31 March 2020

DATE: 07 May 2019

CHAIRPERSON: Dr E Pretorius

Cc: Supervisor: Dr Roshini Pillay

DECLARATION OF RESEARCHER(S)

To be completed in **DUPLICATE** and **ONE COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement.

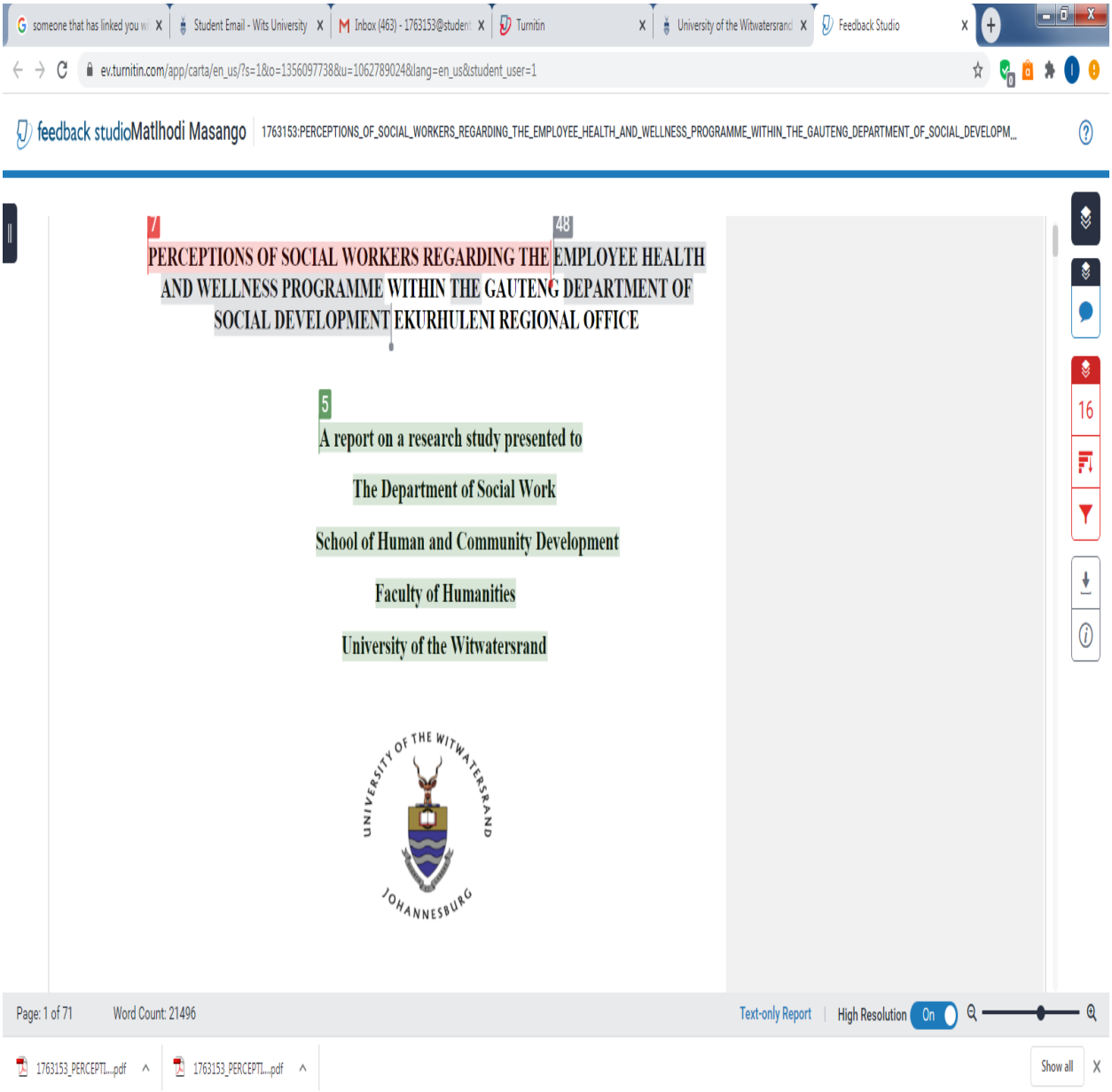
I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. **For Masters and PhD an annual progress report is required.**

---------- SIGNATURE

--------/--------/---------- DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX H


someone that has linked you wi
Student Email - Wits University
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PERCEPTIONS OF SOCIAL WORKERS REGARDING THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME WITHIN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT EKURHULENI REGIONAL OFFICE
A report on a research study presented to
The Department of Social Work
School of Human and Community Development
Faculty of Humanities
University of the Witwatersrand
UNIVERSITY OF THE WITWATERSRAND
JOHANNESBURG
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