

UNIVERSITY OF KWAZULU-NATAL

**Employees' awareness, attitudes and utilisation of the
Direct Axis Employee Wellness Programme**

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Master of Business Administration**

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Declaration

I, Suraya Dawad, declare that:

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SURAYA DAWAD

DATE

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Abstract

Globalisation brings new opportunities such as joint ventures but also adds pressure for South African workers and management to meet the challenges that exist when operating and competing with foreign companies and markets. A survival tactic is to have a healthy, engaged and highly productive workforce. Healthy employees are vital to assist in functioning and competing in the global business environment. In this context, employee wellness programmes (EWPs) may assist in building and maintaining a productive workforce. The aim of this study was to understand employees' awareness, attitudes and utilisation of the Direct Axis Employee Wellness Programme. A probability sample of 301 employees was drawn from a company in the Western Cape, with a population of 1 314 employees. The sample consisted of 63.1% females and 36.9% males. Data were collected using a web-based questionnaire that was specifically developed by the researcher for this study. A salient finding of this study was that over 70% of respondents who indicated that they had faced problems in the recent past, used the wellness programme (WP) to assist them with their problem. Bivariate analysis found that gender, marital status and years of service at the company were significantly associated with the use of the WP. Various reasons were documented for non-utilisation of the WP, with the main reason being that the operating hours of the services offered in the WP were not convenient. It is recommended that communication regarding the WP be improved, including communication about services offered, as well as opening times for the services in the WP. A further recommendation is that times when services are offered should be extended.

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List of acronyms and abbreviations

AIDS	acquired immunodeficiency syndrome
BMI	body mass index
CATI	computer-assisted telephone interviewing
DA	Direct Axis
E-MAIL	electronic mail
ENT	ear, nose and throat
EWP	employee wellness programme
GIT	gastrointestinal tract
HIV	human immunodeficiency virus
HRQoL	health-related quality of life
MBA	Master of Business Administration
NU	Northwestern University
NYU	New York University
OR	odd ratio
SMART	specific, measureable, achievable, realistic, time-bound
SMS	short message service
SPSS	Statistical Package for the Social Sciences
URL	uniform resource locator
USA	United States of America
WP	wellness programme

CHAPTER 1

INTRODUCTION

1.1. INTRODUCTION

Health is high on the agenda in most spheres of life, including in the workplace. However, at the same time, a company's mandate is to be effective and efficient, thus leading to profitability.

To ensure that companies are efficient, employee wellness programmes (EWPs) have been developed to assist employees with problems they face in all aspects of their lives; reducing stress and ultimately making them more productive in their jobs. EWPs have various services that assist the employee with their problems, alleviating these problems, making the employee well again, and making them more productive members of their company's workforce (James, 2012).

Well-designed and implemented EWPs have the potential to effectively prevent, manage and significantly reduce the negative effects of employee problems, thus resulting in improved organisational efficiency, whilst delivering a significant return on investment (Van der Nest cited in Grobler, Warnich, Carrel, Elber & Hatfield, 2011, p. 458). There is no use having state of the art health-related policies, strategies, and programmes, including an EWP, and not having an equally good implementation strategy. Utilisation rates are one measure of success of EWPs (Csiernik, 2008).

However, little research has examined the success, effectiveness and efficiency of these programmes.

This chapter provides an introduction to this study by highlighting the motivation and focus of the study. It then goes on to discuss the problem statement, and outline the objectives and limitations of the study.

The chapters that follow present the literature that was reviewed, the methodology used to undertake this study, results and discussion, and finally recommendations for Direct Axis and conclusions to the study.

1.2. MOTIVATION FOR THE STUDY

The importance of this study is that it has highlighted the current awareness and utilisation of the Direct Axis Wellness Programme (WP). Although Direct Axis (DA) has a programme in place, three factors about the programme were uncertain. Firstly, did all employees of DA know about the WP? Secondly, did employees utilise the WP? And finally, could the WP be improved?

The results from this study were able to elicit information about employee awareness of the WP, utilisation of the WP, and recommendations for improving the WP.

The following stakeholders may benefit from this study:

- Direct Axis may benefit in that they will be able to ascertain whether their WP is working well or not; and whether employees are utilising it to attain better health and improved productivity. This study may furthermore provide recommendations to DA to improve their WP. If taken up, these recommendations may have the potential to make the WP more effective and efficient for DA to continue to offer the programme, and ultimately increase profitability.
- Direct Axis employees and their immediate families may benefit from this study in that it highlights what is not working in the WP, and what needs to be improved so that the WP can function optimally. DA employees and their immediate families are beneficiaries of the WP in its current form, and if recommendations are taken up by DA, then employees and their immediate families may benefit from a much improved wellness programme.
- This study adds to the body of knowledge on employee wellness programmes. In addition, it provides an alternative to a comprehensive evaluation (one using specific evaluation techniques such as cost-benefit analysis). The methodology used in this study can be used by other companies to “evaluate” their wellness programmes in the same way that the WP of DA was evaluated. This study therefore both adds to the body of literature on wellness programmes, and also provides a methodology that can be used to elicit information and possible improvements of wellness programmes.

The unique contribution that this study will make to human resource management includes a better understanding of how a wellness programme can assist employees. In addition, it

provides information on how current WPs can be adjusted to improve their effectiveness. Furthermore, this study provides insight into how employees perceive their WPs, and reasons for utilisation and non-utilisation.

Finally, this study adds reference points that future studies can draw on.

1.3. FOCUS OF THE STUDY

The focus of this study was on understanding employees' awareness, attitudes and utilisation of an employee wellness programme.

This study did not delve into the economic or financial costs and benefits of the WP. It focused on identifying and understanding whether employees were aware of the WP; what their attitudes were about the WP staff competence; the location of the WP; helpfulness of the WP service; and the quality of the WP service. It also explored whether employees who experienced problems actually utilised the WP to assist them.

The study also elicited recommendations on improving the WP.

1.4. PROBLEM STATEMENT

Employee wellness programmes, correctly implemented and utilised, have the potential to assist employees solve or treat their problems, thus making them well again, and able to be integrated into a productive workforce. There are many companies that offer EWPs, however, not many of them undertake research to formally evaluate their programmes.

The literature review conducted for this study suggests that little research has been done in the field of EWPs. This is particularly pertinent to literature about knowledge of the functions of EWPs, the credibility and adherence to ethical guidelines by EWP practitioners, and concerns about accessibility of EWPs in organisations.

No research has been done on the DA WP in terms of employees' awareness of the WP, their attitude and the utilisation of the WP. This information is critical to DA, as they need to be aware of utilisation rates so that they may continue investing in the WP. In addition, DA is receptive to suggestions on improving the WP and making it more appealing to employees.

Thus, the research question that this study aimed to answer was:

What are employees' attitudes, awareness and utilisation of the Direct Axis Wellness Programme?

1.5. OBJECTIVES

The following are the objectives that have been developed to answer the research question posed above:

1. To establish whether employees are aware of the Direct Axis Employee Wellness programme.
2. To ascertain whether employees are familiar with the nature and functioning of the EWP.
3. To establish whether employees use the EWP.
4. To identify which services of the EWP are utilised most frequently.
5. To establish employee opinions of the EWP with regards to:
 - quality of service
 - EWP staff competence
 - location of services
 - helpfulness of services.
6. To establish reasons for non-utilisation of EWP services amongst those who know about its existence.
7. To determine what improvements, if any, are required.

1.6. LIMITATIONS OF THE STUDY

One of the main limitations of this study was inherent in the questionnaire administration process. Due to the Protection of Personal Information Act that is strictly adhered to at Direct Axis, the researcher could not send the email directly to potential respondents. The Wellness Programme Manager sent the email, containing details about the study. Even though respondents were assured of confidentiality, the email could have created some concern for the employees who were chosen to complete the survey. However, in the absence of an alternative to send the email that contained information on the survey, the Wellness Programme Manager had to send the emails.

Other limitations included using the methods for data collection as outlined in Chapter 3. However, these limitations were not unique to this study, and, where necessary, have been highlighted throughout Chapter 3.

1.7. SUMMARY

Employee wellness programmes are mutually beneficial: both employees and employers benefit from well-run EWPs. While the services are provided on a strictly confidential basis, the usage of various services is usually documented. Good documentation provides employers with data that may identify the needs of employees and also provides insight into areas of risk that can be prevented by the wellness programme. This allows for interventions to be planned and executed to mitigate risks and that can assist employees.

In sum, job stress is a real problem in the South African context and often results in low productivity, increased absenteeism and staff turnover, as well as other problems such as alcoholism, psychological difficulties and medical conditions such as hypertension, diabetes and cardiovascular diseases. EWPs can assist with prevention, treatment, care and support for these problems, and as a result, assist employers in retaining highly skilled employees as well as keeping them healthy.

Looking at the benefits and how well EWPs are faring, makes investing in these programmes a strategic priority for a company, thus showing the substantial benefits of these programmes to ultimately increasing company profitability.

The next chapter reviews work that has already been done in the area, and indicates the gap which this study will fill.

CHAPTER 2

THE CURRENT LANDSCAPE OF EMPLOYEE WELLNESS PROGRAMMES (EWPS)

2.1. INTRODUCTION

The mandate of every business is to be efficient and effective and hence profitable. In order to do this, and do it well, companies have to manage risks in their operations. One major risk companies worldwide are increasingly being faced with is high health care costs. South Africa is no exception to this trend. Various programmes and strategies are available to reduce health care costs, including wellness, physical fitness, employee assistance and substance abuse programmes. Organisations engage in these programmes to deal with the numerous physical, emotional, mental and social challenges that impact on employee performance (Bessinger, 2006, Brand & Gauche, 2010, Gillespie, 2012, Sangweni, 2006).

Apart from providing assistance in terms of employee health and safety, there are several reasons to have functional workplace programmes. These include meeting legal requirements, employer goodwill, and to increase employee productivity and morale of employees (Grobler *et al.*, 2011).

This chapter provides an overview of EWPs and draws on literature to illustrate the success and criticisms of EWPs.

2.2. SOME DEFINITIONS

It is evident from the literature that there is no single and universally accepted definition of employee wellness (Arend, 2008; Azaroff, Champagne, Nobrega, Shetty & Punnett, 2010; Sieberhagen, Pienaar & Els, 2011). Travis and Ryan (cited in Lubbe, 2010) used an illness/wellness continuum to explain the state of wellness. Figure 2.1 below illustrates this continuum:

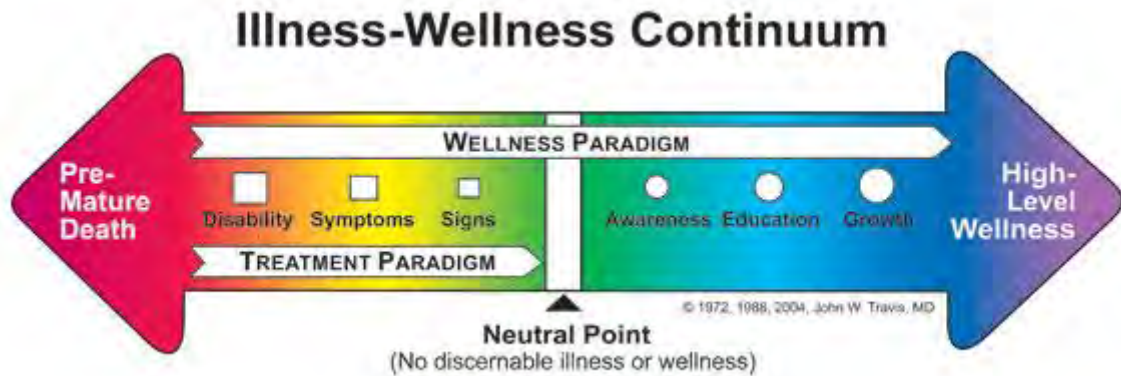


Figure 2.1: Illness-wellness continuum

Source: Lubbe, J.P.H. 2010. *Worksite Wellness Programs*. [Online]. Available WWW: <http://wellnessafrica.com/worksite-wellness-programs.pdf> (Accessed 23 June 2013).

Travis and Ryan (cited in Lubbe, 2010) explained that wellness is a dynamic state and there are various levels of wellness as well as various levels of illness. At one end of the continuum lies a state of high-level wellness and at the opposite end a state of premature death. They argued that in order to move towards high-level wellness, three steps need to be followed: (i) awareness, (ii) education, and (iii) growth.

According to Cox (cited in Lubbe, Malan, Wilders & Ellis, 2008), a worksite wellness programme "... is a comprehensive, multidisciplinary, and complex field that seeks to promote, improve, and optimize health, well-being, and performance of those associated with a place of employment". Robison (2004) highlighted that worksite programmes provide a platform to support employees' health and overall needs in an all-encompassing manner, focusing on a more compassionate and effective way of dealing with individuals' needs, as opposed to simply focusing on dealing with the current issue at hand, without investigating the underlying causes.

2.3. A BRIEF HISTORY OF EMPLOYEE WELLNESS PROGRAMMES IN SOUTH AFRICA

The concept of EWPs really only began to surface in the 1980s. EWPs were initiated by the Chamber of Mines of South Africa following a feasibility study in the mining industry in 1983 (Terblanche cited in Sieberhagen *et al.*, 2011). This particular feasibility study is considered a 'milestone in terms of the development of EWPs in South Africa'.

Initially, there was resistance to EWPs as many people were using them to intervene in alcohol abuse (Gerber, 1995, Naidoo & Jano, 2003). Hence, people who were known to use them were generally thought to be alcoholics and the stigma attached to this created uneasiness for people who wanted to use EWPs for other reasons.

Over the years, EWPs have been moving away from the traditional biomedical view of health towards a more holistic approach to health and wellness (Bhoodram, 2010, Bila & Roestenburg, 2011, Lubbe, 2010, Murdoch, 2012, Robison, 2004). It has been postulated that businesses globally are realising that the success of their businesses and their competitiveness at a global level, are highly dependent on how well employees are treated and how well employee challenges are dealt with in the workplace (Bhoodram, 2010).

Today, EWPs are expanding their services to include “HIV/AIDS, organisational change, involvement in team projects, fitness, work/life balance and critical incident stress debriefing, trauma, substance abuse and mental well-being” (Bessinger, 2006, p. 57).

It is clear from the literature that there is very little research on EWPs, particularly in the African context, and there are not many “best practices” that can be used to ensure that EWPs are effective and efficient and thus leading to increased profitability for companies. Consequently, benchmarking the effectiveness of EWPs becomes very challenging (Sieberhagen *et al.*, 2011).

2.4. EMPLOYEE WELLNESS PROGRAMMES (EWPS)

About one quarter of South Africa’s workforce is challenged in some way or another and this contributes to a decline in work productivity. Currently, South Africa’s productivity is ranked 31st out of 45 countries in the world (Nicolaas, 2007).

It is estimated that in South Africa, 6.3 days per employee per year are lost due to unapproved absences from work. On any given day, approximately 4.5% of the South African workforce is absent, with the maximum as high as 18% in some organisations (Vaida, 2005).

According to James (2012), a typical wellness programme comprises of four elements, shown graphically below (Figure 2.2).

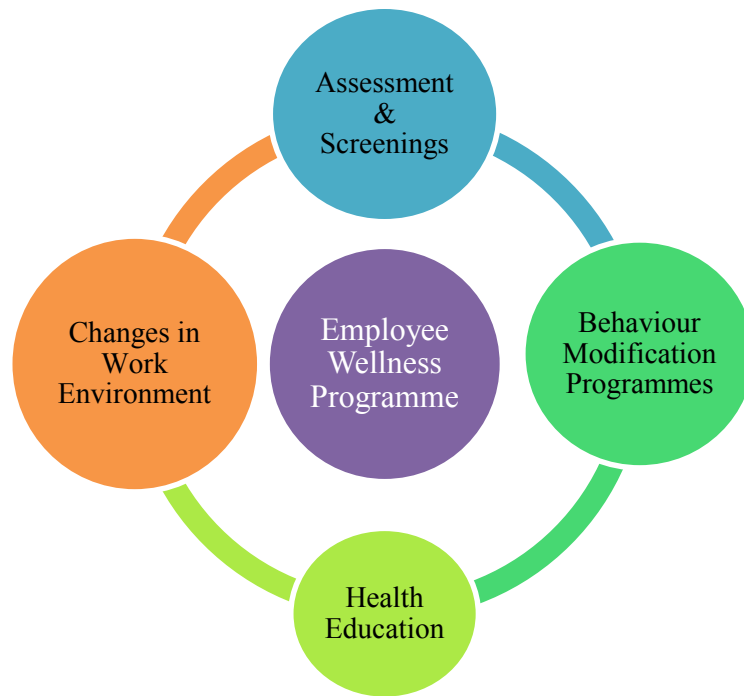


Figure 2.2: A typical wellness programme

Source: Adapted from James, J. 2012. Health Policy Brief: Workplace Wellness Programs. *Health Affairs*, 10 May. Project HOPE — The People-to-People Health Foundation, Inc., Bethesda.

These four elements are: (i) assessments and screenings for cholesterol, blood glucose levels and other diseases of lifestyle; (ii) behaviour modification programmes such as weight management, exercise and smoking cessation programmes; (iii) health education such as classes to impart health advice; and (iv) changes in the work environment and/or the provision of special incentives/benefits to encourage employees to exercise and make healthy food choices (James, 2012).

Schoenman (2011) furthermore highlighted the following elements that are critical to any EWP: the division of the population based on risk; interventions that are tailored for individuals' needs; programme engagement strategies; strategies for effective and efficient EWP delivery; coaching and mentoring; engagement of leaders and creation of a supportive organisational culture; creating a well-balanced and supportive work environment; disability management; and ongoing monitoring and evaluation of EWPs.

Schabracq, Winnubst and Cooper (2003) highlighted four issues that need to be considered when facilitating employee health and wellness in an organisation: assessment,

management, promotion and predictability of employee health and wellness. These four issues are critical to the success of EWPs.

Robison (2004:8) argued that EWPs assist employees to treat their symptoms whilst simultaneously assisting them to develop a “deeper understanding of the underlying life struggles that these symptoms represent”. Furthermore, EWPs afford employees the opportunity to take control of their own well-being (Sieberhagen *et al.*, 2011). In addition, wellness programmes are instrumental in promoting behaviour change amongst employees which ultimately assists in improving health-related quality of life (HRQoL) (Eldries, Jelsma & Maart, 2013).

Various benefits have emerged from EWPs for both employers and employees. Worksite wellness programmes have been touted as assisting employees to return to their routine tasks, thus minimising the loss of productive work time, reducing premature retirement and increasing the productivity of employees who have been injured (Anema & Sligar, 2010, Arthur, 2000, Baicker, Cutler & Song, 2010, Bhoodram, 2010, Courtois, Doodley, Kennish, Paul & Reddy, 2004, Csiernik, 2011, Daniels, Teems & Carrol, 2005, Eldries *et al.*, 2013, Lubbe *et al.*, 2008, Naidoo & Jano, 2003, Rajin, 2012, Sieberhagen, 2008). EWPs are also a critical component of any credible talent management strategy (Nyati, 2013). Furthermore, the benefits for organisations who offer EWPs include: “reduced absenteeism, increased presenteeism, meeting labour legislation requirements, improved industrial relations, increased employee performance and productivity, reduced health care costs, and a reduction in accidents” (Sieberhagen *et al.*, 2011, p. 3). The authors also point out the benefits of EWPs for employees, as shown in Figure 2.3 below:

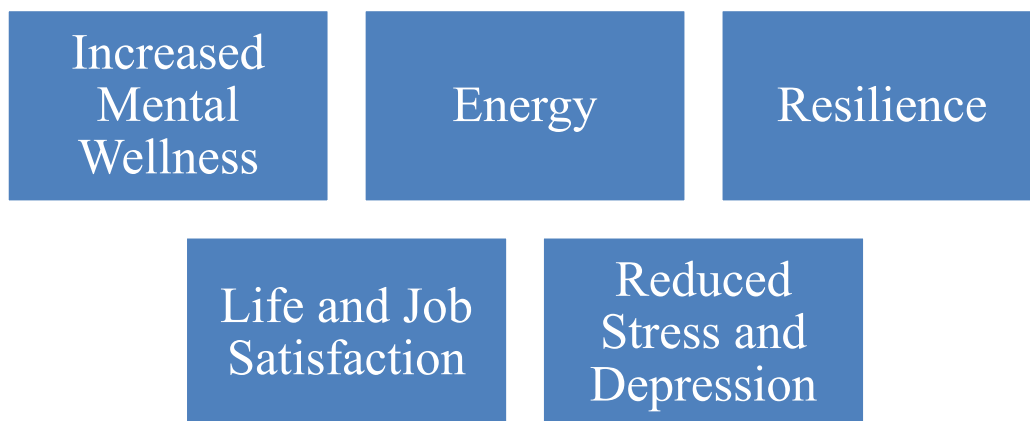


Figure 2.3: Benefits for employees

Source: Author's own.

Bessinger (2006) argued that an organisation should be guided by various considerations when implementing an EWP. These include selecting employee wellness interventions that are based on identified needs; and preventative interventions aligned to the organisation's strategy so that employees may be enabled to return to work and regain a fully functioning personal life. Furthermore, evaluation of the EWP to examine cost effectiveness, justification, and impact of the EWP is considered important. Communication regarding the EWP is also critical as well as adherence to legislation pertinent to the industry (Bessinger, 2006).

Best practices in workplace wellness programmes should involve management support and communication as well as measurement of results, in order to create a cohesive wellness team. Furthermore, EWP integration with organisational goals, creating supportive cultures, and evaluation are also important (Lubbe, 2010).

EWPs have now become a standard feature in most South African organisations. These organisations are integrating services and providing a holistic approach to employee wellbeing, thus benefitting employees, as well as employers by improving productivity in most instances (Murdoch, 2012). Top South African companies that have comprehensive EWPs include Standard Bank, Vodacom, MTN, Dimension Data, Old Mutual and Liberty.

There are various reasons cited for the workplace being an ideal environment for wellness programmes. These include:

- employees spend a significant amount of time at work where they are subjected to cultural influences
- employers can offer incentives to employees for a change in their health or behaviour
- employees can be exposed to an intervention over a long period of time
- employees can take advantage of social support
- employees' lifestyles, as well as those of their families, can be influenced
- there is a mutually beneficial relationship for both the employer and the employee

(Dreyer cited in Lubbe, 2010).

2.5. EWP MODELS

Many models have been used by researchers to explain “wellness”. Two of the more prominent models found in the literature (both international and local) are: (i) the National Wellness Institute’s six dimensions of wellness and (ii) the Wellness Model of Eskom Holdings (Pty) Ltd (Lubbe, 2010).

The National Wellness Institute’s Six Dimensions of Wellness

The National Wellness Institute’s Six Dimensions of Wellness was developed by Dr Bill Hettler in 1977. It is one of the most used models internationally and has been adopted by various institutions in both the public and private sectors. This model is graphically represented in Figure 2.4 below.

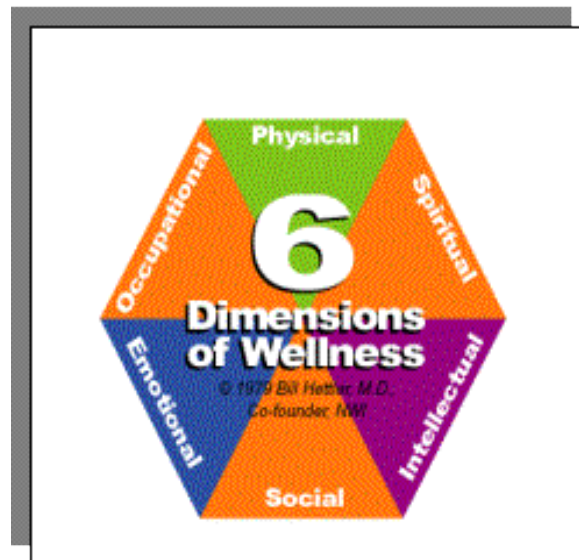


Figure 2.4: The six dimensional wellness model

Source: Lubbe, J.P.H. 2010. *Worksite Wellness Programs*. [Online]. Available WWW: <http://wellnessafrica.com/worksite-wellness-programs.pdf> (Accessed 23 June 2013).

The six dimensions include the social, occupational, spiritual, physical, intellectual and emotional aspects of employee wellness.

The social dimension involves the environment and community, highlighting their inter-dependence. The occupational dimension recognises job satisfaction and an attitude to work. The spiritual dimension explores a search for the meaning and purpose of life. The physical dimension recognises the need for regular physical activity. The intellectual dimension is concerned with creative, stimulating mental activities. The emotional dimension involves awareness and acceptance of one's feelings (Testwell, n.d.; Lubbe, 2010).

The Wellness Model of Eskom Holdings (Pty) Ltd

A further model worth noting is that of Eskom Holdings (Pty) Ltd. The Wellness Model of Eskom Holdings (Pty) Ltd was developed by Lubbe in 1997 (Lubbe, 2010). The model (shown in Figure 2.5 below) has three inter-connected primary dimensions: body, mind and soul. The secondary dimensions, i.e. social, occupational and emotional, are also inter-connected (Lubbe, 2010).

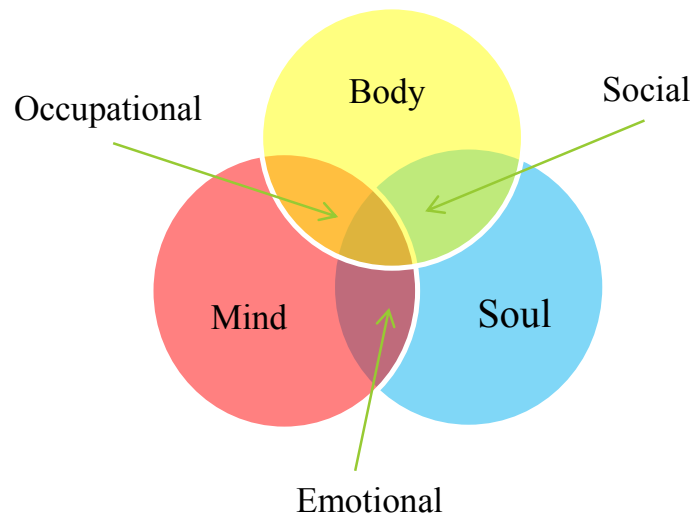


Figure 2.5: The Wellness Model of Eskom Holdings (Pty) Ltd

Source: Adapted from Lubbe, J.P.H. 2010. Worksite Wellness Programs. [Online]. Available WWW: <http://wellnessafrica.com/worksite-wellness-programs.pdf> (Accessed 23 June 2013).

2.6. LEGISLATION IN SOUTH AFRICA

As EWP must comply with government legislation, the above model (and others) is generally adapted to comply with current government legislation regarding workplace policies. Hence, wellness programmes are not static, but evolve as various issues come into play, including changes in legislation.

Changes to the way in which companies offer EWPs are due to new regulations such as the Basic Conditions of Employment Act 75 of 1997, the Labour Relations Act 66 of 1995, the Employment Equity Act 58 of 1998 and the Unfair Discrimination Act 4 of 2000, which mandated employers to assist employees with problems related to substance abuse or incapacity (Taute & Manzini, 2009). In addition, ethical considerations are crucial when providing services to employees. In this regard, the EWP practitioner is required to make sure that the rights of employees are not infringed in any way, and that employees feel that the services are confidential (Bessinger, 2006). Currently, employers are obliged to assist employees with poor performance and incapacity. The new legal framework now gives employees protection in the workplace, in both the private and public sectors. This translates to employers having to ensure that employees' problems that impact on their work performance, whether private, social or work-related, are dealt with (Pillay, 2007).

In summary, the employer has to ensure that they comply with legislation. This could be a costly exercise; however, the return on investment could be high as well. There are many examples of successful EWPs positively contributing to company profits.

2.7. SUCCESS OF EWPS

There have been various companies that have experienced positive outcomes of EWPs. Citibank's Health Management Programme estimated a savings of about \$4.50 in medical expenditure per dollar spent on their EWP (Baicker *et al.*, 2010). Bank of America and Johnson & Johnson have also seen significant health care savings as a result of their EWPs (Baicker *et al.*, 2010, Berry, Mirabito & Baun, 2010). Similarly, other companies such as Union Pacific Corporation, The Dow Chemical Company and Eskom Holdings (Pty) Ltd have also seen improvements in the health of their employees and an increase in productivity. An added bonus for the companies concerned has been a decline in health care costs from the employer perspective. Grace (2001) also found positive effects of EWPs in terms of a reduction in workdays lost due to sick leave and absenteeism, as well as improvement in the health of employees.

Companies such as the Volkswagen Group South Africa, Discovery and Vodacom have embraced the concept of EWPs and have already begun to reap the benefits. For example, Volkswagen's successful EWP has allowed them to secure an award for business excellence in the workplace from the Global Business Coalition on human immunodeficiency virus infection / acquired immunodeficiency syndrome (HIV/AIDS) (Volkswagen, 2013).

Lubbe *et al.* (2008) found that, after being exposed to a 24-month worksite programme, there was improvement in the physical work capacity of workers who had previously not met the minimum physical requirements of their jobs. The improvement was greater in employees who were subjected to the intervention as opposed to those who were not receiving the intervention (Lubbe *et al.*, 2008).

James (2012) reviewed 36 peer-reviewed studies of wellness programmes in large companies and found that the average medical cost of an employer fell \$3.27 for every dollar spent on wellness programmes. In addition, costs of days of absence also fell by an average of \$2.73 (James, 2012).

Eldries *et al.* (2013) conducted a randomised controlled trial with clothing/textile manufacturing companies in South Africa and found that employee wellness programmes were beneficial in terms of improving the perceived health-related quality of life (HRQoL), as well as changing the health-related behaviours of employees. However, since there were no significant differences between the experimental and control groups, it was difficult to establish whether the EWP was more effective than the once off health promotion talks that the control group received (Eldries *et al.*, 2013).

The recent Rand Corporation Study released in May 2013 in the United States of America (USA) compared wellness programme participants to non-participants and found that wellness programme participants showed a statistically significant increase in exercise, reduced smoking and better weight control (Begley, 2013; Jost, 2013).

The success of EWPs is dependent on various factors such as the rationale, use and evaluation of the EWP. Bearing this in mind, it is important that organisations conduct needs assessments/analyses before designing and implementing an EWP. Furthermore, by conducting a needs analysis, organisations will be in a better position to target issues that pose a challenge in the current environment (Berridge, Cooper & Marchington, 1997).

Although there have been many successes of EWPs, they are also fraught with criticism.

2.8. CRITICISMS OF EWPS

One apparent shortcoming of wellness programmes is the lack of acknowledgement that dependents of the current workforce will ultimately follow in the footsteps of their parents. These learnt behaviours would include unhealthy eating habits and poor work-life balance (Bessinger, 2006). Karsch (2005) argued that there are many ways in which employers can work on assisting current employees and ultimately have a multiplier effect on the future workforce. These would include looking at progressive ways of assisting the current workforce, thereby ultimately assisting future workforces.

A further criticism comes into play with regards to ethics. It has been postulated that when counselling in a work setting, ethics becomes a much more difficult issue to deal with due to the complex relationships in the work environment (Bessinger, 2006).

Even though the recent Rand Corporation Study (Begley, 2013; Jost, 2013) saw significant positive changes in companies following EWP use, the major criticism was that programmes are voluntary and thus only those who are motivated to change their health outcomes will actually participate in them. Hence, Begley (2013) argued that it is impossible to associate the positive change in health to EWPs as initiation could play a key role as well.

Regular assessments through monitoring, evaluation and reviews are critical to ensure that programmes are functioning as per requirements and are achieving the goals of the EWPs (Ruwende, 2012).

2.9. EVALUATION OF EMPLOYEE ASSISTANCE PROGRAMMES (EWPS)

Evaluation of EWPs is critical. A primary reason for evaluation of EWPs is to justify the need for their existence. In addition, evaluation of EWPs is used to ascertain whether the objectives have been met, to elicit information about their success, and to look at ways to improve their effectiveness (Sieberhagen *et al.*, 2011).

It is clear that measuring the effectiveness of EWPs within organisations is not a simple task, primarily due to researcher subjectivity. However, by looking at positive and negative employee outcomes, the effectiveness of EWPs can be ascertained albeit laden with subjectivity. Some of these outcomes include reduced stress and emotional exhaustion, improved social support at work, improved morale, increased loyalty, improved employee relations, improved productivity, and reduced absenteeism and accidents (Sieberhagen *et al.*, 2011; Taris, Kompier, Geurts, Schreurs, Schaufeli, De Boer, Sepmeijer & Watez, 2003).

Harden, Peersman, Oliver and Mauthner (1999) conducted a systematic review of the effectiveness of health promotion interventions and found that the commitment and support from employers, coupled with the motivation of employees, lent itself to effective workplace health programmes.

Even though employers perceive that their EWPs reduce costs, only 50% of them have carried out evaluations to ascertain the actual impact (Jost, 2013).

Continuous monitoring and evaluation of the efficacy of EWPs in dealing with employee problems in the workplace is, therefore, of paramount importance to ensure that they are continuously improved and their effectiveness in dealing with various challenges is increased (Sangweni, 2006). In addition, EWPs must meet the expectations of all stakeholders and a mutually beneficial relationship should exist.

2.10. UTILISATION RATES

The reasons that employees provide regarding utilisation (or the lack thereof) of EWPs is critical to improving programmes and making them more effective and efficient, and ultimately more cost effective.

The concept of utilisation rates is used routinely to indicate workplace programme success (Csiernik, 2008). Even though this is the case, little formal research exists in this area. It is important to determine the utilisation rate of workplace programmes and reasons for participation or non-participation as this would assist in understanding their effectiveness. In addition, utilisation rates were found to be higher in organisations where there was an EWP policy in place and where there was on-going promotion of the EWP and worksite activities (Azzone, McCann, Merrick, Hiatt, Hodgkin & Horgan, 2009; Csiernik, 2008).

Predictors of programme utilisation include written policies together with widespread distribution, adequate staffing and sufficient training, as well as a focus on gender issues (Weiss, 2003). Therefore, it is important to understand why employees do not use EWPs even though they might be aware of their existence and benefits. By understanding these dynamics and addressing employees' concerns/challenges in using programmes, the path could be smoothed for easy use of EWPs by all employees.

2.11. REASONS FOR NON-UTILISATION OF EWPS

Health management programmes are being used increasingly to manage health care costs and reduce the risk of chronic conditions which are very costly to organisations. However, almost half of employees do not participate in these programmes. There have been studies that show that the average cost of non-participation in these programmes is higher than the costs incurred by those employees who have a low risk due to healthier lifestyles and fewer medical problems (Phillips, 2012; Schell, 2012). These non-participating employees will

be at greater risk of higher health care expenditure should they not begin to participate in the programmes (Phillips, 2012; Schell, 2012).

There are numerous stumbling blocks to engagement in programmes. Factors that influence low participation in wellness programmes include the absence of or too few programmes that are appealing to the employees who should be targeted for EWPs. Privacy and confidentiality are also concerns, as well as poor communication and employer involvement in the personal lives of employees (Schell, 2012).

Furthermore, some work-related barriers to participation in EWPs include higher levels of job stress, job insecurity, and scheduling of work. Employees are typically already overloaded with responsibilities and see their participation in EWPs as an added task. Non-work related barriers include personal issues such as financial challenges, environmental challenges such as unsafe neighbourhoods, and poor public transportation. Further barriers include a lack of access to healthy food (James, 2012; Person, Colby, Bulova & Eubanks, 2010; Sieberhagen, 2008).

In addition, non-utilisation could be due to the stigma associated with mental health issues, the uneasiness of face-to-face counselling or the lack of knowledge that the services exist (Phillips, 2012).

It has been postulated that the cornerstone of an EWP is confidentiality. Without confidentiality, EWPs will be poorly utilised and have low credibility (Govender & Terblanche, 2009).

A huge challenge remains in the South African context as to how to persuade employees to enrol in workplace programmes and remain in care (Arend, 2008).

2.12. STEPS TO TAKE TO ENGAGE NON-PARTICIPATING EMPLOYEES IN EWPS

Schell (2012) argued that the following steps need to be taken to engage non-participating employees to begin to participate. Firstly, a continuum-of-care programme should be provided for all members of the population. Secondly, factors inhibiting participation need to be identified and addressed. Thirdly, strong incentive programmes must be created

which could include value- or outcomes-based incentives. Fourthly, marketing strategies need to be developed to promote programmes more creatively and on a continuous basis. Finally, focus should be placed on providing personalised experience for individuals (Schell, 2012).

Schell (2012) also argued that, since one size does not fit all, programmes need to target different segments of the workforce. In addition, if employers want to target non-participants, they need to remain committed and understand that their efforts will eventually pay off. Employers also need to understand why employees are not participating in the programmes and address these reasons. It is also critical to measure the results of the programmes (Schell, 2012).

Effective communication is a vital component of successful EWPs. It is imperative that employees understand the strategies and decisions made by management. The process of doing this is often referred to as communication from a management perspective. It is also equally important that feedback is sought and received from employees in order to gauge their experiences. Sangweni (2006) argued that many implementation and utilisation problems would not exist if there were clear lines of communication between management and lower level employees.

A major recommendation emanating from the study by Sangweni (2006) was that management should be seen and heard communicating their commitment to workplace programmes. This has the potential to increase trust and confidence, but could also reduce confusion that often stems from an overload of information from various sources (Sangweni, 2006).

Proper marketing is another critical component of successful EWPs. It is crucial to have an overall marketing campaign and activities related to marketing and promotion of an EWP. A successful marketing strategy requires both knowledge of the current programme and where the programme is intended to go in the future (Oher, 1999).

Posters and pamphlets were seen as the best ways to market EWPs. However, other marketing tools such as short message services (SMS), company intranets, emails and social media (such as Facebook and Twitter) are used as effective and efficient ways to

market them in order to connect with the diverse attitudes and awareness of employees to EWPs. In addition, these diverse methods of communicating are inherently useful when dealing with a diverse workforce, especially in the digital age.

2.13. EMPLOYEE ATTITUDES AND AWARENESS OF EWPS

Individuals are different and experience stress and challenges in different ways. In addition, they may attribute different meanings to stressful experiences (Sieberhagen, 2008).

It is important to firstly understand employee attitudes regarding EWPs. This will assist in designing EWPs that employees want, rather than what employers think they should provide (Bright, Terrell, Rush, Kroustos, Stockert, Swanson & Dipeitro, 2012; Hanks, 2010).

Many organisations have implemented EWPs mostly to reduce costs and ultimately to increase productivity (Sieberhagen, 2008). This often leads to an emphasis on profitability as a primary outcome and welfare of employees as a secondary outcome. Employees are often aware of this and hence they do not necessarily have a positive view of EWPs in these situations.

Lassen, Bruselius-Jensen, Sommer, Thorsen and Trolle (2007) found that on the whole, there was a significant increase in positive employee attitudes from the time of the baseline study to the end of their study. In addition, employees highlighted that the EWP made them feel appreciated in their work environment (Lassen *et al.*, 2007).

Trust, confidentiality and ethics are critical issues that employees consider when it comes to participating in EWPs. If they feel that the service or service providers are not trustworthy and the service is not confidential, they will not participate whole-heartedly, but if they do engage, they will do so just for the sake of it and hence might not derive full benefit from it (Sieberhagen, 2008). Hence, it is important for employees to be aware that the EWP holds trust, ethics and confidentiality high on its agenda.

Employees' attitudes and perceptions also have an influence on the effectiveness of workplace programmes. Sangweni (2006) found that where programmes were clearly

communicated and employees understood that the programmes embodied an empowerment function, there were high levels of productivity and the programmes were able to play a more pro-active role in ensuring this.

It is clear that employees' perceived sources of job stress are significant in relation to their levels of work engagement and work effectiveness (Coetzee & De Villiers, 2010).

Nicolaas (2007) found that lack of knowledge, as well as lack of understanding of an EWP had the potential for employees to have negative perceptions of the EWP (Nicolaas, 2007).

Employee attitudes regarding EWPs seem to increase once they have been exposed to the EWP in question. Employees also experience increased self-worth after they have participated in EWPs (Lassen *et al.*, 2007).

There is a paucity of information regarding employee attitudes and awareness of EWPs in relation to success or failure of EWPs. In addition, there has been very little empirical research looking at employees' attitudes and awareness of EWPs, as well as their willingness to participate in them, and how their attitudes and awareness affect their participation.

2.14. SUMMARY

EWPs are valuable organisational tools. As businesses are coerced to improve profitability, EWPs may be adapted to adjust to changing business environments, continuing to benefit both employees and employers. Ultimately, the well-being of employees determines the well-being of the institutions they serve.

In summary, it is important to highlight that the literature calls for increased evaluation of EWPs to ensure that they are more strategically aligned with organisational objectives. Furthermore, the literature suggests an increase in research in the field of EWPs to alleviate concerns about the lack of knowledge of the functions of EWPs, the credibility and adherence by EWP practitioners in terms of ethical guidelines and concerns about accessibility of EWPs in organisations. Finally, there is a dearth of information on employee knowledge and attitudes regarding EWPs in their workplaces.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter provides an overview of research methodology in general and then in particular to this study. It is imperative that appropriate research methodology is employed to obtain results that answer the research question/s and meet the aims and objectives of the study.

The diagram below (Figure 3.1) provides a graphical representation of the research process. It is critical that all steps in this process are followed and proper time allocated to meet the needs within each step so that the final result is the intended one, i.e. one that answers the research question/s of the study.



Figure 3.1: The research process

Source: Sekaran, U. & Bougie, R. 2009. *Research Methods for Business: A Skill Building Approach*. John Wiley & Sons Ltd, West Sussex.

Sekaran and Bougie (2009:19-25) argued that the hallmarks, or main distinguishing characteristics, of scientific research are the following:

- Purposiveness – there is a clear aim and the research must either solve a problem or make a unique contribution.
- Rigour – the research must have a theoretical base with sound methodology that will provide good direction.
- Testability – this is in terms of statistical analysis and for comparison.
- Replicability – this refers to the study being replicated in different contexts; this builds credibility of the study/methodology.
- Precision and confidence – human science is not always accurate; however accuracy is important. Confidence here refers to the probability that the estimations in the study are correct.
- Objectivity – the study is based on facts and emotions and biases are not included in the study.
- Generalisability – the findings from the study are relevant to a broader context.
- Simplicity/Parsimony – the study is understandable and has limited variables.

There are two types of reasoning that one can utilise for a study: inductive reasoning or deductive reasoning. Inductive reasoning “is a process where we observe specific phenomena and on this basis arrive at general conclusions” (Sekaran & Bougie, 2009, p. 28). Deductive reasoning “starts with a general theory and then applies this theory to a specific case” (Sekaran & Bougie, 2009, p. 28).

For the purposes of his study, the deductive approach is utilised. The deductive approach is made up of the following seven steps, as illustrated in Figure 3.2 (Sekaran & Bougie, 2009, Singh, 2012):

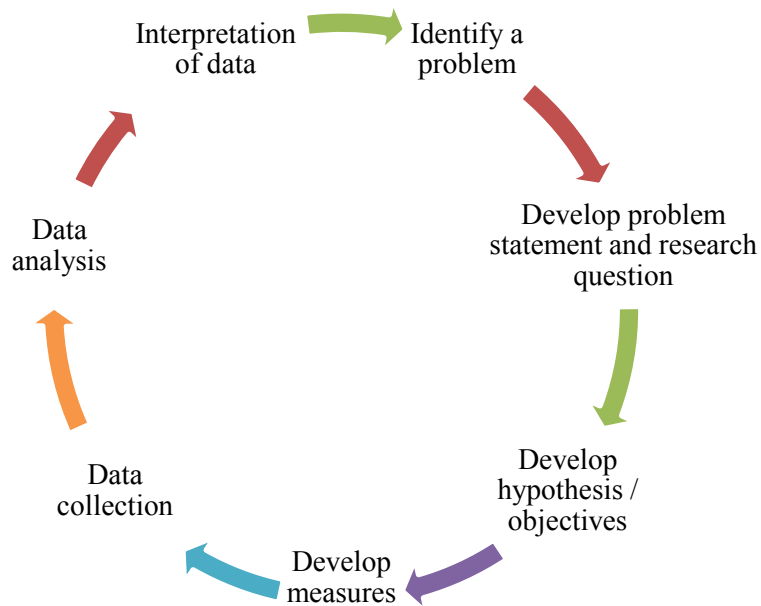


Figure 3.2: Deductive approach

Source: Authors own.

The reason for choosing the deductive approach for this study is that the researcher has identified a “problem” and has developed a research question and objectives to solve this problem.

3.2. AIM AND OBJECTIVES OF THE STUDY

An aim is a broad statement of a desired outcome, or intention of the research. An aim highlights what needs to be attained from the study and hence takes into consideration the long-term outcomes of the project (Bryman, 2004).

After the aim has been identified, the next step is to establish the objectives of the study.

An objective is a step or a task that a researcher will undertake in order to answer the research question/s and thus achieve the goals of the research project. An objective highlights how an aim is to be achieved (Bryman, 2004).

Setting out the aim and objectives of the study accurately is also extremely important.

In addition, for smaller studies like this one, it is important to have only one aim, which will be backed up by a few (at least five) objectives. The objectives determine what data will need to be collected and prevents one from collecting useless data. The objectives follow on from the research question and are designed to obtain data/information that will assist in answering the research question (Bryman, 2004; Singh, 2012). It is important to have clear objectives as these assist with designing a data collection instrument that is appropriate. In addition, it is important not to have double-barrelled objectives. Each objective should only address one variable or have only one outcome (Singh, 2012).

Furthermore, it is important to employ SMART principles (see Figure 3.3 below) when selecting the aim and objectives.

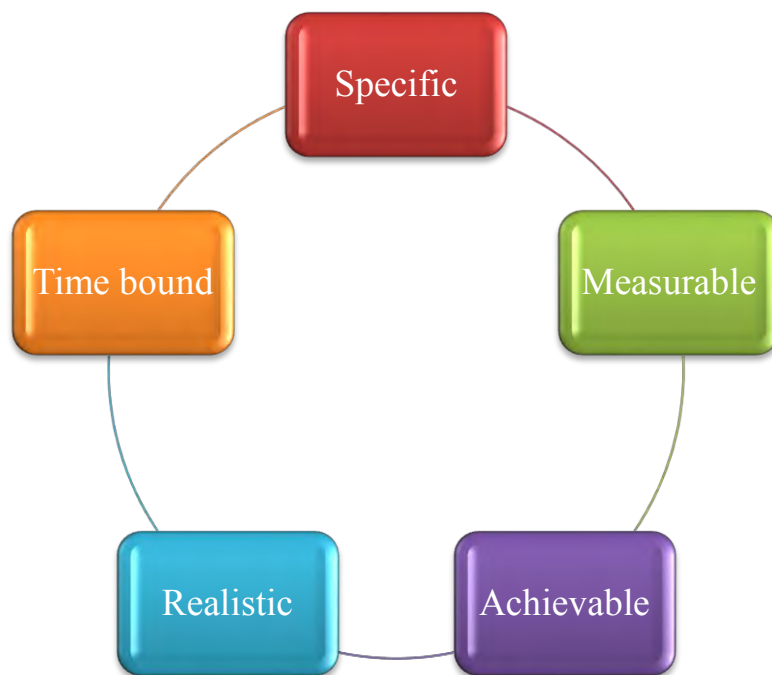


Figure 3.3: SMART principles

Source: Author's own.

The aim of this study is to understand employees' awareness, attitudes and utilisation of the Direct Axis Employee Wellness Programme.

The primary research question for this study is:

What are employees' attitudes, awareness and utilisation of the Direct Axis Employee Wellness programme?

To attain the aim and to answer the research question of this study, the following objectives were developed:

1. To establish whether employees are aware of the Direct Axis Employee Wellness programme.
2. To ascertain whether employees are familiar with the nature and functioning of the EWP.
3. To establish whether employees use the EWP.
4. To identify which services of the EWP are utilised most frequently.
5. To establish employee attitudes of the EWP with regards to:
 - quality of service
 - EWP staff competence
 - location of services
 - helpfulness of services.
6. To establish reasons for non-utilisation of EWP services amongst those who know about its existence.
7. To determine what, if any, improvements are required.

As can be seen from the above, this study only has one aim, and has seven objectives. These objectives are clear, specific, can be measured, are achievable, are realistic and have a time frame attached to them, i.e. the duration of this study.

The aim and objectives described above were designed in such a way that they could lend themselves to answering the research question for this study.

3.3. PARTICIPANTS AND LOCATION OF THE STUDY

It is important to choose the location and participants of a study carefully so that the objectives of the study will be met.

The population refers to “the entire group of people, events, or things of interest that the researcher wishes to investigate” (Sekaran & Bougie, 2009, p. 262). For the purposes of this study, the researcher was particularly interested in the Wellness Programme at Direct Axis. As a result, the population consisted of Direct Axis employees.

The process of selecting participants, individuals, objects or events to represent the entire population is referred to as sampling (Sekaran & Bougie, 2009). If the process of sampling is not done correctly, and the incorrect respondents are chosen, the results of the study will be meaningless, and will not be able to answer the research question. Hence, it is critical to do the sampling carefully in order to yield results that are meaningful.

The researcher identified the Wellness Programme (WP) at Direct Axis (DA) and approached DA directly to request permission to conduct research on their WP. However, there is a mutually beneficial relationship in that DA and the researcher will both benefit from this study. The researcher will utilise this study as part of her requirements in fulfilment of her MBA degree and Direct Axis will be able to use the findings of this study to assist them to either move ahead as normal, or to change their wellness programme according to the recommendations that emanate from this study.

3.4. DATA COLLECTION STRATEGIES

It is important to get the data collection strategies correct upfront so that the study can move ahead smoothly.

Primary data refers to data that the researcher collects to meet the objectives of the study at hand, and to answer the questions posed in the study. Secondary data, on the other hand, are data that have already been collected and will be analysed for the purposes of achieving the objectives of the study at hand.

For the purposes of this study, primary data was gathered to meet the objectives and thus answer the research question. In this case, little research had been done on the Direct Axis

Wellness Programme, and thus no data was available to assist the researcher to answer the research question posed in this study. Hence, primary data had to be collected for this study.

This study followed a quantitative research approach. Quantitative research is where phenomena are described numerically and inferential and descriptive statistics can be performed. The advantage of quantitative research methods is that they can deal with large samples, and have statistical validity and can accurately reflect the population from which the sample is drawn. The disadvantage of quantitative research is that it only provides superficial understanding of participants' thoughts and feelings (Vanderstroep & Johnson, 2010).

THE SAMPLING PROCESS:

The reason for sampling is straightforward. When dealing with large populations, it is very time-consuming, costly and requires many human resources to interview every person. Hence a representative sample is drawn from the population. A representative sample is one that is a sub-set of the population and is chosen in a scientific way, and hence one can be reasonably certain that the sample statistic and the population parameter are fairly close (Sekaran & Bougie, 2009). In other words, it is possible to choose a sample that is representative of the population.

According to Sekaran and Bougie (2009, p. 266), the major steps in sampling (shown in Figure 3.4) include the following:

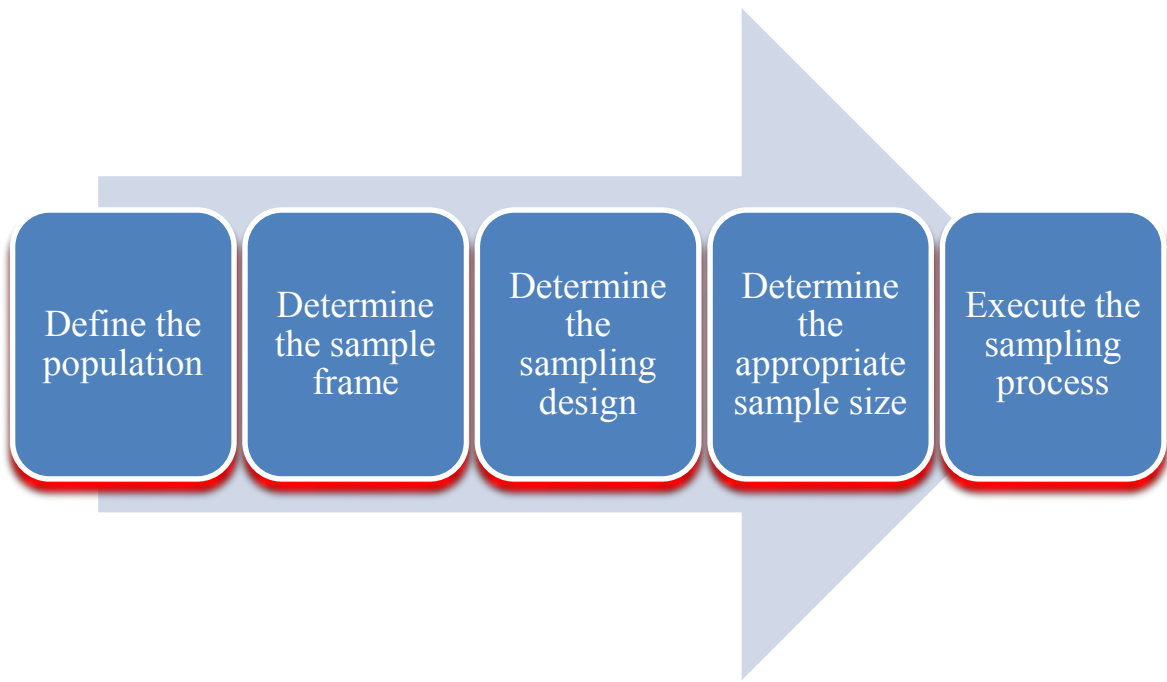


Figure 3.4: Steps in sampling

Source: Authors own.

For the purposes of this study, the population is all employees at Direct Axis.

The sampling frame is a representation of all elements in the population from which the sample was drawn. In this case, the sampling frame is the list of all employees who are housed with the Human Resources division of DA.

The sampling design is probability sampling.

The sample size is not very easy to determine. The following factors affect the decision regarding sample size:

- The research objective
- The extent of precision desired (the confidence interval)
- The acceptable risk in predicting that level of precision (confidence level)
- The amount of variability in the population itself
- The cost and time constraints
- In some cases, the size of the population itself (Sekaran & Bougie, 2009, p. 268).

In summary, the size of the sample is dependent on the function of the above six factors. To determine the sample size, an online resource was utilised (this is discussed later in this chapter).

In addition to the above, it is important to be aware of non-response and non-response error. Non-response error is an error that occurs when there is no response from respondents. It is important to take into account non-response error as this error might exist to the extent that the respondents who did not respond to the survey are different from those who responded. Two important sources of typical non-response are the fact that respondents are not at home and respondent refusals (Sekaran & Bougie, 2009). The first source does not apply to this study, however, the second source does, i.e. refusals. Refusals could be a result of the length of the questionnaire, the data collection method used, and the patronage of the research. Hence, it is important to ensure that the questionnaire is not long and tedious and that the data collection method appeals to the target group. In addition, to enhance the response rate, anonymity can be assured, reminders can be sent and possibly a summary of the research findings should be offered as incentive to participate in the study (Sekaran & Bougie, 2009).

For the purposes of this study, to increase the response rate, anonymity was assured, and reminders were periodically sent to respondents to complete the survey. Reminders were only sent to potential respondents three times.

To obtain a sample from a population, either probability or non-probability sampling can be used.

Non-probability sampling refers to a sampling design where all the elements in a population do not have an equal chance of being selected. Hence, the findings of studies that utilise non-probability sampling are not generalisable, i.e. they cannot be confidently generalised to the population. However, sometimes researchers are not overly concerned about generalisability, but would prefer getting information in a quick and inexpensive way. In addition, non-probability sampling is sometimes the only option available for researchers (Sekaran & Bougie, 2009).

Probability sampling refers to a sampling method where all elements of a population have an equal and known chance of being selected as part of the sample (Shamoo & Resnik, 2003). There are two basic probability sampling plans:

- The unrestricted or simple random sampling – here, every element in the population has an equal and known chance of being selected as part of the sample
- The restricted or complex probability sampling has five different sampling designs:
 - systematic sampling
 - stratified random sampling
 - cluster sampling
 - single-stage and multistage cluster sampling
 - double sampling (Sekaran & Bougie, 2009).

Within Direct Axis probability sampling, and in particular, simple random sampling was used. All elements in the population (all Direct Axis staff) had an equal chance of participating in the study. The reason for choosing simple random sampling was twofold: (i) a random sample offers the most generalisability; and (ii) has the least amount of bias.

In addition, it was possible to use the simple random sampling method as the total number of employees at Direct Axis was known.

There are also some disadvantages to simple random sampling, one being that it is not as efficient as stratified sampling (Sekaran & Bougie, 2009). However, for the purposes of this study, it was best not to use stratified random sampling since dividing the population into strata and then selecting respondents from within the strata would not add much value to the context at hand. Further disadvantages to simple random sampling include not being able to use it where a complete list of the population is unavailable. It can be disruptive to isolate members from a group, the time-scale may be too long and the data or sample could change (Black, 1999).

With regards to simple random sampling, there are two types. The one type is sampling with replacement which leaves elements that were originally selected in the sample thus giving them an opportunity to be selected in a subsequent sampling. The other type which

is referred to as sampling without replacement, removes elements that were previously selected from the population – this does not allow previously selected elements to be re-selected in the sample more than once (NYU, 2013; NU, 2014).

For the purposes of this study, sampling without replacement was utilised. The main reason for this was that if staff at DA did not respond to the survey in the allocated timeframe, and with the reminders that were sent to them, it was highly unlikely that they would respond if they were re-selected in the sample. In addition, it was envisaged that using sampling with replacement would just annoy people who were re-selected but who had already made the decision not to participate in the study. Since the participants had been given the option of not participating, it would prove fruitless to use sampling with replacement.

DATA COLLECTION:

One of the most integral parts of research design is data collection. Data collection methods include the following:

- Interviews: face-to-face interviews, telephone interviews, computer-assisted interviews and interviews through electronic media
- Questionnaires: either personally administered, sent through postal mail, or electronically administered
- Observations
- Unobtrusive methods such as extraction of information from company records (Sekaran & Bougie, 2009).

Interviewing has the advantage of being flexible in that questions can be adapted and changed as the researcher interviews the subject. On the other hand, researchers have the advantage of collecting data via questionnaires more efficiently in terms of the researcher's time, energy and costs; whilst unobtrusive methods possess the advantage of accuracy (Sekaran & Bougie, 2009).

Increasingly, modern technology has been playing a large role in the efficiency and effectiveness of data collection. Help with the interviewing process and with the preparation and administration of electronic questionnaires is on the increase thanks to

computer-assisted surveys. In addition, computer-assisted telephone interviewing (CATI), interactive electronic telephonic surveys, and administering questionnaires through electronic mail (e-mail) are increasingly being used as tools for data collection (Sekaran & Bougie, 2009).

It is important to note that the choice of data collection method depends on the facilities available, as well as the degree of accuracy required, the expertise of the researcher, the time frame of the study, as well as other costs and resources associated with the data collection that is required (Sekaran & Bougie, 2009).

For this study the researcher decided to use questionnaires as it was deemed to be the most efficient way of conducting the study, while adhering to the highest ethical standards. It took into account the degree of accuracy required, the expertise of the researcher, the time frame of the study, and the cost implications for data collection; while also ensuring that the study objectives would be met.

A questionnaire is "... a pre-formulated written set of questions to which respondents record their answers, usually within rather closely defined alternatives" (Sekaran & Bougie, 2009:197). Questionnaires have been touted as being an efficient mechanism for data collection in a context where the researcher is clear about what is required and how the variable of interest will be measured. Questionnaires can be administered personally to potential respondents, mailed to the respondents, or distributed electronically (Sekaran & Bougie, 2009).

Computer-aided survey services are available to assist with data collection. Some of the advantages of using these services include the following:

- The researcher is able to begin to analyse the data that has been collected, without waiting for all data to be collected before starting the analysis.
- Data can be automatically cleaned and errors can be dealt with as data are being collected.

- Meaningful random skip patterns can be included in the questioning process and thus bias due to ordering effects, in other words, ordering questions in a particular way to advantage or disadvantage the respondent, is eliminated.
- Skip patterns can be programmed into the process of questionnaire design.
- Questions can be customised so that respondents' terminology of concepts can be incorporated into subsequent questions (Sekaran & Bougie, 2009).

For the purposes of this study, data were elicited through a structured questionnaire that utilised various scales. Data collection was done online via QuestionPro.

SAMPLE SIZE:

Since there were 1 314 employees at Direct Axis at the time of data collection, the sample size calculator estimated the sample size to be 298 (Raosoft, 2013). This is based on the margin of error of 5%; confidence interval of 95% and the response distribution of 50% (Raosoft, 2013).

The confidence interval suggests that the researcher could be 95% confident that the sample of 298 would be representative of the population of DA employees.

Based on the sample size calculator (Raosoft, 2013), the sample of 298 for this study was the minimum sample size recommended for this survey. If 298 respondents completed the survey, it is more likely that the correct answer/s would be obtained to answer the research question and thus attain the aim and objectives of the study; as opposed to using a large sample where only a small percentage of respondents completed the survey (Raosoft, 2013).

The Research Randomizer site is designed to assist researchers and students to generate random numbers quickly. It also assists in assigning participants to experimental conditions. The Research Randomizer can be used for various situations such as psychology experiments, medical trials, and survey research. The Research Randomizer is part of the Social Psychology Network (Randomizer, 2013).

A simple random sample was generated via the Research Randomizer (2013). Three hundred (300) randomly selected numbers were drawn from a range of numbers between 1

and 1 314. The 300 employees at DA whose names corresponded to the 300 randomly selected numbers were then invited to participate in the study. A further 300 random string of numbers was generated after some of the initially identified 300 potential participants failed to complete the survey.

3.5. RESEARCH DESIGN AND METHODS

3.5.1. Description and purpose

Once the variables have been identified in the problem situation, the next step is to design the research in a way that will allow the required data to become available so that the data can be analysed and the research question answered as unambiguously as possible (NYU, 2013.; Sekaran & Bougie, 2009). The argument has been put forth that research design has a central role in minimising the chances of drawing incorrect inferences from data (NYU, 2013.).

Various issues involved in the research design, which were integral to this study, include the purpose of the study, i.e. exploratory, descriptive, hypothesis testing; its location, i.e. study setting; the type of investigation it should conform to; the extent to which it is manipulated and controlled by the researcher, i.e. the extent of researcher interference; its temporal aspect, i.e. time horizon; and the level at which the data will be analysed, i.e. unit of analysis. Furthermore, decisions need to be made regarding sampling design, data collection methods, measurement of variables and data analysis. It is imperative that the researcher takes into account all of the above factors to choose the most appropriate design alternatives, bearing in mind the specific purpose of the research. It is also important to bear in mind that the more sophisticated and rigorous the researcher design is, the more time, costs and other resources will be required (Sekaran & Bougie, 2009).

This study followed a descriptive study design and was cross sectional in nature. A cross sectional study ensures data collection at a single point in time, in order to answer a research question. A cross sectional study is used when data obtained at one point in time are sufficient to answer the research question (Bryman, 2004). On the other hand, longitudinal studies are studies that examine people or phenomena at more than one point in time (Sekaran & Bougie, 2009). Longitudinal studies are also referred to as panel studies

and if correctly planned and executed, they can help identify cause-and-effect relationships. However, these studies can be extremely costly and time consuming.

For the purposes of this study, a cross sectional design was utilised as data collected at one point in time was sufficient to answer the research question. In addition, taking cost and time factors into account, a cross sectional design was sufficient.

This study also followed a descriptive study design.

“A descriptive study is undertaken in order to ascertain and be able to describe the characteristics of the variables of interest in a situation” (Sekaran & Bougie, 2009, p. 105-106).

Descriptive studies assist in providing answers to the ‘what, who, when, where, and how’ questions that are associated with a particular research problem. However, a descriptive research study cannot conclusively answer the ‘why’ question. These studies are used to obtain information about the current status of the phenomena and to describe what exists with regards to the variables of interest. It is important to note that descriptive studies are not able to provide a definitive answer or to disprove a hypothesis (Anastas, 1999). However, in most cases, the information that is elicited from a descriptive study is important in terms of corrective action that needs to be instituted (Sekaran & Bougie, 2009).

For the purposes of this study, an understanding of the Direct Axis Wellness Programme in its current form was required. It was important to examine what works and what does not work and how best to take the WP forward. Hence, this study was cross-sectional. There was no intention of turning this into a longitudinal study. However, if the researcher or Direct Axis wishes to take the research further, they can use this as a baseline study for the longitudinal study. The baseline study has to provide sufficient information that will be meaningful and useful to serve as a good baseline for a longitudinal study.

There are two types of investigation: causal and correlational. A causal study is one where the researcher wants to ascertain the cause of one or more problems, while in a

correlational study the researcher is interested in identifying the important variables associated with the problem at hand.

This research study was a correlational study as the researcher wanted to identify issues regarding the WP at DA. In addition, a correlational study is conducted in a non-contrived setting, i.e. the study is conducted in the natural environment of the organisation with minimal interference by the researcher (Sekaran & Bougie, 2009).

The unit of analysis for this study was the individual, i.e. employees at DA as the researcher was interested in their awareness, attitudes and utilisation of the WP at DA.

3.5.1.1. Construction of the instrument

A research instrument can take the form of a survey, questionnaire, test, scale, rating or tool that is designed to measure variables, characteristics, or information or phenomena of interest. Research instruments can be very helpful tools to any research study (Arvin, 2013).

It is imperative that the research instrument is constructed in a way that will elicit data to enable the researcher to meet the objectives of the study, and thus answer the research question.

For the purposes of this study, the instrument chosen was a structured questionnaire (Appendix I), and the instrument was constructed to elicit information about awareness, attitudes and utilisation of the Wellness Programme at Direct Axis.

It was important to ensure that the content and purpose of the questions were clear and would elicit responses that were relevant to the objectives of the study. The next issue was to take heed of the language and wording of the questionnaire. In developing the questionnaire, it was important to decide on open versus close-ended questions, as well as checking that the questions were unambiguous, not double-barrelled, were not leading or loaded questions, and that the length and sequencing of the questions were sensible enough to meet the objectives of the study (Sekaran & Bougie, 2009).

Open-ended questions are questions that allow respondents to provide answers as they see fit. In contrast, close-ended questions provide options for respondents to choose from. Close-ended questions assist respondents to respond fairly quickly to the questions; and also assist the researcher in being able to code the data more quickly than with open-ended questions (Sekaran & Bougie, 2009).

All of the above were taken into account when developing a questionnaire for this study. The questionnaire was a mixed scale, 31 item questionnaire asking various questions ranging from demographic questions to questions about awareness, attitudes, and utilisation of the Direct Axis WP.

“A scale is a tool or mechanism by which individuals are distinguished as to how they differ from one another on the variables of interest to our study” (Sekaran & Bougie, 2009, p. 141).

There are various rating scales that are often used in research. The ones that were used for this study are:

- Dichotomous scales – a scale that uses yes or no as answers
- Category scales – a scale that uses multiple items to elicit a single response
- Likert scale – a scale designed to examine how strongly respondents agree or disagree with the statements on a five-point scale.

The measurement scales and rating scales used for this study were chosen so that they could assist in providing sufficient answers to the questions in order to meet the objectives of the study.

The questionnaire contained questions taking the seven objectives into account and making certain that unnecessary questions were not asked. It was important, during development of the instrument (the questionnaire), that the questions asked were going to elicit the responses required to meet the objectives of the study and to subsequently answer the research question.

It is good practice to have an open-ended question at the end of the questionnaire to allow respondents to comment on any aspect of the research that they may want to comment on. The questionnaire should also end with a note of thanks for completion of the questionnaire (Sekaran & Bougie, 2009).

Therefore, at the end of the questionnaire for this study, there was an open-ended question to allow respondents to add anything further that they might want to with regards to the Direct Axis WP. In addition, the final screen that the respondent was directed to was a screen that thanked them for participating in the study.

3.5.1.2. Recruitment of study participants

After the sampling process had been concluded, the next step was to start recruiting participants for the study.

An email was sent to the sample of employees identified in the sampling process, inviting them to participate in the study. This email provided information about the study, contact details of the researcher, the supervisor and the ethics committee, as well as the internet uniform resource locator (URL) that the potential respondent needed to click on to be directed to the online questionnaire. It was made clear to potential respondents that they had a choice to opt out of the study if they wished, without any negative consequences or repercussions.

A step prior to beginning the data collection was to obtain ethical clearance from the relevant ethics committee/s to conduct the research. This research study only commenced after this clearance had been received from the University of KwaZulu-Natal.

It is important to note that the highest degree of ethics should also be employed when collecting data, be it directly from respondents through face to face contact, or by other methods such as online surveys as in this study. In addition, it is always important to remember that respondents have a right to be protected from physical or psychological harm, and that they have the right to privacy and confidentiality.

Informed consent is critical to any study, be it for clinical trials or social science studies. It is important that not just consent, but *informed* consent be sought prior to respondents

partaking in the study. To elaborate, it is not sufficient for respondents to provide consent to participate in a study – they need to be informed about the study, its potential benefits and risks. This process, of obtaining consent after the potential respondent is made aware of all information about the study, is referred to as informed consent.

Informed consent (Appendix II) was obtained prior to respondents answering the questionnaire. Respondents were clearly informed that if they did not wish to participate in the study they would not be adversely affected in any way, and if they did participate, confidentiality would be maintained at all times. Respondents first had to read the information and provide informed consent by clicking on “I agree” if they wished to continue with answering the questionnaire. If they did not want to participate in the study, they could simply exit the window.

The questionnaire was housed on QuestionPro and respondents, after providing informed consent, were directed to the URL where the specific questionnaire for this study was located.

Participants who had not used the WP were asked for reasons relating to their non-usage, whether it needed improvement and if so, their ideas on how it could be improved.

Those who had used the WP were asked about their experience and whether it needed improvement, as well as how it could be improved.

3.5.2. Pretesting and validation

A critical step in the construction of a questionnaire is the process of piloting the questionnaire which is known as pretesting. This step assists with ensuring that all potential types of errors that are associated with utilising the questionnaire/research instrument are minimised, thus improving the quality of data that will be collected (Grimm, 2010). A small sample of respondents from the target population is exposed to the pretest. It is important to note that the pretest is not done to report results but rather to check for any problems or challenges in the research instrument, and to correct these, before embarking on full data collection for the study. This process of pretesting assists in ensuring that when the data are finally collected, it is done so in the most economical and systematic way, with the study lending itself to good quality data (Synodinos, 2003).

With regards to validation of the measuring instrument, the researcher is concerned here with the level of confidence in measuring the concept/s that has to be measured and not something else. There are many types of validity tests available to test the goodness of measures, including content validity, criterion-related validity, and construct validity. In other words, “validity is a function of how well the dimensions and elements of a concept have been delineated” (Sekaran & Bougie, 2009, p. 159).

In terms of validity, pretesting the questionnaire provides proof that the data are valid. Validation for this research study was achieved by piloting the questionnaire. A pilot study was conducted with ten employees at Direct Axis. A few minor errors surfaced and were subsequently corrected before data collection.

The Cronbach alpha test was used to ascertain reliability of the data. Since the value of the Cronbach alpha test was over 0.70, the data are reliable.

3.5.3. Administration of the questionnaire

The rapidly growing and evolving “Silicone village” has assisted researchers greatly to find online resources, electronic literature reviews, and with the administration of data collection tools. Computer-assisted surveys have provided another dimension for researchers to consider when deciding on the most appropriate data collection tools and strategies to use. It is important to note, however, that the choice of data collection strategy depends on the available resources, the levels of accuracy required by the research, the timeline for the research, as well as other costs that are usually associated with data collection (Sekaran & Bougie, 2009).

Since DA has resources available for online surveys, the questionnaire was administered via QuestionPro. QuestionPro is an online tool that can be used for creating and distributing data collection tools; as well as for analysing and viewing results of surveys. QuestionPro is a reputable tool, as it provides real-time basic summary reports of the latest survey results. A further reason for choosing to use QuestionPro for this study was that it allowed the researcher to view open-ended responses, as well as comments. In addition, data can be analysed in QuestionPro or imported into Microsoft Excel or the Statistical Package for the Social Sciences (SPSS) for analysis (QuestionPro, 2013).

The questionnaire was made available to all potential respondents via a URL in an email. In this way, it eliminated bias that may have been introduced by the researcher, or a research assistant administering the questionnaire. In addition, using QuestionPro to administer the questionnaire, saved the researcher time in terms of administration of the questionnaire, data coding, data capturing. The final product that was exported to the SPSS was ready to be analysed (after minimal data cleaning).

3.6. ANALYSIS OF THE DATA

For quantitative studies, once the data have been cleaned, the data in the dataset are ready to be analysed.

Data analysis refers to “the process of systematically applying statistical and/or logical techniques to describe and illustrate, condense and recap, and evaluate data” (Shamoo & Resnik, 2003).

Descriptive statistics refer to statistics such as frequencies, the standard deviation and the mean. These provide descriptive information about data in the dataset. Inferential statistics on the other hand helps one to establish relationships among variables and to draw conclusions from these relationships. Regression analysis is used in a situation where one or more independent variable/s is hypothesised to affect a dependent variable (Sekaran & Bougie, 2009).

For this study, once data collection was complete, data were exported to the SPSS and then data cleaning took place. Once data had been cleaned, analysis was conducted in the SPSS. Both descriptive and inferential statistics are presented in the next chapter. Regression analysis was used to understand more complex relationships.

The chi-square test was used to ascertain significance of the relationships that emanated from data analysis. A chi-square test is “a nonparametric test that establishes the independence or otherwise between two nominal variables” (Sekaran & Bougie, 2009, p. 436).

3.7. SUMMARY

This chapter has outlined the research methodology utilised for this study, explaining the theoretical underpinnings and reasons for choosing the research methodology.

As with any study, there are always limitations:

One of the main limitations to this study was that due to the Protection of Personal Information Act that is strictly adhered to at Direct Axis, the email to potential respondents could not be sent directly by the researcher. The email was sent via the Wellness Manager. In the absence of another way to email the potential respondents, it was agreed that the Wellness Manager would send the emails, but would make it clear to employees that the study was confidential and employees were assured that their identities would not be disclosed, thus making their responses anonymous.

Other limitations included using the methods detailed in this chapter. However, the limitations were not unique to this study, and where necessary, have been highlighted throughout this chapter.

Regardless of the limitations, this study and the methodology employed had the potential to show meaningful findings that could be used by Direct Axis. The findings are presented in the next chapter.

CHAPTER 4

PRESENTATION OF RESULTS

4.1. INTRODUCTION

This chapter outlines the results of the study. It begins by presenting the demographics of the sample, followed by findings related to DA staff and their knowledge, awareness and attitudes towards the EWP at DA. This is then followed by results regarding the utilisation of the EWP, and results of the regression analysis.

4.2. RESPONSE RATE

The response rate of the survey was 50.2%. In total, 301 staff members completed the survey. Of the 301, 16.9% (n=51) claimed to be unaware of the EWP. These 51 respondents were then exited from the survey and the remaining 250 respondents went through to the remainder of the survey.

4.3. DEMOGRAPHICS

4.3.1. Age of respondents

More than half (55.1%) of the respondents were between the ages of 21 and 30. A further one third was between 31 to 40 years old (see Figure 4.1).

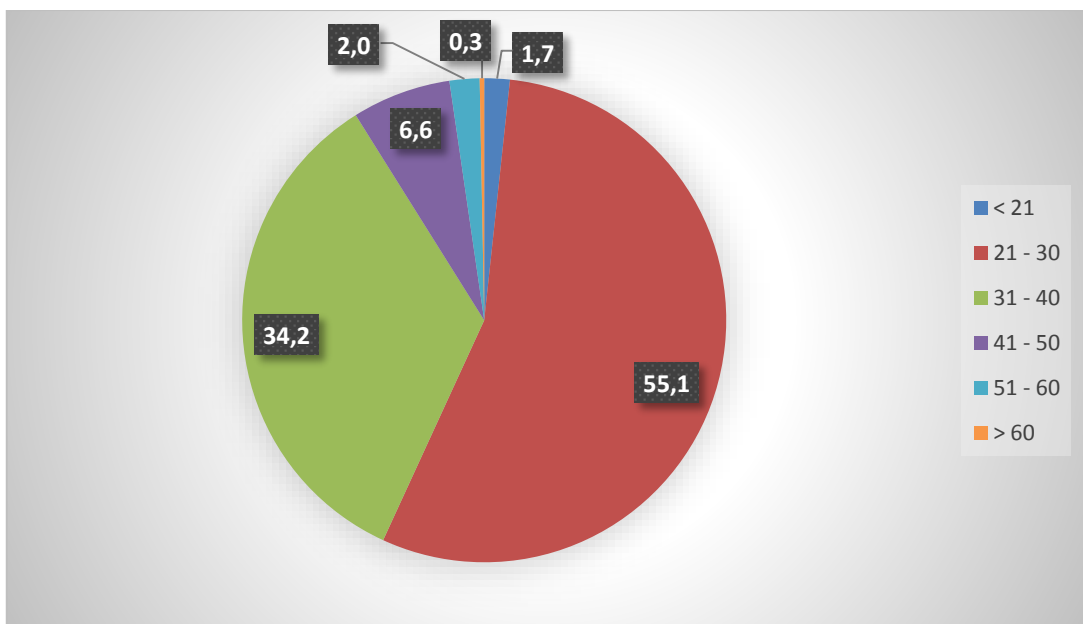


Figure 4.1: Age distribution of respondents

4.3.2. Gender

Almost two thirds (63.1%) of all respondents were women (see Figure 4.2).

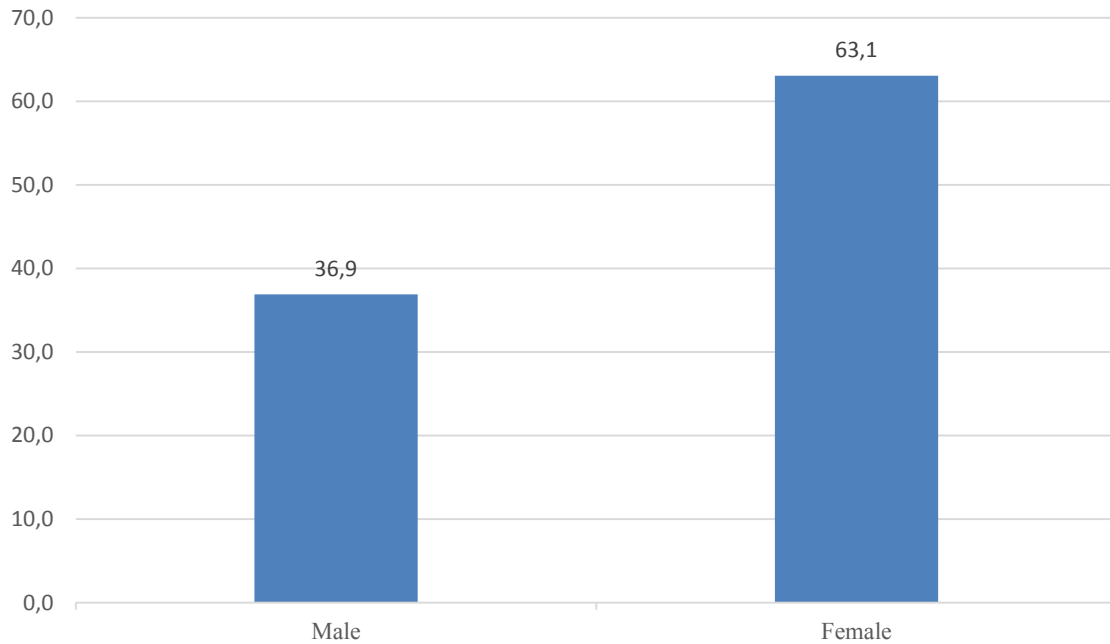


Figure 4.2: Gender distribution

4.3.3. Race

There are mostly coloured employees (69.1%) at DA. As illustrated in Figure 4.3, this is followed by white employees (13.3%) and then black employees (13%).

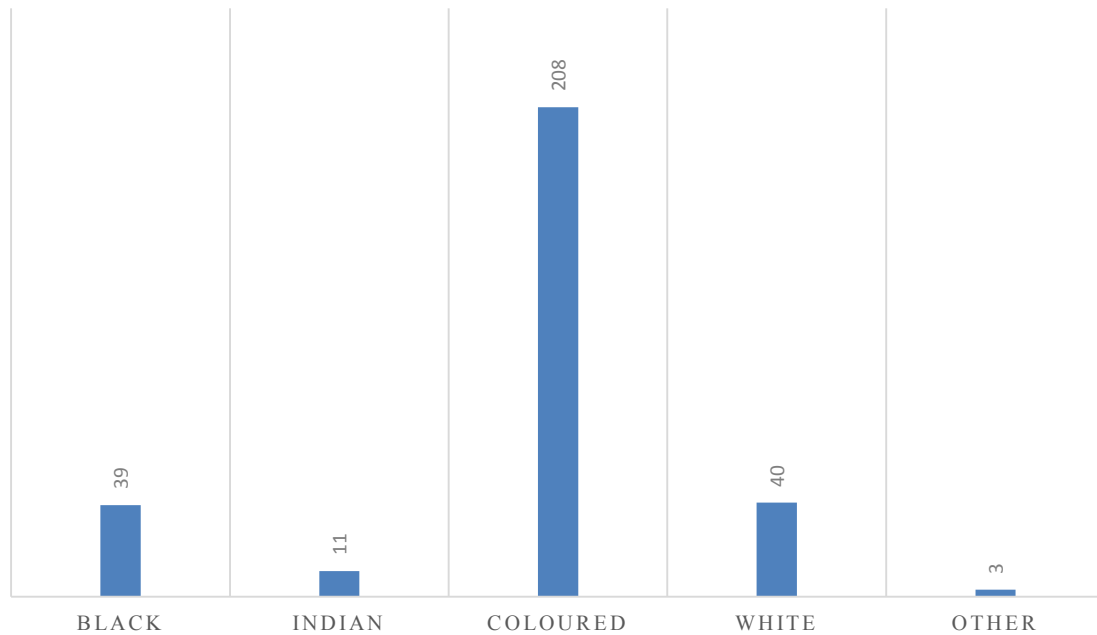


Figure 4.3: Race of respondents

4.3.4. Nationality

As Table 4.1 shows, almost all employees at DA are South African (99%).

Table 4.1: Nationality of respondents

Nationality	Frequency	Percent
South African	298	99.0
Non South African	3	1.0
Total	301	100.0

4.3.5. Marital status

Most respondents were either single or married (see Figure 4.4). Almost half of the respondents were single (46.2%), while 40.9% were married. Just over 8% were divorced.

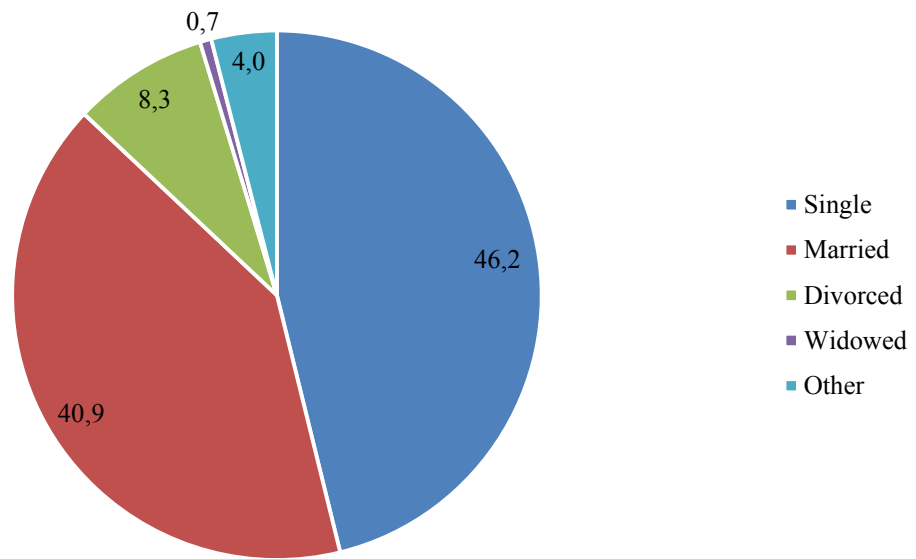


Figure 4.4: Marital status

4.3.6. Education

Most respondents had a diploma or lower qualification – 83.1%. As indicated in Figure 4.5 below, only 11.6% of respondents had a degree and a mere 5.3% had a post graduate degree.

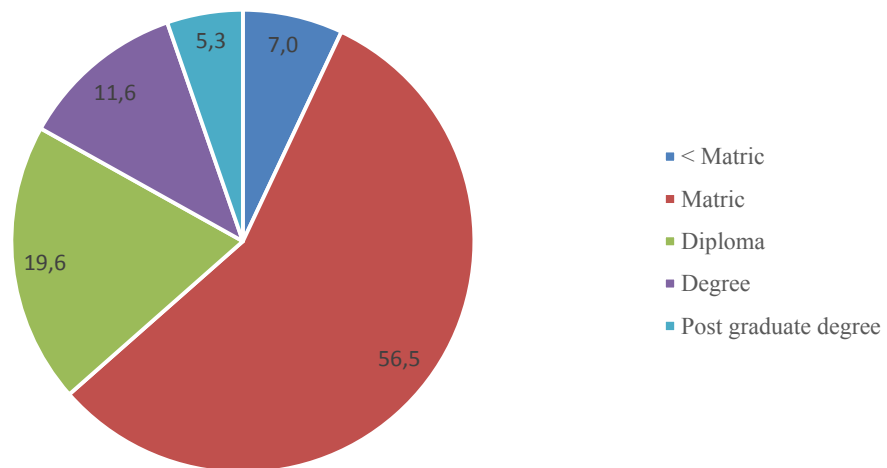


Figure 4.5: Educational level of respondents

4.3.7. Years employed at DA

Over half of the respondents (53.2%) have worked at DA for one to five years (see Table 4.2). Almost one third (30.6%) have been employed at DA for six to ten years.

Table 4.2: Years at DA

Years at DA	Frequency	Percent
<1	42	14.0
1 – 5	160	53.2
6 – 10	92	30.6
11 - 15	7	2.3
Total	301	100.0

4.3.8. Position at DA

Out of the 301 respondents (see Table 4.3), 13 (4.3%) were at Business Centre Level, i.e. senior level managers and 10% were at Business Unit Level, i.e. mid-level managers. A large percentage (62.5%) of all respondents was staff members.

Table 4.3: Position at DA

Position	Frequency	Percent
BC Level	13	4.3
BU Level	30	10.0
Team leader level	70	23.3
Staff member	188	62.5
Total	301	100.0

4.4. KNOWLEDGE

Almost 70% of all respondents chose the correct response when asked about their understanding of a wellness programme. The remaining 30% did not clearly understand nor grasp the concept of a wellness programme (see Table 4.4).

Table 4.4: Understanding of a wellness programme

Statements	Frequency	Percentage
A WP is a confidential assistance and support service which is designed to help employees to cope with problems that adversely affect their lives, behaviour, and/or performance.	207	68.8
WP services are only for work-related problems and do not assist with other personal problems that an employee might be facing.	5	1.7
WP services only assist with drug/substance abuse in order to assist employees to recover from drug/substance abuse so that they can be productive.	0	0
WP services only assist with physical conditions so that people are physically fit and can report for duty.	17	5.6
Services offered by employers to their employees to help them overcome problems that may negatively affect job satisfaction or productivity.	72	23.9
Total	301	100.0

4.4.1. Awareness of the Direct Axis Employee Wellness Programme

Objective 1: To establish whether employees are aware of the Direct Axis Wellness Programme

To establish whether employees were aware of the Direct Axis Employee Wellness Programme (EWP), the following question was asked: “Are you aware that Direct Axis has a Wellness Programme?”

The majority (83.1%) of all respondents (shown in Figure 4.6 below) indicated that they were aware of the WP at DA.

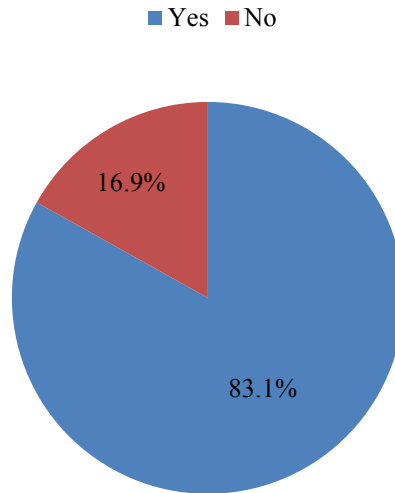


Figure 4.6: Awareness of the DA Wellness Programme

A further question was asked about how the respondent became aware of the wellness programme. The most predominant methods respondents cited for becoming aware of the WP were Buzz (in-house newsletter) (22.6%) and word of mouth (16.6%). This was followed by email notification (8.3%), a combination of Buzz and email, and a combination of Buzz, email and word of mouth.

Objective 2: To ascertain whether employees are familiar with the nature and functioning of the WP.

As illustrated in Figure 4.7, the survey results revealed that of all those respondents who indicated that they were aware of the WP, the majority (84.4%) either agreed or strongly agreed with the statement: “I am aware of the functioning of the wellness programme”.

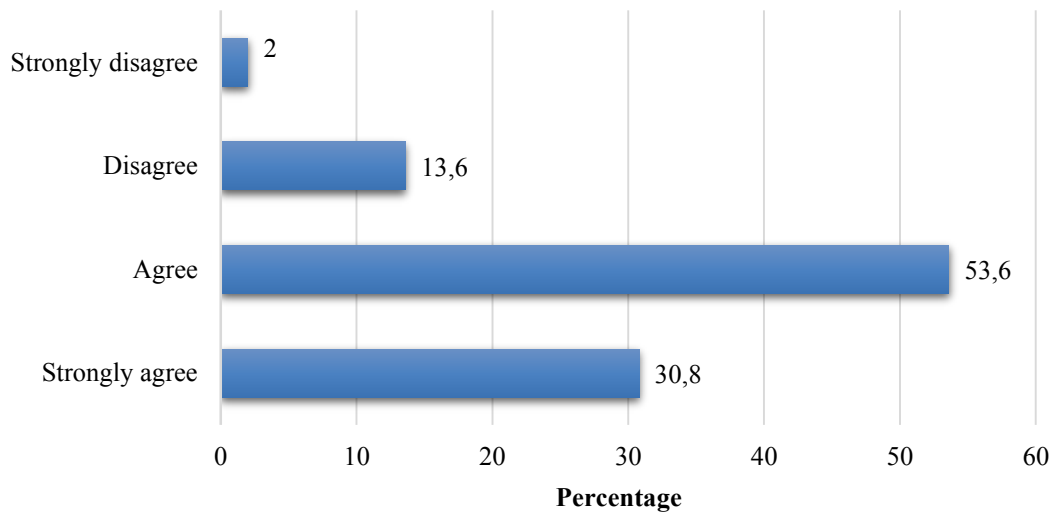


Figure 4.7: Awareness of the functioning of the wellness programme

4.5. AWARENESS OF SERVICES:

Objective 2: To ascertain whether employees are familiar with the nature and functioning of the WP.

Table 4.5 below summarises respondents’ awareness of the nature of services offered in the DA WP. The survey results indicate that just over 70% of respondents were aware that the services of the WP at DA are confidential. In addition, 137 (54.8%) of the respondents who were aware of the WP at DA felt that the staff are highly qualified to provide the services offered through the DA WP.

In terms of the location of the wellness department, 66.8% of respondents knew where to find the wellness department.

Finally, and interestingly, 37.2% of respondents were not aware that most of the services offered by DA WP are free.

Table 4.5: Awareness regarding the wellness programme

Awareness	Yes	No	Total
Services are confidential	176 (70.4%)	74 (29.6%)	250 (100%)
The staff are highly qualified to provide the services	137 (54.8%)	113 (45.2%)	250 (100%)
I know where to find the wellness department	167 (66.8%)	83 (33.2%)	250 (100%)
The services offered are free	157 (62.8%)	93 (37.2%)	250 (100)

4.6. PROBLEMS EXPERIENCED IN THE PAST 24 MONTHS

Out of the 250 respondents who were aware of the WP, only 93 (37.20%) indicated that they had experienced some problem in the past 24 months. The most cited problems experienced in the past 24 months were those for health management (67.74%), followed by problems with psychosocial wellness, organisational wellness, and then safety and security. Of the 250 respondents, 157 (62.80%) indicated that they had not experienced any problems in the past 24 months (see Figure 4.8).

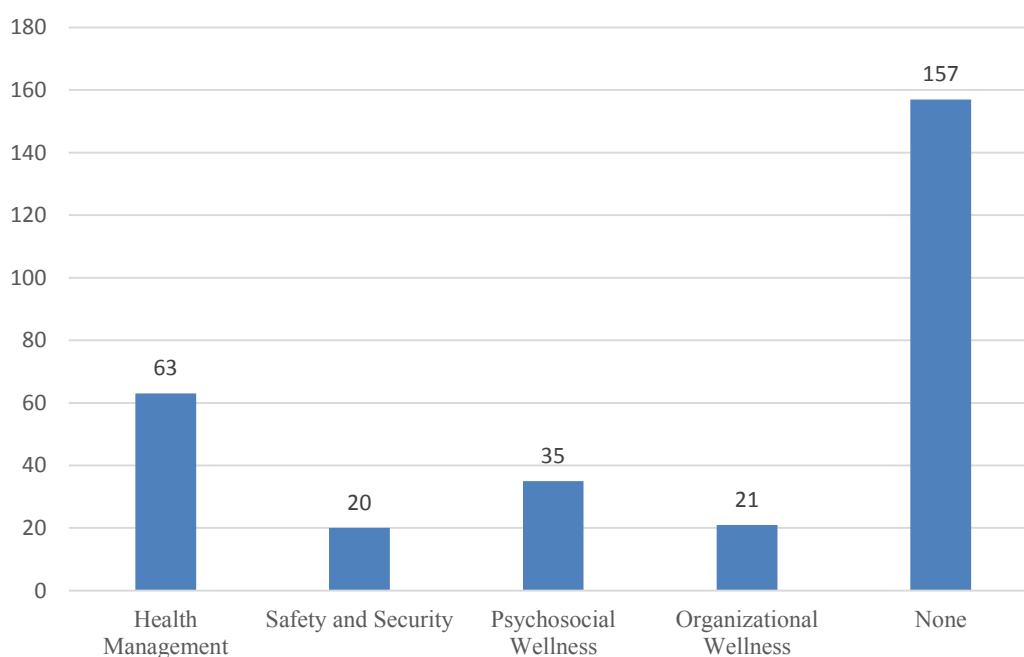


Figure 4.8: Problems experienced in the past 24 months

4.7. USE OF DA WP

Objective 3: To establish whether employees use the WP

The survey results reveal that of the 93 respondents who indicated that they had had some sort of problem in the past 24 months, only 67 (72.04%) indicated that they had used the WP for their problem (illustrated in Table 4.6).

Table 4.6: Use of the wellness programme

Use	Frequency	Percent
Yes	67	72.0
No	26	28.0
Total	93	100.0

Objective 4: To establish which services of the WP are utilised most frequently.

Among those who used the facility, the majority of them (86.6%) used the health management services (clinic, doctor, physiotherapist, gym, sports clubs, and healthy food). The next service that was used most was psychosocial wellness (counselling services, beauty therapy, hairdresser, debt counselling, and yoga classes) (68.7%) – see Table 4.7 below.

Table 4.7: Services utilised

Services utilised	Frequency	Percent
Health management (clinic, doctor, physiotherapist, gym, sports clubs, healthy food)	58	86.6
Safety and security (first aiders, emergency wardens, security presence, transport)	20	29.9
Psychosocial wellness (counselling services, beauty therapy, hairdresser, debt counselling, yoga classes)	46	68.7
Organisational wellness (annual climate survey, Informer, incentives, service awards, team building)	35	52.2
Other (discussion about corporate social investment activities, employment matters pertaining to labour laws and the practice and application of labour laws, personal, sports field)	13	19.4

4.8. EMPLOYEE ATTITUDES

Objective 5: To establish employee opinions of the WP with regards to:

- quality of service
- WP staff competence
- location of service
- helpfulness of services.

In order to assess their opinions of the WP, respondents were asked to rate these four aspects listed above.

4.8.1. Quality of service

As illustrated in Figure 4.9, the majority of respondents (94%) rated the quality of the services offered by the WP as either excellent or good.

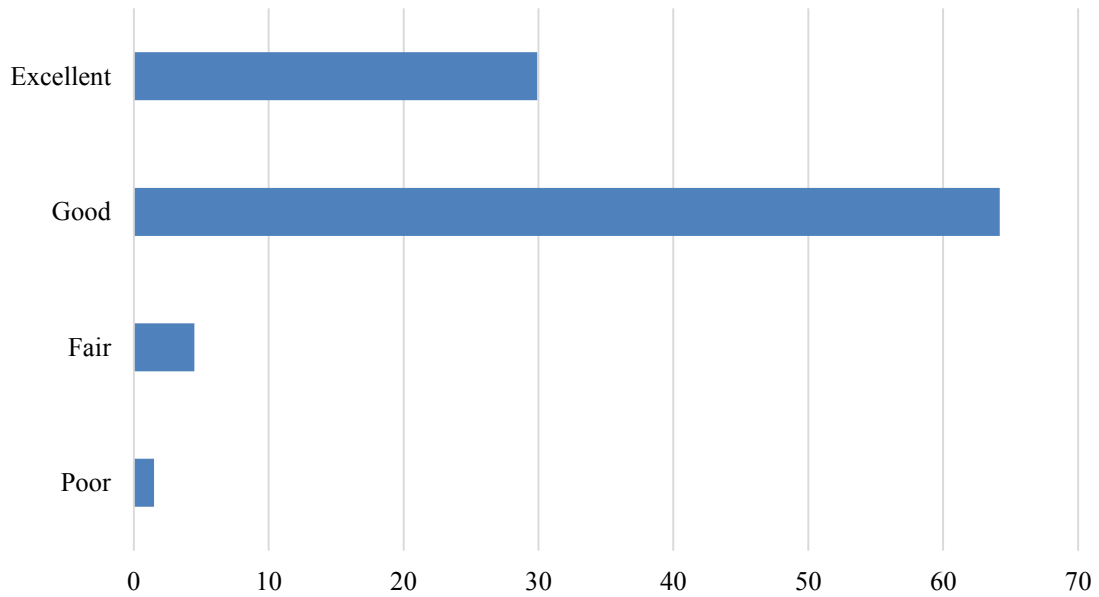


Figure 4.9: Quality of service offered by the DA Wellness Programme

The 67 respondents who used the DA WP provided the following reasons, listed in Table 4.8, for ranking the DA WP as either excellent or good.

Table 4.8: Reasons for respondents saying that the DA WP was either excellent or good

Reasons	Frequency
Staff were friendly	48
Staff understood their problem	37
Staff were helpful	47
Staff knew how to handle their situation	37
Felt better after accessing the service	41
Other	4

Individual employees who used the DA WP provided the following reasons for the WP being either fair or poor. They thought that:

- the end result was not excellent

- WP staff couldn't always relate to their problem and thought it was understood that they try and do their best
- the WP at other companies is something that employees are constantly made aware of, whereas at DA it feels as if it doesn't really exist.

4.8.2. EWP staff competence

As illustrated in Figure 4.10, a total of 91% rated the competency of staff providing the WP as either very competent or competent. It is interesting to note that no respondent rated the competency of staff as incompetent or very incompetent.

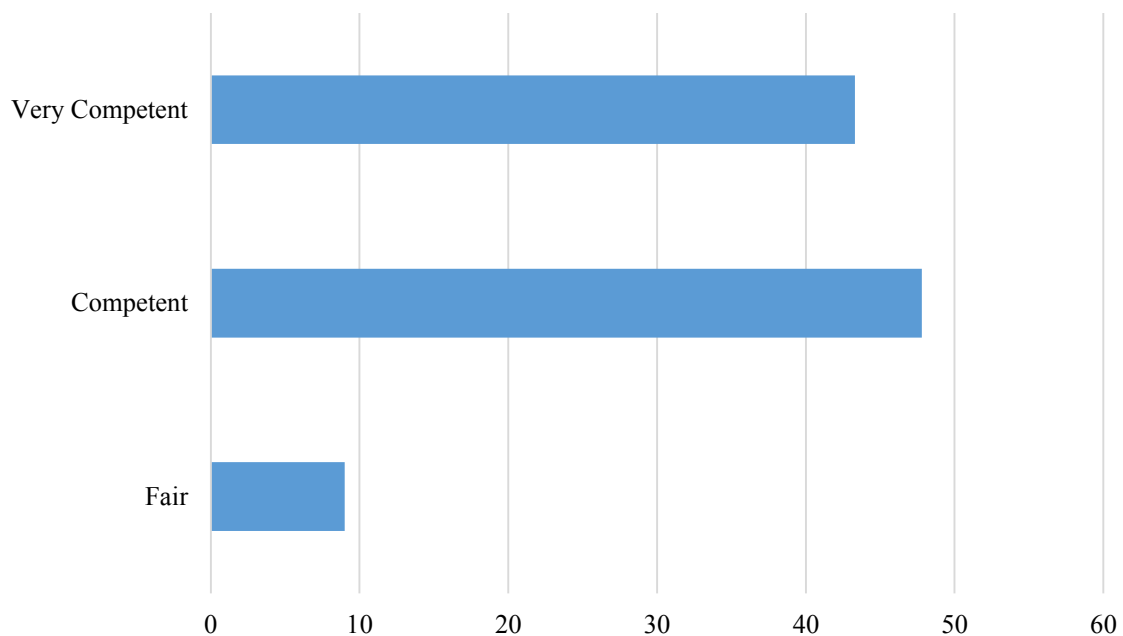


Figure 4.10: Competency of wellness programme staff

Table 4.9 lists the reasons for respondents rating the DA WP staff as very competent or competent.

Table 4.9: Reasons for rating wellness programme staff as very competent or competent

Reasons	Frequency
Staff knew how to handle my problem/s	48
Staff provided good referrals	35
Staff were able to make me feel better	41
Other	3

Other reasons that were cited included:

- “Love and support are always available”
- “Because of the support that the counselling service offers, I am able to perform better”.

Reasons for respondents saying that the competency of WP staff was fair are indicated in Table 4.10 below:

Table 4.10: Reasons for rating the competency of WP staff as fair

Reasons	Frequency
Staff were not able to make me feel better	2
Other	4

Another individual reason given for rating the competency of staff as fair was: “They have not reached the level that other companies are at yet. There is room for development”.

4.8.3. Location of EWP services

As indicated in Figure 4.11, the majority of respondents (97%) found the location to be very accessible (41.8%), accessible (44.8%), and fair (10.4%). Only 3% of respondents found the location to be inaccessible.

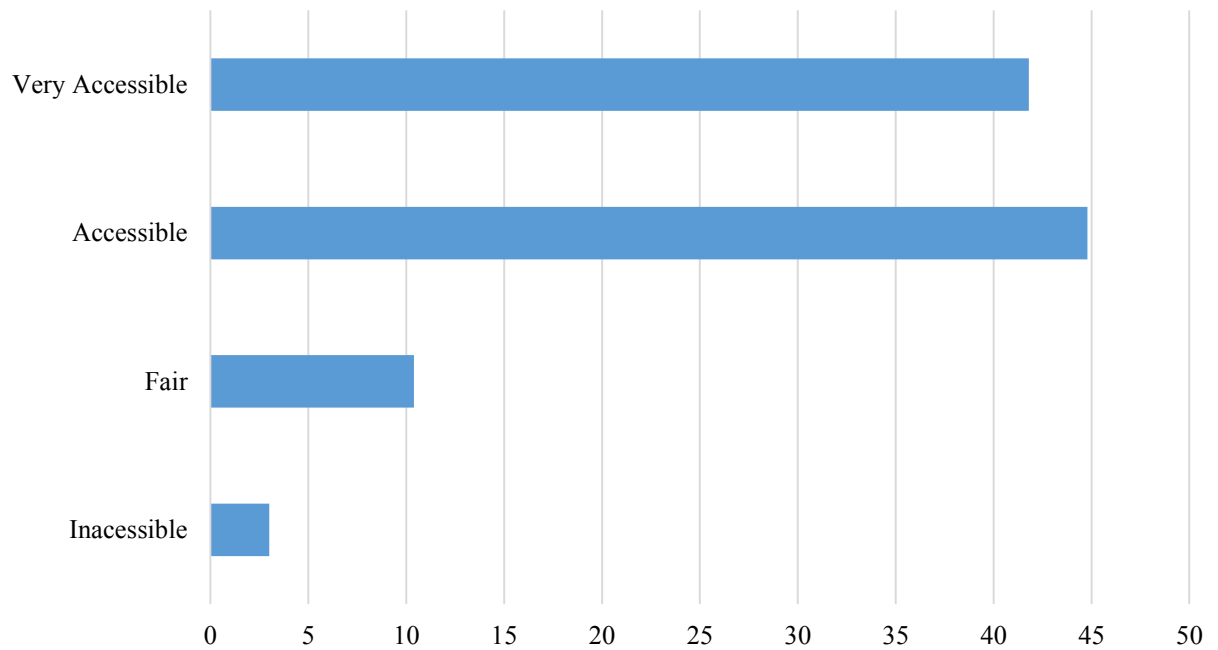


Figure 4.11: Location of services

4.8.4. Helpfulness of services

The majority of respondents (98.5%) claimed that the WP was able to:

- help resolve their problem
- refer them for more specialised help
- help them think through their problems and manage it themselves.

Only one respondent (1.5%) indicated that the WP was unable to resolve their problem (see Figure 4.12).

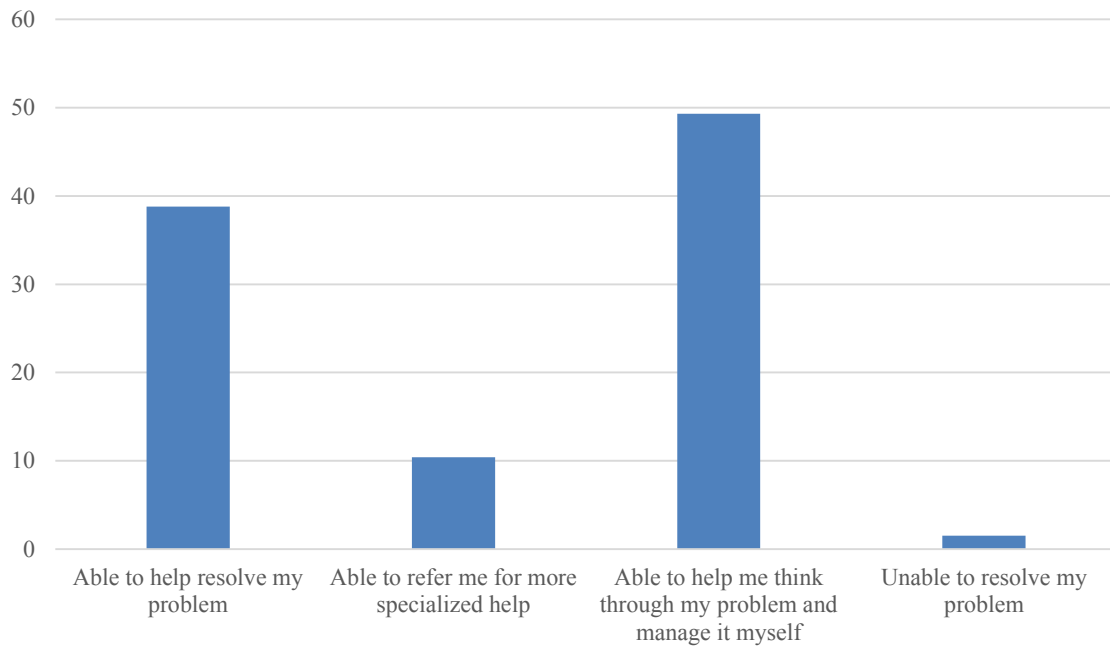


Figure 4.12: Helpfulness of wellness programme services

4.9. NON-UTILISATION OF EWP SERVICES

Objective 6: To establish reasons for non-utilisation of WP services amongst those who know about its existence

The following question was asked to all those who had heard about the DA WP, but did not use the programme:

“Is there any reason why you have not used the wellness programme”?

Confidentiality and trustworthiness of WP staff seem to be reasons for DA employees not wanting to use the WP. However, the main reason emanating from this question appears to be that the times the services are offered were not convenient. More than 50% of those who did not use the WP for their problems indicated that the times were not convenient for them.

Other reasons given for not making use of the DA WP were:

- “I am aware of the programme but not fully clued up with what they offer.”

- “I’m in sales, so to me time is money, and money is time and therefore I was not able to utilise their services.”
- “Not all [services] are free. The yoga classes were costly, making them out of reach for those of us earning so little.”
- “Whatever is discussed in any sessions is then discussed with line managers and this is used against us when line management deems it necessary.”
- “I am still new here and do not know much about them. I am still in training. Maybe if they were introduced to us while in training, I would have known more about them.”
- “I have not had the need to use the wellness programme and even if I do, I don't think I would have the time to do so in my working hours.”
- “Yoga classes would be perfect, but we have to pay R60 per session. Classes are held during working hours and we are not able to move our lunches, as it’s very strict. Services like yoga and gym are not available before or after work, which is more suitable for most staff. They want us to be well, but on their terms or we must leave it! How does that work?”
- “Not currently needing to use the services. If I do I could afford to go to an external professional.”

4.10. IMPROVEMENTS REQUIRED

Objective 7: To determine what improvements are required

4.10.1. Communication

One of the main responsibilities of a Wellness Programme Department is to communicate and market the wellness programme to employees in the company. Hence, it is imperative that communication is effective. More than half of the respondents (62.8%) indicated that communication regarding the WP needs improvement (see Figure 4.13).

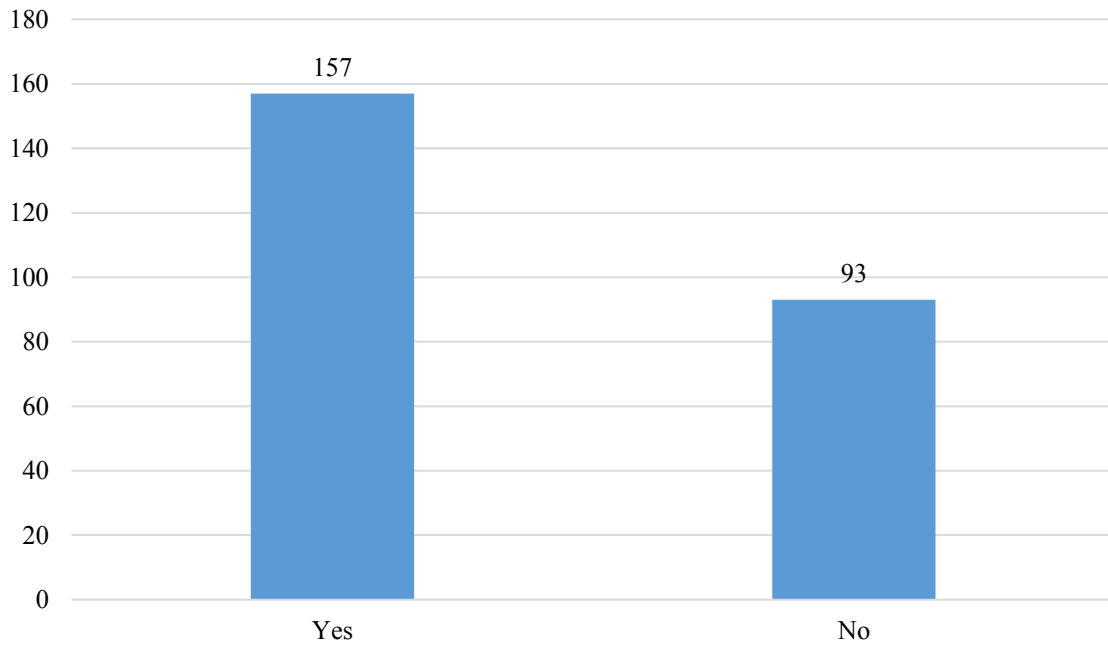


Figure 4.13: Does communication about the WP need to be improved?

In particular, respondents felt that the following aspects, listed in Figure 4.14, required improvement:

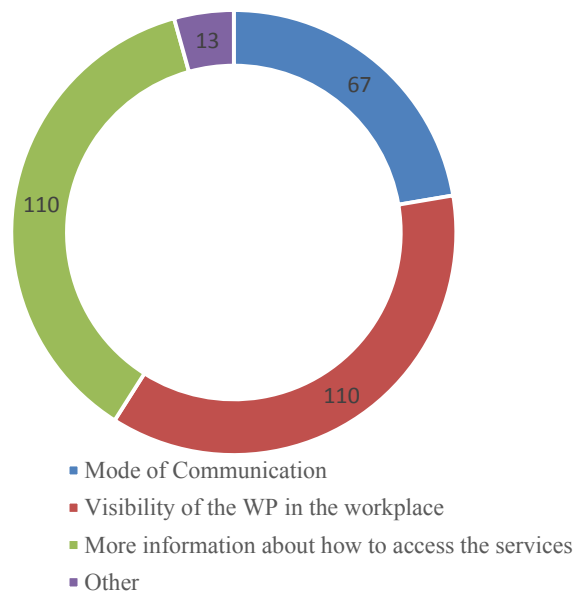


Figure 4.14: Improvements required for communication

Respondents also suggested the following in order to improve communication:

- A wellness session can be held separately from the normal flow of induction, such as a wellness tour and benefits package.
- Fees charged for services. DA can subsidise the yoga classes and accommodate time to attend.
- The wellness professionals are not as visible as they could be. Many people do not know how to access/make use of what is available or are not aware that they can see someone for assistance without being referred by management.
- The hairdresser prices, specials and hours really need to be communicated.
- The wellness programme should be offered to contractors as well.
- DA needs to introduce a Wellness Day where all staff members are encouraged to attend for free health check-ups or presentations.
- Team leader referrals need to be increased.
- People do not know about everything the wellness programme offers.
- There is an opportunity for many more employees to know what the service can offer. The programme can surely assist line managers to help their employees, perhaps with helpful checklists or guidelines.

4.10.2. EWP service

More than a third (34.8%) of the respondents said that the EWP service needs to be improved, as indicated in Table 4.11.

Table 4.11: Does the wellness programme service need to be improved?

Improvement required	Frequency	Percent
Yes	87	34.8
No	82	32.8
NA	81	32.4
Total	250	100.0

Those who indicated that the WP service needs to be improved were asked what needed to be improved. Some of the replies are listed in Table 4.12 below.

Table 4.12: Improvements required

Improvements in:	Frequency
Health management	37
Safety and security	16
Psychosocial wellness	20
Organisational wellness	26
Confidentiality	17
Quality of staff	16
Location of department	26
Other	15

Other suggestions included are listed below:

- The staff nurse needs to be rotated.
- Access to the WP needs improvement with regards to times that the WP is offered.
- A range of alternate approaches to well-being.
- I haven't used it so wouldn't know; people need to be made aware of what is going on and it needs to be more accessible to everyone.
- Availability of the qualified staff and more awareness as to the identity of these staff members.
- Communication and visibility: More visible and more vibrant in terms of making sure that more people get attracted to the programme.
- Keep DA staff updated as to where it is.

4.10.3. Further recommendations regarding the DA EWP

The following were additional comments made by staff regarding the DA WP:

- Availability of informative books or magazines or pamphlets should be increased.
- A survey is a great idea, to see where the gaps are. However, getting input from staff as to what they would like to have included in a WP is even better. It will make them feel part of the change and improvement and who better to give ideas than the individuals who the WP will be of service to?
- It should be made clear if the WP is available to contractors as well.
- To employ more staff to assist the growing staff complement of DA but obviously those who meet the prerequisite and standards set by DA as we as the staff are everything to DA, and vice versa.
- Thank you for a valuable service to our employees. I'd like to see more healthy options for employees as this will encourage healthy habits and behaviours. I believe that it starts with our leadership team.

The following were commendations from employees at DA:

- I found that all wellness services that I have made use of were effective and helped to overcome many obstacles I have struggled with. I would make use of it in the future if and when the need arises. The communication around it is brilliant and I am always updated as to what happens and what's new in the wellness programme provided to the employees of Direct Axis.
- I appreciate what is being offered at DA and it's definitely a "Value added benefit" that's needed in workplaces in general.
- Direct Axis is one of the few big companies that offer such an excellent wellness programme.
- Keep up the great work and thank you for looking after us as employees. We are very fortunate to have a wellness programme like we have at DA and at no extra cost to us employees.

- The team does a lot for our staff, thank you for the support, especially on the counselling front, many of our staff wouldn't have access to the facilities otherwise.
- Thank you for giving us access to these services. Think the best part of it is that it's free. I've used the services for many years and it is really great.
- The services are excellent.

4.11. PREDICTORS FOR UTILISATION OF THE WELLNESS PROGRAMME

To find the predictor for using the wellness programme, bivariate analysis was initially conducted using chi-squared test of association. From the bivariate analysis, it was found that gender, marital status and years of service were significantly associated with the use of the wellness programme ($p < 0.05$) (Table 4.13). Those variables that were significantly associated with use of the wellness programme were initially included in the stepwise regression model (Table 4.14). Results showed that those who were married were twice ($OR = 2.23$, $p = 0.019$), or divorced were 3.5 times ($OR = 3.527$, $p = 0.013$), more likely to use the wellness programme compared to single employees. In addition, those who indicated "other" as their marital status had 7.5 times ($OR = 7.483$, $p = 0.002$) more chances of using the wellness programme than single employees.

Table 4.13: Association between gender, marital status, years of service at DA and use of the DA Wellness Programme

		Have you used the wellness programme services to assist you with any problems that you have experienced		Chi-squared value	p-value
		No	Yes		
Gender	Male	96	15	4.135	0.042
	Female	146	44		
Marital status	Single	123	16	16.970	.002
	Married	94	29		
	Divorced	17	8		
	Widowed	2	0		
	Other	6	6		
How many years have you been employed at Direct Axis	<1	39	3	9.216	.027
	1 - 5	131	29		
	6 - 10	68	24		
	11 - 15	4	3		

Table 4.14: Stepwise logistic regression output for using the wellness programme

Variables	B	Wald	P value	Odds ratio (OR)	95% C.I. for OR	
					Lower	Upper
Gender	.602	3.203	.074	1.825	.944	3.527
Marital status		13.841	.008			
Married	.803	5.478	.019	2.232	1.139	4.371
Divorced	1.260	6.154	.013	3.527	1.303	9.548
Widowed	-19.389	.000	.999	.000	.000	.
Other	2.013	9.849	.002	7.483	2.129	26.298
Constant	-3.017	23.364	.000	.049		

a. Variable(s) entered on step 1: Gender, Marital Status, Years of service.

4.12. SUMMARY

This chapter has provided details of the results that emanated from the analysis of the data for this study. Details were provided on demographics of all respondents; and knowledge, awareness and utilisation of the DA WP were also highlighted. Finally, the significant relationships emanating from the survey were discussed, and the regression model was also shown.

CHAPTER 5

DISCUSSION

5.1. INTRODUCTION

This chapter discusses the research findings presented in the previous chapter. It provides interpretation and explanation of findings, coupled with information drawn from the literature review in Chapter 2. The purpose of drawing from previous research is to either concur with, or to refute the work of previous research, in order to make meaningful contributions to the field. Where applicable, comparisons between studies will also be drawn.

In addition, this chapter addresses the objectives of this study, and shows how the data collected either supports or refutes the essence of the study.

5.2. THE DIRECT AXIS WELLNESS PROGRAMME

Businesses globally are coming to the realisation that their success in the global arena is highly dependent on how their employees are treated and how well their challenges are managed (Bhoodram, 2010). Direct Axis recognises this and as a result, has conceptualised a wellness programme model (see below – Figure 5.1) that has been in place since 2006.

Wellbeing in a nutshell



Figure 5.1: The Direct Axis Wellness Programme

Source: Welcome, R. 2013. RE: *Direct Axis Wellness Programme*. Personal communication, 18 July.

As is clearly illustrated above, there are four elements of the DA WP. These are: (i) Health Management, (ii) Safety and Security, (iii) Psychosocial Wellness, and (iv) Organisational Wellness. These four elements are explained further:

(i) Health Management

Clinic (Free service):

- There is an onsite Occupational Health Sister offering services to employees from 08h30-15h30 daily. The clinic offers the following services:
 - Lifestyle programmes
 - Blood pressure
 - Diabetes
 - Cholesterol
 - HIV tests
 - Body mass index (BMI)

- Employee assistance programmes
 - Counselling (for example relating to substance abuse, violence, etc.)
- Primary health care
 - Dental, endocrine, ear, nose and throat (ENT), eye-related matters, gastrointestinal tract (GIT), gynaecology (including family planning), muscular skeletal system, nervous system, psychiatric, depression, alcoholism, respiratory, skin, urinary tract, flu vaccines.

Doctor (Paid service for medical aid. Referrals by clinic/line managers paid for by business):

- A doctor provides general medical services including occupational health services.

Physiotherapy (Paid for service at reduced rates):

- Services include (but are not limited to) treating patients with chronic conditions and acute injuries. Examples of these are:
 - Neck and back pain
 - Muscle and joint conditions
 - Sports injuries
 - Overuse injuries (e.g. sustained by sitting at a desk for prolonged times)
 - Respiratory conditions (e.g. asthma)
 - Neurological conditions (e.g. stroke rehabilitation)
 - Post-operative scar tissue treatment (immediately post-op) to promote healing of the scar.

Gym (Free service; specialised classes paid for):

- Free weights
- Treadmills, rowers, spinning bikes, stationery bikes
- Dance studio
- Instructor led group classes (paid service).

Sports Clubs (Free service):

- Running/walking clubs
- Soccer club
- Netball club
- Cricket Club

- Interdepartmental competitions
- Intercompany leagues.

Healthy Food (Paid for service):

- Healthy food options are available in the restaurant over and above other food that is available for purchasing.

(ii) Safety and Security

- Health and safety
- First aiders
- Emergency wardens
- Security presence
- Transport: Shuttle service provided to employees to and from nearest train station (free service).

(iii) Psychosocial Wellness

- A free onsite counselling service is offered to employees to assist with trauma counselling, domestic issues, addiction (self and relatives), life skills support, financial coaching, partner conflict, parental support, bereavement, financial, mental illnesses, etc.
- Services: Hairdresser and beauty, paid for service at reduced rates.

(iv) Organisational Wellness

- Annual engagement surveys are conducted with employees and matters that may arise are addressed within teams and across the organisation
- There are incentives and long service awards to reward and recognise excellence
- Team building sessions are held within departments
- DA uses Informer which is a communication tool.

It is clear from the above that Direct Axis has taken time to examine models of EWPs and created one that they felt will work and add value to their environment. Since there is no “one size fits all” (Schell, 2012), the above model was created exclusively for Direct Axis in 2006. A wellness co-ordinator was employed to set up the wellness programme and to liaise with various service providers to obtain the best solutions and providers for the WP. In addition, workshops were hosted with employees to get a sense of what they required,

and this was subsequently built into the wellness programme. In Chapter 2, a typical wellness programme was depicted, as well as the National Wellness Institute's Six Dimensions of Wellness. It is clear that DA is implementing some of the aspects seen in these exemplary programmes.

In addition, as Robison (2004) and Murdoch (2012) argued, a worksite programme requires an all-encompassing approach to deal not only with the symptoms, but also the underlying causes to support the health and well-being of employees holistically. Looking at the above model for the DA WP, it is in line with the beliefs of these authors.

Furthermore, in line with current legislation, and as reiterated by Pillay (2007), employers are obligated to assist employees with poor performance and incapacity. This was foreseen at DA and the WP was developed to cater for this need.

According to the Illness-Wellness Continuum presented in Chapter 2, there are various levels of wellness and various levels of illness. These need to be managed so that employees are drawn to the "high-level wellness" continuum. Granted, this will not be the case all the time, but WPs such as that of DA have to be functioning at a level where employees are able to be "moved" away from the "premature death" end of the continuum, towards the "high-level wellness" end. By doing so, the WP must be able to firstly identify signs and symptoms and then treat these before they become worse, resulting in inability to work or resulting in disability.

In addition, "prevention is better than cure" seems to be the order of the day in all spheres of life. Employees should be made aware and knowledgeable of illness and disease and how to prevent or treat them. There is a global move away from focusing on curative measures, and rather focusing on preventative measures. This is also seen in employee wellness programmes at a global scale where there is movement from the traditional biomedical view to a more holistic approach to health and wellness (Bhoodram, 2010; Bila & Roestenburg, 2011; Lubbe, 2010; Murdoch, 2012; Robison, 2004).

The DA WP is definitely in line with the above, and it is clear that there is a concerted effort to deal more holistically with employees, and not to have only a curative model, but

a preventative one too. This is evidenced by their programme including yoga classes and gym.

5.3. DEMOGRAPHICS

In terms of age and race of respondents, most employees are in their economically active age range and most employees are coloured. This is to be expected since DA is based in the Western Cape where a majority of coloured people live.

In terms of gender, almost two thirds of all respondents were women. This is interesting to note. Perhaps this environment is one that attracts more women than men, and where women tend to represent more of an environmental fit for DA.

In this study, almost half of all respondents were single, while about 40% were married. This suggests that there is almost an even split of married versus unmarried individuals.

In terms of education, most respondents have a diploma or lower qualification, while about 12% of respondents have a degree and a mere 5.3% have a post graduate degree. This is the current landscape for DA as the work they do does not warrant many staff members having degrees or post graduate degrees.

When examining the years that employees have been employed at DA, over half of the respondents have worked at DA for one to five years. Almost one third have been employed at DA for six to ten years. This is an indication that employees stay on at DA. There could be various reasons for their loyalty such as a good working environment, good salary and good prospects for the future. This low staff turnover is a positive aspect for DA, as high staff turnover can become very expensive, thus impacting on the profits of the company.

5.4. KNOWLEDGE

Respondents were asked to choose the most appropriate sentence that describes a wellness programme. Of the total number of 301 respondents, 207 (68.8%) chose the correct response, i.e. “WP is a confidential assistance and support service which is designed to help employees to cope with problems that adversely affect their lives, behaviour, and/or performance”; while almost one quarter of all respondents (23.9%) chose the following

response: “Services offered by employers to their employees to help them overcome problems that may negatively affect job satisfaction or productivity”. It is clear that almost a quarter of the respondents still feel that the WP at DA is available primarily and solely to increase productivity. As Sieberhagen (2008) highlighted, this belief that a WP is primarily in place to increase productivity, may lead to negative employee attitudes towards the WP as it is seen as a benefit only to the employer. As much as this might be a perception, it still has an effect on the effectiveness of the WP. This could explain why the utilisation rate of the DA WP is not at its optimum.

Nicolaas (2007) found that lack of knowledge and the lack of understanding of an EWP have the potential of resulting in negative employee perceptions of the EWP. This could possibly be the case here where almost one third of all respondents were not able to correctly identify what an EWP is. This could also be one of the reasons for non-utilisation of the DA WP.

5.5. AWARENESS OF THE DIRECT AXIS WP

The majority of all respondents indicated that they were aware of the WP at DA. The almost 17% respondents who indicated that they were not aware of the WP is worrying as it appears that there are many modes of communication used by DA; however, these are still not reaching all employees. It is also perplexing as the various modes of communication make certain that at some point staff will come across them (even if it is once a month). The modes of communication at DA include the newsletter, Buzz, email notification, word of mouth, referral by line managers and posters in the office.

The fact that the majority of all respondents were aware of the WP shows that the programme is doing well in making its presence known. However, the 17% who indicated that they were not aware of the WP is worrying. Lassen *et al.* (2007) suggested that if employees know about the WP and have exposure to the WP, it increases their attitudes regarding the specific WP. It is therefore worrying if 17% of respondents do not know about the WP as this means that almost 1/5th of the respondents have no idea of the WP. Thus, this is a missed opportunity for employees to use and benefit from the WP, which would most likely lead to benefits to DA.

As indicated in Chapter 2, there is a paucity of information regarding employee attitudes and awareness of EWPs, especially in relation to success or failures of WPs. Thus, this study adds to the body of knowledge in this area. In addition, it shows that knowledge of WPs is crucial for utilisation rates. Furthermore, this study adds to the suite of studies on WPs that show that if correctly implemented, WPs can be effective and efficient.

5.6. AWARENESS OF SERVICES AND THE NATURE AND FUNCTIONING OF THE WP

Respondents were asked whether they were aware of the following:

- (i) That services are confidential
- (ii) That staff are highly trained and qualified to provide the services
- (iii) Where to find the wellness department
- (iv) The services offered are free.

Almost 30% of respondents who were aware of the DA wellness programme did not agree that the services were confidential. This is cause for concern as this could be a major reason for non-utilisation of the services. In addition, almost half of all respondents did not feel that the staff of the WP are highly qualified enough to provide the services. And finally, almost one third of all respondents claimed that they did not know where to find the wellness department. The above could be reasons for non-utilisation and concur with Sieberhagen's (2008) findings that if employees felt that the service or service providers are not trustworthy and the service was not confidential, then they would not participate whole-heartedly and would not gain maximum benefit from it.

5.7. USE OF THE WP

It is important to note that utilisation rates are a good indicator of the success of a WP. However, the researcher agrees with Csiernik (2008) that there has not been much research in this area.

This study found that among those who experienced problems in the past 24 months, only 67 (72.04%) used the DA WP to assist them with their problems. This is a satisfactory utilisation rate, but with the resources available it would seem that the utilisation rate should be higher.

Weiss (2003), Azzone *et al.* (2009) and Csiernik (2008) argued that use is dependent on policies that are in place with widespread distribution among all staff, as well as sufficient training of programme staff and finally a focus on gender issues. This holds true for DA as they have policies in place regarding the WP. These are circulated and freely available to all employees. This could be the reason why over 70% of respondents who have experienced problems in the past 24 months actually used the DA WP.

Chapter 4 stated that a statistically significant relationship exists between gender and whether the respondent used the wellness programme at DA. Women are almost three times more likely to use the WP service at DA compared to their male counterparts. This is to be expected, as usually women are the first to seek assistance, from attending clinics to counselling services and the like. Historically, men are less likely to seek assistance and this could be due to them feeling that they have to project a brave front and not appear to have issues that need to be resolved. However, in contemporary society, both men and women face similar challenges and hence both require avenues to seek assistance. As stated by Weiss (2003), a focus on gender issues is one predictor of programme utilisation.

In addition to gender, the relationship between marital status and whether the respondent used the WP to assist with any problems experienced is a statistically significant relationship. It was found that if employees are married they are more than twice as likely to use the WP as opposed to their single counterparts. It is interesting to note that marriage is one of the largest milestones in life and entering into this type of union may be challenging. Marriage requires emotional investments from both husbands and wives. Hence, the results suggest that the WP is designed in such a way that it appeals to married people who may seek assistance if required. It may also relate to the fact that married people are generally more responsible and this can be extended to their health as well. Those with children also have a responsibility to remain healthy which may also be why more women than men attend the WP as more women than men are primary caregivers.

A further statistically significant relationship was found between awareness of the functioning of the WP and whether the respondent used the WP to assist with any recent problems experienced. In this analysis, it was found that those who know about the functioning of the WP are more likely to use the WP as opposed to those who do not quite know about how the WP functions. This is to be expected, since if employees know about

services offered, and require the services, then the natural progression would be to utilise the services (Azzone *et al.*, 2009). However, this is not always the case, and later in this chapter further reasons for non-utilisation of service are discussed.

In addition to the above relationships, the regression model developed for use of the WP showed that years employed at DA was also a significant predictor of use of the WP. This is to be expected since it is plausible that the longer an employee is at the company, the more chances they will have of exposure to the WP, thereby gaining more knowledge about the services offered and how the WP functions. This in turn could possibly lead to employees using the services on offer. Hence, the longer an employee stays employed at DA, the more likely it is that they will engage with and use the WP.

It is important to determine the reasons for non-utilisation so that DA can work on rectifying this and making sure that most, if not all, employees who require services are willing to use the DA WP. As stated above, about a third of respondents who experienced problems in the past 24 months did not use the DA WP. This requires some attention to ascertain the reasons for non-utilisation and to determine ways to ensure that all employees who have problems use the services that are on offer at DA. Non-utilisation is discussed later in this chapter.

5.8. WP SERVICES MOST FREQUENTLY UTILISED

Various studies exist that support the benefit of massage, yoga and alternative medicine for therapeutic purposes, as well as for remaining healthy (Cherkin, Sherman, Kahn, Wellman, Cook, Johnson, Erro, Delaney & Deyo, 2011, Corbin, 2005, Cote & Daneault, 2012, Kalichman, 2010, Kanodia, Legedza, Davis, Eisenberg & Phillips, 2010, Perlman, Ali, Njike, Hom, Davidi, Gould-Fogerite, Milak & Katz, 2012, Sherman, Ludman, Cook, Hawkes, Roy-Byrne, Bentley, Brooks & Cherkin, 2010). The majority of those who used the WP service did so for health management; meaning either for the doctor, clinic, physiotherapist, gym, sports club, and healthy food. Forty six (46) out of 67 (68.7%) used it for psychosocial wellness such as counselling services, beauty therapy, hairdresser, debt counselling and yoga classes. In this information age and with the fast paced lives that we lead, it is always important to practice self-care. Hence, the offer of reduced rates on hairdressing services, beauty therapy, a free sports club and gym equipment, means that the employees can take advantage of self-care facilities. In addition, the provision of a sports

club and healthy food at the cafeteria encourages employees to take responsibility for their health and makes it easier for them to choose healthy lunch options. These opportunities may also be the catalyst needed to start exercising. Furthermore, with the pressures of daily life it is good that DA provides free counselling services where employees can seek counselling for troubling issues.

5.9. EMPLOYEE ATTITUDES

The researcher concurs with Sangweni (2006) that employee attitudes and perceptions have an influence on the effectiveness of workplace programmes. If employees perceive the programme to be good and beneficial to them, and if their attitude towards the programme is positive, then ultimately their use will increase. This then makes the programme effective in achieving its goal of getting more people to use the programme so that ultimately there is a mutually beneficial relationship for both the employer and employee.

5.9.1. Quality of service

Quality of service and perceived quality of service are critical when looking at WPs. Poor quality has been seen as one factor that hinders use of wellness programmes. The following were the main reasons for the majority of respondents indicating that the quality of service was excellent or good:

- Staff were friendly, they understood employees' problems, and they were helpful and knew how to handle their situations. Employees felt better after accessing the services. This concurs with the findings by Weiss (2003), Azzone *et al.* (2009) and Csiernik (2008) where predictors of programme utilisation included adequate staffing and sufficient training of staff.
- In contrast, there was one employee who felt that the end result was not excellent, and another felt that the staff could not relate to their problem – however there was acknowledgement that staff tried their best

5.9.2. WP staff competence

It is interesting to note that all respondents who used the WP rated staff competence as either very competent or competent, and only a small percentage (9%) rated it as fair. It is

clear that all respondents who used the service felt that the competence of staff operating the services in the WP is acceptable and no one found them to be incompetent. It is noteworthy that respondents indicated that their reasoning for rating staff as they did was due to the ability of WP staff to handle their situations, good referrals were provided and staff were able to make them feel better.

5.9.3. Location of service

Location of services was not a major issue in terms of accessibility. However, two respondents found the location of the services to be inaccessible. It would be interesting to understand why this was so, however, this was beyond the scope of this study.

5.9.4. Helpfulness of services

The majority of respondents claimed that the DA WP was able to assist in solving their problems, referring them for specialised assistance or enabling them to think through their problems to manage it themselves.

Only one respondent indicated that the WP was unable to solve his/her problem. This was to be expected as people differ and deal with situations differently. Furthermore, as human beings we look at situations very differently. What might seem like help to one might not seem like help to another. Maybe this one respondent did not appreciate the WP staff facilitating his/her own dealing with a solution and would have preferred a solution handed to him/her.

The results presented above are in line with that of Eldries *et al.* (2013) who found that wellness programmes are instrumental in creating a change in behaviour which ultimately results in improving health-related quality of life (HRQoL). The results of this study indicate that the WP was helpful in various ways and assisted employees with their problems and how to deal with them.

5.10. NON-UTILISATION OF EWP SERVICES

In concurring with Schell (2012), it is important to measure the results of the programme, as well as non-utilisation thereof, to remedy the reasons behind non-utilisation.

This study concurs with the studies by Schell (2012) and Phillips (2012) who found that health management programmes are being used increasingly to manage health care costs and to reduce the risk of chronic conditions. However, many employees do not participate in these programmes. This study found the same. Only 72% of respondents who indicated that they had some sort of problem in the past 24 months used the WP for their issue. DA has put together a comprehensive WP that appears to not be optimally utilised.

Respondents offered various reasons for non-utilisation of the DA WP. These included: questionable confidentiality of services and trustworthiness of WP staff. This is in line with the findings from Sieberhagen (2008).

To elaborate on the above, one respondent said that whatever was discussed in sessions was fed back to the managers. This is very unethical, and breaches confidentiality agreements between employees utilising the service and the service providers. If this is the truth, then some serious work needs to be done, not just in terms of addressing the unethical behaviour of WP staff, but also to re-build trust and confidentiality of services offered by the WP.

Govender and Terblanche (2009) argued that confidentiality is the cornerstone of any EWP; without it the EWP will be under-utilised and have low credibility. This could be a reason for non-utilisation at DA.

James (2012), Person *et al.* (2010) and Sieberhagen (2008) all found that there are some work-related barriers to participation in workplace programmes as evidenced in the findings above. It was found that sales people were not able to access the services due to them feeling that their time was precious, and people working at the office were not able to re-structure their lunch breaks to make time to use the services.

Furthermore, the timing of the services offered appears to be inconvenient for many employees. Over half of those who do not use the WP stated that the timing was not convenient for them. In addition, some respondents felt that the scope of their jobs (e.g. sales people → time is equal to money) does not allow them to access the services in the allocated times; whilst others felt that the services, while subsidised and offered at a much reduced cost, are still not affordable for them and should be offered free of charge. It was

also mentioned that services such as gym and yoga classes are offered during work hours and most employees are unable to utilise these services during the given time allocations due to their work commitments.

Lubbe (2010), Ruwende (2012) and Sangweni (2006) argued that one aspect that is key is the evaluation of wellness programmes to make sure that they are meeting their aims and objectives. By agreeing to this research study, DA is doing just that. They are responsible about having a WP in place and even more responsible and receptive to having it evaluated. This may help them to see if it is effective and if any changes need to be made to the programme.

In Chapter 2 it was mentioned that measuring the real effectiveness of EWPs is challenging primarily due to subjectivity. However, with this as a constraint, as pointed out by Taris *et al.* (2003) and Sieberhagen *et al.* (2011), programmes can be evaluated by looking at positive and negative employee outcomes. The findings from this study have done just that; it looked at positive and negative factors that respondents mentioned as they completed the survey. In doing this, it is clear that the respondents who use the programme actually benefit from the programme. Most respondents who have used the programme answered in the affirmative with regards to the nature and functioning of the WP and its usefulness and strengths.

5.11. IMPROVEMENTS REQUIRED

There are various improvements required as proposed by respondents.

In terms of communication, respondents felt that the mode of communication needs to be improved. The current use of Buzz (the in-house newsletter), e-mail notification, word of mouth, posters in the office, and referral by line managers has not been sufficient and needs some attention so that they appeal to all employees. This finding concurs with that of Schell (2012) who discussed making wellness programmes appealing to employees to increase utilisation.

Furthermore, respondents felt that visibility in the workplace needs to be increased in terms of communication about the WP and more information is required about how to access the

services. In addition, more information about the type of services offered needs to be available to all staff.

Respondents also indicated that the service regarding all aspects of the WP needs improvements. Attention needs to be paid to confidentiality issues, quality of staff of the WP and the location of the wellness department. In addition, it was pointed out that the WP would benefit from additional staff due to the growing employee complement at DA.

Furthermore, respondents indicated that a separate session should be held to inform new employees of the DA WP. Respondents also suggested that services such as yoga, the hairdresser and beauty therapy should be subsidised further by DA.

A large issue that needs attention, according to respondents, is the timing of services. This needs to be thought through clearly as the services appear to be structured around inconvenient times for some respondents. In addition, the services need to be communicated well so that all employees are aware of the services offered, whether they are free or not, and how to access them. Another recommendation made by a respondent was that there should be a Wellness Day at DA so that employees can partake in activities and services, thereby becoming more aware of the WP.

Respondents also indicated that they would benefit from informative books, magazines or pamphlets. One particular suggestion was that employees should be able to contribute to the content of the DA WP so that services offered by management are based on the actual needs of staff.

As indicated by Sangweni (2006), clear communication is required to make sure that the messages from or to employees is not distorted and everyone has a clear understanding. As highlighted by Oher (1999), proper marketing is required for successful wellness programmes. Employees do not only need to know what is on offer, but also where the programme is headed.

Communication at DA takes several forms. However, it is clear that something is amiss as almost one fifth of all respondents indicated that they had not heard about the WP at DA, let alone about the services offered. In addition, DA does not use SMS or social media to

market their WP and they are therefore missing a low cost opportunity to engage with their community.

Respondents had many good things to say about the WP at DA and how they benefitted from the services offered.

“I appreciate what is being offered at DA and it’s definitely a “value added benefit” that’s needed in workplaces in general”.

“Keep up the good work and thank you for looking after us as employees”.

5.12. SUMMARY

Many scholars, including Sieberhagen *et al.* (2011), have argued that EWPs have not been given the consideration they deserve. This study adds to the body knowledge in this neglected and under-researched area.

It is clear that EWPs have various success stories both internationally and in South Africa, as evidenced in Chapter 2. Success of EWPs depends on various factors that have been outlined in this chapter as well as Chapter 2. Utilisation rates of EWPs are one key factor that can be taken into account to show the success or lack thereof.

The objectives of this study were outlined in Chapter 3 and have been used as a backdrop to this chapter. In summary, this chapter has now:

- established whether employees at DA are aware of the WP – the majority of respondents were aware of the WP at DA;
- ascertained that about two-thirds of respondents were aware of what an EWP is and how it pertains to them and their role in the organisation;
- established that about three quarters of respondents who experienced problems in the past 24 months used the WP at DA;
- identified that the most commonly used element of the WP at DA was the Health Management component which includes the clinic, doctor, physiotherapist, gym and sports club;

- established employees' attitudes to the WP in relation to quality of service, WP staff competence, location of WP services, and helpfulness of services. In general, there were positive attitudes to all of these, with a few exceptions;
- established reasons for non-utilisation amongst those who know of the DA WP, were confidentiality and trust were high on the agenda.

In addition to the above, there were many recommendations made by the respondents who have used the WP at DA. These, together with recommendations made by the researcher, will be discussed in the next chapter.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

This chapter concludes this dissertation, by providing a summary of the findings and discussions, followed by recommendations for Direct Axis. Firstly, it is necessary to determine if the research problem has been solved. Thereafter, the implications of this research will be discussed, followed by recommendations. Finally a summary of the chapter is provided.

6.2. HAS THE PROBLEM BEEN SOLVED?

This study set out to answer the research question: What are employees' attitudes, awareness and utilisation of the Direct Axis Wellness Programme? In answering this question, objectives were established and met during the course of the study.

From the results it was clear that most respondents knew about the DA WP, however, there was a sizable percentage (almost 17%) that was unaware of the WP. In addition, the majority of the respondents were aware of the nature and functioning of the WP. Study results indicate that 70% of respondents found that services were confidential and just over half of all respondents felt that staff of the WP were highly qualified to provide the services. Over 60% knew where the wellness department was.

Almost three-quarters of respondents who experienced problems in the recent past (24 months) used the WP to assist them with their problems. The majority of respondents indicated that the quality of services in the WP were excellent or good and rated WP staff competence as very competent or competent. In terms of location, the majority found the location to be very accessible, accessible or fair. Furthermore, the majority of respondents claimed that the WP was able to help resolve their problem or refer them for more specialised help. It was also able to help them think through their problems and manage it themselves.

Non-utilisation of the WP was primarily due to the inconvenient times that the WP operated. In addition, confidentiality and trustworthiness of staff were a concern for certain

employees. Furthermore, more than half of the respondents indicated that communication regarding the WP needed to be improved and improvement in terms of services was required. For example, the services should be offered at different times and the opening times of the services, as well as the actual services offered and how to access them, should be clearly communicated to all employees.

In summary, the study was able to improve understanding of employees' attitudes, awareness and utilisation of the DA WP by meeting the objectives set out for this study.

6.3. IMPLICATIONS OF THIS RESEARCH

This study adds to the body of literature on employee wellness programmes, and in particular to EWPs with regards to employee awareness, attitudes and utilisation. There is a dearth of information in this area and this study adds to the scholarly evidence in this area, particularly in the South African context.

This study was able to articulate employees' awareness and attitudes regarding the DA WP, and also to elicit information about utilisation of the DA WP and reasons for non-utilisation. In addition, the study was able to garner information, suggestions and recommendations from DA employees about what is working well for the DA WP and what is not working. This provides an indication of how to improve the programme. The recommendations set out in this chapter, if pursued, have the potential to greatly increase the use of the programme and thus increase its efficacy.

The stakeholders who stand to benefit from this programme are:

- Direct Axis – the WP is put into place to assist employees, ultimately making them more productive and thus increasing profitability for DA. The results of this study provide recommendations to assist DA in improving the WP and thus making it more effective and efficient. This has the potential to increase DA's profitability.
- Direct Axis employees and their immediate families as the WP assists them with challenges they face. It also provides them with much needed services that they would not have access to if they were not employed at DA. This study brings to light the issues that currently need to be addressed so that the programme can be beneficial to employees and their immediate families.

- In addition, the body of knowledge on this topic since the study adds to this body of research that currently exists.

The analysis in this study showed that those who know about the WP and know about the functioning of the WP are more likely to use the WP. On the other hand, those who merely know of the existence of the WP but do not know about the functioning thereof are not likely to use it as often as the first group. In addition, married people are more likely to use the WP at DA, compared to their single counterparts; and women are almost three times more likely to use the WP service at DA as opposed to men.

The above assists in understanding the dynamics of the situation at hand and will assist DA in developing marketing strategies to attract more employees to use the programme.

This study provides findings and adds to the existing body of knowledge on EWPs. In addition, it provides a way of evaluating EWPs that could be used by other companies to ascertain the effectiveness of their WPs, and if applicable, what improvements are required.

6.4. RECOMMENDATIONS TO SOLVE THE RESEARCH PROBLEM

This section provides recommendations based on what the respondents recommended in the survey, as well as on analysis done by the author.

The recommendations put forth in this section have been clearly thought through in terms of being action-based, relevant, realistic and practical and ultimately relevant to solve the research problem at hand. Furthermore, most of the recommendations made below will not cost DA large sums of money to implement and those that do will need to be assessed by management at DA with regards to affordability and how best to implement them.

The recommendations include:

- Communication of the wellness programme needs to be improved. The current modes of communication are Buzz (in-house newsletter), e-mail notification, word of mouth, posters in the office and referrals by line managers. These do not seem to be reaching all employees. In addition, communication about the functioning of the WP such as opening times and services offered needs to be improved. DA needs to look

at introducing other innovative modes to communicate the WP to employees. One mode that is rather inexpensive and that DA should look into is communication via SMS since most, if not all employees, would have cellular telephones. In addition, DA can have a dedicated section on their intranet that has all policies and all communication regarding the WP.

- Visibility of the WP in the workplace needs to be increased. At present it appears that visibility is not optimal and thus might be a hindrance in terms of employee uptake of the DA WP. What is needed is more material about the WP, perhaps an increase in posters, and strategic placement of the posters, perhaps at the entrance to the building, in the cafeteria and in the bathrooms. DA can also have branded stationery and mugs with the WP on them to increase visibility. In addition, DA could possibly hold regular wellness days in the cafeteria which will assist in increasing visibility of the WP.
- Confidentiality is a huge cause for concern. DA needs to work on trust issues between employees and the DA WP staff. DA should be putting mechanisms in place to make certain that employees understand and believe that the WP services are confidential, whilst at the same time ensuring that the WP staff know the level of confidentiality required and that DA will not compromise on this issue.
- DA needs to continually ensure that the WP staff are trained and able to render their services with the best possible skills. DA needs to do an audit of skills within the WP department and then action the recommendations that arise.
- New employees should be oriented in terms of the WP. There should be a separate and dedicated slot for this during orientation.
- The timing of the services offered appears to be inconvenient. DA should look into extending the hours that the services are offered, especially the gym, yoga classes and the hairdresser. This will encourage employees to use the services more. However, this will have a cost implication and DA needs to establish what they can and cannot do, in terms of extending hours when the services are offered. In addition, perhaps the lunch breaks of employees can be flexible so that if they need to use the services during the day they can do so during their lunch breaks.

- Literature in the form of pamphlets, books, and magazines should be provided by the WP. These should have information on various aspects of health, as well as the WP, thus giving employees the opportunity to decide whether they require the services or not.
- DA should have a consultation session with employees to ask their input on the WP services. This will allow employees to voice their needs and will also get buy in from employees through engaging with them. In this way, use of the WP could also increase.
- There should be a suggestion box available so employees can anonymously make suggestions with regards to the WP. This will assist DA to understand what the challenges are and to rectify them if possible, instead of waiting for a study like this to indicate the bottlenecks or flaws of the WP.
- The concept of a WP needs to be understood by all employees. DA needs to encourage employees to realise that the WP does not only benefit DA and their profits but rather that it is a tool that could be mutually beneficial to employees and DA. The WP is also in place to assist employees to overcome problems in their lives, be they work related or not, thus making them healthier, happier, and ultimately more productive.
- The WP needs to be more appealing to men in order to get this more of this section of the population to use the services.

6.5. RECOMMENDATIONS FOR FUTURE STUDIES

6.5.1. Evaluation of the DA WP

The current study looked at employees' awareness, attitudes and utilisation of the Direct Axis Wellness Programme. This was done to gauge the utilisation of the DA WP. However, it would have been ideal to do a full scale evaluation of the DA WP using evaluation techniques such as a cost-benefit analysis. This would facilitate an understanding of exactly how the WP is impacting on the lives of employees who use it, and how this in turn impacts on the profitability of DA. However, a full evaluation was not done due to the scale and limited scope of the research project as well as time and budget constraints.

6.5.2. Qualitative component

A qualitative investigation on some of the outliers would prove to be useful. For example, one person said that the WP was unable to solve his/her problem. It would be very interesting to be able to probe this individual as to why that was the case. Is it an issue with the WP service or the staff? It would be good to find out exactly why the WP was unable to assist and if it was due to the WP then DA could intervene and improve the WP. In addition, two respondents found the location inaccessible. Again, it would be good to find out what these two respondents meant by inaccessible and then to work on rectifying this challenge if it is one that DA can control.

Furthermore, the issue around confidentiality and trust requires probing. It is important for DA to understand what the finer details are in terms of this perception and then put mechanisms in place to rectify the situation.

Finally, having a qualitative component to this study would have helped to understand why respondents were not aware of the WP. Did they not see the emails or posters? A qualitative component would have greatly assisted in understanding what went wrong with regards to respondents not knowing about the programme.

A qualitative component should be high on the agenda of DA in terms of eliciting further information about respondents and their knowledge and use of the DA WP. By doing this, DA can further address any possible shortcomings from their side and ensure that the company has done all it can to have a well-functioning and effective WP.

6.6. CONCLUSIONS

This study set out to answer the following question: “What are employees’ attitudes, awareness and utilisation of the Direct Axis Wellness Programme?”

A few objectives were developed and data collected from DA employees were used to answer the research question. Below is a summary of the findings in terms of the objectives. In summary, the study has:

- established whether employees at DA are aware of the WP – the majority of respondents were aware of the WP at DA;

- ascertained that about two-thirds of respondents were aware of what an EWP is and how it pertains to them and their role in the organisation;
- established that about three quarters of respondents who experienced problems in the past 24 months used the WP at DA;
- identified that the most commonly used element of the WP at DA was the Health Management component which includes the clinic, doctor, physiotherapist, gym and sports club;
- established employees' attitudes to the WP in relation to quality of service, WP staff competence, location of WP services and helpfulness of services. In general, there were positive attitudes to all of these, with a few exceptions;
- established reasons for non-utilisation amongst those who know of the DA WP, where confidentiality and trust were high on the agenda.

Furthermore, respondents who used the WP at DA made many recommendations. These, together with researcher's recommendations, have been highlighted above.

In addition to the recommendations which the respondents made, there were also many commendations that emanated from the study. These were highlighted in the previous chapter and provide an indication that the DA WP is having a positive effect on the lives of some employees. In taking the above recommendations seriously, the DA WP could potentially have a positive impact on many more employees, thus creating a workforce that is healthier, happier and more productive.

It is clear from the above that this study was able to meet its objectives and thus answer the research question posed at the beginning of the study. The objectives assisted the researcher to understand what employee attitudes and awareness were in relation to the WP. The researcher also established reasons for respondents' use of the WP, together with reasons for non-utilisation of WP. These then laid the groundwork for the recommendations presented above, which, if actioned, will aid DA in making their WP more successful and effective.

REFERENCES

- Anastas, J. 1999. *Design for Social Work and the Human Services*. Columbia University Press, New York.
- Anema, J.C. & Sligar, S.R. 2010. Innovation in the Workplace: Evaluation of a Pilot Employee Assistance Program Serving Persons with Disabilities. *Journal of Rehabilitation*, vol. 76, no. 4, pp. 9-17. National Rehabilitation Association, Alexandria.
- Arend, E. 2008. Challenges in the Design of a Wellness Programme and Health Policy in a Low-Paid, Faith-Based, Non-Profit Workplace. *African Journal of AIDS Research*, vol. 7, no. 3, pp. 259-270. Thomson Reuters, New York.
- Arthur, A.R. 2000. Employee Assistance Programmes; The Emperor's New Clothes of Stress Management? *British Journal of Guidance & Counselling*, vol. 28, no. 4, pp. 549–559. Taylor & Francis, United Kingdom.
- Arvin, S. 2013. *Finding Research Instruments, Surveys and Tests*. [Online]. Available WWW: <http://libguides.indstate.edu/instruments> (Accessed 12 April 2014).
- Azaroff, L.S., Champagne, N.J., Nobrega, S., Shetty, K. & Punnett, L. 2010. Getting to Know You: Occupational Health Researchers Investigate Employee Assistance Professionals' Approaches to Workplace Stress. *Journal of Workplace Behavioral Health*, vol. 25, no. 4, pp. 296–319. Employee Assistance Society of North America, USA.
- Azzone, V., McCann, B., Merrick, E., Hiatt, D., Hodgkin, D. & Horgan, C. 2009. Workplace Stress, Organizational Factors and EAP Utilization. *Journal of Workplace Behavioral Health*, vol. 24, pp. 344-356. Employee Assistance Society of North America, USA.
- Baicker, K., Cutler, D. & Song, Z. 2010. Workplace Wellness Programs Can Generate Savings. *Health Affairs*, vol. 29, no. 2, pp. 304-311. Project HOPE — The People-to-People Health Foundation, Inc., Bethesda.
- Begley, S. 2013. *Exclusive: 'Workplace Wellness' Fails Bottom Line, Waistlines - RAND*. [Online]. Available WWW: http://articles.chicagotribune.com/2013-05-24/lifestyle/sns-rt-us-wellnessbre94n0xx-20130524_1_workplce-wellness-programs-rand-corp (Accessed 20 August 2013).
- Berridge, J., Cooper, C.L. & Marchington, C.H. 1997. *Employee Assistance Programmes and Workplace Counselling*. John Wiley & Sons, New York.

- Berry, L.L., Mirabito, A.M. & Baun, W.B. 2010. What's the Hard Return on Employee Wellness Programs? *Harvard Business Review*, vol. 88, no.12, pp. 104-112. [Online]. Available WWW: <http://hbr.org/2010/12/whats-the-hard-return-on-employee-wellness-programs/> (Accessed 28 July 2013).
- Bessinger, E. 2006. *The Development of a Model for an Employee Wellness Programme for a Fast Moving Consumer Goods Organisation*. Unpublished research report. University of Pretoria, Pretoria.
- Bhoodram, P.A. 2010. *An Evaluation of the Employee Assistance Programme in the Department of Correctional Services Benchmarked against the Standards of the Employee Assistance Professionals Association of South Africa*. Unpublished PhD-dissertation. University of Pretoria, Pretoria.
- Bila, N. & Roestenburg, W. 2011. The Feasibility of Employee Assistance Programmes for Rural Schools in Limpopo. *The Social Work Practitioner-Researcher*, vol. 23, no. 2, pp. 210-228. SAGE Publications, Thousand Oaks.
- Black, T. 1999. *Doing Quantitative Research in the Social Sciences: An Integrated Approach to Research Design, Measurement, and Statistics*. Sage Publications Inc, Thousand Oaks.
- Brand, H. & Gauche, C. 2010. A Study of Employee Reported Factors Influencing Wellness in a South African International Call Centre Environment. *Occupational Health Southern Africa*, March/April, pp. 21-27. [Online]. Available WWW: <http://repository.up.ac.za/handle/2263/16149> (Accessed 8 January 2013).
- Bright, D.R., Terrell, S.L., Rush, M.J., Kroustos, K.R., Stockert, A.L., Swanson, S.C. & Dipeitro, N.A. 2012. Employee Attitudes Toward Participation in a Work Site-Based Health and Wellness Clinic. *Journal of Pharmacy Practice*, vol. 25, no. 5, pp. 530-536. [Online]. Available WWW: <http://www.ncbi.nlm.nih.gov/pubmed/22572221> (Accessed 24 June 2013).
- Bryman, A. 2004. *Social Research Methods, 2nd edition*. Oxford University Press, Oxford.
- Cherkin, D.C., Sherman, K.J., Kahn, J., Wellman, R., Cook, A.J., Johnson, E., Erro, J., Delaney, K. & Devo, R.A. 2011. A Comparison of the Effects of 2 Types of Massage and Usual Care on Chronic Low Back Pain: A Randomized, Controlled Trial. *Annals Internal Medicine*, vol. 155, no. 1, pp. 1-9. National Library of Medicine, Bethesda.
- Coetzee, M. & De Villiers, M. 2010. Sources of Job Stress, Work Engagement and Career Orientations of Employees in a South African Financial Institution. *Southern African Business Review*, vol. 14, no. 1, pp. 27-57. UNISA, Pretoria.

Corbin, L. 2005. Safety and Efficacy of Massage Therapy for Patients with Cancer. *Cancer Control*, vol. 12, no. 3, pp. 158-164. Medscape, New York.

Cote, A. & Daneault, S. 2012. Effect of Yoga on Patients with Cancer. Our Current Understanding. *Canadian Family Physician*, vol. 58, no. 9, pp. 475-479. [Online]. Available WWW: <http://www.cfp.ca/content/58/9/e475.full.pdf+html> (Accessed 25 May 2014).

Courtois, P., Dooley, R., Kennish, R., Paul, R. & Reddy, M. 2004. Employee Assistance and Work-life: Lessons Learned and Future Opportunities. *Employee Assistance Quarterly*, vol. 19, pp. 75-97. Haworth Press, Philadelphia.

Csiernik, R. 2011. The Glass Is Filling: An Examination of Employee Assistance Program Evaluations in the First Decade of the New Millennium. *Journal of Workplace Behavioral Health*, vol. 26, pp. 334-355. Employee Assistance Society of North America, USA.

Csiernik, R. 2008. Employee Assistance Program Utilization. Developing a Comprehensive Scorecard. *Employee Assistance Quarterly*, vol. 18, pp. 45-60. Haworth Press, Philadelphia.

Daniels, A., Teems, L. & Carrol, C. 2005. Transforming Employee Assistance Programs by Crossing the Quality Chasm. *International Journal of Mental Health*, vol. 34, no. 1, pp. 37-54. M.E. Sharpe, Armonk.

Eldries, N., Jelsma, J. & Maart, S. 2013. *The Impact of an Employee Wellness Programme in Clothing/Textile Manufacturing Companies: A Randomised Controlled Trial*. [Online]. Available WWW: www.biomedcentral.com/1471-2458/13/25 (Accessed 21 January 2013).

Gerber, M. 1995. Employee Assistance: Combining Communication and Organisational Development. *Human Resource Management Journal*, vol. 11, no. 4, pp. 31-32. John Wiley & Sons, Hoboken.

Gillespie, L.V. 2012. *Integrate Bursts of Activity Into Workday*. [Online]. Available WWW: <http://ebn.benefitnews.com/news/lisa-gillespie-training-human-performance-institute-welcoa-2726355-1.html> (Accessed 8 January 2013).

Govender, T. & Terblanche, L. 2009. A Critical Analysis of the Prevalence and Nature of Employee Assistance Programmes in the Eastern Cape Buffalo City Municipal Area. *Social Work/Maatskaplike Werk*, vol. 45, pp. 10 -30. University of Stellenbosch, Stellenbosch.

Grace, J.M. 2001. *Impact of a Worksite Physical Wellness Program in Sick Leave, Absenteeism and Health Related Fitness*. University of Pretoria, Pretoria.

- Grimm, P. 2010. *Pretesting a Questionnaire*. [Online]. Available WWW: <http://onlinelibrary.wiley.com/doi/10.1002/9781444316568.wiem02051/abstract> (Accessed 12 April 2014).
- Grobler, P.A., Warnich, S., Carrel, M.R., Elber, N. & Hatfield, R.D. 2011. *Human Resource Management in South Africa*. South Western Cengage Learning, Hampshire.
- Hanks, S. 2010. *USU Be Well: An Analysis of the Utah State University Employee Wellness Program*. [Online]. Available WWW: http://www.usu.edu/wellness/files/uploads/Final_ReportSurvey10.pdf (Accessed 23 July 2013).
- Harden, A., Peersman, G., Oliver, S. & Mauthner, M.A.O. 1999. A Systematic Review of the Effectiveness of Health Promotion Interventions in the Workplace. *Occupational Medicine*, vol. 49, no. 8, pp. 540-548. Oxford Journals, Oxford.
- James, J. 2012. Health Policy Brief: Workplace Wellness Programs. *Health Affairs*, 10 May. Project HOPE — The People-to-People Health Foundation, Inc., Bethesda.
- Jost, T. 2013. *Implementing Health Reform: Workplace Wellness Programs*. [Online]. Available WWW: <http://healthaffairs.org/blog/2013/05/29/implementing-health-reform-workplace-wellness-programs> (Accessed 31 July 2013).
- Kalichman, L. 2010. Massage therapy for fibromyalgia symptoms. *Rheumatology International*, vol. 30, pp. 1151-1157. Springer, New York.
- Kanodia, A.K., Legedza, A.T.R., Davis, R.B., Eisenberg, D.M. & Phillips, R.S. 2010. Perceived Benefit of Complementary and Alternative Medicine (CAM) for Back Pain: A National Survey. *The Journal of the American Board of Family Medicine*, vol. 23, no. 3, pp. 354-362. [Online]. Available WWW: <http://www.jabfm.org/content/23/3/354.full.pdf+html> (Accessed 25 May 2014).
- Karsch, R.C. 2005. A "Big Tent" approach to wellness. *Journal of Employee Assistance*, 4th Quarter, pp. 32-34. Employee Assistance Professionals Association, Arlington.
- Lassen, A., Bruselius-Jensen, M., Sommer, H.M., Thorsen, A.V. & Trolle, E. 2007. Factors Influencing Participation Rates and Employees' Attitudes Toward Promoting Healthy Eating at Blue-Collar Worksites. *Health Education Research*, vol. 22, no. 5, pp. 727-736. Oxford Journals, Oxford.
- Lubbe, J.P.H. 2010. *Worksite Wellness Programs*. [Online]. Available WWW: <http://wellnessafrica.com/worksite-wellness-programs.pdf> (Accessed 23 June 2013).
- Lubbe, J.P.H., Malan, D.D.G., Wilders, C.J. & Ellis, S.M. 2008. Effect of a Worksite Wellness Programme on the Physical Work Capacity Profile of Workers in an Electricity

Supply Company. *Occupational Health Southern Africa*, vol. 14, no. 2, pp. 3-9. Technique, Durban.

Murdoch, F. 2012. *Holistic integrated approach for wellness programs*. [Online]. Available WWW: <http://www.hrpulse.co.za/employee-management/employee-wellness/228847-holistic-integrated-approach-for-wellness-programs> (Accessed 31 July 2013).

Naidoo, A.V. & Jano, R. 2003. The role of EAPs in the SA context. *The Social Work Practitioner-Researcher: A Journal on the Application of Research in Practice*, vol. 15, no. 2, pp. 113-127. UNISA, Johannesburg.

New York University (NYU). 2013. *What is Research Design?* [Online] Available: <http://www.nyu.edu/classes/bkg/methods/005847ch1.pdf> (Accessed 30 September 2013).

Nicolaas, C. 2007. *Perceptions of employees regarding the utilization of the in-house employee assistance programme model in the North West Department of Education*. Unpublished research report in partial fulfilment of a Masters in Social Science. University of Pretoria, Pretoria.

Northwestern University (NU). 2014. *Simple random sampling*. [Online]. Available WWW: <http://www.kellogg.northwestern.edu/faculty/weber/decs-433/sampling.htm> (Accessed 11 April 2014).

Nyati, F. 2013. *Employee wellness programmes are a critical component of any credible talent management strategy*. [Online]. Available WWW: <http://www.hrfuture.net/wellness/corporate-health-and-wellness-give-you-an-edge.php?Itemid=196> (Accessed 31 July 2013).

Oher, J.M. 1999. *The employee assistance handbook*. John Wiley & Sons, Inc, New York.

Perlman, A.I., Ali, A., Njike, V.Y., Hom, D., Davidi, A., Gould-Fogerite, S., Milak, C. & Katz, D.L. 2012. Massage Therapy for Osteoarthritis of the Knee: A Randomized Dose-Finding Trial. *PLoS ONE*, vol. 7, no. 2, 30248. PLOS, San Francisco.

Person, A.L., Colby, S.E., Bulova, J.A. & Eubanks, J.W. 2010. Barriers to Participation in a Worksite Wellness Program. *Nutrition Research and Practice*, vol. 4, no. 2, pp. 149-154. Redfame Publishing, Beaverton.

Phillips, R. 2012. *How to get more out of EAPs*. [Online]. Available WWW: <http://eba.benefitnews.com/news/brokers-advisers-expand-eap-program-effectiveness-2727145-1.html> (Accessed 08 January 2013).

Pillay, R. 2007. *A comparison of the Employee Assistance Programme (EAP) with HIV and AIDS Workplace Programme in the Gauteng Provincial Government*. University of Pretoria, Pretoria.

Questionpro. 2013. *How it works*. [Online]. Available WWW: <http://www.questionpro.com> (Accessed 19 August 2013).

Rajin, J. 2012. *Employee Assistance Programme in the South African Police Service: A Case Study of Moroka Police Station*. University of South Africa, Johannesburg.

Randomizer. 2013. *Research Randomizer*. [Online]. Available WWW: <http://www.randomizer.org/> (Accessed 10 September 2013).

Raosoft. 2013. *Sample size calculator*. [Online]. Available WWW: <http://www.raosoft.com/samplesize.html> (Accessed 10 September 2013).

Robison, J. 2004. Toward a New Science. *WELCOA's Absolute Advantage Magazine*, vol. 3, no. 7. [Online]. Available WWW: http://www.jonrobison.net/Toward_A_New_Science.pdf (Accessed 23 July 2013).

Ruwende, P.T. 2012. *Utilization of an HIV/AIDS Wellness Program within the Workplace. Faculty of Economic and Management Sciences*. [Online]. Available WWW: <http://hdl.handle.net/10019.1/20288> (Accessed 08 January 2013).

Sangweni, S.S. 2006. *Evaluation of Employee Assistance Programmes in the Public Sector*. The Public Service Commission (PSC), Arcadia.

Schabracq, M.J., Winnubst, J.A.M. & Cooper, C.L. 2003. *The Handbook of Work and Health Psychology*. John Wiley & Sons, Washington.

Schell, S. 2012. *Stumbling blocks to participant engagement and steps employers can take*. [Online]. Available WWW: http://www.alere.com/content/dam/alere/docs/alerehealth/benefits_mag_schell_oct12.pdf (Accessed 8 January 2013).

Schoenman, J.A. 2011. *Building a Stronger Evidence Base for Employee Wellness Programs*. [Online]. Available WWW: <http://www.nihcm.org/pdf/Wellness%20FINAL%20electronic%20version.pdf> (Accessed 27 August 2013).

Sekaran, U. & Bougie, R. 2009. *Research Methods for Business: A Skill Building Approach*. John Wiley & Sons Ltd, West Sussex.

- Shamoo, A. & Resnik, B. 2003. *Responsible Conduct of Research*. [Online]. Available WWW: http://ori.hhs.gov/education/products.n_illinois_u/datamanagement/datopic.html (Accessed 12 April 2014).
- Sherman, K.J., Ludman, E.J., Cook, A.J., Hawkes, R.J., Roy-Byrne, P.P., Bentley, S., Brooks, M.Z. & Cherkin, D.C. 2010. Effectiveness of Therapeutic Massage for Generalized Anxiety Disorder: A Randomized Controlled Trial. *Depression and Anxiety*, vol. 27, no. 5, pp. 441-450. John Wiley & Sons, Hoboken.
- Sieberhagen, C. 2008. *Employee Health and Wellness Practices in South Africa*. Unpublished research report. North-West University, Potchefstroom.
- Sieberhagen, C., Pienaar, J. & Els, C. 2011. Management of Employee Wellness in South Africa: Employer, Service Provider and Union Perspectives. *SA Journal of Human Resource Management*, vol. 9, no. 1. [Online]. Available WWW: <http://www.sajhrm.co.za/index.php/sajhrm/article/view/305/html> (Accessed 07 January 2013).
- Singh, A.M. 2012. *Research Methodology course notes*. University of KwaZulu-Natal.
- Synodinos, N. 2003. *The "Art" of Questionnaire Construction: Some Important Considerations for Manufacturing Studies*. [Online]. Available WWW: <http://www.adolphus.me.uk/emx/surveys/pretesting.htm> (Accessed 12 April 2014).
- Taris, W.T., Kompier, M.A.J., Geurts, S.A.E., Schreurs, P.J.G., Schaufeli, W.B., De Boer, E., Sepmeijer, K.J. & Watez, C. 2003. Stress Management Interventions in the Dutch Domiciliary Care Sector: Findings from 81 Organizations. *International Journal of Stress Management*, vol. 70, pp. 297-325. American Psychological Association, Washington.
- Taute, F. & Manzini, K. 2009. Factors that Hinder the Utilisation of the Employee Assistance Programme in the Department of Labour. *Social Work/Maatskaplike Werk*, vol. 45, pp. 1-9. UNISA, Johannesburg.
- Testwell. n.d. *Six Dimensions of Wellness*. [Online]. Available WWW: http://www.testwell.org/index.php?id=1696&id_tier=3430 (Accessed 2 August 2013).
- Vaida, G. 2005. Wake Up Call for Employers. *Sunday Times*, 16 October. [Online]. Available WWW: <http://www.tbp.co.za/PRESS-Business-Consulting-Training/Bu> (Accessed 7 January 2013).
- VanderStoep, S.W. & Johnson, D.D. 2010. *Research Methods for Everyday Life: Blending Qualitative and Quantitative Approaches*. John Wiley & Sons, Hoboken.

Volkswagen. 2013. *Health and Wellness*. [Online]. Available WWW:
http://www.vw.co.za/en/volkswagen_groupsouthafrica/corporate_citizenship/health.html
(Accessed 28 August 2013).

Weiss, R.M. 2003. Effects of Program Characteristics on EAP Utilization. *Employee Assistance Quarterly*, vol. 18, no. 3, pp. 61-70. Haworth Press, Philadelphia.

Welcome, R. 2013. *Information on Direct Axis Wellness Programme*. Personal communication, 18 July.

Appendix I:

Questionnaire

Questionnaire:

1. Age:
 - a. <21
 - b. 21 – 30
 - c. 31 – 40
 - d. 41 – 50
 - e. 51 – 60
 - f. >60

2. Gender
 - a. Male
 - b. Female

3. Race
 - a. Black
 - b. Indian
 - c. Coloured
 - d. White
 - e. Other. Please specify: _____

4. Nationality
 - a. South African
 - b. Non-South African

5. Marital Status
 - a. Single
 - b. Married
 - c. Divorced
 - d. Widowed
 - e. Other

6. Educational level
 - a. < Matric
 - b. Matric
 - c. Diploma
 - d. Degree
 - e. Post graduate degree

7. How many years have you been employed at Direct Axis?
 - a. 0 – 3 years
 - b. 3 – 5 years
 - c. 5 – 10 years
 - d. 10 years and more

8. What is your position at Direct Axis?
- BC Level/F&P
 - BU Level
 - Team Leader Level
 - Staff member
9. What is your understanding of a Wellness Programme (WP)? Please choose only one answer that you believe is most correct.
- WP is a confidential assistance and support service which is designed to help employees to cope with problems that adversely affect their lives, behaviour, and/or performance.
 - WP services are only for work-related problems and do not assist with other personal problems that an employee might be facing.
 - WP services only assist with drug/substance abuse in order to assist employee to recover from drug/substance abuse so that they can be productive.
 - WP services only assist with physical conditions so that people are physically fit and can report for duty.
 - Services offered by employers to their employees to help them overcome problems that may negatively affect job satisfaction or productivity.
10. Are you aware that Direct Axis has a Wellness Programme (WP)?
- Yes
 - No {end of questionnaire}
11. How did you become aware of the Wellness Programme?
- Buzz
 - E-mail notification
 - Posters in the office
 - Word of mouth
 - Referral by line manager
 - Other. Please specify: _____
12. I am aware of the functioning of the Wellness Programme:
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
13. Which of the following are you aware of: (you may select more than one)
- Services are confidential
 - The staff are highly qualified to provide the service
 - I know where to find the Wellness department
 - The services offered are free

14. Which of the following problems have you experienced in the past 24 months? (you may select more than one)
- Problems related to Health Management
 - Problems related to Safety and Security
 - Problems related to Psychosocial Wellness
 - Problems related to Organizational Wellness
 - None [{Go to Q17}](#)
15. Have you used the Wellness Programme services to assist you with any of the problems listed in Q14?
- Yes
 - No [{Go to Q 17}](#)
16. Which services have you used: (you may choose more than one)
- Health Management (clinic, doctor, physiotherapist, gym, sports clubs, healthy food)
 - Safety and Security (First Aiders, Emergency Wardens, Security presence, Transport)
 - Psychosocial Wellness (Counselling Services, Beauty Therapy, Hairdresser, Debt Counselling, Yoga Classes)
 - Organizational Wellness (Annual Climate Survey, Informer, Incentives, Service Awards, Team Building)
17. Have you used the Wellness Programme for any other reasons not listed in Q14?
- Yes. Please specify: _____
 - Not for any other reasons except those listed above
 - No [{go to Q26}](#)
18. How would you rate the quality of the Wellness Programme service?
- Excellent [{go to Q19}](#)
 - Good [{go to Q19}](#)
 - Fair [{go to Q20}](#)
 - Poor [{go to Q20}](#)
 - Very Poor [{go to Q20}](#)
19. Please provide reasons for your answer in Q18:
- Staff were friendly
 - Staff were helpful
 - I felt that the staff understood my problem/s
 - Staff knew how to handle my situation
 - I felt better after accessing the service
 - Other. Please specify: _____
- [{go to Q21}](#)
20. Please provide reasons for your answer in Q18:
- Staff were unfriendly
 - Staff were rude

- c. I felt that the staff did not understand my problem/s
- d. Staff could not handle my situation
- e. I felt worse after accessing the service
- f. Other. Please specify: _____

21. How would you rate the competency of the staff of the Wellness Programme service?

- a. Very competent {go to Q22}
- b. Competent {go to Q22}
- c. Fair {go to Q23}
- d. Incompetent {go to Q23}
- e. Very incompetent {go to Q23}

22. Please provide reasons for your answer in Q 21:

- a. Staff knew how to handle my problem/s
- b. Staff provided good referrals
- c. Staff were able to make me feel better
- d. Other. Please specify: _____
{go to Q24}

23. Please provide reasons for your answer in Q 21:

- a. Staff were not able to deal with my problem/s
- b. Staff did not provide good referrals
- c. Staff were not able to make me feel better
- d. Other. Please specify: _____

24. How would you rate the location of the Wellness Programme service?

- a. Very accessible
- b. Accessible
- c. Fair
- d. Inaccessible
- e. Very inaccessible

25. The Wellness Programme intervention was:

- a. Able to help resolve my problem
- b. Able to refer me for more specialized help
- c. Able to help me think through my problem and manage it myself
- d. Unable to resolve my problem
- e. Unable to resolve my problem and left me feeling even more burdened

{go to Q27}

26. Is there any reason(s) why you have not used the Wellness Programme? (You may choose more than one option)

- a. I have heard that the Wellness Programme service is not confidential
- b. I heard that staff are not trustworthy
- c. I heard that staff are not competent

- d. The services are too far away for me
- e. The times that the services are offered are not convenient for me
- f. I have heard that the quality of the service is poor
- g. People I know who have used the service told me that it was not helpful
- h. Other. Please specify:

27. Do you think communication regarding the Wellness Programme needs improvement?

- a. Yes
- b. No {go to Q29}

28. What needs improvements with regards to communication?

- a. Mode of communication
- b. Visibility of Wellness Programme in the workplace
- c. More information about how to access the services
- d. Other. Please specify: _____

29. Do you think the Wellness Programme service needs to be improved?

- a. Yes
- b. No {go to Q31}

30. If yes, what needs to be improved? (You may select more than one option)

- a. Health Management
- b. Safety and Security
- c. Psychosocial Wellness
- d. Organizational Wellness
- e. Confidentiality
- f. Quality of staff
- g. Location of the department
- h. Other. Please specify:

31. Do you have any further to add regarding Direct Axis Wellness Programme?

THANK YOU

Appendix II: Informed Consent

UNIVERSITY OF KWAZULU-NATAL GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

Dear Respondent,

MBA Research Project
Researcher: Suraya Dawad (082 908 7787)
Supervisor: Anesh Singh (031 260 7061)
Research Office: Ms P Ximba 031-2603587

I, **SURAYA DAWAD** am a MBA student at the Graduate School of Business and Leadership, of the University of KwaZulu Natal (UKZN). You are invited to participate in a research project entitled **Employees' awareness, attitudes and utilization of the Direct Axis Employee Wellness Programme**. The aim of this study is to understand employees' attitudes, awareness and utilization of the Wellness Programme (WP) at Direct Axis.

Through your participation I hope to understand whether all employees are aware of the WP; whether they are utilizing the services offered in the WP, what their attitudes are towards the WP, and how (if applicable) can the WP be improved. The results of this study are intended to contribute to recommendations that will be put forth to Direct Axis in relation to the WP.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the research study at any time with no negative consequence. There will be no monetary gain from participating in this survey. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

Should you accept the conditions of this study and are willing to participate, please click the box next to "I ACCEPT" and then click CONTINUE to proceed with the questionnaire.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact my supervisor or myself at the numbers listed above.

The survey should take you about 10 minutes to complete. I hope you will take the time to complete this survey.

Sincerely

SURAYA DAWAD

Appendix III: Permission to Conduct Research from Direct Axis



17 July 2013

Suraya Dawad

Dear Suraya

PERMISSION TO CONDUCT RESEARCH AT DIRECTAXIS

It gives me pleasure to confirm permission for you to conduct research about our wellness programme at DirectAxis.

As per previous communication, we will send the survey link to a sample of employees rather than the entire business as we have had a number of surveys running recently. Please confirm the final number required to make the survey valid.

I also wish to confirm that we would like access to the results as soon as possible as we will use the results and research to see how we can improve our current service offering.

Thanks for the opportunity. I look forward to working with you.

Kind regards,

Rochelle Welcome

Direct Axis SA (Pty) Ltd
Tel: +27 21 764 3136 | Cell: +27 83 419 5119 | Switchboard: +27 21 764 3000 |
Rochelle.Welcome@directaxis.co.za
DA Campus, 108 De Waal Road, Diep River 7800

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Appendix IV: Final Ethical Clearance Letter



9 June 2014

Ms Suraya Dawad (991240539)
Graduate School of Business & Leadership
Westville Campus

Protocol reference number: HSS/0239/013M
New project title: Employees' awareness, attitudes and utilisation of the Direct Axis Employee Wellness Programme

Dear Ms Dawad,

Approval - Change of project title

I wish to confirm that your application dated 23 June 2014 in connection with the above mentioned project has been approved.

Any alteration/s to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

Dr Shenuka Singh (Chair)

/ms

cc Supervisor: Professor Anesh M Singh
cc Academic Leader Research: Dr E Munapo
cc School Administrator: Ms Zarina Bullyra

Humanities & Social Sciences Research Ethics Committee

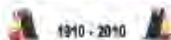
Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

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