ASSESSING THE EFFECTIVENESS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN GAUTENG DEPARTMENT OF EDUCATION

BY

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DECLARATION

I declare that ASSESSING THE EFFECTIVENESS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN GAUTENG DEPARTMENT OF EDUCATION submitted for Master of Management in Governance (Public and Development Sector Monitoring and Evaluation) is my own original work. All the sources used or quoted have been indicated and acknowledged.

SIGNATURE……..DATE …….

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ABSTRACT

Employee Health and Wellness Programmes (EHWPs) were initiated in the public service since 2009 following the Department of Public Service Employee Health and Wellness Strategic Framework 2008 which was later reviewed in 2019 with the idea to proactively enhance the productivity of employees by providing health enhancing preventive strategies which if not provided, may contribute to ill-health absenteeism which have been identified as having significant direct and indirect costs to organisations. Therefore this study sought to assess the effectiveness of the Employee Health and Wellness Programme (EHWP) in Gauteng Department of Education Head Office by exploring the perceptions of GDE employees towards the programme in averting ill-health absenteeism behaviour. The study adopted the qualitative case study to collect data using investigative in-depth qualitative survey targeting hundred (100) GDE employees to explore and understand their perceptions as described by their responses towards the programme. The sample consisted of participants who had experience in utilising the services provided by the employer sponsored EHWP. The idea of using qualitative survey interviews were informed by its strength to collect rich and dense information from multiple sources which in the context of this study were fifteen GDE Districts and Head Office. As theoretical saturation of information is the guiding principle in collecting qualitative data, the researcher ended up interviewing forty (40) participants as there were no divergent views from the survey interview responses. This was done to ensure the reliability of the study by ensuring that the variability of the responses is maintained. The findings of the study reveal the varying perceptions towards the EHWP in averting ill-health absenteeism behaviour showed that it is good in advancing employees' health and productivity while others hold the view that its implementation is not tractable. Moreover, the lack of employing monitoring and evaluation strategies in implementation and the ethical dilemmas in the provision of this service, have been cited as hindering the effectiveness of the programme.

Key words: Ill-health absenteeism, EHWP, Perceptions, Productivity

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CIPD	Chartered Institute of Personal Development
DPSA	Department of Public Service and Administration
EAP	Employee Assistance Programme
EHWP	Employee Health and Wellness Programme
EHWPs	Employee Health and Wellness Programmes
EHWSF	Employee Health and Wellness Strategic Framework
EPM	Ecological Perspective Model
HBM	Health Belief Model
HPM	Health and Productivity Management
HIV	Human Immune deficiency Virus
GDE	Gauteng Department of Education
GPG	Gauteng Provincial Government
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
ROI	Return On Investment
SDT	Self-Determination Theory and Motivation
SEM	Social Ecological Model
SHERQ	Safety, Health, Environment, Risk and Quality Management
Stats SA	Statistics South Africa
STIs	Sexual Transmitted Infections
TB	Pulmonary Tuberculosis
UK	United Kingdom

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CHAPTER ONE

1. Introduction and background to the study

1.1 Introduction

A qualitative case study was used in this study which was guided by the use of an exploratory, descriptive and contextual design to answer the research questions. It sought to assess the effectiveness of the Employee Health and Wellness Programme (EHWP) in the Gauteng Department of Education (GDE) by exploring the perceptions of GDE employees towards the programme. The Public Service and Administration Department (DPSA) highlighted that Employee Health and Wellness Programmes (EHWPs) were initiated in the public service since 2008 considering the DPSA Strategic Framework for Employee Health and Wellness that guided all government entities to implement EHWPs (DPSA EHWSF, 2019: 3). The introduction of this programme takes precedence from legislative policy frameworks such as the Constitution of the Republic of South Africa 1996, the Labour Relations Act 66 of 1995, the Occupational Health and Safety Act 85 0f 1993, the Employment Equity Act of 1998 and the Basic Conditions of Employment Act (Act no 75 of 1997).

Significantly, the rationale behind the implementation of these EHWPs was to initiate opportunities for the prevention of ill-health absenteeism behaviour by ensuring that employees are given a platform to consult with the health practitioners whenever they feel sick without taking a leave of absence to enhance their productivity and that of the organisations. DPSA EHWSF aims to integrate EHWP services that include HIV and AIDS, TB and STIs, Health and Productivity Management (HPM), Safety, Health, Environment, Risk and Quality of Work Management (SHERQ), and the Wellness Management Pillars to holistically intervene in all aspects of employees' health needs (DPSA EHWSF, 2019 P. 3). These pillars are explained broadly in the literature review to place them in the context of this report.

1.2 Background to the study

1.2.1. The development of EHWP in the GPG

As has been alluded in the previous paragraph, the programme started as an Employee Assistance Programme (EAP) which was reactive in its application and in the GPG the application was the same, and its offerings were fragmented and not implemented consistently in terms of structure, positioning, job descriptions, and the level of support in respective provincial departments (Pillay, 2007). Consistently, Pillay (2007) further pointed out that the programme would be beneficial to all GPG departments if only there was synergy and uniform implementation. Moreover, following from various observations and benchmark studies, the Human Resource White Paper guided for the change in offerings of this programme in the GPG. The Programme in GPG evolved over the years from reactive EAP services to EHWP which according to the DPSA EHWSF 2008 as amended is inclusive and holistic. Following the DPSA EHWSF, all national and provincial departments were mandated to implement an integrated and comprehensive EHWP. The DPSA further developed generic tools such as policies, guidelines and execution plan templates to guide departments with the application of the framework.

1.2.2. The development of EHWP in GDE

Following from the DPSA SF 2008, as a consequence, the Provincial Department of Education in Gauteng (GDE) as one of the biggest employers in the public service in the Gauteng Province implemented the EHWP in 2011 in response to the growing number of ill-health absenteeism applications that rendered the department ineffective in its quest to achieve its constitutional mandate to offer basic educational opportunities to the people of the Gauteng Province. By 2019, GDE had a staff complement of around Eighty-nine thousand four hundred and thirty-two (89432) employees. Moreover, the researcher is of the view that the growing number of aged employees in the Department is compounded by the proliferation of musculoskeletal, HIV and TB, cardiovascular, endocrine and mental health diseases as well as financial difficulties and the type of labour-intensive work done by these employees. These

conditions have contributed to the proliferation of the phenomenon of ill-health absenteeism in GDE according to the PHS report on disease trends and could have incentivised the development of the EHWP to address these issues in the workplace.

1.2.3 The impact of ill-health absenteeism on organisations

Literature on the impact of ill-health absenteeism behaviour has highlighted how organisations suffer to achieve their set objectives. In one study done by Price Waterhouse Coopers (2014), it was established that the annual cost of ill-health absenteeism escalated to £29 billion for United Kingdom (UK) organisations. At the same time, this was equivalent to the value of £609 per employee per year by 2014 according to the CIPD 2014 Absence Management Survey. Arguably, the study further noted that ill-health absenteeism has implications on the costs of organisations and stress on other staff who are covering absent employees resulting in reduced productivity and customer service

In addition, it was also highlighted that indirect costs resulting from ill-health absenteeism leads to reduced productivity. However, arguments in this regard point out that this is particularly not possible to ascertain the value, but one person's absence potentially means sharing a role out amongst other staff. Consistently, this is almost certain to lead to fatigue among the other employees and may cause stress to employees who are found in that trajectory. Similarly, some studies have highlighted that productivity reductions resulting from ill-health absenteeism and fatigue may add to the phenomenon of presenteeism that entails employees continue to come to work even when they are too ill to be productive in the workplace. To authenticate this, one survey study done by Canada Life UK in 2013 established that out of 1000 people surveyed, 93 % of employees attended work despite being on the health condition that allows them to work. However, 20 % of employees had perceptions that workplace pressure leads them to take sick leave and 13% highlighted the risk of redundancy at work. Consistently, recent studies by Goetzel, Ozminnkowski, Bruno, Rutter, Isaac and Wang (p. 416) have highlighted the importance of EHWP implementation in organisations to help mitigate the effects of ill-health absenteeism and to inculcate the culture of health among the organisations' employees.

Significantly, the costs of ill-health absenteeism in organisations are so dire and affects their profitability. To authenticate this statement, the Public Service Commission (PSC) in 2010 commissioned a study in South Africa on the value of EHWP, and it was found that 63 % of the national departments took ill-health absenteeism comparable to 31 % of the provincial departments 2010, During the same period, it was established that the costs to the employer due to ill-health absenteeism amounted to six hundred and thirty-one million six hundred and thirty-three thousand and six hundred and sixty rands (R 631 633 660). Moreover, this trend was the result of the ineffectiveness of EHWP in averting ill-health absenteeism (PSC, 2010, P. 35). Consistently, recent studies providing data on global employee absenteeism highlight that a total of hundred and seventy-five million working days globally which translated to 3.3 % of total working time was lost to ill-health absenteeism per annum and amounted to over 14, 4 billion dollars in cost to the employers (Quirk, Crank, Carter, Leahy and Copeland, 2018 p. 2).

Moreover, the Statistics South Africa (Stats SA) report on employee ill-health absenteeism revealed that by 2014 employee absenteeism amounted to 15% of the total working days and this translated to R16 billion a year lost to absenteeism (Statistics South Africa, 2014 p.1). Interestingly, despite that EHWP was implemented in GDE to offset the effects of poor performance due to ill-health absenteeism by the employees, there has been a noticeable trend in the increase of applications for extended sick leaves in GDE which in the public service is regarded as Policy and Procedure on Incapacity and Ill-health Retirement (PILIR) from 2012 to 2019. To illustrate this trend, the following graph depicts how this behavioural trend has exponentially increased from 2012 to 2019.

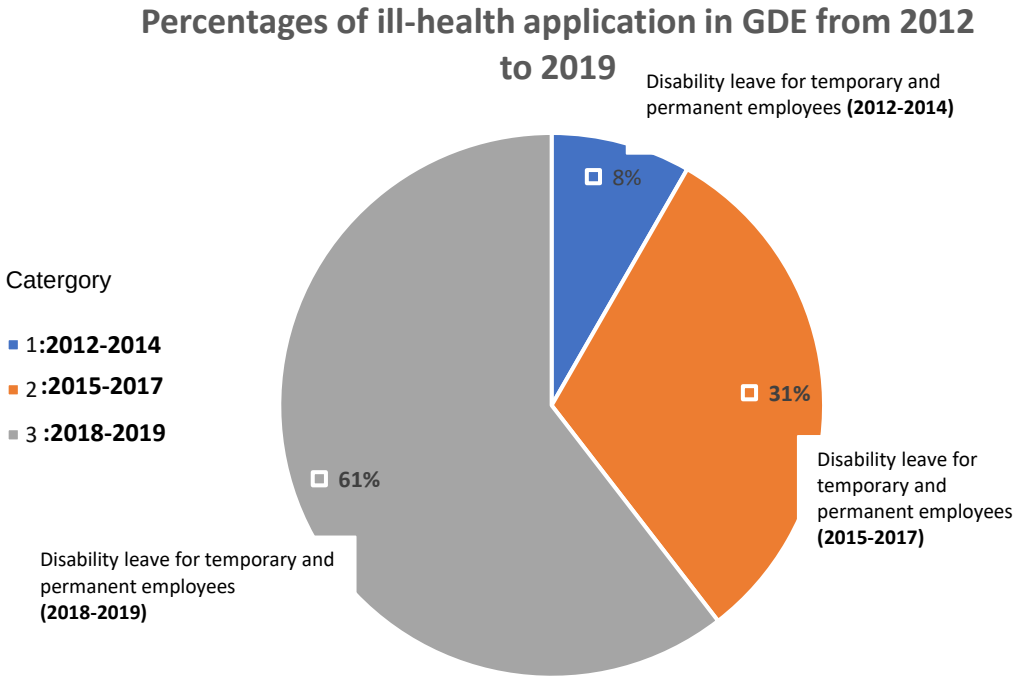

Figure 1.2.3.1 percentages of ill-health applications at GDE from 2012 t0 2019

From the data presented in the above figure, it is apparent that the phenomenon of ill-health absence has been growing exponentially since 2012 despite the implementation of EHWP in the GDE Head Office. To effect behavioural change on ill-health absenteeism, the study adopted behavioural theories that enhance employees' well-being derived from the Social Ecological Models (SEM) and Self Determination Theory (SDT) as well as Health Belief Model (HBM). These models and theories will enable the study to explore the reasons why GDE employees engage in ill-health absenteeism despite the EHWP implementation (De Simone, 2014 p. 118).

1.3 Statement of the problem

EHWP was implemented in 2008 in response to an alarming rate of ill-health absenteeism in the South African public service that rendered employees unproductive in their mandates (EHWSF, 2008). EHWP aims to proactively prevent the emergence of diseases by providing health promotion education and screenings of diseases that may infringe on the normal functioning of employees and that of the organisations. However, despite the implementation of EHWP to offset this challenge,

there have been an increase in the number of applications for extended sick leaves (PILIR) by GDE employees from 2012 to 2019. This challenge has put an extra strain on other employees as they are expected to deliver extra work on their work schedule to compensate for the absence of other employees who are on ill-health leave. While previous studies have focused mainly on HIV and TB management and EAP as well as focusing mainly on the Wellness Pillar in isolation from the EHWP, this study aims to assess the effectiveness of the EHWP in an integrated manner in addressing the ill-health absenteeism behaviour by exploring the perceptions of GDE employees towards the programme.

1.4 Purpose of the study.

The study aimed at assessing the effectiveness of the EHWP in averting ill-health absenteeism behaviour by exploring the perceptions of GDE employees towards the programme.

1.5 Research question.

The main question that this study will address is:
What are the perceptions of GDE employees towards the effectiveness of the EHWP in averting ill-health absenteeism behaviour?

1.5.1 Sub questions

(a) How is the effectiveness of the EHWP perceived by the GDE employees?
(b) What are the factors that prohibit GDE employees from consulting with the EHWP practitioners when they feel sick?
(a) What are the factors that promote GDE employees to participate in EHWP when they feel sick?
(b) How is the EHWP implemented in GDE?

1.6 Rationale of the study

As a member of the EHWP multi-disciplinary team at GDE Head Office, the researcher has on many occasions encountered applications of PILIR by GDE employees because of ill-health behaviour. The researcher is tasked with overseeing the trends of ill-health applications as an Assistant-Director in the Department and over time, the researcher has noticed that the trend of ill-health absenteeism is unabating despite the implementation of the EHWP. Moreover, recently, the GDE has endured constraints in human capital shortages resulting from this behavioural trend. From the context of the preliminary observation on the applications of ill-health absenteeism, the researcher believed that the EHWP in GDE may incentivise the uptake of ill-health absenteeism. Therefore, the researcher saw it necessary to conduct the study to find out why GDE employees are applying for ill-health absenteeism in large numbers despite that the EHWP is implemented to promote health among the employees thus ensuring productivity of the organisation.

1.7 The value of the study

The study is valuable to both employees and employers as it strives to explore the perceptions of GDE Head Office employees regarding the effectiveness of the EHWP in GDE. The findings of the study may help assist the GDE EHWP in designing programmes that resonate with the employees' needs and expectations in the advancement of their health and the productivity of the department. In addition, the GDE may benefit from healthy employees who can contribute to the organisation fruitfully without the unnecessary application of PILIR. Moreover, the findings would assist in policy implementation by the department in developing a holistic EHWP approach to enhance the programme thereby increasing awareness of the programme among GDE employees. Also, it is envisaged from this study that it would add value to the knowledge gap within the EHWP terrain as well as to inform further policy review and programme development in the Public Service.

1.8 Components of the dissertation

Chapter 1: Introduction and background to the study

This chapter introduces the study and background outlining the reasons why EHWP was implemented in GDE and how the phenomenon of ill-health has increased exponentially from 2012-2019 despite that the EHWP was implemented. Also, the research problem, the purpose of the study, research question and sub-questions that guide the study are explored, the rationale and the significance of the study.

Chapter 2: Literature search and theoretical framework of the study

This chapter outlines the review on literature of the history of EHWP globally, in South Africa. Also, the disparities in EHWP implementation both in the private sector and the public sector are outlined with a special focus on how both deal with issues of promoting employee and organisational productivity. Moreover, the effects of ill-health absenteeism on the productivity of organisations as well as factors that promote and hamper employees' participation in the EHWP are discussed. The theoretical stance help elucidate how the behaviour of GDE Head Office employees can be altered to see value in the EHWP.

Chapter 3: Methodology

This chapter introduces the methods used to gather data, the research approach, the philosophical assumption underpinning the study, study design, sampling strategy and criteria, piloting of the data collection instruments, research tools and their application, process of analysis and interpretation thereof. Also, the limitations, feasibility and positionality, ethical considerations and the validity, reliability and dependability of the study are discussed.

Chapter 4: Findings of the study

This chapter focuses on the presentation of the findings which the study has unearthed about the GDE Head Office employees' perceptions regarding the EHWP in averting

ill-health absenteeism. To have a global view on this phenomenon, the demographics of the key informants are presented.

Chapter 5: Discussion, implications and conclusion of the study

This chapter presents the summary of the findings, recommendations for further research and conclusions of the study. The recommendations for further research are discussed to point out gaps which the policy implementers on the EHWP should take notice of when improving policy. The chapter also introduces the strengths and weaknesses that the study has encountered during its execution.

1.9 Conclusion

This chapter discussed the introduction and background to the study regarding the EHWP implementation both at GPG and the GDE and introduced the theoretical framework, the statement of the problem about the exponential increase in the uptake of ill-health absenteeism leave despite that the EHWP is implemented at GDE Head Office to offset this problem. The chapter also discussed the purpose of the study and the research question and sub-questions guiding the study emanating from the statement of the problem. Also, the reasons and the importance of the study were discussed to highlight the value of this study to contribute to EHWP policy change at GDE. The following chapter discusses the literature review on EHWP and the theoretical framework of the study informing behaviour change on the perceptions regarding EHWP in averting ill-health absenteeism.

CHAPTER TWO

2 Literature Review and Theoretical Stance

2.1 Introduction

Recently , organisations and departments require a healthy workforce to perform at an optimum level to meet their obligations and ensuring sustainability in an ever-increasing competitive capitalistic context. Over the years, ill-health absenteeism has been noted as detrimental to employees' productivity and the organisations. Therefore, Employee Health and Wellness Programmes (EHWPs) were identified by several studies as having beneficial returns to both the employees and the employer to meet their expected outcomes. It is against this background that the literature review strives to highlight the definition of key terms that guide the study, various strategies to elucidate the patterns of ill-health behaviour change in the form of Social-Ecological Model framework, Self-Determination Theory and Health Belief Model that the GDE can implement to alter the phenomenon of ill-health absenteeism behaviour, issues on the history of EHWP globally, history of EHWP in South Africa, disparities in the implementation of EHWP, EHWP in the private sector, EHWP implementation in government public sector in South Africa, models of EHWP offerings, the importance of EHWP, issues that impede on employees' involvement in EHWP and issues that promote employees' involvement in EHWP, ethical issues in public EHWP strategies and wellness best strategies.

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2.2 The History of EHWP globally

Rucker (2016 p. 1) purported that EHWP was first outlined by the Italian physician Bernardini Ramazzini who advocated the need for companies and organisations to respond to workers protection from occupational diseases engaging in preventative health interventions to assist in improving employee well-being. Concurrently, the Industrial Revolution in Great Britain exacerbated the call for the implementation of wellness enhancing programmes as there were new health challenges and injuries resulting from how the work was systematically reorganised. Consequently, Dejoy &

Southern (1993) were of the view that the restructuring of the work settings in the 1950s culminated in the implementation of the Employee Assistance Programmes (EAP) which were initially more focused on helping employees with alcohol problems and smoking cessations in the United States. Moreover, as years go by, the EAP evolved to incude other health dimensions such as financial, psychological, relationships, communicable and non-communicable diseases and the prevention of occupational diseases by establishing Occupational Health and Safety (OHS), and this has been a positive shift from the pre-industrial revolution era where issues of employee health were neglected in favour of organisational profitability (Reardon (1998).

As taken from Dejoy & Southern (1993), it is argued that the formulation of the Occupational Health and Safety Administration (OSHA) in the United States of America around the 70s, influenced the establishment of safe working environments by establishing workplace wellness centres that focused on occupational health to improve employee productivity and to reduce costs. Consistently, Greiner (1987) adds that the idea to establish worksite wellness during this period resulted from of a cultural shift that ensured that employees' fitness is inherent in enhancing employees' productivity and this was supported by emerging research findings that showed the cost of employees' unhealthy habits that resulted in the unproductiveness of organisations and the recently identified wellness enhancing programmes such as the Washington Business Group on Health and the Wellness Councils of America.

Arguably, Call, Gerdes, & Robinson (2009 p. 2) postulated that workplace health-enhancing programmes started to be visible in academic literature in the early 1980s and mainly focused on how the physical fitness of employees' impact on their health and performance thus neglecting the other dimensions of employee health and wellness promotion. However, by 1982 there was a considerable shift from the EAP to include proactive workplace wellness programs that focused on reducing ill-health absenteeism behaviour and other related costs resulting from illness. In addition, Reardon (1998) further noted that the results from the National Survey of Worksite Health Promotion Activities study influenced the development of today's workplace wellness centres which focuses on holistic interventions in promoting employee health and wellness.

Furthermore, Kaspin, (2013 p. 2) argued that to build a culture of monitoring and evaluation in wellness programmes interventions, the Johnson & Johnson's Live for Life programme was identified for its strength in the evaluation of wellness interventions. It is further argued that their programme evaluation employing surveys and individual evaluation to assemble information from every individual activity levels and body fat measurements resulted in for health enhancing behaviour such as obesity control, diet, and psychological management. Also, to build confidence in the uptake of these services, it is worth noting that this programme was offered by trained and qualified personnel regarding the issues of health promotion and wellness interventions.

2.3 History of EHWP in South Africa

Padiachy (1996:44) argued that antecedent to EHWP was the development of EAP which emerged in the 1980s resulting from the Chamber of Mines of South Africa's feasibility study which focused on enhancing productivity in the mining sector. Although the EAP was a reactive approach to the promotion of employee wellness interventions, it provided a basis for which the current EHWP can be traced back. Arguably, it is purported that the working conditions which the mine workers experienced at that time were precarious and this was exacerbated by the oppressive policies of the apartheid regime which promoted separate development, which in many respects may have contributed to alcohol and drug problems that led to mental illness challenges (Pillay and Terblanche, 2017p. 37). Although the EAP was initiated to alleviate this situation, the integrity of the programme was questionable given the uneven distribution of services along with race and gender at that time.

Moreover, an argument befits that the programme might have been used to further entrench the culture of separate development to the detriment of low skilled workers of African descent who were mostly affected by the repressive labour laws. Terblanche and Pillay (2017 p. 3) consistently argue that unlike in the USA and other European countries, where the development of EAPs as a result of consecutive studies to enhance organisations' productivity and reducing costs inclusively, the South African situation in this regard was compounded with further ingraining the practice of selective application of this programme among the affected population groups of

employees. However, despite these challenges, the EAP has endured growing until the mid-2000s where it was replaced by the development of EHWP which in its nature is holistic in the provision of employee wellness interventions. To date, there are arguments that its holistic nature does not translate to its effectiveness in enhancing employees' productivity (Burke and Sharar, 2009 p.7).

In support of this view, Baicker, Cutler and Song (2010 p. 6); Goetzel & Ozminkowski (2008 p. 4) argued that a wide range of modalities has been utilised to offer EHWP and these included individual focused interventions supported by educational materials, health risk assessments, and counselling. However, Terry, Seaverson, Grossmeier, and Anderson (2008 p. 26) reported that to date, the relative value of these interventions cannot be ascertained and their impact on health intervention programmes effectiveness. Therefore, the researcher proposes that extensive studies are required in this area to evaluate which different strategies are most effective. These suggestions further entrench the need to assess the effectiveness of the EHWP in GDE to avert ill-health behaviour among GDE employees.

2.4 Disparities in the implementation of EHWP

Recent data indicates that EHWP is vital for employees' productivity and have incentives for organisations profitability. However, suggestions from the literature on EHWP elucidates that the problem with any workplace wellness programmes stems from the lack of statutory, regulatory, or uniform definition of wellness programmes (Mujtaba and Cavico, 2013 p. 193). Moreover, Otenyo and Smith (2017, p. 3) advanced this problem by highlighting that EHWP in government typically lags in developments regarding EHWP offerings in the private sector in both magnitude and diversity. These authors further allude that this is a result of a lack of consistent meaning of what involves a wellness programme. Moreover, Herschend (2018 p. 3) contended that employees spend much of the waking time in the workplace AND therefore, workplace health enhancing interventions should be prioritised.

Consistently, Mercer (2015) alluded that by “2014, only 25% of large companies with more employees offered onsite occupational health, and out of these companies, the minority of them offered onsite primary health care”. Moreover, CDC (2016 p. 8) added

that health-enhancing programmes were more visible in companies offering some type of programme in the United States of America and these programmes focused mainly on interventions “such as smoking cessation, weight loss, and exercise groups, while other companies were creative with flexible schedules such as telephone or internet-based coaching, or subsidized gym memberships”.

CDC further noted that EWPs differ in their level of breadth, contribution, and effectiveness, and making evaluation difficult. These disparities are conceivably prevalent in the GPG and this may connote that EHWP implementation has dire consequences for those who are meant to benefit from these services as each department in the GPG tailors its programme without understanding the core issues that afflict the employees. That said, there has been a considerable shift from the norm of EHWP implementation regarding the composition of the programme in GDE since its inception. Arguably, successful programmes that are customised to the workplace in question as contended by the CDC, have success rate in meeting its objectives.

2.5 EHWP in the Private Sector

EHWP were implemented in the private sector for decades since the 1970s in the form of Employee Wellness Programmes (EWPs). Otenyo and Smith (2017 p. 4) elaborated that research on EWPs indicated that case studies were used in the implementation of these EWPs in the work contexts to gauge the value that it had on the productivity of employees and that of the organisations. In many respects, Otenyo and Smith (2017, p. 4) further acknowledged that EWPs composed multiple different projects, which were inclusive of physical activities, cigarette cessation, and variety of activities around obesity control and management. Furthermore, Alexy (1991 p.1) postulated that research regarding the behavioural components of EWPs in the private sector has been noted as largely associated with healthcare workers in the medical field and this enforced participation of employees in these wellness interventions.

Significantly, Alexy (1991 p. 1) further pointed out that employees’ participation in EWPs was likely if they perceive that their needs are taken into consideration among other variables, and this would change their health behaviour for the for the better. Moreover, the remaining literature on the EWPs in the private sector also noted that

the separation of worksite health-enhancing programmes that were outsourced differed in the offerings as the contracted ones were professionally run by professional practitioners and the onsite was offered by non-professionals in the field. Eventually, (Baicker et al., 2010; Bradley (2013 p. 3); Goetzel & Ozminkowski (2008 p.) ; Naydeck, Pearson, Ozminkowski, Day, & Goetzel, 2008) argued that proponents of this activity were of the view that worksite programmes of EWPs in the private sector provided relief to ever-increasing consultation costs.

However, Busbin and Campbell (1990) held the view that without marketing and recognition of behavioural aspects towards the EWPs implementation in the private sector, can hinder participation in these programmes and proposed that to increase participation in the private sector sponsored EWPs, a consumer-oriented marketing approach is vital. Conceivably, this approach can change the mindset of employees when they realise that their needs are addressed by the programme instead of using the programme to exert pressure on employees that could result in the promotion of ill-health absenteeism. Moreover, following the fortunate implementation of several EWPs, researchers in the field proposed that to assess EWPs effectiveness in addressing its objectives, evaluative studies are essential in assessing which modality of offerings is working or not, and this has continuously dominated the literature on the implementation of EWPs in the private sector.

2.6 EHWP implementation in the South African Government Public Sector

The EHWP implementation in South Africa takes precedence from the legislative framework of 1996 which affords that each South African should work in a safe working environment that is free from harm. Inseparable, the following are the legislative frameworks derived from the constitution that gave guidance to the formulation of the EHWP in the public service.

2.6.1 The Legal and Policy Framework guiding the implementation of EHWP in the Public Sector in South Africa

2.6.1.1 The Labour Relations Act (LRA) 66 of 1995

The LRA aims to promote seamless relationships among employees, employers, and trade unions in the workplace. The Act also provides processes that govern dispute resolutions between the employer and the employees and sets out the conditions which guide the employees to work in a safe working environment that is not detrimental to employees' state of health. Also, the Act sets out the conditions that promote fair labour practices, equality, non-discrimination, and privacy. This legislation has, therefore, compelled all employers in the Republic of South Africa inclusive of government to implement EHWP to enhance employees' productivity

2.6.1.2 The Occupational Health and Safety (OHS) Act 85 of 1993

The OHS Act reiterates that employers should provide a reasonably safe working environment that does not infringe on the employees' health and that does not contribute to harmful factors in the workplace. The Act further state that organisations are obligated to ensure that such information, capacitation, and supervision and report any incident of injury or death on duty to the Compensation Fund as required by the Compensation for Occupational Injuries and Disease Act, 1993 (Act No 130 of 1993). The researcher is observing with interest the rate of applications of ill-health absenteeism despite that the EHWP through the Safety, Health, Environment, Risk and Quality Management Pillar is implemented to prevent such applications by providing a healthy working environment.

2.6.1.3 The Employment Equity Act 55 of 1998

The Employment Equity Act Section 2(a) enforces that organisations must promote fair labour practices in the employment among all employees by ensuring that employees are not discriminated against. Furthermore, Section 6 of the Act disallow unfair treatment practices against employees or prospective work seekers on one or more grounds of personal or physical characteristics like race, gender, sex,

pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth.

2.6.1.4 The Basic Conditions of Employment Act (Act No 75 of 1997)

This legislation postulate that the employer is obligated to ensure that the minimum standards of employment to which every employee is entitled to irrespective of health status are set out. The Act further states that this is inclusive of payment of the employees maximum working hours and their minimum number of days of sick leave they are entitled to.

2.6.2 The structure of the EHWP in the Public Service.

The DPSA has developed the Employee Health and Wellness Strategic Framework since 2008 in line with the above-stated legislations and policy frameworks as stated in the previous paragraphs and later revised in 2019 with aim of ensuring that the EHWP is holistic in its health-enhancing interventions in the public service. Furthermore, Rakepa and Uys (2013 p. 26) alluded that the DPSA (2008:8) intensifies its definition of employee health and wellness and covers the following:

(a) promotion and maintenance of the highest degree of physical, mental, spiritual and social wellbeing;
(b) prevention of illness caused by working conditions;
(c) protection of employees in their employment from risks resulting from factors adverse to health;
(d)Placement and maintenance of employees in an occupational environment adapted to optimal physiological and psychological capabilities; and
(e)adaptation of work to employees and of each employee to his/her job.

The DPSA (2019:8) places its emphasis on four strategic areas which the EHWSF should focus on in the promotion of healthy and productive public service employees and their immediate family members. These include HIV, TB and STIs Management,

Health and Productivity Management, the Safety, Health, Environment, Risk and Quality Management and Wellness Management. In this framework, these areas are referred to as pillars.

2.6.2.1 **Pillar 1: HIV, TB and STIs management**

The most important aim of introducing the HIV, TB and STIs pillar is to lessen the impact of communicable diseases in the workplace and their impact on employees and their immediate family members and society at large. Considering that the country has a high burden of HIV and TB infections in the world, this pillar aims to address HIV, TB and STIs in the workplace as these infections have debilitating effects on employees' productivity in the workplace and social life. The relationship between working and social life are so intertwined that each of them affects the other, therefore management of these diseases at the same time have beneficial outcomes for organisations and families (DPSA EHWSF, 2019).

However, the strategy further identifies that despite that there have been positive strides in this regard, the workplace HIV, TB and STIs prevalence remain concerning and the challenges remain in the strengthening of the prevention of new infections through symptomatic TB screening, HIV Testing Services (HTS) and Medical Male Circumcision (MMC) as well as targeted interventions to vulnerable groups such as young women between the ages 20-25 and those living with disabilities through Behaviour Change Communication (BCC) as well as the reduction of stigma and discrimination. Moreover, the National Department of Health (NDoH) 2017 is of the opinion that monitoring and evaluation of all interventions for both the workplace and the external responses following the HIV, TB and STIs National Strategic Plan 2017-2022 and the National Strategy for Sexually Transmitted Infections 2017-2022 should be synergised to ensure collaborative assessment.

2.6.2.2 **Pillar 2: Health and Productivity Management (HPM)**

HPM aims to ensure that Non-Communicable Diseases (NCDs) including those that have recently been identified as contributing much to the high disease burden in most

counties globally inclusive of developed and developing countries (DPSA, 2019). Moreover, Rakepa and Uys, (2013 p.4) identified the HPM as inclusive of all activities that seek to promote and maintain the overall health of employees through preventive programmes, risk assessment and support. Consistently, the DPSA EHWSF (2019) posit that NCDs elevate the challenge of addressing the double burden of infectious and chronic diseases and contribute much to the ill-health absenteeism in the workplace. As identified by the DPSA strategy, these diseases include health debilitating challenges such as "cardiovascular, diabetes, chronic respiratory conditions, cancer, mental disorders, oral, eye, kidney and musculoskeletal conditions, which are largely preventable through attention to four major risk factors which are tobacco use, physical inactivity, unhealthy diets, and harmful use of alcohol". Consistent with the PHS 2020 report, the majority of PILIR applications in GDE for the period under study, the NCDs contributed much to the ill-health absenteeism behaviour, therefore the need for assessing the effectiveness of the EHWP in addressing ill-health absenteeism behaviour.

Moreover, the DPSA EHWSF (2019) argues that to ensure that employees live a long and healthy life, the prevention and control of non-communicable diseases is essential and requires the implementation of three major components which are the prevention of NCDs, the overall promotion of health and wellness among all population, levels, the strengthening of health systems to control NCDs and ensuring that monitoring and evaluation strategies are continually implemented as well as conducting innovative research in this regard. Furthermore, WHO (2013) postulated that NCDs mainly cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes constitute the main contributing factors to mortality among the working-age populations globally. In addition, the Global action plan for the prevention and control of non -communicable diseases (2013-2020) added that within the same period, more than 36 million people succumbed annually from NCDs which accounted for 63% of the mortality rates globally.

Similarly, WHO postulates that NCDs in 2014 contributed much to all mortality rates in South Africa. Therefore, this calls for innovative strategies to alleviate the situation as most of these cases are found in the working-age groups. Consequently, death resulting from NCDs usually put a strain on the productivity of employees in the

workplace as employees must close the gap left by the departed (DPSA EHWSF, 2019). Moreover, the strategy further identified that the concurrence of mental disorders and substance use disorders contribute much to the debilitating effects on the productivity of employees and organisations in South Africa.

Consistently, WHO (2013) further indicated through its research outcomes that the global statistics on “mental, neurological and substance use disorders have increasingly added to the total disease burden and depression alone has exacerbated the global burden of disease and falls among the largest single causes of disability in the world particularly for women”. Adversely, the DPSA EHWSF (2019) further noted that recent studies have established that mental health disorders contributed much to the costs incurred by global organisations between 2011 and 2030. Concomitantly, the strategy proposes that the adverse health and productivity outcomes of employees have direct impact on other pillars of the framework, therefore, the traditional disease management programmes such as health education and promotion programmes and productivity improvement and public service delivery improvement should be synergised. However, the enhancement of participation in these activities requires programmes that are appealing to the needs of the target employees.

2.6.2.3 **Pillar 3: Safety, Health, Environment, Risk and Quality Management (SHERQ)**

The DPSA EHWSF (2019) postulate that this pillar is involved with issues that seek to promote the safety of employees in the workplace and the safety of citizens and the sustainability of the environment, the management of occupational and general risks and quality of government products and services. Moreover, the strategy allude that the development of this pillar is in line with international instruments, the national legislations and accepted standards of the International Organisation of Standards and the International Labour Organisation stipulations. This includes but is not limited to the ISO 45001 for Occupational health and safety, ISO 14001 for Environmental Management, ISO 31000 for Management of Risk (Risk identification, Calculation and Elimination) and ISO 9001 for Quality Management (DPSA EHWSF, 2019).

Moreover, the DPSA EHWSF reports that among other influences pertaining to the development of this pillar, follows from the survey conducted following the developments that led to the industrial actions in 2007 that led to government taking initiative steps to improve working conditions of the public servants. Despite that there were benchmarking studies prior to the development of this pillar, Pillay (2007) argued that recent data provide evidence that in the public service this pillar is implemented with no clear direction of how it intends to achieve and also there are severe discrepancies in the application of this pillar from one department to another.

2.6.2.4 **Pillar 4: Wellness management**

The DPSA EHWSF (2019) indicated that this pillar intends to actively promote both the individual and organisational wellness. Moreover, the strategy allude that individual wellness is concerned with the promotion of the physical, social, emotional, occupational, and intellectual wellness of the individual. Therefore, the intention of the wellness management is to ensure that wellness of the public service employees is maximised which may result in an effective and efficient public service that is responsive to the needs of the public. Consistently, the DPSA EHWSF further concede that the development of this pillar was an important shift from the EAP which was reactive and not strong on prevention measures. Furthermore, it is argued by the DPSA EHWSF (2019) that the shift from EAP was guided by the epidemiological studies and health information from medical aids cost driver trend reports like the key health trends from the Government Employee Medical Scheme (GEMS) and other medical aid schemes which confirm the magnitude of psychosocial problems emanating from organisational induced problems and hostile working environments that are responsible for physical and psychosocial disability.

The strategy further noted that considering that NCDs are relatively as result of caused by behavioural risk factors such as tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol, this pillar tries to provide health-enhancing measures in the workplace to lessen the adverse effects of these factors. Consistently, recent data as highlighted in the strategy, show that in the South African public service, the prevalence of NCDs such as diabetes, hypertension, and cerebrovascular

diseases, and weight gain is concerning with women comprising high rates than men. As the wellness pillar is tasked to respond to these health challenges to enhance the productivity of the public service employees, however, the trend keeps on rising as employees are not participating in wellness interventions and this could be due to poor marketing strategies to entice public service employees to participate in health-enhancement programmes. Consequently, notes that the prevalence of these NCDs could be the reason why GDE employees apply for PILIR in large numbers. This view is corroborated by the consecutive PHS annual reports from 2012 to 2019 which highlighted that NCDs constitute the magnitude of PILIR applications.

2.7 Models of EHWP offerings

Attridge (2009) suggested that different services offered through the EHWP differ but typically delivered the same basic staffing models. Moreover, Sharar, Pompe and Attridge (2013 p.1) identified two models in which the EHWP services can be offered which are the onsite and offsite service delivery models. The internal model is defined as that which is employer-sponsored and managed by the organisation's employees and the external model is contracted by the organisation to offer wellness services on a contractual basis and it may serve as an extension of an onsite model. Moreover, Sharar et al further posited that these differentiated models share components of both models that are composed of EHWP personnel at the employer's worksite or multiple locations within the organization while offsite composed of contract personnel involved in EHWP services in many locations.

2.7.1 Onsite EHWP offerings

Sharar et al (2013 p.1) explained that onsite models play an integral part of the organisational structure to provide health-enhancing interventions that seek to enhance employees' productivity and that of the organisation. The service offerings provided by these onsite programmes normally include the simple assessment, referral, and follow-up to more extensive short-term counselling or psychotherapeutic treatment of employees. This is in line with how the internal services of EHWP are offered in GDE. Sharar et al (2013 p. 1) further argued that one of the strengths that onsite model of health-enhancing offerings is that EHWP professionals can develop a

comprehension and realisation of an organization than contracted services. Evidently, Sharar et al (2013 p.1) further allude that targeted interventions that are designed with the needs of the employees in mind can be delivered by onsite health intervention programmes. It is further argued that due to its implementation within an organisation, constructive relationships can be drawn from these interventions among the EHWP, the management, supervisors and union representatives to synergise multifaceted interventions and support.

2.7.1.1 Advantages of an onsite EHWP Model:

Sharar et al (2013 p. 4) identified the following advantages of an onsite model of EHWP offerings.

(a) The management of the programme is within the organisation and it is within the reach of the organisations' employees and is accessible every time employees feel sick or stressed.
(b) The implementation of the programme may be based on the organisation's culture and aspirations.
(c) provides the chance for greater communication within the organisation.
(d) It is more reliable with some supervisors and provides opportunities for assessments that can be made in the context of organisational systems.
(e) It can provide mediation services for employees when they conflict with their supervisors.
(f) The practitioner can provide multiple roles.
(g) It provides room for treatment adherence and monitoring of follow-ups.
(h) EHWP may be synergised into other HR processes, occupational and benefit programmes.

2.7.1.2 Disadvantages of the onsite EHWP Model:

Even though the onsite model provides advantages in its service provisions to employees, Sharar et al (2013 p. 4) argued that there are disadvantages that may affect employees' participation in the programme, and these are:

(a) Too closely identified with a particular department, group or individual.
(b) Confidentiality of employee problems can be more difficult to protect.
(c) Can be expensive due to salary, administrative support and logistical costs.
(d) large organizations can justify full-time staff.
(e) Less diversity in clinical staff.
(f) Possibility of staff “burnout” with one-person EA program.
(g) The practitioner can be more subjective in assessments, and
(h) The practitioner’s neutral position in the organization can be compromised.

2.7.2 The offsite EHWP model

Sharar et al (2013 p. 1) extend their view on how the services offered by the EHWP is blended and identify the external programmes as intertwined in EHWP and provides services on a contracted. The authors further allude that the offsite programmes are not difficult to implement as they are offered by external service providers. In addition, Sharar et al posited that the level of onsite presence is usually lower than with the onsite programmes, as the use of phone-based and online employee wellness counselling may be emphasised, and these services may be provided for twenty-four service depending on the contractual obligations. However, from their study, Sharar et al (2013 p.1) identified that the use of wellness interventions for administration consultations and other organisational services tends have been seen to be below and this may have an impact on how organisations support the existence of these programmes. Moreover, these authors postulate that companies choose to implement the external wellness interventions as it provides an opportunity for better accountability, lesser legal liability, and easier to implement.

2.7.2.1 Advantages of External EHWP Model:

Sharar et al (2013 p.4) identified the following advantages of the offsite EWHP model:

(a) This model requires fewer internal resources, where typically a liaison manager will simply be delegated responsibility for coordination.

(b) Confidentiality is more readily perceived and maintained when counselling services are provided outside the structure of the work organization or the sessions are offered over the phone.

(c) It is less costly for small or medium-sized organizations.

(d) Separate from the corporate politics of the organization.

(e) Offsite counselling offers more privacy and a less stigmatized route to access wellness services.

(f) It provides a better linkage and referral system to community resources in multiple or smaller locations.

(g) It may have access to more diverse and specialized EHWP staff and more diverse scheduling options.

(h) It can provide a broad range of related work/life or wellness services.

(i) The organization cannot be held responsible for malpractice of practitioners, and

(j) There is no need for the employer to hire and manage additional employees.

2.7.2.2 Disadvantages of External EAP Model:

(a) The major drawback to external EAP services is believed to be a lack of integration with the workplace

(a) Counselling is usually not provided in-person at organization worksites.

(c) May not be able to adapt or tailor the program to the needs of the organization

(d) Some employees and supervisors may be reluctant to deal with “outsiders” for help.

(e) Lack of knowledge about the organization and its unique corporate culture.

(f) Communication problems can occur between the EAP service centre and the organization.

(g) Less “ownership” by the organization of the EHWP.

(h) Externals can be “profit” oriented and may not always serve the interests of the organization or client; and

(i) May offer less accessibility for appointments.

2.8 The importance of EHWP

Bertera (1990); Caillier (2012) and Gebhardt & Crump (1990 p. 1) studies on the importance of the EHWP suggest that the implementation of the EHWPs have potentially reduced the emergence of health risk factors such as the cardio, mental health, lung conditions amongst others, and they have direct influence in the increased levels of productivity and satisfaction among employees and that of the organisations. Moreover, the implementation of EHWP in organisations has also been identified as contributing to cost-saving incentives for both the employees and the employers. Nonetheless, Chapman (2006) and Warner, Wickizer, Wolfe, Schildroth and Samuelson (1998) agree that a critical argument about these assumptions is that organisations should practice scepticism when evaluating cost-effectiveness of these programmes.

More so, Horwitz, Kelly & DiNardo (2013) argues that research attributed to cost-savings benefits has argued that it leads to the shifting of the costs of health to employees rather than actual reductions in expenditures which can be a disincentive for employees to utilise the services offered by the programme effectively. In addition, the critical argument relating to the cost-effectiveness of EHWP is the over-arching dependence on the private service providers particularly by private, corporate health care providers who charge a fee for consultations. Consistently, the researcher believes that the use of private organisations than corporate healthcare workers in EHWP offerings in organisations could provide a gap in monitoring for compliance and evaluation of the outcomes of what the programme intends to achieve and could be used by employees to propel the ill-health absenteeism behaviour.

Moreover, in support of this view, some studies have pointed out that corporate sponsorship of these programmes could consequently disregard the importance of EHWP on enhancing the well-being of the employees in favour of profits for outside healthcare service providers than onsite EHWP offerings. Consistently, Kowlessar (2011) argues that some studies further pointed out that the offsite offerings may pose challenges in ascertaining their effectiveness in countering ill-health behaviour due to the variety of wellness offerings, healthcare benefits, and different forms of evaluation methods utilised to consider health behaviour change and healthcare values and the

need to consider both direct and indirect financial values and benefits. Nevertheless, much evidence from literature cites positive Return-on-Investment (ROI) for wellness programmes.

Evidently, a study done by Berry, Marabito and Baun (2010) indicated that ROI from EHWP interventions can be higher on healthcare costs. Of more evidence, Goetzel and Ozminkowski (2008), as well as Baicker, Cutler and Song (2010), postulate that their studies on the importance of corporate wellness programmes interventions have direct cost reductions on both the employee and the employer which ranged between $1.40 to $3.14 resulting from these interventions. To support this view, Baicker et al (2010) study showed the benefit of EHWP interventions by decreasing employee absenteeism in the corporate sector. Also, Berry (2010 p.2) noted the indirect cost benefits of EHWP interventions wherein the author observed that it promotes healthy employees which are less costly to the employer than unhealthy employees. Consistently, Berry cited a study of the MD Anderson Cancer Centre that reported that wellness programmes interventions resulted in the decrease of. Furthermore, this study further highlighted that the decrease lost working days resulted in the advancement of employees' productivity thus lowering voluntary attrition of employers and retainment of skilled personnel.

Consistently, Whyte (2020) contended that scholars such as Burton (2020) as well as Pierce and Lamarfor (2014) have highlighted the effectiveness of the EHWP. These authors proposed that to be such, the EHWP should integrate health promotion strategies to address the relevant risk factors such as smoking, high body mass index (BMI) and unhealthy eating habits, psychological distress, physically inactive employees and alcohol as these have highlighted as contributing much to absenteeism and low productivity of employees thus the organisations. Moreover, Burton noted that the promotion of good health and productivity and holistically manage employees' health and wellbeing is inherent in productive organisations. To achieve this, Pierce and Lamarfor (2014) further noted that it would entail assessment of existing services including identification of the structure, components and challenges of existing in the EHWP followed by the development and implementation of a comprehensive Occupational Health and Safety (OHS) incorporated in the EHWP in accordance with the employees' needs.

Furthermore, the World Health Organization (WHO) 2015 and the DPSA (2018) presented that the overall benefits of an effective EHWP include improved employee health and wellbeing, a reduction in workers' compensation related expenses through integration of safety and health promotion, a decrease in absenteeism and presenteeism and an increase in productivity as well as improved employee job satisfaction and retention.

2.9 Factors that impede on the employees' participation in the services offered by the EHWP

EHWP is a highly ethical terrain that requires relevantly qualified personnel to offer this service to instil confidence among the beneficiaries from the programme. In support of this view, Goetzel, Ozminnkowski, Bruno, Rutter, Isaac and Wang (2002, p. 418) postulated that wellness enhancing programmes requires the inclusion of qualified wellness professionals to provide a cost-effective health habit improvement, early detection of diseases and chronic disease management as opposed to programmes led by non-professionals in the field who may pose ethical risks to the programme. However, Otenyo and Smith (2017, p. 1) postulated that studies on EHWP implementation have highlighted that EHWP in government lag behind EWPs implemented in the private sector in terms of professionalisation of the programme.

As previously espoused in Goetzel et al, to build confidence in the uptake of EHWP services, employees should perceive that the programme addresses their issues ethically and cost-effectively rather than subjecting them to over-indebtedness resulting from consultation with the service providers. Arguably, some studies opposed to the cost-saving trajectory, attribute that cost-saving expenditures may shift the cost to employees rather than actual reductions in expenditure.

2.10 Factors promoting employees' participation in services offered by the EHWP

EHWP are implemented to improve the quality of life among the employees thus rendering organisations productive in their set mandates. Research suggests that motivated employees add to the productivity of organisations and have the ROI by retaining skilled employees who are likely to be poached by competing organisations.

More importantly, a growing body of literature on EHWP postulate that effective communication strategies about the programme augmented by the participation of the executive management, incentives, tailored messages that comprehends the individual health needs and periodical evaluations are vital in drawing employees' participation in EHWP (Mazur, Mazur-Matek, 2016, p. 86; Goetzel, 2001 p. 14)

Furthermore, Busbin and Campbell (1990) highlighted the importance of marketing strategies and behavioural economics of EWPs and proposed that participation could be enhanced through employee focused marketing approach. This approach is set to change the mindset of employees when they realise that their needs are addressed by the programme instead of using the programme to impose what the programme implementers think of them.

2.11 Ethical issues in public EHWP strategies

Gardner (2014 p. 1) argued that the implementation of EHWP can raise ethical challenges. Consistently, Dawson and Grill (2012) affirm that wellness programmes "may raise many controversial ethical questions, including the question of the appropriate methods that might be used in seeking to promote health and serious questions arise from how the programme is effective in promoting health costs efficiently". Probably, Gardner (2014) further pointed out that this may include "questions such as what should be regarded as successful strategy, what strategies may count as health promotion for purposes of evaluation, what should be the criteria for measuring success, should it be behaviour change or just attitude change, how much change must be achieved for the strategy to be called successful, who can rightly claim success for the good outcome, and who can be blamed"?

Moreover, Gardner (2014) stated that health promotion interventions may elevate the issues about the involvement of the state meddling in influencing or shaping individual employees' choices in these programmes. Relevantly, Gardner postulated that democratic people are conversant on the issues of individual supremacy over their lifestyle behaviour choices and government influence to direct them how they should behave should not be forced unto them by government officials to achieve its ulterior motives to infringe and limit the employees' autonomy. Moreover, Gardner highlight

that some health-enhancing strategies are not conversant about the constitutional rights of employees and do not respect the employees' right to self-determination and liberty to make their own informed choices in their lives but force them to participate in these programmes and this may raise ethical breaches. Therefore, Gardner proposed the following to counter the inappropriate infringement of employees' rights and responsibilities in EHWP implementation and participation.

2.11.1 Persuasion

Faden (2002) and explained that persuasion "is a deliberate and endeavour to lure an individual, through enticements to think in particular way, to insidiously allow the beliefs, attitudes, values, intentions or actions given by the enticing person". Moreover, Gardner postulate that at the heart of it, the intentions that weaken the persuasive enticement exist without the knowledge of the enticer and are shown using structured argument or reasoning. Furthermore, Campbell (1990) argued that persuasion can respect an individual independence if one is made aware that persuasion is happening, and facts are not distorted to lure employees to participate in an event insidiously and must be argued openly than influenced insidiously and free from vested interests.

Moreover, Gardner (2014) add that "to influence employees or to create or controls the contingencies that the agent offers as 'reasons', the influence is not strictly persuasive, but rather manipulative or even coercive". Moreover, Gardner (2014) was of the view that health-enhancing education shared by the wellness professionals does not tear into individual's privacy are generally considered to be effective when it informs employees about the dangers of their behaviour and its contribution to health threats . Moreover, it is argued that the significance of participating in health interventions with the intention to change health behaviour shows to have lesser infringements to ethics when dealing with human subjects and these health interventions need to be carefully planned with the needs of the employees in mind.

However, notwithstanding this, Buchanan (2000); Holland (2007) and French, Blair-Stevens, McVey and Merritt (2009) pointed out that employees' participation in EHWP may be construed as unbecoming when it does not respect the employees'

independence such as receiving information which is not in their interested needs. It is further argued that such uninformed interventions may aggravate the feelings of unworthiness among the employees. Moreover, Wrong (2007) argued that persuasion may be problematic when an esteemed person offering health-enhancing services uses his knowledge to exert pressure on individual employees without understanding what afflicts the employee's health situation from the employee's insider's knowledge. The author argued that this practice may become an ethical question when the issue or problem is addressed without considering the needs of the employee but only considering the needs of the organisation.

Uniformly, Bayer, Gostin, Jennings and Steinbock (2007) suggested that this infringes the employee's right to determine and imposes the limitations to promote the organisations' good without due consideration of employees' willingness to participate in services offered by the EHWP. It is argued that this practice may lead to the powerlessness of the employees in taking their own decisions. Therefore, the researcher proposes that when planning and executing wellness programmes, the input of the employees is vital to understand what their needs are than imposing what programme managers may think of. As literature on monitoring and evaluation further proposes, stakeholder engagement in programme formulation and implementation is key to ensure the successful outcome of the programme.

2.11.2 Manipulation and deception

Faden (2002 p. 173) described manipulation as an intentional way of successfully influencing individual without the use of persuasion to alter his or her understanding of an environment, thereby changing views of the immediate choices. Likewise, Gardner (2014 p. 31) affirmed that manipulation of information weakens the independence of individual employees to a point where the intentional purpose of the health-enhancing interventions is futile, thereby causally inhibiting the relevant aspects of the employees informed decisions, and therefore infringe on their beliefs. Consequently, the author further pointed out that when wellness enhancing services offer services in a deceptive manner, it does not meet its intentional use, but the perceptions towards the services are modified resulting from manipulation. Consistently, Faden (2002 p. 173) described deception as encompassing deceptive

acts such as untruthfulness, untrustworthiness, and intentional exaggeration where individual employees are insidiously made to accept what is untrue and proposed the following that may inform manipulative ways to deceive people:

(a) The author argues that manipulation may manifest when employees are intentionally given excessive information to deceptively induce confusion and reduce understanding.

(b) Intentionally taking advantage of the vulnerability of the employees to lack of the ability to process information effectively.

(c) Intentionally giving information in ways that lures the employees to draw predictable and misleading influences.

In addition, French, Blair-Stevens, McVey and Merritt (2009) postulated that psychological and informational manipulation pose more risks to the marketing of EHWP than about social marketing campaigns. To put social marketing into context, Naidoo and Wills (2005) described social marketing as "an intervention that uses commercial marketing tools to benefit the individual, group and society using gender and age stereotypes to induce health behaviour change". Moreover, it is further argued that in advertising, social marketing is concerned with deceptive intentionality. In contrast, Gardner (2014) argued that health-enhancing interventions “”are not seen as deceptive in any ordinary or straightforward intentional sense.

2.11.3 Coercion

Anderson (2011) suggested that coercion is concerned with taking advantage of the vulnerable employees using authority to induce them to participate unconsciously in wellness interventions to suit a particular agenda known to the person offering such services. Conceivably, Upshur (2002) argued that some kinds of coercion in EHWP service offerings are generally acceptable and this is an accepted standard if it does not infringe on employees’ independence. In support of this view, Holland (2007) and Upshur (2002) conceded that the use of “coercive means to alter the health behaviour is conceived as not always an issue. As such, the author proposed that the lesser or the more trivial, the intrusion and therefore greater the health gain as long the programme respects other important ethical principles, such as reciprocity, equality or social justice among participants”. Therefore, the researcher suggests that when

planning EHWP implementation, considerations of crafting messages that are relevant to the offerings which the programme offers not the other way round is envisaged to ensure successful programme implementation which upholds the ethical principles of human participation in programmes.

2.12 Wellness best practices

Bontrager and Marshall (2019) argued that for the EHWP to meet its objectives, there should be a behavioural shift from wellness programme implementers to simply offer information with a view that it will be assimilated automatically and ultimately change the employees' health behaviour. Consistently, some studies and experiences from EHWP settings support this approach and proposes that worksite wellness programmes should be in line with the internal marketing, social marketing, and behavioural economics strategies. These studies further posited that successful wellness programmes should be carefully crafted and embedded in the organisational culture and proposes that organisations should include the following when executing health interventions among employees as they have shown remarkable outcomes. These according to Bontrager and Marshall include an integrated health and wellness behaviour change strategies such as “the incorporation of corporate culture of health; careful use of messaging and framing; appropriate incentives; and designing programs with clear objectives, metrics, and evaluation”.

2.12.1 Organisational culture of health

Edington (2009) purported that the aim of promoting an organisational culture of health is to ensure that organisations make health enhancement programmes an integral part of the corporate culture as for individual employees to make a sustainable health behaviour change and to retain the scarce skills in the organisation. Therefore, to ensure that this happens, the corporate environment should be responsive and supportive to that change. A further argument proposes that when employees change their behaviour and then ultimately return to the same situation that caused the behaviour, there are possibilities that health behaviour change may not take place. Therefore, a behavioural shift that responds to the wellness enhancement of

employees should be encouraged by ensuring a change in the environmental stimulants to the adverse health behaviour.

Moreover, Bontrager and Marshall (2019 p 78-79) further pointed out that despite the psychological evidence pointing the importance of environmental change to health behaviour change, some healthcare professionals tasked with altering health behaviours, tend to ignore the environment where the problem emanated and continue to be focused on the individual employee. Moreover, the researcher in support of this view, proposes that since employees are continually at the work environment, the health-enhancing programmes should be mainly focused on them to act as preventive measures to ill-health. In this instance, the corporate culture should be responsive to the promotion of health behaviour change by changing stressful work demands as this may reinforce unhealthy behaviours and resultant to this, the behavioural change among affected employees will be limited and temporary. Therefore, the researcher further proposes that a holistic and cultural approach to EHWP promotion is anticipated to enable the EHWP to achieve its goals and objectives.

Furthermore, a study was done by Goetzel (2001 p. 14) on organisational culture and health behaviour change which highlighted the need for corporations to enlist the services of wellness intervention strategies as they have proven to have high return values on employees' retainment and productivity outcomes. To do this, Goetzel proposed that companies and organisations should involve the senior management in wellness planning, and this has proven to go beyond simply decreasing healthcare costs but also to ensure that employees' health is considered holistically. Moreover, to advance this idea, Kaspin (2013 p. 1) admittedly propose that these wellness-enhancing programmes should not just be concern with return on investment (ROI), but should holistically invest in improving employees' lives by suggesting that targeting non-conscious behaviours such as unhealthy behaviours that are usually propelled by conscious decisions and adhering to environmental determinants without overall considering account the results of their actions are of importance.

2.12.2 Peer Support

Bontrager and Marshall (2019) argued that peer support is include the ingraining of health-enhancing practices which is laden with cultural values and norms. It is argued that peer and social pressure in all environments encourages people to act in ways that are reflective of their peer past experiences. Continually, Courtney (2014) suggested that health behaviour change when individual employees purposefully inclined themselves with goal setting and instil courage to do. Unambiguously, Kamencia (2012 p. 1) conceded that when individuals are encouraged to act in ways that are socially desirable, possibilities are that they will subsequently act in that way. Consequently, the health behaviour change intervention programmes should be designed to achieve the employees set goals and encourage employees' participation in planning of these programmes to determine what the targeted employees want to be addressed on their lives.

2.12.3 Clear Messaging, Context and Framing

Bontrager and Marshall (2019) stated that assuming the involvement of management support in planning and execution followed by a conducive corporate culture that considers the wellness and healthy behaviours and encourage peer support in line with public policy and accepted norms, effective communication is critical. In support of this view, Noar (2007) study found that consistent communications strategies involved in health-enhancing interventions includes coherent individual communication that enhances self-sufficiency, acknowledgement of the uniqueness of individuals' modes of change acceptance, and allowing chance for the process of change. Therefore, in the execution of health behaviour change programmes, EHWP programme implementers credibility is important in drawing the attention of employees to participate in health interventions as employees perceive that the decisions put unto them are influenced by the person who presents the message. Consistently, EHWP implementers should be necessarily qualified to offer the services that seek to alter health behaviour. Constantly, Courtney (2014) recognised that communication that is coherent throughout the organisation could be more effective in health behaviour change interventions.

In addition, Goetzel, Guindon, Turshen and Ozminkowski (2001) relevantly acknowledged that when communicating health behaviour change messages, a consideration of the rationality of the employees should be considered and that the information given to them is relevant to their cause or challenges thus the framing of messages when executing wellness interventions is important to inhibit information overload. Consistently, Rice (2010) further elaborated that individuals make use of the "rules of thumb" to initiate mind boggling decisions and shun "decision fatigue". Therefore, the author proposed that communications should “build from prior beliefs and provide clear, realistic and simple options”.

2.12.4 Priming

Bontrager and Marshall (2019) defined priming as “influences within the environment that encourage a choice that people make and can be an effective part of wellness message framing”. Moreover, in a study done by Papies, Potjes, Keesman, Schwinghammer and Konningbruggen (2014) found that people who were overweight or obese and who were primed, their eating habits changed than individuals who were not primed. Moreover, Hollands and Marteau (2016) study found that this has been the case as it has proven to have useful substitute in health behaviour. However, Robinson, Eric, Jackie, Blissert and Higgs (2011) noted that this has never been the case in their study as positive outcomes did not change consumer choices, but encouraged memories to continue with the learned behaviour and increased the likelihood that individuals could behave in that way.

Therefore, EHWP implementers must design health promotion messages that enhance health behaviour change and fosters healthy living. This type of health behaviour change intervention is likely to reduce the emergence of lifestyle diseases that affect most employees in organisations such as GDE. Moreover, Walsh (2014) study found that health priming was constrained in working in a population with diminished ability to make informed decisions. Therefore, it is suggested that continuing research is envisaged in health priming to inform wellness programmes to encourage the enhancement of health seeking behaviour.

2.12.5 Behavioural Economics

Courtney, Spivey and Daniel (2014) purported that behavioural economics research inclusive of health-enhancing programmes states thus "people are not always rational and do not always act in their own best interest." Therefore, it is worth noting that “health decisions are often intuitive, more receptive to anecdotes than to statistics”. Consistently, Rice (2013) agreed that, "People often make decisions in health care that are not in their best interest, ranging from failing to enrol in health insurance to which they are entitled, to engaging in extremely harmful behaviours." Moreover, as Rice (2013) has observed, “people prefer the status quo and when this includes unhealthy eating, a sedentary lifestyle, smoking, or other unhealthy habits, and this bias may result in health disincentive to health promotion programmes”.

Therefore, Rice (2013) and Courtney et al. (2014) noted that “the rationality of individuals about losing something they already possess than gaining something that they do not yet have and are more likely to focus on the present than the future is questioned”. Moreover, Courtney et al (2014) accordingly postulated that when implementing health-enhancing intervention programmes, emphasis should be on crafting of health messaging that address the present and not messages that focus on the unknown. Rice (2013) further noted that “if employees choose an option from one set of alternatives, they are more likely to choose the same alternative later even if the choice is from another set of alternatives and employees are often willing to repeat previous actions without evaluation”.

Therefore, Kamencia (2012) suggest that when suggestions are offered, emphasis should be on how the influence has on decision-making unless the individual has a conscious reason to enact a different point of view and once that is made, individuals are independent to make to make their informed choices.

2.12.6 Incentives

Bontrager and Marshall (2019 p. 250) argued that individual’s rational knowledge of the behavioural economics is seemingly low, and therefore makes the development of appropriate incentives more important for onsite marketing programmes to promote

participation and sustainability in wellness-enhancing programmes. In a study done by Mattke, Kapinos, Caloyeras, Taylor, Batorsky, Liu, Van Busum and Newberry (2015 p. 2) found that sixty (60) % of the smallest employers with employees between fifty (50) and hundred (100) and ninety (90) % of other employers used incentives in monetary value to promote participation in the health-enhancing programmes. Reporting on Rand Corporation data, Mattke Mattke., Liu, Caloyeras, Huang, Van Busum, Khodyakov and Shier (2013 p. 20) reported that the majority of employers offered employees with financial incentives to encourage them to participate in wellness-enhancing programmes inclusive of health assessments and health improvement results such as reduction in risk behaviours such as smoking and increased performance of healthy behaviours such as exercise and diet, and improvements in health assessment indices such as weight reduction, blood pressure, and body mass index (BMI) readings.

Apart from the legal and government regulatory constraints reviewed in the Rand Corporation 2012 study, Mattke et al. (2013 p. 21), from a behavioural economics perspective, argue that incentives can enhance engagement and reinforce healthy behaviours or undermine the programme and be counterproductive depending on the way it is handled. Furthermore, Mattke et al. (2015 p. 2) noted that when no incentives were not given to prospective participants in health-enhancing programmes, participation rate was lower among employers studied than when incentives were offered.

To add, Kamencia (2012 p. 1) and Courtney et al, (2014 p. 3) studies highlighted that on negative side, incentives may not usually work as previously conceived. To authenticate this argument, these studies have cautioned that incentives should not be part of the already known to be interesting as this may serve as disincentive and decrease the desired behaviour Similarly, Volpp, David, Galvin and Loewenstein, (2011 p. 3) were of the view that some studies have highlighted that highly visible incentives are more likely to work, while adversely, incentives could be less be effective when bundled into a larger package. However, given that incentives have been cited as having positive results in luring identified employees to participate in the wellness-enhancing programmes, the issue of ethical justification remains a challenge. Halpern (2016) describes ethical justifications “as financial incentives that

include "externalities," which entails the impact of poor health behaviours by few employees that can have consequences for the entire employees by rising healthcare premiums".

Moreover, Halpern (2016) further acknowledge that other consequences of incentives are defined as "internalities," which entails that employees may truly wish to change health behaviour but face difficulties accomplishing this goal on their own, therefore the need for EHWP intervention. Consistently, Volpp et al (2011 p. 2)affirmed in their study that some adverse health outcomes are result of poor adherence to given stimuli and have impact on dealing with long-term costs compared to some positive health behaviours that bears less costs. In addition, Bontrager and Marshall (2019) further pose an argument that incentives could assist in balancing the scale and employees should not be discriminated against in the guise of wellness programming. Therefore, these authors further propose that employees wishing to participate or actively participating with less fortunate endeavours should not be discriminated from rewards or penalised due to genetic or social conditions.

2.12.7 Programme Design, Objectives, Metrics, and Evaluation

Bontrager and Marshall (2019 p. 251) argued that lessons and guidance clinical research, marketing, business principles and behavioural economic research should guide the implementation of the EWPs to effectively address the issues that infringe on employees' productivity. Moreover, a further proposition by these authors highlights that most programmes in the literature of EWPs lack evaluation strategies to track the relevance of programme implementation to meet the stated objectives set out in the formative stage of planning. Therefore, to achieve the outcomes of the programme, Bontrager and Marshall proposed that programmes must be designed with relevant objectives to the programme outcomes and evaluation plan with clear metrics.

Conceivably, Bontrager and Marshall further highlight that to implement a successful health-enhancing programmes, the valuable expectations must be considered with both direct and indirect costs in the development of objectives with stakeholders in the planning phase. Moreover, these authors suggest the following should be

considered to ensure the effectiveness of EHWP in achieving its objectives. This include “such as where will the ROI be expected, health care costs, productivity, employee recruitment/retention, how will the programme measure the ROI”. To achieve this, it is argued that management of organisations must evaluate the desired outcomes and design programmes with unambiguous metrics to determine the goal of the programme and to answer questions such as “does the programme aims to simply reduce direct healthcare costs or to improve employee productivity as well and how will these be evaluated”.

2.13 Theoretical stance

2.13.1 Introduction

A theoretical stance is guided by a set of existing theories, concepts and relevant definitions that are used in a specific field of study. In social science research, a theoretical stance is a piece of evidence used to support the researcher's theory regarding a particular matter (Burke, 2010). Furthermore, Sutton, Robert & Barry (2017 p. 2) are of the view that a theoretical stance the researcher's belief that certain views can hold or support a theory of a research study, and it introduces and describes the theory that describes why the problem under study exists. In this study, the theoretical framework is underpinned using the Socio-Ecological Model (SEM) and Self-Determination Theory (SDT) and the Health Belief Model to help in modifying health behaviour change on perceptions which the GDE employees have on the effectiveness of the EHWP in averting ill-health absenteeism.

To place the SEM in the context of this study, the Centers for Disease Control and Prevention (2010 p. 1) and Crosby, Salazar, & DiClemente (2013 p. 231) described SEM as a framework for conceptualising, searching, and addressing the social determinants of health at different interactive levels. Significantly, the SEM encourages the holistic focus on individual behaviour and towards a comprehension of a range of issues that influence health outcomes. Following from SEM is the SDT which purports that the nexus between personality, human motivation, and optimal functioning is inherent in altering health behaviour change. Moreover, Deci & Ryan (2008 p. 1) state that SDT further involves the two main types of motivation which are intrinsic and extrinsic motivations and that both are powerful forces in shaping who we are and how we behave. The third model is Health Belief Model which purports that cues to action triggers change in perception towards the disease and enforces health behaviour change. These theories are used in this study as they are complementary to each other and are relevant in this study to understand the perceptions towards the EHWP in averting the ill-health absenteeism behaviour among the GDE employees.

2.13.2 Socio-Ecological Model (SEM)

The socio-Ecological Model was adopted in this study to elaborate on the multiple factors that interplay in altering perceptions about the EHWP in GDE. The SEM is a multi-level interactive approach that identifies six levels that need to be identified as having influence on health behaviour change and are illustrated in the following diagram as suggested by McLeroy, Bibeau, Stecker and Glanz (1988 p. 355).

Intrapersonal Level	Individual characteristics that influence behaviour, such as knowledge, attitudes, beliefs, and personality traits
Interpersonal Level	Interpersonal processes and primary groups, including family, friends, and peers that provide social identity, support, and role definition
Community Level Institutional Factors	Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviours
Community Factors	Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations
Public Policy	Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management

Table 2.13.2.1 An Ecological Perspective: Levels of Influence

Moreover, a multi-layer approach proposed by the EPM has been recognised in understanding behaviour change for participation in health-enhancing programmes in the workplace. Significantly, Linke, Robinson and Pekmezi (2014 P. 9) state that the

SEM is based on 4 fundamental principles that are critical to understanding their application to health behaviour change and these are:

(a) the environmental and personal factors that influence health behaviour dynamically interact with each other;
(b) environments are multidimensional and complex, therefore, when planning for health promotion or health behaviour change programmes, the environmental factors that may influence participation or non-participation in these programmes should be considered;
(c) More importantly, people are multidimensional and complex, and intervention designs should consider both the individual and the groups with which the individual is affiliated; and people–environment interactions exert multiple levels of influence, such that individuals often modify their settings, and settings influence individuals.
(d) The socioecological framework suggests that both person-focused and environment-focused strategies can be applied to health behaviour

Significantly, ecological perspective levels of influence have the potential to facilitate understanding on how GDE employees can help change their perceptions regarding the EHWP effectiveness in changing their ill-health absence behaviour and to understand how the EHWP is implemented in GDE. The ecological perspective recognises the influences that other employees may have on other employees to use the services offered by EHWP.

2.13.3 Self-Determination Theory (SDT) and Motivation

Self Determination Theory (SDT) is described by Deci and Ryan (2008) as a "macro theory of motivational level of individual and personality theories that discuss employees' integral growth tendencies and inherent psychological needs". This theory theorises that intrinsic and extrinsic motivations are implicit in altering the perceptions of GDE employees to affect the process of selecting and making minimum or zero external influence and interference in engaging in ill-health absenteeism. Moreover, Aijzen and Fishbein (1975 p. 388) were of the view that SDT involves a set of associate theories such as the Theory of Planned Behaviour (TPB) and Theory of Reasoned

Action and these theories are inherent in altering the behaviour patterns of GDE employees to engage in ill-health absenteeism may be related to attitude, behavioural intention, subjective norms and perceived behavioural control over the EHWP. Moreover, Deci and Ryan (2008 p. 1) explain human behaviour includes a set of different types of motivation that may influence an individual to perform certain tasks. These authors predict that these influences may influence employees' perceptions on the effectiveness of the EHWP in averting ill-health absenteeism and alter their intrinsic needs for engaging in ill-health absenteeism and could predict work performance and flexibility at work.

Similarly, Ryff (2004 p. 3) conceded that various theories of psychological well-being have shown an association with elements of self-determination theory with more emphasis on autonomy, environmental mastery, positive relations with others, personal growth, purpose in life, self-acceptance. These studies have identified that satisfaction of employees' psychological factors such as autonomy, environmental and relatedness needs will result in higher level of productivity across employees of all age groups and may play as hinderance to the engagement in ill-health absenteeism as suggested by Hahn and Oishi (2006 p. 1), and this may contribute to healthy living and build resilience across the life experiences in the work context as suggested by Kasser and Ryan, (1999 p. 1). Of particular significance, Deci and Ryan (2008) postulated that several studies across different life domains, have pointed out the relevance of the supportive evidence for this claim by assessing the value of satisfaction of the three needs in the work context and found a direct positive relationship between the degree of need satisfaction which resulted in increased work engagement and well-being on the job.

Consequently, Kasser and Ryan (1999 p. 1) study on the psychological needs assessment found that satisfaction of autonomy and relatedness needs in employees were positively related to the productivity of employees as a result of perceived health benefits provided by the employer-initiated wellness promotion programmes. This has further been evaluated to have a beneficial effect on the productivity of organisations as ill-health absenteeism subsequently declined.

2.13.4 Health Belief Model (HBM)

HBM was adopted in this study to offer insights into how GDE employees are not participating in the EHWP and why they continually engage in ill-health absenteeism behaviour despite that the on-site wellness initiative by the Department is implemented. Hochbaum, Rosenstock & Kegeles (1950) posit that HBM was developed in the 1950s in trying to have a comprehension on why some individuals were shunning preventive health services such as Tuberculosis screenings, even when they were offered at no cost by the employer. Moreover, Sharma & Romas (2012 p. 1), as well as Abraham & Sheraan (2015 p. 4), argued that HBM proposes that employees such as GDE employees' likelihood to change health behaviour is depended on their perceptions that they are aware of the severity of the illness which may render them unproductive in their lives and this helps them to avoid susceptibility to the illness. Therefore, chances are that these employees may realise the benefits of engaging in the health modifying behaviour, which is provided for by the EHWP which is employer sponsored and therefore change perceptions towards the effectiveness of the EWHP and help fight off associated barriers to engaging in the health behaviour change.

Consistently, Conner (2010 p. 15) further asserts that HBM posits that employees are "more likely to adopt the target health behaviour if they believe the potential illness is serious and realising that they are highly susceptible to it and that the benefits of engaging in the behaviour outweigh the associated barriers helps them to change perceptions towards the health-enhancing programme". Moreover, Abraham & Sheeran (2015: 38) add that HBM includes the construct "cues to action," which are factors that enforces behaviour change such as health-enhancing marketing programmes and physician reminders. Consequently, the addition of these factors to the model have helped increase its explanatory power to statistically predict accurately the health behaviour.

In addition, Jones, Smith & Llewellyn (2013 p.572) state that determinants of health behaviour change such as age, race, ethnicity, gender and psychosocial variables such as peer influence, mood/affect also exert considerable influence over individuals' decisions to engage in a specific health behaviour change. Consistent with SEM, HBM

asserts that it is important when implementing EHWPs to consider the inside or outside influences that may have an impact on employees to participate actively in an employer-sponsored wellness programme if they realise the importance of its objective or dispel it if they realise that it offers services that are contrary to their needs. Therefore, needs analysis is vital in designing programmes that seek to alter adverse health behaviours.

Moreover, Sharma & Romas (2012 p. 2) & Conner (2010: 22) add that self-efficacy is inherent in modifying health behaviours. Self-efficacy is described by Bandura (1997) as behaviour-specific self-confidence which tries to increase the ability of HBM to precisely prognosticate health behaviour change. In a study done by Conner (2010 p. 22) examining the model's ability to foretell short-term health behaviours, the results of the study suggested that these interventions may encourage more appropriate and effective engagement in health intervention strategies. Consequently, the results of this study have pointed out that HBM can be applied to longer-term health behaviours and habits such as smoking cessation, contraceptive use, exercise, and dieting with some success.

However, Carpenter (2010 p. 661) argued that the HBM have been criticised for the lack of punctilious evidence in longer-term health behaviour change environments. Consistently, Harrison, Mullen and Green (2021 p 107-116) respectively argued that the shortcomings of using HBM constructs to longitudinal studies to predict various health behaviours is its constructs such as perceived severity and perceived susceptibility that lack prediction on long-term behavioural outcomes. Similarly, Painter, Borba, Hynes, Mays and Glanz (2008, p. 358) argued that the “interconnectedness between the HBMs constructs are not portrayed and evaluation of certain constructs, such as cues to action, are not standardised” thus making it not consistent in altering health behaviours.

Considering contemporary research support for the use of HBM in health behavioural change settings as a predictive health behaviour change model, Fishbein and Ajzen (1975) argue that the Transtheoretical Model (TTM) have shown a comparative stronger predictive ability of health behaviour change than the HBM. Alternatively, Carpenter (2010 p. 669) postulated that the HBM is regarded very helpful when

working with single or short-term behaviours such as receiving a flu vaccination and when it is used as an explanatory rather than an action/change model. Theoretically, in a study done by Ban and Kim (2020) on the visiting intention to Korea by foreigners of different origins to engage in medical services for cancer, the results highlighted that a high level of gain had high significance while the barriers interfered with the visiting intention to Korean medical tourism.

Moreover, while benefits of treatment had a positive behavioural intention to experience advanced medical services in Korea with tourism, the findings of the study were inconsistent with earlier studies. This is shown by a study done by Huang, Dai, and Xu (2020 p.33) that investigated the interconnectedness underlying travellers' beliefs, attitudes, self-efficacy, preventive behaviours, and intentional engagements for Tibet tourists, found that the perceived severity was not carried as inhibitory health behaviour, and perceived susceptibility, as well as perceived benefit, had a valuable footprint on the preventative health behaviour in the study. Moreover, the study found that there are similarities in findings for both studies on the benefit of using medical services as preventive measures to cancer treatment.

HBM in this study is unequivocally relevant as it has proved to have the potential to alter perceptions towards employer-sponsored health-enhancing programmes by employees. Although there are criticisms regarding HBM in the context that it does not offer cues to action in longer health preventative measures, in the context of GDE, EHWP is a point of entry to health behaviour change, therefore HBM is necessary to alter the perceptions of GDE employees regarding the EHWP and it could enhance participation in the programme to affect health behaviour change. The following figure is the depiction of the major tenets of HBM.

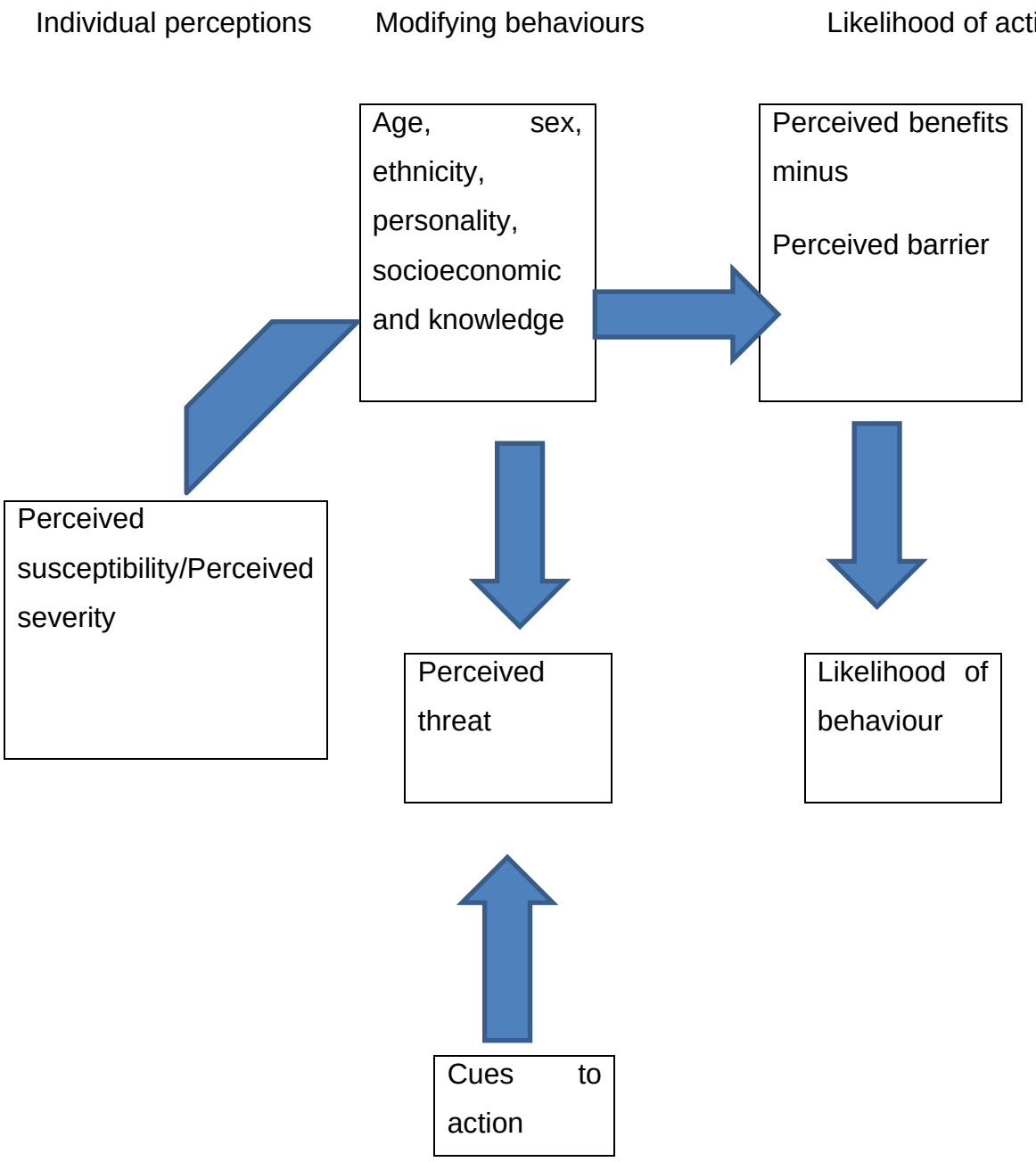

Figure 2.13.4.1 A depiction of the major tenets of the Health Belief Model (Adapted from Stretcher and Rosenstock, 1997)

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2.14 Definition of key concepts

Before the study can go deeper into literature that explains how theories and models assist in altering the perceptions of GDE employees towards the EHWP in GDE, is best to first conceive the concepts of wellness, health and EHWP. These terms are pertinent to what the study in question set to achieve. However, the meaning of these concepts differs in how individual researchers make sense of them depending on the research focus they undertake. Therefore in this study, these terms are defined as follows:

2.14.1 Health

The World Health Organisation (WHO) 2013 (p.2) is of the view that the state of health includes the overall state of physical, mental and social well-being and not just disease free'. Consistently, the WHO (2013) asserts that "a healthy person is an asset to organisation's success and profitability". Similarly, it is argued that health is the ability of someone to live up to his or her dreams, to achieve his or her potential as purported by Danna and Griffin (2016). Based on these explanations, the researcher of view that a healthy person is the one that has the potential to achieve his or her goals to maximum expectations without any hindrance.

2.14.2 Wellness

Stoewen (2015 p. 2) described wellness “as a conscious, self-directed and evolving process of achieving full potential and is multidimensional, holistic, encompassing lifestyle, mental and spiritual well-being, and therefore the environment should be positive and affirming to ensure wellness takes place. Similarly, wellness is defined by WHO (2013) “as a dynamic process of learning new life skills and becoming aware of and making conscious choices toward a more balanced and healthier lifestyle across seven dimensions which are social, physical, emotional, career, intellectual, environmental, spiritual determinants of well-being”. Moreover, Sieberhagen, Pienaar and Els (2011, p.14) defined wellness as the "experience of optimal health, good relationships with others, being emotionally and cognitively well stimulated and experiencing significance and purpose in life". These authors further argue that

wellness is An individual's state of well-being that enhances the productivity of an individual in all aspects of life.

2.14.3 Definition of EHWP

Centres for Disease Control (2008) postulated that workplace health programmes which EHWP subscribes to "are a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programmes, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees". Consistently, the CDC alludes that "a comprehensive approach puts policies and interventions in place that address multiple risk factors and health conditions concurrently and recognizes that the interventions and strategies chosen may influence multiple organisational levels including individual employee behaviour change, organizational culture, and therefore the worksite environment and it is important for the general workplace health programme to contain a mixture of individual and organisational level strategies and interventions to influence health". The CDC further identifies the following strategies and interventions to enable the EHWP effective which are:

(a) Health-related programs provide opportunities available to employees at the workplace or through outside organizations to begin, change, or maintain health behaviours.
(b) Health-related policies which in many respects are formal or informal written statements that are designed to protect or promote employee's health, and which affect a large group of employees simultaneously.
(c) Health benefits form part of an overall compensation package including health insurance coverage and other services or discounts regarding employees' health.
(d) Environmental supports that relate to the physical factors at and nearby the workplace that help protect and enhance employees' health.

Additionally, the CDC postulated that comprehensive workplace health programmes can benefit from community linkages that are in partnership with surrounding community organisations to offer health-related programmes and services to employees when the when the employer does not possess the capacity or expertise to try so or provide support for healthy lifestyles to employees when not at the workplace. Furthermore, the CDC outlined that “within this framework and approach, any number of specific health risks such as physical inactivity, poor nutrition, tobacco use, stress and health conditions such as obesity, musculoskeletal disorders, mental health, and diseases like heart disease and stroke, diabetes, cancer, arthritis can be addressed through this multifaceted interventions”.

2.15 Conclusion

This chapter has reviewed literature relevant to the theories and models of behavioural change concerning how these can alter the behaviour of GDE Head Office employees' perceptions regarding the EHWP. To place the development of EHWP in context, the history of EHWP in the world, in South Africa, the disparities in the implementation of EHWP with special focus on the private and the public sectors were discussed to give a comparative discourse on EHWP considering the legislative frameworks that guided the implementation of the DPSA EHWSF in the public service and its service delivery pillars. Moreover, to align the literature with how the phenomenon of ill-health absenteeism affects organisational performance was discussed and the factors that promote and impede employees' participation in the EHWP as well as the importance of this programme were discussed. The following chapter discusses the methodology used to gather data to give effect to the purpose of the study and to be consistent with the research questions.

CHAPTER THREE

3 Methodology

3.1. Introduction

Gounder (2012 p. 11) explained that a research methodology “is a systematic way to solve a statement of the problem and science of studying how research is to be carried out using the processes by which researchers use in describing, explaining, and predicting the phenomena”. Consistently, Creswell (2013) further pointed out that research methodology refers to a layout of a proposed plan to give meaning to the proposed questions.

Therefore, the methodology used in this study was qualitative inquiry. This method enabled the researcher to explore the perceptions of Gauteng Department of Education employees regarding the effectiveness of the Employee Health Wellness Programme (EHWP) in averting ill-health absenteeism behaviour by employing qualitative survey interviews done in a natural setting. This was done to access more employees to have more varied responses on the identified phenomenon. The focus in this chapter is on the research approach, philosophical assumptions underpinning the study, study design, research tools and their applications, sampling strategy and criteria, pilot study, process analysis, limitations, feasibility and positionality, ethical considerations and as well as ethical considerations and measures of trustworthiness.

3.2 Research approach

Creswell (2009, 2013); Merriam (1998); Stake (2005) and Newman (2014) identified three research approaches to data collection and analysis to answer the research question/s, namely quantitative, mixed-method and qualitative approaches. As the study sought to gain an in-depth understanding of how the Gauteng Department of Education (GDE) employees engage in ill-health absenteeism behaviour despite the implementation of the EHWP by assessing its effectiveness, qualitative approaches were identified as useful for the study as it gave the researcher a chance to assess

the perceptions of GDE employees from their lived experience in the context of GDE. (Merriam, 1998), and to enable the researcher to gain deeper insight on the phenomenon of ill-health absenteeism behaviour (Creswell) 2014)

3.2.1 Philosophical assumptions underpinning the study

Thomas, Menon, Boruff, Rodriguez and Ahmed (2014 p.2) postulated that qualitative case studies accept that truths are constructed by human interaction in a natural context through interpretation of the phenomena, therefore social constructivist theory was adopted in this study to guide data collection and to answer the research questions based on the purpose of the study. Bryman (2012 p. 14) explained that "social constructivism as an assumption essentially invites the researcher to consider how social reality is constructed in an ongoing accomplishment of social actors rather than something external to them and that constrains them". Moreover, Bryman (2012) alluded that social constructivism suggests that the "categories that people employ in helping them to understand the natural and social world are social products of their perceptions and these categories do not have built-in essences; instead, their meaning is constructed in and through interaction". To understand the perceptions which the GDE employees have on the effectiveness of the EHWP in averting ill-health absenteeism behaviour, the researcher engaged them in a natural setting where the phenomenon of ill-health absenteeism exists.

3.2.2 Study design

This study places its emphasis on assessing the effectiveness of the EHWP in GDE, and it employed the qualitative case method of assessment of gathering information to yield results that can't easily be measured by or translated into numbers as in quantitative studies as suggested by Berg (2007). Moreover, Berkowitz (1982) postulated that qualitative assessment "is often used when researchers need the subtleties behind the numbers such as the feelings, small actions, or pieces of community history or to understand the peoples' perceptions and world views". Moreover, Tenenbaum and Filho (2016) contended that qualitative assessment is "not about large sample sizes or generalizability power but rather the selection of the case or the participant, which is based on strong theoretical reasoning, empirical data,

and/or follows a reasonable logical path which is inductive in its approach". Therefore, the researcher must be conversant of why a given case or participant is worth studying, either based on theory or exploratory logic. To explore the perceptions on the effectiveness of the EHWP in GDE in averting ill-health absenteeism behaviour among GDE employees, a case study consisting of a descriptive and contextual design was utilised to enable the researcher to attain an in-depth understanding of the phenomenon of ill-health absenteeism behaviour and to connect the empirical data to the research questions and make conclusions to the study as purported by Yin (2002 p. 20).

Furthermore, Engel and Schutt (2013: 18-19) stated that "exploratory research explores a community, how people get along in their setting, what meanings do they give to their actions and what concerns them". Consistently, Babbie (2013: 90-91) stressed that qualitative exploratory research does not apply to new concerns, but the researcher should first familiarise himself with the problem concerned, and it is also aimed at exploring the in-depth knowledge and comprehension to the problem. Therefore, in this study, the researcher as a GDE employee was familiar with the ill-health absenteeism behaviour at GDE and this experience assisted in probing GDE employees who have experience in utilising the services offered by the EHWP until a point of saturation was reached as suggested by Brink, Van Rensburg and Van der Walt (2012). In this study, the researcher has worked in the GDE for several years with nursing experience have the background knowledge of what these employees were experiencing.

Furthermore, descriptive design is defined by Eugene & Lynn (2017: 1) as a "design through which answers to the questions of who, what, when, where and how associated with a particular concern are provided, and it cannot provide answers as to why, and it is also used to obtain information concerning the current status of the phenomenon". Eugene and Lynn (2017: 3) further pointed out that descriptive design describes "what exists" concerning fluctuation in a situation. In this study, the researcher explored and described the participants' perceptions of their experiences towards the EHWP in averting ill-health absenteeism within the context of the GDE. Burns and Grove (2017 p. 547) argued that "descriptive case studies tend to use small samples and groups are not compared, and problems related to sampling error and

generalization have little relevance for such studies" and therefore, small sample size may better serve the researcher who is interested in examining a situation in depth from various perspectives. Alternatively, Burns and Grove suggest that other descriptive studies particularly studies using a survey as this study proposes, and correlational studies in most instances use large samples. In these studies, Burns and Grove purported that multiple variables may be examined, and extraneous variables are likely to affect subject responses to the variables under study. Moreover, as case studies design delimits a case within a bounded system within a natural-life context when answering investigative questions such as 'how' and 'why' questions, the researcher is dethroned from having control over events (Yin, 2014) while in-depth comprehension is the primary goal (Neuman). In this study, the case study design allowed for assessing the effectiveness of the EHWP from the descriptions of the GDE employees through their perceptions towards the programme using a qualitative survey in the context of the GDE.

3.3 Research tools and their application

Qualitative case studies allow for the use of semi-structured interviews, observations, documents, focus group interviews and qualitative surveys to collect data for analysis. The purpose of the study was to assess the effectiveness of the EHWP by exploring the perceptions which GDE employees have on the programme, therefore, to answer the "how and why" questions, the study adopted the qualitative research survey interviews to generate thick descriptions of the phenomena through inductive approaches. Boyatzis (1998) proposed that the qualitative type of survey "does not aim at establishing frequencies, means or other parameters like in quantitative studies but at determining the diversity of some topic of interest within a given population". In agreement with Boyatzis, Jansen (2010 p. 4) confirmed that qualitative survey "does not count the number of people with the same characters such as the value of the variable, but it establishes the meaningful variation such as relevant dimensions and values within that population".

Therefore, qualitative survey was suitable for this study as it sought to explore the variability of perceptions regarding the effectiveness of the EHWP in averting the

behavioural trend of ill-health absenteeism. In addition, qualitative survey interviews enabled the participants to freely respond to questions with no limitations as suggested by Creswell (2013 p. 125) and also enabled the researcher to probe inductively and learn from the participants' perceptions through reading from the participants' responses to attain an in-depth comprehension of their perceptions on the effectiveness of the EHWP and why these participants engage in ill-health absenteeism behaviour. To achieve this, Castillo-Montoya (2016 p. 827) proposed that the interviews must be guided by an interview schedule developed after the pilot study was conducted and in this study the pilot study was conducted prior to the main study as outlined hereunder.

3.4 Pilot testing of the data collection tools

Percy, Kostere & Kostere (2015) explained that “some studies use qualitative approach as this study to investigate people's subjective experiences, opinions and beliefs that cannot be measured statistically”. Moreover, Majid, Othman, Mohamad, Lim and Yuso (2017 p. 1) advanced this idea by stating that as pilot studies naturally are associated with quantitative studies, the importance of pilot work has been used in qualitative inquiries as precursory studies to the main study to assess which data collection works and which requires modifications relative to the phenomenon under study.

Consistently, Merriam (2009) added that “in all forms of the paradigm, most qualitative data are collected using interviews and importantly allow the researcher to understand the phenomenon from the person's account, therefore, prior studies are essential to determine beforehand what need to be changed or redirected”. Constantly, Paisley & Reeves (2001) contend that in qualitative studies, the researcher remains the principal apparatus in the data collection as interviews are central to data collection, therefore testing of interview questions from the interview schedule is paramount. Therefore, piloting for interviews is seen as critical make assurance about the relevance of the questions and to gain some practice in interviewing.

Therefore, as this study was informed by qualitative case study, a pilot study was necessary to ensure that the interview schedule was free of shortcomings or limitations within the interview design that allowed necessary modifications to the major study as postulated by Kvale (2007). However, Harding (2013) posit a different view on pilot studies arguing that the “need for qualitative interviews to be piloted is not relatively obvious because as the interviews progress, the quality of the interview guide improves based on the participants' perceptions”. Nonetheless, this study saw it important to conduct a pilot study to assess what need to be done in real context and therefore, ten participants were identified at Tshwane North District to test the study questions and to synergise the interview guide accordingly and appreciate beforehand what to expect before embarking on a major study.

3.5 Sampling Strategy and Criteria

Qualitative case studies usually employ a non-random selection of participants. Unlike in quantitative case studies where there is an overreliance on randomisation in the selection of respondents thus affording an equal chance of participation, qualitative case studies rely on non-random selection of cases as it strives to purposively information-rich participants to offer insights on the identified phenomenon (Etkan, Musa and Alkassim, 2016 p. 2).To achieve this, the researcher employed maximum variation sampling technique to identify participants with the idea that they have experience, knowledge, or practices to capture a wide variety of perspectives on the effectiveness of the EHWP in averting the ill-health behaviour trend in GDE as suggested by Flick (2007 p. 27). As it is the norm that before the researcher can attempt to sample cases for the study, a research site should be identified which conforms to the purpose of the study as proposed by Maxwell (2013 p. 234).

This study identified GDE Head Office and its fifteen (15) Districts as research sites where the phenomenon of ill-health absenteeism behaviour persists. The study identified all GDE employees both male and female employees of all ages from all the identified sites where a sample was be drawn based on the inclusion and exclusion criteria as suggested by Whittemore & Melkus (2012:7) set out for the participation in the study. From the identified site as suggested by Miles and Huberman (1994 p. 27-

34), the researcher drew a sample of 100 interested individual GDE employees purposefully with the idea that they have experience in utilising the services provided by the employer-sponsored EHWP to offer varying meaningful insights to the phenomenon of ill-health absenteeism behaviour despite the EHWP implementation. This was done to enhance the credibility of the study using qualitative survey interviews. The sample was identified purposefully to meet the inclusion criteria which encompasses the utilisation of EHWP as postulated by Polit and Hungler (2013 p. 337) for the past twelve months because of work-induced illnesses. This was done considering the PHS report on PILIR which outlined that work-related health cases comprise a magnitude of ill-health absenteeism applications in GDE. Consistently, Maxwell (2013 p. 235) identifies that purposeful sampling has the ability to represent sufficiently the diversity in the population thus ensuring that the conclusions adequately represent the entire responses.

3.6 Strengths and limitations of qualitative research

Anderson (2010 p. 1) acknowledged that qualitative researchers are criticised for emphasising much on the" use of interviews and focus groups over other methods such as ethnography, observation, documentary analysis, case studies, and conversational analysis". However, it is further argued that qualitative research possesses some strengths and limitations when executed properly depending on the skill of the researcher.

3.6.1 Strengths of qualitative research

Anderson (2010 p.2) identified the following strengths associated with qualitative research.

(a) Issues can be examined in detail and in-depth.

(b) Interviews are not restricted to specific questions and can be guided/redirected by the researcher in real-time.

(c) The research framework and direction can be quickly revised as new information emerges.

(d)The data based on human experience that is obtained is powerful and sometimes

more compelling than quantitative data.

(e)Subtleties and complexities about the research subjects and/or topic are discovered that are often missed by more positivistic enquiries.

(f)Data usually are collected from a few cases or individuals so findings cannot be generalized to a larger population.

3.6.2 Limitations of qualitative research

(a) Research credibility is reliant on the individual knowledge of the researcher and is more easily infiltrated by the researcher's personal biases and idiosyncrasies.

(b) Rigour is more difficult to maintain, assess, and demonstrate.

(c) The volume of information makes analysis and interpretation time-constraining.

(d) It is sometimes not as well understood and accepted\ as quantitative research within the scientific community.

(e) The researcher’s presence during data gathering, which is often unavoidable in qualitative research, can affect the subjects’ responses.

(f) Issues of anonymity and confidentiality can present\ problems when presenting findings.

(g) Findings can be more difficult and time-consuming to characterize visually.

(h) Setting and speakers should be established in the text at the end of the quote.

3.7 The role of the researcher

Qualitative studies emphasise the role of the researcher as the primary research instrument. Maxwell (2013) proposed that “what the researcher brings to the context of the investigation from his/her background and identity should be treated as his or her bias”. Consistently, Strauss & Corbin (1998) cautiously warned that “since qualitative research is interpretative research in nature, researcher biases, beliefs, and assumptions can intrude into the analysis of data”. Therefore, Anderson (2010 p. 2) proposed that social researchers should try to minimise their biases through full

disclosure of what the study intends to study and their role in the study. Consistently, the researcher in this study acknowledged that his personal and work background could influence his interpretation of data and to reduce any personal bias on the findings of the study, the researcher enlisted member checks during and after qualitative survey interviews to increase the credibility, validity, and transferability of the study results as suggested by Lincoln & Guba (1985).

3.8 Process of analysis

Case studies investigate a recent phenomenon bounded within its real authentic environment, and typically semi-structured interviews, observations, focus group interviews and qualitative surveys are used to answer the "how and why" questions (Yin, 2014 p. 11). Moreover, Burns and Grove (2017 p. 402) suggest that “qualitative case data analysis techniques use words rather than numbers as the basis of analysis therefore, the emphasis is on assessing reasoning flowing from the images, documents, or words provided by the participant towards more abstract concepts and themes”. Consistently, Creswell (2013) as well as Maxwell (2013) held the view that “themes are patterns in the data and ideas that are repeated by more than one participant and this reasoning process, inductive thinking, guides the organizing, reducing, and clustering of data”. Moreover, as themes are identified, the researcher used inductive reasoning when considering the fit of the data to the themes as suggested by Creswell (2013).

To achieve the descriptions and comprehension of participants’ perspectives, Maxwell (2013) suggested that qualitative methods of sampling, data gathering, and analysis allow for more flexibility than the methods of the quantitative paradigm. Moreover, Burns and Grove (2017 p. 402) stated that in qualitative designs data analysis begins as data collection and insights from early data collection and analysis may suggest additional questions that might be asked or other modifications to the study methods. Consistent with Burns and Grove suggestions, the researcher analysed data throughout the data collection process to check if there were emerging insights that required additions to the research questions to enforce rigour as postulated by Maxwell (2013).

However, Corbin & Strauss (2015), as well as Marshall & Rossman (2016), suggested that maintaining rigour in the context of flexibility can be difficult and therefore, case studies are better suited to maintain rigour as the focus is to investigate a recent phenomenon within its authentic environment, and typically semi-structured interviews, focus group interviews and qualitative surveys interviews are used to answer the "how and why" questions (Yin, 2014 p. 11). To enforce rigour, the study answered the "how and why" questions and qualitative data analysis was used to distil raw data from the participants' perceptions on the effectiveness of the EHWP in averting ill-health absenteeism and why these employees engage in ill-health absenteeism behaviour.

From these responses, the researcher organised them to give meaningful units simultaneously with data collection as espoused by Mack, Woodstrong, McQueen, Guest and Namey (2013 p. 101). Case studies provide room for the generation of dense and rich data, and therefore, in this study, the researcher transcribed raw data after saturation of data was achieved from the audiotape and read through all data and code them according to their interrelated themes and synthesised them to give meaning to the research questions as suggested by Creswell (2013: 99). To analyse data coherently, the researcher adopted a linear hierarchical approach, building from the bottom to the top as suggested by Creswell (2014: 249).

The following six steps were followed during data analysis and interpretation of responses from survey questionnaires:

(a) Transcribing of raw data
(b) Organising and preparing data
(c) Reading through all the data
(d) Coding
(e) Interrelating themes
(f) Data synthesis

Step 1

Transcribing of raw data

After the data had reached saturation during collection (Sutton and Austin, 2015), the researcher arranged and produced all the information for analysis. The researcher then transcribed information from the qualitative survey responses collected through google forms, catalogued all the information expressed by the participants during an online qualitative survey that was conducted in all GDE institutions as identified in the course of this study. In addition, the researcher arranged all the data according to the issues expressed by the participants according to themes that emerged during the analysis. During this phase of data analysis, the researcher found no difficulty in transcribing the data and understanding the meaning of the participants' responses as the researcher was fluent in English, which was the language used for the interviews as the participants were fluent English speakers.

Step 2

Organising and preparing data

Sutton and Austin (2015) suggested that while reading through all the data, the researcher can start to draw meaningful pieces of information that can be pursued in the subsequent interviews. In this way, the researcher was encouraged to probe for more information until saturation was reached. After data saturation, the researcher transcribed all of the data, then read and re-read, organised and prepared the data according to the reflection which the data conveyed, bearing in mind the ideas and credibility of the data as expressed by the participants. The transcribed data was then coded as outlined in the following paragraph.

Step 3

Reading through the data

Coding is described by Sutton and Austin (2015) as “the process whereby the researcher identifies topics, issues, similarities, and differences that are revealed through the key informants' narratives as interpreted by the researcher”. These authors further state that the “coding process enables the researcher to begin to understand the whole world from each participant perspective, and this can be done by hand on a hard copy of the transcript by making notes in the margin or highlighting and naming sections of the text.” In this study, transcribed interviews and notes were read and reread and assessed for accuracy against the recordings as suggested by Rossman and Rallis (2012). The researcher took all the data gathered during data collection, fragmented sentences into themes and labelled those categories with a letter to enhance anonymity.

Step 4

Coding

Sutton and Austin (2015) argued that ‘themes are referred to as the drawing of codes from one or more transcripts from the interviews done in a natural setting to present the findings of the qualitative study coherently and to convey the meaning of the participants' responses. Consistently, the researcher in this study used the coding process bearing in mind the aim and objectives of the study to generate thick descriptions of the data conveyed during the qualitative survey interviews conducted in a natural setting at the GDE Head Office and fifteen districts. All the data presented by the participants were described and themes were generated from the participants’ narratives, and feelings conveyed through survey responses. The identified themes deduced from the analysis were used as headings in Chapter 4 (Research Findings).

Step 5

Interrelating themes

The identified themes were advanced to portray a representative meaning of the participants' narratives given in confidence during qualitative survey interviews. These themes were organised in a way to convey the chronology of events during an analysis of the findings. The researcher integrated interrelated themes to form a uniform expression responded to by the participants. The process of data synthesis is discussed in the following paragraph.

Step 6

Data synthesis

Creswell (2014: 50) asserted that the final step in data analysis in the qualitative paradigm is data synthesis. Sutton and Austin (2015) further argued that in this phase the participants' narratives can be distilled, summarised, and presented in a manner that truly reflects the meaningful responses of the GDE employees. In this study, the researcher reported all that the GDE employees have expressed regarding the effectiveness of the EHWP in averting ill-health absenteeism in the findings of the study.

3.9 Limitations, feasibility, and positionality

The researcher anticipated delays in the approval or permission from the research site emanating from the topic of interest which could have a negative bearing on the GDE as an organisation and the EHWP as this study could expose the deficiencies in the implementation of the programme. The study aimed to research human subjects, therefore participation in this study could be hampered by participants reluctance to participate for fear of exposure. To mitigate this, the study ensured that participation in this study remain anonymous and confidential to protect the identity of the participants as this study dealt with a sensitive issue.

The study was feasible within the time frame set by the researcher as the anticipated delays were mitigated by the researcher's familiarisation of the context and early application of the permission to conduct this study from Wits Ethics to allow the researcher to apply to the research site. The researcher had a prior experience on EHWP at GDE and being an employee of the organisation positioned the researcher in a delicate position to do a study on this theme. This may have had a subjective reflexibility on how the researcher asks questions. To mitigate this beforehand, the researcher ensured that questions asked were relevant to the phenomenon under study and they did not deviate from the purpose of the study. Participants were assured that my position at GDE will not in any way interfere with the perceptions they have on the EHWP and that their perceptions are for study purposes and will not be used in any manner against them by the organisation.

3.10 Ethics considerations

Mcmillan (2014: 35) posited the view that" ethics are standards and principles that are used to guide conduct to determine what is acceptable or not acceptable, and are often related to values and morals". Therefore, the author further outlined that research must be conducted "in ways that are fair and beneficial to the participant, groups, and the study population of interest". For this study to achieve its purpose, it needed to involve human participants to answer the research questions. Research conducted involving human participants is subjected to ethical approval by ethics committees of the University of the Witwatersrand Human Research Ethics Committee and the research site. Before this study could commence, it was approved by the following ethical committees:

(a) An ethical letter from the University of the Witwatersrand Human Research Ethics Committee.
(b) A permission letter from the Gauteng Department of Education
(c) Consent will be sought from the identified key informants and the researcher will be explained to them the nature of their participation in the study.

(d) Participants will be assured that data collected from qualitative survey interviews will be treated with special caution and utmost confidence.

Moreover, Peter (2015: 03) affirms that naturalistic enquiry may elevate the privacy concerns as it involves enquiring and interacting with participants in their contexts, therefore, the researcher must adhere to the principles of ethical conduct when dealing with human participants and dealing with a sensitive problem as identified in the Belmont Report (Mcmillan, 2014: 39) as follows:

3.10.1 Right to self-determination

Burns and Grove (2017 p. 273) explained that the right to self-determination is grounded on the ethical principle of respect for persons and that this principle hold on to that because human-beings are rational thinkers, they should be treated as independent agents who have the freedom to choose their lives without manipulation. Therefore, in this study, the researcher treated each participant as autonomous agents and was informed about this proposed study and its objectives to allow them to choose voluntarily whether to participate or not. Moreover, the researcher afforded each participant with the right to cancel their participation from the study at any given point with no penalties as suggested by Fry, Veatch and Taylor C (2011). Moreover, the U.S. DHHS (2009) affirms that conducting studies in an ethical manner calls for the recognition of research participants' right to self-determination and that participants with diminished autonomy are afforded additional cover during the conduct of research.

3.10.1.1 Prevention of violation of research subjects' right to self-determination

Burns and Grove (2017 p. 274) added that a subject's right to self-determination can be infringed by using coercion, covert data collection or deception. Moreover, the authors further explain coercion "as an act of intentionally presenting another with an overt threat of harm or the lure of excessive reward to obtain his or her compliance". Moreover, Burns and Grove assert that some participants may feel coerced to participate in research because they fear that they will suffer harm or discomfort if they do not participate.

However, in this study, the researcher ensured that each participant in the study participated out of his or her own free will and methods of data collection were explained to each participant before data collection could commence. Consistently, each participant was given reasons for participating in the study as suggested by Mcmillan (2014: 40). To avoid deception, the researcher ensured that all identified participants were told about what the study entails before the study could start to ensure that all participants are aware of what is expected in the study and what the study intends to achieve by involving them in the study. Full disclosure about the study was afforded to the participants to allow them to make informed decisions about participation in the study as suggested by Kelman (1967).

3.10.2 Right to anonymity and confidentiality

American Psychology Association (2010); Fry et al. (2011) argued that based on the right to privacy, the study participants have the right that their participation in the study remain anonymous and the right to be sure that all data collected are kept confidential. To achieve this, the researcher ensured that the participants' responses were not associated with their identity, but only numbers were attached to the corresponding responses. Moreover, to ensure confidentiality of the participants' data, the researcher made sure that the information given in confidence by participants' information and responses were kept confidential and not shared with any person who was not involved in the study as suggested by Shamoo & Resnick, 2015) when they postulate that information that is shared in confidence, the recipient (researcher) should maintain confidentiality and researcher as professionals, have a duty to maintain confidentiality consistent with their profession's code of ethics.

3.10.3 Right to protection from discomfort and harm

Burns and Grove (2017 p. 290) hold the view that the participants' right to protection from discomfort and harm is grounded on the ethical principle of beneficence, which hold on to that one should do good and do no harm to the participants. In this study, the researcher conducted this study protecting participants from discomfort by balancing the benefits in comparison with harm as suggested by Reynolds (1979).

Moreover, Burns and Grove (2017 p. 20) propound that discomfort and harm may include the physiological, emotional, social, or economic. Therefore, the study ensured that participants were treated as equals to the phenomenon understudy and questions asked did not invoke feelings of discomfort and were relevant to the purpose of the study. Moreover, the researcher asked questions that do not offend the privacy of the participants since the topic of interest dealt with a sensitive issue.

3.10.4 Right to privacy

Privacy is defined by Peter (2015 p. 5) as an understanding of "an individual's right to be free from intrusion and interference by others", and qualitative inquiries can go deeper into participants' personal, sacred places, physical privacy, participants' right to determine the time, extent, and general circumstances under which their information is shared with or withheld from others. Furthermore, Burns and Grove (2017 p. 282) proposed that this information may consists of one's attitudes, beliefs, behaviours, opinions, and records along with their associational privacy. To protect the privacy of the participants' data, the researcher ensured that data collection methods were not varied but responses varied to protect subjects' privacy and data were gathered from participants after written consent and the purpose of the study was addressed to them. Participants were also ensured that they have a right to access to records at any given time and their data will not be shared with any person who was not involved in the study as suggested by Pritts (2008).

3.10.5 Fair selection of subjects

The selection of participants in this study was fair so that the risks and benefits of the study were distributed evenly as suggested by Shamoo & Resnick (2015). Consistently, participants were selected as they meet the requirements for addressing the identified problem being studied. Moreover, participants included both male and female employees to enable the study to get a balanced view regarding the perceptions regarding the effectiveness of the EHWP in offsetting the ill-health behaviour trend in GDE.

3.10.6 Accessing informed consent

Accessing consent from participants of human nature is crucial for the conduct of ethical research internationally (CIOMS-WHO, 2009). Therefore, Burns and Grove (2017 p. 292) stress that informing participants is essential in researching as it allows the conversation between the researcher and participants with a purpose elicit more information on the identified phenomenon under study. Moreover, it requires an agreement, after assimilating essential information, to participate in a study as a subject. In this study, the researcher ensured that participants were informed about why they should participate in the study as stipulated in the Nuremberg Code (1949 p. 181).

3.11 Validity, reliability, and dependability

Morse & McEvoy (2014: 13) posited that qualitative reliability is involved with the researcher's approach to the study and the significance of consistency across different researchers and projects to justify the reliability of the findings of the study. In addition, Satu, Kaariainen, Kanste, Polkki, Utriainen, & Kyngas (2014) postulated that dependability in qualitative inquiries is guided by the inquiry's findings that are reliable to external evaluators. Consistently, Bryman (2012 p. 433) added that the second position to reliability and validity in naturalistic inquiries is discerned in some ways by Lincoln and Guba (1985; 1994) who proposed two primary criteria for assessing qualitative study which is trustworthiness and authenticity. Moreover, Lincoln and Guba (1985) argued put forward that trustworthiness is made of four criteria which each one has an equivalent criterion to quantitative studies, and these include the credibility, which parallels internal validity; 2. transferability, which parallels external validity; 3. dependability, which parallels reliability; 4. confirmability, which parallels objectivity.

3.11.1 Credibility

Bryman (2012 p. 433) stressed the argument that it is the feasibility or credibility of the account that a researcher arrives at that is going to determine the acceptability of the

study findings to others. Therefore, Bryman (2012) proposed that the establishment of the credibility of findings entails both ensuring that research is carried out according to the canons of good practice and submitting research findings to the members of the social world who were studied for confirmation that the investigator has correctly understood that social world. Bryman (2012) alluded that respondent validation calls for the researcher to "provide the people on whom he or she has researched with an account of his or her findings and this exercise aims to seek corroboration or otherwise of the account that the researcher has arrived at".

To enable the credibility of the study, the researcher employed purposeful sampling to collect information-rich data as is the case in qualitative case studies and data were managed and analysed correctly and systematically as suggested by Lincoln and Guba (1985). In addition, the researcher ensured that the research questions were appropriate for the case study design, and the questions were substantiated to allow for a variety of responses to achieve the purpose of the study. Moreover, the researcher ensured a prolonged stay in GDE to familiarise himself with the context and to build rapport with participants so that a variety of perspectives could be collected and understood to reduce social desirability responses in interviews as purported by Baxter and Jack (2014 p. 556).

3.11.2 Transferability

Burns and Grove (2017) argue that qualitative "case studies entail the engagement of a small group, or individuals sharing certain characteristics and qualitative findings tend to be orientated to the contextual uniqueness and significance of the aspect of the social world being studied". Significantly, Lincoln and Guba (1985: 3) added that qualitative researchers should ensure that their studies generate thick descriptions and detailed account of their behaviour. Furthermore, these authors further argue that thick description enables the study to strengthen its credibility that other researchers may build trust on the study and result in the formation of the database for making judgements about the possible transferability of findings to other environments. Therefore, in this study, the researcher interrogated the issue of ill-health absenteeism from multiple perspectives from GDE employees and used qualitative survey

interviews to enforce rigour by vigorously interrogating a variety of responses from different data sources.

3.11.3 Dependability

Lincoln and Guba (1995) proposed the idea of dependability and argue that to build the reliability of the study in terms of this criterion of dependability, researchers should adopt an evaluating approach. Burns and Grove pointed out that this includes making sure “that complete records are kept of all phases of the study process including the problem formulation, how participants were selected, fieldwork notes, interview transcripts, data analysis decisions, in an accessible manner”. Moreover, Lincoln and Guba (1985) further proposed that in the process, “peers act as evaluators, possibly during the research and certainly at the end to establish how far proper procedures are being and have been followed”. Therefore, in this study, the researcher was open in his conduct of this study. The selection of participants is detailed in the sampling procedure and criteria and the problem has been reemphasised consistently throughout the study and the analysis was logically analysed based on the purpose of the study. After the study was conducted, the researcher subjected this study to peer review validation.

3.11.4 Confirmability

Lincoln and Guba (1995) argue that “confirmability is involved with ensuring that, while recognizing complete objectivity is impossible in social research, the researcher can be shown to have acted in good faith”. Consistently, Burns and Grove (2017) stated that confirmability consist of certain criteria that are required to prove the authenticity of the study and this include fairness which calls for the representativeness of all perceptions of participants in the study and the ontological authenticity which asks for the study to help participants to gain a better comprehension of their social context, and the educative reality which calls for the research to help participant to” appreciate better the perspectives of other members of their social setting”. Therefore, in respect of these criteria, the study ensured that the participation was voluntary and addressed

the question and the purpose of the study to ameliorate the identified phenomenon of ill-health absenteeism.

3.12 Conclusion

This chapter described the methods and procedures used to explore the perceptions of GDE employees on the effectiveness of the EHWP in GDE in averting ill-health absenteeism behaviour. The study was based on the constructivist paradigm and used qualitative research methodologies to answer the research questions. Data sources included GDE employees from both the Head Office and fifteen (15) using qualitative survey interviews through the google survey tool. Thematic analysis was used to analyse data. The chapter concluded with a discussion of the procedures used to enhance the trustworthiness of the findings. The following chapter presents the findings of the study derived from the identified themes categorised during the process of analysis and synthesis.

CHAPTER FOUR

4 Data Presentation and Analysis

4.1. Introduction

The main purpose of the study was to assess the effectiveness of the Employee Health and Wellness Programme in the Gauteng Department of Education by exploring the perceptions of Gauteng Department of Education (GDE) employees towards the programme. Participants' experiences and feedback added insight to the research questions posed by this study. By listening to and analysing the experiences of these GDE employees, valuable information was obtained about the effectiveness of the EHWP in addressing ill-health absenteeism behaviour in GDE. In this chapter, the four research questions are addressed with supporting evidence, including both quotations and feedback from the participants.

4.2. Demographic information of participants

The findings of this qualitative survey study are based on responses from a survey interviews questionnaire from forty (40) GDE employees comprising of employees from Head Office and fifteen (15) Districts of the GDE although the target was a hundred (100). All GDE employees voluntarily participated in the study without coercion. Participants were identified purposefully through social media platforms and were encouraged to forward the survey link to their colleagues who then forwarded it to their friends within the GDE Head Office and District Offices and agreed to be part of the study as they met the criteria for participation. All the participants who participated had experience in utilising the employer-sponsored EHWP for their personal and work challenges for the past year.

Each participant was interviewed over the survey questionnaire distributed over the google forms survey tool. Google forms was an effective tool and necessary way to communicate with participants because of their location in multiple sites across Gauteng province. Survey questionnaire interviews also allowed for convenient

transcription of recorded responses. Qualitative survey interviews responses were transcribed within days of occurrence as the responses were responded to too slowly for three weeks, after which participants were able to review, change after the verification of their comments.

4.3. Interview Questions

Five primary interview questions guided this study:

4.3.1 EHWP is implemented to promote the wellbeing of employees to increase their productivity and avert health conditions that can lead to ill-health (PILIR) thus rendering them unproductive leading to constant absenteeism in the workplace in GDE? How do you view this programme?

4.3.2 What are your experiences with participating in EHWP in addressing your work or personal related issues?

4.3.3 How do you value the services offered by the EHWP?

4.3.4 In your view, why do GDE employees engage in ill-health absenteeism behaviour despite the implementation of the employer-sponsored EHWP?

4.3.5 In your view and experience, are the EHWP Coordinators/Practitioners well trained to handle employees' health/ financial issues in an ethical manner that encourages trust between you and the services offered by the employer-sponsored programme?

4.4. Identified themes of the study

The researcher used a thematic analysis method to analyse information from qualitative survey interviews. From the responses that the participants gave in confidence, it was possible to deduce meaningful units or themes, and these became the units for analysing the data collected from the participants. Four distinct themes

emerged from the study information. The major themes identified from the findings of this study included:

An understanding of the EHWP in advancing employees' productivity.

1. The experiences of utilising services offered by the EHWP.
2. The effectiveness of the EHWP.
3. Ethical challenges in EHWP service provisions.

Themes 1 answered the first research question.

EHWP is implemented to promote the wellbeing of employees to increase their productivity and avert health conditions that can lead to ill-health (PILIR) thus rendering them unproductive leading to constant absenteeism in the workplace in GDE? How do you view this programme?

Theme two answered the second question

What are your experiences with participating in EHWP in addressing your work or personal related issues?

Theme three answered the question

How do you value the services offered by the EHWP?

Theme four answered both questions four and five

In your view, why do GDE employees engage in ill-health absenteeism behaviour despite the implementation of the employer-sponsored EHWP and In your view and experience, are the EHWP Coordinators/Practitioners well trained to handle employees' health/ financial issues in an ethical manner that encourages trust between you and the services offered by the employer-sponsored programme?

Each theme is discussed in detail in the following paragraphs.

Theme 1: An understanding of EHWP in advancing employees' productivity

On this theme, sixteen (16) out of forty (40) respondents highlighted that EHWP is beneficial for enhancing their productivity when faced with adverse health situations at work resulting from internal and external stressors. Respondents were employees from the GDE head Office and its fifteen Districts. Although these participants have varying perceptions on what the implementation of the EHWP is meant to save, some responses have shown a common view on the implementation of the EHWP in GDE as propounded by sixteen participants both from Head Office and Districts. This is evidenced by the following extract from a response by participant number 15 who is a Head Office official tasked with implementing the programme.

"*This programme is very useful, it helps one to maintain their healthy living by training staff on different topics(e.g. financial advice, stress/depression, sports training etc.) by EHWP unit, by doing this training and giving weekly or monthly brochure or pamphlets through email to staff "*

Consistently, participant number twelve (12) concede that the implementation of the EHWP in GDE is beneficial for enhancing employees' health and productivity. This response came from another participant who is also a programme implementer at the District level.

"*My understanding is that EHWP is implemented not only to avert ill-health absenteeism but to raise awareness on Health and Wellness issues, provide basic health and wellness services and ensure that staff members are well equipped physically and psychologically for their better wellbeing"*

Moreover, another conceding response came from participant number nine (9) who is an employee of the Department and who have the same view on the EHWP.

"*EHWP is a very important program for employees as we come from different backgrounds it helps employees to talk and find solutions to things they are dealing with in their personal lives".*

In support of this view, participant number fourteen (14) responded in a way that seeks to confirm what participant number nine has propounded.

"*It is a holistic approach to caring for the wellbeing of employees and their dependents. The employer providing services to support employees, putting needs at the forefront*".

Participant number three (3) also agreed that the implementation of the EHWP is visible and meet its objectives. She stated her responses like this:

"*A programme that is available to all employees to use to assist them with whatever challenges they are experiencing in their own life".*

However, there were varying responses from those stated above by twenty- four (24) participants who hold differing perceptions towards the implementation of the EHWP in GDE. Their responses are discussed in this paragraph. Participant number twenty-two (22) expressed her view like this:

"It's pretty much useless. People still get absent and are not productive, yet the programme exists"

Consistently, another participant number thirty-four (34) responded in the same way as participant number 22.

"*In some instances, how the EHWP is being conducted, it doesn't meet its intended objective"*

In a similar vein, participant number thirty-two (32) highlighted sentiments that expose the gaps in the implementation of the EHWP in GDE.

"*Not effective and wish strengthening in terms of human capital to meet its intended objectives"*

Much of the evidence regarding the objective of the EHWP in advancing employees' productivity was propounded by participant number five (5) who alluded that the programme is performing to its potential and many employees in adverse health conditions are assisted to regain their productivity potential. This is evidenced by the subsequent excerpt:

"The programme is performing to its potential. A lot of employees are helped through it"

The relationship between EHWP and employees' productivity was clearly outlined by participant number one (1) who articulated through her response that the purpose of the EHWP is to provide alternatives to enhance employees' wellbeing. To authenticate this assertion, the following response is extracted from her response:

"I think EHWP is doing an exquisite job within the department and therefore the support they are giving to us is helpful"

One varying response was given by participant number three (3) who expressed that despite that the EHWP is implemented, theoretically, it exists, but it would be effective if it was marketed effectively to cover a wide range of activities and groups of employees.

"Theoretically, it may be there. However, if it were compulsory and cover all the needs of all employees it would be better".

Another participant number eight (8) set forth that the EHWP is an ideal programme to enhance employees' productivity. However, the policy exists but lacking in implementation. This is evidenced by the following excerpt:

"An ideal programme for employees to perform effectively, however, the programme is only in paper not effective in terms of implementation"

The first theme emphasised on establishing the importance of the EHWP in addressing the GDE Employees health issues. Although there were varying perceptions regarding the importance of this programme, more evidence from the participants' responses pointed out to the relevance of this programme to enhance the GDE employees' health challenges. However, some participants responses highlighted a considerable concerns regarding its implementation where some responses outlined that although the programme exists, no credible evidence can be deduced from it to achieve its effectiveness in addressing the phenomenon of ill-health absenteeism in GDE.

Theme 2: The experiences of utilising services offered by the EHWP

On this theme, twenty-four participants responded on their experiences of utilising the employer-sponsored EHWP when they were faced with adverse working conditions that resulted in the deterioration of their health. Varying responses from these participants highlighted that EHWP is important in addressing their issues and some were of the view that it does not help, and some argued that it is non-existent in the implementation but only on policy. The following are the excerpts from varying responses drawn from participants' responses.

Participant number twelve (12) who is working at District expressed her view on the value of the services offered by the EHWP as:

"my experience in participating with the programme is that I have learned a lot as I was able to get advice regarding certain topics regarding my health and work-related issues and utilizing certain services provided by the programme".

Moreover, participant number thirty-five who is a Head Office employee concurred with the above response. His response is highlighted in the following paragraph extracted from the excel data analysis.

"*There is a hotline given by our department to utilize if one wants to get assistance privately rather than using the officials within the unit, I have utilized this line several times whilst I was under a lot of stress, they listen to my problem/issue and they will check the area where you live and gave me name/names of psychologists and their addresses to choose from and book an appointment".*

To showcase the practicability of the EHWP in assisting employees in work-related issues, participant number thirty-one (31) espoused through her response that the programme is essential in developing employees' psycho-socially and she had a great experience with the counsellors during her unfortunate health situation. This is supported by the following response.

"*From a professional point of view, I have seen individuals developing socially and psycho-socially from EHWP and as an Individual I also had a great experience with counsellors from the EHWP"*

Harmoniously, participant number (17) establishes through his experience in participating in the programme offerings that the EHWP is important as it rejuvenates the health of employees and encourages a good state of mind to enhance productivity. This assertion is propounded below like this:

"*EHWP is an important programme that every human being should participate in. it gives a total rejuvenation and establishes good states of mental health".*

In concert with the above assertion, participant number thirty-nine (39) who is a programme implementer in one of the GDE Districts alludes to EHWP as a programme that is well placed to assist and encourage employees to take care of their health to enhance the organisation's productivity. Evidence to support this statement is highlighted hereunder:

"As a wellness coordinator assisting and encouraging employees to take part in the programme, it is indeed good assisting".

Consistently, participant twenty-seven (27) who is an intern at GDE Head Office agrees with the above view through her experience by reinforcing that the activities provided by the EHWP in GDE encourage employees to get engaged in their daily duties with ease. The following statement advances this perception.

"my experience is getting involved, and through the EHWP offerings, I know things that are outside of my work"

Another participant from GDE Head Office postulated that although she had no experience of utilising the services offered by the EHWP in GDE, she once referred one of her employees who had behavioural problems and upon consultation, she realised that the employee attitude towards her work is improving. The following excerpt qualifies this assertion.

"*I have never used EHWP myself, but I have urged someone to get help and from which I saw her attitude towards work and other employees improving"*

Deviant from the above responses, some participants have varying responses regarding their experience in utilising the EHWP when faced with work-related stressors which can lead to adverse health conditions. Among these responses were from Head Office and District officials from all GDE institutions identified for this study. Participant number thirty-eight (38) highlighted that despite that the EHWP is implemented, no practical results can be deduced from the programme intervention on issues that affect employees in their daily routine.

"*It never did anything for me. We know it is there but no implementation or practicality to it"*

Of particular concern, participant number twenty-six (26) highlighted that since the service offerings by the EHWP is offered in a two-tier system, the onsite which is implemented by the Departmental practitioners/coordinators and offsite which is contracted by the Department, the onsite offerings lack professionalism as per her encounter. This is evidenced by the following extract from her response:

“Lack of professionalism on in-house services”.

Moreover, participant number twenty-nine (29) argued that despite that the EHWP is implemented, and employees do participate in this programme, problems among employees still exists. Below is the response from the District officers responded to in this way:

"Despite that the EHWP is implemented, employees continue to encounter issues that threaten their productivity. However, participation in this programme is ongoing".

Theme two addressed the experiences in utilising the services offered by the EHWP. In this instance, participants responses further highlighted varying individual experiences in utilising these services whenever they felt challenged with workplace and other health related challenges. Most participants’ responses were of the view that their experience in utilising these services were of value as they can relate their experiences with improved productivity in their working and general life. However, some responses alluded to the services offered by the programme as less effective to address their health challenges and this is compounded by the lack of professionalism in the onsite offerings, and some highlighted that the existence of the EHWP in GDE does no change the phenomenon of ill-health absenteeism behaviour.

Theme 3: The effectiveness of the EHWP

On this theme, sixteen (16) participants responded to this question with varying perceptions illuminated through their responses. Most of the participants shared common views on the value of the EHWP in assisting with health challenges that can interfere with their productive lives. However, some participants perceptions have shown divergent views, and this was highlighted emanating from their experience in utilising the services offered by the programme. To authenticate this, participant fifteen (15) elucidate her view on the value of the EHWP as:

“Poor”

Some participants perceptions have accentuated that the services offered by the EHWP are valued highly when faced with adverse health conditions that might have rendered them unproductive and ultimately lead to the application of ill-health absenteeism leave. Participant number twelve (12) has this to say:

"Highly valuable as it assists us, employees, to better ourselves to be more productive. good services"

Congruently, participant number highlighted that from his experience, the services offered by the EHWP were of great importance and fit for purpose. Below is his response:

"very highly"

Similarly, participant number thirteen (13) conceded that the services offered by the EHWP provides good value and are offered voluntarily and confidentially. This is evidenced by the following quotation as espoused by the participant:

"It provides a good value to the employees more especially that it is voluntary, confidential and employees can do this by themselves".

Participant number fourteen (14) holds a view that she thinks the EHWP offerings are important, however, it is not marketed to reach a wider population of employees. This is her response:

"I think they are important is just that employees are not informed about it"

In support of participant number fourteen, participant number fifteen (15) pointed out through his response that the services offered by the EHWP have since improved due to COVID-19. However, she is not sure if this programme reaches all the GDE employees, especially in schools. To validate this statement, the following is an extract of her response:

"*The services offered by our EHWP has improved a lot since COVID-19 though not sure if their training is accessible to those outside offices (e.g. schools), and also it was lacking previously on issues that seek to promote health in the building that we occupy. All I know is that this programme is of value to use since I always get assisted whenever in need".*

Participant number one (01) response in this regard corroborated that the EHWP services have value on the lives and productivity of the employees and it also assists holistically on issues that affect them. Below is the assertion to validate this statement:

"I value the services very much because apart from the financial benefit they provide much-needed service to clients"

Theme three addressed the effectiveness of the EHWP in averting the phenomenon of ill-health absenteeism behaviour. In this theme, participants' responses ignited the need for the elevation of these services across the all the GDE institutions as its effectiveness has been recommended. Most of the participants' responses elucidated that the EHWP is effective in rejuvenating their productiveness in all aspects of their lives. However, some participants responses suggested that the services offered by this programme are poor as the needs of the employees are not considered in planning of this programme.

Theme 4: Ethical challenges in EHWP service provisions

In this theme, issues about ethical practices when utilising the services provided by the employer-sponsored EHWP were highlighted by thirty-six (36) participants. The composition of responses comprised of the Head Office and District officials. Varying responses were illuminated on why GDE employees engage in ill-health absenteeism behaviour despite the implementation of the employer-sponsored EHWP and the trust which GDE employees have in the EHWP Coordinators/Practitioners relating to their issues when faced with adverse health, personal, work-related or financial situations. From the participants' responses, it was deduced that the negative interference on the employees' adverse health issues by management may have a disincentive for employees to participate in this programme. On the other hand, some participants

have spelt out that the EHWP may be used to propel the take-up of ill-health absenteeism leave prematurely. Over and above that, some participants have put forward that EHWP Coordinators cannot be trusted to handle their issues in a confidential manner which the provision of the EHWP services envisage as they are viewed as poorly capacitated in that regard. Therefore, it becomes problematic for GDE employees to participate and share their issues with them, and some choose to consult their elected medical practitioners or other healthcare facilities outside the employer-sponsored EHWP services. Much of the evidence regarding these issues is presented in the following excerpts from participants responses. Participant number twenty-nine (29) justifies this by saying:

"Confidentiality issue is the key by the supervisors. They cannot keep things to themselves and that annoys employees resorting to keeping quiet, consulting doctors genuinely so and others request sick notes just to be away from work environment".

However, a divergent view is highlighted by participant number sixteen (16) response who alludes that some employees may abuse the services offered by this programme to suit their predetermined agenda to just stay away from office conflicts. The following statement validates this claim.

“I feel that employees abuse the PILR (ill-health absenteeism) because some may find work boring and not challenging anymore as well as creating and avoiding office conflict. And by using the EHW programme it would force them to confront the workplace issues and strategize a solution”.

Ethical issues on the provision of these services were elucidated by participant number eighteen (18) who put a claim that trust issues on the coordinators/ Practitioners on handling their issues may be a deterrent to utilising these services to undo ill-health absenteeism behaviour among GDE employees. Another issue on this, the participant postulated that the issue regarding ill-health absenteeism behaviour could be associated with the deficiencies in the marketing of the programme to reach all sectors of the employees across the province. To put this claim into context, the following is an extract from participant responses.

"I take that the problem is within the officials' personality for not thinking on utilizing the services offered by the GDE or either trust issues on the person offering these services. If most of them were using them, I don't think there will be a lot of absenteeism, especially in schools. I am not sure if they do have access to this training offered or given awareness by EHWP. Again, it might be ignorance from the officials"

The unethical behaviour of the managers towards employees who utilise the services offered by the EHWP and personality traits against the programme was highlighted by participant number twelve (12) who postulated that some employees may choose not to use the services offered by the employer-sponsored programme for fear of being prejudiced against by their managers and some feel that the EHWP is for the vulnerable and weak and the purported stigma around the utilisation of these services to enhance productivity. The following is the snippet taken from the participant's response:

"*Often people are on ill-health absenteeism because some are reluctant to access the services because they regard EHWP as for the weak, secondly some believe EHWP can be used against them by the employer, others don't want to share information especially with supervisors with the fear of being judged due to their challenges and there is still a sense of stigma around Wellness programme".*

Consistently, participant number fourteen (14) corroborates that ethical breaches hinder employees to use the services offered by the employer-sponsored programme to enhance their productivity thus undoing the behavioural trend of ill-health absenteeism behaviour. The following participant response substantiates this statement like this:

"*The stigma that is attached to counselling, it is presumed that the person is mentally ill rather than seeking help and support".*

Often employees are scared to utilise the services offered by the employer-sponsored EHWP. These sentiments were shared by participant number nine (9) who said that employees are scared to share their problems at work, and some are not aware that

these services do exist. This emanates from how the programme is marketed. To share light on this statement, the following is the participant citation regarding this:

"People are scared to share their problems at work and also not being aware that there are such programs in place".

In a similar vein, participant number seventeen (17) purported that the problems with EHWP service provisions emanate from capacity constraints stemming from poorly trained Coordinators/Practitioners in each pillar in the onsite delivery model. The participant further highlighted that the Department should employ more competent personnel to deal with work-related stress to enable the employees to consult them knowing that their issues will be treated confidentially by this well trained and ethically competent personnel. To authenticate this assertion, below are the citation from the participant response.

"*This I'm not sure, I think the resource/capacity is lacking for them to assist all the officials, it will be best to increase staff capacity of EHWP and employ experienced or trained officials for each relevant issue. e.g. if it is sports training employ a qualified person, appoint more staff to deal with stress (especially work-related) where one will go and get help with confidence knowing that my issues are treated confidentially".*

Consistently, participant number nineteen (19) shared similar sentiments regarding the ethical and professional training of GDE EHWP Coordinators/Practitioners to instil confidence in their service offerings. To support this view, below is the participant perception drawn from the survey response.

"EHWP Coordinators got to be professionally trained and developed"

A divergent view on why GDE employees engage in ill-health absenteeism behaviour was posited by participant number who put a claim that socioeconomic issues have a bearing on employees' health stemming from societal values. This view was echoed in this way by the participant:

"*Socio-economic challenges that overwhelmed the power of the society in its entirety to cope effectively"*

Similarly, participant number twenty (20) highlighted that some GDE employees engage in ill-health absenteeism behaviour stemming from challenges that are beyond their control and relationship issues that the EHWP is not competent to address. This claim is validated by the following participant response extracted from the survey responses:

"*Challenges that are beyond their control, financial and relationship issues lead some employees to resort to ill-health absenteeism as EHWP is viewed as not helping"*

Comparably, participant number twenty-two alluded that the services offered by the employer-sponsored EHWP are not visible on the ground and disadvantages some employees in adverse health situations to resort to applying for ill-health absenteeism leave. This is validated by the participant view narrated below:

"EHWP is not visible on the ground, not all people experiencing ill-health challenges are brave enough to go and consult with the practitioners"

Theme four addressed the ethical challenges in implementing the EHWP in GDE. In this theme, participants' responses were widely concerned with the unethical behaviour and low professionalisation of the programme implementers on the onsite offerings. These challenges have been highlighted as deterrent to GDE employees' participation in the programme offerings.

4.5. Conclusion

This chapter highlighted the composition of the study participants and addressed the themes identified during thematic data analysis which was executed in chapter three of this study. Themes drawn from the participants have shown from varying responses from programme implementers and GDE employees who use the services provided by the programme. The programme implementers have shown that the programme achieves its objectives while the GDE employees who utilised its services have highlighted the deficiencies in programme implementation and its ineffectiveness in averting ill-health absenteeism behaviour. Also, the GDE employees have shown that the implementation of the EHWP in GDE is composed of deficiencies in its application stemming from how the programme is composed in terms of personnel, ethical dilemmas in its application and defective marketing strategies. However, this chapter has set an argument on which the next chapter can build its argument. The next chapter summarises the study and places the recommendations for future study in the context of this study and at the end, it elaborates the concluding remarks of the study.

CHAPTER 5.

5 DISCUSSION, IMPLICATIONS, AND CONCLUSION OF THE STUDY

5.1 Introduction

Chapter 4 shared the findings of this study. In this chapter, a discussion of the findings and implications for various stakeholder groups are discussed. The chapter concludes with recommendations for future research in assessing the effectiveness of the Employee Health and Wellness Programme in averting ill-health absenteeism.

5.2 Discussion of results

The discussion of the findings in this chapter is based on the identified themes presented in chapter four which presented how effective the Employee Health and Wellness Programme (EHWP) is in averting ill-health absenteeism behaviour in GDE. This was done following the purpose of the study which was to assess the effectiveness of the EHWP in the Gauteng Department of Education (GDE) by exploring the perceptions of Gauteng Department of Education employees towards the programme. The next section of this chapter describes participants' feedback related to each GDE employees' perception theme relating to how the EHWP is implemented in GDE delineated in Chapter two. The themes are gleaned from the literature postulated in chapter two.

5.2.1 An understanding of the EHWP in advancing employees' productivity

Feedback from participants in this study showed that they perceived that having an EHWP in place helps in advancing their health and productivity as they can consult with the services offered by the programme whenever they feel unwell or face work-related stress that may interfere with their productivity. However, some feedback from participants responses indicated that the implementation of the EHWP is not visible on the ground but only on policy. This kind of gap in the implementation of the EHWP may have debilitating health outcomes on the GDE employees thus affecting their

productivity. As Giles-Corti, Timperio, Bull and Pikora (2005 p. 1); Humpel, Owen and Leslie (2002 p. 4) have postulated, behavioural models such as the Social Ecological Model espouses that for health behavioural change to take effect, GDE programme planners and implementers should consider the context in which EHWP offerings occur. It is suggested that employees behave differently in different circumstances. Therefore, Jeihooni, Hidarnia, Kaveh, Hajizadeh & Askari (2016 p. 132) in the context of the Health Belief Model (HBM) argued that individual perceptions speak directly to the knowledge and beliefs that an employee has on EHWP about its effectiveness to enhance his or her health behaviour and the outcomes it could have on the individual behaviour.

In addition, Jeihooni et al (2016 p. 132) further stated that the major constructs of perception in HBM are modified by other variables such as education level, belief, past experiences, motivation and skill. Therefore, GDE programme implementers must recognise that a targeted context-based approach can provide a better comprehension of the interrelationships between the diverse correlates of health behaviour among employees and their differences in the performance of specific behaviours in context as suggested by Humpel, Owen and Leslie (2002 p. 6). The advantage of targeted context-based research is that it can have sustained the participation of GDE employees when they recognise that their needs are addressed by the programme offerings and this may have an impact because changes to the environment can be more enduring and can affect more than individual behaviour as suggested by Giles-Corti, Timperio, Bull and Pikora (2005).

The understanding of how the EHWP in advancing employees' health outcomes and productivity were varied with some postulating through their responses that the EHWP offers its services in a holistic manner that covers all aspects of health-enhancing programmes and some urging that its offerings are not consistent with the employees' needs. In agreement with the participants' varying responses in this regard, Whyte (2020 p. 2) postulated that EHWPs can improve the health status of employees and reduce medical and lost productivity costs. When such programmes are introduced within the workplace to assist employees with health-related challenges and psychosocial stressors that often affect their work performance, it should consider designing these programmes with the needs of employees in mind.

Also, the programme design of EHWP should align its service provisions with the organisations' specific burden of disease. From the participants' responses, it was deduced that some participants perceptions towards the programme in advancing their productivity have some limitations. Some participants responses have highlighted the deficiencies in the implementation whereby decisions about the programme objectives are taken without due consideration of the employees' needs, and this has contributed to the ineffectiveness of the programme offerings. Witters and Agrawal (2018) consistently suggested that EHWPs should integrate health promotion strategies to address all relevant risk factors such as smoking, high body mass index (BMI) and unhealthy eating habits, psychological distress, physically inactive employees and alcohol use to reduce absenteeism, promote good health and productivity.

Consistently, Burton (2010 p. 3) elaborated that EHWP should holistically manage employees' health and well-being, and this entails assessing the existing services including identification of the structure, components and challenges of existing EHWP offerings, followed by development and implementation of a comprehensive EHWP per employees' needs. Moreover, feedback from participants has shown that even though the EHWP is implemented, its marketing strategy is lacking in making awareness of the existence of the programme to avert health conditions that may interfere with their productivity and that of the organisation.

Some responses have illuminated that although the EHWP exists in the GDE, it is hard to assess if it meets its intended objectives as many employees continue to be on sick leaves despite its implementation. Therefore, the inclusion of management in the planning of this programme is imperative to alter the mindset of employees towards the programme. Moreover, Whyte (2020) argued that there is a need to document the risk of lifestyle diseases among employees for assessment of their disease burden as well as for the development of appropriate health promotion and disease prevention programmes to entice employees to participate in EHWP.

The use of SEM in understanding how GDE employees perceive the effectiveness of the EHWP in changing their ill-health absenteeism behaviour is inherent in this study. An understanding of the outside influences such as individual needs and beliefs and

attitudes towards oneself supported by what the environment dictates on one's health outcomes may impact positively on GDE employees' health behaviour change. The EHWP programme implementers may benefit from an understanding on how the policy dictates on how the EHWP should be implemented. Therefore, an understanding of the policy environment and expectations of the GDE employees from the programme may have beneficial effects to both the employees and the organisation.

5.2.2 Theme 2: The experiences of utilising services offered by the EHWP

Varying feedback drawn from participants' responses has advanced the idea that utilising the services provided by the EHWP is beneficial to their health and productivity and that of their immediate family members. Some participants responses have agreed that their experiences in utilising the services provided by the employer-sponsored EHWP are relevant to the promotion of their health. Relevance to these statements is Abe, Fields and Abe (2016 p. 61) findings in their conventional study on HR policies in explaining the characteristics of Work-Life-Balance Strategies in place in the South African Public Service which confirmed that the wellness programmes adopted by the public service are health and wellness programmes which are certainly conservation of resources theory that are of primary value to the individual employee and organisation.

This is in line with what Judge, Locke, Durham and Kluger (1998 p. 2) and Rice, McFarlin, Hunt and Near (1985 p. 1) who suggested that services offered by the wellness programmes support the idea that its use is of the salient moderator of in person-environment and supports stress studies of satisfaction and wellness. However, some responses have shown that even when the EHWP is implemented, the results from utilising their services are not helpful when they are faced with adverse health situations. In line with the participants' responses, Ngo, Foley and Loi (2009 p. 7) conceded in their study of the efficacy of wellness programmes in a South African municipality found that wellness programmes were not holistic in offering Work Life-Balance Strategies since only life-related issues and not work-related demands as suggested by Kim & Wiggins (2011 p. 4) were addressed.

Therefore, consistent with the literature on the experiences of employees in utilising wellness programme services qualifies that wellness programmes operate as EAP which in many respects is reactive than proactive and holistic in providing preventive measures to health conditions that may render employees unproductive and therefore result in ill-health absenteeism applications as postulated by Benavides and David (2010 p. 15). Over and above that, Zheng, Molineux, Mirshekary, and Scarparo (2015 p. 5) reported in their study that flexible work practices were found to be more beneficial in aiding employees to develop their coping strategies in adverse health situations than the services offered by health and wellness programmes.

5.2.2 Theme 3: The effectiveness of the EHWP

Varying feedback responses from participants have elucidated the view that services offered by the EHWP are lacking in terms of how it is provided to employees considering the needs analysis of the target population. However, the bulk of the responses were confirming that the services rendered by this programme are effective as they are of good value to the employees as it is not a forced endeavour, but employees are allowed to consent to participate and out of their conviction, they can voluntarily participate in this programme when they feel stressed or sick emanating from challenges experienced in the workplace thus rendering them more productive in their work and family life.

This is in concert with what the self-determination theory postulate about human motivation and personality which suggests that people can become self-determined when their needs for competence, relatedness, and autonomy are fulfilled as suggested by Lopez-Garrido (2021 p. 1). In line with this proposition, it is argued that the EHWP offerings should consider that employees tend to become happier when pursuing things that are intrinsically motivated and are aligned with their own goals as this not only makes them feel more responsible about the outcomes of the programme but also helps them to focus their time on what they want to be doing.

Moreover, Deci and Ryan (1971 p. 5) affirmed that self-determination theory itself can be helpful in GDE employees to understand things that might motivate them to engage in health-enhancing interventions when they have autonomy and the capabilities to make choices on their own to choose to participate in services offered by the EHWP if they value its significance on their health and productivity. This has significance on the future planning of EHWP in GDE to entice all employees to participate in this programme. Alternatively, some participants feedback from their responses has espoused that the advent of the COVID-19 has challenged the service provision of the EHWP to make it a better platform wherein employees can find solace whenever they feel challenged by the stress levels brought in by the pandemic. However, some participants responses have posited that despite that there is a legal framework that guides the implementation of the EHWP, on the implementation level, its services are skewed in terms of marketing to advance its cause. Some employees in other institutions in the ambit of the GDE, do not know of its existence in the Department. Some participants have echoed that this problem may emanate from the composition of the EHWP personnel who in many instances seem to have no professional training in matters relating to health promotion and its strategies.

Moreover, the SDT importance in providing an understanding for GDE employees regarding the effectiveness of the EHWP is premised on its reliance on motivation to act on issues that if not acted upon, will disadvantage the employees' productivity. Intrinsic motivation as it is inherent in SDT, enables one a sense of self-determination and this is important in one's making informed choices. In this regard, GDE employees could benefit from the services offered by the EHWP if they have built upon themselves a sense of belief that these services are of importance to them. Similarly, extrinsic motivation has an utmost value to motivate one to perform a health behaviour if the outside stimulants are of value to one. In this regard, GDE employees may benefit from the EHWP services when they see some of their colleagues in adverse health outcomes being assisted by the services offered by the programme.

5.2.4 Theme 4: Ethical challenges in EHWP service provisions.

Ethics are inherent when one dealing with issues that involve human subjects especially issues of health or personal interventions by healthcare workers or EHWP

Coordinators or Practitioners. In this study, participants' responses have shown how ethical challenges interferes with the provision and participation in services offered by the programme. According to their responses, some participants have highlighted that they do not feel comfortable in participating in this programme as when seen consulting with the coordinators or practitioners of the programme they are regarded as weak and presumed to have a mental illness. Some have purported that for them to participate in this programme, the outcome of the findings may be used by their managers to demean or use it against them in some instances. In line with the statement, Mattke (2013) affirmed that wellness programmes are becoming increasingly marketed to the employees as a work benefit and many researchers today have turned a critical eye on the limitations of workplace wellness programmes while Ajunwa, Crawford, and Schultz (2017) propounded that also the ignorance of their potential for privacy violations.

Consistently, some responses have outlined that employees do not trust the Coordinators/Practitioners to handle their issues professionally and ethically as they perceive them through their actions that they are poorly trained to handle their personal/ health or financial issues. To support this view, Roberts (2014) purported that EHWP collected data may reveal employees that are likely to represent higher healthcare costs for the employer and this can present a temptation for the thrifty employer to deputise wellness programmes as surveillance systems that might uproot "costly" employees, who could then be targeted for termination. Moreover, Ajunwa (2016 p. 2) described that an ethical wellness programme clarifies that the employee retains control of the data entrusted to the programme and such a programme would also obtain the informed consent of the employee for any usage of the data that falls outside of the stated purposes of the wellness programme. Consistently, it is proposed that an ethical wellness programme would recognise the employees' right to request the evaluation of knowledge that the wellness programme has collected regarding the individual and the programme would provide opportunities to correct any misinformation. Furthermore, it is believed that ethical business conduct requires that wellness programmes affirm the employees' right to effectuate the deletion of their health information from the wellness programme records once the worker is not any longer employed at the workplace.

Thus, an ethical wellness programme maintains an impenetrable barrier between the knowledge it collects and therefore the employer. Furthermore, any information shared with the employer should be in the form of aggregated statistics and should be anonymized to prevent the individual employee from being targeted for discrimination. Therefore, it is unethical for a wellness programme to share health information of employees. In a study done by Baptiste (2007: p. 17) on the value of managers influence on employees' productivity, it was established that there was a highly significant relationship between Human Resources Management (HRM) practices and employee wellbeing at work. Thus, organisations that promote support and trust from management, in turn, develop motivated and committed employees, which was also consistent for job satisfaction.

Furthermore, Robinson and Morrison (1995 p. 12) reported that deficiency in trust in the management by employees have a negative bearing on the relationship between the psychological contract breach and organisational citizenship behaviour. Therefore, trust in management is a significant positive predictor for employees' commitment to enhancing organisations' productivity. Along with, Baptiste (2007 p. 1) viewed the importance of line managers aware of the implications of their actions on workers' trust to be of utmost importance in participating in EHWP. Commonly, Baptiste propose that if employees are not convinced that they can trust management with their information, they will, in turn, be less likely to display committed behaviours and this could make it even more difficult for managers to achieve increased efficiency and effectiveness in a service industry like the public sector.

Some sentiments have echoed that this stems from how these Coordinators/Practitioners were employed. Other responses have suggested that to make the services offered by the EHWP effective, Coordinators and Practitioners need to be trained and developed in ethical practices to instil confidence among the GDE employees to utilise their services. To support these sentiments, Cavico, Bahaudin and Mujtaba (2013 p.112)) affirmed that in EHWP service provisions, there are a variety of stakeholders, or constituent groups, that are affected by wellness policies in the workplace. Among these groups, are employees who are directly affected by unethical practices by other stakeholders. Most importantly, despite the good goals of these wellness programs, there are moral issues that arise from the actions of the

service providers and which directly impact employees both positively and negatively. These authors propound that there will be positive consequences of participation if the wellness programme operates as a benefit for employees and especially if the employer provides material benefits for participation.

In support of this assertion, the HBM proposes that engagement in services offered by the EHWP will naturally benefit the employees from becoming and staying healthy if GDE employees believe that their information resulting from participation will be held confidentially by a competent person. Moreover, if GDE employees believe that participation in these services will promote their well-being and sustain their productivity, the likelihood of participation in these programmes could be enhanced. The result of EHWP interventions should be to promote the well-being of employees to stay healthy and fit and to supply them with more energy as well as to relieve stress and anxiety. As a result, employees will be able to perform their jobs more efficiently and engage in better interpersonal relations, which is not only beneficial to the employers, but also the employer too.

An understanding of the impact on how the HBM have on changing the perceptions of GDE employees towards the EHWP is that employees will understand the value which this programme have on providing services for early detection of diseases which if not, will impact on their health and productivity. Also, the HBM strength is on its ability to ensure that employees in adverse health conditions, seek medical assistance in that regard and follow prescriptive orders to help ease their adverse health conditions.

5.3 Strengths and weaknesses of the study

5.3.1 Strengths of the study

The study met the purpose and all the objectives set out at the beginning of the study. The purpose of the study was to assess the effectiveness of the EHWP in GDE in averting ill-health absenteeism by exploring the perceptions of GDE employees towards the programme. The body contributed to the existing knowledge regarding the effectiveness of the EHWP in both the public and private sectors. The study found that

there were varying perceptions regarding the effectiveness of the EHWP in averting ill-health absenteeism. One of the overarching findings in this regard was that employees are reluctant to engage themselves in services offered by this programme because of ethical concerns. Also, the study found that EHWP services are vital in advancing employees health and productivity and that of the organisations if it is well implemented considering the needs of the employees in the planning and execution phases. Moreover, the findings of the study exposed the deficiencies in the application of the policy on EHWP and its implementation in GDE and its negative outcomes.

5.3.2 Weaknesses of the study

The study targeted hundred (100) GDE participants from Head Office and its fifteen Districts across the Gauteng Province. However, only forty (40) participants managed to participate in this study while the phenomenon of ill-health absenteeism behaviour is prevalent across the province. Also, the study may have segregated some GDE employees who had no access to government sponsored computers and lap tops especially the junior staff who would have wanted to participate in this study. This may have jeopardised the purpose of the study to collect data from different sites to enhance the credibility of the study. Non-probability sampling was used for identifying participants for this study, which translates that only participants who met certain criteria were included to participate in the study. This selection criterion might have discriminated against other participants who were willing to participate in this study, but because of the inclusion and exclusion criteria that the study followed, it was impossible to include all the study population at GDE.

5.4 Implications of the Study

The study emphasised on assessing the effectiveness of the EHWP in GDE by exploring the perceptions of GDE employees towards the programme in averting ill-health absenteeism behaviour. The study purpose was grounded within GDE and it is therefore recommended that extensive research be conducted in other public service institutions to yield extensive results on the themes that this study has identified to broaden the scope of knowledge around the effectiveness of the EHWP. From the

engagements with participants through a qualitative survey, it was established that the implementation of the EHWP in GDE was varied and studies have established that this is the case throughout the GPG, and this has direct implications on achieving the objectives of the programme which are to enhance the productivity of the employees and that of the Departments. Therefore, this study identified the following implications which need to be addressed:

5.4.1 Implications for Human Resource Management

As the responses from the participants have highlighted competency deficit amongst the programme implementers to offer an ethically compliant services, it is therefore recommended that the Human Resource Management should give more emphasis on employing well-trained and ethically competent personnel to drive the cause of employees' health enhancement in GDE.

5.4.2 Implications for Managers

The problem that the GDE face today is the rising cost of health insurance and time lost to ill-health absenteeism while at the same time trying to improve the well-being of its employees in the workplace to retain and attract top talent. This study used a qualitative case study assessing the effectiveness of the EHWP in GDE by exploring the perceptions of GDE employees towards the programme in averting ill-health absenteeism behaviour by addressing the questions discussed in chapter four. As discussed, the findings of the study concluded that participating in a wellness programme needs the ethical participation and willingness of the managers to intervene in the well-being of employees and that the GDE should continue to dedicate resources to its current models of offerings to wellness interventions and include in their planning the needs analysis of the employees.

One way of determining the needs analysis of employees could be a survey to specifically assess the individual needs of employees as the "one size fit all" approach has failed to yield the specific outcomes that the programme envisaged. Moreover, as participation in a wellness programme has been constrained by a variety of

influences, attention should be paid to incentives to encourage employee participation and this should not be segregated in terms of offerings but should provide room for equal and ethical distribution of these incentives to all GDE employees. Also, it is recommended that the attitude of the managers towards the employees who are faced with adverse health situations resulting from workplace induced stress should be welcoming and encouraging to enhance employees' productivity rather than using employees' unfortunate health conditions to further their ulterior motives. Furthermore, it is recommended that managers should take an active role in the promotion of this programme and be ethically compliant to encourage employees' participation in this programme.

5.4.3 Implications for further research

Responses from study participants have highlighted varying perceptions towards the EHWP in averting ill-health absenteeism behaviour in GDE. Therefore, this study recommends that further studies should be conducted in other areas of the public service sphere to advance this study as ill-health has been identified in many respects as contributing much too low productivity of employees and organisations despite that EHWPs are implemented in to achieve their objectives. Further studies may come to different conclusions and their findings may widen the knowledge repository on the importance of EHWP in advancing employees' productivity.

5.4.4 Implications for policy

The findings of the study have highlighted the deficiencies between policy and programme implementation of the EHWP. Therefore, it is recommended that policy is synergised with programme implementation to determine any deviations from policy when implementing EHWP programmes in the GDE. Another recommendation is for the policy reviewers to consider the needs of employees when reviewing policies regarding the implementation of EHWP in the public service.

5.4.5 Implications for programme implementers

Findings from the study have accentuated the need for programme implementers to consider their marketing strategy to enhance participation in the programme. From participants responses, it was affirmed that the marketing of the programme to achieve its objectives has been compromised by the poor marketing strategies which resulted in other settings not being aware of the programme and its offerings. Therefore, it is recommended that the EHWP programme implementers empower themselves in the marketing strategies of programmes to achieve the mandate of the GDE in ensuring that its human capital is capacitated, and their health situations are advanced.

5.4.6 Implications for monitoring and evaluation

Findings from the study have highlighted that EHWP implementation is not consistent with what programme implementation proposes. The participants' responses have shed a light on how EHWP in GDE is differentially implemented thus leaving other settings with no service at all. Moreover, the study highlighted that since the inception of the EHWP in GDE there were no monitoring and evaluation studies ever done to assess whether the services offered by the programme yield the results which are intended to achieve. Therefore, it is advisable that the GDE on annual basis before the programme commences, surveys are done to check which programmes are suitable for the employees to enhance their productivity than to impose programmes that have no bearing on what the employees want to be addressed.

Another concern was that EHWP implementation deviates from what the Department of Public Service and Administration Employee Health and Wellness Strategic Framework for Public Service (DPSA EHWSF, 2019) policy advocates. For programme monitoring to be effective, studies indicate that it should be guided by the policy framework and should consider all the inputs from stakeholders and well-informed data collectors must be enlisted and timeframes are agreed upon by all stakeholders on the inception phase of the programme. However, the GDE EHWP implementation has been fraught with deficiencies according to the responses given

in confidence by the participants and this has resulted in poor participation in this programme.

Constant monitoring of programme implementation has the potential to identify deficiencies in programme implementation and act as an indicator of where the programme is deviating from its intended objectives and also provide programme implementers with a chance to change or add indicators to drive the programme. A quarterly evaluation of the programme implementation is vital for assessing what works and what not to guide the programme to achieve its intended objectives as set out in the planning phase. At the end of the financial year, it is recommended that the EHWP should be evaluated by using surveys to assess the effectiveness of the programme to achieve its long-term goals to enhance productivity among GDE employees thereby reducing the number of PILIR applications that has been seen as detrimental to achieving the mandate of the GDE as postulated in the constitution of the Republic of South Africa.

6. Conclusion

The purpose of the study aimed at assessing the effectiveness of the EHWP in GDE by exploring the perceptions of GDE employees towards the programme in averting ill-health absenteeism. The study addressed the introduction and background to the introduction of EHWP in the public service, the GPG and GDE. Also, the background on the effects of ill-health on the productivity of the employees and organisations was explained as well as the research problem, the purpose, the main question and its sub-questions that guided the study. To achieve the purpose of the study, it adopted a qualitative case study with a descriptive and contextual design to answer the research questions to illicit more underlying perceptions on the effectiveness of the EHWP in averting ill-health absenteeism in GDE.

The most cited concerns regarding the effectiveness of the EHWP in averting ill-health absenteeism was that its implementation interferes with the participants 'privacy and confidentiality and therefore, it discourages employees from participating in its service offerings to enhance their productivity and that of the Department. Another concern which this study unearthed is that Coordinators/ Practitioners from both Head Office and Districts are poorly trained to handle employees' confidential information thereby infringing on their privacy. Another concern was that managers of directorates interfere with employees' health conditions and this provides a situation of hostility between them as managers tend to use the outcome of employees' participation in this programme to target them for an early exit from the system.

The study has also deliberated on the effectiveness of the EHWP in advancing employees' health and productivity. Through participants responses, the study found that some employees are quite satisfied with the EHWP offerings to advance their cause. These participants postulated that the implementation of the EHWP in GDE is fit for the purpose as it is offered in a hybrid model. However, some responses have highlighted that its implementation deviates from what the policy and strategic framework on EHWP stipulate in terms of its application and its objectives.

Furthermore, the study through the use of qualitative case study to unearth truths about the effectiveness of the programme, the study established that some participants elect not to use the services offered by the programme as participation in this programme is viewed as for the weak and some are perceived to be already suffering mental illness when they consult with the Programme Coordinators/Practitioners. The study concluded that the GDE should make it possible for policy compliance concerning EHWP services implementation and consider employing qualified service providers and personnel who will render this service with a high level of competence. Also, the study highlighted the importance of programme monitoring and evaluation to detect deficiencies in programme implementation continuously and the considerations of employees' inputs in this programme to enhance participation.

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APPENDIX A

Research Office:
Sithembile Xaba
Tel: 011 717 3133
Email: Sithembile.Xaba@wits.ac.za
Research Ethics Chair:
Rekgotsofetse Chikane
Tel: 0117173869
Email: rekgotsofetse.chikane@wits.ac.za

19 April 2021

Dear, Mr Chrisen Eddie Mhangwani
Title: Assessing the Effectiveness of the Employee Health and Wellness Programme in Gauteng Department of Education
Student Number: 1867080
Degree: Master's in management in the field of Governance
Ethics Clearance Number: WSG-2021-21

All candidates must satisfy the University's ethical standards for research. Your ethics application has been received and reviewed by the Wits School of Governance Human Research Ethics Committee.

Your ethical clearance has been approved subject to you getting permission to conduct research from all sites where research is conducted. The letter(s) of permission to undertake research must be submitted to the WSG Research Office and kept on file with your final proposal and other ethics documents.

You may commence your data collection under the guidance of your supervisor. In the event that the scope, methodology or nature of the research changes, you are required to submit another ethics application reflecting the changes.

The onus is on you as the candidate, with support from your supervisor, to ensure your research complies with university human research ethics policies and protocols at all stages of the research process.

It is recommended that you keep this letter in a safe place as you are responsible for ensuring you have proof of ethics clearance and have lodged the ethics clearance / protocol number with Faculty before final submission of your research report. If you do not have an ethics clearance number, you are not permitted to graduate.

Please do not hesitate to contact me if you have any queries.

Yours sincerely

Rekgotsofetse Chikane

Rekgotsofetse Chikane
Research Ethics Chair

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APPENDIX B

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	**16 march 2021**
Validity of Research Approval:	**08 February 2021– 30 September 2021** **2019/637A**
Name of Researcher:	**Mhangwani CE**
Address of Researcher:	**1416 Glencaim Building**
	73 Albertinah Sisulu Street
	Johannesburg
Telephone Number:	**082 600 7471/083 881 8099**
Email address:	**Chrisen.mhangwani@gauteng.gov.za**
Research Topic:	**Assessing the Effectiveness of the Employee Health and Wellness Programme in Gauteng Department of Education**
Type of qualification	**Master of Management**
Number and type of schools:	**HO**
District/s/HO	**HO**

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

17/03/2021

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. *Letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

APPENDIX C

Participant Information Sheet

Dear Sir/Madam

My name is Chrisen Eddie Mhangwani and I am a Master of Management in Governance student in Public and Development Sector Monitoring and Evaluation at the University of the Witwatersrand, Johannesburg. As part of my studies, I must undertake a research project, and I am Assessing the Effectiveness of the Employee Health and Wellness Programme in the Gauteng Department of Education under the supervision of Mrs Kholiswa Malindini. This project aims to find out how effective is the EHWP in addressing the phenomenon of ill-health in GDE.

As part of this project, I would like to invite your participation in the qualitative survey interviews regarding your perceptions of the programme. This activity will involve you answering open-ended questions posed by the investigator and it will take around 10 to 20 minutes to complete.

Please be informed that there will be no personal costs incurred by you as a result of participating in this study. Moreover, you will not receive any direct benefits from participating in this study but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any given time or not answer any question/s if you do not want to. The interview will be completely confidential, and your participation will be anonymous. You will not be asked about your name and the responses you will give will be treated as anonymous as no name will be attached to your responses. Your information given in this study will not be shared with anyone without your consent. Should you experience any discomfort or distress at any point in this process, the interview will be stopped and be resumed another time with your permission. Should you need any support or counselling services following the interview, these services will be provided free of charge by Zinakelele which is an external service provider for the organisation. These

services are accessible 24 hours all year round. In addition, the researcher will ensure that participants are not exposed to COVID-19 as a result of participation as this study is solely online.

Also, should you have any questions or clarifications during or after this research, feel free to contact me on the details listed below. This study will be written up as a research report which will be available online through the University library website. The data collected from this research project will be stored in a computer and will be kept for five years. With your permission, the data collected from this research project may be used by other researchers. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0)11 717 1408, email hrec-medical.researchoffice@wits.ac.za

Yours sincerely

Chrisen Eddie Mhangwani
Email address: 1867080@students.wits.ac.za
Cellphone no: 083 881 8099

Supervisor's details

Name: Mrs Kholiswa Malindini
Email address: Kholiswa. Malindini@wits.ac.za
Wits landline: 011 717 3866

APPENDIX D

CONSENT FORM

CONSENT TO PARTICIPATE IN THE QUALITATIVE SURVEY STUDY USING QUESTIONNAIRE

A research study is being conducted by Chrisen Eddie Mhangwani who is currently studying for a Master of Management in Governance (Public and Development Sector Monitoring and Evaluation) degree at the University of the Witwatersrand School of Governance. The purpose of the study is to assess the effectiveness of the Employee Health and Wellness Programme in addressing ill-health absenteeism by exploring the perceptions of GDE employees towards the programme.

Your participation in this study is sought to give insight into the effectiveness of the Employee Health and Wellness Programme to offset the ill-health absenteeism behaviour. Therefore, you are requested to complete open-ended questions provided in a questionnaire. This will take approximately 10 to 20 minutes of your time. Participation in this study is voluntary. If you choose not to participate in the study, you will not be penalised in any way. You are also allowed to discontinue your participation at any given time when you feel so and you are not obliged to answer every question. The study will be conducted confidentially; it is anonymous, no name will be attached to your responses and your identity will be protected. If you agree to voluntarily participate in this research study, please give your consent by clicking on the button with consent to participate and answer the following questions:

(a) I have been given sufficient opportunity to ask questions and am prepared to participate in the study.

(b) I understand that my participation is voluntary and that I am free to withdraw at any given time without any penalty.

(c) I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

Then click agree after you have consented to participate.

APPENDIX E

Interview Schedule

A qualitative survey questionnaire for assessing the effectiveness of the EHWP in addressing ill-health absenteeism behaviour by exploring the perceptions of GDE employees towards the programme. Participants are expected to voluntary answer the following questions to the best of their experience

1 EHWP is implemented to offset the phenomenon of ill-health absenteeism at GDE Head Office? How do you view the implementation of this programme?

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2. What are your experiences with participating in EHWP in addressing your work or personal related issues?

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3. How do you value the services offered by the EHWP?

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4.In your view, why do GDE Head Office employees engage in ill-health absenteeism despite the EHWP implementation?

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5.In your view and experience, are the EHWP Coordinators/Practitioners well trained to handle employees' health/ financial issues in an ethical manner that encourages trust between you and the services offered by the employer-sponsored programme?

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