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PERCEPTIONS OF EMPLOYEES AND THE LEVEL OF AWARENESS ABOUT EMPLOYEE HEALTH AND WELLNESS

By

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A research report submitted to the Faculty of Law, Commerce and Management, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Masters of Management (in the field of Public Policy)

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ABSTRACT

Government's major challenge is to become more effective with limited resources. Perceptions of state employees and the level of awareness about Employee Health and Wellness Programmes is a policy issue that this study attempts to understand inasmuch as it relates to performance of institutions.

The objectives of the study were to gauge the level of awareness about Employee Health and Wellness programmes together with the perceptions of employees about the programme, in line with the hypothesis that suggested a contributory link between level of awareness, perceptions about a programme and organisational performance.

A mixed method approach was used, which included both qualitative and quantitative methods, to determine both perception and level of awareness as it related to the performance of institutions. The study found that wellness programmes, if well managed and employees were made aware of them, could lead to increased output by employees, thus improving performance. It further established that there is an average level of awareness about employee health and wellness programmes within Public Works.

The study concludes that the perceptions of employees about a policy matter and their level of awareness of programme objectives would contribute to overall performance of that institution.

DECLARATION

I, Isaac Makala, declare that this research report is my own unaided work; it is being submitted in partial fulfilment for the Degree of Masters of Management in Public Policy at the University of the Witwatersrand. It has not been submitted before for any degree or examination in any other university.

_____

Isaac Makala

March 2011

DEDICATION

I dedicate this work to my family: my late brother Enoch and his wife Violet, my son Phathutshedzo and my two daughters Uhone Junior, and Junior Kundani.

A special dedication goes to my loving wife, Nkhensani Felicia Makala. To you I say your support and sacrifices along this journey is appreciated. You are an inspiration.

ACKNOWLEDGEMENTS

To God be the glory and adoration for providing me with the strength, the zeal, the wisdom and the courage to undergo this challenging journey in the completion of this work.

Dr Horaçio Zandamela, to you I offer all the necessary academic salutes for you have been a source of guidance, support and mentorship. Without you this would only have been a dream. Your patience and academic resourcefulness surpassed expectations.

Many thanks to the leadership of the National Department of Public Works, for affording me the opportunity to conduct this study. I hope that the findings of this study will go some way towards ensuring that the good work the Department has been doing shall be aided to some degree by this wellness study.

This would not be complete without mentioning the very core and source of my inspiration: my mother Evelinah. To you I say: Reap the rewards of your hard work in teaching me perseverance and all of the qualities I have already mentioned above.

Lastly, my family, fellow colleagues and classmates, with special reference to Mabena Mbombo Mhlahlandlela.

LIST OF ACRONYMS

AJPH:	American Journal of Public Health
CEDAW:	Convention on the Elimination of All Forms of Discrimination Against Woman
CEO:	Chief Executive Officer
DPSA:	Department of Public Administration
DPW:	Department of Public Works
EH & W:	Employee Health and Wellness
EH& WSF:	Employee Health and Wellness Strategic Framework
HIV/AIDS:	Human Immune Deficiency Virus / Acquired Immune Deficiency Virus
IDPs:	Integrated Development Plans
ILO:	International Labour Organization
LRA:	Labour Relations Act
MDGs:	Millennium Development Goals
MTSF:	Medium Term Strategic Framework
QWL:	Quality of Work Life
ROI:	Return on Investment
SHERQ:	Safety Health Equity
TB:	Tuberculosis
WHO:	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1. Introduction

This study examines the perceptions of employees about health and wellness programmes, together with the level of awareness about employee health and wellness programmes within the national Department of Public Works (DPW). The study is informed by the sentiments expressed below.

Employee health and wellness of any institution is needed to ensure that institutions prosper and perform at their best to realize their objectives. In today's hectic world, most people spend more time at work than previously, and consequently have less time to look after their health. For a long time, employers have understood the benefits associated with keeping workers healthy as being increased productivity from reduced absenteeism and lowered disability claims. For these reasons, coupled with the fact that many businesses in recent years have seen double-digit increases in health care costs.

In today's complex world it is challenging to balance the demands of work, family and personal needs, and people may feel that the ability to cope is being over-stretched. When a personal problem makes life difficult, it affects all spheres of people's lives, at home and at work. No employee is immune to experiencing a personal problem. Personal problems are therefore part of day-to-day challenges (Wellness Newsletter: Dept of Public Works, 2004: vol. x.no.2.).

For this reason, institutions that employ staff are bound to be influenced by what the employees in those institutions are going through in their public and personal life.

1.2 Background

Whilst credit has been afforded to wellness, for ensuring that organisations and institutions perform at their best and achieve their objectives, in this paper the researcher indicates the link, and a fit of policy and legislative issues that brought into being the concept of institutional wellness.

The notion of Employee Health and Wellness is a new concept to most scholars. It is important to note that wellness speaks not only to the absence of disease but it also speaks to the whole spectrum of wellness-related issues such as ergonometric working environment, work climate and culture; this will be expanded on as the researcher defines employee health and wellness in the literature review. Mulvihill (2003:13) as quoted by Professor Terreblanche of Pretoria University during the EAPA Conference 2007 observed that, “wellness is a set of organized activities and systematic interventions, offered through corporations/worksites, managed care organisations and governmental/community agencies whose primary purpose is to provide health risks and influence health behaviour changes”.

Despite the available legislative and policy prescripts and guidelines, there is still a considerable lack of awareness about Employee Health and Wellness Programmes and how employees perceive them. The Employee Health and Wellness policy of the Department of Public Administration, which is the bearer and transmitter of the policy to all other government departments, is informed by the Social Work Act of 1978 as amended to the Social Services Act, the Psychology Act, and the Human Resource

policies that in part also seek to promote the wellness of institutions to help improve institutional performance.

There is, however, very little work done on the level of awareness that such programmes rendered by Employee Health and Wellness have on policy implementation, survival and performance of institutions. It is true that the performance of any institution in the field of policy and governance is in part dependent on institutional wellness. Thus institutional wellness is contributory to optimal performance hence the need for improving the awareness of such programmes is essential.

Currently a lot of institutions are heavily staffed yet they still have a problem of delivering on their key deliverables. Barzelay and Gallego (2006) argue that the three institutionalisms (Historical, Rational Choice and Sociological) though different, all emerged as a reaction to behavioural revolution to political science. It seems that there is a relationship between institutions and behaviours. Most of these behaviours emerged to address/analyze the impact of institutions on social and political outcomes.

Steiner (1997) argues that policies direct action to the achievement of objectives or goals; they explain how aims are to be reached by prescribing guideposts to be followed. They are designed to secure a consistency of purpose and to avoid decisions that are short-sighted and based on expediency. This is important to note in that when dealing with the question of perception and level of awareness of programmes it is important to first check on the policy guidelines that led to such programmes being implemented, because whilst there could be appropriate and structured policies it still remains to be argued whether these have a direct bearing on the level of awareness and perception about such programmes of a particular institution.

Whilst policy decisions are taken or made at a political level, it cannot be said that rational calculation is absent in making the decision. It requires that relevant information and quantifiable calculations are used (Steiner, 1997). It is partly for this reason that the researcher needs to determine whether such policies and statements translate into the use or awareness of Employee Health and Wellness. Whilst it cannot be argued successfully that there is no policy of wellness and that wellness programmes are largely responsible for institutional success, the question still remains why is it not the case within the DPW, hence the introduction of a different approach which seeks to gauge the level of awareness about employee health and wellness programmes and to examine issues of perceptions of employees about the programme, which could be the root cause of the indifference between what the literature suggests and what the actual practice is.

Implementing policy within the private sector can be difficult, even more so within larger institutions. However, it is more complicated in government and other public service institutions, because government is extensive and diverse, like a hundred businesses all grouped together under one name, but the various business aspects of government are not integrated nor even directly related in fields of activity. This means that executive management must operate in a system of divided authority, so when an official decides to embark on an activity he needs to check the legality of such and also establish that what he intends to do has not been done by somebody else.

1.2.1. Employee health and wellness conceptual framework

The overall Employee Health and Wellness Strategic Framework from the Department of public administration of South Africa (DPSA, 2007), which prescribes the strategy for employee health and wellness within the Public Service, is represented in terms of a “Parthenon House” founded on the

legislative and policy framework. There are three critical components of the strategy:

1. The vision and mission for the strategy and the manner in which these are communicated, institutionalized and managed.
2. Four functional or key pillars for achieving this vision, or the primary arenas of action in implementation for creating a health and safe working environment in the public service, and the four process pillars for implementation.
3. Ten core principles for implementing the strategy, which serve as a set of guidelines to organize and manage interventions for employee health and wellness in the workplace.

The four functional pillars or strategic programmes of action comprise the Occupational Health Pillar; HIV&AIDS and TB Management Pillar; Health and Productivity Management, Quality of Work Life (QWL) Pillar; SHERQ Management Pillar and Wellness Management. Cutting transversally across these four functional pillars are the four process pillars which drive implementation of the framework including Capacity development initiatives; Organisational support initiatives; Governance initiatives; and Economic growth and development initiatives (Department of Public administration: 2007)

1.2.2. Legal and policy framework for EH & W

Such a political commitment to the health and well-being of the nation is also enshrined in the South African Constitution Act No. 108 of 1996 and its Bill of Rights. It is expressed as “Everyone has the right to an environment that is not harmful to their health or well-being” and “Everyone has the right to have access to health care services, including reproductive health care”. The Employee Health and Wellness Strategic Framework draws on all international instruments that form part of

international law that are relevant to the health and well-being of workers for improved Occupational Health and Safety, gender equality in health, and the human rights approach to health care. These include, among others, the World Health Organisation (WHO) workers' health plan of 2007-2015, and the ILO Convention 187 of 2006 which provides for a promotional framework for occupational health and safety. These instruments build on the WHO Global Strategy for Occupational Health for All of 1994 and affirm the need to have a national occupational health strategy in place as a national priority.

Other international instruments and plans include the United Nations Convention on the Rights of People with Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Declaration and its Platform for Action (1995), the United Nations Millennium Declaration and its Development Goals (MDGs), the International Convention on Population Development (1994), and the World Summit on Sustainable Development (2002). Such documents assert that health, occupational health in particular, should address needs of people living with disability, be gender-based, and should recognise health as a contributing factor to development.

This framework is also a response to various South African legislative requirements that is relevant to occupational health. These provide for policies, systems, programs, compliance measures, monitoring and evaluation of occupational health interventions on prevention, treatment, care and compensation of occupational health diseases and injuries and other diseases like HIV and AIDS, TB and chronic diseases of life style.

Legislation that underpins Wellness includes the Constitution Act No. 108 of 1996; Disaster Management Act No. 57 of 2002; Basic Conditions of Employment Act No. 75 of 1997; Occupational Health and Safety Act No. 85 of 1993; the Employment Equity Act No. 55 of 1998; the Labour

Relations Act No. 66 of 1995; the National Disaster Management Framework; the Promotion of Equality and Prevention of Unfair Discrimination Act No. 4 of 2000; the Public Service Act of 1994 as Amended with Regulations; the Compensation for Occupational Diseases and Injuries Act No. 130 of 1993; the Medical Schemes Act No.131 of 1998; and the Tobacco Products Control Amendment Act No. 12 of 1999.

Beyond the legislation the Employee Health and Wellness Strategic Framework (EH&WSF) responds to the relevant national strategic plans and policies related to employees and wellness that this strategic framework seeks to respond to. This includes, but is not limited to, the National Strategic Plan on HIV and AIDS 2007-2011, the draft National Strategic Framework on Stigma and Discrimination, and the National Occupational Health Policy of 2005.

The last level of the legislative and policy framework responded to through this document are Economic and Social Policy, programmes and strategy including Integrated Development Plans (IDPs), Medium Term Strategic Frameworks, National Spatial Development Strategies, Annual Presidential pronouncements and Cabinet *Makgotla* decisions.

1.2.3. International Instruments underpinning EHW management

Whilst there are legislative pillars that speak to Employee Health and Wellness within the country, it does not end there, and a set of institutions internationally recognizes and supports as instruments to carry the Employee Health and Wellness Programme, including:

- WHO Global Strategy on Occupational Heath for All
- WHO Global Worker's Plan 2008-2017
- ILO Decent Work Agenda 2007-2015

- ILO Promotional Framework for Occupational Safety Convention 2006
- United Nations Convention on the Rights of People with Disabilities
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The Beijing Declaration and its Platform for Action, 1995 (+10)
- United Nations Millennium Declaration and its Development Goals (MDGs)
- The International Convention on Population Development 1994 (+10)
- World Summit on Sustainable Development, 2002
- World Economic Forum Workplace TB and HIV Toolkit
- WHO Global Strategy on Prevention and Control of Non-Communicable diseases (2008)
- Recommendations of the Commission on Social Determinants of Health (2008).

With this in mind (the policy background and Employee Health and Wellness), the researcher wants to know whether the perceptions of employees and level of awareness of wellness programmes in an institution affect or contribute to the delivery of the objectives of that institution.

1.3. Hypothesis

The perceptions and level of awareness about Employee Health and Wellness Programmes contributes to institutional performance of an institution in the field of policy and governance which in part relies on institutional wellness (Employee Health and Wellness Programmes). Institutional wellness is contributory to optimal performance hence the awareness of programmes and perceptions about programmes becomes an issue to be tested/gauged.

Bless and Higson-Smith (2000) indicates that whilst research problems are questions about relationship amongst variables, hypotheses are tentative, concrete and testable answers to such problems. This is done to help guide the investigation. The characteristics of a good hypothesis, according to Bless, are that it must be clear, have empirical reference and must be supported by evidence. The hypothesis below has been backed up by evidence as presented in the literature review of this proposal.

1.4. Problem Statement

To clarify, the researcher will separate the problem statement into four sub-categories, consisting of the problem; knowledge gap; context; logic and documentation.

1.4.1. Problem

Most institutions are not functioning optimally to meet their objectives and perform their tasks, and the low level of awareness and perception about Employee Health and Wellness Programmes within institutions is believed to be one of the factors that prevent programmes of this nature from contributing to work health, organizational climate and ergonomics in a manner that will translate into improved performance and attainment of objectives, particularly in the DPW.

1.4.2. Context

The Department of Public Works in 2004 recognized that the well-being of employees is one of the most important factors in achieving and maintaining the standards of a world class state department. Travis and Ryan (1988) points out that “We believe that health is essential for economic and social advancement. It is therefore our policy to support our employees in obtaining adequate health care and to assist them in the

maintenance of their physical, mental and social wellbeing. We see wellness as moving towards a state of comprehensive wellbeing on all levels: physical, mental, emotional, social, and spiritual. It is also true that not enough people in South Africa take the idea of real wellness seriously enough".

There is, however, a continued failure within the Department of Public Works of such programmes to improve service delivery and such failure is attributed to the ongoing absence of a work ethic, team building and the general health of the organization. In the personal experience of the researcher in the period 2008 and 2009, the DPW had been unable to manage its finances and had cut back on some of its operations. Employees had been crowded into offices due to lack of space and this had adversely affected the wellness and morale of the institution.

1.4.3. Knowledge gap

It remains to be determined whether an Employee Health and Wellness Programme itself or the lack of awareness of such programmes contribute to better performance. Research has shown wellness programmes working towards institutional wellness; in the community-based programmes designed to encourage regular physical activity, behaviour modification, and self-management of chronic conditions have shown some success at improving health status and quality of life, and reducing health care utilization. This study measured the effects of one such seniors' wellness programme on health and social wellbeing. Findings suggested that different components of wellness programmes may need to be targeted at specific sub-groups of the elderly population in order to achieve significant benefits (Longwood, 2010).

Through the Departmental Wellness Programmes the hope is to bring home the idea that employees owe to themselves a healthy body, a

healthy mind and a healthy spirit and that ultimately it is up to each individual to achieve this for him or herself.

Government departments are concerned about employees' health and wellbeing at work and also family health and wellbeing. To this end they have launched wellness programmes, tailor-made to meet the health and wellness requirements of all employees. The big issue remains whether the intended beneficiaries are indeed aware of the progamme, and the study will examine that question and also the perceptions of the EH&WP (Employee Health and Wellness Programme).

1.4.4. Logic and Documentation

While more employers are offering workplace wellness initiatives, many miss the mark on gauging their impact. Underlying workplace conditions have a much greater impact on employees' productivity and health than individual behaviour. Researchers are beginning to recognize the need to develop an approach to workplace health that moves beyond individual workers' health outcomes and examines the underlying problems in the work environment. Experts in occupational health and safety, workplace health promotion, and epidemiology agree that successful health interventions must target intrinsic workplace and organizational factors.

Even more troubling is the fact that the majority of companies (62 per cent) do not evaluate their wellness initiatives to determine whether or not they are effective. Perhaps that is one reason why assessing return on investment of wellness programmes has proved so elusive. "Failure to measure is a lost opportunity," confirmed Ed Buffett, president and CEO of Buffet & Company Worksite Wellness Inc., hence the need for the researcher to look at the level of awareness coupled with perceptions of employees on the programmes to see if the programme itself or perception and level of awareness thereof presents the challenge.

To determine the ROI (return on investment) of wellness, many Chief Executive Officers and Chief Financial Officers may be fixated on hard-dollar returns. However, Buffett argued that this expectation may not be realistic. “ROI is out there; we’re just looking for it in the wrong places.” Buffett encouraged employers to examine areas such as employee engagement, absenteeism and disability claims, noting that participation rates can provide valuable information on the effectiveness of a wellness programme and how it is communicated.

The most promising feature of the emerging healthy workplace perspective is its attempt to link healthy work environments with improved health outcomes for individual employees and thereby promote improved business results. This widens the agenda to the entire organization, its values, people practices, work systems, and performance. While a better understanding is needed of exactly how healthy conditions in workplaces contribute to organizational performance, this link offers the greatest potential to convince managers and business owners that investing in organizational health and wellness makes good business sense (Longwoods, 2010).

1.5. Purpose of the Research

This study aims to gauge the level of awareness about Employee Health and Wellness programmes together with the perceptions that employees have on employee health and wellness programmes, this to help improve institutional performance by promoting institutional wellness. Devos; Strydom, Fouche and Delport (2005, p.104) defines a research objective as the end towards which effort or ambition is directed. It is so because:

- Delivery of institutional objectives in the field of policy and governance partly depends on “Institutional Wellness” (Employee, Health and Wellness Programmes).
- Institutional wellness is contributory to optimal performance by default, thus awareness and perceptions of programmes (Employee Health and Wellness) becomes essential.

1.6. Primary Research Question

What are the perceptions of employees about employee health and wellness programmes and the level of awareness of Employee Health and Wellness programmes in the Department of Public Works head office?

1.6.1. Supplementary research questions

- What are the perceptions of employees about employee health and wellness programmes in the DPW head office?
- What is the level of awareness about employee health and wellness programmes?
- How is the policy on employee health and wellness helping in improving productivity within the DPW?
- Is there a link between delivery of objectives/performance and employee health and wellness?

1.7. Field of study

This study rests within the domain of institutional policy analysis, while the philosophical underpinning for this study rests with the positivist approach.

Whilst there has been a lot of debate about the actual meaning of the positivist approach, Devos, *et al.,* (2005) sums it up as a belief that the methods and procedures of natural science are appropriate to the social

sciences, and this view involves a conviction that objects of the social sciences, like people, are not an obstacle to the implementation of the scientific method. Devos, *et al.,* (2005, p. 5).

Whilst the above is relevant to this study, it is imperative to choose this approach in that, though the study examines the level of awareness about a social programme, it should be possible to uncover and add value using the scientific methods to measure the level of awareness versus the production of services that the Employee Health and Wellness unit is supposed to run.

The problem with this approach is that it puts greater emphasis on values, in that it suggests that scientific knowledge is arrived at through the accumulation of verified facts, which for the purposes of this study is not a problem, since the study will verify elements of wellness as it relates to the level of awareness and contributory value towards production within the work place. This study will use both approaches as it seeks to understand both a scientific and social phenomenon.

Whilst the positivists aim to uncover general laws of relationships and/or causality that apply to all people at all times, the phenomenologist are concerned with understanding social and psychological phenomena from the perspective of the people involved. Thus the positivists claim to study a psychological or sociological reality independent of an individual's experience of it (Welman and Kruger, 1999).

1.8. Layout of Chapters

This study has been divided into five chapters as explained below:

Chapter One: Introduction

This consists of the introduction, background of the study, problem statement and research questions.

Chapter Two: Literature Review

This section deals with literature about the study, as reviewed, possible previous research on the subject and what other authors have said.

Chapter Three: Research Methodology

Research methodology formed the basis for this chapter, thus engaging with issues of design, data gathering, sample, study population and research instrument.

Chapter Four: Presentation and Analysis of Data

Largely this is filled with presentation and making sense of Data gathered and coding of such data.

Chapter Five: Conclusion and Recommendations.

The last chapter includes discussion, interpretation of the data gathered and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The world of Employee Health and Wellness is rich with knowledge and literature. It is, however, regrettable that there is very little on institutional wellness and its impact on institutional performance. In this paper the researcher explores the literature and attempts to define and conceptualize what institutional wellness is all about.

2.2. Employee Wellness Programmes

There are numerous types of Employee Wellness Programmes. Essentially, employee wellness programmes encourage individuals to take measures to prevent the onset or worsening of a disease or illness and to lead lifestyles that are healthier. Corporations may implement many types of health promotion programmes, from onsite fitness centres to simple health promotion newsletters. While some employers have instituted very expansive employee wellness programmes, others have achieved savings or increased productivity with a few relatively easy initiatives which promote healthier lifestyles. Getting started is what matters the most. Having a plan, along with one or two Employee Wellness Programmes, can serve as a starting point for creating a more expansive programme in the future**.** (Euphoria wellness, 2011).

2.3. Why Employee Wellness Programmes?

Worksite health promotion is an investment in a corporation's most important asset, its workers. Research has shown that workers are more likely to come to work and perform well when they are in optimal physical

and psychological health. Employees are also more likely to be attracted to, remain with, and value, a business that appreciates them. An employee wellness programme improves company productivity by:

- Attracting better staff;
- Lowering the rate of absenteeism and time lost;
- Improving on-the-job time utilization and decision-making; and
- Improving employee morale, resulting in lower turnover.

Whilst the above could be claimed as being the situation in general, the researcher still seeks to determine whether such claims are true from the perceptions of the employees of the Department of Public Works head office.

In addition, Employee Wellness Programmes have proven to be an effective tool in reducing the growth of health care costs. Selecting healthier alternatives may lower an employee's chances of suffering from illness. Less illness means businesses can reduce health plan use, thereby reducing health benefit costs, and consequently increasing earnings. While health cost reduction from employee wellness programmes may be less evident than productivity gains, research shows that medically high-risk workers are medically high-cost workers as they use additional health care and generate higher claims costs (Euphoria wellness, 2011).

2.4. Defining Wellness (Institutional Wellness)

Wellness is a choice (a decision that one makes towards optimal health), and it is a way of life (a lifestyle designed to achieve your highest potential for wellbeing). It is the integration of body, mind and spirit, the appreciation that everything one does has an impact on the individual's state of health (Travis and Ryan, 1988).

Therefore wellness stretches beyond the individual to the institution and performance of such institutions, in that it is never static, there are levels or degrees of wellness that stretch up to institutional wellness, hence the need to understand the level of awareness about wellness programmes.

Wellness is a holistic concept, as illustrated by the different elements of the medicine wheel. All areas must be in balance and harmony for true wellness to exist. A problem in one area upsets the balance and affects other areas. Wholeness or integrity of individuals, families, communities and nations are all facets of wellness. Wellness reinforces and is reinforced by a sense of cultural identity. (Euphoria wellness, 2011).

It is important to note that wellness is a chain, so if any one person is not well in an institution that could easily affect the wellness of the entire institution. Previously, the researcher indicated the link between wellness and performance; one would thus be tempted to believe that an impact on one or more levels of wellness translates into institutional mal-performance, hence the notion that a happy worker is a productive worker, translating to a well institution being a productive institution.

2.5. Previous Research on Institutional Wellness

President Toope in a UBC Health Symposium Speech (2006), explains that there is often a criticism, though not completely about institutional wellness, about on an excessive concern with techniques, systems and structures as opposed to people. The prescription for institutional wellness is centred on effective, strategic leadership in order to maximize output.

The speech further suggests that being the best is often associated with good health: “We cannot become one of the best universities in the world,

or rather, we cannot maintain our position as one of the best in the world, if we do not attend to our own good health".

Tytherleigh, Webb, Cooper, .and Ricketts. (2005) found that academic staff in the United Kingdom tended to be stressed by co-workers for not contributing sufficiently, a lack of control over decisions affecting their jobs, a lack of resources, not being informed about relevant job information, not achieving a work-home life balance, and the level of their pay. This leads to widespread occupational stress in university staff and lends further support to the growing evidence that universities no longer provide the low-stress working environments they once did.

A recent Canadian study (Cantano, 2007) conducted a national survey on occupational stress with a sample of 1 500 academic staff from 56 universities. They found very high levels of stress among academics stemming from workload, scheduling, role conflict, role ambiguity, work-life balance, fairness administration and fairness rewards. Thirteen per cent of these respondents reported high rates of stress-related mental health problems, and 22 per cent reported high rates of stress-related physical health problems, similar to the findings in British universities.

Several studies have called for a review of academic work with respect to the implementation of changes in policies and procedures that might lead to reductions in work-related stress and strain such as actions to improve trust and communication, equitable organizational practices, and the monitoring of stress and workloads (Cantano, 2007; Gurm, 2004).

In similar studies as those above, it is clear that the literature does recognize the link between institutional policy performance and wellness. Essentially, wellness is influenced by interconnected and critical domains of institutional and personal wellness. Institutional wellness occurs at a macro level and includes the organizational, academic and disciplinary

culture; interdepartmental dynamics; educational leadership practices; and workload conditions and expectations on campus (Catano, 2007; Garnsworthy, 2003; Kluge, 2005; Plotnikoff, Poon, Prodaniuk and McGannon, 2004).

2.6. Indicators of Institutional Wellness

Indicators of institutional wellness, for example, can be identified when members respond to such questions as “what sorts of institutional and departmental practices facilitate or hinder wellness (e.g. interdepartmental dynamics, educational leadership practices, and workload conditions).

Personal wellness occurs at a micro-level and includes physical, mental, social, emotional, spiritual and environmental domains. Physical wellness refers to optimal levels of physiological functioning. Mental wellness refers to optimal levels of cognition and psychological functioning. Emotional wellness refers to optimal levels of self-control and contentment. Social wellness refers to optimal levels of interpersonal functioning. Spiritual wellness refers to optimal levels of inner peace and connectedness. Resourceful wellness refers to optimal levels of applied life skills. Environmental wellness refers to optimal levels of environmental engagement (Beard and Wilson, 2004; Gair, 1999; Hubball and West, 2007; McGowan, 2000). Thus, faculty/departmental wellness is viewed as an institutional and individual responsibility (Hubball and West, 2010).

2.6.1. Recommended Practices in Design of Employee Wellness Programmes

An organization committed to Employee Wellness Programmes has identified seven best practices (“The Seven C’s”) for businesses to follow when creating an expansive, effective worksite health promotion programme within their corporation (Infinite Wellness Solutions, 2010), as explained below.

Capture upper-level support. A commitment from upper management is to understand the benefits of the programme for both the workers and the importance of all employee wellness programmes. Senior staff must co-operate and be willing to fund wellness design, implementation and evaluation. Descriptions of what other businesses are doing in employee wellness programmes and linking health promotion to goals of the business, values and important priorities will enable the company to gain senior management support. Supervisors who “practice what they preach” and actively participate in the initiative will go a long way to driving others to participate.

Establish a health promotion team. Health promotion teams should include a variety of possible initiative participants including workers. The team should include people who will be part of establishing the health programme, setting up the health initiative and evaluating the wellness programme. This establishes ownership of the health initiative and harnesses more creative ideas. A health promotion team will help to get “buy-in” from both senior staff and the participants. The team should develop a health programme that is responsive to all potential participant needs, and will be responsible for managing all of the company’s health promotion efforts.

Collect data that will drive the employee wellness programmes. Once the health promotion team is in place and senior staff is involved, it is time to collect baseline data to help evaluate employee wellness interests and health risks. The results of the data collection will assist in deciding what kind of health programmes to provide. This process may involve a questionnaire of employee interests in different wellness initiatives, health risk assessments, and claims review to determine current worker risk of disease.

Create a yearly operating plan. For wellness programmes to work, one must have a goal. An annual operating plan should include a mission statement for the health promotion programme, in addition to specific measurable short and long term objectives. The health promotion programme is most likely to be successful when it is linked to one or more of the businesses strategic plans, as it will have a better chance of maintaining the support of management throughout the implementation process. A written plan also provides continuity when members of the health promotion team change and is instrumental in holding the team accountable to the goals, objectives, and agreed timeline.

Choose appropriate employee wellness programmes. The seleted employee wellness programmes must flow naturally from the data (survey, Health Risk Appraisal aggregate report, claims) to goals. They should address current risk factors in the workforce and be in line with what both executive management and workers want from the wellness initiative.

Create a supportive environment. A supportive environment provides workers (employees) with encouragement, opportunity, and rewards. A culture of wellness that encourages employee wellness programmes might have such features as healthy food choices in their vending machines, a no-smoking policy and flex-time that allow employees to be physically active. A workplace that appreciates wellness will applaud and reward wellness achievements and have a management team that demonstrates healthy behaviour itself. Most importantly, a culture of wellness involves workers in every part of the employee wellness initiative from their design and marketing to their implementation and review.

Consistently evaluate the outcomes of the employee wellness programmes: Evaluation involves taking a close look at the objectives and determining whether they have achieved the desired result. The

review process allows for recognition of goals that have been achieved and amending of ineffective initiatives (infinitewellnesssolutions.com).

2.7. Institutions and Development

Institutions and their impact on development have been under discussion for some time, as Kumsa and Mbeche (2004) describe, and attract the attention of economists and policy-makers, in that there is growing agreement that sustainable development and good governance are interlinked. Kumsa and Mbeche quote North (1989) that an institution can be rules, enforcement of rules, norms of behaviour that structure human interaction, or a set of constraints that govern behavioural relations between individuals and groups.

From this brief analogy it becomes very important to note the power structures, how and when knowledge about a programme can translate into performance, and how interaction between actors in an institution is critical.

2.8. What is a Healthy Institution?

A healthy organization has a clear, focused mission that everyone can articulate and around which decisions evolve. Personnel support each other and feel committed to meeting the needs of customers, staff or clients. Basically a healthy institution performs its tasks easily. Staff is more realistic about the challenges they face and create more innovative approaches to providing services.

To create and sustain a healthy organization, administrators need to develop a clear process to initiate healing and maintain wellness. For example, at Northwest Indian College a healing process was implemented which included a commitment to treating each other with respect,

communicating with one another directly and supporting each other. Each individual was charged with meeting those expectations. Although this sounds simple, they found that most problems could be solved.

Everyone in a healthy organization has a purpose related to the mission and is rewarded by achieving that purpose. Employees receive the greatest benefit from this commitment because they receive the full attention of the people who work with them. Staff can choose to shed the burden of past injustices or inappropriate, unproductive interactions.

2.9. General Health Activities

The idea of wellness is known, and there are some activities that define the daily life of a workplace programme as listed below in their sub-categories.

- Health and wellness seminars/discussions – with guest speakers.
- Wellness information – notice boards, leaflet racks, information points, wellness handouts.
- Regular supply of specific information/leaflets to all staff individually via wage slips (salary advice), e-mail.
- Participation in national health and wellness in the workplace campaigns.
- Employee Health and Wellness newsletter, built in with departmental newsletter.
- Awareness raising, workshops, training sessions on health topics.
- Training in team building, assertiveness, time management, communication skills.
- Health promotion videos playing in waiting areas.
- Health and wellness in the workplace awareness days or events.
- Brief sections on health awareness in health and safety training and first aid training.

- Health policies and procedures – alcohol and substance use, general health and well-being, healthy eating, HIV/AIDS, physical activity, smoking, stress and mental health.
- Health Risk assessments to take account of health and lifestyle related behaviours.
- Paid time off for staff to go for employee health screenings or other facilities, rather than at work.
- Give employees some paid time off (a certain number of hours per month or year) to pursue activities they feel are good for their health.
- Share health and wellness in the workplace activities and resources with other local workplaces.
- Allow staff with back or musculoskeletal problems paid time off to attend appointments with physiotherapists or other health professionals.

General health activities as above are suggestive of the fact that wellness as a policy and a programme has core elements that it should adhere to as it relates to reaching the objectives of an institution.

Alcohol and Substance Abuse:

Policy for all staff to raise awareness of issues forms part and parcel of the day-to-day realm of the wellness programme, training for all involved in implementing the policy, support and referral for staff with an alcohol or substance use problem, information about agencies and organizations dealing with alcohol or substance misuse problems. This is very important to note because it speaks to the real elements of employee health and wellness which this study seeks to determine if the employees are indeed aware and if so the level of awareness and their perceptions.

Healthy Eating:

The Employee Health and Wellness Programme also contain aspects that deal with eating habits, such as healthy options that are available in canteen / vending facilities, training for catering staff, negotiating with local restaurants or cafes to provide some healthy options. Allow staff to take paid time off for appointments with dieticians about any eating problems, allowing staff to eat or drink at regular intervals if they need to as part of medical treatment for various eating disorders or for management of diabetes.

Physical Activity:

Encourage people to use stairs rather than lifts, provide marked routes with distances for walks during breaks, provide bicycle racks, showers and changing facilities to encourage people to cycle to work or to do some physical activity during breaks, allow people to arrive 5 or 10 minutes late and leave 5 or 10 minutes early (without loss of pay) if they walk or cycle to work, arrange for intra-company games and sports teams, provide an onsite fitness centre, provide onsite group exercise classes like yoga, tai chi or similar sessions before work, in lunch breaks or after work, arrange corporate memberships or negotiate reduced fees for local health clubs and facilities (Wellemployed, 2001).

Smoking:

Develop a policy on smoking and protecting staff from passive smoking that includes a total ban in the workplace to provide a smoke-free environment. If smoking is allowed then restrict it to designated smoking areas and times. Provide help for staff who want to give up smoking, paid time off to attend smoking counselling or group sessions and training for volunteers who want to help others to give up smoking. (Wellemployed, 2001).

Stress and Mental Health:

It is vital to do a stress audit to identify problem areas / jobs, develop a stress action plan to tackle problems, awareness raising sessions for all staff on recognizing stress and mental illness symptoms in themselves and others, training for managers, supervisors, and trade union representatives on recognizing stress and symptoms, avoiding the stigmatization of people who have taken time off or sick leave for mental health reasons, aromatherapy, yoga or similar sessions before work / in lunch breaks / after work, a counselling service in-house or referral to an outside agency, rehabilitation back into the workforce of anyone who has been away because of mental health problems, encouraging social activities among work colleagues. (Wellemployed, 2001).

2.10. Wellness as a Process

Institutional wellness is a process dedicated to high expectations, which helps ordinary people overcome barriers to their productivity. The responsibility for meeting the expectations lies within each individual. The barriers may seem insurmountable because they are ever-present in work, families and communities. However, there is considerable evidence of successful interventions. In fact, the barriers often help people to understand themselves better. With this understanding, core problems at the workplace can be addressed and solutions identified that are culturally appropriate and viable.

The journey to organizational wellness is not without personal sacrifice. It means taking a risk in an environment where risk-taking is often criticized. It means being willing to turn away from criticism that arises out of fear or insecurity.

Employee assistance and quality personnel policies also promote institutional wellness. Employees who experience a death in the family or

a divorce may need referral to support groups or counselling services. The institution should provide corrective action plans or improvement plans for employees who need to improve wellness, reach established goals, or develop professional skills. Good evaluation systems that focus on performance and not personality are an essential part of managing a healthy institution. Performance goals for every employee should be tied to meeting the core institutional mission and purposes (www.ebscohost.com, 2010).

Whilst the aim of the wellness programme is to educate every employee with regard to the chronic diseases associated with poor lifestyle and to perform health screening tests on each employee to determine their risk, the main question would be how this benefits the employer. Awareness and early prevention is the key to a healthier, happier and more productive employee. By screening for chronic disease in an employee, a company can save by reducing absenteeism, injuries on duty, increasing employee productivity and work enthusiasm, hence the hypothesis which seeks to emphasize a contributory link between institutional performance and institutional wellness.

Basic screening tests such as blood pressure, glucose testing, and cholesterol testing can determine an employee's risk of developing the major chronic diseases such as high blood pressure (hypertension), diabetes, heart disease and obesity. This assists the employer to plan ahead for staff complement, or possible absenteeism which will negatively impact on performance.

2.11. Theoretical Framework

2.11.1. Institutional theory

Much can be said about institutions and performance; there are, however, factors as indicated by Hill (2007) that politics, economics and social conditions play a role in the design of institutions, which in the researcher's view translates into performance. Hill makes mention of institutional influences that could be a problem in that the organisation of policy making affects the degree of power that any set of actors has over policy outcomes.

Rational choice institutionalists see institutions foremost as the formal rules, legal competences and decision-making procedures that structure the policy-making process. For example, institutions, in this perspective, constrain and regularize the European Union's ability to function as an international actor although rational choice models treat individuals as the unit of analysis; scholars often deal with collective actors, such as states (Jupille, Joseph; Caporaso, James; Checkel, Jeffrey, 2002). The behaviour of such actors is directed towards the consequences it is intended to have; in situations of interdependent choice they therefore behave strategically. Institutions mediate between actors' interests and policy outcomes (Jupilee, *et al.,* 2002).

Whilst institutionalism has to do with the thinking of individual behaviour being synchronised to form alliance or groups thinking, for purposes of governing, the researcher sees it to be relevant in political institutions. It is known mainly for structuralism and legalism, wherein a form of structure is required for centralisation of power, and governance and some common law would also be required (Peters, 2005). This is important to note so that the researcher can then have an understanding that in Public Works as an

institution, there are elements of power, structure and law which has a great impact on the deliverables of such an institution.

However, it must be questioned whether such power and influence of actors and their interests will directly affect the performance of such institutions if people were aware of employee health and wellness and if their perceptions were explored, hence the policy networks theory discussed below.

2.11.2. Policy Networks

Whilst many authors have debated the use and definition of policy networks, the researcher finds them to be highly applicable to this study in that policy network models were developed to explain differences in policy-making and power in different policy sectors. They suggest that informal pressure group activities are more important than constitutional or institutional approaches. Policy communities are networks with relatively few actors, close working relations and general agreements over the scope, aims, and general institutional processes leading to policy output. Networks are larger, with more internal conflict and less agreement over the aims of the policy network. Policy networks may also be involved in the delivery as well as the development of policy (Policy Networks High Beams, 2011).

Policy network as a specific form of governance can be used as an analytical framework to connote the structural relationships, interdependencies and dynamics between actors in politics and policy making. It is interesting to note that in a study about the level of awareness and perceptions about employee health and wellness programmes, it is important to look at what the immediate similarities and benefits of a wellness programme are, and whilst such programmes are working in other government departments, one would look at whether it is

the level of awareness in the study department that brings about the hypothesis or the perception issues which seek to suggest a link between institutional wellness and performance.

Networks provide a perspective from which to analyse situations in which a given policy cannot be explained by centrally concerted policy action towards a common goal.

This theory suggests a set of relatively stable relationships which are of a non-hierarchical order and interdependent nature linking a variety of actors, who share common interests with regard to policy and who exchange resources to pursue these shared interests, acknowledging that co-operation is the best way to achieve common goals (Borzel, 1998).

It is true that any institution will want to see itself attaining its goals but in that process there are interrelated issues, like wellness of employees that might translate into performance, which could be dependent on the awareness, perceptions and relationships of the various actors.

It is for the analysis and arguments put forth that the researcher chooses to use network theory for the study and it encompasses within itself all the critical elements of analysis that are not related to significance or hierarchy. The DPW as a unit of analysis would be ideal to analyze using the network theory.

This chapter focused on synchronizing and linking current and related research literature on Employee Wellness, to the researcher's questions and problems, including examining closely the various theories and text on institutional wellness, institutional performance and level of awareness. This included a look at the policy networks, wellness definitionsand indicators for institutional wellness. Folowing from this is the methodology used to conduct the research.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1. Introduction

Research does not always guide decisions. Political leaders sometimes advance new policies without scientific evidence or they rely on weak or flawed research. What then is social research? Scholars define it as a collection of methods that researchers apply systematically to produce scientifically based knowledge about the social world (Neuman, 2006).

Whether simple or complicated, research is always a process involving several stages which form a cycle. It starts with a problem and ends with suggested solutions to the problem. The problem statement is a stem which the whole research revolves around, because it explains in short the aim of the research.

Research is a purposeful and systematic process of collecting or searching for new knowledge, skills, or a personal view of something and analyzing information or data in order to increase the understanding of the problem with which one is concerned or interested. Research can either be qualitative or quantitative.

Quantitative research relies primarily on the collection of quantitative data. Quantitative research is structured, logical, measured and wide. Researchers tend to use surveys and questionnaires for this type of research. In short, quantitative research generally focuses on measuring social reality.

Research of this nature can be divided into two main types, relational and prediction studies, the first being an investigation of possible relationships

between phenomena to establish if correlation exists and if so to what extent, and then the second type (prediction studies) which are normally carried out where correlation is already known, and the knowledge is then used to predict possible future behaviour or events, on the basis that if there has been a strong relationship between two or more characteristics or events in the past, then these should exist in similar circumstances in the future, leading to a predictable outcome (Walliman, 2005, p. 117).

On the other hand there is qualitative research, which stands in contrast to the methods of quantitative research, and employs different knowledge claims, strategies of inquiry and methods of data collection, where a qualitative researcher often goes to the site of the participant and such research normally happens within the natural environment. Creswell (2003) indicates that qualitative research uses the language of cases and context; they employ bricolage, examine social processes and cases in the social context and look at interpretations or the creation of meaning in a specific setting (Neuman, 2006).

Since literature and practice suggest that institutions where there is a high level of awareness about employee health and wellness programmes perform better and the production/performance of such institutions is very high, the study will examine the claims of the presented hypothesis in the next chapters. It would not, however, become clearer on its own, hence the researcher needed to measure both a social phenomenon and a quantitative aspect thus leading to the researcher adopting a mixed method approach.

Creswell (2003, p. 75) confirms that whilst a research problem can emanate from different sources, some of these problems might need a mixed method approach for a number of reasons, amongst them being that the concept is immature due to a conspicuous lack of theory and previous research, or it may be that the available theory is incorrect,

inaccurate or inappropriate. Thus the researcher finds himself having to deal with both the aspect of perception which is generally a qualitative issue and the concept of the level of awareness which is largely a quantitative issue.

3.2. Description of Study Subject

The study subject, the DPW, has a national office in Pretoria and eleven regional offices based in each of the provinces. For the purposes of this study, focus was directed and limited to the head office in Pretoria. The organization aims to promote the government's objectives of economic development, good governance and rising living standards and prosperity by providing and managing the accommodation, housing, land and infrastructure needs of national departments, by promoting the national Expanded Public Works Programme and by encouraging the transformation of the construction and property industries.

This research study aims to gauge the level of awareness of Employee Health and Wellness programmes within head office as well as the perceptions of employees about such programmes, by adopting both quantitative and qualitative approaches. Questionnaires were used to gather data about the level and structured interviews used to capture perception and were directed at head office personnel.

3.3. Research Approach

This study has followed an approach using both quantitative and qualitative approaches. Neuman (2006) explains that using quantitative research is useful when opinions, attitudes and behaviours are to be examined, and finding out how the whole populations feels about certain issues. New technologies and methods have afforded new opportunities for researchers to address questions with quantitative methods.

Quantitative research relies on a positivist approach to social science, applying reconstructed logic and following a linear research path that includes variables and hypothesis. The emphasis of a quantitative study is on measuring variables and testing hypotheses that are linked to general causal explanation (Neuman, 2006).

To address and properly capture issues of perceptions would require a qualitative approach which is best described by scholars for its focus on quality, and pinning its philosophical roots on constructivism, symbolic interaction and phenomenology which is associated with fieldwork, whilst the main goal is understanding, describing, and discovering meaning. Basically qualitative researchers are interested in understanding the meaning people have constructed, which is how people make sense of their world and the experiences they have in the world (Merriam, 2009, p. 13).

In summary, it is important to note that a mixed approach presents challenges in writing research questions or hypothesis because so little of the literature has addressed this design step. Authors prefer to make purpose statements other than to specify the research questions, thus there is a distinct lack of models on which to base guidelines for writing research questions into mixed methods studies (Creswell, 2003). As a result, the researcher in this study had developed both a questionnaire and interview schedule to address both aspects of the enquiry as stipulated in the hypothesis.

For the survey questionnaire, both open-ended and close-ended questions were used. Because closed questions limit the responses of the participants to stated alternatives, respondents were offered a set of questions from which they will be asked to choose the one that most closely represents their true feelings. Similarly, twelve employees were

interviewed to capture their perceptions about employee health and wellness.

Survey questionnaires offer several advantages and disadvantages over other methods or instruments for collecting data. For example, they are inexpensive, do not require interviewer time, allow respondents to maintain their anonymity and reconsider their responses. There are disadvantages of this research type and those include: If mailed, response rate is low. They often require follow-up, may take a long time to receive sufficient responses and respondents may have potential bias. The researcher also requires strong interviewing skills.

3.4. Population and Samples

The population of this study was employees working in the DPW head office. The samples are members of staff at management, (assistant director upward to chief director) working on different units with service from one year upwards.

Neuman (2006) clearly indicate the main purpose for sampling which is to get a small but representative number of the population, this to enable the researcher to study a smaller group and produce accurate generalizations about the larger group. Thus a sample can be defined as a smaller set of cases a researcher selects from a larger pool and generalizes to the population. A number of scholars have addressed this subject, Terre Blanche, *et al.,* (2006) defines it as a representative of a population if elements in the sample have been randomly selected from a sampling frame, listing everybody in the population. A sampling frame is well-defined by Welman (1999) as a complete list on which each unit of analysis is listed only once, and this is ideally the same as the population, thus in this study probability sampling will be used, given the use of simple random sampling.

According to the DPW Management Report of August 2009, there are currently about 202 employees at the level indicated above (Assistant Director to Chief Director), which forms the total population of the study. A perfect random sample will be taken to ensure representation of all the elements of the population through use of a sampling frame.

3.5. Implementation of the Research Methods

A random pool of employees at the level of Assistant Director up to level of Chief Director were handed and mailed questionnaires. A simple random approach was taken which means that all elements in the population will have an equal chance of being selected. For the purposes of this study, a random number generator was used after all elements in the society have been numbered. As a guiding rule, Terre Blanche (2006) shows a sampling ratio, to depict that at least 30 per cent of the total population of a small population (1 000) should be sampled and that 10 per cent would be ideal for moderate populations and one per cent in larger populations. In this study the researcher has thus taken about thirty per cent of the population to reach a figure of 50 employees for quantitative and 12 for qualitative in line with the recommendations in the literature.

3.6. Data Gathering

There are many methods of data collection as indicated by various scholars, and examples would be telephonic interviews, personal interviews, participant observation, structured and unstructured interviews. This study used questionnaires to collect quantitative data and structured interviews to gather the qualitative aspects of the study. It is important to note, as Welman (1999) observes, that each method has its own advantages and disadvantages. Given the nature of the intended study, the best possible way to find answers to the research questions and

problems will be the use of self-explanatory questionnaires, which are going to be first tested by handing out a few to ensure they measure what they are supposed to measure.

The survey questions were sent by hand and email to randomly selected employees of the institution (in line with the sampling frame taken from the population). The respondents came from various directorates of the institution. In the questionnaires, the participants were asked close-ended questions; data collected from close-ended questions is not ambiguous and can be interpreted to represent the exact views of the population, whilst this could prove to be difficult with open-ended questions. It will therefore be easier to produce a rich description or picture of level of awareness about employee health and wellness programmes.

Furthermore, an interview schedule addressed twelve employees of different levels, to capture the perceptions of employees about the employee health and wellness programme, which is the qualitative aspect of this study.

3.7. Research Design

A research design is the plan according to which research participants (subjects) are identified and information obtained from them, describing what will be done with the participants with a view to reaching conclusions about the research problem (Welman, 1999).

Whilst the definition of research design may be contested by scholars, Devos (2005) concurs with Rubin and Babbie (2001) in that they all see it as the logical arrangement with regard to the decisions taken when planning the study. To be more specific, Devos uses the word research design to refer to those groups of small formulas from which prospective researchers can select or develop an approach suitable to their specific

research goals and objectives (Devos, 2005). It is a blueprint or plan about how one wants to do research in line with the questions they want to answer.

Non-empirical research designs were followed. The non-empirical research consisted of a literature review, which provided an overview of approaches to institutional wellness, policy and governance. It has served as a setting for empirical research to be conducted. The data collected in the research was used in analysis of information gathered. Thus this study was an interpretative study, since the researcher seeks to show interpretatively that the level of awareness of programmes and how employees perceive such programmes in an institution might contribute in determining the success and performance of institutions.

3.8. Data Analysis

Data analysis speaks to the question of what must be done with data that the design instrument will gather and how one would go about interpreting that data. Neuman (2003) makes mention of coding which will form part of the data analysis that this study will do, coding being entering of data in a form that is machine readable, thus using a data analysis programme like NCSS in conjunction with Microsoft Excel graph and chart generator. This was used together with analyzing qualitative data, where the process of data analysis involves making sense out of text and image data, preparing data for analysis, conducting data analysis, representing data, and the interpretation of the larger meaning of data. It is an ongoing process involving continual reflection about the data, asking analytical questions and writing memos throughout the study (Creswell, 2003, p.193). Such processes as described above were adopted to analyze data.

The data as collected in this study was qualitative and quantitative, data from questionnaires was checked for mistakes to avoid errors in output

from the spreadsheet, and data was then captured in Microsoft Excel following the chronology of the allocated numbers to each questionnaire. The Histogram analysis tool calculates individual and cumulative frequencies for a cell range of data and data bins. This tool generates data for the number of occurrences of a value in a data set; such was used here to present data as advised by Microsoft Anova Histogram programme under their statistical analysis package

Different participants were exposed to questions with answers being indicated by a tick next to the appropriate box, where a scale of 1-5 was used with 1 indicating 'strongly disagree' and 5 representing 'strongly agree'. The questionnaire is attached as Appendix C. The questionnaire was divided into demographics and the questions about the level of awareness were asked, wherein answers were to be in the form of a tick from 1-5 as explained. Graphs in the form of pie charts and histograms were generated automatically by the Excel programme which then spoke to the data that was entered.

This study was not only limited to the analysis of quantitative data, given that it was a mix-match study. Qualitative data was also gathered and analyzed, such was gathered using a semi-structured interview schedule. Creswell (2003) advises that qualitative data uses open-ended data which would require a development of analysis from the information received during the interview. Data as collected was thus organized into themes to reflect answers to questions posed and also to establish those answers that tally or are of the same realm.

During the interview questions were put forward to the respondents' in line with the interview guide. Most of the questions spoke to the question of perception of employees about the level of awareness on Employee Health and Wellness Programmes.

3.9. Reliability and Validity

The notion of reliability and validity has been a matter of concern for most researchers since it is difficult to deal with. Bailey (1987, p. 71) indicates that certain basic questions must be asked about any measuring instrument, what it measures, whether the data captured provides relevance to the characteristics in which one is interested; and the ext ent to which the difference in score indicates the actual difference in what one seeks to measure.

It is clear that the definition of validity has two parts; firstly, that the measuring instrument is actually measuring the concept in question and not some other concept, and secondly, that the concept is being measured accurately. One could have the first without the second, but not the converse. On the other hand, reliability speaks to the consistency of the measuring instrument, where a measure is reliable if the measurement does not change when the concept being measured remains constant in value. However, if the concept being measured does change in value the reliable measure will indicate that change.

Since this study has used questionnaires which could be prone to problems of validity and reliability, the researcher combated this by first running the questionnaire with a few respondents to check if it answers the questions of level of awareness, using the mixed method approach, and whether the interviews addressed the perception issues. The researcher has also ensured that the questionnaire being used repeats some of the questions as a reliability check, whilst interviews then went deeper to dwell on the issues of perceptions.

Neuman (2006) indicates that reliability and validity are central issues in all measurements, and both concern connecting measures to constructs. Perfect reliability and validity are virtually impossible to achieve but are

rather the ideal. However, the researcher also aspired to attain the highest possible level of reliability and validity hence the adoption of the mix-match approach which will also help to double-check data from the quantitative questionnaire and information from the qualitative interviews.

Reliability means that the numerical results produced by an indicator do not vary because of characteristics of the measurement process or measurement instrument itself. A good example would be a speedometer of a car. There are three types of reliability: stability; representative; and equivalence reliability. Validity is about how well an empirical indicator and the conceptual definition of the construct that the indicator is supposed to measure fit together, thus validity could be used to mean true or correct. When a researcher says that the indicator is valid, it is valid for a particular purpose and definition; the same indicator could be less valid for other purposes. Such knowledge as reflected above was applied to this study. It thus goes without saying that the instrument used to collect data must collect data that is representative of the total population and should also be reliable in terms of equivalence.

This chapter was about the research methodology chosen for the study, it defines and justifies the chosen methodology, the decription of the study was also looked into, together with the research approach, design, population and samples.Such went on futhur to data gathering methods used for the study and the justification thereof,it was important to give clear path of the next chapter that will focus on Data analysis and presentation, lastly the validity and reliability of the study was also put to the spotlight in this chapter, next is presentation and analysis of data.

CHAPTER FOUR
PRESENTATION AND ANALYSIS OF DATA

4.1. Introduction

This chapter is concerned with description, presentation and analysis of data collected from the field/respondents to gauge their level of awareness and their perceptions about Employee Health and Wellness programmes. Data is presented in pie charts, graphs, tables, percentages and words. Data as presented represents the views of employee of the national DPW who were interviewed and those that completed the questionnaires. A total of 62 employees were consulted with 12 having gone through the interview with a structured schedule as attached together with the questionnaire as attached.

As cited in chapter three of this document on methodology, a mix-match approach was adopted to bring this study to life, and questionnaire responses were thus loaded into a questionnaire original generator using Microsoft Excel to generate the corresponding graphs as presented in chapter three, the data analysis section of the methodology.

4.2. Background characteristics of respondents and participants

This study was focused on both quantitative and qualitative methods of research. Interviews were conducted with twelve members of management and a questionnaire with seven categories on the level of awareness was distributed. Fifty responses were captured which comprised a total of 62 respondents for the whole study. The categories vary from the planning units of the DPW to the implementers, but both being managers as outlined in the chapter on methodology. There is no

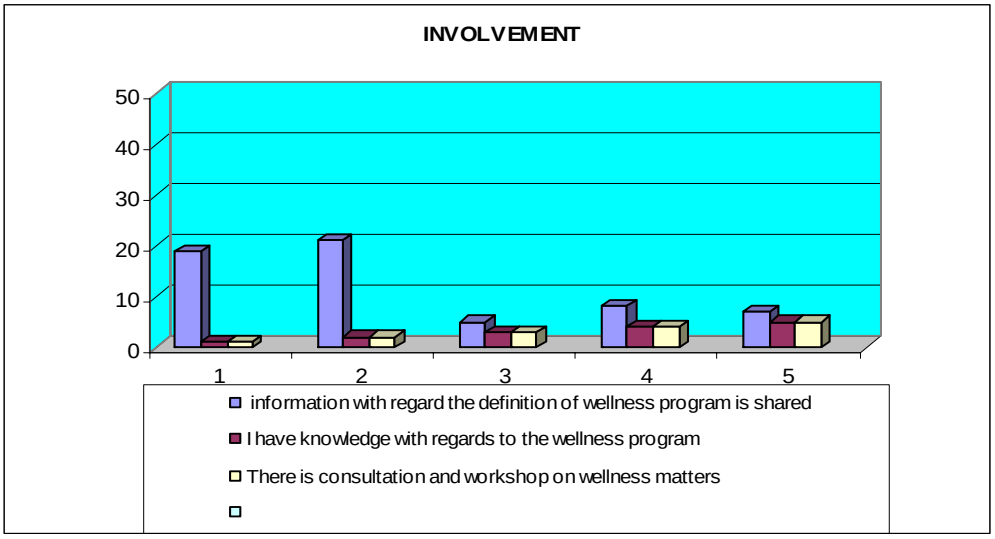
indication per response of the level of management a respondent holds, as this was not required for the purposes of this study.

4.2.1 Presentation of Quantitative Data

4.2.1.1 Defining employee health and wellness

This subsection represents the views of employees with regard to their knowledge of employee health and wellness programmes, and encompasses issues ranging from involvement, contribution and information of the wellness programme.

Figure 1: Involvement of Empoyees on Wellness matters



Source: Own, 2010

The graph above gives an indication that a significant number of respondents feel less involved in the section, and their poor knowledge of the wellness programme as reflected by data bears evidence. About 20 of the total respondents feel that they have information but rather feel less involved. As captured in the graph, given that the responses were rated from 1-5 (where 1 is strongly disagree and 5 is strongly agree), whilst there is agreement with regard to the definition of wellness knowledge,

there is an indication that most respondents strongly do not agree on the unit sharing that information, to suggest that there is a lack of consultation and knowledge about the wellness programmes being shared with employees. The small feature in the bar showing red and yellow is intended to speak to the question of wellness programme knowledge and consultation.

The majority suggests a lack in the unit dissemination of wellness information programmes. On the other hand there is clear evidence that all respondents including those who are average/neutral (score 3) have knowledge about the definition of wellness although limited. The concern is that the amount of information that is disseminated is limited. As for the wellness programme knowledge a very small number of respondents indicated that they have knowledge, a figure of less than 5 respondents as shown in the graph above indicated that they have knowledge, which leaves the majority without knowledge about the wellness programm and not necessarily the definition of the programme itself.

Such revelations are problematic in that, although the degree to which agreement is felt differs, there is no strong contention that there is knowledge sharing about the wellness programme and also about consultation and workshops as it relates to wellness matters.

A Johnson County survey found that knowledge of programmes should go along with the objectives of a wellness policy; such should include a reduction in health care claims, reduction of abseentism cases, and increased awareness of the link between self-health care and health insurance costs. This together would lead to increased health productivity (AJPH, 1985).

Mark, Thomas and Minsoo (2010) did a similar study but with the focus on personal wellness and fitness, and although their findings spoke largely

about the improvement in personal health, it also spoke volumes about the involvement of employees in a wellness endeavours, in that though their participants were put on a ten-week programme on changes in physical fitness and mental well-being, such could not have been done had there been less or no consultation.

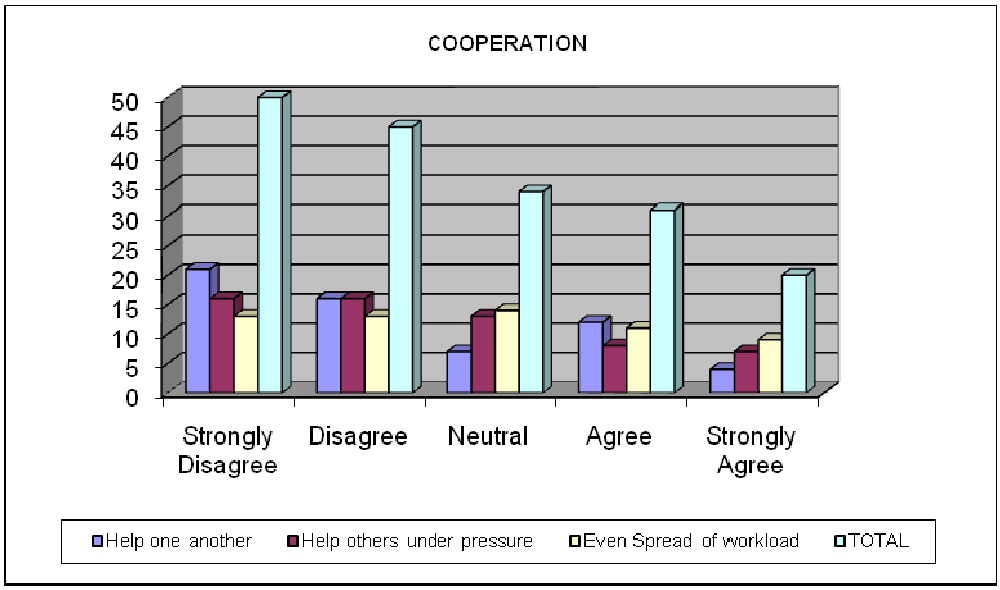
Gay (2001) argues in his study that possibilities of a wellness programme continuing are reliant on issues of consultation and involvement. His study compared two groups, where one attended a wellness programme and the other did not attend. He found that of those who attended there seemed to be an improvement in their general well-being and performance.

The researcher established that the findings of the data presented as contrasted with literature indicates that the wellness programme within the DPW is lacking in elements of consultation, and disseminating knowledge to employees about the wellness programme, what it does and also what it stands for, appears to be lacking. This is cause for concern.

Consultation about the wellness programmes and workshops as presented in the data above appears limited. There is very little evidence from the data collected which suggest that there has been enough consultation on wellness knowledge matters. Studies show that the more employees know about the programme, the better their performance, particularly where there has been employee involvement and consultation.

This is important to note in that the researcher found that there is less consultation and knowledge about wellness programmes within the unit of analysis (DPW). This will be further clarified by the presentation of data on co-operation within the workplace, in the section that follows.

Figure 2: level of Co-Operation amoungst employees in DPW



Source: Own, 2010

The graph above further illustrates that whilst there is a general concern about agreement on basic knowledge of wellness, there is also a notable concern about the level of co-operation within the DPW when it comes to wellness matters, as indicated by the light blue bar, representing the total average response on co-operation. The response by the total population suggests a lack of co-operation amongst employees as it relates to helping each other and the fair or even distribution of the workload, thus total contribution by individuals is not valued. This speaks to question 3 of the first group of questions in the questionnaire.

It is important to note that less than half of the respondents in all categories seem to think that elements of co-operation were being attended to, although 20 respondents strongly disagree, whilst 15 also disagreed, meaning that 35 participants disagree at varying levels. Only ten employees are neutral, which leaves less than five totally agreeing that there is co-operation in the unit, as reflected by the histogram. There is

also a concern about co-operation as it relates to the help that they get from others.

A high number of the respondents strongly disagree about the level of co-operation in the unit, to be specific twenty are of the opinion that there is no help amongst colleagues in terms of assisting each other with the workload, resulting in uneven spread of the workload, while fifteen feel that there is pressure at work which prevents equal workload distribution.

The two categories that agree in general about the level of co-operation in the unit are also varying in the even distribution of work. There is, however, some degree of agreement on dissatisfaction about the ability to help each other with work, with 5 per cent of respondents in agreement that there is some level of co-operation within the unit.

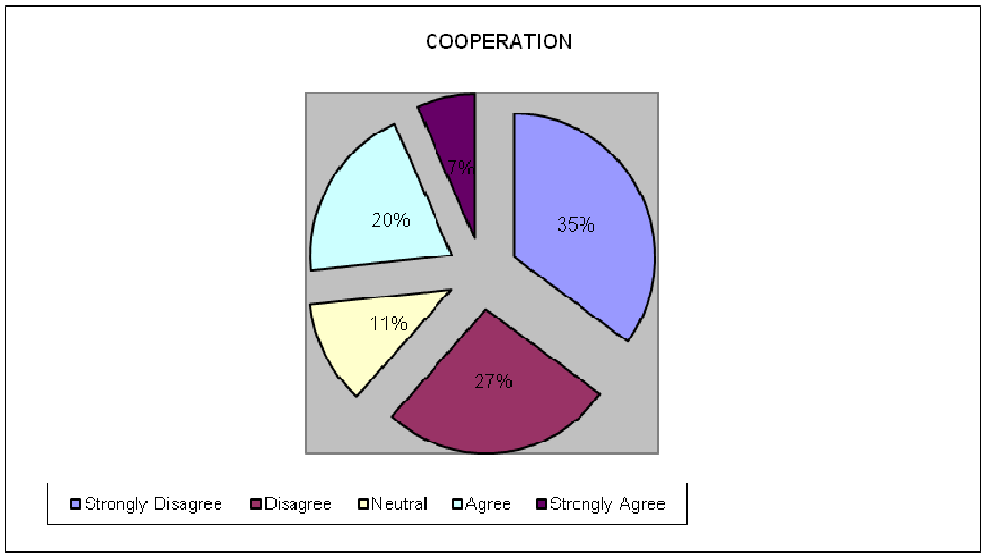
These findings are consistent with general research; for example, the Institute for Work and Health in Canada argues that the limitations of workplace health promotion programmes and co-operation can be remedied by promoting the workplace determinants of health, which address job, organizational, and work environment causes of health and wellness. Other experts use the concept of a “health-promoting workplace” to balance customer expectations, organizational goals, employee skills, and health needs.

It is important to note when speaking of knowledge about wellness programmes, there is an expectation that top management will be fully involved. However, the findings show that there is very little co-operation and involvement, this speaks to the lack of communication and role of managers and the issue of mainstreaming wellness programmes as an integral part of daily activity.

While co-operation is not knowledge, it is vital in the dissemination of knowledge on wellness programmes, thus the whole spectrum of people are part of the programmes they engage with. It presents a challenge to the DPW which will be addressed through the recommendations. Every individual's contribution towards the management of wellness of employees needs to be greatly valued to ensure that there is enough consultation.

The piechart below will further clarify the data on co-operation, as it relates to aspects of organisation and involvement. Co-operation in this encompasses all the other elements of the presented questions holistically. Badenhorst (2007) highlights the significance of ensuring clarity of presented data by careful use of visual and graphic information.

Figure 3: showing lack of Co-operation in wellness matters



Source: Own, 2010

The pie chart above represents that a of 35 percentag of employees felt that there is total lack of co-operation as it relates to wellness matters, as reflected by the blue slice - Strongly Disagree. This is followed by 27 per

cent who also joined the discontent group, indicating that they do not agree though not strongly; this thus makes 62 per cent of the employees who disagree that there is co-operation in the workplace as it relates to general wellness. This is a significant proportion since only 20 per cent agree with the sentiment that there is co-operation as it relates to wellness issues, as represented by the light blue sector. Notwithstanding what those in the neutral sector say, it is clear that statistically the general perception and feeling of employees is that there is no co-operation.

Only about seven per cent of employees agree that there is co-operation as it relates to wellness matters, and one would be tempted to seek understanding of the sphere of management they belong to and what led them to believe that there is co-operation. This is, however, outside the scope of this study. It appears there is only a small number that is not in agreement, which suggests that there is less co-operation as compared to those in agreement.

The literature is clear about work-related stress, and the key causes and the consequences have been identified, such as excessive demands and workload, lack of control and poor relationships with colleagues or managers. This indicates a strong need for greater co-operation.

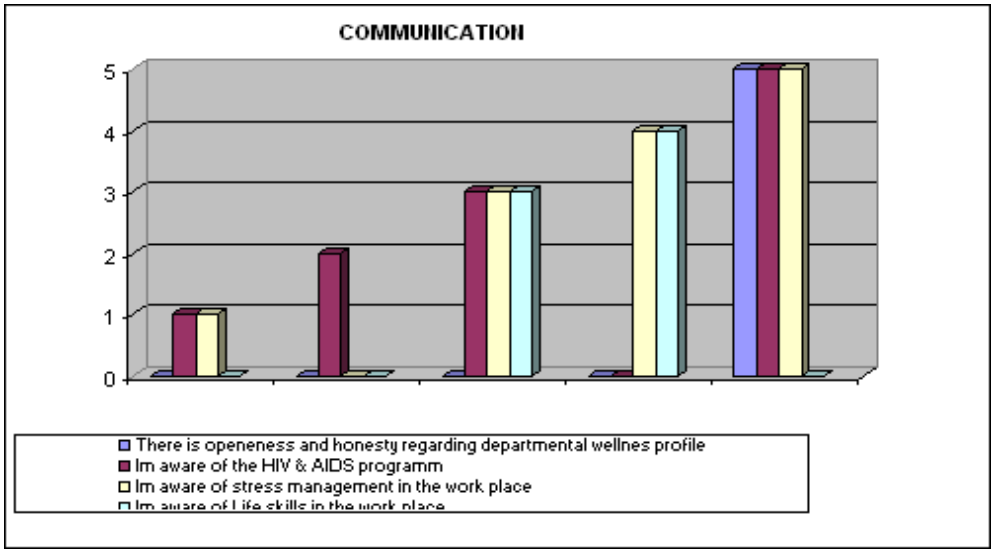
Stress produces a range of symptoms and negative outcomes for both individuals and organizations. Organizational symptoms include high labour turnover, industrial relations difficulties, poor quality control and high rates of absenteeism. For example, the Confederation of British Industry (CBI) found that ‘workplace stress’ was the second largest cause of absenteeism (Hillier, Fewer, Cann and Sherperd, 2005).

The researcher is of the opinion, based on the findings and literature, that knowledge is not, or rather should not be, limited to just knowing, since especially for members of management it should also be well

disseminated through the processes of consultation.The graph above thus gives an indication that a significant number of respondents feel that there is lack of co-operation in the section, still confirming that without management co-operation the policy implementation and awareness is likely to fail.

It is important to note that there is a tendency that while the majority of participants show concern at the low level of co-operation, one would highlight that 27 per cent of participants in the same category of management respondents feel that there is co-operation. This could be further examined and clarified through a simulcast or sync with the interviews conducted.

Figure 4: Communication on Employee Health and Wellness



Source: Own, 2010

Whilst there is evidence, as presented in the figure above, that a significant number of respondents, as reflected by the yellow bar, feel strongly about their awareness of stress management in the workplace, this is represented by the high rise of the bars in blue, red and yellow indicating that those respondents choose 5; they strongly agree with the

sentiments presented. It appears that there is largely a lack of awareness of life skills in the work place.

On the other hand, however, an average number of respondents (those who choose 3) agree on average about their awareness of the HIV/AIDS programme, but they disagree with the majority about openness and honesty regarding departmental wellness profile; this is a worrying factor, considering that the majority agree. Interestingly, a small number of respondents seem to disagree that they are aware of stress management, HIV/AIDS and about openness and honesty about the wellness programme.

Hillier, *et al.* (2005) indicates that there are many factors that affect wellness in the workplace, for example, poor working environment (air quality, noise, crowding, lack of personal space), organizational culture, bullying, and communication, and the absence of good relationships amongst employees contributes to the reduction in optimum performance.

It is interesting to note that majority and minority respondents see a lot of work to be done by the wellness unit, given that their responses show a significant lack of life skills in the work place, as reflected by the almost non-existent green bar, at 1-2 and also at 5 which indicates awareness of life skills. However, the middle bar at 3 (neutral) shows some level of awareness about life skills in the workplace.

By default the findings in this category suggest that the wellness programme of the DPW is more focussed on HIV/AIDS awareness than it is on all other stress management programmes. Serxner, Gold, Meraz and Gray, (2009) argues that the measurement of employee health management programmes should also focus on best practices with regard to the programme characteristics, and argue that integrating programs into operations, targeting several health issues, attaining high participation

levels and communicating outcomes to stakeholders is vital in the success of the programme in ensuring the best production or performance of a particular institution. It would thus be necessary for the study to reflect these aspects of best practices.

The researcher as guided by data and research would argue that if there is a communications break-down, staff is less motivated, less empowered, less focused and unclear of objectives. Research also indicates that with humans experiencing uncontrollable stress, such stress results in deterioration in their cognitive processes and diminished problem-solving abilities (Hillier, *et al*., 2005).

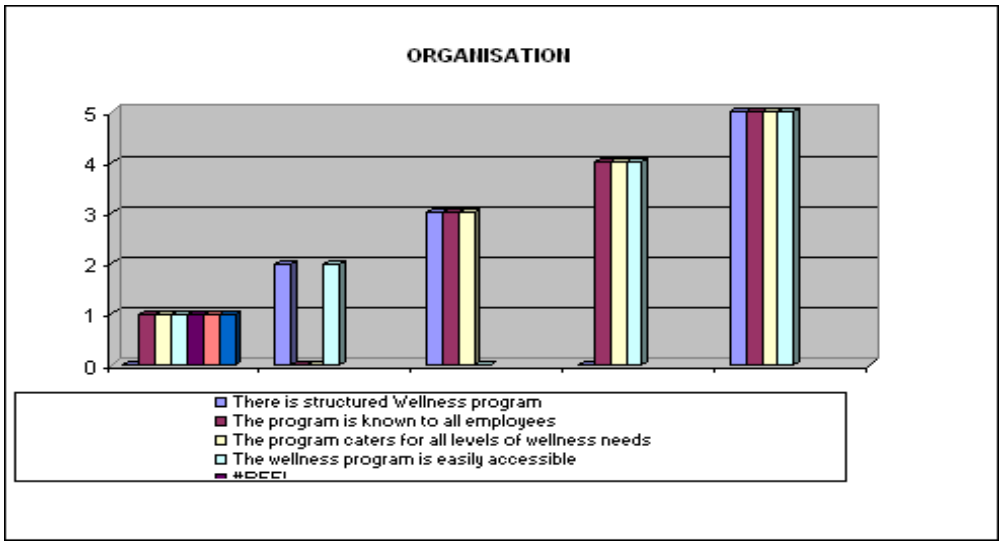
Whilst there is a need for stress management programmes, it is vital that these are properly communicated, in terms of how users go about accessing such services. The researcher is of the opinion that data shows a significant lack of focus on wellness programmes other than HIV, which is worrying in that the literature suggests that for a wellness programme to be successful, it needs to be a package that involves employees fully in the wellness areas of their work. Health promotion automatically or by default becomes an issue to be interrogated in that it relates directly to communication about programmes.

It is not likely that one part of a wellness programme can be delivered properly while neglecting other aspects. There is thus a need to attend holistically to all aspect of the wellness facets, inclusive of stress management, life skills and personal health commitment since this will all contribute to the goal of wellness programmes.

4.2.1.2. Programmes Organization and Encouragement of Effective Well-being

Below is a chart indicating the participants' responses on organization of the wellness unit in terms of the programmes that the Employee Health and Wellness unit runs, and the levels of accessibility to participate or benefit from such programmes, coupled with the knowledge of stress management, life skills and the HIV/ AIDS programme.

Figure 5: Organization of the Wellness Programme



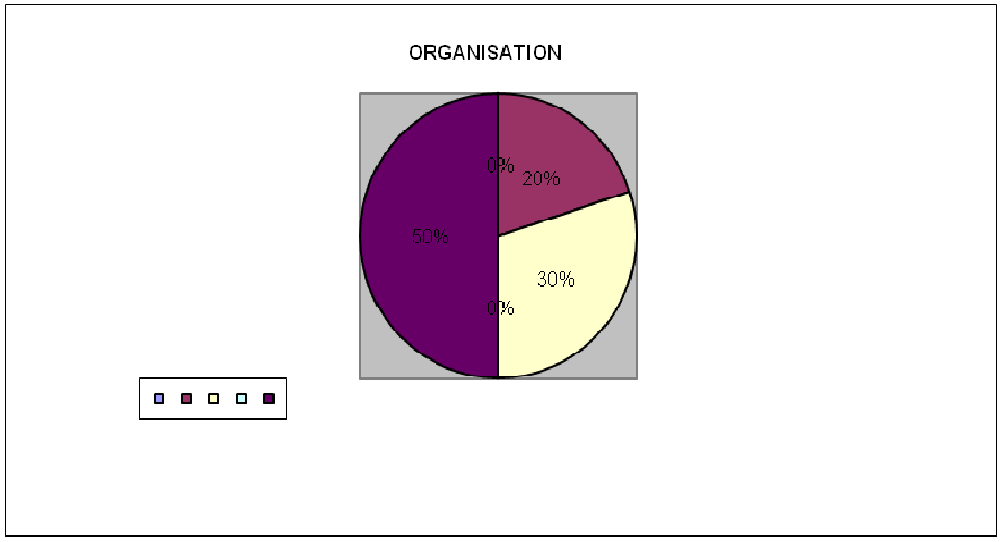
Source: Own, 2011

The graph above indicates that there is general agreement about the availability of a structured wellness programme, though at varying levels of agreement. In a scale where 1 meant strongly disagree and 5 meant strongly agree, there is some agreement that the programme caters for all levels of wellness need. The programme is easily accessible and known to all employees, suggesting that the programme is well-organized when it comes to this aspect.

Whilst the group that strongly disagreed indicated their concerns, category 2 with only 2 bars indicates the disagreement with specific reference to a structured wellness programme and difficult access to the programme, while those that are neutral (category 3) feel strongly about lack of accessibility. The general idea of the graph is that the majority (about 48 respondents) feels that the programme is organised.

However, whilst on average there is only consensus agreement on structure within the majority, regarding knowledge of the programme and its ability to cater for all levels of wellness needs, the data is incomplete. There is no consensus on the accessibility of the programme to all employees, suggesting that there is a need for the unit (EHW&P) to work on access to their services to cater for all employees. Notwithstanding, the minority view constituting about 20 per cent disagree with the sentiment presented, thus disputing issues of structure, knowledge and access, as seen by the chart at level 1 mark showing their response. One would thus summarise the findings of President Toope's UBC Health Symposium Speech (November 29, 2006) as discussed in chapter 2

Figure 6: Organisation Pie Chart



Source: Own, 2010

The figure above continues from the previous presentation of data and analysis on organisation and reflects sub-section 3 of the questionnaire; it also highlights issues on structure, knowledge and access, and this figure corresponds with the histogram to check if the responses concur. Neuman (2006) notes that when presenting data one should always have checks and balances to ensure the information and findings are accurate and not biased.

The pie chart gives an indication that 50 per cent of respondents strongly agree that the organisation encourages effective well-being, while 30 per cent of respondents are neutral and 20 per cent of respondents disagree that there is encouragement of employee well-being. Thus the 50 per cent feel their programme is structured, and generally have issues with its accessibility, as further confirmed by the histogram on organisation.

This is a contradiction of the views presented on knowledge of the wellness programme, in that with knowledge comes organisation. Such contradictions are important to note so as to help the researcher draw valid conclusions. The fact is, healthy employees are not born, but created. Large groups of well-conditioned, energetic, fit workers are not arrived at accidentally. Yet such groups do exist – at workplaces that have made a commitment to health. And though these companies may not have identical programmes, they do share some basic characteristics. They focus on preventive health, rather than back-end solutions, and they have a culture that encourages a healthy lifestyle on all levels (Gillian, 1995).

It is important to note, as Gillian (1995) explains, that a healthy company must have top management support, as must a government institution like the DPW, before wellness teams can be criticised. If a person is trying to change his or her eating habits, yet the wellness message has not reached the cafeteria staff, and not enough healthful food may be available, the researcher feels that there is a need to look at the structural

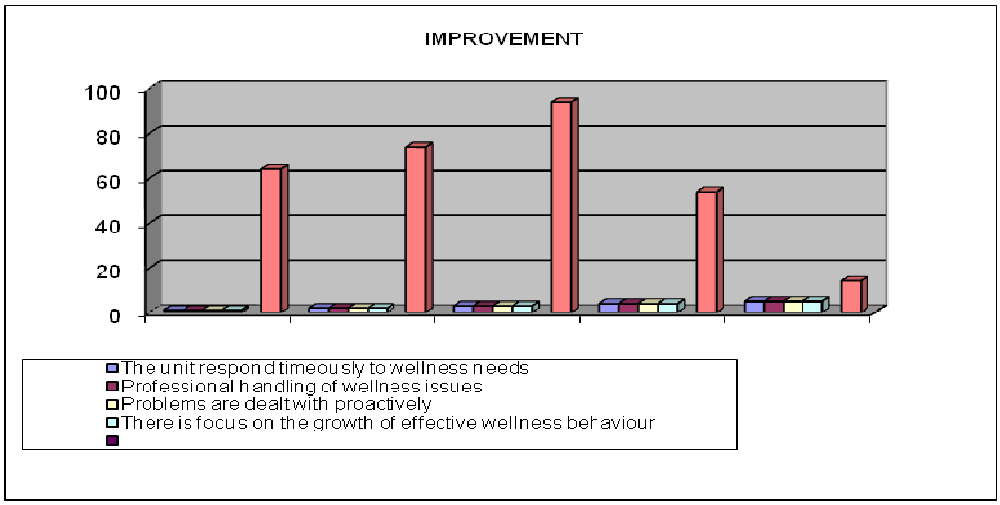
issues as these must reflect the extent of management support and the inclusion of Employee Health and Wellness as part of the strategic plan .

The findings in this category, though partly in conflict with other sections, suggests a revamp of organizational structure and placement of wellness offices, in that whilst respondents spoke up strongly on organizational support, they also indicated disappointment regarding the access, as discussed earlier. Such sentiments indicate that there is a need for organizational support but it should not be limited to support but rather include the ergonomics of the wellness offices, and whether those approaches are known to employees. Lack of access is also identified in the literature as a major challenge to implementation of wellness programmes.

4.2.1.3. Service delivery facilitation and improvement

The graph overleaf speaks to the presentation of data on services rendered by the wellness unit; it speaks of timeous attendance of cases and being proactive. The need for resources for programmes is also presented, as it speaks to the question of training and learning of new effective behaviour. Whilst wellness is not limited to counselling, the soft administrative skills in any public policy area would come in useful and help greatly in the overall perception and implementation of that particular policy.

Figure 7: Service Improvement



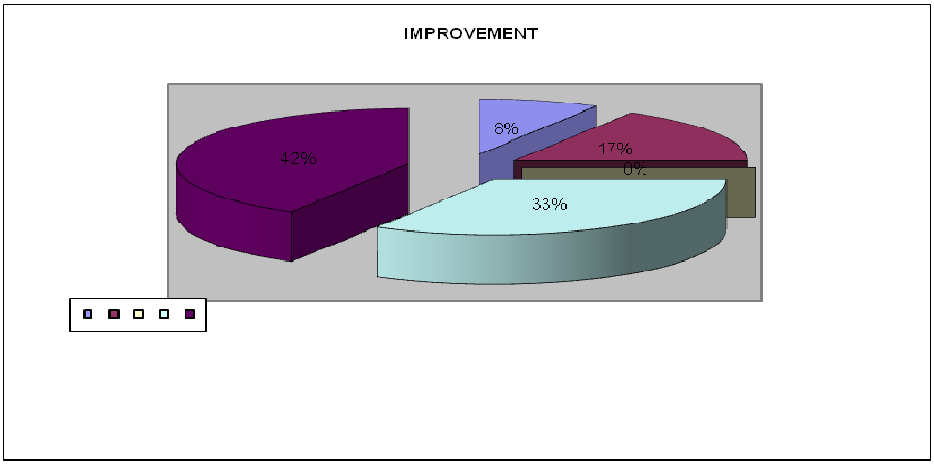
Source: Own, 2010

The data as presented here suggest that in all categories and questions from 1 to 5, less that 20 per cent of all respondents feel that the unit response in time and focus on growth and development is an indication that the unit does not deal with problems proactively. The orange bar which represents the response of each category suggest that almost 90 per cent of respondents are neutral as it relates generally to the question of service improvement, while 60 per cent and 70 per cent respectively strongly disagrees (60 percent) and disagrees (70 percent) about the issues that the subsection deals with (professionalism, growth, time and planning ahead).

To come to the specifics, a very small percentage (almost non-existent in the graph) strongly disagree that the unit responds in time and focuses on growth, though some respondents are of the opinion that even when they disagree they see practitioners in that unit not handling wellness issues professionally. This is echoed by the 85 per cent in the category of those that are neutral, who either agree nor disagree about issues that pertain to proactive responses, a focus on growth and attending to issues in time.

Surprisingly, of the group that strongly agrees, they record less than 20 per cent of the average of their score, and this is a concern since at first appearance it does not seem possible. The group that agrees though not strongly scores a 50 per cent overall rating when it comes to the issues raised (professional handling of cases, growth focus, professional handling, and attending to cases in time), from responses. The section in question shows that, while some agree on the unit's lack of response with regard to time, professional handling of cases by the unit and proactive handling of the cases, in analysis, one would find the unit not being prompt in responding to wellness needs. There is also a lack of professional handling of wellness issues. Problems are also not attended to proactively, and this could be attributed to a number of reasons, amongst them the support by management as Travis, *et al.,* (1998) indicates.

Figure 8: Improvement Pie Chart



Source: Own, 2010

The above chart indicates that 42 per cent of respondents disagree that there is improvement of wellness in the organisation, while 33 per cent are neutral, 17 per cent agree with the sentiments that the wellness team is customer-driven and that their concerns are addressed immediately. Eight per cent of respondents strongly agree that there is improvement of wellness in the organisation.

A conflict in responses is noted here in that whilst they do not agree that there is improvement they also agree that their wellness needs are being addressed. This could speak to a lot of factors, amongst them the time it takes for their managers to release them to go and consult, and also the bureaucracy of paperwork which increases the waiting period between delivery of a particular requested service versus the required administration, checks and balances to account for the whereabouts of employees.

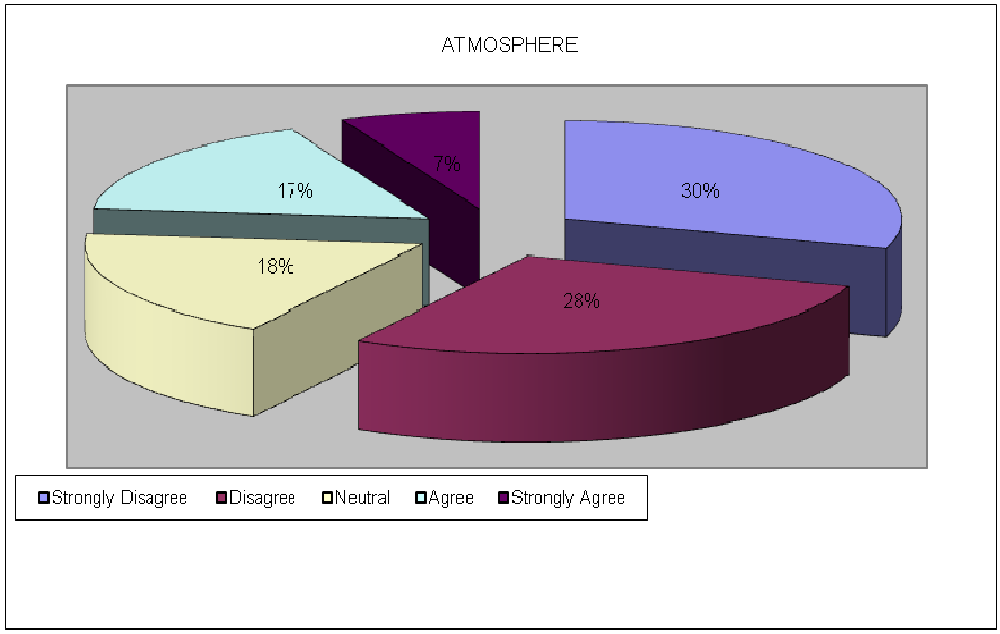
This is not consistent with Peters' (2005) view on institutions that "whilst institutionalism has to do with the thinking of individual behaviour being synchronised to form alliance or group thinking, for purposes of governing". Research focusing on the relationship between organizational justice and health suggests that perceptions of fairness with regard to attending to problems timeously can make a significant contribution to employee well-being. However, it is vital to note that the relationship of perception is central to how one feels about a service (Lawson, Noblet and Rodwell, 2009).

It is important that in the process of trying to improve a wellness programme, there should be an engagement of elements that deal with response time by the wellness unit, in that studies as quoted indicate that a perception of fairness can go a long way in changing the status quo. The professionalism of the wellness people also have relevance, as will be discussed below.

4.2.1.4 Conducive Environment

The charts or figures below speak to responses to the question of whether it is easy to approach the wellness team, thus addressing within itself the issues of the atmosphere, questions of whether the environment is conducive to effective learning of wellness behaviours, coupled with whether they believe they are treated as individuals with unique problems and dignity.

Figure 9: Atmosphere Pie Chart



Source: Own, 2010

The figure above shows a lack of an Atmosphere wherein it will be easy to approach the wellness team, where the responses show a that 30 per cent of employees (managers) identify a lack in that they strongly disagree, thus participants strongly disagree that the environment is conducive for effective learning of wellness behaviours, and employees are not afforded the opportunity to ask without being judged.

Only seven per cent of the total **sample agrees** that the environment or atmosphere is conducive, whilst 18 per cent neither agree or disagree and seem to be content with the current status quo. This is confirmed by data gathered from interviews as presented in the section below, where 28 per cent disagree, thus making the total number of employees who do not agree 58 per cent and those in agreement only making up 24 per cent. These findings suggest the uneasiness of wellness professionals to be approached and an environment/atmosphere that is not conducive to wellness behaviour.

Perception as it relates to the atmosphere of wellness is very important in the attainment of a policy objective, since employees need to feel they are seen as individuals with unique needs. The data suggests that they are not made to feel like individuals with individual problems. This is further emphasized by the literature when it suggest that a conducive environment is ideal for optimal wellness functioning and the delivery of policy objectives.

Studies suggest that an advocate programme to promote wellness is helpful when coupled with continuous marketing of the programme via communication and an offering of annual health fair. Mehmet and Joseforsky (2002) and others including Bibeau, Evans, Cathorall, Miller, Strack and Mattocks, (2009) suggest a scrutiny and engagement of the policy to ensure proper atmosphere and also that harnessing the support of management is essential in improving the atmosphere. The study found, however, that this is not the norm, thus requiring that there be a shift in policy to accommodate and promote the wellness of employees and the creating of a conducive environment.

Joan (2008) commenting on hospitals and health networks, argues that Employee Health and Wellness Programmes are increasingly focusing on

building integrated, branded, company-wide programmes focused on giving each employee the resources they need to reduce specific health issues. Many provide financial incentives to motivate workers to take steps like lowering bad cholesterol levels and controlling blood pressure, thus showing the extent to which the atmosphere is influential in seeing through the objectives of wellness.

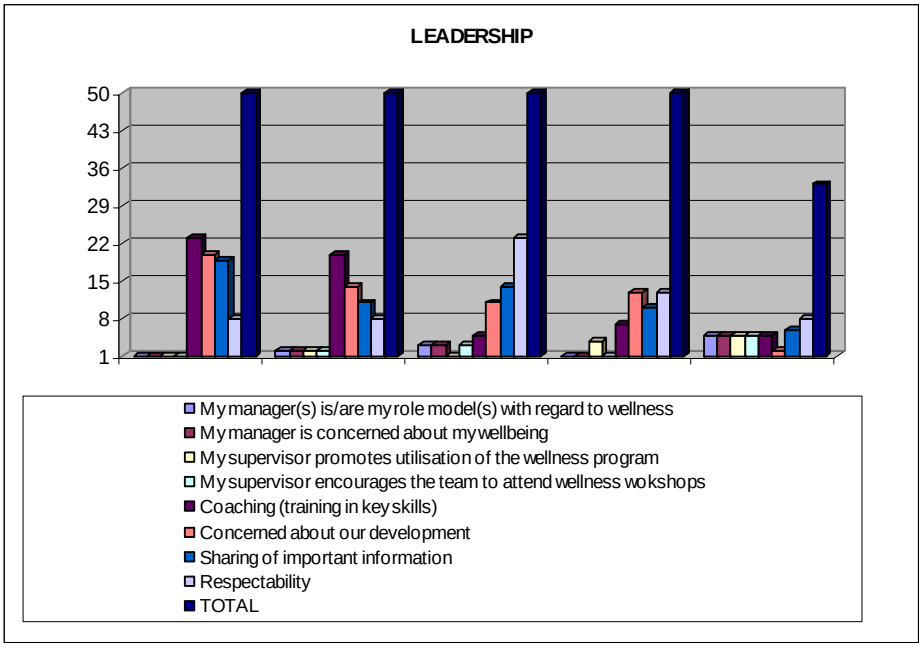
There appears to be a lack of a conducive environment, despite some level of awareness. It is suggested that other studies should be examined and contrasted with the current practice at the DPW.

4.2.1.5. Presentation of Data on Leadership

The information below speaks to the role of managers as it relates to wellness, whether they promote or encourage wellness within their respective units. Questions were posed on leadership being effective and supportive towards Employee Health and Wellness programmes, and support in terms of releasing employees to attend to wellness was also examined.

Analysis and the figure below addressed this question and contrasted it with the literature, concluding that leadership is central to performance.

Figure 10: Leadership



Source: Own, 2010

At all levels of responses in the categories 1 to 5 there is an immediate variance, which speaks to the lack of managers' concern when it comes to the well-being of their employees. This is reflected by a diminished availability of the yellow bar which indicates whether supervisors promote the use of the wellness programme. The red bar deals with aspects of development visible to all categories of responses, thus showing that managers are somewhat concerned about development. On those that chose an overall of 4 on the scale, it is interesting that there is disagreement by the majority of respondents regarding whether managers promote wellness, provide encouragement and are role models.

Whilst there is a huge concern about coaching and training in key skills, a number of respondents strongly disagree that there is coaching as compared to the extremely low percentage, where just above 3 respondents felt strongly and agreed that there is some concern with employee development. On the neutral side there are 23 participants who

felt that their supervisors encourage them to attend to wellness, but other than that, both scales of the quantum seem to score less on encouragement by their supervisors.

Whilst a large number strongly disagree that the manager is concerned about their well-being, about seven respondents felt that their managers are concerned about their well-being.

Leadership also speaks about the sharing of important information represented, as shown by the blue bar, which suggests that the majority are of the opinion that such information is not shared. It is also important to note the low responses about managers' promotion of the utilization of the wellness programme.

There is a match with qualitative data gathered from interviews, for managers seem to indicate that wellness is the job of a particular unit, and they did not see it as their job. On the contrary, the graph indicates managers as role models, who do not seem to have a problem with staff attending to wellness issues. This could be attributed to the fact that the respondents are managers themselves, thus they report to a higher authority that would be willing to release them for wellness functions.

It thus suggests a need to do a similar study but with non-managers as respondents, as this may provide very different responses. Managers thus see their mentors supporting them and as role models probably because their managers are political masters with a broader mandate who would not have a problem with supporting wellness endeavours.

Respondents do not agree that their managers are concerned about their wellbeing and that they encourage them to attend wellness programme workshops. Bibeau, *et al.* (2009) emphasizes the importance and role of leadership as it relates to wellness policy implementation. In their study of

health promotion in the public sector, they highlight the need for committees that meet regularly to give direction and leadership to the execution of wellness policies so as to maximize the potential to attain positive outcomes for employees and the organisation. Such sentiments are echoed by McPeck, Ryan and Chapman (2009) when they indicate the need for wellness to the small employer, and vividly show the benefits of management and the way to address wellness within a business.

McPeck, *et al*., (2009) goes further to highlight the importance of strong management support, which speaks to the element of leadership, that participation in the wellness programme requires leadership if it is to flourish. Similarly, Chapman, Lesch and Pappas. (2007) on the role of health and wellness, argues that coaching in health and wellness could yield better results in terms of performance, since by default a coach is basically a leader who should transfer skills and knowledge about a programme to the recipient, thus demanding of him/her to lead by example. It is important that managers adopt a similar approach.

The researcher finds that echoing policy on wellness matters such as eating habits, stress management has a lot to do with the environment within which it is provided, the support from management and their ability to act as role models in realizing wellness objectives and in aiding the institution to perform better. It thus calls for management by managers who are well and also wellness-oriented.

The section below deals with the presentation of qualitative data to further strengthen and clarify what the study intended to do with the perception of employees on wellness programmes.

4.3. Presentation of Qualitative Data

4.3.1. Demographics

The interviewees of the study as explained in the methodology section had a minimum of two years of service as managers within the Department in various units of service delivery. Seven respondents during the interviews were at the levels of Assistant Director to Deputy Director, whilst 30 per cent, to be exact three employees were directors and the remainder of 10 per cent (two employees) formed part of top management (Chief Director).

4.3.2. Presentation of Responses

This data presentation and analysis follows the format of the interview guide as attached; responses have been synchronized and grouped together.

A). *Definition and Knowledge about employee health and wellness programme in terms of Employee Health and Wellness Programme and Leave Management; Absenteeism Management*

A number of 9 employees which makes up about 80 per cent of respondents felt that the programme was helpful in dealing with leave management. With specific reference to absenteeism management, in that they identified that problems with Absenteeism could be well addressed by the programme, 10 per cent (2 employees) felt that the programme may not assist with such problems since it is just a management issue that requires discipline. This was echoed by those in top management, thus confirming what quantitative data brought up, that some employees feel strongly that the wellness programme is not easily accessible and does not respond timeously to their needs.

The other 3 employees were of the opinion that the public service lacks role models as problems of this nature can never be looked at without first engaging at an ethical level. It is interesting to note the contrast and difference in findings, for quantitative data shows that employees see their managers as role models, although most respondents seem to be conversant with issues of wellness (absenteeism).

Similarly Bowe and Ball with Gold (1992) argue that there are both possibilities and constraints, contradictions and spaces, and that the reality of policy in practice depends upon the compromises and accommodations to these in particular settings, thus our conception of policy is something that is simply done to people; although we accept that policy would differ in degree of explicit recognition of the active relationship between intended, actual and policy in use.

Hillier, *et al*. (2005) note with great concern a number of factors affecting wellness at work, amongst them stress. However, they further indicate that workplace wellness programmes have been shown to reduce health care-related costs and worker absenteeism, and also improve productivity. The researcher is of the opinion that the programme is well-known and workers can define it within the realm of absenteeism management.

Wellness knowledge is not only limited to leave management but should also address what one as an employee (individual) does with their own fitness and mental well-being (Anshel, Brintaupt and Minsoo, 2010).

Participant responses present a concern in that regarding wellness progammes, they did not mention anything that connects their knowledge of Employee Health and Wellness with their training schedule or exercise, yet the literature seems to always put emphasis on both the institutions and the employee. It suggests that their knowledge of wellness as it

relates to aspects they were questioned about, is limited to wellness as a programme.

Given the findings of this study one would thus tend to agree with Bowe, *et al.,* (1992) that policy always carries within itself confusion that is manifested in practice.

B) *Psychosocial support rendered by the Unit*

A number of 11 employees, who constitute about 98 per cent of the interviewed population, felt that whilst all practitioners are registered professionals with the knowledge and experience in dealing with wellness matters, they had issues of confidentiality and integrity as management in relation to their peers and juniors.

This is further illustrated by the view of Respondent B, (Interview November 17, 2010), An Employee who to asked if she can be dead honest before she said! She did not trust that wellness people will not tell her stories (problems) to others. Such sentiments are a reflection that they fear threat to their management status**.**

Athanasiades, Winthrop and Gough, (2008) argue that one of the factors that encouraged participants to use the staff counselling service rather than an independent mental health facility was the accessibility of the service. An extract from one of their interviews with participant 04 within their study demonstrates this: “I think my main reason was because it was more instant, it was more accessible. Like with your GP you know you have all the hassle of getting an appointment with your GP, then getting referred and then having to wait, whereas with the staff counsellor it was you know pretty immediate as I say you could ring up and see somebody the following week. So I think that was one of the main reasons why I went to see the university counsellor”.

This indicates proximity and availability, which is almost similar to an employee of the DPW who needs help from wellness. However, the difference with the current study is that there seems to be an issue with trust, not necessarily access. Whilst the two studies cannot be compared directly, there are lessons and inferences to be drawn, in that they all speak of psychological support rendered by institutional based wellness.

Smith (1992) makes an interesting contribution regarding the fact that in policy communities there are a limited number of groups which are stable over time and agree on the parameters of policy. This the researcher mentions to illustrate that whilst managers are aware of the policy on Employee Health and Wellness and its coverage of confidentiality issues, together with the remedies and penalties for not adhering to it (policy) by practitioners, they still do not trust that such availability of policy alone would suffice to protect them and also utilize the psychological support rendered by the unit. This suggests that policy knowledge and availability does not necessarily equate to policy utilization. Whilst they do not deny their knowledge of that particular policy, trust is still an issue.

Smith goes further to illustrate that there is little agreement on the nature of policy problems/gaps and how these should be resolved. There is thus little exchange of resources and no exclusions, and groups are constantly moving in and out of the policy arena. This is manifested by the reaction and response given to the question on psychological support rendered by the unit.

The importance of privacy has long been established, in that Chapman, Larry, Nancy, Baun and Pappas (2007) observe that it is vital to ensure that there is an element of trust between the person providing coaching or counselling and the person receiving it, as this would help the coaching process to be successful.

The findings in this study sub-theme are somewhat incongruent with general literature for a reason not known by the researcher. Trust emerged as an issue that needs attention, since respondents were not comfortable with their practitioners, but in an environment where all practitioners are legislated and generally respectable one would find it difficult to understand the reason behind such respondents' issues of trust since their practitioners comply fully with the requirements. This may be a good topic for further research to be done.

C). *About Wellness Awareness Campaign*

All (100 per cent) Participants were worried that such campaigns are only vocal and visible around World AIDS Day, but are silent during the course of the year. As and when they are done, the impact is good: but 'The issue is continuity and sustenance' (Respondent A Interview, 15 November 2010). Respondent A then commented that, "I am sure there must be a calendar somewhere that speaks of wellness matters, like breast cancer, smoking, alcohol and all that", in clarifying the view that there are other campaigns that the unit should be embarking on apart from HIV/AIDS.

It thus confirms the literature where it calls for return on investment in that most managers are looking for return on their investment, thus vigilance and consistency are very important (Measurement Lacking in Wellness Programs, 2009).

Similarly, studies as reflected in Juraida (2010) by Terry and Jimmieson (1999), for example, investigated the relationship between job characteristics, mental health and job satisfaction. Employees with low task variety reported poorer mental health with higher stress levels whiel employees with higher job control report greater job satisfaction Employees in jobs with poor role characteristics also report poorer mental

health, they conceptualise poor role characteristics as conditions where employees have high role conflict, and low or undefined role clarity (Juraida, 2010).

McPeck, *et al. (*2009) highlights the importance of awareness when he identifies it as a barrier to most wellness endeavours; he shows that strong positive and well-functioning wellness committees together with management support can help solve the problem of awareness. The researcher, in line with the literature, also acknowledges that literature indicates a general lack of awareness on wellness programmes and that this affects institutions, because though willing to provide services, they find it difficult to locate appropriate service providers.

Such sentiments as quoted indicate that wellness campaigns are not on their own a remedy for high stress levels and performance problems, but are dependent on the frequency as reflected by the interviews. Respondent G (Interview, November 22, 2010) indicated that if something should stay in people's minds it must occupy them and should always be in their view or attention; he further asked if the researcher had seen a poster on wellness awareness issues displayed on every floor, as he could not recall ever receiving an email on wellness other than when linked to HIV/AIDS.

This notion as presented and contrasted with literature is cause for concern, in that the literature suggest a variety of tools that should be used to ensure that people are constantly made aware of wellness matters. Such tools and means were discussed earlier in this document, it thus suggests that the wellness package of the DPW as viewed by participants is lacking in some aspects that the employees feel it should cover. This was commented on by one respondent who made mention of the aspects of wellness awareness from their head, they spoke of smoking and breast

cancer, which suggests that employees are aware of the single approach to wellness, as compared to what they know which is holistic.

D). *The Programme: Employee Health and Wellness - is it helpful in any way?*

A huge division was recorded on this question, with 55 per cent of respondents who felt it was something to comply with but not as helpful, being seen as a 'nice-to-have', while the remainder of the 45 per cent were more positive about the helpfulness of the programme. With issues around follow up, response time and budget, of those that see the programme as helpful they also have raised their concerns in that 60 per cent noted that mostly clients are seen only once by head office personnel and that is not enough, since there is a need for these people to be where the problems are, namely within various units and directorates rather than centralized (Respondent C, Interview, 15 November 2010).

Those who do not see it as helpful have cited reasons of staff discipline. Problems are part of life and one goes to work to get a salary, so if sick or troubled one should visit a doctor. Such a division the researcher noted with great concern, given that the respondents of the study were managers who have subordinates, and the researcher felt that the question should be raised regarding the kind of support that managers give their staff. This has been raised earlier during the presentation and analysis of quantitative data.

Research suggests that the most promising feature of the emerging healthy workplace perspective is its attempt to link healthy work environments with improved health outcomes for individual employees and improved business results. This widens the agenda to the entire organization, its values, people practices, work systems, and performance. While a better understanding is needed of exactly how healthy conditions

in workplaces contribute to organizational performance, this link offers the greatest potential to convince managers and business owners that investing in organizational health and wellness makes good business sense (Longwoods, 2010).

Joan (2008) indicates that healthy living means not only lower health care costs but it also more productive employees. However such findings are not confirmed, or rather are questioned by Chapman, *et al.,* (2007) in that they argue that there are limited studies that are well designed and that shows promising results at a large scale, suggesting that such interventions are only helpful with behavioural change.

The researcher would thus confirm that there are currently conflicting ideas about the value of wellness programmes in performance bo0sting, although there is notable evidence in behaviour modification which in the long term could contribute to performance. The management of wellness programmes as reflected by data in this study is key in ensuring that such programmes do what they are intended to do with regard to ROI.

E). *Feelings of Workers on Employee Health and Wellness Programme*

Interviewees felt they could not answer for everyone, but rather gave their individual feelings and opinions on the matter, where 50 per cent of interviewees felt the Employee Health and Wellness Programme is needed by woman and ‘attention seekers’; this comment being shared by male respondents, and being indicative of broader gender inequities. When follow-up was made with Respondent C (Interview, 15 November 2010) he indicated that he hoped that he would not be seen as sexist in expressing such a view.

The other 50 per cent felt that it is a good programme if well managed and did not disturb production (Respondent E, Interview, 19 November, 2010).

This respondent has highlighted issues of discipline which gets converted to wellness matters where, for example, people who come to work drunk, who, according to him should be disciplined in accordance with the departmental code of conduct.

Whilst Employee Wellness Programmes are not necessarily designed for women, it is worrying that there was a view that women benefited more than men from them. It is a concern that such thinking exists within management, in that by default all employees who are male and are managed by his particular person would find it difficult to get support for their wellness challenges. There is not much theory that addressed and dealt directly with this thinking or confirms or supports the thinking, since most research looks at the wellness question holistically.

Athanasiades, *et al.,* (2008) indicates that over the years there has been a steady growth in the use of employee assistance programmes and cites specific growth countries such as the United States and United Kingdom. It is expected to continue to increase in line with the pressures in the workplace and the demands of employees; the issue is not whether counselling has relevance to the workplace but what form it is going to take. Such sentiments indicate the positive views of employees in the United States and the United Kingdom regarding wellness programmes.

While there are concerns raised within the DPW the general view seems to be similar to others around the world about wellness programmes. Gay (2001) in a comparative study of participation in wellness, found that those who never participated declined in terms of health, whilst those who were participating felt happier and healthy. The researcher is of the view that over a period of time as and when concerns about wellness within the DPW are addressed, there is a potential to shift the view on how employees within an institution feel about the programme, taking into

consideration that studies reflect that where it was implemented successfully with proper consultation it did well.

Kumsa and Mbeche (2004) have argued that institutions and their impact on development has increasingly harnessed the idea that good governance and sustainable development are interlinked. One would apply such sentiments to suggest that good governance is inclusive of all the role-players within a policy field, and that there is a need to specifically look at the users of the wellness programme, to determine whether they are mostly utilized by women or men, and if so which of the wellness aspects appeal more to either gender, together with the benefits for each gender.

F). *Perception about Employee Health and Wellness*

The study data revealed that 100 per cent of participants viewed wellness holistically in terms of balancing physical, mental, and spiritual aspects of life. They had low utilization of health care services and high levels of self-responsibility for health promotion and health maintenance. Of those interviewed, they consider wellness primarily as an individual matter, which meant that companies should anchor the already existing behaviour of individuals. An example was made by Respondent E (Interview, 19 November) about smoking to say, "… whilst the company can encourage smokeless work environments it can only enforce the behaviour within its own boundaries, but beyond that they can only encourage, thus putting more emphasis on the individual and the company ensuring that there is a conducive environment/ atmosphere to harness the desired behaviour."

This relates to what individuals do to promote their own situation of wellness. Respondents saw wellness holistically and their perception of wellness is not only work-based, but stretches to other facets of wellness as indicated above.

Researchers on perceptions of wellness argue that a wellness programme provides significant benefits, including reduced absenteeism, increased productivity, and lower overall medical and health care costs (Anderson (1999) in Mehmet, 2002). In general, these benefits dramatically outweigh the costs of not having a wellness programme at all.

Up to 90 per cent of companies offer at least one wellness programme, but only 35 to 40 per cent of employers offer a comprehensive one. Companies are finding that health promotion can provide returns on investment in health care for employees. With the right kind of wellness programme, health claims and absenteeism begin to drop within four to six months of implementation (Mehmet, *et al.,* 2002).

Gay (2001) has noted a change in wellness perception and employees over time, as compared to those who never attended a wellness intervention. However, he also notes the issue of incentives, to indicate that incentives would largely affect the perceptions of employees about a programme. The researcher, however, felt that perceptions can be manipulated by what is on offer, should one participate in a wellness programme.

It is thus notable that respondents are somewhat subjective regarding what the benefits of a programme are before they become involved. It is therefore important that when questions about perceptions of a programme are posed, one needs not only to consider current sentiments or response to questions but also the overall picture of what their knowledge of that programme is.

G). *How Employees are made aware of the Employee Health and Wellness Policy*

About 10 employees' (90 per cent) managers simply indicated that they made employees who report to them attend the campaign but felt that they were not responsible for their awareness; this presents a challenge and a problem in that while managers are right not to be fully responsible, they should ensure that the wellness of their employees is addressed so that they can function optimally to the benefit of the organisation.

Only 2 employees (10 per cent) reported that they informed their employees of the employee wellness programmes during their normal staff development programmes. Whilst the wellness unit is expected to be responsible for ensuring that employees are aware of the policy, to some extent managers need to also assist, since the benefits of employees who are aware will help to reduce the stress levels of managers as well Respondent A, Interview, 12 November 2010).

The sentiments presented are concerning in that earlier questions on how managers are making their employees aware of the wellness programme yielded a negative result. Regarding a section of the quantitative data on leadership, respondents felt that their managers are not supporting their wellness endeavours, and it is thus useful to note here that data retrieved from interviews as it relates to this section is different from the information in a questionnaire. This indicates the various advantages and disadvantages of each of the methods or nature of research, and could be attributed to the fact that as and when there are wellness functions, such are commissioned by offices of higher authority and the average manager is not involved.

McPeck, *et al.* (2009) and Mehmet, *et al*. (2002) are quick to point to the use of electronic media, notice boards, meetings and the wellness

calendar to promote and make employees aware of the programmes offering and the benefits of participation. Such sentiments are further echoed by Anshel, *et al.* (2010) when they make a contribution to suggest that in addition one also needs to be aware of one's own physical fitness and state of mind.

Whilst there is coherence about data on employee awareness of the Employee Health and Wellness Programmes available, the researcher raises issues of consistency and availability of services.

H). *Analytical Measures in place to assess the Department's Contribution to Performance.*

It was surprising to note that none of the participants appears to be aware of the analytical measures by the DPW regarding performance, and also if there are any measure they themselves know of. This question was mostly referred in one way or the other to the monitoring and evaluation directorate, to say they could know, since it is their field.

Such sentiments suggest wellness is perceived not as part of the core or mainstream of what they are hired to do, and they see it as a side matter. Respondent C (Interview, 15 November 2010) even indicated that he has knowledge about HIV issues, but would not know if knowledge about it (HIV/AIDS) has anything to do with institutional performance.

The focus of respondents was mainly on the issues that relate to work plans and job descriptions, to say that if colleagues all do their work and there are strong monitoring mechanisms to help ensure everybody is doing their part, no-one really looked at it from the perspective of the DPW providing a conducive environment for health that could potentially improve performance. The focus remained on monitoring and evaluation

as core tools that would help or contribute to the performance of the department overall.

Research suggests, as reflected earlier in chapter two, that there is continuous interest on the part of employers to know what the return is on investment in wellness programmes. Chapman, *et al.,* (2007) indicates the need to evaluate on a regular basis, and that the timing of any ongoing evaluation activity should be influenced by the ability a programme manager has to act on the evaluation feedback.

The findings here are different in that the managers, who are supposed to manage the programme, do not see it as their role. The researcher was of the view that this is linked to their overall management function within the institution. This presented a cause for concern, since it supports the findings of Gillian (1995) which suggests that companies that are successful have made wellness an integral part of their strategic imperatives and management roles.

Agron, Berends, Ellis and Gonzalez (2010) also make an interesting argument in that in a school wellness project, it became evident that policy is or can be an analytical measure of what leads to better performance. Since the rules that apply to institutions are often the same, the researcher would thus concur and express a concern that managers are not sufficiently concerned with the aspects of wellness.

I). *The Role played by Employee Health and Wellness Programme to help improve Performance.*

About 80 per cent (9 employees) of participants were of the view that if the management of Wellness is done properly and mainstreamed within the core function of the department it will help to boost levels of performance.

It should not, however, be a scapegoat to avert discipline where this is necessary.

Twenty per cent of respondents felt that it had nothing to do with performance but rather job training and work plans that could identify the early before wellness issues emerged. Whilst there was consensus about the ability of the programme to improve institutional performance, issues that dealt with earlier needs for awareness were raised, in that there was a call to also ensure awareness of the programme and draw checks and balances to define wellness separately from any disciplinary procedures that might from time to time be employed.

One thus immediately picks up issues of power and authority, which confirms the sentiments of Ham and Hill (1993, p 73) that people's interests are what they say they are and the nature of these interests may be inferred through observation of political action or inaction. These thus posed two critical issues to consider, in that whilst the respondents agree it may help they still want to maintain that it should not override normal disciplinary process when it is due and that wellness should not mask discipline. Whether the wellness programme helps to improve service or not, they seem to be preoccupied by their ability to act in accordance with their delegated political and administrative responsibilities. The effectiveness of wellness programmes must be viewed over a long period of time with gradual trends downward in absenteeism, turnover and insurance utilization (Gray, 1996).

Research shows that Wellness is not an overnight benefit system module but depends on organizations' short term and long term strategy together with the value of health promotion for that company, the close links between stress, optimum performance loss and the quality of working life, and points towards the need for organizational intervention. Such programmes are known to increase the quality of the work environment for

people, they are not problem-driven and as a result their orientation is improving working conditions for all (Hillier, *et al*., 2005).

It is interesting to note that the literature suggests links in overall institutional performance and Employee Health and Wellness programmes. As Respondent C (Interview, November 17, 2010) specifically indicated, with or without wellness the core function of the DPW must be attended to and the rules and regulation must ensure that Wellness does not mask poor performance and lack of delivery on objectives.

This suggests that what the average manager sees might not be what an academic sees in dealing with institutional performance.

J). *The Link between Delivery of Objectives/performance and Employee Health and Wellness.*

While 79 per cent of respondents saw the link between delivery of objectives and the Employee Health and Wellness programme, 21 per cent argued that there is no link. Of the 79 per cent, 8 interviewees who saw the link emphasized that a healthy and well employee will contribute more towards the delivery of objectives and general performance of the department. However, 21 per cent were adamant that on-the-job training and knowledge of what is required is vital and key to the delivery of objectives.

This was further echoed by the respondents who indicated that an employee who is not well or is dealing with stressful issues in their personal life might contribute towards a hostile environment for work colleagues and such a person would not perform as they should. A further concern was around the absence of employees due to health reasons to indicate that their work would have to be done one way or the other, most

probably by their colleagues, thus over-burdening them and demoralizing them. This would inevitably result in poor output.

While these finding to a large extent can be synchronized with that of quantitative data, it is important to consider the issues of what this suggests or means to the average consumer of this study. Of interest is the contrast of responses as analysed in this chapter. The next chapter summarises the findings and makes recommendations.

Employee Health Management programmes can have an impact on productivity outcomes such as reduced absenteeism, reduced disability, reduced workers' compensation costs, and improved work performance. Taken as a whole, the combination of reduced health care costs and improved productivity supports the case that employee health management programmes do work.

In particular, programmes that incorporate elements of health risk assessments, lifestyle management, disease management, and broad-based health campaigns within a programme structure of communications, incentives and management support have a higher likelihood of positive return after the first programme year, depending on how the incentives are structured (Sernex, Gold, Meraz and Gray, 2009).

Wellness programmes that foster a consistent level of well behaviour, that promote increased performance, good health and profitable results, is currently receiving high acknowledgement within government agencies, both in South Africa and internationally. Organizations unknowingly face decisions surrounding wellness issues every day, as their top teams attempt to combat the daily effects of un-well behaviours that manifest in stress, bullying, discrimination, addiction, abuse, dishonesty and absenteeism (Hillier, *et al.*, 2005).

Whilst the research could be challenged, the respondents of this study agree that there is a contribution that Employee Health and Wellness programmes can make to improved performance provided there is some level of sustenance and proper organisation. This is consistent with broad wellness practice, in that there is no academic or experts who bluntly deny the value of wellness as it relates to performance.

It is thus important that an evaluator should have knowledge of the policy-making process lest important information is overlooked that will help him/her to properly evaluate the merit and worth of a policy. Evaluation studies seek to assess how well the outcomes of a policy have achieved the policy objectives. One of the issues has always been the return in monetary terms. However, the researcher is of the view that like many other psychological phenomena that could not be quantified, there is great value in well employees, and the relationship between Employee Health and Wellness as weighed against performance is suggestive of a positive link.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

The question of perceptions of employees on employee health and wellness and the level of awareness within the national Department of Public Works in Pretoria presented the main purpose for this study. Literature as reviewed speaks strongly of the need for wellness of both persons and institutions. There is, however, very little direct literature on institutional performance versus wellness and awareness of Employee Health and Wellness programmes.

The problem that the researcher attempted to understand had to do with institutional performance and the level of awareness, in that institutions where such programmes exist are expected to function extremely well. That was not always the case with the current institution of study. The study attempted to understand the problem of institutional performance, and in doing so the study looked at the relationship between wellness programmes and performance of institutions, based on the backdrop of personal observation and a lack of theory that speaks directly about institutional performance, level of awareness and perceptions of employees.

The question of the contributory value of such programmes was also addressed, whether when institutions are not performing their task, this can be linked to Employee Health and Wellness programmes. Such questions were supplemented by questions on the link between delivery of objectives and wellness programmes, and questions on the policy of

employee health and wellness as it relates to improvement of productivity within the DPW.

The study examined the perceptions of employees of the DPW as these relate to Employee Health and Wellness, the level of awareness about EH&W programmes, and their link to service delivery as it relates to policy objectives.

5.2. Conclusion

5.2.1. Introduction

There are certain conditions that are necessary for effective implementation of policies, amongst others, effective and recognized leadership, and skilled and experienced managers who are committed to their institutions. To realize policy goals, there is also a need for the policy of such institutions to be clear and simple, theoretically sound and stated in terms of desired outcomes among targeted groups or institutions.

The researcher as directed by the findings has thus come up with three critical summary themes, which speak to policy awareness, perceptions, and delivery of objective/performance of institutions; these are discussed at length below.

5.2.2. On Perceptions

Perceptions are created by impressions that develop over time through observation and interacting within the political environment with policy, thus it is vital to ensure that there is an intake (view taking) of perceptions of employees about policy matters that the employer deems vital to its objectives.

Findings emanating from data analysis of the previous chapter indicate that there is a general lack of awareness but does not suggest that there is none at all. There are issues of inconsistency about Employee Health and Wellness programmes, and that this is limited to World Aids Day. The perceptions of managers are that there is more to be done regarding access to wellness services if the DPW is to boost performance.

5.2.3. On Wellness Policy and Productivity/Performance

It is clear that for awareness of the EH&W programme to take effect there is a need for strong leadership that is effective and committed to the policy goals of any institution.

Findings suggest that there is lack of policy clarity as it speaks to issues around confidentiality and trust in the services rendered by the wellness team. It goes further to suggest that there should continuously be an inter-phase of policy with organisational objectives, to ensure that employees are aware of the available policies and how their engagement with such policies can contribute to the general objectives of the company, thus contributing to production.

Regarding the atmosphere for wellness (conduciveness of the environment) are concerning, in that they suggest that there is a need for practitioners to treat employees as individuals with dignity. On the positive side, however, it is encouraging that employees have knowledge about Employee Health and Wellness programmes, and while the level of awareness is average, there is concern over the content and presentation of the wellness programmes. There is no agreement about the availability of other workshops (i.e. stress management) other than on HIV/AIDS; although there seems to be a concern about the accessibility of wellness professionals.

While there is no direct relationship between awareness and institutional performance, a contributory link has been established, thus while wellness programmes improve service delivery, without greater awareness and consistency they will not lead to improved organisational performance.

5.2.4. On the Link between Objectives and EH & W

The researcher acknowledges from the basis of the previous chapter that there is an impact that Employee Wellness Programmes have on cost saving measures, in that it (wellness) contributes to cost saving and also contributes to improving productivity. This study also established that a measurement of programme results was not conducted to determine ROI and identify best practices.

Researchers, including this researcher, have suggested that health promotion programmes or Employee Health and Wellness programmes are popular among employers/institutions for they have the potential to lead to positive outcomes for both the employees and the organization. However, moving from public policy to local implementation or the process of putting policy into practice presents a challenge within most organizations.

Whilst is true that public organizations face different obstacles than private companies in implementing health promotion programmes, even though the same economic pressures are in evidence, it is important to closely consider recommendation of this study to help address the challenges.

5.3. Conclusion

This study concludes that the perceptions of employees about a policy matter and their level of awareness of programme objectives would contribute to improving the overall performance of an institution.

5.4. Recommendations

5.4.1. Administrative Recommendations

A particular level of organizing and co-operation between various levels of policy implementation is vital to see a programme through, thus the researcher would recommend a high level of policy networking and implementation, to implement and maintain the findings which suggest that though a particular level of awareness can be established, the perception of employees would always be determined by the incentives offered by a particular programme.

Awareness should not only be limited to being aware but should be viewed in terms of who has what power to influence who, how institutions perform their function not only on a set of wellness wheels but also on the behaviours and structure of such institutions.

The evaluation of a policy in practice or the practitioner's responses will be the outcome of contested interpretations of such policy. Thus in evaluating, it is important to look at the fact that evaluation is a way of making sense of practice for particular purposes.

5.4.2. Policy Recommendations

It is essential to consider power dynamics around the implementation of a policy and/or the interpretation, as this provides information about the perception and usage of such a programme.

5.4.3. Recommendations for Future Research

This was a study based on a population sample not fully representative of the departmental provinces, therefore the results cannot be generalized to

apply to all regions, and a suggestion is made that a more extensive survey be conducted to address any gaps or oversights in the present study. This would include coverage of all the other regions/provinces.

Further research in the field and improvement of services of wellness is an area that requires urgent attention.

5.5. Implications for the Study

There is a need for the marketing of Employee Health and Wellness programmes to maximize institutional performance. This study also presents the implications on availability of programmes versus awareness of such. The study will also help to promote an improved understanding of the true value of Employee Wellness programmes.

There is a need based on outcomes of the study for management support, because no matter how good a programme is, if management and the leadership together with users (employees) of such programmes (EHWP) are not fully committed and informed, the envisaged outcomes of that particular programme will not be realised

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APPENDICES

Appendix A

Interview Schedule

Section A: Demographics

1. What is your rank?
2. How long have you been working for public works?

Section B: Questions

1. Definition and Knowledge about employee health and wellness program in terms of:

a. Does the Programme help with Leave management (absenteeism management)? Please elaborate.

b. how is the Psychosocial support rendered by the unit?

c. what do you think about Wellness awareness campaign?

A, B, and C should be in question format

2. Do you think the programme is in any way helpful? Please motivate your answer.

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3. How do workers feel about the employee health and wellness programme? Elaborate.

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4. What are your perceptions about employee health and wellness programmes?

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5. How are employees made aware of the employee health and wellness policy?

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6. What analytical measures are in place to find out the department's contribution to performance?

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7. What is your view in relation to the role played by employee health and wellness programme to help improve performance?

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8. How is the link between delivery of objectives/performance and employee health and wellness?

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……
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public works
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Public Works
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For Enquiries: Kunke Sekgala

Mr I Makala
Department of Public Works
Organizational Development
Private Bag x 65
Pretoria
0001

Dear Mr Makala

REQUEST TO CONDUCT RESEARCH: MASTERS OF MANAGEMENT IN PUBLIC POLICY

1. Your letter dated 05 July 2010 pertaining the above mentioned matter, is hereby acknowledged.

2. The Department has decided to grant you permission to do research on the topic "Perceptions of employees and the level of awareness about Employee Health and Wellness Programmes "

3. For the purpose of the organizational development and effectiveness on service delivery as a result of good health and safety of employees in the department, you are therefore requested to submit your findings and recommendations of the research report to the Director: HRD.

4. We are looking forward to working with you in your research in the department.

5. Yours Sincerely

DEPUTY DIRECTOR GENERAL: CS
Mr. S Vukela

Date: 25/10/2010

Appendix C

Employee health and wellness Awareness questionnaire

This is a survey to assess the level of awareness about employee health & wellness within the department
The data will be used to identify ongoing opportunities for wellness training and effective behavioural growth in line with the objective of wellness program of the department
You are requested to give your honest response.
This is strictly confidential.
Please answer all the questions.
Tick the appropriate rank below

Supervisor …….. Non supervisor ……..
Directorate/sub directorate
……..

1= Strongly disagree

2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree

			defining welness		
Defining Employee health & wellness program					
Information with regard the definition of wellness program is shared	1	2	3	4	5
I have knowledge with regards to the wellness program	1	2	3	4	5
Every individuals'contribution is valued regarding wellness management	1	2	3	4	5
There is consultation and workshops on wellness matters	1	2	3	4	5

			PROGRAMMES		
Employee health & wellness programmes					
There is openeness and honesty regarding departmental wellnes profile	1	2	3	4	5
Im aware of the HIV & AIDS program	1	2	3	4	5
Im aware of stress management in the work place	1	2	3	4	5
Im aware of Life skills in the work place.	1	2	3	4	5
			ORGANISATION		
The organisaton encourage effective well being					
There is structured Wellness program	1	2	3	4	5
The program is known to all employees	1	2	3	4	5
The program caters for all levels of wellness needs	1	2	3	4	5
The wellness program is easily accessible	1	2	3	4	5
			SERVICE		
Improved service delivery is facilitated by					
The unit respond timeously to wellness needs	1	2	3	4	5
Professional handling of wellness issues	1	2	3	4	5
Problems are dealt with proactively	1	2	3	4	5
			LEADERSHIP		
Leadership is effective and supportive of wellbeing because					
My manager(s) is/are my role model(s) with regard to wellness	1	2	3	4	5
My manager is concerned about my wellbeing	1	2	3	4	5
My supervisor promotes utilisation of the wellness	1	2	3	4	5

program					
My supervisor encourages the team to attend wellness wokshops	1	2	3	4	5

ATMOSPHERE					
It is easy to approach the wellness team because they:					
Wellness team treats employees as individuals who are important with unique problems	1	2	3	4	5
All employees are afforded the opportunity to ask/relate withuot being judged	1	2	3	4	5
Wellness professionals treat employees as adults with dignity	1	2	3	4	5
The environment is condusive to effective learning of wellness behaviours	1	2	3	4	5

IMPROVEMENT					
Our wellness gets better all the time because					
wellness professionale are customer driven	1	2	3	4	5
Learning of new effective behaviour from training offered is possible	1	2	3	4	5
Work related wellness problems are addressed immediately	1	2	3	4	5
There are resources(trained counselors & budget) to develop new coping skills	1	2	3	4	5
WELLNESS					
Wellness support is effective because					

There is structured wellness support readily accessible	1	2	3	4	5
wellness service given is effective and confidential	1	2	3	4	5
wellness professional are sensitive to cultural needs	1	2	3	4	5
The professionals are easy to relate to	1	2	3	4	5