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EMPLOYEE HEALTH AND WELL-BEING PROGRAMMES IN SMALL BUSINESSES OF JOHANNESBURG, SOUTH AFRICA

BY

BEVERLEY ANN LEWIS

A dissertation submitted to the Faculty of Commerce, Law and Management, University of the Witwatersrand, Johannesburg, in fulfilment of the requirements of the Masters degree in Management.

JOHANNESBURG
SOUTH AFRICA
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ABSTRACT

Annually R3.9 billion is lost due to illness and absenteeism in South Africa. Fewer than half of the top 100 companies in South Africa offer employee wellness programmes. The objective of this study was to research and test two theories namely Porter's shared value and Friedman's profits maximisation argument. These two opposing academic theories postulate that small business managers should and should not respectively spend profits on employee well-being programmes. The research problem addressed by this research study was the lack of knowledge of the impact of well-being programmes on well-being cost to company in SMME in the Johannesburg Metropolitan Municipality area. The aim of the study was to shed light on small businesses and employee well-being in terms of well-being cost to company and if it is considered a priority in today's competitive economy. This study made use of a mixed-methods approach, and the population consisted of small businesses in the Johannesburg Metropolitan Municipality area. The sampling technique made use of a non-random sampling method called quota sampling to obtain 30 interviews for the qualitative portion of Part One and 507 completed questionnaires for Part Two. The research instruments therefore included interviews for Part One and questionnaires for Part Two. This study's findings supported literature that argues that most small business do not implement, or offer employee well-being programmes. The findings showed that a mere 13% of small business in the Johannesburg Metropolitan Municipalities offered any form of employee well-being program at work. Although formal employee well-being programmes were not a priority, management style and intervention was shown to decrease wellness cost to company. Factors such as assisting female staff with their multi-role commitments, increasing educational opportunities for unskilled staff and reducing the amount of overtime for employees was found to significantly reduce the hidden expense of well-being cost to company. This study finds in favour of literature that argues that the negative impact to the business that does not address concerns such as absenteeism, high staff turnover, lowered productivity and lowered staff satisfaction is very high. SMME are vital to South Africa because of their economic contributions which range from their ability to create jobs and contribute to GDP. Increasing awareness of hidden costs to the small business, such as wellness cost to company will go a long way to assist SMME in surviving tough economic conditions in the global economy.

DECLARATION

I hereby declare that this dissertation is my own, unaided work. It is being submitted in fulfilment of the requirements for the Masters degree in Management in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree of examination in any other university.

_____

BEVERLEY ANN LEWIS

Signed on this the 22nd June, 2016

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LIST OF ACRONYMS

ABW	Activity Based Work
BoP	Base of the Pyramid
DTI	Department of Trade and Industry
EH	Employee Health
EWP	Employee Wellness Programmes
HHR	Health Human Resources
JS	Job Satisfaction
MAR	Missing at random
MCAR	Missing completely at random
MI	Multiple imputation
MLR	Multiple linear regression
MHLC	Multidimensional health locus of control
SMME	Small, Micro and Medium size Enterprises
WHO	World Health Organisation

ALPHA INDEX TABLE

A brief outline of definitions of certain concepts/theories is provided as follows:

Employee Wellness programmes

Employee wellness programmes (EWP) are defined as “an organised, employer-sponsored programme that is designed to support employees, and sometimes their families, as they adopt and sustain behaviours that reduce health risks, enhance personal effectiveness, improve quality of life and benefit the organisation’s bottom line” (Rothwell, 2012, p. 205).

Johannesburg Metropolitan Municipal Area

City of Johannesburg Metropolitan Municipal area: The city of Johannesburg Metropolitan Municipal area is clearly demarcated according to the map shown in Appendix 8.3, the regions included in this research are: Region A - Diepsloot, Midrand, Region B - Northcliff, Randburg, Region C - Roodepoort, Region D - Greater Soweto, Region E - Sandton, Alexandra, Region F - Inner City, Region G - Ennerdale, Orange Farm (The Local Government Handbook, 2012).

Qualitative theory

This is a specific methodology that was originally developed by Glaser and Strauss (1967); the purpose was to build theory from data (Corbin &Strauss, 2008). The principle of inductive analysis of data (qualitative) is performed to identify patterns (Corbin & Strauss, 2008). There are two forms of qualitative theory (i) a fixed prescription method outlined by Strauss and Corbin (1990), and (ii) a more flexible approach prescribed by Glaser (1992).

Motivation

For the purposes of this research, motivation will refer to the willingness of an employee to act in order to achieve a goal. More specifically work motivation refers to “a personal desire to work hard and work well to the arousal, direction and persistence of effort in work settings” (Rainey, 2009, p. 248).

Shared Value

Porter & Kramer (2011), define shared value as “policies and operating practices that enhance the competitiveness of a company while simultaneously advancing the economic and social conditions in the communities in which it operates” (Porter & Kramer, 2011, p. 2).

Small Business

SMME (Small, Medium and Micro-sized Enterprises): The National Small Business Act of 1996, defines a ‘small business’ as follows: “… a separate and distinct business entity, including co-operative enterprises and non-governmental organisations, managed by one owner or more which, including its branches or subsidiaries, if any, is predominantly carried on in any sector or sub sector of the economy” (Annual Review of Small Business in South Africa, 2007, p. 38).

CHAPTER 1

RESEARCH PROBLEM AND RESEARCH QUESTIONS

1. INTRODUCTION

This chapter provides an overview of the key elements of this study. Relevant details are provided to obtain a holistic understanding of the nature of this research. The chapter opens with a background to the study. The literature is summarised and presented to produce an understanding of the context into which the study was conducted. The problem statement and the research questions follow and lead to the objectives of the research and the significance of the study. The literature review introduces the main elements and basis of the research. Finally, the structure and a summary of this chapter is then provided.

2. BACKGROUND OF THE STUDY AND RESEARCH PROBLEM

Annually, R3.9 billion is lost due to illness and absenteeism in South Africa (Statistics South Africa, 2011), while worldwide, chronic lifestyle diseases are on the rise (Milner, Greyling, Goetzel, Da Silva, Kolbe-Alexander, Patel, Nossel & Beckowski, 2013). These lifestyle diseases continue to place a burden on all organisations (Milner et al., 2013). Workplace health and well-being programmes improve the health of employees and lower organisational costs (Patel, Goetzel, Beckowski, Milner, Greyling, da Silva, Kolbe-Alexander, Tabrizi & Nossel, 2013; Baicker, Cutler & Song, 2010; Soler, Leeks, & Razi, 2010). However, in spite of the advantages that employee wellness programmes offer, fewer than half of the top 100 companies in South Africa currently offer employee wellness programmes (Naidoo & Jano, 2003). Support by academics for employee well-being programmes has been inconsistent in the past.

On the one hand, Porter and Kramer (2011) have argued that positive results are obtained when business owners invest in the health of their employees. These benefits are realised both by the organisation, as well as community members. The opposing theory, offered 50 years earlier by Friedman (1962), in contrast, posits that companies have only one social duty, namely to increase profits for their shareholders. Friedman insists that “there is one and only one social responsibility of business, to use its resources and engage in activities designed to increase its profits” (Friedman, 1962, p. 133). A tension is thus present in the literature that will be analysed in greater detail in this paper. The health of the employee, however, remains critical to business success (Wilson, DeJoy, & Jorgensen, 1999).

Employee well-being is rapidly gaining importance on the business agenda (Leka & Houdmont, 2010), rising costs are experienced by those businesses that fail to address

concerns such as absenteeism, high staff turnover, lowered productivity, and lowered staff satisfaction (Leka & Houdmont, 2010). Poor health can cost business more than health benefits and well-being programmes (Porter & Kramer, 2011). In spite of the compelling evidence, most small business do not implement, or offer employee well-being programmes (Smogor & Macrina, 1987; Wilson, DeJoy, & Jorgensen, 1999).

Small, medium and micro-sized enterprises (SMME) are gaining acclaim and recognition of their importance to economic development in South Africa (Abor & Quartey, 2010). Their economic contributions range from their ability to create jobs, contribute to GDP and accelerate financial and socio-economic objectives (Abor & Quartey, 2010).

SMME trading revenue accounts for 27-34% of total GDP in South Africa (Abor & Quartey, 2010). SMME are essential to South Africa, as they stimulate growth and are a crucial source of job creation (Abor & Quartey, 2010). A number of complications affect an SMME's ability to realise their full potential in South Africa. These obstacles include access to start-up capital and international markets, as well as skills shortages and human resource challenges, which include employee health issues (Abor & Quartey, 2010). These challenges lead to the research problem.

2.1 RESEARCH PROBLEM

A research problem is "an issue or concern that needs to be addressed" (Creswell, 2014, p. 20). The issue or concern stems from a void in the literature, or a conflict in the research (Creswell, 2014). The research problem addressed by this study is the lack of knowledge of the impact of well-being programmes on well-being cost to company in SMMES in the Johannesburg Metropolitan Municipality area. This research question is supported by the fact that South Africa, like many developing countries, does not have regulatory bodies or national standards to guide or provide regulations for health promotional programmes (Patel, Goetzel, Beckowski, Milner, Greyling, da Silva, Kolbe-Alexander, Tabrizi & Nossel, 2013). Thus, other than the occupational health legislation, employers are under no obligation to provide wellness programmes to their employees (Patel et al., 2013). In terms of non-communicable chronic diseases (NCCD), the South African workplace has, in the past, neglected to promote healthier options to their employees (Patel et al., 2013). Apart from human immunodeficiency virus and AIDS, NCCD are a leading cause of disability and death in South Africa (Patel et al., 2013). This is evident among employed individuals (Patel et al., 2013). Less than half of South Africa's top 100 companies have employee wellness

programmes (Sieberhagen, Pienaar & Els, 2011). The cost to the business that does not address concerns such as absenteeism, high staff turnover, lowered productivity and lowered staff satisfaction is very high (Leka & Houdmont, 2010). McCoy, Stinson, Scott, Tenney, & Newman, (2014) report that insufficient evidence exists with regard to small business and the prevalence and effectiveness of wellness programmes.

2.2 THEORETICAL FRAMEWORK

From a theoretical point of view, a manager's concern about employees can be thought about from the context of shared value. Porter & Kramer (2011) define shared value as "policies and operating practices that enhance the competitiveness of a company while simultaneously advancing the economic and social conditions in the communities in which it operates" (Porter & Kramer, 2011, p. 2). When a company focuses on shared value, it identifies and connects with societal issues as well as their own economic progress.

Shared value rests on a value principle, where value refers to the benefit received relative to costs, and not just costs alone (Porter & Kramer, 2011). Shared value is advanced when managers take care of their employees, producing positive results for both groups. These positive results include effective work behaviour, enhanced employee attitudes, and improved health (Porter & Kramer, 2011).

Small business managers are increasingly concerned about the rising costs of medical health and the resultant loss of productivity from poor health (Milner, Greyling, Goetzel, Da Silva, Kolbe-Alexander, Patel, Nossel& Beckowski, 2013). Thus, the shared value principle would be of significant value to the small business manager. It can be postulated that the perception of company commitment to the promotion of good health will be mediated by the provision of well-being programmes (Milner et al., 2013). Thus, shared value has been used here as the theoretical framework by means of which to show the relationship between well-being programmes in small business and perceptions of company commitment to employee well-being (Milner et al., 2013).

The relationships are portrayed in the theoretical model presented in Figure 1 below:

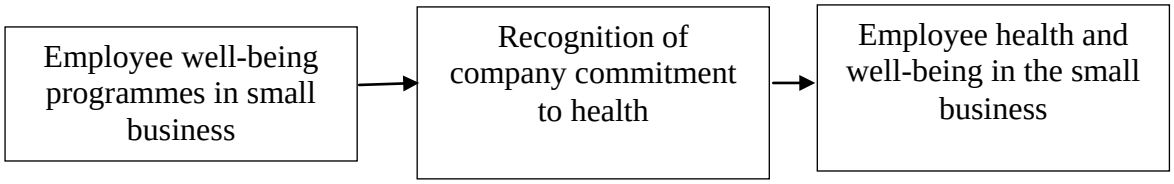


Figure 1 Theoretical model connecting employee well-being programmes, recognition of company commitment and employee well-being (Milner et al., 2103).

In keeping with the shared value principle, it can be seen that recognition of company commitment is a mediating factor between employee well-being programmes and employee health, where the independent variable here is the well-being programmes offered by small businesses. The second competing theory offers a different perspective to that of shared value.

Milton Friedman's position can be concisely stated as follows: managers are solely responsible to shareholders, with no mandate to become involved in addressing social issues that do not specifically increase the income-generating ability of the firm (Friedman, 1962). In recognition and support of Milton Friedman (1962), Husted & Salazar (2006) agree that it is wiser for companies to act strategically, and not be coerced into investing in social responsibility programmes. They argue that social responsibility is not consistent with creating value for stakeholders (Husted & Salazar, 2006). Thus, Friedman became the champion opponent against the mandated social responsibility of companies, whose deontological theory can be broken down into two parts.

Uyl, (1984) offers an opposing argument to Porter and Kramer (2011) called the 'profit maximisation argument' and the 'social responsibility argument', respectively (Husted & Salazar, 2006). The first argument, profit maximisation, posits the following: managers are fiduciaries of the stockholders, assuming the stockholders' sole collective interest is to maximise company profit. Following this logic, managers violate stockholder trust if they take measures in any way unrelated to profit maximisation (Uyl, 1984).

The second argument regarding social responsibility contends that any social responsibility undertaken by managers, leads *de facto* to a decrease in profits. This makes it clear that if managers embark on social responsibility in any form whatsoever, they violate their responsibilities. Therefore, in Friedman's conception, managers must certainly not spend profits on socially responsible activities (Uyl, 1984). In the case of this research, employee

well-being programmes are considered social responsibility, and managers can interpret the above as advising against the investment in employee well-being programmes.

However, an employee's 'locus of control' also affects health at work. Locus of control (*locus* meaning 'place' in Latin) is a term first introduced in this discursive context by Rotter (1966). It is a personality variable often used in social sciences (Spector, 1992), describing reward or reinforcement as dependent on whether the person perceives the reward as contingent on their own behaviour or independent of their own behaviour (Rotter, 1966). Locus of control refers to a person's belief as to whether control over reinforcements is internal to or external to themselves as an individual (Rotter, 1966 cited in Baum, Newman, Wienman, West, & McManus, 1977), where *internal* locus of control is associated with a perception of control over reinforcement, and *external* locus of control orientates an individual to believe that the reinforcements in the environment are outside of his/her personal control (Baum et al., 1977).

Rotter (1966) developed the I-E scale to assess internal locus of control at one end of the scale, and external locus of control at the other. This scale is conceived as a personality-like construct and is usually used as an independent, or predictor variable (Baum et al., 1977).

Wallston (1992) modified Rotter's theory, showing that locus of control is a moderator variable (Baron & Kenny, 1986). If it is assumed that health is a reinforcer, then locus of control predicts health behaviour (Baron & Kenny, 1986). If an individual does not believe that their health is controlled by their behaviour, then these individuals are not likely to engage in healthy behaviour (Baum et al., 1977). Healthy behaviour is largely influenced by the perception of control over their own behaviour (Baum et al., 1977).

Based on Rotter (1966), I-E scales, Wallstone, Wallstone& De Vellis, (1978) designed and developed the Multidimensional Health Locus of Control scale (MHLOC). This scale consists of 18 questions, which are a self-report measure. This measure was intended to be used on the general population, to assess beliefs about factors that influence health. The scales assess three independent dimensions, namely: 'internal belief', 'chance belief' and 'powerful others belief'.

The internal belief holds that health is influenced by one's own choice and behaviours (Spector, 1992), while the chance belief understands health as influenced by chance, or fate.

The belief in ‘powerful others’ understands that health is dependent on the competence of a doctor or family member’s behaviour (Wallstone, Wallstone& De Vellis, 1978). In addition, organisational characteristics are an important factor to consider when dealing with employee wellness.

An organisation is a collection of individuals separated into groups, who interact with one another in interdependent relationships towards a common goal (McKenna, 2000). Buchanan & Huczynski (2003) have defined an organisation as a social arrangement for the controlled performance of collective goals. Organisations consist of people that perform a role, and have a collective goal, with a clearly-defined hierarchy (Campbell & Craig, 2005). Organisational characteristics refer to the size of the organisation, and the degree of technology in use, where the size of the organisation includes the total number of employees employed in the organisation, and the degree of technology refers to the extent to which technology is used while transforming input into output. The significance of this study will now be discussed.

2.3 SIGNIFICANCE OF THE STUDY

The significance of the study follows the tension in the literature created by two predominant conflicting academic theories, which ought to be addressed at first. These two significant theories, namely Porter and Kramer’s (2011), ‘shared value’ and Milton Friedman’s (1962) ‘maximisation of profits above all else’, offer fundamentally conflicting advice to the small business owner in terms of their employee wellness programmes. This study focused on small business and employee wellness programmes, in order to shed light on this important facet of small business health, whilst taking this polarisation into consideration.

Management techniques are another important factor to the small business owner that receives attention. The aim of management techniques is to enhance performance in the workplace (Ramsay, Scholarios, & Harley, 2000). As Peffer (2010) has noted, human sustainability at work (the capacity to endure and remain productive over-time) has received little attention in the available literature. This study has argued, in line with Burke and Richardsen (2014), that employee health and well-being require a renewed focus on the management agenda in order to bridge this identified gap. Human sustainability includes elements such as good health, energy, joy, vitality, engagement and enthusiasm (Burke & Richardsen, 2014), and employee health supports these elements. The health of employees is one of the key competitive advantages available to employers, where organisational health

may soon surpass all other business strategies, to become the greatest opportunity for outperforming current and potential competitors in business (Lencioni, 2012).

Employee well-being programmes (EWP) offer diverse benefits to the company (Rothwell, 2012). These benefits include decreased sick days, lowered health costs, healthier workforce, fewer workmen's compensation claims, and an overall increase in productivity (Rothwell, 2012). Most employers recover all costs of the initial investment in well-being programmes (Rothwell, 2012). Worksite health programmes improve the health of the employee and reduce health costs long-term (Kolbe-Alexander, Greyling, de Silva, Milner, Patel, Wyper, Beckowiski, Lambert & Goetzel, 2014). A growing amount of evidence suggests that health and well-being programmes are gaining traction in the USA, as well as in the South African business sector (Milner et al., 2013).

The health of employees in small business is critical to the success of the small business venture (Zhang, Kandampully & Choi, 2014). The small business employee interacts with customers, creating a long lasting impression (Zhang et al., 2014). Employee engagement and commitment is enhanced through employee wellness programmes (Zhang et al., 2014). There are five components of a good wellness programme (McCoy, Stinson, Scott, Tenney, & Newman, 2014). These five components include health education, support for social and physical environments, links to existing programmes, screening programmes and integration of programmes into business structure (McCoy et.al. 2014). Of these five components, small business is less likely to implement all the programmes (McCoy et.al., 2014; Smogor & Macrina, 1987). Smaller companies are less likely to offer the above programmes and offer fewer individual programmes such as counselling, screening services and disease management (McCoy et.al., 2014). Thus, smaller companies offer less health promotion (McCoy et.al., 2014).

In addition Smogor & Macrina (1987); conducted a survey of small business and found that 87% of small business had no wellness programmes. Of the programmes that were offered by small business the majority reported to have first aid, accident prevention, stress management, alcohol/drug counselling and emotional health programmes (Smogor & Macrina, 1987; Wilson, DeJoy, & Jorgensen, 1999). Programmes offered by small business are more likely to be job hazard-focused, as opposed to wellness programmes (Wilson et al., 1999). Employers need evidence that health promotion programmes are effective and provide a positive return on investment (Wilson et al., 1999). This leads to the research problem.

Kerlinger & Lee (2000, p. 9) have defined a theory as a "set of interrelated constructs, definitions and propositions that present a systematic view of phenomena by specifying relations among variables, with the purpose of explaining and predicting phenomena", and these authors go on to explain that the most satisfying relationships are those that can be generalised back into the population.

This study used both an inductive approach and a deductive approach while building the theory (Mitroff and Pondy, 1978). The inductive approach involved creating testable propositions from interviews (Schwab, 2013). Following this, the deductive approach was used in proposition testing (Bryman, 2012). The inductive approach moved from data collection in the form of interviews, from which patterns in the data were identified, to see whether relationships existed between variables (Gray, 2014). Testable propositions were developed during this stage.

From the testable propositions developed during the inductive approach, the deductive approach was used to test these propositions (Schwab, 2013). The propositions were devised as a means to explain the relationships between employee well-being programmes and well-being costs to company in small business in the Johannesburg Metropolitan Municipality region of South Africa(Gray, 2014).

A combination of the inductive and deductive approaches used in this research are illustrated in the following diagram.

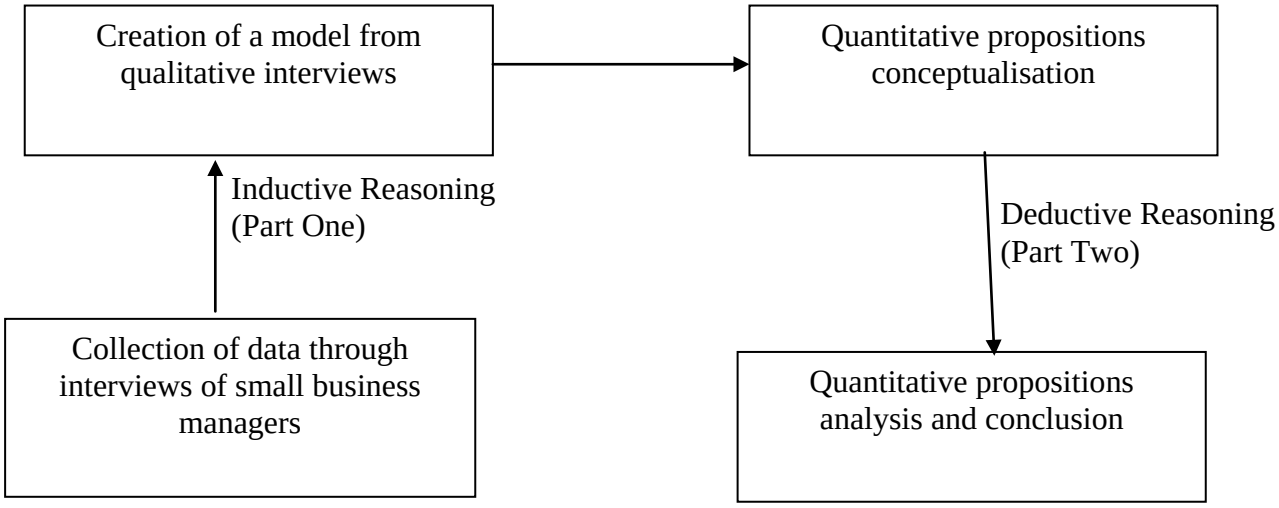


Figure 2 Inductive and deductive reasoning used in this research (Gray, 2014, p. 18).

2.4 BACKGROUND TO THE METHODOLOGICAL APPROACH

This section will discuss the background to the methodological approach, starting with the paradigm used in this study. A paradigm, is informed by philosophical assumptions, such as epistemology (what it means to know), and ontology (that which is) (Gray, 2014). Paradigms can be thought of as constellations of beliefs and values that highlight the relationship between the researcher, the subject, and the methods used (Locke, 2001). Burrell and Morgan (1979, p. 23) have defined a paradigm as "a commonality of perspective which binds the work of a group of theorists together".

Burrell & Morgan (1979) have been influential in organisational studies introduced opposing ontological views that could be held about the world. They questioned whether reality is external from our knowing, or a result of individual consciousness (Burrell & Morgan, 1979), they asked whether a true reality exists (relativism), or if reality is created by individuals (subjectivism). These authors depicted four competing paradigms on a two-by-two grid:

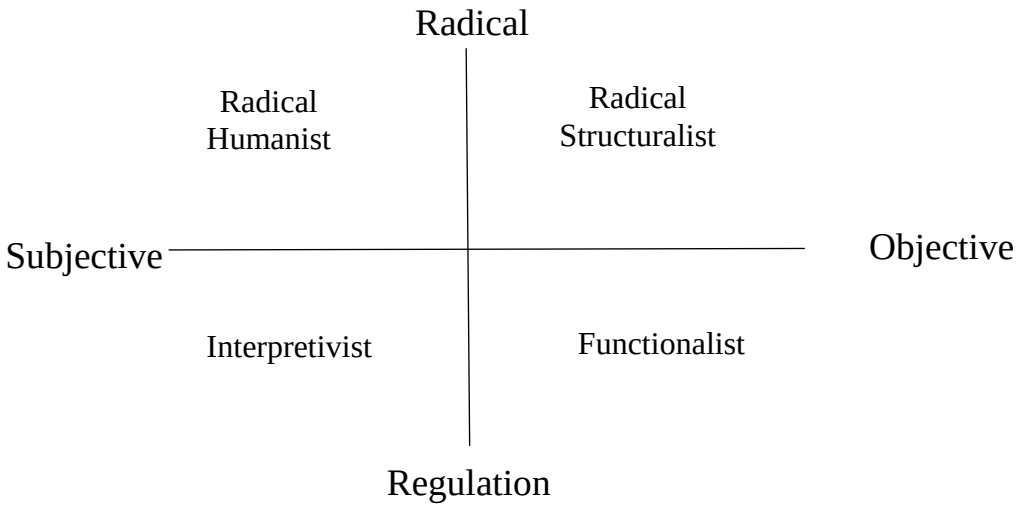


Figure 3 Burrell & Morgan's (1979) pragmatic framework

From the above diagram, the functionalist paradigm (objective/regulation) can be seen to view the world as both physical and real. This is the primary paradigm for organisational studies, where researchers in this paradigm understand and determine empirical relationships in organisations, which are real entities, and not constructs (Burrell & Morgan, 1979).

The interpretive paradigm (subjective/regulation) on the other hand, examines social truths and how they come into being. Behaviour is researched from an individual's point of view. Causal links are examined between actions and outcomes. Questions such as how employees

create meaning are important in this paradigm (Burrell & Morgan, 1979). By way of contrast, radical humanism focuses more on social hierarchy.

The radical humanist paradigm (subjective/radical) is usually critical of management theory. It analyses the way in which forces act to control human activity in the social hierarchy. It is concerned with releasing social constraints that limit the potential of humans, and social constructs are not accepted as being true, but responsible for ultimately destroying social inequality. In other words, they are often used to justify radical change (Burrell & Morgan, 1979).

Lastly, radical structuralists (objective/radical change) view social life as real, and resulting from power structures, specifically. Organisations are viewed as exploitative, where power is skewed toward top management, and where, according to the interpretation forwarded by Marx and Lenin, structural conflicts are caused within society that generate political and economic crisis, (Burrell & Morgan, 1979).

The two paradigms of importance to this research paper were positivism/functionalism and interpretivism. The paradigm typically used in management studies is the post-positivist paradigm, which generally makes use of a quantitative methodology (Wagner, Kawulich, & Garner, 2012). Post-positivism involves theory falsification, where positivism involves theory verification (Wagner et al., 2012), while interpretivists believe that reality is socially constructed, and that there are many intangible realities (Schwab, 2013). In the case of this study, the interpretivist lens was used for the qualitative section, and the post-positivist lens was used for the quantitative portion of the study. This has taken the form of a mixed-methods approach.

Collecting diverse types of data provides a more complete analysis of the research problem than just using qualitative or quantitative data (Creswell, 2014). Thus, a mixed-method approach has been chosen.

Reference to Locke (2001) removed. Burke, Johnson & Onwuegbuzie (2004) have argued that a mixed-method approach moves beyond the polemic of the ‘paradigm wars’, and constituting its own unique paradigm (Burke Johnson & Onwuegbuzie, 2004).

In this research paper, quantitative and qualitative research techniques were both utilised. A mixed-method approach is "one that involves the gathering of both numeric information (questionnaires) as well as text information (interviews) so that the final database represents both quantitative and qualitative information" (Creswell, 2003, p. 20). The methodology used during the qualitative phase was qualitative theory, which was developed by Glaser and Strauss (1967) for the purposes of developing theory out of data (Corbin & Strauss, 2008). This method involves the continuous comparison of data to theory, which starts with data collection (Eisenhardt, 1989). In this research paper, the data was collected through 32 interviews with various small business managers.

The methodology to be used can be depicted in the following diagram:

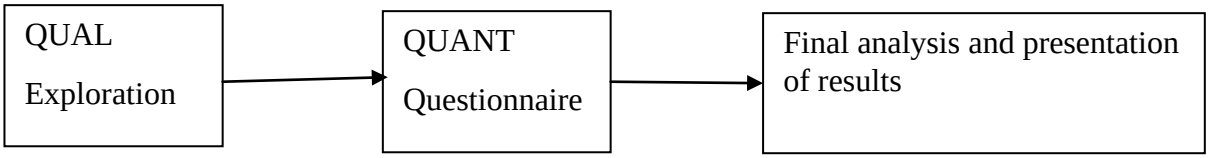


Figure 4 Mixed-method model Source: (Gray, 2014, p. 200)

From the model above, it can be seen that initially an explorative qualitative framework was utilised, which assisted with the model development. In sequence, this lead to the development of the questionnaire for the quantitative section. The findings of the questionnaire were then analysed in-depth (Gray, 2014).

The objective of the qualitative research (Part One) was to develop theory that determines (i) the perception of managers of small business to employee well-being programmes; (ii) the extent of well-being programmes offered in small businesses; and (iii) perceived benefits and disadvantages to employee well-being programmes currently operating in small business in the Johannesburg Metropolitan Municipality in question.

The quantitative research (Part Two) was used to test the relationships that arise during the qualitative analysis. The objectives of the quantitative research were (i) to test the relationships predicted by the Shared Value Theory proposed by Porter & Kramer (2011) in terms of the relationship between perceptions of company commitment to health and employee well-being; (ii) to test the relationships predicted by Friedman's mantra 'maximise profits above all else' (1962), and the abandonment of investment in employee well-being

programmes. From the above process, individual employee characteristics, employee wellness programmes and well-being costs in small business in Johannesburg were measured.

2.5 RESEACH PROBLEM AND RESEARCH QUESTIONS

This section introduces the aims and the research questions of the study. The aims of the study highlight the desired outcome, what is to be accomplished, and how this is accomplished (Schwab, 2013).

2.5.1 Aim of the research

The aims of this study are twofold:

1. to investigate the potential effect of employee characteristics on well-being costs to company; and
2. to what extent do company policies and management techniques reduce well-being cost to company in terms of health related absenteeism, general absenteeism, intention to quit and job satisfaction?

From this, the overall aim is to shed light on the small business and on employee well-being, in terms of well-being programmes on offer, and to determine whether it ought to be considered a priority for a business operating in today's competitive economy. The objectives of the study are now discussed.

2.5.2 Research Objective

Objectives are shown to include a description of the steps that must be taken to answer the research question (Schwab, 2013). Objectives show the way in which the research question is to be answered (Bryman, 2012). The objective of this study is to test theory that relates to Porter's shared value and Friedman's maximisation of profits argument. These theories were tested and related to small business and employee well-being programmes, with insight generated to the extent and content of employee well-being programmes offered in small business, and the employee's perception of these programmes on offer. The goal of this study included recommendations for small business managers that may assist in enhancing the potential of their employees through better health. The research question and derived propositions used is hereafter introduced.

2.5.3 Research question and derived propositions

The central research question addressed in this study was: "*should well-being programmes be considered a priority for business operating in today's competitive economy*?" From this central research question, two sub ordinate research questions were derived:

1. *What is the effect of employee characteristics on well-being cost to company?*
2. *To what extent do company policies and management techniques reduce well-being cost to company in terms of health related absenteeism, general absenteeism, intention to quit and job satisfaction*?

This study made use of a qualitative analysis and a quantitative statistical analysis to holistically evaluate the findings. From the literature, five core propositions were derived. Firstly a visual representation of the tested propositions is presented.

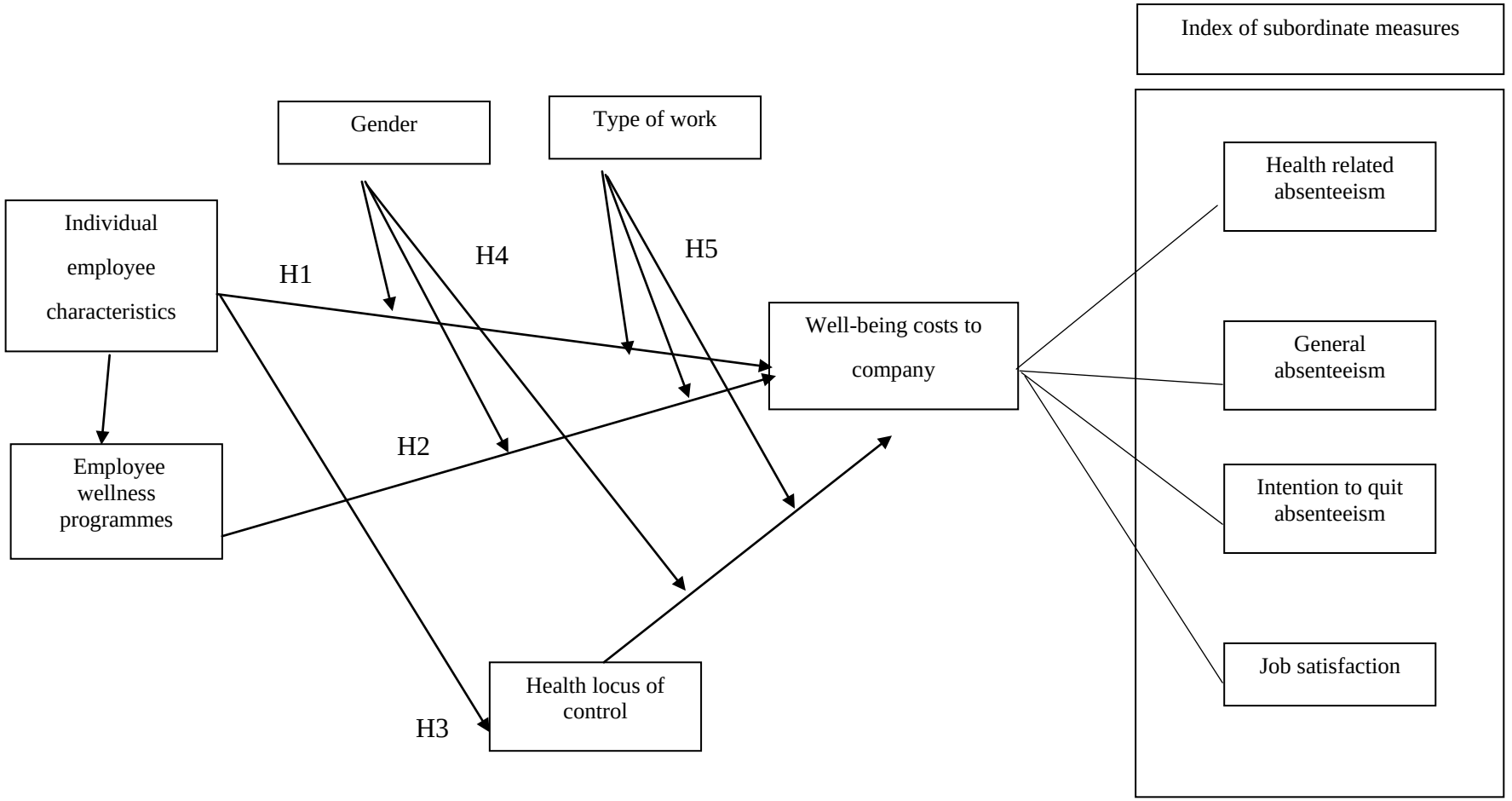


Figure 5 Visual representation of the tested propositions

A proposition describes the research question in testable format, which may include a predicted answer (Gray, 2014). These propositions are derived in more detail in the literature review section. Briefly here, the first proposed proposition was derived from the link between individual characteristics and well-being costs to the company. The individual characteristics here refer to the personality, age, job status, and home language of the employee. This proposition takes the following form: *there is a significant association between individual characteristics and well-being costs to company.*

The second proposition was derived from the link between individual characteristics, wellness programmes and well-being costs. This proposed proposition takes the following form: *employee wellness programmes moderates the relationship between individual characteristics and well-being costs to company.*

The third proposition was based on Rotter's (1966) locus of control. Reward or reinforcement is dependent on whether the person perceives the reward as contingent on their own behaviour or independent of their own behaviour (Rotter, 1966). Thus, this proposed proposition may be stated as follows: *health locus of control moderates the relationship between individual characteristics and well-being costs to company.*

The fourth proposition highlights the mediating influence of gender on employee well-being programmes and employee health. The fourth proposed proposition can be articulated thus: a) *gender moderates the relationship between individual characteristics and well-being costs to company. b) gender moderates the relationship between employee wellness programmes and well-being costs to company. c) gender moderates the relationship between health locus of control and well-being costs to company.*

The fifth proposition refers to the potential moderation influence of type of work on employee well-being programmes and employee health. The fifth proposed proposition can be articulated thus: a) *type of work moderates the relationship between individual characteristics and well-being costs to company; b) type of work moderates the relationship between employee wellness programmes and well-being costs to company; c) type of work moderates the relationship between health locus of control and well-being costs to company.*

2.5.4 Research design

The method used followed an exploratory, sequential, mixed-methods approach. A qualitative research phase was first conducted (Schwab, 2013), which explored the views of the participants (Creswell, 2014). The information from the qualitative phase was used to

build in a quantitative phase, and took the form of subsequent research questions for the quantative questionnaire (Babbie, 2014).

Part One – Qualitative portion

Qualitative data analysis was chosen for this part of the research paper, as well as collected qualitative data, which yielded meaningful insight into what real life is like for the small business manager in terms of employee well-being, "qualitative research is conducted through intense and/or prolonged contact with participants in a naturalistic setting to investigate the everyday and/or exceptional lives of individuals, groups, societies and organisations" (Miles, Huberman & Saldana, 2014, p. 9). This technique is the best strategy for discovery and developing new hypotheses (Miles, Huberman & Saldana, 2014).

Miles, Huberman & Saldana (2014) have proposed that there are three main sections to qualitative data analysis. These are depicted in the figure below.

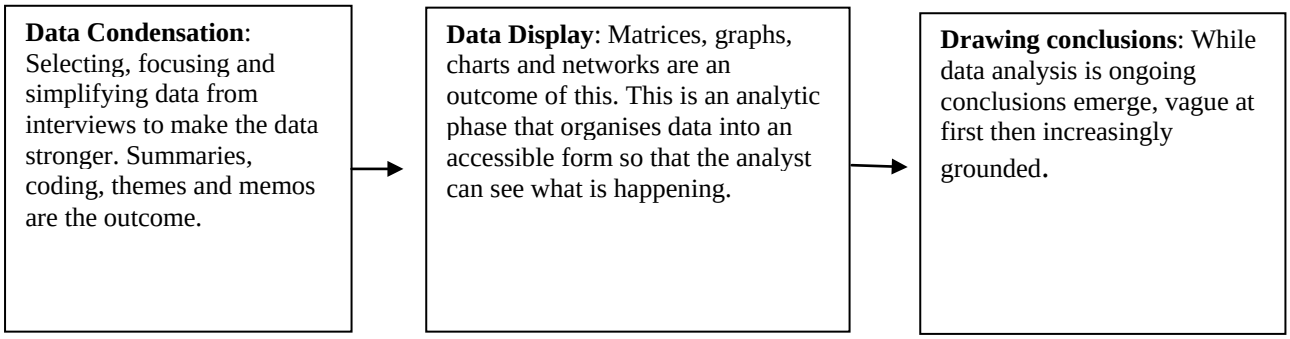


Figure 6 Three stages of qualitative data analysis (Miles, Huberman & Saldana, 2014).

The above steps are, however, interwoven, and together make up the analysis phase. The steps form an interactive cyclical process which was used in this study; this is discussed further in chapter four.

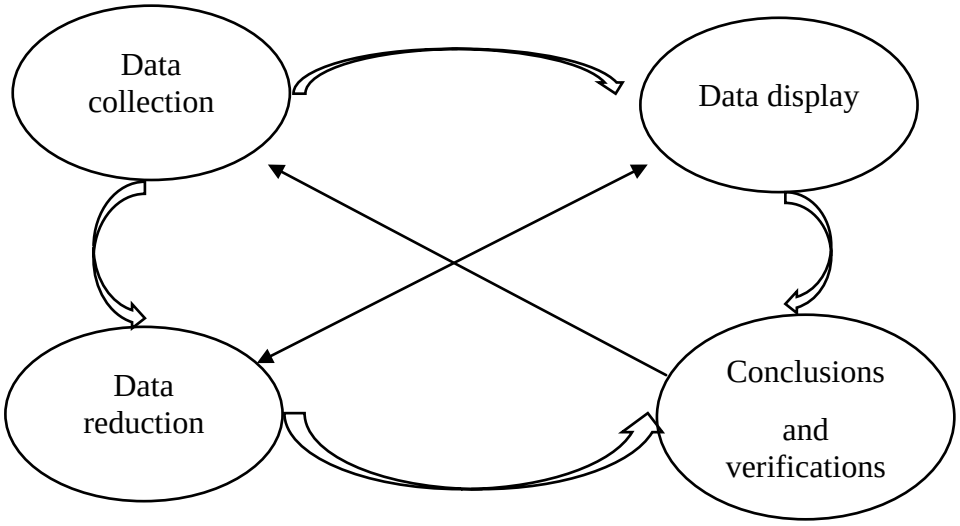


Figure 7 Components of Data Analysis: Interactive Model (Miles & Huberman, 1994, p. 178).

Corbin & Strauss (2015) have argued that analysts must move between abstract and concrete statements during the analysis phase, and that this phase requires the constant need for questioning and comparisons, while looking for relationships.

Towards this end, Corbin & Strauss (2015) have suggested the following techniques, which have worked well for them in the past. This technique for the analysis of the interview dialogue includes reading the entire interview once over, without doing anything, and thereafter, looking for natural breaks in the manuscript, which may denote a change in topic and focus on that section. Once this is complete, coding can begin, which is a line-by-line form of analysis, using an inductive approach. Thereafter, a more detailed line-by-line analysis must take place to verify initial interpretations. This is done by making constant comparisons to validate original concepts, enabling the development of concepts in terms of their properties. Initial concepts may be lower-level concepts. Concepts can be named and renamed throughout the analysis phase. If the main concept is repeated later, some validation takes place, and with the addition of more data, the concept gains more properties and dimensions. This analysis is recorded in memos and can be thought of as “mining the data” (Corbin & Strauss, 2008, p. 87). This method was used extensively in the qualitative analysis of this research paper.

Part Two - Quantitative portion

Using a post-positivist lens, the quantitative part of the research was a systematic, empirical investigation of statistical techniques (Given, 2008). Numerical data was obtained from self-report questionnaires (Schwab, 2013). This method involved the completion of self-report employee well-being-related questions answered by the employees of the small businesses under scrutiny. The questionnaire can be found in Appendix8.6.

The data was analysed using the IBM SPSS statistical analysis programme. The propositions derived in Part One were tested in this manner.

The following steps took place for Part Two:

1. design of the final questionnaire from the data in Part One.
2. data collection took place, with 507 questionnaires filled out by the employees of small businesses.
3. capturing the collected data onto Microsoft Excel and creating a matrix; and
4. importation of this matrix and analyse of the data using IBM SPSS, with a final report on the statistics.

Statistics is “the science of collecting, organising, analysing and interpreting data in order to make decisions” (Asadoorian & Kantarelis, 2005, p. 2), where there are two branches of statistics, namely the descriptive and inferential (Schwab, 2013). Descriptive statistics describes organising and display of data and inferential statistics uses probabilistic techniques to analyse samples to improve knowledge about the population (Mendenhall, Beaver & Beaver, 2009). The object of both is to make inferences about the population from information obtained in the sample (Mendenhall et al., 2009). The reporting of these findings is shown in greater detail in chapter five. The layout of the dissertation is now described.

2.6 CHAPTER SEQUENCE

A breakdown of the chapters for the dissertation follows.

2.6.1 Chapter 1: Background to the study and research problem

In this chapter, the background and theoretical framework are documented. The lack of knowledge of the impact of well-being programmes on well-being cost to company in SMME in the Johannesburg Metropolitan Municipality, as a core framework is addressed in this study. The tension in the literature between Porter (2011) and Friedman (1962) is introduced here Porter and Kramer’s (2011) notion of ‘shared value’ argues that positive results are obtained when business owners invest in the health of their employees. These benefits are realised both by the organisation, as well as the community members alike. The opposing

theory, by Milton Friedman (1962), in contrast, posits that companies have only one social duty, namely to increase profits for their shareholders. Friedman insisted that "there is one and only one social responsibility of business, to use its resources and engage in activities designed to increase its profits" (Friedman, 1962, p. 133). A tension is thus present in the literature that is analysed in greater detail in this paper. An overview of the methodology is then presented. The chapter concludes with a summary of the chapter.

2.6.2 Chapter 2: Literature review

This chapter presents an introduction to health and wellness programmes internationally and then focuses on the South Africa situation. The chapter emphasises the ageing employee and the effect of longevity in the workplace. Health and wellness is defined and set in the South African context. A large focus of this chapter is placed on the legal, moral and ethical reasons to invest in well-being programmes at work. The global state of employee health is discussed with a specific emphasis on mental health. Porter's competitive advantage is discussed in detail and the chapter then concludes with a review of the literature.

2.6.3 Chapter 3: Research methodology

This chapter provides an explanation of the methods that were used during this study, beginning with the research design and research methodology. This chapter is divided into the two phases of the project, namely the qualitative analysis phase, and the quantitative analysis phase. Here, the research methodology covers the method of qualitative analysis that was used during the qualitative phase, and goes on to offer a summary table of the outcome of this part of the study. The quantitative analysis research methodology is then described in detail. The research design is thereafter described in detail for the quantitative analysis phase, where the scope of this part of the study is defined. The population and the sample of this phase of the project is outlined, with a detailed description of the data collection process. The data analysis and tests used are then justified. Reliability and validity are examined at length. Ethical considerations are carefully noted and discussed. Lastly, a summary of this chapter is provided.

2.6.4 Chapter 4: Qualitative research findings

This chapter provides a report and a discussion of the qualitative research undertaken in this dissertation. The qualitative analysis was aimed at finding testable propositions which formed the basis for the propositions tested in the quantitative phase of this research. The purpose of this analysis has been to determine the relationships between small business and employee wellness. The objective of the qualitative research (Part One) is to develop theory that

determines: (i) the perception of managers of small business to employee well-being programmes; (ii) the extent of well-being programmes offered in small businesses; and (iii) perceived benefits and disadvantages to employee well-being programmes currently operating in small business in the Johannesburg Metropolitan Municipality.

2.6.5 Chapter 5: Quantitative results

In this chapter the results of the statistical analysis is shown. The results of the proposition testing are shown. Firstly missing values are thoroughly discussed and reported. The univariate analysis is then reported, followed by the bivariate analysis and finally the multivariate analysis. The chapter concludes with a summary of the findings.

2.6.6 Chapter 6: Discussion of the findings

The results of the quantitative and qualitative analysis are discussed in detail. The propositions are used as a heading and the discussion is focused on the proposition and the testing. The chapter is broken up into the three themes discussed in chapter four. Theme one is firstly discussed namely company profile and policies, then theme two, namely cost to company and finally the third theme is discussed, namely the employee. The chapter concludes with a summary of the findings.

2.6.7 Chapter 7: Conclusion and recommendations

This chapter reviews a summary of the findings and the objectives of both the qualitative and quantitative findings. Thus, the objective of this chapter is to summarise and present the findings of the research, to discuss implications of the findings and to make recommendations.

3. CONCLUSION

This chapter provided an overview of the features of this study. Relevant details were provided to obtain a holistic understanding of the nature of this research into small business and employee wellness programmes. The chapter opened with a background to the study, where the literature was summarised and presented to produce an understanding of the context of the study. The objective of the study was shown to research and test two theories, namely Porter's shared value and Friedman's profits maximisation argument. These theories were tested and related to small business and employee well-being programmes.

The research problem addressed by this research study was described as the lack of knowledge of the impact of well-being programmes on well-being cost to company in SMME

in the Johannesburg Metropolitan Municipality. The aim of the study was to shed light on the small business and employee well-being in terms of well-being cost to company and if it is considered a priority in today's competitive economy.

This dissertation made use of a mixed-methods approach. It has been shown that mixed-methods fall into a third movement, which moves past the current theoretical impasses into its own unique paradigm. Here,an exploratory design was used. Exploratory design applies to topics where the goal is to explore a situation when the problem has not been clearly defined (Wagner et al., 2012).The research instruments included interviews for PartOne and questionnaires for PartTwo.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In Chapter 1, the outline of the research was provided. Chapter 2 will now provide a detailed study of the literature that focuses on health and wellness in small business. The key areas of this topic will be explored, showing clearly where the gaps exist in this knowledge base, as particular to the South African context. This chapter starts with an introduction to the workplace and wellness programmes. Following this, the literature that relates to health and wellness in small business is reviewed in detail. Health and wellness at work is defined and explored. The global and South African contexts of health and wellness are then discussed. The ever-increasing age of the working employee is shown to be an important factor to consider when implementing health programmes at work. Justification is provided, showing why health programmes at work are essential. It is shown that health and wellness programmes assist in attaining a competitive edge in the global economy.

2.2 HEALTH AND WELLNESS PROGRAMMES

Healthy employees work harder, are more satisfied, more productive, and more likely to assist others (Burke & Richardsen, 2014). Workplace health and wellness programmes improve the health of employees and lower organisational costs (Patel, Goetzel, Beckowski, Milner, Greyling, Da Silva, Kolbe-Alexander, Tabrizi & Nossel, 2013; Baicker, Cutler & Song, 2010; Soler, Leeks, & Razi, 2010). Employee well-being is rapidly gaining importance on today's business agenda (Leka &Houdmont, 2010). The cost to a business which does not address concerns such as absenteeism, high staff turnover, lowered productivity and lowered staff satisfaction, is notably high (Leka & Houdmont, 2010), and limited evidence exists with regard to the prevalence, effectiveness and characteristics of wellness programmes in the small business (McCoy, Stinson, Scott, Tenney, & Newman, 2014).

Employee wellness programmes (EWP) have diverse benefits to the company (Rothwell, 2012). These benefits include decreased sick days, lowered health costs, a healthier workforce, fewer workmen's compensation claims and increased productivity (Rothwell, 2012). Most employers recover all costs of the initial investment in wellness programmes (Rothwell, 2012), where worksite health programmes has been shown to improve the health of the employee and reduce health costs (Kolbe-Alexander, Greyling, de Silva, Milner, Patel, Wyper, Beckowiski, Lambert & Goetzel, 2014).

Employees and their families operate across social, political and economic spheres, and these all influence behaviours which affect their health and well-being (Burke & Richardsen,

2014). So too, organisations influence employee behaviour, resources and well-being (Burke & Richardsen, 2014). Meanwhile another important factor to consider while investigating wellness programmes is the ever increasing age of the working employee.

2.3 THE AGEING EMPLOYEE

Extensions of the working life of individuals have meant that an increased focus has now been introduced in order to maintain the capacity of employees to remain at work much later in life (Vickerstaff, Phillipson, & Wilkie, 2012). This new aging working population has increased the interest of scientists to focus more on health and well-being of all employees, so that people are able to work well into retirement (Vickerstaff et al., 2012).

The retirement age in Europe is meanwhile rising, employees are having to work longer to realise a standard of living after they leave the world of work (Vickerstaff et al., 2012), and the movement toward health promotion and management of chronic disease has increased (Vickerstaff et al., 2012), where South Africa is no exception in this effort to keep people employed for longer.

The South African census of 2011 showed the number of people aged 60 years and older has increased by 8,0% during the period 1996–2011 (Statistics South Africa, 2011). It is further projected that this number will continue to increase, and that by 2030, there will be seven million people over the age of 60 in South Africa (Statistics South Africa, 2011). South Africa, like Europe is seeing changes in retirement age (Statistics South Africa, 2011). Many are staying employed for longer due to economic reasons, which is encouraged by employment schemes such as the Expanded Public Works Programme (EPWP) (Statistics South Africa, 2011). This programme promotes employment to the aging population in order to reduce the dependence on the old-age pension fund (Statistics South Africa, 2011). Health policy and health improvement remains the centre of this struggle.

2.4 DEFINING HEALTH AND WELLNESS

An outdated and limited definition of health is ‘the absence of disease or illness’ (Kronenfeld, 2002). This definition is negative in approach, only focuses on physical health, and fails to identify the true nature of health (Kronenfeld, 2002). To counter these criticisms, the WHO (World Health Organisation) adopted a broader definition of health in the 1950s (Kronenfeld, 2002). The updated definition of health holds that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (World

Health Organization, 2006). In terms of Occupational Health and Safely (OSH), health is defined as, “the protection of the bodies and minds of people from illness resulting from the materials processes or procedures used in the workplace” (Hughes & Ferrett, 2011, p. 3). Well-being is slightly different.

Well-being is more concerned with non-medical assumptions about health (Cameron, Mathers & Parry, 2006). Well-being emphasises positive health with a subjective aspect of personal health, thus, well-being becomes a useful tool to measure health in the working environment (Cameron et al., 2006). The measurement of health must become qualitative in participant’s own perception of their own experience of health and well-being at work (Cameron et al., 2006). Measurement of the health of the employee must take the form of qualitative and quantitative data, which needs to be sought and analysed together. (Cameron et al., 2006). Companies have three reasons to focus on the health and safety management of their employees, where these are moral, legal and financial in nature (Hughes & Ferrett, 2011).

2.4.1 The moral, legal and ethical reasons to invest in wellness

The moral reasons for a company to support health and safety at work include the obligation that business has to protect its employees. More specifically, the legal reasons are potential prosecution from both criminal and civil law, and the financial reasons include fines, compensation, or imprisonment of directors who break these laws (Hughes & Ferrett, 2011). Thus, the implementation and follow-up of health and safety in the modern work place is now more important than ever.

The modern workplace is associated with increased risk to the health of the employee (Wilton, 2013). These risks stem from altered work-life balance that is skewed, largely due to shift work, such as the imposition of night shifts (Wilton, 2013). The current era of global competition, with escalating medical costs, has shown that employers are tempted to outsource and reduce such costs (Kelly, Kossek, Hammer, Durham, Bray, Chermack, Murphy, & Kaskubar, 2008). These employers should, it is argued here; rather invest in their work force (Kelly et al., 2008). Initiatives such as work-family projects have been shown to increase output by 1–3% per employee, to raise market share, and to improve the image of the company (Kelly et al., 2008). Addressing employee concerns is a precondition to achieving long-term organisational goals (Jackson, Schuler, & Jiang, 2014). From a mutual gains perspective, employees are happier working in successful companies that invest in their

human capital (Jackson et al., 2014). Employee wellness programmes become a critical part in this endeavour.

Employee wellness programmes (EWP) are defined as “an organised, employer-sponsored programme that is designed to support employees, and sometimes their families, as they adopt and sustain behaviours that reduce health risks, enhance personal effectiveness, improve quality of life, and benefit the organisation’s bottom line” (Rothwell, 2012, p. 205). Examples include awareness training, enlightenment programmes, disease prevention, and health promotional activities (Rothwell, 2012). The effectiveness of these programmes is critical to the success of the company.

2.5 SUCCESS OF EMPLOYEE WELL-BEING PROGRAMMES

Employee wellness programmes (EWP) are defined as “an organised, employer-sponsored programme[sic] that is designed to support employees, and sometimes their families, as they adopt and sustain behaviours that reduce health risks, enhance personal effectiveness, improve quality of life and benefit the organisation’s bottom line” (Rothwell, 2012, p. 205). Examples of the constitutive elements of such programmes include awareness training, enlightenment programmes, disease prevention and health promotional activities (Rothwell, 2012).

EWP depend on many factors for their ultimate success (Rothwell, 2012). This success depends on the quality of the programme, top management support of the programme and whether or not the programme is sustainable over long periods of time (Rothwell, 2012). There is a significant and positive association between employee well-being programmes and positive self-reported health status time (Rothwell, 2012). This positive self-reported health status includes increased levels of physical activity, as well as good nutrition among South African employees (Kolbe-Alexander et al., 2014). Outcomes such as these emphasise the importance of establishing workplace programmes that encourage and enhance the employee’s health and well-being (Kolbe-Alexander et al., 2014). However, with the ever-increasing rate of non-communicable diseases, EWP are becoming more vital than ever. EWPs are implemented in many forms in the work place.

EWPs include fitness and exercise programmes, where employees can either run the classes themselves or make use of internet-based fitness programmes. In this programme, the employer would make available an area to conduct exercises, with intervention procedures in

place if required (Lerner, Roddy, Cohen & Rogers, 2013). Disease management programmes are also offered in EWPs.

Disease management programmes which address a range of health conditions and health risks may include assistance with smoking, diabetes, asthma, general weight management especially for diabetes, weight management, back pain and headaches (Lerner et al., 2013). The disease management programme makes use of clinically trained personnel, who supply personalised care, with monitoring and medications at lowered cost (Lerner et al., 2013). The programmes provided to staff can also be a combination of these.

Combination programmes: health promotion, disease management and demand management programmes provide an array of services (Lerner et al., 2013). These services assist in reducing health risks and managing existing conditions. Typical programmes such as these make provisions for a 24 hour nurse on call, and/or monetary incentives to improved health using a pre-test/post-test measuring devices (Lerner et al., 2013). Disability management programmes are included in EWPs.

Disability management programmes integrate the administrative and medical aspects of the life of a disabled worker. These programmes aim to assist with cost and case management of each disabled worker (Lerner et al., 2013). It is, however, essential for employees to participate in these programmes for them to be effective.

Gender is one of the indicators of wellness programme participation. Research shows significant differences, where physical inactivity is higher amongst women than it is amongst men (Birdee, Byrne, McGown, Rothman, Rolando, Holmes & Yarbrough, 2013). However, participation of employee wellness programmes is higher amongst women than it is amongst men (Merrill, 2013). Women are more concerned about their health, and comply with the requirements of wellness programmes (Merrill, 2013). Men have greater access to fitness centres beyond the workplace, and make more use of these (Merrill, 2013). Social class is also a factor to consider when assessing levels of physical inactivity (Birdee et al., 2013).

Physical inactivity shows a higher prevalence amongst people with lower education, occupation type (blue-collar workers show lower physical activity than do white-collar workers), the unemployed and lower-income groups (Birdee et al., 2013). In the United States, African Americans and Hispanics are found to be more inactive than whites (Birdee et

al., 2013). Older people are generally more inactive than younger people (Birdee et al., 2013). Older people (from 40 years old upwards), however, tend to participate more in employee wellness programmes than do their younger counterparts (Merrill, Aldana, Vyhlidal, Howe, Anderson, & Whitmer, 2011). This may be because employees in this age group have begun to experience health concerns generally associated with aging (Merrill et al., 2011).

Physical activity is a strong indicator of employee wellness, emphasising the critical need to optimise these programmes. The size of the organisation is also a major factor to consider when dealing with companies that support wellness and physical activity.

2.6 THE FIVE COMPONENTS OF A GOOD WELLNESS PROGRAM

The health of employees in small business is critical to the success of the small business venture (Zhang, Kandampully & Choi, 2014). The small business employee interacts with customers, creating a long lasting impression (Zhang et al., 2014). Employee engagement and commitment is enhanced through employee wellness programmes (Zhang et al., 2014). There are five components of a good wellness programme (McCoy, Stinson, Scott, Tenney, & Newman, 2014). These five components include; health education, support for social and physical environments, links to existing programmes, screening programmes and integration of programmes into business structure (McCoy et.al., 2014). Of these five components, small business is less likely to implement all the programmes (McCoy et.al., 2014; Smogor & Macrina, 1987). Smaller companies are less likely to offer the above programmes and offer fewer individual programmes, such as counselling, screening services and disease management (McCoy et.al., 2014). Thus, smaller companies typically offer less health promotion (McCoy et.al., 2014).

Smogor & Macrina (1987) conducted a survey of small business and found that 87% of small business had no wellness programmes. Of the programmes that were offered by small business the majority reported to have first aid, accident prevention, stress management, alcohol/drug counselling and emotional health programmes (Smogor & Macrina, 1987; Wilson, DeJoy, & Jorgensen, 1999). Programmes offered by small business are more likely to be job hazard focused, as opposed to wellness programmes (Wilson et al., 1999). Employers need evidence that health promotion programmes are effective, and provide a positive return on investment (Wilson et al., 1999).

Small businesses face barriers to implementing employee wellness programmes (Merrill, 2013). These barriers include cost barriers, lack of health promotion staff, widely scattered employees, and insufficient time (Merrill, 2013). McCoy, Stinson, Scott, Tenney, & Newman, (2014) assessed the evidence regarding the adoption of worksite health programmes in small business and found that additional barriers to the adoption of wellness programmes in small businesses to exist. These include a lack of employee interest, lack of staff resources, low participation by employees, funding and lack of management support (McCoy et al., 2014).

Table 1 The unique barriers and opportunities for wellness programmes in small business

Barriers	Opportunities
Direct cost	Less bureaucracy, easier implementation
Indirect cost (time, staff, and facility)	Employee suggestions incorporated more easily
Lack of employee interest	Greater personal accountability
Lack of management support	Potential for teamwork/bonding
Lack of expertise	Higher participation rates (note: study scored as low in rigour)
Uncertain ROI because of less employer-based health insurance	
Rural setting with less access, or fewer health promotion providers	
Difficult to evaluate (expertise, cost to outsource)	
Protecting employee privacy, avoidance of stigmatising individuals	

Source: (McCoy, Stinson, Scott, Tenney, & Newman, 2014, p. 586)

Positive studies have emerged from assessing health and financial returns on wellness programmes (Naydeck, Pearson, Ozminkowski, Day, & Goetzel, 2008). Pelletier (2005) reviewed 12 new studies at the time, and showed that results of worksite health programmes to be consistently favourable in terms of health improvement and financial benefits to the company. Naydeck et al. (2008), showed that a positive ROI (Return On Investment) is achieved through the implementation and application of well-designed health promotion programmes at work. Chapman, (2005) confirms these findings. Of the 22 studies examining wellness programmes, the ROI showed a $5.81 savings for every dollar spent on health and wellness programmes (Chapman, 2005). However South Africa differs in this respect.

2.7 EMPLOYEES AND THEIR HEALTH

The last 20 years has seen a general decline in employee health and well-being, increases in diabetes, hypertension and obesity has been recorded (Burke & Richardsen, 2014). This can be attributed in part to unhealthy lifestyles, such as poor diet, low physical activity and increased levels of stress (Burke & Richardsen, 2014). Wellness programmes assist employees in enhancing their work and family lives and experience higher levels of well-being (Burke & Richardsen, 2014). Well-being programmes are however not compulsory in South Africa.

South Africa, like many developing countries, does not have regulatory bodies or national standards to guide or provide regulation for health promotional programmes (Patel, Goetzel, Beckowski, Milner, Greyling, Da Silva, Kolbe-Alexander, Tabrizi & Nossel, 2013). Thus, other than the occupational health legislation, employers are under no obligation to provide wellness programmes to their employees (Patel et al., 2013). In terms of non-communicable chronic diseases (NCCD), the South African work place has, in the past, neglected to promote healthier options to their employees (Patel et al., 2013). Apart from human immunodeficiency virus (HIV), NCCD are a leading cause of disability and death in South Africa (Patel et al., 2013). This is evident among employed individuals (Patel et al., 2013). Less than half of South Africa's top 100 companies have employee wellness programmes (Sieberhagen, Pienaar & Els, 2011). The picture worldwide is, however, improving.

Worldwide, employers are moving toward healthier working environments (Kirsten & Karch, 2012). These employers are realising that the health of the workers influences their productivity (Goetzel, Ozminkowski, Sederer & Mark, 2014). These productivity levels have a positive impact on performance and competitiveness (Goetzel et al., 2014). In addition to this, employers are realising their contribution to the promotion of health and productivity in the employee (Goetzel et al., 2014). Mental health concerns are no exception to this.

2.8 MENTAL HEALTH

Employees who report feeling depressed have been shown to be 70% more expensive than non-depressed employees (Goetzel et al., 2014). Employees who report feeling highly stressed are 46% more costly than non-stressed employees (Goetzel et al., 2014). Employees who are both depressed and highly stressed are 147% more expensive than their counterparts (Goetzel et al., 2014). Stress is a leading cause of low productivity worldwide.

Employees today are increasingly affected by stress, where this is due to economic competition for scarce resources (Van Zyl, 2002). The adverse effects of stress at work include lowered productivity, decreased customer service, increased absenteeism and ever-increasing work- related accidents (Van der Colff & Rothmann, 2009). These mounting costs incurred from stress, warrant attention to mental health research at work (Van der Colff & Rothmann, 2009). To reduce this unnecessary expenditure, it has become unavoidable to identify and measure the sources of stress in organisations, so that companies can proactively address this problem (Van Zyl, 2002). Remembering that good physical and mental health are considered important sources of human capital, proving a competitive edge at work (Keyes & Grzywacz, 2005), the employer should endeavour to include mental health programmes in their wellness programmes (Goetzel et al., 2014).

The study of workplace health and safety spans across many disciplines (Burke & Signal, 2010). These disciplines include public health, engineering, industrial psychology, and business management (Burke & Signal, 2010). The study of health at work draws on tools from a variety of disciplines (Keyes & Grzywacz, 2005). There are three main groups to consider when studying health at work (Keyes & Grzywacz, 2005). *Complete health* refers to the absence of any morbidity and the presence of good physical and mental acuity to work well. *Incomplete health* refers to imbalance where one of these factors is. When a worker is *completely unhealthy*, they exhibit signs of high mental and physical morbidity (Keyes & Grzywacz, 2005).

2.9 PORTER'S COMPETITIVE ADVANTAGE

Competitive advantage allows a firm to outperform its competitors by providing an attribute that allows for increased profitability (Porter, 1985). This form of strategic management can take the form of superior market position or enhanced resources and skills. Strategic management focuses on building and sustaining this competitive advantage (Porter, 1985). Porter; (1985) has argued that there are two types of competitive advantage namely, cost leadership, and differentiation.

Differentiation is a firm's ability to seek a unique dimension that is valued by buyers (Porter, 1985). In this instance, a differentiation strategy in the small business would be to provide energetic, helpful employees, who are increasingly eager to assist each other and customers. Satisfying buyer needs is the core function of any business (Porter, 1985). The small business employee interacts with customers, creating a long-lasting impression (Zhang et al., 2014). In

addition to competitive edge, Porter (2011), also highlights the concept of shared value to enhance competitiveness.

Porter & Kramer (2011, p.2) define shared value as "policies and operating practices that enhance the competitiveness of a company while simultaneously advancing the economic and social conditions in the communities in which it operates". When a company focuses on shared value, it identifies and connects societal and economic progress.

Shared value rests on a value principle. Value is the benefit received relative to costs and not just costs alone (Porter & Kramer, 2011). In the past, business has not recognised societal issues from a value perspective, but only regarded them as peripheral matters. The concept of shared value recognises that social harms, such as costly accidents and staff retraining create internal costs to firms (Porter & Kramer, 2011). In addition, addressing harms to employees and the public does not necessarily raise costs to employers. Innovation in these areas can create new technologies, new procedures and approaches. As a result, an increase in productivity will be realised which will expand a company's markets (Porter & Kramer, 2011). Thus, shared value made possible by expanding the pool of economic and social value to all.

A good example of shared value can be seen when a company and the health of its employees together with the health of the communities around it become closely intertwined (Porter & Kramer, 2011). Communities need successful companies and companies need to provide jobs for communities. Companies create economic value by creating societal value (Porter & Kramer, 2011). Wellness programmes are a good example of value creation where society benefit; because the employees become healthier and the firm gains in increased productivity (Porter & Kramer, 2011). The figure below depicts some areas where this value creation in strongest.

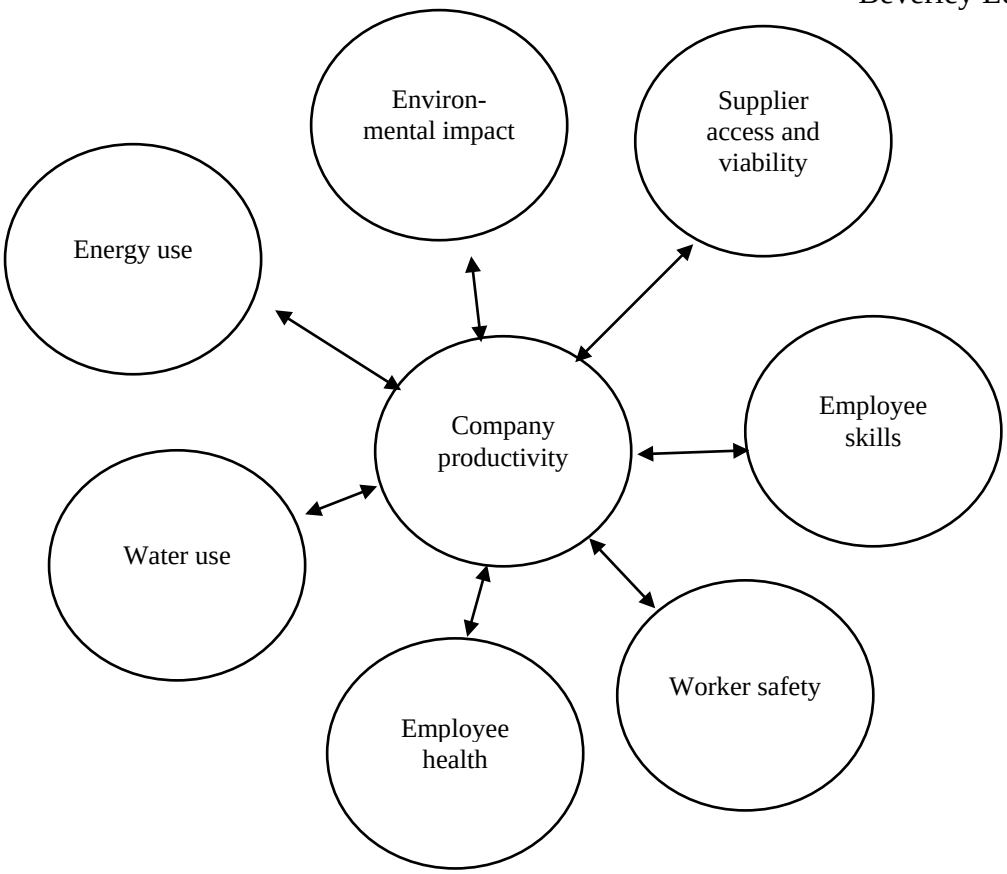


Figure 8 Shared value and productivity
Source: (Porter & Kramer, 2011, p. 6).

The above illustrates that, by eliminating the cost of absenteeism and diminished productivity, employers are better able to invest in employee wellness programmes using funds not otherwise wasted on these losses. Poor health of employees can costs business more than health benefits and wellness programmes (Porter & Kramer, 2011).

2.10 VARIABLES

This section will discuss the variables in this study. Of the two types of variables that exist, namely dependent and independent variables (Schwab, 2013), dependent variables are the outcome or consequence of an action, and the dependent variables in this study are the well-being costs to company variables. The independent variables include well-being programmes, employee status, age, gender, job status, home language and health locus of control (Schwab, 2013). The dependent variable, namely well-being cost to company, is broken down into health related absenteeism, general absenteeism, intention to quit absenteeism, and job satisfaction. Firstly, the independent variables are defined in more detail.

2.10.1 Independent variables

Employee well-being programmes (EWP) are "an organised, employer-sponsored programme that is designed to support employees, and sometimes their families, as they adopt and sustain behaviours that reduce health risks, enhance personal effectiveness, improve quality of life, and benefit the organisation's bottom line" (Rothwell, 2012, p. 205).

Employee Status: The employee status refers to the classification of the position in which the employee is employed. The classifications includes: manager/owner; clerical/sales; technical/support; marketing; and 'other'. If 'other', then the employee will indicate their employee status in the line provided.

Age: the working age population are persons who are between the ages of 15 and 65. Moderately aged workers are between 45 and 54 and aged workers are 55 years and older (Kumashiro, 2003). As the working population transition from adulthood to old age, they are more likely to experience health ailments, which require increased medication, and even specialised treatment, thus increasing well-being costs to company (Maharaj, 2013). Age is represented in question one of the employee well-being survey in Appendix 8.6.

Gender: in this research paper, gender will refer to the biological sex of an employee, gender will represent the state of being a male or female. The gender of an employee in the work-place and the well-being costs to company will be analysed (Ehmer, Ehrhardt & Kohli, 2011). Gender studies show that women live longer than men do, however, they also experience higher morbidity rates (the proportion of women with a disease during a given year per given population). Women experience more non-fatal chronic and acute conditions and men more life-threatening chronic diseases (Rieker, 2008).The gender question can be found in Question Two of the employee well-being survey in Appendix 8.6.

Job Status: the employee status refers to the classification of the position in which the employee is employed. The classifications includes: manager/owner; clerical/sales; technical/support, marketing and other. If other, the employee indicates their employee status in the line provided. Job status can affect the health of the employee, for example, where managers are expected to be working and available during the entire day, and sometimes after-hours. This factor affects the sustainability of the manager's health (Tengblad, 2012). Job status is located in Question Three of the employee well-being survey in Appendix 8.6.

Home Language: The variable home language refers to the primary home language spoken at home. This study referred to the eleven official languages of South Africa namely: Afrikaans, English, Ndebele, Northern Sotho, Sotho, Swazi, Tsonga, Tswana, Venda, Xhosa and Zulu. A free format space was provided to list home language. The home language question can be found in Question Six in the employee well-being survey in Appendix 8.6.

Health Locus of control: an employee's locus of control affects health at work. Locus (Latin for place) of control is a term first introduced in this discursive context by Julian Rotter (1966), and it is a personality variable often used in social sciences (Spector, 1992), describing reward or reinforcement as dependent on whether the person perceives the reward as contingent on their own behaviour, or independent of their own behaviour (Rotter, 1966). Locus of control refers to a person's belief as to whether control over reinforcements is internal to or external to the themselves as an individual (Rotter, 1966), where *internal* locus of control is associated with a perception of control over reinforcement, and *external* locus of control orientates an individual to believe that the reinforcements in the environment are outside of his/her personal control (Baum et al., 1977).

Rotter (1966) developed the I-E scale to assess internal locus of control at one end of the scale, and external locus of control at the other. This scale has proven to be stable over-time, and is thus conceived as a personality-like construct (Baum et al., 1977). This scale is usually used as an independent, or predictor variable (Baum et al., 1977). This scale is used in the questionnaire to test for health locus of control of an employee. The health locus of control questions can be found in Questions 26 to 43 of the well-being survey.

2.10.2 Dependent variables

Dependent variables are the outcome or consequence of an action, where the dependent variable of this study is well-being cost to company, and is broken down into subordinate measures, namely health: absenteeism, general absenteeism, intention to quit absenteeism and job satisfaction.

Health absenteeism refers to the employee missing work as a result of ill health (Branham, 2012). Research shows that health absenteeism can be attributed to smoking, excessive alcohol consumption, back pain, and migraines amongst many other ailments (Johns, 2008). Health absenteeism is found in Question 13 of the employee well-being survey in Appendix 8.6.

General absenteeism is the habitual pattern of not showing up for work or obligation on a frequent basis and is referred to here as absenteeism. Absenteeism is linked to poor working performance. All types of absenteeism increases costs to the employer (Branham, 2012). General absenteeism also refers to missing work due to attending to private matters during working hours. General absenteeism is depicted in Question 14 of the employee well-being survey in Appendix 8.6.

Intention to quit absenteeism is influential long before employees leave their employment, they become disengaged and the result is lowered commitment (Branham, 2012). These employees are less productive, uncommitted and frequently absent, resulting in massive losses to the organisation (Branham, 2012). This loss to the organisation is due to customer disengagement and customer defections (Branham, 2012). The intention to quit absenteeism question is found in Question 16 of the employee well-being survey in Appendix 8.6.

Job satisfaction is the degree to which a person feels positive or negative about their job (Schermerhorn, 2011). Job satisfaction tends to be higher in small firms and lower in large firms. Poor job satisfaction is strongly related to withdrawal behaviours such as absenteeism and lower job turn over (Schermerhorn, 2011). Absenteeism represents employee withdrawal from unsatisfying job conditions. Thus, a negative association between job satisfaction and absence from work has been found (Johns, 2008), where workers with low job satisfaction in certain contexts have been found to be three times more likely to call in sick (Schwarts, 1997).

Judge, Locke, Durham & Kluger (1998) developed a shortened version of the Brayfield & Rothe (1951) job satisfaction survey. These questions can be found in Section B of the employee well-being survey in Appendix8.6.The methods and tests will now be discussed.

2.11 CONCLUSION

In this chapter, the literature related to health and wellness in small business was reviewed, where health and wellness at work was introduced. The global and South African contexts of health and wellness were then discussed. The ever-increasing age of the working employee was shown to be an important factor to consider when implementing health programmes at work. Justification was provided, showing why health programmes at work are essential. The

evidence is mounting to suggest that health and wellness programmes assist in attaining a competitive edge in the global economy.

CHAPTER 3

RESEARCH METHODOLOGY

3. INTRODUCTION

Chapter 2 explored literature that focused on health and well-being at work. This subsequent chapter discusses the procedures that were undertaken to understand the hypotheses and variables. Chapter 3 therefore provides an explanation of the methods that were used, beginning with the research design and research methodology. This chapter is divided into the two phases of the project, namely the qualitative analysis phase, and the quantitative analysis phase. This chapter covers the method of qualitative analysis that was used during the qualitative phase, and goes on to offer a summary table of the outcome of this part of the study. The quantitative analysis research methodology is then described in detail. The research design is thereafter described in detail for the quantitative analysis phase, where the scope of this part of the study is defined. The population and the sample of this phase of the project are outlined, with a detailed description of the data collection process. The data analysis and tests used are then justified. Reliability and validity are examined at length. Ethical considerations are carefully noted and discussed. Lastly, a summary of this chapter is provided.

3.1 QUALITATIVE AND QUANTITATIVE STUDIES

In this research the justification of variables such as age and gender was obtained by qualitative analysis. The method for the qualitative analysis was qualitative theory, and the method of statistical analysis was used for the quantitative phase. The objectives of the qualitative research (Part One) was to develop theory that determines: (i) the perception of managers of small business to employee well-being programmes; (ii) the extent of well-being programmes offered in small businesses; and (iii) perceived benefits and disadvantages to employee well-being programmes currently operating in small business in the Johannesburg Metropolitan Municipality area in question. The quantitative research (Part Two) was used to test the relationships that arose and were derived from the qualitative analysis. The objectives of the quantitative research was: (i) to test the relationships predicted by the Shared Value theory proposed by Porter & Kramer (2011), in terms of the relationship between perceptions of company commitment to health and employee well-being; (ii) to test the relationships predicted by Friedman's (1962) mantra 'maximise profits above all else', and the abandonment of investment in employee well-being programmes. The outcome of this process was to provide recommendations to the small business manager, to assist in providing methods to optimise productivity and to reduce costs in small business. This chapter will discuss the methodology used in both the qualitative and quantitative phase. Firstly, an outline of the research paradigms is offered.

3.2 PLACEMENT OF THE RESEARCH PARADIGMS

Ontology refers to the study of the relationships and nature of being, the concerns are centred on truth and the actual state of reality (Burrell & Morgan, 1979). Epistemology, on the other hand, deals with the methods of obtaining knowledge with special emphasis on limits and validity. Knowledge applies to what a community knows, which may or may not correspond with the actual state of reality (Burrell & Morgan, 1979). Scholars' epistemological and ontological positions are usually closely related. The empirical part of this study is closely related to the functionalist view, which is the primary paradigm for organisational studies, where researchers in this paradigm understand and determine empirical relationships in working organisations, as real entities, rather than constructs. According to this paradigm, human behaviour can be understood through proposition testing (Burrell & Morgan, 1979).The two paradigms of importance to this research paper are positivism/functionalism and interpretivism. In the case of this study, the interpretivist lens was used for the qualitative section and the post-positivist lens was used for the quantitative portion of the study.

In management studies, a mixed-method approach has historically been conceived (Locke, 2001). Burke, Johnson & Onwuegbuzie (2004) have argued that a mixed-method approach moves beyond the polemic of the 'paradigm wars', and constitutes its own unique paradigm (Burke et al., 2004).

3.3 QUALITATIVE RESEARCH METHODOLOGY

This research study used qualitative theory to interpret the interviews conducted on managers of small business in the Johannesburg Metropolitan Municipality. Glaser and Strauss (1967) initially developed the methodology used in this research paper. Glaser (1992) went on to stress the interpretive and contextual nature of the development of theory. Strauss and Corbin (1990) then further developed the process, so as to incorporate systematic coding to produce theory from the ground upwards. The data collection method in this study was interviews with small business managers in the Johannesburg Municipality. Glaser (1978), stresses that this method transcends any specific means of data collection and can also be used as a general method of analysis.

The central idea behind qualitative theory is to seek out patterns that emerge from the interviews while comparing the data against other data in the transcripts (Glaser, 1978). The interpretation of the interviews was undertaken to discover ways in which small business managers views were similar in meaning. Glaser (1978) provided the reminder to remain

open to possibilities of a change in direction, where it is only when there are no new patterns emerging, that the researcher may leave the field. This is called data saturation. Glaser (1978) recommends coding right away after the first few interviews, thereafter using these codes to direct subsequent interviews. These codes are then further developed into categories and the connections to other categories are compared, until data saturation takes place. This Glaser called the 'constant comparative method', which looks for emerging patterns. The central categories must prove themselves over and over again. Glaser (1992, p.39) emphasises that "theoretical sampling is a way of checking on the emerging conceptual framework, rather than for verifying pre-conceived propositions", and reminds the researcher to remain neutral during open coding, continuing to ask the question 'what is', and, 'to what category does this belong' (Glaser, 1979).

3.4 QUALITATIVE THEORY AS USED IN THE QUALITATIVE ANALYSIS

Qualitative theory was used to address the analytic process in the qualitative part of this research (Locke, 2001). The methods used in qualitative theory consist of "systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories from the data themselves" (Charmaz, 2006, p. 2). Thus, simply stated, researchers construct their theory, which is qualitative in their data. Corbin & Strauss (2015) describe the analysis process as a form of constant comparisons. They emphasise that data is broken down into small, manageable pieces, while each of these pieces are compared to other pieces, for similarities and differences. Continuing on from this analysis, Corbin & Strauss (2015) advocate that concepts are then grouped together to form categories, which are then integrated around a core category. These core categories become the major themes of the research, while they provide structure for the theory.

Corbin & Strauss (2015) offer a list of analytic strategies that aid the researcher while analysing data. The list consists of the following strategies: questioning; making comparisons; thinking about the meaning of words; using the flip flop technique; making use of life experience; waving the red flag, looking at language; looking at emotions; looking for words that indicate time; thinking in terms of metaphors and similes; looking for the negative case; using other analytical tools. The most outstanding and useful technique proved to be questioning.

Questioning involves asking valid questions about your data, which enhances the discovery of new data (Corbin & Strauss, 2015). Asking questions about the data allows the researcher

to probe the scripts, develop provisional answers, think outside the box, and become acquainted with the data. Examples of useful questions from this research paper include: ‘what does “I have no time for that” mean?’ and ‘how does age of the manager affect their perception of health care?’ These questions helped the researcher to start thinking about the range of answers and helps the researcher understand the problem from the small business manager’s point of view (Corbin & Strauss, 2015). The next important step in analysing the interview transcripts is memos and diagrams.

Memos are written records that contain the outcome of analysis and diagrams are visual concepts that show relationships between these concepts (Corbin & Strauss, 2008). Memos can be used in the following activities during analysis:

- open data exploration;
- identifying/developing the properties and dimensions concepts/categories;
- making comparisons and asking questions;
- elaborating the paradigm: the relationships between conditions, actions/interactions; and consequences; and
- developing the story line.

(Corbin & Strauss, 2008, p. 118)

Here, the role of the researcher is to try to ‘get into the mind’ of the other, and then try to understand their world from their perspective. Memos and diagrams are an important part of analysis, as they document analytic thought and provide direction, while facilitating the analytic process (Corbin & Strauss, 2008). Each analyst must develop their own style, while using memos and diagrams to analyse the data. The next important step in analysis is the generation of concepts.

Concepts are ways of developing or summarising data, and are adapted to the data that is being summarised (Becker, 1998). There are levels of concepts, and they range from low-level concepts, to high-level concepts. High-level concepts are referred to as categories. These categories point to the group of low-level concepts (Corbin & Strauss, 2008). The concepts in this research project were obtained by firstly constructing concepts out of the data. The data was broken down into manageable pieces, the pieces were then explored for ideas within them. The ideas were then given manageable names (Locke, 2001). The exact method of analysing and reporting on the interviews followed.

The method of analysing the interview transcripts with small business managers was used closely in accordance with the Corbin & Strauss (2008) method of analysing data for concepts, and consisted of the following steps:

Analysis: firstly this researcher read through all the transcripts from beginning to end. The coding was then started after the first interview. Sections of data were analysed using memos, and each memo was labelled with a concept. Codes were often changed as the ideas changed in the text. Each memo was assigned a number and a title (concept). Careful note was taken to assign levels to the concepts, to note higher or lower-level concepts. During analysis, the concepts were continuously linked to each other. An example would be that the word small business was regularly linked with limited time and money to invest in employee well-being. The outcome of this step was a list of concepts and a suggestion of themes that would emerge.

Elaborating the Analysis: A technique call axial coding was used. Axial coding is the "crosscutting or relating concepts to each other" (Corbin & Strauss, 2008, p.195). The data that was broken apart and coded was put back together again by relating the concepts. Here the concepts are related to other concepts, and possible relationships are investigated. Patterns started to emerge from the dialogue. These patterns needed to be reorganised and put together in a structure.

Integrating categories: at this stage, Corbin & Strauss (2008) suggested pulling all the pieces of the puzzle together to build a framework about the experiences of small business managers and the health of their employees. Here, core categories are found and other categories are identified that will link up to the core category. The final stage was then writing down the findings.

Writing up the Dissertation: in this final stage, Corbin & Strauss; (2008) argue that it is important to present the most relevant facets of the conceptual scheme, while carefully thinking about the flow and logic of the report. The final product was a list of testable propositions to be tested in the quantitative phase of this research.

3.5 VERIFICATION OF THE QUALITATIVE PROCESS

Quality in qualitative research seems paramount, and yet the literature does not provide consensus on how to achieve it (Corbin & Strauss, 2008). Hammersley's seminal works on

the subject of validity in qualitative research argues that validity is present when "it represents accurately those features of the phenomena that it is intended to describe, explain or theorise" (Hammersley, 1987, p. 67).

Silverman (2005) refers to validity as truth. He argues that there are five strategies for increasing validity in qualitative research. The five steps include:

- refutable principle, refuting assumptions against data;
- constant comparative method, testing of propositions against other cases;
- comprehensive data treatment, that is, the incorporation of all cases into the data;
- searching for deviant cases, that is, the inclusion of all other cases that don't fit the pattern; and
- making appropriate tabulations, that is, making quantitative figures.

Silverman (2005) also makes reference to reliability, and states that reliability is improved when transcribing interviews, where everything is accounted for, even the most minute piece of data.

Charmaz (2006) offers a comprehensive list for evaluating qualitative research. The criteria are broken down into four categories, namely: credibility, originality, resonance and usefulness. These concepts were useful to this research paper, and were used in the following manner. Credibility was used while asking the question as to whether this line of interview questions relate to the theory presented in Chapter One. Under originality, this researcher asked, "does this line of questions offer original insights into the data?" Resonance was addressed by asking if the entire subject was covered during the interviews, and whether usefulness was addressed by asking the question: "will the outcome of the study be useful to small business owners in the future?"

3.6 SUMMARY OF THE QUALITATIVE RESEARCH PROCESS

In summary, the method of analysis used in the qualitative part of this research project was qualitative theory. The method of analysis for the interview transcripts closely followed the findings of Corbin & Strauss (2008), where a practical guide was followed that takes the researcher through a step-by-step process to analyse the interview transcripts. The section ended with notes on validity and reliability of qualitative research, where it was found that Charmaz's (2006); list namely: credibility, originality, resonance and usefulness, was helpful in addressing the issue of quality in this qualitative research. The process of quantitative analysis will now be addressed.

3.7 THE QUANTITATIVE ANALYSIS

The quantitative analysis phase of this research project involved testing the theoretical model derived from the qualitative phase. This part of the chapter will outline the procedure that was used in the quantitative phase. Here, the methodology, sample size determination, data collection and population of the study are discussed in detail. The validity and reliability of the study will be discussed, and will conclude with a discussion on the limitations of the study. Firstly, the research design is outlined.

3.7.1 The Research Design

In this section, the research design will be discussed. A research design is a framework for conducting a research project (Wagner et al., 2012), and the method used followed an exploratory sequential mixed-methods approach. A qualitative research phase was first conducted (Schwab, 2013), which explored the views of the participants (Creswell, 2014). The information from the qualitative phase was used to build in a quantitative phase, and took the form of testable propositions and subsequent questionnaire questions for the quantative questionnaire (Creswell, 2014).

3.7.2 Scope of the study

The objectives of the quantitative research was: (i) to test the relationships predicted by the Shared Value Theory proposed by Porter & Kramer (2011) in terms of the relationship between perceptions of company commitment to health and employee well-being; and (ii) to test the relationships predicted by Friedman's mantra 'maximise profits above all else' (1962), and (iii) the abandonment of investment in employee well-being programmes. From the above process, individual employee characteristics, employee wellness programmes and well-being costs in small business in Johannesburg were measured.

3.7.3 Population and Sample

A universe or population comprises all the items in a field of enquiry (Kothari, 2004; Mendenhall, Beaver & Beaver, 2009). Alternately Howell; (2008) has described a population as an entire collection of events in which you are interested during research. The population of this research includes all small business in the Johannesburg Metropolitan Municipality. The South African household survey, conducted in March 2007, indicated that 2.43 million people older than 15 years are managing small enterprises in South Africa (Annual Review of Small Business in South Africa, 2007).

It is therefore estimated that there are 882 000 SMME operating in the Johannesburg Metropolitan Municipal Area. The process of establishing a sample from this estimate will now be considered. Appendix 8.10 contains a list of 361 small businesses in the Johannesburg Metropolitan Municipality. This list contains all business that has registered with the website 'www.bizcommunity.com', and will be used as a point of initial reference to locate small businesses in the area. The sample selection process will now be addressed.

Howell has argued, "a sample is a set of actual observations; a subset of the population" (2008, p.7)". The sample was taken from small business in the Johannesburg Metropolitan Municipality. The criteria used to categorise a small business is defined in Appendix 8.9. The units from a population must be selected according to a procedure or sample design (Zikmund & Babin, 2007). Sampling techniques are used to introduce control, while finding the best possible n out of N units. A subset (sample) is used to represent the whole population (Goodman & Kish, 1950), where the goal of sample design is to accurately portray the selected sample as representative of the population (Dattalo, 2008). The sampling process is discussed in more detail later in this chapter.

3.7.4 Data collection processes

Anonymity was the focus of all data collected. The ethical recommendations provided by the University of the Witwatersrand's ethical division during the ethical approval stage was closely adhered to. This included the use of consent forms, and cover letters attached to the questionnaire. A sampling process was followed, and is outlined below.

3.7.5 Sampling process and sample size calculation

Probability sampling has the condition that every N sampling unit must have a known probability of selection units, where none of these equals zero (Goodman & Kish, 1950). Every effort was made to make use of probability sampling in this research paper; however, probability sampling was not possible, as the exact number and location of small business in the Johannesburg Metropolitan Municipality is not known.

Non-probability sampling may be used when the exact number of the population is not known (Babbie, 2014; Kothari, 2004). Some examples of non-probability sampling methods include convenience sampling, quota sampling, snowball sampling, purposive sampling and theoretical sampling (Dattalo, 2008).

Quota sampling was selected. This method starts with a matrix or description of the population. This matrix can be divided into mutually exclusive strata in the form of the eight sector maps used in this study (Appendix 8.1) (Babbie, 2014). Quota sampling is the non-probabilistic version of stratified sampling (Dattalo, 2008), where judgement is used to select the small business in each of the sectors. This sampling technique is useful when the exact population size of the sampling frame is not available.

The Johannesburg Metropolitan Municipality is a vast area, covering 1 645 square kilometres. It is ethnically diverse, and houses more than 4.4 million people, which is 36% of the population of Gauteng, and 8% of the South African population (Local Government, 2015).

The proportional representation for the quantitative study was improved by obtaining a weighted average of the population per region within the Johannesburg Metropolitan Municipality. The sample size of 507 was calculated by applying Galpin (2013) who offers an equation for sample size determination. Statistical power of analysis is used, based on acceptable levels of effect size[2], α, and power. The formula for sample size for a single sample is:

$D = z_{1-\alpha/2}\sigma/\sqrt{n}$

which can also be written:

$n = (z_{1-\alpha/2}\sigma/D)^2$

where:

n = the quantity that one is trying to determine

D = size effect, this is the smallest effect that is worth detecting. The smaller the size of effect, the larger the sample size that is needed.

α = significance level, it implies the risk that you are prepared to take of being wrong, usually at the 5% level of significance.

σ = standard deviation, specified under the null, so that it is likely to be the standard treatment (Galpin, 2013). Similarly, 'www.raosoft.com' offer an online sample size calculator.[1]

The calculation used is as follows:

[1]This calculator can be accessed at: www.raosoft.com/samplesize.html.

Here N = population size; r = the fraction of responses of interest; Z(c/100) = critical value for the confidence level c. The equation revealed the following answers:

With a confidence level of	90	95	99
Sample size	271	384	665

A 95%-99% confidence level was chosen; thus 384 - 600 responses were required for the quantitative phase.

3.7.6 Reliability and Validity

This section discusses the importance of reliability and validity, and how these were addressed in this research project. Reliability and validity are used to evaluate the quality of the measurements. Reliability is a measure of consistency, thus the measurement will be the same if measured under the same conditions every time (Wagner et al., 2012). Validity is the extent to which a test measures what it claims to measure (Wagner et al., 2012).Reliability and validity were thoroughly tested while developing and administering the questionnaire. This discussion focuses on content validity, face validity, internal validity and social desirability bias, and how these were accounted for in this research paper. Firstly, content validity is an important factor to consider when developing a research instrument.

Developers of any tests must be concerned with content validity. Content validity is the relevance and representativeness of the test in respect to the theories being measured (Groth-Marnat, 2006). A good analytical test makes use of all the variables in the study. The questionnaire was developed with this in mind and every testable proposition found in the qualitative phase was linked to specific questions in the questionnaire to make sure every testable proposition was catered for. Face validity, on the other hand, refers to the perception of the test subjects, in this case, employees of small business, while answering the questionnaire.

Face validity is a measure from the perception of the respondents. The test must measure what it is claiming to measure. In this case, the test is claiming to measure the extent to which employee wellness programmes affect wellness cost to company. If face validity is present, the employees will be more likely to respond positively to the test (Groth-Marnat, 2006). The face validity of the questionnaire was tested during the pilot phase of the testing. The questionnaire was well received by the employees, who agreed that it addressed their wellness at work. Internal validity is also an important concept to consider.

Internal validity relates to causality. If it is suggested that *x* causes *y* then it must be correct to state that it is *x* that is responsible for a change in *y* (Bryman, 2012). External validity refers to the extent to which the study can be generalised to a broader population (Bryman, 2012). The sample size and area breakdown was carefully formulated so as to obtain the best possible external validity.

Once the questionnaire design was completed, a pilot study was run to test for usability and simplicity of the design of the form. The first 20 respondents indicated that the form was easily understood and data collection continued. As the questionnaire relies on a self-report survey, the need to control for social desirability bias was an important consideration. Social desirability is the tendency to answer a questionnaire in a socially desirable way. This affects the validity of the questionnaire (Crowe & Marlowe, 1960). Haghighat (2007) developed a four item practical and reliable social desirability instrument to be used in assessments, where an account is required of social desirability. These questions were added to the questionnaire. Reliability will now be discussed.

3.7.7 Reliability

Reliability of a questionnaire can be tested using a statistical test namely Cronbach's alpha. Chronbach's alpha was used to test homogeneity in the questionnaire. Cronbach's alpha is also known as coefficient alpha, shown in the following equation, where the value of 0 indicates no consistency, and the value of 1 indicates complete consistency (Zikmund & Babin, 2007). The equation is represented as follows:

$$A = (n/n\text{-}1)\ \frac{SD^2 - \Sigma SD^2_i}{SD^2}$$

Where SD^2_i is the variance of the i'th question over the respondents, and SD^2 is the variance of all the questions. Values under 0.6 are regarded as showing poor realiability. The question paper will be tested for Chronbach's alpha to ensure good realiability (Anastasi & Urbina, 1997).

As mentioned in Section 1.7.4.,Part Two, the Likert-type scale questionnaire will include the Multidimensional Health Locus of Control Scale (MHLOC) developed by Wallston and, Wallston &DeVellis (1978); (see Appendix 8.6.). This questionnniare has been used extensively in worldwide research papers, and reliability and validity has been extensively tested (Wallston, Wallston & DeVellis, 1978). The questionnaire has been tested to be moderately realiable, with a Cronbach alpha in the .60 - .75 range, and a test-retest stability

coefficient of .60 - .70. The propositions and variables of this research paper will now be discussed.

3.8 HYPOTHESES, VARIABLES AND TESTS

This section will describe the process and procedures that were carried out in order to obtain the testable propositions that are used in chapter five. The final codes obtained from the qualitative analysis were broken down into four themes, namely: company profile and policies (CP); cost to company (CC); the employee (E); and environmental health factors (EH). The Hypotheses are described in detail in Chapter 4.

3.8.1 Variables

The above testable propositions include variables. A variable is a characteristic that changes or varies over-time, and/or for different individuals or objects, under consideration (Mendenhall, Beaver & Beaver, 2009). The variables have been described in detail in the literature review.

3.8.2 Tests

Using a post-positivist lens, the quantitative part of the research is a systematic, empirical investigation of statistical techniques (Given, 2008). Numerical data was obtained from self-report questionnaires (Schwab, 2013). This method involves the completion of self-report employee well-being-related questions answered by the employees of the small businesses under scrutiny. The questionnaire can be found in Appendix 8.6.

The data was analysed using the IBM SPSS statistical analysis programme. The testable propositions designed in Part One were tested in this manner.

The following steps took place for Part Two:

1. design of the final questionnaire from the data in Part One;
2. data collection, with 507 questionnaires filled out by the employees of small businesses;
3. data capture, from the collected data onto Microsoft Excel and creating a matrix of numbers; and
4. data analysis, using IBM SPSS and a report of the statistics was presented in Chapter Five of this report.

Statistics refers to “the science of collecting, organising, analysing and interpreting data in order to make decisions (Asadoorian &Kantarelis, 2005, p. 2)”, there are two branches of statistics, namely the descriptive and inferential (Schwab, 2013). Descriptive statistics is the organising and display of data and inferential statistics uses probabilistic techniques to analyse samples to improve knowledge about the population (Mendenhall, Beaver & Beaver, 2009). The object of both is to make inferences about the population from information obtained in the sample (Mendenhall et al., 2009). In the case of this study, statistical analysis took place in the following manner. Firstly, univariate analysis was performed, then bivariate analysis, and finally, multivariate analysis was performed on the collected data.

Univariate analysis consisted of frequency distributions as a way of organising the data into a logical order (Howell, 2008). This univariate analysis showed how the variables are plotted against the frequency of occurrence (Howell, 2008). Central tendencies were then shown with frequency distributions (Schwab, 2013), and normal distributions of data was checked with histograms. A relative frequency histogram was used to describe the distribution of the data in terms of location and shape of data (Mendenhall, Beaver & Beaver, 2009), after which the bivariate analysis took place.

The bivariate component involved the analysis of the relation between two variables (Field, 2012). Here, non-parametric testing was used, which is “a family of statistical procedures that do not rely on the restrictive assumptions of parametric tests. In particular, they do not assume that the sampling distribution is normally distributed” (Field, 2012, p. 880).

The Spearman’s correlation coefficient, a standardised measure of the strength of relationships between two variables that does not rely on the assumptions of a parametric test, was used in this section. It is a Pearson’s correlation coefficient, performed on data that has been converted into ranked scores (Field, 2012).

Regression analysis describes the process by means of which a linear model is fitted to the data, and then used to predict values of an outcome variable (dependent variable) from one or more predictor variables (independent variables). When there are several predictors in the model, it is called multiple regression (Field, 2012).

Multivariate analysis is a family of tests that extend the basic analysis of variance to situations in which more than one outcome variable has been measured (Field, 2012). Firstly,

a factor analysis was performed on the biographical variables. Factor analysis is a multivariate technique, used for identifying the correlations between a set of observations that stem from their relationship to latent variables in the data, each of which takes the form of a linear model (Field, 2012).

Multiple linear regression was then used to analyse the data. This is "an extension of simple regression, in which an outcome is predicted by a linear combination of two or more predictor variables. The form of the model is: $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \ldots + \beta_n X_n + \varepsilon$, in which the outcome is denoted as Y, and each predictor is denoted as X. Each predictor has a regression coefficient b associated with it, and b_0 is the value of the outcome when all predictors are zero" (Field, 2012, p. 880).

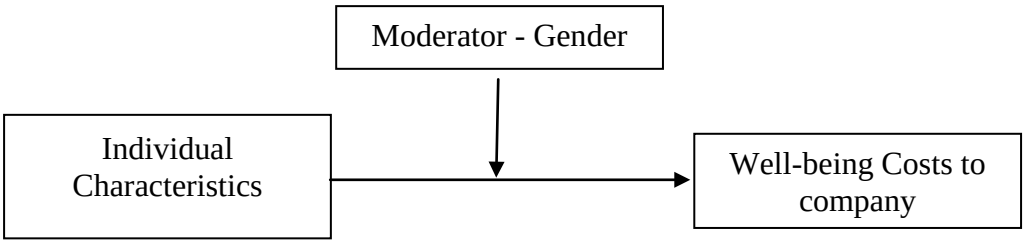
Hierarchical multiple linear regression was used to analyse the data. Multiple linear regression is used to predict a dependent variable from several independent variables (Gelman & Hill, 2007). The relation can be used to create an equation used to predict one variable by knowing the other (Gliner & Morgan, 2009). In hierarchical multiple regression, variables are captured in steps and the change in R-squared is checked at every step. The order of entering each variable into the equation is determined ahead of time (Gliner & Morgan, 2009). This method has the following advantages:

- researchers can control or eliminate the effects of a variable by entering it into the equation first;
- more than one variable can be added to the equation at the same time; and
- the probability of committing a type 1 error (when the null is rejected when it is actually true, denoted by α) can be reduced because fewer steps are used to add variables to the equation.

In an example from this study, gender was entered first to control for its effects. All other variables such as age, home language and wellness programmes implemented were added after gender to see if they make an additional contribution. This showed the percentage of variance that gender, accounts for and is intended to eliminate or control the effects of gender on wellness costs to a company (Leech, Barrett & Morgan, 2015). Moderation was also tested in this study.

Moderation

Relations between two variables can be modified by the addition of a third variable. This third variable can include a suppressor, a confounder, covariates, a mediator or a moderator (MacKinnom, Krull & Lockwood, 2000). Field has stated, "moderation occurs when the relationship between the variables changes as a function of a third variable", in this case gender (2012, p. 407). It is possible for a statistical model to include the combined effect of two variables on two or more predictor variables on an outcome (Field, 2012). This combined effect is known as moderation. In statistical terms, it is known as the interaction effect and affects the relationship between variables (Field, 2012).



A basic regression model for this proposition would be:

$Y_i = (b_0 + b_1X_{1i} + b_2X_{2i} + \ldots. + b_nX_{ni}) + \varepsilon_i$

Therefore, in this case the basic regression model would be:

Well-being Costs to Company $_i = (b_0 + b_1$Personality$+ b_2$Age $+ b_3$Job Status $+ b_4$Home Language$) + \varepsilon_i$

However, to test for a moderation effect, the effect of the moderator needs to be considered between individual characteristics and gender. Thus, the linear model can be extended to include the extra term. A model that tests for moderation is first expressed generally and then in terms of this specific case (Field, 2012).

$$Y_i = (b_0 + b_1A_i + b_2B_i + b_3C_i + b_5ABC_i) + \varepsilon_i$$

Well-being Costs to Company $_i = (b_0 + b_1$Home language$_i + b_2$Age$_i + b_3$Job Status$_i +$ b_5Interaction$) + \varepsilon_i$

The procedure was run with the aid of a matrix written by Hayes (2013), loaded onto SPSS and run as a regression programme. However multicollinearity could be a problem in regression analysis.

Multicollinearity

If there is no relationship between the independent variables, in this case, home language, age, job status, and levels of education, then they are orthogonal (Brooks, 2014). Some small degree of association is expected, but will not result in loss of precision (Brooks, 2014).

Problems arise when the independent variables are highly correlated, which is known as multicollinearity (Watson & Teelucksingh, 2002). A widely used solution is to remove highly correlated variables (Barreto & Howland, 2006). In IBM SPSS, the tolerance values (must be greater than 0.10) and the VIF (must be less than 10) values, will be used to check for multicollinearity (Ho, 2006). The collinearity diagnostics table can also be used to check for multicollinearity (Verma, 2009). The rule of thumb is that the condition index of >30 suggest a multicollinearity problem (Ho, 2006). Heteroscedasticity can also prove problematic in regression analysis.

Heteroscedasticity

It is important to pay attention to the distribution of residuals (Brooks, 2014). The variance of the residuals may increase or decrease with one independent variable. This problem is known as heteroscedasticity (Wang & Jain, 2003). Heteroscedasticity can be detected using scatter plots (Field, 2012). A funnel shape in residual plots indicates heteroscedasticity (Kennedy, 2003). If it is found that heteroscedasticity is a problem then weighted least squares (WLS) can be used to deal with it. The variable causing the problem can be weighted by the results of this variable and the test redone (Sarstedt & Mooi, 2014).

3.9 CONCLUSION

This chapter provided a detailed overview of the research methodology used while conducting the qualitative and quantitative phases of this research project. The chapter opened with a discussion of the research paradigms used in each of the phases. The qualitative research methodology was then discussed in detail. Qualitative theory was used during the qualitative phase. The verification of this process was then described in detail. The methodology used during the quantitative phase was then discussed in detail. The method of obtaining the population and sample for this part of the study was described; the data collection process was then discussed. Sample size calculation and sampling protocol was discussed in detail. Lastly the hypotheses, variables used in the study and tests used in the statistical analysis were described in detail. The next chapter presents the findings of the qualitative analysis qualitative analysis phase of this study.

CHAPTER 4

QUALITATIVE RESEARCH FINDINGS

4.1 INTRODUCTION

The purpose of this chapter is to report on the findings of the analysis of the interview transcripts with managers of small businesses on the topic of employee wellness. The purpose of this analysis has been determining the relationships between small business and employee wellness. The objectives of the qualitative research (Part One) was to develop theory that analyses: (i) the perception of managers of small business to employee well-being programmes; (ii) the extent of well-being programmes offered in small businesses; and (iii) perceived benefits and disadvantages to employee well-being programmes currently operating in small business in the Johannesburg Metropolitan Municipality in question.

To be reminded, the analysis process followed from the Corbin & Strauss (2008) 'Analysing data for concepts', and consisted of the following steps: analysis, elaborating on the analysis, integration, and writing up the findings. The coding was stopped when data saturation was reached (Glaser, 1978). Glaser (1978) recommends coding right away after the first few interviews, and this method was closely followed, where the codes were then used to direct the next interviews. These codes were then further developed into categories and the connections to other categories were compared until data saturation took place. This Glaser (1978) called the constant comparative method, which looks for emerging patterns. A discussion of the findings follows.

4.2 QUALITATIVE THEORY ANALYSIS AND FINDINGS

After the coding of the qualitative data was complete, a list of codes was developed from the interview transcripts. The interview transcripts can be found in Appendix 8.11.The final codes obtained from the qualitative theory analysis were broken down into four themes namely: company profile and policies (CP); cost to company (CC); the employee (E); and environmental health factors (EH). The themes and their codes are shown in table form in Appendix 8.12. The method used was Corbin & Strauss's (2008) qualitative theory, where researchers construct their theory, which is qualitative in their data. Corbin & Strauss (2008) describe the analysis process as involving constant comparisons. They emphasise that data is broken down into small, manageable pieces, while each of these pieces are compared to other pieces, for similarities and differences. Continuing on from this analysis, Corbin & Strauss (2008) advocate that concepts are then grouped together to form categories, which are then integrated around a core category.

The concepts rising from each of the themes were developed as follows: company profile and policies (CP) consisting of: number of employees; type of work; sick leave policies; employee roles; levels of productivity; employee well-being; safety policies; and number of employees. cost to company (CC) consisted of: health related absenteeism; general absenteeism; job satisfaction; and medical aids. The employee theme (E) consisted of: demographic details of the employee; personality profile; and level of skill; and lastly, the environmental health factor (EH) theme consisted of: government assisted health facilities, government assisted health education, and alcohol and drug abuse in the community.

4.2.1 Manager's perception of employee health and well-being programmes

After interviewing 30 managers/owners of small business in Johannesburg, respondents felt strongly that health and wellness of both themselves as well as that of their employees was of vital importance to the success of their business, however the small size of their business, together with a lack of resources, prevented proactive intervention in improvement and maintenance of good health of employees. Firstly, the critical need for every single staff member to perform optimally every day is shown to be a vital element to the successful running of a small business. Key roles are cherished and absenteeism of these key roles becomes a high risk factor. This is evident in the following excerpts from the interviews:

"We are a small business, everybody plays a critical role. Everybody is also specialised in their own area. So, if one person is absent then everyone else has to do double work to cover for that staff member" [CP-Employee roles].

"*Competition is high, therefore should an employee be absent, clients can always go somewhere else as part of the job is also to deliver products*" [CP-Employee roles].

"It's imperative, because we have a shift system, and we operate on skeleton staff, and if anyone is missing even for a couple of hours, it creates [sic] a major impact on the business. And because we are dealing with food stuffs, the second you are dealing with illness, it can take that person away from food preparation" [CP-Employee roles].

"Everyone plays a key role. As an example, one of our drivers was ill, he has a stomach condition, which has been diagnosed as ulcers. We battle when he is ill as he operates our earth removing machinery. So when he is off work, we have to find alternatives, yes there are other people who can drive, but he is used to the routes, he is used to the suppliers, it just

makes things even more difficult, it increases mistakes, as others are not used to fulfilling that role" [CP-Employee roles].

This emphasis on the reliance of managers on their few staff members is a theme that was found to be present throughout the interview process. Small business supplying services that often have to adhere to strict service level agreements with limited resources, small business are under pressure to perform consistently at high quality levels.

"*Employee health is very important because everybody has specific things that they need to do in the business, and if one person falls out [sic] then it affects everybody else*" [CP-Employee roles].

Absenteeism is linked to loss of income for the business itself, with the added potential of losing contracts to multinational corporations, who demand consistent, impeccable service, or the contract is lost.

"*The health of my employees is important, because in my circumstances, every day that your technician does not work, you are costing money [sic], you have the financial implication, you are losing money; and money loss today you can't catch it up, money loss today is lost. And then it affects your service, you know, we work on a service level agreement (SLA), you know the SLA with a large corporate mainly been [sic] our main contractor, or our main customer. So it is important that we maintain that SLA, otherwise at the end of the day, they just go to the opposition, so whoever works quicker faster cheaper gets the work. So it's vital that you have your whole team there every day, Monday to Friday, and Saturday. Because we work on a six and a half day week cycle, and you need your whole team to be there*" [CP-Employee roles].

Having established the critical need for every team member to perform at optimal levels every day, further investigation was conducted into the extent of employee well-being programmes on offer in the small business. The overwhelming response to this question was that managers and owners all aspire to do more for the health of their employees and themselves, however the constant constraint of limited resources prevents any of these interventions. Any employee health intervention is considered a 'nice to have' or a luxury.

"*I do feel that small business should play a part in employee health, however a small/micro business such as ours does not see enough profit annually at this stage to even entertain these nice to haves*" [CP-Employee well-being and safety policies].

Employee well-being programmes, or any kind of proactive health intervention, is not entertained or seen as an effective method to increase or maintain productivity. The focus seems to be on service delivery and profits. Illness and absenteeism is addressed as it arises every day.

"*Yes, I think so, but as you are highlighting these questions, you are highlighting things I have never thought of before. It is vitally important. For myself, definitely, and for the people around us. I have let them work it out for themselves. If you want to stay healthy- you stay healthy, but yes, there probably should be more of a push from our side to make sure that people we employ stay healthy*" [CP-Employee well-being and safety policies].

"*I have not thought of it, knowing that we don't deal with things like that, we deal with it as it comes along. It's quite reactive. The disadvantage of a small company is dealing with bringing in money knowing that if something goes wrong, you have to deal with it, if everything is running smoothly, you just run with it. Keep going*" [CP-Employee well-being and safety policies].

"*I believe the well-being of an employee should be the individual's responsibility. They can decide what programme to take on and how to take it, etcetera. I do not believe that it is something the business or government need to implement*" [CP-Employee well-being and safety policies].

The lack of formal employee well-being initiatives is perhaps supplemented by close relationships that exist between employer and employee in a small business. Managers of small businesses appear to be more aware of the personal circumstances of their employees in a small business, and because of this, may be more understanding when employees or their dependents become ill.

The advantage of small business, it seems, [is] that the relationships are so much more intimate?

We become personally involved in a small business; but I think in small business it is personal, you will know what is happening, and why" [CP-Number of employees].

"It's interesting dealing with a small business, because you become intimately involved with each one of your staff members, so you know their own specific situations, and you become aware of their lifestyles. So, I have one specific staff member who is a health nightmare, but largely because of lifestyle issues. It's a case of trying to address that. Trying to make sure that she eats two square meals a day, trying to address that. Trying to make sure that she has enough energy to fight off bugs and that. Nothing beyond the fairly basic health requirements. But yes, talking requirements, I do talk to the staff, make sure, obviously hygiene is important. This is the food business, so I make sure that hygiene at the office and at home is front of mind. But nothing formal in terms of 'laid down' [sic] company wellness plan" [CP-Number of employees].

"*…because we are a small company we are automatically more in touch with our employees. I take a special interest in every employee that works for me*" [CP-Number of employees].

4.2.2 The extent of employee well-being programmes offered in small business

It has been shown that employee health is a vital ingredient to the successful outcome of a small business in Johannesburg, however well-being intervention and wellness programmes are considered prohibitively expensive, and a drain on company resources. It was found that small business owners and managers interviewed do not consider investigating or investing in any kind of employee well-being programme or health intervention.

"Employee well-being programmes seem to be part of things like large medical aids, where you need to be part of an expensive medical aid, so it seems that a well-being programme is an expensive thing. It sounds expensive. It sounds like an [sic] expense, like six grand a month, and you become a part of [it], and every time you go to gym you get a point. So it is expensive. Which it shouldn't be" [CP-Number of employees].

"*Well, if I had more time and money, then I would definitely prescribe [sic] to a well-being programme as I truly believe that health is essential in business as it affects productivity and minimises the costs to my business when my staff do not turn up for work*" [CP-Number of employees].

Yes, I would love that, but I am just a small bakery and I simply cannot afford to provide my staff with a good medical aid" [CP-Number of employees].

"*I suppose that if we had the finances or resources, I would help my staff more, but right now it is impossible*" [CP-Number of employees].

"*No, I think that everyone should look after themselves, the small business is under enough pressure to stay afloat to add another constraint to the mix*" [CP-Number of employees].

The owners and managers of small business express the desire to offer medical aid to all their employees, however, once again, it is considered too expensive.

"I would like to think that they could have a medical aid that I think is 'number one'. I think that is basically it [sic], at the moment we do not have a medical aid, because it is a small organisation, so that we do not have a medical aid. And I think that is very important that everyone has a medical aid" [CC-Medical Aid].

"*You know, it is challenging, the fact that our health system is not what it should be. I know for a fact that we are losing a lot of productivity, because our staff are sitting at clinics for the whole day, if we were living in a perfect world, and someone could get his medication within an hour or two the productivity levels would be much higher. You can right off a whole day. If I am sick on a medical aid, I am in and out in an hour. At any given time, I have one or two staff members at the clinic, take that nationwide and work out [sic] the losses we are facing*" [CC-Medical Aid].

"We do not have medical aid as a company benefit, because there isn't the funds for it, and for the business this becomes a great risk, should something happen to an employee" [CC-Medical Aid].

Thus, not offering medical aids to their employees, the employees must rely on the national health system for their health needs. Managers and owners of small businesses have a bleak outlook on the ability of the national health system to quickly remedy their staff's ailments so that they can get back to work.

"*I think government fails its people miserably by not providing good health care and mental health care systems*" [EH-Government assisted health facilities].

"*The queues at the clinic are too long. If one of my staff members have [sic] to go to the clinic then it will take them away from their job for an entire day. This has a detrimental impact on our profit margins*" [EH-Government assisted health facilities].

"… the clinics could run smoother, they could employ more staff, so that the people don't have to sit there the whole day [sic] *to see a sister or nurse. Which they could even employ student doctors to work at clinics, why can't they do that? And improve the bus service and taxi services*" [EH-Government assisted health facilities].

"*The only time the government is kind of interested is when there is an injury on duty, and the person would then go to a government clinic first, before they go to a private clinic. There is usually a government clinic very close to all our construction sites, other than, that there*[sic] *is no measures in terms of prevention instead of treatment*" [EH-Government assisted health facilities].

"*The queues at the clinic are too long, if one of my staff members have to go to the clinic then it will take them away from their job for an entire day. This has a detrimental impact on our profit margins*" [EH-Government assisted health facilities].

In addition, the managers and owners of small business report that alcohol and drug abuse amongst their workers is rife, and ailing employees, especially on a Monday, this impacts productivity levels.

"*The problem is that it all takes time. I think that alcoholism is quite a big problem, the general workforce drinks allot, so you have issues when on a Monday production is lower when everyone has hangovers. And in the long run, that affects their health*" [EH-Alcohol and drug abuse in the community].

4.2.3 Perceived benefits and disadvantages to employee well-being programmes

Managers and owners of small businesses consider there to be many advantages to implementing a good employee well-being programmes. In addition, managers and owners

considered there to be far more advantages to implementing a good employee well-being programme than there are disadvantages.

Managers and owners of small businesses reported that there are many perceived advantages to implementing an employee well-being programme in a small business, which include those mentioned below:
"*Staff morale will be higher, staff will be more aware of health issues in general for example routine check-ups*" [CP-Employee well-being and Safety policies].

"If there was budget for it, then I would definitely provide it, as I can clearly see the benefits of being proactive in health-care for staff" [CP-Employee well-being and Safety policies].

"All staff are far more relaxed and overall, happier with life. Staff are less absent, and that also ensures better inter-staff relations" [CP-Employee well-being and Safety policies].
"*Employees are able to complete their job responsibilities, have more energy. These programmes can also help with learning how to reduce stress and muscle strain when you are on the job*" [CP-Employee well-being and Safety policies].

"*They assist in employees who are not very clued up with health to have the tools to do so. For me, the disadvantage is that they tend to be a one-size-fits-all situation*" [CP-Employee well-being and Safety policies].

"*Definitely* [there are] *many advantages, such as increased productivity and a lower turnover of staff at my company*" [CP-Employee well-being and Safety policies].

4.3 SUMMARY OF THE QUALITATIVE FINDINGS

This section summarises the findings from the detailed qualitative analysis of the interview data. The central idea behind qualitative theory is to seek out patterns that emerge from the interviews, while comparing the data against other data in the transcripts (Glaser, 1978). The final codes obtained from the qualitative theory analysis were broken down into four themes, namely: company profile and policies (CP); cost to company (CC); the employee (E); and environmental health factors (EH). The themes and their codes are shown in table form in Appendix 8.12.

This research report uses constructed theory, which is qualitative in the data. Corbin & Strauss (2015) describe this analysis process as a form of constant comparisons. The data was broken down into small, manageable pieces, while each of these pieces were compared to other pieces for similarities and differences. Continuing on from this, concepts were then grouped together to form categories, which were then integrated around a core category. These core categories became the major themes of the research, while they provided structure for the theory.

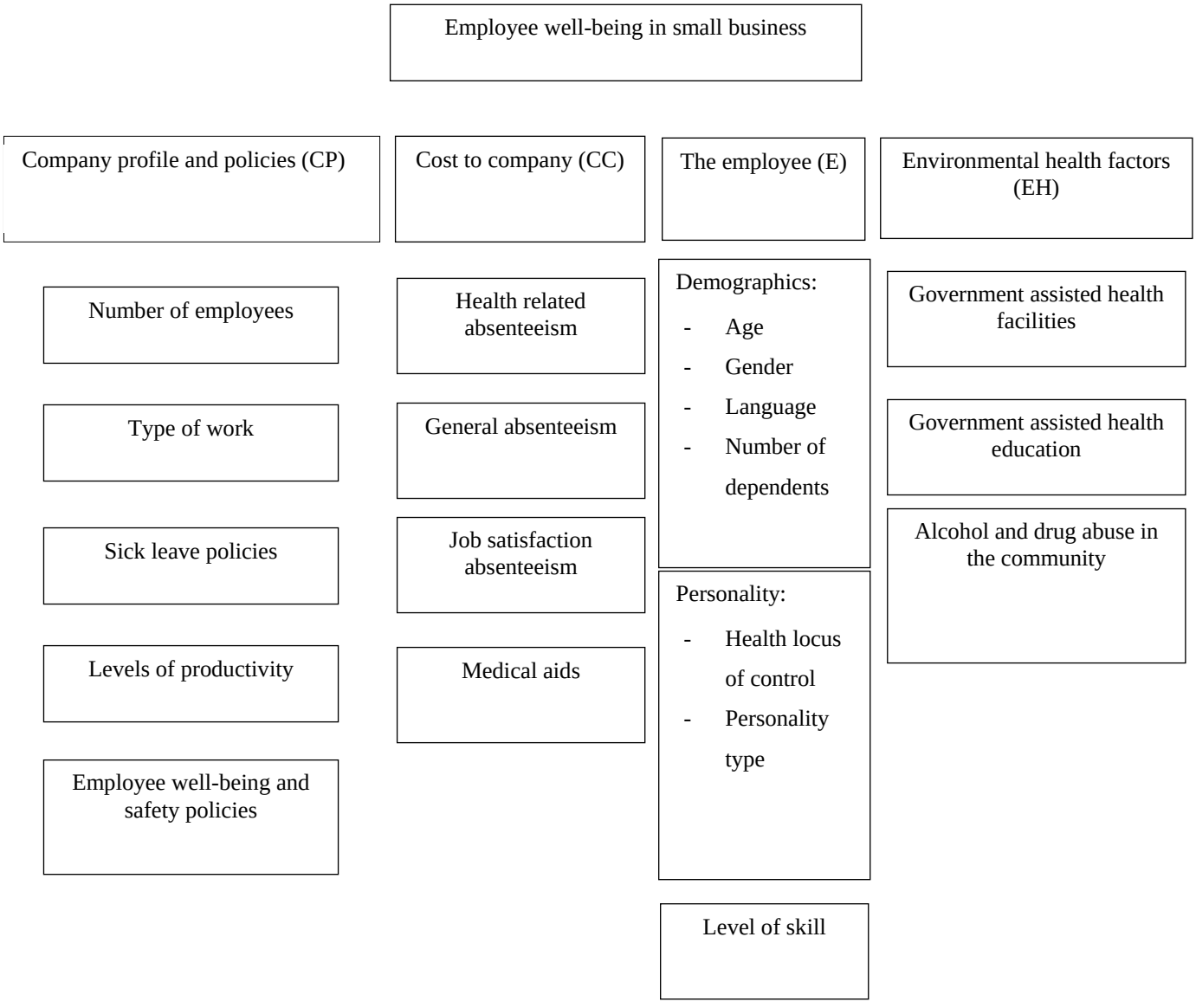


Figure 9 Core categories from the qualitative theory analysis

As can be seen above the major themes to emerge from the analysis were: company profile and policies; cost to company; the employee; and environmental health factors. The above themes and categories can be summarised into the following table:

Table 2 Qualitative summary of company profile and policies

Company profile and policies (CP)		
Number of employees	The number of employees in a small business is important as a small business is defined as any entity consisting of 200 employees and less (DTI, 2005).	It was reported that the fewer employees in a business the more critical their absenteeism was viewed by the owner/manager. An example of this was micro organisations with one or two employees. These businesses could not afford an employee to be ill for one day. The cost of absenteeism to these small companies was reported to be prohibitive.
Type of work	Type of work emerged as an important factor as different occupations required different levels of safety at work.	An example of this was construction workers, who were reported to require higher levels of safety equipment and care. This higher maintenance worker thus cost the company more in safety equipment.
Sick leave policies	Most small business owners/managers reported that they felt that their sick leave policies were fair and generous.	Sick leave policies were reported to be non-formalised and sick leave was addressed when and while it was happening. Sick leave was reported to adversely cost the company in lost productivity.
Employee roles	Employee roles were reported to be an important factor as small businesses have fewer staff members, employees become experienced in their role and the loss of this role was considered disastrous to the company.	An example was shown to be a company driver that explicitly knew his routes and his deliveries. When this member became ill, the company suffered loss of income and reputation. Absent specialised staff were reported to heavily cost the company in lost productivity and compromised reputation on service delivery.
Levels of productivity resulting in	Managers/owners of small business emphasised that every member on their team was required to operate beyond peak output all day/every day and	Managers/owners of small business admitted that high levels of output often resulted in burn out and lowered

lowered job satisfaction	that levels of productivity per employee was always very high.	job satisfaction. This factor may increase organisational costs as the loss of the staff members due to low job satisfaction, and was shown to become a potential risk.
Employee well-being and safety policies	Managers/owners of small business reported that little to no formal employee well-being programmes were on offer at their business, due to a lack of resources to do so. Safety policies were also very informal, or non-existent.	Employee well-being programmes were considered to be too expensive and a nice to have. Employee well-being programmes were reported to affect cost to company.

The company profile and policies theme reflects the manner in which business owners run their business, reflected in the number of employees and the extent to which policies are formalised and well-being programmes implemented. This theme was reported by managers/owners of small business to influence the cost to company in terms of job satisfaction and retention of key employees.

Table 3 Qualitative summary of cost to company

Cost to company (CC)		
Health- related absenteeism	Managers/owners of small business reported that absenteeism due to ill health was a major risk factor in their business. This type of absenteeism was a potential serious cost to company.	Employee ill health was shown to be a potential serious risk to small business in Johannesburg.
General absenteeism	General absenteeism occurred due to many reasons such as dependent illness or transport problems. This factor was reported to be more onerous on female members of staff.	An example of general absenteeism was female members of staff had to take their own sick leave to take children to the clinic, thus adding to their cost to company.
Job satisfaction absenteeism	Constantly high levels of productivity were reported to demotivate staff who would seek other forms of employment and then leave.	Job satisfaction was reported to be a factor in cost to the company, as unhappy staff would leave, thus increasing costs through searching for a replacement.
Medical aids	Medical aids were a commonly sought- after item mentioned by managers and owners of small business in Johannesburg. It was found that a medical aid was high on their wish list, however also prohibitively expensive and outside the means of most small businesses.	Medical aids were found to be too costly an item to offer employees.

The cost to company theme was reported by managers/owners of small business to be of prime interest and concern when it came to ill and absent employees. The potential disastrous effect of ill health and absenteeism on a small business was noted.

Table 4 Qualitative summary of the employee

The Employee (E)		
Demographics	The demographic factors affecting employee health and cost to company were reported to included: • age of the employee • gender of the employee • number of dependents of the employee	It was reported that the older the employee the greater the risk of absentee days due to illness. It was reported that female employees were shown to require more absentee days to look after family members as well as themselves. It was reported that the number of dependents were shown to increase cost to company.
Personality	Health locus of control was the main personality factor reported to affect cost to company.	An Internal health locus of control was reported to lower absentee days and lower cost to company.
Level of skill	Level of skill of the employee was shown to affect employee health and cost to company.	Lower levels of skill were reported to cost the small business more in terms of absentee days.

The employee theme reflects the very important effect the individual plays in the cost to company of the small business. Managers and owners of small business reported that an individual with an internal health locus of control would go a long way to reduce their own cost to company without becoming a strain on company resources.

Table 5 Qualitative summary of environmental health factors

Environmental Health Factors (EH)		
Government assisted health facilities	State medical assistance was shown to affect the small business cost to company.	Long queues at clinics were reported to increase cost to company.
Government assisted health education	State health education was reported to assist small business in health education, however only in a few illnesses such as TB and HIV/AIDS.	State health education was reported to affect cost to company.
Alcohol and drug abuse in the community.	Alcohol and drug abuse by employees was reported to affect cost to company.	It was reported that particularity on a Monday, employees reported in ill or were ill on duty, due to alcohol or drug abuse over the week end. Alcoholism was also reported to affect employees on any day of the week, thus increasing cost to company.

The environmental health factors theme reflects the way in which a business is dependent on factors in their environment. Managers and owners of small business reported that any help in health care offered by the government was welcome, however, that long queues at clinics were also costing small business in terms of loss of revenue. Alcohol and drug abuse, especially over the week-end, was reported to affect productivity, and long-term health of their employees.

Table 6 Testable propositions derived from the Qualitative analysis

Theme 1: Company profile and policies (CP)
Proposition CP1: There is a significant association between the number of employees in a small business and well-being cost to company. Proposition CP2: There is a significant association between employee roles in a small business and well-being cost to company. Proposition CP3: There is a significant association between amount of over-time worked in a small business and well-being cost to company. Proposition CP4: There is a significant association between employee well-being programmes in a small business and well-being cost to company. Proposition CP5: There is a significant association between company policies and number of absentee days due to illness.

Theme 2: Cost to company (CC)
Proposition CC1: There is a significant association between health related absenteeism of employees in a small business and well-being cost to company. Proposition CC2: There is a significant association between general absenteeism in a small business and well-being cost to company. Proposition CC3: There is a significant association between job satisfaction in a small business and well-being cost to company. Proposition CC4: There is a significant association between a medical aid provision in a small business and well-being cost to company.

Theme 3: The Employee (E)
Proposition E1: There is a significant association between employee demographics in a small business and well-being cost to company. Proposition E2: There is a significant association between health locus of control in a small business and well-being cost to company. Proposition E3: There is a significant association between level of skill in a small business and well-being cost to company. Proposition E4: Gender moderates the relationship between contextual demographic factors and wellness cost to company Proposition E5: The relationship between number of absentee days due to illness and wellness cost to company is mediated by 'health locus of control'

4.4 CONCLUSION

The results from the qualitative theory analysis were reported in this chapter. The purpose of this chapter was to show the findings of the interview transcripts with managers of small businesses on the topic of employee wellness. The purpose of this analysis was to determine the relationships between small business and employee wellness. The objectives of the qualitative research (Part One) was to develop theory that determine: (i) the perception of managers of small business and employee well-being programmes; (ii) the extent of well-being programmes offered in small businesses; and (iii) perceived benefits and disadvantages to employee well-being programmes currently operating in small business in the Johannesburg Metropolitan Municipality in question.

The analysis process that was followed was based on the Corbin & Strauss (2008) analysing data for concepts and consisted of the following steps: analysis; elaborating on the analysis; integration; and writing up the findings. The coding was stopped when data saturation was reached (Glaser, 1978). The constant comparative method was used to isolate themes and codes from the interviews. From these themes and codes, testable propositions for the analysis during the quantitative phase were developed.

CHAPTER 5

QUANTITATIVE FINDINGS

5.1 INTRODUCTION

Chapter four showed the detailed outcome of the qualitative analysis which formed Part One of the research report. This chapter now reports on the statistical calculations and their results. Firstly the univariate analysis will take place, then the bivariate analysis will be shown and lastly the multivariate calculations. The importance of missing data is an important focus of this chapter, and is covered in detail. Firstly the univariate results are described in detail.

The analysis of the quantitative Part Two of this research project starts with univariate analysis. Univariate analysis is the simplest form of analysis; these tests are used to describe the distributions and the attributes of a single variable (Babbie, 2014). Frequency distributions, measures of dispersion and means are examples of these tests (Babbie, 2014). The outcome of this testing can be represented graphically to show distributions. Frequency distribution is a test that describes the number of times an attribute is observed. The variables will now be described that will be tested at this stage.

Independent variables are variables that do not change, these variables are constant and do not depend on other variables. This study has the following independent variables: age, gender, job title, level of education, size of organisation, primary home language, access to health food, employer encouraging good health, stay home when ill, discuses health at work, medical aid, wellness programmes at work, amount of overtime, looking for new job opportunities, social desirability and health locus of control.

Dependent variables are variables that depend on other factors and are influenced by the values of the independent variables. This study has one overall dependent variable namely wellness cost to company which consists of four subordinate measures, these include health absenteeism, general absenteeism, job satisfaction and intention to quit absenteeism. Firstly before any analysis can take place, missing data must be addressed.

5.1.1 Missing values

Missing data is an important aspect to consider in a quantitative research paper. When data is missing there is a loss of information and the precision of the research is reduced. However bias arising from missing data is a more serious concern (Molenberghs, Fitzmaurice, Kenward, Tsaitis & Verbeke, 2015). Thus, when data is missing, certain assumptions about this missing data must be made. This is referred to as the missing data mechanism (Molenberghset al., 2015). Missing data can be caused by study design, participant characteristics, measurement characteristics, data collection and chance (McKnight, McKnight, Sisani & Figeuredo, 2007).

Study design results from a possible burden placed on respondents, due to duration of the study or multiple repeated measures (McKnight et al., 2007). Missing data, which was addressed by Rubin (1987), he gives two reasons for this. Refusal to provide the information and processing of the information were identified as the two most prominent reasons for missing data. There are many reasons for refusal to provide information, and they include inadequate reading and comprehension levels, lack of motivation and negative attitudes towards the research (McKnight et al., 2007).

Missing data due to measurement characteristics results from factors such as malfunctioning of equipment or the length of a study, in this case very long studies may have high drop-out levels. Missing data due to data collection conditions, such as rushing a respondent to complete a questionnaire will potentially result in a participant failing to complete the questionnaire.

Data can be missing due to data management malfunctions. This occurs because investigators rely on transferring data to different formats such as from a questionnaire to a database. Thus, investigators could skip data during this process. Lastly missing data due to chance is the result of no systematic reason but rather simply odd circumstances that lead to missing data (McKnight et al., 2007). Dealing with this missing data is a complex issue.

In the past, researchers have relied on a variety of techniques to ‘fix’ the data (Enders, 2010). These methods fell out of favour and in 1976. Rubin (1976) published an outline for missing data still used today, called maximum likelihood and multiple imputations. These methods became favourable because weaker assumptions about the causation of the missing data were

required (Enders, 2010). These two techniques were not immediately adopted as they only became available in statistical packages in the 1990's (Enders, 2010).

The statistical package used in this research project is SPSS. While data may be missing it is not necessary to ignore the data that is present. Thus, researchers do need to tell SPSS that there is a value missing (Field, 2012). This method is similar to coding variables, where a number is chosen to represent the missing variable. This number informs SPSS that there is no value for that variable. SPSS will then ignore that cell. By default SPSS assumes that no missing values exist (Field, 2012). However if missing data does exist then there are three ways to handle this in SPSS.

Firstly, to select discreet values to represent missing values. SPSS allows the researcher to specify up to three discreet numbers to represent missing values. SPSS will then ignore these cells. The second option is to choose a range of values that will represent the missing values; this is helpful where it is necessary to exclude data falling between two points. Lastly, researchers can have a range of values and one discreet value (Field, 2012).

It is important to stress that no procedure overcomes data that is missing. Good designs and methods can be used to minimise the impact of missing data, however the reasons for the missing data must always be explored. The method used to check for missing data in SPSS was the multiple imputations method (Field, 2012).

Multiple imputations is a maximum likelihood estimation method that has been recommended (Schafer & Graham, 2002). Multiple imputation analysis consists of three steps, the imputation phase, the analysis phase and the pooling phase. The imputation phase creates copies of the data, each containing different estimates of the missing data. During the analysis phase an analysis will take place that will fill in the data sets. This step will apply the same statistical test that would have been used if the data was complete. The pooling phase then combines all the data into a single set of results (Enders, 2010).

Below is a graphical representation of the above process, the imputation phase, creates the copies of the data and imputes with various missing values. The analysis phase estimates the parameters using each of the data sets and finally the pooling phase combines the parameter estimates and standard errors into a single set of results (Enders, 2010, p. 188). The diagram below represents this process.

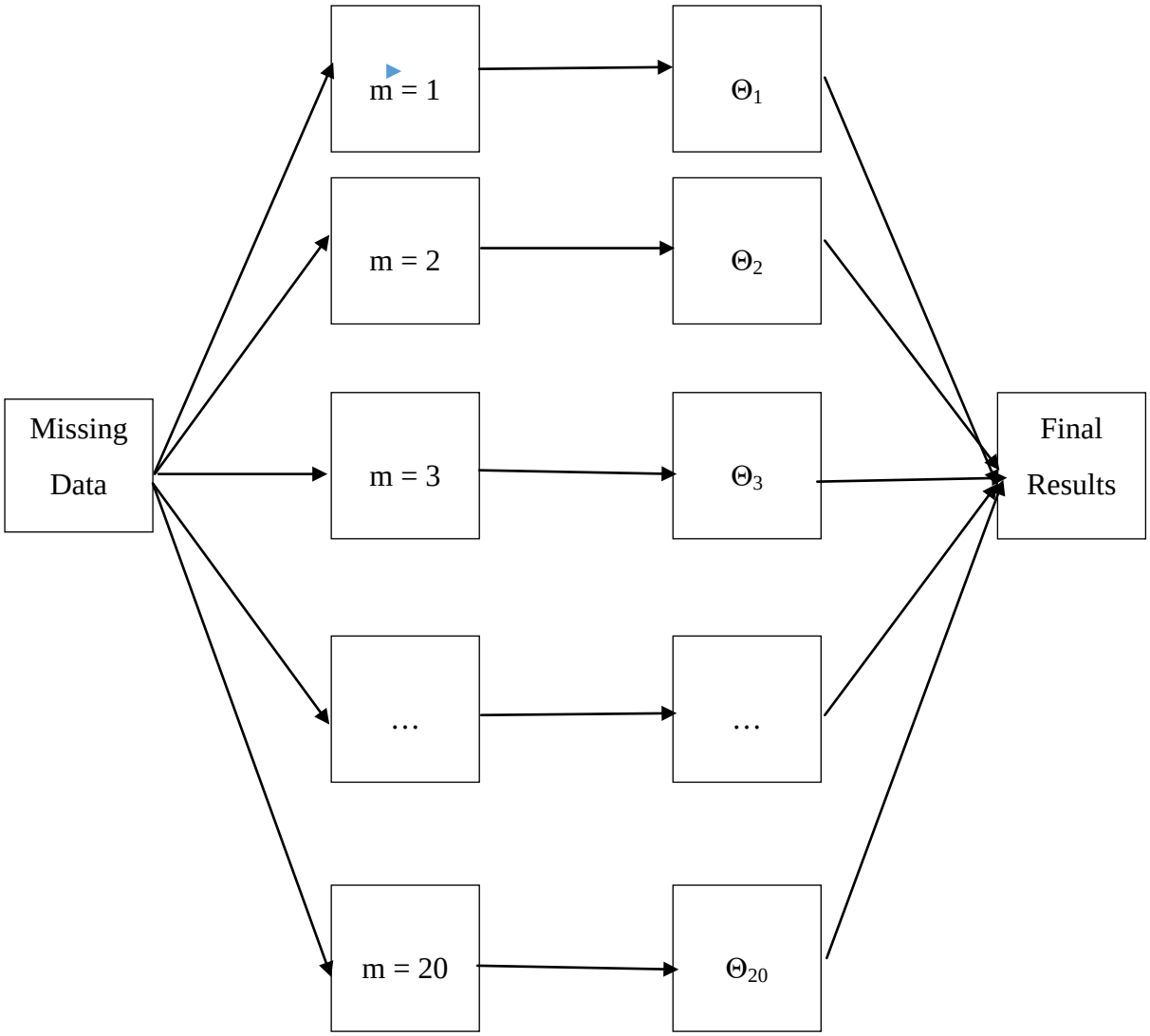


Figure 10 Graphical depiction of a multiple imputation analysis (Enders, 2010, p. 188).

As discussed above, the method used to analyse the data was multiple imputation analysis. The first step was to determine if there were patterns in the missing data. This was achieved by going to the analyse menu and selecting multiple imputations. The outcome can be seen in the graph below.

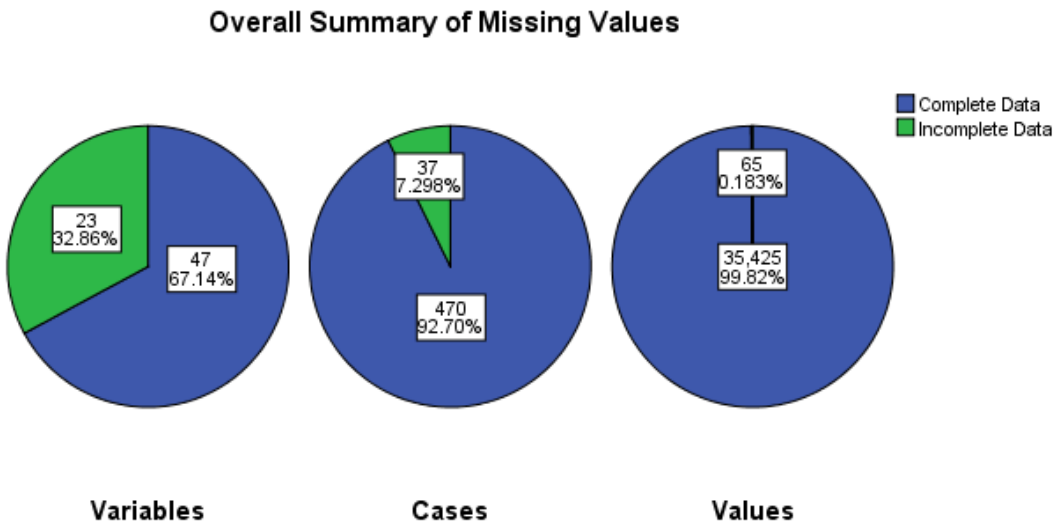


Figure 11 Pie charts showing missing values

The output of the missing data analysis is displayed above. The left hand pie chart displays the number and percentage of missing variables in the data collected. From the pie chart above, 23 of the 47 variables contain missing values. The central pie chart is the missing cases, and shows the number of respondents with missing values. In this case 7.3% of the respondents have missing values. The right hand pie chart labelled values indicates that 0.18% of all values are missing. There are 65 missing values in the collected data. The variable summary chart will now be analysed to determine if a pattern in the missing data arises (Field, 2012).

Variable Summary[a,b]

	Missing		
	N	Percent	Valid N
Size_of_org	23	4.5%	484
My_good_health_is_largely_a_matter_of_good_fortune	3	0.6%	504
Health_professionals_control_my_health	3	0.6%	504
Whenever_I_dont_feel_well_I_should_consult_a_doctor	3	0.6%	504
Sex	3	0.6%	504
Regarding_my_health_I_can_only_do_what_dr_says_I_must_do	2	0.4%	505
If_I_take_the_right_actions_I_can_stay_health	2	0.4%	505
If_its_meant_to_be_I_will_stay_health	2	0.4%	505
No_matter_what_I_do_Iget_sick	2	0.4%	505
When_I_recover_its_because_of_others	2	0.4%	505
If_I_take_care_of_myself_I_can_avoid_illness	2	0.4%	505
The_main_thing_which_affects_my_health_is_what_I_myself_do	2	0.4%	505
My_family_has-a_lot_to_do_with_my_sickness_or_health	2	0.4%	505
I_am_in_control_of_my_health	2	0.4%	505
Eyes_open_for_other_jobs_no0_yes1	2	0.4%	505
Employee_wellness_at_work	2	0.4%	505
Age	2	0.4%	505
Luck_plays_a_part_in_determining_how_soon_I_will_recover_from_an_illness	1	0.2%	506
When_I_get_sick_I_am_to_blame	1	0.2%	506
Contact_with_doctor_to_avoid_illness	1	0.2%	506
Do_you_always_practice_what_you_preach_to_people?no0_yes1	1	0.2%	506
I_consider_my_job_rather_unpleasant	1	0.2%	506
Disscuss_health_at_work	1	0.2%	506

a. Maximum number of variables shown: 25

b. Minimum percentage of missing values for variable to be included: 0.0%

Figure 12 Variable summary

The above table provides a list of all variables that contain missing values. The variables are ordered according to highest number of missing values to the lowers number. Size of organisation is listed first because it has 23 cases of missing values. The next chart to be analysed is called the missing value patterns (Field, 2012).

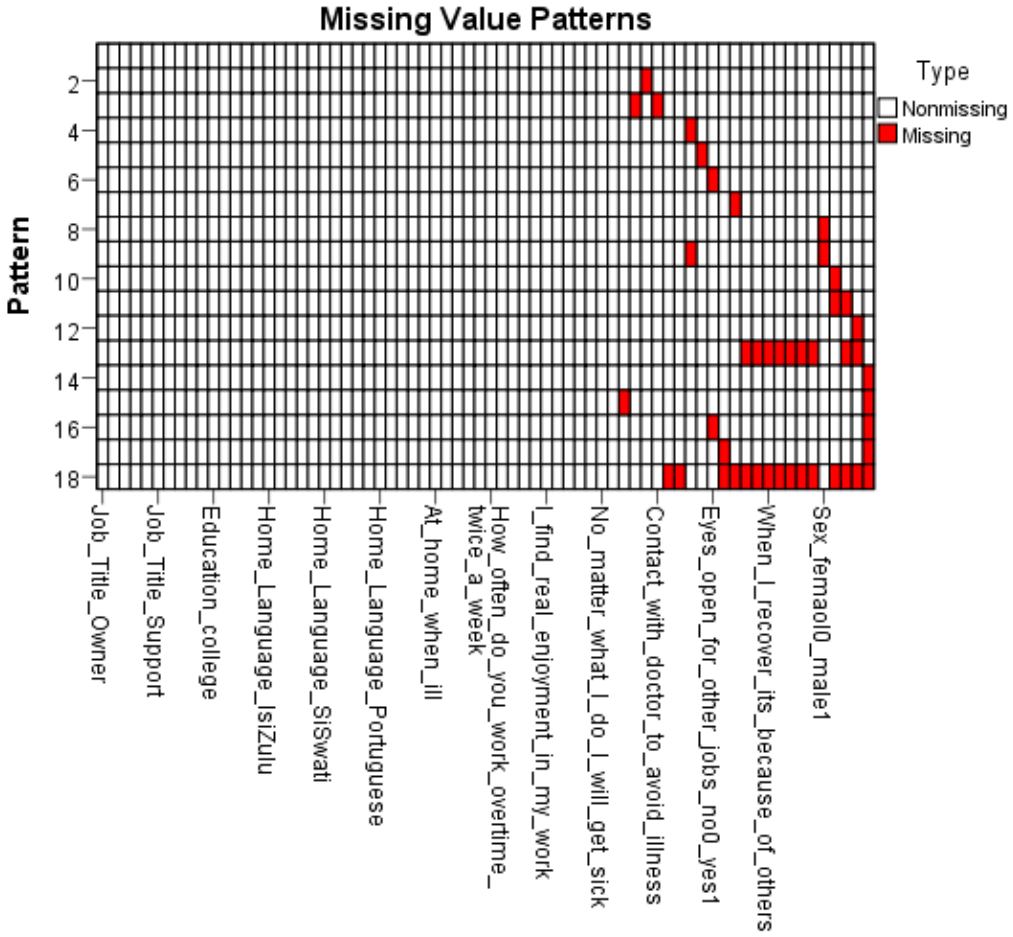
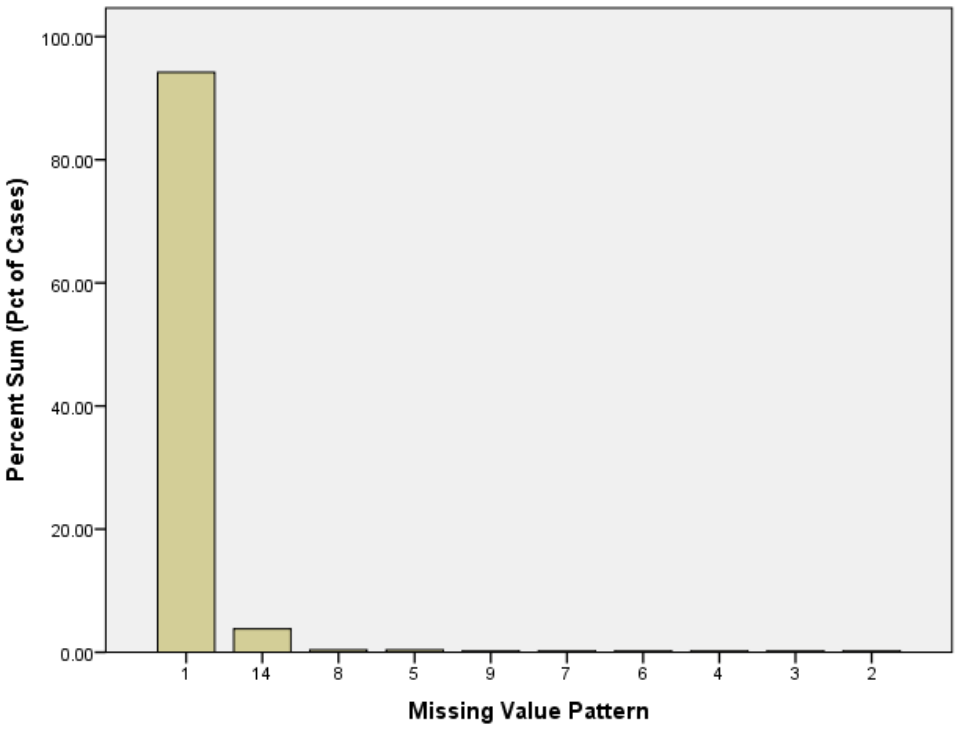


Figure 13 Missing values summary

This chart assists in determining whether or not there is a pattern to the missing data. The rows above indicate patterns in the missing values. The x-axis is ordered by the number of missing values that each variable contains. Here, sex is listed to the right of the table as it has the highest percentage of missing values. Monotonicity is the pattern that is sought here; it can be a pattern of decreasing or increasing values. From the above graph it is clear that the missing values are random, that is, there is no clear pattern. This indicates that there is not one question or set of questions that everyone avoided, and that the missing data appears to be completely random. The next graph is called 'variable' and shows the missing value pattern (Field, 2012).



The 10 most frequently occurring patterns are shown in the chart.

The graph above shows that the first pattern, the one in which no missing values are present, across all variables is the most prevalent. Therefore, there are no missing values that are common across all variables (Field, 2012).

Thus, from the analysis above it was found that there are 64 missing values, in addition there does not appear to be a pattern to the missing values. The analysis now will proceed to the multiple imputations method where these missing values will be replaced. The second step involved the imputation of the missing values. This step was completed and the data was imputed (Field, 2012). The univariate analysis can now take place.

5.2 UNIVARIATE ANALYSIS

As a second step, the data is organised into a frequency distribution as a way of organising it into a logical order (Howell, 2008). Univariate analysis is the analysis of the distribution of cases on only one variable at a time. The distributions show how the variables are tabled or plotted against a frequency of occurrence (Howell, 2008). The central tendency can now be determined which will describe the centre of a frequency distribution of observations as measured by the mean, mode and median (Field, 2012).

To ensure scientific rigour, the univariate data will be represented with a frequency distribution and the normal distribution will be checked with a histogram. The univariate analysis will begin with the variable ‘age’.

5.2.1 Age

Age is depicted in years old. The output of the univariate analysis is as follows:

Table 7 Age frequency distribution

Age	
Analysis	Result
Mean	38.78
Std. Error of Mean	.596
Median	37
Mode	25
Std. Deviation	13.4
Variance	180.12
Skewness	.497
Std. Error of Skewness	.108
Kurtosis	-.740
Std. Error of Kurtosis	.217
Range	62
Minimum	16
Maximum	78

From the above analysis the histogram is represented in the Appendix 8.13.1. The mean age of the respondents was 38.78 years old and the median (middle score) is 37. These values are not too far apart and thus suggest a normal distribution. The youngest respondent was 16 and the oldest was 78 with a range of 62.

5.2.2 Gender

In this research paper the gender of ‘male’ was recorded as a 1 and ‘female’ recorded as a 0

Table 8 Gender frequency distribution

Sex				
	Frequency	Percent	Valid Percent	Cumulative Percent
Female	272	53	53	53
Male	235	46	46	100

Gender is classed as categorical data, thus its mean, standard deviation and median are not meaningful. For most people gender is a fixed variable and does not change over-time (Field, 2012).The histogram is represented in Appendix 8.13.2. From the table above it can be seen that there are 272 females and 235 males from the sample size of 507 respondents. This indicates that there are 53% females and 46% males in this study. This suggests a good distribution of both male and female respondents in the study.

5.2.3 Job title

The output shows that there is a high representation of technical (82) staff and support personnel (108) in this study. The ‘other’ indicated here represent respondent’s job titles that did not fit into any category. These included welders, store men, drivers etc. who comprised less than 71 of all respondents and were put into the category of ‘other’.

Table 9 Job title frequency distribution

Job title	Number of respondents	Percentage
Owner	64	13%
Manager	69	14%
Clerical	32	6.3%
Sales	73	14%
Technical	82	16%
Support	109	21%
Marketing	9	1,7%
Other	71	14%

5.2.4 Levels of education

Levels of education consisted of the following options: less than high school; high school; college or associate degree; and bachelor degree or higher.

Table 10 Levels of education frequency distribution

Levels of education				
	Less than high school	High school	College	Degree
Number of respondents	32	246	146	72
Percentage of respondents	6%	49%	29%	14%

From the table above it can be seen that 32 (6%) respondents had an education level of less than high school, 246 (495) (the highest concentration of respondents) had an education level high school. 146 (29%) of respondents had a college degree and 72 (14%) respondents had an education qualification of bachelor degree or higher.

5.2.5 Size of the organisation

Size of the organisation is reflected by the number of employees in the organisation.

Table 11 Size of the organisation frequency distribution

Size of the organisation	
Analysis	Result
Mean	25
Median	12
Mode	1
Std. Deviation	39
Variance	1489
Skewness	2.6
Std. Error of Skewness	.108
Kurtosis	6.7
Std. Error of Kurtosis	.217
Range	209
Minimum	1
Maximum	210

The histogram from the above analysis is represented in the Appendix 8.13.3. A value of 1 indicates that no employees are employed other than the respondent, representing a single person business. The single person businesses represent the majority of the respondents. This

is shown by the mode which equals 1. A value of 210 indicates the largest size of an organisation which fits into the criteria for small business set out in Appendix 8.9. The frequency distribution shows skewness to the right. Right skewness can be checked by a larger value of the mean, a smaller value of the mode and a median that lies between the value of the mean and mode. The skewness coefficient is > 1, thus the distribution is skewed to the right. Kurtosis > 0 thus the distribution is leptokurtic.

5.2.6 Home language

Home language was divided into the eleven official languages of South Africa and four European languages included namely: French, Italian, Portuguese and Spanish. An 'other' option was provided for a home language that did not fit into any of the options.

Table 12 Home language percentage distributions

Home Language		
Language	Number of respondents	Percentage of respondents
English	91	18%
Afrikaans	27	5%
SeSotho	45	9%
IsiZulu	147	29%
IsiXhosa	65	13%
Setswana	18	4%
IsiNdebele	21	4%
Pedi	22	4%
SiSwati	7	1%
Xitsonga	6	1%
Tshivenda	37	7%
French	3	0.5%
Italian	2	0.4%
Portuguese	2	0.4%
Spanish	4	0.7%
Other	12	2%

From the table above it can be seen that the majority (147) of respondents spoke IsiZulu (29%) at home as their primary language, followed by 91 English speaking respondents (18%). Thus, the top five languages spoken at home included and in order: IsiZulu, English, IsiXhosa, Sesotho and Afrikaans.

5.2.7 Access to healthy food at work

This variable was a yes/no type question. If the respondent had access to healthy food at work then they would have indicated a yes and if not a no.

Table 13 Access to health food frequency distribution

Access to healthy food at work				
	Frequency	Percent	Valid percent	Cumulative percent
No access to healthy food at work	218	43	43	43
Access to healthy food at work	289	57	57	100

From the above analysis the histogram is represented in Appendix 8.13.4. Here, it can be seen that 57% of the respondents had access to healthy food at work and 43% of all respondents did not have access to healthy food at work.

5.2.8 Good health encouraged at work

Table 14 Good health encouraged frequency distribution

Good health encouraged at work				
	Frequency	Percent	Valid percent	Cumulative percent
Good health not encouraged at work	348	69	69	69
Good health encouraged at work	159	31	31	100

From the analysis above it can be seen that 69% of respondents were not encouraged by their managers to practice a healthy lifestyle, while 31% of respondents were encouraged by their managers to practice a healthy lifestyle.

5.2.9 Stay at home when ill

Table 15 Stay home when ill frequency distribution

Encouraged to stay home when ill				
	Frequency	Percent	Valid percent	Cumulative percent
Not encouraged to stay home when ill	366	72	72	72
Encouraged to stay home when ill	141	28	28	100

From the analysis above it can be seen that 72% of respondents were not encouraged by their managers to stay at home when ill and 28% of respondents were encouraged by their managers to stay at home when ill.

5.2.10 Health discussions at work

Table 16 Health discussions at work frequency distribution

Health discussions at work				
	Frequency	Percent	Valid percent	Cumulative percent
Health not discussed at work	406	80	80	80
Health discussed at work	101	20	20	100

From the above analysis it can be seen that 80% of respondents did not discuss health topics with their managers at work and 20% of respondents discussed health topics at work.

5.2.11 Medical Aid

Table 17 Medical aid frequency distribution

Medical aid				
	Frequency	Percent	Valid percent	Cumulative percent
No medical aid	400	79	79	79
Medical aid	107	21	21	100

From the analysis above it is shown that 79% of respondents did not have a medical aid, while 21% of respondents had a medical aid.

5.2.12 Employee well-being programmes at work

Table 18 Employee well-being programmes frequency distribution

Employee well-being programmes at work (EWP)				
	Frequency	Percent	Valid percent	Cumulative percent
No EWP at work	441	87	87	87
EWP provided by the employer	66	13	13	100

From the analysis above it can be seen that 87% of respondents did not have any kind of employee well-being programmes at work, while 13% of respondents indicated that they did have employee well-being programmes at work.

5.2.13 Absent from work due to illness

Table 19 Absent from work due to illness frequency distribution

Absent from work due to illness/ per annum	
Analysis	Result
Mean	2
Median	1
Mode	1
Std. Deviation	1.48
Variance	2.19
Skewness	1.4
Std. Error of Skewness	.108
Kurtosis	3.2
Std. Error of Kurtosis	.217
Range	10
Minimum	0
Maximum	10

From this analysis the histogram is represented in the Appendix 8.13.5. Here, it can be seen that the mean number of days the respondents were off ill from work were 2 days per annum. The skewness of the data is positive as the mean is greater than the median. The histogram in appendix 8.13.5 shows that the values are skewed to the right. The skewness coefficient is >1, thus the distribution is skewed to the right. Kurtosis > 0 thus the distribution is leptokurtic. This is an outcome measure of how many days the respondent was absent from work due to sick days. Normalisation of the data can now be achieved by performing a log transformation on the data.

5.2.14 Absent from work due to other general issues

Table 20 Absent from work due to general issues

Absent from work due to general issues	
Analysis	Result
Mean	1.17
Median	1
Mode	0
Std. Deviation	1.46
Variance	2.1
Skewness	1.1
Std. Error of Skewness	.108
Kurtosis	.761
Std. Error of Kurtosis	.217
Range	7
Minimum	0
Maximum	7

From the analysis the histogram is represented in the Appendix 8.13.6. Here, the mean number of days the respondents were off from work due to general issues was 1.17 days per annum. The skewness of the data is positive as the mean is greater than the median. The histogram in appendix 8.13.6 shows that the values are skewed to the right. The skewness coefficient is >1, thus the distribution is skewed to the right. Kurtosis > 0 thus the distribution is leptokurtic. This is an outcome measure of how many days the respondent was absent from work due to general matters, these could include taking a dependent to the doctor, transportation problems or security risks. A log transformation can be conducted on this data to normalise the data.

5.2.15 Amount of overtime worked

Table 21 Amount of overtime worked frequency distribution

Amount of overtime worked		
	Frequency	Percent
Overtime worked once a week	249	49%
Overtime worked twice a week	148	29%
Overtime worked more than twice a week	110	22%

From the table above it can be seen that 249 respondents (49%) indicated that they worked overtime once a week, while 148 respondents (29%) worked overtime twice a week and 110 respondents (22%) worked overtime more than twice a week.

5.2.16 Eyes open for another job

Table 22 Eyes open for another job frequency distribution

Keeping a look out for another job				
	Frequency	Percent	Valid percent	Cumulative percent
Not looking for another job	96	19	19	19
Continuously looking for another job	411	81	81	100

The respondents in the study were asked if they keep a look out for other job opportunities. The response was as follows: 19% of the respondents indicated that they do not look out for other jobs opportunities, while 81% of respondents indicated that they do look for other jobs while employed at their current position.

5.2.17 Job satisfaction

Job satisfaction is the degree to which a person feels positive or negative about their job (Schermerhorn, 2011). Job satisfaction tends to be higher in small firms and lower in large firms. Poor job satisfaction is strongly related to withdrawal behaviours such as absenteeism and lower job turn over (Schermerhorn, 2011). Judge, Locke, Durham & Kluger (1998) developed a shortened version of the Brayfield & Rothe (1951) job satisfaction survey. This survey took the following form: Some jobs are more interesting and satisfying than others. We want to know how you feel about your job. For each statement below, the respondent used the following scale to indicate which was most descriptive of their current job:

1 = Strongly disagree

2 = Disagree

3 = Neither disagree nor agree

4 = Agree

5 = Strongly agree

1. ____ I feel fairly well satisfied with my present job.
2. ____ Most days I am enthusiastic about my work.
3. ____ Each day of work seems like it will never end. (*reverse-scored*)
4. ____ I find real enjoyment in my work.
5. ____ I consider my job rather unpleasant. (*reverse-scored*)

(Judge, Locke, Durham & Kluger, 1998). The results from these five Likert type questions are discussed below. The first step in this analysis was to reverse score questions three and five. The scoring interpretation was as follows: a score of 25 is interpreted as excellent job satisfaction; 15 is a neutral response to job satisfaction; and 5 the lowest possible score is interpreted as poor job satisfaction.

Table 23 Job satisfaction frequency distribution

Job satisfaction	
Analysis	Result
Mean	15
Median	15
Mode	15
Std. Deviation	2.881
Variance	8.3
Skewness	.220
Std. Error of Skewness	.108
Kurtosis	.245
Std. Error of Kurtosis	.217
Range	18
Minimum	6
Maximum	24

From this analysis the histogram is represented in the Appendix 8.13.7. The mean job satisfaction is 15. The mean and the median are very close, thus can be interpreted as a distribution that follows a normal curve. The histogram in appendix 8.13.7 confirms this, as it shows a normal distribution. The value of 15 shows that the average respondent feels neutral towards their job satisfaction.

5.2.18 Social desirability

Social desirability is the tendency to answer in a socially desirable way to a questionnaire; this affects the validity of the questionnaire (Crowe & Marlowe, 1960). Haghighat (2007) developed a four-item practical and reliable social desirability instrument to be used in assessments where social desirability needs to be accounted for. The questions are of a yes/no type, and are listed in the questionnaire as follows:

1. Would you smile at people every time you meet them?
2. Do you always practice what you preach to people?
3. If you say to people that you will do something, do you always keep your promise no matter how inconvenient it might be?
4. Would you ever lie to people?

The cut off score is> 2 yes answers, to exclude people with a high tendency towards social desirability (Haghighat, 2007).

Table 24 Social desirability frequency distribution

Social desirability	
Analysis	Result
Mean	2.22
Median	2
Mode	2
Std. Deviation	.893
Variance	.797
Skewness	-.180
Std. Error of Skewness	.108
Kurtosis	-.128
Std. Error of Kurtosis	.217
Range	4
Minimum	0
Maximum	4

The histogram for this analysis is represented in the Appendix 8.13.8. From the analysis above it can be seen that the mean social desirability is 2, this is interpreted as 2 yes answers out of a possible 4 questions. The mean and the median are the same; this can be interpreted as a distribution that follows the normal curve. The histogram in appendix 8.13.8 confirms this, and shows that the distribution follows a normal curve.

5.2.19 Health locus of control

Health locus of control is a personality variable often used in social sciences (Spector, 1992), describing reward or reinforcement as dependent on whether the person perceives the reward as contingent on their own behaviour or independent of their own behaviour (Rotter, 1966). Based on Rotter (1966), I-E scales, Wallstone, Wallstone & De Vellis, (1978) designed and developed the Multidimensional Health Locus of Control scale (MHLOC). This scale consists of 18 questions, which are a self-report measure. This measure was intended to be used on the general population, to assess beliefs about factors that influence health. The scales assess three independent dimensions, namely: 'internal belief', 'chance belief' and 'powerful others belief'.

The internal belief holds that health is influenced by one's own choice and behaviours (Spector, 1992), while the chance belief understands health as influenced by chance, or fate. The belief in 'powerful others' understands that health is dependent on the competence of a doctor or family member's behaviour (Wallstone, Wallstone& De Vellis, 1978).

From the questionnaire questions 1,6,8,12,13 and 17 are directed at internal/external health locus of control. Questions 2,4,9,11,15 and 16 are directed towards chance health locus of control and questions 3,5,7,10,14 and 18 are directed towards powerful others health locus of control. The possible ranges of these 3 categories are 6 – 30 for all categories.

5.2.20 Internal/external health locus of control

This first category will determine whether the respondent has an internal or external health locus of control. Questions 1, 6, 8, 12 and 17 were analysed from the questionnaire. From the outcome a score of 30 shows a strong internal health locus of control (having agreed strongly with the health statements) and a score of 6 (having disagreed strongly with the health statements) show a strong external health locus of control.

Table 25 Health locus of control frequency distribution

Health locus of control	
Analysis	Result
Mean	20
Median	20
Mode	20
Std. Deviation	3.058
Variance	9.3
Skewness	.231
Std. Error of Skewness	.108
Kurtosis	.847
Std. Error of Kurtosis	.217
Range	20
Minimum	10
Maximum	30

The Histogram for this analysis is represented in the Appendix 8.13.9. From the analysis above it can be seen that the mean health locus of control is 20. The mean and the median are the same; this can be interpreted as a distribution that follows the normal curve. The histogram in appendix 8.13.9 confirms this, and shows that the distribution follows a normal curve.

From the frequency table above it can be seen that only 2 respondents had a strong external health locus of control (they disagreed strongly with the health statements) and 6 respondents had a strong internal health locus of control (they agreed strongly with the health statements), the remainder of respondents fell around the average score of 20.

5.2.21 Chance health locus of control

This second category will determine whether the respondent has an internal or external health chance locus of control, thus to what extent does an individual feels that pure chance is to

blame for becoming ill or to what extent the respondent will take charge of their health. Questions 2, 4, 9, 11, 15 and 16 were analysed from the questionnaire. From the outcome a score of 30 shows a strong chance internal health locus of control (having agreed strongly with the chance health statements) and a score of 6 (having disagreed strongly with the chance health statements) shows a strong chance external health locus of control.

Table 26 Chance health locus of control frequency distribution

Chance health locus of control	
Analysis	Result
Mean	18
Median	18
Mode	18
Std. Deviation	3.7
Variance	13.5
Skewness	.605
Std. Error of Skewness	.108
Kurtosis	.547
Std. Error of Kurtosis	.217
Range	22
Minimum	8
Maximum	30

The Histogram for this analysis is represented in the Appendix 8.13.10. Here, it can be seen that the mean chance health locus of control is 18. The mean and the median are very close this can be interpreted as a distribution that follows the normal curve. The histogram in appendix 8.13.10 confirms this, and shows that the distribution follows a normal curve.

From the frequency table it can be seen that only 2 respondents had a strong external chance locus of control (they disagreed strongly with the chance health statements) and 4 respondents had a strong internal health locus of control (they agreed strongly with the chance health statements), the remainder of respondents fell around the average score of 18.

5.2.22 Powerful others health locus of control

This third and final category will determine whether the respondent have an internal or external powerful others health locus of control, this means, to what extent an individual feels that powerful others such as doctors, nurses and family members are in charge of their health. Questions 3, 5, 7, 10, 14 and 18 were analysed from the questionnaire. From the outcome a

score of 30 shows a strong powerful others internal health locus of control (having agreed strongly with the powerful others health statements) and a score of 6 (having disagreed strongly with the powerful others health statements) shows a strong powerful others external health locus of control.

Table 27 Powerful others health locus of control

Powerful others health locus of control	
Analysis	Result
Mean	18.6
Median	18
Mode	17
Std. Deviation	3.6
Variance	12.7
Skewness	.474
Std. Error of Skewness	.109
Kurtosis	-.144
Std. Error of Kurtosis	.217
Range	21
Minimum	9
Maximum	30

The Histogram for this analysis is represented in the Appendix 8.13.11. From the analysis above it can be seen that the mean powerful others health locus of control is 18.6. The mean and the median are close this can be interpreted as a distribution that follows the normal curve. The histogram in appendix 8.13.11 confirms this, and shows that the distribution follows a normal curve. From the frequency table only 1 respondent had a strong external powerful others locus of control (they disagreed strongly with the powerful others health statements) and 2 respondents had a strong powerful others internal health locus of control (they agreed strongly with the powerful others health statements), the remainder of respondents fell around the median score of 18.

5.2.23 Well-being cost to company

This variable is made up of the following subordinate variables; absenteeism due to illness, absenteeism due to general issues, intention to quit and job satisfaction. Each respondent received a total score from these four variables which was analysed and the following frequency distributions were obtained.

Table 28 Well-being cost to company frequency distribution

Wellness cost to company	
Analysis	Result
Mean	4
Median	4
Mode	4
Std. Deviation	2.3
Variance	5.1
Skewness	1.1
Std. Error of Skewness	.108
Kurtosis	2.7
Std. Error of Kurtosis	.217
Range	16
Minimum	0
Maximum	16

From the above analysis the mean cost to company is 4 where a zero cost to company is an ideal situation for an organisation, as this shows a respondent with zero days off due to illness or general issues, no intention to quit and good job satisfaction. The minimum score is zero and the maximum score is 16, a score of 16 is an indication of a high cost to company. A respondent with a high cost to company will show high absentee days, will be looking for other work and will have low job satisfaction. From the frequency distribution 20% of respondents have a cost to company of 4, which represents a moderate cost to company.

In conclusion the results of the univariate analysis is summarised in the tables below. Starting with a summary of the continuous variables and then a summary of the categorical variables is shown. The mean, standard deviation, variance, skewness and kurtosis is summarised and reflected below.

Table 29 Summary of the univariate analysis

Variable	Mean	Standard Deviation	Variance	Skewness	Kurtosis
Age	38.78	13.421	180.125	.497	-.740
Size of organisation	25.38	38.591	1489.281	2.569	6.700
Absent due to illness	1.71	1.480	2.191	1.396	3.157
Absent due to general issues	1.17	1.462	2.138	1.170	.761
Job satisfaction	14.60	2.881	8.300	.220	.245
Sociable desirability	2.22	.893	.797	-.180	-.128
Health locus of control	19.90	3.058	9.352	.231	.847
Chance locus of control	17.77	3.677	13.521	.605	.547
Powerful others health locus of control	18.58	3.568	12.731	.474	-.144
Total cost to company	3.98	2.265	5.132	1.128	2.736

The table below represents the percentage distributions of all the categorical variables.

Table 30 Percentage distributions of the categorical variables

Variable					
Gender	Female 53%	Male 46.4%			
Job title	Support 21%	Technical 16%	Sales 14%	Other 14%	Manager 13%
Levels of education	Less than high school 6.9%	High school 48%	College 29%	Degree 14%	
Home language	IsiZulu 29%	English 18%	IsiXhosa 13%	SeSotho 8.8%	Afrikaans 5.3%
Access to health food	Yes 57%	No 43%			
Encouraged good health at work	Yes 31.4%	No 69%			
Encouraged to stay home when ill	Yes 28%	No 72%			
Health discussions at work	Yes 20%	No 80%			
Medical Aid	Yes 21%	No 79%			
Employee well-being programmes at work	Yes 13%	No 87%			
Amount of overtime worked	Once a week 49%	Twice a week 29%	More than twice a week 21%		
Eyes open for another job while currently employed	Yes 81%	No 19%			

From the univariate analysis it can be seen that although some employees have access to healthy food at work (57%), very little is proactively achieved in terms of healthy advise and encouragement to employees. From the table above it can be seen that only 31.4% of employers encouraged their employee's good health, with very few employees motivated to stay at home when ill. From the sample, medical aid and employee well-being programmes seem to be a luxury and very seldom offered in the work place.

5.3 BIVARIATE ANALYSIS

The previous section reported on the univariate analysis, this section reports on the results of the bivariate testing. The results will be shown that relate to the propositions found in the qualitative section, Part One. For the purposes of determining the empirical relationship between variables, a bivariate analysis will now be performed. This will involve the analysis between two variables (Field, 2012).

This study makes use of non-parametric analysis for testing of bivariate associations which is defined as: “a family of statistical procedures that do not rely on the restrictive assumptions of parametric tests, in particular, they do not assume that the sampling distribution is normally distributed” (Field, 2012, p. 880). As can be seen from the univariate analysis many of the distributions are skewed to the left or right and thus a normal distribution cannot be assumed. Thus, a Spearman’s correlation coefficient test is used in this study.

The Spearman’s correlation coefficient is a standardised measure of the strength of relationships between two variables that does not rely on the assumptions of a parametric test. It is a Pearson’s correlation coefficient performed on data that has been converted into ranked scores (Field, 2012). The bivariate analysis will follow the proposed proposition that were derived in the qualitative analysis. Many of these variables will be tested against well-being cost to company.

Well-being cost to company is the variable that is made up of the index of four subordinate measures, these subordinate measures consist of: health related absenteeism, general issues absenteeism, intention to quit absenteeism and job satisfaction. This analysis, takes place between various factors at work and well-being cost to company.

5.3.1 Hypothesis CP1: There is a significant association between the number of employees in a small business and well-being cost to company.

The outcome of the Spearman's Rho is indicated in the table below.

Table 31 Spearman's Rho outcome table

Spearman's Rho		
	Size of the organisation	Wellness cost to company
Size of the organisation – Correlation coefficient	1	-.002
Significance (2-tailed)		.955
Wellness cost to company – Correlation coefficient	-.002	1
Significance (2-tailed)	.955	

In the above analysis, the correlation measures the degree of linear relationship between two variables. Correlations are interpreted as follows (Field, 2012):

- **–1.** A perfect downhill (negative) linear relationship
- **–0.70.** A strong downhill (negative) linear relationship
- **–0.50.** A moderate downhill (negative) relationship
- **–0.30.** A weak downhill (negative) linear relationship
- **0.** No linear relationship
- **+0.30.** A weak uphill (positive) linear relationship
- **+0.50.** A moderate uphill (positive) relationship
- **+0.70.** A strong uphill (positive) linear relationship
- **+1.** A perfect uphill (positive) linear relationship

The above correlation coefficient is -.002. This is a weak negative correlation. A negative score corresponds to a decreasing monotonic trend size of organisation and cost to company.

The Sig. (2-tailed) is the p-value = .955. This value shows whether the correlation coefficient is statistically significant. The α used in this research report was 0.05. The p-value of 0.955 is larger than the α value of 0.05. Thus, it can be concluded from the hypothesis, there is a significant association between the number of employees in a small business and well-being cost to company is not statistically significant. From this it can be seen that the number of employees in a company and cost to company are not statistically significant (Field, 2012).

5.3.2 Hypothesis CP2: There is a significant association between employee roles in a small business and well-being cost to company. The employee roles were divided into owner; manager; clerical; sales; technical; support marketing and other. The output of the Spearman's rho correlation is:

Owner:

Table 32 Spearman's Rho outcome table of owners

Spearman's Rho		
	Employee roles - Owner	Wellness cost to company
Employee roles - Owner – Correlation coefficient	1	-.026
Significance (2-tailed)		.566
Wellness cost to company – Correlation coefficient	-.026	1
Significance (2-tailed)	.566	

The above correlation coefficient is -.026, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .566. These findings will show whether the correlation coefficient is statistically significant. The α used in this research report was be 0.05. The p-value of 0.566 is larger than the α value of 0.05. Thus, it can be concluded from the hypothesis 'There is a significant association between employee roles (owner) in a small business and well-being cost to company' is not statistically significant. From this it can be seen that owners in a company and cost to company are not statistically significant (Field, 2012).

Manager:

Table 33 Spearman's Rho outcome table of managers

Spearman's Rho		
	Employee roles - Manager	Wellness cost to company
Employee roles - Manager – Correlation coefficient	1	-.035
Significance (2-tailed)	.	.426
Wellness cost to company – Correlation coefficient	-.035	1
Significance (2-tailed)	.426	.

The above correlation coefficient is -.035, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .426. This test assists in showing whether the correlation coefficient is statistically significant. The α used in this research report was be 0.05. The p-value of 0.426 is larger than the α value of 0.05. Thus, it can be concluded that the alternate hypothesis; 'There is a significant association between employee roles (manager) in a small business and well-being cost to company' is not statistically significant. From this it can be

seen that managers in a company and cost to company are not statistically significant (Field, 2012). Technical staff, support staff, marketing staff and other were all tested in the same manner, none of these roles were found to be significant when tested against wellness cost to company.

5.3.3 Hypothesis CP3: There is a significant association between amount of over-time worked in a small business and well-being cost to company.

Table 34 Spearman's Rho outcome table of overtime worked once a week

Spearman's Rho		
	Overtime worked once a week	Wellness cost to company
Overtime worked once a week – Correlation coefficient	1	-.063
Significance (2-tailed)	.	.158
Wellness cost to company – Correlation coefficient	-.063	1
Significance (2-tailed)	.158	.

The above correlation coefficient is -.063, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .158. From this it can be seen that working overtime once a week does not correlate highly with well-being cost to company (Field, 2012).

Overtime worked twice a week

Table 35 Spearman's Rho outcome table of overtime worked twice a week

Spearman's Rho		
	Overtime worked twice a week	Wellness cost to company
Overtime worked twice a week – Correlation coefficient	1	-.050
Significance (2-tailed)	.	.260
Wellness cost to company – Correlation coefficient	-.050	1
Significance (2-tailed)	.260	.

The above correlation coefficient is -.050, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .260. From this it can be seen that working overtime twice a week does not correlate highly with well-being cost to company (Field, 2012).

Overtime worked more than twice a week

Table 36 Spearman's Rho outcome table of overtime worked for more than twice a week

Spearman's Rho		
	Overtime worked more than twice a week	Wellness cost to company
Overtime worked more than twice a week – Correlation coefficient	1	.131
Significance (2-tailed)	.	.003
Wellness cost to company – Correlation coefficient	.131	1
Significance (2-tailed)	.003	.

The above correlation coefficient is .131, this shows a weak positive correlation. The Sig. (2-tailed) is the p-value = .003. This correlation is significant at the 0.01 level. This result is statistically significant. From this it can be seen that working overtime more than twice a week correlates highly with well-being cost to company (Field, 2012).

5.3.4 Hypothesis CP4: There is a significant association between employee well-being programmes in a small business and well-being cost to company.

Table 37 Spearman's Rho outcome table of employee well-being programmes and wellness cost to company

Spearman's Rho		
	Employee well-being programmes	Wellness cost to company
Employee well-being programmes – Correlation coefficient	1	.064
Significance (2-tailed)	.	.151
Wellness cost to company – Correlation coefficient	.064	1
Significance (2-tailed)	.151	.

The above correlation coefficient is .064, this shows a weak positive correlation. The Sig. (2-tailed) is the p-value = .151. From this it can be seen that having an employee well-being program at work does not correlate highly with well-being cost to company (Field, 2012).

5.3.5 Hypothesis CP5.1: There is a significant association between encouraged good health at work and wellness cost to company.

Table 38 Spearman's Rho outcome table of encouraged good health at work and wellness cost to company

Spearman's Rho		
	Encouraged good health at work	Wellness cost to company
Encouraged good health at work – Correlation coefficient	1	-.130
Significance (2-tailed)	.	.003
Wellness cost to company – Correlation coefficient	.130	1
Significance (2-tailed)	.003	.

The above correlation coefficient is -.130, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .003. From this it can be seen that encouraging good health at work correlates highly with well-being cost to company (Field, 2012).

The results of the company profiles and policies tests are summarised in the following table

Table 39 Summary table of company profile and policies

Company profiles and policies			
	Well-being cost to company; correlation coefficient	Well-being cost to company; significance p-value	Significant Yes/No
Number of employees	-.002	.955	No
Job title: Owner	-.026	.566	No
Job title: Manager	-.035	.426	No
Job title: Clerical	.040	.369	No
Job title: Sales	-.003	.953	No
Job title: Technical	-.069	.122	No
Job title: Support	.027	.540	No
Job title: Marketing	.013	.778	No
Job title: Other	.071	.111	No
Overtime worked once a week	-.063	.158	No
Overtime worked twice a week	-.050	.260	No
Overtime worked more than twice a week	.131	.003	Yes
Employee well-being programmes	.064	.151	No

5.3.6 Hypothesis CC1: There is a significant association between health related absenteeism of employees in a small business and well-being cost to company.

Table 40 Spearman's Rho outcome table for absent due to illness and wellness cost to company

Spearman's Rho		
	Absent due to illness	Wellness cost to company
Absent due to illness – Correlation coefficient	1	.633
Significance (2-tailed)	.	.000
Wellness cost to company – Correlation coefficient	.633	1
Significance (2-tailed)	.000	.

The above correlation coefficient is .663, this shows a moderate to strong positive correlation. The Sig. (2-tailed) is the p-value = .000. This correlation is significant at the 0.01 level. This result is statistically significant. From this it can be seen that absenteeism due to illness correlates highly with well-being cost to company (Field, 2012).

5.3.7 Hypothesis CC2: There is a significant association between general absenteeism in a small business and well-being cost to company.

Table 41 Spearman's Rho outcome table for absent due to general issues and wellness cost to company

Spearman's Rho		
	Absent due to general issues	Wellness cost to company
Absent due to general issues – Correlation coefficient	1	.633
Significance (2-tailed)	.	.000
Wellness cost to company – Correlation coefficient	.633	1
Significance (2-tailed)	.000	.

The above correlation coefficient is .633, this shows a moderate to strong positive correlation. The Sig. (2-tailed) is the p-value = .000. This correlation is significant at the 0.01 level. This result is statistically significant. From this it can be seen that absenteeism due to general issues correlates highly with well-being cost to company (Field, 2012).

5.3.8 Hypothesis CC3: There is a significant association between job satisfaction in a small business and wellness cost to company.

Table 42 Spearman's Rho outcome table for job satisfaction and wellness cost to company

Spearman's Rho		
	Job satisfaction	Wellness cost to company
Job satisfaction – Correlation coefficient	1	-.060
Significance (2-tailed)	.	.176
Wellness cost to company – Correlation coefficient	-060	1
Significance (2-tailed)	.176	.

The above correlation coefficient is -.060, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .176. From this it can be seen that job satisfaction at work does not correlate highly with well-being cost to company (Field, 2012).

5.3.9 Hypothesis CC4: There is a significant association between a medical aid provision in a small business and wellness cost to company.

Table 43 Spearman's Rho outcome table for medical aids and wellness cost to company

Spearman's Rho		
	Medical aid	Wellness cost to company
Medical aid – Correlation coefficient	1	.024
Significance (2-tailed)	.	.590
Wellness cost to company – Correlation coefficient	.024	1
Significance (2-tailed)	.590	.

The above correlation coefficient is .024, this shows a weak positive correlation. The Sig. (2-tailed) is the p-value = .590. From this it can be seen that medical aid at work does not correlate highly with well-being cost to company (Field, 2012).

The results of the cost to company tests are summarised in the following table

Table 44 Summary of the cost to company tests

Cost to company			
	Well-being cost to company; correlation coefficient	Well-being cost to company; significance p-value	Significant Yes/No
Absenteeism due to illness	.663	.000	Yes
Absenteeism due to general issues	.674	.000	Yes
Job satisfaction	-.060	.176	No
Medical aid	.024	.590	No

5.3.10 Hypothesis (E1): There is a significant association between employee demographics in a small business and well-being cost to company. The employee demographics included in this research include: age, gender, education level and primary home language.

Age

Table 45 Spearman's Rho outcome table for age and wellness cost to company

Spearman's Rho		
	Age	Wellness cost to company
Age – Correlation coefficient	1	-.047
Significance (2-tailed)	.	.291
Wellness cost to company – Correlation coefficient	-.047	1
Significance (2-tailed)	.291	.

The above correlation coefficient is -.047, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .291. From this it can be seen that age at work does not correlate highly with well-being cost to company (Field, 2012).

Gender

Table 46 Spearman's Rho outcome table for gender and wellness cost to company

Spearman's Rho		
	Gender	Wellness cost to company
Gender – Correlation coefficient	1	-.223
Significance (2-tailed)	.	.000
Wellness cost to company – Correlation coefficient	-.223	1
Significance (2-tailed)	.000	.

The above correlation coefficient is -.223, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .000, which is a significant correlation. From this it can be seen that gender at work does correlate with well-being cost to company (Field, 2012).

Education level – less than high school

The correlation coefficient was .162; this shows a weak positive correlation. The Sig. (2-tailed) is the p-value = .000, which is a significant correlation. From this it can be seen that an education level of less than high school at work does correlate with well-being cost to company (Field, 2012).

Education level – high school

The correlation coefficient was -.017, this indicates a weak negative correlation. The Sig. (2-tailed) is the p-value = .704, which is not a significant correlation. From this it can be seen that an education level of high school at work does not correlate with well-being cost to company (Field, 2012).

Education level – College or Associate degree

The correlation coefficient was -.042, this indicates a weak negative correlation. The Sig. (2-tailed) is the p-value = .340, which is not a significant correlation. From this it can be seen that an education level of college degree at work does not correlate with well-being cost to company (Field, 2012).

Education level – Bachelor degree or higher

The above correlation coefficient was -.008, this shows a weak negative correlation. The Sig. (2-tailed) is the p-value = .859, which is not a significant correlation. From this it can be seen that an education level of bachelor degree or higher at work does not correlate with well-being cost to company (Field, 2012).

Table 47 Summary table of the theme employee

The Employee (E)			
	Well-being cost to company; correlation coefficient	Well-being cost to company; significance p-value	Significant correlation
Age	-.047	.291	No
Gender	-.223	.000	Yes
Education level – less than high school	.162	.000	Yes
Education level – high school	-.017	.704	No
Education level – college or associate degree	-.042	.340	No
Education level – Bachelor degree or higher	-.008	.859	No
Primary home language – English	-.095	.032	Yes

5.3.11 Hypothesis E2: There is a significant association between health locus of control in a small business and well-being cost to company.

The above correlation coefficient was .051, this shows a weak positive correlation. The Sig. (2-tailed) is the p-value = .251, which is not a significant correlation. From this it can be seen that health locus of control of the employee does not correlate with well-being cost to company (Field, 2012).

5.3.12 Hypothesis E3: There is a significant association between level of skill in a small business and well-being cost to company.

Table 48 Spearman's Rho outcome table for level of skill and wellness cost to company

The Employee (E)			
	Well-being cost to company; correlation coefficient	Well-being cost to company; significance p-value	Significant correlation
Education level – less than high school	.162	.000	Yes
Education level – high school	-.017	.704	No
Education level – college or associate degree	-.042	.340	No
Education level – bachelor degree or higher	-.008	.859	No

From the above analysis it can be seen that a respondent having an education level of less than high school correlates with an increase in well-being cost to company.

5.4 MULTIVARIATE ANALYSIS

The previous section reported on the bivariate analysis, this section reports on the results of the multivariate testing. The results will be shown that relate to the proposition found in the qualitative section, Part One. Regression analysis will be a focus in this section. Regression analysis is when a linear model is fitted to the data; this is used to predict values of an outcome variable (dependent variable) from one or more predictor variables (independent variables). When there are several predictors in the model it is called multiple regression (Field, 2012).

Multivariate analysis is a family of tests that extend the basic analysis of variance to situations in which more than one outcome variable has been measured (Field, 2012). Firstly, a factor analysis was performed on the biographical variables.

5.4.1 Factor analysis – Principle component analysis

Factor analysis is defined as a multivariate technique used for identifying the correlations between a set of observations that stem from their relationship to latent variables in the data, each of which takes the form of a linear model (Field, 2012). A factor analysis or more specifically principle component analysis was performed on the outcome variables of job satisfaction, social desirability and health locus of control. Here the outcome of this test is a set of components that go into this technique (Field, 2012). Sample size is important and it is recommended that the sample size is greater than 300, as is the case in this research. The strength of the inter-correlations between the items is important, the standard is a bivariate correlation of at least .3 or greater (Field, 2012).A factor analysis was performed on the outcome questions in the questionnaire labelled, job satisfaction, sociable responsibility bias and health locus of control.

Table 49 Factor analysis outcome

KMO and Bartlett's Test	
Kaiser-Meyer-Olkin Measure of sampling adequacy	.740
Bartlett's Test of Sphericity – Chi-Square	3325.08
Degrees of freedom	235
Significance	.000

The interpretation of the data set follows; firstly it is important to determine if the dataset is suitable for factor analysis. The KMO test should be > .60, the KMO of this data set is .740, and this value is considered suitable to continue with the factor analysis. The next test to consider is the Bartlett's test, from the table, it can be seen that the output is .000, this value

must ideally be < .05, and in this case it is. Therefore in this data set, factor analysis is appropriate (Field, 2012).The correlation matrix is now analysed.

In the correlation matrix it is important to observe values of > .03, in this case there are several correlations that are above .30. During the second step of interpretation, the number of components that can be extracted must be determined. Only components of an Eigen value of 1 or more are considered. The total variance explained table will be used to gain these figures (Field, 2012).

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings[a]
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	4.163	18.101	18.101	4.163	18.101	18.101	3.541
2	2.657	11.551	29.652	2.657	11.551	29.652	2.667
3	2.039	8.864	38.516	2.039	8.864	38.516	2.223
4	1.599	6.952	45.468	1.599	6.952	45.468	1.935
5	1.248	5.425	50.893	1.248	5.425	50.893	1.411
6	1.134	4.929	55.822	1.134	4.929	55.822	1.435
7	1.041	4.525	60.347	1.041	4.525	60.347	1.986
8	.948	4.120	64.466				
9	.881	3.828	68.295				
10	.816	3.549	71.844				
11	.786	3.417	75.261				
12	.734	3.190	78.451				
13	.647	2.812	81.264				
14	.622	2.706	83.970				
15	.604	2.624	86.594				
16	.538	2.338	88.932				
17	.523	2.276	91.207				
18	.468	2.033	93.240				
19	.413	1.795	95.035				
20	.389	1.692	96.727				
21	.374	1.625	98.352				
22	.271	1.179	99.532				
23	.108	.468	100.000				

Extraction Method: Principal Component Analysis.

a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.

From the table above it can be seen that 7 items have an Eigen value of >1. These 7 components explain the majority of the variance within this dataset. Step 3 is to analyse the scree plot (Field, 2012).

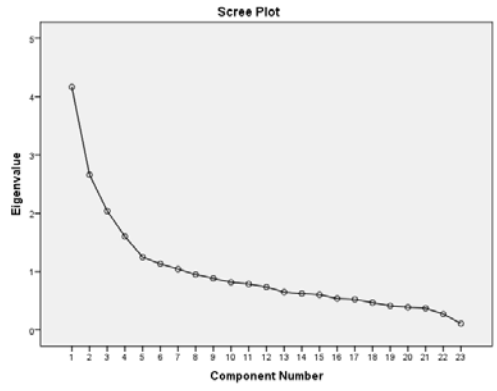


Figure 14 Scree plot

A scree graph is analysed by looking for a change or an elbow in the plot. Only components above this elbow are retained. From this graph 5 plots appear above the break (Field, 2012). The final table to be analysed is the component matrix.

This table shows the un-rotated loadings of each of the variables. Most of the values in the first and second components load strongly, at .404. The first two components thus show the strongest interrelated items. This confirms a two factor component for this dataset (Field, 2012). The rotation of the factor analysis was then considered. The pattern matrix showed two components. The items in these two factors most efficiently measured the construct which was the outcome variables (Field, 2012).The next multivariate tests to be analysed will be multiple linear regression analysis.

5.4.2 Multiple linear regression

Multiple linear regression will be used to analyse the dataset. This test is "an extension of simple regression in which an outcome is predicted by a linear combination of two or more predictor variables. The form of the model is: $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \ldots + \beta_n X_n + \varepsilon$ in which the outcome is denoted as Y and each predictor is denoted as X. Each predictor has a regression coefficient b associated with it, and b_0 denoted as the value of the outcome when all predictors are zero" (Field, 2012, p. 880). Stepwise regression was used as the method to analyse these multiple linear regressions.

Stepwise regression is "a method of multiple regression in which variables are entered into the model based on a statistical criterion (the semi-partial correlation with the outcome variable). The moment new variables are entered into the model; all variables in the model are assessed to see whether they should be removed" (Field, 2012, p. 884). These tests will be performed in order of the proposed hypothesis.

Hypothesis CP5: There is a significant association between company policies and number of absentee days due to illness.

Number of absentee days due to illness is the dependent variable and company policies are the independent variables and include; healthy food at work, encouraged good health, stay home when ill, discuss health at work and medical aid. The outcomes of the multiple regression analysis will now be discussed in detail. The first table to be seen is the descriptive statistics table.

Table 50 Summary of the regression model

Descriptive Statistics			
	Mean	Std. Deviation	N
Absent due to illness	1.71	1.48	507
Access to health food at work	.57	.496	507
Encouraged good health at work	.31	.464	507
Encouraged to stay home when ill	.28	.449	507
Discuss health issues at work	.20	.400	507
Medical aid	.21	.408	507
Employee wellness programmes at work	.13	.337	507

The above table is not necessary for interpreting the regression model; however it shows a useful summary of the data. The mean values for each of the variables are listed with their standard deviations. The next table to be analysed will be the correlations coefficients.

Table 51 Correlation coefficients

Correlations

		Absent_due_to_illness	Access_to_healthy_food_no0_yes1	Encouraged_good_health_no)_yes1	At_home_when_ill	Disscuss_health_at_work	Medical_aid	Employee_wellness_at_work
Pearson Correlation	Absent_due_to_illness	1.000	.063	.188	.185	.028	.037	.108
	Access_to_healthy_food_no0_yes1	.063	1.000	.183	.130	.194	.313	.229
	Encouraged_good_health_no)_yes1	.188	.183	1.000	.577	.248	.286	.320
	At_home_when_ill	.185	.130	.577	1.000	.219	.132	.335
	Disscuss_health_at_work	.028	.194	.248	.219	1.000	.226	.394
	Medical_aid	.037	.313	.286	.132	.226	1.000	.418
	Employee_wellness_at_work	.108	.229	.320	.335	.394	.418	1.000
Sig. (1-tailed)	Absent_due_to_illness	.	.079	.000	.000	.262	.205	.007
	Access_to_healthy_food_no0_yes1	.079	.	.000	.002	.000	.000	.000
	Encouraged_good_health_no)_yes1	.000	.000	.	.000	.000	.000	.000
	At_home_when_ill	.000	.002	.000	.	.000	.001	.000
	Disscuss_health_at_work	.262	.000	.000	.000	.	.000	.000
	Medical_aid	.205	.000	.000	.001	.000	.	.000
	Employee_wellness_at_work	.007	.000	.000	.000	.000	.000	.
N	Absent_due_to_illness	507	507	507	507	507	507	507
	Access_to_healthy_food_no0_yes1	507	507	507	507	507	507	507
	Encouraged_good_health_no)_yes1	507	507	507	507	507	507	507
	At_home_when_ill	507	507	507	507	507	507	507
	Disscuss_health_at_work	507	507	507	507	507	507	507
	Medical_aid	507	507	507	507	507	507	507
	Employee_wellness_at_work	507	507	507	507	507	507	507

The above table is a table of correlations with the dependent variable. This table shows the value of the Pearson's correlation coefficient between every pair of variables. In addition the one-tailed significance of each correlation is shown, finally the number of cases contributing

to each correlation, N=507 are shown (Field, 2012, p. 334). The next table shows the variables removed and entered.

Table 52 Variables entered and removed

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Encouraged_good_health_no)_yes1	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	At_home_when_ill	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Absent_due_to_illness

From the above table it can be seen that after 2 variables, using the stepwise method, the analysis stopped because there was no longer any statistical significant predictors of the independent variable namely number of absent days due to illness. The next table for analysis is the table of R^2analysis (Field, 2012).

Table 53 R squared analysis

Model summary					
Model	R	R square	Adjusted R square	Std. error of the estimate	Durbin-Watson
1	.188a	.035	.033	1.455	
2	.210b	.044	.040	1.450	1.742
a. Predictors: (Constant), Encouraged good health at work					
b. Predictors: (Constant), encouraged good health at work					
c. Dependant variable: Absent due to illness					

In the above analysis it can be seen that the analysis starts with an R of .188 and by including another independent variable, it goes up to an R of .210. The R^2 of 4.4% of the variability can be accounted for by the two variables. The adjusted R square is slightly lower than the R square because it takes into account the sample size of 507 respondents. Finally, the Durbin-Watson statistic is testing the hypothesis that there may be a serial correlation in the data (Field, 2012). The next table to be analysed will be the ANOVA table.

Table 54 Outcome of the ANOVA test

Anova					
Model	Sum of squares	df	Mean square	F	Sig.
1 Regression	39.21	1	39.21	18.5	.000b
Residual	1069.59	505	2.118		
Total	1108.80	506			
2 Regression	48.95	2	24.47	11.639	.000c
Residual	1059.85	504	2.103		
Total	1108.80	506			
a. Dependent variable: Absent due to illness					
b. Predictors: (Constant), encouraged good health at work					
c. Predictors: (Constant), encouraged good health at work, encouraged to stay home when ill					

The table above shows the statistical significance of the model at each step. The most notable item is the second line, which includes the variables ‘encouraged good health’ and ‘encouraged to stay at home when ill’. The next table shows the actual β weights (Field, 2012).

Table 55 Beta weights

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95,0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	1.520	.078		19.485	.000	1.367	1.673					
	Encouraged_good_health_no)_yes1	.599	.139	.188	4.303	.000	.326	.873	.188	.188	.188	1.000	1.000
2	(Constant)	1.481	.080		18.549	.000	1.324	1.638					
	Encouraged_good_health_no)_yes1	.388	.170	.122	2.286	.023	.055	.722	.188	.101	.100	.667	1.498
	At_home_when_ill	.379	.176	.115	2.153	.032	.033	.724	.185	.095	.094	.667	1.498

a. Dependent Variable: Absent_due_to_illness

The table above shows the β weights and the statistical significance associated with each β weight. The first values show the unstandardized coefficients. The β weights help to interpret the unique contribution of each variable as a predictor of the dependant variable. Thus, it can be seen that ‘encouraged good health’ and ‘encouraged to stay home when ill’ are roughly comparable contributors to the regression equation with values of .122 and .115 respectively. The t values and significant values follow. These two variables are statistically significant as they are less than 0.05. The column labelled ‘Part’ represents the part colorations. This column shows the calculated coloration between the independent variable ‘encouraged good health at work’ at .100. This is interpreted as, independent of the variance shared between ‘encouraged good health at work’ and ‘encouraged to stay home when ill’, the correlation between ‘encouraged good health at work’ and the dependent variable ‘absent due to illness is .100. The last section shows the collinearity statistics. Here tolerance will be examined closely. Tolerance is the unique variance, the independent variance associated with the independent variable, in this case ‘encouraged good health at work’. This shows that 67% of the variance in ‘encouraged good health at work’ is unique. The moment the tolerance values

are <.20, multicollinearity then becomes a problem. However this is not the case, as all the tolerance levels are greater than .20. All of the independent variables have >.20% of their variance is not dependant or collinear with the other variables.

In multiple regression the model takes the form of an equation. In this equation there are several unknown parameters (in this case the b values). The first column of this table gives these b values. By replacing the b values the model is defined as follows:

Absent days due to illness = b_0 + $b_1$encouraged good health $_i$ + $b_2$encouraged to stay home when ill $_i$

Absent days due to illness = 1.481 + (.388 encouraged good health) + (.379 encouraged to stay home when ill)

The b-values show the relationship between number of sick days and each predictor variable. As the values are all positive, there is a positive relationship between the predictor and the outcome.

The histogram of the residuals will now be analysed (Field, 2012).

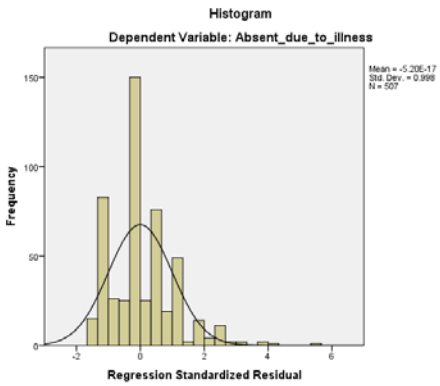


Figure 15 Histogram of the residuals

Ideally a normal distribution is sought after here. Here the residuals associated with ‘absent due to illness’ dependent variable that is what is left over being predicted by the independent variables. Next the normal P-P plot is analysed (Field, 2012).

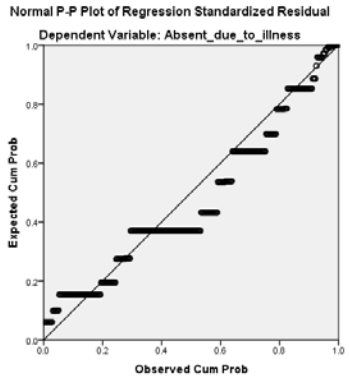


Figure 16 P-P plot of regression standardised residual

The above chart shows the P-P plot of regression standardised residual, the values should show up on the line of least squares, or the line of greatest fit. The scatter plot will now be reviewed.

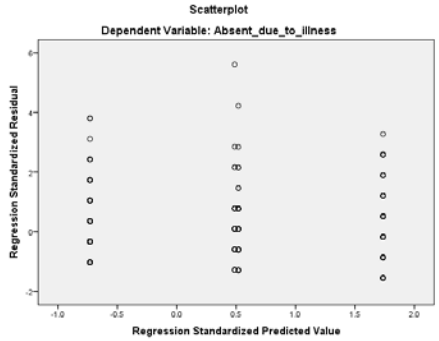


Figure 17 Scatter plot

Here the regression standardised predicted value on the x axis and the regression standardised residuals on the y axis. Here ideally random data should be observed. However, this is not the case. The data is lumped in lines; this is suggestive of multicollinearity (Field, 2012). Multicollinearity is “a situation in which two or more variables are very closely linearly related” (Field, 2012, p. 879). If this violation is true then it may invalidate significant tests, confidence intervals and generalisation of the model. Bootstrapping as a more robust method that may overcome this.

Bootstrapping:

Bootstrap for Coefficients

Model		B	Bootstrap[a]				
			Bias	Std. Error	Sig. (2-tailed)	95% Confidence Interval	
						Lower	Upper
1	(Constant)	1.450	.003	.099	.001	1.267	1.641
	Access_to_healthy_food_no0_yes1	.109	.001	.135	.431	-.156	.365
	Encouraged_good_health_no)_yes1	.407	-.001	.202	.045	-.001	.797
	At_home_when_ill	.383	-.001	.218	.076	-.042	.837
	Disscuss_health_at_work	-.117	.010	.184	.507	-.449	.267
	Medical_aid	-.070	-.002	.175	.694	-.424	.272

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Table 56 Results of bootstrapping

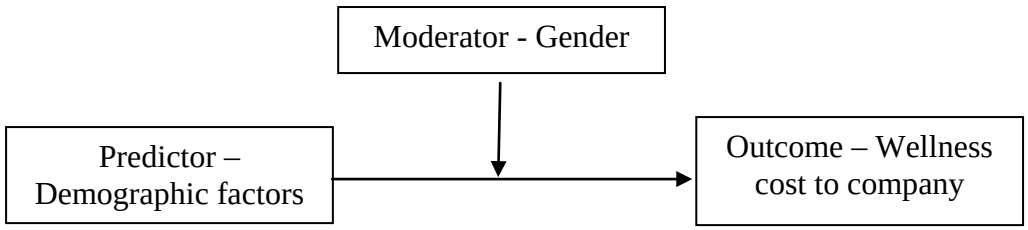
Bootstrapping involves re-estimating the standard errors, thus the above estimations have changed. The main benefit of the above bootstrap confidence intervals is that they do not rely on assumptions of normality/heteroscedasticity, thus an accurate estimate of the true population value of b for each predictor is obtained (Field, 2012).

5.4.3 Moderation

Hypothesis E4: Gender moderates the relationship between contextual demographic factors and wellness cost to company

"Moderation occurs when the relationship between the variables changes as a function of a third variable", in this case gender (Field, 2012, p. 407). Hypothesis E4 will now be tested for moderation. The hypothesis is stated as follows: Gender moderates the relationship between contextual demographic factors and wellness cost to company

It is possible for a statistical model to include the combined effect of two variables on two or more predictor variables on an outcome (Field, 2012). This combined effect is known as moderation. In statistical terms it is known as the interaction effect and affects the relationship between variables (Field, 2012).



A basic model regression model for this hypothesis would be:

$Y_i = (b_0 + b_1X_{1i} + b_2X_{2i} + \ldots. + b_nX_{ni}) + \varepsilon_i$

Therefore in this case the basic regression model would be:

Wellness cost to company$_i$ = (b_0 + b_1Age+ b_2Job title+ b_3Overtime) + ε_i

However, to test for a moderation effect, the effect of the moderator needs to be considered between demographic factors and gender. Thus, the linear model can be extended to include the extra term. A model that tests for moderation is first expressed generally and then in terms of this specific case (Field, 2012).

$Y_i = (b_0 + b_1A_i + b_2B_i + b_3C_i + b_4ABC_i) + \varepsilon_i$

Wellness cost to company$_i$ = (b_0 + b_1Age$_i$ + b_2Job title$_i$ + b_3Overtime$_i$ + b_5Interaction) + ε_i

The procedure was run with the aid of a matrix written by Hayes (2013), loaded onto SPSS and run as a regression programme. The test was performed on age and wellness cost to company, moderated by gender (The output from SPSS is shown in appendix 8.13.12).

The SPSS output from the moderation analysis, where age as a contextual demographic factor was the independent variable, wellness cost to company as the outcome variable and gender as the moderator variable. The b-value for each predictor is shown with the associated standard errors (which have been adjusted for heteroscedasticity). Each b-value is compared to zero using a t-test, which is computed from the beta divided by its standard error (Field, 2012, p. 403). Moderation is shown by a significant interaction effect, in this case the interaction was depicted as follows: b = -0.005, 95% CI [-0.04, 0.03], t = -0.35, p = 0.75 indicating that the relationship between age and wellness cost to company is not moderated by gender. Thus, in this case, no moderation is found.

Table 57 Overtime and wellness cost to company, moderated by gender

	b	SE B	t	p	Moderation
Overtime worked once a week	-,41	.39	-1.06	.29	No
Overtime worked twice a week	.29	.45	.64	.51	No
Overtime worked more than twice a week	.01	.55	.01	.98	No

As can be seen, the moderator p-values are greater than the significance levels, thus moderation by gender is again not found.

Table 58 Level of education and wellness cost to company, moderated by gender

	b	SE B	t	p	Moderation
Less than high school	.76	.99	.76	.45	No
High school	.12	.39	.29	.77	No
College or associate degree	.09	.45	.21	.82	No
Bachelor degree or higher	-.71	.54	-1.32	.188	No

As can be seen, the moderator p-values are greater than the significance levels, thus moderation by gender is again not found.

Table 59 Summary of moderation analysis

	b	SE B	t	p	Moderation
Owner	-.76	.64	-1.19	.23	No
Manager	-.27	.48	-.56	.57	No
Clerical	2.9	3.99	.73	.46	No
Sales	.30	.64	.48	.62	No
Technical	-.53	.52	-1.02	.31	No
Support	-.45	.43	-1.07	.28	No
Marketing	-1,72	1,28	-1.34	.18	No
Other	.76	.63	1.2	.23	No

	b	SE B	t	p		Moderation
English	-.66	.46	-1.45	.14		No
Afrikaans	.69	.81	.86	.38		No
SeSotho	-1.5	.68	-2.26	.023		Yes
IsiZulu	.44	.45	.97	.32		No
Setswana	-.99	1.08	-.91	.36		No
IsiNdebele	1.45	1.54	.93	.34		No
Pedi	.49	.71	.69	.48		No
Swati	3.77	3.61	1.04	.29		No
Xitonga	.48	2.71	.177	.85		No
Tshivenda	-.11	.69	-.16	.87		No
French	-.69	11.02	-.62	.94		No

Table 60 Home language and wellness cost to company moderated by gender

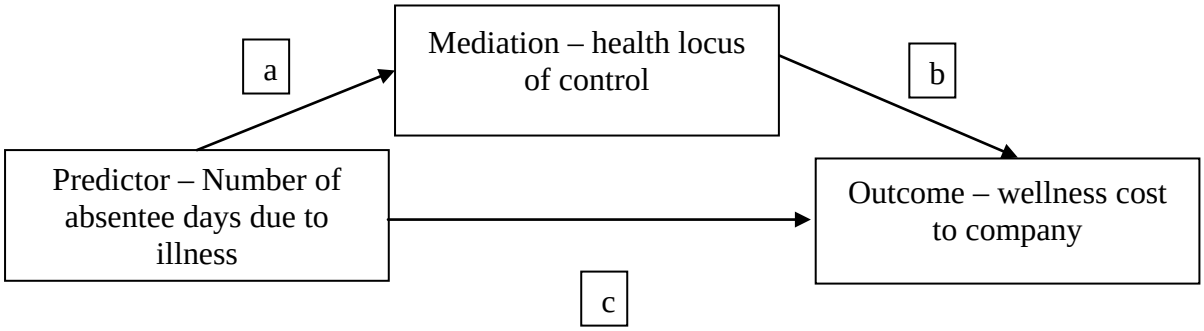
Home language and wellness coat to company, moderated by gender

In the above moderation analysis, a home language of SeSotho has shown a positive moderation. Thus, gender moderates the relationship between a home language of Sesotho and wellness cost to company.

5.4.4 Mediation

Hypothesis E5: The relationship between number of absentee days due to illness and wellness cost to company is mediated by 'health locus of control'

"Perfect mediation occurs when the relationship between a predictor variable and an outcome variable can be completely explained by their relationship with a third variable" (Field, 2012, p. 879).



(Field, 2012, p. 408).

Mediation occurs when the strength of the relationship between number of absentee days due to illness and wellness cost to company is reduced by including the mediator (health locus of control). Perfect mediation occurs when the relationship between number of absentee days due to illness and wellness cost to company is reduced by including the mediator (health locus of control) in the model (Field, 2012).

The following four rules must be in place before mediation analysis can take place:

1. The predictor variable (absentee days due to illness) must significantly predict the outcome variable (wellness cost to company).
2. The predictor variable (absentee days due to illness) must significantly predict the mediator (health locus of control).
3. The mediator (health locus of control) must significantly predict the outcome variable (wellness cost to company).
4. The predictor variable (absentee days due to illness) must predict the outcome variable (wellness cost to company) less strongly through a and b in the figure above than just through c (Field, 2012).

The procedure was run with the aid of a matrix written by Andrew F. Hayes (2013), loaded onto SPSS and run as a regression programme. The output shows the regression absentee days due to illness with health locus of control.

From the output the following is reported:

Firstly the analysis checks that the predictor (absentee days due to illness) does predict the mediator (health locus of control). The final result of mediation can be obtained by looking at the indirect effect of x and y. That is the indirect effect of absentee days on wellness cost to company via health locus of control. The bootstrapped confidence level must be checked to show the inclusion of zero or not.

Results of the indirect effect on x and y; that is, the indirect effect via health locus of control.

Table 61 Results of the indirect effect on x and y

Effect	Boot SE	BootLLCI	BootULCI
.0195	.0111	.0011	.0460

The full set of results can be seen in appendix 8.13.13. The mediation effect can be checked by looking if the boot strapped confidence levels include zero. At the 95% confidence interval the above values do not contain zero. This indicated that the effect above is positive and significant at the 0.05 level of significance (Field, 2012).

Thus, mediation has occurred and the strength of the relationship between number of absentee days due to illness and wellness cost to company has been reduced by including the mediator, health locus of control (Field, 2012).

5.5 CONCLUSION

In this chapter the analysis and findings of the quantitative research was reported. The missing values, factor analysis, univariate analysis, bivariate analysis and multivariate analysis was reported between the variables and cost to company.

Table 62 Results of the testing per hypothesis

Theme 1: Company profile and policies (CP)	Accepted	Not rejected
Hypothesis CP1: There is a significant association between the number of employees in a small business and well-being cost to company.		√
Hypothesis CP2: There is a significant association between employee roles in a small business and well-being cost to company.		√
Hypothesis CP3: There is a significant association between amount of over-time worked in a small business and well-being cost to company.		
CP3.1 There is a significant association between working overtime more than twice a week and well-being cost to company.	√	
Hypothesis CP4: There is a significant association between employee well-being programmes in a small business and well-being cost to company.		√
Hypothesis CP5: There is a significant association between company policies and number of absentee days due to illness.		
CP5.1: There is a significant association between encouraged health at work and number of absentee days due to illness.	√	

Theme 2: Cost to company (CC)	Accepted	Not rejected
Hypothesis CC1: There is a significant association between health related absenteeism of employees in a small business and well-being cost to company.	√	
Hypothesis CC2: There is a significant association between general absenteeism in a small business and well-being cost to company.	√	
Hypothesis CC3: There is a significant association between job satisfaction in a small business and well-being cost to company.		√
Hypothesis CC4: There is a significant association between a medical aid provision in a small business and well-being cost to company.		√

Theme 3: The Employee (E)	Accepted	Not rejected
Hypothesis E1: There is a significant association between employee demographics in a small business and well-being cost to company.		
E1.1 There is a significant association between gender in a small business and well-being cost to company.	√	
Hypothesis E2: There is a significant association between health locus of control in a small business and well-being cost to company.		√
Hypothesis E3: There is a significant association between level of skill in a small business and well-being cost to company.		
E3.1 There is a significant association between education of less than high school and well-being cost to company.	√	
Hypothesis E4: Gender moderates the relationship between contextual demographic factors and wellness cost to company.		√
Hypothesis E5: The relationship between number of absentee days due to illness and wellness cost to company is mediated by 'health locus of control'.	√	

CHAPTER 6

DISCUSSION OF THE FINDINGS

6.1 INTRODUCTION

The results of the quantitative and qualitative analysis will now be discussed. Moving from a reporting of results to a discussion of the results, this will take place focusing on each of the reported hypothesis. The hypothesis will be used as a heading and the discussion will be focused on the hypothesis and its testing. Theme one will firstly be discussed namely company profile and policies. Theme two will then follow, namely cost to company. Finally the third theme will be discussed, namely the employee. Firstly the outcome of the analysis from the first theme namely, company profile and policies is addressed.

6.2 RESULTS PER HYPOTHESIS

6.2.1 Theme 1: Company profile and policies (CP)

6.2.1.1 Hypothesis *CP1: There is a significant association between the number of employees in a small business and well-being cost to company.*

This hypothesis was used as the basis to test a possible relationship between the size of an organisation and the resulting well-being cost to company which was made up of health related absenteeism, general absenteeism, job satisfaction and intention to quit absenteeism. In this study, an organisation was defined as a collection of individuals divided into groups, who interact with one another in interdependent relationships towards a common goal (McKenna, 2000). Buchanan & Huczynski (2003) have defined an organisation as a social arrangement for the controlled performance of collective goals. Organisations consist of people that perform a role, and have a collective goal, with a clearly-defined hierarchy (Campbell & Craig, 2005). Organisational characteristics refer to the size of the organisation, and the degree of technology in use, where the size of the organisation includes the total number of employees employed in the organisation, and the degree of technology refers to the extent to which technology is used while transforming input into output. To be reminded, this study was only concerned with small business in the Johannesburg Metropolitan Municipality.

Small business managers are increasingly concerned about the rising costs of medical health and the resultant loss of productivity from poor health (Milner, Greyling, Goetzel, Da Silva, Kolbe-Alexander, Patel, Nossel, & Beckowski, 2013). Smaller companies are less likely to offer well-being programmes at work and offer fewer individual programmes, such as counselling, screening services and disease management (McCoy et.al., 2014). Thus, smaller companies offer less health promotion (McCoy et.al., 2014). Larger organisations tend to adapt a greater bureaucratic approach to structure and organisations, this system has been

shown to decrease employees' control over activities and increases the risk of stress (Stellman, 1998). Larger organisations suffer from a reduction in the amount of communication, increase in job specification and a decrease in co-ordination (Stellman, 1998). These factors lead to less understanding and predictability of work events, thus increasing job strain (Stellman, 1998).

Levels of management-worker interaction vary with the size of the organisation. In larger organisations management-worker interaction ceases above the level of supervisor (Ingham, 1970). In large organisations, authority relationships are typified by universalistic norms, however in smaller organisations authority relationships are marked by a greater degree of particularism with more diffusion in the relationship (Ingham, 1970).

From the univariate analysis it was shown that the mean size of the organisations in the analysis was 25 employees. The mode was equal to one which suggested that small single person owned and run businesses featured the most. The statistical testing used to analyse this hypothesis featured in the bivariate section.

The bivariate section involved the analysis of the relation between two variables (Field, 2012). Here, non-parametric testing took place, which is "a family of statistical procedures that do not rely on the restrictive assumptions of parametric tests. In particular, they do not assume that the sampling distribution is normally distributed" (Field, 2012, p. 880). For this analysis, the Spearman's correlation coefficient was used.

The Spearman's correlation coefficient is a standardised measure of the strength of relationships between two variables that does not rely on the assumptions of a parametric test. It is a Pearson's correlation coefficient, performed on data, which has been converted into ranked scores (Field, 2012). The outcome of the Spearman's correlation coefficient showed a weak negative correlation and an insignificant p-value of .955, as the p-value of .955 was larger than the α value of 0.05, thus, the hypothesis was rejected in favour of the null hypothesis namely; there is no significant association between the number of employees in a small business and well-being cost to company. This finding suggests that from this sample, as the size of organisations increase, the well-being cost to the organisation per employee, does not in-turn increase.

6.2.1.2 Hypothesis CP2: There is a significant association between employee roles in a small business and well-being cost to company.

In this study, the employee roles referred to the classification of the position in which the employee was employed. The classifications included: manager/owner; clerical/sales; technical/support, marketing and other. If other, then the employee indicated their employee status in the line provided.

From the univariate analysis it was shown that support staff made up for 21% of the roles followed by technical staff, 16%. The categories of managers (14%) and owners (13%) also represented a high number of respondents. The literature has shown that owner/managers of business experience more stress than their employees (Cooper, 2009). Many new founders of small business have been through periods of redundancy before embarking on the new venture. Families of these small businesses are often involved in the new business; this factor affects the family dynamics (Cooper, 2009). Restricted time experienced by owner/managers is highlighted as a barrier to attending conferences on health matters and similar activities, these roles experience an increase in stress that may lead to an increase in health costs in an organisation (Cooper, 2009).

From the above, it can be argued that certain high profile roles, namely managers and owners, are exposed to increased levels of stress and strain, thus experience increasing cost of ill-health in the workplace. A Spearman's correlation coefficient was performed on each of the roles respectively. The outcome showed weak correlations and insignificant relationships outside the 0.05 level of significance.

Table 63 Employee role and wellness cost to company

Company profiles and policies			
	Well-being cost to company; correlation coefficient	Well-being cost to company; significance p-value	Significant Yes/No
Job title: Owner	-.026	.566	No
Job title: Manager	-.035	.426	No
Job title: Clerical	.040	.369	No
Job title: Sales	-.003	.953	No
Job title: Technical	-.069	.122	No
Job title: Support	.027	.540	No
Job title: Marketing	.013	.778	No
Job title: Other	.071	.111	No

The above finding suggests that in this study, the respondent's role does not increase the wellness cost to company in the organisation. From the sample, managers and owners do not cost the company more in terms of well-being cost to company than any other role.

6.2.1.3 *Hypothesis* CP3*: There is a significant association between amount of over-time worked in a small business and well-being cost to company.*

Here, overtime consisted of the following categories; overtime worked once a week, overtime worked twice a week and overtime worked more than twice a week. These categories were tested against wellness cost to company. The only significant relationship was found with the last item, namely overtime worked more than twice a week. Thus the hypothesis was restated as follows:

> CP3.1 There is a significant association between working overtime more than twice a week and well-being cost to company. This hypothesis was accepted at the 0.05 level of significance.

From the literature it has being shown that ill health increases when overtime results in long working hours for several days or weeks in a row or too many working weeks of over 60 hours a week (Schulman & Kowadlo, 2005). Chronic overtime at work is significantly associated with elevated risk of myocardial infarction (Fink, 2010). Substantial overtime may intensify stress in the workplace (Walters, 2006). Workers with high perceived job demands such as overtime, show a two to three fold increase in perceived job stress. This perceived job stress can render an individual to increased susceptibility to psychosocial work risk factors (McCabe, 2003).

Frequent overtime and extended working hours can be a major source of stress, and fatigue which leads to chronic or acute health conditions and burnout (Burke & Cooper, 2008). Long hours at work contribute to higher accident rates which is associated with injury and illness. The accident rate typically rises between the 9^{th} and 12^{th} hour in a working day (Burke & Cooper, 2008). Families who experience work-home life imbalance, experience severe work-family conflict. This is exacerbated when this overtime is not entirely voluntary (Burke & Cooper, 2008). Lack of control over the amount of work and overtime intensifies any negative effects on the well-being of the employee (Burke & Cooper, 2008). The statistical findings in this study support the literature above. The univariate analysis shows that 49% of the respondents indicated that they worked overtime once a week, 29% of respondents worked overtime twice a week and 22% of respondents indicated that they worked overtime more than twice a week.

From the bivariate analysis using the Spearman's correlation coefficient it was found that working overtime more than twice a week significantly increased well-being cost to company. A positive correlation coefficient was found, it can be argued that the more overtime worked the more the employee well-being cost to company increased. This correlation is significant at the 0.01 level of significance. Thus the hypothesis was accepted and the null hypothesis was rejected. This finding was thus in agreement with the literature above.

*6.2.1.*4 *Hypothesis CP4: There is a significant association between employee well-being programmes in a small business and well-being cost to company*.

This study defined employee wellness programmes (EWP) as "an organised, employer-sponsored programme that are designed to support employees, and sometimes their families, as they adopt and sustain behaviours that reduce health risks, enhance personal effectiveness, improve quality of life and benefit the organisation's bottom line (Rothwell, 2012, p. 205).

Smogor & Macrina (1987) conducted a survey of small business and found that 87% of small business had no wellness programmes. Of the programmes that were offered by small business the majority reported to have first aid, accident prevention, stress management, alcohol/drug counselling and emotional health programmes (Smogor & Macrina, 1987; Wilson, DeJoy, & Jorgensen, 1999).

From this study, it was confirmed that 87% of respondents reported that the organisation did not offer any kind of EWP and only 13% of respondents indicated that their employer offered EWP at work. From the bivariate analysis the Spearman's correlation coefficient was used to test the significant relationship between EWP and wellness cost to company. The correlation coefficient was .064, this showed a weak positive correlation. The Sig. (2-tailed) is the p-value = .151. From this it can be seen that having an employee well-being program at work did not correlate highly with well-being cost to company (Field, 2012).

*6.2.1.*5 *Hypothesis CP5: There is a significant association between company policies and number of absentee days due to illness.*

The company profile and policies here included; number of employees in the organisation, owners, managers, clerical staff, sales staff, technical staff, support staff, marketing staff, overtime worked, employee well-being programmes and encouraged health at work. A significant relationship was found between encouraged good health and well-being cost to company. Thus, the hypothesis was restated as follows:

CP5.1: There is a significant association between encouraged health at work and number of absentee days due to illness. From the analysis it was found that 68.6% of respondents were not encouraged by their managers to practice a healthy lifestyle, while 31.4% of respondents were encouraged by their managers to practice a healthy lifestyle. Here, not encouraging good health at work correlated highly with well-being cost to company at the 0.01 level of significance. Thus, the null hypothesis was rejected.

CP5.1. From this hypothesis, it can be argued that health encouragement by managers raises awareness and in turn reduced absentee days. Theme two is now addressed.

6.2.2 Theme 2: Cost to company (CC)

*6.2.2.*1 *Hypothesis CC1: There is a significant association between health related absenteeism of employees in a small business and well-being cost to company*. This hypothesis was accepted.

Health absenteeism refers to the employee missing work as a result of ill health (Branham, 2012). Research shows that health absenteeism can be attributed to smoking, excessive alcohol consumption, back pain, and migraines amongst many other ailments (Johns, 2008). Health related absenteeism is costing South Africa R3.9 billion annually (Statistics South Africa, 2011), and in addition, word wide, chronic lifestyle diseases are on the rise (Milner, Greyling, Goetzel, Da Silva, Kolbe-Alexander, Patel, Nossel & Beckowski, 2013).

From the univariate analysis it was shown that the mean number of days the respondents were off ill from work was 1.7 days per annum. This was an outcome measure of how many days the respondent was absent from work due to sick days.

The bivariate analysis, which was conducted, using the Spearman's correlation coefficient, found that the correlation coefficient was .663, this showed a moderate to strong positive correlation. The Sig. (2-tailed), the p-value = .000. This correlation was significant at the 0.01 level of significance. This result was statistically significant. From this result it can be seen that absenteeism due to illness correlated highly with well-being cost to company (Field, 2012), and with a moderate to strong positive correlation. From this analysis it can be argued that once an employee is absent from work due to illness, the wellness cost to company in-turn may increase. These findings are also found in absenteeism due to general issues other than illness.

*6.*2.2.2 *Hypothesis CC2: There is a significant association between general absenteeism in a small business and well-being cost to company.*

This hypothesis was accepted at the 0.05 level of significance.
General absenteeism is the habitual pattern of not showing up for work or obligation on a frequent basis and is referred to here, as absenteeism. Absenteeism is linked to poor working performance. All types of absenteeism increases costs to the employer (Branham, 2012). General absenteeism also refers to missing work due to attending to private matters during working hours. General absenteeism is depicted in Question 14 of the employee well-being survey in Appendix 8.6.

The univariate analysis showed that the mean number of days the respondents were off from work due to general issues were 1.17 days per annum. This is an outcome measure of how many days the respondent was absent from work due to other general matters.

The bivariate analysis showed a correlation coefficient of .674, this result indicates a moderate to strong positive correlation. The Sig. (2-tailed) p-value = .000. This correlation was significant at the 0.01 level. This result was statistically significant. From this it can be seen that absenteeism due to general issues correlated highly with well-being cost to company (Field, 2012). From this analysis it can be seen that if an employee is absent due to general matters then the wellness cost to company also increases.

*6.2.2.*3 *Hypothesis CC3: There is a significant association between job satisfaction in a small business and well-being cost to company.*

Job satisfaction is the degree to which a person feels positive or negative about their job (Schermerhorn, 2011). Job satisfaction tends to be higher in small firms and lower in large firms. Poor job satisfaction is strongly related to withdrawal behaviours such as absenteeism and lower job turn over (Schermerhorn, 2011). Absenteeism represents employee withdrawal from unsatisfying job conditions. Thus, a negative association between job satisfaction and absence from work has been found (Johns, 2008). Workers with low job satisfaction are three times more likely to call in sick (Schwarts, 1997).

The univariate analysis showed the mean job satisfaction to be 14.6. The mean and the median were very close; this can be interpreted as a distribution that follows a normal curve. The histogram in appendix 8.13.7 confirms this, as it shows a normal distribution. The value of 14.6 shows that the average respondent felt neutral towards their job satisfaction.

The Spearman's correlation bivariate analysis showed a correlation coefficient of -.060, this indicated a weak negative correlation. The Sig. (2-tailed) p-value = .176. From this it can be seen that in this study, job satisfaction at work does not correlate highly with well-being cost to company (Field, 2012). The theme of the employee is now discussed.

6.2.3 Theme 3: The Employee (E)

*6.2.3.*1 *Hypothesis E1: There is a significant association between employee demographics in a small business and well-being cost to company.*

The following demographics were tested: age, home language, employee status and level of education. Of these, only gender showed a significant relationship with wellness cost to company. The proposition is restated as follows;

> E1.1 There is a significant association between gender in a small business and well-being cost to company. This proposition was accepted at the 0.05 level of significance.

In this research paper gender refers to the biological sex of an employee. The state of being a male or female. The gender of an employee in the work place and the well-being costs to company was analysed (Ehmer, Ehrhardt & Kohli, 2011). Gender studies show that women live longer than men do, however they experience higher morbidity rates (the proportion of women with a disease during a given year per given population). Women experience more non-fatal chronic and acute conditions and men more life-threatening chronic diseases (Rieker, 2008). Gender is depicted in Question two of the employee well-being survey in Appendix 8.6.

For most people gender is a fixed variable and does not change over-time (Field, 2012). The results showed that there were 272 females and 235 males from a sample size of 507 respondents. This indicated that there were 53.6% females and 46.4% males in this study. This was suggestive of a good distribution of both male and female respondents in the study.

During the analysis, the Spearman's correlation coefficient showed a correlation coefficient of -.223, this is interpreted as a weak negative correlation. The Sig. (2-tailed) is the p-value = .000, which is a significant correlation. From this it can be seen that gender at work does correlate with well-being cost to company (Field, 2012). Thus, this study shows that female respondents have been shown to have increased wellness cost to company. Here, it can be argued that female staff are under increased stress and strain as the caretakers of dependents at home and are the gender that has to take-off additional days to care for dependents at home, thus increasing wellness cost to company.

6.2.3.2 Hypothesis E2: There is a significant association between health locus of control in a small business and well-being cost to company.

Locus of control is a personality variable often used in social sciences (Spector, 1992), describing reward or reinforcement as dependent on whether the person perceives the reward as contingent on their own behaviour or independent of their own behaviour (Rotter, 1966). Locus of control refers to a person's belief as to whether control over reinforcements is internal to or external to themselves as an individual (Rotter, 1966 cited in Baum, Newman, Wienman, West, & McManus, 1977), where *internal* locus of control is associated with a perception of control over reinforcement, and *external* locus of control orientates an individual to believe that the reinforcements in the environment are outside of his/her personal control (Baum et al., 1977).

In the analysis, a significant association between health locus of control and well-being cost to company was not found, thus this proposition was rejected.

*6.2.3.*3 *Hypothesis E3: There is a significant association between level of skill in a small business and well-being cost to company.*

Four levels of skill were tested namely less than high school, high school, diploma and degree. Of these, only less than high school showed a significant result, thus the hypothesis can be restated as follows:

E3.1 There is a significant association between education of less than high school and well-being cost to company.

Level of education was broken down into; less than high school, high school, college or associate degree and bachelor degree or higher. The univariate analysis showed that 35 respondents had an education level of less than high school, 246 (the highest concentration of respondents) had an education level high school, 146 respondents had a college degree and 72 respondents had an education qualification of bachelor degree or higher.

From this, a Spearman's correlation coefficient was performed on these four categories, only less than high school was proven significant. The correlation coefficient was .162; this showed a weak positive correlation. The Sig. (2-tailed) p-value = .000, which was a significant correlation. From this it can be seen that an education level of less than high school at work correlates with well-being cost to company (Field, 2012). From these findings

it can be seen that employees in the sample, with an education level of less than high school have a higher wellness cost to company. This point is further analyzed in the next chapter, chapter seven.

*6.2.3.*4 *Hypothesis E4: Gender moderates the relationship between contextual demographic factors and wellness cost to company.*

"Moderation occurs when the relationship between the variables changes as a function of a third variable", in this case gender (Field, 2012, p. 407). Hypothesis E4 will now be tested for moderation. The proposition is stated as follows: Gender moderates the relationship between contextual demographic factors and wellness cost to company.

All available contextual demographic factors were tested for this study. These included age, overtime worked, levels of education, type of work and home language, moderated by gender. All tests were found to be insignificant.

Thus, in this study, gender did not moderate the relationship between contextual demographic factors and wellness cost to company.

*6.*2.3.5 *Hypothesis E5: The relationship between number of absentee days due to illness and wellness cost to company is mediated by health locus of control.* This proposition was accepted.

"Perfect mediation occurs when the relationship between a predictor variable and an outcome variable can be completely explained by their relationship with a third variable" (Field, 2012, p. 879). Mediation occurs when the strength of the relationship between number of absentee days due to illness and wellness cost to company is reduced by including the mediator (health locus of control). The mediation was found to be significant at the 95% confidence interval, showing a positive effect at the 0.05 level of significance.

Thus in this study, mediation had occurred and the strength of the relationship between number of absentee days due to illness and wellness cost to company was reduced by including the mediator, health locus of control.

Health locus of control describes reward or reinforcement as dependent on whether the person perceives the reward as contingent on their own behaviour or independent of their own behaviour (Rotter, 1966). Locus of control refers to a person's belief as to whether control over reinforcements is internal to or external to themselves as an individual (Rotter, 1966 cited in Baum, Newman, Wienman, West, & McManus, 1977), where *internal* locus of control is associated with a perception of control over reinforcement, and *external* locus of control orientates an individual to believe that the reinforcements in the environment are outside of his/her personal control (Baum et al., 1977).

These findings suggest that respondents from this study who indicated an internal health locus of control, significantly reduced their absentee days due to illness, thus reducing their wellness cost to company.

6.3 CONCLUSION

In this chapter, a discussion of the findings was presented. This chapter moved from a reporting of the results to a discussion of the results. The layout included a heading of the hypothesis with each result discussed below it. In this study the results showed that the size of an organisation did not increase wellness cost to company. The literature has shown that small companies offer less health promotion which may lead to increased wellness cost to company, this increase cost was not found in this study. The employee roles were in addition found to be non-significant in terms of wellness cost to company. Although the literature has shown that managers and owners have a higher risk of stress and chronic illness, this study did not find a significant association between employee roles and wellness cost to company. Overtime however did show a significant relationship to wellness cost to company.

Chronic overtime for more than twice a week was shown to significantly increase the wellness cost to company. From the literature it has being shown that ill health increases when overtime results in long working hours for several days or weeks in a row or too many working weeks of over 60 hours a week (Schulman & Kowadlo, 2005). This outcome was confirmed in this study with respondents showing significantly increased wellness cost to company when they worked overtime for more than two days every week.

The implementation of employee wellness programmes did not show a significant decrease in the wellness cost to company as predicted by the literature. Although only 13% of all respondents indicated that their employers offered an employee well-being program, these

programmes did not show a significant drop in wellness cost to company. However, by simply encouraging health at work, respondents indicated that if their employer encouraged their health at work, their absentee days due to illness were significantly reduced. In contrast, absenteeism was shown to significantly increase wellness cost to company.

This study has shown that both absenteeism due to illness and general issues, significantly increased wellness cost to company. This finding supports the literature that argues, absenteeism is linked to poor working performance and all types of absenteeism increases costs to the employer (Branham, 2012). Job satisfaction was not found to impact wellness cost to company.

Job satisfaction is the degree to which a person feels positive or negative about their job (Schermerhorn, 2011). The literature has shown that workers with low job satisfaction are three times more likely to call in sick (Schwarts, 1997).The findings of this study did not support this argument and a significant association between job satisfaction and wellness cost to company was not found. However, gender was found to be significant a variable.

In this research paper gender refers to the biological sex of an employee. The state of being a male or female. This analysis revealed that female workers cost the company more in wellness cost to company than did male employees. This finding is discussed further in the next chapter. Health locus of control was not found to significantly impact wellness cost to company, however levels of education was shown to significantly impact wellness cost to company.

Levels of education was broken down into; less than high school, high school, college or associate degree and bachelor degree or higher. From these categories only an education level of less than high school was shown to significantly increase wellness cost to company. Thus, employing unskilled labour was shown to increase wellness costs, this is discussed further in the next chapter where the study is concluded with recommendations provided.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter outlines a summary of the findings and the objectives of both the qualitative and quantitative findings, with recommendations and further research suggestions. Thus, the objectives of this chapter are to summarise and present the findings of the research, to discuss implications of the findings and to make recommendations.

The central research question addressed in this study was: "*should well-being programmes be considered a priority for business operating in today's competitive economy*?" From this central research question, two sub ordinate research questions were derived:

- *What is the effect of employee characteristics on well-being cost to company?*
- *To what extent do company policies and management techniques reduce well-being cost to company in terms of health related absenteeism, general absenteeism, intention to quit and job satisfaction*?

This study made use of a qualitative analysis and a quantitative statistical analysis to holistically evaluate the findings. A summary of the findings follows.

7.2 SUMMARY OF THE RESEARCH FINDINGS

A tension in the literature created by Porter and Kramer's (2011) notion of 'shared value' and Friedman's (1962) profits maximisation theory is central to this study. Here, on the one hand, Porter and Kramer's (2011) notion of 'shared value' argues that positive results are obtained when business owners invest in the health of their employees. These benefits are realised both by the organisation, as well as the community members alike. The opposing theory, by Friedman (1962), in contrast, posits that companies have only one social duty, namely to increase profits for their shareholders. Friedman insists that "there is one and only one social responsibility of business, to use its resources and engage in activities designed to increase its profits" (Friedman, 1962, p. 133).

From the analysis process, testable propositions were obtained from the quantitative analysis. These testable propositions informed the quantitative phase. This process concluded that the inclusion of a formal wellness program in a small business was not beneficial in terms of wellness cost to company. It was however found that management decisions, company policies and procedures were more impactful in terms of saving money on the impactful hidden expense of employee wellness. Specifically stated, company policies such as the amount of overtime worked per employee and the level of education of the employees showed significant increases in wellness cost to company. The research questions are now answered in more detail.

7.2.1 Research question 1: What is the effect of employee characteristics on well-being cost to company?

The employee characteristics addressed in this study included, age, gender, job title, level of education and primary home language. Of these employee characteristics, only two characteristics were found to significantly impact wellness cost to company, namely gender and level of education. Firstly, gender was shown to impact wellness cost to company.

In this research paper gender refers to the biological sex of an employee. The state of being a male or female. This analysis showed that female workers cost the company more in terms of wellness cost to company than did their male counterparts. Here, it is argued that female staff are increasing wellness cost to company because of multiple role stress and fatigue.

The number of women in the labour force is approaching that of men; however the traditional female responsibilities at home remain the same (Fink, 2010). Today, females are experiencing stress and fatigue from work overload and role conflicts. Female employees experience significantly more stress and overload than male employees (Wen-Yen Lo, 2014; Carpenter, 2013; Masson & Ross, 2014; Procter & Padfield, 2013). Family issues, lack of external support and high levels of personal effort are leading causes of the stress and fatigue experienced by females at work (Fraser, 2012). In this tough economic climate, both spouses have jobs outside of the home (Bolger, DeLongis, Kessler & Wethington, 1989). Thus, multiple role stress has grown and this results in stress spill over (Bolger et al., 1989). Spill over occurs when stress and fatigue experienced in one domain such as at work, spills over at home. Females are particularly susceptible to this spill over effect (Bolger et al., 1989).

Gender differences are also reflected in stress experiences at home. Women's stress remains high several hours after work while men's stress levels rapidly reduced to baseline soon after arriving at home (Fink, 2010). Women are unable to unwind and relax due to their greater responsibility for domestic work at home which may include household chores and childcare (Fink, 2010). Compounded upon this is the added pressure associated with child care.

The stress and strain of caring for children has been shown to be associated with the harmful effects on the immune system, thus subjecting the caregiver to increased risk of illness (Kiecolt-Glaser, Bennett & Fagundes, 2013). Children with problems such as behavioural disorders, mental retardation or illness are an additional source of strain on primarily women today (Zarit & Gaugler, 2000). Employed caregivers experience overwhelming demands which may lead to a higher rate of absenteeism. Employed caregivers are more likely to

suffer from feelings of anger anxiety and depression than age matched controls (Zarit & Gaugler, 2000).

From the above it can be seen that females in the workplace are under increased stress and strain compounded by multi-role responsibilities. This study has shown that the employees tested in this study support the above literature that females are under increased risk of stress and illness and thus take additional absentee days to care for dependents. This in turn increases their wellness cost to company. Here, it is recommended that employers foster a culture of support for female staff experiencing the strain of multi-role responsibilities. Support such as flexi time and on-site day care facilities for dependents. Management support and open communication channels will go a long way to support the burden placed on the female employee and thus in-turn may reduce their well-being cost to company. An education level of less than high school also significantly impacted on wellness cost to company.

Employing unskilled labour with an education level of less than high school was shown to increase wellness costs to company. This may be due to physical inactivity, where, the literature has shown a higher prevalence amongst people with lower education, occupation type (blue-collar workers show lower physical activity than do white-collar workers), the unemployed and lower-income groups (Birdee et al., 2013). Additional factors such as inadequate nutrition, unreliable transport services, inadequate housing facilities and limited access to medical facilities may all contribute to this increased wellness cost to company incurred by employees with an education level of less than high school. Companies employing staff members with an education level of less than high school may pay minimum wage for the employee, however, this study shows that hidden wellness cost to company expenses are incurred by these employees.

Again, wellness cost to company is made up of absentee days due to illness, general absentee days, job satisfaction and intention to quit. In this study, an employee with an education of less than high school have shown increased incidence of these four hidden expenses. Companies employing this level of unskilled labour are encouraged to invest in further education for these employees as the cost to the business that ignores this trend may be high.

7.2.2 Research question 2: To what extent do company policies and management techniques reduce well-being cost to company in terms of health related absenteeism, general absenteeism, intention to quit and job satisfaction?

The company policies and procedures tested in this study included; investigations into access to healthy food at work, health encouragement at work, staying home when ill, medical aids paid for by the organisation, and the regulation of overtime worked. From these the most significant impact on employee wellness cost to company was over-time worked for more than two days a week.

The literature shows that stress and fatigue increases when overtime results in long working hours for several days or weeks in a row or too many working weeks of over 60 hours a week (Schulman & Kowadlo, 2005). Overtime at work is significantly associated with elevated risk of myocardial infarction (Fink, 2010). Substantial overtime may intensify stress and illness in the workplace (Walters, 2006). Workers with high perceived job demands such as overtime, show a two to three fold increase in perceived job stress and strain. This perceived job stress can render an individual to increased susceptibility to psychosocial work risk factors (McCabe, 2003).

Frequent overtime and extended working hours can be a major source of stress and fatigue which leads to chronic or acute health conditions and burnout (Burke & Cooper, 2008). Long hours at work contribute to higher accident rates which is associated with injury and illness. The accident rate typically rises between the 9^{th} and 12^{th} hour in a working day (Burke & Cooper, 2008).

In addition to the health risks, families who experience work-home life imbalance experience severe work-family conflict. This is exacerbated when this overtime is not entirely voluntary (Burke & Cooper, 2008). Lack of control over the amount of work and overtime intensifies any negative effects on the well-being of the employee (Burke & Cooper, 2008). In addition, size of organisations affects stress levels. The central research question will now be addressed.

The central research question addressed in this study was: "*should well-being programmes be considered a priority for business operating in today's competitive economy*?" This question was to be answered in context with Porter and Kramer's (2011) notion of 'shared value' and Milton Friedman (1962) profits maximisation theory which was central to this study. This study did not find a significant correlation between employee well-being programmes and

lowered wellness cost to company. From these findings, business investing in formal employee wellness programmes did not show significant savings in terms of well-being cost to company. It was however noted that only 13% of respondents indicated that their employer offered a formal employee wellness program. This small percentage of respondents may not have been enough to gain enough data on the true impact of employee wellness programmes at work. The true impact to wellness cost to company was however shown to be vital during management intervention and company policies. Factors such as assisting female staff with their multi-role commitments, increasing educational opportunities for unskilled staff and reducing the amount of overtime of employees was shown to significantly reduce well-being cost to company.

This study supported the literature that shows that most small business do not implement, or offer employee well-being programmes (Smogor & Macrina, 1987; Wilson, DeJoy, & Jorgensen, 1999). SMME are vital to South African development (Abor & Quartey, 2010). Their economic contributions range from their ability to create jobs, contribute to GDP and accelerate financial and socio-economic objectives in South Africa (Abor & Quartey, 2010).

SMME trading revenue accounts for 27-34% of total GDP in South Africa (Abor & Quartey, 2010). A number of complications affect an SMME ability to realise their full potential in South Africa. These obstacles include access to start-up capital and international markets, as well as skills shortages and human resource challenges, such as employee health issues (Abor & Quartey, 2010). This study thus recommends that managers and owners of small business become more involved in the health of their employees. In terms of non-communicable chronic diseases (NCCD), the South African work place has, in the past, neglected to promote healthier options to their employees (Patel et al., 2013).

This study finds in favour of the literature that argues that the cost to the business that does not address concerns such as absenteeism, high staff turnover, lowered productivity and lowered staff satisfaction is very high (Leka & Houdmont, 2010), and management intervention into these erosions of the profit margins must become a culture ingrained in small business.

7.3 CONCLUSION

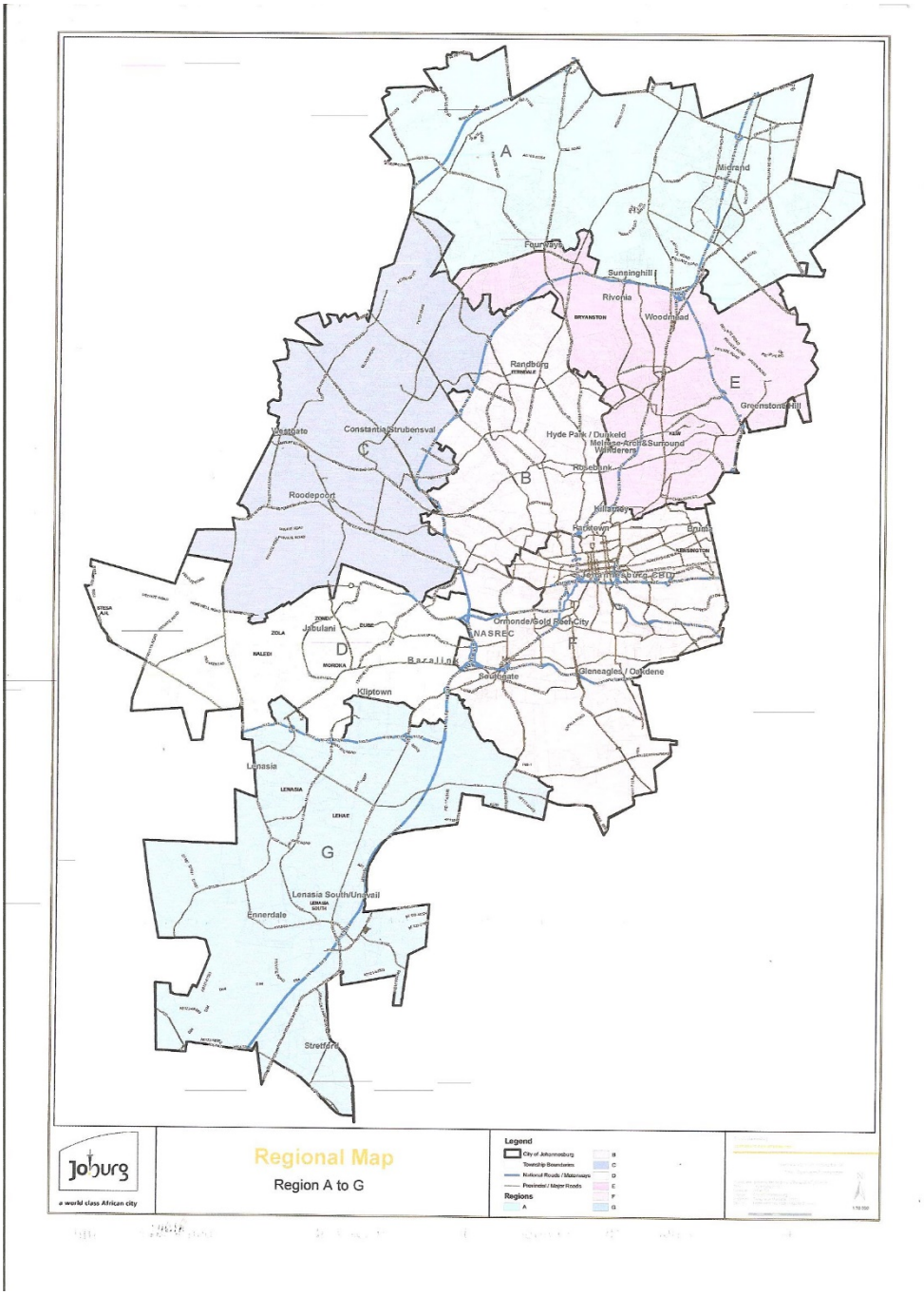
This chapter outlined a summary of the findings and the objectives of both the qualitative and quantitative findings, with recommendations and further research suggestions. Thus, the objectives of this chapter were to summarise and present the findings of the research and to

discuss implications of the findings. The objective of this study was to research and test two theories namely Porter's shared value and Friedman's profits maximisation argument. These two opposing academic theories postulate that small business managers should and should not respectively spend profits on employee well-being programmes. The research problem addressed by this research study was the lack of knowledge of the impact of well-being programmes on well-being cost to company in SMME in the Johannesburg Metropolitan Municipality area. The aim of the study was to shed light on small businesses and employee well-being in terms of well-being cost to company and if it is considered a priority in today's competitive economy. This study made use of a mixed-methods approach, and the population consisted of small businesses in the Johannesburg Metropolitan Municipality area. The sampling technique made use of a non-random sampling method called quota sampling to obtain 30 interviews for the qualitative portion of PartOne and 507 completed questionnaires for Part Two. The research instruments therefore included interviews for Part One and questionnaires for Part Two. The findings showed that a mere 13% of small business in the Johannesburg Metropolitan Municipalities offered any form of employee well-being program at work. Although formal employee well-being programmes were not a priority, management style and intervention was shown to decrease wellness cost to company. Factors such as assisting female staff with their multi-role commitments, increasing educational opportunities for unskilled staff and reducing the amount of overtime for employees was found to significantly reduce the hidden expense of well-being cost to company. This study finds in favour of literature that argues that the negative impact to the business that does not address concerns such as absenteeism, high staff turnover, lowered productivity and lowered staff satisfaction is very high. SMME are vital to South Africa because of their economic contributions which range from their ability to create jobs and contribute to GDP.

APPENDIX
AND
REFERENCES

8. APPENDIX

8.1 CITY OF JOHANNESBURG METEROPOLITAN MUNICIPALITY



Region A - Diepsloot, Midrand, Region B - Northcliff, Randburg, Region C - Roodepoort, Region D - Greater Soweto, Region E - Sandton, Alexandra, Region F - Inner City, Region G - Ennerdale, Orange Farm. Source: *The Local Government Handbook: A complete guide to municipalities in South Africa* (2012). Retrieved 1st Feb, 2015, from http://www.localgovernment.co.za/Metropolitans/view/2/city-of-johannesburg-Metropolitan-Municipality

8.2 COVER LETTER

University of the Witwatersrand
School of Economic and Business Sciences

Good Day

I am currently registered for the degree of Masters in Commerce, which I am completing by dissertation in the division of Human Resource Management and Management, School of Economic and Business Sciences.

I would like to invite you to take part in this research. My study is investigating the relationship between Employee well-being programmes and small business. The proposed research will consist of interviews and survey research. The interviews will consist of a 30 minute interview and the survey research will entail the distribution of questionnaires to employees.

The research will attempt to contribute to an improved understanding of the challenges faced by small business and the well-being of their employees.

The study is for academic publication purposes only. The results of the study will be reported in my final dissertation, which will be published by the University of the Witwatersrand. Confidentiality is ensured at all times, and details that might specifically identify an individual are not required at any stage. The interview recording and questionnaires will be stored in my supervisor's office for further data analysis and will thereafter be destroyed after a period of five years. I undertake to conduct myself and my research in a manner that reflects the professional ethics of the university.

Any queries regarding the questionnaire or any other aspect of the study can be directed to myself or to my supervisor, Professor Chris Callaghan, on the email addresses or telephone numbers listed below.

Yours sincerely,

Beverley Lewis
Bevlewis001@gmail.com
083 589 2460

Prof Chris Callaghan
Chris.Callaghan@wits.ac.za
011 717 8066

8.3 CONSENT FORM FOR INTERVIEW RECORDING

Consent Form for Interview Recording (SCIR)

Title of research project: Employee Well-being programmes in Small Business
Name/s of principal researcher/s: Beverley Lewis
Department/research group address: School of Economic and Business Sciences, University of the Witwatersrand, Johannesburg
Telephone: 011 717 1000
Name of participant: Small Business Manager:
Nature of the research: Employee well-being programmes in Small Business
Participant's involvement: Provide their perception of well-being programmes in small business in the form of a recorded interview.

What's involved? The researcher will ask the small business manager a series of questions regarding employee well-being in small business.
Risks: Low risk: Time spent on filling out the form may be inconvenient.
Benefits: To be able to contribute to a new body of knowledge on employee well-being programmes that will assist small businesses to optimise the welfare of their employees through employee well-being programmes.

I acknowledge the following:

- I agree to participate in this research project.
- I agree that the interview will be recorded
- I have read this consent form and the information it contains and had the opportunity to ask questions about them.
- I agree to my responses being used for education and research on condition that my privacy is respected, subject to the following:
  - I understand that my personal details will not / may be included in the research / will be used in aggregate form only, so that I will not be personally identifiable (delete as applicable.)
  - I understand that I am under no obligation to take part in this project.
  - I understand I have the right to withdraw from this project at any stage.

Signature of participant / Guardian (if under 18):

Name of Participant / Guardian:

Signature of person who sought consent:

Name of person who sought consent:

Date:

8.4 CONSENT FORM FOR QUESTIONNAIRES

Participation Consent Form

Title of research project: Employee health and well-being programmes in small business
Name/s of principal researcher: Beverley Lewis
Department/research group address: University of the Witwatersrand, Department of Management/ School of Economic and Business Sciences, 1 Jan Smuts Avenue, Braamfontein; 2000, Johannesburg, South Africa
Telephone: +27 (0)11 717 1000
Email: bevlewis001@gmail.com

Nature of the research: To investigate employee well-being programmes in small business in Johannesburg. Managers and employees will be required to complete a questionnaire that will shed light on the extent and nature of employee well-being programmes in Johannesburg.
Participant's involvement:

> **What's involved**: To complete a list of 30 self-report questions on well-being programmes in the work place
> **Risks**: Low risk: Time spent on filling out the form may be inconvenient.
> **Benefits**: To contribute to a body of knowledge on employee well-being in small business in Johannesburg, South Africa

I acknowledge the following:

- I agree to participate in this research project.
- I have read this consent form and the information it contains and had the opportunity to ask questions about them.
- I agree to my responses being used for education and research on condition that my privacy is respected, subject to the following:
  - I understand that my personal details will not / may be included in the research / will be used in aggregate form only, so that I will not be personally identifiable (delete as applicable.)
  - I understand that I am under no obligation to take part in this project.
  - I understand I have the right to withdraw from this project at any stage.

Signature of Participant / Guardian (if under 18):

Name of Participant / Guardian:

Signature of person who sought consent:

Name of person who sought consent:

Date:

8.5 STRUCTURE AND CONTENT OF THE INTERVIEW PROCESS

Interview questions

The research problem addressed by this research is the lack of knowledge of the e[illegible] well-being programmes offered by SMME (Small, Medium and Micro-sized Enterprises) in the Johannesburg Metropolitan Municipality. The perceptions of managers to health and well-being programmes will be studied.

The interview will take approximately 30 minutes and will consist of the following questions:

1. Please may I ask your age?
2. I am noting down your gender.
3. Please describe the nature of your business.
4. How many employees are there in this company?
5. Mr Manager, how important is your own health to the success of your business?
6. How important is the health of your employees to the success of your business?
7. Does ill health or absenteeism of your employees adversely affect your business?
8. Do you feel that the small business should play a part in employee health?
9. Do you prescribe to any form of employee well-being programme, if so what are they?
10. What are your perceptions of the advantages and disadvantages of employee well-being programmes?
11. If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
12. Please add any other insight into small business and employee well-being programmes.
13. What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

8.6 EMPLOYEE WELL-BEING SURVEY

Section A

1. What is your Age? (In years): _____**2**. What is your Gender? (Please circle): Male/Female

3. What is your Job Title? (please circle): Owner Manager Clerical Sales Technical Support Marketing Other
   If Other please state your Job Title: _____

4. Please indicate your highest level of education (please circle): Less than high school High school

   College or Associate Degree Bachelor's degree or Higher

5. My company had to send me for extra training so that I could perform my job. Yes/ No

6. What was your primary home language you spoke when growing up at home? _____

7. Do you deal with the public during your working day? (please circle): Yes / No

8. Does your employer/manager encourage your good health? (please circle): Yes / No

9. Does your employer/manager encourage you to stay at home when ill? (please circle): Yes / No

10. Does your employer/manager discuss health topics with you at work? (please circle): Yes/ No

11. Do you have a work sponsored or your own medical aid? (please circle): Yes / No

12. Does your employer/manager provide employee wellness programmes at work? (please circle): Yes / No

13. In the last year, how many days were you absent from work due to illness? _____

14. In the last year, how many days were you off from work due to general issues such as family responsibility, personal duties or general duties? _____

15. Do you ever think of leaving your job for another job? (Please circle): Yes/ No

16. Do you keep your eyes open for other jobs/opportunities? (Please circle): Yes/ No

Section B

Here are a number of personality traits that may or may not apply to you. Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement.
1=Disagree strongly; 2=Disagree moderately; 3=Neither agree nor disagree; 4=Agree moderately; 5=Agree strongly
I see myself as:

17. _____ Extraverted, enthusiastic.
18. _____ Critical, quarrelsome.
19. _____ Dependable, self-disciplined.
20. _____ Anxious, easily upset.
21. _____ Open to new experiences, complex.
22. _____ Reserved, quiet.
23. _____ Sympathetic, warm.
24. _____ Disorganized, careless.
25. _____ Calm, emotionally stable.
26. _____ Conventional, uncreative.

Section C:

Some jobs are more interesting and satisfying than others. We want to know how you feel about your job. For each statement below, use the following scale to indicate which is most descriptive of your current job.

1=Disagree strongly; 2=Disagree moderately; 3=Neither agree nor disagree; 4=Agree moderately; 5=Agree strongly

27. ____ I feel fairly well satisfied with my present job.

28. ____ Most days I am enthusiastic about my work.

29. ____ Each day of work seems like it will never end.

30. ____ I find real enjoyment in my work.

31. ____ I consider my job rather unpleasant.

Section D:

Please circle a yes or a no in the following questions:

32. Would you smile at people every time you meet them? Yes / No
33. Do you always practice what you preach to people? Yes / No
34. If you say to people that you will do something, do you always keep your promise no matter how inconvenient it might be? Yes / No
35. Would you ever lie to people? Yes / No

Section E:

Each item below is a belief statement about your medical condition with which you may agree or disagree. For each statement below, use the following scale to indicate which is most descriptive of your current job.

1=Disagree strongly; 2=Disagree moderately; 3=Neither agree nor disagree; 4=Agree moderately; 5=Agree strongly

36. _____ If I get sick, it is my own behaviour which determines how soon I get well again
37. _____ No matter what I do, if I am going to get sick, I will get sick
38. _____ Having regular contact with my physician is the best way for me to avoid illness
39. _____ Most things that affect my health happen to be by accident.
40. _____ Whenever I don't feel well, I should consult a medically trained professional.
41. _____ I am in control of my health.
42. _____ My family has a lot to do with my becoming sick or staying healthy.
43. _____ When I get sick, I am to blame.
44. _____ Luck plays a big part in determining how soon I will recover from an illness.
45. _____ Health professionals control my health.
46. _____ My good health is largely a matter of good fortune.
47. _____ The main thing which affects my health is what I myself do.
48. _____ If I take care of myself, I can avoid illness.
49. _____ Whenever I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me.
50. _____ No matter what I do, I'm likely to get sick
51. _____ If it's meant to be, I will stay healthy.
52. _____ If I take the right actions, I can stay healthy.
53. _____ Regarding my health, I can only do what my doctor tells me to do.

For office use region:

A	B	C	D	E	F	G

Thank you for taking part in this research project

8.7 CONSISTENCY MATRIX

Table 64 Consistency matrix for the proposed propositions derived from the literature

Research Questions	**Propositions**	**Theory**	**Qualitative Research Process**
RQ1: To what extent do individual characteristics contribute to well-being costs to company?	(H1): There is a significant association between individual characteristics and well-being costs to company.	Individual employee characteristics here refer to personality, age and job status. **Age:** As the working population transition from adulthood to old age they are more likely to experience health ailments which requires increased medication and even specialised treatment, thus increasing well-being costs to company (Maharaj, 2013). **Job status** can affect the health of the employee, e.g. managers are expected to be working and available during the entire day and sometimes after hours. This factor affects the health related sustainability of the manager (Tengblad, 2012).	The dependent variable is well-being costs to company. The independent variables are individual employee characteristics namely: age, job status and home language. They will be tested using regression analysis, specifically hierarchical linear regression. In hierarchical multiple regression variables are captured in steps and the change in R-squared is checked at every step. The order of entering each variable into the equation is determined ahead of time (Gliner & Morgan, 2009).
RQ2: Do employee wellness programmes moderate the relationship between individual employee characteristics and well-being costs to company?	(H2): Employee wellness programmes moderates the relationship between individual characteristics and well-being costs to company.	The second proposition is based on the theory which shows that employee wellness programmes reduce the number of absentee days of employees and thus reduce wellness costs in a company. "Moderation occurs when the relationship between the variables changes as a function of a third variable", in this case employee wellness programmes (Field, 2012, p. 407).	**Multiple linear regression** will be used to analyse the data. This is an extension of simple regression in which an outcome is predicted by a linear combination of two or more predictor variables. A basic regression model for this proposition would be: $Y_i = (b_0 + b_1X_{1i} + b_2X_{2i} + \ldots. + b_nX_{ni}) + \varepsilon_i$ However, to test for a **moderation effect**, the effect of the moderator needs to be considered between individual employee characteristics and well-being costs to company. Thus, the linear

Research Questions	Propositions	Theory	Qualitative Research Process
			model can be extended to include the extra term. A model that tests for moderation is first expressed generally and then in terms of this specific case (Field, 2012). $Y_i = (b_0 + b_1A_i + b_2B_i + b_3C_i + b_5ABC_i) + \varepsilon_i$

8.8 BREAKDOWN OF BUSINESSES INCLUDED IN THE STUDY

The National Small Business Act defined small business medium, small, very small and micro enterprises based on the following characteristics.

Source: National Small Business Amendment Bill 2003 (Nat.) (RSA)

"SCHEDULE

(See definition of 'small business' in section 1)

Column 1	Column 2	Column 3	Column 4	Column 5
Sector or subsector in accordance with the standard Industrial Classification	**Size of class**	**The total fulltime equivalent of paid employees**	**Total turnover**	**Total gross asset value (fixed property excluded)**
Agriculture	Medium	100	R5m	R5m
	Small	50	R3m	R3m
	Very Small	10	R0.50m	R0.50m
	Micro	5	R0.20m	R0.10m
Mining and Quarrying	Medium	200	R39m	R23m
	Small	50	R10m	R6m
	Very Small	20	R4m	R2m
	Micro	5	R0.20m	R0.10m
Manufacturing	Medium	200	R51m	R19m
	Small	50	R13m	R5m
	Very Small	20	R5m	R2m
	Micro	5	R0.20m	R0.10m
Electricity, Gas and Water	Medium	200	R51m	R19m
	Small	50	R13m	R5m
	Very Small	20	R5.10m	R1.90m
	Micro	5	R0.20m	R0.10m
Construction	Medium	200	R26m	R5m
	Small	50	R6m	R1m
	Very Small	20	R3m	R0.50m
	Micro	5	R0.20m	R0.10m
Retail and Motor Trade and Repair Services	Medium	200	R39m	R6m
	Small	50	R19m	R3m
	Very Small	20	R4m	R0.60m
	Micro	5	R0.20m	R0.10m
Wholesale Trade, Commercial Agents and Allied Services	Medium	200	R64m	R10m
	Small	50	R32m	R5m
	Very Small	20	R6m	R0.60m
	Micro	5	R0.20m	R0.10m
Catering, Accommodation and other Trade	Medium	200	R13m	R3m
	Small	50	R6m	R1m
	Very Small	20	R5.10m	R1.90m
	Micro	5	R0.20m	R0.10m

Column 1	Column 2	Column 3	Column 4	Column 5
Sector or subsector in accordance with the standard Industrial Classification	**Size of class**	**The total fulltime equivalent of paid employees**	**Total turnover**	**Total gross asset value (fixed property excluded)**
Transport, Storage and Communications	Medium	200	R26m	R6m
	Small	50	R13m	R3m
	Very Small	20	R3m	R0.60m
	Micro	5	R0.20m	R0.10m
Finance and Business Services	Medium	200	R26m	R5m
	Small	50	R13m	R3m
	Very Small	20	R3m	R0.50m
	Micro	5	R0.20m	R0.10m
Community, Social and Personal Services	Medium	200	R13m	R6m
	Small	50	R6m	R3m
	Very Small	20	R1m	R0.60m
	Micro	5	R0.20m	R0.10m".

8.9 LIST OF SMALL BUSINESS IN JOHANNESBURG

The following is a list of 361 small businesses in the Johannesburg Metropolitan Municipality. This list contains all business that have registered with the website Bizcommunity.com.
Source: Bizcommunity Daily Industry News (2015). List of small business in Johannesburg, Retrieved April 2015, from http://www.bizcommunity.com/Companies/196/87/pn-Gauteng/sm-1.html
Companies specifically dealing with the public have been identified and highlighted here. These companies may contain workers suffering from emotional labour and emotional exhaustion. This factor will be investigated further during the study.

2M Verkoeling	**Johannesburg**	**Cold and freezer rooms , koel en vries kamers**
3D Designs	**Johannesburg**	**Direct Marketing**
3rd House Consulting	Johannesburg	Printers and IT
A.P.C Storage Solutions	Johannesburg	Storage Solutions
Abelusi Training Network	**Johannesburg**	**Employee Upliftment Training**
Aboard Refrigeration/Africhill	Sandton	Refrigeration
AcousticWorx	Johannesburg	Importers,exporters & distibution of Car Audio
Acquisition Headquarters	Johannesburg	Online Retail, Ecommerce, Selling Online
AC Squared Solutions (PTY) Ltd	Johannesburg	Project Management Consulting
Adriatic Power	Germiston	UPS sales and service
Africa Ko-Zan Pots	**Walkerville**	**Garden Pots and waterfeatures**
Agripesco (Pty) Ltd	**Johannesburg**	**Repairs and services, installations and sales**
AH Security	Alberton	Security Guarding Services, Pay-as-you-Go security
Aj10 Removals	**Johannesburg**	**Packaging**
Al Hamza Fuel And Lubricants	Johannesburg	Fuel and Lubricants Suppliers
Allantika Distribution	Johannesburg	Processed Meat Distribution
All Gallz Art and Creatives	**Johannesburg**	**Vases, Pots, Water features, Lamps, Flowers**
Amrod	Johannesburg	Importer and brander of gifts and clothing
AMUSE	Sandton	Retail Marketing and Mobile Solutions
AntAnt Markerting cc	**Johannesburg**	**Clothing**
Aureate Auctions	**Johannesburg**	**Shopping Auction Competition**
Avocado Vision	**Johannesburg**	**Training and Learning Design**
Ayoba Clothing	**Germiston**	**Corporate Clothing Safety Wear and Gifts**
Babycakes Vintage Fashion and Custom Jewellery	**Johannesburg**	**Fashion suppliers jewellers**
Back 2 Back Experiential Marketing	Johannesburg	Social Marketing
Bake N Taste Bakery & Deli	**Johannesburg**	**Baking breads cakes supply to caterers**
Baking supplies	Lenasia	Baking equipment and accessories
Bambini	**Johannesburg**	**Imported quality baby furniture and accessories.**
Bedford	Johannesburg	Up-market shopping and fine dining destination!
Bermys Sweets and Chocolates.	**Johannesburg**	**Chocolate Manufacturing/Sweet Distribution**
Better Fitting Footwear	**Johannesburg**	**Fashion Shoes**

Beulah Payroll Solutions	Johannesburg	Payroll Services
Big Brand Embroidery	Johannesburg	Embroidery
Biji Stationery	**Roodepoort**	**Stationery and Office Supplies company**
Blaize Point Plastics, Packaging and Chemicals	Johannesburg	Plastics, Packaging and Chemicals
Blinds Connection	**Johannesburg**	**Blinds**
Blue Bay Gifts	Johannesburg	Gifts and greeting cards
Blue Leaf Technologies	Randburg	E-Commerce
Bridal and Tuxedo	**Midrand**	**Dress Hire**
BRONWEN	Sandton	Fashion Designer
BUM -Seating	Johannesburg	Office furniture and much more
Buy Camera SA	Johannesburg	New online photographic retailer: All major brands
Camsurv Systems	Johannesburg	CCTV, ADSL, iBurst, VOX, ACCESS CONTROL
Candles for All	Johannesburg	Manufacturing of hand painted Khoisan candles
Caprice Fashion	**Sandton**	**Ladies Clothing Boutique**
Cascade Clothing	**Johannesburg**	**Fashion**
Cash Converters East Rand Value Mall	**Sandton**	**Short term micro loans**
Cell C Rosebank Franchise Store	**Rosebank**	**Sale of airtime, prepaid and contract and cell phone**
Centolite Fuels	**Johannesburg**	**Wholesaler petroleum products, all fuels e.g. diesel**
Cistech Services	Johannesburg	Cistech Software, POS, Hardware, Sales, IT, Pastel
Clark's Freelance Analytical Service	Roodepoort	Data Analytics, Data Mining, Data Cleaning
Classic Gifting	**Johannesburg**	**Gifting**
Clean Care Mobile	Johannesburg	Corporate Cleaning
CLOMARK-GROUP	Johannesburg	Manufacturing and Servicing
Cmyk Concepts	Johannesburg	Promotional Printing, USB Printing and Duplication
Cocky Rooster	**Johannesburg**	**Cocky Rooster is wholesaler and a retail chicken d**
Coin-Connection	Sandton	Source of Mandela Rare Coins for Collection
College for Business and Maritime Studies	**Johannesburg**	**Education and Training**
Colour Catch Photography	Kempton Park	Photography
Connection 7 Computers	Ridgeway	Notebook ,Computer sales and IT Support
Continental Oil Mills (Pty) Ltd	Northcliff	Oil, Mayonnaise, Dips
Convex Commodity Merchants	**Johannesburg**	**Wholesale, Retail & Distribution of Consumer Goods**
Cora's Costumes	Boksburg	Manufacture, Sale, Design of Mascots, Fancy Dress
Corporate Facilities Management	Johannesburg	Facilities Management

Creative shop	Johannesburg	Shop fitters, dry walling, steelwork, joinery, cabi
Creative Touch Networking cc	**Sandton**	**Sales and Marketing**
Crown National	Johannesburg	Supplier of ingredients to meat industry
cvs steel projects	Alberton	light to medium engineering/steel work
Petrol Station for Sale - Cyrus Brokers	Johannesburg	Petrol Stations for Sale
Daisy's Gifts AND Crafts	**JOHANNESBURG**	**home decor gifts arts crafts,**
Danmar Precision Engineering	Johannesburg	Engineering (Manufacturing)
ddl Design and Decor Lab	**Johannesburg**	**curtain and blinds**
Design Network Associates	Randburg	Training
Dial-a-Picnic	Alberton	Picnic Catering
Dial A Door	**Alberton**	**Garage doors**
Diamond Love Bridal Couture	**Johannesburg**	**Bridal wear, wedding gowns, bridal shoes**
Digitag	Alberton	Anti Shoplifting Equipment
Display Equipment Co.	Johannesburg	Retail Displays, POP Displays, Store Fixtures
Display Systems	Johannesburg	Store fixtures and Shop fitters
Displaytrac	Midrand	Activation,Implementation,warehousing
DOS GROUP	Boksburg	Manufacturers and wholesalers of security items
Dream Chocolate	**Johannesburg**	**Direct Marketing**
Dreamfinders	**Johannesburg**	**Clothing and Corporate gifts and Safety Wear**
D'Tiro Events Management and Hire	Johannesburg	Events Hire Stretch tents
Eclipse Accounting Services	Linden	Accounting & Bookkeeping
Eden Rain Florist	**Johannesburg**	**Florist wedding design coordination events birthday**
E C (Exact Exporters Couriers)	**Pomona**	**Retail Distribution Services**
Effective Interactions cc	Johannesburg	Training and development
Electropak	Northcliff	Suppliers of packaging machinery
EMZ Technologies	Lenasia	Computer accessories
Essex - Made To Measure	**Johannesburg**	**Home and office interiors sales and installations**
EWH Trading	Johannesburg	Cleaning equipment and cleaning products
Ewing Security	Johannesburg	Security
Exclusive Gas	Johannesburg	Gas Suppliers
Fabulously Vile Gay T-Shirts	**Johannesburg**	**Gay Themed Clothing and Accessories**
Fabulous Products (Pty) Ltd	Gauteng	Manufacturing and distribution
Fanelil's Import and Export Enterprise	Northcliff	Import and Export, Procurement
Find Price	Johannesburg	Price comparison for online shopping
Firegel Products	Northcliff	**Oil lamps, gel stoves firegel,citronella oil**
Firepod	Edenvale	Eco-friendly burners
Formblack	Randburg	Shopfitting and Signage Specialists
Foto Digital World	**Johannesburg**	**Photography equipment**

Foto Discount World	**Johannesburg**	**Photography equipment**
Foto HiFi World	Johannesburg	Foto HiFi World
Freighit	East Rand	FMCG/Retail Logistic Distribution
Frontier Coffee	Johannesburg	Coffee machines, office coffee vending, coffee
Frosted Footprint	Northcliff	Window Frosted Art
Furniture Rage Suppliers	Johannesburg	Office Furniture
G9 Forensic Consulting	Sandton	Research
Gabina Health & Beauty	**Bryanston**	**Importation & sales of Health & Beauty FMCG goods**
Games Xetra	Roodepoort	Specialists in Gaming, xbox, PS3,PS2,Wii, trade
Gcinokuhle Communications	**Johannesburg**	**Direct Marketing-Start Your Own Business Community**
Geen & Richards	Johannesburg	Furniture Sales
Gina's Fashion for Plus Sized Women	Johannesburg	Fashion for the plus sized, curvy woman
Giovanni Battista Haircare	**Johannesburg**	**hairdressing beauty**
Girls Only	**Sandton**	**Online Retail for women**
Petrol Station for Sale - Cyrus Brokers	**Johannesburg**	**Petrol Stations for Sale**
Global Gold Manufacturing & Distribution Pty Ltd	**Kyalami**	**Corporate and Promotional**
Global Golf Gloves	Sandton	Golf Clothing
Goapele Office Supplies	**Krugersdorp**	**Stationery, Internet Cafe, Computers Consumables**
GOJOCARGO PTY LTD	**Kempton park**	**CUSTOM CLEARING AND FORWARDING**
Gossip Range	**Johannesburg**	**DISCOUNTED HEALTH AND BEAUTY PRODUCTS**
GQM Logistics	**Johannesburg**	**LOGISTICS MANAGEMENT**
Grace Media	**Johannesburg**	**Christian Bookshop & Resource Centre**
Growing Tummy Maternity Wear	**Johannesburg**	**Maternity Wear**
GT Electronic Components	Northcliff	electronic component supplier on the east rand
Hair 4 SA	**Johannesburg**	**Human and synthetic wigs, weaves, hair extensions**
HampeRess	**Johannesburg**	**Gift store**
Harmless House	**Johannesburg**	**Online store selling natural bath & body products**
Health-e-Cigarettes	**Kyalami**	**Supplier of Electronic Cigarettes**
Hi-Tech Elements	Northcliff	Manufacturers
Hirsch's	Johannesburg	Homeware, Furniture, Appliances, Airconditioning,
Home Style Guide	Jahannesburg	Online advertising portal for furniture retailers
Horze SA	**Johannesburg**	**Equestrian products supplier**
Hotel Staff	Johannesburg	Hospitality Recruitment
iBags.co.za	Johannesburg	iBags specialises in Luggage and Business bags.

iColor Office Solutions	Johannesburg	Factory direct printer cartridges
Ikemeleng Networking	Johannesburg	General Printing
Ilanga Retail Consultants	Brackenhurst	Consulting, Development, business brokers
In 2 Curtains	**Johannesburg**	**Designer Curtains, Roman Blinds, Accessories**
Northcliff	Northcliff	Innovative provider of Information Technology
Incessant Logistics	Johannesburg	Logistics/Transportation
Indus Consulting	Lynnwood	SMME Business consulting and franchising
Inkosi Unathi Security and Cleaning Services	Northcliff	Security Guarding and Cleaning Services
Instant Flooring	**Johannesburg**	**Temporary flooring Hire/Sales**
Instant Flooring	Alberton	Supply events and exhibition industry with floors
Institute for Quality ETD	**Braamfontein**	**Training**
Integrity Software	**Johannesburg**	**Point Of sale or Payroll or Distrubution**
ItooI Vending	**Johannesburg**	**Sanitary Vending Machine**
Jabulani Mall	**Jabulani**	**Retail**
Jade Manufacterer	Olifantsfontein\clayville	Engineering
Jemoni Packaging Products	Johannesburg	Industrial plastic packaging manufacturer
John Dore - Fourways	**Johannesburg**	**Supplier of wood, laminate, vinyl and carpets**
Johnson Cycle Works	Edenvale	RETAIL CYCLING INDUSTRY
Johnson Mobile Vending Solutions	Edenvale	SALES & MANUFACTURING OF MOBILE VENDING SOLUTIONS
Jonzac Golf And Leisure	Germiston	Retailing SA Manufactured garments
JTA EXPRESS COURIER SERVICE	Northcliff	Courier Service
Jump Shopping	**Johannesburg**	**E-Commerce News**
Kgatelopele	**Johannesburg**	**Executive Search and Management Recruitment**
Kool Toons Distributors CC	Johannesburg	Distribution to Retail Stores kids Juices
KUTE LOGISTICS	Northcliff	Logistics/Transport services
LANKU LOGISTICS	Northcliff	TRANSPORTATION
Las Vegas Costumes	Johannesburg	Costumes party Decor Draping Cakes
Lavender Toilet Hire	**Johannesburg**	**Toilet Hire Services and Cleaning Products**
Lavish Salon	**Johannesburg**	**Hair and beauty salon, Johannesburg**
Layola Outdoor Living	Northcliff	**Manufacturing outdoor patio and garden furniture's**
LEGEND ENERGY DRINK	**Johannesburg**	**Energy drink**
Legend Point Of Sale	**Benoni**	**POS for Supermarkets, Bottle Stores, Take Away, etc**
Lerato LM Trading	**Johannesburg**	**Corporate Gifts, Promotional Material, Computer Ha**
Linx Distribution	**Johannesburg**	**IT Distribution**
Liquid Finance	**Johannesburg**	**Selling Gold Jewellery**
Liquorish	Northriding	We are an online shop offering exciting variety of
Living Space	Johannesburg	Online suppliers for building related products.

LME Digital.com	Johannesburg	Consumer electronics, gadgets and all things cool!
Petrol Station for Sale - Cyrus Brokers	Johannesburg	Petrol Stations for Sale
Lonkama Sales and Marketing	Johannesburg	Promotions, Seeding New Brands, Innovative Concept
Lotters Pine Furniture	**Johannesburg**	**Solid wood furniture easy to stain or paint**
Loyalty Rewards Southern Africa	Johannesburg	Complete Loyalty or Gift Card programme solutions
Luxlife	Johannesburg	Online shop, luxury directory and travel service
Majento Trading	**Benoni**	**Restaurant and office furniture suppliers**
MANTIS DISTRIBUTION SERVICES	Johannesburg.	warehousing and distribution
MD Bonds and Home Loans	**Johannesburg**	**Home Loans and Bonds**
Michelle Okafor African Designs	**Johannesburg**	**Custom made African print dresses made to order**
Micron Packaging	**Johannesburg**	**Provide Packaging Solutions**
Migre and Siyazi Construction	**Johannesburg**	**Civil engineering**
Milestone Hospitality	**Johannesburg**	**Contract Catering, Business Dev and Events Support**
Millennium	Johannesburg	Merchandising
Million-air Services Cartonville	**Johannesburg**	**Refrigeration and Airconditioning**
Mockana Trading	**Sandton**	**Exclusive Corporate Gifts**
Mom's Gentle Touch	**Kempton Park**	**Nappy Cakes, Pamper Cakes**
Monitor Engineering - Spraying Systems	Johannesburg	Expert In Nozzles & Spray Systems
Morakana Trading Enterprises cc	Johannesburg	Trading in all aspects
Move Now	Johannesburg	Boxes, Packaging, Transport & Storage
MQZ TRANS AND LOGISTICS	**Phillip Nel Park**	**Transportation**
M Square Lifestyle Necessities	**Sandton, Johannesburg**	**Furniture, lighting and accessories supplier**
Nativa	**Johannesburg**	**Sales & Marketing**
Northcliff	Northcliff	We specialise in quality dehydrated vegetables.
Neil Webb	Johannesburg	Image manipulation
Nemesis Distributors	Johannesburg	Retail Supplier
Niche Sampling Campaigns	Johannesburg	Promotions
Nicholson Corporate Stationers	**Johannesburg**	**Stationery Office Supplies Retail Shop Manager**
Northcliff	Northcliff	**Courier services**
Nobbys Art Studio	**Benoni**	**Framing, Printing, photography, Art**
Nu Skin Anti-Aging Solutions	**Johannesburg**	**Nu Skin Ant-Aging Skin Care**
Oasis Stationery Print Sign	**Randburg**	**Office & School Stationery. Business Cards, Flyers**
Office Group	**Johannesburg**	**Office Furniture Supplier**
Office National	**Johannesburg**	**Stationery and Office Supplies**

Olwazini Foods	**Johannesburg**	**EGGS**
one on one Antiques	**Johannesburg**	**Sales**
Online Pet Shop	Johannesburg	Marine reef aquariums, reptile & spider specialist
Onlinepetshop	**Johannesburg**	**All pet acc. online**
Online Stationers	**Johannesburg**	**Office Stationery/ Consumables/ Computers/ Ink Ton**
Organic Matters	**Johannesburg**	**Suppliers of organic food products.**
P.D.S Security	**East Rand**	**Security**
PAKISHA KALULA PACKAGING	**Johannesburg**	**Packaging materials and equipment**
Patches 4 Africa	Northcliff	Importers and Distributors
Patio Solutions	Johannesburg	Custom covers
Pelonolo interiors	**Johannesburg**	**partioning painting plastering tilling carpenter**
Pettronics	**Johannesburg**	**Retail of Afgri Dog Food**
Phantom Office Furniture	**Johannesburg**	**Office furniture**
Phumelo Placements & Consultants	Northcliff	**Recruiting Agency**
Picsagame	**Johannesburg**	**Promotions and sales**
PimpMyGadget	Johannesburg	Quality phone and pad accessories at a great price
Platinum Repairs	**Johannesburg**	**iPhone repairs and iPad repairs**
Popular Furniture Stores	**Johannesburg**	**Furniture**
Northcliff	Northcliff	**Courier**
Price Point IT	Sandton	Serious Software for Serious Retailers
Printer Core	Northcliff	**printing**
Priority Pet Food	**Bryanston**	**Pet Food Retailer**
Pro 2 Clean	**Johannesburg**	**Compressive Health and Hygiene Cleaning Solutions**
Protekta Safety Africa	**Johannesburg**	**Wholesale**
Rebel Safetygear	Edenvale	Rebel Workboots - Quality Safety Footwear
Reho IT Solutions	Johannesburg	POS Software
Rennies Travel	**Johannesburg**	**Travel Services Provider**
Retail Joy	Johannesburg	Window Design Store Layout Events Consulting
Retail People	**Johannesburg**	**Recruitment**
Retail Plus Consultancy	Northcliff	**IT, POS, Retail Consulting, Mentoring,**
Retail Realm	**Johannesburg**	**POS; Microsoft Dynamics Retail Management System**
Rica SA	**Johannesburg**	**Air-conditioning**
RKP Projects and Design	**Johannesburg**	**Shop fitting, design, 3d design and concept, signs**
Robain Embroidery and Clothing Solutions	**Johannesburg**	**Embroidery, printing, clothing, gifts**
ROBLEN QSE Consultants cc.	**Johannesburg**	**All aspects regarding Health and Safety**
Robo Door	**Johannesburg**	**We design, manufacture and install**
ROM Remote Off-Site	**Benoni**	**CCTV Monitoring & Security Installations**

Monitoring		
SA-Embroidery	**Johannesburg**	**Corporate Clothing and Embroidery**
SA Fashionista	Marshalltown	Johannesburg Made Goods
Safecab	Northcliff	**Taxi/Cab**
Saicom Voice Services	**Gauteng**	**Least Cost Routing - Telecommunications**
SaleWine.co.za	**Sandton**	**Wine Retail at Discount**
Saloon Import and Export cc	**Johannesburg**	**cleaning products**
Salt Lifestyle	**Johannesburg**	**Kitchen, Home and Beauty Ware**
SBS - Step by Step Flooring	**Johannesburg**	**SBS - Step by Step Flooring**
Scubapoint	**Johannesburg**	**Scuba Equipment Sales**
Service Master	Johannesburg	Pest Control Services
She-Heavenly Enterprises CC	**Sandton**	**Direct Selling**
Sheer Opulence	Northcliff	**White leather Sofas, beds and Dining sets**
SHE Jewellery (Johannesburg)	**Johannesburg**	**Direct Marketing in costume jewellery**
Shop and Ship Online	**Rivonia, Johannesburg**	**Full Apple product range, PC & Electronics online**
Shopfitting Concepts	Johannesburg	Manufacturing
Silkroutetrader	**Johannesburg**	**Retailer of vintage style leather bags/briefcases**
Silver Thread Interiors	**Sandton**	**Curtain Manufacturer & Blind Specialist**
Sisonke Printers	**Randburg**	**Printing**
Skills Unlimited	Northcliff	**Training and Development**
Skuza	**Midrand**	**Distributor of DA Active wear for ladies.**
SmartRetail	Johannesburg	Smart Trade Point Of Sale Software And Hardware
Soft Serve Machines	Johannesburg	Catering Machine Sales
Solar Balance	**Germiston**	**Solar Geysers, Water Solutions**
SOLO PROJECTS	**Johannesburg**	**DESIGNER BULK HEADS,DRY WALLING,TENANT INS.**
Spazashop Company	**Johannesburg**	**Bulk Printing airtime voucher solution**
Starnex	**Johannesburg**	**Camera - Ball**
Star POS	**Johannesburg**	**Distributor J2 and Star**
Station 55 communications media cc.	**Gauteng**	**Departing Perfection**
Stationery For Africa - OfficeNational	Northcliff	**ALL Stationery and Office Supplies!**
Stocktakers UN	**Johannesburg**	**General stock takers with allied services.**
Striptee	Northcliff	**promotional items for golf days**
Studio 88 Clothing	Northcliff	**Retail Stores**
Tablet Prices	Johannesburg	Price comparison
Tech-Pro Personnel	Bryanston	Supply Chain Recruitment
Tech Tonic Solutions	Johannesburg	Online Home Entertainment Electronics Store
Thato Events Management	**Johannesburg**	**Marketing and Communication Services**
The-Art Of Dezign	**Johannesburg**	**Outdoor cushions and protective covers**

The Big Apple Sales & Service	**Johannesburg**	**computer sales and service**
The Cherry Brand	**Johannesburg**	**Innovative women's products**
The CPS Warehouse	**Randburg**	**Seasonal decorations**
The Cps Warehouse - Halloween Decor	**Randburg**	**Halloween decorations**
TheEyeMakers Bryanston	**Sandton**	**Eye tests, spectacles and sunglasses**
The Fireplace Shoppe	**Randburg**	**Fireplace sales and installations**
The Flutterby	**Johannesburg**	**Home Baking, hand Crafted gifts, collectables**
The-Art Of Dezign	**Johannesburg**	**Outdoor cushions and protective covers**
TheEyeMakers Bryanston	**Sandton**	**Eye tests, spectacles and sunglasses**
The Framed Frog	**Johannesburg**	**Manufacturers of customised picture frames**
The Gas Boys	**Midrand**	**We supply and deliver! Gas and related products**
The Gas Boys Edenvale	**Edenvale**	**The Gas Boys, your professional certified supplier**
The Gas Boys Johannesburg East	**Johannesburg**	**Supplier of Liquid Petroleum Gas (LP)**
The Golfers Club	**Johannesburg**	**Golf Equipment store**
The Golfers Club Promotions	**Fourways**	**Branding**
The Green Shop	**Boksburg**	**The Green Shop offers alternative energy products**
The Meringue Company	Roodepoort	Meringue manufacturer and distributor
The P.A. Shop	Johannesburg	Print/copy/scan/fax and temping
The Pickled Fish	Douglasdale	Online Home Decor Emporium
The Plant Company	**Johannesburg**	**Plants and trees**
The Pool Team	Johannesburg	Wholesale supply of swimming pool equipment
The Wedding Wardrobe - Kemptonpark	Northcliff	**We Specialise in custom made wedding gowns.**
The Wedding Weasel	**Johannesburg**	**Wedding Dresses**
Think n Think Designs	**Johannesburg**	**Graphic Design & Printing**
Thoka Stationery Suppliers	**Johannesburg**	**Distribution and suppliers**
Timeless Decor Services	**Johannesburg**	**Interior design/decor consulting**
Titan Point of Sale	**Johannesburg**	**Retail Point of Sale Solutions**
TMR Industrial Shopfitting and Designs	Johannesburg	Shop fitting
TMR Shop fitters	Johannesburg	Turnkey Project management
Top Tapes and Packaging	**Johannesburg**	**Packaging, adhesive tapes, bubble wrap, pallet wrap**
Trendy Offices Warehouse	**Midrand**	**Office Furniture, Stationery and Consumables**
TR EQUIPMENT AND SPARES	Benoni	EARTHMOVING EQUIPMENT, SPARES AND PARTS
Trilithon Ancillary Services	Johannesburg	Distribution of office equipment
TR IMPORTS AND EXPORTS	Benoni	IMPORTING AND EXPORTING
Triple R Trading	Johannesburg	Office Supplies, Stationery, Printing, Paper, Inks
Triquetra Couriers	**Benoni**	**Courier, Domestic and International**

Trojan Trolley and Castor	Johannesburg	Manufacturing
TurningPoint	**Kempton park**	**Stationery and Printing**
Tussche Training Consultants	**Vanderbijlpark**	**Occupational Health & Safety Training**
TWJ Catering Supplies	**Johannesburg**	**Catering and Kiddies Events Supplies**
uAfrica.com	Johannesburg	eCommerce Services
Ultimate Office National	Johannesburg	Sellers of office stationery and office supplies
Ulwazi Badges	**Edenvale**	**Badges & domed decals**
Unique Gift	**Johannesburg**	**Selling gifts for men, women, babies and kids**
Universal Hotel Support	**Johannesburg**	**Hygiene Cleaning Chemicals**
UNO SEWING MACHINERY	**city and suburban**	**Sewing machine and spare Parts**
UpswingZR	**Randpark Ridge**	**We pride ourselves in identifying profitable service**
Urban Trends	Johannesburg	Shopfitting and Interiors
Uzewi Stationery Suppliers	Boksburg	Stationery Retail & Wholesale
Valde Trading	Greenside	Distribute interior design and decor products
Value Stationery	**Johannesburg**	**Stationery Suppliers**
Vaya Dolorosa	**Johannesburg**	**Stationery**
Viser	**Johannesburg**	**Event, av, audio and video equipment**
Vision Auto Repairs	**Randburg**	**Windscreens. Spares**
Vision Blue IT and Design	**Johannesburg**	**IT services to the private and corportate sectors**
Webizar	**Johannesburg**	**New Media Production and Strategy**
WebKey Solutions	**Sandton**	**Network infrastructure design and support**
West Side Music	**Krugersdorp**	**Musical Instruments**
Wilpro Printers	**Kempton Park**	**On Demand Training Manuals**
Windowwallpapergraphics	**Johannesburg**	**decals, wallpaper and vinyling**
WOW Products	**Johannesburg**	**Importer and Distributor of Wet Open Wipe (WOW)**
Write Publishing	**Alberton**	**Writing and layout services**
www.jsq.co.za	Johannesburg	Online Fashion Retailer
www.zwashoo.com	Boksburg	Online Shopping
YouGet	**Johannesburg**	**Flowers, gifts, online shopping**
Young Nails Johannesburg	Kempton park	Training of nail technicians
YOUR NEAREST MUSIC OUTLET	**Midrand**	**CD SALES**
Zippy Office Furniture	**Johannesburg**	**Selling of used and new office furniture.**

8.10 INTERVIEW TRANSCRIPTS

Participant 1
I am here with Participant number 1. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 1; what is your age? Answers: 45
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: we are a small business of 7 full time employees. We are in the business of rest and recreation for public. We provide picnic and overnight facilities.

Ms Manager, how important is your own health to the success of your business? Answer: It's very important because I have to be there 7 days a week to ensure that the facilities are taken care of and that the staff are taking care of the facilities. Also I have to take care of unscheduled things that happen or pop up, such as pipes and geysers that burst, and stuff like that.

How important is the health of your employees to the success of your business? Answer: It's very important, because we are a small business, everybody plays a crucial role. Everybody is also specialised in their own area. So if one person is absent then everyone else has to do double work to cover for that staff member.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Absolutely, we have had a loss of productivity, also you are over loading the remaining employees that are on duty, doing extra duties, or maybe doing duties that they are not that familiar with, or not that comfortable doing. And some of the skilled labour working with the power tools, then it can't be done if the person is not there, it can't be done at that level of safety.

What is your own personal definition of an employee wellness programme? Answer: my own definition of an EWP is to – within the constraints of the company to look after the employees as best as possible. We can't do everything for them, but we try to make sure that they are as happy and as healthy as they possibly can be.

And in your workplace, what does that consist of? Answer: In our case we provide them with clothing that represents the company. This gives them a sense of belonging and community. It also give them protection when they work with the tools such as protective glasses, gloves, clothing, or shoes with steal capped toes, we make sure that these are comfortable environment that they don't get too hot or too cold.

We also provide them with houses, they get free housing. That includes free water and electricity. They live in a sense of community which gives them a sense of safety and the community activities that they perform. It also saves them on transport, they don't have to pay for transport, they just walk to work. The work does require working on weekends sometimes, they get an extra day off, they get 3 days off a week. It is still 8 – 5 work, but sometimes they have to work on a Saturday. It's pretty flexible in that they can choose for themselves which weekends they want to work and which they want to be off.

Our employee programme is such, there is no structured policy that we follow, we just try to treat each other as well as we can in terms of providing with supplementary food that they usually would not provide for themselves like fruit and vegetables. We have a first aid kit on hand with preventative medicines. Sick leave if they need sick leave.

Is there structure to the sick leave? Answer: no it's the standard government sick leave policy.

What do you think are the advantages of putting employee well-being programmes in place? Answer: I think there is an advantage, but its individual to the programme; I don't think that you can be prescriptive that one covers everything. I think every company has its own needs and resources that is available, and it own skill levels, so I think common sense is sort of the biggest thing. You can do broad based policies in terms of safety and safety shoes but it's very difficult to be specific in terms of you can only work from 8 – 5, or I don't work Saturdays or Sundays and that type of stuff. The industry has to adjust as required.

Do you think there are any disadvantages to EWP? Answer: no there are no disadvantages, it's just the affectivity of it, it depends on the individual, so I can give you housing and food but if you don't eat the food or throw it away, or party all night, it's still dependent on the individual. That is more of an educational role that you play in terms of trying to encourage them to live a balanced life.

Would you ever pay an employee well-being programme company to come into your company and offer a service? Answer: I think it's a very difficult thing because we've got people from all ethnic groups, which is 12. We also have age differences. I am not sure what value they would be able to add, in our community, I think allot of the preventative measures comes through either listening to the radio, who is that Dr on 702? The radio and TV has allot of AIDS and TB prevention, so I don't know what an individual person can add, their ethnic cultural language age. The most of the employees that we already employ are already over the age of 25 and more mature. So they have already found their rhythm in life and found what works for them and does not work for them.

Are there any policies that you yourself would like to implement into your company going forward? Answer: I think our existing EWP are to the best because we have a very low turnover of staff. The work is quite balanced because they don't sit the whole day. Work varies, so there is different levels of stimulation, so we don't have one overworked worker.

Do you think that the government should be doing more? Answer: I think that in general when you are at school, and your parents raise you already with a well-being attitude, in terms of what is healthy lifestyle and what recreation is needed. So I think that when an employee comes at the age of 25 they already have/are established in their life habits, whether they smoke or drink. But I think allot of preventative measures to the mass media must be present on the TV, and radio like smoking prevention, TB prevention. A big thing that would improve the quality of the small company like us, just the support we get in terms of, if an employee needs to go to the clinic, we need to pay for transport for the employee to get there, the transport system is inefficient and B they have to wait the whole day to see the sister or doctor and at times they don't have the right medicines to prescribe to the patient. I don't know how effective that is, the support from government in that sense would be great.

Is there anything else you would like to add in terms of EWP? Answer: I think we have covered allot of the stuff in terms of providing the best possible physical stuff for the candidate, automated as much as possible, looking after their safety and making sure they don't lift heavy stuff. Providing basic housing, essentials, the compensation for more days off as they work on weekends sometimes. The sick leave that is available to them, food that is supplied to them in excess of the basic foods that they eat. The preventative medicines that we give like flu shots, if they want them as well as access to first aids kits. Treating an illness as soon as possible and not waiting until it gets too bad, good communication. They will speak up very quickly if they are not happy. Good worker relationships. Anything that they are not happy with or that breaks is addresses as soon as possible within the companies budget limit.

Thank you very much, is there anything else you would like to add? Answer: no that is great, will you provide us with feedback once the research is complete. **Answer: yes I will send you the finished report.**

Thank you very much for your time.

Participant 2
I am here with Participant number 2. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 2; what is your age? Answers: 41
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: we are in advertising, we work next to the advertising industry. We have got 7 people working for us, we are a very successful company and we are a blue chip company.

Ms Manager, how important is your own health to the success of your business? Answer: I put allot of pressure on myself because I am afraid that if I drop the ball then nothing would get done if I am not there.

And if you got ill: Answer: there is nobody in my company that does my job. It's very important.

What do you do to keep yourself healthy? Answer: I am very lucky that I am a very healthy person **to start with. I don't have medical issues.**

How important is the health of your employees to the success of your business? Answer: It's extremely important as we are a deadline driven company, and all our business is deadline driven.

If one employee falls ill? Answer: we manage because we all pick up the slack.

Please give me your own definition of employee wellness programmes. Answer: we are encouraged by the owner of the business to make sure that we go to gym, he feels that it is very important that we look after ourselves.

So your own definition of employee wellness programmes is to go to gym? Answer: Is to look after yourself, yes.

But an employee wellness programme is a programme that is sponsored by the company, it is anything that the company can offer. Answer: our company does not offer anything, they don't pay for anything.

Remembering that it can go as far as clothing, housing, transport, security at your work, considering work days, sick leave, access to clinics, food supplements, first aid kits, access to the internet, radio and TV, access to health and wellness. Answer: No.

Does ill health and absenteeism of your employees adversely affect your business? Answer: yes it does, immediately. If one person is absent it affects all of us.

And has it done so in the past? Answer: yes it has.

What have you done to remedy the situation or help the situation? Answer: we just carry on, we form as a team and simply carry on.

Then you simply wait for the person to return? Answer: yes that is correct. And make sure that they have a doctor's certificate if they are away for longer than a day. On day 2 we require a doctor's certificate.

Do you feel that the small business should play a greater part in employee health? Answer**:** yes! (*Emphasised yes*)

What greater part should small business play in employee health? Answer: being a mother myself I think that employers should offer greater flexi time to mothers, because if your employees are happier they will be more encouraged to be at work.

So as a manager you are pressured by an owner? Answer: We are pressured by an owner, most definitely.

To not offer those things? Answer: yes.

Do you think there are any disadvantages to EWP? Answer: if we as employees and me as a manager, if we are ok then our business will run smoothly, if we are not ok and not focused on our work it's not going to work because we are a consultancy. And we need to have full focus on what we do.

Do you think that if your company invested more on EWP, do you think your employees would notice the difference and give more productivity to your company? Answer: half of the employees yes and the other half no. We have got two very dedicated employees who will go to the end of the earth.

Why do you feel they are more dedicated than the others? Answer: I think it is who they are.

Personality? Answer: yes personality. They are very driven people.

Type A personalities? Answer: no, very driven loyal, get the work done, can do attitude. Positive, lovely people.

Do you think there are disadvantages of EWP? Answer: yes because some people will take advantage of it. And use it and manipulate the system.

Do you feel that you would realise a return on investment if you had to buy and EWP? Answer: like what? There are external wellness programmes from companies that will consult into your company and educate people. Answer: no I feel that our company is too small.

What policies would you like to see your own company implement to improve your Employee wellness policies? Answer: I feel that if we had to put in flexi time, or allow moms to work from home. As we are mostly a female company with female moms. I feel that it would take the pressure off of people, which would in turn take stress levels down which would help with productivity.

Do you think that the government should be doing more? Answer: I don't think that that is the focus of the government in the slightest. I think that they (the government) will take what they can get from you, I think that the government is run very much like the corporate world where you are very much just a number, I don't think that the government is doing enough ..no. What could they do? Answer: employ a wellness programme people to come and consult to companies and actually implement what why are being consulted to, because the likelihood of them implementing what is being suggested is next to nothing. Because it's not what their focus is.

So what I can understand, your company does very little, in addition to paying salaries, for your employees in terms of their own health? Answer: 100%.

Bearing in mind that employee wellness can include first aid kits, fire drills. So your answer is no, I see you shaking your head. There is no talk of food supplements, feeding schemes. Answer no.

In addition to salaries, you company does not do anything else? Answer: No.

Participant 3
I am here with Participant number 3. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 3; what is your age? Answers: 44
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: it's a small retail outlet, a food franchise, a very tiny little operation.

How many employees do you have? Answer: There are 5 employees.

Mr Manager, how important is your own health to the success of your business? Answer: Obviously it's important that I get to the business on a daily basis and spend some time there. It's imperative. The business relies on my well-being to monitor stock levels, I am the only one that is authorised to do any of that. The actual dealings of the business at that level is entirely reliant on me.

Is there anything you do to enhance your own health? Answer: Not really, I exercise but infrequently, and I generally just try and eat as well as I can.

How important is the health of your employees to the success of your business? Answer: It's imperative because we have a shift system and we operate on a skeleton staff, and if anyone is missing even for a couple of hours it creates a major impact on the business. And because we are dealing with food stuffs, the second you are dealing with illness, it can take that person away from food preparation.

Please give me your own definition of employee wellness programmes. Answer: In my previous job in corporate we had employee wellness programmes, but I never made use of it nor investigated very far. My understanding is that it is aimed at keeping people aware of their health and facilitating healthcare for people with chronic illnesses.

And now in contrast to small business, has your definition changed? Answer: Its interesting dealing with a small business, because you become intimately involved with each one of your staff members, so you know their own specific situations, and you become aware of their lifestyles. So, I have one specific staff member who is a health nightmare but largely because of lifestyle issues. It's a case of trying to address that. Trying to make sure that she eats two square meals a day, trying to address that. Trying to make sure that she has enough energy to fight off bugs and that. Nothing beyond the fairly basic health requirements. But yes, talking requirements, I do talk to the staff, make sure, obviously hygiene is important. This is the food business, so I make sure that hygiene at the office and at home is front of mind. But nothing formal in terms of laid down company wellness plan.

Does ill health and absenteeism of your employees adversely affect your business in the past? Answer: no, not mine personally, but of my staff yes.

Do you feel that small business should play a greater part in employee health? Answer: well, it's imperative, especially for the small business because you don't have back up, you don't have 15 employees doing the work of 13, you have 5 people doing the work of 13, because that is how you operate. So you are more reliant on individuals. So certainly I think that health has to play a role in terms of your planning. The truth is that invariably as a small business owner you are more focused on doing the business than on the softer issues and I think that while employee health affects you directly, it is normally seen as an irritation and an outside force rather than something rather than something you can manage.

Do you prescribe to any form of wellness, any form that is including first aid, fire prevention, and fire drills? Answer: we obviously have a first aid box in the shop as required by law, the staff probably would not know properly how to use it, but we do have people in the shopping centre that are trained and are able to respond to emergency situations. Fire drill is very easy, it's a small shop so you just run out of the front door. We have got fire extinguishers and fire blankets because we are dealing with hot oil, so that is all on site and of course the staff have been taught how to use it, we have had a dry run out the back of the shop, with a pan of burning oil, and everyone had a turn to play with the fire extinguisher to see how it works. So that has been done, in terms of anything beyond that, not really, so you know there are informal discussions. We do have hygiene training that is part of the recruitment process. As we employ someone, they go through hygiene training, there is a long spiel on that. But after that it really is informal, and a case of discussions if anyone is taking regular off days, you try to get to the bottom of it. Ya, as I said I have got one specific lady who doesn't eat well and doesn't look after herself at all, and I have actually spent quite a bit of time designing a menu for her of 3 meals so that she is getting a bit of nourishment, because she was clueless about nourishment and she was living off slap chips and her absenteeism was becoming more problematic. In my discussions with her I found out a bit about her lifestyle, and now we are trying to change a few things that she is eating.

So it seems that as a result of the nature of the small business you do get involved, more intimately that you would in a corporate environment? Answer: absolutely, you have to and I think that, one person is not able to make it to work for whatever reason affects the team so you have to become intimately involved in each other's lives to ensure the well-being of the rest of the team everyone is able to function. We don't have the benefit of the corporate volumes of staff and the ability to hire and fire. I certainly could not afford a CCMA case so you have to work with what you have got, you can't just fire people these days without going down a long train. I certainly could not afford the distraction of that. So work with what you have got and make the best with what you have got is the reality.

Looking ahead in your company, is there anything you would like to implement, in terms of employee health? Answer: we do work fairly long hours, I have the ladies working on shifts, they do get time off, I went out of my way to ensure that we comply with the number of

working hours, and it becomes unaffordable to sustain that so we do push them to work longer hours. If I could help with reducing their working hours and certainly reducing their conditions they are working under, we are in a small shop and its really hot, and when people leave the shop to catch taxis and so on they will get cold again. If I could implement a better shift system, at this stage it is just not affordable.

Do you think that the government is doing enough in terms of employee health and what could they do better? Answer: Absolutely not, I think that they are myopically focused on HIV and AIDS, as it's the sexy one and they have ignored, certainly the education around so many of the other different basic health care issues such as hygiene. The small clinics that government provides is really nice, the truth is that working staff have huge hassles accessing that because they need to go and stand in a queue 3 – 4 – 5 hours long in order to access their primary health care. And because we work on shifts that is what my ladies use their day off to do, is to stand in the queue, either for themselves or for their kids, but that is then only one day a week that they have the ability to access that. So I think that the clinics are not made available to the majority of the working people, my staff that got a better chance than most but I look around at the people working in other shops in the centre whose managers are perhaps more unscrupulous than I am and work them 6 or 7 days a week, long hours and the people don't have a chance to access these things. And I think that education plays a key role, HIV and AIDS is certainly one aspect but once the message is across move one and things like TB which is often linked to HIV is not necessarily the same thing. Things like basic hygiene, things like smoke not only from smoking but also from having fires inside the house. Yes I think that government could be doing a hell of a lot more.

Is there anything you would like to add? Answer: not particularly
Thank you very much for your insight.

Participant 4
I am here with Participant number 4 I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 4; what is your age? Answers: 56
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: I am a hair stylist.
How many employees do you have? Answer: There is 1 employee only.

Mrs Manager, how important is your own health to the success of your business? Answer: My health is very important because if I don't have health I can't work.

How important is the health of your employees to the success of your business? Answer: Equally as important as if she does not have health then she cannot perform what I expect from her.

Does ill health and absenteeism of your employees adversely affect your business in the past? Answer: yes it does.

For what reason was your employee absent? Mostly her children, her last child is still very small, so he does not have good immunity, so he goes to day care and he gets ill. She needs to take him to a doctor.

Do you feel that small business should play a greater part in employee health? Answer: yes I think so.

What do you think small business could do to help? Answer: if your employees are not healthy, mentally and physically, because I work with the public and clients, they need to be healthy, and what did I say, I said, If she is ill or her children are ill. I let her go without questioning or taking the time off, or not paying her for the day because, she takes off when she needs to. When she returns I don't question her, she normally brings me a doctor's note and that is good enough for me. And she does not take advantage of that. I know when she says my child is ill, I don't question that. I know when she says my children are ill.

Do you prescribe to any form of wellness, any form that is including first aid, fire prevention, and fire drills? Answer: no.

What are your perceptions of advantages or disadvantages of employee wellness programmes? Answer: if I was a bigger business where I had a couple of staff members, I would send them on team building which I think is awesome.

What do you think are the benefits of a team building? Answer: Your staff members then connect on a non-business level and they just let their hair down and they enjoy the fun.

So the benefits would be to mental health? Answer: Yes definitely.

Do you think that the government is doing enough in terms of employee health and what could they do better? Answer: no, the clinics could run smoother, they could employ more staff so that the people don't have to sit there the whole day to see a sister or nurse. Which they could even employ student doctors to work at clinics, why can't they do that? And improve the bus service and taxi services.

Is there anything you would like to add? Answer: no

Thank you for your time, I really appreciate it.

Participant 5
I am here with Participant number 5. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 1; what is your age? Answers: 45
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: Real estate, selling houses, selling property.

Do you have an office? Answer: Yes we have an office in Glenanda but we work mostly from our house in Kibler park.

And then day to day you get out in the car? Answer: day to day I am out in the car, out in the streets, knocking on doors, generally irritating as many people as I can.

How many employees are there in your company? Answer: In our team, 3, myself, my wife and my son. That is in our immediate company, within the main business it is worldwide, but in our immediate business 3. And then 2 others.

Ms Manager, how important is your own health to the success of your business? Answer: my health is important, out of everything.

How important is the health of your employees to the success of your business? Answer: it is also vitally important, that they are health or else they would not be able to function

Does ill health and absenteeism of your employees adversely affect your business? Answer: yes, definitely, I went to hospital in 2009 for 4 months. That was devastating, yes, to our business.

So if you don't have health, you actually have no business? Answer: yes, correct, I need my health, without health, If there is no health, there is no business. This is not like a salary from a corporation where I get sick leave or pay. If I don't have health, there is no business.

Do you think that small business should invest in the health of themselves and those around them, to a greater degree than just living healthy that is investing in gym and investing in well-being programmes. Answer: yes, I think so, but as you are highlighting these questions, you are highlighting things I have never thought of before. It is vitally important. For myself definitely and for the people around us. I have let them work it out for themselves. If you want to stay healthy you stay healthy, but yes, there probably should be more of a push from our side to make sure that people we employ stay healthy.

Do you yourself prescribe to any form of well-being programme? Answer: I cycle, and I try to eat healthy and I don't smoke or drink and I get a little bit of exercise and I try to eat properly, I don't eat bread or pasta or rice.

What do you think are the advantages of putting employee well-being programmes in place? Answer: employee well-being programmes seem to be part of things like Discovery where you need to be part of an expensive medical aid, so it seems that a well-being programme is an expensive thing. It sounds expensive. It sounds like an expense like six grand a month and you become a part of, and every time you go to gym you get a point. So it is expensive. Which it shouldn't be.

Do you know there is untold amount of employee well-being programmes for free on the internet? Answer: no, I didn't. So that is news.

Do you think that the government is doing enough for employee wellness? Answer: health wise? Yes. I think they could do more. They could do more in the way of public announcements, public well-being programmes, promoting well-being programmes like those free ones that you are talking about. They could certainly do more. I don't think they do enough.

That is a universal answer. Yes.

So if someone had to show you the well-being programmes on the internet would you take more note of it and share it with you employees? Answer: yes, except now that you have highlighted it I probably would go and look myself, I probably will. I will go and look at free well-being programmes, yes, you have opened a little window that I would like to look into.

Noting that well-being could be anything from an additional first aid kit to a fire fighting course to a chat on nutrition, to a life style diseases chat. All of that is free and does not take much time and effort to take note of. Answer: 100%, I suppose depending on which stage of life you are at, your priorities are different, you have highlighted something I didn't really think of before, but it is important part of our life. I saw it as just ambling along, there is definitely more to it.

Is there anything that you feel that you can add? Answer: yes, just that, yes I will have a look at it. And I sure there will be some good suggestions within those programmes and what I can read on the internet. Which I am sure can benefit my health and well-being and existence.

Especially noting that health encompasses mental health. Yes, it is a huge topic, it's massive, so for my personal side, yes I would like to have a look at it.

Thank you very much for your time.

Participant 6
I am here with Participant number 6. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 1; what is your age? Answers 58
I am noting down that your gender is female.

Please describe the nature of your business: in this case it is education. Teaching, yes.

How many employees in this business? Roughly 20.

Ms Manager, how important is your own health to the success of your business? Answer: very, very important.

Would ill health or absenteeism affect the business? Oh absolutely.

Do you feel that this business should play a part in employee health? Very definitely.

What do you think that this business should be doing? Recognising that there is a limit to what each individual can do. Particularly in education where you got demands, children are very demanding, not only the teaching load, but if you have ever sat in a class room, particularly in children who have educational problems, they become more needy and also little children, they want your undivided attention all the time. So the moment you walk into the class room its mam mam, particularly with children with learning problems. You can walk into a class room with 30 kids who are supposedly normal, and they will sit down, you and will have a lesson and you can walk out buoyed up. But you can then have a class of three only three but if the dynamics of that class is incorrect, you can come out of there absolutely knackered at the end of the day. Because, one minute you have a kid under the desk fighting, behaving in some or other way. You have somebody else who wants to clobber this one, hit the teacher or whatever. So you can actually find three children ten times more exhausting than 30 supposedly normal children.

So how I would see it, people can help, you know management can help is recognising that the dynamics are wrong, if possible, remove one of the troublesome people in the class, if not all the time, just recognising that taking him out somewhere else, or working with him as an individual for a while, just to give that teacher a little bit of slack to just to let the teacher be able to cope with it. You know because some of these kids, if they have not had their medication, you know, some of them are unbelievably difficult. And discipline, I mean that is just my thing, I think that allot of the problems we have with children now days is lack of discipline. I do think a good swift smack would actually do wonders, but that is my personal opinion. Discipline is definitely a huge thing and if kids, you have got to look at the way they get disciplined, some of them are beaten senseless at home. So you have to take the time to find out how they can be disciplined.

But just to relieve the teacher of that pressure, split a class, if you have a class that is doing, you know the dynamics are incorrect, you either remove the child from the mix, or change the class and split them.

There are times when personalities come into play and no one can cope, if you have a personality clash, if you suddenly find that you don't like. And with a child they know just how to press those buttons, and if management can come on board, they can say we see you have had a difficult lesson this time, let's try something different, try and see what the problems are and see if there is a way of dealing with it. Not necessarily saying rush off to the doctor, you don't always need to see a doctor for health issues, sometimes you need someone to say, let's take the pressures off you, let's take this child out of the class for a while. Not all the time because you also don't want the child to think they can get away with things.
Be sensitive to the pressures that people are going through, and also look at patterns, is someone always getting headaches, or the colds and flues and see if there is an underlying issues. Often I find, yes there is a medical reason for illness, but often sinuses is actually when you are not happy yourself. If you are not happy yourself you are less able to look after yourself, whether it is a home issue to work issue. If you feel swamped by whatever is going on, you are not able to cope with it.

Whereas if you are happy with where you are, people have made things easy for you, or supportive, they understand where you are, I think allot of your health things, you can deal with them.

The moment you know somebody supports you that is half the battle won. You think of when you were a kid, if your mom was not sympathetic to your headache, you would get more and more miserable. The moment she came along and gave you a tablet. The moment you feel that somebody is sympathetic to your cause, understands where you are, I think that half of it is people not listening, I think allot of the issues in workplaces if you feel your employer is not listening to you, you being to feel, well why bother, when you are not feeling 100% it gets magnified. You might feel horrible, and someone asks how things are at home, the moment someone shows they are, you feel better.

Can you recount and instance when you feel that management could have done allot better in managing employees? Answer: well I am thinking of that one particular thing where they were always sending him on to camps and then he would have to come back and do his normal workload, they knew that when you go away you have to come back and catch up on your work. Instead of saying that you were on camp, in duty 24/7, they should say you don't have to catch up on the duties while you were away. Its time, as now you have been away, the teaching load needs to be caught up, so now you have to set work, mark that, and catch up with that work.

Also saying that ok, we know what it is like being on camp, as you are on duty 24 hours of the day. So you do not relax for one minute, whereas normally someone else can share the load,

this can go on for a week. Also say you are not allowed to go more than one camp a month. Eventually just get totally overloaded. And the moment the wheels fell off, well we can't have someone who can't cope, we need to replace him.

So it was workload management that lead to that? Answer: yes, I have never forgiven them for that, and I must say when he became a headmaster he was always aware of the needs of the staff. If you need to go off don't feel pressure.

When people do need to go off, when management complains that you are causing me a headache, instead of saying that we will cope, take the time off, and if you feel guilty about it, removing the guilt is also a major thing, say forget about it and we will cope without you. If you feel that management understand you that is half the battle won, if you feel that someone understands you, whereas if you are feeling on your own or feeling guilty. Guilt plays a huge part in getting help, if you feel guilty you will not seek help.
The return on investment if you are concerned about your staff, if you have an open door policy, he would listen, he never shot you down in flames, if management listens to what you have to say, if you are frustrated with an idea, but if you know that the powers that be will not listen, especially of women make suggestions then there is no idea. But if a man suggests the same idea it is listened to.

Resentment builds tension, whereas if you have a voice, and being heard is a huge step in wellness, I think people need to be able to voice their concerns and their irritations, but at least listen.

Thank you very much for your valuable insight.

Participant 7
I am here with Participant number 7. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 7; what is your age? Answers 56
I am noting down that your gender is male.

Please describe the nature of your business: I am a general service manager, I look after ten staff members under me and I have about 365 agents that I look after.

Mr Manager, how important is your own health to the success of your business? Answer: if you are not at work it is going to make it difficult for the rest of the people, but sometimes you do get sick, things happen, any body's health is important to them. I think you look after your health before you look after anybody else.

How important is the health of your employees to the success of your business? Answer: it is important because you could lose productivity, you also need to know your staff, because of the laws these days that you can't prevent employees from joining your company, because of this health and that health, let's call it what it is, is AIDS and everything. It is important that you know your staff's status and everything. On the other hand you know Mondays and Fridays people taking off and it is not always illness that is making them take these days off.

Does ill health and absenteeism of your employees adversely affect your business? Answer: yes, look at the moment I work for a company, I have also had my own business, when you have your own business, there is no time for sick, there is no time for staying off. But yes, if you are sick it affects the staff, I have now just come off a 10 day sick leave and now that I am back everything has gone haywire.

Do you feel that small business should play a part in employee health? Answer: Small business especially, because you are more dependent on that amount of staff, in big business you have *x* amount of staff extra about what is needed, so that you can have people that can fill in. In small business you are limited to your wealth, your growth and your income, and if you lose one staff member, you know a company could drop because of that. Depending on how small the company is. But self-employed people have got to know their staff.

What kind of an interest should a manager show in the health of their employees? Answer: There is allot that you can do, depending on if you are in a company with medical aid, make sure that everyone is on medical aid. Not everyone can afford it. Refer them to the right people. Allot of people self-heal themselves by going to chemists themselves, and if you find out your staff are doing that, rather guide them in the right direction, by getting them a medical aid, or assisting them to get a medical aid or some type of health care. And it is also good to know your staff, what type of illnesses they have. I mean if it is just your normal one that gets flu during winter then that is the going rate. But if you have someone that is continuously sick

you have to get involved, you have to find out why, because in the long run you may have to make a decision, good or bad regarding the health of this person.

Have you in the past ever gotten involved in health and well-being of your staff without there been illness first? Answer: I would say yes and no. Allot of staff will come to you, they will see you as a mentor or a senior, in the past I have been a very good mentor, they have come and asked for advice. And I won't hold it back, as it depends if your staff are in good order you are going to get good business out of them, you are going to get good productivity, yes there is allot of times that I have got proactive, especially now that the ratio of white vs. black and the black staff are not as au fait with all the new rules, what the medical aids are and how they work, and they actually get scarred of it, they don't know what it is. It is not that they are scarred of it, they just don't know what it is, you have to sit down with them, and sometimes we have group meetings and it is always good to make sure that your staff has first aid knowledge, because with this they can not only heal themselves but also help others in that situation.

Do you think that the government is doing enough for employee health? Answer: yes and no, I think there are certain points where they have climbed in and made it accessible for women, especially women with under age children and babies, where there is a money scheme where they can gain and get money back from getting pregnant, and it is very important for single moms, because there is your biggest employment rate like in call centres they are mostly ladies, they also want to start a life , they also want to get pregnant, so they have done allot on that side especially when it comes to women and children.

They have also done allot as far as opening of the clinics, you can go to certain doctors at a much better rate and the government hospitals are also there. There people are allowed to get there. Is there anything you would like to add, in an ideal world, what would you like to see? Answer: we would all like to see an injection for flu, to stop a cold coming through, but Murphy's law states that people are going to get sick, you also have to weigh up your staff, are they really sick and the times that they are off, is it always on a Monday? Is it really a sickness or is it the 'wine' flu?

In an ideal world we would all be happy but then we would all be called robots.

Is there anything you would like to add? Answer: it is dependent that your staff are in good health, like my agents, when an agent goes down the whole agency closes down. When managers take note of their staff it makes a difference. What is their family life like?

So it is important to be involved? Answer: yes it is very important to be involved, as in corporate you are just a number, and they don't know you have a sick child at home. In the past people didn't declare if they have HIV, but today they are more open about it.

If you are involved in your staff's health you can plan your day better, it is going to influence you badly, so I have always tried to mingle with my staff. Once you start doing these things,

the rest start speaking between themselves, and make suggestions and start a conversation around medicine and health.

What I believe is if I am not prepared to do it myself I will not tell another to do it.

Thank you very much for your valuable insight.

Participant 8
I am here with Participant number 8. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 8; what is your age? Answers: 30
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: construction, general construction.

How many staff members do you have? Answer: At the moment I have 28.

Ms Manager, how important is your own health to the success of your business? Answer: oh very important, I play a key role in the business so I can't take any sick days off, you know I can't afford to do that so I have to keep my own health in check as well.

Do you take any proactive measures to achieve this? Answer: Exercise daily, well five days a week, try to eat healthy, and just general well-being, I don't believe in taking drugs for colds and flu and pain management. I try to do things as naturally as possible. I look after my own health.

How important is the health of your employees to the success of your business? Answer: Well if anyone is absent it obviously affects production, our permanent employees all play a very key role in the business, so I must differentiate between permanent and temporary employees because if the nature of their work. Our permanent employees are very key to us, we don't often have assistance to people so if they are not there their role does not get done.

Does ill health and absenteeism of your employees adversely affect your business? Answer: yes, it has, as I have explained, everyone plays a key role. As an example one of our drivers was ill, he has a stomach condition which has been diagnoses as ulcers, we battle when he is ill as he operates our earth removing machinery, so when he is off work we have to find alternatives, yes there are other people who can drive, but he is used to the routes, he is used to the suppliers, it just makes things even more difficult, it increases mistakes as others are not used to fulfilling that role.

To what extent do you think that management should play a part in employee health? Answer: Personally I feel, in our business we think it is very important, we have a couple of programmes in our company that will help sustain their health, we are very diligent with our people, on a personal level, you know interacting. If we see an employee that is perhaps quieter than normal or slower than normal, we try to address these things. We would rather prevent than let him get completely sick, and let the thing get out of control.

Do you think that the government should be doing more? Answer: I will speak under my own industry, so in the construction industry, the answer to that would be no. The only time the government is kind of interested is when there is an injury on duty, and the person would then go to a government clinic first before they go to a private clinic. There is usually a government clinic very close to all our construction sites, other than that there is no measures in terms of prevention instead of treatment. There is no feeding schemes or a way to incorporate feeding schemes into a government tenders, so we feed our people on a daily basis which is very rare and at very high cost to the company. And if the government do something like the extended works programme, they include a certain amount of money into each contract, and that then works for mutual benefit. If they do the same and ensure that the contractor initiates and keeps a feeding scheme for their people, you know when you have not eaten you can't work. Especially in construction, you know your strength levels and your energy levels are so low that you are not productive. So that is how they could help which they are obviously not doing. Do they do site inspections and safety inspections? Answer: they do site inspections and safety, the labour department does that, when they do the site inspections, they concentrate on the uniforms, boots and hard hats, and then also something like a guy painting without a face mask. But they would never ask if they go hungry, when last did he eat or have a medical check-up. So the construction regulations says that we have to have annual medicals, so it's a requirement that we do the medicals for everybody that works on our site. Eye sights, hearing, blood pressure, sugar, so that we do annually and that is required by law to be done. But very rarely to we actually get inspected. You could just skip that.

In an ideal world, what more do you think that you could do? Answer: right now what we are doing, there is coffee and tea at any time. During winter we give our employees Calcivita and packets of soup. The results are amazing, the production we don't have issues of slowing down. They actually want to work when you show and interest in them and their health. I think that when it does become tricky is when you go a little deeper their overall life affects their health. Like the one who has an ulcer, it helps but it can't prevent illnesses.

We have previously don't HIV and TB tests on site with voluntary counselling, with our guys. Right now we are not doing it because it's been done. We should be doing it on an ongoing basis. We have only had one HIV infection. The problem is that is all takes time. I think that alcoholism is quite a big problem, the general workforce drinks allot, so you have issues when on a Monday production is lower when everyone has hangovers. And in the long run that affects their health. There are obviously deeper roots as to why people turn to alcohol. So it's a bit of a hectic thing to try to address, but I think that overall if people are more satisfied they would drink less. So I think that HIV TB alcoholism should all be addressed, and then general health should be addressed, so how to eat and ways to eat should be addressed, and then in terms of their specific work, something as simple as cement, they don't realise that by breathing in the cement, could affect their lungs. That type of maintenance should be done. Like I said there is so much to be done and only so many who can do it.

And construction is normally under deadlines, the pressures of that? Answer: yes, you know to waste an hour every day, coz we do toolbox talks, general well-being, how to work

with paint and electrical equipment. Those sessions last between 10 to 15 minutes after lunch that is the way we do it. In those sessions we could address general health and well-being. Some of our guys have been with us for 10 12 years already and there is a reason why your staff turnover is so long. Allot of our employees live on our properties, so they are a part of us. If you own a business you should be helping them a little more than just paying their salaries that is our motto.

Do you consider your staff as skilled workers? Answer: about 70% of our staff are skilled yes, they have got some or other qualification or competency, we also do allot of training, that comes with watching and seeing what peoples potential is, for instance one of our welders operates the machinery very well, so we trained him and got his competency in that. There are very few who are unskilled, we do hire temporary workers who mix dagga, we don't use our workers for that.

About 50% of our staff was not skilled when they started working for us, we treated them the same whether they are skilled or not. Because of that most of them land up skilled. Every day when I pull up to the construction there are people waiting for jobs. Because it is a family owned business, and it helps when the people in charge share the same philosophies. I have just employed someone who is more qualified in safely than me. And I ask myself how this man was not employed before. I see this guy as an investment.

Through all of this we are very strict on our people would they do anything wrong, we send them for polygraphs is they have done something wrong. I am hoping to get to a point where we could educate people on the long term benefit.

My dad started this business, he is not academically qualified, I studied a business degree and doing my master's degree, so it's a combination of being academically qualified and his initial natural business acumen. To my dad the main purpose of a business is not to make business. The combination is very good as we can make the profits and still keep to our values. We don't make as much profits but in the long term I think it's more valuable, there is more to life than just making money.

Thank you very much for your time.

Participant 9
I am here with Participant number 9. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 9; what is your age? Answers: 48
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: We make and sell confectionary, one chocolate factory and a candy factory in Swaziland and a gum factory in Botswana.

Mr Manager, how important is your own health to the success of your business? Answer: It is quite important from a succession planning point of view. We have medical check-ups which are mandatory once a year to make sure that the business is not left without leadership.

How important is the health of your employees to the success of your business? Answer: I think it is important in the key roles in particular, because it is so difficult to attract and retain talent, we make sure they go on medicals, on the floor level it is important but less so quite honestly, because there is an abundance of labour. But even at factory floor level we have AIDS programmes to promote you know, health. We also run workshops to do with healthy eating. In our factory in Zimbabwe we have a joint venture, when things are really going bad, and people did not have access to food, we paid people in eggs and chickens to help them. The health of the workers is very important but we think of this in terms of key talent.
The skilled workers get allot more focus.

Do you feel that business should play a part in employee health? Answer: I think it is important, just from a selfish point of view, if you don't do that you are going to have to recruit again, and that costs and it time consuming too, yes just from a commercial point of view and it is also the right thing to do.

If you invest actual money into these programmes, do you feel that there is a return on investment? Answer: yes, it just makes allot of sense.

Do you think that the government should be doing more? Answer: I am not even sure that they do, to create awareness or anything, I can't think of how they do help us in any way. There are certainly no tax breaks or anything like that to encourage companies to implement wellness programmes.

And if there was a tax benefit, would it encourage business to implement wellness programmes? Answer: yes I think it would really help, and drive business to help. Also to add wellness programmes to the agenda on small business. The local companies don't do as much as they could and government don't enforce any of it. All of our manufacturing sites have clinics on site.

Thank you very much for your insights.
Participant 10
I am here with Participant number 10. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 10; what is your age? Answers: 49 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Education

How many employees are there in the business? Answer: 63

Ms Manager, how important is your own health to the success of your business? Answer: My own health is extremely important to me and my company, because other people depend on me to be present and at work all the time.

If I do not show up, no learning takes place; the kids fall behind with their work and cannot progress. I also fall behind with my own work,

So when I come back from a sickbed, I then have to try and squash all the work in to a small amount of time

How important is the health of your employees to the success of your business? Answer: It is of the utmost importance for all employees to be at work all the time. This is not always possible because people do get sick.

If people are sick, it places an enormous amount of stress on their colleagues, because the employees that are at work now have to stand in for those that are sick.

These staff members become babysitters, because they do not know what their sick colleagues were doing with the students. It causes unnecessary ill feelings between staff.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Yes, it causes negative and ill feelings between the “always sick staff members” and the “now and again sick staff members”.
It affects the team spirit and staff morale.

Do you feel that the small business should play a part in employee health?

Absolutely, to ensure that your small business flourishes, you have to have healthy staff – physically and mentally.

Do you prescribe to any form of employee well-being programme, if so what are they?

Yes we do,

1. We have a Pastoral Care person available for all staff and children.
2. We promote preventive care: By Bringing vaccination to the workplace for flu season (Encouraging and even funding vaccinations for employees).
3. We have a health day once a year on the premises - we get a speaker to come and talk to the staff on some health related topics, all staff will then receive a shoulder/neck and foot massage, everybody will have the opportunity to get their cholesterol, blood pressure and fat index tested – all sponsored by the business.
4. We do have a spring walk and all staff are encouraged to take part.
5 “Staff happy outings” get organised in order to keep the stress levels down and ensure good team work and great staff relations.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?

All staff are far more relaxed and overall happier with life. Staff are less absent and that also ensures better inter staff relations.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?

It causes a ripple effect – happy staff - happy children – happy parents … more great publicity for the business.

Please add any other insight into small business and employee well-being programmes.

Everybody wants to feel important and needed. If you succeed in doing this your business can only be a great success.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

More affordable medical Aids from the government –

If everybody has access to decent affordable medicine and health boosting products, we will be a much healthier community.

Thank you so much for your time and input!

Participant 11
I am here with Participant number 11. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 11; what is your age? Answers: 40 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Education sector

How many employees are there in the business? Answer: Around 80

Ms Manager, how important is your own health to the success of your business? Answer: It is important because a healthy employee is normally productive more than a sickly employee

How important is the health of your employees to the success of your business? Answer: Employees are a team and a healthy team brings more production leading to profits for the business.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Yes it does affect the business. Both ill health and absenteeism are costly to the business because it lowers production and company profits yet employees must be paid their salaries or wages

Do you feel that the small business should play a part in employee health?
Yes, all businesses big or small should play a part for the sake of business success.

Do you prescribe to any form of employee well-being programme, if so what are they?

Training to prevent stress and burnout on employees because of shortage of skills, engaging employees in decision making especially when coming to organisational change and new job designs. Team building sessions outside the company premises, workshops within the company premises and free but voluntary health screening days within the company premises.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?

Well-being programmes may be costly but save costs in the long run.
If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Both success and return on investment will increase because employees will partake in increasing productivity and there will be less medical boarding which is also costly

Please add any other insight into small business and employee well-being programmes.
Small business might see these programmes as costly in the beginning, however, if they have a strategic plan, they will realise that they are actually investing in their business

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

Policies that will force organisations to enhance employees personal development through skills training to lessen the stress that is caused by lack of skills to employees who cannot get promoted because they do not afford to improve their qualifications and get better jobs or promotions. Research proves that employees who've been in the same positions for year without growing to better positions end up being demotivated and being absent in most cases

Thank you so much for your time and input!

Participant 12
I am here with Participant number 12. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 12; what is your age? Answers: 34 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: It is a marketing business that encompasses

How many employees are there in the business? Answer: Around 80

Ms Manager, how important is your own health to the success of your business? Answer: It is important because a healthy employee is normally productive more than a sickly employee

How important is the health of your employees to the success of your business? Answer: Employees are a team and a healthy team brings more production leading to profits for the business.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Yes it does affect the business. Both ill health and absenteeism are costly to the business because it lowers production and company profits yet employees must be paid their salaries or wages

Do you feel that the small business should play a part in employee health?
Yes, all businesses big or small should play a part for the sake of business success.

Do you prescribe to any form of employee well-being programme, if so what are they?

Training to prevent stress and burnout on employees because of shortage of skills, engaging employees in decision making especially when coming to organisational change and new job designs. Team building sessions outside the company premises, workshops within the company premises and free but voluntary health screening days within the company premises.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?

Well-being programmes may be costly but save costs in the long run.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Both success and return on investment will increase because employees will partake in increasing productivity and there will be less medical boarding which is also costly

Please add any other insight into small business and employee well-being programmes.
Small business might see these programmes as costly in the beginning, however, if they have a strategic plan, they will realise that they are actually investing in their business

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

Policies that will force organisations to enhance employees personal development through skills training to lessen the stress that is caused by lack of skills to employees who cannot get promoted because they do not afford to improve their qualifications and get better jobs or promotions. Research proves that employees who've been in the same positions for year without growing to better positions end up being demotivated and being absent in most cases

Thank you so much for your time and input!

Participant 13
I am here with Participant number 13. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 13; what is your age? Answers: 45 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: A Metering company, we deal with electricity metering at shopping centres which are our biggest clients at the moment, although we do sell metering equipment and the likes.

How many employees are there in the business? Answer: 5

Ms Manager, how important is your own health to the success of your business? Answer: Very important, if I am not healthy the business is not going to run.

How important is the health of your employees to the success of your business? Answer: It is also very important because everybody has specific things that they need to do in the business and if one person falls out then it affects everybody else.

Does ill health and absenteeism of your employees adversely affect your business? Answer: No, everyone has been healthy

Do you feel that the small business should play a part in employee health?
Yes, we need to make sure that our employees and ourselves are as healthy as possible. Knowing that there is nobody else to stand in for you.

Do you prescribe to any form of employee well-being programme, if so what are they?

No.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?

No.
In an ideal world, what would you like to see you company implement in terms of employee health?
I have not thought of it, knowing that we don't deal with things like that, we deal with it as it comes along. It's quite reactive. The disadvantage of a small company is dealing with bringing in money knowing that if something goes wrong you have to deal with it, if everything is running smoothly you just run with it. Keep going.

Do you think that the government is doing enough to support employees in small business in South Africa?

I don't think so, we don't get supported at all by government in our business. I don't know what they could be doing.

Thank you so much for your time and input!

Participant 14
I am here with Participant number 14. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 14; what is your age? Answers: 34 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Advertising cost consultancy

How many employees are there in the business? Answer: 8

Ms Manager, how important is your own health to the success of your business? Answer: Very important, my health comes first

How important is the health of your employees to the success of your business? Answer: It is also very important.

Does ill health and absenteeism of your employees adversely affect your business? Answer: yes it does.

Do you feel that the small business should play a part in employee health?
Yes.

Do you prescribe to any form of employee well-being programme, if so what are they?

No none.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
I am not familiar with any employee well-being programmes

In an ideal world, what would you like to see you company implement in terms of employee health?
I believe the well-being of an employee should be the individual's responsibility. They can decide what programme to take on and how to take it etc. I do not believe that it is something the business or government need to implement.

Thank you so much for your time and input!

Participant 15
I am here with Participant number 15. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 15; what is your age? Answers: 64 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Retail and engineering consulting

How many employees are there in the business? Answer: 7

Ms Manager, how important is your own health to the success of your business? Answer: 50%, Not for me personally, because I am not an active member of the business. Because I don't go out and look for the work or do the work so I could work in the office with a cold or a sore leg.

How important is the health of your employees to the success of your business? Answer: That is very important, about 80%.

Does ill health and absenteeism of your employees adversely affect your business? Answer: No. one member had cancer, one member was away for a long time on a job which was as good as being sick, some of our junior staff have been off with coughs and colds, we have been able to manage. Because we all do a bit of one another's job we have been able to fit in.

Do you feel that the small business should play a part in employee health?
Yes, I think the employer should at least ensure that their staff are covered for example we work with sewage, so all our members that are working actively with sewage have Hepatitis B injections.

Do you prescribe to any form of employee well-being programme, if so what are they?

The members have a medical aid and other 4 staff we fund if they need to go to the doctor or clinic or whatever.

In an ideal world is there anything that you wish your company could do for your employees in terms of health?

Perhaps we could all belong to a very good medical aid.
Do you perceive that the government is doing enough for employee health?
Yes, they provide clinics. They are doing enough, they are not doing the ultimate. With the resources they have they are doing enough. They could be providing the very best of medical

care to everybody but the resources are not there so they are doing the best with what they have. However we are not affected as all our staff go to private doctors and private clinics. If we had a big business that would be another story.

Please add any other insight into small business and employee well-being programmes.
No I have covered everything. The town is small the business is small. We don't have access to fancy specialists. But from a small business point of view I think we are ok. We do preventative health. I make sure their TB is checked. We have offered HIV testing, some do and some don't. I make sure they do the Hepatitis injections whatever they are needing in terms of what vitamins they need for winter. If they are sick they must stay at home. And it's not docked off their pay, I don't want them coming to work and getting sicker and sicker, but we are a small company so we can manage that. So maybe we are an exception.

Thank you so much for your time and input!

Participant 16
I am here with Participant number 16. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 16; what is your age? Answers: 61 years old
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: Office work and data capturing for the conservancies.

How many employees are there in the business? Answer: I have 2 full time employees

Mr Manager, how important is your own health to the success of your business? Answer:

It is very important.

How important is the health of your employees to the success of your business? Answer: it is also important; they need to be healthy in order to operate their job properly, so it is very important.

Does ill health and absenteeism of your employees adversely affect your business? Answer: No, it would have affected my other business where I work as well, but it has not affected this business.

So if somebody falls ill, you will still cope? We will cope yes.

Do you feel that the small business should play a part in employee health?
Yes I think any business should. If we could promote a medical aid or promote themselves looking after their health, so we should have something in place that we should be looking after their health, it is very important.

Do you prescribe to any form of employee well-being programme, if so what are they?

We have chats about it, we do have fire drills, and our office has a fully equipped library so we do have fire drills for that. That is not for health but it is for the office. But we do talk about it, a plan of action, if something happens where they must go, what they must do.

One of our ladies in the office is 77 years old so we do help her with her health problems. She has got health problems, and we give her as much time off to go and see her doctor, we do discuss it with her and try and help her. To fix her problems.

In an ideal world is there anything that you wish your company could do for your employees in terms of health?

I would like to think that they could have a medical aid that I think is number 1. I think that is basically it, at the moment we do not have a medical aid, because it is a small organisation so that we do not have a medical aid. And I think that is very important that everyone has a medical aid.

Do you perceive that the government is doing enough for employee health?
I don't think so, I think they support some sectors, but they are not supporting small business at all. I think they could be implementing a medical aid and trying to support people who have a small business, try and help them to get their employees on a medical aid. As I am thinking a medical aid is important.

Do you think that if government implements and incentivised small business in terms of tax cuts to assist the employees more in terms of their health, do you think that would be effective?

That would definitely help, yes that would encourage managers to do more.

Please add any other insight into small business and employee well-being programmes.
There is not much been done in small business, because I am also involved in a big corporations well, I know that they have things in place, if you fall sick they will phone and find out how you are, if you have been off sick they will find out.
Well in our organisation we also find out if someone is sick how they are, we don't just leave her. Go and see her, send someone to see her.

The advantage of small business it seems that the relationships are so much more intimate?
We become personally involved in a small business, which in a corporate people are not personally involved, but if something does happen to you they will contact you and ask how you are. But it doesn't always happen, sometimes you can be in hospital and they can call you and ask you why you are not at work? But I think in small business it is personal, you will know what is happening and why.

Thank you so much for your time and input!

Participant 17
I am here with Participant number 17. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 17; what is your age? Answers: 44 years old
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: we are a serviced based company and we provide a service to the major retailers like Shopright, Checkers, we do all the maintenance and we specialise in bakery and catering equipment.

How many employees are there in the business? Answer: we have 18 staff

Mr Manager, how important is your own health to the success of your business? Answer:

Oh very important, if you are not there to manage and coordinate then your whole system stands still, so it is vital to manage your health.

How important is the health of your employees to the success of your business? Answer: It is important because in my circumstances every day that your technician does not work you are costing money, you have the financial implication, you are losing money, and money loss today you can't catch it up, money loss today is lost. And then it affects your service, you know we work on a service level agreement, you know the SLA, with Shoprite mainly been our main contractor, or our main customer, so it is important that we maintain that SLA otherwise at the end of the day they just go to the opposition, so whoever works quicker faster cheaper gets the work so it's vital that you have your whole team there every day, Monday to Friday, and Saturday because we work on a 6 and a half day week or cycle, and you need your whole team to be there.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Yes it does, especially because we have such a high work rate, it not only about illness, if you have a death in the family, one of the members in the family gets sick. Allot of my staff members are from KZN and if their family member gets sick, you can lose a technician either from his own health problems or health problems of a family members, you could lose for a week because it is in KZN. So then we work it out that if that if one technician is off for a week we can lose between 20 – 30 thousand rand. So there is a huge cost implication. So it is vital that your staff do stay healthy.
Do you prescribe to any form of employee well-being programme, if so what are they?

This morning we had a staff meeting, we brought up the issue that the guys should not drink and drive, to look after themselves, if they have health problems we give them time off to go to the clinic, if there is going to be a problem, we would prepare ourselves that we lose a day. If

it's urgent I will let them go and see a doctor and pay for the treatment and medication or if it's not too costly we will pay, it's a case by case issue.

In an ideal world is there anything that you wish your company could do for your employees in terms of health?

Yes, I would like to do more team building and exercise programmes and have a fun day, like soccer as the guys love soccer, but unfortunately in my circumstances I am very busy, allot of my guys work 6 and 7 days a week, time is always the constraint.

Do you perceive that the government is doing enough for employee health?
Oh absolutely not, if you ask me what they are doing, I am not aware of anything they are doing. It gets harder and harder to get people and keep them employed. Small business is the ones who have to be complaint which puts you out of the market, it's the small and medium businesses that are taking all the risks, we are the ones taking out second bonds on our houses, more loans, to keep the wheels turning, we are carrying the big corporates. We pay our suppliers you know our creditors in 30 days or COD and the corporates are paying at 90 to 120 days, you know you are under constant pressure.

Please add any other insight into small business and employee well-being programmes.
You know it is challenging, the fact that our health system is not what it should be, I know for a fact that we are losing allot of productivity because our staff are sitting at clinics for the whole day, if we were living in a perfect world and someone could get his medication within an hour or two the productivity levels would be much higher, you can right off a whole day, if I am sick on a medical aid I am in and out in an hour. At any given time I have one or two staff members at the clinic, take that nationwide and work out the losses we are facing.

Thank you so much for your time and input!

Participant 18
I am here with Participant number 18. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 18; what is your age? Answers: 31 years old

I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: I sell T444Z, Hair product for African Hair and skin products

How many employees are there in the business? Answer: We have 5 staff members

Mrs Manager, how important is your own health to the success of your business? Answer:

Highly important, you have to be a living testimony to your product. Eating healthy always results in beautiful skin and going to the gym and exercising

How important is the health of your employees to the success of your business? Answer: Very important because they sell skin products to the public therefore at all times they must look good.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Yes, competition is high therefore should an employee be absent, clients can always go somewhere else as part of the job is also to deliver products

Do you feel that the small business should play a part in employee health?
Yes

Do you prescribe to any form of employee well-being programme, if so what are they?
We are involved in the biggest loser programmes; we go to the gym and attend with our dietician

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
Employees are able to complete their job responsibilities, have more energy. These programmes can also help with learning how to reduce stress and muscle strain when you are on the job.

Thank you so much for your time and input!

Participant 19
I am here with Participant number 19. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 19; what is your age? Answers: 26 years old
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: The company is in the FMCG beverages business. Soft drinks, bottled water and beer

How many employees are there in the business? Answer: Around 50

Mr Manager, how important is your own health to the success of your business? Answer: Extremely important. For me the two go hand in hand if I am healthy and in the right head space I can perform better.

How important is the health of your employees to the success of your business? Answer: It's very important as if the team cannot perform due to ill health then it means I cannot perform at my best.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Absolutely it means we are less productive and that means the company is less successful which means we all make much less money.

Do you feel that the small business should play a part in employee health?
Yes I do. As stated above its vital that employees be in good health. It's better to help prevent illness such as stress instead of waiting until employee's burn out.

Do you prescribe to any form of employee well-being programme, if so what are they?

No, I take health in my own hand with gym memberships.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
They assist in employees who are not very clued up with health to have the tools to do so. For me the disadvantage is that they tend to be a one size fits all situations.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
It's measured in how happy employees are and how many lost work days are prevented.

Please add any other insight into small business and employee well-being programmes.

What I can say is that the well-being programmes need to be more tailored and gyms should be installed in the office.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

Rebates on the amount of money we spend annually on trying to be healthy. I spend over R10 000 a year on health that should not be taxed.

Thank you so much for your time and input!

Participant 20
I am here with Participant number 20. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 20; what is your age? Answers: 42 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Solar Electricity Generation

How many employees are there in the business? Answer: 2

Ms Manager, how important is your own health to the success of your business? Answer: Extremely important. Unfortunately if you are ill your earning potential is severely hampered. Being a very small business it takes all hands on deck to keep working.

How important is the health of your employees to the success of your business? Answer: Very important. Again, the same reasoning

Does ill health and absenteeism of your employees adversely affect your business? Answer: Thankfully we haven't had problems in this area and staff are dedicated. However, there are good sales incentives and salary is mostly dependent on the commission paid and this seems to be a motivating factor. If a staff member is off sick or away this would have a negative effect in the sense that there is no one else in the business who can do that person's work. That can become a severe stumbling block

Do you feel that the small business should play a part in employee health?
I would have to say yes, however, a small/micro business such as ours does not see enough profit annually at this stage to even entertain these nice-to-haves.

Do you prescribe to any form of employee well-being programme, if so what are they?

No.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
My answer is probably a little off topic, but will enlighten as to the plight of a very small business. For the most part it takes many years of networking and making steady tread within an industry and establishing a reputable name for oneself. The challenge always is trying to attract the right staff for the job. Salary always becomes one's biggest hurdle because a small business cannot always handle the cost-to-business that a suitably qualified person requires from the business. In light of this one searches for an entry-level employee who is ambitious enough to hopefully grab the bull by the horns and run with it. The cost-to-business is lower

monthly but one needs greater incentives in place such as education and good sales incentives. These are also manageable. For our business to look at well-being programmes we would need a far greater staff compliment and sales to match that. Annual turnover in our case would have to probably triple to even look at something like this. I certainly would not be opposed to a well-being programme, obviously dependent on costs. I do firmly believe that a business is nothing without its staff and I would like to hope that staff would be happy, well and have the same dream as we do for the business. Ultimately I would want the staff well cared for as it's about people not necessarily just profit. Golly I hope that helps

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Does not apply to us.

Please add any other insight into small business and employee well-being programmes.
I don’t know.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

I think government fails its people miserably by not providing good health care and metal health care systems. We do not have medical aid as a company benefit because there isn't the funds for it and for the business this becomes a great risk should something happen to an employee. It would be a good questionnaire to pose to government

Thank you so much for your time and input!

Participant 21
I am here with Participant number 21. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 21; what is your age? Answers: 45 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: We are an enterprise resource planning vendor

How many employees are there in the business? Answer: 15

Ms Manager, how important is your own health to the success of your business? Answer: Very important, our business bills our customers by the hour and if I am off ill that is significant revenue lost to the business

How important is the health of your employees to the success of your business? Answer: Also very important for the same reason, my employees have time sheets that are signed by the customer and every hour that they are not on site then that is revenue lost which can never be made up.

Does ill health and absenteeism of your employees adversely affect your business? Answer: It has in the past but not for extensive periods at a time. I find that the moment an employee loses interest in their job and wants to leave then they take increasing amounts of time off from work.

Do you feel that the small business should play a part in employee health?
Yes I would say so; because we are a small company we are automatically more in touch with our employees. I take a special interest in every employee that works for me.

Do you prescribe to any form of employee well-being programme, if so what are they?

We often have breakaways where company direction and strategy are discussed. During these breakaways we take part in team building and always have a speaker to talk about matters of interest and often this is health. I believe that good health is vital to my company and I am constantly on about it to my staff.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
Definitely many advantages such as increased productivity and a lower turnover of staff at my company. If I had more resources at my disposal such as time and money I would do allot more for my staff such as providing good food, providing everyone with a good medical aid. I would

even hire a professional company to consult with us and provide a wellness programme for my staff.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Each staff member has a target of billed hours that they have to achieve every week. I would measure their revenue against the cost of the wellness programme.

Please add any other insight into small business and employee well-being programmes.
Small business has the advantage that relations are automatically personal as there are fewer people in the company, this closeness to personnel allows for better relations between staff and management. However the disadvantage is the lack of resources to provide the best for your staff in terms of medical aids and wellness programmes.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

The queues at the clinic are too long, if one of my staff members have to go to the clinic then it will take them away from their job for an entire day. This has a detrimental impact on our profit margins.

Thank you so much for your time and input!

Participant 22
I am here with Participant number 22. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 22; what is your age? Answers: 48 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Chartered Accountant and Auditor, Tax practitioner

How many employees are there in the business? Answer: 4 including me.

Ms Manager, how important is your own health to the success of your business? Answer: Very important, if I don't work, I don't get paid, if I am away from the office for any period of time it would seriously affect productivity and profitability

How important is the health of your employees to the success of your business? Answer: Because we are so small there is little room for overlap of duties. If an employee goes on leave it is well planned in terms of timing and that particular employee will try and prepare for her absence and will have to catch up when she returns.

Does ill health and absenteeism of your employees adversely affect your business? Answer: I am very fortunate in that my three employees are very dedicated and do not take time off unnecessarily. They are all relatively healthy and have not taken excessive sick leave. Were anyone to fall ill for a protracted time it would have a severe effect on the rest of us who would have to fill in the gaps

Do you feel that the small business should play a part in employee health?
Yes, I do. As an employer I try to provide for the well-being of my employees by providing a comfortable working environment. I have purchased new chairs that are ergonomically more correct, a back rest for employee with a back problem and heaters for the cold months. I also provide tea, coffee and other hot drinks and filtered water they can enjoy as well as spreads for bread and crackers and sweet biscuits should they require a snack. I also chat to them regularly to determine if work responsibilities can be re-assigned to relieve pressures and stress. I also allow them to visit doctors and other health professionals (like physiotherapists) without having to make up the time. On occasions when we have had a hard week I close the office a bit earlier on a Friday and send them home. I feel that all these factors make for a better working environment that assist in employees maintaining their state of health.

Do you prescribe to any form of employee well-being programme, if so what are they?

No, we are too small

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
Advantages – staff morale will be higher, staff will be more aware of health issues in general e.g. routine check ups. Disadvantages – staff might perceive it as a waste of money that they could have directly in their take home packets; staff could take advantage of and misuse the benefits.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Does not apply to us.

Please add any other insight into small business and employee well-being programmes.
It's not easy to have any formal programme in place in a very small business. When the employee ages range from 26 to 62 it is difficult to meet all their needs. I feel that by being aware of their circumstances and providing a pleasant working environment this assists in some small way to contribute to better health.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

My employees would benefit from some basic assistance with medical aid. At their level of earnings they do not benefit from tax deductions in any significant way as the law has changed to reduce the tax benefits. I work on a cost to company basis which allows employees to make their own decisions surrounding medical aids etc. but memberships are becoming increasingly cost prohibitive. The proposed National Health System might be of some benefit; otherwise I would like to see the government being more proactive in assisting those who attempt to provide for their own health needs and are thereby not a strain on the national systems.

Thank you so much for your time and input!

Participant 23
I am here with Participant number 23. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 23; what is your age? Answers: 38 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Electroplating Chemicals

How many employees are there in the business? Answer: 11

Ms Manager, how important is your own health to the success of your business? Answer: Very important, I am sick then I let my entire team down. Nothing gets organised or going unless I am here to do it.

How important is the health of your employees to the success of your business? Answer: Also extremely important as much of our service relies on fast delivery of our product, if one staff member is off ill then it reduces our delivery time and it causes frustration for our clients.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Yes it does because it puts pressure on the rest of the team.

Do you feel that the small business should play a part in employee health?
No, I think that everyone should look after themselves; the small business is under enough pressure to stay afloat to add another constraint to the mix.

Do you prescribe to any form of employee well-being programme, if so what are they?

No.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
I suppose that if we had the finances or resources I would help my staff more, but right now it is impossible.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Does not apply to us.

Please add any other insight into small business and employee well-being programmes.
Nothing further.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

I think that the government should improve on the check-ups on safety on all plants.

Thank you so much for your time and input!

Participant 24
I am here with Participant number 24. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 24; what is your age? Answers: 46 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: I run and own an audio and digital solutions for the radio industry

How many employees are there in the business? Answer: 2

Ms Manager, how important is your own health to the success of your business? Answer: Very important, if I am ill my business comes to a complete halt.

How important is the health of your employees to the success of your business? Answer: Also very important and I only have one employee, I really suffer when she is off ill.

Does ill health and absenteeism of your employees adversely affect your business? Answer: The business is totally dependent on my employee. I could not function without her.

Do you feel that the small business should play a part in employee health?
Yes.

Do you prescribe to any form of employee well-being programme, if so what are they?

Yes I provide a hospital plan and flexible hours so that my employee can attend to personal matters.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
They are very necessary

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
I record the amount of downtime that we experience. I also provide a training service and I measure the times we cancel our training.

Please add any other insight into small business and employee well-being programmes.
With only two employees it is vital we are both able to function optimally

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

I have no thoughts on this matter.

Thank you so much for your time and input!

Participant 25
I am here with Participant number 25. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 25; what is your age? Answers: 32 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: I own a muffin and cake shop; it includes a bakery and a retail outlet.

How many employees are there in the business? Answer: 4

Ms Manager, how important is your own health to the success of your business? Answer: Extremely important as we are so small that if I had to fall ill I just don't think that my business could cope.

How important is the health of your employees to the success of your business? Answer: It is also vital, each of my employees are specifically trained in either the bakery or the tills and if they are off ill then the rest of us really suffer.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Yes one of my employees has type one diabetes and she is the most essential staff member that I have. When she has to go get her medication or if she gets ill then it takes her a few days to recover and my business really suffers.

Do you feel that the small business should play a part in employee health?
Yes I would love that, but I am just a small bakery and I simply cannot afford to provide my staff with a good medical aid.

Do you prescribe to any form of employee well-being programme, if so what are they?

No, it is simply not in my budget.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
If there was budget for it then I would definitely provide it as I can clearly see the benefits of being proactive in health care for staff.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Does not apply to me.

Please add any other insight into small business and employee well-being programmes.

I think that there is an opportunity for health insurance houses to offer the small business a unique medical aid that caters specifically for the small business owners and their staff. This of course will have to be very cheap and must offer at least a hospital plan.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

Upon accepting a group plan for my workers I think that the government must incentivise small business when they get some kind of cover for their staff. This will alleviate the pressure on the Gauteng health system and it will assist the employees. The incentives can be in the form of tax breaks or cash back to pay for the plan. I really care about my employees, this is evident in the length of time that they stay with me, and I would do anything for them. I strive every day to find a way to get them on a medical aid.

Thank you so much for your time and input!

Participant 26
I am here with Participant number 26. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 26; what is your age? Answers: I am 58 years old
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: I run a company that supplies and fixes fire places in the home, it is a small company that also does braai places and gas stoves.

How many employees are there in the business? Answer: I currently have 15 employees

Mr Manager, how important is your own health to the success of your business?
Answer: Well as I get older my health becomes more of a priority to me, so right now I have to focus more and more of my efforts on my health which I may have neglected in the past.

How important is the health of your employees to the success of your business? Answer:
Well today I have been very lucky in that my staff have all been healthy; I have the odd case of colds and flu in winter but nothing more serious than that

Does ill health and absenteeism of your employees adversely affect your business?
Answer: Sometimes yes and when they are off then it does cost me in lost productivity as I still have to pay them even when they are off ill.

Do you feel that the small business should play a part in employee health?
Yes, but not now, I am still too small.

Do you prescribe to any form of employee well-being programme, if so what are they?

No, it is simply not in my budget.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
Well if I had more time and money then I would definitely prescribe to a well-being programme as I truly believe that health is essential in business as it affects productivity and minimises the costs to my business when my staff do not turn up for work.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
If I did this then I would measure it in productivity days and loss.

Please add any other insight into small business and employee well-being programmes.

I don’t think that staff can just be retrenched once they have fallen gravely ill, I think that once a person is employed in a business then that person becomes part of a family that must be taken care of.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

I really don’t know.

Thank you so much for your time and input!

Participant 27
I am here with Participant number 27. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 27; what is your age? Answers: I am 32 years old
I am noting down that your gender is female.

Please describe the nature of your business: Participant answers: Advertising and graphic design

How many employees are there in the business? Answer: 2

Mrs Manager, how important is your own health to the success of your business? Answer: I have never really thought about it as I am very healthy and my one employee is also very healthy too.

How important is the health of your employees to the success of your business? Answer: Her health it important I suppose but it have never come up before and I never consider it.

Does ill health and absenteeism of your employees adversely affect your business? Answer: No not really we get on with the business and just keep going.

Do you feel that the small business should play a Part in employee health?
No, there is not enough time and money to think of anything like that at all.

Do you prescribe to any form of employee well-being programme, if so what are they?

No.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
I just never really thought about it all.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Maybe one day I will be in a position to think about these things, right now I am just not.

Please add any other insight into small business and employee well-being programmes.
Nothing further.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being. I don't need health help right now.

Thank you so much for your time and input!

Participant 28
I am here with Participant number 28. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 28; what is your age? Answers: I am 55 years old
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: I am a builder and I build houses and shopping complexes in Johannesburg.

How many employees are there in the business? Answer: 8 full time and part time workers may vary from 5 to 20 depending on the job at hand.

Mrs Manager, how important is your own health to the success of your business? Answer: Very important as I transport my workers to the site every day, if I don't show up for work then my entire team will not report for work on that day.

How important is the health of your employees to the success of your business? Answer: For my full time workers very important as I rely on them heavily, but for my causal labour, it is entirely up to them to stay healthy.

Does ill health and absenteeism of your employees adversely affect your business? Answer: Well if any of us are ill then we just come to work anyway, we do not have the capacity to take a single day off work. My full time workers can book an off day well in advance but it doesn't happen.

Do you feel that the small business should play a part in employee health?
My business is simply too busy, we start at 7 in the morning and work until 5, our jobs are normally rushed and we don't have a moment to loose on the job.

Do you prescribe to any form of employee well-being programme, if so what are they?

Right now there is nothing I can think of that we do on that topic apart from our standard safety gear that my builders must wear, that includes face masks for the dust, hard hats and safety boots.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
I don't have time to consider the implications.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
Does not apply to me.

Please add any other insight into small business and employee well-being programmes.
I am a building company and the more work I can generate the more people I can employ, that to me is more important than thinking about wellness. I feel that I must focus on providing work for my staff so that at least they get a wage. In South Africa today it breaks my heart to see the long lines of people begging me for a job; I can only take a few at a time. I think as an employer it is my job to employ as many as I can and thinking of employee health in this climate is simply a luxury that I cannot afford.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

I can't afford to look after these people; I can only afford to pay a few, so the government must look after them.

Thank you so much for your time and input!

Participant 29
I am here with Participant number 29. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 29; what is your age? Answers: I am 45 years old
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: I own and run a motor mechanic shop; I am accredited to provide services for all makes and models of cars.

How many employees are there in the business? Answer: I currently employ 6 staff members, 3 admin and 3 mechanic workers.

Mr Manager, how important is your own health to the success of your business? Answer: If I had to think about it I suppose that it is very important part of my day. I am naturally a healthy person and I try to impose this standard on my employees.

How important is the health of your employees to the success of your business? Answer: Well for such a small business I would say that it is important. Each and every one of my employees has a very specific job to do and if that specific job does not get done then I have to do it. I am already a very busy person and if my staff let me down I have to work double time to try to catch up, it puts enormous strain on myself and my family. We have been through very hard times to get the business where it is today.

Does ill health and absenteeism of your employees adversely affect your business? Answer: In the past my employees have fallen ill and I have been the one to catch up the work.

Do you feel that the small business should play a part in employee health?
Well, for me, I try to be the example to my staff. I talk about healthy living and try to convince them to lead sober lives, but it doesn't always work.

Do you prescribe to any form of employee well-being programme, if so what are they?

No, there is no time for that at all.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
I suppose that if you were lucky enough to have the profits to enjoy such a programme then I am sure that it will make a difference, but with us it is not possible.

If your company partakes in an employee well-being programme, how is success/ or return of investment measured?
No.

Please add any other insight into small business and employee well-being programmes.
We just do the best that we can and carry on.

What policies would you like to see your company or the government implement to assist you in achieving employee well-being.

No comment.

Thank you so much for your time and input!

Participant 30
I am here with Participant number 30. I have explained the confidentiality clause and the Participant has signed the Participant consent form. I have explained the research problem. I have clarified what employee wellness programmes are and defined health for the Participant.
Participant number 30; what is your age? Answers: I am 28 years old
I am noting down that your gender is male.

Please describe the nature of your business: Participant answers: I own a small bus that takes children to school and back home after that.

How many employees are there in the business? Answer: It is just me in this business.

Mr Manager, how important is your own health to the success of your business? Answer: I work every day, no matter how I feel.

How important is the health of your employees to the success of your business? Answer: I don't have employees.

Does ill health and absenteeism of your employees adversely affect your business? Answer: If I feel sick to go to work, if I feel well I go to work, the kids have to get to school and I have to get paid.

Do you feel that the small business should play a Part in employee health?
I don't know, really I don't know.

Do you prescribe to any form of employee well-being programme, if so what are they?

I don't know what it that.

What are your perceptions of the advantages and disadvantages of employee well-being programmes?
I don't know.

If your company Partakes in an employee well-being programme, how is success/ or return of investment measured?
Sounds nice but I can't say.

Please add any other insight into small business and employee well-being programmes.
Maybe one day, I will buy another van and then have one worker, maybe I think of it then.

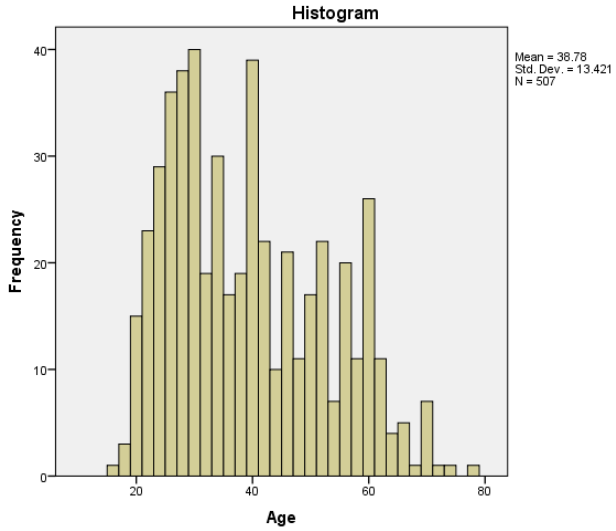
What policies would you like to see your company or the government implement to assist you in achieving employee well-being.
The government does nothing for me so I don't know. **Thank you so much for your time and input!**

8.11CATEGORIES AND THEMES

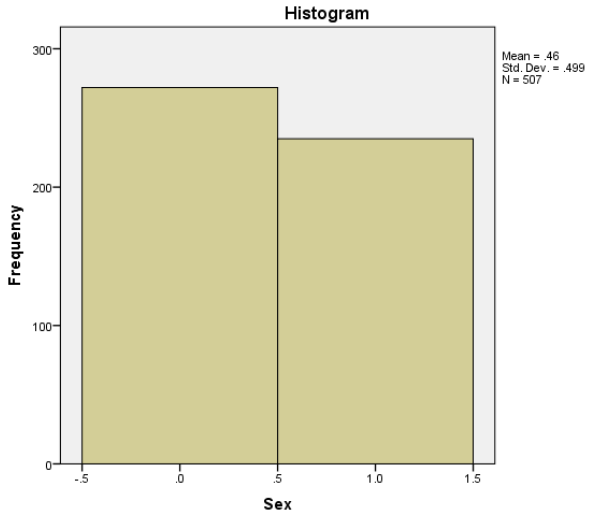
Theme	Code	Category	
The Employee	E	Staff Demographics	Age
			Gender
			Language/ethnicity
			Number of dependents and children
			Skill level
		Staff Personality Profiles	Health locus of control
			Hard work ethic
			Type of personality
Company Profile and Policy	CP	Company Profile and Policy	Number of employees
			Type of work
			Sick leave policies
			Employee roles
			Levels of productivity
			Well-being and safety policies
			Number of employees
Cost to company	CC	Cost to company	Health related absenteeism
			General absenteeism
			Job satisfaction absenteeism
			Medical aids
Environmental health factors	EH	Environmental health factors	Government assisted health facilities
			Government assisted health education
			Alcohol and drug abuse in the community

8.12 STATISTICAL GRAPHS

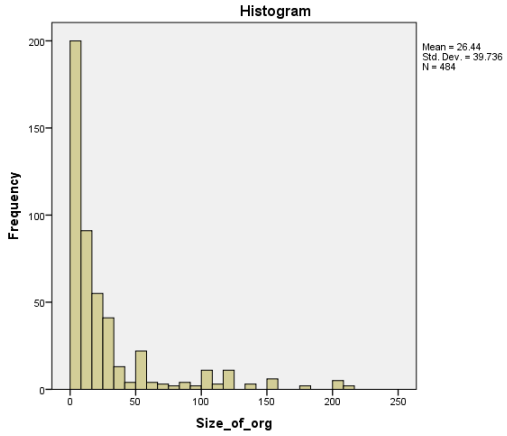
8.12.1 Histogram of age



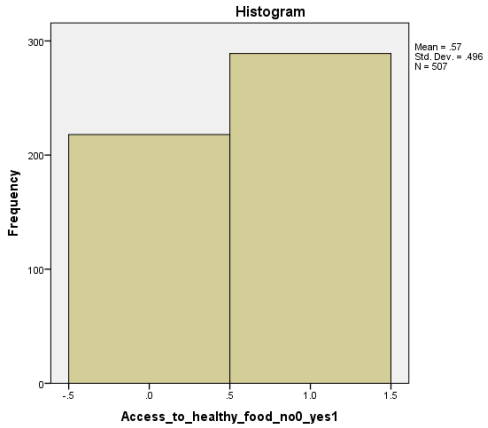
8.12.2. Gender



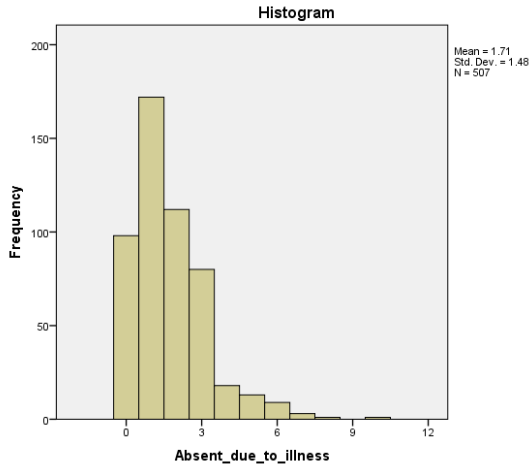
8.12.3 Size of organisation



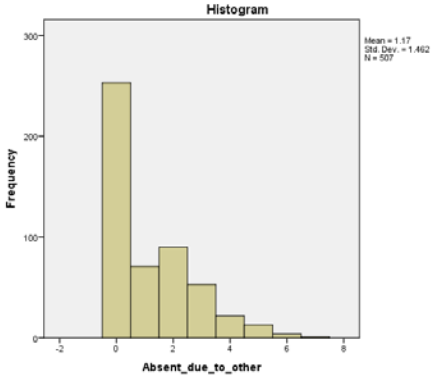
8.12.4 Access to healthy food at work



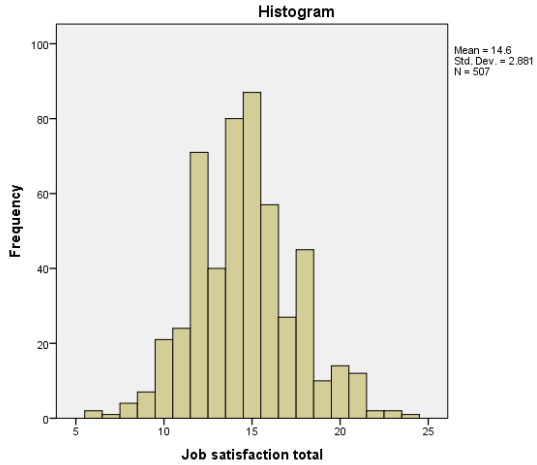
8.12.5 Absent days due to illness



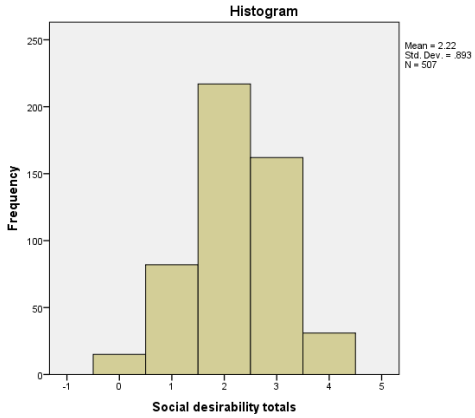
8.12.6 Absent due to other general issues



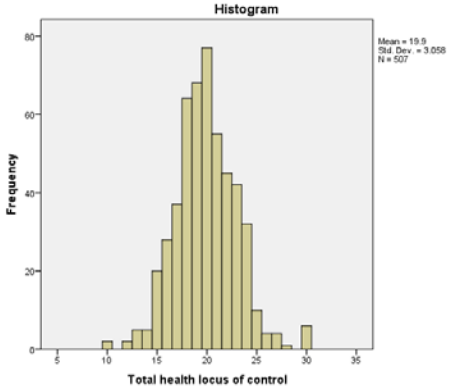
8.12.7 Job satisfaction



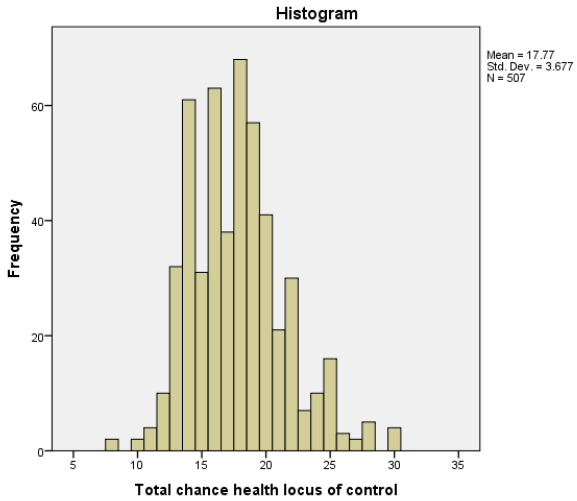
8.12.8 Social desirability totals



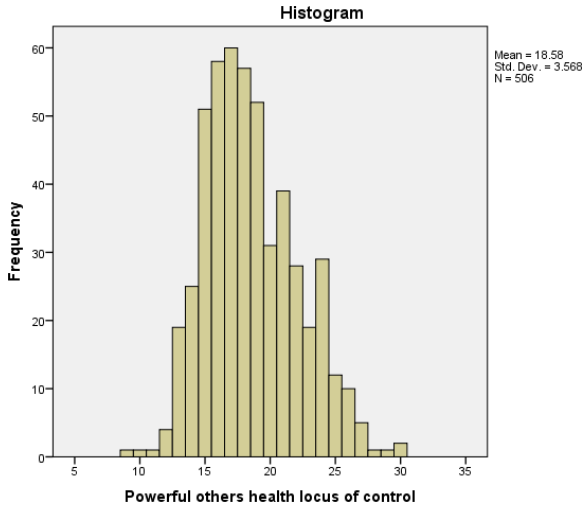
8.12.9 Total health locus of control



8.12.10 Total chance health locus of control



8.12.11 Powerful others health locus of control



8.12.12 Moderation analysis

```
Model Summary
          R       R-sq        MSE          F        df1        df2
p
      ,1810      ,0328     4,9936     5,6700     3,0000   503,0000
,0008

Model
              coeff         se          t          p       LLCI       ULCI
constant     3,9867      ,1014    39,3193      ,0000     3,7875     4,1859
Sex_fema     -,7899      ,2045    -3,8617      ,0001    -1,1917     -,3880
Age          -,0049      ,0081     -,5998      ,5489     -,0208      ,0110
int_1        -,0052      ,0163     -,3206      ,7486     -,0371      ,0267

Interactions:

 int_1    Age         X     Sex_fema

************************************************************************

Conditional effect of X on Y at values of the moderator(s):
   Sex_fema     Effect         se          t          p       LLCI
ULCI
     -,4635     -,0024      ,0110     -,2227      ,8239     -,0240
,0191
      ,5365     -,0077      ,0120     -,6373      ,5242     -,0312
,0159

Values for quantitative moderators are the mean and plus/minus one SD from
mean.
Values for dichotomous moderators are the two values of the moderator.

************************************************************************

Data for visualizing conditional effect of X on Y
Paste text below into a SPSS syntax window and execute to produce plot.

DATA LIST FREE/Age Sex_femaol0_male1 Total_cost_to_company.
BEGIN DATA.

   -13,4211     -,4635     4,3855
      ,0000     -,4635     4,3528
    13,4211     -,4635     4,3200
   -13,4211      ,5365     3,6656
      ,0000      ,5365     3,5629
    13,4211      ,5365     3,4602

END DATA.
GRAPH/SCATTERPLOT=Age WITH Total_cost_to_company BY Sex_femaol0_male1.

****************** ANALYSIS NOTES AND WARNINGS ************************

Level of confidence for all confidence intervals in output:
    95,00

NOTE: The following variables were mean centered prior to analysis:
 Age      Sex_fema

NOTE: All standard errors for continuous outcome models are based on the
HC3 estimator
```

```
NOTE: The Johnson-Neyman method cannot be used with a dichotomous moderator

------ END MATRIX -----
```

8.12.13 Mediation analysis

```
Run MATRIX procedure:

*************** PROCESS Procedure for SPSS Release 2.12.1 **************

          Written by Andrew F. Hayes, Ph.D.       www.afhayes.com
    Documentation available in Hayes (2013). www.guilford.com/p/hayes3

**************************************************************************
Model = 4
    Y = Total_co
    X = Absent_d
    M = Powerful

Sample size
        506

**************************************************************************
Outcome: Powerful

Model Summary
          R       R-sq        MSE          F        df1        df2
p
      ,1961      ,0384    12,2659    20,1520     1,0000   504,0000
,0000

Model
              coeff         se          t          p       LLCI       ULCI
constant    17,7719      ,2382    74,6157      ,0000    17,3039    18,2398
Absent_d      ,4728      ,1053     4,4891      ,0000      ,2659      ,6797

**************************************************************************
Outcome: Total_co

Model Summary
          R       R-sq        MSE          F        df1        df2
p
      ,6941      ,4818     2,6663   233,8073     2,0000   503,0000
,0000

Model
              coeff         se          t          p       LLCI       ULCI
constant     1,4464      ,3854     3,7528      ,0002      ,6892     2,2036
Powerful      ,0412      ,0208     1,9837      ,0478      ,0004      ,0820
Absent_d     1,0378      ,0501    20,7262      ,0000      ,9395     1,1362

************************** TOTAL EFFECT MODEL ****************************
Outcome: Total_co

Model Summary
          R       R-sq        MSE          F        df1        df2
p
      ,6912      ,4777     2,6818   460,9945     1,0000   504,0000
,0000

Model
              coeff         se          t          p       LLCI       ULCI
constant     2,1786      ,1114    19,5616      ,0000     1,9598     2,3974
Absent_d     1,0573      ,0492    21,4708      ,0000      ,9606     1,1541
```

```
****************** TOTAL, DIRECT, AND INDIRECT EFFECTS ********************

Total effect of X on Y
     Effect         SE          t          p       LLCI       ULCI
     1,0573      ,0492    21,4708      ,0000      ,9606     1,1541

Direct effect of X on Y
     Effect         SE          t          p       LLCI       ULCI
     1,0378      ,0501    20,7262      ,0000      ,9395     1,1362

Indirect effect of X on Y
            Effect    Boot SE   BootLLCI   BootULCI
Powerful     ,0195      ,0111      ,0011      ,0460

Partially standardized indirect effect of X on Y
            Effect    Boot SE   BootLLCI   BootULCI
Powerful     ,0086      ,0048      ,0005      ,0198

Completely standardized indirect effect of X on Y
            Effect    Boot SE   BootLLCI   BootULCI
Powerful     ,0127      ,0072      ,0008      ,0302

Ratio of indirect to total effect of X on Y
            Effect    Boot SE   BootLLCI   BootULCI
Powerful     ,0184      ,0104      ,0011      ,0427

Ratio of indirect to direct effect of X on Y
            Effect    Boot SE   BootLLCI   BootULCI
Powerful     ,0188      ,0109      ,0011      ,0446

R-squared mediation effect size (R-sq_med)
            Effect    Boot SE   BootLLCI   BootULCI
Powerful     ,0351      ,0151      ,0111      ,0701

Preacher and Kelley (2011) Kappa-squared
            Effect    Boot SE   BootLLCI   BootULCI
Powerful     ,0204      ,0105      ,0028      ,0455

******************** ANALYSIS NOTES AND WARNINGS ************************

Number of bootstrap samples for bias corrected bootstrap confidence
intervals:
     1000

Level of confidence for all confidence intervals in output:
    95,00

NOTE: Some cases were deleted due to missing data.  The number of such
cases was:
  1

NOTE: The Johnson-Neyman method is available only for Models 1 and 3

------ END MATRIX -----
```

9. REFERENCE LIST

Abor, J & Quartey, P. (2010). Issues in SME Development in Ghana and South Africa. *International Research Journal of Finance and Economics*, 39(1), 218 – 229.

Anastasi, A. & Urbina, S. (1997). *Psychological testing*. New York: Prentice Hall.

Asadoorian, M.O. & Kantarelis, D. (2005). *Essentials of Inferential Statistics.* Maryland: University Press of America.

Babbie, E. (2014). *The Basics of Social Research*. Belmont: Wadsworth Cengage Learning.

Baicker, K., Cutler, D. & Song, Z. (2010). Workplace well-being programmes can generate savings. *Health Affairs Journal*, 29(2), 304–311.

Barrick, M.R. & Mount, M.K. (2005). Yes, Personality Matters: Moving on to More Important Matters. *Human Performance*, 18(4), 359-372.

Barreto, H. & Howland, F.M. (2006). *Introductory Econometrics: Using Monte Carlo Simulation with Microsoft Excel*. New York: Cambridge.

Baron, R.M. & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(1), 1183 – 82.

Baum, A., Newman, S., Wienman, J., West, R. & McManus, C. (Eds.). (1977). *Cambridge Handbook of Psychology, Health and Medicine.* Melbourne: Press syndicate of the University of Cambridge.

Becker, H. (1998). *Tricks of the trade: How to think about your research while doing it.* Chicago: University of Chicago press.

Birdee, G.S., Byrne, D.W., McGown, P.W., Rothman, R.L., Rolando, L.A., Holmes, M.C. & Yarbrough, M.I. (2013). Relationship between Physical Inactivity and Health Characteristics among Participants in an Employee-Well-being programme. *Journal of Occupational and Environmental Medicine*, 55(5), 514-519.

Branham, L. (2012). *The 7 hidden reasons employee leave: how to recognise the subtle signs and act before it's too late.* New York: Library of Congress Cataloging-in-Publication Data.

Brooks, C. (2014). *Introductory Econometrics for Finance*, (3rd ed.). New York: Cambridge University Press.

Bryman, A. (2012). *Social research methods.* (4th ed.). Oxford: Oxford university press.

Buchanan, D.A. & Huczynski, A.A. (2003). *Organisational Behaviour An Introductory Text*, (5th ed.). London: FT Prentice Hall.

Burke, M.J. & Signal, S.M. (2010). *Workplace Safety: A Multilevel, Interdisciplinary Perspective.* London: Emerald Group Publishing Limited.

Burke, R.J. & Richardsen, A.M. (2014). *Corporate Well-being programmes*. Northampton: Edward Elgar Publishing Limited.

Burke Johnson, R. & Onwuegbuzie, A.J. (2004). Mixed-methods Research: A Research Paradigm Whose Time Has Come. *American Educational Research Association*, 33(7), 14 – 26.

Burrell, G. & Morgan, G. (1979). *Sociological Paradigms and Organisational Analysis: Elements of the Sociology of Corporate Life*. New York: Pearson Education.

Cameron, E., Mathers, J. & Parry, J. (2006). 'Health and well-being': Questioning the use of health concepts in public health policy and practice. *Critical Public Health*, 16(4), 347-354.

Campbell, D. & Craig, T. (2005). *Organisations and the Business Environment*. (2nd Ed). Oxford: Elsevier Butterworth-Heinemann publications.

Chadwick, R. & Schroeder, D. (Eds.). (2002). *Applied Ethics*. London: Routledge.

Chapman, L. (2005). Meta-evaluation of Worksite Health Promotion Economic return studies. *American Journal of Health Promotion*, 19(1), 1–11.

Charmaz, K. (2006). Constructing Qualitative Theory (2nd ed.). New York: Sage.

Cho, Y.N., Rutherford, B.N. & Park, J. (2012). The impact of emotional labor in a retail environment. Journal of Business Research, 66(5), 670-677.

Corbin, J. & Strauss, A. (2008). *Basics of Qualitative Research* (3rd ed.). California: Sage Publications Inc.

Corbin, J. & Strauss, A. (2015). *Basics of Qualitative Research: Techniques and Procedures for Developing Qualitative Theory*. California: SAGE Publications.

Costa, P.T. & McCrae, R.R. (1992). Four ways five factors are basic. *Personality and Individual Differences*, 13(6), 653-665.

Crafford, A., Moerdyk. A., Nel. P., O'Neill, C. & Schlechter, A. (2006). *Industrial Psychology. Fresh perspectives.* Cape Town: Pearson Education South Africa.

Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed-methods approaches.* (2nd ed.). Thousand Oaks: SAGE Publications.

Creswell, J, W. (2014). *Research Design: Qualitative, Quantitative and Mixed-methods approaches* (4th ed.). Thousand Oaks: SAGE Publications.

Crown, D.P. & Marlowe, D. (1960). A New Scale of Social Desirability Independent of Psychopathology. *Journal of Consulting Psychology*, 24(1), 349-54.

Dattalo, P. (2008). *Determining Sample Size: Balancing Power, Precision and Practicality*. New York: Oxford University Press.

DTI. Annual Review of Small Business in South Africa 2005 – 2007. (2007). Retrieved Feb 6, 2015 from http://www.thedti.gov.za

Enders, C.K. (2010). *Applied Missing Data analysis*. Guilford Press: New York.

Ehmer, J., Ehrhardt, J. & Kohli, M. (Eds.). (2011). Fertility in the History of the 20th Century: Trends, Theories, Policies, Discourses. *Historical Social Research,* 36(2), 37-58.

Eisenhardt, K.M. (1989). Building theories from Case Study Research. *Academy of Management Review*, 14(4), 532-550.

Field, A. (2012). *Discovering Statistics using IBM SPSS Statistics*. London: Sage

Friedman, M. (1982). *Capitalism and Freedom.* London: The University of Chicago Press.

Galpin, J.S. (2013). *Course notes for Statistical Research Design and Analysis*. Revised by Krommenhoek, R.E. University of the Witwatersrand.

Gelman, A & Hill, J. (2007). *Data Analysis using Regression and Multilevel/Hierarchical Models*. New York: Cambridge University Press.

Given, L.M. (2008). *The SAGE Encyclopaedia of Qualitative Research Methods*. New York: Sage Publications.

Glaser, B.G. (1992). *Basics of Qualitative theory analysis.* Mill Valley: Sociological Press.

Glaser, B.G. & Strauss, A.L. (1967). *The Discovery of Qualitative Theory: strategies for qualitative research.* London: New Brunswick.

Gliner, J.A. & Morgan, G.A. (2009). *Research methods in applied settings: An integrated approach to design and analysis*. Mahwah: Library of Congress Cataloging-in-Publication Data.

Goetzel, R.Z., Ozminkowski, R. J., Sederer, L.L. & Mark, T.L. (2014). Do workplace Health Promotion (Well-being) Programmes Work? *Journal of Occupational and Environmental Medicine,* 44(4), 320–330.

Goodman, R. & Kish, L. (1950). Controlled Selection – A Technique in Probability Sampling. *Journal of the American Statistical Association,* 45(251), 350-372.

Gray, D.E. (2014). *Doing research in the real world*. Los Angeles: SAGE Publications Ltd.

Groth-Marnat, G. (2006). Handbook of Psychological Assessment. Wiley Publishers: New York.

Haghighat, R. (2007). The Development of the Brief Social Desirability Scale. Europe's *Journal of Psychology*, 3(4).

Hammersley, M. (1987). Some notes on the terms "validity" and "reliability". *British Educational Journal*, 13(1), 73-81.

Ho, R. (2006). *Handbook of Univariate and Multivariate Data Analysis and Interpretation with SPSS.* Boca Raton: CRC Press.

Hochschild, A.R (2003). The Management Heart: Commercialization of Human Feeling, Twentieth Anniversary Edition. New York: SAGE Publications.

Holloway, I. (Eds). (2005). *Qualitative Research in Health Care.* Berkshire: McGraw-Hill Education.

Howell, D.C. (2008). *Fundamental statistics for the Behavioral Sciences.* Canada: Thompson Wadsworth.

Huber, M., Knottnerus, J.A., Green, L., van der Horst, H., Jadad, A.R., Kromhout, D. & Smid, H. (2011). How should we define health? *British Medical Journal*, 343(1), 348-379.

Huberman, A.M. & Miles, M.B. (2002). *The Qualitative researcher's companion*. California: Sage Publications.

Hughes, P. & Ferrett, E. (2011). *Introduction to Health and Safety at work*. New York: Routledge.

Hulley, S., Cummings, S.R., Browner, W.S., Grady, D.G. & Newman, T.B. (2007). *Designing Clinical Research* (3rd Edition). Philadelphia: Lippincott Williams & Wilkins.

Husted, B.W. & Salazar, J, J. (2006). Taking Friedman Seriously: Maximizing Profits and Social Performance. *Journal of Management Studies*, 43(1), 75 – 91.

Jackson, S.E., Schuler, R.S. & Jiang, K. (2014). An Aspirational Framework for Strategic Human Resource Management. *The Academy of Management Annals*, 8(1), 1-56.

John, O.P., Robins, R.W. & Pervin, L.A. (Eds). (2008). *Handbook of Personality: Theory and Research.* New York: The Guilford Press.

Johns, G. (2008). *Background of absenteeism*. The Blackwell Encyclopaedia of Sociology. London: Blackwell Publishing.

Judge, T.A., Locke, E.A., Durham, C.C., & Kluger, A.N. (1998).Brief Job Satisfaction Measure II. *Journal of Applied Psychology*, 83(1), 17-34.

Kelly, E.L., Kossek, E.E., Hammer, L.B., Durham, M., Bray, J., Chermack, K., Murphy, L.A. & Kaskubar, D. (2008). Getting There from Here: Research on the Effects of Work-Family Initiatives on Work-Family Conflict and Business Outcomes. *The Academy of Management Annals,* 2(1), 305-349.

Kennedy, P. (2003). *A Guide to Econometrics,* (5th ed.). Cornwall: Library of Congress.

Kerlinger, F. N. & Lee, H. B (2000). *Foundations of behavioural research* (4th edition). New York: Wadsworth.

Keyes, C.L.M. & Grzywacz, J.G. (2005). Health as a Complete State: The Added Value in Work Performance and Healthcare Costs. . *Journal of Occupational and Environmental Medicine*, 47(5), 523–532.

Kirsten, W. & Karch, R.C. (Eds). (2012). *Global Perspectives in Workplace Health Promotion*. Ontario: Jones & Bartlett Learning International.

Kolbe-Alexander, T., Greyling, M., de Silva, R., Milner, K., Patel, D., Wyper, L., Beckowiski, M., Lambert, E. & Goetzel, R. (2014). The Relationship between Workplace Environment and Employee Health Behaviours in a South African Workforce. *Journal of Occupational and Environmental Medicine*, 56(10), 1094-1099.

Kothari, C.R. (2004). *Research Methodology: Methods and Techniques.* Delhi: New Age International Publishers.

Kronenfeld, J.J. (2002). *Health Care Policy: Issues and Trends*. Westport: Library of Congress Cataloging-in-Publication Data.

Kumashiro, M. (Eds). (2003). *Aging and work*. London: Taylor & Francis.

Landy, F.J. & Conte, J.M. (2010). *Work in the 21st Century: An Introduction to Industrial and Organisational Psychology*. California: McGraw-Hill.

Leech, N.L., Barrett, K.C. & Morgan, G. A. (2015). *IBM SPSS for Intermediate Statistics: Use and Interpretation* (5th ed.). New York: Routledge.

Leka, S., & Houdmont, J. (Eds). (2010). *Occupational Health Psychology*. West Sussex: Blackwell Publishing.

Lencioni, P. (2012). *The Advantage: Why Organisational health trumps everything else in business*. New York: Library of Congress Cataloging-in-Publication Data.

Lerner, D., Roddy, A.M., Cohen, J.T. & Rogers, W.H. (2013). A Systematic Review of the Evidence Concerning the Economic Impact of Employee-Focused Health Promotion and Well-being programmes. *Journal of Occupational and Environmental Medicine*, 55(2), 209-222.

Locke, K. (2001). *Qualitative Theory in Management Research*. London: SAGE Publications.

Mackenzie, N. & Knipe, S. (2006). Research dilemmas: Paradigms, methods and methodology. *Issues In Educational Research*, 16(2), 193-205.

MacKinnom, D.P., Krull, J.L. & Lockwood, C.M. (2000). Equivalence of the mediation, confounding and suppression effect. *Prevention Science*, 4(1), 173-181.

Maharaj, P. (Eds). (2013). *Aging and Health in Africa.* Durban: Library of Congress.

Maxwell, J.A. (1996). *Qualitative research design: An interactive approach.* New York: Sage Publications.

McCoy, K., Stinson, K. Scott, K., Tenney, L. & Newman, L.S. (2014). Health Promotion in Small Business: A Systematic Review of Factors Influencing Adoption and Effectiveness of Worksite Well-being programmes. *Journal of Occupational and Environmental Medicine*, 56(6), 579-587.

McKenna, E. (2000). *Business Psychology and Organisational Behaviour: A Student's handbook* (3rd ed.). East Sussex: Psychology Press Ltd.

McKnight, P.E., McKnight, K.M., Sisani, S. & Figeuredo, A.J. (2007). *Missing Data: A Gentle Introduction.* New York: The Guilford Press.

Mendenhall, W., Beaver, R.J. & Beaver, B.M. (2009). *Introduction to Probability and Statistics*. Belmont: Brooks. Cole Cengage Learning.

Merrill, R. M. (2013). A Small Business Worksite Well-being Model for Improving Health Behaviours. *Journal of Occupational and Environmental Medicine*, 55(8), 895-900.

Merrill, R.M., Aldana, S.G., Vyhlidal, T.P., Howe, G., Anderson, D.R., & Whitmer, R.W. (2011). The Impact of Worksite Well-being in a Small Business Setting. *Journal of Occupational and Environmental Medicine*, 53(2), 127-131.

Miles, M.B., Huberman, A.M. & Saldana, J. (2014). *Qualitative Data Analysis: A Methods Source Book.* Thousand Oaks: Sage Publications.

Milner, K., Greyling, M., Goetzel, R., Da Silva, R., Kolbe-Alexander, T., Patel, D., Nossel, C. & Beckowski, M. (2013). The relationship between leadership support, workplace health promotion and employee well-being in South Africa. *Health Promotion International. 4(1), 34-78.*

Mitroff, I.I., & Pondy, R. (1978). *Methodological approaches to social science*. San Francisco: Jossey-Bass.

Molenberghs, G., Fitzmaurice, G., Kenward, M.G., Tsaitis, A. & Verbeke, G. (2015). *Handbooks of Modern Statistical Methods: Handbook of Missing Data Methodology*. London: CRC Press.

Naidoo, A.V. & Jano, R. (2003). The role of EAPs in the SA context. *The Social Work Practitioner-Researcher: A Journal on the Application of Research in Practice*, 15(2), 113 – 127.

National Small Business Amendment Bill 2003 (Nat.) (RSA). Retrieved 30st April 2015 from http://www.westerncape.gov.za/text/2004/9/small_business_amend_2003.pdf

Naydeck, B.L., Pearson, J.A., Ozminkowski, R.J., Day, B.T. & Goetzel, R.Z. (2008). The Impact of the Highmark Employee Well-being programmes on 4-Year Healthcare Costs. *Journal of Occupational and Environmental Medicine*, 50(2), 146-156.

Patel, D., Goetzel, R.Z., Beckowski, M., Milner, K., Greyling, M., da Silva. R., Kolbe-Alexander, T., Tabrizi, M.J. & Nossel, C. (2013). The Healthiest Company Index: A Campaign to Promote Worksite Well-being in South Africa. *Journal of Occupational and Environmental Medicine*, 55(2), 172-178.

Pelletier, K.R. (2005). A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programmes at the worksite. *Journal of Occupational and Environmental Medicine*, 47(2), 1051-1058.

Pendleton, D & Furnham, A. (2011). *Leadership: All you need to know*. London: Palgrave Macmillan.

Pfeffer, J. (2010) Building Sustainable Organizations: The Human Factor. *Academy of Management Perspectives*, 24(1), 34-45.

Porter, M.E. (1985). *Competitive Advantage: Creating and Sustaining Superior Performance*. New York: First Free Press.

Porter, M.E. & Kramer, M.R. (2011). Creating Shared Value. *Harvard Business Review*, 89(1), 62-77.

Quinn, R.W., Spreitzer, G.M. & Fu Lam, C. (2012). Building a Sustainable Model of Human Energy in Organisations: Exploring the Critical Role of Resources. *The Academy of Management Annals*, 6(1), 337-396.

Rainey, H.G. (2009). *Understanding and Managing Public Organisations*. San Francisco: Jossey-Bass

Rammstedt, B. & John, O.P. (2006). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality*, 41(1), 203-212.

Ramsay, H., Scholarios, D. & Harley, B. (2000). Employees of high-performance work systems: testing inside the black box. *British Journal of Industrial Relations*, 38(1), 501-531.

Randolph, K.A. & Myers, L.L. (2013). *Basic Statistics in Multivariate Analysis.* New York: Oxford University Press.

Rehabil, J.O. (2013). The association between personality characteristics and absenteeism: a cross-sectional study in workers with and without depressive and anxiety disorders. *Pubmed*, 23(3), 309-317.

Rieker, P.P. (2008). *Gender and Health: The Effects of Constrained Choices and Social Policies*. Cambridge: Cambridge university press.

Rothwell, W. (Eds). (2012). *The Encyclopaedia of Human Resource Management*. San Francisco: Pfeiffer.

Rotter, J. (1966). Generalised expectancies for internal versus external control of reinforcement. *Psychological Monographs*, 80(1), 1 – 28.

Rubin, D.B. (1976). Inference and missing data. Cambridge: Cambridge university press.

Sarstedt, M. & Mooi, E. (2014). *A Concise Guide to Market Research: The Process, Data, and Methods Using IBM SPSS Statistics*, (2nd ed.). Magdeburg: Springer.

Schermerhorn, J.R. (2011). *Introduction to management* (11th ed.). Iowa: John Wiley & Sons.

Schafer, J.L. & Graham, J.W. (2002). Missing Data: Our view of the state of the art. *Psychology methods*, 7(2), 147-177.

Schwab, D.P. (2013). *Research Methods for organisational Studies*. New York: Psychology Press.

Schwarts, C.R. (1997). *A Social History of American Technology*. New York: Oxford University Press.

Sieberhagen, C., Pienaar, J. & Els, C. (2011). Management of Employee Well-being in South Africa: Employer, Service Provider and Union Perspectives. *South African Journal of Human Resource Management*, 9(1), 305-319.

Silverman, D, (2004). *Doing qualitative research* (2nd ed). Thousand Oaks: CA: Sage.

Simon, M. (2011). *Dissertation and scholarly research: Recipes for success.* Seattle: LLC

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63 – 75.

Smogor, J. & Macrina, D.M. (1987). Problems in worksite health promotion: the perspective of small business (continuing education credit). *The Academy of Management Annals*, 35(1), 224–228.

Snowdon, B & Vane, H.R. (2005). *Modern Macroeconomics*. Massachusetts: Edward Elgar Publishing.

Soler, R.E., Leeks, K.D. & Razi, S. (2010). A systematic review of selected interventions for worksite health promotion. The assessment of health risks with feedback. *American Journal of Preventative Medicine*, 38(2), 237–262.

Spector, P.E. (1992). *Summated Rating Scale Construction: An Introduction*. California: Sage Publications.

Spielberger, C.D. & Vagg, P.R. (1999). The Job Stress Survey. *Journal of Occupational Health Psychology, 4(3).*

Spielberger, C.D. & Vagg, P.R. (1999). *The Job Stress Survey*. Professional Manual. New York: PAR

Statistics South Africa. (2011). *Census 2011: Profile of older persons in South Africa.* Pretoria: Stats SA Library Cataloguing-in-Publication (CIP) Data.

Statistics South Africa. (2011). Quarterly Labour Force Survey. Pretoria: Statistics South Africa.

Steel, P., Schmidt, J. & Shultz, J. (2008). Refining the relationship between personality and subjective well-being. *Psychological Bulletin*, 134(1), 138-161.

Tengblad, S. (2012). *The work of Managers: Towards a Practice Theory of Management*. Cape Town: Oxford University Press.

The Local Government Handbook: A complete guide to municipalities in South Africa (2012). Retrieved 1st January, 2015, from http://www.localgovernment.co.za/Metropolitans/view/2/city-of-johannesburg-Metropolitan-Municipality

Uyl, D.J.D. (1984). The New Crusaders: The Corporate Social Responsibility Debate. *Bowling Green: Social Philosophy and Policy Centre*, 22(1).

Van der Colff, J.J., & Rothmann, S. (2009). Occupational stress, sense of coherence, coping, burnout and work engagement of registered nurses in South Africa. *SA Journal of Industrial Psychology*, 35(1).

Van Zyl, E. (2002). The measurement of work stress within South African companies: A luxury or Necessity? *SA Journal of Industrial Psychology*, 28(3), 26-31

Verma, J.P. (2009). *Data Analysis in Management with SPSS Software*. Gwalior: Springer.

Vickerstaff, S., Phillipson, C., & Wilkie, R. (Eds). (2012). *Work, health and Well-being*. Bristol: The Policy Press

Wagner, C., Kawulich, B., & Garner, M. (Eds). (2012). *Doing Social Research, a Global Context: South African Edition.* Berskshire: Mcgraw Hill.

Wallston, B.S.,Wallston, K.A., Kaplan G.D. & Maides, S.A. (1976). Development and validation of the Health Locus of Control (HLC) Scale. *Journal of Consulting and Clinical Psychology*, 44(1), 580-585.

Wallstone, K., Wallstone, B.S. & De Vellis, R. (1978). Development of the Multidimensional Health Locus of Control (MHLC) Scales. *Health Education & Behaviour*. 6(1), 160 – 170.

Wang, G.C.S. & Jain, C.L. (2003). *Regression Analysis: Modelling & Forecasting.* New York: Graceway Publishing Company.

Watson, P.K. & Teelucksingh, S.S. (2002). *A Practical Introduction to Econometric Methods: Classical and Modern.* Kingston: University of the West Indies Press.

Wilson, M.G., DeJoy, D.M. & Jorgensen, C.M. (1999). Health promotion programmes in small worksites: Results of a national survey. *American Journal of Health Promotion*. 13(1), 358–365.

Wilton, N. (2013). *An Introduction to Human Resource Management*. London: Sage Publications.

Wolcott, H.F. (2009). *Writing up Qualitative Research*. New York: Sage Publications.

World Health Organization. (2006). *Constitution of the World Health Organization – Basic Documents*, Forty-fifth edition, Supplement, October 2006.

World Health Organisation. (1993). *International statistical classification of diseases, and related health problems*, 10th revision (ICD-10). Geneva: World Health Organisation.

Yin, R.K. (2011). *Qualitative Research from Start to Finish.* New York: The Guilford Press.

Zhang, T.C., Kandampully, J. & Choi, H.Y. (2014). The role of employee well-being programme in the hospitality industry: A review of concepts, research, and practice. *Research in Hospitality Management*, 4(1&2): 45–54.

Zikmund, W.G. & Babin, B.J. (2007). *Essentials of marketing research*. Mason: South-Western Cengage learning.