EMPLOYEE KNOWLEDGE, AWARENESS AND PERCEPTIONS ABOUT THE EMPLOYEE WELLNESS PROGRAMME IN THE MINISTRY OF HEALTH, SWAZILAND

By

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ABSTRACT

Many companies are becoming increasingly aware of the issues pertaining to employee well-being or wellness. There has been a growing public interest with regards to integrating wellness activities with the responsibilities of the employer. This shift with regard to healthy workplaces and employees that are empowered represents trends between organizational well-being and positive psychological states. As a result of this, various programmes were introduced such as Employee Assistance Programme (EAP) and Employee Wellness Programmes (EWPs) to address the issues of wellness in the workplace. Employee Wellness Programmes are defined as intervention strategies aimed to promote the well-being of workers. The study was conducted to establish the reasons employees either take up or do not take up services offered within the Employee Wellness Programme at the Ministry of Health in order to provide guidelines to make the programme effective and to render the programme more cost effective. A stratified random sampling method was used to select the samples. Data were collected using a self-administered questionnaire. The findings of the study revealed that majority of the respondents (88.3%) were aware of the existence of the Employee Wellness Programme. The result also showed that 48.3% of the respondents rated the programme as good whereas 25% rated it as fair. Furthermore, the results revealed that 48.3% of the respondents have attended activities offered by the programme whilst 45% have not. The most common barrier that prevented employees from participating was inconvenient time or location of the activities (41.7%). Lastly, the majority of the respondents (73.3%) indicated that the ministry should use incentive to encourage employee participation. There is need for senior management to show commitment for the programme, monitoring and evaluation of the programme, strengthening communication, establishing proactive wellness committees, creating a wellness culture among employees as well as providing incentives for participating in the programme.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

“Employee Wellness Programmes show great promise for increasing employee and Organizational health and general effectiveness” (James, 2012). These types of programmes in general try to improve wellness of employees through interventions that are targeting fitness, stress management, nutrition and other lifestyle behaviours or activities. Employee Wellness programmes have become a significant component of company branding and strategy, as a healthy workplace produces better safety results, performance, and quality of life (Bryman and Belle, 2011).

According to Bryman and Belle (2011), success and effectiveness of EWPs depends on a number of factors, such as, the rationale, utilization and evaluation of the programmes. Different researchers have highlighted on the significance of conducting a needs analysis to determine the challenges and problems that are experienced by the employees. Companies should do this needs analysis before they design and introduce EWPs. This will enable the companies target matters that need to be addressed (Darling and Dannel, 2011).

It is vital to determine the utilization rate because the justifications employees’ state as to why they participate or do not in EWPs will give information that is valuable about the effectiveness of the programme (Berry, Mirabito & Bau, 2010). It is very significant to evaluate EWPs because primarily EWPs are to justify their existence and to establish the extent to which their objectives are achieved and to find methods of improving their existence. If companies use wrong measures of evaluating the effectiveness EWPs, they can end up drawing wrong conclusions form their evaluations.

1.2 Motivation for the Study

There has been not much done to look at perceptions of employees about the Employee Wellness Programme at the Ministry of Health, its utilization and level of knowledge and awareness of the existence of such programme and operation of the programme. This has been identified as a knowledge gap appropriate for further study.

This study would be conducted to assist the Ministry of Health to understand the reasons employees either take up or do not take up services offered within the Employee Wellness programme in order to provide guidelines to make the programme effective and to render the programme more cost effective.

The study would benefit the Ministry of Health employees in the sense that it has come up with suggestions and recommendations of strategies that the Ministry can implement to improve or make the programme more effective as well as eliminate the challenges currently encountered by the programme. The current strategies would also be evaluated and implement solutions to the challenges that the programme is facing. This at the end would benefit the employees such as preventing illnesses, improved productivity and other desired outcomes.

The study would also benefit the patients and the community in that they are the primary beneficiaries of the services provided by the health workers, therefore this will lead to improved service delivery by employees who are healthy, motivated and stress free. This in a nutshell will lead to improved employee performance and productivity.

The study would be utilized by policy makers to make good and informed policies regarding the implementation of successful Employee Wellness programmes.

1.3 Focus of the Study

The study was conducted in three health facilities that have the Employee Wellness Programme. The health facilities include one national referral hospital, one regional hospital and one health centre namely Mbabane Government Hospital, Mankayane Government Hospital and Dvokolwako Health Centre respectively. The Ministry of

Health has embarked on a mission to strengthen Employee Wellness Programmes in the health facilities to strengthen the effectiveness of the health care system.

The participants of the study include all employees in the facilities which consist of senior management, medical doctors, allied workers (such pharmacists, Lab Technicians and many more), nurses, and support staff (such as Accounts Officers, Data Clerks, Drivers, Hospital Orderlies etc.).

1.4 Problem Statement

The Ministry of Health is faced with challenges relating to human resources for health required for efficient and effective delivery of health services. There is significant evidence regarding the burden of disease attributable to workplace environment and Non-Communicable Diseases. The critical common risk factors, being tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and infections such as HIV and AIDS, TB and Malaria.

Whilst the health sector has made these achievements, it continues to be faced with increasing challenges of a high disease burden, inadequate human resources, de-motivated workforce and many more.

Having identified lack of knowledge and full details on the Employee Wellness Programme at the Ministry of Health, its utilization and the level of knowledge and awareness of the programme as well as the full workings of the programme, the researcher was interested in conducting a study on the knowledge, awareness and perceptions of the employees about the programme.

At times there can be widespread misinformation about a programme amongst employees. This includes misinformation about lack of knowledge on where to get assistance and benefits about the programme. It is therefore fundamental to define their knowledge and awareness about the Employee Wellness Programme. Sometimes employees may have a wrong perception or mistrust the purpose of setting up the programme and thus do not fully utilize it.

1.5 Research Sub-Questions

The research answered the following questions:

i) Are employees knowledgeable and aware of the Employee Wellness Programme?
i) What are the perceptions about the programme?
ii) To what extent is the wellness programme utilized?
iii) What are the employees' key areas of concern about the programme?
iv) What is the role of incentives under the wellness programme?
v) What could make the programme effective and more cost effective?

1.6 Objectives

The objectives of the study were:

i) To determine employee knowledge and awareness of the Employee Wellness Programme
i) To determine perceptions about the programme
ii) To investigate the extent to which employees utilize the programme
iii) To investigate areas of key concern within the programme to employees
iv) To determine the role of incentives under the wellness programme
v) To provide guidelines to make the programme effective and more cost effective

1.7 Significance of the Study

Employee wellness Programmes are an intervention strategy established by the employer to promote and encourage the welfare and wellbeing of employees in the workplace (Sieberhagen, Pienaar & Els, 2011). It is very essential for any organization to evaluate the effectiveness of the Employee Wellness Programme by determining the perceptions employees have about the programme and the reasons for not participating in the programme. This study will highlight the following key areas:

i) Justification for the existence of the programme

ii) To determine the extent to which it meet the set objectives

iii) To find ways of improving its effectiveness

This study would benefit the employee because it will unearth the ambiguities and address the concerns that employees have about the programme and this would result in a tailor made programme that would address the key issues and needs of the employees within the Employee Wellness Programme. The Ministry of Health would benefit because it would result to the consumption of less time and money through a programme that would ensure higher employee utilization rates and increased worker productivity thus leading to improved and better service delivery.

1.8 Chapter Outlines:

Chapter one outlines the discussion on why and how the study was done, problem statement, objectives of the research and research questions.

Chapter two reviews the literature of relevant material and establishing a background for the study.

Chapter three presents the methodology that the study employed.

Chapter 4 presents the findings of the study using descriptive and inferential statistics.

Chapter five and six outlines the discussion of the study findings, conclusions reached and recommendations suggested. Also incorporated in chapter six are recommendations for further study.

1.9 Summary

The aim of this chapter was to place the study into perspective by outlining the motivation of the study, the problem statement and the focus of the study. The objectives of the study were also outlined as well as the limitations encountered

when conducting the study. The next chapter will outline the review of literature on Employee Wellness Programmes.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The workplace is a very significant setting to promote healthy behaviour as they are about 143 million adults who are working on full time basis and they spend 8-10 hours per day at the workstation (James, 2012). Partaking in programmes promoting health has indicated to have a relationship with the costs of health care, meaning that health care costs decrease the involvement of employees in health activities increases (Berry, Mirabito & Bau, 2010). Encouraging workers to participate in wellness activities may be beneficial for preventing illnesses and other desired outcomes such as reduced health care costs, risk avoidance, risk reduction and improved productivity measures (Nyman, Barleen, Abraham & Jeffery, 2010).

According to HealthAffairs. (2012), employers are more and more recognizing the role of the health of the employees in productivity and engagement in the organization. There is growing but limited literature that shows the strong relationship between employee poor health and loss of productivity. A survey by Aon Hewitt showed that 593 employer respondents are more focusing on the productivity of the employee as the major organizational concern. On the other hand, research productivity loss has focused mainly on the dominance of chronic conditions instead of modifiable health risks. The CDC (2012) has identified four adjustable health risk behaviours, that is, poor nutrition, lack of physical activity, excessive alcohol consumption and tobacco use. These behaviours thereby cause most the disease and early death linked to chronic illnesses.

Mattke, Lio, Caloyeras & Huang (2013) alluded that recent evidence states that strategically organized, well- designed and cautiously assessed wellness programmes create a good sense of business for organizations or companies of any size and type. There is an increasing move amongst organizations and businesses that has led to the increase in the interest and support of Employee Wellness Programmes (EWPs). This is a result of the fact that it cost less or cheaper to have healthy and productive employee. Organizations with greatly effective and efficient

wellness programmes and strategies for health management can significantly reduce their medical expenses (Nyman, Barleen, Abraham, Jeffery, 2010). Healthy workers have reduced rates of absence, disability and worker's compensation hence becoming more productive on the job. Studies have revealed that conditions that are not managed properly, such as depression, hypertension, asthma, and low-back pain have presenteeism rates that are high. In addition, organizations with wellness programme have higher rates of employee morale and loyalty because through the wellness programmes employees feel that their employer cares about them as individuals (Harden, Peersman, oliver, Thomas & Oakley, 2012).

In this chapter the following are discussed:

2.2 An Overview of Employee Wellness Programmes (EWPs)

The CDC (2013) argued that the increase of non-communicable diseases (NCDs) is a universal trend, for instance, 63 % of all deaths globally emanate from non-communicable diseases. Together with the worldwide aging trend, improved workplace wellness programme need has turn out to be a priority. The place of work has been founded as amongst the significant settings for promoting health in the 21st century, including by the World Health Organization (WHO). Most of the adults spend the majority of their working hours at the place of work and as a result the workstation offers a huge chance to enlighten and assist employees in improving their health. The health promotion and workplace global survey has recorded a firm increase in companies acknowledging their role in employee well-being and health since 2007 (Hochart and Lang, 2011).

Many large and successful multinational businesses with existing business ventures in Africa have for some years now implemented Employee Wellness Programmes. This is being done in an effort to reduce the negative outcomes on operational reputation as well as constant viability of the business (Sackney, Noonan & Miller, 2012). Companies and organizations which have accomplished that consist of, ESKOM, Damien Chrysler, Anglo-American plc, and the giant mining company De-Beers in South Africa and Botswana to mention a few. Implementing such as programme can yield benefits that are either; financial (for instance, monitoring

employee costs of diseases), corporate image purposes (for instance, accomplishing corporate social responsibility [CSR] principles) or meeting legislative obligation. Literature review indicates that organizations like BHP Billiton and Anglo-America have established highly publicized programmes. However, operating the intervention wellness programmes in the workstation has created many challenge's (Hochart and Lang, 2011).

2.3 Chronic Diseases as a Public Health Issue

An epidemic of everyday life illnesses has been emerging around the world over the last several decades. The CDC (2010) has recognized four behaviours which include amongst others poor nutrition, inactivity, frequent alcohol consumption and tobacco as the major cause of chronic diseases. This may result to a rise in the prevalence of diabetes, chronic pulmonary conditions and heart disease. These chronic illnesses have turn out to be a major problem and may cause a deterioration in quality of life, disability and early death (CDC, 2010).

According to Berry, Mirabato & Bau (2010), the cost of treating chronic disease is another major concern, for instance in the USA it accounts to an estimated 75 percent of the national expenditure. Furthermore, chronic disease used to be perceived as a problem for the older age groups but in nowadays the numbers of employed age group with the chronic illness have risen to 25 percent in ten years. This move toward earlier inception contributes to the financial problem of chronic disease due to the loss of productivity related to illness causing absence from work (absenteeism) and decrease in performance while at work (presenteeism). A Pricewaterhouse Coopers survey discovered that indirect costs such as days absent from work were higher for persons with chronic illness by four times than for those without (PriceWaterhouseCoopers, 2010).

2.4 Employee Wellness Programme in Swaziland

In Swaziland, the government has established her own EWP known as the Public Sector HIV/AIDS Coordinating Committee (PSHACC). According to the GovernmentofSwaziland (2015a), the programme was established to ensure a healthy and proactive labour force for the Government of Swaziland that is HIV / AIDS free and effectively provides public services. At first the programme was only focusing on HIV/AIDs issues but has extended to other chronic illnesses that affect employees at work. The Government employs more than 33,000 public servants who are deployed in various ministries and offices that have mandates linking them to different sectors. PSHACC is there to ensure that all the Ministries or Departments of Government fulfil the Public Sector's commitment in all National HIV/AIDS, TB response and wellness issues. Through PSHACC, selected government ministries and offices have advanced in addressing wellness, HIV and TB in their workplaces in line with the National Strategic Framework. PSHACC is also collaborating with ILO to develop and strengthen the policies and workplace programmes that address wellness, HIV and TB in the public service (GovernmentofSwaziland, 2015a).

It is to this effect that the Ministry of Health has participated in projects that are intended to create robust health promotion programmes at the workplace through increased access to preventive, treatment, care and support services to ensure a healthy and productive workforce that effectively delivers health services. Workers' psycho-social, social educational, emotional and other needs are being dealt with in a holistic manner through comprehensive EWPs that include the services of a fully functional wellness corner (MinistryofHealth, 2012).

The Ministry of Health (MOH) has established vibrant wellness committees in Health centres, regional and national referral hospitals in response to this situation. The wellness committees are tasked with providing treatment, care and support services that are easily accessible to all health workers in all regions. As a result, twelve wellness clinics were established in the ministry's health centres and hospital facilities (MinistryofHealth, 2013). These wellness clinics provide services to health workers but some have opened to other public servants. There is also a stand-alone fully operational wellness clinic situated in Manzini.

The Health workers' Wellness Programme follows the EWP type with these elements; psychosocial support, health promotion and education, capacity development, health screening, recreation (both social and physical), treatment and care, monitoring and evaluation (MinistryofHealth, 2012)

Coordination of the programme is done at the Ministry of Health Headquarters and implemented in all regions nationwide through Regional Health Management Teams (RHMTs) by the focal persons and multidisciplinary employee wellness committees (EWCs). The Ministry has adopted has adopted four models which have been implemented based on the suitable human resources, physical infrastructure and other resources for a specific RHMT; a wellness center or staff clinic that is well established, a designated medical officer to consult staff, specified staff clinic days or times except for emergencies, prioritizing staff for access to services (GovernmentofSwaziland, 2015a).

The EWP's success depends on management by recognizing workers as pillars of the health system and has recently been strengthened by MOH Management through the endorsing activities of workplace wellness in planning for the RHMT, as well as budgeting, and the focal persons and committee members developing individual plans. By so doing, responsibility, accountability and integrating employee wellness as part of service delivery will be strategically supported (MinistryofHealth, 2013).

2.4.1 The Ministry of Health Wellness Policy

The Ministry of Health currently does not a have a wellness policy, it is still being developed. PSHACC also is working towards formulating a policy on wellness; the Programme has only managed to develop a HIV/AIDS policy for the Swaziland Public Service as it was at first established to focus on HIV/AIDS issues but later expanded to look at other wellness issues. The only Ministry that has a wellness policy in the Public Service is the Ministry of Works which many believe can be used by the other ministries to benchmark and come up with their own policies (MinistryofHealth, 2013)

2. 5 Common Trends for Best Employee Wellness Programmes

Barham, West, Trief, Morrow, Wade & Weinstock (2011) have identified the following trends for a best EWP:

2.5.1 Multi-Level Management Support - It is significant for employees to be supported by management at all levels. The CEO of the company or organization must advocate actively and take part in the programme. Senior managers must operationalize the programme by implementing strategies such as permitting employees to conduct health fairs or biometric screenings on company time. Chartier (2011) argues that managers may also show support of the programme by allowing physical activity. It is essential that all management levels show the importance of the programme by participating and getting in the programme.

2.5.2 Programme Goals and Metrics - In order for the wellness programme to be successful, an organization should clearly articulate what it is they want to achieve or accomplish and how they will determine that it has been accomplished. This can be done through the use of a benchmark data for comparison and formulating goals for the programme. The organization can measure both the process and outcome metrics. Process in this case includes participation and satisfaction while outcome metrics may include medical claims, compensation of workers, disability and health status. The information will help to show progress over time and demonstrate the value of the programme to the leadership of the organization and will help to advocate for support in investing resources (both financial and human) in the programme as cited in (Darling and Dannel, 2011).

2.5.3 Strong Communication Strategy - It is very important to clearly communicate the programme's aspects in an open method and through quite a few channels. Many EWPs and initiatives have failed because of a poor communication strategy. An elegant programme that does not use massaging that fits the organization (company Internet, email, posters, postcards to home, bulletin boards etc) is bound to fail. It is cited in Mattke et al. (2013) that a powerful tool is the sharing of employee success stories or testimonials as it can motivate the other employees to participate in the programme. In addition, it is important to consider cautiously the messaging's theme and tone. The messaging should encourage the value of better-quality health to the well-being of the employees.

2.5.4 Wellness Committees and Champions - In order for the EWP to be a success, it is vital to have a committee whose members have interest in the goals and mission of the programme. This committee should meet regularly and allocate tasks and do a follow up on these assignments. The organization may also select a wellness champion to coordinate the wellness activities (Barham et al., 2011).

2.5.5 Programme Incentives - The incentives may be very different and consists of anything from small prizes to important health premium differences for meeting certain health outcomes, for instance, having a healthy BMI of being tobacco free. Incentives should be used as an initial catch to motivate individuals to participate in the programme. Soler, Leeks & Razi (2010) pointed out that the fundamental goal is to shift to a key desire for continuous good health. Once the person has had a direct experience with the rewards related with health improvement like major loss of weight or tobacco free, they might not need an external reward.

2.5.6 Ready Access to Programme - It is crucial for employees to readily access the programme in a place that is convenient for them. Examples of elements that render the programme accessible to employees involve written materials, web-based tools and phone-based support (Darling and Dannel, 2011).

2.5.7 Culture of Health - It is significant to take into consideration the important message related to developments in the organization's essential culture. The physical work area should be critically assessed in order to ascertain whether it is a healthy workplace. Also assess whether it is allows people to make healthy choices, whether there is reasonable or affordable vending choices onsite for healthy food, whether the facility is tobacco free or consider changing it and many more. These examples can influence the employees to think that they work for a company that is genuinely concerned about health (Sackney et al., 2012).

2.5.8 Medical Self-Care and Consumerism - Emphasising on the responsibility of an individual for health is a significant message that can be created in the employee wellness strategy. Employees should be made aware that they are individually accountable for their health and that they are expected to be good agents of health and responsible users of the health system. According to Soler et al. (2010) the employer is responsible for providing employees with tools, resources and information to undertake this essential responsibility.

2.5.9 Health Assessment - The cornerstone of any effective EWP is personal health assessment. Assessment tools containing (measuring things like BMI, blood pressure, blood sugar and cholesterol) provide individuals with an opportunity to assess themselves. The tools provide people with an instant, specific and custom-made feedback on current health status and actions to be taken to improve it (Barham et al., 2011).

2.5.10 Participation - High level of participation is very crucial. There must be established goals for involvement and carefully trace, evaluate and report on participation on components of the programme, for instance, weight loss or walking, health education, programme and health fair attendants, health assessment completion rates (Barham et al., 2011).

2.6 Dimensions of Employee Wellness

The dimensions of employee wellness programmes according to James (2012) are as follows:

2.6.1 Social Wellness – This dimension deals with how an individual contributes to their community and environment and how they make better spaces of living and social networks. According to Darling and Dannel (2011), the social dimension encourages contributing to the environment and community of an individual. Examples of social wellness may include developing closeness with others, acquiring good communication skills, becoming active in matters that you care about, enhancing diversity, establishing a support network of friends and family members, showing respect for others and yourself, and receiving and giving support to family and friends (Darling and Dannel, 2011).

2.6.2 Occupational Wellness – This dimension deals with occupational development which is connected to the attitude of an individual about their work and acknowledges personal contentment and enrichment in the life of an individual through work. The vital elements of this dimension include career ambitions, the choice of profession, job satisfaction and personal performance. A person is considered occupationally well when he or she is does what they desire to do in life and are happy with their future plans (James, 2012)

2.6.3 Spiritual Wellness –This dimension deals with the searching for purpose and meaning in human existence. People who are spiritually well have a clearly understand what is right or wrong and take appropriate action. Spiritual wellness essentially encompasses having a set of guiding principles, beliefs or values that give direction to the life of an individual. It involves a high level of faith, hope, and commitment to one's beliefs that give a sense of meaning and purpose (CDC, 2013).

2.6.4 Intellectual Wellness – This deals with an individual's creative and stimulating mental activities and enlarges knowledge and skills whist sharing their gift with others. An individual that is well intellectually is open to new ideas, critically thinks and looks out for new challenges. Intellectually well individuals will open and challenge their minds with creative and intellectual searches instead of growing into self-satisfied and unproductive. This individual will also use the available resources to expand an individual's knowledge and improve skills (CDC, 2013). Examples include taking a course or workshop and making decisions about health centred on solid scientific evidence taken from reliable sources.

2.6.5 Emotional Wellness - This dimension deals with the ability to control an individual's feelings and connected behaviours such as the realistic assessment of a one's limitations, capability to effectively deal with stress and development of autonomy. People who are well emotionally are able to express and control their feelings freely. Examples of skills under this dimension consist of: learning time management skills, seeking and giving support, accepting and forgiving yourself and practicing stress management skills (Klautzer, Mattke & Greenber, 2012).

2.6.6 Environmental Wellness - This dimension deals with the ability to promote health methods which improve the quality of life and standard of living in the community as well as laws and agencies look after the physical environment. The individual who is environmentally well take into consideration the natural resources, buys organic food and products, consensus energy and enjoy spending time in natural settings (Klautzer et al., 2012). An example include and individual rearranging their work area to allow them to be more productive.

2.6.7 Physical Wellness – This dimension deals with a combination of good exercise and eating habits and being cautious for self-care and getting proper health screening. This also deals with being personally responsible and taking care of minor

ailments and be knowledgeable about when professional medical attention is required. Individuals who are well physically understand and value the connection between sound nutrition and the performance of the body (James, 2012).

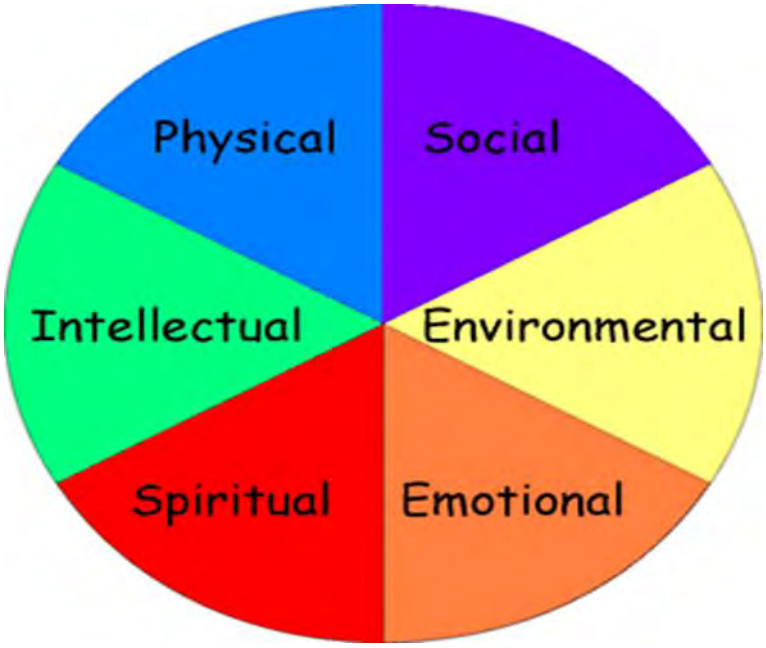

Figure 2.1: The Dimensions of Wellness

2. 7 The Need for Employee Wellness Programmes

2.7.1 Growing Interest in Wellness Programmes among Employers

The growing chronic diseases prevalence in the population of working-age group is a major concern for employers regarding their impact on the health coverage cost funded by the employer. A survey recently done by benefits consultant Towers Watson and the National Business Group on Health (NBGH) states that 67 percent of employers acknowledged poor health habits by employees as amongst the top three challenges to retaining affordable or reasonable health coverage (NationalBusinessGrouponHealth, 2010).

Baicker, Cutler & Song (2013) pointed out that employers are adopting strategies for promoting health and preventing diseases in order to reduce the trends of increasing

health care costs. These strategies are referred to as Wellness Programmes. The aim of the disease prevention programmes is preventing the inception of illnesses (primary prevention) or diagnosing and treating disease early before the occurrence of any complications (secondary prevention). Primary prevention focuses on risk factors and behaviours that are related to health such as encouraging a diet with lower fat and caloric content to prevent the onset of diabetes mellitus (Berry et al., 2010). Secondary prevention focuses on improving the control of disease, for instance promoting adherence to medication by asthmatic patients in order to prevent symptom exacerbations which may lead to hospitalization. Health promotion is linked to disease prevention which is aimed at promoting better health through behaviour change. Employee wellness benefits from employers accessing employees at a time when interventions can still change their long-term health trajectory (Berry et al., 2010)).

There is a broad range of services offered in the EWP. There are three kinds of distinguished activities the employer can provide as highlighted by the CDC (2013):

- Screening activities to detect health risks, for instance, measuring body weight.
- Interventions on primary prevention to focus on visible health risks, known as lifestyle management, for instance, counselling on reducing weight and secondary prevention intended to enhance the control of chronic conditions, also known as disease management.
- Health promotion activities to promote healthy lifestyles, for instance, cafeterias providing healthy food options.

Employers' whole strategy on health and wellness can also incorporate other benefits on health and well-being such as programmes on occupational health and safety as well as related changes such as smoking ban and using incentives to boost the uptake of workplace wellness benefits. Those incentives can be linked to participation in the programme or to changes in standards related to health, like body weight or smoking also known as health-contingent programmes (FederalRegister, 2013).

The scope of EWPs strategies according to HealthyPeople2020 (2011) can differ significantly, from giving vouchers to join a gym to executing programmes with

different components that join screening, interventions, and changes to the whole benefit plan. Moreover, the employer might provide EWP as an employee benefit or as an element of the group health plan employer-sponsored for employees and their beneficiaries who are participating.

Companies such as Johnson & Johnson which are early advocates of the workplace interventions have developed their own programmes. The advent of an employee wellness industry lately has allowed employers to obtain programmes and interventions that are ready made and this has increased the uptake of these programmes as they have yielded positive outcomes. For instance, studies that have been conducted recently about the return on investment (ROI) of wellness programme was discovered to be 3:1 for direct medical costs and also 3:1 for absenteeism (Baicker et al., 2013). These findings are taken from selected employers which are greatly committed to the wellness hence must be viewed cautiously.

Through these positive reports, employers have regarded the EWPs as a tool that can effectively control costs of health care and as a feasible business strategy. The Kaiser Family Foundation and the Health Research and Educational Trust conducted a study which revealed that there are about 52 percent of employers who provided wellness programmes in 2012 believed that wellness programmes effectively reduced the health care costs (KFF/HRET, 2010). Also, health insurance issuers are more and more integrating wellness programmes into their product packages. The study also reveals that employers with less than 200 employees that provided wellness, 59 percent offered it because it was included in the insurance coverage offered by the health plan.

Mackinnon, Eliot, Thoemmes, Kuel & Moe (2010) highlighted that many businesses are becoming increasingly aware of employee wellness related issues or well-being and the public is increasingly interested in incorporating wellness activities with the employers' responsibilities. This shift concerning healthy places of work and motivated employees reflects improvements in positive psychological conditions and welfare in the organization.

This has also resulted to the establishment of programmes such as Employee Assistance Programmes (EAPs) and EWPs to focus on issues of wellness in the

workplace. An Employee Assistance Programme (EAP) according to Mattke et al. (2013) “is a workplace programmatic intervention usually at the level of the individual employee using behavioural science knowledge and methods for the recognition and control of certain work- and non-work-related problems”. He further indicated that “EAPs are defined by other others as programmes that encompass the identification, assessment, monitoring, referral, counselling, and follow-up activities that aim at focusing on problems faced by employees “ (Mattke et al., 2013).

According to Naydeck, Pearson & Ozminowski (2010) employee wellness programmes are intervention strategies that are aimed at promoting the welfare of workers. They can be preventive and curative in their composition. The introduction of a EWP in an organization is aimed at creating awareness on issues of wellness, to encourage health management and personal change and promoting a healthy and supportive place of work.

By introducing a EWP, employees are placed to be in charge and responsible for their own well-being. Baicker et al. (2013) emphasized that EWPs usually focus on activities that are mainly fo*r* relieving employees from stress that is caused by personal finances, health problems, job demands, substance abuse and care crisis. The support that is offered by employers to employees through the wellness programmes benefits those who utilize them. Employers can also benefit from the wellness programme and these include benefits such as (Sieberhagen, Pienaar & Els, 2011):

- Reduced absenteeism which can result to increased presenteeism
- Meeting requirement of labour legislation which can lead to improved industrial relations
- A decrease in accidents
- Low health care costs
- Increased employee performance and productivity

It is crucial that an organization should focus on the employee’s wellness because it can impact on the wellness of an organization and vice versa. Therefore, an organization should handle challenges in an organized way for the well-being of both the employee and the organization. According to Osilla, Van Mechelen, Schnyer,

Larkin, Eibner & Mattke (2012), the EWP's success and effectiveness is dependent on the number of factors, utilization and evaluation of the programme. Many researchers put emphasis on the significance of a needs assessment to ascertain the challenges and the problems that are experienced by workers. Therefore, it is vital for an organization to do a need assessment before the EWP is designed and introduced. This will ensure that targeted issues are accurately addressed (Hochart and Lang, 2011).

Sackney et al. (2012) argued that the utilization rate can be determined by the reasons that the employees give for participating or not participating in the EWP and this will also be valuable in knowing whether the programme is effective or not. EWPs are primarily evaluated to defend their existence, to ascertain the degree in which they accomplish their intentions and to determine means of improving their effectiveness. If organizations use wrong procedures to evaluate their effectiveness, it might lead in the making of wrong conclusions by the evaluations (Nyman et al., 2010).

2.7.2 The Importance of Employee Wellness Programmes

According to Berry et al. (2010), a comprehensive employee wellness programme provides integrated programmes such as health promotion and disease management with personalized reduction of risk for employees as a vital component. This integrated method has been discovered to be largely effective in disease prevention and promotion of health than tackling each matter separately. The workplace is a perfect location for health behaviour change as they provide access to employees through monitored environmental and communication support system and can achieve a large number of people frequently over a long period of time. The prospect of attaining and sustaining better health and well-being will considerably be increased by using the integrated social support available in the workplace knowing that there are different levels of influence (community, institutional, interpersonal, intrapersonal) and dealing with preferences of employees and perceived barriers (Sieberhagen et al., 2011). Other critical factors for a successful EWP include: employee involvement, long-term commitment, and specified objectives, top level management support, leadership, detailed planning, resourceful, focus employee

needs and smooth integration into workplace environment. The EWP's effectiveness is reliant on target population's characteristics and the percentage of the population that takes part in the intervention. If employees are unmotivated, lack interest or information is not personally relevant, the employee wellness programme can fail (PriceWaterhouseCoopers, 2010).

2.8 The Impact of Employee Wellness Programmes

Employees see the challenge of maintaining individual health amongst demands competing for the work day, responsibility of the family and other social responsibilities. According to Barnham (2010), adopting a healthy behaviour reduces the risk for growing diseases that are life threatening and their related expenses and improves everyday quality of life. EWPs that focus on the health of an individual and workplace safety risks also reduce disease and the risk of injury. Partaking in the wellness activities allows employees to acquire knowledge, self-management and coping skills including establishing a network of social support with colleagues, supervisors and family. The EWP is perceived by the employees as an investment made by their organization for their welfare and an indication of how much the organization cares about its workers which can have an effect on job satisfaction and morale (CDC, 2012).

Goetzel and Shechter (2011) argue that the EWP can benefit the employees through improved productivity, reduced abseentism among employees, lower costs of insurance and compensation. Organizations that carry out a complete set of strategies to tackle their employees' health and safety benefit by using the capability to reach all employees at the workplace at the same time. These strategies assist in creating a culture of health and make employees choose easily a healthy choice and reduce the employer's dependence on individual participation employer-sponsored programmes (CDC, 2012).

Moreover, the EWPs are increasingly viewed as an essential element of appealing compensation and benefits package for employees that can be utilised as an instrument to entice the recruiting and retaining of high quality employees maintain productivity and morale.

Furthermore, the organization also benefit through good public image. The CDC (2013) stated that companies work with the public in promoting the health of employees by developing community capacity such as building recreational facilities in the community or providing access to activities that promote health for employee and their families, for instance, local fitness facilities for physical activity or local academic institutions for education can enhance company image and boost profile to prospective future employee who will perceive the organization as a desirable workplace because of its commitment to employee health (MacKinnon et al., 2010).

As pointed out in Harden et al. (2012), both employers and individual employees can benefit economically through better-quality health. For the workers, health improvement can lower cost-of-pocket expenditures for treatment of acute or chronic diseases. It can also enhance job security because of the productivity of the employees, increased presenteeism and possible avoid short or long-term disability. Employers on the other hand tend to use few on direct medical costs, disability costs, compensation of workers and costs for recruiting and training new employees.

2.9 The Role of Incentives

According to Baicker et al. (2013), the new interest in EWPs has come about as a result of the increasing rates chronic disease, poor health habits of many workers as well the rising cost of health benefits. Many employers highly regard these programmes as a way of lowering worker turnover and absenteeism and to provide an enticing benefit to their existing and potential employees. It is also suggested that a complete employee wellness programme may be rewarding to the employer by reducing the employer's expenditure on health care of the employees (Nyman et al., 2010).

Galinsky and Matos (2012) revealed that there is also an argument on how best to set up the wellness programmes. Some argue whether the EWPs should offer financial incentives for participating in the wellness programmes or whether to put penalties for employees who do not participate. The debate is whether the financial incentives or penalties are attached to the success of an individual in fulfilling health goals like losing weight or managing blood pressure.

The aim of EWPs according to Herman, Musich, Lu, Sill, Young & Edington (2012) is to inspire employees to be healthier. Many employers utilize financial rewards to encourage employees to observe and enhance their health, which can be as a result of lifestyle management programme that is intended to reducing cholesterol or blood pressure, for instance. Some employers provide an incentive like health insurance discounts to employees who finish health-risk assessments. Other employers penalize employees for poor performance or even charge them for instance, for smoking or having high body mass index.

Henke, Goetzel, McHugh & Isaac (2011) revealed that incentives may be offered in different types, for instance, contracts of cost-membership requirements, discounts on premium, or upgraded benefits. However, incentives that require workers to achieve a standard linked to health, like targeted body weight, may not surpass these limits when overseen by a group health plan of the employer, regardless of whether the incentives are a penalty, in a way of a reward, or a combination of both. The incentives that are not linked to a standard related to health, like partaking in a diagnostic testing programme, are not restrained to these limits of incentive, only if the incentive is offered to all located persons in the same way, and act in accordance with other appropriate federal and state laws.

Every company or organization has a culture that represents its values. The culture of the business may include implementing healthy practices and integrate them into the lives of its employees. For instance, a company can increase physical activity by encouraging its employees to use onsite facilities, have lunch exercise classes, provide employee exercise break instead of coffee breaks (Henke et al., 2011). It is essential for the company to motivate employees to adopt healthy lifestyle. The company can do this by using some kind of incentive to get them started and maintaining the lifestyle. The best way to reward effective behavioural change is through the use of financial incentives. If employees are given a financial incentive to do physical activity and make lifestyle changes, they will do it to get the cash bonus. Employees are now realizing the motivating factor and the programmes that are rewarding financial incentives (Herman et al., 2012).

An employee might see a financial incentive as the main benefit at the beginning of the health promotion programme. They may start to realize as they continue with the

programme the importance of living a healthy lifestyle and the need to change some habits (Nyman et al., 2010).

Baicker et al. (2013) emphasized that the financial benefit for the employee can be determined by the company, it can be large or small. In order to promote health effectively, the company must show that an impact on reducing costs and a good financial incentive by the company to make. Many companies have recognised that wellness programmes have benefited them in many ways other than just reducing health costs. Wellness programmes need to show through research that there more benefits to the company hence it is cost effective to keep then programme running. The company or organization need to realize what will be the long-term benefit of the programme and how it can financially reduce costs. In the short run, implementing the EWP may be more than what was expected but the company will realize the benefits and increase in revenue in the long run.

Furthermore, companies have tried different ways to increase participation in the EWP some of which have proven to be more effective others. For example, compulsory employee participation may fail. Companies may also offer non-cash rewards such as gift cards, travel, merchandise, time off. Incentives on the other hand can also reward behaviours that are unhealthy, for instance, quick extraordinary loss of weight. It is crucial when creating the incentive programme to maintain the appropriate behaviour while minimizing the challenges they can cause within the programme (Baicker et al., 2013).

2.9.1 Types of Incentives

According to Liu, Harris, Zakowski, Serxner, Mattke & Exum (2012), most companies encourage healthy behaviours to their employees by providing something positive. There can be rewards that are either tangible (for instance cash, prizes, vacation days and reduced premiums) or intangible rewards (such as management recognition, personal fulfilment and camaraderie). Most of the incentives are more effective when they are attached to the healthy behaviour that they are planned to strengthen.

Examples of incentives as highlighted in Baicker et al. (2013) include amongst others the following:

- Wellness Dollars - a company may provide wellness dollars which employees can use for items related to fitness like treadmills, workout outfits or gift certificates for stores related to health.
- Monetary Rewards – a company may provide cash to employees for participating in the EWP. The company can also offer life insurance to workers that have done a health risk assessment.
- Contests – this can be used to encourage change in physical fitness, smoking and weight loss. A company may also provide tangible rewards to winners, participants may receive intangible rewards such as recognition.
- Achievement Awards – this may include certificates to applaud an employee for accomplishing a health related goal.
- Public Recognition – such as announcing recognition of an individual at a wellness campaign.
- Food – such as healthy foodstuffs to start up, revive or close a wellness campaign
- Time off - This may include vacation days and this incentive is the next best after cash.

2.9.2 Return on Investment

It is crucial for a company to demonstrate that its EWP is effective and there is a return on investment (Madison, Volpp & Halpem, 2011). The programme should support the objectives of the company and increase revenue of the company. Resources should be directed towards developing a EWP that has a positive cost-benefit analysis to prove that beyond increasing revenue for the company, there are many benefits to the programme. The benefits have to be greater than the costs of the programme.

According to Liu et al. (2012), the company can make its employees feel appreciated by designing benefits that will increase their well-being and improving their own lives. Organizations need to motivate and reward employees for participation in the

wellness programme. The programme should provide employees with resources and opportunities enabling them to develop and complete objectives. For the implementation and completion of these physical activity interventions, it is important to have a reward system. Employees need to see what they will benefit from participating in the programme.

It also argued by Madison et al. (2011) that the return on investment will be realized by both the individuals and the company. The company will benefit from increased revenue through high productivity among worker, healthier and happier workers with less turnovers, less absenteeism from illness and reduced spending on health care costs. The human capital of the company is very important and therefore it should be well taken care of. Employees are an asset to the company and therefore the company must invest on their health and well-being. It is vital for employees to function at their optimal ability and this can be achieved by taking them through the physical activity and wellness programme. This will improve the employees' lifestyle in and out of work (Liu et al., 2012).

The benefits of the programme according to Volpp, Asch, Kevin, David & Galvin (2011) not only influence employees at work but even in their personal lives. They tend to compensate for the direct medical costs. The only purpose for the EWP is not to save money on costs of health care. It is very difficult to measure the increase in satisfaction and self-confidence with their jobs. Employees may receive many indirect benefits by dedicating their time and effort in the programme. Incentives may be another alternative to motivate employees to attain specific goals and the company can reward the employees by recognizing and give them financial incentive for reaching these goals.

2.10 Barriers to Employee Wellness Programme

The support of wellness activities in the workplace among both the employees and employers is widespread. However, concerns have been raised by business groups, insurance companies and consumer advocates over several attributes of the proposed employee wellness rules. The concerns contain the health-contingent

programmes that reward or put penalties for achieving standards related to health (HealthStressManagement, 2011).

Generally, business groups want EWPs to be fully flexible with penalties or rewards that will motivate staff to participate, attain and maintain considerable health status goals. They are concern is that employees ought be responsible for their health behaviour and choices of lifestyle and it is not fair to fine employees with medical costs linked with health conditions that are preventable and the costs of reduced productivity (Kolbe-Alexander, Proper, Pillay, Van Mechelen & Lambert, 2012).

According to the NationalBusinessGrouponHealth (2010), consumer advocates, unions and voluntary organizations are worried about the wellness programmes that offer penalties or rewards based on achieving health status goals. Their concern is that programmes aimed at enhancing health may move costs of health care from the healthy to the sick and discourage refunds on health insurance that forbid the factor of an individual health status in determining insurance premium rates.

Volpp et al. (2011) argue that consumers union and other groups argue that by introducing programmes that are created to change the behaviour of employees, companies might be invading regarding privacy. Another argument is that attaching the insurance cost to the capacity to attain some health status objectives might discriminate against employees in low-income groups or minorities of race and ethnicity. These are the people who are highly possible to have the health conditions that are targeted by wellness programmes and may as well encounter more difficulties to healthy living.

These difficulties may consist of some that related to work, like high levels of work stress, issues around work schedule and job insecurity. Barriers outside of work may include issues that are personal, like financial burdens, and environmental factors, such as poor public transport, unsafe communities and lack of healthy food (Liu et al., 2012).

In addition, some critics caution that the requirements of EWP can be utilized to discourage workers from partaking in the company's plan of health benefits by making them not afford to participate. Companies can use a scheme of penalties or rewards amounting to a lot of money each year to force employees who do not afford

to look for coverage elsewhere, for instance through a spouse's plan, or a separate private plan or a public option like Medicaid (Klautzer et al., 2012).

Another barrier to EWP is insufficient time. According to Chartier (2011), shortage of time poses a challenge to many organizers of wellness programmes. Majority companies do not like to give their employees too much hours away from work duties to take part in this type of programme, and many employees are not keen to devote much time at work after they have already clocked out. To overcome this challenge, many employers arrange programmes of this nature during lunch times or other natural breaks in the day, allowing individuals to participate without missing quite as much work.

Lack of Interest can also be regarded as a barrier to EWPs. Kolbe-Alexander et al. (2012) argues that garnering interest in a EWP can present a challenge for organizers. While many workers proclaim an interest in improving their health, often when it comes to actually taking part in a wellness programme, the interest dies off. To boost up interest, companies must extensively advertise their programmes, stressing the exciting opportunities and benefits offered by the programmes. Some employers go so far as to offer incentives, such as decreased health insurance rates, to faithful participants as an incentive (HealthStressManagement, 2011).

Furthermore, an undefined purpose can also be seen as a barrier to EWPs. It is highlighted in the NationalBusinessGrouponHealth (2010) that when employees do not comprehend fully the goals and purpose of a wellness programme, they are not likely to participate. A lot of employees perceive wellness programmes as basically programmes created to assist them with weight loss. In truth, these programmes are more than that. By setting up clearly defined goals and marketing these goals to prospective participants, coordinators of wellness programme can improve employee understanding of the programme and potentially increase the inclinations to take part.

Lastly, funding challenges can be seen as a barrier to EWPs. Generally, the cost of starting an EWP is rather low as many of the activities that employees may participate in to improve health are free, such as group walks in the park or jogs around the building (Volpp et al., 2011). However, certain components of a solid EWP cost money. For example, if the coordinators of the programme want to bring in

a public speaker, there are funds required to do so. When a business refuses to allocate any funds to a EWP, it is hard for the programme to be successful. Many employers are now willing to dedicate some cash to programmes of this type as they have been proven beneficial and, as a result, this issue is less common.

2.11 Summary

Employee wellness programmes have appeared to be a benefit sponsored by the employer that is now available at small and large companies worldwide. Large companies are most likely to offer a wellness programme than small companies and also have a tendency to offer programmes with a wide variety of options. Regardless of their popularity among companies, the wellness programmes impact is hardly officially evaluated. Interventions of lifestyle management as an element of employee wellness programmes may lessen risk factors like smoking and increase behaviours that are healthy like workout. These impacts are sustainable over time and clinically significant. Comprehending the issues that render wellness programmes a great success and barriers to their broader implementation can assist to pave a way for future investments in the course of improving health and productivity (HealthAffairs., 2012).

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The chapter will outline the research methodology that was used in this study. The chapter will mainly be focusing on the research design, sampling approach and strategies for collecting and analysing data. Also to be discussed is the validity and reliability of the research including the testing of reliability of this study. The construction of the questionnaire and ethical issues regarding this research will be outlined in this chapter.

3.2 Aim and Objectives of the Study

The aim of the study is to determine the knowledge, awareness and perceptions of employees about the Employee Wellness Programme in the Ministry of Health in order to provide guidelines to make the programme effective and to render the programme more cost effective.

3.3 Research Approach

A quantitative research approach essentially measures the variables related with the knowledge and opinions (Barnham, 2010). The results gathered from the quantitative research were utilized to make generalizations of ideas to a greater degree, predicting future results and also investigating causal relationships. This research is a quantitative research approach because it uses numerical data to answer to the research questions and give an added level of understanding to the problem (Alvesson and Sandberg, 2011).

The sampling design that was used is stratified random sampling whereby it encompasses the segregation or stratification process followed by selecting randomly subjects from each stratum (Brick, 2010). This is done to assist in

estimating the factors of the population; there could be elements of the subgroups that are identifiable within the population that could be anticipated to comprise of different factors on a variable of interest of the researcher (Bryman and Belle, 2011). In this case, the population was separated into groups that are mutually exclusive that are appropriate, relevant and meaningful in the study context. The population was also stratified according to their job levels. This helped to identify the perceptions, knowledge and awareness about the programme amongst the different groups.

The probability method that was used to conduct the study is the simple random sampling. This was used because all employees in the selected subgroup had an equal chance of being chosen. This method was utilized because it allowed the researcher to generalize the findings and ensured that all relevant components in the group were taken into consideration as they are appropriate and important for the context of the study. This method was efficient to apply and it gave more information for a given sample size (Sekaran and Bougie, 2013).

3.4 Location of the Study

The population consist of Ministry of Health employees in the health facilities where the Employee Wellness Programme exists. The researcher selected one (1) Health Centre, one (1) regional hospital and the National referral hospital namely: Dvokolwako Health Centre, Mankayane Government Hospital and Mbabane Government Hospital respectively.

The population of the study in the three selected health facilities is approximately 1020 (GovernmentofSwaziland, 2015b). In this study, the researcher focused on clinical, nursing and support staff. The sampling technique was random. Respondents were randomly selected from the human resource database.

3.5 Population and Sample

According to Sekaran and Bougie (2013), a population is the combined number of people or the total of all the objects, issues or acquaintances that adjust to the

similar criteria. The population in this study was approximately 1020 employees. The population was all health care workers in the three selected hospitals which comprise of men and women of all age groups, gender and occupations. The sampling frame was the human resource inventory available in the selected facilities listing all employees, that is, doctors and specialists, allied workers and support staff.

According to Dura and Nita (2011) a sample size can be defined as a representation of the components from where the data and information will be gathered. In determining a sample size for quantitative research, the researcher should consider the level highest number of acceptable errors afforded for the outcomes, level of confidence, and the spread of the features analysed at collection stage (Dura and Nita, 2011). Also it is necessary to take into consideration the research objectives, population size, cost and time constraints and the amount of inconsistency and variability in the population (Sekaran and Bougie, 2013). There are few sampling errors when the sample size is bigger leading and making it make interpretations by the researcher (Dura and Nita, 2011).

Taking into account the time allocated for completion of the study and the lack human and financial resources for conducting the study, there were 100 employees sampled who were expected to respond (60 from Mbabane Government Hospital, 30 from Mankayane Government Hospital and 10 from Dvokolwako Health Centre). A distribution was 10% from each health facility. However only 60 respondents were successfully interviewed dispersed as follows: 28 from Mbabane, 20 from Mankayane and 12 from Dvokolwako. The main reasons were that some of the respondents declined the interview and limited time to collect the data. This was also done according to the general scientific guideline for sample sizes and decisions. Sample sizes which are larger than 30 and less than 500 are suitable and acceptable for a majority of research studies (Sekaran and Bougie, 2013).

3.6 Construction of the Instrument

A questionnaire was used as the research instrument. A questionnaire is defined by Dura and Driga (2011) as a set of questions that are pre-determined in which respondents fill out their answers, generally within closely well-defined options. In

this case, the questionnaire was designed to be in line with the research objectives. The questions were presented in a sequential order to help participants to respond with ease. Most of the questions were close ended with limited response options and a few questions with a wide range of options. There were also few open ended questions which helped in reducing the element of biasness by compelling respondents to pick from options or by forcing them to choose options that may not have taken place. The benefit of utilizing a questionnaire is its cost-effectiveness in sense that it collects data at a lower cost and in short space of time (Srikanth and Doddamani, 2013).

The questions were linked to the research objectives as follows:-

1. **Objective one**: To determine employee knowledge and awareness of the Employee Wellness Programme was linked to **questions 6, 7,8,9,10,11 and 12**.
2. **Objective two**: To determine perceptions about the programme was linked to **questions 16, 17, 18 and 19**.
3. **Objective three**: To investigate the extent to which employees utilize the programme was linked to **questions 13, 14,15,20,21,22,30 and 31**
4. **Objective four**: To investigate areas of key concern within the programme to employees was linked to **questions 23, 24, 25,26,27,28 and 29.**
5. **Objective five**: To determine the role of incentives under the wellness programme was linked to **questions 32 and 33.**
6. **Objective 6**: To provide guidelines to make the programme effective and more cost effective was linked to **questions 34, 35, 36 and 37**.

3.7 Recruitment of Study Participants

Recruiting participants for a research involves selecting the participants or sampling the target population. Ensuring that sampling principles are not compromised, participants must be objectively recruited. Participants must be recruited based on their ability to be part of the components of the concept (Vaitkevicius and Kazokiene, 2013). Researchers should note that recruiting participants with different background

will possible lead to challenges regarding grouping questions as participants' experiences might differ (Wahyuni, 2012).

A total of 60 respondents were randomly selected in their individual capacity were approached and subjected to a quantitative questionnaire. The respondents were individuals who are working at the selected hospitals and Health Centre. The targeted employees were given hard copies of the questionnaire during a meeting and face to face in other cases.

3.8 Data Collection Strategies

Data was collected using a questionnaire. The method that was utilized to collect the respondents' answers was a self-administered questionnaire. The questionnaire was used to collect data from the random selected respondents who in their individual capacities were subjected to a quantitative questionnaire. The method that was employed for sampling is a stratified random sampling whereby respondents were segregated and the randomly selected from each stratum. Questionnaires were hand delivered and responses were collected from the participants.

3.9 Pretesting and Validation

Before sending a questionnaire to the respondents for completion, it should be tested first. This is usually done to make sure that it is not vague and that the questions are clear and well understood by the respondents. According to (Barnham, 2010), pretesting is done to evaluate the appropriateness of the questionnaire.

The questionnaire was pretested to a few employees each representing their job cadre or level. This was done to assess whether there are no hiccups when the questionnaire was administered. This was also done to assess whether the instructions in the questionnaire were clear and questions were fully understood. Everything went well and the questionnaire was captured and comprehended form start to finish.

To test reliability, various questions with the same purpose were posed to five individuals representing each job cadre. The purpose of using the questionnaire was to make the respondents disclose essential motivators and pushers with regards to their knowledge, awareness and perceptions about the Employee Wellness Programme. This was done to ensure that the collected data was valid and relevant to the problem.

3.10 Administration of the Questionnaire

The questionnaires were self- administered by the respondents. This was done because a majority of the correspondences were adequately literate. All of the questionnaires were hand delivered to the respondents. This method was used because the researcher ascertained that the respondents would be able to complete the questionnaire by themselves and also that it reduced the costs of the data collection exercise. When delivering the questionnaires, the researcher explained the study and ascertained whether the respondents would be able to complete the questionnaires by themselves. Then the researcher collected them later, checked them and discusses any problems. A personal interview was conducted with those respondents who were unable to complete the questionnaire by themselves. The disadvantage with this method was that conducting personal interviews with those respondents who did not comprehend some of the questions caused a delay in the data collection process.

3.11Ethical Considerations

Ethical approval was requested and obtained from the Research and Ethics Office at the University of KwaZulu-Natal. Approval was also sought from the Ministry of Health Ethics committee. Authorization to carry out the study was sought from the three health facilities.

Approval was secured form participants using a written consent form explaining the terms of the consent. The respondents were then invited to sign the consent form to confirm their participation. This was done to ensure that care is exercised so that the

right of the participants were protected. The participants were provided with enough information before deciding to participate in the research. The purpose of the study was fully explained to them. Furthermore, participants were treated in such a way that harm was prevented or removed. The researcher did not cause any harm be it physical, mental, socially and or spiritual thus a high level of privacy and confidentiality was maintained. Confidentiality and anonymity was ensured and participants were protected by making it impossible to link data to participants.

3.12 Analysis of the Data

The next stage after the completion of collecting data is the analysis of data (Brick, 2010). Data is analysed to verify validity and rigour in order to be in a position to test the hypothesis or make assumptions (Alvesson and Sandberg, 2011).

The SPSS computer programme was used to capture the responses to the questionnaire. This was done to interpret and analyse the data from different viewpoints or approaches in order to make inferences in relation to the problem statement. Based on the outcomes of the data, observations were made and recommendations put together followed by a conclusion. This study used data analysis for both descriptive statistics. Descriptive methods were used by the researcher to summarise raw data collected from the field by using percentage bar graphs and pie charts.

3.13 Summary

This chapter discussed the comprehensive summary of the research methodology that was used. This consists of the design of the study, methods of sampling, size of the sample, selection of respondents and techniques of data collection. The reasons why the researcher decided on choosing these methods were used has also been discussed. The next chapter will be an outline and discussion of the results taken from the participants' responses.

CHAPTER 4

PRESENTATION OF RESULTS

4.1 Introduction

This chapter outline the presentation of the study results. Data were collected using a questionnaire and was captured and analysed using descriptive statistical methods. The SPSS version 20.0 software was used to analyse the data. The presentation is done in-line with the structure of the questionnaire. Various presentations which include pie charts, bar charts and tables have been used to present data.

4.2 Profile of Respondents

4.2.1 Age of Respondents

Table 4.1 present that the majority of the respondents (23.3%) were between the ages 36-40 years whereas a few of them were between the ages 20-25 years.

Table 4.1 Ages of Respondents

Age in Groups	Frequency	Percent
20-25	2	3.3
26-30	6	10.0
31-35	13	21.7
36-40	14	23.3
41-45	9	15.0
46-50	5	8.3
51 and above	11	18.3
Total	60	100.0

4.2.2 Gender of Respondents

In figure 4.1 it can be seen that more than half of the respondents were females representing 58.3% of the total population whilst the rest were males.

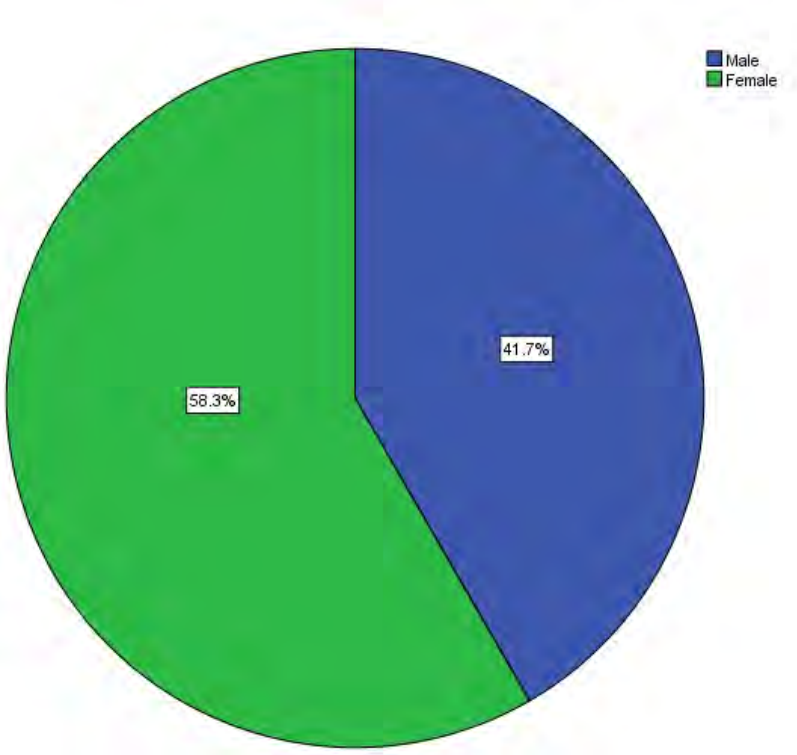

Figure 4.1 Gender of Respondents

4.2.3 Marital Status of Respondents

Figure 4.2 shows that a large percentage of the respondents revealed that they are married (60.3%).

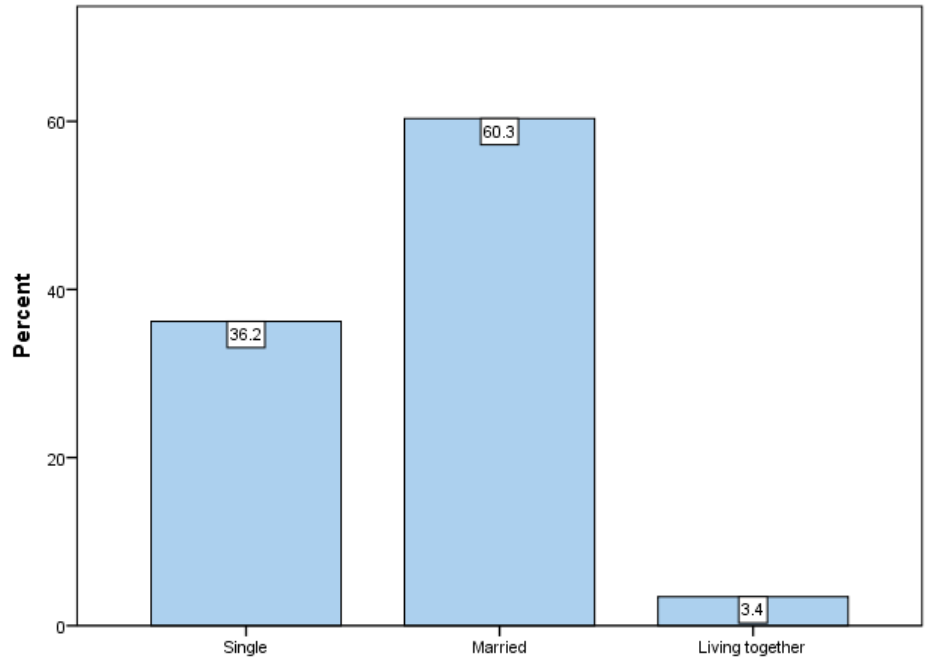

Figure 4.2 Marital Status

4.2.4 Salary Grade of Respondents

Figure 4.3 indicates that most of the respondents were in salary grade C1-C6salary and only a few were in grade E1-E6.

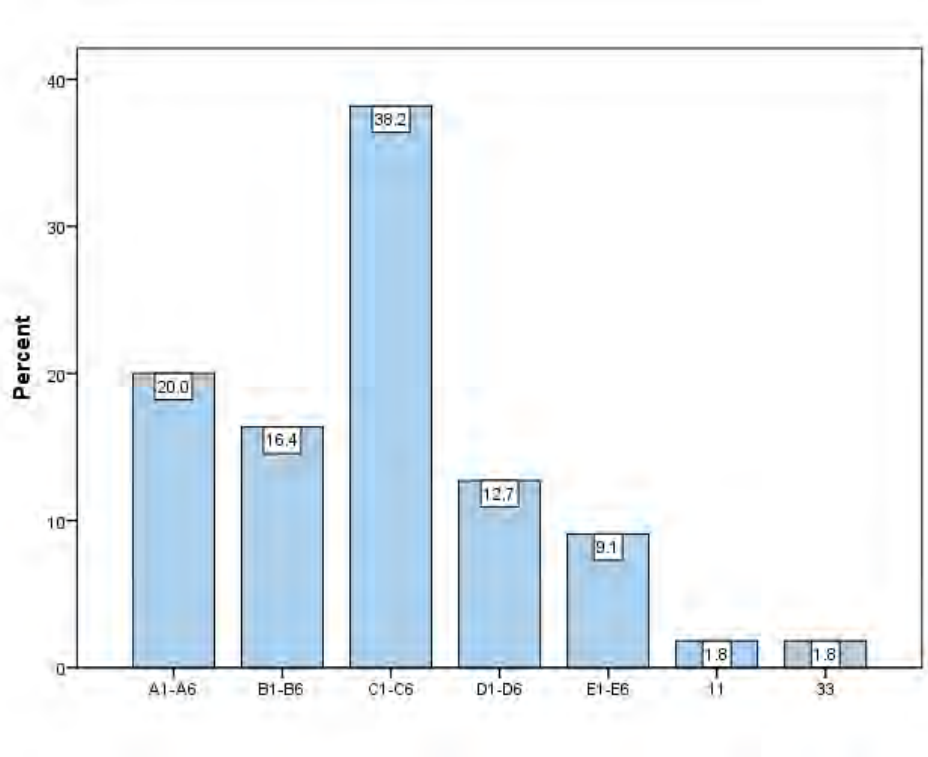

Figure 4.3 Salary Grade

4.2.5 Number of Years in the Ministry

Table 4.2 illustrates that a large number of the respondents (37.1%) have been with the Ministry of Health for 1-5 years whilst only a few have been with the Ministry for 31 years and above (1.6%).

Table 4.2 Number of Years in the Ministry

Term of Service	Frequency	Valid Percent
1 to 5 years	20	37.1
6 to 10 years	13	22.6
11 to 15 years	12	21.0
16 to 20 years	5	8.1
21 to 25 years	4	6.5
26 to 30 years	2	3.2
31 years and above	1	1.6
Total	60	100.0

4.3 Employee Knowledge and Awareness of the Employee Wellness Programme

4.3.1 Knowledge about Existence of the Programme

Figure 4.4 shows that a majority of the respondents (88.3 %) are aware about the existence of the Employee Wellness Programme.

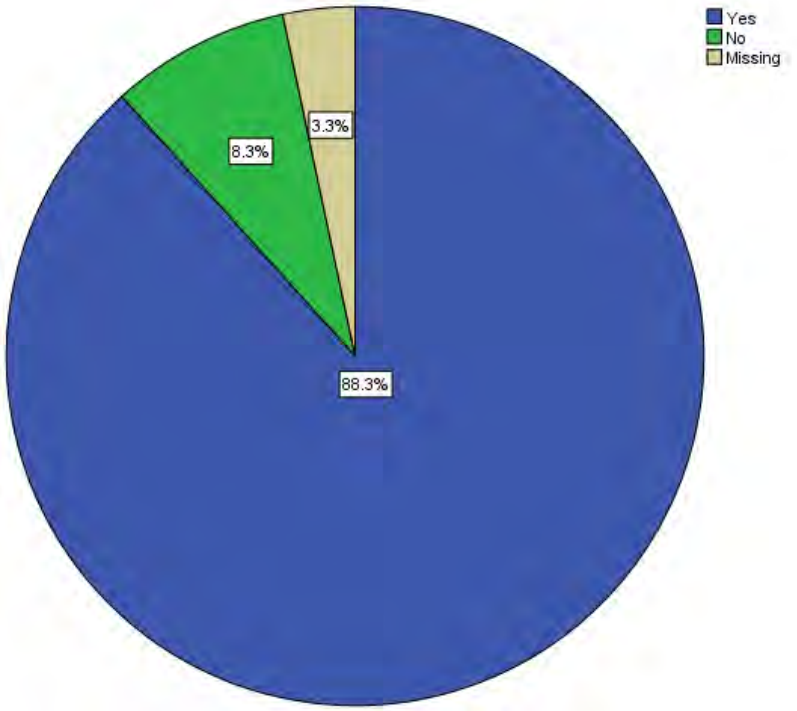

Figure 4. 4 Knowledge about the Existence of the Programme

4.3.2 Adequacy of Information about the Programme

Table 4.3 depicts that a majority of the respondents (66.7%) said the information provided about the programme is adequate.

Table 4.3 Is Information about the Programme Adequate?

Indication	Frequency	Percent
Yes	42	66.7
No	16	33.3
Total	60	100.0

4.3.3 Satisfaction with Programme Communication

Table 4.4 shows that 64.4% of the respondents were satisfied with how information relating to the EWP is communicated and 35.6 % of the respondents are not satisfied

Table 4.4 Are you satisfied with how information is communicated?

Indication	Frequency	Percent
Yes	37	64.4
No	17	35.6
Total	60	100.0

4.3.4 Methods of Communication

Table 4.5 shows that a majority (53.3%) of the respondents said meetings is the method used for communication in the programme whilst email was the least with 0%.

Table 4.5 Methods of communication

Method of Communication	Frequency	Percentage
Meetings	32	53.3%
Memos	27	45%
Face to face Communications	19	30%
Phone Calls	7	11.7%
Other	4	6.7%
Email	0	0%

4.3.5 Preferred Methods of Communication

Table 4.6 shows that the preferred method of communication by majority of the respondents in memos (51.6%).

Table 4.6 Preferred Method of Communication

Method of Communication	Frequency	Percentage
Memos	32	51.6%
Meetings	30	50%
Face to face Communications	24	40%
Phamphlet or in-house magazine	21	35%
Email	10	16.1%
Phone calls	9	15%
Other	7	11.7%

4.3.6 Frequency of Receiving Information about the Programme

Figure 4.5 illustrates that majority of the respondents (35.7%) said that they received information pertaining to the wellness programme on a monthly basis.

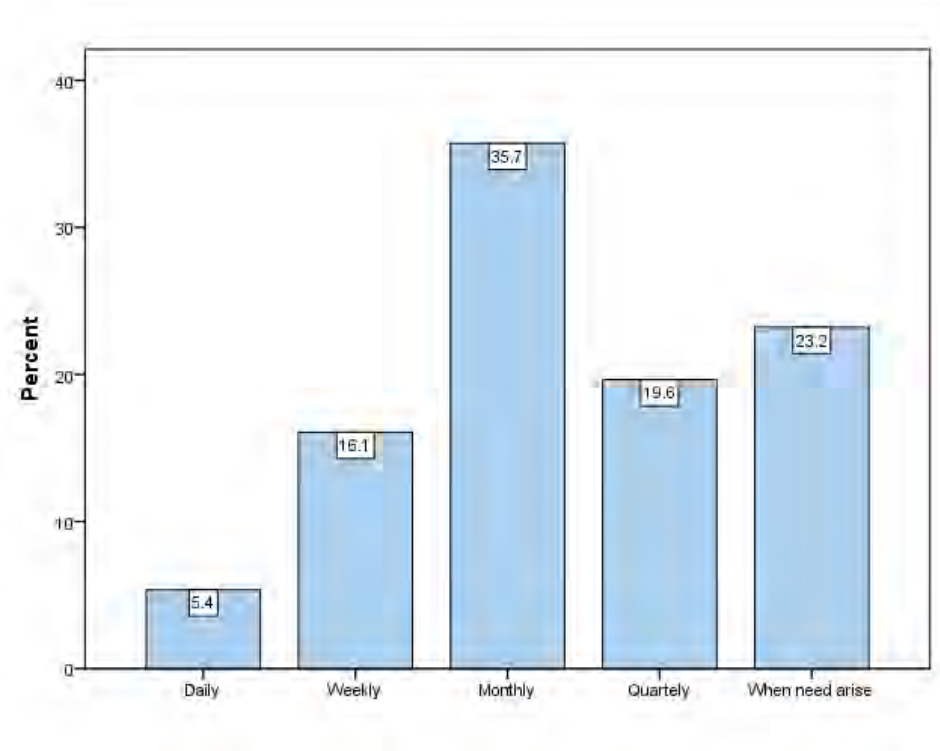

Figure 4.5 Frequency of Receiving Information Pertaining to EWP

4.4 Perceptions about the Programme

4.4.1 Importance of Attending Seminars, Forums and Access Information about EWP

Table 4.7 shows that more than half of the respondents (54.1%) strongly agree that it is important to attend seminars, forums and access internet information pertaining to the Employee Wellness Programme.

Table 4.7 Importance of Attending Seminars, Forums and Access Information about EWP

Indication	Frequency	Percent
Strongly Agree	32	54.1
Agree	23	42.6
Disagree	1	1.6
Strongly Disagree	1	1.6
Total	60	100.0

4.4.2 Rating of the Programme

Figure 4.6 shows that the Employee Wellness Programme is rated as good by 48.3% of the respondents.

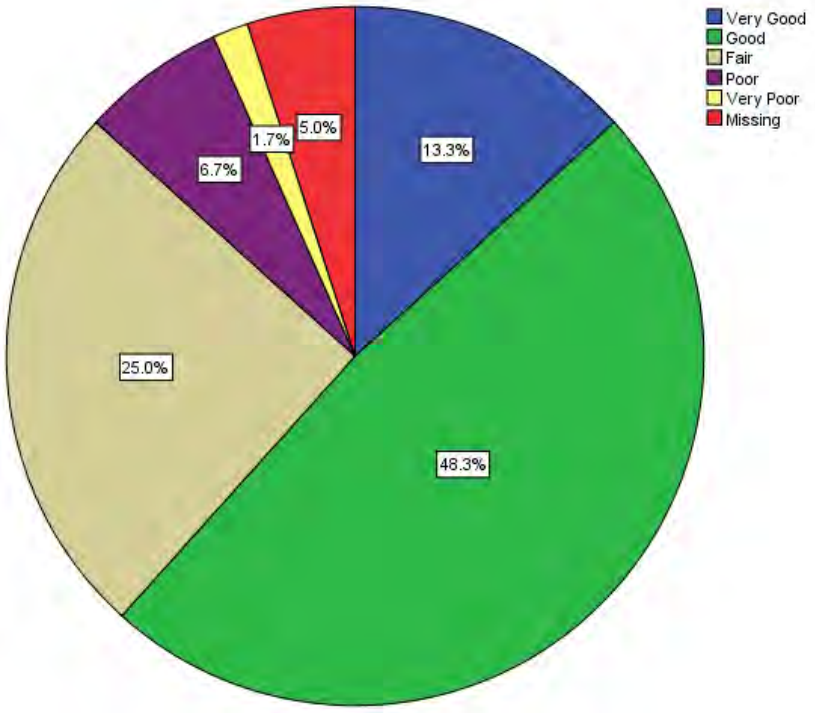

Figure 4.6 Rating of the EWP

4.4.3 Accessing Help and Information Vital to the EWP

Table 4.8 presents that more than half of the respondents (51.6%) agree that it is easy to access help and information vital to the Employee Wellness Programme.

Table 4.8 Accessing Help and Information Vital to the EWP

Indication	Frequency	Percent
Strongly Agree	7	11.3
Agree	31	51.6
Uncertain	15	27.4
Disagree	4	8.1
Srongly Disagree	1	1.6
Total	60	100.0

4.4.4 Workplace as a Valuable Source of Information on Employee Health

Figure 4.7 show that 48.3% agree that the workplace is a valuable source of information on employee health whereas only 3.4 strongly disagree.

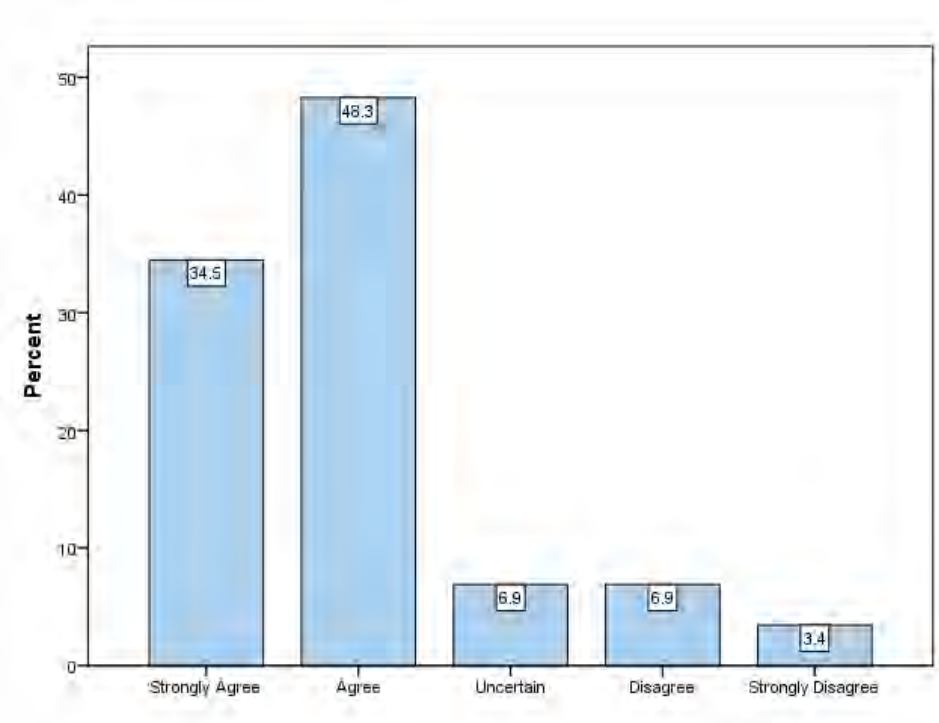

Figure 4.7 Workplace as a Valuable Source of Information on Employee Health

4.5 Utilization of the Programme

4.5.1 Attendance on Wellness Activities Offered by the Ministry

Figure 4.8 shows that about 48.3% respondents have attended wellness activities offered by the Ministry of Health.

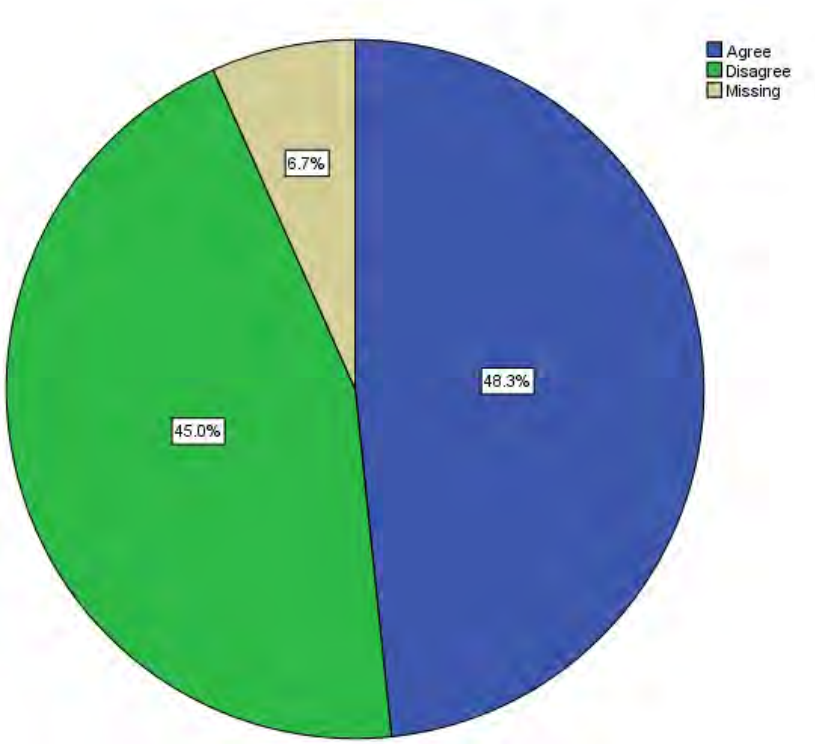

Figure 4.8 Attendance on Wellness Activities offered by the Ministry

4.5.2 Communication about Wellness Initiatives and Interventions

Figure 4.9 shows that about 50.9% of the respondents said they are not well informed about the wellness initiatives and interventions the ministry has embarked on.

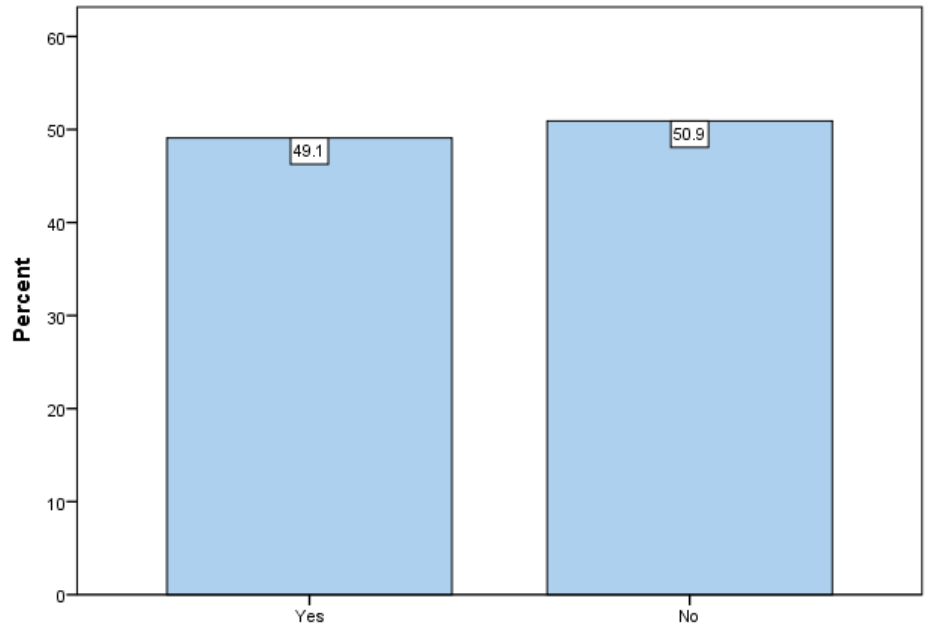

Figure 4.9 Communicating Wellness Initiatives and Interventions of the Ministry

4.5.3 Programme Enhancing Employee Health

Figure 4.10 depicts that most of the respondents (43.9%) agree that the wellness programme has enhanced their knowledge on employee health.

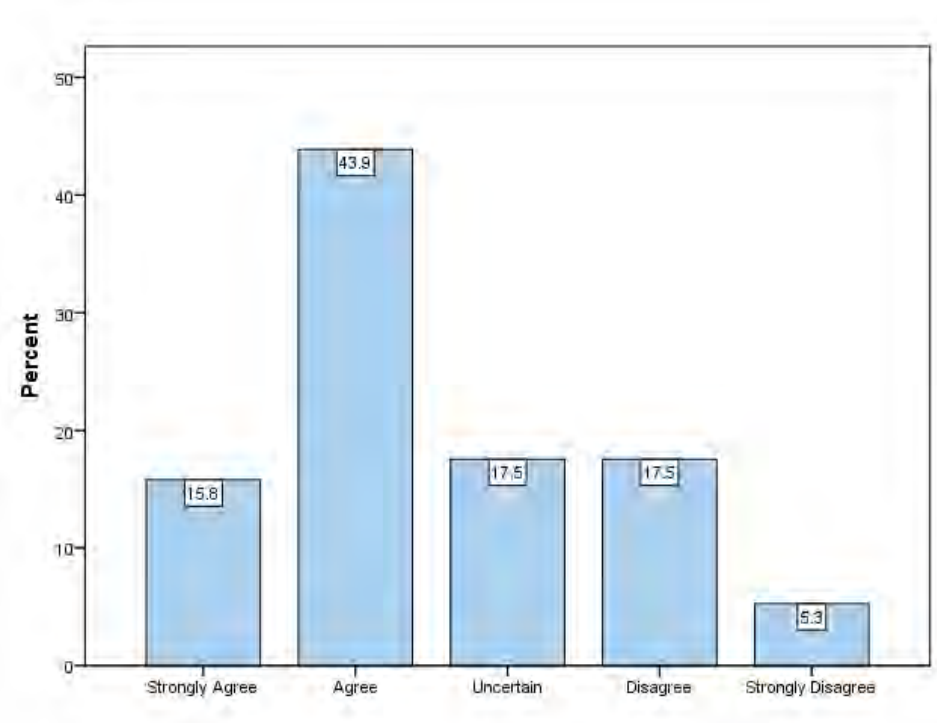

Figure 4.10 Programme has Enhanced my knowledge on Employee Health

4.5.4 Advantage in Knowing One's Health

Table 4.9 indicates that more than half of the respondents (50.8%) strongly agree that there is an advantage in knowing their health status.

Table 4.9 Advantage in Knowing One's Health

Indication	Frequency	Percent
Strongly Agree	30	50.8
Agree	19	34.4
Disagree	6	9.8
Strongly Disagree	3	54.9
Total	60	100.0

4.5.5 Knowledge about Availability of Wellness Clinic

Figure 4.11 indicates that majority of the respondents (86.7%) are aware of the availability of the wellness clinic in their facility.

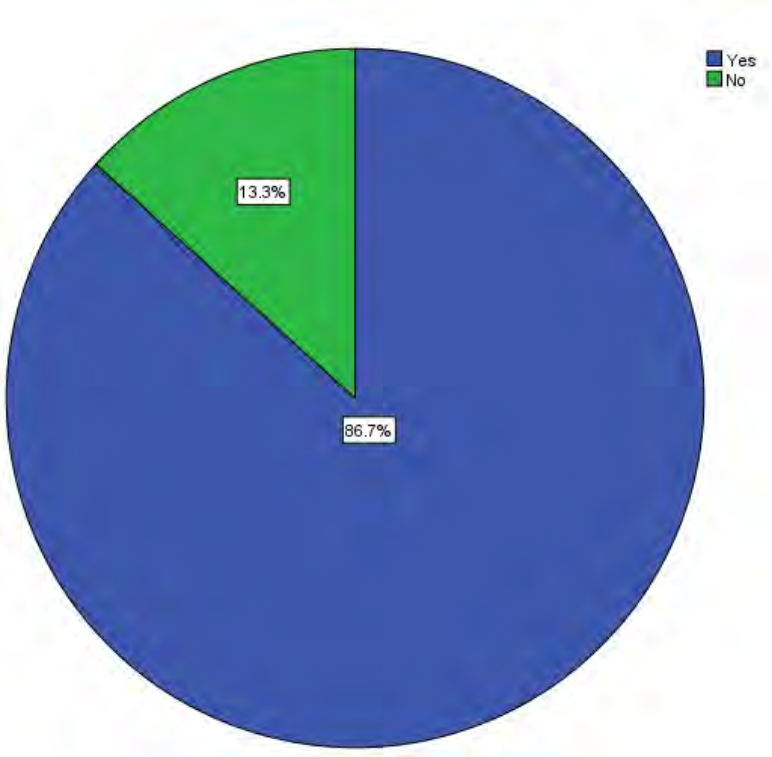

Figure 4.11 Knowledge about Availability of Wellness Clinic

4.5.6 Clinical Screening Tests Offered by Wellness Clinic

Table 4.10 shows that Diabetes is the leading clinical screening test that most respondents (85%) are aware of that is offered by the wellness clinic.

Table 4.10 Clinical Screening Tests

Screening Tests	Frequency	Percentage
Diabetes	51	85%
Blood Pressure	65	65%
Allergy and Asthma	28	46.7%
Cancer	28	46.7%
Back Pain	24	40%
Depression	21	35%

Heart failure	19	31.7%
Non-disease specific	18	30%
Coronary artery disease	15	25%
COPD/emphysema	12	20%
HIV and TB	10	16.7%
Other	6	10%

4.5.7 Lifestyle Management Activities Offered by EWP

Table 4.11 shows that fitness, exercise and physical activity is the lifestyle management activities that most respondents (65%) are aware of that is offered by the Wellness Programme.

Table 4.11 Lifestyle Management Activities

Lifestyle Management Activities	Frequency	Percentage
Fitness, Exercise and Physical Activity	39	65%
Health Education	34	56.7%
Stress Management	32	53.3%
Social & spiritual issues	28	46.7%
Medical self-care	22	36.7%
Financial issues	21	35%
Nutrition and Diet	15	25%
Mental Health	13	21.7%
Alcohol/Drug Abuse	6	10%
Other	3	5%

4.6 Areas of Key Concern within the Programme to Employees

Figure 4.12 shows that about 28.3% of the respondents disagree that stigma prevents employees from seeking counselling, testing and treatment at the wellness clinic.

4.6.1 Non-attendance due to stigma

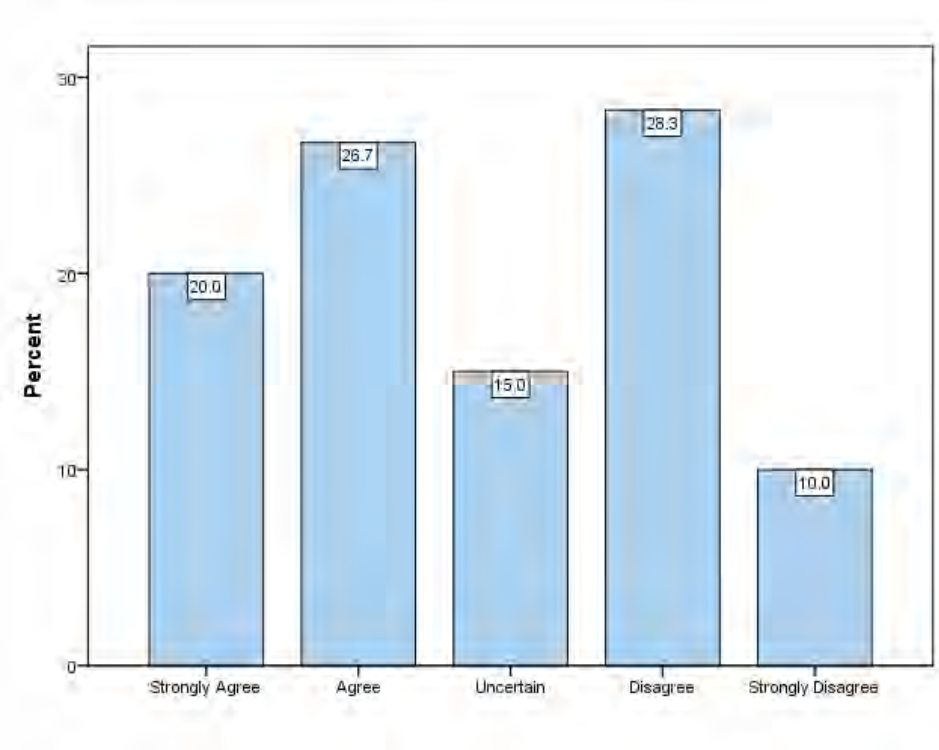

Figure 4.12 Non-attendance due to Stigma

4.6.2 Employees Discriminating against Those Living with Health Ailments

Table 4.12 indicates that more than half of the respondents (56.7%) said no about employees discriminating against those living with certain health ailments.

Table 4.12 Employees Discriminating against Those Living with Health Ailments

Indication	Frequency	Percent
Yes	3	5.0
No	34	56.7
Maybe	10	16.7
Don't Know	13	21.7
Total	60	100.0

4.6.3 Loss of Work due to Health Problems

Figure 4.13 shows that most of the respondents (41.7%) disagree that employees in the Ministry of Health can lose their work due to certain health problems.

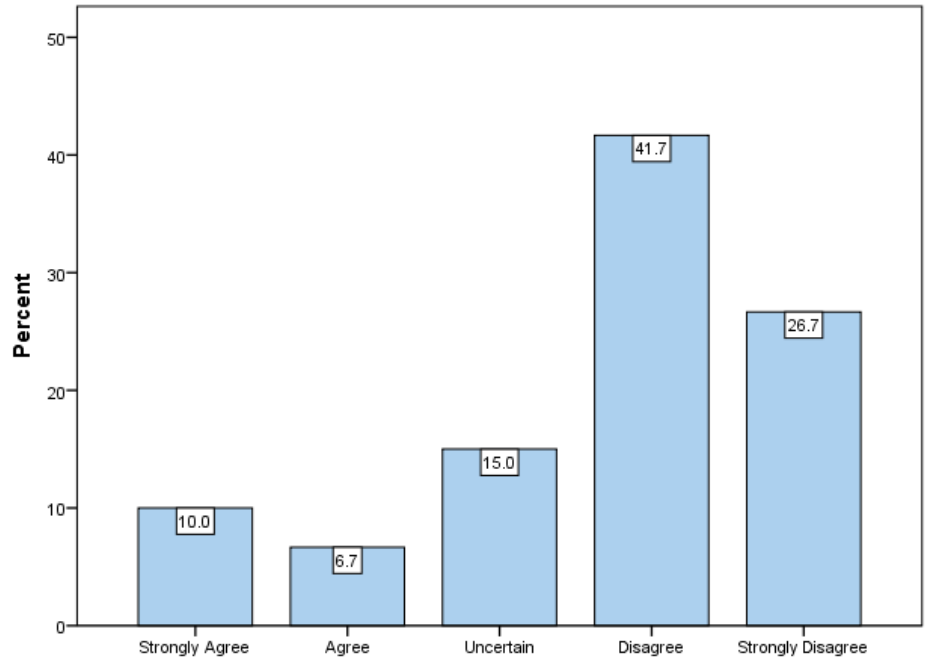

Figure 4.13 Loss of Work Due to Health Problems

4.6.4 Barriers to Participating in Wellness Activities

Table 4.13 shows the most leading barrier that prevent employees from participating in wellness activities is inconvenient time or location (41.7%).

Table 4.13 Barriers to Participating in Wellness Activities

Barriers	Frequency	Percentage
Inconvenient time or location	25	41.7%
I have no time	16	28.3%
Lack of management support	12	18.6%
I'm concerned about other employees knowing about my health (Confidentiality)	11	18.3%
My job duties do not allow me to participate	8	13.3%

Just not interested	7	11.7%
My employer should not be involved in my personal health (Privacy)	6	10%
Lack of facilities at or near the worksite	5	8.3%
No barrier	2	3.3%

4.6.5 Utilization of Services to Improve Employee Health and Increase Productivity

Table 4.14 indicates that about 48.3% of the respondents agree that utilizing the services provided by the wellness programme can improve employee health and increase worker productivity.

Table 4.14 Utilization of Services to Improve Employee Health and Increase Productivity

Indication	Frequency	Percent
Strongly Agree	28	46.7
Agree	29	48.3
Uncertain	1	1.7
Disagree	2	3.3
Total	60	100.0

4.6.6 Quality of Wellness Services

Figure 4.14 illustrates that a majority of the respondents (73.3%) said the services provided by the Wellness programme were of good quality.

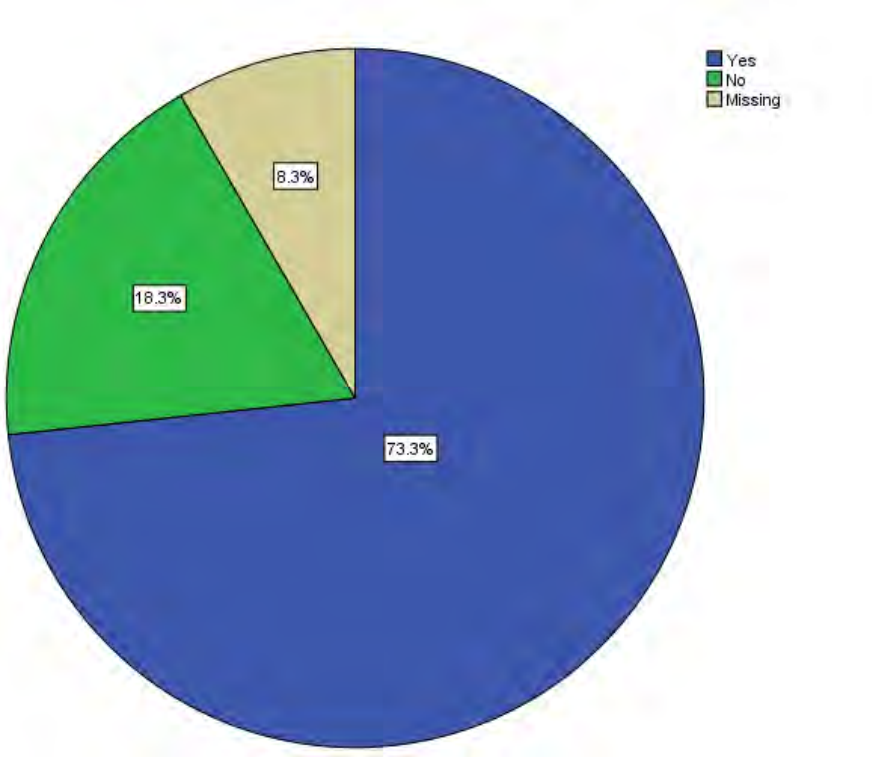

Figure 4.14 Quality of Wellness Services

4.7 The Role of Incentives under the Wellness Programme

4.7.1 Use of Incentives to Increase Employee Engagement

Figure 4.15 indicates that 73.3 % of the respondents want the Ministry to use incentives to increase employee engagement in the programme.

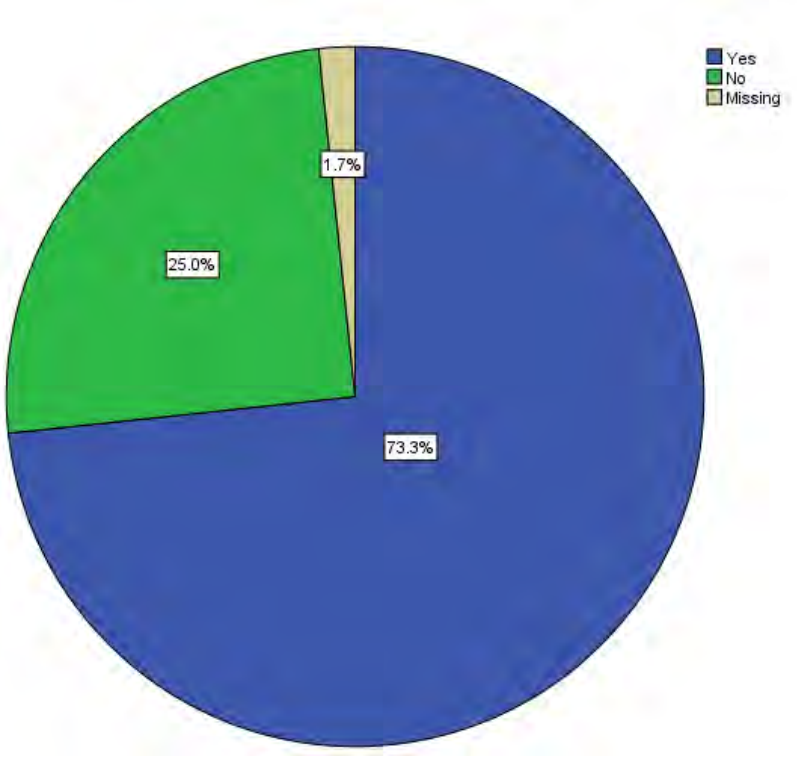

Figure 4.15 Use of Incentives to Increase Employee Engagement

4.7.2 Motivators to Employee Participation in the EWP

Table 4.15 shows that most of the respondents (40.7%) would participate in the Wellness Programme without any incentive.

Table 4.15 Motivators to Employee Participation in the EWP

Motivators	Frequency	Percent
No Incentive	23	40.7
Money	7	11.9
Small gifts	9	18.6
Days/hours off	5	8.5
Free Food	2	3.4
Promotional products	7	11.9
Other	3	5.1
Total	60	100.0

4.8 Guidelines to make the Programme Effective and more Cost Effective

4.8.1 EWP Enhancing Employees Reach Wellness Goals

Figure 4.16 indicates that most of the respondents (43.3%) said that the Wellness Programme has been extremely helpful in enhancing employees reach their wellness goals.

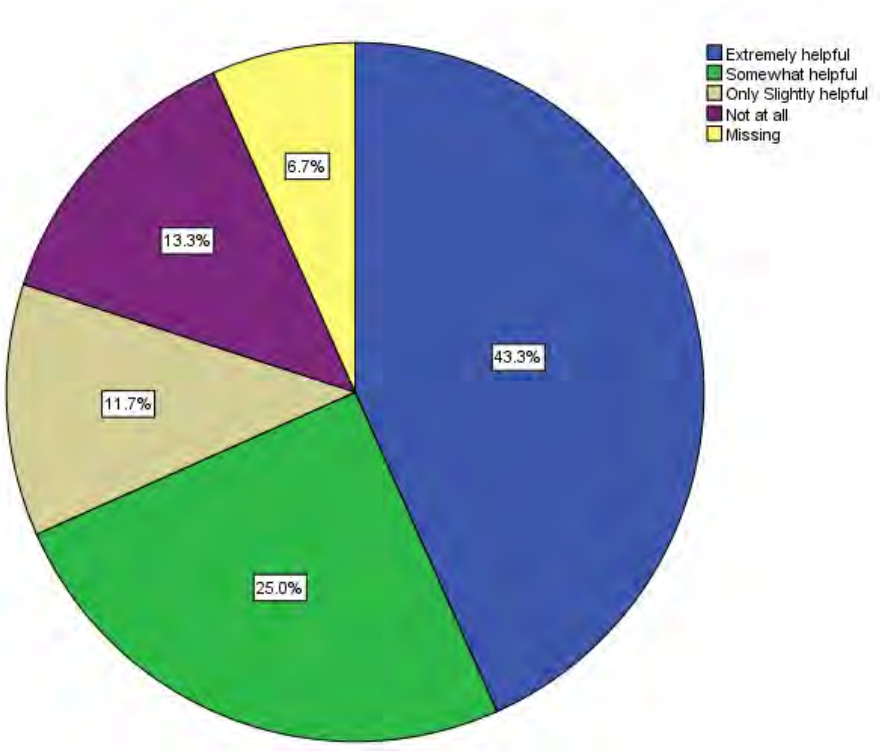

Figure 4.16 EWP Enhancing Employees Reach Wellness Goals

4.8.2 Awareness of Support from Management for the Programme

Table 4.16 shows that a majority of the respondents (83.6%) believes that the facility management does support the wellness programme whereas 13.6% said the management does not support the wellness programme.

Table 4.16 Awareness of Support from Management for the Programme

Indication	Frequency	Percent
Yes	51	83.6
No	8	16.4
Total	59	98.3
Missing System	1	1.7
Total	60	100.0

4.8.3 Supervisors' Willingness to Participate in the Programme

Figure 4.17 indicates that 86.4% of the respondents said that supervisors are willing to participate in the programme.

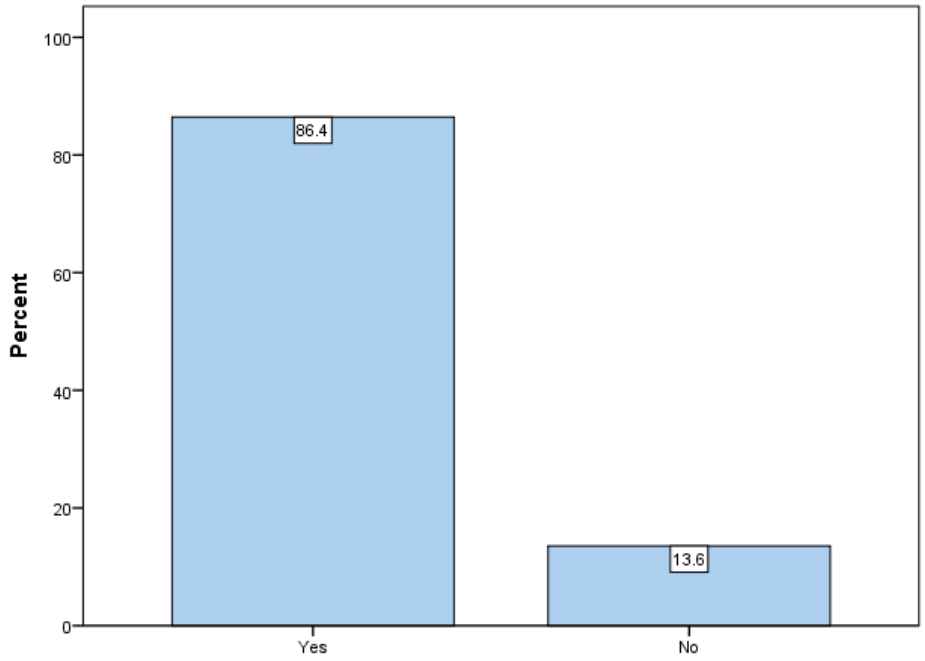

Figure 4.17 Supervisor's Willingness to participate in the Programme

4. 9 Association between Gender and knowledge about Existence of the Programme

Table 4.17 Gender * Knowledge about Existence of the Programme Crosstabulation

			Knowledge about Existence of the Programme		Total
			Yes	No	
Gender	Male	Count	22	3	25
		% within Gender	88.0%	12.0%	100.0%
		% within Knowledge about Existence of the Programme	41.5%	60.0%	43.1%
		% of Total	37.9%	5.2%	43.1%
	Female	Count	31	2	33
		% within Gender	93.9%	6.1%	100.0%
		% within Knowledge about Existence of the Programme	58.5%	40.0%	56.9%
		% of Total	53.4%	3.4%	56.9%
Total		Count	53	5	58
		% within Gender	91.4%	8.6%	100.0%
		% within Knowledge about Existence of the Programme	100.0%	100.0%	100.0%
		% of Total	91.4%	8.6%	100.0%

Table 4.18 shows that Chi-square= 0.637, df = 1, p = .425. This means that there is no statistically significant association between gender and knowledge about the programme, that is, both males and females are equally aware or know about the programme.

Table 4.18 Association between Gender and Knowledge about the programme

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.637[a]	1	.425		
Continuity Correction[b]	.106	1	.745		
Likelihood Ratio	.630	1	.427		
Fisher's Exact Test				.643	.368
Linear-by-Linear Association	.626	1	.429		
N of Valid Cases	58				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.16.

b. Computed only for a 2x2 table

4.10 Association between Knowledge and Attitudes about the Programme

Table 4.19 Knowledge about Existence of the Programme * Rating of the EWP Crosstabulation

			Rating of the EWP					Total
			Very Good	Good	Fair	Poor	Very Poor	
Knowledge about Existence of the Programme	Yes	Count	8	28	15	1	1	53
		% within Knowledge about Existence of the Programme	15.1%	52.8%	28.3%	1.9%	1.9%	100.0%
		% within Rating of the EWP	100.0%	96.6%	100.0%	33.3%	100.0%	94.6%
		% of Total	14.3%	50.0%	26.8%	1.8%	1.8%	94.6%
	No	Count	0	1	0	2	0	3
		% within Knowledge about Existence of the Programme	0.0%	33.3%	0.0%	66.7%	0.0%	100.0%
		% within Rating of the EWP	0.0%	3.4%	0.0%	66.7%	0.0%	5.4%
		% of Total	0.0%	1.8%	0.0%	3.6%	0.0%	5.4%
Total		Count	8	29	15	3	1	56
		% within Knowledge about Existence of the Programme	14.3%	51.8%	26.8%	5.4%	1.8%	100.0%
		% within Rating of the EWP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	14.3%	51.8%	26.8%	5.4%	1.8%	100.0%

Table 4.20 shows that Chi-square = 23.808, df = 4, p <.001. This means that there is a statistically significant association between knowledge and attitudes an out the programme.

Table 4.20 Association between Knowledge and attitudes

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.808[a]	4	.000
Likelihood Ratio	10.878	4	.028
Linear-by-Linear Association	4.853	1	.028
N of Valid Cases	56		

a. 7 cells (70.0%) have expected count less than 5. The minimum expected count is .05.

4.11 Association between Knowledge and Utilization of the Programme

Table 4.21 Knowledge about Existence of the Programme * Attendence of Wellness Activities Crosstabulation

			Attendence of Wellness Activities		Total
			Agree	Disagree	
Knowledge about Existence of the Programme	Yes	Count	28	23	51
		% within Knowledge about Existence of the Programme	54.9%	45.1%	100.0%
		% within Attendence of Wellness Activities	96.6%	88.5%	92.7%
		% of Total	50.9%	41.8%	92.7%
	No	Count	1	3	4
		% within Knowledge about Existence of the Programme	25.0%	75.0%	100.0%
		% within Attendence of Wellness Activities	3.4%	11.5%	7.3%
		% of Total	1.8%	5.5%	7.3%
Total		Count	29	26	55
		% within Knowledge about Existence of the Programme	52.7%	47.3%	100.0%

	% within Attendence of Wellness Activities	100.0%	100.0%	100.0%
	% of Total	52.7%	47.3%	100.0%

Table 4.22 Table 4.18 shows that Chi-square =1.331, df = 1, p = .249. This means that there is no statistically significant association between knowledge and utilization about the programme.

Table 4.22 Association between Knowledge and utilization of the Programme

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.331[a]	1	.249		
Continuity Correction[b]	.401	1	.526		
Likelihood Ratio	1.374	1	.241		
Fisher's Exact Test				.335	.265
Linear-by-Linear Association	1.306	1	.253		
N of Valid Cases	55				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.89.

b. Computed only for a 2x2 table

4.11 Association between Attitudes and Utilization of the Programme

Table 4.23 Rating of the EWP * Attendence of Wellness Activities Crosstabulation

			Attendence of Wellness Activities		Total
			Agree	Disagree	
Rating of the EWP	Very Good	Count	5	3	8
		% within Rating of the EWP	62.5%	37.5%	100.0%
		% within Attendence of Wellness Activities	17.2%	12.5%	15.1%
		% of Total	9.4%	5.7%	15.1%
	Good	Count	20	7	27
		% within Rating of the EWP	74.1%	25.9%	100.0%
		% within Attendence of Wellness Activities	69.0%	29.2%	50.9%
		% of Total	37.7%	13.2%	50.9%
	Fair	Count	3	12	15
		% within Rating of the EWP	20.0%	80.0%	100.0%
		% within Attendence of Wellness Activities	10.3%	50.0%	28.3%
		% of Total	5.7%	22.6%	28.3%
	Poor	Count	1	1	2
		% within Rating of the EWP	50.0%	50.0%	100.0%
		% within Attendence of Wellness Activities	3.4%	4.2%	3.8%
		% of Total	1.9%	1.9%	3.8%
	Very Poor	Count	0	1	1
		% within Rating of the EWP	0.0%	100.0%	100.0%
		% within Attendence of Wellness Activities	0.0%	4.2%	1.9%
		% of Total	0.0%	1.9%	1.9%
Total		Count	29	24	53
		% within Rating of the EWP	54.7%	45.3%	100.0%
		% within Attendence of Wellness Activities	100.0%	100.0%	100.0%
		% of Total	54.7%	45.3%	100.0%

Table 4.24 shows that Chi-square= P12.801, df= 4, p = .012. This means that there is a statistically significant association between attitudes and utilization of the programme.

Table 4.24 Association between Attitudes and Utilization of the Programme

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.801[a]	4	.012
Likelihood Ratio	13.728	4	.008
Linear-by-Linear Association	6.401	1	.011
N of Valid Cases	53		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .45.

4.12 Association between Knowledge, Attitudes and Utilization of the Programme

Table 4.25 Knowledge about Existence of the Programme * Rating of the EWP * Attendence of Wellness Activities Crosstabulation

Attendence of Wellness Activities				Rating of the EWP					Total
				Very Good	Good	Fair	Poor	Very Poor	
Agree	Knowledge about Existence of the Programme	Yes	Count	5	19	3	1		28
			% within Knowledge about Existence of the Programme	17.9%	67.9%	10.7%	3.6%		100.0%
			% within Rating of the EWP	100.0%	95.0%	100.0%	100.0%		96.6%
			% of Total	17.2%	65.5%	10.3%	3.4%		96.6%
		No	Count	0	1	0	0		1
			% within Knowledge about Existence of the Programme	0.0%	100.0%	0.0%	0.0%		100.0%
			% within Rating of the EWP	0.0%	5.0%	0.0%	0.0%		3.4%

			% of Total	0.0%	3.4%	0.0%	0.0%		3.4%
			Count	5	20	3	1		29
			% within Knowledge about Existence of the Programme	17.2%	69.0%	10.3%	3.4%		100.0%
	Total		% within Rating of the EWP	100.0%	100.0%	100.0%	100.0%		100.0%
			% of Total	17.2%	69.0%	10.3%	3.4%		100.0%
			Count	3	7	12	0	1	23
			% within Knowledge about Existence of the Programme	13.0%	30.4%	52.2%	0.0%	4.3%	100.0%
		Yes	% within Rating of the EWP	100.0%	100.0%	100.0%	0.0%	100.0%	95.8%
	Knowledge about Existence of the Programme		% of Total	12.5%	29.2%	50.0%	0.0%	4.2%	95.8%
			Count	0	0	0	1	0	1
			% within Knowledge about Existence of the Programme	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Disagree		No	% within Rating of the EWP	0.0%	0.0%	0.0%	100.0%	0.0%	4.2%
			% of Total	0.0%	0.0%	0.0%	4.2%	0.0%	4.2%
			Count	3	7	12	1	1	24
			% within Knowledge about Existence of the Programme	12.5%	29.2%	50.0%	4.2%	4.2%	100.0%
	Total		% within Rating of the EWP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	12.5%	29.2%	50.0%	4.2%	4.2%	100.0%
			Count	8	26	15	1	1	51
			% within Knowledge about Existence of the Programme	15.7%	51.0%	29.4%	2.0%	2.0%	100.0%
		Yes	% within Rating of the EWP	100.0%	96.3%	100.0%	50.0%	100.0%	96.2%
	Knowledge about Existence of the Programme		% of Total	15.1%	49.1%	28.3%	1.9%	1.9%	96.2%
			Count	0	1	0	1	0	2
Total			% within Knowledge about Existence of the Programme	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%
		No	% within Rating of the EWP	0.0%	3.7%	0.0%	50.0%	0.0%	3.8%
			% of Total	0.0%	1.9%	0.0%	1.9%	0.0%	3.8%
			Count	3	8	12	1	1	25
			% within Knowledge about Existence of the Programme	12.0%	32.0%	48.0%	4.0%	4.0%	100.0%
	Total		% within Rating of the EWP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	12.0%	32.0%	48.0%	4.0%	4.0%	100.0%
			Count	8	27	15	2	1	53
			% within Knowledge about Existence of the Programme	15.1%	50.9%	28.3%	3.8%	1.9%	100.0%
		Yes	% within Rating of the EWP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Knowledge about Existence of the Programme		% of Total	15.1%	50.9%	28.3%	3.8%	1.9%	100.0%
			Count	0	0	0	0	0	0
			% within Knowledge about Existence of the Programme	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		No	% within Rating of the EWP	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			% of Total	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Count	8	27	15	2	1	53
			% within Knowledge about Existence of the Programme	15.1%	50.9%	28.3%	3.8%	1.9%	100.0%
	Total		% within Rating of the EWP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	15.1%	50.9%	28.3%	3.8%	1.9%	100.0%

	% within Rating of the EWP	0.0%	3.7%	0.0%	50.0%	0.0%	3.8%
	% of Total	0.0%	1.9%	0.0%	1.9%	0.0%	3.8%
Total	Count	8	27	15	2	1	53
	% within Knowledge about Existence of the Programme	15.1%	50.9%	28.3%	3.8%	1.9%	100.0%
	% within Rating of the EWP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	15.1%	50.9%	28.3%	3.8%	1.9%	100.0%

Table 4.26 shows that Chi-square = 0.466, df =3, p = .0926. This means that there is no statistically significant association between knowledge, attitudes and utilization of the programme.

Table 4.26 Association between Knowledge, Attitudes and Utilization of the Programme

Chi-Square Tests

Attendence of Wellness Activities		Value	df	Asymp. Sig. (2-sided)
Agree	Pearson Chi-Square	.466[b]	3	.926
	Likelihood Ratio	.759	3	.859
	Linear-by-Linear Association	.000	1	1.000
	N of Valid Cases	29		
Disagree	Pearson Chi-Square	24.000[c]	4	.000
	Likelihood Ratio	8.314	4	.081
	Linear-by-Linear Association	2.429	1	.119
	N of Valid Cases	24		
Total	Pearson Chi-Square	12.711[a]	4	.013
	Likelihood Ratio	5.705	4	.222
	Linear-by-Linear Association	1.612	1	.204
	N of Valid Cases	53		

a. 7 cells (70.0%) have expected count less than 5. The minimum expected count is .04.

b. 7 cells (87.5%) have expected count less than 5. The minimum expected count is .03.

c. 8 cells (80.0%) have expected count less than 5. The minimum expected count is .04.

4.13 Association between Age, Knowledge and Utilization of the Programme

Table 4.27 Age * Knowledge about Existence of the Programme * Attendence of Wellness Activities Crosstabulation

Attendence of Wellness Activities				Knowledge about Existence of the Programme		Total
				Yes	No	
Agree	Age	20-25	Count	0	1	1
			% within Age	0.0%	100.0%	100.0%
			% within Knowledge about Existence of the Programme	0.0%	100.0%	3.4%
			% of Total	0.0%	3.4%	3.4%
		26-30	Count	4	0	4
			% within Age	100.0%	0.0%	100.0%
			% within Knowledge about Existence of the Programme	14.3%	0.0%	13.8%
			% of Total	13.8%	0.0%	13.8%
		31-35	Count	4	0	4
			% within Age	100.0%	0.0%	100.0%
			% within Knowledge about Existence of the Programme	14.3%	0.0%	13.8%
			% of Total	13.8%	0.0%	13.8%
		36-40	Count	7	0	7
			% within Age	100.0%	0.0%	100.0%
			% within Knowledge about Existence of the Programme	25.0%	0.0%	24.1%
			% of Total	24.1%	0.0%	24.1%
		41-45	Count	3	0	3
			% within Age	100.0%	0.0%	100.0%
			% within Knowledge about Existence of the Programme	10.7%	0.0%	10.3%
			% of Total	10.3%	0.0%	10.3%
		46-50	Count	2	0	2
			% within Age	100.0%	0.0%	100.0%
			% within Knowledge about Existence of the Programme	7.1%	0.0%	6.9%
			% of Total	6.9%	0.0%	6.9%
		51 and above	Count	8	0	8
			% within Age	100.0%	0.0%	100.0%

			% within Knowledge about Existence of the Programme	28.6%	0.0%	27.6%
			% of Total	27.6%	0.0%	27.6%
			Count	28	1	29
			% within Age	96.6%	3.4%	100.0%
		Total	% within Knowledge about Existence of the Programme	100.0%	100.0%	100.0%
			% of Total	96.6%	3.4%	100.0%
			Count	1	0	1
			% within Age	100.0%	0.0%	100.0%
		20-25	% within Knowledge about Existence of the Programme	4.3%	0.0%	3.8%
			% of Total	3.8%	0.0%	3.8%
			Count	1	0	1
			% within Age	100.0%	0.0%	100.0%
		26-30	% within Knowledge about Existence of the Programme	4.3%	0.0%	3.8%
			% of Total	3.8%	0.0%	3.8%
			Count	7	2	9
			% within Age	77.8%	22.2%	100.0%
		31-35	% within Knowledge about Existence of the Programme	30.4%	66.7%	34.6%
			% of Total	26.9%	7.7%	34.6%
			Count	6	1	7
			% within Age	85.7%	14.3%	100.0%
Disagree	Age	36-40	% within Knowledge about Existence of the Programme	26.1%	33.3%	26.9%
			% of Total	23.1%	3.8%	26.9%
			Count	4	0	4
			% within Age	100.0%	0.0%	100.0%
		41-45	% within Knowledge about Existence of the Programme	17.4%	0.0%	15.4%
			% of Total	15.4%	0.0%	15.4%
			Count	3	0	3
			% within Age	100.0%	0.0%	100.0%
		46-50	% within Knowledge about Existence of the Programme	13.0%	0.0%	11.5%
			% of Total	11.5%	0.0%	11.5%
			Count	1	0	1
			% within Age	100.0%	0.0%	100.0%
		51 and above	% within Knowledge about Existence of the Programme	4.3%	0.0%	3.8%

			% of Total	3.8%	0.0%	3.8%
			Count	23	3	26
			% within Age	88.5%	11.5%	100.0%
		Total	% within Knowledge about Existence of the Programme	100.0%	100.0%	100.0%
			% of Total	88.5%	11.5%	100.0%
			Count	1	1	2
			% within Age	50.0%	50.0%	100.0%
		20-25	% within Knowledge about Existence of the Programme	2.0%	25.0%	3.6%
			% of Total	1.8%	1.8%	3.6%
			Count	5	0	5
			% within Age	100.0%	0.0%	100.0%
		26-30	% within Knowledge about Existence of the Programme	9.8%	0.0%	9.1%
			% of Total	9.1%	0.0%	9.1%
			Count	11	2	13
			% within Age	84.6%	15.4%	100.0%
		31-35	% within Knowledge about Existence of the Programme	21.6%	50.0%	23.6%
			% of Total	20.0%	3.6%	23.6%
			Count	13	1	14
			% within Age	92.9%	7.1%	100.0%
Total	Age	36-40	% within Knowledge about Existence of the Programme	25.5%	25.0%	25.5%
			% of Total	23.6%	1.8%	25.5%
			Count	7	0	7
			% within Age	100.0%	0.0%	100.0%
		41-45	% within Knowledge about Existence of the Programme	13.7%	0.0%	12.7%
			% of Total	12.7%	0.0%	12.7%
			Count	5	0	5
			% within Age	100.0%	0.0%	100.0%
		46-50	% within Knowledge about Existence of the Programme	9.8%	0.0%	9.1%
			% of Total	9.1%	0.0%	9.1%
			Count	9	0	9
			% within Age	100.0%	0.0%	100.0%
		51 and above	% within Knowledge about Existence of the Programme	17.6%	0.0%	16.4%

	% of Total	16.4%	0.0%	16.4%
	Count	51	4	55
	% within Age	92.7%	7.3%	100.0%
Total	% within Knowledge about Existence of the Programme	100.0%	100.0%	100.0%
	% of Total	92.7%	7.3%	100.0%

Table 4.28 shows that Chi-square = 29.000, df = 6, p < .001. This means that there is a statistically significant association between age, knowledge and utilization of the programme.

Table 4.28 C Association between Age, Knowledge and Utilization of the Programme

Chi-Square Tests

Attendence of Wellness Activities		Value	df	Asymp. Sig. (2-sided)
Agree	Pearson Chi-Square	29.000[b]	6	.000
	Likelihood Ratio	8.700	6	.191
	Linear-by-Linear Association	3.546	1	.060
	N of Valid Cases	29		
Disagree	Pearson Chi-Square	2.363[c]	6	.884
	Likelihood Ratio	3.320	6	.768
	Linear-by-Linear Association	.712	1	.399
	N of Valid Cases	26		
Total	Pearson Chi-Square	8.722[a]	6	.190
	Likelihood Ratio	7.530	6	.275
	Linear-by-Linear Association	3.487	1	.062
	N of Valid Cases	55		

a. 10 cells (71.4%) have expected count less than 5. The minimum expected count is .15.

b. 12 cells (85.7%) have expected count less than 5. The minimum expected count is .03.

c. 12 cells (85.7%) have expected count less than 5. The minimum expected count is .12.

4.14 Summary

This chapter presented the results of the study findings. The results reveal that a majority of the respondents know or are aware of the Employee Wellness Programme. The study also reveals that slightly above half of the respondents have attended the wellness activities. Half of the respondents rated the programme as good. The results also indicate that inconvenient time or location is the leading barrier preventing employee from participating in wellness activities. The study also reveal that majority of the respondents believe that the Ministry of Health should use incentives to motivate employees to participate in wellness activities. The next chapter will present the interpretation of the results.

CHAPTER 5

DISCUSSION

5.1 Introduction

This chapter discusses in detail each of the main finding related to the research objectives.

5.2 Demographic Information

The following factors are demographic variables that may have an impact on the knowledge and awareness as well the perceptions that employees have about the wellness programme. These factors are age, gender, marital status, salary grade and number of years in the Ministry. According to Powell (2014), it is crucial for organizations to understand how best the characteristics of employees such as age, gender, and educational background influence the decisions about the uptake of the wellness services and the perceptions they have about the programme. Such information will assist in improving the uptake of programme's services and make the programme more inclusive for employees with different background (Herman et al., 2012). The results revealed that most of the respondents were females (58.3%) and this may be attributed to the fact that in many organizations females form a majority of the workforce and by virtue of being the majority, it is expected that females would be the majority of respondents that utilize the programme.

According to Liu et al. (2012), the effectiveness of the wellness programme depends on the target population's characteristics and the percentage of the population that takes part in the intervention. These factors include gender, age, marital status, level of education, level of income and many more. The findings meet this expectation as most of the respondents that have utilized the programme are female. Among the salary grades, the category C1-C6 had the majority of respondents (38.2%) which could be that the category consists of job levels that form the majority of the workers in hospital or health facility. All the respondents in this category have at least a tertiary qualification and form a majority of the workforce thus it can be said that they

understand the programme better than those at lower grades and utilize it to its full capacity. The findings from the study concur with Powell (2014) that there is need to understand how different employees respond to various modalities, content and intensity to develop audience-appropriate and effective interventions.

5.3 Objective 1: Knowledge and Awareness of the Employee Wellness Programme

The prerequisite for the willingness to use EWP is the knowledge and awareness about the programme (Baicker et al., 2013). Employees who are aware or knowledgeable of the EWP are expected to be more aware or knowledgeable about the benefits of utilizing the programme and thus may be more willing to use it. The findings reveal that a majority of the respondents are aware of the existence of the programme. This means that the Ministry of Health has done well to promote the programme amongst its employees. Most of them also feel that the information provided to them about the programme is adequate. This could suggest that information is well communicated even though there are hiccups there and there.

The findings concur with Naydeck et al. (2010) that the EWP's greater awareness should be related to the increased willingness to utilize the programme amongst the employees. The findings reveal that most of the respondents were satisfied with how the information is communicated but some were mainly concerned with communication being poor and not consistent. According to Mattke et al. (2013), it is important to clearly communicate the programme's aspects in an open method. Many wellness programmes have failed because of poor communication strategy. The communication should encourage the value of better-quality health to the wellbeing of the employees. The findings in the study concur with this statement but there is need for some improvements.

5.4 Objective 2: Perceptions about the Programme

The workplace is the right and appropriate place for health behaviour change. According to Sieberhagen et al. (2011), the employer should provide a

comprehensive EWP with integrated programmes such as health promotion and disease management. The findings of the study reveals that about half of the respondents strongly agreed (56.1%) about the importance of attending wellness activities. This could mean that employees understand or comprehend the importance of such a programme. The findings also correlate with the literature form other researches as it was found that about half of the respondents rated the programme as good which means that they are pleased with the services offered by the programme. Therefore, it is crucial for an organization to focus on employee health's wellness because it can have a positive impact on the wellness of the organization (Osilla et al., 2012).

5.5 Objective 3: Utilization of the Programme

From the findings about half of the respondents have attended wellness activities offered or sponsored by the Ministry of Health. Slightly less than half indicated that they have not attended any wellness activities and the reasons stated for non-attendance include lack of time, lack of interest, being occupied by work, lack of resources (as some of the activities are not funded by the Ministry), inconvenient time or location (some activities are conducted outside the official working hours), poor communication and lack of interest.

The utilization of the wellness clinic is also dependent on the type of clinical screening tests offered by the clinic. According to CDC (2013), there are three kinds of services that the employer can provide. This includes screening activities to detect health risks, lifestyle management and health promotion healthy lifestyles. The findings of the study concur with the statement with diabetes and blood pressure screening tests being the leading that respondents were aware of. Lifestyle management activities offered that most respondents are aware of include fitness, exercise and physical activity, followed by health education, stress management and spiritual and social issues. The Ministry should balance the provision of all these services so that the programme can be fully utilized.

A majority of the respondents revealed that they are aware of the availability of the wellness clinic in their health facilities. This does not depict a good picture because

all employees in these facilities are expected to know about the clinic since it currently exists and is established for them to utilize it. The utilization of the programme according to Sackney et al. (2012) can be determined by the reasons employees give for participating or not participating as well as the type of services offered.

5.6 Objective 4: Areas of Key Concern within the Programme

From the findings, the most common barrier that prevent employees from participating in the wellness activities is inconvenient time or location and having no time being the second highest. According to Darling and Dannel (2011), it is crucial for employees to readily access the programme in a place a time that is convenient for them. From the findings of the study, the Ministry should consider conducting the wellness activities at convenient times or locations and this will increase the uptake of the services and thus making the programme more effective. Offering flexible hours for employees will enable the health care workers to schedule their time to participate in the wellness activities. Most of the respondents agree that the utilizing the services provided by the wellness programme can improve employee health and increase worker productivity. In addition, most of the respondents also believe that the services provided by the wellness programme are of good quality.

5.7 Objective 5: Role of Incentives

Using incentives to encourage employees to participate in the wellness programme has become a common trend (Powell, 2014). Incentives can be utilized to increase participation rates and at the same time help employees to change or adhere to health behaviour (Volpp et al., 2011). From the findings, the majority of the respondents believe that the Ministry should use incentives to encourage employee participation. The Ministry also needs to come up with a sustainable strategy that will ensure that employees continue to participate in the programme even when the incentives are no longer offered.

The findings reveal that less than half of the respondents felt that they would still participate even if the incentives are not offered. The incentives that they can appreciate the most include small gifts, money and promotional products. Osilla et al. (2012) stated that the aim of the EWP is to inspire employees to be healthier hence many employers utilize incentives to encourage employees to observe and enhance their health and lowering worker turnover and abseentism. The fundamental goal of incentives is to shift to a key desire for continuous good health. Once the employee has a direct experience with the rewards related with health improvement, they might not need an external reward. The study findings concur with literature that incentives should be used to encourage participation.

5.8 Objective 6: Guidelines to Make the Programme Effective and More Cost-Effective

The programme should get full support from the management in the health facilities in order for it to be a success. According to Chartier (2011), it is important for employees to be supported by management at all levels. It is essential that all management levels show the importance of the programme by participating and getting in the programme. The study findings revealed that a majority of the respondents that believe that the management should support the programme. The management in the facilities has a crucial role to play hence their 100% support for the programme will be pivotal. The supervisors should not only provide support but also participate to demonstrate their support and make the employees believe that the programme is meant not only for them but for all employees at all levels.

The recommendations that were made by the respondents include the following:

- Having a fully-fledged wellness facility with adequate and well capacitated human resource, adequate financial resources to fund wellness events and putting in place the appropriate and required infrastructure and equipment to run the programme.
- The time and location where the wellness activities are conducted should be convenient for all employees who are willing to participate.

- There should be proper and frequent communication about the wellness activities.
- The Ministry should prioritize the programme
- Establish strategies that can be used to encourage employee participation. Some employees are not only attending because the services they required are not offered but because there is nothing motivating them to participate in the programme.
- The Ministry should also benchmark with other Ministries in other countries so as to learn from their bet practise.
- The programme should also be open to family members of the employees.

5.9 Association between Knowledge, attitudes and Utilization of the Programme

From the findings, it is evident that there is no statistically significant association between gender and knowledge about the existence of the programme. This means that gender and knowledge are independent variables, knowledge about the programme is not dependent on the gender of the employees. The results also reveal that there is a statistically significant association between knowledge and attitudes. This means that employees who are aware or know about the programme are expected to utilize the programme. Also employees who perceive the programme to be good are willing to utilize the programme (Naydeck et al., 2010). The findings also show that there is no statistically significant association between knowledge, attitudes and utilization of the programme. This finding concurs with the above findings that there is an association between knowledge and utilization and attitudes and utilization. This means that the three variables are dependent on each other thus can be concluded that the utilization of the programme is dependent on the knowledge and the attitudes the employees have about the programme.

5.10 Summary

The chapter has discussed in detail the findings outlined in the previous chapter. The discussion was categorized in relation to the research objectives. Relevant data from the previous chapter was used and explained in detail with regards to each objective of the study. The next chapter will present the conclusion and recommendations of the study.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter summarises the research findings. The chapter also discusses the conclusions which will be based on the problem statement, aim of the research, research objectives and questions. The chapter will also outline recommendation on how strategies that can be considered and adopted by the Ministry of Health in order to improve the wellness programme in order to make it effective and more cost-effective.

6.2 Conclusion

The main objective of the research was to assist the Ministry of Health to understand the reasons employees either take up or do not take up services offered within the Employee Wellness Programme in order to provide guidelines to make the programme effective and to render the programme more cost effective.

With regards to healthcare workers awareness of the existence of the programme in their facilities, the participants raised concerns that they are not satisfied with how the information is communicated. The communication was said to be weak, haphazard and inconsistent. With regards to the perceptions about the programme, a majority of health care workers rate the programme as good and acknowledged that it is easy for them to access help and information from the programme.

The programme is utilized by slightly more than half of the workers. The reasons that most employees gave for not utilizing the programme centres on the issues of time and location, communication and availability of resources to fund the activities. Employees are utilizing the clinical screening tests and lifestyle management services that are being offered by the programme.

With regards to the role of incentives, the majority of the respondents feel that the Ministry should use incentives to motivate people to participate in the programme.

Management from the facilities should also support the programme so that it can get a buy in from the rest of the healthcare workers. The strategies that were also suggested by the respondents could make the programme effective and more cost effective include strong communication strategy, ready access to programme and many more.

6.3 Implications of this Research

The study has identified the factors that make employees in the Ministry of Health take up or do not take up the services provided in the Employee Wellness Programme thus contributing to the success of the Programme. If these factors are addressed or acted upon, the programme can improve and become more effective and cost-effective.

The recommendations the study came up with can be used by the Ministry of Health to devise strategies that will entice employees to utilize the program. The research also helped to understand the expectations of the Ministry's employees about the programme and to understand their diversity and that they have diverse expectations.

The study was conducted in three health facilities that have the wellness programme to establish the perceptions and knowledge of employees about the programme. The study can be enrolled to other health facilities to get broader perspectives of employees about the programme.

6.4 Limitation of the Study

The limitations of the study include that it was not conducted in all the health facilities that have the Employee Wellness Programme but only three were selected to be part of the research. Another limitation was the reluctance from some employees to participate despite being assured of their anonymity and being advised that the research was conducted as part of a master's degree but not commissioned by the

Ministry of Health. Lastly, the time given to collect data was short as the respondents were only given a month to complete the questionnaire as the research was to be submitted by the 04th December 2015.

6.4 Recommendations to solve the research problem

In order for the EWP to be effective, there must be commitment from the facilities management, employees must be involved in the programme, sufficient resources to run the programme and clear policies on wellness that are aligned to the Ministry's mission, vision and values.

Senior management and heads of departments or supervisors need to be fully aware of the programme and support it consistently. Without the support from the top, the Wellness programme will be a failure. The management may support the programme by formulating a vision of the programme from the employees' inputs, by communicating ideas about the programme and many other ways.

Furthermore, the success of the programme can be achieved by developing mechanisms to monitor and evaluate the programme regularly. For instance, by tracking the number of participants for a certain activity, the number of employees who have shown support for some or all the elements of the programme. This is done to identify areas of excellence, identify challenges and address them to keep the program on track, and identify factors that affect employee participation in the programme.

Another strategy for the facilities where the programme is inactive would be establishing a committee that will be proactive and dedicated to oversee its implementation. This committee will be comprised of the employee and members from management at all levels to promote buy-in form employees and create an opportunity for the members to serve as ambassadors for wellness.

Another strategy would be to assess the needs of the employees. This can be done through a survey that can ask the employees about the programme and what they are interested in.

There is also need to create a wellness culture amongst the employees. The management of the facilities should make their support for the programme be visible to all employees by attending meetings and seminars of the programme. Furthermore, the wellness programme should be made convenient by offering onsite meetings or seminars about the health issues for instance weight management. Also, the facilities can provide methods in which the employees can include their families in the programme such as hosting family days were family members can participate in the wellness activities and acquire health education on many issues.

Another important strategy is communication that will be extensive, continuous and targeted to the employees. Information can be communicated through memos, meetings, phone calls and social media. Employee sharing about their success stories can also be powerful motivator. Employees can share amongst each other about the benefits they have gained form the Wellness Programme.

The Wellness Programme should also provide incentives to the employees. The incentives can be used to encourage employee to participate in the Wellness programme and must be offered at regular intervals through the programme. This may include incentives like small gifts and promotional items. The rewards or incentives can be tied to a certain wellness activity. Lastly, the Ministry of health should celebrate group success by announcing those who have done well and hosting parties to celebrate Wellness achievements.

6.5 Recommendations for Future Studies

More time should be allocated for further studies in order to collect data within a reasonable time and give respondents sufficient time to answer the questionnaires. Another recommendation would be to conduct a study with both research designs that is quantitative and qualitative method to address the issue that were not tackled by this study.

For future studies, it would be important to conduct a study that will cover all the health facilities in the Ministry of Health that have EWP. The studies can focus on a number of areas such as:

- **Long term impact of the Employee Wellness Programme** – The growth in the number of chronic diseases among employee may require a much longer follow up period so as to monitor the effectiveness of the programme on the health outcomes and costs.
- **Design of the programme**. Research is also needed to look at the features of the programme that will be more suitable for the needs of the employees and high likely to achieve the wellness goals.
- **Employer characteristics**. This may include characteristics such as management support and workplace culture that may change the effect of the EWP. It is crucial to understand the role such factors paly. Furthermore, there is a need to understand the demographic characteristics of the employees that might drive them to utilize or not utilize the EWPs.

6.6 Summary

The data collected for this research, together with the analysis and discussion using the literature review, had addressed the six research objectives set and answered the five research questions.

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Questionnaire (interview guide)

Employee Knowledge, Awareness and Perceptions about the Employee Wellness Programme in the Ministry of Health, Swaziland

Hello,

Thank you for agreeing to take part in the interview. The questions below are designed to stimulate a discussion between the researcher on the subject "Employee Knowledge, Awareness and Perceptions about the Employee Wellness Program in the Ministry of Health, Swaziland. The Ministry of health employees are the key stakeholders in this project.

The participation of your in this study is completely voluntary. There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. It is very important for the researcher to learn your opinions. Your survey responses will be strictly confidential and data from this research will be reported only in the aggregate. Your information will be coded and will remain confidential.

Please tick the appropriate answer.

1. Please indicate your age category

Below 20 years	
20 – 25 years	
26 – 30 years	
31 – 35 years	
36 – 40 years	

41 – 45 years	
46 – 50 years	
51 years and above	

2. Please indicate your gender

Male	Female

3. Please indicate your marital status:

Single	Married	Living together

4. What is your salary grade?

A		**B**		**C**		**D**		**E**	
A1		B1		C1		D1		E1	
A2		B2		C2		D2		E2	
A3		B3		C3		D3		E3	
A4		B4		C4		D4		E4	
A5		B5		C5		D5		E5	
A6		B6		C6		D6		E6	

5. How many years have you been employed in the ministry?

1 to 5 years		6 to 10 years	
11 to 15 years		16 to 20 years	
21 to 25 years		26 to 30 years	
31 yrs & above			

6. I am knowledgeable/aware of the existence of Employee Wellness Program.

Yes	No

7. Is the information about the Wellness Program at work adequate?

Yes	No

8. Are you satisfied with how information relating to the Employee Wellness Program is communicated to you? (If Yes, skip to Question 10)

Yes	No

9. If No, please state reason(s) for this dissatisfaction

.....

.....

10. How is information about the Wellness communicated?

Email		Memos	
Meetings		Phone Calls	
Face to Face Communications		Other	

11. How would you prefer Wellness information to be communicated to you?

Email		Memos	
Face to Face Communications		Meetings	
Pamphlets or in-house magazines		Phone calls	

Other (Specify)

12. How often do you receive information pertaining to Employee Wellness Program?

Daily	Weekly	Monthly	Quarterly	Other (specify)

13. Have you ever attended Wellness related activities offered or sponsored by the Ministry? (If Yes, skip to Question 15)

Agree	Disagree

14. If you disagree please state the reason(s) for non-attendance

.....

15. Are you well informed about the Wellness initiatives and interventions that your Ministry has embarked on?

Yes	No

16. It is important to attend seminars, forums and access internet information pertaining to Employee Wellness Program

Strongly Agree	
Agree	
Uncertain/ Not Applicable	
Disagree	
Strongly Agree	

17. How would you rate the Ministry's Wellness Program?

Very Good	Good	Fair	Poor	Very Poor

18. It is easy to access help and information vital to the Employee Wellness Program

Strongly Agree		Agree	
Disagree		Strongly Disagree	
Uncertain			

19. Do you think the workplace is a valuable source of information on employee health?

Strongly Agree		Agree	
Disagree		Strongly Disagree	
Uncertain			

20. The program has enhanced my knowledge on employee health/wellbeing.

Strongly Agree		Agree	
Disagree		Strongly Disagree	
Uncertain			

21. There is an advantage in knowing one's health status

Strongly Agree		Agree	
Disagree		Strongly Disagree	
Uncertain			

22. Does your facility have a wellness clinic?

Yes	No

23. Does stigma prevents employees from seeking counseling, testing and treatment in the wellness clinic?

Strongly Agree	
Agree	
Uncertain/ Not Applicable	
Disagree	
Strongly Disagree	

24. Do employees in your facility shun people living with certain health ailments or life problems?

Yes		No	
Maybe		Don't know	

25. Do you think in the ministry of health people with certain health problems/conditions can lose their jobs?

Strongly Agree		Agree	
Disagree		Strongly Disagree	
Uncertain			

26. Are there any barriers that prevent you from participating in wellness activities? (Tick all that apply.)

Inconvenient time or location	
I have no time	
My employer should not be involved in my personal health (Privacy)	
I'm concerned about other employees knowing about my health (Confidentiality)	
Lack of management support	
My job duties do not allow me to participate	
Lack of facilities at or near the worksite	
Just not interested	
Other (Specify)	

27. Do you think the use of services provided by the Wellness Program can help improve employee health and increase worker productivity?

Strongly Agree		Agree	
Disagree		Strongly Disagree	
Uncertain			

28. Can the services provided within the Wellness Program be regarded as of good quality? (If Yes, skip to Question 30)

Yes	No

29. If you No, please state your opinion/s

.....

30. What types of clinical screening tests are offered by the Wellness Program in your facility **(Tick all that apply)**

Diabetes		Allergy and Asthma	
Coronary artery disease		Heart failure	
Depression		Cancer	
COPD/emphysema		Back pain	
Nondisease specific		Blood Pressure	
Other (Specify)			

31. What types of lifestyle management activities are offered by the Wellness in your facility? **(Tick all that apply)**

Fitness, Exercise & Physical Activity		Financial Issues	
Mental Health		Nutrition and Diet	
Health Education		Medical Self-care	
Stress Management		Alcohol/Drug abuse	
Social & Spiritual Issues		Other (Specify)	

32. Do you think the Ministry should use incentives to increase employee engagement in Wellness activities?

Yes	No

33. What would motivate you to participate in the Wellness Program?

(Please select one)

I would participate without an incentive		Money	
Small gifts		Days/hours off	
Fee food		Promotional products	
Other (Specify)			

34. How helpful has the wellness program been for you to reach your wellness goals? (Optional question the group can remove if not applicable.)

Extremely helpful		Somewhat helpful	
Only slightly helpful		Not at all	

35. Does your facility management support the Wellness Program?

Yes	No

36. Do you think your supervisors are willing to participate in the wellness program and encourage others to participate?

Yes	No

37. Do you have any further comments?

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……
……
……....

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

8 July 2015

Ms Phenduliwe Dlamini 213568832
Graduate School of Business and Leadership
Westville Campus

Dear Ms Dlamini

Protocol reference number: HSS/0369/015M
Project title: Employee Knowledge, Awareness and Perceptions about Employee Wellness Program in the Ministry of Health, Swaziland

Full Approval – Expedited Application

In response to your application received on 23 April 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

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 and Methods must be reviewed and approved through the 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.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Dr M Hoque
Cc Academic Leader Research: Dr M Hoque
Cc School Administrator: Ms Zarina Bullyraj