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Mental Health Promotion Needs Assessment of Factory Workers at a Sugar Mill Company in Swaziland

By: SIFISO MANANA

A research report submitted to the Faculty of Health Sciences,

University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirement

for the degree Master of Science in Nursing (Course work)

March 2017

DECLARATION

I, Sifiso Manana, hereby declare that this research report titled "**Mental Health Promotion Needs Assessment of Factory Workers at a Sugar Mill Company in Swaziland"** is my own original work in design and execution, and that all sources cited have been duly acknowledged. It is being submitted for the degree of Master of Science in Nursing Coursework (Occupational Health Nursing) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree at this or any other University.

Signature: -_____

Date: _____ 2017

Protocol number: M150369

LANGUAGE EDITING OF RESEARCH REPORT: SIFISO MANANA

I, Franza von Hörsten hereby declare that I have language edited the research report on **Mental Health Promotion Needs Assessment of Factory Workers at a Sugar Mill Company in Swaziland.**

_____

Franza von Hörsten (Masters in Applied Linguistics)

December 2016

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ABSTRACT

Background: Work is both an important resource for mental health, yet it also presents psychosocial risks for mental health. The workplace has been identified as a potential setting for both mental health promotion and mental illness prevention. It is well documented in the literature that mental (emotional) health needs of employees should be addressed and a mental health promotion programme that addresses diverse mental health aspects should be included in comprehensive workplace health promotion programmes. The selected sugar mill company in Swaziland does not address mental health or mental illness issues through a dedicated programme as part of the comprehensive workplace health promotion programme. Employees/workers with mental health and personal problems are referred to the Employee Assistance Programme (EAP) for assistance and help.

Purpose and objectives of the study: The overall purpose of this study was to investigate and describe the mental health promotion needs and mental health concerns of factory workers at a Sugar Mill Company in Swaziland.

Research design and method: This study used a qualitative approach, descriptive in nature. In-depth face to face interviews using an interview guide was used to determine the mental health promotion needs of sugar factory workers. Through purposive sampled 20 workers participated in the study.

Data analysis: Audio-taped interviews were transcribed verbatim and data were then analysed by means of themes, categories, and sub-categories using Tesch's method.

Main findings: Factors that influenced mental health negatively (stressors) were related to workplace factors (money, workload and long hours) and family factors (family needs money). The mental health promotion needs identified in relation to the workplace consisted of more opportunities for employees' development, salary increase and enhanced management and communication skills of supervisors and managers. In addition, health and life skills education, as well as more counseling services were identified as mental health needs.

Conclusions: The identified mental health needs can be addressed through the Sugar Mill's existing workplace health promotion programme.

Key words: Mental health promotion, mental health, needs, factory workers.

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ABBREVIATIONS

MHP Mental Health Promotion

EAP Employee Assistant Programme

OHNP Occupational Health Nurse Practitioner

OHMP Occupational Health Medical Practitioner

WHO World Health Organization

CMHA Canadian Mental Health Association

NMHC National Mental Health Commission

MHWA Mentally Healthy Workplace Alliance

CCOHS Canadian Centre for Occupational Health and Safety

CWHS Comprehensive Workplace Health and Safety

WHP Workplace Health Promotion

OSH Occupational Safety and Health

ILO International Labour Organization

ENWHP European Network for Workplace Health Promotion

CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The World Health Organisation (WHO, 2001, p.1) maintains that there is no health without mental health.

Health is defined as, *"...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2001, p.1).* Mental health is an important part of the definition of health. According to WHO (2001), three concepts - mental, physical, and social well-being are vital to the promotion of health and, as shown above, describes mental health as the state of well-being; not merely the absence of mental illness. The same author adds that mental health is interrelated with physical health and behaviour.

This chapter provides an orientation to the study that includes the background of, the motivation for the study, and its significance. The research, questions, problem, purpose and objectives, research paradigm, meta- theoretical assumptions, definitions of the main concepts as well as an outline of the research report are stated.

1.2 BACKGROUND TO THE STUDY

Barkway, (2006) is of the opinion that the workplace and work itself plays a significant role in developing the employee's/worker's self-esteem, sense of identity, feelings of fulfilment as well as affording opportunities for socialising and thus playing a huge role in promoting their mental health. The same author concludes that despite the positive effects work has on workers' mental health; it also presents risk factors for mental illness (Barkway, 2006). The same author furthermore identified the workplace as a potential setting for both mental health promotion and mental illness prevention (Barkway, 2006).

Barkway (2006) also notes that despite the risk factors that work/the workplace present for mental health illness, few programmes has been developed to address mental health promotion.

In addition, Barkway (2006) is also of the opinion that the potential for mental health promotion is not fully utilised in this setting, nor are programmes and initiatives to promote mental health as prolific as those in the physical health area. Similarly, The Harvard Mental Health Letter (2010) believes many employees suffer from mental health problems which are not reported in the workplace because mental health issues do not receive as much attention as physical health concerns.

It is estimated globally that mental health disorders contribute 4.5 % of the global burden of disease. Although Swaziland has mental health legislation in place that was last amended in 1970, it has neither an officially approved mental health policy nor a mental health plan, and the general health policy does not mention mental health (WHO, 2011).The Kingdom of Swaziland is a country with a population of about 1 201 904 in an area that is approximately 17 thousand square kilometres. A national mental health programme is present, but details about the year of formulation of the programme are not available. The current focus of the mental health programme is on the development of standardised guidelines for diagnosis and management of common mental health disorders. Mental health is a part of the primary health care system; however, actual treatment of severe mental disorders is not available at the primary level. The greatest majority of severe mental disorders are referred to the National Psychiatric Centre (WHO, 2011).

Factory workers in a sugar mill are exposed to several hazards and risks such as heat, noise, slippery floors, working at heights, high-speed machines, to name just a few. These hazards and risks can influence physical and mental health adversely (Canadian Mental Health Association, 2009).

The Sugar Mill Company's health and wellness department has a health promotion programme with the following components:

- Prevention of ill health caused by work exposures (exposure to harmful agents in the workplace) the commonest of which are noise, chemicals and heat stress.
- Educating employees on the importance of using and wearing Personal Protective Equipment (PPE).

- HIV/AIDS in the workplace addressed through the implementation of an AIDS management system (ISO 160001) managed by the social welfare department.
- Awareness and management of chronic diseases such as hypertension, diabetes and tuberculosis (TB).

Workers with mental and social health problems are managed through the employee assistance program (EAP). The program is open to employees and their registered dependants. There is a social welfare office with a company-employed social worker, and both the social worker and occupational health practitioner offer counselling when required. A psychologist is out-sourced to address certain problems or to refer employees who are affected, and the company incurs the cost. The most active components of the employee assistance program are HIV/AIDS, post-traumatic stress disorders and maintenance issues. Candidates are self-referred, sent by a supervisor or by friends, and some are diagnosed with social problems, when they attend the clinic.

The factory workers and all other workers are seen in the employee assistance programme when they already present with problems, when some of these can be prevented by establishing a comprehensive health promotion programme of which mental health promotion is one component, to prevent and reduce the workers' stressors.

1.3 MOTIVATION AND RATIONALE FOR THE RESEARCH

Traditionally, occupational health services and occupational health nursing focus on the physical, chemical, ergonomical and mechanical hazards with little or no attention paid to psychosocial hazards and risks. However, globally there is a strong movement to address the workplace and workers' health comprehensively and holistically, and thus also to emphasize psychosocial hazards and risks and the management thereof.

The importance of addressing the psychosocial health hazards and needs of workers is contained within the World Health Organisation's Healthy Workplace Model (Burton, 2010). This model states that the organisation of work and the organisational culture - the attitudes, values, beliefs

and practices that are demonstrated daily in the enterprise can affect the mental and physical well-being of employees (usually referred to as workplace stressors) which when not addressed may cause emotional or mental stress to workers.

The researcher, as an occupational health nursing student, has a keen interest in mental health promotion and prevention and management of mental illness in the workplace and community and therefore embarked on this study.

1.4 SIGNIFICANCE OF THE STUDY

It is envisaged that this study will provide information to occupational health nurse practitioners (OHNPs), occupational health medical practitioners (OHMPs), and human resource managers regarding the importance of mental health promotion. Furthermore, the study can potentially create an awareness of the importance of a mental health programme to employers, since very limited evidence was found in the literature - nationally and internationally - regarding the sugar cane industry in general and the factory workers, in particular.

The study can also contribute to the body of knowledge regarding the management of mental health in the workplace, workplace mental health promotion, and occupational health and occupational psychology. In addition, this study will add to the body of knowledge regarding occupational health nursing and provide evidence and guidance through its findings for occupational health nurse practitioners (OHNP's) on workplace mental health and mental health promotion programmes. The study addresses a gap in the literature on mental health issues of sugar cane industry workers

Furthermore, this study can support and facilitate the inclusion of mental health promotion in the Sugar Mill Company's workplace health promotion/wellness programme.
The study should also contribute towards creating an awareness of mental health.

1.5 RESEARCH PROBLEM AND QUESTIONS

A comprehensive workplace health promotion/wellness programme should include a mental health component. In addition, psychosocial hazards should be identified, and the risks assessed and managed in a comprehensive workplace health management system.

The literature reveals that studies have been done on the health of sugar cane cutters - mostly physical health. However, very limited research could be found on the psychosocial health of factory workers and sugar cane cutters. It is evident from the literature ((The National Institute for Health and Clinical Excellence (NICE), 2009), Sun, Buys & Wang (2013), Jane-Llopis, Barry, Hosman, Patel (2005) that a workplace mental health programme should have initiatives that address factors affecting the work environment and health and safety policies. There should also be training on strategies to cope with stress, to address the organisational culture as a supportive environment, and psychosocial interventions to promote mental health.

As a registered nurse and a student in occupational health nursing, I have noticed that the Sugar Mill Sugar Company's health promotion programme does not include a mental health promotion component. It is thus evident that no programme or service has as focus the promotion of mental health or of addressing mental health issues, comprehensively. Therefore, the problem for this study is that the mental health promotion needs of employees in this specific setting are not known and that no dedicated mental health promotion programme exists.

The questions that were answered in this study were:

- What are the mental health concerns of factory workers at a Sugar Mill Company in Swaziland?
- What are the mental health promotion needs of factory workers in a Sugar Mill Company in Swaziland?
- What are the opinions /viewpoints of factory workers regarding what the workplace can do to promote their mental health?

1.6 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to investigate the mental health promotion needs of factory workers and to make recommendations to management on what a mental health promotion programme should entail according to the factory workers identified needs at a Sugar Company in Swaziland.

The objectives were:

- To determine the mental health concerns/stressors of the factory workers
- To describe the mental health promotion needs of the factory workers.
- To make recommendations to management on what a mental health promotion programme should entail according to the factory workers identified needs.

1.7 RESEARCH METHOD AND DESIGN

This study used a qualitative approach which was descriptive in nature. Data was collected through face-to-face in-depth interviews with participants from the two factories.

A detailed description of the research design and method is given in chapter 3.

1.8 RESEARCH PARADIGM

The research paradigm is a blueprint that will guide the researcher as to what should be studied, how the study should be conducted, how the researcher should ask questions and which rules will determine the interpretation of the answers obtained during the study (Botma, Greef, Mulaudzi, & Wright, 2010**)**. Botma et al. (2010) states that ontology, epistemology and the methodology are the three philosophical assumptions that underpin a research paradigm. The three philosophical assumptions are described below:

1.8.1 Ontology

Ontology deals with the main characteristics of something as it is (Polit & Beck, 2008). It is what exists. The researcher believes that the viewpoints of the Sugar Mill factory workers regarding their mental health promotion needs in relation to the workplace should be taken as they are expressed so that recommendations can be made to management for the content of a mental health promotion programme in accordance with the identified needs.

1.8.2 Epistemology

Epistemology is the understanding of something in its natural way or presentation (Brink, Van der Walt, and Van Rensburg**,** 2012). The researcher believes that by listening to what the Sugar Mill Factory workers say during the face-to-face in-depth interviews in their work area will result in much more detailed descriptions as the researcher can probe further for clarification. This makes it possible to determine their viewpoints regarding their mental health needs based on the mental health stressors they are experiencing.

1.8.3 Methodology

Methodology refers to the various techniques/methods to follow when a researcher wants to study something (Botma *et al.,* 2010). This is how the researcher plans to conduct the study. A detailed description of the research design and methods are given in chapter 3.

1.8.4 Meta- theoretical assumptions

Meta – theoretical assumptions are views, though not testable, considered true (Polit & Beck 2012). As Fawcett (2005) has noted, there are four concepts central to models of nursing: human beings, environment, health, and nursing. The study is based on the researcher's meta-theoretical assumptions regarding these four concepts.

The person

The person herein refers to the sugar mill factory worker. The person is a unique holistic individual composed of the physical, emotional, spiritual, cognitive, and social aspects. The

factory worker is the focus of the occupational health nurse practitioner to promote his/her health, and in this case, mental health.

Health

Health consists of the physical and the mental health as well as to the social well-being of a person (WHO, 2006). If the physical, mental, and social aspects that makes an individual, in this case the sugar mill factory worker, are not in balance, the person moves from health towards illness. The focus for OHNP is to keep all the aspects (*physical, mental and social well-being*) in harmony through the specialised skills of the occupational health nurse practitioner to keep the worker healthy.

The environment

The concept of environment, as developed by Hegge (2013) from "Nightingale's theory of the environment", proposes that it comprises the internal and external environment which can be manipulated to improve human health through providing fresh air, light, warmth, cleanliness, and food. Internal and external environmental factors in the workplace can be altered to promote workers' mental health by developing or changing company policies, working area, culture and climate of the company, thus leading to positive employee mental health (Hegge, 2013).

Nursing

Nursing combines all the specialised efforts of nurses to try and keep the mental, physical, and social well-being of the person intact and thus keeping the person healthy. Nurses alter the environment to harness the healing powers of nature to act upon the employee/worker. OHNP(s) assess the workplace environment by observing, documenting, reporting, analysing, and advocating for just social policies that promote worker's mental health (Hegge**,** 2013).

1.9 DEFINITIONS OF THE MAIN CONCEPTS

Mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community" (Canadian Mental Health Association, 2009: 9).

Needs assessment is collecting health related data from workers about themselves and their work environment (Canadian Mental Health Association, 2009).

Mental health promotion "builds individual and community capacity by enhancing people's own innate ability to achieve and maintain good mental health, and by creating supportive environments that reduce barriers to good mental health" (Pollet, 2007: 1).
Wellbeing: is a changing state, in which the individual can achieve growth in their abilities, working fruitfully and innovatively, and contributing to social capital (Foresight, 2008).

Worker: (1) "someone who works in a particular job or in a particular way: factory/social/construction workers (2); someone who works for a company or organisation but does not have a powerful position" (Cambridge Advanced Learner's Dictionary, 2013: 1813). For the purpose of this study, a worker means an individual employed to work in the factory section of the sugar mill company processing raw sugar cane.

Sugar Mill Company: A company that produces various sugar cane based products including raw and refined sugar, ethanol and electricity. For the purpose of this study, a Sugar Mill Company is a factory that is involved in sugar production from the time harvested sugar cane is brought to the mill for processing to refined sugar by factory workers.

1.10 OUTLINE OF THE RESEARCH REPORT

The research report is divided into five chapters.

Chapter 2 focuses on a detailed discussion of the concepts and the related literature pertaining to this research**.**

Chapter 3 discusses the research design and research method, data collection, the issue of trustworthiness of the research and ethical issues that were considered.

Chapter 4 presents the findings and a discussion of those findings.

Chapter 5 has as focus the conclusions, limitations and recommendations of the study.

1.11 SUMMARY

In this chapter, the researcher presented the introduction and background to the research, research problem and questions, and a brief definition of the main concepts were given. In addition, the purpose and objectives of the research, a motivation and rationale of the research, as well as a brief description of the research design was provided.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, a review of literature relevant to this study is provided. The concepts underpinning this study are clarified, and work related factors that influence mental health and the mentally healthy workplace are described. In addition, comprehensive workplace health management, mental health promotion, and the management of workplace health promotion is discussed. In addition, the roles of the occupational health nurse practitioner are described.

The researcher consulted for the literature review included journal articles, textbooks, internet sources, Health and Safety Acts, World Health Organization (WHO) and International Labour Organization (ILO) documents. Search engines and databases that were used are PubMed, Ebco Host, Cochrane, CINAHL, Google Scholar, and Google Search. The search was limited to papers published in approximately the last ten years, since 2005.

Key words used in the search were the following: mental health, workplace mental health, workplace health promotion, mental health promotion needs and programme, as well as factory workers and sugar cane industry.

The literature revealed very little in the specific industry, and therefore literature evidence is included from other industries.

2.2 THE MEANING OF MENTAL HEALTH AND MEANTAL HEALTH PROMOTION

2.2.1 Mental health

It is evident from the literature, that different authors describe mental health using different concepts such as mental wellbeing/wellness, positive mental health and emotional wellness.

The World Health Organisation (2005) suggests that mental health should be conceptualised as 'a state of well-being' in which an individual: (a) realizes his or her own abilities, (b) can cope with the normal stresses of life, (c) can work productively; and (d) can contribute to his or her community. The WHO (2001) furthermore states that positive mental health refers to human qualities and life skills such as cognitive functioning, positive self-esteem, social and problem solving skills, the ability to manage major changes and stresses in life, to influence the social environment through working productively, and contributing to the community. Similarly, Jane-Llops et al. (2005) state that positive mental health contributes to the individual's well-being and quality of life and contributes to society and the economy by increasing social functioning and social capital.

Uys and Middleton (2014) define mental health as a state of wellbeing in which a person is working fruitfully, is caring and able to deal with differing views of people, as well as adapting to the daily stresses of life. In addition, Power (2010) adds that mental health is not merely the absence of mental illness. It is what makes people enjoy life, be productive, and find fulfilment, and it contributes to developing networks of relationships, thus, leading to economic development in societies. Warin (2013) states that mental wellbeing describes your mental state feelings and coping skills that is the dynamic and which is enhanced when an individual can fulfil their personal and social goals and achieve a sense of purpose in society.
Additionally, Warin (2013) is of the opinion that if a person has good mental wellbeing or health, they are able to:

> Have self-esteem and accept their short comings, be emotionally intelligent, form and maintain meaningful relationships and contribute to society and be fruitful in life and manage daily stresses as they come.

These definitions concur that a mentally health individual is one who is fruitful in their own lives and who contributes to other people's lives; copes and adjusts with everyday stresses, knows his/her potential, and relates well with others. The WHO (2001) concludes that a lack of positive mental health, mental health problems, and mental disorders are not exclusive to any special group, but are found in people of all regions, countries and societies.

2.2 Mental health promotion

Pollett (2007), (as cited in Flintrop, 2011: 9), defines mental health promotion (MHP) as "*the process of enhancing protective factors that contribute to good mental health*". The same author is of the opinion that MHP initiatives are about the development of the individual and the improvement of social and environmental conditions, thus enabling optimal health (Pollett, 2007).The WHO (2004) agrees with the above author that mental health promotion constitutes capacitating individuals and the society to improve their mental health. Programmes in this area focus on an individual or community's wellness and strengths, rather than on their deficits (Jané-Llopis *et al*. 2005, Barry & Jenkins 2007).

2.3 FACTORS THAT INFLUENCE MENTAL HEALTH IN THE WORKPLACE

Mental health in the workplace is influenced by multi-faceted factors, and each workplace will have different risk and protective factors for mental health (The National Mental Health Commission and the Mentally Healthy Workplace Alliance (NMHC and MHWA), 2014).

2.3.1 Protective factors

The Canadian Centre for Occupational Health & Safety (CCOHS 2012) concludes that thirteen organizational factors can affect an employee's mental health positively. These factors include offering psychological support, a conducive organizational culture (which refers to the underlying values and beliefs that guide workplace behaviours such as good leadership and expectations), civility and respect, psychological job fit, growth and development, recognition and reward, involvement and influence, workload management, engagement, balance, psychological and physical protection**.**

2.3.2 Risk factors

Kelloway and Day (2005) suggest that mental health is negatively affected by several work-related factors including job-related stressors (such as working overtime), role stressors (e.g. conflict with managers and co-workers), ambiguity and inter-role conflict, perceived job control, poor quality leadership, and aggression in the workplace (e.g. harassment, bullying, etc.). In

addition, the CCOHS (2012) also mentions stigmatization and discrimination, job demand, effort/reward relationships, burnout, violence, bullying and mobbing, and substance use at work as risk factors for workers' mental health.

Sun at el, (2013) mentioned that previous studies have shown that some job factors, mostly those in which there is high mental and physical demands and lesser input as to how the job should be performed, greatly increase the risk of mental illness, including anxiety and depression. For example, Karasek and Siegrist (as cited in Sun at el, 2013) developed a model that demonstrated a connection between a variety of mental and physical problems suffered by employees in relation to the amount of mental and physical input and the rewards they receive (Sun at el, 2013).

In Figure 2.1 below, the National Mental Health Commission and the Mentally Healthy Workplace Alliance (NMHC & MHWA) (2014) describe a model that is useful for identifying risk and protective factors from different sources and at different levels within and outside a workplace.

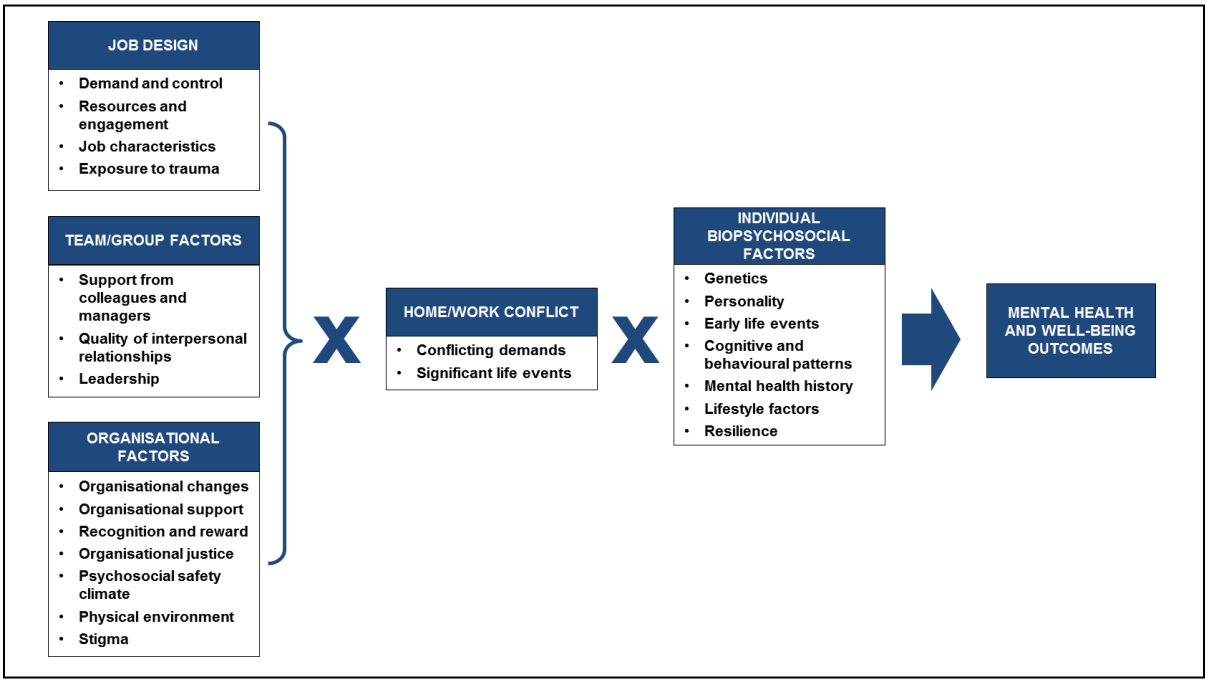


Figure 2.1 NMHC & MHWA Risk and protective factors (2014)

The NMHC & MHWA (2014) are furthermore of the opinion that since factors from these different levels and sources are likely to interact in complex ways, mental health issues cannot simply be addressed by isolating and improving risk factors in one area.

2.4 THE MENTALLY/PSYCHOLOGICALLY HEALTHY WORKPLACE

A mentally healthy workplace is defined as a workplace that assesses and identifies mental health stressors and thereafter develops strategies to reduce their potential negative impact on an individual's mental health while simultaneously enhancing protective factors, thus allowing for personal empowerment (National Mental Health Commission and Mentally Healthy Workplace Alliance, 2014).

According to the CCOHS Fact sheet (2012), a psychologically safe and healthy workplace is one that promotes workers' mental well-being. For example, a psychologically safe workplace would be free of excessive fear or chronic anxiety, be a healthy and safe environment and with opportunities for growth.

2.5 COMPREHENSIVE WORKPLACE HEALTH AND SAFETY MANAGEMENT

CCOHS (2012) is furthermore of the opinion that a psychologically safe workplace can be created by the implementation of a Comprehensive Workplace Health and Safety (CWHS) programme where the employer, in consultation with employees, develops different ways to continually improve or maintain the quality of working life, health, and the well-being of the workforce (CCOHS, 2012. The programme should have four components, namely:

1. **Occupational Health and Safety**

This pertains to the physical work environment. Efforts here are directed towards reducing physical job hazards and risks which help reduce stress suffered by employees in the workplace (CCOHS, 2012).

2. **Psychosocial work environment**

These consist of the organizational culture (respect, trust, honesty, and transparency among employees and managers, justice, work-life balance) and organization of work (communication,

workload, workers' influence and input, role clarity, recognition). When these factors are absent or handled poorly in the workplace they become sources of stress, or "stressors", for employees (CCOHS, 2012).

3. Organisational community involvement

As a form of social responsibility and business ethics, the organisation in protecting both the workers and community, addresses issues of health and safety and a conducive physical and social environment. Within the community, a business may decide to support or sponsor community activities and events as a form of giving back to the community (CCOHS, 2012).

4. Workplace health promotion (wellness)

Workplace health promotion (WHP) should support healthy lifestyles for all employees. Examples of wellness programs include active living, healthy eating, smoking cessation, fitness, and immunization against influenza and other infectious disease. These activities are developed as part of a continual improvement process to improve the work environment (physical, psychosocial, organizational, economic), and to increase personal empowerment and personal growth (CCOHS, 2012)**.**

The CCOHS (2012) postulates that these areas must be incorporated into the CWHS programme and mental health included in each of these components for the flow of health promotion programmes.

2.6 MENTAL HEALTH PROMOTION/WELLNESS IN THE WORKPLACE

Jané-Llopis *et al*. (2005) argue that the aim of workplace mental health promotion is to have a mentally healthy and supportive environment, which boasts different ways that can be effectively implemented to promote mental health, thus preventing work related stress. Flintrop (2011) concludes that mental health promotion programmes do not only promote mental health and wellbeing; they can also help protect and promote physical health.

Mental health has continued to receive lesser attention, mostly in the low and middle-income countries, even though mental health is of paramount importance to achieving optimum health and/ wellbeing, thus influencing social and economic outcomes across the lifespan (Barry, Clarke, Jenkins, and Patel, 2013). Various studies and systematic reviews show that mental health promotion programmes have the potential to lead to a range of positive health and social outcomes (Bond & Hauf, 2004, Jané-Llopis & Barry 2005, Jané-Llopis *et al*. 2005, Barry *et al.* 2007).

Jane-Llopis et al (2005) state that managers and employees should be capacitated on mental health topics like early identification of stress and mental ill-health, free psychological counselling, and specific psychological support to promote mental health of employees in the workplace. Power (2010) adds that equally important, mental health promotion activities are designed to strengthen an individual's ability to cope with adversity even though promoting mental health goes beyond a focus on the individual.

As articulated in the Ottawa Charter (WHO, 1986), mental health promotion subscribes to the ideology of improving mental health and addressing underlying mental health issues which is in line with the Ottawa Charter's fundamental principles of health promotion (building health public policy, creating supportive environments strengthening community action, developing personal skills, and re-orienting health services).

Barkway (2006) is of the view that employed people spend at least 50% of their time in the workplace, and because of this, visiting health facilities is a challenge for them; therefore, their health concerns may not be fully met. This renders the work setting as an ideal place for both physical and mental health promotion. However, for mental health promotion to be effective in the workplace, a multi-faceted approach towards total wellbeing, which is inclusive of mental health, is required (Barkway, 2006).

Business profits are jeopardised when employees' mental health is negatively affected by the work and workplace conditions postulates the (CCOHS, 2012). Therefore, the importance of full participation of all the departments from top management down to the lowest level of

management for the mental health promotion programme to be successful (CCOHS, 2012) can never be over-emphasized.

Chopra (2009) believes workers working in a healthy work environment, due to mental health interventions, feel healthier and thus they are more motivated, less absent, highly productive, stay longer in the job, and keep a positive image and a consistent corporate social responsibility (Chopra, 2009).

According to Corbere *et al.*, (2009) and Martin *et al*., (2009a) actions should be implemented at both an organisational and individual level within the workplace. Actions targeted at organisational level include measures to promote awareness of the importance of mental health and well-being for managers; risk management of stress and poor mental health; for instance looking at job content, working conditions and terms of employment. Furthermore, the same authors state that social relations at work, modifications to the physical working environment, flexible working hours, improved employer–employee communication and opportunities for career progression need to be assessed (Corbere *et al.*, 2009 and Martin *et al*., 2009a). Actions targeted at individuals can include modifying workloads, providing cognitive behavioural therapy, relaxation and meditation training, time management training, exercise programmes, and goal setting exercises (Corbere *et al.*, 2009 and Martin *et al*., 2009a).

According to NICE (2009), 13.7 million working days are lost in the United Kingdom due to employees suffering from poor mental health. Stress, depression, and anxiety being the most cited mental health conditions to affect employees, and these was estimated to have cost UK employers £28.3 billion per year (NICE, 2009). Advocating for healthy working conditions, (NICE, 2009) issued guidance for employers to promote mental health in the workplace by recommending the following in organisations of all sizes:

> Encouraging employee active participation while equality, justice and open communication is practised;
> Mental health awareness and education to eliminate possible stigmatisation of employees with mental health problems;

Ensuring frequent psychosocial risks assessment to promptly identify areas of improvements and address them timely;
Promote a work-life balance;
Capacitating managers with leadership and management which are more supportive to employees.

These recommendations will not only benefit employees, but will also help employers to reduce absence and staff turnover, leading to increased productivity and performance (NICE 2009). On the same note, CMHA (2006) suggested these eight workplace strategies to promote mental health in the workplace:

Encouraging employee inputs and participation in decision making, where possible
Clearly defining employees' duties and responsibilities
Promoting a work-life balance
Encouraging respectful and non-derogatory behaviours
Making sure that work to be done fits the employee's capacity to perform the tasks
Providing opportunities for ongoing career advancement
Providing for clear lines of communication and conflict management
Balancing employees' work efforts with rewards

2.7. MANAGEMENT OF WORKPLACE HEALTH PROMOTION/WELLNESS

The International Labour Organisation (ILO) developed the SOLVE programme to address and manage psychosocial risks in the workplace, incorporating health promotion (ILO 2012). The acronym SOLVE refers to stress (including economic stress), alcohol and drugs, HIV/AIDS, violence, tobacco, as well as nutrition, physical activity and healthy sleep.

The ILO/SOLVE (2012) programme states that the success of the WHP is based on the commitment and participation of all the stakeholders. Involving all stakeholders ensures that the needs of all sectors of an organization are considered in the implementation of the programme. Consulting all the stakeholders' helps in identifying challenges that may not have been

anticipated had consultation not taken place, and enhances smooth integration of the WHP programme into OSH management practices.

The ILO/SOLVE (2012) recommends the following five phases of WHP management:

Preparation

The initial action in the preparatory phase is to create a committee that will be responsible for planning and implementation of the programme, with members from senior management, human resources, and health and safety representatives, after which communication is sent to everyone using all available means of communication channels like posters, notice boards, intranet, and meetings. All this is done with reference to the rules surrounding health and safety (ILO/SOLVE, 2012).

Planning

The planning process involves collecting data on the needs of all those the programme is designed for. This can be done through administered questionnaires, surveys, telephonic interviews and focus groups. From the information gathered, priority areas are noted with, among other things, promoting healthy lifestyles at top of the priority list. If there are other health activities previously noted to be effective, they should be included in the WHP, as this can result in a well delivered programme connected to other services rather than having a stand-alone programme. A plan on how the programme will be monitored and evaluated should also be in place (ILO/SOLVE, 2012).

Implementation

After the workers' needs are identified, the WHP programme is established based on the identified needs, as this leads to increased participation from the workers. Since they contributed to its initiatives, sustainability is ensured (ILO/SOLVE, 2012). In this phase, the set plan is executed, as proposed, from the previous phases. This requires support and participation from all departments which makes it easy to gather resources for the programme, e.g. financial input,

external donations, making human resource available, and donations towards the implementation of the new and improved initiatives of the WHP programme.

Evaluation

To determine whether a programme is successful or not, it should be evaluated, and the monitoring and evaluation plan that was set out in the planning phase comes into effect. According to ILO/SOLVE (2012), the success or failures of the WHP programme should be evaluated by means of staff satisfaction surveys, and relevant economic factors such as staff turnover, productivity, and rates of absenteeism; thereafter, evaluating the financial benefits of the WHP programme. Later, the results are communicated so that people are informed of the contents of the evaluation, and the way forward is mapped.

Review and update: ongoing implementation (principle of continuous improvement)

Planning and implementation are ongoing processes. Information coming from the evaluation should be well understood to enable continuous improvements, in both the long and short term, where applicable (ILO/SOLVE, 2012).

An example of a needs assessment study

A study conducted by Buranatrevedh (2013) on work environment and health promotion needs among personnel in the Faculty of Medicine at Thammasat University revealed that 42.8% of the participants had experienced physical illness or stress, 68.3% had debt problems, 20% had some problems with co-workers or the work environment, 65.5% had a high workload, and 64.1% felt they did not get enough work benefits.

Fast-paced work, relationships among co-workers, repetitive work, high stress work, and high workload were the issues that came out from the assessment. From these findings, the following were included in the occupational health and safety system devised as solutions: training to use new equipment, supervisor training, work skill training, appropriate periodic health

examinations, appropriate medical services, proper canteen services, adequate salary raises, and facilities for health promotion (Buranatrevedh, 2013).

2.8 THE ROLES OF THE OCCUPATIONAL HEALTH NURSE PRACTITIONER IN WORKPLACE HEALTH

The occupational health nurse practitioner (OHNP) is a member of a multi-disciplinary team that manages comprehensive workplace health.

Occupational health nurse practitioners (OHNPs) are expected to engage in traditional and expanded roles. The traditional roles are related to providing curative treatments, rehabilitation, counselling regarding health risks, providing follow-up of workmen's compensation claims, and health assessments (Mellor & St John, 2007). Mellor & St John's (2007) study on occupational health nurses' perceptions of their current and future roles mentions initiating, developing, and evaluating health promotion programmes as expanded roles of OHNPs.

The OHNP advocates for promoting, protecting, restoring, and maintaining workers' health within the context of a safe and healthful work environment (*Strasser, Maher, Knuth, Fabrey, 2006*). In promoting mental health, the OHNP will work towards keeping the environment safe and conducive to health through undertakiing health risks assesment; advocating for policy changes that support workers mental health; creating mental health awareness through health education sesions and distributing infomation education, and communication material about mental health. Also to develop and implement a research process after which results are disseminated to others through presentations, publications & practice, thus adding to the body of occupational health nursing knowledge.

2.9 SUMMARY

What is evident from the literature review is that mental health promotion is part of a comprehensive workplace health promotion programme and workplace health management system. In conclusion, one can say that the needs of participants - employees in this case - play a

pivotal role in informing the planning of their programmes. This is supported by the literature consulted, which emphasizes the importance of conducting a need assessment before any programme is planned and implemented. Failure to consider these needs in planning health programmes might lead to poor utilization, which is expensive to the company. Study design and method follows in the next chapter.

CHAPTER THREE

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

This chapter has as focus the description of the research design and method used in this study. In addition, the measures taken to ensure trustworthiness and ethical considerations are described.

3.2 RESEARCH DESIGN AND METHOD

Research design is the blueprint to be followed in collecting data for a study (Brink et al.**,** 2012). This study made use of a qualitative approach which is descriptive in nature.

According to Burns and Grove (2009), qualitative research is a research method that seeks to understand the subject of interest from the perspective of the participants through interaction with the researcher. Brink (2008) adds that qualitative research is a method of enquiry that focuses on in-depth aspects of the meaning of the experience and opinions of the selected participants, and agrees that it aims at understanding a phenomenon from the perspective of the participants. The qualitative research method has allowed the researcher to investigate this phenomenon from the viewpoints of factory workers and the data were expressed in words. Jolley (2013) agrees that qualitative research is effective for studying human perceptions, as it allows the researcher to gather the data in the form of words instead of numbers, and its focus is on the qualities and meanings of the phenomenon, as expressed by the participants.

Polit and Beck (2012), define descriptive research as research that seeks to depict an exact picture of the occurring phenomenon of interest, in the population under investigation, as it occurs. Similarly, Botma *et al.* (2010), define descriptive design as a non-experimental design that is used when the researcher wants to describe the topic of interest as it naturally occurs. In the descriptive approach, the research variables are not manipulated and there is also no attempt to establish the relationship between variables. Descriptive designs can therefore be used to

generate hypotheses and to develop the relevant theory in order to establish what others are doing in similar circumstances (Botma *et al.,* 2010).

Thus based on the above-mentioned orientation, qualitative research methods were used to explore and gain in-depth understanding of the phenomenon under investigation: assessment of the need for the promotion of mental health among the factory workers at a Sugar Mill Company in Swaziland.

3.3 CONTEXT AND SETTING OF THE RESEARCH

The study setting is where a study is conducted, which could be at participants' homesteads or their workplaces (Polit & Beck, 2008). This study was conducted at a Sugar Mill Company in Swaziland situated in the Lubombo region. It is the largest corporation in Swaziland and has established itself as a world-class producer of sugar and related products. It employs over 3500 people on two sugar estates whose combined land-under-cane cultivation and irrigation is approximately 20 000 hectares, It operates two sugar mills, a refinery, and a distillery. The company provides housing accommodation and recreational facilities on the estate, with all the associated infrastructure, support services, clinics, and schools, in a tranquil social environment for employees and their families. The data was collected on these two sugar estates.

3.4 POPULATION AND SAMPLING

According to Polit & Beck (2008), a population is all the elements, individuals or objects possessing common characteristics from which a sample is drawn**.** In this study, the population was defined as all the workers working at both sugar estates (Mill A and B) in Swaziland, but only the accessible population of 800 factory workers was chosen for the study because they were more readily available.

A sample is the number of units or individuals drawn from the target population (Polit & Beck, 2008). Purposive sampling was used in this study to select a sample and is defined as a "non-probability sampling method in which the researcher will recruit and select participants based on

personal judgement regarding which ones will be more representative or informative" (Polit and Beck, 2008: 729). The sample totalled 20 factory workers and was determined by data saturation, which means no new information was obtained (Polit & Beck, 2012).Only the factory workers from the Sugar Mill Company were chosen for this study because mental health is an abstract concept which may not be understood in the same way by all the workers. These factory workers all have matriculation/O level certificates and can thus better understand the concept of mental health and mental health promotion.

The inclusion criteria for this study were:

Factory workers on the two sugar estates;

Participants who were willing to be interviewed and participate;

Participants able to be interviewed in SiSwati and /or English;

3.5 DATA COLLECTION

Data collection is defined as the gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study, in an organized way (Burns and Grove, 2009).

Data was collected by means of in-depth face-to-face interviews.

3.5.1 What is an in-depth interview?

In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small sample of respondents to explore their views on a particular idea, program, or situation, as they experience it (Boyce and Neale, 2006). In-depth interviews are used when the researcher wants detailed information about a person's thoughts and behaviours or when exploring new issues in depth (Boyce and Neale, 2006). In addition, Boyce and Neale (2006) suggest that in-depth interviews should be the data collection technique of choice compared to focus group discussions if the potential participants may be uncomfortable

talking openly in a group, or when you want to distinguish individual (as opposed to group) opinions about the program.

3.5.2. What are the advantages and limitations of in-depth interviews?

According to Boyce and Neale, (2006) the advantages of in- depth interviews are:

- They result in much more detailed information than what you can get from other data collection methods like surveys.
- They also may provide participants with a more relaxed atmosphere where they feel more comfortable having a conversation with you about their program, as opposed to filling out a survey, and thus yielding more detailed information.
- In-depth interviews provide valuable information for programs, particularly when supplementing other methods of data collection (Boyce and Neale, 2006).

3.5.3 What are the limitations of in-depth interviews?

- In-depth interviews can be very time-intensive in terms of the time spent on interviews, transcribing them, and analysing the results.
- They are prone to bias: using less skilled interviewers increases the possibility of bias.
- Interviewers must be appropriately trained in interviewing techniques: the interviewer must use effective interviewing techniques such as avoiding yes/no and leading questions; using appropriate body language and keeping their personal opinions in check.
- Not generalisation prone*:* When in-depth interviews are conducted, generalizations about the results are usually not made because of small samples which are not chosen randomly (Boyce and Neale, 2006).

3.5.4 Data collection instrument

The study used two main questions posed to recruited participants in in-depth face-to-face interviews which were audio-taped and then transcribed. Probes also enhanced rapport in that they indicate to the informant that the researcher is truly interested in understanding his/her experience (Brink at el. 2012), which facilitates the credibility of the study.
For the aim of this study, the questions were:

1. **Please tell me about your mental health** (impilo *yakho yengcodvo*).

Probes used:

- Do you have any mental health concerns about yourself, your family, or anything at the workplace? (*Tingcinamba tiphi? Lonato empilweni yakho yengcondvo mayelana nawe, umndeni wakho, kanye nalokuchamuka emsebentini wakho?.umatikhona ngutiphi?)*

- What makes you feel stressed? (*kukhona yini lokukuphatsa kabi emoyeni)*

2. What do you think the workplace can do to help improve your mental health? **(** *yini locabanga kutsi emsebentini wakho ingentiwa kukusita kutsi kwente impilo yakho yengcondvo ibencono)*

- **If you have other ideas about how your company can become a mentally healthier place to work in, please explain.** *(ingabe unato yin tindlela inkampani losebenta kuyo lengatisebentisa kutsi ibe yindzawo lekahle yekusebentela, ungatichaza?).*

The interview questions were pre-tested on workers similar to those who were used in the study but did not form part of the sample of the study. This was done to determine clarity of questions and relevance of collected data to the problem. The results obtained from the pre-testing were not used in the main study. No problems were experienced in the pre-testing.

3.5.4.1 Preparing for data collection:

The following steps were taken by the researcher before the actual data collection commenced:

Step 1: Permission to do the study was obtained from the Sugar Mill Company in Swaziland (Addendum B).

Step 2: Ethical clearance and approval was also obtained from both the University of Witwatersrand Human Research Ethics Committee (Medical) protocol number M150369 (Addendum C) and the Swaziland Scientific and Ethics Committee (Addendum D)

Step 3: A memorandum was sent to the factories of the Sugar Mill Company a day before data collection started, to serve as notification to the employees about the presence of the researcher.

Step 4: The researcher gave a presentation on one estate on what mental health is, what the study was about, and the purpose, objectives and method which would be used in collecting data and communication of findings. On the other estate, the supervisors read out the information letter (Addendum E) to the workers because the researcher was unable to secure a presentation time.

Step 5: After this, those who were willing to take part were asked to volunteer, and appointments were set up with the participants who were willing to participate in the study. Participants who met the inclusion criteria were selected on a first-come first-serve basis, one from Mill A and one from Mill B, until data saturation was reached.

3.5.4.2 Data collection procedure

The researcher secured a private and quiet venue on each of the two estates of the Sugar Mill Company where the interviews took place.

The researcher introduced himself, welcomed the participant to the session, thanked her/him for attending, and explained the purpose of the interview. All participants signed consent forms (Addendum F) both for the interviews and for the audio recording of the face-to-face interview, prior to the interview commencing.

As a registered nurse the researcher has experience in interviewing patients and has participated in field research in his workplace which involved interviewing participants. In addition interviewing was practiced with supervisor and first transcript was sent to supervisor for feedback.

The researcher wrote down his thoughts and feelings during and after the interviews to help him remember and to explore the process of the interviews (Whitting, 2008). According to De Vos, Strydom, Fouche, and Delport (2005:2), field notes are "written accounts of the things the researcher hears, sees, experiences and thinks about in the course of interviewing". The researcher made notes on each question and probe, noting all non-verbal communication used when the participated responded to a certain question, like smiling and frowning. Most of the factory workers seemed relaxed when interviewed.

Analysis of the field notes took place simultaneously with data collection this helped the researcher to be able to know if the interviews were going in the right direction. Cohen & Crabtree (2006) states that analysis of the field notes while in the data collection area helps in determining if the main research question is being answered and identification of emerging themes. The researcher noticed that the factory workers seemed uneasy initially during the presentation on the study. However as the presentation continued the factory workers started asking questions about mental health and mental illness. Appreciation was given to the fact that they could now differentiate between mental health and mental illness. There were both exciting and touching stories shared by the participants even though the sad things they said asked not to be recorded. The exciting part was when the participants showed to be informed about mental health and how to manage stress and the suggestions on what can be done to make the workplace promote their mental health.

The researcher, as person, was wholly involved - perceiving, reacting, interacting, reflecting, attaching meaning, and recording (Burns & Groove, 2009).

The interviews were conducted by the researcher in English and SiSwati and lasted from 25 - 40 minutes. Twenty interviews were conducted from 19 November 2015 to 27 November 2015, until data saturation was reached. Burns and Groove (2009:361) state that "data saturation occurs when additional sampling provides no new information; only redundancy of previously collected data".

The participants were thanked for their time and contribution at the end of each interview.

3.6 DATA ANALYSIS

According to Henning (2011:128), data analysis is, "breaking down the data into bits and pieces, so as to elicit meaning from this data". According to Polit and Beck (2012), data analysis occurs concurrently with data collection in qualitative studies

The steps in data analysis were followed as suggested by Creswell (2009:185–186) and incorporating Tesch's method of data analysis.

- The researcher translated the first two interviews from SiSwati into English and then transcribed the two interviews; thereafter he typed the transcript and the field notes. Thereafter he printed the two transcripts, labelled Participant#1 and Participant #2, respectively, and then read through a number of times to familiarize himself with the content, and to form a holistic understanding of the data. He photocopied the transcripts, put aside the originals, and the copies were then used for analyzing purposes.
- He obtained a general sense of information by re- reading all the data obtained in the first two interviews before the same procedure was followed for all the other interviews, in an effort to understand what participants had said and how they had felt.
- Thereafter codes were inserted into the margin of each transcript, question by question, writing down ideas, thoughts, phrases and words from participants' responses.
- The researcher's supervisor also read through the transcripts and coded them.

- A long list of words was compiled after which the supervisor and researcher wrote down all the codes on white poster paper, for each question.
- Different coloured marking pens were used to match similar responses from the created list.
- Themes emerged and those with similar colours were grouped together until they fitted into a category and sub-category.

3.7 TRUSTWORTHINESS

Trustworthiness is the degree of confidence qualitative researchers has in their data (Polit & Beck, 2008). To enhance the trustworthiness of this study, Lincoln and Guba's (1985) guidelines were used, namely credibility, dependability, confirmability, and transferability.

3.7.1 Credibility

Credibility refers to confidence in the truth of the data for the participants as well as the context in which the study was conducted (Polit & Beck, 2012). The researcher applied the following measures to enhance the credibility of the study:

- The researcher used a well-known and well established research method.
- The researcher familiarised himself with the process before data collection started.
- The research proposal was evaluated by members of the Nursing Education Department as well as a panel of assessors of the School of Therapeutic Sciences, at the University of the Witwatersrand.
- Authority of researcher: The researcher's role is clearly identified as a Masters level student in Occupational Health Nursing at the University of Witwatersrand, who has completed a basic training in research methodology. The researcher has five years' experience as a nurse, and she has been involved in numerous operational research in the primary health setting. The researcher's supervisor are highly experienced in supervision of post-graduate degrees and were actively involved in the development of the research proposal and analysis phase of the study.
- To enhance honesty by participants, participation was voluntary.
- Probes were used to elicit more information

- Prolonged engagement took place with participants during interviews where the researcher was able to build and establish trust by demonstrating that confidentiality will be ensured and that anonymity is not at all possible when face to face interviews are done.
- Member checking is a "method of validating the credibility of qualitative data through debriefing and discussions with informants" (Polit and Beck, 2008: 758). To ensure this, during individual interviews, various techniques were used by the researcher to ensure the accuracy of what was being conveyed such as paraphrasing, asking for clarification, and providing a reflective summary of each interview.

3.7.2 Transferability

Transferability refers to the generalisation of data, in which findings can be transferred to other settings or groups (Polit & Beck, 2012).

- For sampling purposes all factory workers at the two sugar mills were eligible to participate in the study and purposive sampling method was used to select a rich sample.
- The interviews were repeated until saturation of data was reached from the 18 interview, but two more were conducted just to be sure.
- A dense description was achieved in this chapter of the study by means of describing the context, participants, research method, and analysis of the data.
- The researcher provided a research report giving in-depth discussion of the data obtained, the data analysis, and interpretation of the research findings.

3.7.3 Confirmability

Confirmability is when two or more people agree about the accuracy of the collected data (Streubert & Carpenter, 2011). Techniques to enhance confirmability are enquiry auditing, reflexivity, and triangulation (Brink at el. 2012).
Confirmability was ensured through the following measures:

The supervisor worked closely with the researcher throughout the study, exploring the data findings, interpretations, and recommendations to ensure confirmability, as needed according to Botma *et al.* (2010).

To achieve reflexivity, the researcher engaged in critical self-reflection about his own biases, motivations, preferences, and preconceptions, as required according to Polit and Beck (2008). The findings of the study are based on the objective data collected by audiotape recordings of interviews and, as far as possible, not on the biases, opinions and motivations of the researcher.

The researcher rephrased questions by means of probing to ensure that transcription of the data expressed the true thoughts, feelings, opinions and ideas of the participants.

3.7.4 Dependability

Dependability of qualitative data refers to reliability of a study to produce similar findings over time, so that if it were to be replicated by another researcher in a study with the same participants in a similar context, its findings would be similar (Brink at el. 2012).

Dependability was ensured through the following measures:

All interviews were voice-recorded, participants were given numbers, and analysis was done according to the numbers.

Interviews were translated and transcribed before allocation into themes and categories took place.

A reflective appraisal of the study is provided in this chapter by means of dense description of the research method and process.

To ensure dependability, the exact methods of data gathering, analysis, and interpretation in qualitative research were described to enable the readers of the study to judge the dependability of the findings in other settings. The techniques used in achieving credibility are also applicable to achieving dependability. Brink et al (2012) agree that when dependability is absent, credibility cannot be attained.

3.8 ETHICAL CONSIDERATIONS

Nursing research should be planned and executed in a way which will foster good, ethical research, justice, and beneficence and exclude harm to or exploitation of participants (Brink et al., 2012).

The following measures were applied to ensure that the study is conducted in an ethical manner:

- Permission to conduct the study was granted by the University Postgraduate Committee of the School of Therapeutic Sciences.
- Ethical clearance to conduct the research was obtained from the Human Research Ethics Committee (Medical) of the University of the Witwatersrand (***Clearance certificate number: M150369) (Addendum C*).**
- In addition, ethical clearance was also given by the Swaziland Ethical Committee (**REF: MH/599C/FWA OOO 15267/ IRB 000 9588** (Addendum D).
- Permission from the Swaziland Sugar company was obtained (Addendum B).
- Informed consent: A study information sheet was given to the participants (Addendum E), and then informed consent, in writing, (Addendum F) was obtained for both participation in the study and audio taping of interviews (Addendum E). Interviews were conducted in a quiet and private place at the factories with only the researcher and participant present. The participants were allowed to withdraw from the study at any time.
- Confidentiality is making sure that the identity of the research participants is known only to the study investigator(s) (Brink et al, 2012). Confidentiality was achieved through the following measures:
    - Numbers were used instead of real names.
    - Transcriptions of the interviews were transferred to a flash drive and removed from the researcher's computer.
    - All hard copy data sheets and flash drives were sealed in an envelope and placed in a safe at the Department of Nursing and will be destroyed three years after publication of the report.

3.9 SUMMARY

This chapter contains a detailed description of the research design and method of choice of the study. Furthermore, the sampling and data collection method and procedure as well as the interview guide and analyses of this data are also described. Ethical considerations that were followed are clearly outlined as well as the measures taken to ensure trustworthiness.

In the next chapter, the presentation, analysis, interpretation and discussion of the study's findings are described.

CHAPTER 4

RESEARCH FINDINGS AND DISCUSSION

4.1 INTRODUCTION

This chapter presents the research findings of the face-to-face in-depth interviews. The themes, categories and sub-categories that emerged from the data are reflected upon and discussed.

The interviews prepared, focused on eliciting information in order to understand what the factory workers current and future needs for mental health promotion were. The purpose of the study was to investigate, explore, and describe the mental health promotion needs and concerns of the employees at a Sugar Mill Company in Swaziland.

4.2 THE PARTICIPANTS

Twenty sugar mill factory workers participated in the study; of which eighteen (18) were male and two (2) were female. Their ages ranged from 20 to 45 years. The participants were all Swazis. The demographic information of the participants is presented in Table 1.

Table 4.1: **Demographic information of the participants**

Characteristics	**Number**	**Percentage**
AGE GROUP		
20-30yrs	15	75%
40-45yrs	5	25%
GENDER		
Male	18	90%
Female	2	10%
MARITAL STATUS		
Single	12	60%
Married	8	40%
MENTAL HEALTH STATUS		
Mental health is fine/well	15	75%
Not sure	5	25%

Fifteen of the participants described their mental health status as fine/well. Five participants were not sure about their mental health status.

4.3 THEMES THAT EMERGED FROM THE DATA

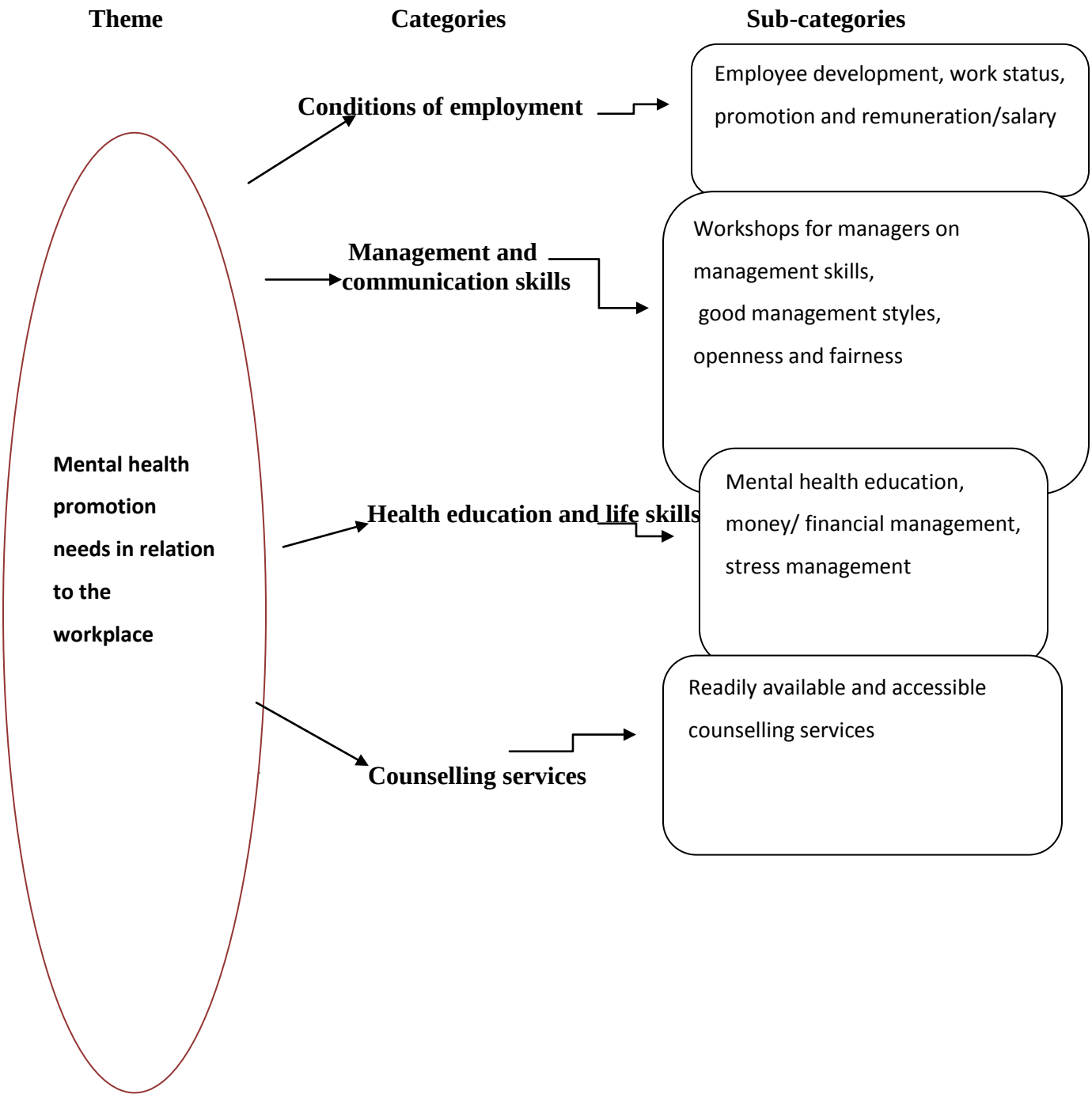
Braun and Clarke (2006:79–81) define 'theme' in thematic analysis as "a patterned response or meaning within a data set that theorizes language as constitutive of meaning, and meaning as social". Words, phrases or sentences that related to the research question were identified and categorised. Two themes emerged, namely factors that **influence mental health negatively (stressors) and mental health promotion needs in relation to the workplace.**

Table 4.2 SUMMARY OF THEME ONE: FACTORS THAT INFLUENCE MENTAL HEALTH NEGATIVELY (STRESSORS)

Theme	**Categories**	**Sub-categories**
Factors that influence mental health negatively (stressors)	Workplace related factors	Money/finance Workload and long hours Management style and approach Communication in the workplace Employee development
	Family related factors	Family's financial needs Family problems

Diagram 4.1 below depicts a summary of theme two.

Diagram 4.1 SUMMARY OF THEME TWO, CATEGORIES, and SUB-CATEGORIES



4.4 FINDINGS

4.4.1 FINDINGS: THEME ONE: FACTORS THAT INFLUENCE MENTAL HEALTH NEGATIVELY (STRESSORS)

In this study under theme one, the findings show two factors (workplace and family related) that negatively influence the mental health of the sugar mill factory workers, discussed in two categories: workplace related and family related factors.

4.4.1.1 WORKPLACE RELATED FACTORS

Many of the participants experienced the salary they receive as a stressor, as is reflected in the following statements: *''am struggling financially, what troubles me is money, money is not enough, and my only stress is money''.*

One participant stated that money was hers/his only problem with no other stressors.

Participant 1 stated: "*At work what troubles us is money, the company does not want to pay us, what they do is giving us benefits that we do not need, like the company starts paying for our kids' education in form 1 and mine are still young, they give us this benefits that we currently do not need, we need money to build houses, we want a lot of things that need money".*

Participant 5 added, "*What really troubles me is about finances. I try to manage them but am struggling financially".*

Participant 5 explained, "*At work there are no problems because I am now used to the job and I have the right skill but I sometimes ask myself why work hard? At the end of the month the money is not enough to manage my problems*".

Participant 5 continued, *"It's the financial because am overwhelmed, am working but there are things I cannot do that I wish to do because of the money am earning".*

Participant 10 said, *"On my side everything is going well except that am underpaid"*
Participant 8 mentioned, *"My only stress is money, nothing else, just money".*

In addition to money, **workload and working long hours** was another mental health concern/stressor, as experienced by some of the participants' comments: *'work stress', 'targets to meet, 'unplanned workload', 'working extended hours'.*

Participant 3 said: "*Money, work sometimes we work long hours, the work can be hard ……."*

Participant 6 voiced this opinion *"The work load unplanned from superiors that comes and has to be addressed with immediate effect and sometimes you get stressed because of superiors who do not understand things the way they should be done",*

Participant 12 stated: *"A lot of things workload, pressure, it can be occupational health, financial stress, yah let me end there".*

Participant 14 explained: "*Ok here what stresses us more is work, there are targets to meet and they look at individual performance even when you know you did well, when something goes wrong the whole team suffers".*

Participant 1added: *"Mmmm, you see my brother what happened is that there is pressure of work to be done, you get stressed because of the work there is so much to do before the company started retrenching we had enough workforce".*

Participant 6 concludes: *"The work load unplanned from superiors that comes……."*

Management style, manner of approach and communication in the workplace was also experienced as stressors by some participants, as evidenced below:

Participant 14 said, "T*he manner of approach is not great because managers do not understand that every individual is unique"* and was in agreement with participant 8: "*Sometimes our*

managers are not well versed with management, like there is no old and young people, we all came here to work, there should be no looking down on subordinates because this demotivates the employee, the managers should be taken to workshops for management skills, if they do go I don't know but it does not show". The same participant also stated: *"Ok as I have said there should be communication, right communication leads good changes and working well together, even at home it leads to right decisions"*.

Participant 7 stated:" *I want to be listened to when I tell them of my problems, they should listen to me and sort me out".* Participant 7 suggested that: "*If there are changes in the company or they are implementing something, they should tell us in time before implementing".*

In addition to this, participant 8 suggested that,*" I think the company should find the way they can communicate sensitive information".*

"… As I have said, sometimes I become moody, I think communication and my employer should know how I am and ……." added participant 8.

Participant 20 shared a different view: *"Here at work being taken care of is when your supervisor openly communicates with you, so far my supervisor is good, we even share food. The company when they need targets or passing information or when there is anything they need from us, it should be communicated well to us, not in a way that shows that the one passing the information is fighting with us, I usually make an example of a car shock absorber, we have supervisor line managers, production manager and then factory manager, If your manager receives is pressure from top management to your manager, he/she must communicate the message politely to avoid putting us under pressure and not communicate the message as he/she received from superiors because once we work under pressure, you do not work well".*

Participant 6 described what an ideal management and communication style should be: "*Working with people who have good management styles whereby you exercise openness and fairness when dealing with issues and when there is a problem, they should take it positively, for example*

if there is something that goes wrong in my section, instead of taking a hiding for that but have a positive conversation to get a solution"

One participant was of the opinion that, *"The company has an employee development which is not effective"*.

4.4.1.2 FAMILY RELATED FACTORS

Family related factors also contributed to stress for some of the participants.

One participant raised the concern that, "*In the family, there are family problems like other families, especially once you start working you find that the family needs money from you. Families in Swaziland, because of the family background, you are compelled to pay for their school fees because they will tell you that they paid for you so also you need to pay for your siblings' education, and sometimes you feel like leaving home and go and stay in the company residence because of this problem",*

Participant 14 said: *".... also, family stress which I cannot talk about".*

Participant 2 stated: **"** *If you have goals and not being able to achieve them you experience stress, another thing being away from your family is not a good thing, currently am working as a contractor so I cannot stay with them because they are far back at home".*

Participant 18 added, *"I can say I experienced stress during the time I had problems with my wife and we eventually separated. My wife was from the community and everyone knew I was married. My colleagues, church mates and I expected her to be responsible for something and it took me time to recover but now am ok. Also money, sometimes you wish to do some things but you fall short of cash".*

Participant 20 responded: *"I have kids and there is a boy at adolescence stage when I tell him what to do and he does not do it I get worried. Sometimes a while back my wife was not working. Her and the kids were depended on me and you find that money is not enough in the house".*

4.4.2 FINDINGS FROM QUESTION TWO: WHAT THE WORKPLACE CAN DO TO ASSIST YOU TO PROMOTE YOUR MENTAL HEALTH

Theme two findings are discussed below, in the same order as shown in diagram 4.1 In order to maintain clarity, the discussion where relevant will be substantiated by appropriate direct quotes from the transcription.

Participants' views and opinions in relation to what the workplace can do to promote their mental health are reflected in this section.

4.4.2.1 CATEGORY 1: CONDITIONS OF EMPLOYMENT

Participants' believed an increase in salary, being permanently employed, enhancement of work position grade, training in further skills, and improvement in physical work conditions will enhance mental health.

Participant 1 stated: *"We want the company to pay us at least an equivalence of what our sister company is getting. I mean we went to the same training with them in Durban but they get E20.00 more per hour than us, so when vacancies open we will go to ILOVO"*

Participant 2 added: *"Ok I think if I can be permanently employed because that where my stress comes from, given someone to work with permanently to assist me, only than have a few who assist everyone because we end up losing tools and then you have to buy them".*

Participant 3 replied*: "Obviously money working conditions, I mean in an environment with less accident although they try because it's hot where I work but they have put up fans".*
Participant 5 responded: *"What I wish for as am working, I wish to grow financial even though I have the skills. I wish the company improves my grade because of the years I have spent working here'*

Participant 10 was of the opinion that, *"By training for further skills, these skills can enable get a better job which equates to a better salary, also routine counselling from professionals"*. Participant 9 said: "*I think the company while am still working there has to be deductions on my salary to be used when I need to be treated outside the country, as you can find that the company cannot afford that, am not talking about minor ailments since we are treated for that at companies clinic, I mean when my health condition cannot be treated in the country".*

Participant 3 stated: *"For anyone to be happy and be motivated at work, financial rewards should be reviewed accordingly, sometimes your supervisor is supposed to review how you work and add a few bucks if you doing well before you even come to talk about promotions. Even when you were taught work by the company, we should be allowed to negotiate the contract not to be told how much we will earn".*

Participant 5 suggested that: *"Normalise the way we work, you find that you hold the same position with someone in mill B, but you are not remunerated the same way, also fairness in as far as promotions are concerned and include mental health in tool box talks".*

".... balance our salaries with the standard of living, I think that can help a lot", added Participant 8.

Participant 17 suggested that: "…*They should also release us early on pay days, at least after lunch because some of us are from far will end getting home to our kids very late"*

"Improve welfare of employees, personal protective equipment like footwear is not in a good standard, ear plugs hurt us, the ones like headphones would be better, employees should be treated individual because not everyone is the same…", stated Participant 18.

"……there must be collaboration in tasks so that work cannot be stressful, and work as a team managers and us, employees should know their place who is responsible for what ", suggested participant 19.

4.4.2.2 CATEGORY 2: MANAGEMENT AND COMMUNICATION SKILLS

This is what the participants had to say regarding management and communication skills.

Participant 14 said: "*The manner of approach is not great because managers do not understand that every individual is unique",* and was in agreement with participant 8: "*.... the managers should be taken to workshops for management skills, if they do go I don't know but it does not show".* The same participant also stated: *"Ok as I have said, there should be communication, right communication leads good changes and working well together, even at home it leads to right decisions".*

Participant 10: *"Sectional communications weekly where employee voice their sectional problem".*

A need for being listened to was expressed by participant 7, who stated: '*I want to be listened to. When I tell them of my problems they should listen to me and sort me out".*

Participant 6 described what management and communication should entail: "*Working with people who have good management styles whereby you exercise openness and fairness when dealing with issues and when there is a problem they should take it positively, for example, if there is something that goes wrong in my section instead of taking a hiding for that but have a positive conversation to get a solution".*

Participant 20 was of the view that: *"Here at work being taken care of is when your supervisor openly communicates with you so far my supervisor is good we even share food.'* The same participant continues to share how he feels communication should be, "*The company when they need targets or passing information or when there is anything they need from us, it should be communicated well to us, not in a way that shows that the one passing the information is fighting with us, I usually make an example of a car shock absorber we have supervisor line managers, production manager and then factory manager. If your manager receives is pressure from top management to your manager he/she must communicate the message politely to avoid putting us*

under pressure and not communicate the message as he/she received from superiors because once we work under pressure you do not work well".

Participant 7 suggested that: "*If there are changes in the company or they are implementing something they should tell us in time before implementing".* In addition to this view; participant 8 suggested, *"I think the company should find the way they can communicate sensitive information".*

"… As I have said sometimes I become moody I think communication and my employer should know how I am and on another hand they should try and ……", added participant 8

Participant 12 suggested, "*I think suggestion box be revived because no one seems to care about it anymore".*

Participant 20 stated, *"The company should listen to us because we listen to them, they also have to do likewise, it should not be one way only, we also asked for a computer in our work area to be able to receive emails for better communication".*

".... communication skills...." said participant 3.

4.4.2.3 CATEGORY 3: HEALTH AND LIFE SKILLS EDUCATION

Under this category the following mental health promotion needs were identified and are described below:

- mental health education
- financial and stress management

A need was expressed by some participants for mental health education, as is reflected in the statements below:
Participant 17 attested to this when he said; "…where we would have someone on scheduled days to come and educate us on mental health".

"Educating people about mental health and how you deal with stress, there is a EAP where we are referred for assistance when you require one", said Participant 4.

" ….and include mental health in tool box talks", added Participant 5.

Participant 6 clearly stated: *"Educate people about mental health".*
Participant 6 suggested, *"Maybe some lessons on how to go about in making your mental health better because some of these things are due to ignorance, lastly the training is very important because the way people perceive, who end up having mental disorder aggravates the situation to the worse side".*

Participant 14 felt that, *"Educating people about mental health and how you deal with stress I think it could be a great idea as most people have no idea what mental health is, it will create awareness because they think its mental illness. Also our managers should be there when we have mental health education because they hurt us when they talk to us."*

Participant 12 added; *"…Mental health peer educators and introduce mental health promotion program".*

"……another thing the company can organise sessions on things like peer educators, stress management session and how an individual can manage money", continued Participant 1.

"Educate workers how to deal with stress".
"The company can organize stress management sessions".

A need was also expressed by some participants for financial management /budgeting training, as is reflected in the statements below:

Participant 1 stated: *"Another thing, the company can organise sessions on things like peer educators, stress management session and how an individual can manage money. There are a lot of loan sharks when they want their money it becomes difficult {laughing}, hey it's really difficult*

when they want their money". Supporting this viewpoint, another participant said, *"As workers not me alone managing money is a problem for us".*

Participant 15 said: *"Making sure financial I do things that are within my budget. For the factory workers to be able to budget they have to advised on how to do it through financial management sessions".*

Participant 5 lamented*: "What really troubles me is about finances. I try to manage them but am struggling financially"*

Participant 18 explained: "*On the financial issues I spoke to my friend who advised me on how to how to manage the little that I get''.*

Seeking information on financial management from colleagues magnifies the need for financial management as a need for mental health promotion of the factory workers.

Another need was expressed by some participants on stress management, as is shown in the statements below:

Participant 1 stated: *"Another thing, the company can organise sessions on things like peer educators, stress management session and …"*

"…. educate workers how to deal with stress", agreed Participant 14.

Participant 1 added: *"The Company can organize stress management sessions".*

A need for more counselling services was expressed by two participants.

Participant 12 mentioned that, *"……previously we had open space once a month as a group with one facilitator but it has stopped so I would like to see it again because it helped people offload and prevent future stresses".*

Participant 11 was of the view that more counsellors are required and should be easily accessible. "The *company's counsellors should be increased and easily accessible because stress can affect you anytime, even on weekends."*

4.5 DISCUSSION OF THE FINDINGS

4.5.1 DISCUSSION OF FINDINGS RELATED TO STRESSORS

A stressor is "an event, situation, person or object that is perceived as stressful by another person and that induces a stress reaction to that person" (Accut and Hattingh, 2011:539).

Burton (2010), in describing the WHO Healthy Workplace framework and model, referred to the following as workplace stressors which are found in the psycho-social work environment to have the potential of causing emotional or mental health stress to workers, thus, affecting the mental and physical well-being of employees:

The organization of work; the organizational culture; and the attitudes, values, beliefs and practices that are demonstrated daily in the enterprise /organization. Work related stress is defined as stressful situations arising from work related activities like job demands, role ambiguity, lack of support, and others which the individual cannot deal with on his or her own (NICE, 2009). According to Nayakawadi (2014), working conditions in the sugar industry include cleanliness, amount of light, temperature (heat), ventilation, noise, vibration, physical energy required, length of work day, irregularity of work hours such as night shifts, physical hazards, exposure to possible industrial stressors that directly or indirectly influence the workers' happiness, and satisfaction or dissatisfaction at work.

A major stressor cited by the majority of the participants in relation to the workplace was the matter of remuneration, as illustrated by expressions such as **"***the money is not enough, my only stress is money, underpaid"*.

Workloads and working long hours were the other stressors identified by the participants.

Similarly, findings in a study conducted by Sun et al, (2013) on the Effectiveness of a Workplace-Based Intervention Program to Promote Mental Health Among Employees in Privately Owned Enterprises in China measure work related stressors. Two hundred employees from two of the firms were asked to rank items from a list of work-related stressors from ‘‘high frequent’’ occurrence to ‘‘low frequent’’ occurrence. The following items received high ratings and were included in the measure of work-related stressors:

(1) Job factors relating to changes in job responsibility, increased work time, work environment change, and job location change.

(2) Perceived conflicts with managers and co-workers.

(3) Low salary (Sun et al. 2013).

A study conducted at Noon Sugar Mill, Bhalwal, measured the effects of an industrial environment on the health status of workers. Two hundred and fifty respondents were selected from various departments, and results showed that the majority of the respondents (75.2%) had a low income 8000-12000 PKR (Pakistan Rupee) salary range. 44% of the respondents strongly disagreed and 21.2% disagreed with this statement: "***I can easily handle my expenditures with my pay***". Clearly, the *Noon Sugar Mill Bhalwal* workers can't balance their expenditures with their pay. (Asad, Jubeen, Iqbal, 2013). Just like the Swazi Sugar Mill workers interviewed cannot balance their expenses with their pay, as evidenced by expressions such as: "*The money is not enough to manage my problems", and,* **"***Once you are paid you find that the money is not enough".*

Stressful work environments place high demands on a person without giving them sufficient control and support to manage those demands. With a perceived imbalance between the effort required and the rewards of the job, the worker's mental health is negatively affected (NICE, 2009). According to the (CCOHS, 2012), workplace issues that affect mental health include: stigma and discrimination; demand/control and effort/reward relationships; absenteeism; job burn-out, harassment, violence, bullying and mobbing, and substance use/misuse/abuse at work.

Similarly, Beyondblue and The Mentally Healthy Workplace Alliance (MHWA) (2014) concludes that unreasonable work demands (physical, emotional and mental); low levels of control; organisational justice, and industry-specific issues contribute to work-related stress and

ill health. In addition, the same authors state that low levels of recognition and reward, poorly managed relationships, role conflict or a lack of role clarity, and poor support from supervisors are some of the many factors that also contribute to work-related stress and ill health. In addition, Beyondblue and MHWA (2014) agrees that unrealistic deadlines or excessive workloads can lead to high levels of stress, with people working long hours, constant overtime, or not taking breaks, to complete tasks.

Working long hours was also a common problem in sugarcane factories in the Vi Thanh district of the Mekong Delta area in Vietnam. Most of the workers in the sugarcane factories worked continuously for 24 hours from one morning to the next, according to the joint Vietnam-Japan research team of the Vi Thanh Hospital School and the Institute for Science of Labour (Beyondblue and MHWA, 2014).

Diverse issues, when not attended or left unresolved, lead to poor mental health also in the workplace, since employees spend most of their time in the workplace. This is supported by the EUROPEAN Network for Workplace Health Promotion (ENWHP) (2011), which states that poor mental health is caused by many factors, but it's mostly related to the work and work conditions, so concentrating on this area to find solutions is important. On another hand, the idea of being employed can promote an individual's mental health, as manifested by feelings of self-worth, fulfilment, having a source of income and opportunities for meeting people and forming meaning relationships.

Some of the interviewed factory workers mentioned family problems as another stressor in their lives which impacted negatively on their mental health, although some preferred not to mention what exactly family issues affected them. They preferred just to say 'family problems'. Spousal issues, girlfriends, extended family, family economic issues, and children were cited as sources of stress for the interviewed sugar factory participants. "*Family needs money", "my son is getting into adolescence stage", "and we had problems with my wife".*

Family is defined as a social unit of two or more persons related by blood, marriage, or adoption and having a shared commitment to the mutual relationship (Business Dictionary, 2016).

Disintegration and lack of harmony in family relations, as well as unmet needs of some of the family members can result in a stressful family environment, thus impacting negatively on the mental health of the individual members, and when there is a working member that stress can be taken to work, thus affecting their work life. This is supported by Ford (2009) when he said that family stressors and support resources influence family interference with work (FIW), which in turn influence work outcomes such as satisfaction in the job and job performance.

It is a family practice in Swaziland for working family members to maintain family members who are unemployed. Sometimes this includes a large extended family.

4.5.2 Discussion of findings related to what the workplace can do /help to enhance mental health

The findings of this study revealed that workers were of the opinion that management styles, communication skills, and education regarding health and life skills education would enhance their mental health.

Mental health promotion needs in relation to the workplace, as identified by the sugar mill factory workers, was the major focus of this study, and it answers the main research question: **What are the mental health promotion needs of factory workers at sugar mills in Swaziland**?

Category 1: Conditions of Employment

Mental health promotion involves enabling both the individuals and the society to have control and improve their mental health (WHO 2002, 2004). Basically, mental health promotion needs are those things that the factory workers feel are needed to improve their mental health and make it easier for them to work well in their workplace without suffering any significant stresses, some of which have been discussed in the first identified theme. Under the Basic Conditions of Employment Act (Act 75 of 1997), conditions of work entail minimum conditions of

employment which can be adapted by means of negotiations between the employer and the employee organizations. Among others, it covers items such as sick leave, maximum daily working conditions, hours allowed for overtime, meal intervals, etc. (Uys and Middleton, 2004). In Swaziland, condition of work or employment is governed by the Ministry of Labour using the Industrial Relations Act, 2000 (act no. 1 of 2000) and the Employment Act of 1980.

In addressing the issue of **employee development,** ILO (2012), IN SOLVE argues that selection of the training and staff development required by each employee – regarding appropriate knowledge, skills, and abilities - should be matched as far as possible with their specific job requirements. Furthermore, candidates for each job should be assessed against that job's requirements, and then, where necessary, appropriate training should be provided.

Some participants stated that there is employee development, but that it is not effective because it does not lead to better jobs or salaries. Other participants stated that the company has a policy on employee development, but that it is not as effective as they feel it should be. They were of the view that they needed to be better trained to develop skills which would lead to better salaries and better jobs.

Asad's *et al*. (2013) study on the effects of the industrial environment on the health status of workers: In the case of the Noon Sugar Mill Bhalwal, 64% of the respondents disagreed with the statement, *"In my factory the chances of promotional opportunity is fair and clear"*. This affirms the belief among the participants that the chances of promotion in a sugar mill company are slim.

Category: 2 Management and Communication skills

Under this heading, the following sub-categories were identified: openness and fairness, workshops for managers on management skills, and good management styles.

Some participants were not impressed with the approach employed by managers, so that they suggested that managers attend workshops on management skills. Others opined that they would be happy to work with people with good management styles and who practise fairness and openness. Based on the participants' views about the way they are managed, it is safe to say they feel they are not managed and supervised the way they feel they should be. Management skills

training for their supervisors and line managers should go a long way in promoting a mentally well workplace. ILO (2012) IN SOLVE states that effective supervision and guidance is very important to help protect staff from stress.

On the other hand, one participant (#20) seems happy with the supervision and management in their department. "*Here at work, being taken care of is when your supervisor openly communicates with you. So far, my supervisor is good. We even share food."*

Communication is the passing of messages between people (Muller, 2009). Effective communication implies that the message that is received is the same message that was intended. It is the ability to convey ideas and meanings to another person in a comprehensive way (Muller, 2009). From the interviews conducted, the need for learning communication skills was evidenced by the word 'communication' which came up frequently. The factory workers interviewed, saw communication among and between themselves and management as essential for maintaining mental health.

Some of the participants in the study seemed to be strongly concerned about communication in the company. They feel managers do not show respect in the way they address them, and that changes are not communicated well in advance before something is implemented. They also felt that they (the factory workers) and their supervisors / managers needed to be empowered regarding communication skills so that their workplace could become mentally healthier. Some went on to suggest ways in which communication in the company could be improved, i.e. (i) having weekly sectional meetings where employee can voice their sectional problems and (ii) reviving suggestion boxes.

According to ILO (2012) IN SOLVE, healthy workplaces require effective communication between managers and subordinates. Listening skills need to improve and there also needs to be a commitment to keeping promises.

Category 3: HEALTH AND LIFE SKILLS EDUCATION

Health education refers to any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge, or influencing their attitudes (WHO, 2012). WHO (1981) mentions health education as one of the essential components of a workplace health promotion program. Health education should help prevent occupational accidents and ill health, as well as creating a work environment that maintains and promotes workers' health. In companies, health educators can provide services like employee counselling, education services, employee health risk appraisals, health screenings, weight control, hypertension, nutrition, substance abuse prevention, physical fitness, stress management and smoking cessation (WHO, 2012).

"Life skills (LS) are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands, challenges, and stress of everyday life." (Srikala and Kishore, 2010). The findings of this study have revealed that many participants are in favor of mental health education sessions as a method the workplace can implement to enhance mental health.

"Mental health education provides individuals, groups, families with the knowledge of and insight into all aspects of the promotion of mental health and prevention of mental illnesses." (Uys and Middleton, 2004).

Mental health education/ awareness was specifically mentioned by participants as a need to promote mental health, as seen in the statements below:
"Educating people about mental health……. as most people have no idea what mental health is, it will create awareness because they think it is mental illness……",
"Also is to have a team to go around preaching about mental health",
…. include mental health in tool box talks".

The participants stated that the workers need to be educated about mental health because to them what comes to mind, when they hear the term, is mental illness. Having mental health peer

educators will help increase mental health awareness, as they have with peer educators for other programmes, like those on HIV prevention.

Out of the ten recommendations of the World Health Organization (WHO) incorporated in the World Health Report (2001), one of the most important but also most neglected ones is recommendation number four, namely education of the public on mental health issues.

Throughout the interviews the need for mental health education was repeatedly stressed, and it was suggested that it should be one of the topics of discussion during toolbox talks. The need for and reasons why this topic should be addressed is clearly motivated in their arguments below:

"Educating people about mental health……. as most people have no idea what mental health is it will create awareness because they think its mental illness……"; "Also is to have a team to go around preaching about mental health", "……. Include mental health in tool box talks".

It is clear from the above statements that there is a need for a mental health promotion program. The Canadian Medical Association (2012) states that though many employees experience mental health issues on the job, including excessive stress, anxiety and depression, only 22% of recently surveyed employees received any information about mental health from their employers.

Stress management is discussed under this heading:
The following sub-categories were identified: education on stress, counseling from professionals, stress management sessions.

Most participants mentioned that the company should educate workers on how to deal with stress and to have professional counselors easily accessible for counseling, whenever their services are required. Others were calling for the company to organize stress management sessions.

The participants mentioned that there are quite a lot of stressors - either from the workplace or family related - that they are faced with, and they feel their workplace should have stress management initiatives to help alleviate their stress. To further emphasize their mental health

promotion need for stress management, this is what they said: *"Educate workers how to deal with stress", "The Company can organize stress management sessions".*

Money management which included the following sub-categories: financial stress, overspending, and struggling financially.

Almost all the participants mentioned that their biggest mental health concern was money; they said they were struggling financially because managing money was a problem and overspending occurred because of a failure to budget. This shows that there is a need to help them through financial management programmes. Some participants did not mince their words; they clearly voiced the concern that they need to be taught to manage money.

When participants were asked what they thought of a programme that would help promote mental health, this is what was said pertaining to financial management:
"*…. the company can organise sessions on things like how an individual can manage money there are a lot of loan sharks when they want their money it becomes difficult {laughing} hey it's really difficult when they want their money".* And another said, *"As workers not me alone managing money is a problem for us……".*

Money was the major stressor experienced by the participants which led the researcher to conclude that financial management education is urgently required by the factory workers to help them budget effectively.

COUNSELLING SERVICES

The factory workers value professional counselling such that they feel counselling services should be readily available, even on weekends, and they also made suggestions:
"*……previously we had open space once a month as a group with one facilitator but it has stopped so I would like to see it again because it helped people offload and prevent future stresses".*

4.6. SUMMARY

This chapter presented and discussed the main findings of the study under two themes which were: (i) factors that influence mental health negatively (stressors), and (ii) mental health promotion needs in relation to the workplace**.** Issues of mental health concerns among the sugar factory workers were identified along with possible ways of coping with these stressors, so as to help reduce the identified mental health concerns. In Chapter 5, conclusions, limitations and recommendations of the study will be presented**.**

CHAPTER FIVE

CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS OF THE STUDY

5.1 INTRODUCTION

In this chapter the conclusions, limitations and recommendations of the study are given. The main objective of this study was to investigate the mental health promotion needs of factory workers at a Sugar Company in Swaziland and, thereafter, to make recommendations to management on what a mental health promotion programme should entail, according to identified mental health concerns of the factory workers and also from literature. This study is among the first of its kind to identify mental health promotion needs of factory workers in a workplace setting in Swaziland.

The first objective was achieved through the analysis of the data collected from face-to-face interviews, as discussed in the report. These identified needs serve as the basis for recommendations to meet the mental health promotion of the target group-factory workers, i.e. the second objective.

5.2 CONCLUSIONS OF THE STUDY

The factory workers who participated in this study had limited knowledge about mental health in general and were more familiar with the concept of 'stress'. It is well documented in the literature that mental health has been and is still a neglected area of health services, especially in occupational settings, except in European and North American countries as well as in countries such as Singapore and Australia.

The factory workers could clearly express their viewpoints on what the workplace could do to enhance their mental health and help them deal with stress. What the factory workers wanted from the workplace to promote their mental health is:

Review their salaries to be competitive with what other similar industries are offering;

An employee development programme that provides for further training opportunities;
Promotions done in a manner seen to be fair and just;
Work hours and work load to be reviewed to suite both employee and employer;
Clearer job descriptions;
Managers and supervisors who manage and communicate effectively;
Education on mental health, stress and financial management.

This need for a mental health promotion programme is eloquently expressed by a participant in one of the interviews:

"I think it can work if there can be a programme that help promote mental health it can work not just for me because most of the time we need to be reminded and coached there and there in order for us to manage our stress because sometimes we make ridiculous decision take a loan and buy an expensive car we just need to be taught how to manage money"

5.3 LIMITATIONS OF THE STUDY

Limitations are "restrictions or problems in a study that may decrease the generalizability of the findings" (Burns and Groove, 2009: 41).

The current study had several limitations which are important to note and to be considered for future research:

- The study was conducted in a specific Sugar Mill Company in Swaziland, and the results can thus not be transferred to other settings, as there are a range of external variables which could make such a generalisation inappropriate.

- Data was only collected by interviewing factory workers, and therefore no triangulation took place. Information collected through interviewing key informants and obtaining statistics from EAP or occupational health services could have added richer information to the study.

- From the literature study and to the knowledge of the researcher, nothing has been reported which shows that this research topic has been studied before in the South African and Swazi context. Almost all the literature review is based on research that was conducted beyond the borders of South Africa and Swaziland, and therefore, the findings are compared to what is happening beyond African borders.

- Another limitation of the study is the fact that the research was conducted at two Sugar Mills Companies. The weakness inherent in combining samples from different branches of the organisation is that it is difficult to control for possible confounding variables peculiar to each branch of the organisation (Mncube, 2011).

- The last limitation of the study concerns the language used in the interview guide, which was both English and SiSwati. A great number of the participants preferred SiSwati, and thus, the researcher had to translate SiSwati to English which could have distorted the participants' views depending on the researcher's English proficiency.

5.5 RECOMMENDATIONS OF THE STUDY

The recommendations emanating from this study are made with regard to occupational health nursing practice and education, research, and management.

5.5.1 OCCUPATIONAL HEALTH NURSING PRACTICE AND EDUCATION

OHNPs should also assess the psychosocial hazards and risks in workplace settings.

Based on the findings of this study it is recommended that OHNP s advocate and lobby for the inclusion of mental health in workplace health promotion programmes.

Apply the WHO/ILO Healthy Workplace Model (2010) by (Burton, 2010) as a guide for occupational health nursing practice.

The importance of workplace mental health and illness should be emphasized in occupational health nursing education.

5.5.2 RESEARCH

Further research is required in the sugar cane industry with regards to health and safety issues. Through this study, some of the needs for mental health promotion among factory workers were identified. However, identifying these mental health promotion needs is only the initial step towards meeting these needs. The researcher recommends further research on how best to implement a mental health promotion programme in this setting to ensure that these identified mental health promotion needs are met.

In addition, research on the mental health literacy of managers, supervisors and workers is also recommended.

5.5.3 HEALTH AND WELLNESS MANAGEMENT

The researcher strongly recommends that consideration is given to the inclusion of a mental health promotion component into an integrated occupational health and workplace health promotion programme.

Table 5.1 below reflects recommendations for actions and interventions for mental health promotion, based on the findings of the study and on the five health promotion action areas, as contained in the Ottawa Charter (1986). The Ottawa Charter is seen as the cornerstone of and blue print for health promotion.

TABLE 5.1 The recommendations for a mental health promotion programme

Ottawa Charter (1986) five action areas	**Recommended actions to consider**
Build healthy policy	Strengthen employee development policy and implementation thereof Develop and implement a comprehensive workplace health promotion policy that includes mental health promotion Healthy workplace policies Advocate for workplace policies that support employee participation in the organization and design of their work
Create a supportive environment	Create and maintain a healthy workplace by implementing the WHO/ ILO (2010) Healthy Workplace Model organisation-wide Organisational culture support holistic health Practice participative management style wherever possible Communicate anticipated changes ahead of time Mental health awareness raising through posters, pamphlets and positive short messages at strategic points, e.g. on doors and walls Support for people with mental illness and supporting people with mental illness to return to work. Offer stop smoking programmes Offer healthy food choices in cafeteria
Strengthen community action	Establish a workplace health committee in which workers are also represented Choose mental health peer educators from the workers Have posters on strategic places outlining available mental

	health services Make all employees to be responsible to reporting any risks to health, including mental health Decentralise decision making to the workers and let them take ownership of programmes
Develop personal skills	Education on: Problem solving and decision making skills Assertiveness and conflict management Health education and life skills education on: Stress management Budgeting/ financial management skills Healthy life style Healthy and effective communication skills training for workers and supervisors Sleep hygiene Health communication and interpersonal skills Mental health clubs for workers to enhance resilience and promote social competence Health tool box talks

5.5 SUMMARY AND CONCLUSION

This chapter ended the research report by discussing the limitations, conclusions and recommendations of the study.

In conclusion, sugar mill factory workers experience psycho-social stressors in the workplace and have suggested different methods of managing and addressing those stressors. Therefore, a foundation has been laid for the development and implementation of a workplace mental health promotion programme.

It is also clear from the literature reviewed that it is an investment to address workplace health promotion comprehensively, and that there are many positive benefits to having healthy workers and a healthy workplace.

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ADDENDUM A

SIFISO MANANA
University of the Witwatersrand
Department of Nursing Education
JOHANNESBURG

The Human Resources Manager
Learning and Talent
XXX Swaziland Sugar Corporation

Dear Sir/Madam

Re: PERMISSION TO CONDUCT A STUDY AT XXXX SUGAR MILL COMPANY

My name is Sifiso Manana and I am a student at the University of the Witwatersrand, in the Department of Nursing Education, for the Master of Science degree in (Occupational Health Nursing). I am hoping to conduct a research study entitled "**Mental Health Promotion Needs Assessment of factory workers at a Sugar Mill Company in Swaziland".**

The aim of this study is to investigate and describe the mental health promotion needs of factory workers at a Sugar company (XXXX) in Swaziland. Therefore, recommendations can be made to management on the content of a mental health promotion programme based on employee needs identified.

I assure you that the name of the employees involved in the study will not be revealed in the report and informed consent will be obtained from all the study participants. A copy of the report will be made available to you if requested.

I hereby apply for approval to conduct the study at your company once I have obtained ethical clearance from Human Research Ethics Committee of the University of the Witwatersrand.

For any queries please contact me on the following number +26876377944 and my email-sfisomanana@gmail.com

Yours faithfully
Sifiso Manana

ADDENDUM B

Letter of consent from Sugar Mill Company

University of the Witwatersrand
Department of Nursing Education
JOHANNESBURG

Dear Mar Manana,

CONDITIONS FOR CARRYING OUT STUDY RESEARCH [redacted]

Following on from your request to conduct a study on ***Mental Health Promotion Needs Assessment of Factory workers at a Sugar Mill in Swaziland***, [redacted] is pleased to grant you permission on the following conditions:

- You will work under the supervision of [redacted] Health & Wellness Manager, Dr B. Radebe.
- You may not disturb or alter any of [redacted] operational equipment or systems which you come across in the process of your research.
- RSSC employees will respond to the research questions on a voluntary basis. No employee may be coerced or forced in any way to respond to the questions.
- You may not take any copies of [redacted] documents etc. without the permission of [redacted] management.
- All costs pertaining to the research shall be for your account.
- You will be required to submit a copy of your final draft report to Dr Radebe to vet this prior to submission to the institution of study.
- You shall be expected to share the research outcomes with [redacted] by means of a copy of the approved and published dissertation.

You are requested to observe and adhere to the above conditions to prevent jeopardy of future research [redacted]. Your cooperation will be appreciated. If you agree to these terms and conditions, please sign on the line below:

SIFISO Manana
Name of Candidate

Yours sincerely,

Sethembile Shiba
Human Resources Manager – Learning & Talent

ADDENDUM B

Letter of consent from Sugar Mill Company

22 June, 2015

To Whom It May Concern
[redacted]

Dear Employee,

STUDY RESEARCH QUESTIONNAIRE

Sifiso Manana, a student at the University of the Witwatersrand, is studying towards a Masters Degree in Nursing. As part of his studies he needs to do research on ***Mental Health Promotion Needs Assessment of Factory workers at a Sugar Mill in Swaziland***. He has been granted permission to carry out a survey among company employees to fulfil his requirements. This is a generic study and is not aimed at reviewing [redacted] culture. The results of the questionnaire are purely for his study and will not be published anywhere other than in his dissertation.

Kindly assist Sifiso by responding to his questionnaire.

Yours sincerely,

Sethembile Shiba
HR Manager - Learning & Talent

ADDENDUM C

Ethical approval from HREC

R14/49 Mr Sifiso Manana

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M150369

NAME: (Principal Investigator)	Mr Sifiso Manana
DEPARTMENT:	Nursing Education Mhlume and Simunye Sugar Mills, Swaziland
PROJECT TITLE:	Mental Health Promotion Needs Assesment of Factory Workers at a Sugar Mill in Swaziland
DATE CONSIDERED:	27/03/2015
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Agnes Huiskamp
APPROVED BY:	Professor P Cleaton-Jones, Chairperson, HREC (Medical)
DATE OF APPROVAL:	30/10/2015

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.
I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**.

Principal Investigator Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

ADDENDUM D

Ethical approval from Swaziland Scientific Ethical Committee

Telegrams:
Telex:
Telephone: (+268 404 2431)
Fax: (+268 404 2092

MINISTRY OF HEALTH
P.O. BOX 5
MBABANE
SWAZILAND

THE KINGDOM OF SWAZILAND

8th September, 2015

Sifiso Manana
Principal Investigator
MBABANE

REF: MH/599C/FWA 000 15267/ IRB 000 9688

Dear Mr Manana,

RE: MENTAL HEALTH PROMOTION NEEDS ASSESMENT OF FACTORY WORKERS AT A SUGAR MILL COMPANY IN SWAZILAND.

The committee thanks you for your submission to the Swaziland Scientific and Ethics Committee, an expedited review was conducted.

In view of the importance of the study and the fact that the study is in accordance with ethical and scientific standards, the committee grants you authority to conduct the study. You are requested to adhere to the specific topic and inform the committee through the chairperson of any changes that might occur in the duration of the study which are not in this present arrangement.

The committee requests that you ensure that you submit the findings of this study (**Electronic and hard copy**) **and the data set** to the Secretariat of the SEC committee.
The committee further requests that you add the SEC Secretariat as a point of contact if there are any questions about the study on 24047712/24045469.

Yours Sincerely,

MINISTRY OF HEALTH Swaziland Scientific and Ethics Committee (SSEC) 08 SEP 2015 P.O. Box 5 Mbabane H100 SWAZILAND

RUDOLPH T.D. MAZIYA
THE CHAIRMAN, SEC
cc: SEC members

ADDENDUM E

Mental Health Promotion Needs Assessment of Factory Workers at a Sugar Mill Company in Swaziland

PARTICIPANTS INFORMATION LETTER

My name is Sifiso Manana. I am currently registered as a student at the University of the Witwatersrand, in the Department of Nursing Education for the degree of Master of Science in Nursing (Occupational health Nursing). Mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (CMHA, 2009).

Mental health promotion is *the process of enhancing protective factors that contribute to good mental health*" (Pollett, 2007).

Research is a process to learn the answer to a question. In this study, I want to learn about the mental health promotion needs of factory workers at XXXX Sugar Mill Company. Mental health promotion needs have researched as is evidenced in the literature. However, there is little information on the mental health promotion needs of employees working in a sugar mill. Therefore, I want to investigate and explore the mental health promotion needs of sugar mill workers so as to enable the researcher, other occupational health nursing practitioners and managers to develop and implement mental health promotion programmes.

I hereby invite you to take part in the research study. This study will use face to face interviews and tape recorder to collect information for the study. The interview schedule contains questions on mental health promotion needs and should take about 30-35 minutes to complete.

The interview could trigger trauma (a trauma trigger is an experience that triggers a traumatic memory in someone who has experienced trauma. A trigger is thus a troubling reminder of a traumatic event, although the trigger itself needs not be frightening or

traumatic). Should you experience trigger trauma or any emotional discomfort please contact Sister P. Mhlabane at the following number 26876344431.

There are no benefits or risks to you of participating in the study. Your participation is entirely voluntary and you are free to decline the invitation altogether or to withdraw at any time without having to give any explanation. Confidentiality will be ensured, as research codes will be used.

All information you volunteer will be treated with the strictest of confidence. Publication of results will only show grouped information. No personal or company names or any identifying information will be published. If you are interested results can be given to you after the study is completed.

Thank you for taking the time to read this information letter. Should you require any further information regarding the study or your rights as a study participant you are free to contact me on the following telephone number 26876377944 or email me using the following address: *sfisomanana@gmail.com*

Approval and permission to do the study has been obtained from Human Research Ethics Committee (Medical) **PROTOCOL NO: M150369** and the Swaziland Scientific Ethics Committee **PROTOCOL NO: MH/599C/FWAOOO15267/IRB0009688**

You may call **Human Research Ethics Committee administrator and chair Professor Cleaton Jones** on number (011)717-1252 for reporting of any complaints / problems relating to this study, or if you would like to understand anything relating to your safety while participating in the study. The Swaziland Scientific Ethics Committee contacts +268404 2431
Supervisor; Ms Agnes Huiskamp telephone +27 (0) 114884231

Yours faithfully
Sifiso Manana
Date_____

ADDENDUM F

CONSENT FORMS

(1) WRITTEN CONSENT FORM: TO PARTICIPATE IN THE STUDY

I want to thank you for taking the time to meet with me today. My name is Sifiso Manana a Master of Science in Nursing (Occupational Health) degree student registered with Witwatersrand university and I would like to talk to you about your needs for mental health promotion and how the workplace can assist you with these concerns or problems, as well as what will enhance your mental health.

This research project will assist the researcher in determining the content of the mental health promotion programme that will be presented to management to be used in future interventions.

The interview should take less than an hour. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent.

Remember, you don't have to talk about anything you don't want to and you may end the interview at any time. Are there any questions about what I have just explained?
You will be given a copy of this consent form to keep for your own records. Are you willing to participate in this interview?

If you wish to participate in this study, please sign and date below.

_____

Participant's Name *(please print)*

_____ _____

Participant's Signature Date

Signature of the researcher: _____ Date:_____-

(2) Consent to audio-recording the interview

PERMISSION TO AUDIO-RECORDING

Dear Participant

I would like to request your permission to audio-record the interview. Your real name will not be used in the interview and these records will not be given to anyone other than those involved in the study. I will destroy these records once they are no longer required to be used in this study.

If you choose not to be audiotaped, I will take notes instead. If you agree to being audiotaped but feel uncomfortable at any time during the interview, I can turn off the recorder at your request.

Thank you
S. Manana (Cell no: +26876377944)
MSc. Nursing Occupational Health (student)
Department of Nursing Education
University of Witwatersrand

CONSENT TO AUDIO-RECORDING

I……, consent to have my interview audio-recorded. I understand that this interview will be recorded for the sake of accuracy and reliability. I understand that the consent is voluntary and that once these records have been used for this research, they shall be destroyed.

Participant signature: ……. Date:……

Researcher's signature:……....Date:……

ADDENDUM G

Interview guide

Mental health "is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (CMHA, 2009).

1. **Please tell me about your mental health** (impilo *yakho yengcodvo*).

Probes used:

- Do you have any mental health concerns about yourself, your family, or anything at the workplace? (*Tingcinamba tiphi? Lonato empilweni yakho yengcondvo mayelana nawe, umndeni wakho, kanye nalokuchamuka emsebentini wakho?.umatikhona ngutiphi?)*

- What makes you feel stressed? (*kukhona yini lokukuphatsa kabi emoyeni)*

- What do you think the workplace can do to help improve your mental health? **(** *yini locabanga kutsi emsebentini wakho ingentiwa kukusita kutsi kwente impilo yakho yengcondvo ibencono)*

2. **If you have other ideas about how your company can become a mentally healthier place to work in, please explain.** *(ingabe unato yin tindlela inkampani losebenta kuyo lengatisebentisa kutsi ibe yindzawo lekahle yekusebentela, ungatichaza?).*

Is there anything more you would like to add? I'll be analysing the information you and others gave me and submitting a draft report to the organization. I'll be happy to send you a copy to review at that time, if you are interested.

Thank you for your time.

ADDENDUM H

Transcribed individual interview

Interviewer (I): Please tell me about your mental health (*impilo yakho yengcondvo*)?

Participant 1(P1): My mind, I think most of the time I am able to manage what troubles my mind even though there are problems but some problems overwhelm you luckily we end up talking to our friends and those that are close to us who give us some points to deal with our problems and eventually it passes.

Probing questions

I: Do you have any mental health concerns about yourself, your family, or something from the workplace? If yes, what are they? (*Tingcinamba tiphi? Lonato empilweni yakho yengcondvo mayelana nawe, umndeni wakho, kanye nalokuchamuka emsebentini wakho?.umatikhona ngutiphi?)*

P1: In the family you. Families in Swaziland, because of the family background you are compelled to pay for their school fees because they will tell you that they paid for you so also you need to pay for your sibling's education and sometimes you feel like leaving home and go and stay in the company residence because of this problem. At work what troubles us is money the company does not want to pay us what they do is giving us benefits that we do not need like the company starts paying for our kids' education in form1 and mine are still young they give us this benefits that we currently do not need we need money to build houses we want a lot of things that need money., there are family problems like other families especially once you start working you find that the family needs money from

I: Do you experience stress? (*kukhona yini lokukuphatsa kabi emoyeni)*

P1: Yes

I: What makes you stressed?

P1: Money, family problems

I: What do you think the workplace can do to assist you to promote your mental health? (*yini locabanga kutsi emsebentini wakho ingentiwa kukusita kutsi kwente impilo yakho yengcondvo ibencono)*

P1: Mmmm you see my brother what happened is that there is pressure of work to be done you get stressed because of the work there is so much to do before the company started retrenching we had enough workforce. We want the company to pay us at least an equivalence of what our sister company is getting I mean we went to the same training with them in Durban but they get E20.00 more per hour than us so when vacancies open we will go to ILLOVO another thing the company can organise sessions on things like peer educators, stress management session and how an individual can manage money there are a lot of loan sharks when they want their money it becomes difficult {laughing} hey its really difficult when they want their money

I: If you have other ideas about how your company can become a mentally healthier place to work in, please explain. *(ingabe unato yin tindlela inkampani losebenta kuyo lengatisebentisa kutsi ibe yindzawo lekahle yekusebentela, ungatichaza?).*

P1: If the company can stop opening vacancies that it never fills because they say they are saving money because that makes us to be overloaded by work such that even when you are at home you cannot relax because work is behind we are short stuffed and they should consider reviewing our salaries you cannot have our colleagues in our sister company earning E70.00/hour while we earning E50.00/hour.

Interview with participant 4

Interviewer (I): Please tell me about your mental health (*impilo yakho yengcondvo*)?

Participant 4 (P4): My mental health I think is fine though sometimes I ask myself what happening I will give an example I have been away from work for a few days I think 4 or 5 days because I had a problem I never talked to anyone there are a lot of things I did not do well you find that I had forgotten to close or open some doors because I was forgetful

I: Do you experience stress?

P4: yes

I: What makes you stressed?

P4: Ok here what stresses us more is work there are targets to meet and they look at individual performance even when you know you did well when something goes wrong the whole team suffers also family stress which I cannot talk about

I: what do you think the workplace can do to assist you to promote your mental health? (*yini locabanga kutsi emsebentini wakho ingentiwa kukusita kutsi kwente impilo yakho yengcondvo ibencono)*

P4: Educating people about mental health and how you deal with stress there is a EAP where we are referred for assistance when you require one

I: if you have other ideas about how your company can become a mentally healthier place to work in, please explain. *(ingabe unato yin tindlela inkampani losebenta kuyo lengatisebentisa kutsi ibe yindzawo lekahle yekusebentela, ungatichaza?).*

P4: The idea I have is mental health education and the manner of approach is not great because managers do not understand that every individual is unique also behaviour change mostly for elderly tell them to accept change when it's time for change. Our managers should be there when we have mental health education because they hurt us when they talk to us