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THE MANAGEMENT OF EMPLOYEE WELLNESS PROGRAMME IN THE DEPARTMENT OF ROADS AND TRANSPORT IN GAUTENG

By

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

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Abstract

Globally, the concept of employee wellness has taken centre stage and organisations have come to the realisation that their success is greatly influenced by the health and well-being of their employees.

The study investigates the management of employee wellness programme in the Gauteng Department of Roads and Transport (GDRT).

The study aimed to explore the potential factors impacting the planning and management of the Employee Wellness Programme (EWP) in the GDRT with the view of developing a more comprehensive understanding of the programme, as the programme has been in the implementation phase for some time now.

The research method used was qualitative. The research tool utilised was an interview schedule administered to fifteen respondents representing both management and employees within the head office of GDRT.

The findings of the study indicate a lack of management participation and support in the implementation of the programme. This is mainly attributed to inadequate communication and consultation processes. The results revealed that whilst the programme is planned, employee needs for example (social and health problems) are often not factored into the process which suggests weaknesses in the consultative process.

The research recommends that management has to endorse the employee wellness programme by making it part of the strategic agenda of the Department and this includes incorporating the planning and implementation of the programme into the daily operational functions of the line managers.

Declaration

I Malebo Madikologa declare that this report is my own, unaided work. It is submitted in partial fulfilment of the requirements of the degree of Masters of Management (in the field of Public and Development Management) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination to any other University.

_____

Malebo Madikologa

March 2014

Dedication

Thanks be to God for the strength and perseverance to complete this study. A special thanks goes to my mother for sacrificing for my education. Special dedication goes to my loving husband Sizakele Ndamase, for his consideration and unwavering support along this academic journey. In loving memory of my father, I know he would have been proud. To my children, Ndinani and Luminathi your arrival coincided with the writing of this report, although I often felt like giving up, you gave me the courage to finish knowing that it is for your benefit. Finally, thank you to my family and friends for their support.

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Appreciation and sincere gratitude goes to everyone who assisted me during the period in which this study was conducted.

Special thanks goes to my supervisor, Dr. Johnny Matshabaphala for his guidance, support and mentorship and for always responding promptly.

Finally, a special thank you also goes to the management and staff of GDRT who afforded me their time and encouragement to undertake the study on their organisation.

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List of Acronyms

COIDA - Compensation for occupational diseases and injuries Act

DPSA – Department of Public Service and Administration

EAP – Employee Assistance Programme

EEP – Employee Enhancement Programme

EHW – Employee Health and Wellness

EU – European Union

EWP – Employee Wellness Programme

GDF – Gauteng Department of Finance

GDRT – Gauteng Department of Roads & Transport

GPG – Gauteng Provincial Governments

HIV & AIDS – Human Immune Virus & Acquired Immune Deficiency Syndrome

HOD – Head Of Department

HR – Human Resource

ILO - International Labour Organisation's

MEC- Member of Executive Committee

MMS – Middle Management Service

NMS – Non Management Service

SHERQ - Safety, Health, Environment, Risk & Quality

SMS – Senior Management Services

TB – Tuberculosis

WHO – World Health Organisation

CHAPTER ONE

1. INTRODUCTION TO THE STUDY

1.1 Introduction

Increasingly, many organisations are turning to employee wellness as a strategic tool to motivate and retain skilled employees, enhance productivity and to reduce the costs associated with high absenteeism and staff turnover. No organisation can thrive without healthy and committed personnel. As the size of the workforce increases, so does the focus on employee wellness issues.

According to Steinman (2009) the 1970s introduced a paradigm shift and a different model of Employee Assistance Programme (EAP) emerged. This shift entailed providing a broader based range of services to employees which ranged from alcohol abuse treatment, marital financial and many other support services. Dickman & Challenger (2003) states that during the 1980's, the approach to employee health and wellness again changed to that of Employee Enhancement Programmes (EEPs).

The EEP followed a preventive approach by concentrating on stress management, holistic health concepts, and other addictive problems such as smoking, overeating and overworking. It purported that if stress was controlled and employees were taught healthy lifestyles, such problems as those dealt with by EAPs might be prevented (Dickman & Challenger, 2003). Today, EWPs are implemented with a focus greatly similar to that of EEPs, but incorporating new thinking from the realm of positive psychology.

A range of factors are responsible for the growing importance of employee wellness programmes in the work place. These include the global spread of HIV/Aids, the high cost of recruitment and retraining; the need to align human resource plans with organisational strategy; the changing composition of the workforce as a result of diversity (Cascio, 2006).

In the public sector the Human Resource White Paper of 2000 stipulated a commitment to a total wellness programme for all employees. Despite these fine intentions and overt commitment, programme development and implementation have been filled with difficulties. Some of these difficulties appear to be linked to an inability to customise some of the international experiences into a uniquely South African environment.

This research is inspired by the need to explore the implementation of the wellness programme in the GDRT with a view to determining the factors impacting on the planning and management of this intervention.

1.2 Background

The era of globalisation has brought about a lot of volatility within the workplace that has resulted in many organisations moving towards more flexibility by either expanding or shrinking their workforce to correspond with shifting production and service demands. These technological changes have resulted in many job losses and have therefore increased job insecurity. Many organisations, as cited in Rothmann (2003) have implemented mechanisms that endeavour to reduce costs and increase productivity, however this many- a- time has been at the cost of the welfare of their people.

According to Trevor, Ristow, Ristow & Pearse (2008), the competitive advantage of an organisation no longer lies with its products or technology but its human resources. To be successful, organisations need to establish a competitive advantage by realising intellectual capital from their human resources. Given this, managers need to strive towards congruence between the needs of the organisation and the needs of the individual. Employee wellness programmes are therefore a response to the unique needs of people in the workplace.

Organisations have taken increasing cognisance of the important relationship between employee well-being and improved productivity (Rothmann, 2003). Furthermore, Moeller-Roy (2005) argues that for businesses, big or small, the wellness of their employees makes all the difference to the profit margin, to employee loyalty and to company growth.

There is an increasing need for employees to strike a balance between private and work life. Flexible work practices and access to counsellors empowers employees to be better equipped when dealing with psychological challenges. The prevalence of HIV/AIDS, stress related illnesses and diseases cannot be ignored; therefore society at large needs to find measures that will enable it to cope. Employee Wellness is a proactive, dynamic process whereby the individual and the group become aware of their life choices and "response-ability", and then take the decision to lead a life that promotes wellness. Moeller-Roy (2005), states that Employee Wellness is a conscious and continuous process leading towards the enhancement of individual, organisational and community health and wellbeing. According to Andrew (1999) the purpose of implementing wellness programmes in an organisation is to create an awareness of wellness issues, to facilitate personal change and health management and promote a healthy and supportive workplace.

1.2.1 Socio-economic factors

The World Health Organisation's Global Plan of Action on Workers Health 2008-2017 states that "*workers represent half the world's population and they are major contributors to economic development. It calls for effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services. Work is central to people's well-being, in addition to providing income; work can pave the way for broader social and economic advancement, strengthening individuals, their families and communities".*

The International Labour Organisation's (ILO) Promotional Framework for Occupational Safety Convention No.187 June 2006, provides for the creation of a National Policy on occupational safety and health; this incorporates a National System for Occupational Safety and Health; a National Programme on Occupational Safety and Health; and a National Preventive Safety and Health culture in which the right to a healthy and safe environment is respected at all levels. In accordance with the ILO Promotional Framework, the public service seeks to develop policies, systems, programmes and a preventative culture to promote the wellbeing of public servants. Both personal and workplace factors influence overall wellness and employee performance. Since 1950, the ILO and the World Health Organisation (WHO) have shared a common definition of occupational health.

1.2.2 Emergence of employee wellness, an international overview

In Europe, three developments in the early 1990s gave rise to an increased need for practical ways for managers to prevent and manage work stress, namely an increasing incidence of occupational stress, requirements of European and national legislation and an increase of employee litigation (Geurts & Grundemann, 1999). In 1989, the European Commission published its "Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work" (Geurts & Grundemann, 1999). These requirements had to be made into laws in each of the member states of the European Union (EU). The directive required employers to avoid risks, to evaluate the risks which cannot be avoided, to combat risks at their source, to keep themselves informed of the latest advances in technology and scientific findings concerning workplace design, and to consult workers and their representatives and allow them to take part in the discussions on all questions relating to safety and health at work.

1.2.3 Development of EAPs and employee wellness in South Africa

EAPs in South Africa only started to emerge in the 1980s, and the emergence of Employee Wellness programmes in South Africa is a relatively new development. The development of EAPs in South Africa was initiated by the Chamber of Mines of South Africa, when a feasibility study was carried out in the mining industry in 1983 by a consultant appointed by the then Chamber of Mines of South Africa (TerBlanche, 1992).

According to Maller (1988), the economic crisis of the eighties generated a profound interest in measures that boost labour productivity, both as a means of reducing costs and as a means of increasing profitability levels. Maiden (1988) argues that EAPs in South Africa are modelled after programmes in the United States and were introduced to South African work organisations by social workers and psychologists who had studied programmes in the United States.

The South African Employee Wellness Programme model revealed a more "psycho-social" focus as opposed to the clinical model that the USA embraced. With its high level of crime, South Africa was also bound to develop a model that can deal with stress and trauma management.

1.2.4 South African legislative framework

Employee Wellness Programme in South Africa operates within a specific economic and organisational context. Specific legislative imperatives have been put in place to provide guidelines on Employee Wellness Programme (EWP).

Government has also outlined in terms of its key strategic priorities, the creation of decent work. The Public Service seeks to contribute to the decent work agenda to achieve sustainable development that is centred on people. Decent work is a key element to build fair, equitable and inclusive societies being based around the principles of employment creation, workers' rights, equality between women and men, social protection and social dialogue. This agenda addresses the four priority areas of

tackling unemployment, underemployment and poverty; the role of social protection in poverty-reducing development; social exclusion and the effects of HIV & AIDS; and tackling HIV & AIDS in the world of work (Steinman, 2009).

Furthermore, government has introduced a policy on (Employee Health and Wellness Strategic Framework for the Public Service) in 2008, that will serve as a broad guide for the implementation of the EWP. This policy specifically provides line departments with guidelines on Wellness Management Policy and how to implement Wellness Management programmes in the workplace. Practically, the policy seeks to strengthen and improve the efficiency of existing services, programmes and infrastructure and introduce additional interventions based on recent advances in knowledge (Steinman, 2009).

As indicated above, employee wellness is governed by certain key legislative and policy imperatives that inform its implementation. The (White Paper on Human Resources of 2000) stipulates a commitment to a total wellness programme. Employee Wellness is guided by the following legislation; The constitution of the Republic of South Africa; (Act No 108 of 1996), the legal framework for employee health and wellness management; Occupational Health and Safety Act, No 85 of 1993; Compensation for occupational diseases and injuries Act (COIDA) Act No 130 of 1993; Employment Equity Act No. 55 of 1998; Basic Conditions of Employment Act No. 75 of 1997, Labour Relations Act No. 66 of 1995, National Policy for Health Act, (Act No 116 of 1990), HIV/AIDS Policy (Steinman, 2009).

1.2.5 Employee health and wellness strategic framework

As the South African Public Sector shifts towards results-based programming, the employee health and wellness framework is a strategic means to incorporate the integration of employee health and wellness perspectives into the Government's National Programme of Action (Department of Public Service and Administration (DPSA), 2008). The health and wellness framework proposes four functional or key

pillars for implementation of health and wellness programmes. The four functional pillars or strategic programmes of action comprise:

- Pillar 1: HIV&AIDS and TB Management
- Pillar 2: Health and Productivity Management
- Pillar 3: Safety, Hygiene, Environment, Risk and Quality (SHERQ) Management
- Pillar 4: Wellness Management

The Implementation of the Employee Health and Wellness (EH&W) Strategic framework will be realised through the development and implementation of specific policies, programmes, and monitoring and evaluation plans to ensure optimal health and wellness of government employees (DPSA, 2008).

1.2.6 Overview of the EWP for the GDRT

The vision of GPDRT is a "World-class roads and transport infrastructure networks and systems that facilitate seamless mobility of goods and people within Gauteng". GPDRT aims to provide an environmentally sustainable road infrastructure and integrated transport systems and services that are reliable, accessible, safe, and affordable which promotes socio-economic development in Gauteng (GPDRT, 2012).

The Gauteng Provincial Government (GPG) has headed the call for an EWP and the Gauteng Department of Finance (GDF) is the custodian and convenor of the EWP. GDF is responsible for coordination of the wellness programme, including development, implementation and monitoring of the programme strategies and policies in the province. A forum has been established to come up with a single approach for the development and implementation of EWP for all Departments of Gauteng Province.

The political and strategic mandate of the GDRT is to contribute to achieving the GPG priorities for the 2009 to 2014 term of governance. The Department's strategy highlights 5 key strategic focus areas; Key amongst these priorities is the overall socio-economic growth and development of the Province. The GDRT fulfils its

mandate through the advancement of the Road and Transport Infrastructure and Systems.

The GDRT established a unit that is responsible for the coordination of employee wellness. The unit developed its own EWP which provides a wide range of health and wellness services. The objective of the EWP is to assist the GDRT as an employer in addressing productivity issues and employees in identifying and resolving personal problems that may affect job performance and promoting the overall well- being of employees.

1.3 Problem statement

Although there is a unit within the GDRT that deals specifically with employee wellness issues, however no attempt has been made to determine how the wellness programme is being managed and implemented. Since the inception of the programme in 2008, it has never been ascertained whether employees in the GDRT need an internal, external, combination, broad-based or integrated employee wellness model. As one of the critical managerial tasks, employee wellness programmes need to be planned, executed and monitored properly to ensure optimal benefits for employees and the organisation (Torrington, Hall & Taylor, 2005).

Importantly, Grobler, Warnich, Carell & Elbert (2006) argue that to a greater degree, the effectiveness of an organisation depends on the effectiveness of its employees. Without a high quality labour force, an organisation is destined to render mediocre performance. The growing importance of employee wellness programmes suggests that wellness issues need to be reflected in the four functions of management, namely planning, organising, leading and controlling to ensure success. More is said on this point under the literature review in section two. Given this, it is therefore important to establish whether the wellness programme in the GDRT is being implemented and managed in accordance with the government's Employee Wellness

Strategic Framework guidelines, and whether employees derive any benefits from this intervention.

1.4 Purpose statement

The purpose of this research is to explore the potential factors impacting on the planning and management of the EWP in the GDRT. The study will present findings on how the GDRT can handle the EWP and recommend ways in which internal planning and implementation processes can be improved to ensure its success.

1.5 Research questions

The key questions that the study seeks to address are:

a. What factors impact the planning and management of employee wellness programmes in the GDRT?
b. What are the strategies for consideration in the management of EWP in the GDRT?
c. What are the experiences of employees concerning the wellness programme?

1.6 Outline of chapters

- **Chapter 1: Introduction to the study**

This chapter introduces the study, outlines the background, defines the research problem and highlights the purpose, scope and significance of the study.

- **Chapter 2: Literature review**

Chapter two reviews literature pertaining to the EWP's key concepts, theory and conceptual frameworks are also presented in this chapter.

- **Chapter 3: Research methodology**

This chapter described the research methodology underpinning the study. It presents and justifies the research approach design, and the data collection and analysis tools.

- **Chapter 4: Presentation of findings**

In this chapter, the findings of the study on the factors impacting planning and management of the EWP in the GDRT will be presented and explained based on the inputs of respondents.

- **Chapter 5: Analysis of findings**

This chapter provides an in-depth analysis of the research findings in order to determine their meaning regarding the factors that impact the planning, implementation and management of the EWP in the GDRT.

- **Chapter 6: Conclusions and Recommendations**

This chapter will reflect on and draw conclusions on the main findings of the study as they relate to the research topic. Next, possible solutions will be recommended to help improve the implementation of the EWP in the GDRT.

1.7 Conclusion

This section explained the background and goal of the study. As discussed, the study aims to uncover the potential constraints which affect the planning, execution and management of the EWP in the GDRT. The high cost of absenteeism, replacement, retraining and occupational accidents underlines the growing importance of wellness programmes in the workplace. The study will therefore deepen understanding of the

factors experienced by the GDRT in planning and managing its employee wellness programme. The next section is concerned with literature review.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Introduction

This section is concerned with literature review. Since Employee Wellness is a managerial function, it will be helpful to review this concept within the management context. This warrants a look at management theory and the four functions of management, namely planning, organising, leading and controlling. From this angle, it is possible to learn what employee wellness is about and how it fits into the decision making process as a daily management activity. The review also highlights the key lessons from the management literature and how these relate to the goal of the study which, as indicated previously, is to explore the implementation of the EWP in the GDRT.

According to Neuman (2006), the purpose of a literature review is, among other things, to demonstrate a familiarity with a body of knowledge and establish credibility; to show the path of prior research and how a current project is linked to it; to integrate and summarise what is known in an area; and to learn from others and stimulate new ideas. Complementing this view, Terreblanche & Durheim (1999) argue that the process of literature review includes identifying potentially relevant sources, an initial assessment of these, thorough analysis of selected sources and the construction of an account integrating and explaining relevant sources. Based on these explanations, the literature review process follows next.

2.2 Definition of key concepts

Wellness

Reese (2001) defines wellness as a self-awareness process of health and changing behaviour towards a healthier physical, mental, emotional, psychological, occupational and spiritual state. Similarly Myers, Sweeney & Witmer (2000) describe wellness as “a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community.

Employee Wellness

Thompson (1997) suggests that employee wellness is characterised by a strong sense of personal responsibility that is also characterised by the intentional choice for a healthier life and a balance of physical, mental, emotional and spiritual health.

Health

The World Health Organisation (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (Schafer, 2000).

Management

According to Kroon (1990) management is a process whereby people in leading positions use human and other resources as efficiently as possible in order to provide certain products and/or services, with the aim of fulfilling particular needs and achieving the enterprise’s goals.

Koontz & Weihrich (1988) further define management as “the process of designing and maintaining an environment in which individuals, working together in groups, efficiently accomplish selected aims.”

Similarly, Hellriegel & Slocum (1989) define management as the art of getting things done through other people and other organisational resources.

2.3 Theoretical framework

According to Koontz and Weihrich (1988) in management the role of theory is to provide a means of putting together significant and important management knowledge. Theories are perspectives with which people make sense of their world experiences. This research draws from the classical, humanistic, systems and contingency perspectives as a basis for understanding the conceptual framework for wellness.

2.3.1 Classical approach

According to Daft, Kendrick & Vershinina (2010) the classical theory emerged as an earlier study of management that emphasised a rational, scientific approach to the study of management and sought to make organisations efficient operating machines. Proponents of this perspective were amongst others Frederick Taylor who advocated for scientific management which supported the specification and measurement of all organisational tasks. Tasks were standardised as much as possible. Koontz, O'Donnell & Weihrich (1986) points out that Taylor's main concern was ensuring that there was increased productivity through greater efficiency in production and increased pay for workers using scientific methods. On the other hand Max Webber supported the notion of bureaucratic organisations which focused on dividing organisations into hierarchies, establishing strong lines of authority and control.

Another major contributor to this perspective was Henri Fayol who supported the concept of administrative principles (Hodgetts, 1990). According to Koontz, *et al.,* (1986) Fayol's theory was based on the division of industrial activities into six groups namely; technical, commercial, financial, security, accounting and managerial. He further on developed fourteen management principles pointing out that these are flexible not absolute and should be used regardless of changing conditions. These are amongst others, authority and responsibility, unity of command, scalar chain and esprit de corps. Fayol regarded the elements of management as the functions of planning, organising, commanding, coordinating, and controlling (Koontz, *et al.,*

1986). Similarly, Cole (1990) makes a contribution that issues such as division of work; the establishment of a hierarchy of authority, and the span of control were seen to be of the utmost importance in the achievement of an effective organisation.

Ivancevich, Donnelly & Gibson (1989) argue that much as the classical approach has identified management as a discipline that should be practiced according to principles that managers can learn, its major short coming is that most of its insights are too simplistic for today's complex organisations which are characterised by a changing environment and changing worker expectations. Much as this theory has made important contributions to management, this approach therefore falls short in dealing with the people aspect of an organisation. Hodgetts (1990) points out that most of the scientific management theorists were of the view that money was the utmost motivator for workers. This was illustrated through the development of incentive payment plans such as Taylor's differential piece rate.

Based on the above, the researcher is of the view that the classical theory which focuses on increasing productivity and efficiency following specific procedures, therefore fails to pay attention to issues of employee wellbeing which often translates into improved productivity. This approach views employees as a means to get work done as machines gave no consideration to their physical, psychological and social well-being.

2.3.2 Humanistic approach

Cole (1990) suggests that the fundamental idea behind the human relations approach to management is that people's needs are the decisive factor in achieving organisational effectiveness and the satisfaction of people's basic needs is key to increased productivity. Similarly, Kreitner (1986) argues that advocates of the human relations approach point out that people deserve to be the central focus of organised activity and managers need to be more sensitive to their employees' needs. This perspective was advocated by Elton Mayo and later Abraham Maslow built on this

work through his theory of motivation based on the hierarchy of human needs ranging from basic physiological needs to higher psychological needs such as fulfilment.

2.3.2.1 Maslow's hierarchy of needs

Maslow proposed that people are primarily motivated by their needs. Maslow believes that people strive to reach their maximum level of potential. He proposed that motivation is a function of five basic needs, namely, physiological, safety, love, esteem and self-actualisation (Kreitner, Kinicki & Buelens, 2002). These needs can be depicted in the figure below.

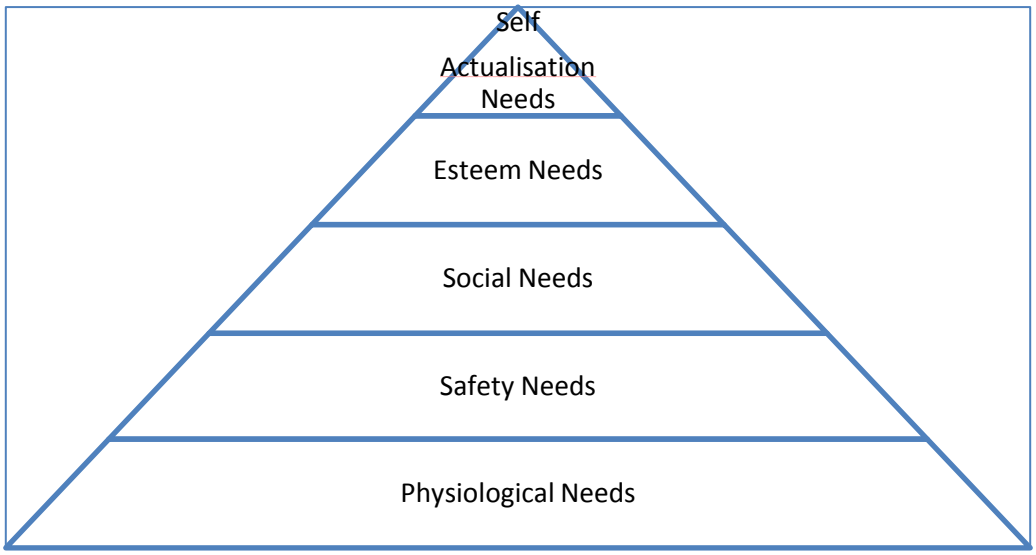


Figure 1 Maslow's Hierarchy of needs (adapted from Kreitner et al 2002)

According to Ivancevich & Matteson (1999) Maslow's hierarchy of needs stipulates five fundamental needs that must be fulfilled in triggering the motivation levels of employees and ultimately improves the overall performance of the organisation. Maslow (1970) further adds that security and food are the most basic and important needs that should be fulfilled first before moving to other complex needs such as

self-actualisation. Having good nutrition forms the basis of healthy living which can translate to proper weight management.

According to Steers, *et al.,* (1996) individuals attend to needs in a sequential fashion, moving from the bottom of the hierarchy towards the top, as the lower level needs are satisfied. Maslow (1970) argued that lower level needs must be satisfied, before higher level needs are activated. Only unsatisfied needs can influence behaviour, those that are satisfied do not motivate.

2.3.2.2 Alderfer's ERG Theory

Ivancevich, Konopaske & Matteson (2011) assert that Alderfer is in agreement with Maslow that individual needs are arranged in a hierarchy, however, his proposed hierarchy is made up of three sets of needs: these are depicted in the figure 2 below:

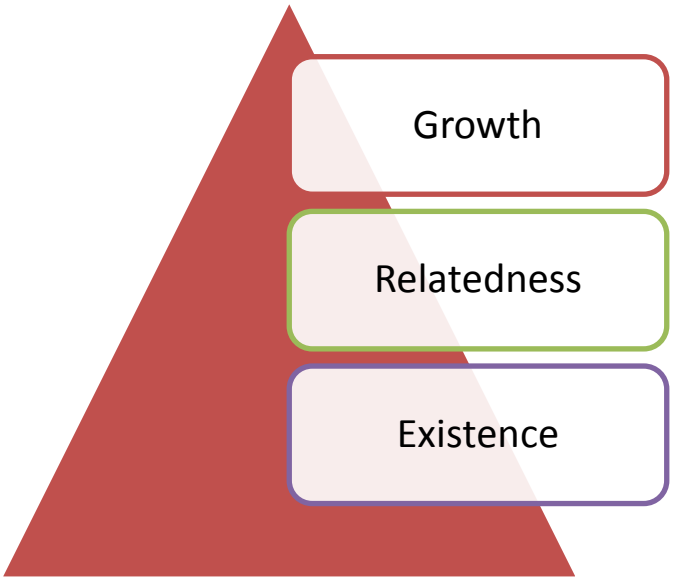


Figure 2 Alderfer's ERG Theory Source: Own

Existence: needs are satisfied by factors such as food, air, water, pay, and work conditions.

Relatedness: needs are satisfied by meaningful social and interpersonal relationships

Growth: needs are satisfied by an individual making creative or productive contributions.

According to Ivancevich, *et al.,* (2011) there are similarities in terms of needs as proposed by Maslow in that the existence needs correspond to psychological and safety categories, whereas the relatedness is similar to the social and belongingness category and lastly the growth needs matches with the self-actualisation category.

Ivancevich, *et al*., (2011) suggests that Alderfer's ERG explanation of motivation provides an interesting suggestion to managers about behaviour. If an employee's higher-order needs e.g. growth are being blocked, maybe because of company policy, then it's in the manager's best interest to redirect the employee's efforts towards relatedness or existence needs by assigning him or her to projects with desired co- workers.

2.3.2.3 Herzberg's Two Factor Theory

According to McLean, *et al.,* (1996) Herzberg based his ideas of motivation on two factors: hygiene and motivator. Hygiene factors are extrinsic and they determine the environment that work takes place. When these factors (e.g. money, status, conditions of work, job security etc.) emerge on a continuum they determine the adequacy (where employees are satisfied) or inadequacy (where employees are dissatisfied) of the work place (McLean, *et al.,* 1996). Hygiene factors do not produce job satisfaction; they simply produce good working conditions that provide good hygiene.

Motivational factors are intrinsic, thus different for each individual (e.g. recognition, acknowledgement, development etc.) and they are associated with work itself. In their

absence work is regarded as unsatisfactory and when they are present work is regarded as satisfactory.

According to Hellriegel & Slogum (1989) one of the shortcomings of the human and behavioural approach is the assumption that workers are motivated by social needs and obtain a sense of identity through their association with each other, this does not always hold in practice. Improving working conditions and managers relations skills does not always increase productivity, economic aspects of work are still important.

Much as this theory begins to view the employee as a unit of analysis and their contribution within the work environment, the researcher is of the view that it tends to neglect other organisational principles such as the importance of planning and organising leading to increased organisational effectiveness. Furthermore the theory alone does not assist managers to properly address issues that are related to health and wellness e.g. absenteeism, health related illnesses such as HIV/AIDS, and stress, as its focus is more on behavioural change and how employee's needs drive organisational effectiveness. The focus on the psychological needs of this approach fails to recognise other wellness dimensions as contributors to holistic wellbeing that can result in employee improved performance.

2.3.3 Contingency approach

The contingency approach became the new line of management theory. Kreitner (1986) points out that contingency approach is an effort to determine through research which managerial practices and techniques are appropriate in specific situations. In essence the application of various management tools and techniques must be appropriate to the particular situation, because each situation presents the manager with its own problems. Koontz, *et al.,* (1986) points out that the contingency view emphasises that what managers do in practice depends upon a set of circumstances The contingency approach has three characteristics namely; an open systems perspective gives attention to how organisational sub systems combine to

interact with the outside social, political and economic systems. The second characterisation is a practical research that will ultimately lead to more effective on the job management and the last one is a multivariate approach which is used to determine how a combination of variables interacts to cause a particular outcome. The contingency approach argues that people, organisations and problems are too complex to justify rigid adherence to universal principles of management (Kreitner, 1986). A major critique of this approach is that it overlooks the primary reason why management exists in the first place which is of course to make a difference for the betterment of an organisation.

2.3.4 System approach

According to Daft, *et al.,* (2010) the systems theory is an extension of the humanistic theory that describes organisations as open systems characterised by synergy and subsystem interdependence.

Assumptions of the systems theory are based on the fact that people are whole units. The psychological state of an individual cannot be separated from the emotional, social and cultural contexts (Rothman, 1996). Adams, Bezner & Steinhardt (1997) argue that the wellness of an individual interacts with or depends on the bigger context within which the person functions which means that one dimension or subsystem of an individual e.g. work interacts with all other dimensions such as the physical and emotional elements. This interaction and interdependence suggests that wellness should be understood from a holistic and systematic view.

Koontz & Weihrich (1988) suggest that when managers plan, they have no choice but to take into account external variables such as markets, technology, social forces and regulations.

Judging from above, the researcher supports the open systems approach which argues that there is no one theory at present that can guarantee the effectiveness of

an organisation, rather management has to select a mix of theories which seem to meet the needs of the organisation and of its employees (Cole, 1990). It is clear from the researcher's point of view that the human relations theory can be a foundation for understanding wellness; however it should be integrated with other theories to have a holistic perspective in relation to wellness.

2.4 Principles of Management

The traditional functions of managers in organisations include planning, organising, leading and controlling. These functions overlap and they are performed interchangeably on a daily basis. The success of wellness programmes, therefore, largely depends on proper execution of these functions. What follows next is a discussion of how these management functions relate to employee wellness programmes.

The following figure illustrates the management functions in a diagrammatical form.

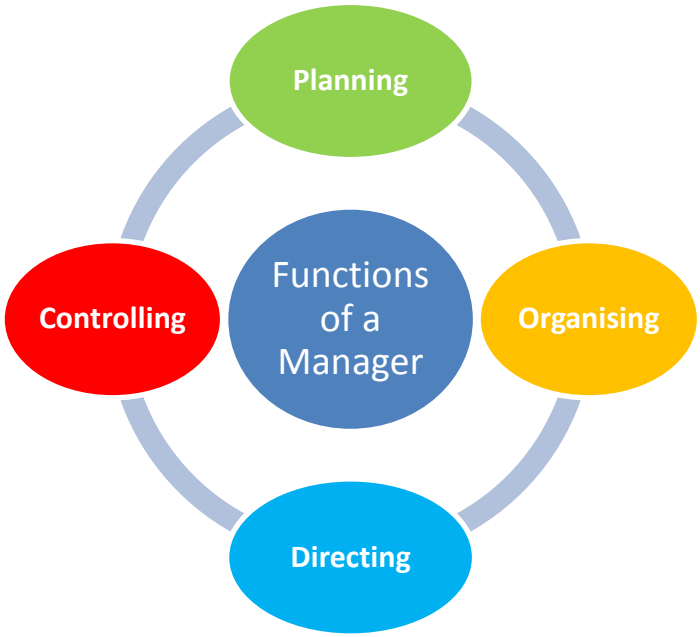


Figure 3 Management Functions, source: Own

2.4.1 Planning

Planning is primarily a conscious reasoning and visualisation of what the enterprise and its departments should achieve despite the uncertainty of the future and within a particular time, in order to be successful. It comprises the formulation goals and objectives in every area where success or results are expected; policy formulation, forecasting interpretation and establishment of programmes, schedules, procedures and methods, budgets, standards, rules and regulations. Similarly, Hellriegel, *et al.,* (2008) note that the reason for planning is to establish future direction in terms of profit, market share and social responsibility, identify and commit resources, and decide what tasks must be done to reach goals.

From the above, it is evident that planning has implications for employee wellness programmes. As planners, managers need to ensure that employees contribute to the design and development of EWP interventions by decentralising the decision making process. Generally, this requires a participative and consultative management style that empowers staff to make a meaningful contribution to decisions that affect service delivery and their own lives.

This suggests that managers can use the goal-setting process as a tool to obtain employee suggestions and inputs on how best to conceptualise and design wellness programmes. More importantly, joint decision making may also highlight both opportunities and potential constraints that may impede the implementation of wellness programmes in the organisation.

Furthermore, planning may also enable managers to identify linkages between the wellness programme and existing human resource plans and strategies to ensure compatibility and cost-savings. For example, EWP interventions may be linked with health and safety plans, policies and support structures.

2.4.2 Organising

Marx and Gouws (as cited in Kroon, 1990) argue that organising deals with the grouping and allotment of activities to maintain divisions or functions and the specifying of other duties, authority and responsibility. It creates structure which provides the framework for accomplishing goals, formal authority, communication paths, responsibility as well as staffing and the different managerial levels.

Within the context of employee wellness programmes, managers are therefore expected to organise both the material and human resources needed to implement EWP interventions for the benefit of staff and the organisation. Material resources include budgets, facilities, equipment, buildings and support technology for example, scanners and computers, as well as fitness centres.

In respect of human resources, managers are expected to delegate certain roles and responsibilities for EWPs; train staff who will work in the EWP, and ensure that people's needs and expectations are factored into the EWP programme. Effective organising is therefore critical in ensuring smooth implementation of EWP interventions in an organisation.

The literature provides clear guidelines on what needs to be done to ensure the success of employee wellness interventions in the workplace. For example, Cascio (2006) argues that in well run employee wellness programmes, management at various levels express support for the programme, educates employees about the programme and provides necessary training on its use, makes the programme accessible to employees; and ensures that it operates in a confidential, credible, and neutral manner.

Furthermore, Cascio (2006) identifies 5 steps in starting a wellness programme. These include issuing a written statement confirming the organisation's commitment to employee wellness; teaching managers, supervisors and union representatives what to do and what not to do when dealing with employee wellness issues;

establishing procedures for referral to in-house or external professions for treatment and informing employees about these; establishing a planned programme of communication with staff – announcing and periodically reminding them about the EWP; and continually evaluating the programme in light of stated objectives.

Cascio's (2006) argument highlights several important points about the role of management in dealing with employee wellness programmes. The first point is that managers across all levels of the organisation need to support EWP interventions. Therefore, in the absence of such support, the programme is likely to fail. The second point is the need to capacitate managers, supervisors and shop stewards so that they know exactly what their roles and responsibilities are in the EWP, including the things that they should not do while administering the implementation of the programme. The latter suggests that as much as managers have authority to make decisions about EWP, caution needs to be exercised to ensure that the rights of employees to dignity and privacy are respected.

A third and perhaps critical point is effective communication of wellness programmes to all employees. Because they achieve results through people, managers are therefore expected to be good communicators. Practically, this means that they have to inform staff about the goals and objectives of the EWP and what they need to do to benefit from the programme. Communication is critical in increasing employee awareness on available EWP opportunities and solutions.

2.4.3 Leading

According to Hellriegel, *et al.,* (2008) leading involves communicating with and motivating others to perform the tasks necessary to achieve organisational goals within the context of a supporting organisational culture. This definition highlights the role of managers in guiding and in inspiring people towards the attainment of organisational goals. Equally, the wellbeing of employees depends on leadership that understands people's social and psychological needs.

As leaders, managers are expected to advise and motivate employees so that they can participate in and appreciate the benefits derived from EWP. However, as Kroon (1990) correctly observed, leading is a difficult and exacting task as people have to be motivated individually and in groups. Individuals are members of society, with their own attitudes, personalities, perceptions and frames of reference. Each person is unique because needs, ambitions, expectations, attitudes, knowledge, skills, potential and background differ. To be a good leader and motivator, each manager should be thoroughly aware of these difficulties. The manager's challenge is to create conditions which will allow the individual to best reach his own goals and then move on to achieve the goals of the enterprise.

2.4.4 Controlling

Mockler (1972) defines controlling as the process by which the execution of plans and instructions can be controlled and measured by means of feedback, through a management information system. The feedback can be compared with the standards and objectives. It is the function of control to ensure that the carefully structured plans are not upset because of various problems, such as inefficient or unusable stock and problems with workers. The feedback is used in the new planning cycle and in this way mistakes can be eliminated or reduced. Hellriegel, *et al.,* (2008) argue that the control system sends signals to managers that things are not working out as planned and that corrective action is needed.

Given the rising costs of EWP interventions, managers are therefore expected to track and measure the performance and outcomes of EWPs to ensure that they produce the desired outcomes for the organisation and its employees. The control function holds managers, supervisors, shop stewards and employees accountable for the success of wellness programmes in the workplace. More importantly, control generates feedback that managers can share with employees to enhance the

implementation of the wellness programme. Because of this, control is therefore one of the most important managerial tasks in the execution of wellness programmes.

Performance indicators such as expenditures per annum; number of employees who have been diagnosed for various diseases such as heart attack, diabetes and HIV/AIDS; and rate of absenteeism and staff turnover may be used to determine the performance and outcomes of an EWP. Control may also involve benchmarking the organisation's wellness programme against those of leading organisations in other sectors to determine not only the efficiency and effectiveness of the programme, but also its compatibility with best practice in the industry.

2.5 Wellness in context

The concept of wellness was advocated by Louis Dunn. Dunn (1961) constrained his original definition of wellness to the individual environment, by suggesting that the experience of wellness is unique to each individual. Dunn defined high-level wellness as "an integrated method of functioning which is oriented toward maximising the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning" (Dunn, 1961).

DUNN'S HIGH-LEVEL WELLNESS AND HEALTH GRID MODEL



Figure 4 Dunn's high level wellness and health grid adapted from Dunn, (1959)

- High level wellness in a favourable environment
  - Persons who implement healthy lifestyles and have complete resources to support their lifestyles.
- Emergent high level wellness in unfavourable environment
  - Person who has knowledge to implement healthy lifestyle, but does not implement adequate self-care because of some family responsibility
- Protected poor health in favourable environment
  - Person whose needs are met by health care system
- Poor health in an unfavourable environment
  - Young child who is starving in a drought stricken country

Since Dunn had originally coined the term wellness many others have built on his work and one of them is Hettler. Hettler (2004) suggests that wellness includes

physical wellness, intellectual wellness, emotional wellness, social wellness, environmental wellness, spiritual wellness and occupational wellness.

Hettler (2004) displays the dimensions of wellness in a graphic representation as seen in:

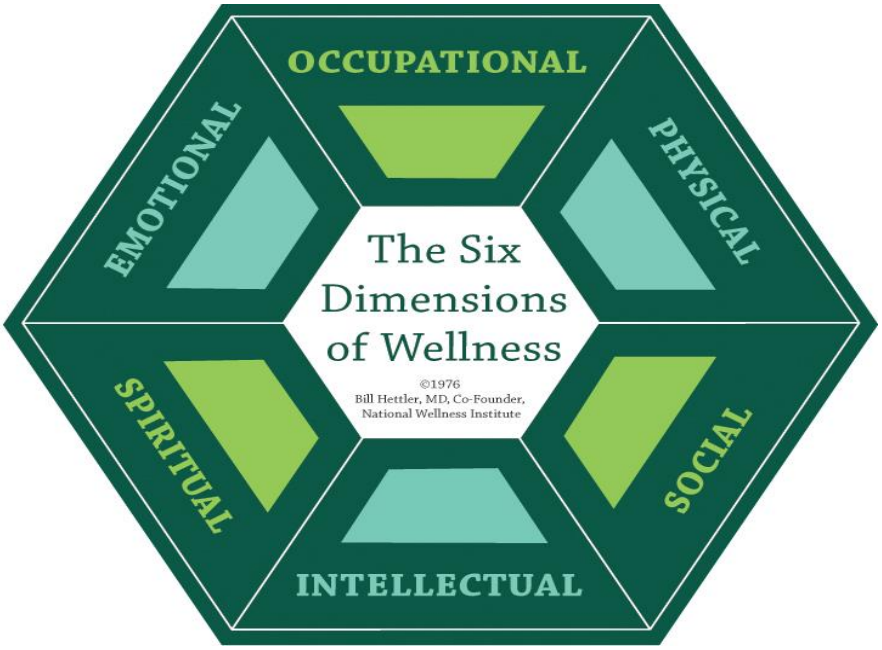


Figure 5 Dimensions of Wellness Adapted from Hettler, (2004)

The physical dimension relates to the need for physical activity and ensuring a healthy lifestyle that includes a nutritious diet. Social wellness is about establishing relationships as well as one's role in the broader society and the contributions one makes towards society. Intellectual wellness involves creativity and activities that stimulate the mind. Spiritual wellness involves looking for meaning and purpose for human existence. The emotional aspect recognises the awareness and acknowledgement of one's feelings. Lastly, the occupational aspect recognises the satisfaction that one gains through work and individual enrichment. These dimensions of wellness are interdependent and contribute to healthy living.

The Department of Public Service and Administration (2000) defines a wellness programme as: “A programme designed to promote e physical and mental health as well as the well-being of employees, including components such as counselling, support groups, nutritional supplements, provision of treatment for opportunistic infections, and or provision of anti-retroviral therapy”. It is an intervention aimed at addressing a specific issue within the workplace, for example, providing staff access to a voluntary HIV counselling and testing programme (Department of Public Service and Administration, 2000).

2.6 Employee wellness programmes

According to Tuck (2005) Employee Wellness Programme refers to all strategies, action plans and methods used to promote the physical, emotional and mental health of employees, to ensure a productive workforce.

Swanepoel, Erasmus & Schenk (2008) define employee wellness as a state of optimal social, physical, psychological and mental well-being. Given the spiralling costs of medical care and the growing realisation that absenteeism has a very negative impact on productivity and can thus cost organisations a lot, have led management of some organisations to consider alternatives that may yield results superior to the reactive, minimalist approach of legal compliance. This statement suggests that employee wellness is not just confined to compliance with labour laws. Instead, it is an investment in the most valuable assets of the organisation, its people.

Furthermore Bagraim, Cunningham & Potgieter (2007) suggests that the stress that occurs in a person’s life can have an impact in their work leading to future physiological problems. Causes of stress can range from problems related to work, health conditions, individual and family problems as well as social experiences.

Complementing this view, Torrington, *et al.,* (2005) argues that it is important for managers to consider the potential benefits of a system focused on proactively promoting and maintaining the physical wellbeing of employees rather than dealing

with health and safety problems as they occur. This statement underscores the need for managers to deal with employee wellness as a strategic issue, rather than simply making it one of its routine tasks. It also highlights the importance of planning ahead to avoid knee-jerk reactions to health and safety risks in the workplace.

What this also means is that employee wellness should be viewed as an investment rather than a cost centre. This requires a paradigm shift among managers at all levels of the organisation. In other words, all managers need to view EWP in a positive light and persuade their subordinates to recognise the benefits that come with a well-run wellness programme. The study shows whether this kind of thinking prevails in the GDRT, whose wellness programme is the focal point of this study.

Herlihy & Attridge (2005) elaborate further that a wellness programme is a "worksite-based programme that focuses on physical fitness and health-related issues. Miller, Shain & McCellan (as cited in Grimes,1998) describe EWP as a strategy of keeping healthy people healthy, addressing moderate substance users and non-users, and, if substance problems are apparent, referring these troubled employees to the EWP.

2.7 Employee Wellness models

Steinman (2009) identifies four employee wellness models from which management can choose to ensure optimal benefits for both the organisation and employees. These include the internal model, external model, broad-based model and the integrated model. These are discussed briefly below.

2.7.1 Internal model

Steinman (2009) describes the internal model as a model where the EWP practitioners are organisational employees. These practitioners render services to the other employees within the organisation. There is often a belief that confidentiality may be compromised with this type of model.

2.7.2 External model

This type of model is when all wellness services are outsourced to an external service provider. The benefits of such a programme are that employees often believe it to be more confidential since an outsider is used. On the down side, outsourcing employee wellness programmes downplays the role of managers and employees as custodians of wellness programmes. In addition, the strategic role of wellness programmes as a means to promote greater interactions among employees in the organisation may also be comprised, as lower level employees may find it more challenging to relate to an external consultant than their immediate supervisors or managers.

2.7.3 Combination model

Steinman (2009) argues that this model is a combination of external and internal service provision to employees and has the advantage of utilising external and internal skills. This model provides an ideal opportunity for managers at all levels of the organisation to collaborate with external experts and learn new ways of improving the planning, implementation and management of employee wellness interventions in the workplace.

2.7.4 Broad based model

The broad based approach describes a programme that impacts on employee wellbeing. This model calls for a holistic approach to the planning and implementation of wellness programmes in the workplace. The significance of this model is that it moves away from narrow traditional employee assistance programmes to a much broader perspective that takes into account the unique needs of employees. Because of this, the broad based model provides an ideal opportunity for managers to work with their subordinates during the needs assessment phase to ensure that employee inputs and suggestions are factored into the design of wellness programmes.

2.8 Potential benefits of employee wellness programmes

According to Moeller-Roy (2005) more and more businesses are beginning to appreciate the intrinsic value of healthy, happy employees and are starting to view employee health as human capital. In many organisations, there are employees who exhibit among other things, decreasing productivity, increasing absenteeism, rising lateness, violence as well as substance abuse. (Maeli as cited in Matlhape 2003) points out that the causes of these behaviours are often not understood or investigated resulting in losses for both employee and employer. Employee wellness therefore presents an opportunity to manage such problems in a way that will result in the retention of talented employees and the improvement of work relationships.

Thompson (1997) argue that many research studies done on wellness found that when people feel physically and emotionally better they perform better at work and are not frequently absent. Hillier, *et al.,* (2005) supports this view and further indicates that employees who are healthy contribute positively to the organisation and that results in increased productivity.

According to Halls (2005) the elements of a wellness programme differ. In the early stages of a wellness programme an organisation can decide to provide basic health promotion activities such as gym, distribution of health information or a health fair. More advanced programmes can include on- site seminars, education and training on the prevention of occupational injuries.

2.9 Conclusion

This review has highlighted key concepts in the research study and it reinforces the significance of a wellness programme. It is evident that employee wellness is a critical component of any organisation and that employees are the greatest assets and therefore organisations should provide a conducive work environment that will ensure that productivity is increased through wellness interventions. The models were also

outlined and it is apparent that all models have advantages and disadvantages; therefore it is important that an organisation selects a model that will better suit its organisation. The study will shed considerable light on whether the GDRT wellness programmes utilises any of these models.

The literature suggests that employee wellness interventions have a positive impact on organisational performance and talent retention. For example, Nel *et al.,* (2011) argue that employee wellness programmes improve productivity and morale, and reduces excessive absenteeism and health costs. A comprehensive wellness programme provides an on-going and integrated programme of health promotion and disease prevention that is linked to corporate objectives. Wellness interventions focus on health, self-development and growth, attributes that ideally should become part of organisational culture. From this view, it is clear that wellness programmes are not a once-off event but rather a continuous intervention that needs to be aligned with the strategic goals of the organisation.

The literature has demonstrated the growing importance of employee wellness programmes in the workplace as both an investment and tool for retaining a motivated and productive workforce. Also, from a theoretical perspective, there has been a great shift from scientific management which treated employees as “machines” to “people-oriented” management practices that embrace consultation, participation and staff retention as critical success factors in the development, maintenance and retention of productive employees. The behavioural theory and human relations approach, in particular, have been very instrumental in bringing this kind of thinking to the fore.

In addition the study has also highlighted the importance of planning (including a needs analysis exercise) and other related functions of management in setting up and monitoring an employee wellness programme to ensure relevance and continuous improvement.

Within this context, the study seeks to explore how the GDRT's wellness programme is being implemented and whether employees are benefiting from this intervention. This is important as the GDRT has committed substantial financial resources to enhance the wellbeing of its people.

The next section outlines the research methodology adopted by the researcher to achieve the goals of the study.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 Introduction

This section aims to give insight into the approach and methodology the researcher utilised to investigate the research problem. Research methodology can be defined as the manner in which data is collected for a research project. It describes the sequence and the nature of actions planned in order to execute the project effectively and give motivation for the course of action. This chapter provides the choice of research, the reasons for the choice, the research method, data collection sampling and data analysis. The research approach used was qualitative as it aims to understand how individuals interpret their social world. The goal of this research study draws on both exploratory and descriptive research.

3.2 Research approach

There are two kinds of recognised research approaches, namely quantitative and qualitative research paradigms. According to De Vos, Strydom, Fouché & Delport (2002) qualitative research paradigm is defined as “research that elicits participant accounts of meaning, experience or perceptions. It produces descriptive data in the participant’s own written or spoken words”. Burns (2000) maintains that the role of a qualitative methodologist is to capture what people say and do as a product of how they interpret the complexity of their world, to understand events from the viewpoints of the participants. Quantitative on the other hand is about numbers and it is more relevant in research projects involving large participants. Bryman & Bell (2003) observes that qualitative research emphasises words whilst quantitative is concerned with numbers.

Mouton (2001) states that research approaches are tailored to address different kinds of questions and different kinds of research questions require different kinds of research approaches. Quantitative and qualitative research approaches are the two dominant approaches identified in literature. According to Neuman (2006) the quantitative approach has its roots in Positivist Social Science which emphasises discovering causal relationships between variables using carefully designed empirical, value-free observations. According to Merriam (2009) qualitative approach on the other hand has its roots in constructivism, symbolic interaction and phenomenology with the main focus being understanding, describing and discovering meaning. Qualitative researchers adopt a person-centred approach and are interested in understanding the meaning people have constructed, which is how people make sense of their world and their experiences.

According to Patton (2002) qualitative research identifies the characteristics and the significance of human experiences as described by participants and interpreted by the researcher at various levels of abstraction.

3.2.1 Benefits of a qualitative approach

The benefits of using a qualitative approach are based on the following characteristics as mentioned in Whitley (2002):

• Qualitative research studies behaviour in its natural context and tries to maximise ecological validity

• In qualitative research, the researcher is an inseparable part of the research process. His or her experience as well as that of the respondent is important

• Data are open ended in qualitative research

•The variables studied and methods to be used emerge from the researcher's experience in the research context and allow for modification as the research situation changes.

The researcher opted for a qualitative research methodology because it is the approach which seeks to understand the meaning people attach to their daily lives and the researcher wanted to establish how employees experience the wellness programme. Furthermore, the qualitative method provided an ideal opportunity for the researcher to see things from the perspective of the respondents.

3.3 Research design

Mouton (2001) defines research design as a blueprint of how one intends conducting research. According to Padget (1998), research design refers to the plan or procedures that allow the goals of the study to be achieved. Soanes (2002) defines research design as a strategic framework for action that serves as a bridge between research questions and implementation of the research.

The research design for the study was exploratory and descriptive as it enabled the researcher to get insight as to what participants are thinking and feeling, as well as the experiences of employees at this intervention.

Babbie (2001) argues that “units of analysis are those things we examine in order to create summary descriptions of all such units and to explain the differences among them”. In the context of this study, the unit of analysis was employees in the GDRT.

The researcher briefly described the aims, objectives, method and the possible benefits of the study to the participants.

3.4 Data collection

There are many methods of collecting data and according to Wellman & Kruger (1999) each method has its own advantages and disadvantages. In qualitative research, data has to be collected so as to allow a deeper understanding of the

respondents' world view. Qualitative research makes use of both primary and secondary data.

3.4.1 Primary data

The researcher utilised interviews as its primary data collection method. Interviews are ideal when the researcher wants to gather insight on issues such as feelings and thoughts (Patton, 2002). According to Leedy (1997) there are two types of interviews namely: structured and semi-structured interviews. Questions in the structured interview resemble questions that would be used in a questionnaire, for example "Do you participate in the employee wellness programme?" This type of interview has a rigid structure as the respondent can only respond by saying "yes", "no". On the other hand, the semi-structured interview allows for further elaboration on the questions asked and there is also an opportunity for the researcher to probe for additional information.

Individual face-to-face semi-structured interviews were held to gather data so as to gain a sense of how managers and employees feel about the planning, implementation and management of the EWP in the GDRT. An interview schedule was used. According to Neuman (2006), face-to-face interviews enable the researcher to establish rapport with participants, therefore gaining cooperation and trust.

Whitley (2002) defines a semi-structured interview as follows:

"A semi-structured interview follows an interview guide that specifies the topics and issues to be covered and may include some specific questions but there is no specified order in which the topics must be covered. This makes data collection more systematic and allows the interview to be flexible and somewhat conversational. Possible negative aspects of this type of interviewing can be that some topics may be skipped."

Interview questions were open-ended to guide the respondents and allow for expanded explanations and to attend to issues that required clarity.

3.4.2 Secondary data

Data for the study was also generated from official government documentations that were made available to the researcher and those included amongst others: published articles, progress reports and so forth. Secondary data also comprised of data and studies on employee wellness that had been conducted by other researchers, which included published journals and articles on the research topic. Research data were obtained from the GPDRT employees who agreed to participate in the study.

3.5 Sampling

According to Kerlinger (1986), sampling involves taking a small sample of a particular group of people or subjects, studying their experiences, and making conclusions about the rest of the population in general.

Similarly, Neuman (2011) argues that a sample is a small collection of units from a much larger collection or population, which the research studies and produces accurate generalisations about the larger group.

In this qualitative investigation the researcher placed more emphasis on the richness of the identified data sources rather than representativeness of the sample, which is normally the case in quantitative studies. The proposed sampling method for this research is explained below.

3.5.1 Purposive sampling

Bless & Higson-Smith (2000) state that purposive sampling is based on the judgement of a researcher regarding the characteristics of a representative sample. A sample is chosen on the basis of what the researcher considers to be typical units.

Patton (2002) indicates that with purposeful sampling, cases for study (e.g. people, organisations, communities, cultures, events, critical incidences) are selected because they are "information rich" and illuminative, in that they offer useful manifestations of the phenomenon of interest; sampling, then, is aimed at insight about the phenomenon, not empirical generalisation from a sample to a population. The strategy is to select units that are judged to be most common in the population under investigation.

For purposes of this research, the researcher opted to use a purposive sample as potential respondents' categories were known and the selection was based on the fact that the group has existing relevant knowledge and experience that can contribute immensely to the study.

The sample in this study is as follows:

Table 1 Sample size

Respondents	Total
Senior management	3
Middle management	3
Non managers	9
Grand total	15 Respondents

As table 1 shows, the envisaged sample consisted of three (3) representatives of senior management, three (3) middle-managers, and nine (9) non-managers drawn

from different levels of the GDRT. Overall, the sample comprised a total of 15 respondents. Since this study adopted a qualitative methodology, the intention was to obtain an in-depth understanding of the phenomena under study and therefore not to generalise the findings of this research. In qualitative research, the emphasis is not so much on the representativity of the sample, but rather the richness of the data sources. The respondents were given the opportunity to express themselves in a language that they were comfortable in.

3.6 Data Analysis

According to Cohen, *et al.,* (2007) "The criteria for deciding which forms of data analysis to undertake are governed both by fitness for purpose and legitimacy. The form of data analysis must be appropriate for the kind of data gathered". Newman (2000) describes data analysis as follows: "a qualitative researcher analyses data by organising it into categories on the basis of themes, concepts, or similar features. He or she develops new concepts, formulates conceptual definitions, and examines the relationships among concepts".

Furthermore Neuman (1997) continues to explain that data analysis involves "examining, sorting, categorising, evaluating, comparing, synthesising and contemplating coded data as well as reviewing the raw and recorded data".

According to Merriam (2002), data analysis is essentially an inductive process. One begins with a unit of data, that is, any meaningful word, phrase, narrative, etc. and compares it to another unit of data, and so on, all the while looking for common patterns across data. Merriam (2002) highlights, that data analysis is one of the few facets, perhaps the only facet, of doing qualitative research in which there is a preferred way. For the purpose of this study, data was organised, classified and arranged in their sequential order to enable the flow of ideas and presentation. Furthermore data will be manipulated using 'Excel' to create information, graphs, charts and table displays. Paragraphing will be used to create structure and enable

easy flow of the analysis. Tables will be used to summarise data; while graphics may be used to illustrate points and processes to enhance understanding of the research findings. Data will be interpreted wherein the research questions will be addressed, drawing on the theory in line with the qualitative approach.

3.7 Validity and Reliability

Reliability and validity are central issues in all research measurement. Reliability refers to the consistency and dependability of the research. Reliability refers to how well an idea fits reality i.e. it addresses the question of how well the social reality being measured through research matches with the constructs researchers use to understand it (Neuman, 2006).

According to Bryman & Bell (2003) validity is concerned with the integrity of the conclusions that are generated from a piece of research. Similarly, Singleton, Straits & Straits (1993) defines "validity as the extent of matching, congruence, or goodness of fit between an operational definition and the concept it is purported to measure". The researcher is mindful of the fact that the data gathered from the participants should be reliable and can be validated over and over again and still be the same.

According to Singleton, *et al*., (1993) the data gathered from the respondents can only change if the questions, content and context changes. The researcher used convergence with other sources of data using variation in kinds of triangulation and comparisons with available literature. The researcher used different kinds of triangulation and it included data sources which were participants, the method was interview and this was done within a qualitative context.

This research project does not intend to find a single version of the truth but is interested in authenticity. It is about giving a fair, honest and balanced account of the critical issues from the viewpoint of the respondents.

3.8 Significance of study

The study comes at a time when the EWP intervention is being rolled out in the GDRT. As just stated above, no formal steps have been taken to ascertain whether the EWP is being executed in line with policy guidelines. This study aims to remedy the situation by providing current information on how the programme is planned and managed to ensure success and continuity. This study will contribute in creating a baseline research for the GDRT and highlight the importance of planning when designing and implementing an EWP. The results of this study will provide managers with supporting data on how to better manage the EWP as well as to keep abreast of the latest developments.

It will give managers a better understanding of the value and potential effects of the wellness programme in improving organisational performance. The study will further provide a descriptive analysis of the research and identify further work that needs to be done in this regard.

3.9 Limitations of the study

This study will only be limited to the employees of the GDRT at the head office and will therefore exclude employees from the regional offices and other Provincial Government Departments. The sample was fifteen (15) GDRT employees used as a convenience sample and this will limit any generalisation. Every effort was made to encourage respondents to participate in the interviews.

The success of this study is dependent on the co-operations of all stakeholders including the (participants). Some of the participants might not be comfortable to disclose sensitive information and this may compromise the quality of the research.

3.10 Ethical considerations

According to Whitley (2002) research in the behavioural sciences is guided by three general ethical principles, such as respect for persons, beneficence and justice. As the primary responsibility for the ethical conduct of research lies with the researcher, the researcher implemented ethical consideration across three stages of the research process, namely the planning stage, during data collection and following data collection.

The research was conducted in such a manner that the ethical code of the GDRT is adhered to, at all times. Participation is on a voluntary basis. Respondents in the research study were informed that they are allowed to withdraw at any time during the study. The interviewees were assured that the information obtained will be kept private and confidential and anonymity would be respected at all times.

3.11 Conclusion

This section outlined the research methodology that was followed in the study. Interviews were used to collect data from the GDRT. This was supplemented with document analysis to obtain secondary data. The study is exploratory in nature as it seeks to understand how a relatively new EWP intervention is being planned and implemented in the GDRT.

CHAPTER FOUR

4. DATA PRESENTATION

4.1 Introduction

As highlighted in chapter one, the aim of this chapter is to present the findings of the data that was collected from the participants through the interview process. An interview guide was used to gather data on the management of employee wellness in the GDRT. Data is presented using tables, pie charts, percentages and words to describe the views of respondents.

The data presented represented two groupings one from a management perspective and the other from a non-management perspective. The researcher decided to group together the responses from senior management and middle management since they were responding to similar questions. The respondents in the study were mostly African females with a few males. The interviews were conducted in English however the participants were allowed to speak in a language they felt comfortable in such as IsiZulu and Sesotho. Most of the respondents initially responded in English but switched to their mother tongue as and when they felt necessary. The interviews were conducted in the respondent's offices on different dates and they were about thirty five to forty minutes long some extending to an hour due to interruptions.

For the purpose of this study interviews were conducted using one-on-one interviews, which were semi-structured. Data presentation was accomplished through the use of both descriptive and exploratory approaches. The researcher provided each respondent with detailed information on the objectives of the study prior to conducting the interviews.

During the interviews, respondents were asked questions that are contained in the questionnaire. The researcher assured the respondents that their right to privacy and confidentiality would be maintained.

For purposes of this study the researcher used open-ended questions which provided an opportunity for the respondents to elaborate on their answers.

4.2 Profile of participants

The sample consisted of fifteen (15) employees who were based in the Department's head office. Three (3) were in senior management service (SMS), three (3) in middle management service (MMS) and nine (9) were in non-management service (NMS).

The pie chart below shows a distribution of sample across the demographic categories as indicated in section A of the interview schedule:

4.2.1 Distribution by gender

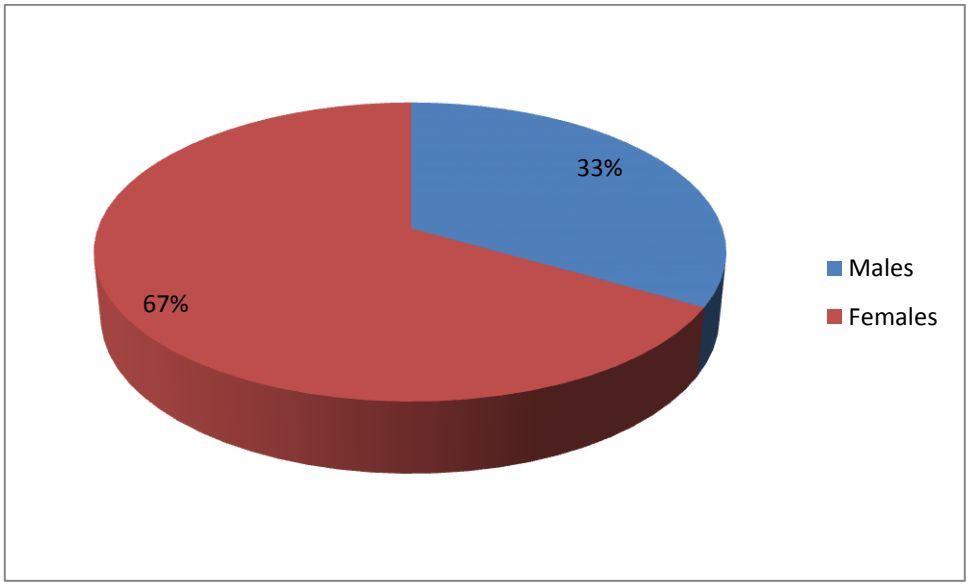


Figure 6 Distribution by Gender Source: Own

The graph above shows that thirty three percent (33%) of respondents were males and sixty seven percent (67%) were females. This depicts that females predominated the sample (67%) whereas males comprised only (33%) of the total sample. This

female dominance may be attributed to the fact that the Department has more female workers based in the head office than males.

4.2.2 Age group analysis

The following graph presents the profile of the participants in terms of their age:

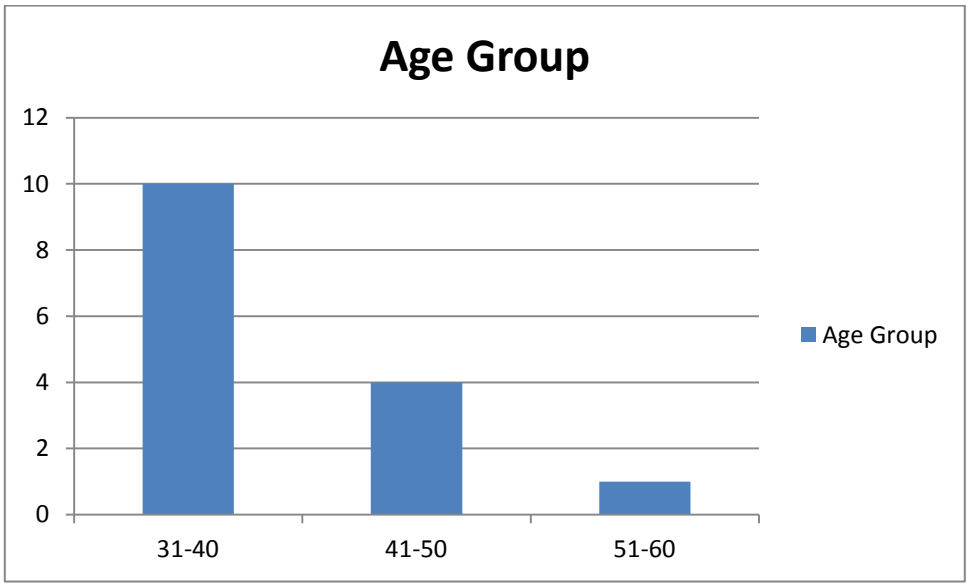


Figure 7: Distribution by Age Source: Own

Observation of the graph above indicates that most of the participants i.e. ten (10) fall within the age group of between thirty one to forty (31-40) and about four (4) participants were between the age group of forty one to fifty (41-50) and only one (1) was within the fifty one to sixty (51-60) category. The dominance of the category of ages between thirty one to forty (31-40) could imply that the head office of the Department is characterised by a young to middle aged generation whereas the older generation could possibly be found in the regional offices.

4.2.3 Distribution of number of years in Department

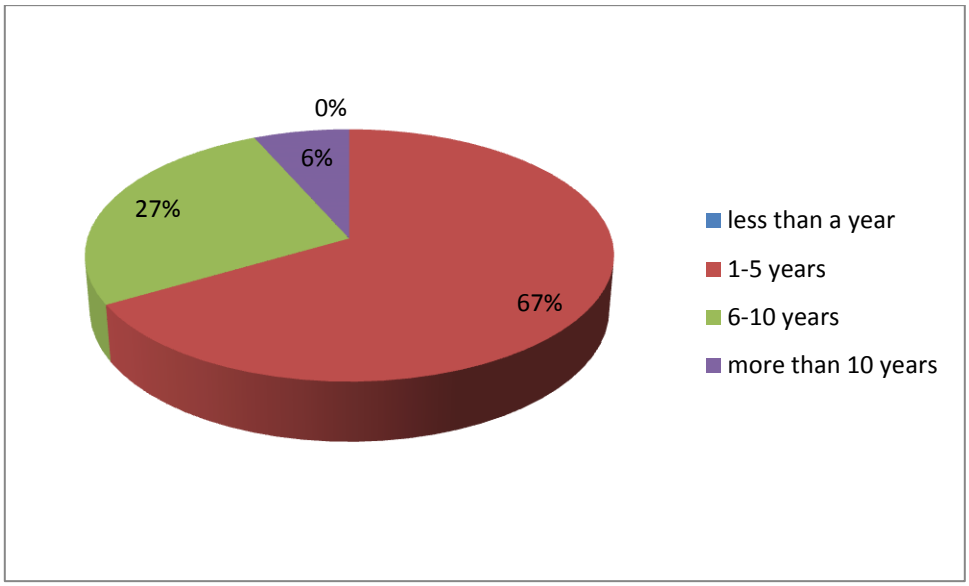


Figure 8: Distribution by number of years Source: Own

The figure above gives an indication that a significant number of participants have been with the Department of Roads and Transport for a period between one to five (1-5) years, representing sixty seven percent (67%) of the total respondents whereas about twenty seven percent (27%) of participants fall within the category of six to ten years. (6-10), only six percent (6%) fall within the category of more than ten (10) years. This corroborates the view that the Department's head office is characterised by young to middle aged employees which could explain the numbers of years of service.

Section B: Responses recorded in respect of themes discussed with senior management and middle management

A. Objectives and role of management

i. What are the objectives of EWP in the organisation?

Stroh & Caligiuri (1998) argue that employees are a source of competitive advantage that allows organisations to compete and succeed within the environments which they operate in. Under this theme a majority of the respondents from a management perspective represented by one hundred percent (100%) stated that the objectives of the employee and wellness programme were to support and facilitate the provisions of the employee health wellness programme in order to promote good health and safety within the department. This reflected a general understanding and consensus in terms of what the intentions of the employee and wellness programme were and how they could improve service delivery. Furthermore, the respondents emphasised the importance of employee healthy lifestyle for improved staff morale and organisational performance.

ii. What role does management play in EWP?

The responses provided under this theme varied. A significant number of management respondents felt that the role of management is more raising awareness and coordination of the employee wellness programme whereas it came to light that respondents who were managers within the human resources section and within the unit itself described the role of management as an enabler for a conducive employee and wellness environment. These managers viewed employee wellness as part of a broader management responsibility in which managers must initiate, plan and include wellness issues within their day to day operational plans of the organisation. This extends to the provision of budgets, resources and reasonable accommodation.

B. Planning and consultation

iii. How was the EWP planned?

Most of the management respondents reported that in their view the EWP was planned within the broader organisational planning context which looked at the 5 year strategic planning process and then annually develop the Annual Performances Plan and operational plans. In addition, the EWP was part of the management strategy that plans, forecasts and monitors the wellbeing of its employees.

Managers from the Human resource and EWP unit broadened the response and indicated that over and above the organisational planning cycle, EWP was also planned in line with the prescripts and the strategic framework. EWP coordinators with the assistance of specialists draw up programmes to be implemented and report back on a monthly, quarterly and annually.

iv. Are employees consulted when planning EWP?

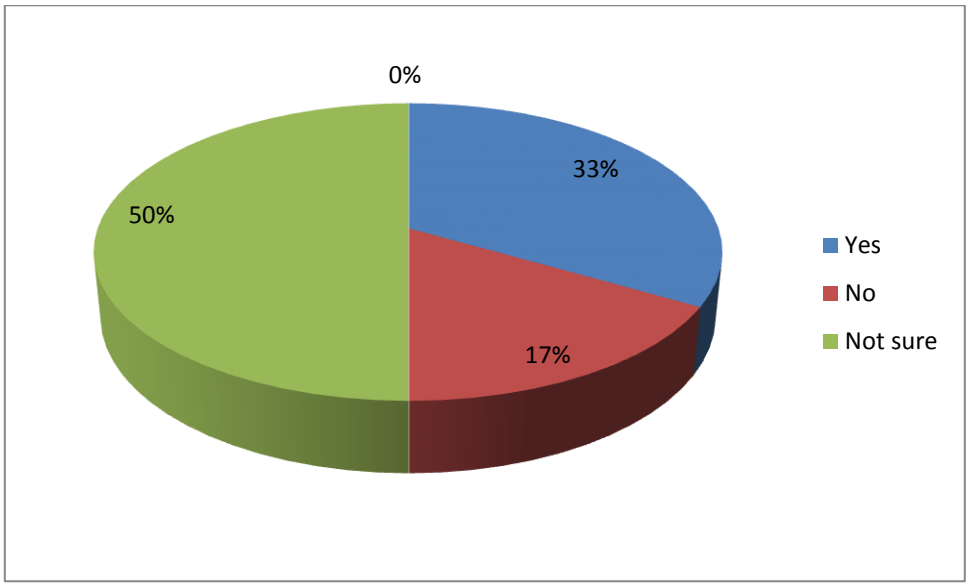


Figure 9: Employee consultation during planning Source: Own

The figure above indicates that thirty three percent (33%) of managers comprising of both senior management and middle management reported that employees were

consulted when planning the employee and wellness programme using various vehicles to consult such as the labour forums, awareness campaigns, health assessment tools, intelligent reports and utilising the regional coordinators for employee needs and inputs into the programme. On the other hand seventeen percent (17%) of managers indicated that employees were not consulted as far as their knowledge was concerned and therefore the needs and expectations of employees were not factored in the planning process. It is important to note that fifty percent (50%) of managers were unsure and stated that they only get to interact with the programme when an issue has surfaced that requires wellness intervention therefore they were not up to speed with how the programme planned and implemented.

C. Management and implementation

v. What steps were followed to implement the EWP

The majority of the management respondents indicated that since the programme was implemented by the unit within the human resource management component they were not aware of the intricacies in terms of the implementation process however they had knowledge of what to do if a need arose within their areas of operation for a wellness intervention. One manager even said “I do not know much about the EWP implementation strategy but I know that if I am experiencing a pattern of absenteeism within my Directorate I consult human resources and my case is referred to the EWP unit for intervention”. It is interesting to note that the minority of the respondents represented by the human resource and EWP unit are well versed in terms of how the programme is implemented as reflected by statements such as “EWP programmes are guided by DPSA prescripts which are customised for departmental use and these ultimately result in the development of policies and procedures”. According to the minority of the respondents, the unit follows the operational plan and develops project plans for each programme. Furthermore, plans are distributed to the communications unit to disseminate.” These contrasting views suggest a lack of awareness from managers who are not part of the programme.

vi. Is there a specific model that you follow to implement EWP

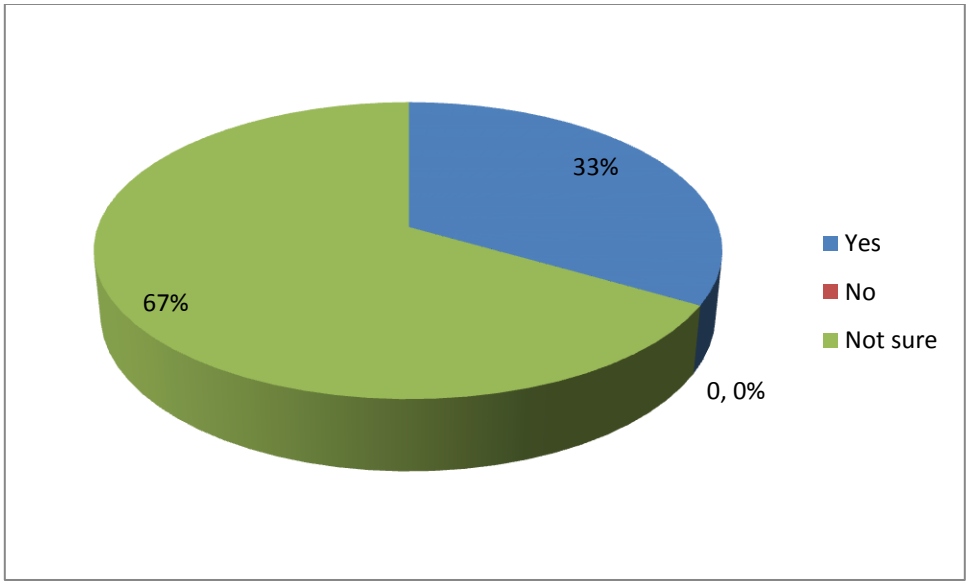


Figure 10: EWP implementation model Source: Own

Of the respondents, thirty three percent (33%) of the respondents indicated that there is a model for the implementation of EWP and that the model is external (i.e. the department has outsourced the services to an external company). One manager though, cited that there are services that are rendered internally such as counselling and ill health cases. Many of the managers were of the view that the outsourcing of service assists in terms of dealing with confidentiality and privacy issues as it is easier to confide to outsiders. On the other hand a whopping sixty seven percent (67%) of respondents reported that they were not sure of a specific model that was used to implement EWP but noted that they see internal personnel dealing with wellness issues and sometimes see outside providers during health and wellness campaigns.

vii. Are there sufficient resources to support the implementation of EWP?

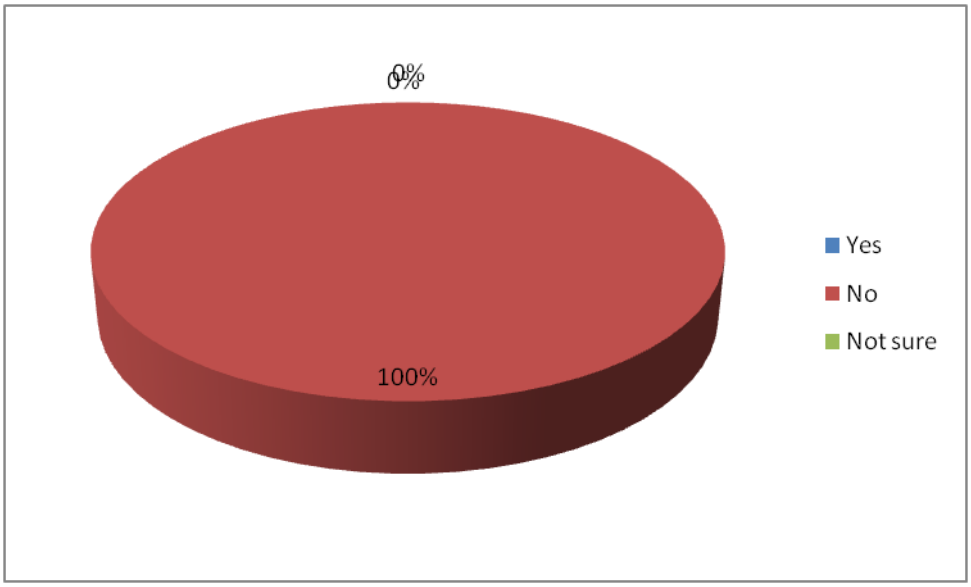


Figure 11: Resources in support of EWP Source: Own

A massive one hundred percent (100%) of the respondents as illustrated in the figure above agreed that there were insufficient resources to support the implementation of the EWP programme. The human resources section and EWP unit indicated that budget allocations were given to core functions and support functions were under budgeted because of the prevailing constraints within the Government environment. There was no set aside budget for the programme which made implementation difficult. The programme required specialists' e.g. occupational health and safety, counsellors.

According to the respondents there were no sufficient personnel and financial resources that were dedicated to deal with wellness issues. There was also need for dedicated resources for communication and information dissemination.

viii. Strategies for promoting EWP

A total of one hundred percent (100%) of the respondents indicated that the EWP programme is promoted mainly through electronic media such as the department's intranet and email services as well as through posters and wellness campaigns. In addition managers from the unit and human resources also reported that they use commemorative weeks and wellness and health days to raise awareness of the programme even though the turn out to these events is not so high. Whereas this was a channel to communicate the programme most of the respondents felt that this was not sufficient as many managers and non-managers do not use intranet services and tend to ignore emails that are not work specific.

There is a need for other communication strategies such as maybe using the Member of the Executive Committee (MEC) or Head of Departments (HOD's) communication platforms to promote the programme as well as aligning and contextualising the EWP within the Departmental strategic focus.

ix. Challenges in planning and managing the EWP

About thirty percent (30%) of respondents, cited lack of line management involvement in the employee health and wellness programme as one of the biggest challenges that undermines the objectives of EWP. On the other hand fifty percent (50%) of the respondents felt that there was a lack of adequate communication about the programme and that it needs to be elevated and seen within the strategic objectives of the organisation and not as an add-on of the Human Resource function. Ten percent (10%) of the respondents mentioned that since the EWP is voluntary this affects employee participation in the programme. The remaining ten percent (10%) of the respondents indicated that issues of privacy and confidentiality are lacking and needs to be addressed to enable employees to be comfortable when utilising the services so that they can divulge personal problems that have an impact on their

work e.g. employee with financial problems. One respondent expressed a concern that the programme needs to be taken seriously by top management.

x. How is the performance of the programme tracked?

Most of the management respondents indicated that in their understanding the programme performance is not sufficiently tracked as they “management” never get to know what the achievements of the programme have been since they do not interact with the programme on a daily basis. One respondent mentioned that “even at broad management forums where all organisational management sits and deliberates on strategic and operational matters, wellness issues do not find adequate expression and discussions and it appears as if it’s reported for compliance sake”. Another respondent passionately stated that ‘for me the wellness programme is an event which happens once off during wellness week and even cases which have been referred to the unit for intervention, there is usually no feedback and follow through therefore I cannot confidently state that the programme is sufficiently tracked”.

On the contrary respondents representing the wellness unit and human resource management reported that performance of the EWP is measured against the Annual Performance Plan and the unit’s operational plan. These respondents also mentioned that in addition, service providers report quarterly and annually on the state of health and wellness in the Department and they use sick leave analysis to determine trends in order to institute interventions. One respondent further strengthened the point and stated that “we use absenteeism and sick leave to track how programme is implemented in order to determine how much absenteeism is costing the organisation”. Another respondent from the wellness unit reported that “we also a perform climate survey once in three years as another means of tracking programme performance however executive management does not respond at times to wellness issues therefore the programme is done for compliance reasons”.

D. Leadership and support

xi. Are employees advised and motivated to participate in EWP?

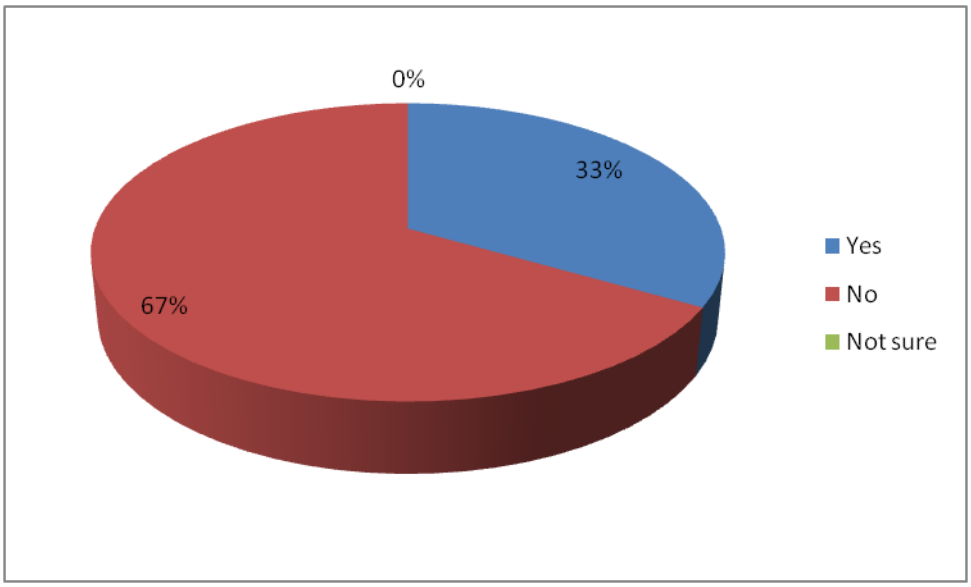


Figure 12: Employee advice and motivation to participate Source: Own

Up to sixty seven percent (67%) of the respondents, as per the above figure felt that employees were not encouraged and motivated to participate in the EWP Programme. They attributed this lack of motivation to employees to the fact that they were not fully informed and consulted about the programme, therefore they cannot motivate the staff to utilise the services as they are only reminded of the existence of the programme on wellness days and commemorative days e.g. breast cancer week or health and wellness day. Some indicated that they did however allow their teams to attend wellness services during health and wellness week. The remaining thirty three percent (33%) of the respondents largely comprised of managers working in the wellness unit and human resource management felt that employees were encouraged and motivated to participate in the EWP programme. They indicated that through induction and orientation programmes employees are encouraged to

participate in EWP programmes as well as through road shows conducted annually by specialist, service providers and EWP coordinators.

xii. Has the implementation of the programme helped to improve employee performance?

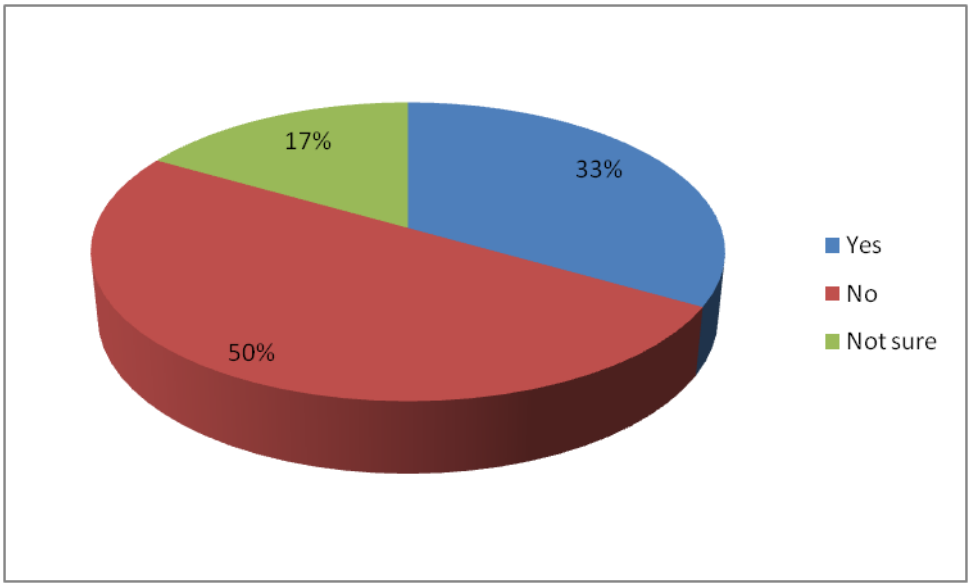


Figure 13: EWP and improvement in employee performance Source: Own

A significant number, fifty percent (50%) of the respondents as illustrated in the chart above were of the view that the EWP has not really assisted to improve employee performance as the department is still experiencing high absenteeism as well as a high turnover. About thirty three percent (33%) of the respondents agreed that to some degree there has been considerable improvement. There are some employees who were substance addicts and went to rehabilitation and those employees are now back at work and their performance has improved substantially. Only seventeen percent (17%) of the respondents were not sure if the programme has had a positive impact on employee performance and indicated that without valid and verifiable statistics it is difficult to ascertain whether there is noticeable improvement on employees.

xiii. Is the EWP monitored and evaluated regularly?

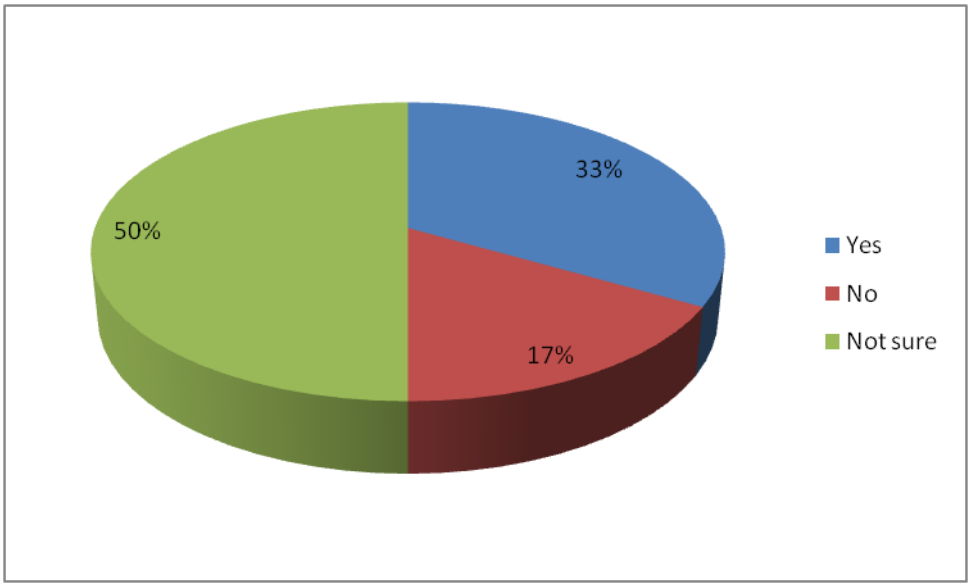


Figure 14: Monitoring and evaluation Source: Own

A notable thirty three percent (33%) of the respondents indicated that the programme is monitored and evaluated regularly, Monthly, quarterly and annual reports are sent to the Department of Public Service and Administration and other relevant government Departments. About seventeen percent 17 of respondents stated that in their observation the programme is not monitored or evaluated regularly as there is usually no feedback or general assessment that has been conducted. On the other hand, fifty percent (50%) indicated that they were not sure if the programme is monitored and evaluated regularly as they were not really involved with the activities of the programme.

xiv. Is the EWP aligned with other HR or organisational programmes?

It was noted that fifty percent (50%) of the respondents reported that the wellness programme is aligned and it forms part of the HR strategy that is developed and submitted to DPSA on an annual basis. They further motivated that the alignment includes other programmes such as administration and labour relations which must institute discipline if the employee has already gone through the wellness programme and cannot be rehabilitated.

The remaining fifty percent (50%) of the respondents indicated that whereas the programme was within the ambit of human resources they have not particularly observed any alignment with other organisational programmes such as administration since the programme is not placed high on the agenda of the organisation.

Responses recorded in respect of themes discussed with non- management services

E. Awareness and participation

xv. Have you been informed about the EWP? Give reasons.

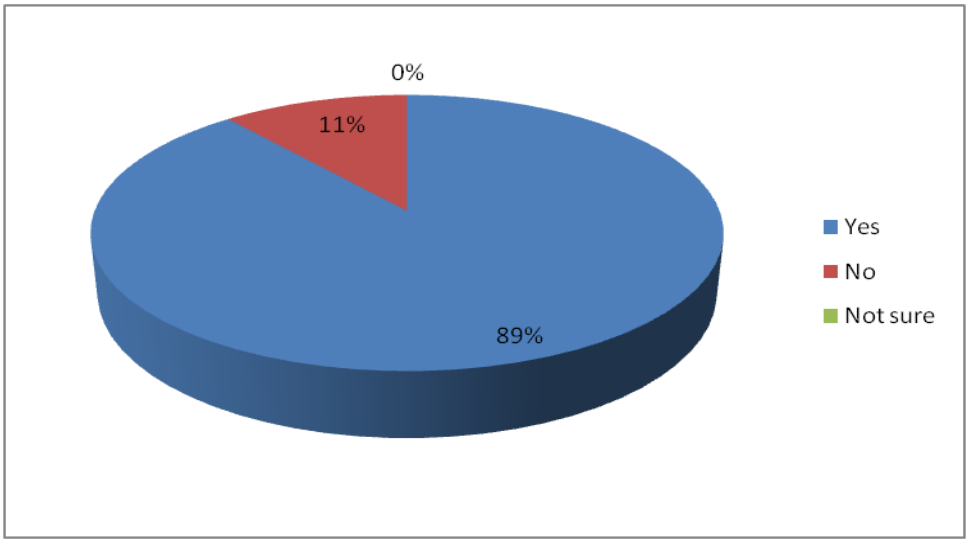


Figure 14: EWP information and awareness Source: Own

A very high eighty nine percent (89%) of the respondents who are non-managers indicated that they are aware and have been informed about the employee wellness programme and that it is a service that is meant to enlighten them about the status of their health and general well-being so that they can take appropriate action in case their health is compromised.

Some of these respondents indicated that they got to be aware of the programme through their own initiative and were not informed by their managers. On the other hand the remaining eleven percent (11%) indicated that they were not briefed about the service and therefore do not understand what its benefits are.

xvi. Do you participate in the EWP? Give reasons

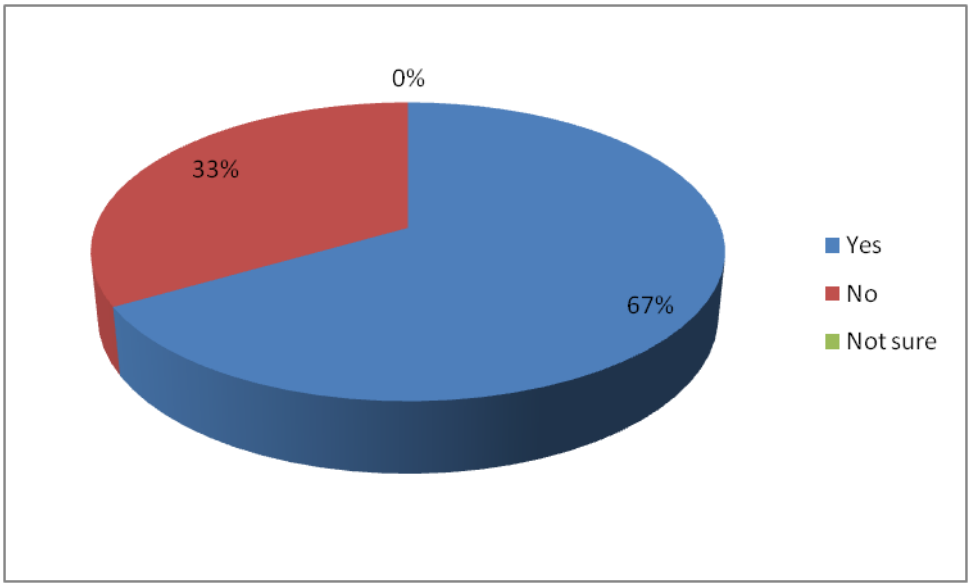


Figure 15: Participation in EWP *Source:* Own

A good number, sixty seven percent (67%) of the respondents, as depicted in the figure above, indicated that they participated in the health and wellness programme however the majority reported that their participation was mainly limited to wellness awareness campaigns such as health screening day, breast cancer week and HIV /

AIDS world Day. What is of interest from these respondents was the view that the programme is only visible during these campaigns and silent during the year. Some respondents did however mention that they have consulted the wellness programme on specific issues. The remaining thirty three percent (33%) reported that they did not participate in the programme because they were not fully informed about the programme and some went on to argue that they do not participate because they have too much work to do and have no time, whilst others stated that they received information after wellness campaigns have passed.

xvii. Are you given the opportunity to state your needs and expectations in the EWP? Give reasons

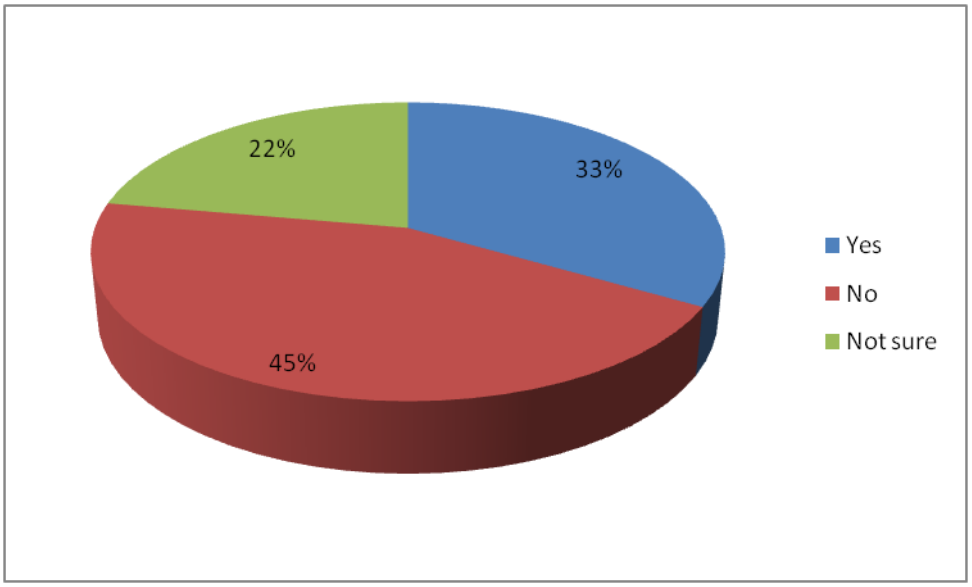


Figure 16: Opportunity to state needs and expectations Source: Own

It was noted that thirty three percent (33%) of the respondents, as illustrated in the figure above, stated that they were afforded a platform to state their needs and expectations in the programme. One of the respondents even argued that she was privileged to be appointed as an HIV/AIDS coordinator and she was given a chance to make inputs on the programme as well as how it can be improved. Notably, forty five percent (45%) of the respondents felt that their needs and expectations were not

taken into account in the programme and it appeared as if the programme was designed from somewhere as needs assessment were never conducted to determine what programmes and services will best suit the employees. The remaining twenty two percent (22%) indicated that they were not if sure if their expectations were factored in the programme as they did not participate in the programme.

xviii. Do you get advice from your supervisor or manager on how you can use the EWP to improve your life? Give reasons

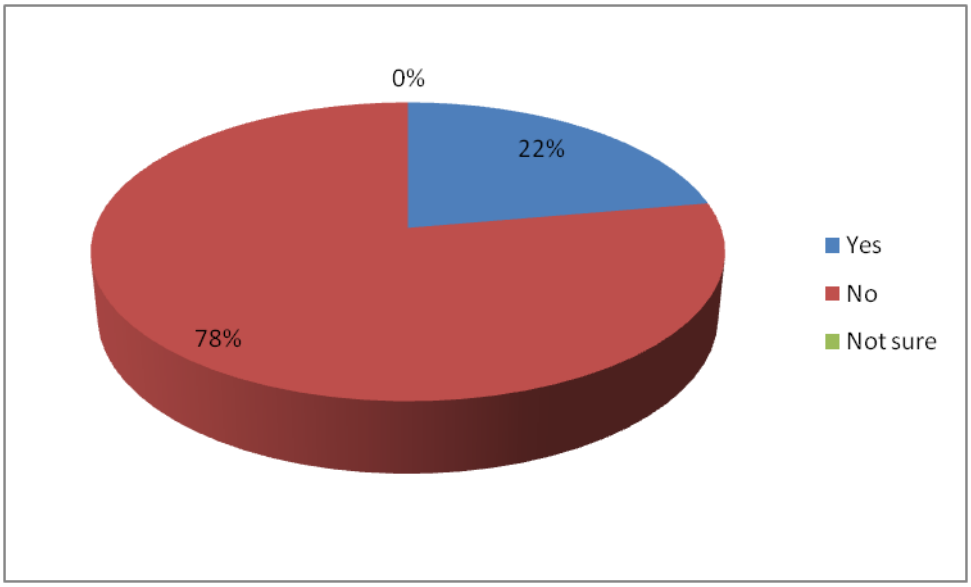


Figure 17: Advice on utilisation of EWP to improve life Source: Own

The figure above illustrates that a massive seventy eight percent (78%) of the respondents felt that management was not supportive and do not encourage or advise them to participate in the wellness programme as a result many of them are utilizing the programme out of their own initiative. These respondents alluded to the fact that whilst they do not get advice on the programme from their managers they are allowed to attend wellness campaigns if they request their managers on time. Twenty two percent (22%) of the respondents felt that their managers did encourage them to participate in the wellness programme and briefed them how the programme

can improve their lives. This was affirmed by one respondent who said “I received advice from my supervisor and it was important for me to know my health status so that I can live a healthy lifestyle”.

xix. Has the EWP helped you improve your life? Give reasons?

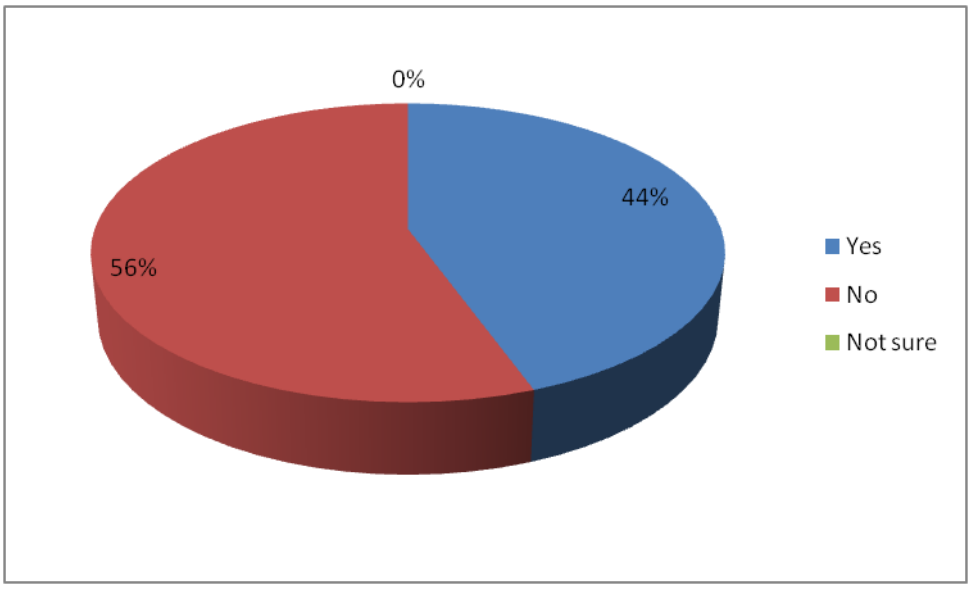


Figure 17: EWP and personal improvement Source: Own

Interestingly about forty four percent (44%) of the respondents, as illustrated in the chart above, reported that the programme has improved their lives, in that it assisted them to make positive behavioural changes that will minimise potential health risks. One respondent said” now I know what illnesses I have and what to do to improve my well-being”. Another respondent shared that “I now feel healthier than I did and I no longer exhaust my sick leave”. Fifty six percent (56%) of the respondents felt that the programme did not really improve their lives as no significant change occurred even though they utilised the wellness services. One respondent indicated that “I expected solutions to my problems when I engaged with the programme instead I had more questions so therefore I decided to stop the consultations as my problem persisted”.

xx. Does the EWP unit handle wellness issues professionally? Give reasons?

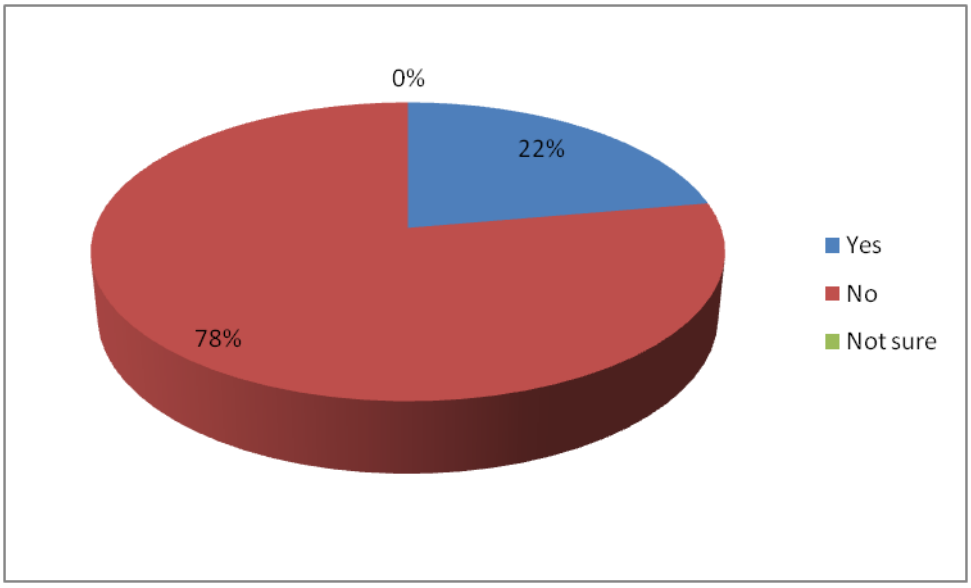


Figure 18: professional handling of EWP issues Source: Own

Accordingly, seventy eight percent (78%) of the respondents, as illustrated in the figure above, felt that wellness issues were not treated professionally due to confidentiality issues. Many felt that wellness by virtue is a very sensitive matter as it is often about peoples personal business therefore confidentiality is of the essence. One respondent stated that “It is difficult for us staff to even state your problems and confide to wellness unit because of confidentiality issues, we are afraid that our problems will be known to everyone in the Department. Trust cannot be fully achieved unless all personal information shared during the counselling process is kept confidential.

The remaining twenty two percent (22%) of the respondents indicated that their experiences with the wellness unit have been professional and sensitive to their problems.

F. Challenges and service improvements

xxi. In your opinion, are there any challenges that hamper the implementation of EWP? Give examples?

The majority of the respondents reported that there are many challenges that are facing the programme and in the main they relate to inadequate resources to implement the programme successfully. Another challenge identified was lack of support from management in providing direction on issues of health and wellness and also critical was lack of communication and adequate consultation. One respondent cited that “often the information and notices on wellness campaigns and health screening are not given well in advance and this tends to interfere with our work schedules”. In addition the respondents indicated that the issue of privacy and confidentiality was a concern particularly when it came to HIV/AIDS testing sessions. Interestingly some of the respondents mentioned that men do not participate in the programme and the programme is not attracting new people.

xxii. What improvements would you like to see in the EWP? Give examples?

The majority of respondents indicated that they would like to see an improvement in the Departmental communication strategy particularly when it comes to the wellness programme. Most respondents cited that “We should not only hear about wellness when there are commemorations of calendar days e.g. World Aids day. Communication on wellness issues should be continuous”. Linked to communication is the marketing of the programme the respondents felt strongly that the programme should provide promotional materials that address more than just health screening and also include other wellness services such as financial management, stress management and how to deal with bereavement as these are mainly contributory factors to employee problems.

Furthermore, a significant number of respondents also stated that they would like to see a supportive work environment wherein management is actively involved in the management of employee wellness and counselling should be provided extensively before and after testing. There should be feedback and follow up sessions especially for employees in the regions to track progress. Some respondents indicated that they would like the Department to provide exercise facilities and a health canteen with break relaxation facilities.

4.3 Conclusion

This chapter highlighted the findings of the study in relation to the research questions that were asked. The profiles of the respondents were captured in terms of their age, gender and number of years working in the Department. The data presented represented views form both management and non-management. As this was a qualitative study utilising the interview approach, the responses from the respondents were expressed in statements mainly supported by quantitative presentation of data using tables, pie charts, percentages to provide illustrative views.

CHAPTER FIVE

5. ANALYSIS AND INTERPRETATION

5.1 Introduction

The aim of this chapter is to provide an analysis of the findings of the research study that was obtained through interviews that were conducted and presented in chapter four of the study. The purpose of the analysis is to reflect upon common themes that emerged in relation to the research questions that were asked. The questions are presented and are grouped into themes in order to create patterns that can be interpreted. Themes have been created from the questions as presented in the previous chapter.

5.2 Role of management

The study shows that a higher proportion of management viewed their role in the employee wellness programme as more coordination and awareness whereas managers who are custodians of the programme, (i.e. those who work in human resources and within the unit) believe that employee wellness is part of management's day to day activities. As custodians of the programme; their view is that line managers must provide the resources and budgets to ensure effective planning and implementation of employee health and wellness issues.

The contrasting views emerging from the above analysis suggests that managers from line functions do not see employee wellness as an integral part of their daily activities whereas the expectation from the EWP unit is that management should take the lead in the implementation of the wellness programme.

Smit & Cronjé (1992) points out that "managers must activate and guide the organisation". That is, management must plan, direct and monitor activities within

the organisation. Similarly Swanepoel, *et al.,* (2005) further argues that "people management is no longer the sole responsibility of HR specialists, but rather a dual responsibility of the HR specialists and all other line managers."

According to Mason (1994) organisations that introduce employee wellness programmes and want to ensure their success must ensure that wellness is a strategic issue and that senior management has bought into it. One of the critical success factors is the leadership's participation and proper communication mechanisms. Cascio (2006) takes the argument further by stating that one of the important points about the role of management in dealing with employee wellness programmes is that managers across all levels of the organisation need to support EWP interventions as the absence of such could lead to programme failure.

The researcher therefore supports the view that employee wellness is every manager's business and has to be part of the strategic agenda and should be incorporated into the daily operational activities of line managers as organisations that are likely to be regarded as successful, are those that have made a commitment to promote employee well-being.

5.3 Planning and consultation

The study revealed that although the employee wellness programme is planned as part of the broader organisational strategic planning cycle of the department, the programme is further planned at national level in line with other prescripts and the wellness strategic framework.

With regards to whether employees are consulted during the planning process, thirty three percent (33%) of managers reported that employees are consulted when planning the employee and wellness programme using various communication channels. On the other hand seventeen percent (17%) of managers indicated that employees were not consulted as far as their knowledge is concerned and therefore the needs and expectations of employees were not factored into the planning

process. Noticeably, fifty percent (50%) of managers were unsure if employees formed part of the planning process as their interaction with the programme was minimal and engagements were only done when there was a need for wellness intervention.

The findings reveal that although the programme is planned, Perhaps this is an indication that there is a lack of communication to create awareness about the programme and this is evident from half of management respondents who are unaware about the planning and consultation process of the programme as well as the forty five percent (45%) of non-managers who felt that their needs and expectations were not factored in the programme. This suggests that the planning falls short in terms of soliciting and including employee input. In addition, communication is not adequate and does not filter throughout the various levels of the organisation. Furthermore, the analysis also suggests that the programme might not necessarily address the specific problems that employees are facing and this assumption could be supported by the fact that the Department does not conduct a regular needs assessment to determine the problem areas in the organisations before implementing interventions.

Beidel (1992) views communication as the ability of the organisation to maximise both the informal and formal channels for the exchange of information in the workplace and the solicitation of feedback from the workforce.

Planning is one of the critical roles that organisations perform in order to outline organisational goals that needs to be achieved. Weihrich & Koontz (2005) argue that the planning function is an important management principle and it also involves selecting mission and objectives as well as the actions to achieve them, which requires decision making that is, choosing a course of action from among alternatives.

Berridge, *et al.,* (1997) makes a point that assessments of the needs of employees are a vital part of programme planning and design in the development of a wellness programme. The assessment of needs assists the organisation to determine the type of services that should be provided.

Likewise, Schabracq (2003) maintains that “inputs of employees are crucial; after all they are experts at their own well-being and would have the greatest interest in improvement”.

Supporting this view is Naidoo & Jano (2003) who assert that in addition to needs assessment, it is important to maintain an information system that would assist in identifying problems and trends. Proper information management can also aid organisations in moving from a reactive to a proactive approach in managing employee health and wellness.

As stated in the review of literature, planning has implications for employee wellness programmes and the researcher asserts that it is vital to include line managers in the planning and development of wellness services and policies as these may potentially increase their accountability for program success. Equally important, managers need to ensure that employees contribute to the design and development of EWP interventions by decentralising the decision making process. There is also a need for a participative and consultative management style that empowers staff to make a meaningful contribution to decisions that affect service delivery and their own lives.

When planning the EWP It is important to gather information that will enable one to make a determination of what the needs of employees are so that they can be factored in. The needs analysis must determine employees’ wellness needs as well as the organisation’s wellness status.

5.4 Awareness, participation and leadership

The analysis revealed that a significant number of non- managers were made aware, and have been informed about the programme although their participation was in the main out of their own initiative. Many stated that much as they participated in the programme; their participation was limited to health checks and not a wide range of other services. In addition a higher number of the non-management respondents felt that management was not supportive and they received no encouragement on how the programme can improve their lives. On the other hand, thirty three percent (33%) of respondents reported that they did not participate in the programme for various reasons; amongst others the fact that they were not informed about the programme and others cited that participation in the programme is another demand on top of the work load that they already have which means that they did not view it as a resource for their wellbeing.

On the contrary, when asked about employee participation, sixty seven percent (67%) of management respondents felt that employees were not encouraged and motivated to participate in the EWP programme and attributed this lack of motivation to weaknesses in information sharing and consultative processes.

This analysis implies that managers pay less attention and show less care to personal needs of employees. The analysis also suggest that management has not taken the responsibility of encouraging and supporting employees to partake in the wellness programme as they are of the view that accountability lies with the human resources and wellness unit. Much as management is concerned about the lack of consultation, this analysis also raises questions with regard to the issue of leadership.

Nel, *et al.,* (2008) defines leadership as an ability of an individual to influence others to willingly direct their efforts towards the attainment of organisational goals. Furthermore, Schabracq & Cooper (2000) maintain that the wellness of employees depends to a large extent on the degree to which their managers behave and

exhibit traits of a transformational leader. Similarly, Northouse (2010) qualifies Schabracq & Cooper's point by arguing that transformational leadership emphasises that leaders need to understand and adapt to the needs and motives of followers. Simply put, transformational leaders need to motivate and inspire followers to reach their full potential in the realisation of organisational goals. Likewise, Sparks, *et al.,* (2001) state that an improvement in leadership's communication with employees enhances the success of interventions aimed at the improvement of employee wellness and ultimately the effectiveness of the organisation.

Googins and Godfrey (1987) emphasises that "no programme can survive without visibility, recognition and exposure" therefore it is important to ensure that there is constant publication of the programme. Complementing this view is McPeck, *et al.,* (2009) who points out that the use of electronic media, notice boards, workshops and a wellness calendar are some of the strategies for promoting and making employees aware of the programme offering and benefits of participation.

Similarly, Mason (1994) makes an interesting argument that management buy-in and participation is crucial to ensure sustainability of the programme.

In light of the findings presented above, the researcher is in support of the literature that asserts that leadership is the cornerstone of organisational support. Without it, the organisation will not be able to meet its strategic vision. In addition; the researcher stresses the importance of extensive marketing of the programme overall services to both management and employees to ensure maximum participation and support.

5.5 Management and implementation

The study shows that an overwhelming majority of management respondents are not up to speed with how the wellness programme is managed and implemented. This is

demonstrated by the fact that the majority of respondents argued that since the programme is implemented by the wellness unit they were not aware of the intricacies of the implementation process but pointed out that they had knowledge of what to do to facilitate a wellness intervention when a need has been identified.

The study also revealed that the majority of respondents were not aware of any specific model that was used to implement EWP but indicated that they see both internal personnel and outside providers dealing with wellness issues particularly during health and wellness campaigns. Only a quarter of respondents confirmed that the model is predominantly external i.e. EWP is outsourced to an external provider however, there are some services that are rendered internally such as counselling and ill health cases. With some services rendered by internal staff, concerns are raised with regard to confidentiality. The study shows that a significant number of respondents felt that wellness issues were not treated professionally particularly to services rendered internally. Many feared that their personal information will be known by their peers and may also be used against them by management.

This analysis suggests that the model that is utilised by the department is unknown to the majority of respondents and this once more emphasises the need for effective communication and information dissemination. Furthermore, much as the Department implements an external model as highlighted by thirty three percent (33%) of respondents who confirmed knowledge of the model being utilised, it is important to note that the model that an organisation selects has implications for issues of trust and confidentiality.

Du Plessis (1990) points out that employee wellness programmes are usually delivered in one of the two main models, ‘‘in house” versus ‘’contracted out’’ options. The in-house model is mainly run by staff employed by the organisation to whose employees services are given, whereas contracted out models are when the organisation procures services to outside providers.

Chapman, *et al.,* (2007) makes an interesting observation that it is of utmost importance to ensure that an element of trust is established between the person providing coaching or counselling and the person receiving it, as this will help the coaching process to be successful. Similarly, Dickman (1988) argues that confidentiality is the cornerstone of an effective wellness programme and that employees who seek the intervention of the programme need assurance that their information will be kept in the strictest confidence.

In view of the analysis, the researcher maintains that regardless of the implementation model that an organisation chooses, communications remain a vital process and equally critical is ensuring that confidentiality is adhered to by those providing the professional service as credibility of the programme relies on the maintenance of confidentiality and protecting the privacy of the employees.

5.6 Programme Monitoring & Evaluation and employee performance

The study revealed that nearly half of management respondents did not have any knowledge of whether the programme was monitored and evaluation as their participation was minimal. Interestingly, thirty three percent (33%) of the respondents indicated that the programme is monitored regularly while seventeen percent (17%) of respondents disagreed with the view that the programme is monitored and evaluated on a regular basis due to lack of feedback and evidence to support the assessment of the programme.

Linked to evaluation is the process of employee performance. The study indicates that nearly half of the management respondents felt that the EWP did not have a significant impact in terms of improving employee performance as the department is still experiencing high absenteeism as well as a high turnover. Notably, the remaining thirty three percent (33%) of the respondents agreed that to some degree there has been considerable improvement. Only seventeen percent (17%) of the respondents were not sure if the programme has had a positive impact on employee performance

and attributed this to lack of verifiable statistics to confirm employee performance improvement.

The findings imply that only those respondents who were involved and had extensive knowledge about the programme could confirm if the programme was monitored and evaluated as opposed to the majority of the respondents who had no knowledge.

Weiss (1972) points out that evaluation compares “what is” with “what should be.” Therefore, evaluation is concerned with finding evidence to test whether the programme is achieving its intended goals. Similarly, Patton (2008) argues that evaluation is a systematic process of collecting data about the design, activities and outcomes of programmes with the aim of either determining whether they have achieved what they were intended to do or improving and enhancing the programmes.

It is worth noting that evaluation is conducted to ascertain whether the programme is realising the objectives it was meant to achieve.

Based on the finding presented, it is evident that as much as the programme is monitored and tracked on a monthly basis, there is no evidence to suggest that an evaluation has been conducted, therefore the researcher recommends that an interactive evaluation is undertaken to gauge programme changes and improvements and the evaluation will also provide scientific evidence that supports the notion that the wellness programme for sure improves employee performance.

5.7 Challenges and service improvement

The study revealed that an overwhelming majority of the respondents cited lack of resources both financial and human as the biggest challenge. The respondents attributed this to the limited budget allocated to the programme as an impediment to the implementation process. Lack of management support and communication was

also highlighted as a contributory factor to non-participation. Furthermore lack of privacy also featured prominently as a significant number of respondents raised this as a major concern as wellness hinges on personal issues that individuals may not feel comfortable to disclose. Another notable challenge cited was the non-participation of men in general in the programme.

The study shows that in terms of improvements of the services, the majority of employees indicated that the Department should improve on how it communicates and disseminates information on health and wellness. Some indicated that the use of intranet and newsflash was clearly not working; therefore other mediums of communications should be explored. They also suggested a supportive work environment that reflects management involvement in the programme. Counselling should be provided extensively before and after testing. There should also be feedback and follow up sessions especially for employees in the regions to track progress. In addition the Department should provide promotions that address more than just health screening and also include other wellness services such as financial management, stress management and how to deal with bereavement. Lastly the respondents indicated that an onsite gym will significantly address issues of obesity which is a problem in the Department.

5.8 Conclusion

The findings suggest that lack of management involvement in the entire programme poses significant threat in the implementation of the programme particularly when it comes to issues of resource allocation. Equally important is the lack of communication which does not seem to filter through all levels of the organisation and therefore creating an impression that not much is done. The findings also suggest that much as there is some level of awareness and participation on the programme, it should be extensively marketed to introduce other services that

employees might not be aware of but that may benefit the employees for the good of the organisation.

Based on the findings presented above, the researcher is of the view that some of the challenges and service improvements proposed have already been highlighted and some will be covered in the next chapter as part of recommendations.

CHAPTER SIX

6. CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The previous chapter dealt with the analysis and interpretation of the findings, this chapter then presents conclusions drawn from the study and provides proposed recommendations.

The aim of the study was to explore the potential factors impacting planning and management of the EWP in the GDRT. In addressing the research problem that was highlighted in Chapter 1, the researcher employed a qualitative method to understand how managers and employees interpret the management and implementation of the wellness programme.

6.2 Conclusion and Recommendations

Based on the findings as presented in the previous chapter, the following conclusions are drawn and recommendations made as follows:

6.2.1 Management role

The study has established within the context of the literature that the role of management in any organisation is to provide strategic leadership and guidance with regards to the implementation and achievements of organisational goals. The literature also confirms that wellness matters require a strategic orientation and management should adopt a long term approach in the planning, directing, organising and leadership of wellness to achieve organisational objectives. It is of utmost importance that management endorses and supports the EWP as this will give the programme greater prominence. The findings of the study have revealed

contrasting views with regards to the management function when it comes to employee management. These findings suggest that line managers are playing a lesser role in identifying employee problems, supporting and encouraging employees to utilise EWP services whereas the expectation from the EWP unit is that employee wellness is part of management's overall responsibility.

Recommendation:

The literature has made an important contribution with regard to the role of management and emphasised that managers across all levels of the organisation need to support EWP interventions. Therefore the researcher recommends that management should explore incorporating wellness issues as part of the agenda during strategic planning and review sessions so that it remains a departmental priority then ultimately it should be incorporated into line managers operational plans.

6.2.2 Planning and communication

Literature confirms that planning is one of the fundamental roles that organisations perform in order to outline organisational goals that need to be achieved.

The analysis has revealed that whereas the programme is planned, the planning process seems to fall short in terms of soliciting and including employee input as confirmed in the findings in chapter 5. There is also very little evidence to support that needs assessment have been conducted as a platform to incorporate the needs and expectations of employees. In addition, the findings have also shown that communication and consultation is not adequate and does not filter throughout the various levels of the organisation including to management.

Recommendations:

As planning is the primary function of management, the researcher recommends the mainstreaming of health and wellness issues as an integral part of management's daily function and should be reflected in the operational plans of line managers. This

also suggests that managers should make adequate provision for both financial and human resources needed for the successful implementation of the programme. Interestingly, Cascio (2006) recommends that managers across all levels of the organisation need to support EWP interventions and that there is a need to capacitate managers so that they know exactly what their roles and responsibilities are in the EWP. The researcher supports this view point and recommends that a training programme for managers and supervisors should be developed to capacitate managers on the identification of and provision of assistance to troubled employees as well as on the policies and practices of EWP.

In addition, it is recommended that communications and consultation should be improved over and above the current platforms that the Department is using i.e. (intranet, news flash, posters). The use of face to face communication should not be undermined. Social media has over the years made significant strides in terms of being a useful tool for both communication and information dissemination. Klososky (2011) defines social media as “any web site or service that facilitates using a piece of media to share an idea, advertise, promote, or deliver content”

The researcher therefore suggests usage of such tools in communicating important messages for example the programme can be linked to Facebook or have a twitter account whereby health and wellness issues can be posted and updated on a regular basis. This can also provide an opportunity for employees to enlist their needs and expectations. The importance of communication between line managers and the EWP unit cannot be over emphasised. The two have to work hand in glove to ensure that organisational and wellness objectives are synergised.

6.2.3 Leadership and support

The reviewed literature has emphasised that one of the key responsibilities of the management function is the presence of leadership. The findings of the study has shown that there is lack of proactive leadership on the part of management but does not suggest that there is none at all, in ensuring that employees are encouraged and

supported to participate in the wellness programme. Bibeau, *et al.,* (2009) points out the importance and role of leadership when it comes to the implementation of wellness. Their study highlights the need to establish committees that meet on a regular basis to give direction and leadership in the execution of wellness policies.

Recommendation:

As leadership is about the persuasion of people towards achieving specific organisational objectives, the researcher recommends that management adopts a proactive and hands-on approach in dealing with employee health and wellness issues. It is thus recommended that the Department incorporates the promotion of employee wellness as part of every leadership position. This will improve the dissemination of accurate information on the employee wellness program throughout the organisation and it will also encourage managers to implement policies that promote employee wellness.

6.2.4 Other management and operational recommendations

6.2.4.1 Programme evaluation

The Department should conduct continuous evaluation of the programme to determine the degree to which they are achieving the defined objectives and to find ways of improving their effectiveness.

6.2.4.2 Organisational culture

Create an organisational culture that promotes health and wellness. The Department should consider providing onsite gyms, healthy cafeteria food, and a time and place

for relaxation during breaks could improve EWP.

6.2.4.3 Confidentiality and Privacy

Clear confidentiality should be recognised and wellness providers should take into account the right of patients to privacy and ethical consideration in providing support to employees. It is the researcher's view that in cases where there is evidence that the rights of employees have been violated then management should institute disciplinary measures.

6.3 Future Further Research

The researcher thus recommends that the Department should conduct further research on employee wellness to evaluate and to establish programme performance in terms of whether indeed the intervention has a significant impact in improving both employee and organisational performance as this study was limited in that particular aspect.

In conclusion it can be said that the effectiveness of any employee wellness programme relies heavily on management participation, leadership and support. Without these elements the programme is bound to fail. Also important is communication and consultation that the needs and benefits of the programme are well known. In the end, an employee health and wellness programme must have positive spinoffs in terms of return on investment and should be able to improve variables such as productivity, employee satisfaction, absenteeism, and substantially reduce industrial relations incidences, accidents and safety behaviour.

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9. List of Appendices

1. **Appendix A – Interview Schedule**

INTERVIEW SCHEDULE

A. BIOGRAPHICAL INFORMATION

Directions: Respond to the following questions by ticking in the blank box

1. Gender

Male		Female	

2. Age Group

18 -30 years		31-40 years		41-50 years		51-60 years		Above 60 years	

3. Total number of years in the Department of Roads & Transport (GPDRT)?

Less than 1 year		1-5 years		6-10 years		More than 10 years	

4. What level of service are you occupying in the GPDRT?

Senior Management Service (SMS)		Middle Management Service (MMS)		Non-Management Service (NMS)	

QUESTIONS

1. Management perspective

1.1 What are the objectives of the Employee Wellness Programme (EWP) in the organisation?

_____
_____
_____
_____

1.2 Is the EWP an integral part of the organisational strategy?

_____
_____
_____
_____

1.2 What role does management play in the EWP? Give examples

_____
_____
_____
_____

1.3 How is the EWP planned? Please explain

_____
_____
_____
_____

1.4 Are employees consulted when planning the EWP? Give reasons.

_____

_____

_____

_____

1.5 What steps are followed to implement the EWP?

_____

_____

_____

_____

1.6 Is there a specific model that you follow to implement the EWP? Please explain.

_____

_____

_____

_____

1.7 How is the performance of the programme tracked?

_____

_____

_____

_____

1.8 Are employees advised and motivated to participate in the EWP?

_____

_____

_____

_____

1.9 Are there sufficient resources to support the implementation of the EWP? Give reasons.

_____
_____
_____
_____

1.10 What strategies are used to promote employee wellness in the GDRT?

_____
_____
_____
_____

1.11 Are there any challenges in planning and managing the EWP? Please explain.

_____
_____
_____
_____

1.12 Has the implementation of the programme helped to improve employee performance? Give examples?

_____
_____
_____
_____

1.13 Is the EWP monitored or evaluated regularly? Please explain

_____
_____
_____
_____

1.14 Is the EWP aligned with other HR or organisational programmes? Please explain.

_____
_____
_____
_____

2. Employee perspective

2.1 Have you been informed about the EWP? Give reasons.

_____
_____
_____
_____

2.2 Do you participate in the EWP? Give reasons

_____
_____
_____
_____

2.3 Are you given the opportunity to state your needs and expectations in the EWP? Give reasons

_____
_____
_____
_____

2.4 Do you get advice from your supervisor or the HR manager on how you can use the EWP to improve your life? Give reasons

_____

_____

_____

_____

2.5 Has the EWP helped you improve your life? Give reasons?

_____

_____

_____

_____

2.6 Does the EWP unit handle wellness issues professionally? Give reasons?

_____

_____

_____

_____

2.7 In your opinion, are there any challenges that hamper the EWP? Give examples?

_____

_____

_____

_____

2.8 What improvements would you like to see in the EWP? Give examples?

_____

_____

_____

_____

2. Appendix A - Participation letter for GDRT Employees

Dear Participant,

I am a student registered for the Masters in Public Management at the University of Witwatersrand. You are hereby requested to participate in the research process that I am conducting as part of the Masters programme.

The research topic is the Management of employee wellness in the Gauteng Department of Roads and Transport.

Participation in the research is voluntary. Your identity will remain anonymous and information obtained from this research will be kept strictly confidential.

By contributing towards this study you will assist in improving the Department's employee wellness programme.

I..... (Researcher) has fully explained the aim of this study and I have also assured the subject of their confidentiality.

Researcher's signature.....Date:.....