

https://dspace.org/

Utilization of employee wellness program by the staff members at Natalspruit Hospital

Manamela, Makgabo Johanna

2011-10-27
http://hdl.handle.net/10539/10659

Downloaded from a DSpace repository. https://dspace.org/

UTILIZATION OF EMPLOYEE WELLNESS PROGRAM BY THE STAFF MEMBERS AT NATALSPRUIT HOSPITAL

DR MAKGABO JOHANNA MANAMELA

A RESEARCH REPORT SUBMITTED TO THE FACULTY OF HEALTH SCIENCE, UNIVERSITY OF THE WITWATERSRAND, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN THE FIELD OF THE HOSPITAL MANAGEMENT

JOHANNESBURG 2010

DECLARATION

I MAKGABO JOHANNA MANAMELA, declare that this research report, except that which is listed and acknowledged, is my own work. It is being submitted for the degree of Master of Public Health (Hospital Management) at the University of Witwatersrand, Johannesburg. It has not been submitted before for any degree or for any examination at this or any other university.

_____

October 2010

DEDICATION

I dedicate this work to:

- My sons: Kenny and his wife Karabo, Thapelo and Phenyo and their daughters: Makosha, Mathapelo, Letago and Keamogetswe, for their encouragement, understanding and support throughout my studies, even in unbearable situations.
- My mother Seemole Phuti, my brother George, my sister Rosina and their families for encouragement to pursue learning even in difficult situations.
- My friends, especially Nkomori for continuous support and accompaniment to attend evening and library studies.

ACKNOWLEDGEMENTS

I thank God Father for His faithful love, grace, mercy and wisdom. He guided me to carry on with my studies until all requirements were fulfilled. His presence was encouraging throughout.

I also wish to thank the following people for their contributions in my study:

- Dr Adonis, my promoter, for expert advices, guidance, support, patient and encouragement throughout the research study.
- Dr D Basu, Dr M Govender and Mr ME Letshokgohla for inspirations, guidance and encouragement throughout the study.
- Natalspruit Hospital management, Employee Wellness Clinic staff members and the research committee for supporting me throughout my study.
- Department of Health Authorities, both National and Gauteng Province for financial assistance and fifty, fifty study leave.
- All my colleagues, friends and relatives who contributed towards my degree, I salute you all.

ABSTRACT

Background: In 2006 the Gauteng Department of health endorsed a Wellness Program Policy. The policy was introduced and implemented in all Gauteng Province Hospitals. The policy spells out the integrated model of wellness program. The focus is to promote wellness, healthy lifestyle and assist the staff members who are ill while at work place. The department found it crucial to ensure that the staff members are well cared for in order to be productive.

Aim: To describe the utilization of the various components of the wellness program by the staff members and to describe the outcome thereof.

Methodology: The research design was a quantitative, cross sectional retrospective record review. The analysis focused on the records of the staff members of Natalspruit Hospital, who utilized the wellness program services from January to December 2009. The scope of the study covered all five components of wellness program as outlined by the Gauteng Department of Health Wellness Program Policy. Data was collected and analysed from 941 entries in the Wellness Clinic records.

Conclusion: This research found that the average number of staff visits during the study period was 80.1(SD 22.1) which represents 80% of the total staff complement and that actual percentage of staff who utilized the service is much lower. However during the last month of the period under study attendance rate represented 5.8% of total staff establishment. The majority of the staff members were women (90%); female subjects were significantly younger than male subjects, $p < 0.01$ (Mann Whitney's test). The most professional and occupational categories that used the services were the nurses. The components that were mostly utilised was Birth control (48.9%); specifically for family planning, followed by the Occupational Health and Safety component in the area of Hepatitis B (11.5%) and needle prick (3.9%). The majority of the staff members continued with the services in the clinic (86.9%) while very few staff members were referred out of the clinic (5.3%) to the casualty/ out- patient department, court and ICAS. Only (7.76 %) of cases were resolved. The majority of the staff members utilized the organization and climate for management

of health related problems component, especially in the services of birth control for family planning section. It seems a waste of resources to have an entire wellness program where staff members are mostly using it primarily for family planning, therefore the research described the basic requirements for effective EWP and also the importance of capacity needed for effective policy management, then suggested the comprehensive components. The report findings could benefit the Government in planning and operations of other Wellness Programs across the country.

TABLE OF CONTENT

DECLARATION ii
DEDICATION iii
ACKNOWLEDGEMENTS iv
ABSTRACT v
TABLE OF CONTENT vii
LIST OF FIGURES xi
LIST OF TABLES xii
GLOSSARY OF TERMS xiii
LIST OF ABBREVIATIONS xvi
CHAPTER 1 1
INTRODUCTION 1
1.1 BACKGROUND 1
1.2 PROBLEM STATEMENT 2
1.3 JUSTIFICATION FOR THE STUDY 3
1.4 RESEARCH QUESTION 3
1.5 AIMS AND OBJECTIVES 3
1.5.1 AIM 3
1.5.2 OBJECTIVES 4
1.6 SUBSEQUENT CHAPTERS 4
1.7 SUMMARY OF THE CHAPTER 5
CHAPTER 2 6
LITERATURE REVIEW 6
2.1 UTILIZATION OF WELLNESS PROGRAM, AN INVESTMENT FOR THE ORGANIZATION 6
2.2 MAJOR WORK CHALLENGES, NECESSITATING IMPLEMENTATION OF WELLNESS PROGRAM 9
2.3 ORGANIZATIONAL STRESS 10
2.4 ORGANIZATION CULTURE 11
2.5 ORGANIZATIONAL CHANGE 12
2.6 BENEFITS OF UTILIZATION OF THE EWP 12
CHAPTER 3 15

METHODOLOGY 15
3.1 STUDY DESIGN 15
3.2 SETTING 15
3.2.1 NATALSPRUIT HOSPITAL 15
3.2.2 THE HOSPITAL STAFF ESTABLISHMENT 16
3.3 SCOPE OF THE STUDY 17
3.4 STUDY POPULATION 17
3.5 STUDY SAMPLE 18
3.6 PILOT STUDY 18
3.7 DATA MANAGEMENT 18
3.7.1 INSTRUMENT 18
3.7.2 DATA COLLECTION 18
3.7.3 DATA ANALYSIS 19
3.7.4 STATISTICAL TESTS 19
3.8 ETHICAL CONSIDERATION 19
CHAPTER 4 21
RESULTS 21
4.1 RESPONSE 21
4.2 STAFF ATTENDANCE 21
4.3 DEMOGRAPHIC PROFILE 23
4.3.1 AGE 23
4.3.2 GENDER 23
4.4 OCCUPATION 23
4.5 WORK SECTION OF THE SUBJECTS 24
4.6 PROFESSION OF THE SUBJECTS 26
4.7 TYPE OF VISIT TO THE CLINIC 28
4.8 COMPONENT ATTENDED 28
4.9 PROFESSION AND COMPONENT ATTENDED 30
4.10 REASONS FOR VISIT TO THE CLINIC 31
4.11 PROFESSION AND REASONS FOR VISIT 33
4.12 OUTCOME OF VISIT TO THE CLINIC 35
4.13 OUTCOME OF THE SERVICE ACCORDING TO THE SERVICES ATTENDED 36

CHAPTER 5 38
DISCUSSION 38
5.1 INTRODUCTION 38
5.2 CLINIC ATTENDANCE 38
5.3 PROFILE OF SUBJECTS 39
5.3.1 DEMOGRAPHIC PROFILE 39
5.3.2 PROFESSIONAL AND OCCUPATIONAL PROFILE 40
5.3.3 WORK PROFILE 40
5.4 COMPONENTS UTILIZED 41
5.5 OUTCOME BY THE SERVICES 43
5.5.1 UNRESOLVED/ CONTINUATION 43
5.5.2 RESOLVED CASES 44
5.5.3 REFERRED TO OPD/ CASUALTY 44
5.5.4 REFERRED TO ICAS 44
5.5.5 REFERRED TO COURT 45
CHAPTER 6 46
CONCLUSION AND RECOMMENDATIONS 46
6.1 CONCLUSIONS RELATED TO THE OBJECTIVES OF THE STUDY 46
6.1.1 DETERMINATION OF THE PROPORTION OF STAFF MEMBERS WHO UTILIZED THE EWP DURING THE STUDY PERIOD 46
6.1.2 DESCRIPTION OF THE DEMOGRAPHIC PROFILE OF THE STAFF MEMBERS WHO UTILIZED THE EWP 46
6.1.3 DETERMINATION OF THE UTILIZATION RATE OF VARIOUS COMPONENTS OF THE EWP DURING THE STUDY PERIOD 47
6.1.4 DESCRIPTION OF THE OUTCOME BY THE SERVICE COMPONENT RENDERED TO THE STAFF MEMBERS WHO UTILIZED THE WELLNESS PROGRAM DURING THE STUDY PERIOD 47
6.2 LIMITATIONS 47
6.3 RECOMMENDATIONS 48
6.4 USE OF FINDINGS OF THE STUDY 50
6.5 FUTURE RESEARCH 50
6.6 SUMMARY AND CONCLUSION 51
REFERENCES 52

APPENDICES 1
APPENDIX A: ETHICS CLEARANCE CERTIFICATE 1
APPENDIX B: APPROVAL FROM POST GRADUATE COMMITTEE 2
APPENDIX C: APPROVAL FROM NATALSPRUIT HOSPITAL MANAGEMENT 2
APPENDIX D: DATA COLLECTION TOOLS 2

LIST OF FIGURES

Figure 3.1 Location of Natalspruit Hospital 16
Figure 4.1 Staff Attendance at the wellness clinic for the year 2009 as compared with the staff establishment and the total posts filled 22
Figure 4.2 Occupations of the subjects 24
Figure 4.3 Work section of the subjects 26
Figure 4.4 Type of the visit 28
Figure 4.5 Component attended 29
Figure 4.6 Profession and component attended 31
Figure 4.7 Reasons for visit to the clinic (n= 941) 33
Figure 4.8 Outcome of the visit to the clinic 35
Figure 4.9 Outcome of the services according to the section attended 37
Figure 5.1 Requirements for effective Employee Wellness Program 42
Figure 6.1 Capacity for effective policy management 48
Figure 6.2 Organization relevant/culture components 49

LIST OF TABLES

Table 3.1 The hospital staff establishment categories..... 17
Table 4.1 Proportion of staff members who attended EWP clinic..... 22
Table 4.2 Age and gender of the subjects (n= 941) 23
Table 4.3 Occupation of the subjects (n= 941)..... 24
Table 4.4 Work section of the subjects (n= 941) 25
Table 4.5 Profession of the subjects (n= 941)..... 27
Table 4.6 Type of visit to the clinic (n= 941)..... 28
Table 4.7 Component attended (n= 941) 29
Table 4.8 Profession and Component attended (n= 941)..... 30
Table 4.9 Reasons for visit to the clinic (n= 941)..... 32
Table 4.10 Profession and reasons for visit (n= 941)..... 34
Table 4.11 Outcome of visit to the clinic (n= 941) 35
Table 4.12 Outcome of the services according to the section attended 36

GLOSSARY OF TERMS

CHANGE- change is the process of becoming different, of moving from the known state of affairs or familiarity of oneself to the unknown or unfamiliar situation (Engbers, 2007: 10).

CONTINUATION- indicates that the problem for which the services were sought for has not been solved and the staff member had to continue coming for the services during the study period to improve their health (Fowler, Fowler & Allen, 1992: 248).

.

COURTS- referred to the institution where there are judges or other persons acting as tribunal in civil and criminal cases. In this study cases that required a court of law were referred to courts for further management (Fowler, Fowler & Allen, 1992: 266).

.

ICAS- referred to as the name of the company contracted by Gauteng department of health to assist in the management of EWP cases that the local appointed staff members at the hospital or districts are unable to solve due to lack of the skills in that area (Department of health, 2006).

.

INVESTMENT- a purchase of a financial product or item of value with the expectation of favourable future or the commitment of money for property acquired for future income (v Fourie, 2010: 17). In this study investment is seen as a long term wellness implementation plan where the organization links its strategic initiatives to protect human resources from ill health by putting more funds in the implementation of wellness program so as to ensure that the staff members remain healthy and serve the organization for a longer time without suffering from preventative work related and to some extend personal preventative health problems.

ORGANIZATIONAL CULTURE- a uniformed, stereotyped manner of doing things by specific group of people in a specific work environment that they identify themselves fully with the organisation (Lim, 1996:16; Baron, 1994: 11).

REFERRED- indicates that the problem for which the services were sought for has

not been solved but needed services rather than the one the section is providing. The staff members are given referral letters to visit the section or organizations that provide the highest level of services (Department of health, 2006).

.

RESOLVED- indicates that the problem for which the services were sought for has been solved (Fowler, Fowler & Allen, 1992: 1025).

STRESS- the inability to cope with the aspect of life that affects one's mental, physical, emotional and spiritual wellbeing, leaving the individual with the feeling of intense overload. Physical and mental exhaustion can occur which lead to deterioration and diminished problem solving ability or poor functioning (Cunningham & Cookson, 2009: 19).

UNRESOLVED - indicates that the problem for which the services were sought for has not been solved (Fowler, Fowler & Allen, 1992: 1314).

UTILIZATION OF WELLNESS PROGRAM- the action taken by the staff members by visiting the wellness section with the aim of being assisted by the staff appointed in the section, either to manage own or work related health threat (Department of health, 2006).

WELLNESS PROGRAM- comprehensive services designed to promote and maintain the good health of the employee and offer benefits and activities such as training, fitness, occupational and health services, addressing other health related problems, provide counselling services and encourage the employees to take the responsibility to remain healthy (Department of health, 2006).

.

WELLNESS PROGRAM COMPONENTS- refers to the services that are provided in the wellness section such a Human Immune Virus/ Acquired Immune Deficiency Syndrome, Occupational Health and Safety, management of health related problems, psychosocial problems and other work related problems (Department of health, 2006).

WELLNESS PROGRAM POLICY- a policy developed by the organization with the aim of promoting the well being and health of the workers by improving the working conditions and reducing the causes of ill health related to work and, promoting the working environment as a source of a better health (Department of health, 2006).

LIST OF ABBREVIATIONS

EWP	Employee Wellness Program
HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
EAP	Employee Assistance Program
OHS	Occupational Health and Safety
ICAS	The name of EWP company contracted by the Gauteng department of health to further manage sophisticated EWP cases

CHAPTER 1
INTRODUCTION

The purpose of this study was to describe utilization of various components of the Employee Wellness Program and describe the outcome thereof, during a one year period (1 January 2009 – 31 December 2009). This introductory chapter covers the background to the study, statement of the problem, research question, aims and objectives and outlined subsequent chapters.

1.1 BACKGROUND

Gauteng Department of Health has a vision statement that emphasis “Health for a better life.” The department strives to maintain highest possible quality care to accomplish this vision. This can only be achieved through commitment of staff members in the department. Therefore the department seeks to invest into health, wellbeing and safety of the employees; this is filtered in the department’s mission of creating positive work environment, listen and communicate with the staff to ensure that the work environment is free from harm to their health and wellness. The department then developed policy guidelines on the implementation of wellness program. The policy spells out the integrated model of wellness program that includes: HIV/AIDS workplace employee assistance program, occupational health and safety program, organization and climate for management of health related problems, psychosocial program that address aspects such as substance abuse, trauma, stress, organizational tension, dynamics of family matters, money problem, depression and any other psychosocial/health problems affecting the staff members at work.

The focus of the above policy is to promote wellness, healthy lifestyle and assist the staff members with illness while at work place. The policy is implemented in all Gauteng hospitals, clinics and district health services (Gauteng Department of Health, 2006). It is a fact that the socio-economic conditions, chronic diseases and other disease thrusts such as HIV/AIDS are challenges in South Africa. Gauteng province is not exceptional. The working group is also affected by the challenges.

The challenges may be personal or organizational related but has an effect on the staff members' well-being and productivity.

The wellness program was established in Natalspruit hospital according to the departmental policy guidelines. Natalspruit Hospital program was established in 2003 and the policy was finally approved in 2006 (Gauteng Department of Health, 2006), free of charge to all staff members appointed in the Department and their family members.

The program aimed to assist the employees to remain healthy and also address their well being problems. In the year before the study period, it was found that sizeable proportion (75%) of the staff members did attend the wellness clinic. Out of a total of 1358 staff members compliment 962 recorded to have attended the services (Natalspruit Hospital Annual Report, 2009: 50). It was however unclear what the major reasons where for the visits and whether the wellness program was indeed successful in managing the employee's problems. It was on this note that the study aimed to describe the utilization of various components of the wellness program by the staff members in Natalspruit hospital and also identified which areas utilized more than others as well as outcome by the services. The study excluded utilization of the wellness program by the family members of the staff members.

1.2 PROBLEM STATEMENT

The hospital has a well established wellness program, and follows the programs as prescribed by the department. Management at the hospital however are unsure of how effective this program is. The hospital is also still plagued with several employee related problems like stress, fatigue and high absenteeism. Since employee wellness programs should ideally impact positively on these aspects, management was interested to know just how well the program is actually doing.

1.3 JUSTIFICATION FOR THE STUDY

In 2009 Natalspruit hospital staff establishment was 1817, of which a total of 1358 posts were filled, that was 75% at the end of the 2007/8 financial year. The staff members are the pillars of the organization. Service delivery depends on the commitment of the staff members. Healthy staff members are more likely to present more positive attitude to increase and improve productivity level. The implementation of the EWP gives the staff members an opportunity to come to work even when they have health and psychosocial problems knowing that they would be assisted at work. Those with chronic illnesses and urgent health problems are also assisted in the EWP section when need arise. Wellness programs at the workplace require a significant investment in terms of resources like staff, equipments, health awareness material and premises. This type of investment should ideally create a return of investment through increased staff productivity and decreased absenteeism in the long-term. Evaluating the rate of utilization and outcomes would give a clearer indication of the possible benefit of the program.

The process aimed to assist the management to understand the status of the service regarding its effectiveness and efficiency, so that they could then re-plan accordingly. The organizational leaders would then be able to determine the extent of usage of the program components and make informed decisions during the development of strategic plans, including the resource allocations for the future.

1.4 RESEARCH QUESTION

Is utilization of various components of the EWP by the staff members at Natalspruit Hospital optimum and what are the outcome thereof?

1.5 AIMS AND OBJECTIVES

1.5.1 AIM

To describe utilization of various components of the EWP and the outcome thereof

during a one year period (1 January 2009 – 31 December 2009)

1.5.2 OBJECTIVES

- To determine the proportion of staff members who utilized the EWP during the study period.
- To describe the demographic profile of the staff members who utilized the EWP.
- To determine the utilization rate of various components of the EWP during the study period.
- To describe the outcome by the service component rendered to the staff members who utilized the wellness program during the study period.

1.6 SUBSEQUENT CHAPTERS

Background to the research has been discussed and objectives defined in this first chapter. The following chapters are:

Chapter two: Literature review
The purpose of the literature review was to explain and discuss concepts related to the research and to search for solutions to the research problem.

Chapter three: The research methodology
The chapter describe the research methodology, methods and techniques used in this study.

Chapter four: Presentation of the results
This chapter deals with the analysis of the findings of the study relating to the aims and objectives.

Chapter five: Discussion
In this chapter the findings of the literature are integrated with the results obtained from the analysis of data in order to address the aims and objectives of the study.

Chapter six: Conclusion and recommendations
This constitute the final chapter of the report and draw conclusions from the research related to the aims of the study, makes the recommendations and suggests areas for future research in the field of EWP in the department of health.

1.7 SUMMARY OF THE CHAPTER

The introductory chapter covered the background to the study, the motivation for the research, statement of the problems and the objectives of the study. Lastly it provided a summary of the subsequent chapters that make up this research report.

CHAPTER 2
LITERATURE REVIEW

In this chapter relevant search on the utilization of EWP is discussed. In addition to the published literature, information from various unpublished sources was also reviewed.

2.1 UTILIZATION OF WELLNESS PROGRAM, AN INVESTMENT FOR THE ORGANISATION

Corporate organizations need to invest in an organized, structured corporate wellness program headed by a qualified health care professional (Simpson, 2003: 122). A well established program attracts the staff members and should assist the organization by generating interest in the staff members to use the service. This may yield good returns for the organization because the staff members who participate in wellness programs often feel that they work for an organization that cares about their wellbeing.

Organizational leaders should be encouraged to include the EWP in their strategic plans and consider EWP as one of their deliverables. When they analyse and evaluate the services rendered, the EWP implementation process, its functional aspects and outcomes must be included. Evaluation models must consider the employee as central to the evaluation.

Employees spend up to 60% of their time at work. From time to time these workers may experience health and work related problems, some are easily realized and managed whilst others, although realized, are difficult to manage and require special intervention. Some problems are personal while others may be due to working conditions. The impact of work on the health of the staff members cannot be underestimated. The worker's problems may lead to absenteeism, tardiness, high accidents rates, poor business relations, poor decision making and overall decline on work performance. Therefore if the companies value the wellness of their staff members they will ensure that they are supported to address the above challenges.

One strategy used to ensure that the staff members are supported is the implementation of the EWP. Therefore it is important that the organizations integrate the program into the existing corporate structure (Ginn & Henry, 2003: 25), and regularly analyse and assess the effectiveness of the services, checking which components were utilized most often and its effectiveness. The EWP should provide services such as HIV/AIDS workplace employee assistance programme, occupational health and safety program, organization and climate for management of health related problems that requires the program to concentrates on physical ill health of the staff members while they are in the work environment; psychosocial program that address aspects such as substance abuse, trauma, stress, organizational tension, dynamics of family and monetary matters, depression and any other psychosocial problems affecting the staff members at work. Once people are employed they have work life and home life. Therefore the organizations need to have employee's health and wellbeing programs that focus on work life balance. The EWP serves as an investment in human capital development and can lead to a greater organizational success. Conditions at work such as communication breakdown, unclear objectives, lack of purpose and unrealistic targets are challenges and contribute to workers devastation at work. Good quality targets are missed when staff turnover increases. The EWP program implementation results will indicate to the leadership when the staff members are negatively affected by these conditions.

Many organizations appoint a huge number of employees, and provide allowances such as medical aids for their health care. In most cases medical aids caters for the illness than for prevention of the diseases. It is important for these organizations to ensure that ill health is prevented and the employees are taken care of. Cost on medical claims will be reduced if illnesses are prevented. Bello, Clausan, Green & Morrison (2007:18) cited out that some organisations spend 2.8 million dollars on medical claims while their productivity loss is 10. 3 million dollars by the same staff members. Medical claims can be reduced if the demands for medical consultations are reduced. This is possible if the staff members first seek services in the EWP.

The organisations must drive the program. In his study Rochowics (1990) found that

some organizations would consider implementing the wellness program only if the staff members can pursue it. In these incidents, it appears that leadership does not value the wellness program. Once the leaders value the services and include it in their strategic plans and implement, monitor and evaluate the utilization with their overall services, they will then be able to understand the program and ensure that quality resources are allocated, modify the program and support it fully. This will increase their returns on this investment.

The employers are held responsible for acceptable work environment and the impact of the environment on the health and wellbeing of the workers. Challenges at work environment such as air quality, noise pollution, overworking and work pressures lead to sicknesses. Failure of the organization to plan for the prevention and interventions of these could results in increased claims and litigations. Better occupational health and safety services and medical services that help to identify job related problems and reduce the exposure to risks are important services in an organization. It is important that all staff members have access to preventative occupational health services. This calls for services such as disease prevention programs, health promotion programs and lifestyle related programs fitted into EWP. The program can assist the staff members to realize the danger of poor health habits and increase utilization of preventative services. Poor health habits may increase absenteeism and reduce productivity. The organizations that maximize the wellbeing of the staff members and manage corporate risk effectively will in turn improve and face less challenges of this nature (Hillier, Fewell, Cann, & Sherphard, 2005:420).

It is the organization's responsibility to ensure that all employees' challenges are taken care of. The organization must therefore develop the strategies to implement wellness programs and ensure integration of well-being and wellness activities into the responsibility of the organization. According to Hiltrop (1999: 424) the EWP can be used to attract and keep the talented employees. This program must be well developed to consider a holistic approach (Ginn & Henry, 2003: 25). The organization that strives on improving the health of the workforce by implementing the wellness program remains successful. Participants in the "Good for employee, Good for business" study revealed that the employees perceived wellness program

as a good way to improve their overall health (Simpson, 2003: 122). When their overall health improve, they become energetic, motivated and perform their duties better. It is equally important for the organization to analyse and asses the utilization of various components and the outcome by the component service delivered. Every organization has its own work challenges, the leadership has to identify these organizational challenges, which symptoms are presented and plan to overcome them. Hillier, et al (2005: 419) cited out that integrated services would results with reduction of the organizational symptoms such as labour turnover, labour relation difficulties, poor quality control, and high rates of absenteeism. A wellness program may assist in reduction of such symptoms. The improvement can be marked in areas such as: fitness level, mood, health awareness, nutritional habits and health status of the staff members (Hainess, Davis, Rancour, Robinson, Neel-Wilson & Wagner, 2007: 222). The 'healthier' the workforce the better the performance –hence better returns for the organization.

2.2 MAJOR WORK CHALLENGES, NECESSITATING IMPLEMENTATION OF WELLNESS PROGRAM

The eligible age for formal employment is usually between 19-23 years of age. The appointed staff members continue with their employment in organizations for a long time until retirement at the age of 60-65 years. For the organization to address the major work challenges effectively it is important to provide wellness program in a comprehensive manner (Eaton, Marx & Bowie, 2006: 90). Every organization has work pressure at a certain time. There are issues that are unavoidable in the work environment, and these factors need to be identified and intervention planned for. These factors calls for the employer to implement the wellness program while also influence the staff members to seek help. If the organization has programs to address challenges of stress, health of workers, counselling and HIV/AIDS testing services in a planned manner, it will be able to relieve the workers from work pressure (Journal compilation, 2007: 312). The work pressure may also results in depression. Health institutions provide services to patients with terminal illness, for e.g., patients with AIDS. According to Flaskured & Tabora (1997: 20) and UNAIDS (2000: 5), health care workers providing care to these patients may suffer from

depression. The staff members need to utilize services like EWP to minimise such pressure. Most organizations allow the EWP to function on voluntary basis. It has been found however, that in those organizations where attendance to EWP is voluntary, the staff members are not so keen to use the services (Rochowic, 1990). It is up to the organizations to find innovative ways to encourage employees to participate in these wellness programs. Major challenges at work that affect the staff members results mainly from a particular organizational culture, work related stress and organizational change. The organizations that implement EWP in a successful manner are able to manage these major challenges better.

2.3 ORGANIZATIONAL STRESS

Stress is one of the most difficult challenges to be avoided at work. It may result with staff members suffering from high blood pressures and back pains, leading to chronic illnesses that may results in prolonged disability and sick leave. According to Heymans, de Vet, Knol, Bongers, Koes & van Mechelen (2006: 686), if these factors can be influenced and targeted by preventative or therapeutic treatments, unnecessary hospitalisation and treatment will be prevented. EWP can also assist as a cost effective intervention strategy in that absenteeism rate can be reduced while staff earnings are also not affected by no work no pay, where applicable, thus benefiting both the staff members and the organization. The staff members may experience stress in both working and home environment, which tends to overlap and result in impaired work productivity (Cunningham & Cookson, 2009: 19). The staff members end up not enjoying their work, losing touch with their own need and not taking care of themselves. Damage effects of the stress could increase spending leading to financial strain, eating disorders affecting health, smoking that in the long run contributes to increased claims and drinking leading to absenteeism. Excessive pressure and increased demand of work lead to anxiety, lower performance, lower energy, emotional exhaustion and poor sleep. All this results with negative effects on the organization by low staff morale, low self esteem and low self confidence in their work performance. On the other hand staff members who are not stressed may work harder and become exhausted and similar adverse reactions may set in. Indecision and low productivity become prominent and adversely affects the entire work force

(Hillier et al, 2005: 422), as the stressed groups are less productive, all the other activities of the non stressed groups will be affected and there will be a gap in the production. It is reported that work related stress cost United Kingdom employers between 353 million pounds to 381 million pounds per year in 2005-2006 and cost the society between 3.7 and 3.8 billion pounds while the number of work days lost were doubled (Hillier et al, 2005: 422).

2.4 ORGANIZATION CULTURE

Culture refers broadly to set of beliefs, values and behaviour commonly held by the society (Lim, 1995:16). Every organization has its own culture. The culture of the organization has great effect on work life quality and employer–employee relationship. According to Baron (1994: 11) organizations can have winning ways with culture because culture is the way people think and act. People‘s assumptions, beliefs and value influence their behaviour. Culture is an integrated system of learned pattern of behaviours, ideas and characteristics (Martin & Belcher (1986) in Lynam (1992: 151) that can influence people’s action and thinking. Therefore this influence will be reflected in an organization. If the work environment does not support the workers, services will be negatively affected. Some organizations present with an ‘unhealthy’ culture that exposes the staff members to bullying, discrimination, drug addictions, abuse, dishonesty and absenteeism that undermine the system performance (Hillier et al, 2005: 424). Having built the wellness program into the corporate structure and ensure that EWP is part of the strategic plan the organization will succeed in building a progressive culture, reduce health costs and improve performance (Ginn & Henry, 2003: 25). It is crucial for the organization to build the culture that encourages the staff members to feel at home whereby the spirit of belonging and ownership results and compliment this with the implementation of a comprehensive wellness program. The organization need to ensure that the wellness program is communicated and popularized among the staff members, policies are formalized and clearly understood, purpose and functions are outlined to the staff members. The well established EWP built within the organizational culture that uphold respect, love and compassion whereby the aspects of confidentiality, secrecy and privacy are observed in all the procedure will

attract and serve as an encouragement to the staff members to continue utilizing the services (Nofield, 2006).

2.5 ORGANIZATIONAL CHANGE

Work related changes affect the staff members and need to be effectively managed. It is true that some staff members may suffer change phobias. Some staff members may be poorly informed about change and become resistive. Management must realise that people express psychological distress through their behaviours and sometimes the behaviours become unproductive and increase tension instead of reducing it (Burgess & Lazare, 1976: 210). If the staff members suffer from these tension, productivity will be reduced, therefore well developed EWP is important. Unhealthy organizational change may have adverse outcomes, especially if the organization only concentrates on its own needs. If not effectively managed, change can generate and sustain work related stress. The unfavourable changes in the work environment might significantly contribute to unhealthy diet and sedentary behaviour (Engbers, 2007: 10) which contributes to unhealthy work force, characterised by disease of lifestyle like high blood pressure, diabetes and obesity. The change process can be managed together with the employee wellness program. A clear detailed program can be drawn and communicated to the staff members together with EWP professionals who will assist the staff members to take the process of change easy. Encouraging and allowing access to a well structured wellness program can influence the staff members affected by the unfavourable change to seek help and become able to understand the pro and cons of change. During change it must be permissible for the staff members to develop and benefit from change. EWP can assist the staff members to see change in a positive manner.

2.6 BENEFITS OF UTILIZATION OF THE EWP

The organizations that implemented effective wellness programs can attract most skilled staff members. The staff members feel valued and welcomed. The staff members may remain working for the organization for a long time only if they are supported and see the organization as their home. Employees who access the

program could develop stress management skills, educate others on stress management, life skills programs and develop knowledge on the resources to tap in when in need of support. This will improve their wellbeing and loyalty to the organization in the long run (Lim & Teo, 1996: 20). Coopers & Patterson (2007: 9) cited out the benefits of implementing health wellbeing program in organizations as leading to a win/win situation. The staff members who utilized the wellness program benefit as the organization also benefit. The organization will benefit as the staff members manage work effectively and production will be improved.

In their study on LIVE Model, Hillier et al (2005: 423) revealed that most employees have been benefiting from using the wellness program especially in regard to alcohol related problems. Alcohol abuse can lead to absenteeism and absenteeism reduce work productivity and contribute to poor work performance. The organization service delivery is jeopardized. The professional support the staff members are provided with, within the EWP can benefit both the staff and the organization

Wellness programs can be used as a retention strategy. The health of the workforce can be improved and staff members are likely to serve the organization for a long time. A healthy workforce results with increased production (Lim & Teo, 1996: 22). Keeping workers healthy may help the organization to reduce the health care costs, improving morale and improving productivity. The employer must include areas around risk assessment that will identify risks to the staff members' health, fitness that reduce risk to illness, health education on the importance of ensuring healthy living, management of illness and ensuring that the EWP staff implement the program effectively and capacitate the staff members (Ginn & Henry, 2003: 25). It is also important to the organization to market the wellness program to the staff members and their family members. The strategy to market the program must also include measures to ensure that the program is utilized by all the staff members (Bubsbin & Campbell, 1990: 20), and having succeeded in marketing the decision and ensuring the utilization thereof, on yearly basis the management must analyse and assess the utilization rate of various components of the services and the outcome thereof.

The organizations that emphasize general wellness programs and look at all activities such as aerobic exercise programs, reduction of body weight and healthy eating plans and ensured implementation thereof received better returns (Andrus & Paul, 1995: 88). The staff members value these programs and as the programs are paid for outside their own pocket by the organization they may be attracted to remain in the organisation. They see the program as incentive and can serve the organization for a long time. Liu, Martineau, Chen, Zhan & Tang (2006: 1837) state that better use of incentives can improve the staff performance. If the EWP is well Utilized it can assist the organization with better results. These organizations can be able to retain talented staff members with enhanced personal health and improved productivity (Simpson, 2003: 122). A productive worker is healthy, happy and free from personal and work related problems.

In concluding, very few studies were conducted on utilization of the wellness program. Most studies looked at the importance of using wellness program more than the utilization rate of the various components. The paucity of literature in this area demonstrated the relevance for this study.

CHAPTER 3
METHODOLOGY

The methodology for this study was selected on the basis of its aims and objectives. In this chapter, the study designs, the setting, population, tools and management as well as ethical consideration are discussed.

3.1 STUDY DESIGN

A cross-sectional study was used for this study.

3.2 SETTING

The study was conducted in Natalspruit hospital, one of the Regional Hospitals in Gauteng Province, in the employee wellness program section.

3.2.1 NATALSPRUIT HOSPITAL

Natalspruit Hospital is located in Ekurhuleni, Katlehong, Ward 52 and west of most catchments areas it serves. Ekurhuleni has the population of 2. 899, 379 with 2. 269, 816 uninsured (Integrated Health planning Framework, 2004). Poverty, unemployment and illiteracy are rife in this area and contribute to ill health and HIV and AIDS epidemic. The hospital is a Level two hospital, providing both general and specialized health care services with the bed capacity of 784 and bed occupancy ranging between 79-80%.

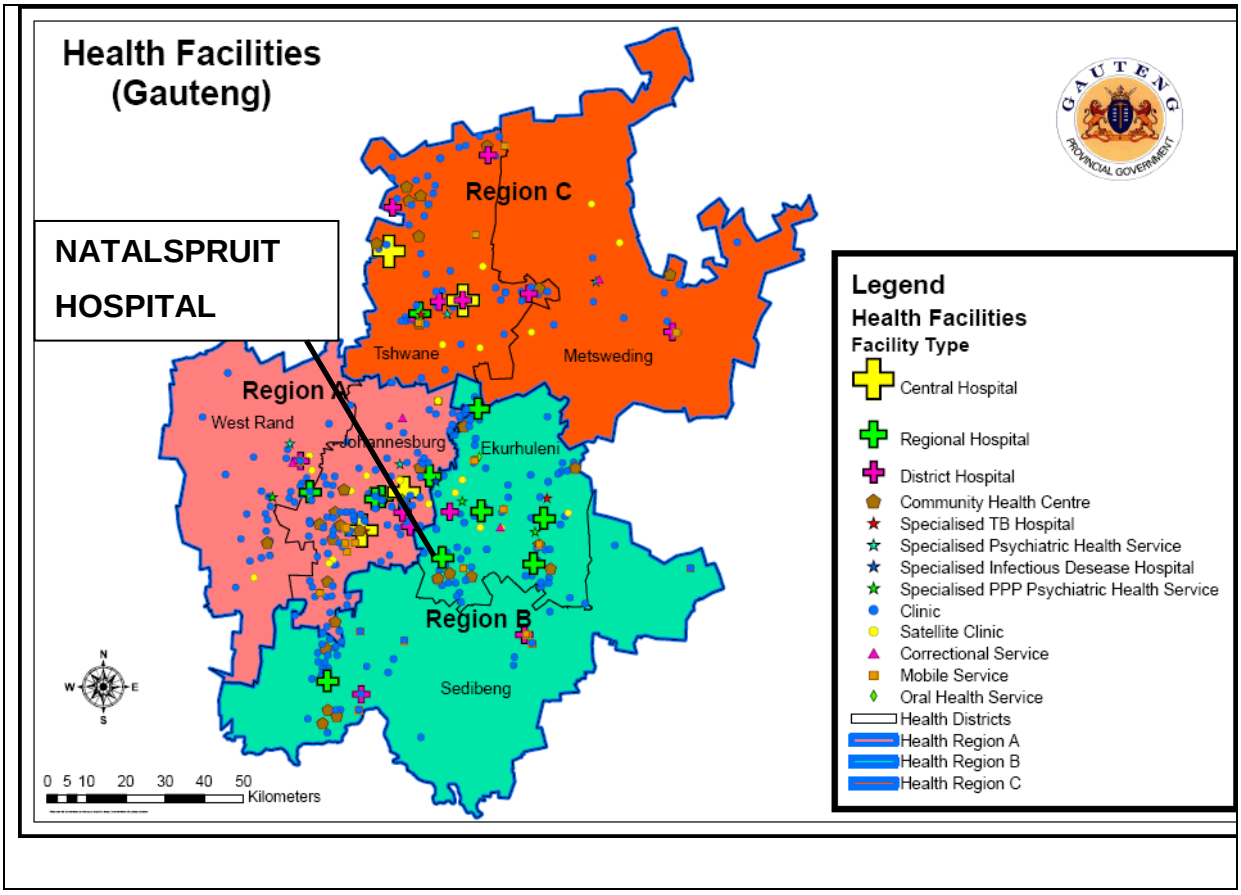


Figure 3.1 Location of Natalspruit Hospital

3.2.2 THE HOSPITAL STAFF ESTABLISHMENT

The total staff establishment was 1817 with a total of 1409 post filled including the additional posts off the internship doctors and nurses as well as the retired nurses. The hospital staff establishment is categorised on the table below:

Table 3.1 The hospital staff establishment categories

CATEGORY	APPROVED POSTS	FILLED POSTS	VACANT POSTS	% OF VACANCY POSTS	% OF FILLED POSTS
MEDICAL PROFESSIONALS	117	105	12	10	90
MEDICAL INTERNS	33 (additional not counted in the establishment)	33			100
MEDICAL SESSIONS	26 (additional not counted in the establishment)	26	-	-	100
NURSING PERSONNEL	833	706	122	15	85
RETIRED NURSES	6 (additional not counted in the establishment)	6	-	-	6
ALLIED PROFESSIONALS	77	57	20	26	74
ADMINISTRATION STAFF	282	154	128	45	55
SUPPORT STAFF	508	387	121	24	76
TOTAL	1817	1409	408	22	78

3.3 SCOPE OF THE STUDY

This study involved a retrospective review of EWP records over a period of 1 year, from January to December 2009.

3.4 STUDY POPULATION

Study population includes all the staff members of Natalspruit Hospital who utilized the wellness program during 2009.

3.5 STUDY SAMPLE

All the records of the staff members who utilized the wellness program services in any of the five components were reviewed.

3.6 PILOT STUDY

The study was piloted reviewing one month's records of the staff members who utilized the wellness program at Natalspruit hospital during November 2008. Total number of staff members at that time was 1329 and total 59 records of those visited EWP were evaluated. The pilot study helped to assess the accuracy of the data instruments and enabled the researcher to refine the instruments.

3.7 DATA MANAGEMENT

3.7.1 INSTRUMENT

Data Collection Tools that were used for each objective were designed for this study based on MS Excel and attached as Appendix D. This tool has been validated and used in one of the regional hospital in Gauteng Province.

3.7.2 DATA COLLECTION

The study used data that were routinely collected by the wellness program staff members (Table 3.2). Data was collected by the researcher only to ensure confidentiality. Each component of the wellness program was allocated a specific code. The Information and conclusions were drawn from the records: Wellness program register and staff members' files.

Table 3.2 Source of data

Objectives	Study Instruments	Source
1	Tool 1	Wellness program register
2	Tool 2	Wellness program register
3 and 4	Tool 3	EWP staff members files

3.7.3 DATA ANALYSIS

Data was captured on to the excel spreadsheet. The data was cleaned to identify and isolate any missing data and error in recording and scrutinised for any potential errors (Gerrish & Lacey, 2006: 439) and then analysed with EPI-Info software version 3.4.1. Each component of wellness program was allocated specific code for easy analysis and interpretation. The data analysis was done by the researcher only. Data was categorised into distinct groups of nurses, medical officers, allied, administration staff and support staff. The data was then aggregated to make it impossible to identify the age, occupation and profession of a particular individual. Lastly data was organised, summarised, described and presented (Newell & Burnard, 2006: 190; Knapp, 1985: 10; Polit & Hunglar, 2001: 330).

3.7.4 STATISTICAL TESTS

Descriptive statistics following continuous variables with normal distribution: Mean and standard deviation were used. Confidence level of 95% was calculated as the statistical significance. Chi square and p-value were determined. Lastly data was captured onto a personal computer.

3.8 ETHICAL CONSIDERATION

A written request was approved by the hospital and Gauteng Department of Health (Appendix C) for permission to analyze the records of the staff members who

attended the wellness program in the last year at Natalspruit Hospital. All the processes were considered after the University had awarded the ethical clearance certification (Ethics certificate number: M10254) (Appendix A). The researcher had access to the hospital register and staff members' files via an intermediary. Confidentiality and anonymity was ensured. Data collection and analysis was done by the researcher only. During data analysis data was aggregated to make it impossible to identify the age, occupation and profession of a particular individual.

CHAPTER 4
RESULTS

The results obtained from the analysis of data are described in this chapter.

4.1 RESPONSE

Data was collected from the EWP attendants register, verified and compared to the available files. A total of 985 entries were found, 941 were found relatively complete and the study results are based on that. A total of 44 entries were not used on reasons that some were incomplete, with missing age, sex and or reason for the visit while others were for the family members that are excluded in this study.

4.2 STAFF ATTENDANCE

Almost 80.1% of the staff members are recorded to have attended the EWP during 2009, with at least 5.8% attendance on monthly basis. The staff attendance at the staff wellness program during the study period is listed in the Table 4.1 and further presented on Figure 4.1. The average attendance was 80.1% (SD 22.1) indicating that the total number of visits represents 80% of the total staff complement and that actual utilization per staff member is much lower as indicated on monthly basis on Table 4.1 below. Most staff members repeated the visit for continuation of services such as in for birth control area for family planning.

Table 4.1 Proportion of staff members who attended EWP clinic

	Total Staff	Attendance
JAN	1394	54 (3.9%)
FEB	1366	66 (4.8%)
MARCH	1361	79 (5.8%)
APRIL	1363	59 (4.3%)
MAY	1372	62 (4.5%)
JUNE	1371	93 (6.8%)
JULY	1395	78 (5.6%)
AUGUST	1391	82 (5.9%)
SEPTEMBER	1390	118 (8.5%)
OCTOBER	1388	93 (6.7%)
NOVEMBER	1378	119 (8.6%)
DECEMBER	1456	59 (4.1%)
TOTAL ATTENDANCE		941 (80.1%)

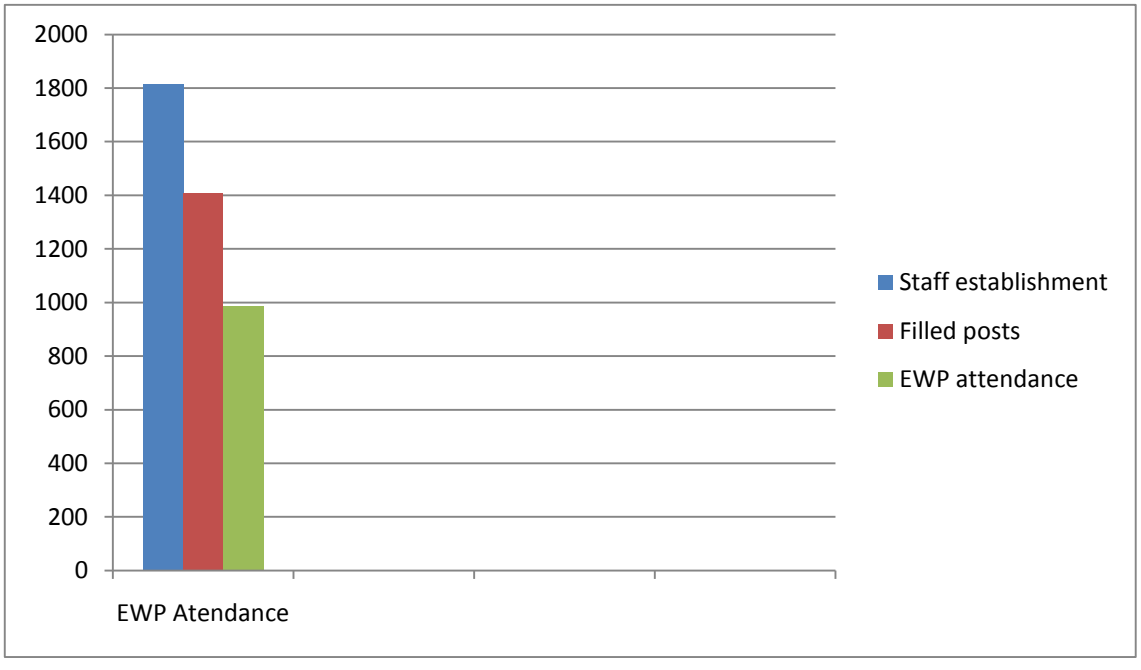


Figure 4.1 Staff Attendance at the wellness clinic for the year 2009 as compared with the staff establishment and the total posts filled

4.3 DEMOGRAPHIC PROFILE

4.3.1 AGE

The median age of the subjects were 39 years (Inter-quartile range: 33- 46). Minimum age of the staff was 19 while the maximum was 63. The median age for females and males were 39 and 42 years respectively. The males in this group were significantly older than females (Mann Whitney's test, $p<0.01$). The age and gender distribution of attendees are illustrated in Table 4.2.

4.3.2 GENDER

Out of the total of used records, 850 females utilized the services in comparison to 91 males in the period under study. Most of these women were at the child bearing age.

Table 4.2 Age and gender of the subjects (n= 941)

	Total (n = 941)	Female (n = 850)	Male (n= 91)
Age	39 (33-46)	38 (32-45)	42 (33-49)

4.4 OCCUPATION

Table 4.3 and Figure 4.2 summarize the occupation of the subjects. Administration staff members utilization of the services equalled 119 (12.6%), Allied 90 (9.6%), Medical section 26 (2.8%), Nursing 533 (56.7%), Public works 2 (0.2%), Support 170 (18.1%) (Figure 4.2). Of the total of those who used the services 56% of the staff members are from the nursing occupation. They are the occupation that utilized the services more than any other occupational category.

Table 4.3 Occupation of the subjects (n= 941)

	Total (n = 941)	Female (n = 850)	Male (n= 91)
Administration	119 (12.6%)	102 (12.0%)	17 (18.7%)
Allied	90 (9.6%)	83 (9.8%)	7 (7.7%)
Medicine	26 (2.8%)	21 (2.5%)	5 (2.8%)
Nursing	533 (56.7%)	492 (57.9%)	42 (46.2%)
Public works	2 (0.2%)	1 (0.1%)	1 (1.1%)
Support	170 (18.1%)	15 (17.8%)	19 (20.9%)
Total	941 (100%)	850 (100%)	91 (100%)

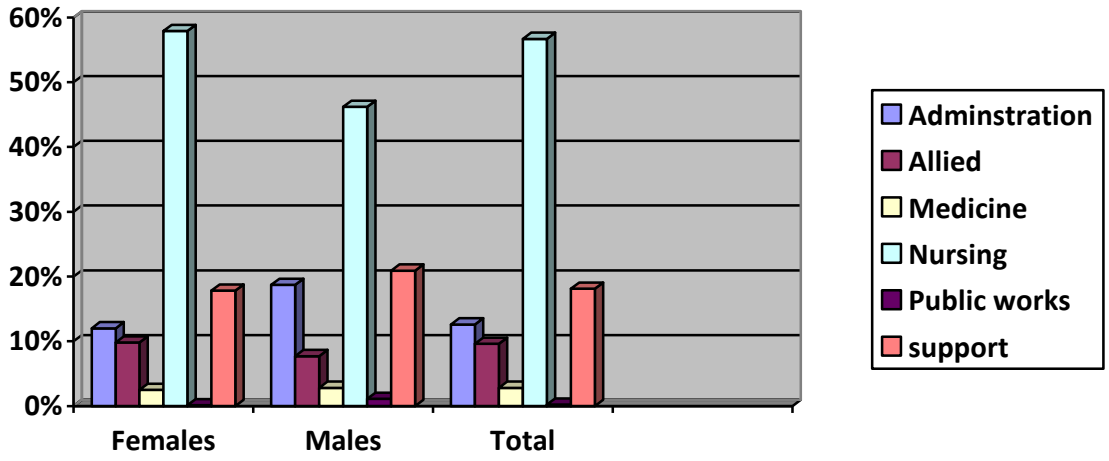


Figure 4.2 Occupations of the subjects

4.5 WORK SECTION OF THE SUBJECTS

Table 4.4 and Figure 4.3 give the indications of the working section of the staff members who utilized the wellness clinic. Cleaning Section 106 (11.3%), ECG Department 1 (0.1%), Kitchen 36 (3.8%), Laboratory 16 (1.7%), Linen room 2 (0.2%), Out Patient Department 139 (14.8%), Pharmacy 19 (2.0%), Physiotherapy Department 7 (0.7%), Porter's office 6 (0.6%), Social worker's Department 3 (0.3%), Security Section 23 (2.4%), Speech therapy Department 5 (0.5%), Switchboard 2 (0.2%), Wards 56 (59.5%), Workshop 2 (0.2%), X-Ray Department 14 (1.5%). Most staff members who visited the wellness clinic were working in the wards.

Table 4.4 Work section of the subjects (n= 941)

	Total (n = 941)	Female (n = 850)	Male (n= 91)
Cleaning Section	106 (11.3%)	89 (10.5%)	17 (18.7%)
ECG Department	1 (0.1%)	1 (0.1%)	0 (0.0%)
Kitchen	36 (3.8%)	36 (4.2%)	0 (0.0%)
Laboratory	16 (1.7%)	15 (1.8%)	1 (1.1%)
Linen room	2 (0.2%)	2 (0.2%)	0 (0.0%)
Out Patient Department	139 (14.8%)	123 (14.5%)	16 (17.6%)
Pharmacy	19 (2.0%)	18 (2.1%)	1 (1.1%)
Physiotherapy Department	7 (0.7%)	4 (0.5%)	3 (3.3%)
Porter's office	6 (0.6%)	4 (0.5%)	2 (2.2%)
Social worker's Department	3 (0.3%)	3 (0.4%)	0 (0.0%)
Security Section	23 (2.4%)	23 (2.7%)	0 (0.0%)
Speech therapy Department	5 (0.5%)	5 (0.6%)	0 (0.0%)
Switchboard	2 (0.2%)	1 (0.1%)	1 (1.1%)
Wards	56 (59.5%)	513 (60.4%)	47 (51.6%)
Workshop	2 (0.2%)	1 (0.1%)	1 (1.1%)
X-Ray Department	14 (1.5%)	12 (1.4%)	2 (2.2%)
Total	941 (100%)	850 (100%)	91 (100%)

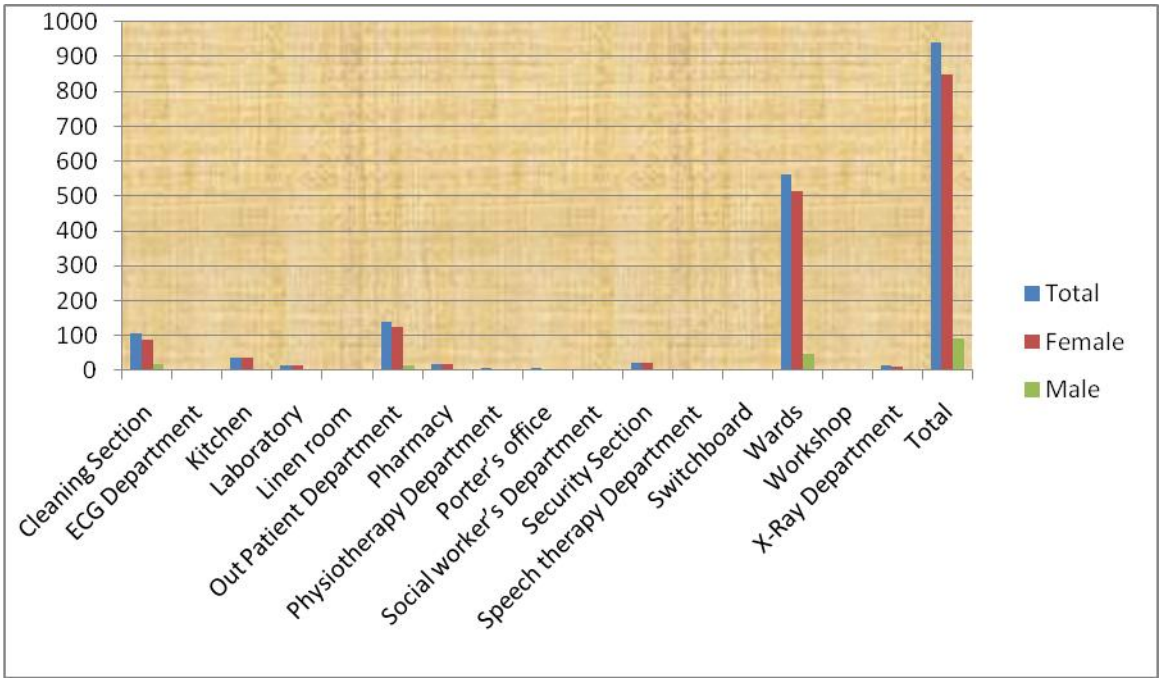


Figure 4.3 Work sections of the subjects

4.6 PROFESSION OF THE SUBJECTS

Table 4.5 below summarizes the profession of the subjects. Out of the total of 941 more than half of the staff members were from the nursing profession 534 (56.7%) followed by the Clerks 113 (12.0 %).

Table 4.5 Profession of the subjects (n= 941)

	Total (n = 941)	Female (n = 850)	Male (n= 91)
MEDICAL	26 (2.8%)	21 (2.5 %)	5 (5.5 %)
NURSING	534 (56.7%)	492 (57.9%)	42 (46.2 %)
ALLIED			
Pharmacy assistants	19 (2.0%)	18 (1.1 %)	1 (2.0 %)
Counsellors	22 (2.3 %)	22 (2.6 %)	0 (0.0 %)
Dietician	3 (0.3 %)	3 (0.4 %)	0 (0.0 %)
ECG technician	1 (0.1 %)	1 (0.1 %)	0 (0.0 %)
Laboratory assistants	16 (1.7 %)	15 (1.8 %)	1 (1.1 %)
Physiotherapy assistant	2 (0.2 %)	0 (0.0 %)	2 (2.2 %)
Physiotherapist	5 (0.5 %)	4 (0.5 %)	1 (1.1 %)
Radiographer	12 (1.3 %)	12 (1.4 %)	0 (0.0 %)
Social worker	3 (0.3 %)	3 (0.4 %)	0 (0.0 %)
Speech therapy assistant	2 (0.2 %)	2 (0.2 %)	0 (0.0 %)
Speech therapist	3 (0.3 %)	3 (0.4 %)	0 (0.0 %)
X – Ray assistant	2 (0.2 %)	0 (0.0 %)	2 (2.2 %)
ADMINISTRATION			
Clerk	113 (12.0 %)	97 (11.4 %)	16 (17.6 %)
Data capturer	2 (0.2 %)	2 (0.2 %)	0 (0.0 %)
Switchboard operator	2 (0.2 %)	1 (0.1 %)	1 (1.1 %)
Queue marshal	2 (0.2 %)	2 (0.2 %)	0 (0.0 %)
SUPPORT			
Cleaner	106 (11.3 %)	89 (10.5 %)	17 (18.7 %)
Food aid	33 (3.5 %)	33 (3.9 %)	0 (0.0 %)
Porter	6 (0.6 %)	4 (0.5 %)	2 (2.2 %)
Public worker	1 (0.2 %)	0 (0.0 %)	1 (1.1 %)
Security officer	23 (2.4 %)	23 (2.7 %)	0 (0.0 %)
Linen aid	2 (0.2 %)	2 (0.2 %)	0 (0.0 %)
TOTAL	941 (100 %)	850 (100 %)	91 (100 %)

4.7 TYPE OF VISIT TO THE CLINIC

Table 4.6 and Figure 4.4 present the type of visits to the clinic. This indicates that most staff members were continuing with the services from the previous year. Initial visits were 73 (7.8%) while those on ongoing visits were 868 (92.2%).

Table 4.6 Type of visit to the clinic (n= 941)

	Total (n = 941)	Female (n = 850)	Male (n= 91)
Initial	73 (7.8%)	64 (7.5%)	9 (9.9%)
Ongoing	868 (92.2%)	786 (92.5%)	82 (90.1%)
Total	941 (100%)	850 (100%)	91 (100%)

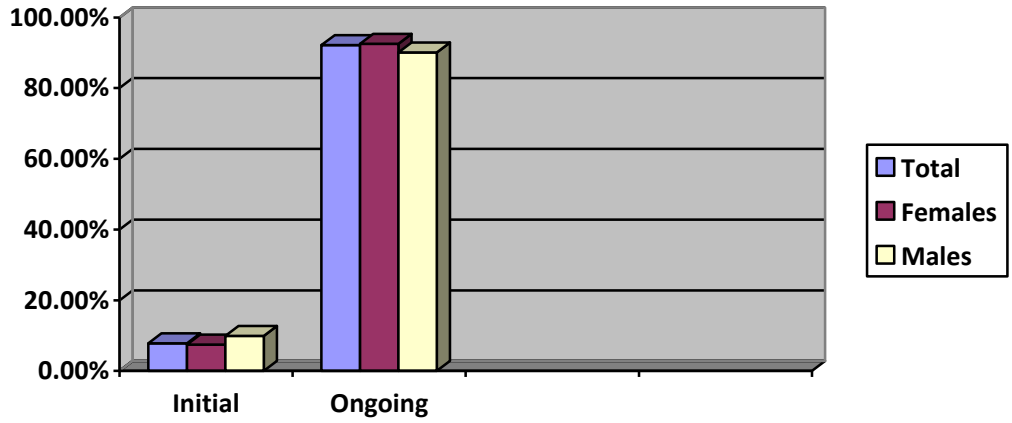


Figure 4.4 Type of the visit

4.8 COMPONENT ATTENDED

Table 4.7 as well as Figure 4.5 present the components attended in terms of the areas the services was sought for. Birth Control services (BC) were highly utilized 460 (48.9 %). Other components attended as follows: Family problems finance (FPF) 3 (0.3 %), Human Immune Virus (HIV) 92 (9.8 %), Health Related (HR) 112 (11.9 %), Occupational Health & Safety (OHS) 164 (17.4 %), Others (OT) 74 (7.9 %) and Psychosocial (PSY) 36 (3.8 %).

Table 4.7 Component attended (n= 941)

Component	Total (n = 941)	Female (n = 850)	Male (n= 91)
Birth control (BC)	460 (48.9 %)	452 (53.2 %)	8 (8.8 %)
Family problems finance (FPF)	3 (0.3 %)	1 (0.1 %)	2 (2.2 %)
Human Immune Virus (HIV)	92 (9.8 %)	75 (8.8 %)	17 (18.7 %)
Health Related (HR)	112 (11.9 %)	97 (11.4 %)	15 (16.5 %)
Occupational Health & Safety (OHS)	164 (17.4 %)	140 (16.5 %)	24 (26.4 %)
Others (OT)	74 (7.9 %)	58 (6.8 %)	16 (17.6 %)
Psychosocial(PSY)	36 (3.8 %)	27 (3.2 %)	9 (9.9 %)
Total	941 (100 %)	850 (100 %)	91 (100 %)

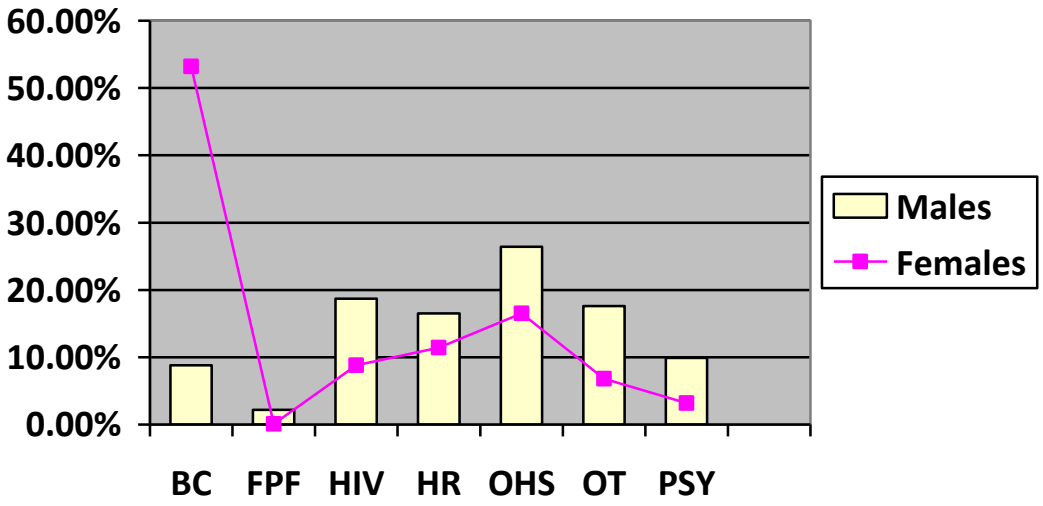


Figure 4.5 Component attended

4.9 PROFESSION AND COMPONENT ATTENDED

In Table 4.8 and Figure 4.6 the professions and components attended are presented. Nursing (53%) is the profession that attended birth control services in majority. Majority of medical officers attended occupational health and safety services (50%) mostly. Allied staff members (55.6%) and administration staff members (56.3%) mostly attended birth control services. The support staff (31, 2%) sought the health related services while public works workers sought services in both HIV and Birth control equally (50.0%). There was significant association between occupational category and component used (Chi-square test, $p<0.001$)

Table 4.8 Profession and Component attended (n= 941)

Component		Occupational category					
	Total	Admin	Allied	Medicine	Nursing	Public works	Support
Birth control (BC)	460 (48.9%)	67 (56.3%)	50 (55.6%)	9 (34.6%)	286 (53.0%)	1 (50.0%)	50 (29.4%)
Family problems finance (FPF)	3 (0.3%)	0 (0.0%)	1 (1.1%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	1 (0.6%)
Human Immune Virus (HIV)	92 (9.8%)	7 (5.9%)	8 (8.9%)	4 (15.4%)	44 (8.2%)	1 (50.0%)	28 (16.5%)
Health Related (HR)	112 (11.9%)	24 (20.2%)	11 (12.2%)	0 (0.0%)	24 (4.5%)	0 (0.0%)	53 (31.2%)
Occupational Health & Safety (OHS)	164 (17.4%)	6 (5.0%)	6 (6.7%)	13 (50.0%)	132 (24.7%)	0 (0.0%)	7 (4.1%)
Others (OT)	74 (7.9%)	8 (6.7%)	11 (12.2%)	0 (0.0%)	31 (5.8%)	0 (0.0%)	24 (14.1%)
Psychosocial (PSY)	36 (3.8%)	7 (5.9%)	3 (3.3%)	0 (0.0%)	19 (3.9%)	0 (0.0%)	7 (4.1%)
Total	941 (100%)	119 (100%)	90 (100%)	26 (100%)	534 (100%)	2 (100%)	170 (100%)

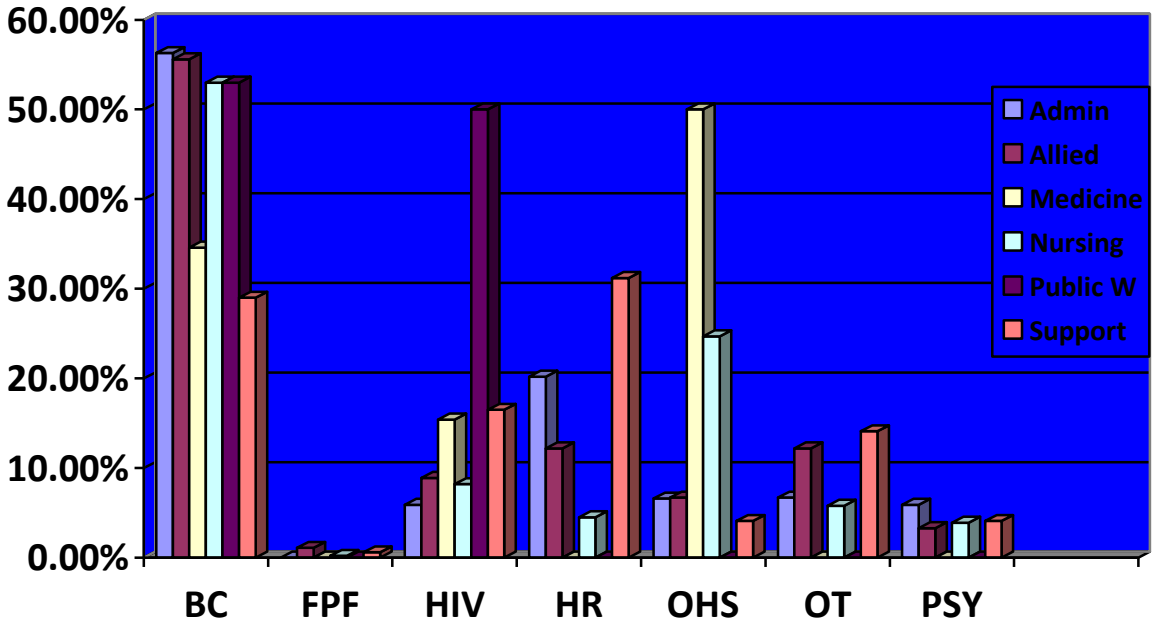


Figure 4.6 Profession and component attended

4.10 REASONS FOR VISIT TO THE CLINIC

In Table 4.9 and Figure 4.7 the reasons for which the staff members visited the clinic are indicated. The staff members visited the clinics for the following reasons: Abuse (A) 1 (2.8%), Adherence (Ad) 26 (7.7%), Blood pressure (BP) 72 (1.8%), Cell count (CD4) 17 (1.8%); Diabetic Mellitus (DM) 26 (2.8%); Finance (FIN) 3 (0.3%), Family Planning (FP) 458 (48.7%); Hepatitis B (HPB) 198 (11.5%); Injury (INJ) 12 (1.3%), Mental (MEN) 28 (3.0%); Needle prick (NP) 37 (3.9%); Other Health Problems (OH), 87 (9.2%) Flu vaccine (U) 6 (0.6); Voluntary testing & counselling (VCT) 47 (5.0%); Work health Problem (WHT) 1 (0.1%) and Work Related (WR) 12 (1.3%). Family planning services were highly utilized.

Table 4.9 Reasons for visit to the clinic (n= 941)

	Total (n = 941)	Female (n = 850)	Male (n= 91)
Abuse (A)	1 (2.8%)	1 (0.1%)	0 (0.0%)
Adherence (Ad)	26 (7.7%)	15 (1.8%)	11 (12.1%)
Blood pressure (BP)	72 (1.8%)	62 (7.3%)	10 (11.0%)
Cell count(CD4)	17 (1.8%)	15 (1.8%)	2 (2.2%)
Diabetic Mellitus(DM)	26 (2.8%)	21 (2.5%)	5 (5.5%)
Finance (FIN)	3 (0.3%)	1 (0.1%)	2 (2.2%)
Family Planning(FP)	458 (48.7%)	450 (52.9%)	8 (8.8%)
Hepatitis (HPB)	198 (11.5%)	96 (11.3%)	12 (13.2%)
Injury(INJ)	12 (1.3%)	11 (1.3%)	1 (1.1%)
Mental(MEN)	28 (3.0%)	21 (2.5%)	7 (7.7%)
Needle prick(NP)	37 (3.9%)	28 (3.3%)	9 (9.9%)
Other Health Problems (OH)	87 (9.2%)	73 (8.6%)	14 (15.4%)
Flu Vaccines(U)	6 (0.6)	6 (0.7%)	0 (0.0%)
Voluntary testing & counselling (VCT)	47 (5.0%)	43 (5.1%)	4 (4.4%)
Work health Problem (WHT)	1 (0.1%)	0 (0.0%)	1 (1.1%)
Work Related (WR)	12 (1.3%)	7 (0.8%)	5 (5.5%)
Total	941 (100%)	850 (100%)	91 (100%)

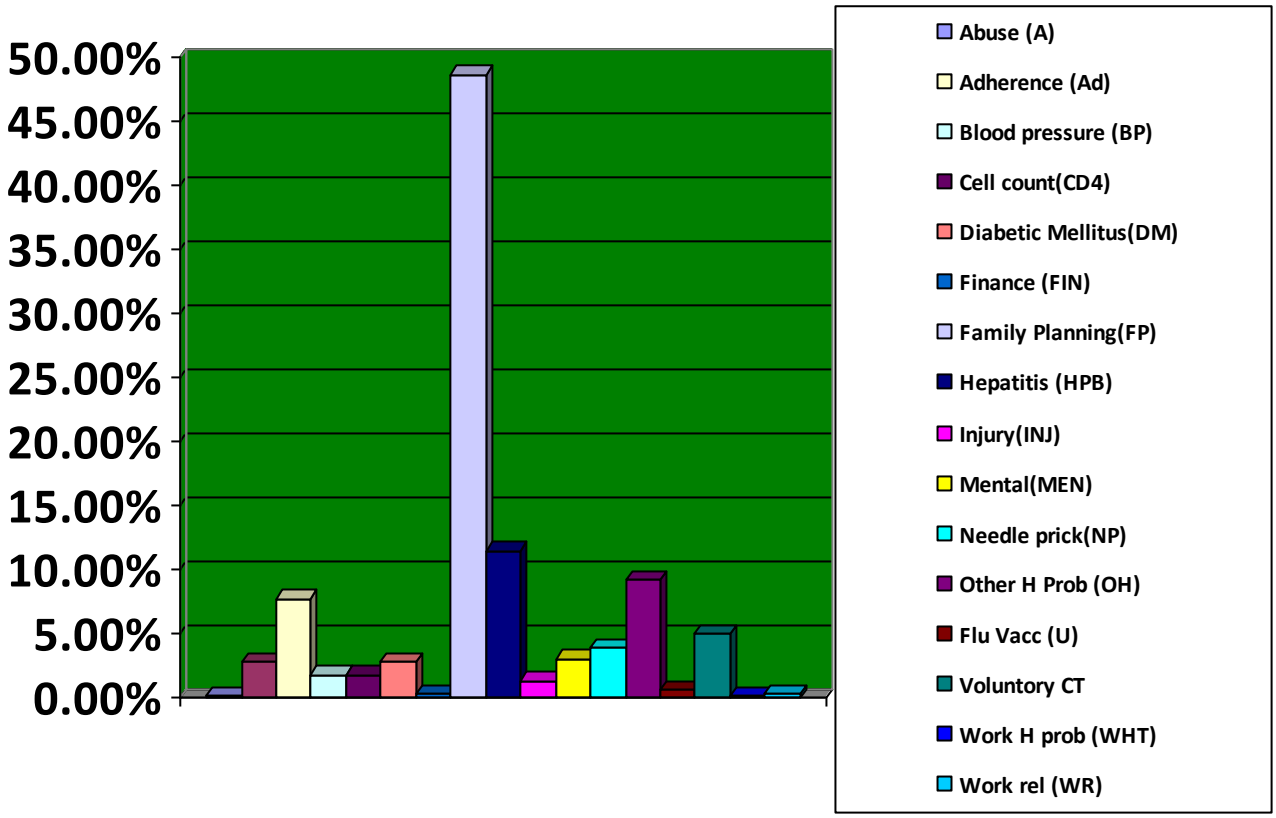


Figure 4.7 Reasons for visit to the clinic (n= 941)

4.11 PROFESSION AND REASONS FOR VISIT

Table 4.10 gives the summary of the profession and reasons for the visit to the clinic. Administration clerks staff members mostly visited for family planning (57.1) and blood pressure control (16.0%); the majority of the allied staff members visited for family planning and other health related problems; most medical officers (42.3%) visited for needle prick while (34.6%) visited for family planning; nursing staff mostly attended for family planning services (52.4%) and hepatitis B (18.5%) and Public works staff members visited for both family planning and HIV/AIDS adherence equally (50.0%). The support staff members, cleaners visited mostly for family planning (30.0%) and high blood pressure (18.2%). There are significant differences in reasons for visit among the different occupational groups (chi-square test, $p<0.0001$).

Table 4.10 Profession and reasons for visit (n= 941)

Reason for visit	Admin	Allied	Medicine	Nursing	Public works	Support	Total
Abuse	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	1 (0.1%)
Adherence to Treatment (Ad)	2 (1.7%)	0 (0.0%)	0 (0.0%)	14 (2.6%)	1 (50.0%)	9 (5.3%)	26 (2.8%)
Blood pressure (BP)	19 (16.0%)	6 (6.7%)	0 (0.0%)	16 (3.0%)	0 (0.0%)	31 (18.2%)	72 (7.7%)
Cell count (CD4)	2 (1.7%)	1 (1.1%)	0 (0.0%)	5 (0.9%)	0 (0.0%)	9 (5.3%)	17 (1.8%)
Diabetic Mellitus (DM)	4 (3.4%)	2 (2.2%)	0 (0.0%)	4 (0.7%)	0 (0.0%)	16 (9.4%)	26 (2.8%)
Finance (FIN)	0 (0.0%)	1 (1.1%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	1 (0.6%)	3 (0.3%)
Family Planning (FP)	68 (57.1%)	49 (54.4%)	9 (34.6%)	280 (52.4%)	1 (50.0%)	51 (30.0%)	457 (48.7%)
Hepatitis (HPB)	2 (1.7%)	6 (6.7%)	1 (3.8%)	99 (18.5%)	0 (0.0%)	0 (0.0%)	108 (11.5%)
Injury(INJ)	3 (2.5%)	0 (0.0%)	0 (0.0%)	8 (1.5%)	0 (0.0%)	1 (0.6%)	12 (1.3%)
Mental (MEN)	6 (5.0%)	3 (3.3%)	0 (0.0%)	16 (3.0%)	0 (0.0%)	3 (1.8%)	28 (3%)
Needle prick(NP)	0 (0.0%)	0 (0.0%)	11 (42.3%)	24 (4.5%)	0 (0.0%)	2 (1.2%)	37 (3.9%)
Other Health Problems (OH)	8 (6.7%)	13 (14.4%)	1 (3.8%)	37 (6.9%)	0 (0.0%)	28 (16.5%)	87 (9.2%)
Flu vaccine (U)	0 (0.0%)	1 (1.1%)	0 (0.0%)	3 (0.6%)	0 (0.0%)	2 (1.2%)	6 (0.6%)
Voluntary testing & counselling (VCT)	3 (2.5%)	7 (7.8%)	4 (15.4%)	23 (4.3%)	0 (0.0%)	10 (5.9%)	47 (5%)
Work health Problem (WHT)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	1 (0.1%)
Work Related (WR)	2 (1.7%)	1 (1.1%)	0 (0.0%)	2 (0.4%)	0 (0.0%)	7 (4.1%)	12 (0.3%)
Total	119 (100%)	90 (100%)	26 (100%)	534 (100%)	2 (100%)	170 (100%)	941 (100%)

4.12 OUTCOME OF VISIT TO THE CLINIC

The Table 4.11 and Figure 4. 8 present the outcome of the visits to the clinic. Most staff members' service intervention outcome required that they come back (86.8%), some few referred to internal outpatient department / casualty (4.9%) and (0.3%) to ICAS while (0.1%) referred to court. Only (7.8 %) were resolved in the clinic. There was significant differences between male and female staff in terms of the outcomes of their visits (Chi-square test, $p<0.01$).

Table 4.11 Outcome of visit to the clinic (n= 941)

Outcome	Total (n = 941)	Female (n = 850)	Male (n= 91)
Unresolved(Cont)	818 (86.9 %)	740 (87.1 %)	78 (85.7 %)
Resolved(R)	73 (7.8%)	68 (8.0%)	5 (5.5 %)
Referred to OPD/Casualty(RE)	46 (4.9 %)	40 (4.7%)	6 (6.6 %)
Ref erred to ICAS(Re ICAS)	3 (0.3%)	2 (0.2%)	1 (1.1 %)
Referred to court (RE)	1 (0.1%)	0 (0.0%)	1 (1.1%)
Total	941 (100%)	850 (100%)	91 (100 %)

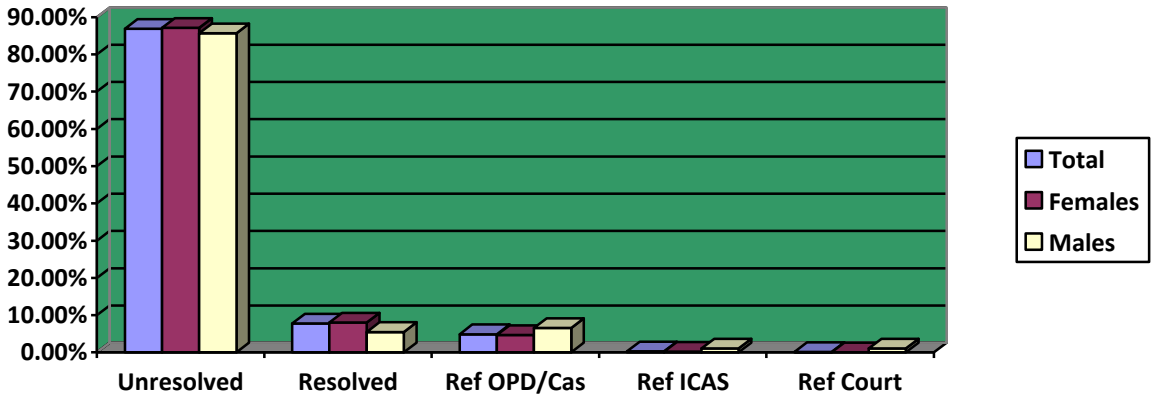


Figure 4.8 Outcome of the visit to the clinic

4.13 OUTCOME OF THE SERVICE ACCORDING TO THE SERVICES ATTENDED

Outcome of the services according to the section attended are described in Table 4.12 and Figure 4.9. Most of the Birth control (458/460, 99%) users continued with the service. Cases that were referred to OPD/Casualty were high among the 'Other Related services' such as back pains or just pains (35/74, 47%). Only (2/36, 0.7%) of Psychosocial cases were resolved, Occupational and Health and Safety (24/164, 32, 9%) cases were resolved while few were referred to ICAS, Family problems for finance (1) case was referred to court. There was a significant association between component attended and outcome of services (Chi-square test p<0.001).

Table 4.12 Outcome of the services according to the section attended

COMPONENT ATTENDED	OUTCOME BY THE SERVICES					
	Total	Unresolved/ Continue	Resolved	Referred to Cas/ OPD	Referred to ICAS	referred to court
Birth control (BC)	460 (48.9%	458 (56%)	2 (2.7%)	0	0	0
Family problems finance (FPF)	3 (0.3%)	2 (0.2)	0	0	0	1 (0.1%)
Human Immune Virus (HIV)	92 (9.8%)	61 (7.5%)	30 (41.1%)	1 (2.2%)	0	0
Health Related (HR)	112 (11.9%)	101 (12.3%)	4 (5.5%)	7 (15.2%)	0	0
Occupational Health & Safety (OHS)	164 (17.4%)	136 (16.6%)	24 (32.9%)	3 (6.5%)	1 (33.3%)	0
Others (OT)	74 (7.9%)	28 (3.4%)	11 (15.1%)	35 (76.1%)	0	0
Psychosocial (PSY)	36 (3.8%)	32 (3.9%)	2 (0.7%)	0	2 (66.7%)	0
Total	941 (100%)	818 (100%)	73 (100%)	46 (100%)	3 (100%)	1 (100%)

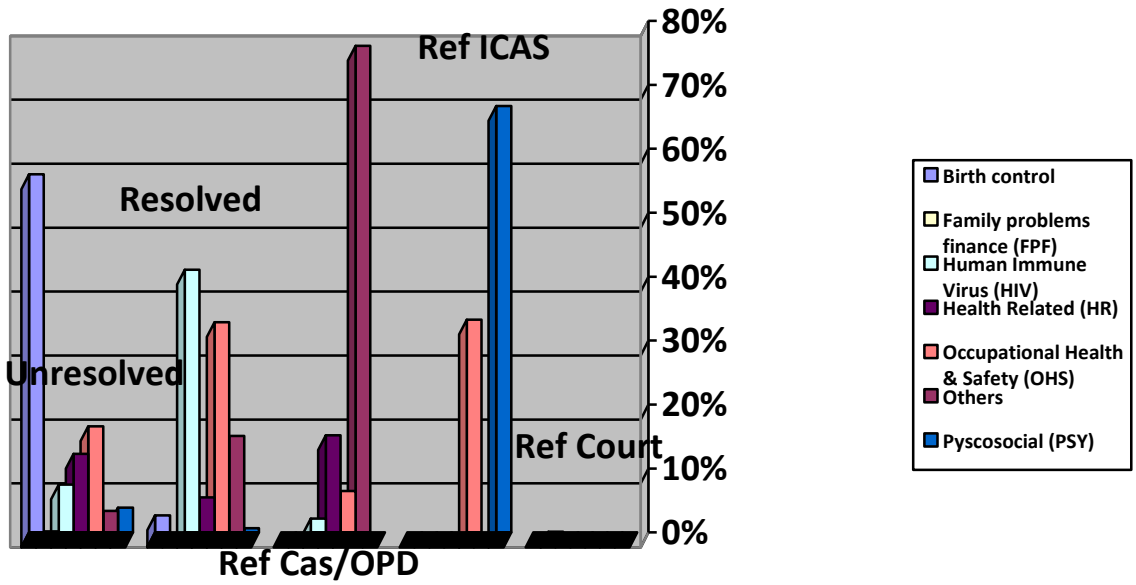


Figure 4.9 Outcome of the services according to the section attended

CHAPTER 5
DISCUSSION

In this chapter the results obtained from the analysis of data are discussed and compared with those from published studies.

5.1 INTRODUCTION

The study determined the proportion of the staff members that utilized the EWP during the study period. This was the first research since the Gauteng Department of Health introduced the program; therefore the bulk of the literature review was only available in some official documents and reports of the department and hospital. The documents reviewed were selected after considering the content and the relevancy to the topic. The findings documented in this report are based on the recorded information by the staff members working in the EWP.

5.2 CLINIC ATTENDANCE

Clinic attendance is based on the Department of health policy, program package and the fact that the program can only be accessed during normal week days; Monday-Friday. All the staff members are at liberty to visit the clinic for the services they desire. Attendance is recorded on the register and the staff members' personal files. Staff members attended the clinic were also given the clinic cards to remind them on when to come back if need be. At each visit they were recorded until the file is closed when sessions were completed. Any staff member and members of their family are free to attend the clinic; however this study excluded the family members.

Month to month clinic attendance was noted to be just above 5.8% and consistently less than 10% on every month. This indicates that the monthly utilization rate is worryingly low. However at the end of the year there were almost 985 (80.1%) recorded to have been seen in the clinic. These figures represent the proportion of visits per total staff complement. It does not take into account the multiple visits of each staff member. The study did not asses the number of repeat visits, but only the

number of actual visits. This figure thus over represents the utilization of the service. Most of these staff members who attended the clinic were nurses working in the wards. The staff members who works in the ward are most of the time with the sick patients with different illness; they need to be sensitive to the need of these patients; according to Leininger (1988: 156) it is rather important that the nurses be part of the organization that is sensitive so that they can be able to provide culturally sensitive care (Lynam, 1992: 151), considering that they provide care to patients who might be dying even at an early stage of life. The times that the service is functional should be re-looked at. Is it open at a time that may not be convenient for most workers – e.g. those who work shifts? It is of crucial importance for the organisation to encourage these nurses to attend the EWP.

5.3 PROFILE OF SUBJECTS

The demographic profile of the subjects considered the entire work population and at the end of the year under study the overall employee demographics consisted of 1409 staff members appointed, of which 50% were nurses, 27% support staff, 12% medical officers, 11% administration staff and 4% allied staff members. The indicators used were: age, gender, occupation, work section and profession.

5.3.1 DEMOGRAPHIC PROFILE

Age

The results revealed that the majority of the staff members attended the services were between the age of 33-46. Most of them were woman between the age of 32-45 (850/90%). Of the 90% woman who attended the clinic, most of them were at the child bearing age and sought the birth control services in family planning.

Males were between the age ranges of (32-49) with 42 as the median. Only 10% of the staff members who attended the clinic were men and sought the services in different areas including family planning. Most of these males were nurses and worked in the wards.

Gender

The majority of the staff members who attended the clinic were the women. Most women and couples believe that the best birth control methods are when the women attend the family planning. Most men depend on the women to participate in female birth control methods; however few men 8% attended the family planning services.

5.3.2 PROFESSIONAL AND OCCUPATIONAL PROFILE

Professional profile of the attendants almost covered all the occupational categories as all the workers had equal access to the services. The majority of the staff members that mostly utilized the services were from the nursing profession (56.7%) one may link this to the demands that the nursing profession has; that of providing care to the sick for 24 hours. It must be acknowledged that in the health care service provision the majority of the staff members are nurses. The nurses in the general wards provide nursing care to people with different health problems and the admitted people are almost very ill. With HIV/AIDS epidemic even those that are not diagnosed yet may be infected (Manamela, 2006: 171) and the nurses need to be supported through the utilization of the EWP in order to cope in providing care to all the patients as if they are HIV/AIDS infected. Therefore the nurses realised the importance of well-being even at work. It is also important for the organizations to take seriously the need for the professional support (Scanlon & Weir, 1997: 295) of these nurses. Therefore one of the components for the EWP must be profession orientation. The support staff members were the second in majority to attend the services (18.1%), followed by the administration staff, the importance of the services to all other groups needs to be emphasised. On the last, were the allied and medical officers followed by the public works workers. The fact that there are few staff members in other professions and occupations cannot be ignored.

5.3.3 WORK PROFILE

The environment where the staff members work has an influence on the utilization of the services. Some work requirement exposed the staff members to danger that

need to be prevented, for example in nursing profession all newly appointees who will be in contact with the patients in the wards must be given hepatitis B. Contact with some human serum and blood also pose a danger and the department made it possible for the staff to be assisted immediately. Therefore most staff members who work in these areas are more likely to attend the clinic than those who are not. From time to time the staff members in the nursing and medical work environment prick themselves with needles during the procedures, or there is blood flush on to their faces during the operations and they have to be supported to minimise the risk of infections. However EWP is designed to assist, support and advise all employees who experience personal and or job related problems.

5.4 COMPONENTS UTILIZED

Various components were utilized and the findings indicated that the majority of the staff members visited the clinic to seek the services in the organization and climate for management of health related problems, especially in the services of birth control for family planning section. It seems a waste of resources to have an entire wellness program where staff members are mostly using it primarily for family planning.

Occupational Health and Safety components was rated second especially for needle prick and hepatitis B, followed by the staff member who sought services in health related components that covers chronic illness such as high blood pressure and diabetes mellitus; HIV/AIDS services for adherence and voluntary counselling and testing were fairly utilised. In general the three most components utilized were: HIV/AIDS workplace employee assistance program, occupational health and safety program, organization and climate for management of health related problems while other components such as psychosocial program that address aspects of substance abuse, trauma, stress, organizational tension, dynamics of family matters, money problem, depression and any other psychosocial/health problems affecting the staff members at work were less utilized. It is therefore important that there be a comprehensive EWP model that meet the requirements as listed in figure 4.10 below:

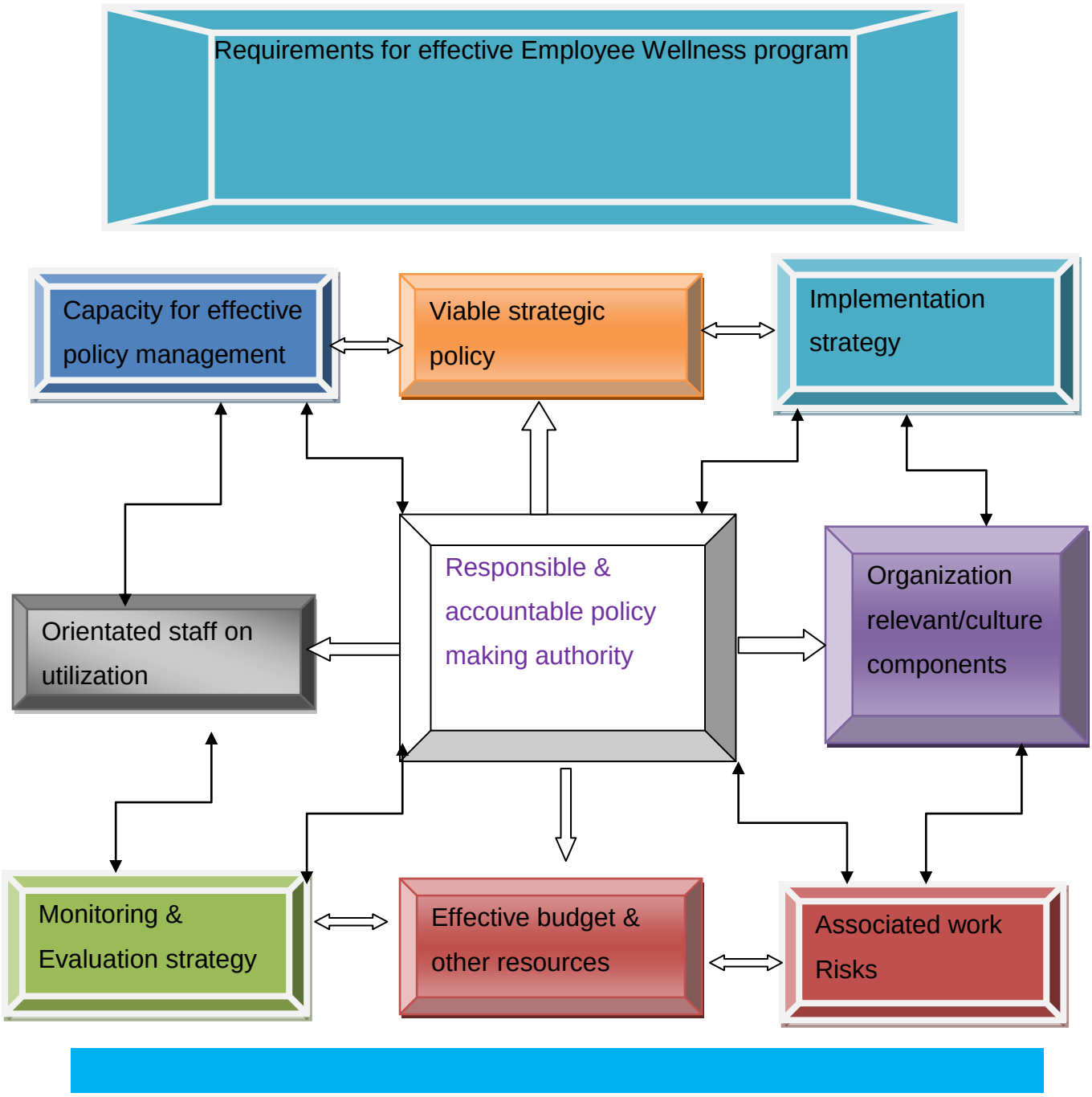


Figure 5.1 Requirements for effective Employee Wellness Program

For any policy to be effective there should be commitment by the policy making authority. It is equally important in the utilization of the EWP for the authorities to take the lead and ensure effective and efficient implementation. In this study the majority of the staff utilized the organization and climate for management of health related problems, especially in the services of birth control for family planning section. It seems a waste of resources to have an entire wellness program where

staff members are mostly using it primarily for family planning. It appears that the hospital management were not taking the EWP as one of the deliverable seriously. Therefore it become evident in that the “Requirements for effective Employee Wellness Program” model be considered; the authorities must take the responsibility and accountability and lead in every area by ensuring that there is a viable strategic policy; develop, monitor and evaluate the implementation strategy. And also to ensure that the appointed staff members are skilled and capacitated for effective policy implementation and management; these staff members in the EWP must be able to understand the importance of the staff members’ perspective and social context and incorporate that within the services needed (Lynam, 1992: 152); of the most important is the consideration of organization relevant/culture components, which must also be cultural sensitive (Leininger, 1988: 153). Management must endeavour to market the strategy and orientate the staff members on utilization. The program managers should evaluate their current communication strategy to asses if they are reaching out to all employees, educating them about the availability and accessibility of the service. Providing information to the staff members is the cornerstone of the EWP.

The EWP section should have effective budget and other necessary resources. The budget for the wellness program should be evaluated to establish if all the resources are available when required. If for example certain drugs or equipments are not available on a regular basis, employees might lose faith and not attend. It will also be naive for the management to ignore the risk associated with the work the staff members has to perform. These requirements are important for the EWP to yield better benefit for the organization and the staff members.

5.5 OUTCOME BY THE SERVICES

5.5.1 UNRESOLVED/ CONTINUATION

Almost 86.6 % of the staff members seen in the clinic were to continue with the services, especially in the area of birth control as this is usually a continuous process until the women reach the menopause state or decided to become pregnant.

The staff members who attended the occupational health and safety services are also expected to continue, especially for hepatitis B that should be repeated for three times. The medical profession (42.3%) sought the services for the needle pricks. These staff members had to do HIV test, then follow up will be made after the completion of the treatment. Therefore the attendees for these services had also to continue visiting the clinic for at least two to three times –hence the increase number of those who continues with the treatment.

5.5.2 RESOLVED CASES

Only 7 .8 % of the staff members attended the clinic had their problems resolved. Majority of the staff members were in the nursing profession. The clinic however is a continuous service but for the different needs of the staff. Therefore it is expected that their problems be resolved. The findings indicated that 5% of the staff members whose problems were resolved were women while 5.5% were man.

5.5.3 REFERRED TO OPD/ CASUALTY

About 4.9 % of clinic attendants were referred to the hospital OPD and or Casualty. These are cases that the staff members in the clinic were unable to address and needed the medical officer's attention. Most cases were either for needle prick, blood gush and complications from the chronic illness.

5.5.4 REFERRED TO ICAS

Very few cases (0.3%) were referred to ICAS. ICAS was the contracted sophisticated wellness program by the Gauteng Department of Health to assist the staff members with problems that are above the skills of the appointed staff members at the clinic. The staff members with these problems were referred to ICAS.

5.5.5 REFERRED TO COURT

Only 0.1% of cases were referred to Court. Most cases that were referred to court were cases that mostly deal with the law (Fowler, Fowler & Allen: 1992:266). It is important for the staff in the clinic to realise and diagnose such cases, so that at the end the staff members are assisted.

CHAPTER 6
CONCLUSION AND RECOMMENDATIONS

In this chapter, the results are assessed in relation to the aims of the study, so that appropriate conclusions can be drawn. The limitations to the study are also articulated. Appropriate recommendations are made within the context of the findings of the study. These recommendations provide the final suggestions for further research.

6.1 CONCLUSIONS RELATED TO THE OBJECTIVES OF THE STUDY

The study was the cross sectional study on the utilization of the wellness program and the findings lead to the conclusions related to the objectives as follows:

6.1.1 DETERMINATION OF THE PROPORTION OF STAFF MEMBERS WHO UTILIZED THE EWP DURING THE STUDY PERIOD

The findings of the study have indicated that at the end of the year the number of visits represent 80.1 % of the staff members on the pay roll. This states that the total number of visits represents 80% of the total staff complement and that actual utilization per staff member is much lower, for example on the last month of the year under study only 4.1%.attended the clinic.

6.1.2 DESCRIPTION OF THE DEMOGRAPHIC PROFILE OF THE STAFF MEMBERS WHO UTILIZED THE EWP

Based on the study findings most women 90% utilised the services while only 10 % were men. The nursing profession and occupation (56. 7%) was the most to use the services, of which 57.9% were women and those working in the wards with the patients than those not working with the patients.

6.1.3 DETERMINATION OF THE UTILIZATION RATE OF VARIOUS COMPONENTS OF THE EWP DURING THE STUDY PERIOD

The component that was mostly utilised was the organisation and climate for management of health related problems especially in the services of birth control for family planning section, with 48.9 % attendance followed by the occupational health and safety section with 17.4% attendance. The staff members who visited for a health related problems were at 11.9% followed by those who sought the services for HIV/AIDS with 9.8%.The staff members mostly utilised the birth control services.

6.1.4 DESCRIPTION OF THE OUTCOME BY THE SERVICE COMPONENT RENDERED TO THE STAFF MEMBERS WHO UTILIZED THE WELLNESS PROGRAM DURING THE STUDY PERIOD

The study concluded that almost 86.9% of the staff members had to continue with the services as their problems could not be resolved but needed a follow up, while only 7.6% of cases were resolved. Very few cases were referred to the OPD/ casualty for medical officer's attention, some referred to court for legal matters and others to ICAS for the highly sophisticated services.

A total of 41.1 % of cases that were resolved were for the HIV/AIDS services, with 32% for the occupational health and safety services.

6.2 LIMITATIONS

The limitations of the study are as follows:

- Since the study was a retrospective study based on secondary data analysis, the limitations were therefore inherent in this methodology.
- Poor data quality like poor recording characterized by illegible hand writing posed as a limitation to correct information, therefore some information or subjects were not utilised in this study.
- The study also did not assess multiple visits, and thus could not assess

proportion of staff who attended but number of visits per total staff complement.

6.3 RECOMMENDATIONS

The recommendations to the study were based on the findings of the study and therefore the following recommendations were suggested: Figure 6.1 illustrates the Capacity for effective policy management. The figure indicates the dire need to have skilled employees in the EWP section, who present with the ability to implement the policy, having skills in human resources management with charisma attributes to be able to stand in for the staff members' well-being as advocates, and not only accept what is presented or given in terms of their work. Above all the section needs an initiative leader who will be able to lead the program.

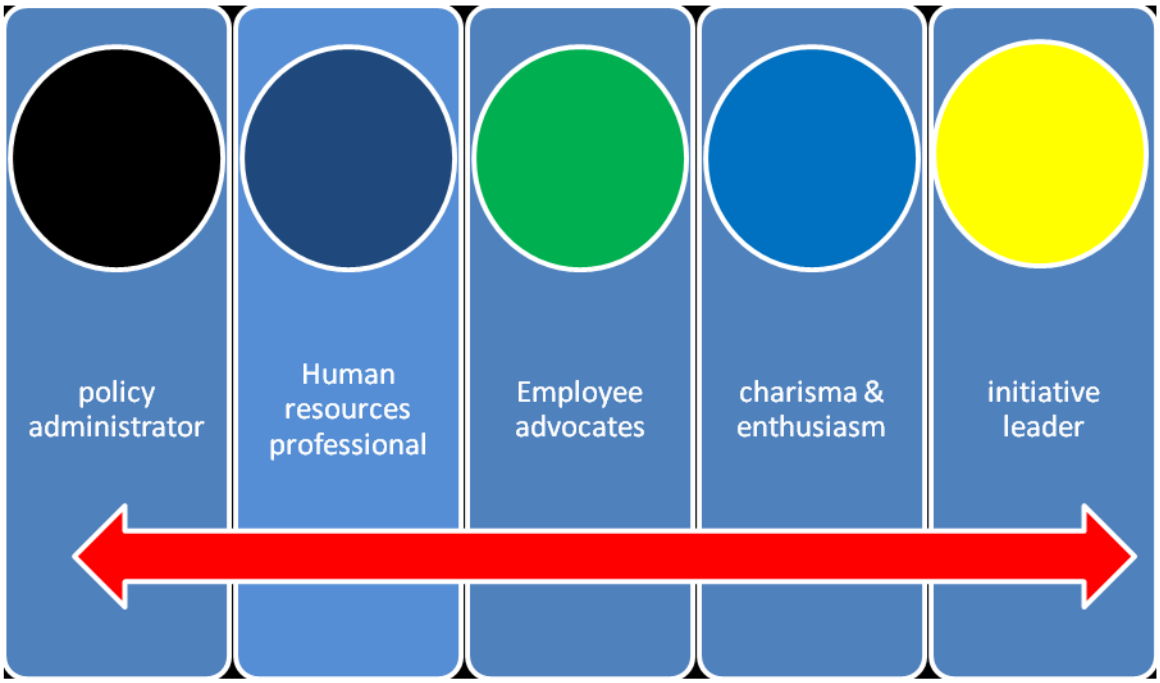


Figure 6.1 Capacity for effective policy management

Furthermore, it is crucial that the staff members with the above illustrated attributes are able to fit within the requirements for the EWP and implement the Organisation relevant/culture components as illustrated below:

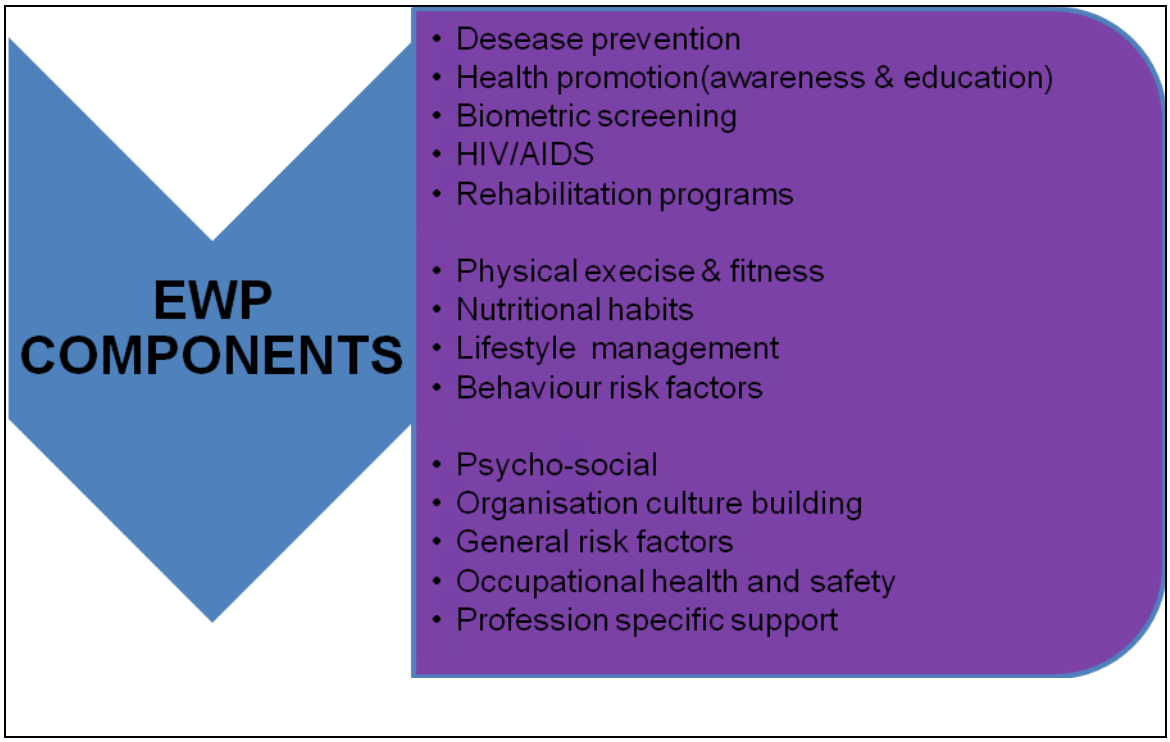


Figure 6.2 Organization relevant/culture components

- The importance of disease prevention programs, health promotion programs and lifestyle related programs was noted and must be fitted into EWP. The improvement of staff members' life in areas of fitness level, mood, health awareness, nutritional habits and health status is crucial and must be included in the program. The service is poor in the identification of stress and depression challenges. This should be up-scaled.
- The employer must include areas around risk assessment that will identify risks to the staff members' health, fitness that reduce risk to illness, health education on the importance of ensuring healthy living and management of illness and ensuring that the EWP staff members implement the program effectively and capacitate the staff members. Assessments should include biometric screening for cardiovascular disease risk factors as well as behaviour risk factors.
- The company must build a progressive culture which also consider the

inclusion of the strategies that encourages the staff members to utilize the wellness program. It seems a waste of resources to have an entire wellness program where staff members using it primarily for family planning.

- The organizations to consider and emphasize the comprehensive wellness programs that not only depend on the visit by the staff members but look at all activities such as aerobic exercise programs, reduction of body weight and healthy eating plans and ensured implementation thereof.
- HIV/AIDS workplace employee assistant program to include preventative programs, education and support groupings and then ensure that attendance is compulsory for all the staff members.
- Implement comprehensive wellness program that consider preventative, promotion, curative and rehabilitative health programs.

6.4 USE OF FINDINGS OF THE STUDY

A report on the findings and suggested guidelines is documented and submitted for publication and would be submitted to relevant authorities of the University of Witwatersrand, Gauteng Provincial Department of Health and Natalspruit hospital. Lastly the report would be presented to the staff members at Natalspruit hospital, wellness section staff members and other Gauteng hospitals staff members.

6.5 FUTURE RESEARCH

The following are area of research that the researcher believes are important:

- The impact of the utilization of the wellness program by the staff members on their own life and on the development of economy of the organisation.
- Unpacking of the wellness program package to analyse if it is in line with staff members' needs and requirements in the improvement of their personal and work life and that of their family members.
- Cost effectiveness of the provision of the EWP in the hospital.
- To assess if the managers are living by example. Do they utilize the service? This would create a further buy-in from employees that the service is of good standard.

- The program managers should further investigate why men and other professions other than nurses are not using the wellness program optimally. This could be done through interviews or questionnaires. This would greatly assist in structuring a program that is acceptable to all.

6.6 SUMMARY AND CONCLUSION

Utilization of wellness program in the regional hospital, Natalspruit hospital has been described. It is concluded that 80% of the staff members appointed in the hospital recorded to have utilized the wellness clinic in a period of one year.

The demographics of these staff members were also determined whereby female utilized the services more than men, mostly of the nursing profession working in the wards.

The rate of utilization of various components were also determined and the findings indicated that most services utilized were the organisation and climate for management of health related problems especially in the services of birth control for family planning services and to a fair percentages, the occupational health and safety and HIV/AIDS components. The implementation, utilization process and the components used raised a concern and it was then important that the requirements for the effective EWP and especially the need for the capacity for effective policy management and organisation relevant/culture components be presented as recommendations.

Therefore it is concluded that the report findings could benefit the Government in planning and operations of other Wellness Programs across the country.

REFERENCES

Andrus, D. M. & Paul, R. (1995). The challenge of marketing wellness programs to the small versus large firms. Health Mark Q. 13 (1):87-103.

Baron, A. (1994). Winning ways with culture. Personnel management. Hong Kong.

Bello, D., Cluassen, L., Green, M.V. & Morrison, K.W. (September 2007.) Employee health problems results in hidden cost for employers: study. Safety & Health. 176 (3):18.

Bubsbin, J. W. & Campbell, D. P. (December 1990). Employee wellness programs: a strategy for increasing participation. (Abstract). J Health Care Mark. 10 (4): 22-30.

Burgess, A. W. & Lazar, P. (1976). Psychiatric nursing in the Hospital and Community.2nd Edition USA. Prentice Hall.

Cooper, J. & Patterson, D. (2008). Should business invest in the health of its workers? International journal of workplace Health management. 1 (1): 65.

Cunninham, W. & Cookson, T. (August 2009). Addressing the stress related impairment in doctors. A survey of providers' and doctors' experience of funded counselling services in New Zealand. N Z Med, J. 122 (1300): 19-28.

Eaton, D. K., Marx, E. & Bowie S.E. (October 2006). Faculty health promotion: Results from the school health policy program study 2006. Journal of School Health. 77 (8): 557-566.

Engbers, L. (2007). Monitoring and Evaluation of worksite health promotion Programs- Current state of knowledge and implications for practice. WHO Geneva.

Flaskerud, J. H. & Tabora, B. (1997). Health Problems of low-income female caregiver of Adults with HIV/ AIDS. California University. USA.

Fowler, H.W., Fowler, F.G. & Allen R.E. (1992). The concise oxford dictionary of current English. Oxford University press. U.S.A.

Gauteng Department of health. (2006). Wellness program policy guidelines. Gauteng province. Johannesburg.

Gauteng Department of health. (2004). Integrated Health planning Framework. Gauteng province. Johannesburg.

Gerrish, K & Lacey, A. (2006). The research process in nursing. 5th Edition. Blackwell. Oxford. UK.

Ginn, G. O. & Henry, J. (2003). Wellness program in the context of strategic human resources management. Hospital topics: Research and perspective on healthcare. Winter. 18 (1): 23-28.

Haines, D. J., Davis, L., Rancour, P., Robinson Neel-Wilson, T & Wagner, S. (2007). A pilot intervention to promote Walking and wellness and to improve the health of college Faculty and staff. Journal of American College Health. 55 (4): 209-225.

Heymans, M. W., de Vet, H. C. W., Knol, D. L., Bongers, P. M., Koes, B. W. & van Mechelen, W. (October 2006). Workers' beliefs and expectations affect return to work over 12 months. Journal Occupational Rehabilitation. (16): 685-695.

Hillier, D., Fewell, F., Cann, E. & Sherphard, V. (2005). Wellness at work: Enhancing quality of our working lives. International review of Psychiatry. 17 (5): 419-431.

Hiltrop, J. M. (1999). The Quest for the best: Human Resource Practices to Attract and Retain Talent. European Management Journal. 17 (4): 422-430.

Journal compilation. (2007). International perspective. Wellness centre for health workers opens in Lesotho. International Council of Nurses.

Knapp, R.G. (1985). Basic statistic for nurses. 2nd edition. Delma. Canada.

Leininger, M. M. (1988). Leininger's theory of nursing: Cultural Care Diversity and universality. Nursing Science Quarterly. 1 (4): 152-160.

Lim, B (1995). Examining organisational culture and organisational performance. Leadership and organisational development journal. 16 (5): 166.

Lim, V.K. G. & Teo, T. S. H. (1996). Gender differences in occupational stress and coping strategies among IT personnel. Women in management review. 11 (1): 20-28.

Liu, X., Martineau, T., Chen, L., Zhan, S. & Tang, S. (2006). Does centralisation improve human resources management in the health sector? A case study from China. Social Science & Medicine. 63. 1836-1845.

Lynam, M. J. (1992). Towards the goal of providing culturally sensitive care: principles upon which to build nursing curricula. Journal of Advanced Nursing.17. 149-157.

Manamela, M. J. (2002). Experience and coping skills of the family of people living with HIV/AIDS. Unpublished Master's thesis. MEDUNSA. Pretoria.

Manamela, M. J. (2006). Nurse's interaction with the patients who are HIV/AIDS infected. Unpublished Doctoral Thesis. University of Johannesburg.

Natalspruit hospital. (2008). 2007/2008 Annual Report. Gauteng Department of Health. Gauteng Province. Johannesburg.

Natalspruit hospital. (2009). 2008/2009 Annual Report. Gauteng Department of Health. Gauteng Province. Johannesburg.

Newell, R & Burnard, P. (2006). Research evidence-based practice. Blackwell Oxford. UK.

Nofield, H. A. (2006). Exploring the effectiveness of employee assistance programs: A case study of employee assistance program of a Saskatchewan organization. The University of Regina (Canada) 131. AAT MR18906. Available from http://0-proquest.umi.com.innopac.wits.ac.za/pqdweb?index=19&did=124072471&SrchM... (Accessed 7 April 2009).

Polit, D. F., Beck, C.T. & Hungler, B. P. (2001). Essential of nursing Research. Methods, Appraisal and Utilization. 5th edition. Lippincott. Philadelphia. New York. Baitire.

Rochowics, J. D. (1990). Employee assistance programs (EAPs) and wellness Program in U.S. public school systems. Temple University. P181. AAT 9100333. Available from http//0-proquest.umi.com.innopac.wits.ac.za/pqdweb?index=17&did=744334021&SrchMo... (Accessed 7 April 2009).

Scanlon, C. & Weir, W.S. (1997). Learning from practice? Mental health nurses' perceptions and experiences of clinical supervision. Journal of Advanced Nursing. 26. 295-303.

Simpson, S. (July 2003). Good for employee good for business. Occupational Health and Safety. Waco. (72) 7: 122-23.

UNAIDS. (2000). Caring for careers: Managing stress in those who care for people living with HIV/AIDS. Geneva. WHO.

v Fourie N Frederick C. (2010). How to think and reason in macroeconomics. 2nd edition. Philippe Burger & Juta Academic. Cape Town.

APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Dr MJ Manamela

CLEARANCE CERTIFICATE	**M10254**
PROJECT	Utilization of Wellenss Program by the Staff Members in a regional Hospital
INVESTIGATORS	Dr MJ Manamela.
DEPARTMENT	School of Public Health
DATE CONSIDERED	26/02/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 26/02/2010 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr L adonis

DECLARATION OF INVESTIGATOR(S)

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

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

APPENDIX B: APPROVAL FROM POST GRADUATE COMMITTEE

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011) 717-2745

Reference: Ms Tania Van Leeve
E-mail: tania.vanleeve@wits.ac.za
19 May 2010
Person No: 331474
PAG

Dr MJ Manamela
56 Cloud Close South
SOUTHDOWN - EXT 1
1448
South Africa

Dear Dr Manamela

Master of Public Health (Hospital Management): Approval of Title

We have pleasure in advising that your proposal entitled "*Utilization of wellness programme by the staff members in a regional hospital*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

APPENDIX C: APPROVAL FROM NATALSPRUIT HOSPITAL MANAGEMENT

UMNYANGO WEZEMPILO NOKUTHUTHUKISWA KOMPHAKATHI
LEFAPHA LA MAPHELO LE TSHEBELETSO LE NTSHETSOPELE YA SECHABA
DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
DEPARTEMENT VAN GESONDHEID EN MAATSKAPLIKE ONTWIKKELING

NATALSPRUIT HOSPITAL
OFFICE OF THE ACTING CHIEF EXECUTIVE OFFICER
Enquiries: Dr S Gaelejwe
Tel: (011) 389-0518/0664
Fax: (011) 909-6572
Gaelejwe.Sehularo@gauteng.gov.za

TO Dr M J Manamela

FROM Dr S Gaelejwe
Chief Executive Officer

SUBJECTS **Request to conduct a research at our institution**

1. Your fax received on the 2nd February 2010 has reference.
2. Please be informed that permission to conduct research at Natalspruit Hospital is granted, subject to providing:
    - Wits Ethics Committee Approval
    - A copy of the final findings being presented preliminarily before publishing, to Natalspruit Hospital, at time of concluding study.

Thank you

DR S GAELEJWE
ACTING CHIEF EXECUTIVE OFFICER
DATE: 08/02/2010

APPENDIX D: DATA COLLECTION TOOLS

TOOL 1: NUMBER OF STAFF MEMBERS UTILIZED WELLNESS PROGRAM IN 2009

	TOTAL NUMBER OF STAFF IN THE HOSPITAL	NUMBER OF STAFF MEMBERS UTILIZED WELLNESS PROGRAM
JAN		
FEB		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
GRAND TOTAL		

TOOL 2: STAFF MEMBERS' DEMOGRAPHIC DATA

STUDY NO	SURNAME	NAME	DATE OF VIST	AGE	GENDER	OCCUPATIONAL CATEGORY	WORK SECTION	PROFESSION

TOOL 3: OUTCOME BY THE SERVICES

STUDY NO	DATE OF VISIT	VISIT TYPE	COMPONENT ATTENDED	REASON FOR VISIT	OUTCOME
		INITIAL/ ONGOING	(HIV/ OHS/ PSYCHOSOCIAL/ HEALTH RELATED/ OTHERS)	(VCT/ NEEDLE STICK/ ABUSE/ FAMILY PROBLEMS/ FAMILY PLANNING)	(RESOLV/ UNRESOLV/ CONT/ REFER)