



**UNIVERSITY OF  
ZULULAND**

**FACULTY OF COMMERCE, ADMINISTRATION AND LAW**

**DEPARTMENT OF PUBLIC ADMINISTRATION**

**THE CONTRIBUTION OF THE EMPLOYEE HEALTH AND WELLNESS  
PROGRAMME (EHWP) ON JOB PERFORMANCE AMONG SOCIAL SERVICE  
PROFESSIONALS IN THE GERT SIBANDE DISTRICT, MPUMALANGA  
PROVINCE.**

**Submitted in fulfilment of the academic requirements for the degree of  
Master of Public Administration in the Faculty of Commerce,  
Administration and Law, University of Zululand,**

**KwaDlangezwa, South Africa**

**Candidate: MAKHOSONKE HANSON MNTUNGWA**

**(STUDENT NUMBER: 201220329)**

**SUPERVISOR: DR N.N JILI**

**CO-SUPERVISOR: PROF. T KALUSOPA**

**2019**

## DECLARATION

I Makhosonke Hanson Mntungwa hereby declare that the study entitled, “**The contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province**” is my original research work and it has never been submitted by me for a degree in any University. All the sources used or quoted in this study have been indicated and duly acknowledged by means of complete references.

---

Mntungwa Makhosonke Hanson

---

Date

## **DEDICATION**

I dedicate this work to my beloved mother Mrs G.K.K Mtungwa for her immeasurable love, support and believing in me. Indeed, she has been an inspiration throughout my life and academic journey.

Thank you for everything ‘Mama’, may the almighty God bless you ever.

### **Proverbs 3:5-6**

Trust in the LORD with all your heart  
and lean not on your own  
understanding; in all your ways  
acknowledge him, and he will make  
your paths straight

## ACKNOWLEDGEMENTS

This has been a long, tiring and distinct academic journey. Despite all the encountered tribulations and casualties, I am indebted to thank the following people and institution for their meaningful contribution to the completion of this study:

- I am sincerely grateful to my Supervisors Dr N.N Jili and Professor T Kalusopa from University of Zululand. Your guidance, mentoring, feedback, expert advice and above all patience will forever be remembered.
- I would like to thank God for giving me the strength and courage to complete this Master's degree in Public Administration.
- Special gratitude and love go to my family as a whole especially: my parents (Mr M.P Mntungwa and Mrs G.K.K Mntungwa), my siblings (all my sisters and brothers), and most importantly my children. Your patience, encouragement, love and smiles kept me moving till the deep end!
- A great deal of thanks and deepest appreciation goes to Ms BB King, Mr XM Cebekhulu and Mr BM Mbatha who always supported and believed in me throughout this challenging academic journey.
- I will not forget the assistance of officials from the Mpumalanga Department of Social Development for granting me permission to conduct this study. I am grateful to the Head of Social Development: Mr M.V Mahlalela, Mkhondo Service Office Manager: Ms Thabethe, HR Manager: Ms Mahlangu and Provincial official: Mr Ngonyama, your tremendous support will never go unnoticed, may God bless you. I wish to appreciate the effort of Gert Sibande DSD Office Managers, Social Workers, Probation Officers who served as respondents in this study, many thanks I humbly salute you!
- Last but not least, to my high school teachers at Kwamziwentsha High particularly Mr T.P Sadiki and Mr J.E Mabuyakhulu, your numerous support will never go unnoticed.

## **ABSTRACT**

This study aimed at assessing the contribution of the Employee Health and Wellness Programme on job performance among Social Service Professionals at Gert Sibande District, Mpumalanga Province.

The methodological approach employed by the study was survey research design which favours quantitative research approach and stratified random sampling was also utilized. The study targeted 146 participants which a sample size of 106 participants was selected emanating from Social Work Managers, Social Work Supervisors and Social Service Professionals in the Mpumalanga Department of Social Development at Gert Sibande District. Quantitative data was produced through structured questionnaires and analysed using Statistical Package for the Social Sciences (SPSS).

The main findings of the study revealed that majority of respondents were of the view that EHWP services should be decentralised to at least district offices of the Mpumalanga Department of Social Development for accessibility purposes. It was evident that there is a remarkable gap between employees who are aware of EHWP services and those who are not. Furthermore, results show that utilization rate of EHWP services was curiously low. Most importantly, the study recommended that the Mpumalanga Department of Social Development should employ viable and employee-centred marketing strategies to accelerate employees' awareness and ascertain accessibility of EHWP services within the entire department. It further recommended that accessibility of the EHWP largely depends on the restructuring of EHWP section from being a subsection to a Directorate. Ideally, it may be assumed that when employees are satisfied with their job, they are likely to be healthier, thereby increasing their morale, performance and organisational service delivery. Moreover, this study provides a broader insight into a wide range of strategic frameworks and pieces of legislations governing the Employee Health and Wellness in the South African workplace.

The researcher concludes that the potential of the Employee Health and Wellness initiatives can only be achieved when wellness is rooted within the core corporate strategy of public sector organisations where it will be viewed as an integral part to success. This therefore denotes that, employees should be viewed as valuable resource, be appreciated, protected and preserved rather than perceived as a unit of production.

## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>DPSA</b>	Department of Public Service and Administration
<b>DSD</b>	Department of Social Development
<b>EAP</b>	Employee Assistant Programme
<b>EAPA – SA</b>	Employee Assistance Professionals Association – South Africa
<b>EHWP</b>	Employee Health and Wellness Programme
<b>HOD</b>	Head of Department
<b>HPM</b>	Health and Productivity Management
<b>ILO</b>	International Labour Organization
<b>PMDS</b>	Performance Management and Development System
<b>PSC</b>	Public Service Commission
<b>RSA</b>	Republic of South Africa
<b>SHERQ</b>	Safety, Health, Environment, Risk and Quality Management
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>WHO</b>	World Health Organisation

## **LIST OF TABLES**

Table 1: Target population	52
Table 2: Sample size	53

## LIST OF FIGURES

Figure 4.1: Illustrating gender distribution of employees	60
Figure 4.2: Depicting marital status distribution of employees	61
Figure 4.3: Explaining age distribution of employees	62
Figure 4.4: Demonstrating race and home language distribution	63
Figure 4.5: Showing educational level of employees	64
Figure 4.6: Indicating the level of physical disability among employees	65
Figure 4.7: Illustrating the period of employment in years and employee current position	66
Figure 4.8: Indicating the level of Knowledge	67
Figure 4.9: Portraying employee level of awareness about services of EHWP Practitioners at the DSD	68
Figure 4.10: Demonstrating employee utilization rate and awareness of someone who had also utilized EHWP services at the DSD	69
Figure 4.11: Revealing awareness of employees about Careways the contracted service provider for employee wellness services at the DSD	70
Figure 4.12: Illustrating employee awareness about Careways toll-free number	71
Figure 13: Revealing employee level of awareness about the EHWP unit number	72
Figure 4.14: Explaining the employee perceptions and attitude towards the implementation of EHWP	73
Figure 4.15: Demonstrating whether EHWP helps to improve the highlighted areas	75
Figure 4.16: Illustrating the extent to which employee should be encouraged to utilize EHWP services	76
Figure 4.17: Demonstrating the contribution of EHWP on one's job performance	77
Figure 4.19: Explaining whether EHWP has effect on job performance in the DSD	78
Figure 4.20: Demonstrating the frequent use of the EHWP services over the past 12 Months	79
Figure 4.21: Revealing employee level of satisfaction about EHWP operations at the DSD	80
Figure 4.22: Adherence to confidentiality on reported cases by EHWP unit	81

Figure 4.23: Illustrating whether DSD meets EHWP goals and objectives	82
Figure 4.24: Demonstrating EHWP areas of improvement	83
Figure 4.25: Illustrating the consideration employees' health and well-being issues in the strategic plans of the DSD	84
Figure 4.26: Pearson correlation coefficient test	85

## **LIST OF APPENDICES**

APPENDIX A: REQUEST FOR PERMISSION TO CONDUCT RESEARCH	108
APPENDIX B: LETTER OF APPROVAL FROM HOD: DSD	111
APPENDIX C: ETHICAL CLEARANCE	112
APPENDIX D: INTRODUCTORY LETTER	113
APPENDIX E: INFORMED CONSENT FORM	114
APPENDIX F: RESEARCH QUESTIONNAIRE	117
APPENDIX G: LETTER OF EDITING	121

## TABLE OF CONTENTS

<u>ITEM</u>	<u>PAGE</u>
DECLARATION	I
DEDICATION	II
ACKNOWLEDGEMENTS	III
ABSTRACT	IV
LIST OF ABBREVIATIONS AND ACRONYMS	V
LIST OF TABLES	VI
LIST OF FIGURES	VII
LIST OF APPENDICES	IX

---

### CHAPTER ONE

#### ORIENTATION OF THE STUDY

1.1	INTRODUCTION AND BACKGROUND OF THE STUDY	1
1.2	STATEMENT OF THE PROBLEM	3
1.3	AIM AND OBJECTIVES OF THE STUDY	3
1.4	RESEARCH QUESTIONS	4
1.5	MOTIVATION OF THE STUDY	4
1.6	SIGNIFICANCE OF THE STUDY	5
1.7	INTENDED CONTRIBUTION TO THE BODY OF KNOWLEDGE	5
1.8	SCOPE AND DELIMITATION OF THE STUDY	6
	1.8.1 Spatial Delimitation	6
1.9	DEFINITION OF KEY CONCEPTS	6

1.9.1	The Employee Health and wellness Programme (EHWP)	6
1.9.2	Job Performance	7
1.9.3	Social Service Professionals	7
1.10	RESOURCES	7
1.11	FEASIBILITY	7
1.12	INTELLECTUAL PROPERTY	7
1.13	KNOWLEDGE DISSEMINATION	8
1.14	STRUCTURE OF THE STUDY	8
1.14.1	Chapter One [Orientation of the Study]	8
1.14.2	Chapter Two [Literature Review]	8
1.14.3	Chapter Three [Research Methodology]	8
1.14.4	Chapter Four [Data Presentation, Analysis and Interpretation]	8
1.14.5	Chapter Five [Summary, Conclusions and Recommendations]	8
1.15	SUMMARY	9

## **CHAPTER TWO**

### **SECTION A HISTORY AND BACKGROUND OF EHWP**

2.1	INTRODUCTION	10
2.2	THE ORIGIN OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMMES	10
2.3	THE HISTORY OF EAP AND EHWP IN THE SOUTH AFRICA	11
2.4	EHWP IN THE SOUTH AFRICAN PUBLIC SERVICE INCLUDING DEPARTMENT OF SOCIAL DEVELOPMENT	12
2.5	THE SIGNIFICANCE OF EHWP	13

2.6	LEGISLATIVE FRAMEWORK GOVERNING EHWP IN THE DEPARTMENT OF SOCIAL DEVELOPMENT	14
2.6.1	The Constitution of the Republic of South Africa Act 108 of 1996	14
2.6.2	The Public Service Act 103 of 1994	15
2.6.3	The Labour Relations Act 66 of 1995	15
2.6.4	The Basic Conditions of Employment Act 75 of 1997	15
2.6.5	The Occupational Health and Safety Act 85 of 1993	16
2.6.6	The Employment Equity Act 55 of 1998	16
2.6.7	The Skills Development Act No. 97 of 1998	16
2.6.8	The Domestic Violence Act No 116 of 1998	17
2.6.9	The Unemployment Insurance Act 30 of 1996	17
2.7	THE EHWP IN RELATION TO THE EMPLOYEE HEALTH AND WELLNES STRATEGIC FRAMEWORK FOR PUBLIC SERVICE	17
2.7.1	Health and Productive Management (HPM)	18
2.7.2	HIV/AIDS and TB Management	19
2.7.3	SHERQ Management	20
2.7.4	Wellness Management	20
2.8	EMPLOYEE HEALTH AND WELLNESS PRACTICE MODELS	21
2.8.1	Internal Model	22
2.8.2	External Model	23
2.9	THEORETICAL FRAMEWORK OF THE STUDY	24
<b>SECTION B: THE OVERVIEW OF EHWP</b>		
2.10	THE GUIDING PRINCIPLES OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME	26

2.10.1	Confidentiality	26
2.10.2	Accessibility	27
2.10.3	Non-Discrimination	27
2.10.4	Accountability	28
2.11	EVALUATION OF EHWP ON JOB PERFORMANCE	28
2.11.1	Job Satisfaction	29
2.11.2	Psycho-Social Issues	30
2.11.3	Referral Procedure	31
2.11.4	Self-Referral	30
2.11.4.1	Informal Referral	31
2.11.4.2	Formal Referral	31
2.11.5	Substance Abuse	32
2.11.6	Absenteeism	33
2.11.7	Employee and Family Education	33
2.11.8	Benefits of the programme	34
2.11.9	PMDS Policy Issues	34
2.11.10	Health and Safety Issues	35
2.11.11	Family Issues	37
2.11.12	Financial Issues	37
2.11.13	Management Issues	37
2.11.14	Working Resources	38

2.11.15	Stress and Burnout	38
2.11.16	Goal and Objectives of EHWP	39
2.11.17	Effectiveness of EHWP	39
2.11.18	Programme Adequacy and Utilization Rate	40
2.11.19	Awareness about EHWP	41
2.11.20	Perceptions and attitude of employees towards EHWP	41
2.11.21	Multicultural and Diversity Issues	42
2.11.22	Programme Constrains	42
2.11.23	Union Involvement	43
2.11.24	Holistic Approach to EHWP	43
2.12	ESSENTIAL ELEMENTS OF A SUCCESSFUL EMPLOYEE HEALTH AND WELLNESS PROGRAMME	44
2.12.1	Prevention Programmes	44
2.12.2	Training and Development	44
2.12.3	Case Management	45
2.12.4	Marketing	45
2.12.5	Relations with Stakeholders	45
2.12.6	Monitoring and Evaluation	46
2.13	SUMMARY	47

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

3.1	INTRODUCTION	48
-----	--------------	----

3.2	RESEARCH PARADIGM	48
3.3	RESEARCH APPROACH	49
3.4	TYPE OF RESEARCH	50
3.5	RESEARCH DESIGN	50
3.6	TARGET POPULATION	51
3.7	SAMPLING METHOD	52
3.7.1	Sample Size	53
3.8	DATA COLLECTION METHOD	53
3.9	DATA ANALYSIS AND INTERPRETATION	55
3.10	VALIDITY AND RELIABILITY	55
3.11	ETHICAL AND SAFETY ISSUES	56
3.11.1	Avoidance of Harm	57
3.11.2	Informed Concerned	57
3.11.3	Confidentiality, Anonymity & Privacy	57
3.11.4	Publications of findings	57
3.12	SUMMARY	58

## **CHAPTER FOUR**

### **PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS**

4.1	INTRODUCTION	59
4.2	PRESENTATION OF FINDINGS	59
4.3	Section A: Demographic Information	60
4.3.1	GENDER	60

4.3.2 MARITAL STATUS	61
4.3.3 AGE	62
4.3.4 RACE AND HOME LANGUAGE	63
4.3.5 EDUCATIONAL LEVEL	64
4.3.6 PHYSICAL DISABILITY	65
4.3.7 PERIOD OF EMPLOYMENT AND CURRENT POSITION OF EMPLOYEES	66
4.4 SECTION B: AWARENESS OF EHWP.	67
4.4.1 LEVEL OF KNOWLEDGE	67
4.4.2 EMPLOYEE AWARENESS ABOUT SERVICES OF EHWP PRACTITIONERS IN THE DSD	68
4.4.3 EMPLOYEE UTILIZATION RATE AND AWARENESS OF SOMEONE WHO HAD ALSO UTILIZED EHWP SERVICES IN THE DSD.	69
4.4.4 EMPLOYEE AWARENESS ABOUT CAREWAYS	70
4.4.5 EMPLOYEE AWARENESS ABOUT CAREWAYS TOLL-FREE NUMBER	71
4.4.6 EMPLOYEE KNOWLEDGE ABOUT THE EHWP UNIT NUMBER	72
4.5 SECTION C: PERCEPTION AND ATTITUDE OF PROFESSIONALS.	73
4.5.1 EMPLOYEE PERCEPTIONS AND ATTITUDE TOWARDS THE IMPLEMENTATION OF EHWP	73
4.5.2 EXPLAIN WHETHER EHWP HELPS TO IMPROVE ON THE FOLLOWING	75
4.5.3 THE EXTENT OF EMPLOYEE ENCOURAGEMENT TO UTILIZE EHWP SERVICES	76
4.6 SECTION D: EFFECT OF THE EHWP ON JOB PERFORMANCE	77
4.6.1 THE CONTRIBUTION OF EHWP TOWARDS ONE'S JOB PERFORMANCE	77
4.6.2 EHWP EFFECT ON JOB PERFORMANCE IN THE DSD	78
4.7 SECTION E: LEVEL OF PARTICIPATION	79
4.7.1 FREQUENT USE OF EHWP SERVICES OVER THE PAST 12 MONTHS	79
4.7.2 EMPLOYEE LEVEL OF SATISFACTION ABOUT THE EHWP	80
4.7.3 ADHERENCE TO CONFIDENTIALITY ON EMPLOYEE REPORTED CASES	81
4.8 SECTION F: STRENGTHS AND CHALLENGES	82
4.8.1 MEETING OF EHWP GOALS AND OBJECTIVES BY DSD	82
4.8.2 EHWP AREAS OF IMPROVEMENT	83

4.8.3 CONSIDERATION OF HEALTH AND WELL-BEING ISSUES IN THE STRATEGIC PLANS OF DSD	85
4.9 PEARSON CORRELATION COEFFICIENT TEST	86
4.10 SUMMARY	87

## **CHAPTER 5**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

5.1 INTRODUCTION	88
5.2 SUMMARY OF KEY FINDINGS	88
5.3 ACCOMPLISHMENT OF THE AIM AND OBJECTIVES OF THE STUDY	89
5.4 CONCLUSIONS AND RECOMMENDATIONS	90
5.3.1 Demographic Information	90
5.3.1.1 Conclusions	90
5.3.1.2 Recommendations	91
5.3.2 AWARENESS ON EMPLOYEE HEALTH AND WELLNESS PROGRAMME	91
5.3.2.1 Conclusions	91
5.3.2.2 Recommendations	91
5.3.3 PERCEPTIONS AND ATTITUDE OF SOCIAL SERVICE PROFESSIONALS ON EHWP	92
5.3.3.1 Conclusions	92
5.3.3.2 Recommendations	92
5.3.4 EFFECT OF EHWP ON JOB PERFORMANCE	93
5.3.4.1 Conclusions	93
5.3.4.2 Recommendations	93

5.3.5 LEVEL OF PARTICIPATION ON EHWP	93
5.3.5.1 Conclusions	93
5.3.5.2 Recommendations	94
5.3.6 STRENGTHS AND CHALLENGES OF EHWP	94
5.3.6.1 Conclusions	95
5.3.6.2 Recommendations	95
5.4 FUTURE RESEARCH UNDERTAKINGS	95
5.5 LIST OF REFERENCES	96

## **CHAPTER ONE**

### **ORIENTATION OF THE STUDY**

#### **1.1 INTRODUCTION AND BACKGROUND OF THE STUDY**

The Constitution of the Republic of South Africa (1996) unequivocally indicates that citizens of South Africa have the right to basic health care and social security services. The government is under obligation to fulfil these aforesaid constitutional mandates proposed in the White Paper on Transformation of Public Service Delivery in South Africa (Eyelaar and Stellenberg, 2012).

The origin of the Employee Health and Wellness Programme (EHWP) can be traced back two decades ago. Historically, the programme was first initiated in the United States of America (USA) in the mid-1930s where a major concern was solely placed on alcoholic employees. As a remedy to this effect, organisations were subjecting their employees to Alcoholics Anonymous (AA) whose fundamental basis was to encourage alcoholic individuals to share their experiences, strengths and aspirations amongst one another (Dickman and Challenger, 2003). The continuum of these encounters resulted into the development of 'Occupational Alcoholism Programmes' with a view of rehabilitating alcoholic employees to be effective and efficient in the workplace. Dickman and Challenger, (2003) further argue that this approach dominantly blended with the management concerns about maximizing productivity within the workplace by helping troubled employees.

EAPs were adopted by both the public and private sector as a model or tool to benefit organizations due to high levels of employee satisfaction and motivation. With the launch of the Employee Assistance Professionals Association – South Africa (EAPA – SA) in 1997, the process of professionalising EAPs in South Africa gained more strength (Happer, 2000: 320) cited in Gwabe (2015: 17). Numerous studies were conducted on the effectiveness of EAPs such as studies by Dipela (2016), Rakepa (2012), Kirk and Brown (2003), among others and policies were implemented to set a procedure of tackling emerging problems from employees in the workplace environment. The findings of these research studies suggested and recommended numerous possibilities in the development of EAPs.

The Wellness Management Policy Framework (2008) states that EHWP grew out of the traditional Employee Assistance Programme (EAP) which was limited in scope and practice and

was more reactive than proactive. This, therefore, portrays that the EHWP is expected to be proactive in approaching workplace problems emanating from Social Service Professionals as compared to the traditional EAP which was reactive rather than proactive to workplace problems. However, this raises a barrage of questions regarding whether or not the programme is proactive to Social Service Professionals as they are confronted with multiple problems in the study area. This also poses questions to the contribution, if any at all, of EHWP to enhance job performance for Social Service Professionals with an attempt to enable the aforesaid individual employees to sustain higher levels of performance and be stress-free within the workplace. However, a comprehensive understanding of these origins is essential to an appreciation of the dynamics of the modern programmes whether narrowed or broader in scope and the challenges they face in day-to-day operation.

Gcwabe (2015) is of the opinion that the start of workplace counselling within the South African industrial setting was first noted by the Chamber of Mines (COM) in the 1980s. The author further postulates that the driving force behind the implementation was more than one internal social responsibility, especially in respect of challenged employees whose community and psycho-social resources were non-existent rather than being part of a business and human resources strategy. In view of the above context, the provision of counselling for workplace problems has evolved in recent years, as both private and public sector organisations have recognised the value of this approach to staff support. The Mpumalanga Department of Social Development has previously relied on Human Resource Management officials to take care of the health and wellness issues of the employees. There was a deficit of policy framework and coordinated effort aiming at supporting the employee health and wellness within the department which resulted to several unreported cases by employees. This had an unbearable consequence to the productivity and job performance of the employees within the workplace.

According to the Employee Health and Wellness Strategic Framework for Public Service (2008) “the integrated approach to Employee Health and Wellness recognizes the importance of individual health, wellness and safety and its linkages to organisational wellness and productivity in the Public Service Sector”. The South African government enacted Employee Health and Wellness Strategic Framework for Public Service (2008) to give practical guidelines and protocol framework on the manner in which employees could be assisted on areas of health and wellness. Consequently, the Employee Health and Wellness Programme (EHWP) have grown at a rapid rate in the public sector. The Mpumalanga Department of Social Development was also part of the government departments which implemented Employee Health and Wellness

Programme placed at the section of Human Resource Management at a provincial level. However, this study seeks to assess the contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province.

The programme aims to provide a reasonable confidential and professional counselling service to all employees and their immediate families within the context of issues affecting the employee in order to enhance and sustain the quality of life (Public Service Commission Annual Report 2016/2017: 94). Many empirical studies focus on the utilisation rate of EAP or EHWP and other related issues, but very little has been done on the contribution of the Employee Health and Wellness Programme on job performance, particularly among Social Service Professionals as participants.

## **1.2 STATEMENT OF THE PROBLEM**

The quest to achieve job performance outcomes has obscured the importance of employee well-being at work which remains a neglected area of inquiry within the field of human resource management in the public sector. Although there are numerous studies conducted around the Employee Health and Wellness Programme on job performance (Abdullah and Lee, 2012, and Baptiste, 2008) in a variety of countries, there has been comparatively limited research undertakings into the outcomes of job performance and little strategic assessments or reviews have been conducted regarding the contribution of EHWP on job performance among Social Service Professionals. It is evident from the reviewed literature that there are insufficient empirical studies conducted in South Africa, particularly in the Mpumalanga Province. There are minimal empirical studies that have narrowed their focus on the Contribution of EHWP on job performance targeting Social Service Professionals stationed at the Department of Social Development within the South African context. In view of the above context, this study seeks to close the existing gap of literature in the body of knowledge. Lack of proper functioning and underutilisation of the EHWP due to its structural location has a direct bearing on the lack of knowledge and understanding and thus, amounts to a lack of awareness and full realisation of the programme in the study area. Moreover, there is a dire consequence of confidentiality which is an ethical issue that sustains aversion among social workers' participation on EHWP. It is therefore envisaged that this study will enlighten the social work management, Social Service Professionals and EHWP coordinators on the relevance of the programme in ensuring high levels of job performance and productivity amongst the workforce to warrant quality service delivery.

### **1.3 AIM AND OBJECTIVES OF THE STUDY**

The major aim of the study is to assess the contribution of the Employee Health and Wellness Programme on job performance among Social Service Professionals at the Gert Sibande District, Mpumalanga Province.

#### **Specific Objectives**

The following are the specific objectives of the study:

- 1.3.1 To assess the awareness of Social Service Professionals on the Employee Health and Wellness Programme (EHWP) in the study area.
- 1.3.2 To explore the perceptions and attitude of Social Service Professionals towards EHWP.
- 1.3.3 To analyse the effect of EHWP on job performance among Social Service Professionals.
- 1.3.4 To examine the level of participation among Social Service Professionals on EHWP.
- 1.3.5 To identify strengths and challenges of the EHWP in order to make recommendations.

### **1.4 RESEARCH QUESTIONS**

- 1.4.1 What are the existing awareness programmes on Employee Health and Wellness that Social Service Professionals are exposed to?
- 1.4.2 What are the perceptions and attitudes of Social Service Professionals towards EHWP?
- 1.4.3 What is the impact of EHWP on job performance among Social Service Professionals?
- 1.4.4 What is the level of participation among Social Service Professionals on EHWP?
- 1.4.5 What are the strengths and challenges facing the EHWP in the study area?

### **1.5 MOTIVATION OF THE STUDY**

The researcher's rationale for the study is based on a persisting interest that aroused during Level Four Practicum Block Placement in 2015 at Mkhondo Department of Social Development in the Mpumalanga Province. During the process of experiential learning, the researcher had observed high levels of demotivation and dissatisfaction of Social Service Professionals about their working conditions. In view of the above, the researcher was intrigued to assess the contribution

of the Employee Health and Wellness Programme (EHWP) in terms of improving job performance among Social Service Professionals to realise increased productivity on employees and quality service delivery in the study area. The researcher then noted that the Employee Health and Wellness coordinators are stationed at the provincial office of the department concerned which raised a barrage of questions regarding the accessibility of EHWP to Social Service Professionals in the whole of the Gert Sibande District which consists of seven sub-districts, including the Mkhondo sub-district office where the researcher was stationed. There has been an increasing recognition that the health and wellbeing of the employees directly impacts the productivity of the entire organization. The essence of this premise further motivated the researcher to conduct a study around the aforesaid observations in order to generate amicable solutions that will contribute towards sustaining higher levels of productivity, job performance and proper social functioning of Social Service Professionals within the workplace.

## **1.6 SIGNIFICANCE OF THE STUDY**

Education changes the expectations of the employees, and indirectly introduces the concept of performance standards and periodic review towards the goal of continuous improvement (Dipela, 2016: 4). This study assists in areas of development, serve as a baseline for future assessments and further explore possible solutions regarding organisational job performance. It is also anticipated that the study would contribute towards knowledge areas aiming at promoting an effective and efficient Employee Health and Wellness Programme in the Department of Social Development. The study is expected to give insightful knowledge to managers of Social Service Professionals and further intensify the importance of the EHWP in the delivery of social services to a respective client system. The study would close the existing gap of literature focusing on the contribution of EHWP on job performance among Social Service Professionals. It is hoped that the publications stemming from this study would influence future research undertakings. Ultimately, it is further hoped that the study would serve as a frame of reference for the enhancement of EHWP services in the Department of Social Development.

## **1.7 INTENDED CONTRIBUTION TO THE BODY OF KNOWLEDGE**

Few Research Studies have been conducted on the Employee Health and Wellness Programme focusing on the successes and shortcomings of the programme. However, there is diminutive literature on the contribution of the Employee Health and Wellness Programme on job performance among Social Service Professionals in the study area which are seven sub-districts

offices of the Department of Social Development situated in the Gert Sibande District in the Mpumalanga Province. Moreover, the study creates opportunities for policy makers and Employee Health and Wellness coordinators to argue for policy development. Subsequently, the study contributes to the body of knowledge around the question of EHWP on job performance among Social Service Professionals.

## **1.8 SCOPE AND DELIMITATION OF THE STUDY**

Delimitation of the study refers to setting conceptual and geographical boundaries regarding the subject matter of the study area and is about giving clarification or meaning to the concepts that are continuously used in the study (Marovatsanga, 2017: 5). This study focusses on spatial delimitation.

### **1.8.1 Spatial Delimitation**

This study was solely delimited to Gert Sibande District which is one of the three (3) districts in the Mpumalanga Province. It was based upon the seven sub-districts constituting the Department of Social Development at the Gert Sibande District namely: the (1) Albert Luthuli, (2) Dipaleseng, (3) Govan Mbeki, (4) Lekwa, (5) Mkhondo, (6) Pixley Ka Seme and (7) Msukaligwa sub-district. For the purpose of achieving the objectives of this study, the researcher had to broaden the focus to include all seven (Local Municipalities) sub-districts, instituting the Department of Social Development of the Gert Sibande District located in the Mpumalanga Province.

## **1.9 DEFINITION OF KEY CONCEPTS**

The key concepts below seek to give a clear understanding of the topic:

### **1.9.1 The Employee Health and Wellness Programme (EHWP)**

The EHWP can be described as an assistance programme that can represent a primary solution to the problem of health care costs containment through early identification and intervention by helping employees and their families find healthy ways of dealing with, for example, weight reduction and maintenance through physical exercise and nutrition before complications arise such as diabetes, being overweight and many more (Dickman and Challenger, 2003:155). However, the Department of Land Affair (2008: 4) refers to EHWP as a “work-based programme offering wellness services that are aimed at improving the quality of life of all

employees in order to maximize organizational effectiveness”. On the other hand, the researcher defines EHWP as a set of organisational policies and procedures aimed at identifying and responding to personal problems of employees which may adversely interfere, either directly or indirectly, with their job performance.

### **1.9.2 Job Performance**

Job performance is an assessment of whether an employee can meet the targets of a growth and development strategy both efficiently and effectively.

### **1.9.3. Social Service Professionals**

According to Barker (2003), Social Service Professionals are graduates of schools of social work and social auxiliary work (with social auxiliary work certificate or bachelor’s, master’s or doctoral degrees) who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organisations or a society in general). Social Service Professionals help people increase their capacities for problem-solving and coping as well as help people obtain needed resources, facilitate interactions between individuals and between people and their environments, make organisations responsible to people and influence social policies. Both social auxiliary workers and social workers are referred to as Social Service Professionals within the context of the Department of Social Development, however, for the purposes of this study, social service professionals were referred to as social workers.

## **1.10 RESOURCES**

The study had financial implications which necessitated a request of financial resources from the Research and Innovation Unit of the University of Zululand. Indeed, resources were adequately allocated to fairly cover all the costs of this research project.

## **1.11 FEASIBILITY**

The study was solely conducted at the Gert Sibande District in the Mpumalanga Province. Resources obtained from the research unit of the University of Zululand were sufficient and enabled a successful completion of the study.

## **1.12 INTELLECTUAL PROPERTY**

Despite the usual copyright issues, no special intellectual property rights anticipated to emanate from this piece of work. The University holds property rights to any kind of commercialisation that may emanate from this piece of work with full recognition of the researcher.

## **1.13 KNOWLEDGE DISSEMINATION**

The dissertation is accessible from the University of Zululand's repository. One article was generated from the data collected and published through accredited journals.

## **1.14 STRUCTURE OF THE STUDY**

This research study is divided into five chapters. That is, the orientation to the study, the literature review, research methodology, data presentation, analysis and interpretation as well as the discussion of findings, conclusion and recommendations.

### **1.14.1 Chapter One [Orientation of the Study]**

This chapter provides a broad overview of the study. Among other aspects, it pays special attention to the statement of the problem, objectives, research questions, motivation of the study, significance of the study, contribution to the body of knowledge and the definition of key concepts.

### **1.14.2 Chapter Two [Literature Review]**

This chapter covers an overview of empirical literature in connection with research objectives of the study. It further alludes to the theoretical framework related to the subject matter.

### **1.14.3 Chapter Three [Research Methodology]**

This chapter comprises of the research methodology of the study. This chapter further discusses the research paradigm, approach and design, target population, sampling method, data collection method, data analysis and interpretation, validity and reliability and other ethical considerations.

### **1.14.4 Chapter Four [Data Presentation, Analysis and Interpretation]**

This chapter focuses on data presentation, analysis and interpretation.

#### **1.14.5 Chapter Five [Summary of Findings, Conclusion and Recommendations]**

This chapter presents findings according to the objectives of the study. After careful considerations of the findings, appropriate conclusions were drawn, and pertinent recommendations were also made.

#### **1.15 SUMMARY**

The decision by South African government to embrace the Employee Health and Wellness Programme for employee wellbeing at work is proven to complement more conventional methods of improving employee attitudes and productivity which in turn enhances organisational effectiveness and high levels of job performance. However, the study aimed at assessing the contribution of the Employee Health and Wellness Programme on job performance among Social Service Professionals at the Gert Sibande District, Mpumalanga Province. In line with this, the study has introduced the background, motivation and significance of the study. It has also outlined the problem statement, research aims and objectives, research questions and the definition of key concepts. To achieve the objectives of the study, five research questions were posed to guide the entire study. Ultimately, the succeeding chapter would focus on the literature review and theoretical considerations of this study.

## **CHAPTER TWO**

### **SECTION A: HISTORY AND BACKGROUND OF EHWP**

#### **2.1 INTRODUCTION**

This chapter reflects the reviewed literature in relation to the contribution of EHWP on job performance among Social Service Professionals. Marshall and Rosseman (2006:42) maintain that a literature review is a thoughtful and logical discussion of related literature which builds a logical framework for the research and locates it within a tradition of inquiry and context of related studies. Among many aspects, this chapter has covered the theoretical framework of the study, historical background of EHWP, significance of EHWP, the legislative framework that mandates EHWP's in the Department of Social Development, EHWP on job performance in the workplace, types of EHWP, the challenges affecting social services professionals and the benefits of the EHWP.

#### **2.2 THE ORIGIN OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMMES**

The origin of the Employee Health and Wellness Programme (EHWP) can be traced back two decades ago. Historically, the programme was first initiated in the United States of America (USA) in the mid-1930s where a major concern was solely placed on alcoholic employees. As a remedy to this effect, organisations were subjecting their employees to Alcoholics Anonymous (AA) whose fundamental basis was to encourage alcoholic individuals to share their experiences, strengths and aspirations amongst one another (Dickman and Challenger, 2003). The continuum of these encounters resulted into the development of 'Occupational Alcoholism Programmes' with a view of rehabilitating alcoholic employees to be effective and efficient in the workplace. Dickman and Challenger, (2003) further argue that this approach dominantly blended with the management concerns about maximizing productivity within the workplace by helping troubled employees.

EAPs were adopted by both the public and private sector as a model or tool to benefit organizations due to high levels of employee satisfaction and motivation Gainer (2008:5-9) in the Employee Wellness Mammoth Guide notes that the EHWP could be traced back to the days of Bernardini Ramazzini who was a physician from Italy who lived in 1633. It was noted that this author wrote a lot about the exposure of employees at the workplace. There were diseases that were identified from the workplace which called for the organisations to take them into account, as it greatly affected employees' performance.

Reardon (1998:117) in the Mammoth Guide (2016) notes that during the industrial revolution period, a lot injuries were reported in a number of factories due to the fact that work was systematised. Donnachie (2000) notes that the issue of employee health and wellness began to gain attention in 1810 when Robert Marcus introduced that a workday for any employee should be at least ten hours. In the year 1817, it was then suggested that the working hours per day be reduced to eight hours. Most organizations at the time adopted the idea of Marcus. Similarly, Ford was among the organizations that adopted the idea.

In the year 1832, the first documentation on the issues that were faced by employees in the workplace was written by Charles Turner. The writings by this author advocated the importance of prioritising the needs of employees and their wellbeing. Turner's writings were also referring to an employer who does not care about the wellbeing of the employees as one who is evil (Gainer, 2008:5).

According to Arthur (2002:69), in the year 1950, there were a number of programmes that were put in place to ensure employee wellness and a number of organisations implemented a number of programmes that aimed at assisting employees with mental health and alcohol issues. In the early 1970s, more employee wellness programmes were implemented with an aim to minimise the costs of health for the organisations. The employee wellness programmes came as a quick solution to the reduction of health costs for most organizations.

### **2.3 THE HISTORY OF EAP AND EHWP IN SOUTH AFRICA**

In early 1980s, the Employee Assistance Programme (EAP) emerged in the South African workplace context to mirror the USA Model following a 'broad brush' approach. EAPA-SA (2010:6) defines EAP as "a workplace programme designed to assist: (1) work organisations in addressing productivity issues and (2) "employee clients" in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns that may affect job performance". The ideology behind the establishment of this programme was the notion that it increases both productivity and job performance within the workplace setting. However, the emerging of EAPs from Occupational Alcoholism Programmes in South Africa escalated the scope of services to include problems ranging from marriage, family, financial and emotional aspects. Resultantly, the EAPs were adopted by both the public and private sector as a model or tool to benefit organisations due to high levels of employee satisfaction and motivation.

Occupational Social Service Professionals with the required knowledge and appropriate skills training also started to play a greater role in support of a comprehensive approach (Gcwabe, 2015:17). EAPs immensely contributed to the morale development of employees, thus, benefiting organizations to be increasingly productive.

Gcwabe (2015) contends that the integration of EAPs with other programmes such as mental health, work-life, wellness and health and productivity management led to the development of EHWP. On the other hand, the Wellness Management Policy Framework (2008) is of the view that EHWP is largely preventative in its nature focusing on both primary (avoid the risk or condition) and secondary (minimize the effects of the condition) prevention. The framework further states that EHWP grew out of the traditional Employee Assistance Programme (EAP) which was limited in its scope and practice and was more reactive than proactive. This therefore portrays that the EHWP is expected to be proactive in approaching workplace problems emanating from Social Service Professionals as compared to the traditional EAP which was reactive rather than proactive to workplace problems.

Some studies maintain that wellness programmes were firstly implemented in the mining sector after the Chamber of Mines of South Africa conducted a study which called for the implementation of these programmes in the mines of South Africa (Sieberhagen, Pienaar and Els, 2011). Sieberhagen, Pienaar and Els (2011) further state that as much as the EHWP is very important for productivity and job performance in South African organizations, there is still a very low number of organisations that are partaking in these kind of programmes for the benefit of employees. Thus, employees are forced to utilise outsourced private wellness services.

#### **2.4 EHWP IN THE SOUTH AFRICAN PUBLIC SERVICE INCLUDING THE DEPARTMENT OF SOCIAL DEVELOPMENT**

The National Development Plan 2030 and Outcome twelve of the Medium Term Strategic Framework (2014-2019) envisage a developmental public service that is receptive and responsive to the needs of its citizens without compromising the constitutional values and principles espoused in Section 195 of the Constitution of the Republic of South Africa (1996). In pursuit of this, the Public Service Commission (PSC) aims to establish a high standard of service delivery by monitoring good governance in the Public Sector (PSC 2017). On the other hand, the vision for the Department of Social Development (DSD) is to be a caring and integrated system of social development services that facilitates human development and improves the quality of life. The mission is to, however, enable the poor, the vulnerable and the excluded within South

African society to secure a better life for themselves, in partnership with them and with all those who are committed to building a caring society. This compels the DSD to uphold its vision and mission to realise the desired outcomes. Public Service Regulations, 2016 notes that the Head of Department shall establish and maintain a safe and healthy working environment for employees.

The White Paper on Human Resource Management in the Public Service (1997) contends that the post 1994 public service faces enormous challenges, both in terms of its own transformation, and the transformation, of services which it provides to the people of South Africa. It indicates that these challenges are being tackled through a comprehensive programme of policy initiatives underpinned by progressive legislative changes. The document further postulates that the initiatives will achieve a fundamental managerial shift from a centrally-controlled, process-driven public service to a service which is representative of all the people of South Africa and treats all the public servants as a valuable resource. In line with this context, the EHWP was established within the DSD to focus on a variety of employee problems, including Social Service Professionals with a view to improve performance and productivity within the workplace.

## **2.5 THE SIGNIFICANCE OF EHWP**

The success of EHWP is based on the demonstration of its significance and value. Employees are often faced with issues caused by work challenges and other personal contributors. Some personal issues end up affecting the performance of employees even in their place of work. Mulligan (2004) states that the EHWP was designed to assist employees in coping and overcoming challenges that are caused by work and other personal issues for them to remain productive in the workplace. Organisations across the world are becoming aware of the issues that are related to the wellbeing of employees. The changes in the global setting calls for organisations to take into account these type of issues because the success of the organisations depend on them being tackled (Sieberhagen, 2001:24).

The core practices of worksite EHWP include strategic planning to prevent diseases, decrease health risks and contain the rising costs of health care; something that is of major concern to companies (Attridge, 2005:42). Gcwabe (2015:32) further argues that these practices also include risk-related health management interventions such as healthy lifestyle programmes, behavior change programmes, self-care and disease management. This denotes that organisations care about the quality of their employees' lives, as this has a direct bearing on increasing productivity and job performance in the workplace.

The emphasis should be placed on the active involvement of management in ensuring that employees are aware of the existing policies and strategies on wellness management programmes. Nossel (2012:2) contends that without visible management support, employees also tend to be less committed. Thus, top management ought to be conversant with the fact that taking care of the health and well-being of employees is a safe investment that organisations could consider.

According to Dipela (2016:17) the introduction of EHWP's in any organisation is highly beneficial for both the employer and employees, as it reduces the costs of injuries and health care. Furthermore, the introduction of the programmes gives returns to the employer since prevention is cheaper than cure. The following also make the EHWP important to organisations:

- It reduces the insurance premiums that are paid by the employees,
- Increases productivity and job performance,
- Reduces absenteeism by the employees,
- Results in stress free and focused employee, and
- It develops morale for employees.

## **2.6 LEGISLATIVE FRAMEWORK GOVERNING EHWP IN THE DEPARTMENT OF SOCIAL DEVELOPMENT**

The major functionality of EHWP lies on the proper adherence to policies and legal prescripts existing within the department. These legislative frameworks assist in providing a policy direction in as far as service delivery is concerned. The Department of Social Development is duty bound to run the EHWP's according to these following mandatory policies:

### **2.6.1 The Constitution of the Republic of South Africa Act 108 of 1996**

The Constitution governs the Republic of South Africa, therefore it is regarded as the supreme law of the land and every state department is bound to abide by it in when rendering services to the public domain. The Constitution under Section 10, 11, 23 as well as 24 makes provisions for the wellness and safety of employees in the workplace which need to be ensured by the employer. According to Section 23(1) of the Constitution of the Republic of South Africa (1996) "everyone has the right to fair labour practices". Social Service Professionals are trusted with a huge responsibility to advocate for social justice for all the citizens of South Africa and empower people to appropriately interact with their social environment. To discharge this eminent responsibility calls for Social Service Professionals to be holistically stable. This includes, among everything, physical, social, emotional, occupational, spiritual, financial and intellectual

wellness in their world of work. Thus, Social Service Professionals are also anticipated to be holistically stable. Moreover, Section 10 and 11 covers the fundamental human rights that are non-negotiable. It is postulated that there has to be proper respect and protection of human rights by anyone living within the borders of the country which includes state and private organisations. Dipela (2016:57) argues that Section 11 of the 1996 Constitution should be read in conjunction with Sections 23 and 24 which provide for a right to fair labour practices and to an environment that is not harmful to one's health or well-being. Dipela (2016) further argues that these sections position a responsibility on employers to respect and protect an employee's health, ensure fair labour practices and provide a working environment that is not harmful to the health and well-being of an individual, thereby acknowledging and respecting the individual's right to life. In addition, there is Section 27 which guarantees a right to effective health care and social services to everyone. The researcher contends that the state binds itself to ensuring that this right is also implemented in all the corners of the country.

### **2.6.2 The Public Service Act 103 of 1994**

In Part Number Six under Section D, this provision strongly states that the head of each department (HOD) within the Public Service carries a mandate of ensuring that there is the creation and maintenance of a safe working environment for all the employees. Furthermore, Part E-Five of this provision states that the HOD of the state should also ensure that programmes seek to promote health through educating employees within the department are put in place and also implemented.

This provision further states that there should be measures that are put in place to evaluate the effectiveness of the programmes that the HOD should implement in terms of Part E-Five of the provision. Part Nine, under Section E of this provision stipulates that in cases where the employees within the department are underperforming, the employer (HOD) should make it a point that a support programme is in place to assist employees to regain their productivity and job performance levels.

### **2.6.3 The Labour Relations Act 66 of 1995**

The Labour Relations Act (1995) aims at giving guidelines in maintaining the relationship between the employer and employees. It also regulates dispute resolutions between employers and employees and further provides rights of workers in events of dismissal. Under Schedule Five the act states that the employer carries a mandate to ensure that there is creation and maintenance of a working environment that compliments human dignity of employees. Under

the code of good practices, it stipulates that the employer is obligated to ensure that the working environment is supportive to the employees that are living with HIV/AIDS. The document further states that there has to be a protection of human rights and dignity of the employees living with HIV/AIDS.

#### **2.6.4 The Basic Conditions of Employment Act 75 of 1997**

This piece of legislation was formulated to give effect to the provision made by the Constitution under Section 23 (1) which states that everyone carries a right to fair labour practices. This is in support of organisational provisions of employee wellness services to cater for employees facing personal and work-related problems. Any problem that affects productivity should be addressed following this legal prescript and other relevant pieces of legislations.

#### **2.6.5 The Occupational Health and Safety Act 85 of 1993**

Among many provisions, this Act exists to ensure that employers keep the working environment safe and healthy for employees in a reasonable and justifiable manner. Employers also have a duty to conduct trainings and workshops on health and safety issues to acclimatise employees on the necessary steps to be taken upon dangerous situations in the workplace. The standard committee of EAPA-SA (1996) is of the view that the EHWP will, among other things, offer responsive intervention services to employees, family members and the organisations in acute crises situations. The committee further indicated that the motivation of these interventions is on the maintenance of EHWP credibility and prevention of long-term dysfunctionality or difficulties on individuals, families and the organisational level.

#### **2.6.6 The Employment Equity Act 55 of 1998**

The primary aim of the Employment Equity Act (1998) is to ensure that there is equality and non-discrimination in terms of race, gender and other related aspects within the workplace situation. The Act promotes equal opportunities by eliminating unfair discrimination through anti-discrimination measures and affirmative action considerations. The Act makes provisions that the employer should not directly or indirectly discriminate against employees in terms of the opportunities that are provided by the organisations. The act further prohibits the employer from unfairly discriminating employees based on their HIV/AIDS status and testing the employees for the purpose of entry to new positions unless that is allowed by the Labour Court after considering the need for testing the employees. Thus, the Act is in line with ethics- and confidentiality-related issues in such processes.

### **2.6.7 The Skills Development Act No. 97 of 1998**

The Act aims at developing the skills of employees by improving the quality of their lives, prospect of work and labour mobility. The act goes as far as improving productivity and healthy competition of employees in the workplace. Active participation regarding learnership and training programmes is encouraged by this Act. This is illustrative when organisations provide bursaries, scholarships and learnerships for the benefit of employees who want to advance their skills in the workplace. Indeed, these initiatives immensely contribute to the productivity and happiness of employees, as they portray a certain degree of support towards employees.

### **2.6.8 The Domestic Violence Act No. 116 of 1998**

Amongst all other problems faced by employees, some problems emanate from home settings which have a direct bearing effect to job performance and social functioning of employees in the workplace. This may include, but is not limited to harassment and sexual, emotional, physical, verbal and psychological abuse. However, the Act has clear guidelines to address issues emanating from domestic violence and EHWP practitioners follow the provisions of this Act to tackle problems linked with domestic violence which may be detrimental to the job performance of any employee.

### **2.6.9 The Unemployment Insurance Act 30 of 1996**

Dipela (2016) is of the view that the Act is aimed at combating unemployment and to provide for a form of payment to those who contribute when they are not employed. The EHWP favours the Act in encouraging that all employees contribute to the Unemployment Insurance Fund (UIF) while they are earning at the workplace. The EHWP coordinators provide information to employees or their dependents on procedures and channels to be followed to access the UIF claim. This may be accessed in an event of employee termination of services through dismissal, illness, retrenchment or in cases of death, etc.

## **2.7 THE EHWP IN RELATION TO THE EMPLOYEE HEALTH AND WELLNESS STRATEGIC FRAMEWORK FOR PUBLIC SERVICE**

The creation of the Employee Health and Wellness Strategic Framework in the public service comes as a result of the DPSA's effort to provide a strategic solution to maintain human dignity. The Department of Public Service employed the EHWP as a strategy to maintain the dignity of the public sector employees (Gcwabe, 2015:27). According to the Department of Public Service and Administration (2008:1) "the formulation of the EHW Strategic Framework is aiming at

introducing the integrated model which is responsive to health rights and responsibilities of both the employees and employers in the workplace”. Moreover, this framework came as a result of intensive research undertakings and benchmarking of local and international appropriate practices and through stakeholders and relevant forums.

South Africa is part of the global community and resulted in the formulation of the EHWP strategic framework in South Africa which was a response to the World Health Organization which formulated a plan of action on employee health in Africa in the years 2008 to 2017 as well as the International Labour Organisation (ILO), with its Decent Work Agenda in Africa for 2007 to 2015. The World Health Organisation’s (WHO) Global Plan of Action on Workers Health from 2008 to 2017 states that workers represent half the world’s population and they are major contributors to economic development. However, amongst many planned activities it seeks to support the integration of workers’ health and primary health care, devise and update national policy instruments for workers’ health and generate human and intellectual resources for occupational health. It further calls for effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services. The introduction of the EHWP in the South African Public Service sector resulted in a rapid transformation in the public sector, as it resulted in the prioritisation of risk management, occupational health and safety and wellness of employees (Department of Public Service and Administration, 2008:7).

The Employee Health and Wellness Strategic Framework for the Public Service (2008) asserts that EHWP is based on four functional pillars which represent the recommended core functions of the EHWP units in line with departments, and identify a critical set of initiatives to be undertaken by the health and wellness practitioners in carrying out their roles and responsibilities. The four pillars are described as:

- Health and Productivity Management (HPM),
- HIV/AIDS and TB management,
- Safety, Healthy Environment, Risk and Quality Management (SHERQ) and
- Wellness Management.

However, the policy further indicates that the goal is to provide a common strategic direction and platform for operational policies which is in line with departments by providing guidelines through principles and practices for the health and wellness of public servants, their families and citizens.

### **2.7.1 Health and Productive Management (HPM)**

According to the Department of Public Service and Administration (2008:26), “Health and Productive Management (HPM) focuses on the effort to promote and maintain the general health of employees through prevention, awareness, education, intervention, risk assessment and support in order to mitigate the impact of communicable and non-communicable diseases and injuries on the productivity and quality of life of individuals”. In light of the above, the HPM pillar is thus identified as the integrated management of health risk for chronic illnesses, occupational injuries and diseases, mental diseases and disability to reduce employees’ health-related costs, absenteeism and poor performance (Department of Public Service and Administration, 2008:26). The introduction of Health and Productive Management in organisations seeks to encourage the implementation of programmes, promotion of health education and installation of infrastructure that ought to make the workplace much safer. Thus, the implementation of this pillar requires departments to develop their respective implementation plans which outline HPM programme objectives, activities, outputs, budget and time frames.

### **2.7.2 HIV/AIDS and TB Management**

Mpumalanga is among the affected provinces by the HIV and AIDS epidemic in South Africa. Tuberculosis (TB) is one of the most common opportunistic infections that have steadily increased which also occur among HIV infected patients and has a parallel increase in the estimated prevalence of HIV in the adult population, including skilled and unskilled human capital. These diseases leave organisations with no choice but to continue managing them and provide numerous forms of support to their workforce. The Department of Public Service and Administration (2008:23) contends that the HIV and AIDS and TB Management Pillar is intended to mitigate the impact of the epidemic and to improve public service delivery by reducing the number of infections among individual employees, their families and communities. This Pillar provides a framework that supports effective operationalization of national strategies among many such as the National Strategic Plan for HIV, TB and STIs (2017 -2022). In the plan, are a set of bold and ambitious targets which include reducing new HIV infections from 270 000 to less than 100 000 per year, reducing new tuberculosis (TB) infections from 450 000 to less than 315 000 per year and reaching the 90-90-90 targets whereby 90 per cent of people living with HIV know their HIV status, 90 per cent of people who know their HIV positive status are accessing treatment and 90 per cent of people on treatment have suppressed viral loads by 2020 (National Strategic Plan for HIV, TB and STIs, 2017 -2022). To achieve these targets, the researcher contends that government and stakeholders ought to work together in staging high

impact programmes and further provide information and knowledge to less informed people of South Africa about these diseases. On the other hand, the World Health Organisation (2009:1) indicates that more than half of the people who are infected with HIV and need health services do not access life-saving drugs and the majority of patients start treatment when they are already in the advanced stages of AIDS. Moreover, departments, including the Department of Social Development, have the responsibility of fully adopting this pillar. If there are, however, unique circumstances within departments that necessitate modification, departments ought to customise the policy in line with its minimum and maximum provisions.

### **2.7.3 SHERQ Management**

The general purpose and nature of the existence of the Safety, Health, Environment, Risk and Quality (SHERQ) Management policy is to commit to the provision and promotion of a healthy and safe work environment for employees and clients utilising government infrastructure, and to assess and control risks through the enforcement of the Occupational Health and Safety Act No. 85 of 1993. However, according to the Department of Public Service and Administration (2008), SHERQ deals with the intangible and tangible factors of safety, health, environment, risk and quality management or purposes optimal occupational health and safety of employees, the safety of citizens the sustainability of the environment, the management of occupational and general risks and the quality of government products and services. It further involves opportunities for work that are productive and deliver a fair income, security in the workplace and social protection for families. Moreover, this pillar goes as far as providing prospects for personal development and social integration and freedom for people to express their concerns and organise and participate in the decisions that affect their lives. The Department of Public Service and Administration (2008:26) postulates that SHERQ provides for the increased responsibility of both political and executive leadership to ensure that government departments conduct their affairs in an accountable, responsible, transparent and sustainable manner as decent public servants. This therefore denotes that departments are duty bound to equally and reasonably uphold this pillar as an instrument to have a healthy and safe public service environment by controlling hazards in the workplace for both the community in general and public servants. Most importantly, the researcher argues that the senior management of departments ought to ensure the establishment of a SHERQ management committee and regularly consult with the committee with a view to initiate, develop, promote, maintain and review measures to ascertain the health and safety of human capital in the place of work.

#### **2.7.4 Wellness Management**

According to the EAPA-SA (2010), “the Wellness Management emerged as a priority due to the increasing recognition that the health and wellbeing of employees directly impacted on the productivity of the entire organisation”. Besides increasing employee’ morale and further retaining key people, the wellness programme results in fewer injuries, less human error and a harmonious work environment (Abdullah and Lee, 2012:480). Moreover, authors further maintain that when employees know that their company is concerned about their health and wellness, it can indirectly increase their loyalty and satisfaction. However, the primary goal of Wellness Management is to enable organisations, teams and individuals to sustain higher levels of performance as well as for individuals to enjoy life to the fullest (Department of Public Service and Administration, 2008). This pillar provides measures and programmes that prevent and cure to contribute towards the decent work of public servants. It is worth noting the general proposition that by assisting employees resolve their problems, they feel better and the more that they feel better the more they work better. This then, resultantly, increased productivity and job performance is realised in the organisation. Nevertheless, human resources are valuable asserts and, thus, the Wellness Management Pillar can be utilised as a vehicle to cater for the health and wellness of the workforce. According to Gcwabe (2015:31), the Wellness Management Pillar is in line with the ecological system’s perspective which according to Ambrosino *et al* (2005:54), incorporates the biological, sociological and cultural aspects developing individuals and their interactions with a broader environment. Concurring with the above, the researcher is of the view that the Wellness Management Pillar is largely preventative in its nature. Hence, it focuses on but is not limited to, primary (to avoid the risk or condition) and secondary (to minimise the effects of the condition) prevention unlike the traditional EAP which was limited in its scope and practice, as it was more reactive than proactive. It is attained then by creating an organizational climate and culture that is conducive to wellness and comprehensive to psycho-social health risks (Gcwabe, 2015:31). The accessibility of wellness services to all employees at all levels of employment and their immediate family members is the centerpiece of the Wellness Management Pillar. However, it is the submission of the researcher that a successful implementation of this policy framework rests on the assurance of confidentiality when dealing with cases of employees as breach of confidentiality which is potentially detrimental to concerned parties. This suggests that only registered professionals with respective and recognised bodies should be entrusted with a responsibility to provide therapeutic interventions to respective employees. Thus, intensive knowledge and understanding of the generic principles

of respect for human dignity and worth of a person must then guide the actions and ethical conduct of all professionals working in the field of Wellness Management.

## **2.8 EMPLOYEE HEALTH AND WELLNESS PRACTICE MODELS**

The model applied by organizations usually complements the goals and nature of the Employee Health and Wellness Programme. Dipela (2016:37) is of the opinion that the effectiveness of the programme sometimes depends on the models selected by the organisation. The author further argues that each organisation is unique in terms of its employees (demographic) profile, organizational culture, employee needs and some other variables such as whether the work environment is unionised. There are several types of EHWP models designed to meet the needs of a variety of employees in workplaces. However, the researcher is of the opinion that EHWP models should be rendered with specific reference to individual needs and demands. Ideally, the Department of Social Development in the Mpumalanga Province has always had service providers rendering EHWP services. Equally, it also has the internal EHWP staff that is responsible for the wellbeing of the employees within the workplace. Moreover, both the internal and external models complement each other and have their advantages and disadvantages.

### **2.8.1 Internal Model**

The on-site model also referred to as in-house or internal model has the advantage of being positioned to deliver high-quality organisational services which are designed for that specific organisation (Gcwabe, 2015:25). This model requires a strong commitment from the part of the EHWP unit and the organisational management by ensuring that the needs of the employees are met without any prejudice or fear of contradiction. Manganyi (2015:25) is of the opinion that in-house programmes can be more cost-beneficial, maintain more company control, have better diagnostic potential, recruit higher referrals from supervisors and have better acceptance by unions. The researcher concurs with the author that EHWP professionals have the advantage of knowing and understanding the organisational culture and employee profiles which makes it easier for them to maximise strategies in tackling most of the problems faced by employees. McLeod (2001) claims that workplace counselling has evolved into a mature field of a specialist counselling practice, with its own professional bodies, training programmes, books and journals. Ideally, the researcher assumes that the Department of Social Development and EHWP practitioners are qualified and registered in terms of the South African Council for Social Service and Professionals as Social Workers which guarantees highly skilled professionals rendering

wellness services to service users. However, some notable factors that serve as an advantage to embrace the on-site/internal model are as follows:

- The services are available and accessible to employees during working hours and this increases the utilisation of the programme.
- It increases the ability to assess on-site problems and counter-act those them proactively.
- It enhances awareness and makes employees to have ownership of the programme and acknowledge its internal existence as it is designed to cater for their needs.
- The model also allows for close monitoring and evaluation of day-to-day functioning of the programme.

It is worth acknowledging the fact that the location of EHWP services internally has some remarkable pitfalls or loopholes. The employees may sometimes fear to utilise such services because they might think that if management becomes aware of their problems, they can run the risk of losing opportunities (Sonnestuhl and Trice, 1990). Indeed, the researcher concurs with the author that employees are likely to experience discomfort in utilising an internal model, as they may feel that their rights and job security may be subjected to jeopardy. According to Gcwabe (2015:25), “confidentiality refers to the obligation to refrain from willingly disclosing information that has been received in confidence”. The author further articulates that the primary principle of EHWP is to maintain confidentiality through-out every level of the EHWP. On the other hand, Lodewyk (2011:7) is of the opinion that employees may feel that confidentiality is compromised and this may affect their willingness to make use of the programme. It is the view of the researcher that EHWP professionals may experience a certain degree of a conflict of interest. This is due to the fact that they may sometimes be conflicted as to whether or not to resolve the issues in the best interest of employees or the employer. Nonetheless, a successful implementation of the internal model is through sufficient qualified professionals disseminated across branches of an organization to maximise efficiency and accessibility.

### **2.8.2 External Model**

An off-site model is commonly known as an external model. The operation of this model is usually placed at the employer’s initiative to contract with the external EHWP service providers to render Employee Health and Wellness services, either at the venue provided by the service provider or the employer. Sonnestuhl and Trice (1995) are of the notion that the provision of a variety of services by external service providers makes this model advantageous. Lodewyk

(2011:8) further claims that organizations believe that this method of service delivery is an easy, quick and efficient way to maintain a proper programme. The author further expands in saying that the potential for a conflict of interest is diminished. Mindful of these notions, counselling has evolved and there are now externally contracted large commercial firms such as Careways which is able to offer not only therapeutic counselling but also financial advice and telephone helplines to employees. Dipela (2016:37) articulates that confidentiality is easier to maintain due to limited contact with people other than clients separate from the corporate politics of the organisation and offsite counselling offers more privacy and a most stigmatised route to access. According to Dipela (2016:37), “the advantage of this model is that it provides better accountability, lower legal liability and ease of start-up and implementation which is less costly for small or medium-size organisations”. The researcher is also recognising another advantage that external service providers have highly skilled multidisciplinary teams which are capable to tackle most of the employees’ needs without any referral. In line with these submissions, EHWP Coordinators and the Department of Social Development have the responsibility to ensure that externally contracted service providers adequately render the desired services to individual employees in general and Social Service Professionals in particular.

The major drawback of contracted service is believed to be a lack of experience within the workplace and accountability for those offering the services (Manganyi, 2015:27). The author goes further to indicate that there is no on-site counselling, no ownership and some supervisors may be reluctant to deal with outsiders. External service providers are profit-driven; they may not always do justice in terms of serving the best interest of the client or organisation. Some employees prefer face-face sessions when they are experiencing some problems. It therefore becomes a challenge not to locate the contractor’s offices anywhere near to the vicinity of the ‘troubled’ employee. Considering the above context, self-referral cases pose difficulties on accessibility issues, as employees will have to travel long distances for services purposes. There are limited traceable incidences where external service providers render aftercare services to their participants which delay their recovery process. The service provider is in a unique position to render specific orientated services other than the internal EHWP professional who is at an advantage of knowing and understanding specific organizational dynamics. The EHWP is unable to demonstrate its effectiveness towards organisations unless proper assessment or evaluation tools are put to test. This, in essence, gives rise to the primary aim of the study. Thus, key indicators of convenience are bound to be determined by the findings of the study on whether internal or external services better contribute to the central objectives of the programme.

## 2.9 THEORETICAL FRAMEWORK OF THE STUDY

In the attempt to assess the contribution of the employee health and wellness programme on job performance among Social Service Professionals, an ecological systems perspective was adopted. Karen, Kirst-Ashman and Hull (2010:11) are of the view that the primary concepts of an ecological systems perspective include social environment, person-in-environment, transactions, energy, input, output, interface, adaptation, coping, and interdependence. On the other hand, Ambrosino *et al.* (2012:54) contend that the ecological systems perspectives incorporate biological, psychosocial, sociological and cultural aspects of developing individuals and their interactions with a broader environment. This denotes that the ecological systems approach places major focus on the interactions between individuals and their environment. Zastrow (2004: 55) states that the ecological approach “integrates both treatment and reform by conceptualising and emphasising the dysfunctional transactions between people and their environment”. Therefore, the ecological systems approach takes into account both internal and external factors. This is further supported by Hepworth *et al* (2006) and Zastrow (2004), as both authors understood that people and the environment need each other to complete the systems as a whole.

Two imperative concepts can be taken from the ecological systems perspective, namely, the social environment and coping. According to Karen, Kirst-Ashman, and Hull (2010:11), the social environment involves the conditions, circumstances, and human interaction that encompass human beings. Among many factors, the social environment incorporates all the individuals, groups, organisations and systems that a person may interact with. The second concept is coping which implies how one can overcome challenges that are presented by the environment. Hepworth *et al.* (2006) argued that the ecological systems perspective calls for a balance between the resources available in the environment and the needs of the people. The ecological systems approach calls for a better match between the needs of the individual and the characteristics of his/her environment (Zastrow, 2004).

The ecological systems perspective is the most relevant theory to this study. The ecological systems perspectives allows the Health and Productivity Management pillar which focuses on the integrated management of health risks for chronic illnesses, occupational injuries and diseases, mental diseases and disability, in order to reduce employee-related costs, absenteeism and poor performance. Hepworth *et al.* (2006:17) further cautioned that any gaps in the environmental resources, limitation of individuals who need to utilise these resources or a

dysfunctional transaction between individual and the environment systems, threaten to block the fulfilment of human needs and lead to stress or impaired functioning.

There are only few critiques and weaknesses on the ecological systems perspective that can be highlighted for the purposes of this study. Karen, Kirst-Ashman and Hull (2010:13) contend that some theoreticians might posit that the ecological model is an offshoot or interpretation of the systems theory, since it is a bit more limited in its scope and application. The ecological systems perspective does not assume a broader perspective as compared to the systems theory. However, the ecological systems perspective finds deeper relevance on the basis that this study encompasses two key variables, being the individuals and the environment. It is clear that the ecological systems perspective allows for individual wellness that promotes physical, emotional, social, occupational, spiritual and intellectual wellbeing, meanwhile, on the other hand, the organisational wellness promotes a culture that is conducive to employees' work-life balance in order to enhance their effectiveness and efficiency in the performance of their duties (Gcwabe, 2015:5).

The ecological systems theory yields the desired mechanism in line with the aims and objectives of this study. The ecological systems perspective is an ideal driver for the study in that it enabled a fair assessment of the contribution of EHWP on job performance among social service professionals. This was underpinned by a critical and strategic look into the awareness, perception and attitude, the effect of EHWP on job performance and the level of participation as well as the strength and challenges of EHWP.

## **SECTION B: THE OVERVIEW OF EHWP**

### **2.10 THE GUIDING PRINCIPLES OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME**

#### **2.10.1 Confidentiality**

Confidentiality is one of the fundamental guiding principles of the Employee Health and Wellness Programme (EHWP). Csiernik (2003) cited in Manganyi (2015), states that the principle of confidentiality requires that no information of a personal nature be shared or discussed without the informed and written consent of the referred worker. Weiss (2003:26) concurs that employees will not participate unless they feel assured that confidentiality will be maintained. Assurance of confidentiality is associated with a high programme utilisation. The

researcher further concurs with the above authors that the content of information shared during the intervention session should not be misused and be subjected to public consumption without the consent of the participant. The guiding principles of the Public Service Wellness Management Policy (2008) stipulates that employees utilising the Employee Health and Wellness Programmes are assured of confidentiality, except in cases of risk to self and others or in terms of legislation. It further provides that a breach of confidentiality will warrant disciplinary procedures to be implemented against the responsible person/s. This indicates that confidentiality plays a major role into the effective and efficient utilisation of the programme. Careways Group (2010) maintains that any breach of confidentiality places the entire EHWP in jeopardy. Ideally, Manganyi (2015:22) argues that confidentiality should always be maintained and information should thus not be disclosed to anyone without the employee's written consent except where failure to disclose would result in imminent bodily harm to the client or others. The client's right to privacy is guarded by a principle of confidentiality and the notion that the information shared between the client and practitioner is privileged (Ambrosino *et al.*, 2012:108). Consequently, the researcher is of the opinion that human rights have limitations. Equally, clients should be informed about the scope and limitations of their rights prompted during assessments, referrals and treatments sessions. However, Manganyi (2015:22) argues that clients have a right to confidentiality, examine their records and know, under what circumstances, the confidentiality can be breached.

### **2.10.2 Accessibility**

According to the Department of Public Service and Administration (2008), "wellness services must be easily accessible to all employees at all levels of employment and their immediate family members, either as referrals from supervisors and other colleagues or on a voluntary self-referral basis". An effective and efficient EHWP should fulfil organisational development functions and thus be placed at the centre of all human resource management functions in an organization. The researcher is of the opinion that accessibility to EHWP could be realised if the programme is properly marketed in the form of bringing awareness to all concerned parties. The visibility of dignified wellness services treated with high regard to respect and confidentiality would warrant high accessibility rate to EHWP in an organisation. This suggests that EHWP should be responsive at all times and be available through a number of mechanisms such as toll-free numbers, internal and external services and the internet as well as through other viable and accessible devices.

### **2.10.3 Non-Discrimination**

Regardless of the nature of employees' problems, each employee has the right to be treated as an individual with needs, desires, strengths and weaknesses which may not be similar to any other employees. Recognising that all human beings have strengths and weaknesses, experience difficult problems, make improper choices, become angry and frustrated and often act inappropriately, the practitioner maintains a neutral attitude toward the client's behaviour (Ambrosino *et al.*, 2012:108). On the other hand, Dipela (2016:47) is of the view that the records that are obtained from the use of the programme should never be included as part of the employee's employment file due to the fact that it may disadvantage some employees from gaining certain opportunities in the future and some employees may be discouraged from using the programme. However, the EHWP should remain a confidential and professional service provided as a benefit to all employees that complements and extends organizational resources in a constructive and supportive manner to manage human capital which is impacted by their concerns in their personal and work lives. This denotes that employees should not be unfairly deprived of access to wellness services. Manganyi (2015) concurs that it is important to make the services available to individual employees and their families when necessity arises.

### **2.10.4 Accountability**

Accountability is one of the core democratic principles. Every programme that is implemented in organizations in South Africa, even more so the organisations that are owned and controlled by the South African Government need to be accounted for. Accountability involves giving reports regarding the success and the failures of the programme. To identify the failures of a specific programme, there is a need to evaluate that programme. According to EAP-SA (2010), "the management must that ensure suitable qualified EHWP professionals are hires to achieve the goals and objective of the programme". This will warrant accessibility to the programme, as employees will feel free to trust qualified professionals with their problems rather than unqualified officials. The Department of Public Service and administration (2008) further concurs that only registered professionals must be allowed to provide therapeutic interventions. Considering the above, the senior management and EHWP professionals should be accountable for the services rendered to the employees. Moreover, Dipela (2016:61) postulates that employees should have access to follow-up services to ensure that they continue to receive the type of services they need to successfully resolve their problems.

## **2.11 EVALUATION OF EHWP ON JOB PERFORMANCE IN THE WORKPLACE**

The Department of Social Development's (DSD) Strategic Plan (2015-2020) articulates policy implementation efforts and commitments towards accelerating access to a comprehensive and responsive social protection system as espoused in the Government's National Development Plan vision for 2030 (NDP). On the other hand, the DSD's Annual Performance Plan (2015-2020) indicates that the departmental management promotes effective planning, improves operational efficiency and oversees the implementation of policies through monitoring and evaluation. Essentially, it is unequivocal that the DSD leverages its legislative framework and service delivery model in order to build a self-reliant, caring and equal society that is non-sexist, non-racial and non-discriminatory. The DSD Medium Term Strategic Framework (MTSF) for 2014-2019 aims at intensifying efforts, expanding access and creating an enabling policy and resource environment to improve the quality of services. The managers of the public sector have huge pressure to regularly improve performance in their organisations. Rakepa and Uys (2013:25) are of the opinion that performance management is a broad term that encompasses all the management tools necessary to ensure the achievement of performance goals. This poses a threat to managers, as it is sometimes difficult to identify the underlying causes of poor or declining performance of employees. Moreover, these are serious and complex causes which frequently involve personal matters of individuals that are beyond the expertise or responsibility of managers. Rakepa and Uys (2013:25) postulate that EHWP is a planned, systematic programme designed to professionally assist to all employees and their immediate families who may be experiencing, among other things, alcohol, drug, emotional or personal crises or other problems (for example, health, marital, family, stress, financial, traumatic, other personal concerns and/or legal matters) which interfere with their performance. The Department of Social Development in the Mpumalanga Province offers the Employee Health and Wellness Programme (EHWP) for the benefit of its employees to deal with both personal and work-related problems and further strive to ensure that employees receive effective and efficient EHWP services. In light of the above context, the following are highlighted overarching issues, among others, that have either a direct or indirect impact on job performance:

### **2.11.1 Job Satisfaction**

The main reason why EHWP are evaluated is to find out whether the employees are utilising the programme. If not, areas constituting that effect will have to be explored to a larger extent. Embarking on the evaluation makes one arrive at a reasonable understanding about the status quo of the programme and satisfaction of employees, if at all.

There is a very close relationship between the job performance and job satisfaction of the employees. As a result, better and enhanced performance is achieved. An employer who cares about the wellbeing of his or her employees is likely to have employees who are satisfied who then bring about positive results to the entire organisation (Fisher, Wennberg, Stukel, Gottlieb, Lucas, and Pinder, 2003). In a study that was conducted in several industries in England, it was discovered that high job performance came as a result of high rates of motivation of employees (Fisher *et al.*, 2003). Proper implementation of initiatives like EHWP in the workplace is bound to bring about change in the productivity of the employees.

It is imperative for employees to note that for them to reach the level of job satisfaction which then result in a high rate of performance, their attitude needs to be acceptable or adjusted for the better with regard to the manner in which they perceive and think about their jobs. Equally, the employer has a major role to play, as one of the roles is to ensure that the supervisors who are part of the structure of the organisation cater for employee-wellbeing and provide supportive programmes aimed at equipping employees facing personal and work-related problems to cope with such challenges and promote high performance standards. Munisamy (2013:12) notes that employees' job performance is usually measured by the employees' motivation and their willingness to do their assigned tasks at a given time. Periodical monitoring of performance and rewarding of good performance through incentive such as bonus and pay progression for long term service and academic achievements should take place from time-to-time to motivate and enhance employees' performance in the workplace.

In the study conducted by Mataung (2014:61), it was discovered that in most South African organizations that show low levels of employees satisfaction and job performance, they assign supervisors to employees who do not have good working relationships which then makes it impossible for employees to access support when they are in need of it.

### **2.11.2 Psycho-Social Issues**

Although Social Service Professionals recognise themselves as helpers and expect most clients to be cooperative, at times they are compelled to deal with clients who are angry, volatile and threatening. Accounts of violence against Social Service Professionals are increasing due to client frustration with human service systems, cutbacks in services, increased levels of crime, drug use and violence in society as well as antiauthority or antigovernment attitudes on the part of clients (Garthwait, 2011: 49). The author further expands that the physical dangers associated with certain circumstances and types of practice such as exposure to job-related danger can lead to worker anxiety, low morale, burnout, family stress and high staff turnover. The researcher

concur that employees whose work performance may be impaired by work-induced stressors are at risk of experiencing burnout fatigue, low morale and relationships problems. However, it is upon the responsibilities of organisations to ascertain that employees are kept physically, emotionally, socially and spiritually healthy and be equipped with the necessary skills to face day-to-day life situations. Issues around interpersonal communication among employees are imperative to be explored, as they keep a balance between work pressures and the wellbeing of the workforce. Given the above background, the Employee Health and Wellness Programmes are designated at creating an enabling environment that allows access to health and wellness services. Among other things, these are services that enhance coping skills, mental health, healthy life style and healthy relationships, thereby, leading to improved employee morale, productivity and job performance at the workplace. The researcher is of the opinion that the continuous counselling of employees aiming at holistically enhancing their wellbeing through emotional support, coordinated awareness trainings in self-management and resilience techniques is imperative. However, the success of this rests on the proper incorporation of these services into internal operational plans.

### **2.11.3 Referral Procedure**

There are various types of referral systems that can be adopted by different organisations; however, the researcher seeks to explore the commonly used referral procedures such as self-referral, informal referral and formal referral as indicated hereunder:

### **2.11.4 Self-Referral**

Self-referral is a voluntary, self-initiated request for assistance by an individual employee experiencing personal or social difficulties. This referral system enables employees to directly approach the EHWP Professional/Practitioner. Such employees may voluntarily subject themselves to EHWP counselling at any time. The PSC Annual Report (2006) articulates that employees who voluntarily seek EHWP counselling but who do not want their supervisors to have knowledge of their attendance are then allowed to arrange these appointments outside of the normal working hours. Researchers have viewed this referral type as a referral system that has common characteristics of a successful EHWP. It is through this kind of a referral system wherein an EHWP Practitioner conducts a preliminary needs assessment of an employee and links the employee with the required necessities. The researcher is of the opinion that the success of this referral procedure rests on the constant evaluation by the EHWP practitioner in ensuring that the troubled employee is assisted.

#### **2.11.4.1 Informal Referral**

Informal referral is when an employee is experiencing personal or social difficulties and is advised by a friend, supervisor, manager, colleague or family member to seek assistance from an EHWP Unit. Manganyi (2015) maintains that the informal referral of employees to the wellness programme may help in enhancing the employee's knowledge of the programme's services and also improve the utilisation rate. With that being said, the researcher is of the opinion that in as much as the supervisor, friend, family member or union representative can encourage an employee to seek assistance from an EHWP, it remains a choice of the employee whether to access such services or not.

#### **2.11.4.2 Formal Referral**

Formal referral refers to a situation wherein an employee is referred to an EHWP Practitioner in writing by a supervisor or manager for assessments as a result of concerns about deteriorating job performance, attitude, behaviour and other related issues hindering the employee performance. According to Manganyi (2015:32), "the formal supervisory referral is based on a pattern of declining job performance that is observed over a period of time". The author further articulates that the supervisor's referral is utilised when the supervisor's normal attempt to correct the situation such as the reaffirmation of performance expectations, offering job training, changing the work situation, improving communication and/or making similar managerial interventions, do not result in an improved or desired performance. Beidel (2006) maintains that the more managers and supervisors refer employees to the programme, the more the penetration rate increases. It is the submission of the researcher that proactive intervention by managers and supervisors in the facilitation of referrals is pertinent before employees are severely affected and unbearable underperformance is realised.

#### **2.11.5 Substance Abuse**

The existence of EHWP can be traced back from a programme which was first initiated from the USA. Alcoholics Anonymous' (AA) focus was to assist people (including employees) with alcohol problems and those recovering from alcoholism. Sadly, even today the abuse of substances continues to undermine the development efforts in South Africa. South Africa faces critical substance abuse related issues (Miller and Weisner, 2012:1). According to Stein, Ellis, Meintjes and Thomas (2012:1-5), "substance abuse plays an aggravating role in both poverty and crime in South Africa and it has shown to increase child abuse and gender violence". On the other hand, Viviers (2017: 14) argues that reporting those who are of risk is a vital practice to inform best practices for substance abuse management. The author further postulates that a close

working relationship between employees and the EHWP service provider may result in practices of a high quality. Babor and Grant, (1992:194) cited in Viviers (2017:19), asserts that brief substance abuse management interventions mentioned in previous research include encouraging abstinence to see if the client can stop on their own, encouraging interventions directed toward attending a self-help group (e.g. Alcoholics Anonymous [AA] or Narcotics [NA] and engaging in brief, structured, time-limited counselling sessions to help clients overcome substance abuse. Research has suggested that many employees who are unable to function independently, willingly make lifestyle changes that inform and motivate adherence to a treatment plan. Consequently, employees under a treatment plan also experience the added pressure of their line managers needing them to return to be a fully functioning and productive team member. On the other hand, the troubled employee would be faced with the pressure of keeping their employment as a sense of livelihood or source of income. Other pressures would emanate outside the context of work and include family and social pressures as well as financial pressure. Connors *et al* (2013:229) are of the view that there are high rates of clients returning to substance abuse after the completion of treatment. However, it is evident that empirical research has not clearly identified noble standards for substance abuse management to inform the best practice. However, the problem arises when an employee relapses and does not pursue support again. Viviers (2017:19) maintains that constant exposure to social events and friends or family using substances may increase the desire to use substances again. The researcher is of the opinion that a high prevalence of substance abuse within the context of South Africa requires continuous management and ideal guidelines to inform the best practice on the efficient management of substance abuse, particularly at the workplace.

#### **2.11.6 Absenteeism**

It would be a grave mistake to make a conclusion that relationships between facets of commitment, turnover and absenteeism are identical. However, it should be noted that absences are also regarded as voluntary or involuntary depending on the reasons provided by the employees or supervisors. Voluntary as opposed to involuntary absenteeism can be predicted by organisational commitment, job satisfaction and interactive effect. Intention to quit the job is predicted to be voluntary absenteeism. It is apparent that many organisations operationalise excused absence from work which includes (within defined limits) categories such as personal sickness, family responsibility, appearance in court, religious holiday, funeral leave and transportation problems. However, the researcher notes that absence behaviour can have a variety of meanings for individuals and it could help to connect these meanings of absenteeism with operationalisable absence behaviour. From a medical point of view, some studies portray

that absence is viewed as a response to various infrequent and uncontrollable events (illness, injury, fatigue and family demands – sick spouse or child). The researcher argues that if such occurrences are to be presented by relevant parties, proper analysis and evaluations will have to be employed to provide amicable mechanisms and strategies to curb this habitual act which compromises not only organisational productivity but job performance as well.

#### **2.11.7 Employee and Family Education**

It is unequivocal from numerous studies that peer education, training and counselling are powerful tools of EHWP. Moreover, it is ideal for EHWP to provide a comprehensive range of wellness services to public servants, including inter alia, lifestyle management programmes, health and wellness education services and the monitoring and evaluation of the efficacy of services provided by the programme. All such functions should be integrated into a comprehensive wellness centre where the variety of counselling, support and wellness education skills can be pooled for the benefit of the departments and public service (PSC Report, 2012). This therefore denotes that employees and their immediate families should always be educated about the benefits and services offered by the programme to enhance its utilisation rate and minimise problems tempering with job performance in the workplace. The significance of providing health and wellness education cannot be over-emphasised. By assisting employees and families addressing their knowledge and emotional needs, the more organisations become efficient and realise an increase in job performance.

#### **2.11.8 Benefits of the programme**

It is believed that high employee morale can be traced from an effective and efficient EHWP at the workplace. According to Manganyi (2015:43), “a low morale and other related concerns, including high absenteeism, high time-over and apathy are frequently discussed in business and have meaningfully related to reductions in productivity”. In the study conducted by Dickman and Emener (2003: 59), it is postulated that it has been experienced that when the union and management work with troubled employees and their families through the auspices of wellness programme, the workers’ morale tends to increase and become more positive. It is worth assisting employees in adjusting their social functioning to a meaningfully and productive manner. EHWP are ideally appropriate to provide health and wellness education to employees to ensure that they live an optimal lifestyle. EHWP covers a multitude of topics with an attempt to render professional assistance to all employees and their immediate families who may be experiencing, among other things, alcohol, drug, emotional or personal crises or other problems (for example, health, marital, family, stress, financial, traumatic, other personal concerns and/or

legal matters) which interfere with their job performance. On the other hand, Dipela (2016) asserts that the programme benefits from close cooperation and mutual trust between labour organisations and management, as this increases its success rate, its utilisation rate as well as its early intervention and growth within the organisation. Research has proved that EHWP has a potential to enhance both productivity and job performance. This bears ‘fruits’ and benefits the programme within the organisation in a sense that the EHWP’s focus should be ideally placed on the health and wellness of employees instead of employee problems.

#### **2.11.9 PMDS Policy Issues**

The purpose of the Performance Management and Development System (PMDS) is to provide guidelines on how to plan and manage performance with the aim of optimising employees’ output in terms of quality, and quantity, thereby improving the Mpumalanga Provincial Administration’s overall performance and service delivery (Mpumalanga Department of Social Development PMDS Policy, 2010). One of the specific objectives of this policy is to use performance as the basis for rewarding and recognising accomplishments and as the basis for an effective response to consistent inadequate performance.

PMDS serves as a principal guiding tool to an ongoing systematic process of planning work and setting expectations, developing the capacity to perform, periodically monitoring performance and rewarding good overall performance of employees in meeting monthly or quarterly targets. This policy framework is underpinned by certain principles, among many, that departments shall manage performance in an objective, consultative, supportive and non-discriminatory manner in order to enhance organisational efficiency, effectiveness and accountability for the use of resources and the achievement of results. The manner in which this tool is applied may cause troubles within the organisation. Management is labeled as having preferences regarding members of staff whom are always given high PMDS scores. Thus, emphasis should be placed on the management to ascertain fairness in the application of the system to avoid unnecessary demotivation and underperformance of employees. The researcher is holding a view that employees should understand the performance plan and agree with the criteria used to evaluate their performance in order to continuously strive to improve their performance standards.

In the study conducted by Kgwefane (2014: 9), several reasons for the non-achievement of the performance targets were indicated but the main reasons were the shortage of financial and human resources and delays caused by supply chain processes. Csiernik and Csiernik (2012) concurs that managers often focus on whether they are going to meet their monthly or quarterly targets, thus neglecting to prioritise resources for improvements in the programme

implementation that will make a significant impact over a longer term. For example, the lack of training or workshops for the EHWP practitioners within the organisations is because of the lack of a financial injection by management. In coherence with the above authors, the researcher is of the opinion that the provision of strategic, logistical, financial and human capacity in the coordination with organisational performance management processes, is essential.

#### **2.11.10 Health and Safety Issues**

According to National Association of Social Workers Code of Ethics, there is no ethical standard for Social Service Professionals to implement workplace safety, however, Social Service Professionals are ethically bound to advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs. Questionably, Social Service Professionals are duty bound to advocate for their clients and the community at large, meanwhile, they continuously compromise their own basic needs for safety and social justice. Matters around the question of safety, health and wellbeing of Social Service Professionals are neither infused in their professional training curriculum nor entirely addressed or emphasised and professional organisations, including DSD, exert minimal effort in nurturing the wellbeing of Social Service Professionals within the workplace setting.

The National Strategic Plan for HIV, TB and STIs (2017-2022) contends that all sectors of society must contribute to the effort to eliminate AIDS and TB as public health threats; our individual and collective actions must count. This implies that the sector must ensure its capacity to provide public health and HIV/AIDS services in relation to a high population infection rate and protect employees from high risks of occupational exposure and stress whilst also being negatively affected by HIV/AIDS in their daily living. The Mpumalanga Department of Social Development Workplace HIV and AIDS Policy (2009) concurs that the HIV/AIDS pandemic has a grave effect on staff motivation and morale and it further impacts negatively on service delivery. The policy expands that these scenarios are silently prevalent and overtly make an impact in the workplace in terms of depression, poor performance, poor interrelationships, poor physical appearance, emotional instability, lack of concentration, frequent sick leave, lack of punctuality and poor work attendance. However, the Mpumalanga Department of Social Development is committed to manage and mediate the impact of the disease in the workplace and further care and support both infected and affected employees in the workplace.

On the other hand, the Organised Labour Representatives (OLR) or UNION representatives have a responsibility to ensure that the employer fulfils the mandates of the occupational health and

safety act and regulations to optimize health and safety in the workplace. This depicts that Social Service Professionals are also anticipated to be healthy and safe so they can enjoy life to the fullest as potential human capital within the workplace. However, the pragmatism of this premise evokes a lot to be desired, as there are remarkable impediments within their workplace terrain.

Haddock (2010:67) postulates that the employers carry a duty of ensuring that they create channels that can be used by employees to report any forms of unsafe working conditions. He further contends that the implementation of health and safety suggestion boxes where employees can make their own input and suggest activities and programmes that can be of assistance to them, can be highly beneficial for the organisation. Considering the views of employees can even save the employer a fortune because through the suggestions made by the employees, the employer gains the ability to tackle a problem directly the way employees want it to be done.

#### **2.11.11 Family Issues**

The Department of Social Development's (DSD) Strategic Plan (for 2015 to 2020) commits to continue strengthening and maximizing the effort in fighting against gender-based violence in general and violence against women and children, in particular, to implement social and behaviour change programmes and to promote psycho-social well-being. As family conflicts are highly likely to affect individual work performance, the researcher is of the opinion that a call for continual counselling for employees and their immediate family members is central.

#### **2.11.12 Financial Issues**

Dickman and Emener (2003) are of the opinion that it is important for a wellness programme to take into account the financial effects that the employees' problems might have on the organisation, plus human cost factors such as the loss of a job, dignity, family and sense of worth. Employees appreciate nonpayment of EHWP services and this further makes them flexible and willing to refer themselves and family members and accept an employers' referral. Failure to budget and manage income by employees has a potential to compromise their work performance, as overwhelming debts interfere with an individual thinking capacity. Financial management programmes should be adequately infused into the EHWP to minimise individual financially-related problems.

#### **2.11.13 Management Issues**

According to Stevens (2009:14), an approachable leader in the organisation boosts the morale of employees and then results in a good working environment where employees are able to approach their employers and utilise the available programmes to assist them in coping with

certain challenges, whether in their personal lives or in the workplace. In the findings of the study conducted by Matsaung (2014:62), it was discovered that part of the reasons why employees remain dissatisfied and perform poorly is because that their voices are not considered by the senior management, Whenever employees come up with suggestions with regard to programmes in the workplace the employer just treats their concerns as null. Several studies revealed that most employees do not partake in the EHWP activities arranged by the employer due to the manner in which they are designed. This therefore denotes the importance of the top management to seriously commit itself into the strengthening of EHWP services because without their support EHWP will be viewed as a form of entertainment. The degree and quality of support the programme receives from the management enhance utilization and maintenance of the programme (Dipela, 2016:25). by employees Furthermore, the researcher is of the opinion in spite of many duties, management has the responsibility to protect employees, evaluate the outcomes of the programme on job performance, review workforce productivity and other related trends that affect these crucial factors.

#### **2.11.14 Working Resources**

Working conditions should be user-friendly to employees. It is of crucial importance to supply employees with relevant and adequate working resources so there will be a realisation of quality service delivery. Shortage of working resources has a potential to demotivate the employee to perform adequately in the workplace, thus, compromising the productivity of the organisation.

#### **2.11.15 Stress and Burnout**

The South African Public Service has the changing economy, the movement towards increased technological advances and the changing demographics of the workforce which all increase the rate of stress-related disorders (Gcwabe, 2015: 20). On the other hand, Bhoodram (2010:2) further expands the notion by indicating that this can result in an increase of social, emotional and psychological problems which can hamper productivity. Furthermore, the provision of EHWP with the aim of improving job performance is not only beneficial for individual service users but also for the organisations which employ them. Ineffective management of this aspect not only has significant financial implications but also has a detrimental effect on service delivery (PSC, 2010: 25).

Divakar (2015:13) notes that stress is the common reason why most employees underperform in the workplace. The author further states that stress occurs in a very broad way which then becomes very worse when there is less support being provided by the employer in response to

the stress. This then calls for organizations to give and pay more attention to the challenges of employees that are caused by stress. Mattke *et al.* (2013) avow that organisations need to prioritise the implementation of EHWP due to the fact that such initiatives are very good when it comes to remedying stress in employees which can then have a negative impact on their performance and failure of the organisation to meet its primary targets. On the other hand, Munisamy (2013:7) notes that in many parts of South Africa employers are finding it very hard to manage the behaviours of their employees as a result of stress levels that the employees are faced with. The author further states that the main source of stress are personal issues that employees usually go through. Matsaung (2014:61) argues that most employees who perform the line functions in South African organisations have a lack of morale towards their employment which then leads to high volumes of stress and opens room for those employees to stress a lot about their personal stress. An employee who has low morale is likely to underperform and to be a victim of stress which hinders work performance and the meeting of day-to-day targets. Tourish *et al.* (2004:55) asserts that the employer has a duty to ensure that there are conducive working conditions within the workplace which will close doors to stress for the employees. Furthermore, Divakar (2015:13) stresses that work-related stress is usually caused by an organisation that is not well managed and has poor working conditions. Ideally, the supervisors have a duty to support the employees in need of any form of support within the organisations, as whatever affects the employee may be caused by the organization itself or the personal life of the employee.

#### **2.11.16 Goal and Objectives of EHWP**

The availability of goals and objectives assist in the consistent verification of EHWP efficiency. Using this form of evaluation for this kind of programme helps the organisation to be able to analyse whether the programme is still correctly meeting its intended goals and objectives. For the survival of EHWP within the organisation, the employer should not only rely on programme benefits but also prioritise verifications from time to time. The following are duly adopted goals and objectives of EHWP as proposed in the policy document of the department:

- To assist managers and supervisors to deal appropriately with difficulties and challenges that confront employees in the workplace;
- To assist employees in seeking professional help for the challenges that impact their work and interpersonal relations at work;
- To provide appropriate mechanisms of intervention and confidential counselling for employees to address challenges that they face at the workplace;

- To promote cooperation, motivation and improve employee morale in order to improve employee productivity and workplace efficiency and
- To reduce absenteeism, staff turnover, interpersonal conflicts, grievances and work-related conflicts in the Department of Social Development.

### **2.11.17 Effectiveness of EHWP**

According to Dipela (2016: 35), “programme effectiveness can be evaluated by measuring the extent of changes associated with programme intervention in the areas identified by the programme’s goals and objectives”. Yamatani (2003) asserts that the anticipated changes include two major categories normally work behaviour (for example, changes in work attendance, performance and attitude) and reductions in the costs of health insurance and other related benefits. The researcher is of the view that employees should be abreast about the content of policy guidelines and procedures to promote the utilisation of services offered by the EHWP. It is undeniable that effective implementation of EHWP helps employees overcome work-pressures, absenteeism and, personal and family-related concerns. Ideally, from time-to-time, employees may be requested to complete survey forms aimed at assessing their satisfaction and dissatisfaction about the programme, its effectiveness and the extent at which it’s achieving the goals and objectives of the programme. Evaluating effectiveness of EHWP in the workplace calls for a proper analysis regarding whether the programme meets its intended goals and objectives. Manganyi (2015:48) indicates that programme effectiveness examines the extent of changes associated with programme intervention in the areas identified by the programme goals and objectives which include normal work behaviour (for example, the change in the work attendance) and reductions in the cost of health insurance and other related benefits.

For the programme to be improved to its highest standards, it needs to be evaluated first. Evaluating the EHWP helps the organisation with the ability to collect facts that will contribute to the improvement of the overall programme for it to reach its intended goals and objectives. The EHWP in the workplace exists to have an impact on the lives of employees, to realise that the employer needs to support and evaluate the impact it has on the organisations and then identify areas of improvement where necessary. Evaluating with the aim of improving helps the organisation identify the strengths and weaknesses of the programme and improve it where necessary.

### **2.11.18 Programme Adequacy and Utilization Rate**

The assessment of programme's utilisation rate is done to keep track whether the intended population of the programme is accommodated and/or to determine the extent of the programme "utilisation. According to Hutchison and Richard (2003:131) cited in Manganyi (2015:38), "utilization assessments provide programmes with data concerning who is using what services and to which extent". The authors expand and state that the addition of staff, outreach programmes, and off-site locations have been found to enhance the utilisation rate of the wellness programme. The researcher holds a view that maximum participation of intended audiences is essential in this regard as it significantly contributes to a high utilisation rate and success of the programme. The researcher further submits that through timeous workshops, insight on the needs of employees can be obtained as well as feedback on the status quo of the programme. Having obtained that insight, a reasonable EHWP professional could act proactively to ascertain efficiency on EHWP.

Generally, the programme adequacy assessments explore the relevance of EHWP offerings, accessibility and utilization and penetration rate. On the other hand, this implies that the higher the utilisation rate, the more the intervention rate is advanced in curbing employees' problems. Equally, the assessment should be addressed considering both the extent to which EHWP offers needed services and the extent to which those services are provided to the intended population.

### **2.11.19 Awareness about EHWP**

The contribution of EHWP on job performance among Social Service Professionals in the study area is a call for enquiry. This gives rise to whether Social Service Professionals are aware of this programme, if at all. Consequently, the need for professional knowledge and in-depth comprehension of trends, policy, compliance requirements and strategy for effective implementation and monitoring of EHWP, is of critical importance. Dipela (2016) is of the opinion that the target population of the programme should be informed about the programme services. The author further argues that if employees do not know about the existence of the programme, it may not be utilised adequately and thus it impacts in the organisation may not be visible. This therefore implies that the visibility of the programme is essential to enhance the utilisation rate and meet employees' needs. Marketing of the EHWP is paramount, as it has a potential to bring awareness to the potential service users. Cekiso and Terblanche (2015) agree with the researcher that the failure to market the programme effectively, negatively affects the perception of the programme, including its resource allocation. Dipela (2016: 33) maintains that the professionals often lack the skills and competencies required for the effective marketing of

the programme. This calls for professionals who are highly trained and skilled in terms of the application of appropriate marketing strategies to enhance awareness and the utilisation rate of the programme. It is the submission of the researcher that through maximum support from the side of the management and intensive promotion to utilise EHWP services, we can realise knowledgeable employees about the programme.

#### **2.11.20 Perceptions and Attitude of Employees towards EHWP**

According to Manganyi (2015:41), perception refers to the ability to see, hear or understand things. The author further deduces that it is important to ensure that the programme is perceived as available, user-friendly and helpful. Nel (2004) postulates that if economic, social and political problems of individuals are not diagnosed and addressed, they can cause a decline in the employee performance and productivity and ultimately result in excessive absenteeism, damage to equipment, safety problems, attitude and behaviour difficulties, family problems, loss of skilled people, potential labour relations breakdown and high litigation costs. The encouragement of employees to utilise EHWP services is essential. This promotes the utilisation and penetration rate of the programme. Continuous assessments on employee productivity, job performance and employee motivation versus the perceptions and attitude of employees are imperative, as they are indicative of their interest and areas seeking improvements.

#### **2.11.21 Multicultural and Diversity Issues**

Naturally, the Employee Health and Wellness Programme can be traced from its traditional ethos which had a limited focus, especially on employees suffering from substance abuse and other work-related problems. Epstein and Rubin (2007:13) assert that workforce performance and productivity issues are not confined to national borders. The authors are of the opinion that the programme should not only be provided within countries' borders as a multinational organisation with locations around the world but they should also be responsible for providing the programme resources to workforces within multiple locations globally which includes employees from diverse cultures, religions and races. Dipela (2016) is of the view that the accelerated growth rate of an increasing diverse workforce indicates the necessity of a multicultural approach to the delivery of wellness services. The author further argues that advocacy of cultural sensitivity brings new ideas; benefits and can increase the utilisation of the programme. This implies that multicultural understanding should be the area of focus in the implementation of EHWP services. Dipela (2016: 20) sustains that cultural sensitivity can enhance the potential capabilities of all workers by respecting their differences and promoting their strengths.

### **2.11.22 Programme Constraints**

According to Dipela (2016:44), the major areas of assessment include budgetary, legal, organisational and physical constraints. However, the programme constraints assessment goes as far as to ponder upon the limitations and stumbling blocks hindering the successful implementation of EHWP. The issue of budgeting remains a key debilitating factor in the context of EHWP within the public sector. This therefore raises questions but, among many things, leadership commitment and passion is spotted as a critical issue worth exploring. The researcher is of the opinion that it is appropriate that adequate budget be allocated for the effective and efficient running of EHWP. Compliance of EHWP policies and legal prescripts is essential to realize a success in the implementation of a programme. Organisational acceptance of EHWP lies on the internal controls and efficiency of the programme. However, all these pronouncements require regular programme evaluation in order to ascertain continuous advancements. Evaluating for improvement involves the collection of relevant data to make possible suggestions for the programme's improvement. Data collected is also used for correcting any sort of mistakes that occur during the implementation of the programme ensuring that, in the future, the programme reaches its desired outcomes.

### **2.11.23 Union Involvement**

According to Kalusopa (2009:005), "most labour organisations exist for historical and ideological reasons of advancing the cause of workers". This implies that the primary responsibility of unions is to advance fair social transformation and justice to its members. Manganyi (2015:29) argues that the involvement of the total labour force can help in increasing programme acceptance and efficiency. The researcher concurs that the active participation of labour forces enhances the EHWP utilisation rate to a reasonable volume. Dickman and Emener (2003) mention that if the trust level is low, perhaps due to a history of labour management proposal that never quite worked out as planned, the entire process will be characterised by suspicion and testing of each other's motives. Thus, unions have a mandate and obligation to care for their members and further advocate for them to instill hope and stability in so far as the protection of employees is concerned. Kalusopa (2009:004) argues that the labour movement needs to re-strategise and put benchmarks in relation to the way they manage information, be it planning, evaluation, monitoring, dissemination, decision-making and accessibility. The researcher concurs with the author in a sense that the way information is managed across labour organisations is critical as it may either build or destroy labour movements. Subsequently, the researcher further argues that the philosophical foundation of labour organizations should not

only be limited on favorable economic terms and employment conditions but should go beyond to deal with broader socio-economic matters that holistically affect workers and their families. Kalusopa (2012:17) concurs that trade unions are also increasingly engaging in lobbying governments and their agencies for legislations that favour workers and their families.

#### **2.11.24 Holistic Approach to EHWP**

Holistic approach to employee wellness requires that care be taken of a whole person socially, psychologically, spiritually and emotionally. This means that the focus is not only on the safety or provision of the medical aid assistance but also on the acknowledgement that any person coming to work comes there as a whole person (Swanepoel, Erasmus and Schenk, 2008). On the other hand, Nel et al (2008) suggest that holistic health care necessitates taking care of the broader social and domestic dynamics of employees; a focus that aims at achieving a well-balanced work and family life and a healthy organisation. This means that when a more balanced lifestyle is developed, the holistic approach to the lifestyle change has the potential to enhance adherence and obligation to the healthy lifestyle. The Employee Health and Wellness Strategic framework (DPSA, 2008) advances a holistic approach to individual wellness and suggests that organisations create a climate that is conducive to promoting wellness within the public sector. Organizations that espouse the holistic model to wellness, have a positive contribution in the enhancement of the quality of life of their potential employees. This has given a rise across the globe as finely-honed wellness programmes take holistic a approach to the wellbeing of employees by focusing on inter alia, social, physical, spiritual, emotional and intellectual dimensions.

### **2.12 ESSENTIAL ELEMENTS OF A SUCCESSFUL EMPLOYEE HEALTH AND WELLNESS PROGRAMME**

#### **2.12.1 Prevention Programmes**

It is a commonly known factor that prevention is better than cure. Implementation of prevention programmes in organisations is fundamental as the approach is proactive rather than reactive towards tackling challenges faced by employees. This serves as a proactive strategy towards alleviating workplace problems before they affect employees and pose a threat to the day-to-day operations of the organisation. It also alerts employees about negative consequences of ignoring

problems and creates awareness about available services. Moreover, this requires early risk identification and a direct response to them before their actual manifestation.

### **2.12.2 Training and Development**

According to Bhattacharya (2009), “training and development is one of the key human resource management functions that deals with ensuring that all employees within the organisation have the necessary skills and qualifications to execute the tasks that are given to them and to meet the work demands”. Dipela (2016:20) is of the opinion that the training and development of practitioners would assist them to work efficiently with organisation stakeholders, including managers, supervisors and unions. The leadership of trade unions, supervisors and EHWP practitioners should be well-equipped with the necessary skills and knowledge to ensure that the delivery of the EHWP services is a success and that it’s implemented by highly-skilled professionals who have the potential to identify employees in need of wellness services. The EAPA-SA (2010) further confirms that the knowledge will help them to effectively manage the employee who is experiencing behavioural, emotional and wellness issues as supervisors, managers and unions will be in a good position to inform the working environment of the troubled employees and, as a result, improve employees’ job performance. A highly skilled and knowledgeable practitioner can spot abnormal behavioural patterns of employees and devise specific strategies to remedy the situation.

### **2.12.3 Case Management**

Quality service delivery rests on the proper management of cases and services directed to the target audience. It is through the effective and efficient case management of employees that we can realise maximum utilisation of EHWP. If employees suspect that their issues are not handled with confidentiality, they are less likely to continue consulting the EHWP (Dipela, 2016:21). It is therefore essential that professionals tasked with the responsibility of rendering employee wellness services comprehend the dynamics of the programme and handle the EHWP affairs with an open mind. The following are critical issues that the management and EHWP unit of an organisation should take into consideration when offering Employee Health and Wellness services:

- ✓ Confidentiality
- ✓ Assessments

- ✓ Short interventions
- ✓ Motivation
- ✓ Early Risk identification
- ✓ Referrals
- ✓ Monitoring
- ✓ Follow up
- ✓ After-care services for employees still portraying elements of personal and work-related pressures that are most likely to affect job performance in the workplace.

#### **2.12.4 Marketing**

The term marketing is defined as a method that is applied to get people to fall for a particular product or a service. For effective implementation and evaluation of the EHWP in the workplace, those in charge of its implementation need to keep the staff of the organisation well-informed of the changes and new programmes to be implemented as part of the EHWP in the workplace. The employer needs to ensure that the programmes that seek to enhance Employee Health and Wellness are well-marketed in a way that is interesting to the employees for them to consider using the services. Dipela (2016:21) is of the opinion that the organisation and employees need to be informed continually about the changes or services which occur within the programme.

It is of paramount importance for the employer to evaluate the kind of marketing strategy used to popularise EHWP services in the organisation. Marketing enhances the knowledge of the employees regarding the programme which might influence the utilisation of the wellness programme (Manganyi, 2015:50). It is a very good tool that is used by organisations to promote awareness and alert the employees about the EHWP. All relevant stakeholders should be well-versed in terms of the programmes that are put in place by the employer in response to work and personal-related pressures or concerns. Manganyi (2015) is of the view that as the programme continues to broaden its services, it is important to market the need for expansion in a persuasive and convincing manner. Marketing ensures that the core principles as well as the objectives of the programme are known by all stakeholders and stipulates how the organisation ensures confidentiality during the programme's implementation. This therefore denotes that the organisation should always employ strategic marketing that ensures an adequate and effective utilisation rate.

### **2.12.5 Relations with Stakeholders**

Consultation and networking with other organisations are of paramount importance in terms of intensifying service delivery. Dipela (2016:21) is of the view that consultation should take place with other organisations to proactively address inherent trends stemming from personal or organisational issues. On the other hand, the EAPA-SA (2010) postulates that wellness practitioners should network with internal and external role players and service providers to establish and maintain effective relations. It is recommended to work in partnership with other organisations to ensure that the EHWP is properly implemented and living by its intended objectives.

### **2.12.6 Monitoring and Evaluation**

For any programme to be a success, it needs to be well monitored and evaluated from time to time to ensure that it improves. Officials in charge of the EHWP in an organisation need to ensure that they measure the impact of EHWP services and evaluate individual job performance. This helps to determine whether the impact of EHWP services has a long-term effect and if they meet the desired outcomes. EAPA-SA (2010) postulates that after the employee has received services of the wellness programme, the practitioner and the organisation should be able to identify changes that have occurred or if there is a need for further intervention or referral.

## **2.13 SUMMARY**

This chapter has explored numerous aspects stemming from the Employee Health and Wellness Programme which serves as a strategy to enhance productivity, job performance and service delivery. Based on the literature reviewed, it is indisputable that a properly implemented Employee Health and Wellness Programme yields the desired outcomes which, among many, is an improvement in the productivity and job performance of the workplace. Nonetheless, if research knowledge is to inform practice and transformation, it is evidently imperative for one to arrive at a comprehensive understanding about the state of the current empirical knowledge which it should inform planning for further studies guided by day-to-day developments.

In Chapter Three, detailed information about research methodology that was applied in the gathering of data will be provided.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

The system of collecting data for research projects is known as research methodology. According to Taylor, Bogdan and DeVault (2015), “research methodology is the way in which we approach problems and seek answers”. The function of this section was to give the reader a clear indication of the means by which the researcher hoped to achieve the research aims and objectives, to outline a procedure and to indicate the sources of data that were used. Leedy and Ormrod (2013:2) define 'research methodology' as a systematic process of collecting, analysing and interpreting information (data) in order to increase our understanding of a phenomenon about which we are interested or concerned. The researcher, in this case, was interested in assessing the contribution of EHWP on job performance among Social Service Professionals. This chapter focused on the research paradigm, research approach, type of research, research design, target population, sampling method, sample size, data collection method, data analysis and interpretation, validity and reliability and ethical considerations of the study.

#### **3.2 RESEARCH PARADIGM**

Saunders, Lewis and Thornhill (2009:118) define a paradigm as the investigative social phenomena from which an understanding of current phenomena is attained and an explanation is attempted. De Vos *et al.* (2011) contend that quantitative inquiry begins with an explicit theoretical or ideological perspective that determines what conceptual framework will direct fieldwork and the interpretation of findings. In addition, research paradigm, among many, involved positivism, post-positivism, constructivism, interpretive, critical, feminism and postmodernism approach. This study employed a positivist research paradigm as many accounts of positivism suggest that scientific knowledge is arrived at through the accumulation of verified facts. Positivism is an approach to social research that applies the natural science model of research to investigations of social phenomena and explanations of the social world (Denscombe, 2008:14). The positivists also believe that only observable phenomena in terms of an opening to senses can be validly warranted as knowledge. This therefore denotes that there is no room for phenomena that cannot be directly observed or experienced with the help of instrument. De Vos *et al.* (2011:06) argue that scientific theories are seen by positivists as providing a kind of

backcloth to empirical researches in the sense that a hypothesis is derived from them and is then submitted to an empirical test. They further argue in saying this implies that science is deductive, in that it seeks to extract specific propositions from general accounts of reality. In the light of this proposition, the researcher argues that abstract ideas associated with science in general should be linked to precise measurements of the social world.

### **3.3 RESEARCH APPROACH**

Babbie and Mouton (2001:20) are of the opinion that a research approach is the methodological approach which explains the study for a long time. Two major traditional research approaches have influenced how researchers tailor their research designs; these are the qualitative and quantitative approaches. Babbie (2005:24) explains that the distinction between the qualitative and quantitative data in social research is essentially the distinction between numerical and non-numerical data. Considering the above context, this study has employed a quantitative research approach, as it sought to assess the contribution of Employee Health and Wellness on job performance among Social Service Professionals. A quantitative research approach was utilised in accordance with the view of Fouché and Delport (2011:64) which indicated that a quantitative study is an inquiry into social or human problems. This approach was relevant and appropriate, as it allowed the researcher to employ a systematic and objective process in using numerical data from only a selected subgroup of a universe or population to generalise the findings around the universe that was studied.

Deductive reasoning is criticised for the lack of clarity in terms of how to select a theory to be tested by formulating hypotheses. Inductive reasoning, on other hand, is criticised because “no amount of empirical data will necessarily enable theory-building” (Saunders, Lewis, and Thornhill, 2012). Abductive reasoning, as a third alternative, overcomes these weaknesses by adopting a pragmatist perspective. However, the researcher employed the approach that was deductive in its nature to predetermine the research process. The qualitative research approach employs measures and ratio levels in data collection (Aina, 2002). In this context, the researcher adopted a qualitative research approach to assess the extent in which Employee Health and Wellness contribute to job performance among Social Service Professionals in the study area.

### **3.4 TYPE OF RESEARCH**

The deriving factor in the adoption of the research type between applied and basic research rests on the nature and purpose of the research project. According to Terre Blanche, Durrheim and Painter (2006:45), “the findings derived from basic research are typically used to advance our fundamental knowledge of the world” whereas “the findings derived from applied research, in contrast, have an immediate practical application. This study has employed applied research which is the scientific planning of induced change in troublesome situations (Fouché and De Vos, 2011:94). Several researchers agree that applied research contributes towards practical and concrete issues of problem-solving, policy analysis, decision-making and community advancement. Following the nature and context of applied research, the researcher made use of a survey research design in assessing the contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals. Welman, Kruger and Mitchell (2005:25) contend that research in industry is virtually never used to simply “test a theory” or satisfy intellectual curiosity. Among other driving factors, the purpose of this applied research is to provide information about some form of social action (as opposed to theory) that could be undertaken by decision-makers in influencing and facilitating strategic decision-making within the social development sector. Utilising applied research to contribute towards practical issues of problem-solving, the researcher concurs with Welman, Kruger and Mitchell (2005:26) that if the results of research in the industry are positive and usable, the research unit of the organisation where the research was done will attempt to have the conclusions of the study accepted and implemented by the rest of the organisation.

### **3.5 RESEARCH DESIGN**

Maree *et al* (2007:70) define research design as a plan or strategy which moves from the underlying philosophical assumptions to specify the selection of respondents, the data gathering techniques to be used and the data analysis to be done. Research design can also be defined as a strategy which moves from the underlying philosophical assumptions to specifying the selection of respondents, the data gathering techniques to be used and the data analysis to be done (Gibson and Brown, 2009). Reduced to its basic elements, a survey is quite simple in its design. As described by Leedy and Ormrod (2005:183-184), “the researcher poses a series of questions to willing participants, summarises their responses with percentages, frequency counts or more sophisticated statistical indexes and then draws inferences about a particular population from the

responses of the sample”. This study employed a survey research design, as it allows an in-depth assessment into the contribution of Employee Health and Wellness on job performance among Social Service Professionals in the study area. The design assisted the researcher to assess the contribution of EHWP on job performance among Social Service Professionals in the Department of Social Development at the Gert Sibande District, Mpumalanga Province. This was informed by the fact that the researcher believed that the truth needs to be discovered or explored to answer the existing question. Needs assessment and service gaps are usually associated with cross-sectional surveys (Fouché and Delpont, 2011:156). Similarly, this was deemed appropriate for the purposes of this study, as it involved once-off contact with participants within a limited time interval which was comparatively inexpensive to undertake the subject matter.

### **3.6 TARGET POPULATION**

Du Plooy (2009:100) asserts that a researcher must first establish the population parameters – the nature, size and unique characteristics of the population before drawing a sample. The targeted population for this study were all Social Service Professionals employed by the Department of Social Development in the Gert-Sibande District, Mpumalanga Province, who have at least served a year within the department. The researcher solely targeted this population within the Gert Sibande District of the great Mpumalanga Province in order to save time and money. Bless, Higson-Smith and Sithole (2013:162) describe a target population as the entire set of objects or people that is the focus of a research project and about whom the researcher wants to determine some characteristics. The target research population of this study were 146 Social Service Professionals employed by the Department of Social Development in the Gert Sibande District, Mpumalanga Province. Both male and female Social Service Professionals between the ages of 18 and 65 in the DSD Gert Sibande District, Mpumalanga Province, were targeted in this study. Population, on the other hand, is a term that sets boundaries on the study units (Strydom, 2011: 223). Consequently, the Department of Social Development at Gert Sibande district comprises Social Service Professionals ranging from the seven (7) DSD sub-district offices, namely, Chief Albert Luthuli (32), Dipaleseng (11), Govan Mbeki (26), Lekwa (13), Mkhondo (29), Pixley Ka Seme (15) and Msukaligwa (20) based in the Mpumalanga Province. As indicated in the table below, among many, the population consisted of Social Work Managers (seven), Social Work Supervisors (23) and Social Workers (116). Social Work Managers were at Level 12, Social

Work Supervisors were at Level Nine and Social Workers were at Level Seven. The following is the table indicating the population size categorisation in the study area:

Sub-district Participants	Population	Recommended sample size
Chief Albert Luthuli	32	21
Dipaleseng	11	11
Govan Mbeki	26	16
Lekwa	13	13
Mkhondo	29	17
Pixley Ka Seme	15	15
Msukaligwa	20	13
<b>TOTAL</b>	<b>146</b>	<b>106</b>

**Table 3.1 - Target Population**

### 3.7 SAMPLING METHOD

According to Unrau, Gabor and Grinnell (2007:279) in Strydom (2011:223-224), a sample comprises of elements or a subset of the population considered for actual inclusion in the study. It can also be viewed as a subset of measurements drawn from a population in which we are interested. In quantitative descriptive and explanatory studies, a key issue is whether the sampling procedures used are likely to yield a study sample that is representative of the larger population to which the study seeks to generalise (Rubin and Babbie, 2014:380). However, the researcher was of the view that an ultimate purpose of sampling is to select a set of elements from a target population to such an extent that descriptions of those elements precisely depict the total population from which the elements are selected. Probability sampling was employed in this study due to the existence of a sampling frame. For the purposes of this study, a stratified random sampling technique was employed. This method of sampling is composed of various clearly recognisable and non-overlapping sub-populations that differ from one another in terms of specific variables (Maree, *et al*, 2007:178). The researcher categorized the sample size of Social Service Professionals according to their organisational authority in the following manner: Social Work Managers (7), Social Work Supervisors (23) and Social Workers (116). Employees were randomly considered without any limitations in terms of age, race, language, gender or level of education.

### 3.7.1 Sample Size

The study made use of a Raosoft calculator to determine the sample size in comparison to the population size of the study which was 146. Therefore, the researcher decided to choose a confidence level of 95% with a marginal error of +/-5. The recommended sample was 106 participants with the consideration that 1 out of 106 participants might answer some of the questions in an incomplete or incorrect manner. This gave an allowance that the percentage of participants who provided complete answers were more than the marginal error. Ideally, a sample should be both unbiased and of an adequate size (Rubin and Babbie, 2014). Indeed, following a sample size of 106 participants, the researcher distributed questionnaires in the following manner: Chief Albert Luthuli (21), Dipaleseng (11), Govan Mbeki (16), Lekwa (13), Mkhondo (17), Pixley Ka Seme (15) and Msukaligwa (13) as selected in the DSD sub-district offices of Gert Sibande, Mpumalanga Province. The response rate of participants was 100% as all the 106 participants completed the questionnaires with the guidance of the researcher. As indicated in the table below, among many, the sample size consisted of Social Work Managers (7), Social Work Supervisors (23) and Social Workers (116). The table illustrated below indicates the manner of distribution:

<b>Sub-district Participants</b>	<b>Social Work Managers</b>	<b>Social Work Supervisors</b>	<b>Social Workers</b>	<b>Recommended sample size</b>
Chief Albert Luthuli	1	5	26	21
Dipaleseng	1	2	8	11
Govan Mbeki	1	4	21	16
Lekwa	1	2	10	13
Mkhondo	1	4	24	17
Pixley Ka Seme	1	2	12	15
Msukaligwa	1	4	15	13
<b>TOTAL</b>	<b>7</b>	<b>23</b>	<b>116</b>	<b>106</b>

**Table 3.2 - Sample Size**

### 3.8 DATA COLLECTION METHOD

Data collection is defined by Ragin (1994:88) as a plan for collecting data to ensure that the data collected allows the researcher to answer the research questions. For the purposes of this study,

data was quantitatively collected using self-administered questionnaires within the seven (7) DSD sub-district offices to assess the contribution of EHWP on job performance among Social Service Professionals in the study area. The basic objective of a questionnaire is to obtain facts and opinions about a phenomenon from people who are informed on the issue (Delpont and Roestenburg, 2011:186). In order to realize validity and reliability of the data, the researcher had to ensure that all the questionnaires were clearly conceptualised to suit the understanding of the participants. The content of the questionnaires was in line with the information gained by the researcher from literature and it incorporated closed-ended questions as indicated by Delpont and Roestenburg (2011:193). Structured questionnaires were employed for this study since they have the potential to reach large samples and were convenient data collection sources, as they also allowed statistical analysis. They were viewed as an appropriate instrument to be utilised to answer the research questions and achieve the research objectives. In addition, Delpont and Roestenburg (2011:172) concur that to obtain valid and reliable data, one must ensure, before implementing the study, that the measurement procedures and the measurement instructions to be used have an acceptable level of reliability and validity.

A letter of request to conduct research within the Department of Social Development was submitted to the Head of Department at the DSD Provincial Office and approval was granted. An informed consent form was attached to the questionnaires in order to appraise participants on their rights and ethically-related issues. This was done to ensure a high response rate which would ultimately generate reliable findings. Ideally, the covering page was convenient to the participants, as it correctly guided participants on the considerations in completing the questionnaires. The questionnaire had six sections inclusive of the demographic information, awareness on EHWP, perceptions and attitude of professionals, effect of the EHWP on job performance, level of participation on EHWP and strengths and challenges of EHWP. The questions were structured as suggested by Strydom (2011:222-223) in such a way that they would enable the researcher to generalise and draw superior logical conclusions. Each questionnaire was hand delivered (self-administered) to participants and were accompanied by an attached covering letter stating the purpose and importance of the study. The title and ethical considerations were also highlighted (as attached in Appendix A - D below). Upon completion, the participants were asked to put the completed questionnaires in the box that was made available to them which was located strategically within each sub-district office of the Department of Social Development. The researcher provided clarities to questions where necessary. This enabled the researcher to attend to issues of visual and writing competency.

### **3.9 DATA ANALYSIS AND INTERPRETATION**

The researcher adopted the Statistical Package for the Social Sciences (SPSS) to analyse research data. Without posing questions which open-up, encourage reflection and trigger intellectual activity, it is not possible to develop our knowledge about a subject (Alvesson and Sandberg, 2013:1). However, the quantitative research data came from closed and open-ended questionnaires which were distributed among Social Service Professionals within the study area. Data analysis in quantitative research includes the use of statistical techniques in two ways; statistics for descriptive purposes that make it possible to provide a summary of certain characteristics of the units of analysis and statistics for inferential purposes that can be used to draw inferences beyond behavioural descriptions (Du Plooy, 2009:234). According to Fouché and Bartley (2011: 249), “the purpose of analysis is thus to reduce data to an intelligible and interpretative form so that the relations of research problems can be studied and tested and conclusions be drawn”. For the purposes of this study, the Descriptive Statistical Analysis was utilised to obtain frequencies, percentages, mean, median and mode in order to summarise statistical data and further portray results.

During data analysis, the researcher converted the data to a numerical and statistical format as described by Fouché and Bartley (2011:249). This was done as a result of making the data to be easily interpreted, organised and understood. The Department of Statistics of the University of Zululand was asked to assist in critically analysing the collected data using the Statistical Package for the Social Sciences (SPSS). The main aspects of the data collected were analysed utilising the Descriptive Statistics.

Subsequently, question 25 in the questionnaire (research instrument) was cleaned, organised and reduced into themes using the content analysis method. The intensive interpretation of findings assisted the researcher in drawing logical conclusions and suggests recommendations in areas of improvement towards EHWP on job performance among Social Service Professionals.

### **3.10 VALIDITY AND RELIABILITY**

The validity and reliability of the measuring instruments utilised must be high (Fouché and Delport, 2011:157). According to Bless, Higson-Smith and Kagee (2006:185), “validity refers to the degree to which a study actually measures what it is supposed to measure”. The researcher in this study had ensured the validity of the instrument by conducting a pilot study with six participants in the Department of Social Development in the Gert Sibande District which was not

included during the data collection process. Ideally, researchers should aim for optimal control over the survey environment, for example, in terms of when and at which intervals participants will be surveyed, the data gathering techniques and sampling strategy to be used, the necessity of a pilot study and the follow-up administration ( Maree *et al.*, 2007:155). Strydom (2011:237) explains that pilot testing should be conducted on a small scale of the real total community where the main investigation would take place in order to uncover aspects of the instrument that needed refinement. Prior to the distribution of questionnaires, a pilot study or test was conducted by randomly administering questionnaires to two persons from each of the three strata of Social Work Managers, Social Work Supervisors and Social Workers at the Gert Sibande District. These six (6) persons were not involved in the main study. As suggested by Strydom (2011:237-241), the researcher created a space on the questionnaire for constructive criticism and comments in order to improve and refine the questionnaire where necessary in preparation for the main study. Minor and technical areas on the questionnaire raised, were fairly attended to and ultimately the questionnaire was prepared to be administered in the main study.

The researcher dealt with issues of face validity in ensuring that there was a logical link between the objectives and research questions (Delpont and Roestenburg, 2011:172). The questionnaire was designed in such a way that it was valid, workable and manageable and could measure what it was initially supposed to measure as indicated by (Kumar, 2005:22). Content validity was also considered in ensuring that the primary research question was answered.

Babbie and Mouton (2001:119) point out that reliability is a matter of whether a technique is repeatedly applied to the same object, it would yield the same result each time. In this study, the researcher had ensured that there is reliability by testing whether the instrument procedure brought consistent results from each participant before the instrument was used for the whole sample. Reliability can be enhanced through repeated testing of the questionnaire (Kumar, 2011: 182). Unfortunately, the researcher could not repeatedly test the questionnaire, however, more emphasis was placed on improving face and content validity by pilot testing the questionnaire.

### **3.11 ETHICAL AND SAFETY ISSUES**

This study was guided by research ethics and research policies of the University of Zululand. An Ethical Clearance Certificate was granted by the University of Zululand (Research Ethics Committee) to conduct this study accordingly. Indeed ethical issues were considered by the researcher when conducting this study. Maree *et al.* (2007:41-42) suggest that it is very

important to highlight the ethical considerations regarding the research. Thus, the researcher had a moral and professional obligation to be ethical, even when the research participants were unaware of or unconcerned about ethics. The researcher used the information on primary and secondary literature in a proper manner and acknowledged the sources of information to avoid plagiarism.

### **3.11.1 Avoidance of Harm**

The researcher has an ethical obligation to protect participants within all possible reasonable limits from any form of physical discomfort that may emerge from the research project (Creswell 2003:64). For the purposes of this research, no harmful or dangerous materials were utilised and no emotional harm was experienced by the participants which prevented the study from being affected.

### **3.11.2 Informed Concerned**

The researcher had indicated the main purpose and objectives of the study. Participants had information about the research project. The researcher provided respondents with an informed consent form detailing the proceedings of the data collection method. Participation of the participants was voluntary and no participant was forced to participate in the study, as their rights to withdraw from participating at any time were made known.

### **3.11.3 Confidentiality, Anonymity and Privacy**

For the purposes of this study, issues of confidentiality, anonymity and privacy were viewed as essential and thus taken into consideration. Every individual has a right to privacy as also entrenched in Section 14 of the Constitution of the Republic of South Africa (1996). In this study, confidentiality was of paramount importance, as there were no names or identity of the participants which were required or attached to findings to ensure anonymity. The researcher protected the participants' privacy and confidentiality. No violation of the aforesaid principles took place in this study.

### **3.11.4 Publications of findings**

The findings of this study are in a form of a written report. Findings were made available to the Department of Social Development and at the University of Zululand's library without any attachment the of participants' names.

### **3.12 SUMMARY**

This chapter has thoroughly reflected and outlined the research methodology applied in the study. The study has discussed the research paradigm, research type, research design, target population and sampling method of the study. It has further covered data collection methods, data analysis and interpretation. Issues of validity and reliability as well as ethical considerations were also highlighted in this chapter.

The next chapter contains the presentation of the data analysis, findings and interpretation.

## **CHAPTER FOUR**

### **PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS**

#### **4.1 INTRODUCTION**

This chapter focuses on the presentation, analysis and interpretation of empirical findings emanating from key informants. The presentation of the findings is systematically connected with the sequence of questions that are appearing on the questionnaire (attached as Appendix F). The data was analysed and interpreted to assess the contribution of the Employee Health and Wellness Programme on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province. The research activities were carried out in the Mpumalanga Department of Social Development (DSD), Gert Sibande District, within the seven DSD sub-district offices. The quantitative data collected was analysed following descriptive statistical analysis. The graphs, tables, charts and percentages have been utilised for the interpretation of data. This chapter presents the empirical findings in line with the sequence of the attached data collection tool.

#### **4.2 PRESENTATION OF FINDINGS**

The data was analysed and interpreted quantitatively and further supported by the reviewed literature and theoretical framework constituting this study. The questionnaire was divided into six sections as shown in Appendix F and the presentation of data has followed the chronological order of such questions. Moreover, the demarcation of this chapter follows the sequential order as indicated hereunder:

Section A: Demographic Information

Section B: Awareness of EHWP

Section C: Perception and Attitude of Professionals

Section D: Effect of the EHWP on Job Performance

Section E: Level of Participation on EHWP

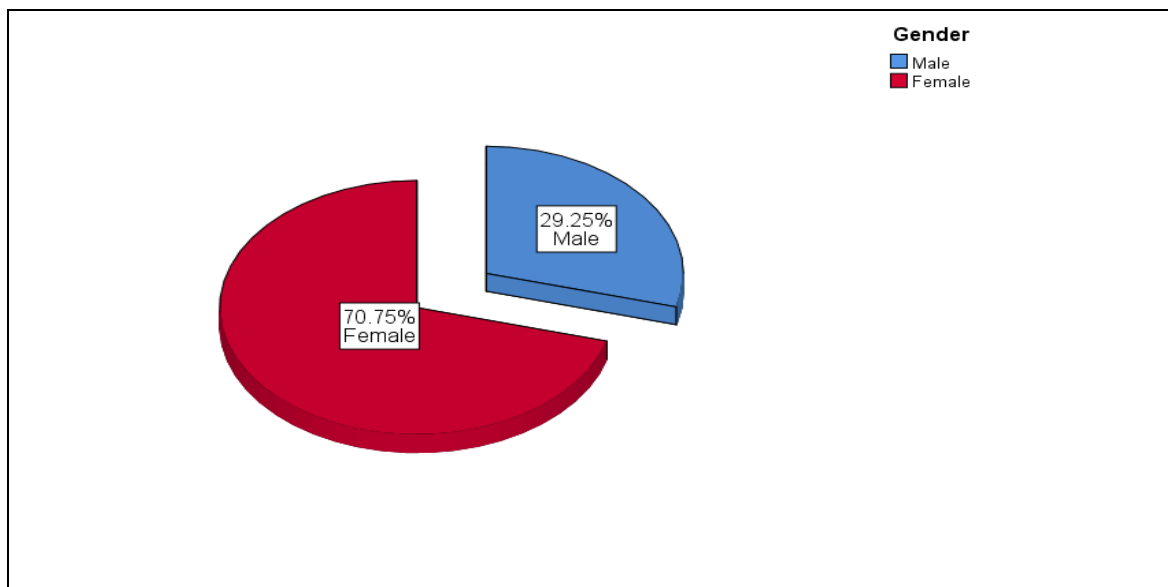
Section F: Strengths and Challenges

The overall results of the study are further discussed underneath:

### 4.3 Section A: Demographic Information

This section (Section A) presents the demographic information of the participants in terms of gender, marital status, age, race home language, educational level, physical disability and period of employment in the Department of Social Development as well as their current positions.

#### 4.3.1 GENDER

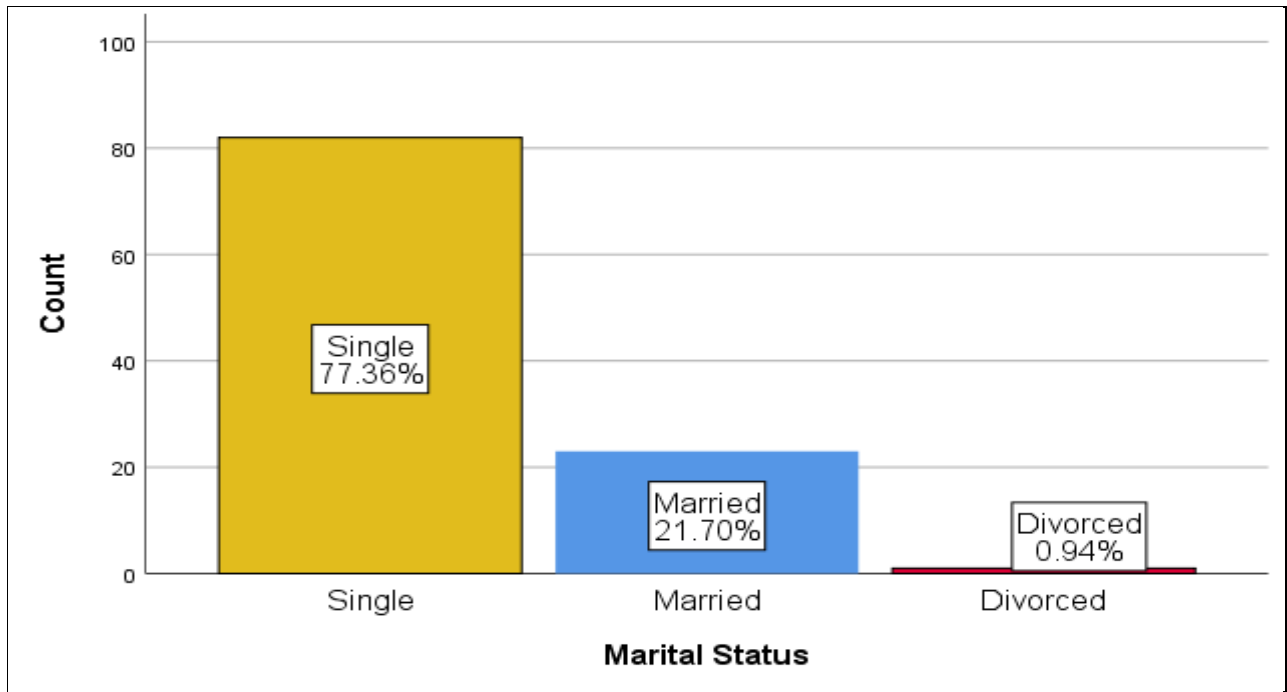


**Figure 4.1: Illustrating Gender Distribution of Employees**

Figure 4.1 portrays the gender distribution of the Social Service Professionals who actively participated in this study. The findings revealed that there was a lower number of male participants (29.25%) and a higher number of female participants (70.75%). Although the Department of Social Development has employment equity plans and targets, it is also essential to note that there is a wide gap of genders (males and females) among the employees as illustrated on the pie chart above. According to Philips (2005:25), “women and men do not experience events in the same manner and this challenges employers to design programmes that meet the needs of both genders”. Traditionally, the Social Work Profession was viewed as a profession for women, as it was historically initiated at churches by women. Hegar and Hodgetts (2008:44) are of the view that gender differences influence one’s ability to cope with work challenges, as women are susceptible to work trials and they are more likely to be employed in highly demanding jobs like community and health services. The researcher therefore deduces that EHWP remains an indispensable role player in addressing employees’ matters regardless of gender differences within the DSD. Eventually, it is imperative for DSD management to

reconsider the implementation of gender equality policies to close the existing gap between women and men within the workplace.

### 4.3.2 MARITAL STATUS



**Figure 4.2: Depicting the Marital Status Distribution of Employees**

Figure 4.2 depicts that 77.36% of the Social Service Professionals were single whilst 21.70% indicated a married status. 0.94% of the employees were divorced. It is evident that most of the participants were single which would create doubt regarding the extent in which the EHWP could assist regarding work- and family-related matters. Dipela (2016:79) contends that families and marriages often experience problems and challenges. The high number of single employees may have the likelihood to be reluctant to attend health and wellness sessions upon necessity which may eventually pose a threat to the effectiveness of the programme. Nel *et al.* (2008) suggest that holistic health care necessitates taking care of the broader social and domestic dynamics of employees; a focus which aims at achieving a well-balanced work and family life as well as and healthy organisation. This therefore denotes that when a more balanced lifestyle is developed, the holistic approach to lifestyle change has the potential to enhance adherence and obligation to a healthy lifestyle. It is imperative for the office of the EHWP in the DSD Mpumalanga Province to emphasise on family preservation services to assist employees who experience family-related problems, as they may compromise both productivity and job performance in the workplace.

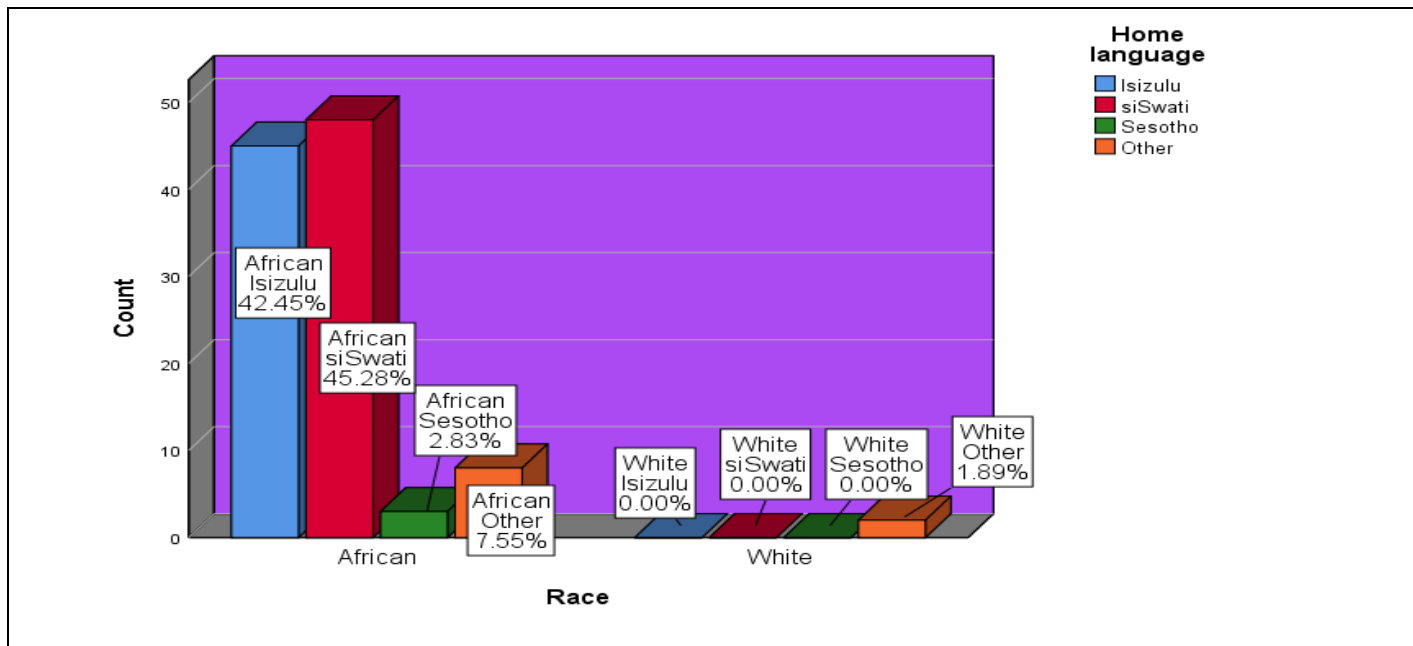
### 4.3.3 AGE

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-34	62	58.5%	58.5%	58.5%
	35-48	40	37.7%	37.7%	96.2%
	49-62	3	2.8%	2.8%	99.1%
	63+	1	0.9%	0.9%	100.0%
	Total	106	100.0%	100.0%	

**Figure 4.3: Explaining the Age Distribution of Employees**

Figure 4.3 unequivocally exhibits the age distribution of Social Service Professionals ranging from 21 to 63+ years and this age spectrum has categorically met the representation. The table further denotes that the majority (58.5%) of employees were between the ages of 21 – 34 years old. This was followed by 37.7% of employees who were between the ages of 35 – 48 years old. The lowest percentages were 2.8% of employees who were between the ages of 49 -62 years old and 0.9% of employees who were 63 years old and above. Graffins and Moorhead (2014) are of the opinion that young employees are highly prone to workplace challenges and burnout as compared to their older counterparts because of their preoccupation with their work, their expectations of the job compared to the reality thereof, excessive emotional involvement, weaker support networks and less competent coping strategies. It is apparent from the findings that 58.5% of the participants were youth, as they were below the age of 35 years. Interestingly, this therefore depicts that the Department of Social Development largely contributes to youth employment, particularly females, as they are in dominance according to the above gender distribution. Indeed, this is illustrative of an ongoing transformational agenda aimed at elevating young black women, as they have been historically disadvantaged. It is therefore important that employees, their families and all others eligible for the programme be informed about the organisation’s health and wellness programme and the services it offers and be continually updated on the new programme initiatives to enhance programme’s penetration rate (Csiernik, 2003).

### 4.3.4 RACE AND HOME LANGUAGE



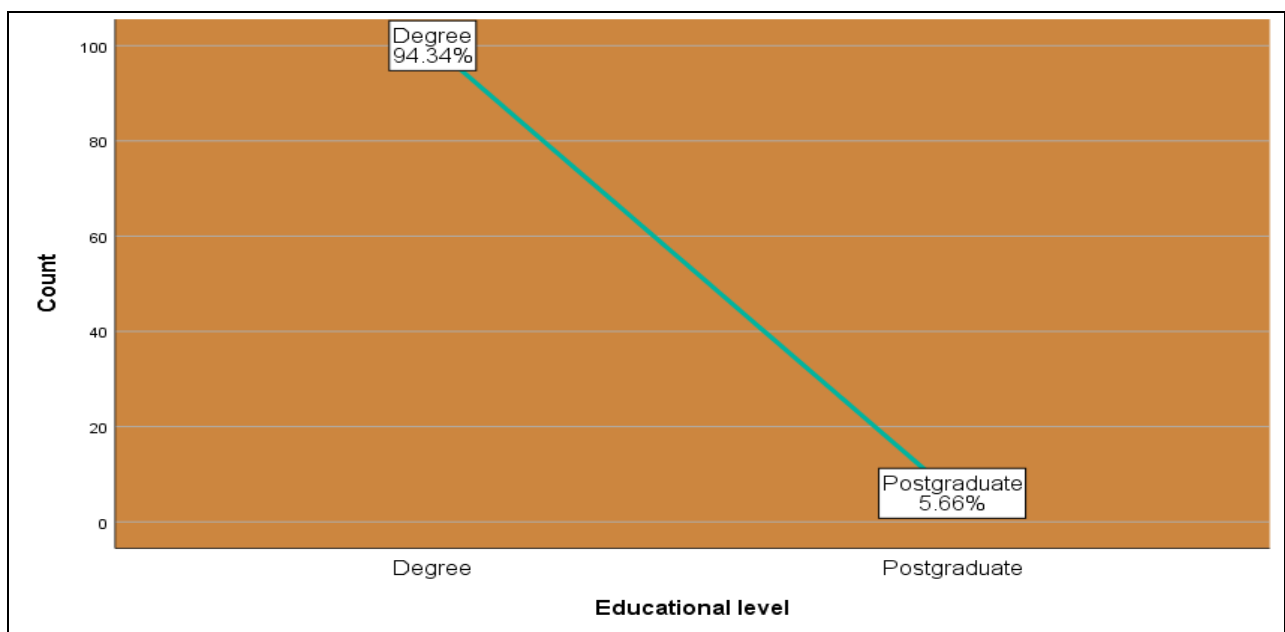
**Figure 4.4: Demonstrating Race and Home Language Distribution**

A strong association was recorded between the two variables which were race and home language. This fair comparison conducted between race and home language of the participants revealed that 45.28% of participants within the DSD were African and siSwati speaking people. Meanwhile, 42.28% of the participants were African and IsiZulu speaking employees. Subsequently, 2.83% were African and Sesotho speaking employees whilst 7.55% were African and speaking other languages within the (11) official languages. Interestingly, it is apparent that majority of the employees were siSwati speaking (45.28%) which is a dominant language mostly spoken within the Mpumalanga Province. It can never go unnoticed that siSwati (45.28%) and IsiZulu (42.25%) are frequently spoken languages within the study area which equates to 98.11% of African participants at the DSD Gert Sibande District, Mpumalanga Province.

There was 0.00% for Whites who were IsiZulu, siSwati and Sesotho speaking employees. Moreover, 1.89% of white participants were speaking other languages despite the aforesaid ones. This therefore denotes that there was significantly none of the white participants who could relate to frequently spoken languages within the study area. Meanwhile, 1.89% of white participants were speaking other languages which were relatively not related to commonly spoken languages within the Department of Social Development at the Gert Sibande District. Moreover, it was reasonably unnecessary to create either a siSwati or IsiZulu questionnaire on

the basis that all participants were presumably English speakers, as Social Service Professionals are equipped with a minimum of a Bachelor's Degree which is obtained at a variety of tertiary institutions who converse predominantly in English. The diversity of race and languages within the DSD may infer that there are employees with diverse cultural believe systems which necessitate the EHWP office to be abreast with cultural diversity when delivering Employee Health and Wellness services within the workplace.

#### 4.3.5 EDUCATIONAL LEVEL

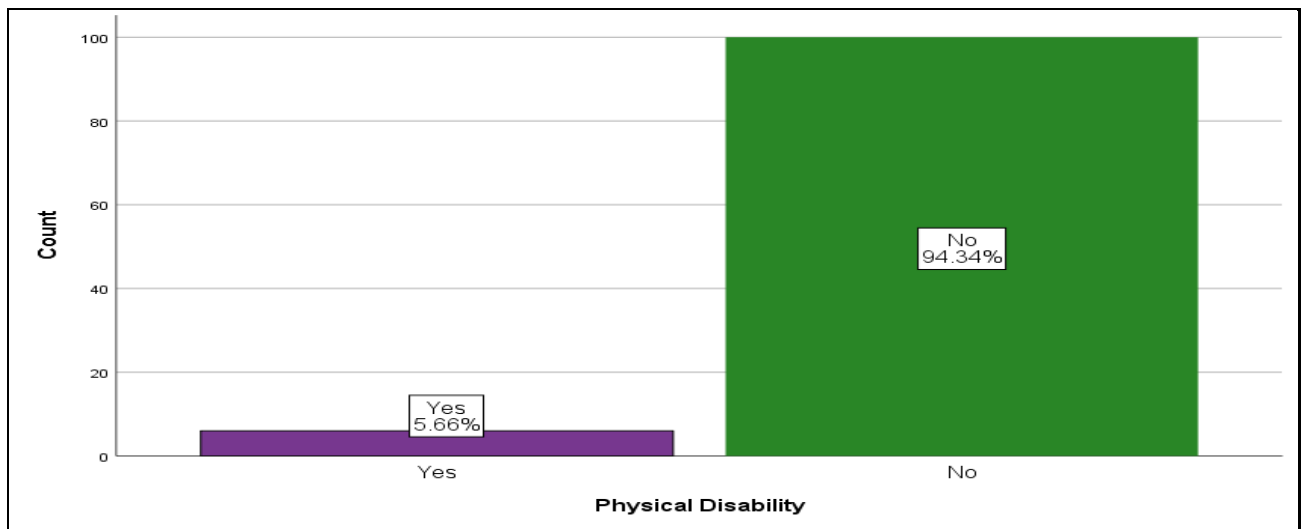


**Figure 4.5: Showing the Educational Level of Employees**

Figure 4.5 clearly portrays that all the participants (94.34%) had a Bachelor's Degree whilst 5.66% of the participants had postgraduate qualifications in addition to their Bachelor's Degrees. Surprisingly, there were limited employees with postgraduate qualifications (5.66%), which raises a barrage of questions more than it does answers. Sieberhagen, Pienaar and Els (2011) postulate that the EHWP is very important for productivity and job performance in South African organisations. The results therefore show that most of the Social Service Professionals hardly undertake postgraduate qualifications due to a lack of motivation and satisfaction within the workplace. The EHWP in the study area is doing little, if nothing at all, in terms of motivating and boosting the self-esteem of Social Service Professionals within the Mpumalanga Provincial Department of Social Development. It is apparent that the demotivation of Social Service Professionals compels them to wonder if studying postgraduate studies will ever liberate

them from their hardship, heavy duty load and the challenging responsibilities of the profession. Social Workers are registered with the South African Council for Social Service Professions (SACSSP) in accordance with the Social Services Professions Act 110 of 1978. Moreover, the educational level beyond the bachelor’s degree of Social Service Professionals has absolutely nothing to do with their promotion, as only the minimum of seven plus experience what could warrant one to navigate a promotional post within the Social Work profession. Resultantly, this places the Social Work profession at risk not to accumulate expert professionals within the perimeters of profession. This finding may also mean that some of the participants may regard themselves as educated and see no importance to seek advice, especially within an environment where they are known and this may result in health and wellness services not being fully utilised (Dipela, 2016). Ideally, the EHWP practitioner should offer programmes that will be able to motivate and boost the morale system of the employees.

#### 4.3.6 PHYSICAL DISABILITY



**Figure 4.6: Indicating the Level of Physical Disability among Employees**

Figure 4.6 reveals that 5.66% of participants were living with a physical disability. This percentage denotes the minority compared to the majority of employees who are living with a disability. The majority of employees (94.34%) did not indicate any form of disability. This therefore denotes that the Department must reconsider the targeted percentage of employees living with a disability. Consequently, the EHWP should have supportive programmes aimed at meeting the needs of employees living with disabilities.

### 4.3.7 PERIOD OF EMPLOYMENT AND THE CURRENT POSITION OF EMPLOYEES



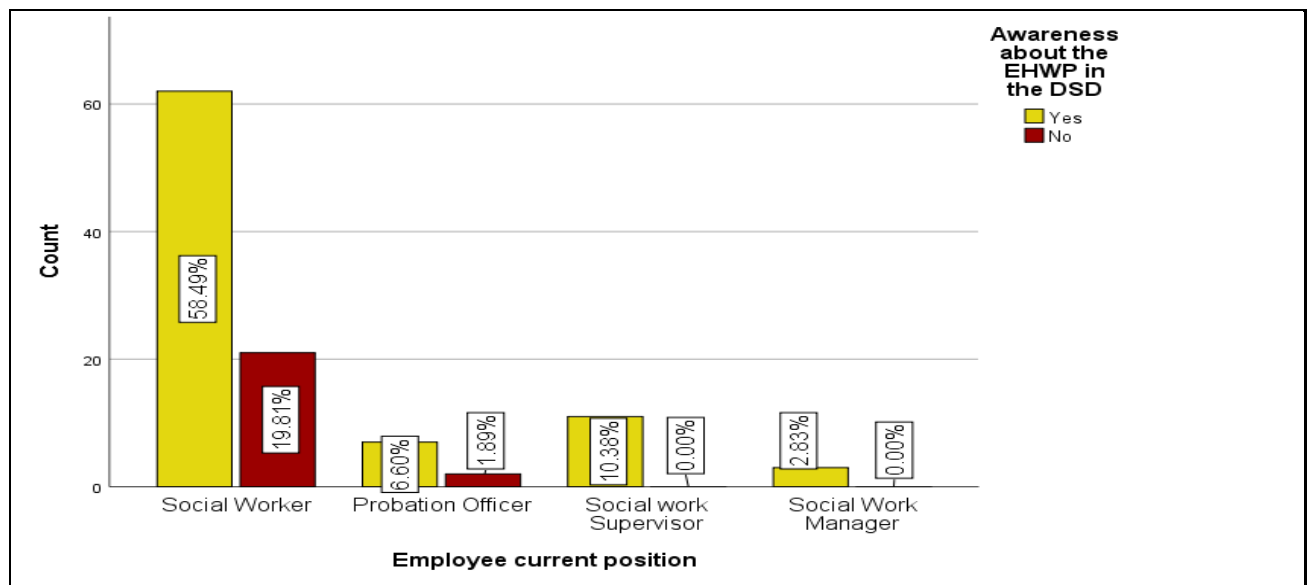
**Figure 4.7: Illustrating the Period of Employment in Years and Employee Current Position**

Figure 4.7 reveals that the majority (78.3%) of respondents were Social Workers, followed by Probation Officers (8.49%), Social Work Supervisors (10.38%) and Social Work Managers (2.83%) employed within the Mpumalanga Department of Social Development, Gert Sibande District. Moreover, it is clear from Figure 4.7 that the majority of Social Workers (24.53%) have seven to nine years of experience in the field of service. The majority of Probation Officers (6.60%) have four to six years of experience, followed by Social Work Supervisors (10.38%) and Social Work Managers (2.83%) who have more than ten years of experience within the Department. This therefore depicts that the respondents' occupational level and period of experience had a strong bearing regarding the quality of their responses. In addition, this could mean a high staff turnover, whereby young employees are looking for other challenges and career growth, as opposed to older employees who are more likely wanting to be stable and not look for other jobs (Mnisi, 2005). These Social Service Professionals are often confronted with extreme stressful circumstances on their day-to-day operations such as domestic violence, rape-related issues, behavioural problems, severe trauma, drugs-related issues, child neglect and many more. To manage the emotional and physical stress, these professionals are likely to utilise EHWP to cope with work demands and challenges.

#### 4.4 SECTION B: AWARENESS OF EHWP

This section is aimed at assessing the awareness of Social Service Professionals on the Employee Health and Wellness Programme (EHWP) in the study area. This section had six questions aimed at assessing the awareness level of employees about the EHWP. The presentation of findings is indicated below:

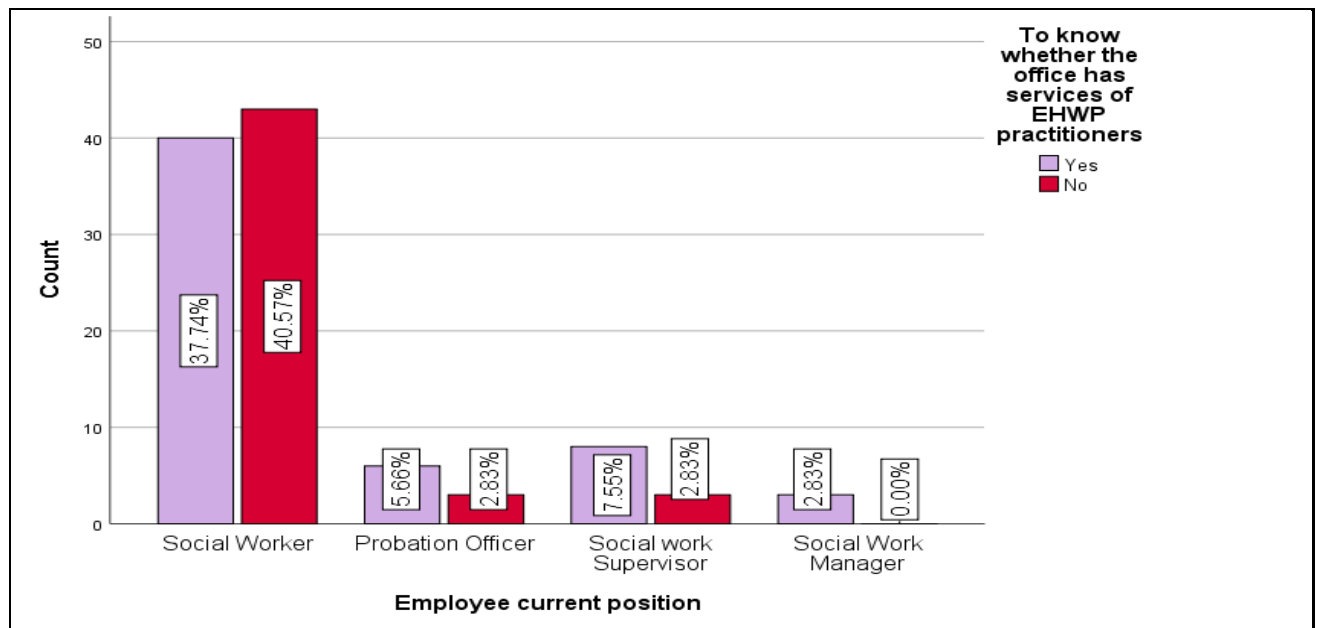
##### 4.4.1 LEVEL OF KNOWLEDGE



**Figure 4.8: Indicating the Level of Knowledge**

Figure 4.8 indicates the employee level of knowledge about EHWP in the Mpumalanga Department of Social Development, Gert Sibande District. The findings revealed that 78.3% of respondents do have knowledge about the existence of the EHWP, meanwhile, 21.7% do not have any knowledge at all about the existence of the EHWP. The percentage denotes a high level of knowledge about the existence of the EHWP among the respondents. This therefore suggests that the department's marketing strategy must be intensified to make sure that everyone becomes knowledgeable about the programme (Manganyi, 2015:72). The interesting part which creates wonders about the high levels of knowledge among the respondents is the accessibility of the programme within the DSD which remains an area of concern.

#### 4.4.2 EMPLOYEE AWARENESS ABOUT SERVICES OF EHWP PRACTITIONERS IN THE DSD



**Figure 4.9: Portraying the Employee Level of Awareness about the Services of EHWP Practitioners at the DSD**

Figure 4.9 portrays the employee level of awareness about the services of EHWP Practitioners at the DSD. The results show that 53.8% claimed to be aware of the services of EHWP Practitioners, whereas 46.2% claimed to be unaware about the services of EHWP Practitioners. Even though the majority (53.3%) of the employees were aware of the EHWP, the programme was not used effectively. It is evident from figure 4.9 that there was a significant number (46.2%) of employees who were not at all aware of the EHWP services. It may be suggested that the employees lacked a deeper knowledge of what the programme entailed and the benefits thereof (Dipela, 2016). Though most of respondents were aware, the significant percentage (46.2%) of respondents who were not aware leaves more questions to be desired, especially on whether or not have they previously benefitted from EHWP services if they were not aware of them. The finding implies that not all the staff is reached by the EHWP services in the Mpumalanga Department of Social Development. This simply means that if the employees do not know about the existence of the programme, it may not be utilised adequately and thus its impact on the organisation might not be visible and this will result in the programme being ineffective (Dipela, 2016). On the other hand, Ambrosino *et al.* (2012:54) contend that the ecological systems perspectives incorporate biological, psychosocial, sociological and cultural

aspects of developing individuals and their interactions with a broader environment. This denotes that the ecological systems approach places its major focus on the interactions between the individuals and their environment.

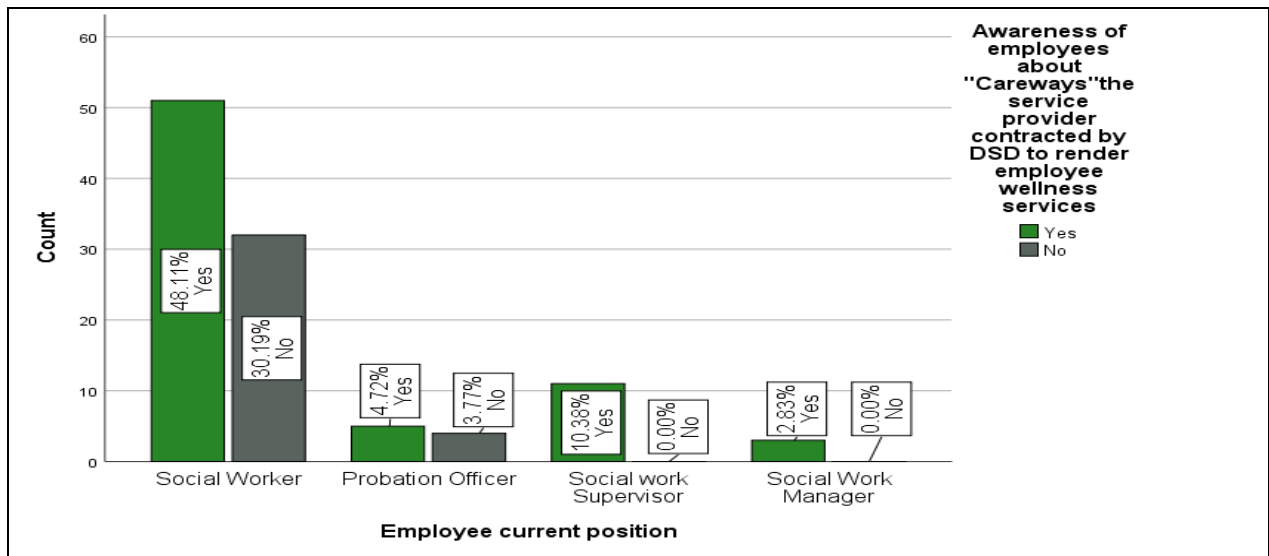
#### 4.4.3 EMPLOYEE UTILISATION RATE AND AWARENESS OF SOMEONE WHO HAD ALSO UTILISED THE EHWP SERVICES IN THE DSD

<b>Finding Out whether Employees have Made Use of the EHWP Services in their Office or Know of Someone who Did.</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	46	43.4%	43.4%	43.4%
	No	60	56.6%	56.6%	100.0%
	Total	106	100.0%	100.0%	

**Figure 4.10: Demonstrating the Employee Utilisation Rate and Awareness of Someone who had also Utilised the EHWP Services at the DSD**

Figure 4.10 demonstrates the employee utilisation rate and the awareness of someone who had previously utilised the EHWP services within their workplace. The findings clearly depict that the majority of the employees (56.6%) did not utilize the EHWP services and knew no one who had previously utilised the EHWP services within their workplace. Meanwhile, some employees (43.4%) claimed to have utilised the EHWP services or knew of someone who had previously utilised the services. Therefore, the researcher maintains that the accessibility of the programme remains a critical factor which could warrant a reasonable utilisation rate and ultimately yield the desired outcomes of the programme. The researcher concurs with Manganyi (2015:83) who postulates that unfamiliarity with the scope of the programme could restrict employees from using its services, whereas employees’ awareness thereof may enhance the utilisation of the programme as well as the penetration rate. Moreover, the researcher is of the idea that if the employees do not understand the rationale for the existence of the EHWP in their workplace and what it intends to achieve, they are less likely to utilise it. Hepworth *et al.* (2006) argued that the ecological systems perspective calls for a balance between the resources available in the environment and the needs of the people. The author further cautioned that any gaps in the environmental resources, limitation of individuals who need to utilise these resources or a dysfunctional transaction between the individual and their environment systems, threaten to block the fulfilment of human needs and lead to stress or impaired functioning.

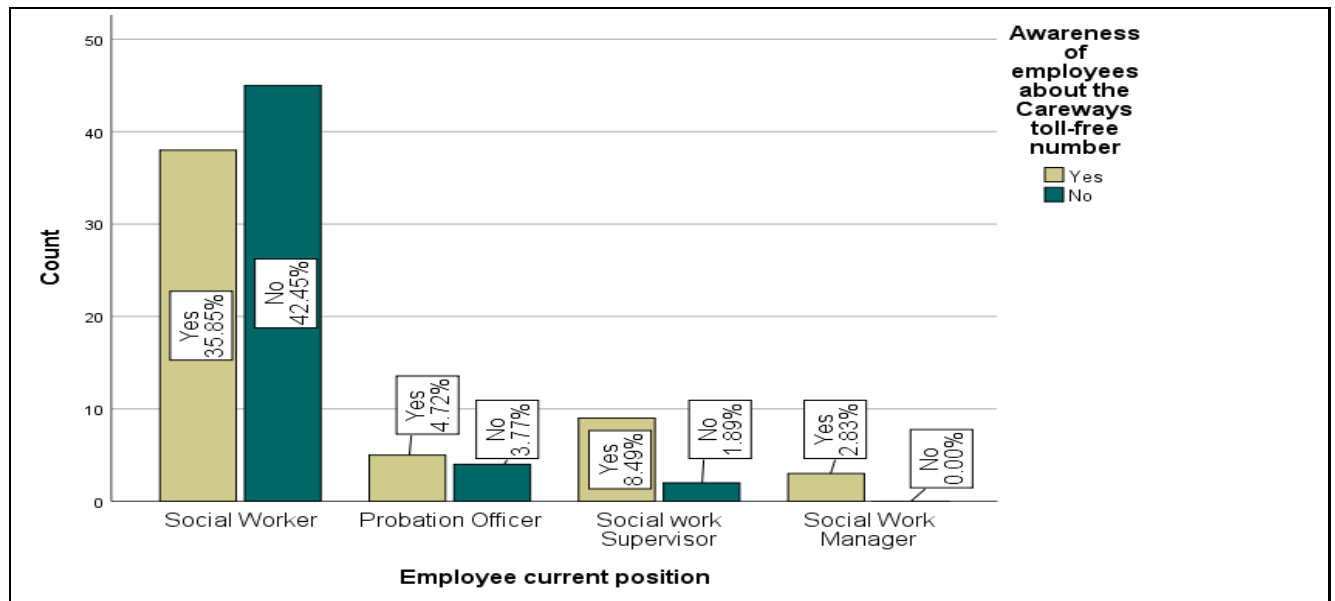
#### 4.4.4 EMPLOYEE AWARENESS ABOUT CAREWAYS



**Figure 4.11: Revealing the Awareness of Employees about Careways; the Contracted Service Provider for the Employee Wellness Services at the DSD**

Figure 4.11 reveals the awareness of employees about Careways; the contracted service provider for the employee wellness services at the Mpumalanga Department of Social Development. Figure 4.11 clearly reveals that the majority (66.04%) of the respondents have knowledge about Careways, whereas, 33.96% of the respondents claimed to have no knowledge about Careways. Though the majority (66.04%) of respondents claim to have knowledge about Careways, the significant number (33.96%) of respondents who claim to be unaware about Careways should not be ignored, as it poses questions about the accessibility and marketing strategies of the EHWP services to benefit concerned employees. This clearly portrays that even if the 33.96% of respondents are uncomfortable in utilising the internal EHWP services, they have no option to get external assistance, as they are not aware of their contracted service provider to render the EHWP (Careways). This in turn points the under-utilisation of the programme to the lack of awareness of a remarkable number of employees which further delays the attainment of the programme's objectives.

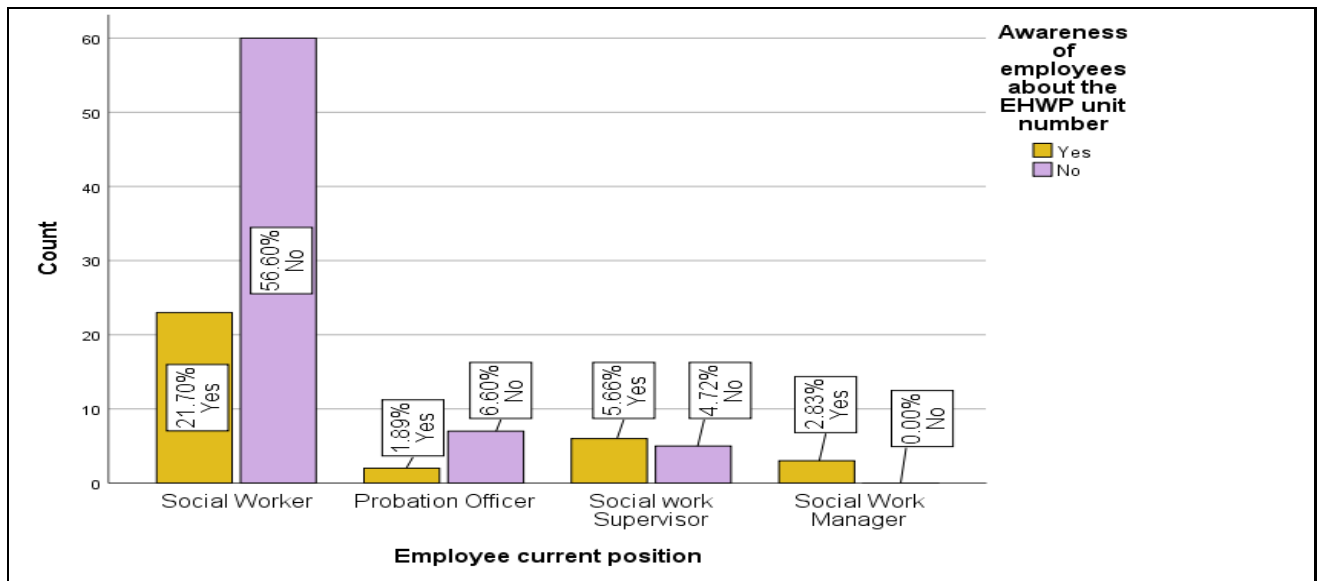
#### 4.4.5 EMPLOYEE AWARENESS ABOUT CAREWAYS' TOLL-FREE NUMBER



**Figure 4.12: Illustrating Employee Awareness about Careways' toll-free Number**

Figure 4.12 illustrates employee awareness about Careways' toll-free number. The majority (51.89%) of respondents are aware Careways' toll-free number, meanwhile, 48.11% of the respondents are unaware thereof. This could also assist in an event of employee uncertainties regarding internal confidentiality issues. Thus, Careways must be accessible through this toll-free number. Lawrence et al (2002) indicated that easy access to the programme is identified as one of the aspects that can enhance the employees' utilisation of the programme. On the other hand Mugari (2011:49) is of the opinion that unlike the internal model, employees may be very much comfortable with this model because it may be viewed as ensuring more confidentiality than when the programme is within the organisation. Debatably, it is evident from Figure 4.12 that only employees that have access to the toll-free number could enjoy the benefit the 24-hour service from the external/off-site service provider at any time deemed necessary. Ultimately, the researcher is of the opinion that for the programme to increase its utilisation rate and penetration, all employees should know of Careways' toll-free number.

#### 4.4.6 EMPLOYEE KNOWLEDGE ABOUT THE EHWP UNIT NUMBER



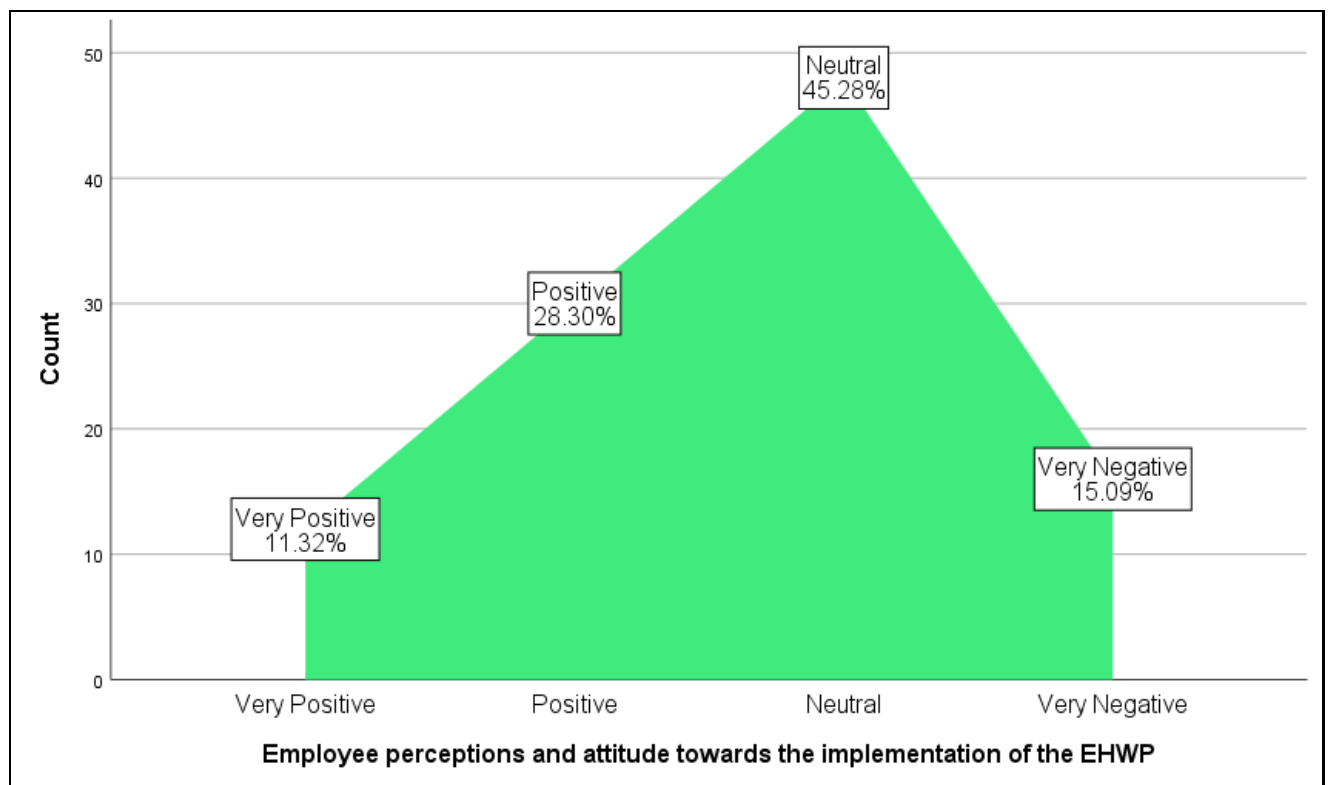
**Figure 4.13: Revealing the Employee Level of Awareness about the EHWP Unit Number**

Figure 4.13 reveals the employee level of awareness about the EHWP unit number. The majority (67.92%) of the respondents claimed to be unaware, whereas, 32.08% of the respondents claimed to have awareness about the EHWP unit number. It is worth noting that Figure 4.12 above illustrates that 51.89% of respondents have awareness about Careways' toll-free number, whereas, Figure 4.13 reveals that 32.08% of respondents have awareness regarding the EHWP unit number. This comparatively depicts that the Departmental EHWP services are hardly accessible, as few employees are aware thereof. Moreover, it may be further suggested that the benefit of doubt is given to the external EHWP services, as at least 51.89% of the respondents are aware of Careways' toll-free number. This clearly points to the fact that the EHWP services are not adequately reaching the desired employees within the Mpumalanga Department of Social Development, in general, and the Gert Sibande District in particular.

#### 4.5 SECTION C: PERCEPTION AND ATTITUDE OF PROFESSIONALS

This section has only three questions. The primary aim of this section was to explore the perceptions and attitude of Social Service Professionals towards the EHWP at the Department of Social Development. The results are revealed below:

##### 4.5.1 EMPLOYEE PERCEPTIONS AND ATTITUDE TOWARDS THE IMPLEMENTATION OF THE EHWP

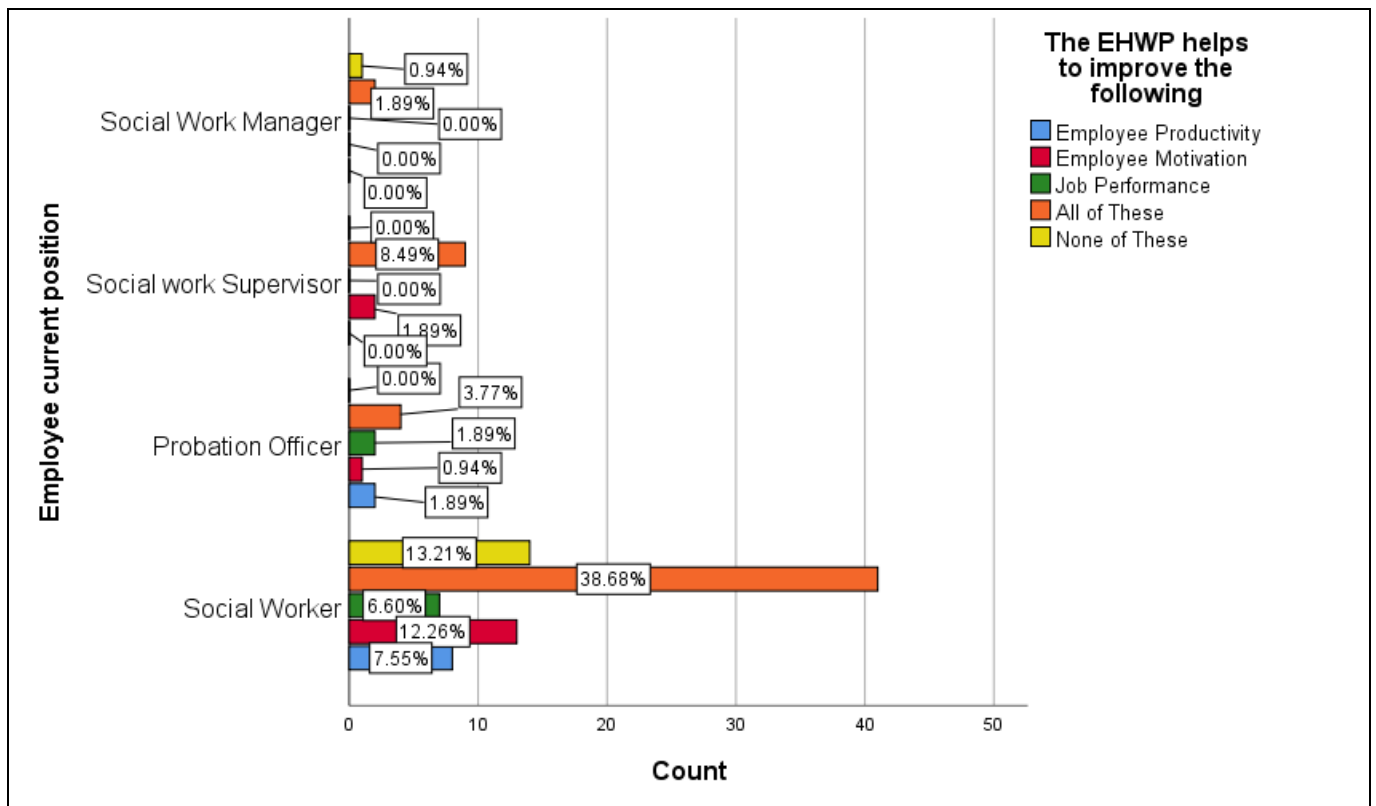


**Figure 4.14: Explaining the Employee Perceptions and Attitude towards the Implementation of the EHWP**

Figure 4.14 outlines the employee perceptions and attitude towards the implementation of the EHWP. The findings revealed that the majority (45.28%) of the respondents were neutral whilst 28.30% respondents were positive, 15.09% respondents were very negative and 11.32% respondents were very positive. The encouragement of the employees to utilise the EHWP services is essential. This promotes the utilisation and penetration rate of the programme. Continual assessments on employee productivity, job performance and employee motivation versus the perceptions and attitude of employees are imperative as they are indicative of their interests and areas seeking improvements. It is worth noting that the perception and attitude of most of the employees (45.28%) was neutral which clearly indicates that they were not sure if

the EHWP was being properly implemented within their workplace. However, it is impressive to have 28.30% who are positive and 11.32% who are very positive which implies that they encourage the majority of the employees who were (neutral 45.28%) and the very negative employees (15.09%) to utilise the EHWP services to realise high job performance and productivity in the workplace. Subsequently, the 39.62% the respondents who claimed to be positive/ very positive cannot be viewed in total isolation from the other respondents who claimed to be uncertain (neutral 45.28%) and very negative (15.09%) about the implementation of the EHWP. The results above indicate that the programme is inefficient and less likely to achieve its intended objective within the department at large. Moreover, it is evident that both the internal/in-house model and external/off-site model are not adequately exposed to the employees in the form of marketing and other strategies which would eventually derive employees to realise the significance of the EHWP services in the workplace. According to Christie (2003:45), “a major concern about internal programmes is that they may be perceived as being closely identified with particular departments, groups or persons in the organisation and that the confidentiality of the employees’ problems may be difficult to protect”. Equally, there are limited traceable incidences where the external service providers render aftercare services to their participants which delay their recovery process. Consequently, it is imperative for the EHWP to have the capacity to identify employees’ areas of dissatisfaction and modify its operations to address the prevailing areas of primary concern.

#### 4.5.2 EXPLAINING WHETHER THE EHWP HELPS TO IMPROVE THE FOLLOWING

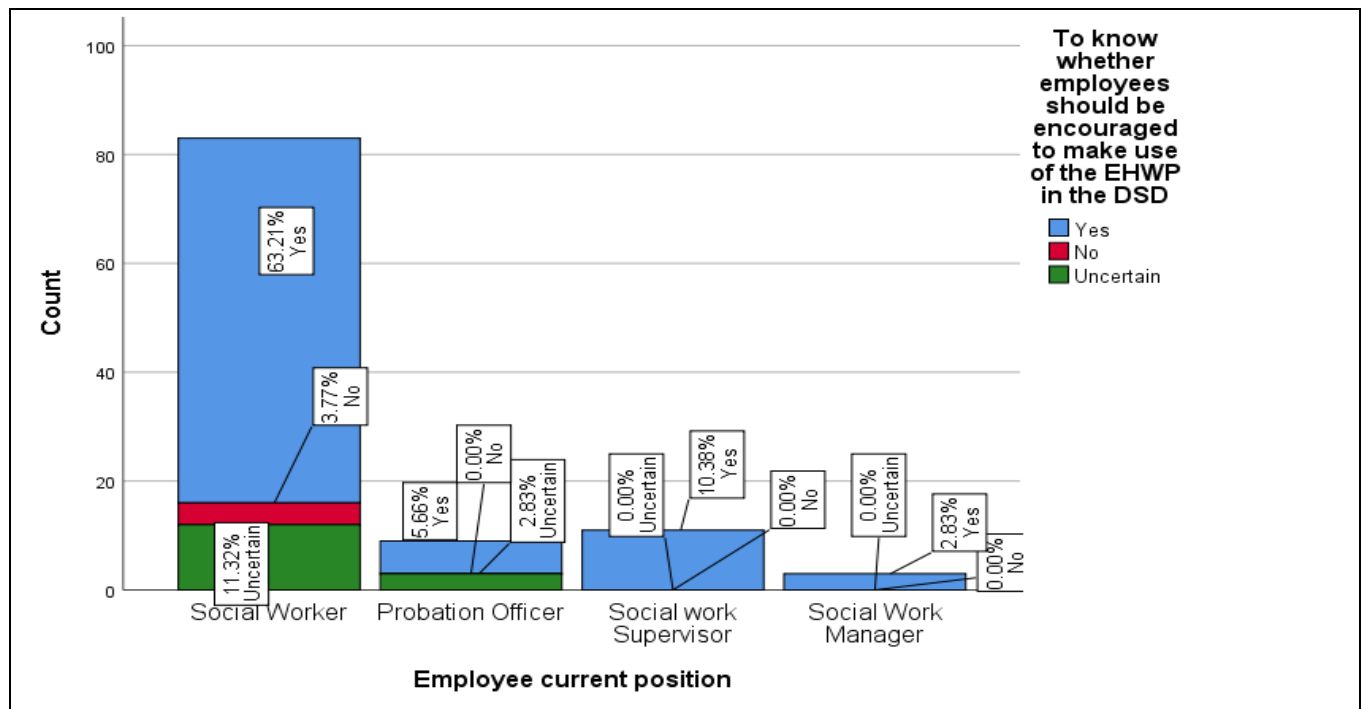


**Figure 4.15: Demonstrating whether the EHWP Helps to Improve the Highlighted Areas**

Figure 4.15 demonstrates the capacity of the EHWP to improve Employee Productivity, Employee Motivation and Job Performance. The findings demonstrated that most of the respondents (52.83%) believed that the EHWP plays a major role in improving the above-mentioned aspects in the workplace. On the other hand, 15.09% of respondents were of the view that the EHWP improve employee motivation, whilst 14.15% of the respondents believed that EHWP does not help in improving either of the above stated aspects. Moreover, 9.44% of the respondents believed that EHWP only improves employee productivity, whereas, 8.49% respondents believed that the EHWP improves job performance. It is impressive to have the majority of the employees (52.83%) under the impression that the EHWP helps improve employee productivity, employee motivation and job performance, as they may also encourage other employees to have a vast understanding about the scope and desired intention of the programme. The 14.15% of the respondents who did not believe that the EHWP could help improve the above critical aspects points to the fact that the programme does not address their needs. Interestingly, 52.83% respondents believe that the EHWP has a potential to make a

significant improvement leading to organisational change and development. Thus, implementing agents of the programme in place have a pressing responsibility to properly organise and intensify the programme to have a positive impact on the targeted audience. The researcher agrees with EAPA-SA (2010) that the practitioners running the programme must monitor and evaluates the success and impact of the services offered by the programme.

#### 4.5.3 THE EXTENT OF EMPLOYEE ENCOURAGEMENT TO UTILISE EHWP SERVICES



**Figure 4.16: Illustrating the Extent to which an Employee should be Encouraged to Utilise the EHWP Services**

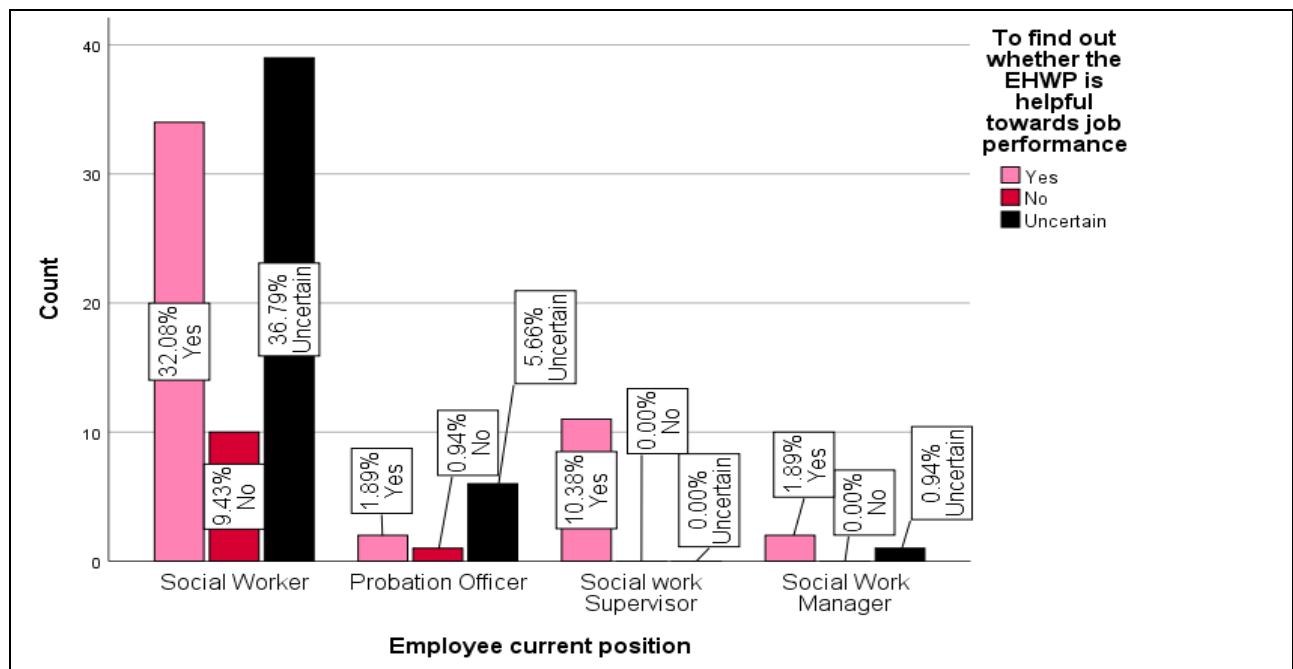
Figure 4.16 revealed that majority 83.08% of the respondents were encouraged to utilise the EHWP services within the Mpumalanga Department of Social Development, Gert Sibande. On the other hand, 14.15% of respondents were uncertain whilst 3.77% were not encouraged to make use of the EHWP services. It brings hope to have 83.08% respondents indicating that employees should indeed be encouraged to utilise the EHWP services. It clearly portrays that the employees believe in the existence of the EHWP, except for the current implementation plan which is not accommodative to all the employees. Mannion (2008) asserts that top management support is crucial in supporting the programme by making sure that adequate financial support, availability of staff and human resources are made available. Ideally, the re-structuring of the EHWP implementation plan for the better has the potential of instilling confidence, even to the

14.15% respondents who were uncertain and the 3.77% who had lost hope and confidence to make use of EHWP services.

#### 4.6 SECTION D: EFFECT OF THE EHWP ON JOB PERFORMANCE

This section has explored two questions to address the fundamental question. The section explores the effect of the EHWP on job performance among Social Service Professionals in the study area. The following are the empirical findings:

##### 4.6.1 THE CONTRIBUTION OF THE EHWP TOWARDS ONE’S JOB PERFORMANCE

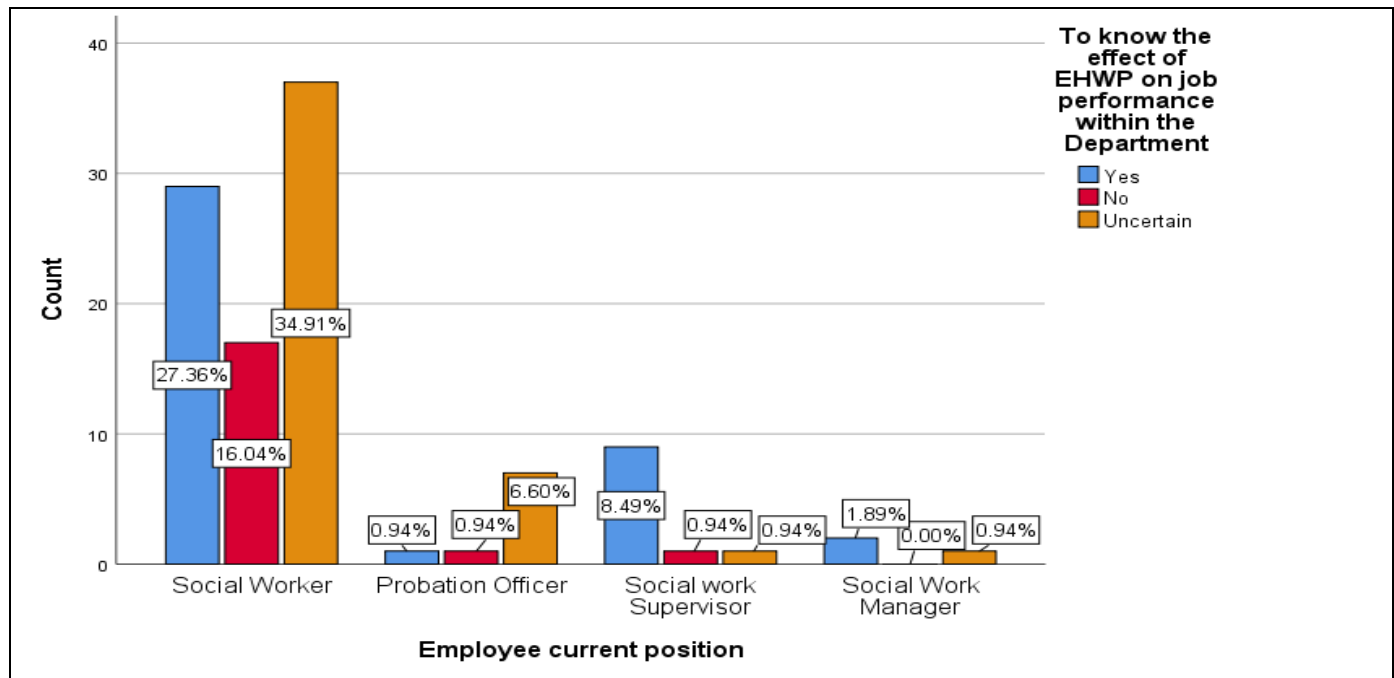


**Figure 4.17: Demonstrating the Contribution of the EHWP on One’s Job Performance**

Figure 4.17 demonstrates the contribution of the EHWP on one’s job performance. The findings revealed that the majority (46.24%) of the respondents found the EHWP as helpful towards increasing job performance whereas 43.39% of the respondents were uncertain and 10.37% respondents found that the EHWP was not helpful towards increasing job performance. The Department of Social Development in the Mpumalanga Province offers the Employee Health and Wellness Programme (EHWP) for the benefit of its employees to deal with both personal- and work-related problems and to further strive to ensure that the employees receive effective and efficient EHWP services. Ideally, the majority (46.24%) of employees are of the view that the EHWP increases job performance. Fisher *et al.* (2003) further postulates that there is a very

close relationship between the job performance and job satisfaction of employees and, as a result, better and enhanced performance could be achieved. Consequently, an employer who cares about the wellbeing of his or her employees is likely to have employees who are satisfied which then brings about an improved performance and positive results to the entire organisation.

#### 4.6.2 EHWP EFFECT ON JOB PERFORMANCE IN THE DSD



**Figure 4.18: Explaining whether EHWP has an effect on Job Performance in the DSD**

Figure 4.18 explains whether the EHWP influences job performance in the DSD. The majority (43.39%) of the respondents were uncertain whereas 38.68% respondents were of the view that the EHWP does influence on job performance within their department and 17.92% of the respondents claimed that it had no effect at all. Munisamy (2013:12) notes that employees’ job performance is usually measured by the employees’ motivation and their willingness to do their assigned tasks at a given time. Debatably, the majority (43.39%) of the employees claimed an uncertain status which compliments Figure 4.10 findings which clearly depict that the majority of the employees (56.6%) did not utilise the EHWP services and knew no one who had previously utilised the EHWP services within their workplace. It is apparent that the employees could not measure if the EHWP had effect on job performance, as their access to the programme remained a call for concern. Moreover, the researcher assumes that the 38.68% of the respondents who were of the view that the EHWP does have effect on job performance, merely

relied on the in-depth knowledge and understanding about the outcomes of the programme. It is clear that the ecological systems perspective allows for individual wellness that promotes physical, emotional, social, occupational, spiritual and intellectual wellbeing, meanwhile, on the other hand, the organisational wellness programme promotes a culture that is conducive to employees' work-life balance in order to enhance their effectiveness and efficiency in the performance of their duties (Gcwabe, 2015:5).

#### 4.7 SECTION E: LEVEL OF PARTICIPATION

This section has only three questions. The primary aim of this section was to explore employees' level of participation on the activities of the EHWP. The results are presented below.

##### 4.7.1 FREQUENT USE OF THE EHWP SERVICES OVER THE PAST 12 MONTHS

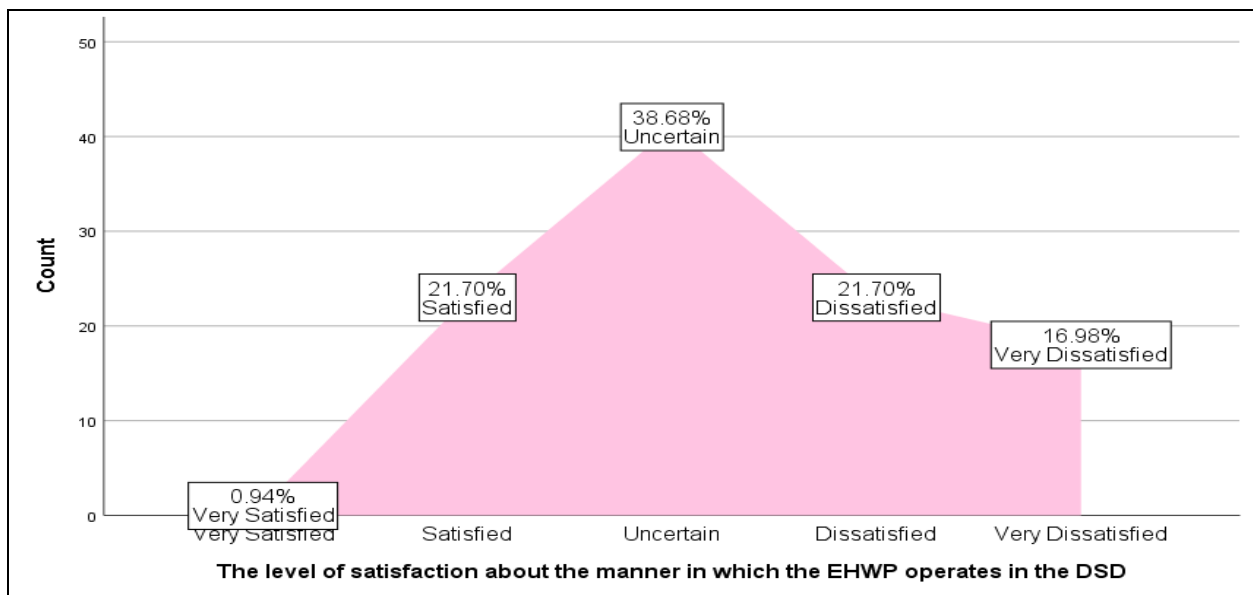
The Frequent Use of the EHWP Services over the Past 12 Months					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	65	61.3%	61.3%	61.3%
	Once	32	30.2%	30.2%	91.5%
	More than Once	9	8.5%	8.5%	100.0%
	Total	106	100.0%	100.0%	

**Figure 4.19: Demonstrating the Frequent Use of the EHWP Services over the Past 12 Months**

Figure 4.19 demonstrates that the majority (61.3%) of the respondents have never attended the EHWP service offerings over the past 12 months. The findings clearly outline that there is a serious under-utilisation rate of the EHWP services within the Mpumalanga DSD, Gert Sibande District, in particular. There are lot of contributory factors to this effect. Among many factors, Figure 4.10 has also highlighted that the lack of access to the programme and ineffective marketing strategies also contribute to the reasons of this critical and fundamental question. Manganyi (2015:38) contends that “utilisation assessments provide programmes with data concerning who is using what services and to which extent”. It is worth noting that the assessment of a programme's utilisation rate is done to keep track of whether the intended population of the programme is accommodated and/or to determine the extent of the

programme’s utilisation. However, the researcher holds the view that the maximum participation of the intended employees is essential in this regard, as it significantly contributes to a high utilisation rate and success of the programme.

#### 4.7.2 EMPLOYEE LEVEL OF SATISFACTION ABOUT THE EHWP

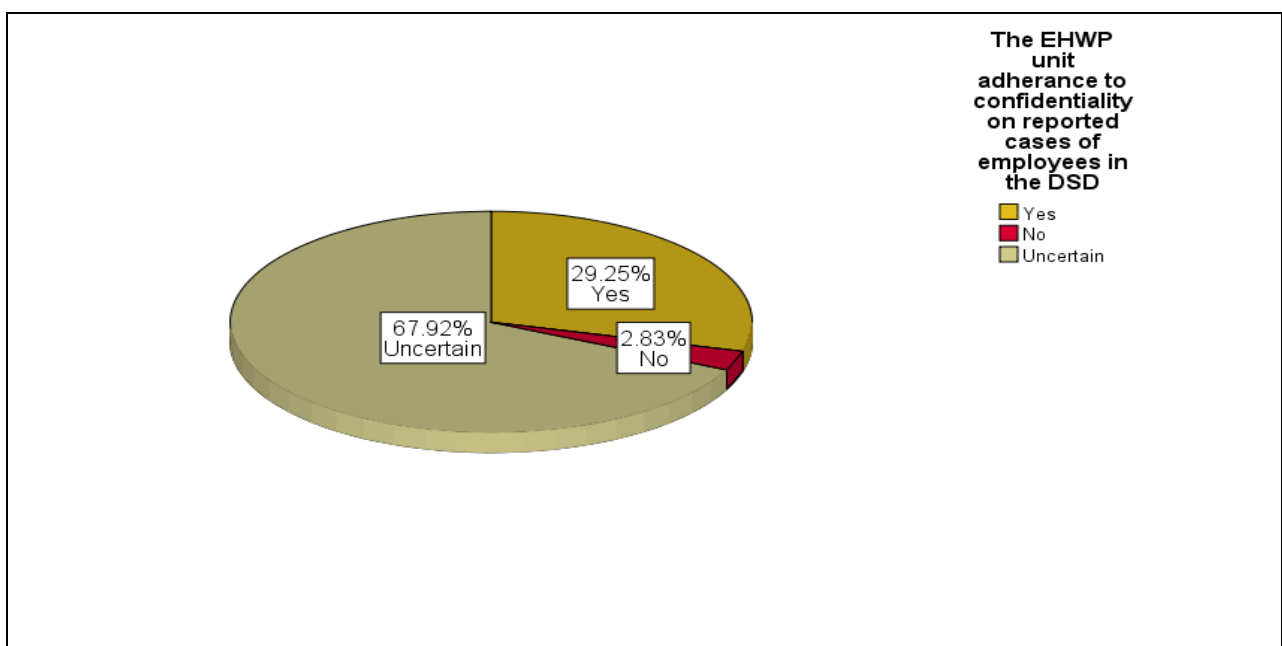


**Figure 4.20: Revealing the Employee Level of Satisfaction about the EHWP Operations at the DSD**

Figure 4.20 shows that the majority 38.68% of the respondents were uncertain about their satisfaction regarding the EHWP. It raises eyebrows to also note that there is a group 21.70% of respondents who were satisfied meanwhile others equally claimed to be dissatisfied about the programme. Continual assessments on the employees’ productivity, motivation and job performance versus the perceptions and attitude of employees are imperative, as they are indicative of their interest, level of satisfaction and areas seeking improvement, these kinds of assessments could determine the elements contributing to the majority (38.68%) of the respondents claiming to be unsure if they were satisfied regarding the EHWP. In the study conducted by Mataung (2014:61), it was discovered that most South African organisations that show low levels of employee satisfaction and job performance. They then, as a result, assign supervisors to employees who do not have good working relationships which then can make it impossible for employees to access support when they are in need of it. Thus, it is imperative for employees to note that for them to reach the level of job satisfaction which can result in a high

rate of performance, their attitude needs to be acceptable or adjusted for the better with regard to the manner in which they perceive and think about their jobs. Equally, the employer has a major role to play, as one of the roles is to ensure that the supervisors who are part of the structure of the organisations, cater for their employees' wellbeing, provide supportive programmes aimed at equipping employees facing personal- and work-related problems to cope with such challenges and promote high performance standards.

#### 4.7.3 ADHERENCE TO CONFIDENTIALITY ON EMPLOYEE REPORTED CASES



**Figure 4.21: Adherence to Confidentiality on Reported Cases by the EHWP Unit**

Figure 4.21 illustrates that the majority (67.92%) of the respondents were uncertain about the EHWP unit's adherence to confidentiality regarding the on reported cases of the employees in the DSD. Moreover, 29.25% of respondents claimed that the EHWP unit adheres to confidentiality, whereas, 2.83% of respondents claimed that there is no adherence to confidentiality regarding the on reported cases of cases employees in the DSD. Manganyi (2015) states that the principle of confidentiality requires no information of a personal nature to be shared or discussed without the informed and written consent of the referred worker. The majority (67.92%) of the employees who were uncertain could be the majority (61.3%) of the respondents who have never utilised the EHWP service offerings for the past 12 months as a result of the accessibility question. Careways (2010) maintains that any breach of confidentiality

places the entire EHWP in jeopardy. Ambrosino *et al.* (2012:108) further maintain that “the clients’ right to privacy is guarded by a principle of confidentiality and the notion that the information shared between the client and practitioner is privileged”. Consequently, the researcher is of the opinion that human rights have limitations. Equally, clients should be informed about the scope and limitations of their rights prompted during assessments, referrals and treatments sessions.

#### 4.8 SECTION F: STRENGTHS AND CHALLENGES

This section reveals the empirical findings on the strengths and challenges experienced by the EHWP. The findings are illustrated below:

##### 4.8.1 THE MEETING OF EHWP GOALS AND OBJECTIVES BY THE DSD

To Find Out whether the DSD Meets the Goals and Objectives of the EHWP					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	18.9%	18.9%	18.9%
	No	20	18.9%	18.9%	37.7%
	Uncertain	66	62.3%	62.3%	100.0%
	Total	106	100.0%	100.0%	

**Figure 4.22: Illustrating whether the DSD Meets EHWP Goals and Objectives**

Figure 4.22 illustrates the 18.9% of the respondents who indicated that the DSD meets the goals and objectives of the EHWP. 18.9% of the respondents indicated that the DSD does not meet the goals and objectives of the EHWP whereas the majority 62.3% of the respondents were uncertain. Ideally, the achievement of the goals and objectives depends on the consistent verification of the EHWP’s efficiency. The majority 62.3% of the respondents indicated that they were uncertain. This could be as a result of a lack of employee awareness and traceable marketing strategies particularly about the core fundamentals of the programme. For the EHWP to survive within the organisation, the employer has a compelling duty to not only rely on the programme’s benefits but also to prioritise verifications from time to time to strengthen the competency of the programme.

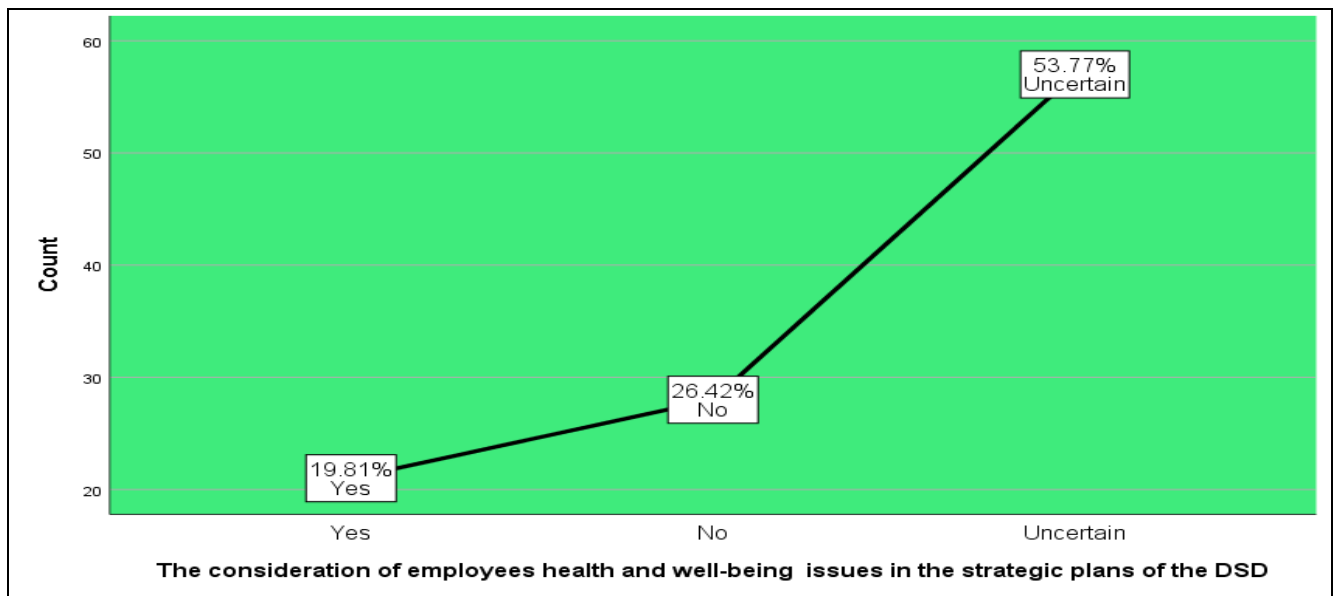
#### 4.8.2 EHWP'S AREAS OF IMPROVEMENT

<b>Single Most Important Matter to Improve the Current Implementation of the EHWP</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Decentralise EHWP to at least district offices for accessibility purposes	29	27.4%	27.4%	27.4%
	Improve marketing strategies for feasibility purposes	20	18.9%	18.9%	46.2%
	Improve communication channels for the dissemination of information	2	1.9%	1.9%	48.1%
	Value health and well-being of employees	1	0.9%	0.9%	49.1%
	Uncertain	22	20.8%	20.8%	69.8%
	Improve referral system to assist troubled employees and further make follow-ups to ensure improvement	6	5.7%	5.7%	75.5%
	Expand the EHWP services to suit the needs of employees	12	11.3%	11.3%	86.8%
	Conduct needs assessment to individualise EHWP services	6	5.7%	5.7%	92.5%
	Strengthen counselling services to realise an improvement on both productivity and job performance among employees	3	2.8%	2.8%	95.3%
	Alternate EHWP service providers	4	3.8%	3.8%	99.1%
	Ensure confidentiality measures on employee reported cases	1	0.9%	0.9%	100.0%
	Total	106	100.0%	100.0%	

**Figure 4.23: Demonstrating EHWP areas of improvement**

Figure 4.23 demonstrates the findings on the EHWP's areas of improvement. The majority 27.4% of respondents were of the view that the EHWP services should be decentralised to at least district offices of the Mpumalanga Department of Social Development for accessibility purposes. 20.8% of the respondents were uncertain, meanwhile, 18.9% of the respondents suggested an improvement of the EHWP's marketing strategies for feasibility purposes. It is interesting to note that the majority 27.4% of the respondents suggested the "decentralisation of the EHWP to at least district offices for accessibility purposes". According to the Department of Public Service and Administration (2008), "wellness services must be easily accessible to all employees at all levels of employment and their immediate family members, either as referrals from supervisors and other colleagues or on a voluntary self-referral basis". Moreover, the EHWP in the workplace exists to have an impact on the lives of the employees and to realize that the employer needs to support and evaluate the impact it has on the organisation and then identify the areas of improvement where necessary. It is therefore indisputable that effective implementation of the EHWP helps employees overcome work-pressures, absenteeism, personal- and family-related concerns. However, the researcher is of the opinion that accessibility to the EHWP could be realised if the programme is properly marketed in the form of bringing awareness to all the concerned parties. The visibility of dignified wellness services treated with high regard, respect and confidentiality would warrant a high accessibility rate to the EHWP in the Mpumalanga DSD. This in turn suggests that the EHWP should be responsive at all times as well as available through a number of mechanisms such as toll free numbers, internal and external services and the internet as well as through other viable and accessible devices.

### 4.8.3 CONSIDERATION OF HEALTH AND WELL-BEING ISSUES IN THE STRATEGIC PLANS OF THE DSD



**Figure 4.24: Illustrating the Consideration Employees' Health and Well-being Issues in the Strategic Plans of the DSD**

Figure 4.24 portrays the consideration of employees' health and well-being issues in the strategic plans of the DSD. The majority 53.77% of the respondents were uncertain. 26.42% of the respondents indicated that there is no consideration regarding employees' health and well-being issues in the strategic plans of the DSD, whereas, 19.81% of the respondents claimed that there is a consideration. According to Stevens (2009:14), an approachable leader in the organisation boosts the morale of the employees and then results in a good working environment where employees are able to approach their employers and utilise the available programmes to assist them in coping with certain challenges whether in their personal lives or the workplace. In the findings of the study conducted by Matsaung (2014:62), it was discovered that part of the reasons why employees remain dissatisfied and poorly perform is that their voices are not considered by the senior management. Whenever employees come up with suggestions regarding programmes in the workplace, the employer would just treat their concerns as null. On the other hand, the Employee Health and Wellness Strategic framework (DPSA, 2008) advances a holistic approach to individual wellness and suggests that organisations should create a climate that is conducive to promoting wellness within the public sector. Organisations that espouse the holistic model to wellness have a positive contribution in the enhancement of the quality of the life of their potential employees. This has given a rise across the globe, as finely-honed wellness

programmes take a holistic approach to the wellbeing of employees by focusing on inter alia, social, physical, spiritual, emotional and intellectual dimensions. The core practices of worksite EHWP include strategic planning to prevent diseases, a decrease in health risks and the containment of the rising costs of health care which is something that is of a major concern to companies (Attridge, 2005:42). Nossel (2012:2) contends that without visible management support, employees also tend to be less committed. Thus, top management ought to be conversant with the fact that taking care of the health and well-being of employees is a safe investment that organisations should consider. According to Dipela (2016:17) the introduction of the EHWP's in any organisation is highly beneficial for both the employer and employees, as it reduces the costs of injuries and health care. Furthermore, the inclusion of employees' health and well-being issues to the strategic plans of the DSD gives returns to the employer since prevention is cheaper than a cure.

#### 4.9 PEARSON CORRELATION COEFFICIENT TEST

<b>Correlations</b>			
		Period of Employment in Years	Awareness about the EHWP in the DSD
Period of employment in years	Pearson Correlation	1	-0.197*
	Sig. (2-tailed)		0.043
	N	106	106
Awareness about the EHWP in the DSD	Pearson Correlation	-0.197*	1
	Sig. (2-tailed)	0.043	
	N	106	106
*Correlation is significant at the 0.05 level (2-tailed)			

**Figure 25: Pearson correlation coefficient test**

The researcher conducted a Pearson Correlation Coefficient Test in order to measure the strength of the relationship between the employees' period of employment in years and employee awareness about the EHWP in the Department of Social Development. The findings of the test as presented in the table above revealed that there was a very weak relationship between the

employees' period of employment in years and employee awareness about the EHWP in the Department of Social Development ( $r = -0.197$ ). The table above also shows the 2-tailed  $p$ -value is equal to 0.043. The  $p$ -value  $0.043/2 = 0.0215$  and the new sought  $p$ -value of 0.0215 is smaller than 0.05 meaning the null hypothesis is rejected at the 5% level of significance.

#### **4.10 SUMMARY**

This chapter focused on the presentation, analysis and interpretation of the empirical findings emanating from the key informants. This was done in the light of the empirical data presented herein and existing theories and literature regarding the subject matter. Thus, when analysing and interpreting research findings, an attempt was made to portray how the current research findings confirm or differ with previously conducted studies and practices. The analysis and interpretation were done in all six sections and all aspects were outlined in the research instrument.

The next chapter provides the summary of the findings, conclusions and recommendations.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

This chapter provides a summary of the findings, conclusions and recommendations of the research work undertaken based on the data that was presented and interpreted in the previous chapter. This chapter further concludes whether the goals and objectives of the study were achieved. It also makes recommendations and suggests future work related to the study and implications regarding theory, practice and policy.

#### **5.2 SUMMARY OF KEY FINDINGS**

This section attempts to outline the main findings of the study by providing in-depth information affiliated with the basic elements of the study combined. The key findings are illustrative as indicated herein-under:

- The study revealed that there is a remarkable gap between the employees who are aware of the EHWP and those who are not.
- It was evident from the study that the utilisation rate of the EHWP services was curiously low.
- Majority of respondents were aware of Careways' (Contracted EHWP Service Provider) toll free number, meanwhile, they were unaware of the internal EHWP unit number of the Mpumalanga Department of Social Development.
- Findings have shown employee perceptions and attitude towards the implementation of EHWP as neutral.
- The findings have generally demonstrated that the EHWP plays a major role in improving Employee Productivity, Employee Motivation and Job Performance in the workplace.
- It is evident from the study that employees are encouraged to utilise the EHWP services.
- The findings have shown that the majority of employees were uncertain if the EHWP had an effect on job performance within the DSD.

- Majority of respondents had never attended EHWP service offerings over the past 12 months in the DSD.
- The findings portrayed that employees were uncertain about their satisfaction about the EHWP in the DSD.
- Majority of respondents were uncertain about the EHWP unit's adherence to confidentiality regarding reported cases of employees in the DSD.
- Majority of respondents were uncertain if the DSD meets the goals and objectives of the EHWP.
- The findings have suggested that the EHWP services should be decentralised to at least district offices of the Mpumalanga Department of Social Development for accessibility purposes.
- Majority of respondents were uncertain about the consideration of employees' health and well-being issues in the strategic plans of the DSD.

### **5.3 ACCOMPLISHMENT OF THE AIM AND OBJECTIVES OF THE STUDY**

The major aim of the study was to assess the contribution of the Employee Health and Wellness Programme on job performance among Social Service Professionals at the Gert Sibande District, Mpumalanga Province. The aim of the study was achieved through the special consideration of the five (5) following objectives (see below). Therefore, the links between the set objectives are reviewed with the use of empirical, conceptual and theoretical frameworks that stirred during the review of literature as indicated below:

Objective 1: was to assess the awareness of Social Service Professionals regarding the Employee Health and Wellness Programme (EHWP) in the study area. This objective was achieved, as the researcher was able to establish, through research findings, that the majority of employees were aware about EHWP within the DSD.

Objective 2: was to explore the perceptions and attitude of Social Service Professionals towards the EHWP. This objective was also accomplished as the researcher discovered that the perceptions and attitude of the employees towards the EHWP was neutral.

Objective 3: was to analyse the effect of the EHWP on job performance among Social Service Professionals. This objective was indeed achieved, as the findings have shown that the majority of employees were uncertain if the EHWP had an effect on job performance within the DSD.

Objective 4: was to examine the level of participation among Social Service Professionals involved in the EHWP. This objective was further attained as the findings of the study revealed that most of the respondents had never attended the EHWP service offerings over the past 12 months in the DSD.

Objective 5: was to identify the strengths and challenges of the EHWP in order to make recommendations. This objective was also acquired. In order to strengthen the EHWP, the findings suggested that the EHWP services should be decentralised to at least district offices of the Mpumalanga Department of Social Development for accessibility purposes. Moreover, this objective has been intensively addressed throughout the study, in particularly in Chapter Four and Five where necessary recommendations were made thereof.

## **5.4 CONCLUSIONS AND RECOMMENDATIONS**

The conclusions and recommendations are guided by the research questions in the study in the context of the contribution of the Employee Health and Wellness Programme on job performance. Bouma and Atkinson (1995:227) contend that the purpose of a conclusion is to re-state the findings of the study and to draw the implications of the findings for the research questions at hand. Therefore, the conclusions and recommendations are based on following aspects below:

### **5.3.1 Demographic Information**

The following conclusions about the demographic information of Social Service Professionals are profound:

#### **5.3.1.1 Conclusions**

The researcher concludes that the Department of Social Development is mostly constituted by many female Social Service Practitioners. Most of the Social Service Professionals were single while a few indicated a married status. It is concluded that the majority of employees were between the ages of 21 – 34 years followed by the age groups of 35 – 48 years old. The conclusion was drawn that majority of the employees within DSD were African and siSwati speaking people. Their educational level was mostly at a Bachelor's degree level, while a few also had postgraduate qualifications in addition to their bachelor's degrees. Majority of the

employees did not indicate any form of disability. The majority of the Social Service Professionals were Social Workers followed by Probation Workers and their duration of employment ranged between seven and nine years in their field of service.

### **5.3.1.2 Recommendations**

It is the recommendation of the researcher that the management of the Department of Social Development, Gert Sibande District, should reconsider the implementation of gender equality policies to close the existing gap between women and men among Social Service Professionals in the workplace.

### **5.3.2 AWARENESS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME**

The following conclusions on the awareness of Social Service Professionals of the EHWP are paramount:

#### **5.3.2.1 Conclusions**

The majority of the respondents had knowledge about the existence of the EHWP; meanwhile, the minority did not have any knowledge at all about the existence of the EHWP. However, it is also worth noting that there was a prominent number of employees who were not aware of the EHWP which creates doubt about their understanding about the significance of the EHWP. Moreover, it was concluded that the majority claimed to be aware of the services of the EHWP practitioners, whereas the minority claimed to be unaware about the services of the EHWP practitioners. The majority of the respondents were aware of Careways' (Contracted EHWP Service Provider) toll-free number, meanwhile, they were unaware of the internal EHWP unit number of the Mpumalanga Department of Social Development. Ultimately, the understanding and knowledge about the EHWP services without access does not yield the desired outcomes of the programme. It is imperative that all employees are exposed to the programme to realise the goals and objectives of the programme.

#### **5.3.2.2 Recommendations**

The researcher is of the opinion that despite many duties, the management has the responsibility to protect employees, evaluate the outcomes of the programme regarding job performance and review workforce productivity and other related trends that affect the level of adequate awareness about the programme. The maximisation of marketing strategies about the programme could promote cooperation, motivation and enhance employee morale in order to improve

employee productivity and workplace efficiency. The employer needs to ensure that the programmes which seek to enhance Employee Health and Wellness, are well-marketed in a way that is interesting to the employees for them to consider using the services. The dissemination of crucial information such as an internal unit number (which is unknown by the majority – see Figure 13) is essential for the adequate utilisation and accessibility of the programme.

### **5.3.3 PERCEPTIONS AND ATTITUDE OF SOCIAL SERVICE PROFESSIONALS ON THE EHWP**

The following are the conclusions based on the perceptions of Social Service Professionals regarding the EHWP:

#### **5.3.3.1 Conclusions**

The conclusion clearly depicts that the majority of the employees did not utilise the EHWP services and knew no one who had previously utilised the EHWP services within their workplace. It is worth noting that the perception and attitude of the majority of the employees was neutral which clearly indicates that they were not sure if the EHWP was properly implemented within their workplace. The perceptions and attitude of the employees about the programme can never be relatively positive as most of the employees did not utilise the programme. This may point to a lot of factors which place the programme in a state of serious dysfunctionality. Interestingly, employees have generally demonstrated that the EHWP plays a major role in improving Employee Productivity, Employee Motivation and Job Performance in any workplace. It is in this context that the researcher concludes that the accessibility of the programme remains a critical area worth exploring which has the potential to give an answer to an increased utilisation rate and ultimately yield the desired outcomes of the programme. The majority of the respondents indicated that there were no frequent contact sessions around the question of the EHWP.

#### **5.3.3.2 Recommendations**

The researcher recommends that the accessibility of the EHWP could be realised if the programme is properly marketed in a form of bringing awareness to all the concerned parties. The visibility of dignified wellness services treated with high regard to respect and confidentiality would warrant a high accessibility rate to the EHWP in an organisation. It is further recommended that the EHWP should be responsive at all times and be available through

a number of mechanisms such as toll-free numbers and internal and external services as well as through other viable and accessible devices.

#### **5.3.4 EFFECT OF THE EHWP ON JOB PERFORMANCE**

Based on the findings, it is central to make the following conclusions about the effect of the EHWP on job performance:

##### **5.3.4.1 Conclusions**

The researcher concludes that the majority of the respondents found the EHWP helpful towards increasing job performance. However, the majority of the respondents were uncertain if the EHWP had an effect on job performance within the Department of Social Development, Gert Sibande District. This therefore denotes that employees could not confirm and measure the effect and impact of the programme on job performance, as there was no traceable evidence which suggested that employees have access to the EHWP.

##### **5.3.4.2 Recommendations**

The researcher recommends that the programme should be accessible so it could be adequately utilised and subjected to testing whether it influences job performance. Furthermore, the EHWP should remain a confidential and professional service provided as a benefit to all employees that complements and extends organisational resources in a constructive and supportive manner to manage human capital impacted by concerns in their personal and work lives. The researcher further recommends that periodical monitoring of performance and the rewarding of good performance such as an incentive bonus and pay progression for long term service and academic achievements should take place from time-to-time to motivate and enhance employees' performance in the workplace.

#### **5.3.5 LEVEL OF PARTICIPATION IN THE EHWP**

The following reflects the conclusions based on the level of participation on the activities of the EHWP:

##### **5.3.5.1 Conclusions**

The majority of the respondents have never attended EHWP service offerings over the past 12 months. The findings clearly outline that there is a serious under-utilisation rate of the EHWP services within the Mpumalanga DSD, Gert Sibande District, in particular. The majority of the

respondents were uncertain about their satisfaction about the EHWP. All these submissions point to a propelling deficit of participation towards the EHWP. Undesirably, the questionable lack of the utilisation and penetration rate of the programme gives birth to a decline in the employee performance and productivity leading to a certain degree of dissatisfaction. The majority of the respondents were uncertain about the EHWP unit's adherence to confidentiality regarding the reported cases of the employees in the DSD. Amongst many contributory factors in this regard, this could be due to the fact that most of the respondents had never utilised the EHWP service offerings over the past 12 months as a result of the question of accessibility. However, it is imperative that confidentiality be treated as a matter of significance, as it plays a major role in the continuous utilization of the programme.

#### **5.3.5.2 Recommendations**

The researcher is of the view that the continual assessments of the employees' productivity, motivation and job performance versus the perceptions and attitude of the employees are imperative, as they are indicative of their interest, level of satisfaction and areas seeking improvement. These kinds of assessments could determine the elements contributing to the majority of the respondents claiming to be unsure if they were satisfied about the EHWP. It is therefore recommended that employees ought to note that for them to reach the level of job satisfaction which then result in a high rate of performance, their attitude needs to be acceptable or adjusted for the better with regard to the manner in which they perceive and think about their jobs. Equally, the employer has a major role to play, as one of the roles is to ensure that the supervisors who are part of the structure of the organisation cater for the employee's wellbeing and provide supportive programmes aimed at equipping the employees facing personal- and work-related problems to cope with such challenges and promote high performance standards. Employees should be informed and knowledgeable on the content of policy guidelines and procedures to promote utilization. The researcher further recommends that as human rights have limitations, equally, clients should be informed about the scope and limitations of their rights prompted during assessments, referrals and treatments sessions.

#### **5.3.6 STRENGTHS AND CHALLENGES OF EHWP**

The following conclusions about the strengths and challenges of the EHWP are essential and must be highlighted:

### **5.3.6.1 Conclusions**

It is hereby concluded that the majority of the respondents were uncertain about whether the not DSD meets the goals and objectives of the EHWP. Notably, the setting of the goals and objectives in this regard exist on consistent verifications of the EHWP's efficiency. A single most thing that could improve the EHWP is that the majority of the respondents were of the view that the EHWP services should be decentralised to at least district offices of the Mpumalanga Department of Social Development for accessibility purposes. Indeed, this is the most critical element which could place the programme in a better position by means of bearing fruits of success. However, this necessitate that the department ascertains that there is adequate provision of human and capital resources. Most importantly, accessibility of the programme will depend on the restructuring of the EHWP section from being a sub-section into a directorate ranging from the national department to the sub-district level.

### **5.3.6.2 Recommendations**

Given the above background, the Employee Health and Wellness Programmes are designed with the aim creating an enabling environment that allows access to health and wellness services. In order For the EHWP to survive within the DSD, the employer has a compelling duty to not to only rely on programme benefits but also to prioritise verifications from time to time to strengthen the competency of the programme. The researcher further recommends that the DSD particularly the EHWP unit should be approachable to boost the morale of employees which then results in a good working environment where employees are able to approach their employers and utilise the available programmes to assist them cope with certain challenges emanating from their personal lives or in the workplace. Fundamentally, it further recommended that accessibility of the EHWP largely depends on the restructuring of EHWP section from being a subsection to a Directorate.

## **5.4 FUTURE RESEARCH UNDERTAKINGS**

There were lot of interesting research areas that the current study evoked. The study was solely limited to the Mpumalanga Province. An in-depth study of this nature across all the nine provinces would be more illuminating. There was also a question of ineffective marketing strategies of the EHWP that was reported as slowly taking root. A further specific study querying this fundamental question might unearth a lot of empirical information on this score and be an interesting area for further research.

## REFERENCES

Abdullah, D.N.M.A. and Lee, O.Y. 2012. Effects of wellness programs on job satisfaction, stress and absenteeism between two groups of employees (attended and not attended). *Procedia-Social and Behavioral Sciences*, 65, pp.479-484.

African Case Study. *South African Journal of Labour Relations*. Vol, 30.

Aina, L.O. 2002. *Research in information sciences: an African perspectives*. Sterling Holden Publications.

Alvesson, M. and Sandberg, J. 2013. *Constructing Research Questions: Doing interesting research*. London: Sage Publications Ltd.

Ambrosino, R., Heffernan, J., Shuttlesworth, G. and Ambrosino, R. 2012. *Social work and social welfare: An introduction*. 7th ed. Belmont: Brooks/Cole.

Arthur, A.R. 2002. Mental health problems and British workers: a survey of mental health problems in employees who receive counseling from Employee Assistance Programmes. *Stress and Health*. Assistance Quarterly, Vol 18.

Attridge, M. 2005. The business case for the integration of employee assistance work-life and wellness services: A literature Review. New York: The Haworth Press, Inc.

Babbie, E. 2005. *The basics of Social Research*. 3<sup>rd</sup> ed. Toronto: Thomson Wardsworth.

Babbie, E. 2010. *The Practice of Social Research*: .12<sup>th</sup> ed. Wadsworth: Cengage Learning Publication.

Barker, R.L. 2003. *The social work dictionaries*. 5th ed. Washington, DC: NASW Press.

Beidel, B.E. 2006. Supervisory Referral: Always a best practice. *A Journal of Employee Assistance*, 36 (3): 29-31.

Bhattacharya, D.K. 2009. *Human Resource Development*.1<sup>st</sup> ed. Himalaya Publishing House.

Bless C., Higson-Smith, C. and Kagee, A. 2006. *Fundamentals of social research methods: an African perspective*. 4<sup>th</sup> ed. Cape Town: Juta.

- Bless C., Higson-Smith C. and Sithole, S.L. 2013. *Fundamentals of social research methods: an African perspective*. Cape Town: Juta.
- Bhoodram. 2010. *An Evaluation of the Employee Assistance Programme in the Department of Correctional Services benchmarked against the standard of the Employee Assistance Professional Association of South Africa*. Pretoria: University of Pretoria.
- Bouma, G.D and G.B.J Atkinson. 1995. *A handbook of social science research*. USA: Oxford University Press.
- Careways Group. 2010. *Careways Report*. Johannesburg: The Careways Group (Propriety) LTD.
- Cekiso, N.A and Terblanche, L.S. 2015. Pricing Models of Employee Assistance Programs: Experiences of Corporate Clients Serviced by a Leading Employee Assistance Programme Service Provider in South Africa. *Journal of Workplace Behavioural Health*, 30 (1-2): 154-178.
- Christie, C.A. 2003. *The Practice-theory Relationship in Evaluation*. SanFrancisco: Jossey-bass.
- Collins, D., Jordan, C. and Coleman, H. 2010. *An introduction to family social work*. 3<sup>rd</sup> ed. Belmont: Brooks/Cole.
- Connors, G.J., DiClemente, C.C., Velasquez, M.M and Donovan, D.M. 2013. *Substance Abuse Treatment and the Stages of Change: Selecting and Planning Interventions*. 2<sup>nd</sup> ed. New York: The Guilford Press.
- Creswell, J.W. 2013. *Steps in Conducting a Scholarly Mixed Methods Study*. DBER Speaker Series: University of Nebraska - Lincoln.
- Csiernik, R. 2003. Ideas on the Best Practices for Employee Assistance. *Employee Assistance Quarterly* Vol 18 (3): 15-31.
- Csiernik, R. and Csiernik, A. 2012. Canadian Employee Assistance Programming: an overview. *Journal of Workforce Behavioral Health*, 27(2), 200-216.
- De Vos, A.S., Strydom, H., Founche, C. D. and Delpport, C.S.L. 2011. *Research at Grass Roots: For the social sciences and human service professions*. 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers.
- Delpport, C.S.L. and Roestenburg, W.J.H. 2011. *Research at Grass Roots: For the social sciences and human service professions*. 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers.

Denscombe. 2008. *Communities of practice: a research paradigm for the Mixed Methods approach*. England: De Montfort University.

Department of Land Affairs. 2008. *Employee Wellness Programme Policy*. Pretoria: DRDLR.

Department of Public Service and Administration. 2008. *Employee Health and Wellness Strategic Framework for Public Service*. Pretoria: DPSA.

Department of Public Service and Administration. 2008. *Guiding principles of the Public Service Wellness Management Policy*. Pretoria: DPSA.

Department of Public Service and Administration. 2008. *Wellness Management Policy Framework*. Pretoria: DPSA.

Department of Public Service and Administration. 2014. *Wellness management operational plan 2013-2014*. Pretoria: DPSA.

Department of Public Service and Administration. 2017. *World Health Organization's (WHO) Global Plan of Action on Workers Health 2008-2017*. Pretoria: DPSA.

Dipela, M.P. 2016. *Evaluating the effectiveness of an employee assistance programme within South African police services in the Waterberg District, Limpopo Province*. Limpopo: University of Limpopo, MA Dissertation.

Dickman, F. and Challenger, R. 2003. *Employee Assistance Programs: a historical sketch*. Illinois: Charles C Thomas Publisher, Ltd.

Dickman, F. and Emener, W.G. 2003. *Employee Assistance Programs: Basic Concepts, Attributes and an Evaluation*. Springfield: Charles C Thomas.

Divakar, J.B. 2015. *Factors leading to work stress and its impact on employee performance – a case study of reliance fresh, India*. Dublin Business School.

Donnachie, I.L. 2000. *Robert Owen: Owen of New Lanark and New Harmony*. East Linton: Tuckwell Press.

Du Plooy, G.M. 2009. *Communication Research: Techniques, Methods and Applications*. Cape Town: Juta and Company Ltd.

EAPA-SA. 2010. *Standards for Employee Assistance Programmes Association in South Africa*. Johannesburg: ICAS.

EAPA-SA. 1996. *Standards for Employee Assistance Programmes Association in South Africa*. Revised Edition.

Eygelaar, J.E. and Stellenberg, E.L. 2012. *Barriers to quality patient care in rural district hospitals*. South Africa: University of Stellenbosch.

Fisher, E.S., Wennberg, D.E., Stukel, T.A., Gottlieb, F.L., Lucas, F.L. and Pinder, E.L. 2003. The Implications of Regional Variations in Medicare Spending. Part 1: The Content, Quality, and Accessibility of Care. *Ann Intern Med*. 2003;138:273–287. doi: <https://doi.org/10.7326/0003-4819-138-4-200302180-00006>

Fouché, C.B and Bartley, A. 2011. Quantitative Data Analysis and Interpretation. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delpont, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. and Delpont, C.S.L. 2011. Introduction to the research process. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delpont, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. and De Vos, A.S. 2011. Formal Formulations. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delpont, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers.

Gainer, R. D. 2008. History of ergonomics and occupational therapy. *Work (Reading, Mass.)*. Mountain Land Rehabilitation, Salt Lake City, UT, USA Work 31 (2008) 5–9 IOS Press.

Garthwait, C.L. 2011. The Social Work Practicum A Guide and Workbook For Students (pp. 107-116, including Social Policy Analysis: A Workbook Activity and pp. 205-215.)

Gcwabe, B. 2015. *Utilization evaluation of the Employee Health and Wellness Programme for the National office of the Department of Rural Development and Land Reform*. Pretoria: University of Pretoria (MA Dissertation).

Gibson, W. and Brown, A. 2009. *Working with Qualitative Data*. London: Sage Publications Limited.

Graffins, R.W and Moorhead, G. 2014. *Organisational Behaviour: Managing people and Organisation*. 3<sup>rd</sup> ed. London: Sage Publishers.

Grinnel, R.M. and Williams, M. 1990. *Research in Social Work: a primer*. Itasca: Peacock.

Grobler, A. and Joubert, Y.T. 2012. Expectations, perceptions and experience of EAP Services in the SAPS: *Journal of Contemporary Management Volume (9)*.

Haddock, P. 2010. *Importance of Morale*. Retrieved May, 18, p 2018.

Harper, T.D. 2000. *Employee Assistance Programming and professional developments in South Africa*. New York: Haworth Press.

Hepworth, D.H., Rooney, G.D., Strom-Gottfried, K. and Larsen, J. 2006. *Direct Social Work Practice. Theory and Skills*. 7<sup>th</sup> ed. Belmont: Thomson Brooks/Cole.

Hegar, K.W. and Hodgetts, R.M. 2008. *Modern Human Relations at work*. 3<sup>rd</sup> ed. Australia: Thomson.

Kalusopa, T., 2009. *Challenges of information and knowledge management in trade unions in Botswana within the context of millennium development goals*. *Journal of African Studies and Development*, 1(1), pp.001-007.

Jones, F. and Bright, J. 2001. *Stress: Myth, theory and research*. London: Pearson.

Karen, K., Kirst-Ashman, G.H., Hull, Jr. 2010. *Understanding Generalist Practice*. 6<sup>th</sup> ed. Belmont: Brooks/Cole.

Kgwefane, N.G. 2014. *Effects of the Performance Management System of service delivery in the Mbombela Local Municipality: Mpumalanga Province*. Limpopo: University of Limpopo.

Kirk, A.K. and Brown, D.F. 2003. *Employee assistance programs: A review of the management of stress and wellbeing through workplace counselling and consulting*. *Australian psychologist*, 38(2), pp.138-143.

Kompier, M. and Cooper, C.L. 1999. *Preventing stress, improving productivity: European case studies in the workplace*: Psychology Press.

- Kumar, R. 2005. *Research methodology: A step-by-step guide for beginners*. 2<sup>nd</sup> ed. London: SAGE.
- Kumar, R. 2011. *Research methodology: A step-by-step guide for beginners*. 3<sup>rd</sup> ed. London: SAGE.
- Lawrence, J.A., Boxer, P. and Tarakeshwar, N. 2002. Determining Demand for EAP Services. Vol 18 (1): 1-13.
- Leedy, P.D. and Ormrod, J.E. 2013. *Practical Research Planning and Design*. 10<sup>th</sup> ed. Boston: Pearson Education.
- Lodewyk, L.B., 2011. *The official's perception of EAP services in the Department of Correctional Services in the Potchefstroom Correctional Centre*. North West: North West University, MA dissertation.
- Manganyi, P.S. 2015. *Utilisation of the Employee Assistance Programme (EAP) services by employees at Polokwane Tertiary Hospital*. Pretoria: University of Pretoria, MA dissertation.
- Mannion, L.P. 2008. Employee Assistance and Management: A necessary partnership, EAP Digest: 27, 6-7.
- Maree, K., Creswell, J.W. Ebersohn, L., Eloff, I., Ferreira, R., Ivankova N.V., Jansen, J.D., Nieuwenhuis, J., Pietersen, J., Plano Clark, V.L and Van Der Westhuizen, C. 2007. *First step in research*. Pretoria: Van Schaik.
- Marshall, C. and Rossman, G. 2006. The how of the study: Building the research design. Designing qualitative research, pp.55-101.
- Marovatsanga, B. 2017. *Tourism business owners understanding of sustainable tourism development in Umhlathuze Municipality*. KwaZulu-Natal: University of Zululand.
- Matsaung, R.G. 2014. *Factors influencing the morale of employees at the greater Tzaneen Municipality*. Pretoria: University of Pretoria.
- Mattke, K., Liu, H., Caloyeras, J.P., Huang, C.Y., Busum, K.R., Khodyakov, D. and Shier V. 2013. *Workplace Wellness Programs Study: Final Report*. US Rand Corporation.

McLeod, J. 2001. *Counselling in the Workplace: The Counselling in the Workplace: The Facts. A Systematic Study of the Research Evidence Facts. A Systematic Study of the Research Evidence.* Rugby: British Association for Counselling and Psychotherapy. British Association for Counselling and Psychotherapy.

Medium Term Strategic Framework. 2014-2019. Pretoria: Government Printers.

Miller, W.R. and Weisner, C.M. 2012. *Changing substance abuse through health and social systems.* New York: Kluwer Academic/Plenum Publishers.

Mnisi, M.A. 2005. *The evaluation of the Employee Assistance Programme's internal marketing strategy in the National Prosecuting Authority.* Pretoria: University of Pretoria.

Mpumalanga Department of Social Development. 2010. *Performance Management and Development System Policy.* Pretoria: Government Printers.

Mpumalanga Department of Social Development. 2009. *Workplace HIV and AIDS Policy.* Pretoria: Government Printers.

Mugari, S. 2011. *Obstacles school-going female adolescents in Gweru face in translating HIV/AIDS knowledge and attitudes into HIV preventive sexual behaviour.* Stellenbosch: University of Stellenbosch).

Mulligan, P.M. 2004. *The prevalence of Employee Assistance Programmes and the employee participation rates of long island companies.* New York: Oakdale.

Munisamy, S. 2013. *Identifying factors that influence job performance amongst employees in oil palm plantation.* Project Paper of Bachelor degree in Psychology. Malaysia: Open University Malaysia.

Naidoo, A.V. and Jano, R. 2003. *The role of EAPs the SA context.* *The Social Work Practitioner-Researcher: A Journal on the Application of Research in Practice.*

Department of the Presidency, National Planning Committee. National Development Plan 2030 our future make it work. Pretoria: Government Printers.

Department of Health. 2017-2020. National Strategic Plan for HIV, TB and STI'S. Pretoria: Government Printers.

Nel, P. S. 2004. South African Employment Relations. 6<sup>th</sup> ed. Pretoria: Van Schaik Publisher.

Nel, P.S., Gerber, P.D., Van Dyk, P.S., Haasbroek, G.D., Schultz, H.B., Sono, T. and Werner, A., 2008. Human resources management. Cape Town: Oxford University Press.

Nossel, C. 2012. Actively investing in Employee Health. Workplace. The Star. Retrieved July, 2.18.

Philips, B.D. 2005. Gender and disasters. Journal of Employee Assistance, 35(2): 25-27.

Public Service Commission. 2006. Public Service Improvement. Pretoria: PSC.

Public Service Commission. 2010. *Evaluation of Employee Assistance Programme in the Public Service*. Pretoria: PSC.

Public Service Commission. 2012. Public Service Delivery. Pretoria: PSC.

Public Service Commission. 2017. *Annual Report 2016/2017*. Pretoria: PSC.

Ragin, C. 1994. A qualitative comparative analysis of pension systems. The comparative political economy of the welfare state, pp.320-345.

Rakepa. 2012. *The implementation of Employee Assistance Programme of the Department of Education: A case study of the Motheo District in the Free State Province*. Eastern Cape: Stellenbosch University, MPA Dissertation.

Rakepa, T.T. and Uys, F.M. 2013. A critical evaluation of an employee health and wellness programme of the Department of Education: a case study of the Motheo District in the Free State Province. Stellenbosch University.

Baptiste, NR. 2008. Tightening the link between employee wellbeing at work and performance: A new dimension for HRM. Management decision, 46(2), pp.284-309.

Reardon, J. 1998. The history and impact of worksite wellness. *Nursing Economics*, 16(3), p.117.

Rubin, A. and Babbie, E.R. 2014. *Research Methods for Social Work*. 8<sup>th</sup> ed. Belmont: Brooks/Cole Cengage Learning.

Saunders, M. Lewis, P. and Thornhill, A., 2009. *Research methods for business students*. Essex: Financial Times/Prentice Hall.

Sieberhagen, C. 2001. *Employee Health and Wellness Practices in South Africa*. North West: North-West University.

Sieberhagen, C., Pienaar, J. and Els, C. 2011. Management of employee wellness in South Africa: Employer, service provider and union perspectives. *SA Journal of Human Resource Management*.

Sonnenstuhl, W.J. and Trice, H.M. 1990. *Strategies for Employee Assistance Programs: The Crucial Balance*. 2<sup>nd</sup> ed. Ithaca, NY: ILR Press, Key Issues Series #30.

Sonnenstuhl, W. and Trice, H.M. 1995. *Strategies for Employee Assistance Programs: The Crucial Balance*. IRL Press: New York.

South Africa (Republic). 1997. *White paper on Human Resource Management*. Pretoria: Government Printers.

South Africa (Republic). 2006. *National Association of Social workers*. Pretoria: NASW.

South Africa (Republic). 2016. *Public Service Regulations*. Pretoria: Government Printers.

Stein, D., Ellis, G., Meintjies, E. and Thomas, K. 2012. Introduction: substance use and abuse in South Africa. *Substance use and abuse in South Africa*. Cape Town: University of Cape Town Press.

Stevens, D. 2009. The five causes of low morale and how to avoid them. Available Online: [www.humanresourcesiq.com](http://www.humanresourcesiq.com) (Accessed 13 May 2018).

Strydom, H. 2011. Sampling in the quantitative paradigm. In De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. Research at Grass Roots: For the social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

Swanepoel, B.J., Erasmus, B.J. and Schenk, H.W. 2008. South African Human Resource Management. Theory and Practice 4th edition. Cape Town: Juta and Co Ltd.

Taylor, S.J., Bogdan, R. and DeVault, M. 2015. *Introduction to qualitative research methods: A guidebook and resource*. John Wiley and Sons.

Terre Blanche, M., Durrheim, K. and Painter, D. 2006. Research in practice: Applied methods for the social sciences. Cape Town: UCT Press.

The Basic Conditions of Employment Act 75 of 1997. Available online: <http://www.labour.gov.za/DOL/downloads/legislation/acts/basic-conditions-of-employment/Amended%20Act%20%20Basic%20Conditions%20of%20Employment.pdf>. (Accessed: 2 April 2018).

The Constitution of the Republic of South Africa Act No. 108 of 1996. Available online: <http://www.gov.za/documents/constitution/Constitution-Republic-South-Africa-1996-1> (Accessed: 12 March 2018).

The Employment Equity Act 55 of 1998. Available online: <http://www.labour.gov.za/DOL/downloads/legislation/acts/employment-equity/eegazette2015.pdf>. (Accessed: 5 April 2018).

The Labour Relations Act 66 of 1995. Available on: <http://www.wipo.int/edocs/lexdocs/laws/en/za/za091en.pdf>. (Accessed: 2 April 2018).

The Occupational Health and Safety Act 85 of 1993. Available online: <http://www.labour.gov.za/DOL/downloads/legislation/acts/occupational-health-and-safety/amendments/Amended%20Act%20%20Occupational%20Health%20and%20Safety.pdf>. (Accessed: 5 April 2018).

The Public Service Act 103 of 1994. Available online: <http://www.dpsa.gov.za/dpsa2g/documents/actsandregulations/psact1994/PublicServiceAct.pdf> (Accessed: 26 May 2018).

The Social Service Professions Act 110 of 1978 [http://www.ci.uct.ac.za/sites/default/files/image\\_tool/images/367/Law\\_reform/SocialServiceProfessionsAct.pdf](http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Law_reform/SocialServiceProfessionsAct.pdf) (Accessed: 6 April 2018).

The White Paper on Human Resource Management in the Public Service. 1997 <http://www.dpsa.gov.za/dpsa2g/documents/actsandregulations/frameworks/white-papers/pservicedec.pdf> (Accessed: 8 April 2018).

Thygeson, N.M. 2010. A health plan perspective on worksite-based health promotion programs. *American journal of preventive medicine*, 38(2), pp.S226-S228.

Tourish, D., Paulsen, N., Hobman, E. and Bordia, P. 2004. The downsides of downsizing: Communication processes information needs in the aftermath of a workforce reduction strategy. *Management Communication Quarterly*, 17(4), pp.485-516.

Unrau, Y.A., Gabor, P.A. and Grinnell, R.M. 2007. *Evaluation in Social Work: the art and science of practice*. London: Oxford University Press.

Viviers, S. 2017. Burnout, psychological distress, and overwork: the case of Quebec's ophthalmologists. *Canadian Journal of Ophthalmology*, 43(5), pp.535-546.

Weiss, R.M. 2003. Effects of programme characteristics on EAP utilisation. *Employee Assistance Quarterly*, (18): 61-70.

Welman, C., Kruger, S.J. and Mitchell, B. 2005. *Research methodology*. 3<sup>rd</sup> ed. Cape Town: : Oxford University Press Southern Africa.

The White Paper on Transformation of Public Service Delivery of 1998. Available online: <http://www.gov.za/documents/transforming-public-service-delivery-white-paper-batho-pele-white-paper> (Accessed: 01 March 2018).

World Health Organisation. 2009. Available online: <http://www.afro.who.int/en/rdo/messages-and-press-statements-of-the-world-aids-day-2009> (Accessed: 10 January 2018).

Xaba, J. 2006. Employee Assistance Programme and Retrenchment: A South African case study. *South African Journal of Labour Relations*, Vol 30(1): 22-29.

Yamatani, H. 2003. Suggested Top ten Evaluation Employee Assistance Programmes: an overview *Employee Assistance Quarterly*, Vol 9(2): 65-85.

Zastrow, C. 2004. *Introduction to Social Work and Social Welfare: Empowering People*. 8<sup>th</sup> ed. Belmont: Thomson Brooks/Cole.

## APPENDIX A: REQUEST FOR PERMISSION TO CONDUCT RESEARCH



University of Zululand, Private Bag X1001, KwaDlangezwa, 3886  
W: [www.unizulu.ac.za](http://www.unizulu.ac.za)

T: +27 35 902 8815 C: +27 72 639 0115 E: [JIN@unizulu.ac.za](mailto:JIN@unizulu.ac.za)

*Faculty of Commerce, Administration and Law  
Department of Public Administration*

18 May 2018

Head of Department: DSD, Mpumalanga Province

Dear Mr MV Mahlaela,

### REQUEST FOR PERMISSION TO CONDUCT RESEARCH

This letter serves as a request for permission to conduct research at DSD Gert Sibande District Mpumalanga province. Research will involve data collection from sampled number of employees. The research is strictly for academic purpose to fulfil the requirement to obtain a Master's Degree in Public Administration for Makhosonke H. Mtungwa, student number 201220329. The findings of the research project titled 'The contribution of Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province', will assist in areas of development, serve as a baseline for future assessments and further enhance organizational job performance.

Hence, the participation of the selected participants towards the success of this research is vital as well as voluntary. The consent form and the questionnaire that will be distributed to the participants would not require their names but they will sign and give date after completion. All information collected will be strictly confidential. Kindly note that there is no risk for participating in this research, as no information used in the study will be linked to participants involved. Moreover, any research publications that will emanate from this study will not mention participants' names but it will be described in general terms.

Your approval to conduct this research will be greatly appreciated. For more information, please do not hesitate to contact me on the contact details provided above OR Professor T. Kalusopa: [KalusopaT@unizulu.ac.za](mailto:KalusopaT@unizulu.ac.za) / 035 902 6878 (Supervisor) and Mr M.H Mtungwa: [hmakhosonke@yahoo.com](mailto:hmakhosonke@yahoo.com) / 078 844 2093 (Student).

STRUCTURED FOR RELEVANCE

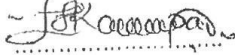
Sincerely,



Nokukhanya Jili  
AHoD and Co-Supervisor



Prof T. Kalusopa



Supervisor

Mr M H Mntungwa



Student/Researcher

RESTRUCTURED FOR RELEVANCE

University of Zululand  
Department of Public Administration  
Private Bag X1001  
KwaDlangezwa  
3886  
03 August 2018

The District Director  
Department of Social Development  
Private Bag X 9074  
Ermelo  
2350

Dear Sir/Madam

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

I am a registered master's student in the Department of Public Administration at the University of Zululand. My supervisors are Dr N.N Jili (Supervisor) and Professor T. Kalusopa (Co-Supervisor. The proposed topic of my research is: "The contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province". The findings of this study will assist in areas of development, serve as a baseline for future assessments and further enhance organisational job performance.

I hereby request permission to administer questionnaires to one hundred and seventy Social Workers in the district. To assist you in reaching a decision, I have attached a copy of the approval from the Head of Department: DSD Mpumalanga Province and research instruments which I intend to use in conducting this research. Should you require any further information, please do not hesitate to contact me or my supervisors. Our contact details are as follows:

Professor T. Kalusopa: KalusopaT@unizulu.ac.za / 035 902 6878

Dr N.N. Jili: JiliN@unizulu.ac.za / 035 902 6615

Mr M.H. Mntungwa: hmakhosonke@yahoo.com / 076 844 2093

Upon completion of the study, I undertake to provide you with a bound copy of the dissertation. I hope my request will meet your favourable consideration.

Yours Sincerely,

Makhosonke H. Mntungwa

## APPENDIX B: LETTER OF APPROVAL FROM HOD: DSD



social development  
MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA

Building 3, NO. 7 Government Boulevard, Riverside Park, Mosmooie, 1200  
Mpumalanga Province, Private Bag X 11213, Mthombi, 1200  
Tel: +27 (13) 786 3428, Fax: +27 (13) 786 316857

Ubiko Lokuthululako  
Tshintshiselile

UmNyakhe WezokuThuthukisa  
Kwizokufatshelile

Departement van Maatskappij se  
Ontwikkeling

Enq: Ms. Elize Botha  
Tel: 013 766 3053  
Ref No.: 12/5/R

**UNIVERSITY OF ZULULAND  
PRIVATE BAG X 1001  
KWADLANGEMA  
3886**

**ATTENTION: MR. M.H. MNTUNGWA**

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

**Dear Mr. Mntungwa,**

Your e-mail communicate dated 18 May 2018 has reference.

Permission is hereby granted to Mr. Makhosonke H. Mntungwa, student number 201220329, to conduct his research in the department for his fulfilment of the requirement for the Master's Degree in Public Administration at the University of Zululand.

Permission is granted on condition that ethical clearance be obtained from the university's research and Ethics Committee. It is noted and appreciated that Mr. Mntungwa is committed to the principles of ethical research and will ensure voluntary participation, confidentiality, anonymity etc.

The Department wishes you the best of luck with your research, and look forward to the receive feedback when results are available.

Kind regards,

**Mr. M.V. MAHLALELA  
HEAD: SOCIAL DEVELOPMENT**

DATE: 13/06/2018

## APPENDIX C: ETHICAL CLEARANCE

**UNIVERSITY OF ZULULAND  
RESEARCH ETHICS COMMITTEE**  
(Reg No: UZREC 171110-030)



### RESEARCH & INNOVATION

Website: <http://www.unizulu.ac.za>  
Private Bag X1 001  
KwaDlangezwa 3886  
Tel: 035 902 6732  
Fax: 035 902 6222  
Email: DiclanaM@unizulu.ac.za

### ETHICAL CLEARANCE CERTIFICATE

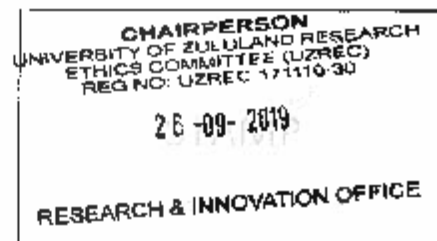
<b>Certificate Number</b>	UZREC 171110-030 PGM 2018/504			
<b>Project Title</b>	THE CONTRIBUTION OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME OF JOB PERFORMANCE AMONG SOCIAL SERVICE PROFESSIONALS IN THE GERT SIBANDE DISTRICT, MPUMALANGA			
<b>Principal Researcher/ Investigator</b>	M.H. Mtungwa			
<b>Supervisor and Co-supervisor</b>	Prof T Kalusopa	Ms. N.N. Jili		
<b>Department</b>	Public Administration			
<b>Faculty</b>	CAL			
<b>Type of Risk</b>	Med Risk – Data collection from people			
<b>Nature of Project</b>	Honours/4 <sup>th</sup> Year	Master's	x	Doctoral
				Departmental

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project. The Researcher may therefore commence with data collection as from the date of this Certificate, using the certificate number indicated above.

- Special conditions:**
- (1) This certificate is valid for 1 year from the date of issue.
  - (2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date-24 September 2020]
  - (3) Principal researcher must submit a report at the end of project in respect of ethical compliance.
  - (4) The UZREC must be informed immediately of any material change in the conditions or undertakings mentioned in the documents that were presented to the meeting.

The UZREC wishes the researcher well in conducting research.

  
Professor Gideon Da Wat  
Chairperson: University Research Ethics Committee  
Deputy Vice-Chancellor: Research & Innovation  
25 September 2019



## **APPENDIX D: INTRODUCTORY LETTER**

### ***Participant***

I am a registered master's student in the Department of Public Administration at the University of Zululand conducting a research study on the topic titled "The contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province". The study has been cleared by the Department of Public Administration Examination Committee and the Office of Research and Development from the University of Zululand.

You are therefore kindly requested to make some of your valuable time by completing the questionnaire which will enable the researcher to assess the contribution of the Employee Health and Wellness Programme on Job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province.

Thanking you in advance.

M.H. Mntungwa

## APPENDIX E: INFORMED CONSENT FORM



**UNIVERSITY OF  
ZULULAND**  
*RESTRUCTURED FOR RELEVANCE*

**Researcher:** Mr Makhosonke H. Mntungwa

**Co-Supervisor:** Prof. T. Kalusopa

**Supervisor:** Dr Nokukhanya N. Jili

**Research Dean/Officer:** Prof. Irrshad Kaseeram

### INFORMED CONSENT

Dear Sir/Madam

You are kindly requested to complete the questionnaire for academic purposes, as I am doing my master's in public administration. I am undertaking a study titled "The contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province." You will not be required to write your name or your contact details, therefore, your response will remain anonymous. This study does not intend to cause any harm now or in the future and your privacy and confidentiality will remain. You may refuse or withdraw to participate from the project at any time you want.

Your Participation in this study will be of great importance. Should you have any queries, feel free to contact myself (the researcher) or my supervisor using the following contact details:

Mr. M.H. Mntungwa (Researcher)

Prof. T. Kalusopa (Co- Supervisor)

[hmakhosonke@yahoo.com](mailto:hmakhosonke@yahoo.com)

KalusopaT@unizulu.ac.za

Cell: 076 844 2093

Tel: 035 902 6878

Dr N.N. Jili (Supervisor)

[JiliN@unizulu.ac.za](mailto:JiliN@unizulu.ac.za)

Tel: 035 902 6615

## **INFORMED CONSENT DECLARATION**

### **(Participant)**

Project Title: The contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province.

Makhosonke Mntungwa from the Department of Public Administration, University of Zululand, has requested my permission to participate in the above-mentioned research project.

The nature and purpose of the research project as well as this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to fulfil the requirements for the Master's in Public Administration.
2. The University of Zululand has given ethical clearance to this research project and I have seen and may request to see the clearance certificate.
3. By participating in this research project I will be contributing towards the understanding the contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province.
4. I will participate in the project by responding to research questions and assisting with the relevant documents needed for the study.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research but my out-of-pocket expenses will be reimbursed.
7. There may be risks associated with my participation in the project. I am aware that:

- a. the following risks are associated with my participation: none
  - b. the following steps have been taken to prevent the risks: none
  - c. there is a zero per cent chance of the risk materialising
8. The researcher intends publishing the research results in the form of master’s dissertation and journal articles. However, the confidentiality and anonymity of the records will be maintained and my name and identity will not be revealed to anyone who has not been involved in the conduct of the research.
9. Any further questions that I might have concerning the research or my participation will be answered by Prof. T. Kalusopa (Co-supervisor) (Tel: 035 902 6878 and Email: [KalusopaT@unizulu.ac.za](mailto:KalusopaT@unizulu.ac.za)).
10. By signing this informed consent declaration, I am not waiving any legal claims, rights or remedies.
11. A copy of this informed consent declaration will be given to me and the original will be kept on record.

I, .....,have read the above information and confirm that the above information has been explained to me in a language that I understand and I am aware of this document’s contents. I have asked all the questions that I wished to ask, and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....  
**Participant’s Signature**

.....  
**Date**

## APPENDIX F: RESEARCH QUESTIONNAIRE

**RESEARCH TITLE:** The contribution of the Employee Health and Wellness Programme (EHWP) on job performance among Social Service Professionals in the Gert Sibande District, Mpumalanga Province.”

### INSTRUCTIONS

This questionnaire is divided into six sections which constitute Section A to F. Please answer all the questions.

Please mark X in a relevant box.

Please express your opinions where a space has been provided.

<b>SECTION A: DEMOGRAPHIC INFORMATION</b>
---

1. Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

2. Marital Status

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried	<input type="checkbox"/>
--------	--------------------------	---------	--------------------------	----------	--------------------------	-----------	--------------------------

3. Age

21-34	<input type="checkbox"/>	35-48	<input type="checkbox"/>	49-62	<input type="checkbox"/>	63+	<input type="checkbox"/>
-------	--------------------------	-------	--------------------------	-------	--------------------------	-----	--------------------------

4. Race

African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>
---------	--------------------------	----------	--------------------------	--------	--------------------------	-------	--------------------------	-------	--------------------------

If other, please specify.....

5. Home Language

IsiZulu	<input type="checkbox"/>	siSwati	<input type="checkbox"/>	English	<input type="checkbox"/>	Sesotho	<input type="checkbox"/>	Other	<input type="checkbox"/>
---------	--------------------------	---------	--------------------------	---------	--------------------------	---------	--------------------------	-------	--------------------------

If other, please specify.....

6. Highest Educational Level

Diploma		Degree		Postgraduate	
---------	--	--------	--	--------------	--

7. Are you physically disabled?

Yes		No	
-----	--	----	--

8. For how long have you been employed in the department of social development (**please indicate the length of your employment in years**)?

1-3		4-6		7-9		10+	
-----	--	-----	--	-----	--	-----	--

9. What is your current position?

Social Worker		Probation Officer		Social Work Supervisor		Social Work Manager	
---------------	--	-------------------	--	------------------------	--	---------------------	--

<b>SECTION B: AWARENESS OF THE EHWP</b>
---

10. Do you know about the Employee Health and Wellness Programme (EHWP) in the department of social development (DSD)?

Yes		NO	
-----	--	----	--

11. Do you know whether your office has the services of an EHWP Practitioner?

Yes		NO	
-----	--	----	--

12. If “Yes,” have you ever made use of the EHWP services in your office or know of someone who has?

Yes		NO	
-----	--	----	--

13. Do you know about Careways, the service provider contracted by DSD to render employee wellness services?

Yes		NO	
-----	--	----	--

14. Do you know about Careways’ toll-free number?

Yes		NO	
-----	--	----	--

15. Do you know about the EHWP unit number?

Yes		NO	
-----	--	----	--

**SECTION C: PERCEPTION AND ATTITUDE OF PROFESSIONALS**

16. How is your perception and attitude towards the implementation of the EHWP?

Very Positive		Positive		Neutral		Negative		Very Negative	
---------------	--	----------	--	---------	--	----------	--	---------------	--

17. Do you think that the EHWP helps to improve the following?

Employee Productivity		Employee Motivation		Job Performance		All of These		None of These	
--------------------------	--	------------------------	--	--------------------	--	-----------------	--	------------------	--

18. Do you think employees should be encouraged to make use of the EHWP in your Department?

Yes		No		Uncertain	
-----	--	----	--	-----------	--

**SECTION D: EFFECT OF THE EHWP ON JOB PERFORMANCE**

19. Do you find the EHWP helpful towards your job performance?

Yes		No		Uncertain	
-----	--	----	--	-----------	--

20. Do you think that the EHWP has effect on job performance in your department?

Yes		No		Uncertain	
-----	--	----	--	-----------	--

**SECTION E: LEVEL OF PARTICIPATION ON EHWP**

21. How frequently have you used the EHWP services over the past 12 Months?

Never		Once		More than once	
-------	--	------	--	-------------------	--

22. Are you satisfied about the way the EHWP operates in your department?

Very Satisfied		Satisfied		Uncertain		Dissatisfied		Very Dissatisfied	
----------------	--	-----------	--	-----------	--	--------------	--	-------------------	--

23. Does the EHWP unit adhere to confidentiality regarding the reported cases of employees in your department?

Yes		No		Uncertain	
-----	--	----	--	-----------	--

## SECTION F: STRENGTHS AND CHALLENGES

24. Does the DSD meet the goals and objectives set out to be achieved by the EHWP?

Yes		No		Uncertain	
-----	--	----	--	-----------	--

25. What single most important matter do you think needs to be attended to, to improve the current implementation of the EHWP? (*Please provide a single most important matter*)

--

26. Do you think that employees' health and well-being issues are considered in the strategic plans of the DSD?

Yes		No		Uncertain	
-----	--	----	--	-----------	--

*Thank you for your time and co-operation.*

Mtungwa, M.H

Researcher

076 844 2093

## APPENDIX G: LETTER OF EDITING



Pauline Fogg  
54 Grundel Road  
Carrington Heights  
Durban  
4001  
074 782 5234

30 October 2019

### *Letter of Editing*

This report serves to state that the dissertation submitted by Makhosonke Hansen Mntungwa has been edited.

The dissertation was edited for errors in syntax, grammar, punctuation and the in-text referencing system used.

The edit will be regarded as complete once the necessary changes have been effected and all of the comments addressed.

Thank-you for your business.

A handwritten signature in cursive script that reads "P. Fogg".

Pauline Fogg