Exploring employees' perceptions and understandings of mental illness in the workplace: A case study of employees of EThekwini Municipality

By

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Student: Ms Nokuzola Dudeni

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DEDICATION

This dissertation is dedicated to my parents.

Dad, you only went as far as Honours' degree, it was your dream to see me attain a master's degree. This is yours Dudeni, Ndonyela, Magayisa, Mbokodo ebovu egaya Icumse. I could never have done this without your faith, support, and constant encouragement.

Thank you for teaching me to believe in myself, my God, and my dreams. You both instilled in me the virtue of perseverance, commitment and relentlessly encouraged me to strive for excellence.

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LIST OF ACRONYMS

BPD	Borderline Personality Disorder
EAP	Employee Assistance Program
EVR	Enhanced Vocational Rehabilitation
EMM	EThekwini Metropolitan Municipality
EWS	EThekwini Water and Sanitation
GHQ	General Health Questionnaire
GSS	General Social Survey
HR	Human Resource
IPS	Individual Placement and Support
LGBT	Lesbian, Gay, Bisexual, Transgender
OCD	Obsessive-Compulsive Disorder
OMICC	Opinion about Mental Illness for the Chinese Community
PTSD	Post-Traumatic Stress Disorder
PSR	Psychosocial Rehabilitation
RCT	Randomized Controlled Trial
SACSSP	South African Council for Social Services Profession
UK	United Kingdom
UKZN	University of KwaZulu-Natal
WHO	World Health Organization

ABSTRACT

This study explored EThekwini municipality employees' perceptions and understanding of mental illnesses in the workplace. Furthermore, the researcher wanted to understand the ways in which support for mental illnesses or mental health related issues is provided. This study aimed to uncover employees' perceptions, knowledge, and beliefs about mental illness. The study draws from the belief that mental health issues are stigmatised and poorly addressed in the workplace due to a lack of knowledge. This impacts on the wellbeing and recovery of mental health sufferers, thus, negatively impacting on productivity and job security. The study adopted a qualitative research design positioned within the interpretivist paradigm. Purposive and snowballing sampling methods were used to select eighteen participants. Data was collected using a semi-structured interview guide from a sample of eighteen participants in the EThekwini municipality Water and Sanitation department (EWS). Data were analysed using the thematic content analysis. The research findings established that mental illnesses are caused by psychosocial problems and certain beliefs about life in general. Importantly, the study revealed that mental illness is prevalent among female employees at the EThekwini municipality Water and Sanitation department. Additionally, the findings suggest that the provision of constructive guidance and support to all the EWS employees with mental illnesses will aid in addressing mental illnesses at EWS. EThekwini municipality needs to create programmes and policies that will educate and normalise mental illnesses in the workplace to reduce stigma. This will be achieved by improved and sustained communication and collaboration at an organisational and managerial level between all EWS employees, EWS management and the social worker.

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CHAPTER ONE

CONTEXTUAL AND THEORETICAL FRAMEWORK FOR THE STUDY

1.1 Introduction and background of the study

Mental health problems are prevalent in workplaces and people normally suffer from mental illnesses secretly and silently. Mental illnesses are the prime cause of both presenteeism (a concept that relates to a situation in which an employee is present at work, however, such an employee is not productive) and absenteeism at workplaces (a term that refers to the situation whereby an employee is absent from work) (Pike, 2017). Mental illnesses negatively affect the performance of many employees because they are often absent-minded at work, yet physically present (Elwy, 2011). While mental health concerns are rampant among employees, there is a dearth of literature that explores how employees perceive mental health issues.

Mental health illnesses are stigmatised and poorly dealt with in the workplace (Corrigan & Watson, 2002). This impacts on the well-being and recovery of mental health sufferers, thus, negatively impacting on productivity and job security (WHO, 2013). Employees with mental illnesses are challenged in two ways at workplaces. They struggle with the symptoms and disabilities that result from mental illness whilst performing their work tasks or at any other time during work hours (Harno & Gabriel, 2000). Employees with mental illness are also challenged by the stereotypes and prejudice in workplaces that result from misunderstandings about mental illness (Harnois & Gabriel, 2000). It is thus important to gain insight and understanding of employees' perceptions of mental illness. The researcher believes that it is such understanding and perceptions that influence how people with mental illnesses are treated. Gaining insight into how people perceive mental illnesses will influence the development of relevant intervention programmes.

In this chapter, the researcher presents the rationale for the study, the research questions, and objectives of the study. It highlights the theoretical framework underpinning the study and definition of the concepts employed by the study. In concluding the chapter, the structure of the dissertation is presented.

1.2 Rationale of the study

Mental illnesses give rise to social burden in many places around the world (Araya Rojas, Fritsch, Acuna, & Lewis, 2001). Depression is reported to be the most common type of mental illness that affects many people in the workplace (WHO, 2001). According to WHO (2001), depression is a persistent mental illness that affects about 31% of all patients who seek care at primary health care facilities throughout the world and, 21.6% are found in sub-Saharan Africa. There are approximately 322 million people who are suffering from depression disorders worldwide and 264 million persons suffer from anxiety disorders (WHO, 2017).

Globally, 788 000 people committed suicide in 2015 due to depression and anxiety disorders and these key two types of disorders were identified as the principal causal factors of suicide (WHO, 2017). South African Depression and Anxiety Group (2018) stated that approximately 23 people commit suicide in South Africa per day and, the reason which is attributed to such deaths is mental-illness-related stigma.

The researcher works as a private social worker with several organizations. As part of her consultancy work, several cases were reported to her about mental illness in the workplace. Therefore, she observed that mentally ill patients hide their illnesses in fear of being discriminated against by fellow employees and by their supervisors. Employees with mental illnesses often do not get support from their fellow employees (WHO, 2013). The lack of support amongst employees with mental illnesses can be followed by low productivity and unfavourable psychological conditions, such as: (a) guilty feelings about their mental illnesses; and (b) self-blame, which is referred to by the researcher as a 'knee jerk' reaction. Some of the employees used to complain about being deprived of promotions by their top management based on their mental illnesses (WHO, 2013). Moreover, there are no clear policy and practice guidelines related to social work services about mental illness in the workplace. The above-cited experiences of the researcher with mental illnesses in the workplace are the main motivator for this study.

1.3 Aim and objectives of the study

1.3.1 Aim

The aim of the study was to explore EThekwini Municipality employees' perceptions, knowledge, and beliefs about mental illness.

1.3.2 Objectives

a) To understand EThekwini Municipality employees' perceptions of mental illnesses in the workplace.
b) To understand EThekwini Municipality employees' beliefs about mental illnesses in the workplace.
c) To understand EThekwini Municipality employees' knowledge about experiences with mental illnesses in the workplace

1.3.3 Research questions

a) What are EThekwini Municipality employees' perceptions about mental illnesses in the workplace?
b) What are EThekwini Municipality employees' beliefs about mental illnesses in the workplace?
c) What is EThekwini Municipality employees' knowledge concerning mental illnesses in the workplace?

The study was based on the following assumptions:

(1) Mental illnesses are mirrored by misconceptions in the workplace, due to a lack of adequate awareness amongst employees and the management.
(2) Employees with mental illnesses are stigmatised and poorly dealt with in the workplace.

1.4 Theoretical framework

The study used labelling theory as the theoretical framework. This theory has its origins in a book titled 'Suicide' that was authored by Durkheim, Spaulding and Simpson (1951). Labelling theory is defined as "a process of giving an individual a title they have not chosen for themselves" (Garcia, 2013, p.3). The theory was created to describe the behaviours of people who do not comply with social norms because of social interactions with others (Braithwaite, 2000). For Garcia (2013, p.3), labelling theory is normally directed towards targeted "individuals' identities within society", concentrating "on the labels", which the community assigns to them, habitually because they do not fit into the typical norm. Titles that are assigned to targeted persons consist of "preconceived ideas, traits, and characteristics "about" the

individual" (Garcia, 2013, p.3). The act of labelling comprises adverse and/or favourable implications. Nonetheless, labelling theory is traditionally characterised by adverse ramifications, and it typically "revolves around deviance" (Garcia, 2013, p.3).

The preceding findings from Garcia (2013) are supported by findings from many well-read researchers below. In this regard, Akers and Sellers (2009) found that labelling theory involves the application of a label, which is often negative by one societal group to another and, it results in othering and, therefore the person or group to which the label has been applied is stigmatised and considered to be outside of conventional society. Goffman (1963) conducted a similar study and, found that labelling theory posits that people who are labelled as deviant tend to feel excluded from the traditional society since they are seen to be different based on their behaviour. Labelling theory suggests that "an individual's identity and self-concept, cognitive processes, values, and attitudes are seen only as existing in the context of society acting, reacting, and changing in social interaction with others" (Akers & Sellers, 2009, p.152).

Considering the preceding explanations about the labelling perspective the researcher provides the following elucidation. It can be inferred that it is almost impossible for employees with mental illnesses to get rid of the imposed label, as it is tied to a traditional perception that they are perceived not to conform to normal societal mores. The researcher also deduces that a labelled individual (employee) becomes an object to which he/she is likened and is compelled to embrace a socially constructed identity. In line with the author's stream of argument, it can further be deduced that after the receipt of an induced label, the victimised person must learn how to live with it. Suggestively, 'adverse ramifications' in terms of outcomes of a labelling process can be interpreted in so many ways. Contextually, adverse implications may be seen as the determinants of the kinds of menial positions which employees with mental illnesses hold in workplaces. Negative implications can also be treated as the determinants of the level of accessibility, which employees with mental illnesses have in terms of resources and opportunities within workplaces (Akers & Sellers, 2009).

Physically ill employees were sympathised with whereas the mentally ill would be labelled as lazy, mad, lunatic, dangerous, and crazy employees who were pretending to be sick in EThekwini Municipality. The preceding observations of the researcher were associated with the anticipated behaviours of the labelled employees, which involve complying with the aforesaid labels without contravening them. Considering the labels that were given to employees with mental illnesses at EThekwini Municipality, employees with mental illnesses

behaved in line with the abovementioned labels and this led to a departure from societal mores (Darmer, 1995; Garcia, 2013). Labelling theory helped the researcher to understand and interpret both existing literature and collected information. The theory's relevance is discernible especially on the stigma and stereotypes that most mentally ill employees experience. Labelling theory has a major emphasis on the labelled identifying themselves as others. That kind of discrimination does appear to make the labelled incorporate the labels into self. The theory plays a major role in understanding their perceptions.

In this study, the independent variable linked to the labelling theory is the process of internalizing' the label of being mentally ill as employees who cannot fit into the cycle of the so-called 'normal employees. This point is consistent with a finding from Garcia (2013) and Deloitte (2017, p.4) who found that the key basis of the labelling theory is "internalization, and without it, the process of labelling would have no effect on people". The abovementioned finding rests on psychological perceptions of the group that is responsible for labelling the labelled and, it is problematic for one reason. Moreover, Edgerton (1977) asserts that labelling effectively approves the othering process and, it presupposes that the problem of mental illnesses only happens when an employee becomes sick. This is far from the truth. The problem related to mental illness is strengthened and compounded whenever the labelling process is initiated by those who label others. The researcher infers that people who are negatively labelled subsequently incorporate this label into their understanding of self. Additionally, the researcher deduces that the internalisation of a label becomes central to the labelled employee's persona. In this regard, the community (fellow employees who are treated as 'normal' and the management) shapes employees with mental illnesses to fit into such a division in that style.

Moreover, labelling theory states that people who are labelled do not act in ways that contradict the label, but rather exhibit behaviours that confirm it (Goffman, 1963). Akers and Sellers (2009) further argue that, after a person is labelled, such an individual experiences embarrassment and disgrace. Those labelled people mostly identify with others who have been given a similar label (Braithwaite, 2000). Within the context of labelling theory, the information that informs the procedure of labelling and illness representation emanates from three fundamental sources: (a) extensive knowledge gained from non-professional sources. For example, general social communication and cultural knowledge of illness; (b) information sourced from people with authority such as doctors or parents; and (c) knowledge based on

present perceptions and prior experiences with the illness (Leventhal, Meyer, Nerenz, & Rachman, 1980). Thus, all these sources may have implications on how labelling works among EWS employees.

1.5 Significance of the study

Despite major strides in research and campaigns promoting mental health and well-being, mental illness remains largely stigmatised. This study is important because it explores an area that is little known in terms of the experiences of employees that silently shoulder a double burden that entails mental illness on the one hand and stigma on the other hand. It is envisaged that the study will add to the body of knowledge on mental health.

1.6 Definition of key concepts

1.6.1 Mental illness

According to Furber, Leach, Guy, and Segal(2017, p.230), "mental illness refers to specific diagnosable health conditions in which an individual's capacity to think, behave and interact with other people is affected". Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder and post-traumatic stress disorder (PTSD) among other conditions Furber et al.(2017).

1.6.2 Mental disorders

Mental disorders are conditions that affect an individual's thinking, feeling, mood, and behaviour Rao et al. (2009). According to Rao, Mahandevappa, Pillay, Sessay, Abraham and Lutty(2009), these mental disorders may be occasional or long-lasting (chronic), which can affect your ability to relate to others and function each day. The main difference between a mental disorder and a mental illness is the origin of the condition (Liu, Chang, Fu, Wang, & Wang, 2012). However, it is critical to highlight that firstly, differentiating mental disorder from mental illness is not a priority in the current study. Secondly, fact that mental illnesses are referred to as disorders adds another layer of complication, hence an attempt to unpack the two is more than a daunting task.

1.6.3 Stigma

According to Crocker et al. (1998), stigma is the disapproval of, or discrimination against, an individual or group based on perceivable social characteristics that serve to distinguish them from other members of a society. Moreover, in social work literature, Dudley (2000), working from Goffman's (1963) initial conceptualisation, defined stigma as stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviours are viewed as different from or inferior to societal norms.

1.6.4 Workplace

A workplace is a location where someone works for their employer or themselves, a place of employment. Such a place can range from a home office to a large office building or factory (Billett, 1995). Avis (2010) defines the workplace as an important place for learning and development, and in which knowledge can be created. The term workplace also includes the common parts of shared buildings, built-up structures, industrial estates and business parks.

1.6.5 Depression

According to the American Psychiatric Association (APA, 2013) depression is a common and serious medical illness that negatively affects how an individual feels, thinks and acts. Fortunately, it is also treatable. Moreover, Parcesepe and Cabassa (2013) mention that depression causes feelings of sadness and/or a loss of interest in activities that were once enjoyed. It can lead to a variety of emotional and physical problems and can decrease one's ability to function at work and at home.

1.6.6 Anxiety

Anxiety is a feeling of nervousness, unease, or worry that typically occurs in the absence of an imminent threat or because of an uncertain outcome. According to Beidel and Turner (1997), anxiety is the total response of a human being to threat or danger. Each experience of anxiety involves a perception of danger, thoughts about harm, and a process of physiological alarm. There are three types of anxiety, which are (panic-disorder) frequent, recurring panic attacks, (phobias) intense fear of a specific thing or situation, and (social anxiety) an intense fear and anxiety about social situations (Beck, 1985). However, it can be argued that anxiety cannot be classified as a mental disorder.

1.6.7 Schizophrenia

According to the World Health Organization (WHO) (2019), schizophrenia is a long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behaviour, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation. The most common types of symptoms and characteristic of schizophrenia include delusions, hallucinations, disorganised speech, disorganised behaviour, and the so-called "negative" symptoms. However, the symptoms of schizophrenia vary dramatically from person to person.

1.6.8 Borderline disorder

Borderline personality disorder (BPD) is a serious mental illness. According to Kohrt and Bourey (2016), people with BPD have trouble controlling their emotions, their behaviour and maintaining stable relationships. People with BPD have extreme mood swings, unstable relationships and trouble controlling their emotions around people. They have a higher risk of suicide and self-destructive behaviour. However, symptoms often lessen over time, and counseling and medication can help. On the other hand, antisocial personality disorder (ASPD), which is described by the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) as characterised by people tha engage in repetitive irresponsible, deliquent, and criminal behaviour is difficult to classify (Glenn, Johnson, & Raine, 2013).

1.7 Outline of the dissertation

Chapter One: In this first chapter (Introduction), the study was introduced, and an overview of the entire study was provided. The context, rationale, significance, aim and objectives, theoretical framework and the key concepts were defined. The remainder of this dissertation consists of the following four chapters:

Chapter Two: The second chapter is Literature review. It focuses on thematic matters relevant to the study. For example, understanding mental illness, mental related illnesses in the workplace, cultural beliefs and mental illness, and the intersection of mental illness with productivity in the workplace.

Chapter Three: The third chapter is Methodology. The chapter comprises a description of the research methodology used to elicit the views of the participants. It focuses on such aspects as research design, sampling strategy, method of data collection and data analyses. It further discusses the matters related to trustworthiness. ethical concerns, limitations of the study.

Chapter Four: This chapter presents the findings, interprets and discusses the findings, linking them with relevant literature and using the theoretical framework as the lens. Following a presentation of the participants' biographical information, the themes that emerged from the data are presented and discussed in the context of relevant literature.

Chapter Five: presents the main finding of the study and its major conclusions. Recommendations based on the findings and conclusions are also presented.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter Two provides an overview of the literature on employees' perceptions and understanding of mental illnesses in the workplace. A mixture of keywords guided the literature reviewed for this study. For example, these keywords included mental illness, culture, beliefs, views, attitudes, mental disorders, workplace, understanding, perceptions, productivity, employees, and stigma. The literature review was backed up by transparency and this was achieved by summarising the reviewed literature, and commenting on the methodology, and strengthened the evidence, sampling techniques, and various perceived implications.

This chapter specifically presents a knowledge base on the workers' perceptions and understandings of mental illnesses in their workplace; hence, mental illness in the workplace has been given exceptional attention as a crucial subject matter. Several studies addressing the perceptions and understandings of mental illness in the workplace are reviewed. For a critical reader to access the various relevant studies, such research works are categorised into the following numerous research fields:

- Studies focusing on understanding mental illness
- Studies on cultural beliefs about mental illness
- Workplace assistance programmes for employees with mental illnesses
- The vexing convergence between mental illness and productivity in the workplace
- Types of mental illnesses in the workplace
- Experiences of employees with mental illnesses in the workplace.

2.2 Studies focusing on understanding mental illness studies

A quantitative study titled "Understanding labelling effects in the area of mental disorders: An assessment of the effects of expectations of rejection", conducted by Link (1987) reported on the results based on the original research work conducted by Dohrenwend, Levav, Shrout, Link, Skodol, and Martin (1986). In the original study, respondents were randomly selected and, a total sample of 943 participants aged between 19 and 59 years participated. The researcher

recruited the participants six months before conducting the original study. In the original study, research participants were identified through telephone directories. Subsequently, Link (1987) administered a scale the participants could use to evaluate cultural attitudes that somewhat involved discrimination and a total disregard for people with mental illnesses by most residents of Washington Heights. The results of the scale pointed to joblessness, deprivation of earnings, and depression amongst the labelled groupings.

Link's (1987) study revealed that persons who differ significantly in their experiences regarding labelling and psychological medicine *share* the view that individuals with mental illnesses should not be prejudiced and disregarded. In terms of the targeted people, the interactive relationship between belittling, prejudice, and labelling was found to negatively influence depression, despondency, or despair. The views concerning belittling and prejudice were found to have a more substantial influence on the labelling of mentally ill participants than unlabelled participants from the neighbourhood. The findings of this study contradict the claims of *critics* who describe the labelling theory and stigma as entities that are connected to significant areas of the lives of mentally ill persons. Findings from Link's (1987) study further demonstrate that labelling propagates views about the handling of mentally ill persons. The current study seeks to illuminate this area.

Shah, Wheeler, Sessions, Kuule, Agaba, and Merry (2017) conducted a qualitative study titled: "Community perceptions of mental illness in rural Uganda: An analysis of existing challenges facing the Bwindi Mental Health Programme". The authors conducted six focus group discussions with fifty-four community members residing in Bwindi Community in Uganda. The methodology for this study included the inductive thematic analysis and the framework analysis approach. All the participants described their understandings of mental illnesses, with some of them indicating that mental illnesses were caused by contagious diseases, convulsions, and narcotics. Several participants opined that mosquito bites were the cause of mental illnesses while others felt that it is God who inflicts mental illnesses upon people for committing sins. According to Shah et al.'s (2017), destitution and familial hostilities were found to cause extreme levels of inter-personal disagreements and a feeling of frustration, which subsequently contribute to the development and progression of mental illness. This qualitative study further revealed that some participants believed that mental illnesses are connected to ingrained frustrations or vulnerabilities of individuals experiencing such disorders. In addition, the study reported that there are specific groups of people that are more vulnerable to mental illnesses

than others, particularly, short-tempered persons or those that contemplate excessively, including those that make bad decisions.

Abbay, Mulatu, and Azadi (2018) conducted a quantitative study with two hundred and sixty respondents. The study examined neighbourhood understandings, discerned attitudes, and related characteristics of mental illnesses. The methodology of this body of work involved the bivariate and multivariate analyses, which were carried out to explore connections and identify independent variables that are connected to the information on the pattern of mental illness. The researchers used a cellular phone to convey the questionnaires to the respondents by using a cellular phone. Another study conducted by Abbay et al. (2018) found that the probability of suffering mental illnesses was two times higher amongst females compared to their male counterparts. Additionally, the employment positions of the respondents were found to be numerically linked to mental illnesses.

Taylor and Dear (1981) carried out a quantitative study entitled: “Scaling community attitudes towards the mentally ill”. The total sample for this study was 1090 respondents. The study analysed the grounds for community resistance to the society’s mental health provisions. A study conducted by Taylor and Dear (1981) found that the optimum approach to dealing with mentally ill persons is to lock up such individuals. Mental illness is caused by the absence of willpower and the inability to discipline oneself. The participants also indicated that people suffering from mental illnesses should be controlled, disciplined, and treated like infants. Additionally, the participants felt that it was terrifying and shocking for them to live in the same community with mentally ill individuals because such people are dangerous. Some residents believed that their properties lost value because of the location of mental health amenities and facilities.

Similarly, Vijayalakshmi, Reddy, Math, and Thimmaiah (2013) conducted a quantitative study titled: “Attitudes of undergraduates towards mental illness: A comparison between nursing and business management students in India”. According to the findings, college students' opinions toward people with mental illnesses differ depending on the course in which they are enrolled. Revising curriculum design to include instructional sessions about mental illness may help to alter attitudes. These are critical steps in combating discrimination and perhaps enhancing the promotion of mental health human rights.

In terms of the *Separatism sub-scale,* the respondents were asked to rate their responses regarding the statement: "If a mental health facility is set up in my street or community, I will move out of the community". Of the two hundred and sixty-eight undergraduate participants, one hundred and twenty-eight nursing students did not agree with the aforesaid statement in relation to eighty-six Bachelor of Business Management (BBM) students who also disagreed with the statement. The remaining participants from the two groups agreed with the statement. Seventy-nine nursing students and forty-eight BBM students indicated that they were not scared to give medication to individuals with mental illnesses. Additionally, it was found that twenty-six nursing students and fifteen BBM students did not agree with the statement that persons suffering from mental illnesses are unpredictable and vicious. The findings from Vijayalakshmi et al.'s (2013) study further revealed that one hundred and one nursing students mentioned that mental illness sufferers who consume prescribed medicines are not more precarious than their sane counterparts. Concerning BBM students, the study found that only fifty-eight out of one hundred and twenty students felt that mental illness sufferers that take prescribed medicines are not more *dangerous* than sane persons.

Salve, Goswami, Sagar, Nongkynrih, and Sreenivas (2013) conducted a quantitative study on the perceptions and attitudes of Indian people regarding mental illness within an urban neighbourhood in India. The study, entitled "Perception and attitude towards mental illness in an urban community in South Delhi: A community-based study", employed a cross-sectional design to answer the research questions. The researchers randomly chose respondents from a section within an urban neighbourhood of Delhi.

The research by Salve et al. (2013) revealed participants' ambivalent responses regarding their perceptions of mental illnesses. The results indicated that 59% of the respondents felt that instantaneous adjustments in behaviour, such as being silent or rambling too much, were amongst the most recurrent manifestations of mental illnesses, while 53% of the participants felt that people who continuously abused or fought with other persons, exhibit the most *common* indicators of mental illness. A third of the participants perceived those indications of mental illness as noticeable and undisguised and, that such indicators made individuals with mental illnesses to be identified without difficulty. Further, 79% of the respondents perceived psychological stress or emotional strain as the predominant cause of mental illnesses; 21% of the respondents felt that mental illnesses are transmitted from one individual to another, with 27% of the participants having mentioned that mental illnesses are transmitted from mothers

to their children. The perception that mental illnesses can be cured was held by 80% of the respondents, whilst the other 20% of the participants *perceived* such illnesses as being responsive to treatment. Additionally, and more importantly, 29% of the respondents felt that mental illnesses are preventable through maintaining an amicable home atmosphere; nonetheless, 11% of the participants noted that mental disorders are not preventable. Therefore, those that suffer from the condition must not be stigmatised.

In a quantitative study titled "Myths, beliefs, and perceptions about mental disorders and health-seeking behavior in Delhi", Kishore, Gupta, Jiloha, and Bantman (2011) made an analogy between suburban, non-urban, and executive communities in India. The authors examined misconceptions, attitudes, views, and understandings concerning mental illnesses and the *health-seeking* conducts exhibited by adults in Delhi. The researchers randomly chose the study population. The entire study sample for this study was four hundred and thirty-six and, it consisted of three hundred and sixty participants from suburban and non-urban communities. The remaining seventy-six respondents in this study were all medical experts. The researchers used a cross-sectional study design to answer the research questions guiding their study. The objective of this study was: "to assess the myths, beliefs, and perceptions about mental disorders and health-seeking behavior in the general population and medical professionals of India" (Kishore et al., 2011, p.324).

The results from this study showed that 50% of suburban participants regarded mental illnesses as diseases while only 31.6% of the non-urban dwellers held the same perception. Notwithstanding this finding, 76.6% of non-urban participants indicated that they were not uncomfortable conversing with people suffering from mental illnesses; nevertheless, 59% of suburban participants had the same feeling. Further, 69.7% of medical experts were found to be confident and at ease when conversing with people suffering from mental illnesses. This shows that those suffering from mental illness deserve to be embraced.

In terms of mental maladies, the study found that 23.6% of the respondents believed that a few counts of sexual intercourse predisposed an individual to mental illnesses, whereas only 17.9% of non-rural participants and 6.6% of the executive agreed with the response. In addition, 33.33% of the respondents perceived higher education and high levels of IQ as the main causes of mental illnesses.

In their quantitative study, Singh et al. (1992) examined people's beliefs concerning mental illness in a suburban neighbourhood of Jhansi, India. The researchers randomly selected the participants to partake in a quantitative study titled "Attitude of Indian urban adults towards mental illnesses". Two hundred and thirty-eight participants were interviewed to examine their viewpoints regarding mental illnesses. Again, the researchers employed a cross-sectional study design to address the research questions guiding the study. Most respondents felt that anxiety, uneasiness, poor parenting styles, and huge workloads caused mental illnesses. The participants also mentioned that mental illnesses are associated with identifiable initial symptoms, such as: insomnia (inability to sleep); adjustments in facial expressions; and a sensation of imminent mental disparity. Although the respondents expressed negative viewpoints regarding people suffering from mental illnesses, their expressions were also accompanied by the compassionate belief that mentally ill persons avoid tensions and, they also adapt to their surroundings. Closely related to the preceding findings is the fact that most of the respondents felt that effective consultations with older persons or senior figures in the community prevent mental illnesses. The participants also reported that mental illnesses were not perceived as critical as diseases like cancer.

In a quantitative study titled "Students' perceptions about mental illness", Mahto, Verma, Verma, Singh, Chaudhury, and Shantna (2009) sought to ascertain the views of the students regarding mental illnesses. Mahto et al.'s (2009) study found that 52% of the female students maintained their neutrality when the researchers requested them to express their views on the statement that mentally ill persons are controlled by emotions and feelings. This finding is consistent with the findings of another study conducted by Farina (1998), which found that both female and male students were unwilling to provide definitive responses when requested to answer questions involving mental disorders. It can be inferred that respondents tend to evade or circumvent research matters that are sensitive such as mental disorders and, which is likely to be a product of ignorance. In terms of the statement which states that a statute permits wives to file for divorce immediately after their husbands are admitted to psychiatric hospitals, 46% of male students and 56% of female students were neutral. The justification for such a finding could be that females are futuristic and complicated. In relation to this finding, female respondents also evaded sensitive matters and worried about having a stable companion for life. The preceding finding has been given credence by Dovidio et al. (1985), who *concluded* that individuals' opinions are mixed and contradictory with regards to persons with mental illnesses and, they often intentionally disregard such a matter. Findings from Dovido et al.'s

(1998) study are mirrored in Mahto et al.'s (2009) research work in which the answers of the female participants were neutral in relation to their viewpoints concerning mental illnesses.

A quantitative study conducted by Nyavanga and Barasa (2016) titled "Opinions about mental illnesses among primary school teacher trainees in Kenya" identified and described participants' views concerning mental illnesses amongst primary school teacher trainees. The study addressed the research questions by using a longitudinal and quasi-experimental (intervention) study design. Participants' viewpoints about mental illnesses were found to be considerably different because they appeared to have been influenced by the following factors: matrimonial position; sex; educational levels at a university; and prior knowledge learned by the respondents before registering at a given university. Therefore, this study seeks to further illuminate this topic.

2.3 Studies on workplace assistance programmes for employees with mental illnesses

LaMontagne (2017) conducted a mixed-methods pilot study titled "An integrated workplace mental health intervention in Victoria Police: Result of a cluster randomized trial" with 795 respondents. The study evaluated the application and effectualness of workplace mental health involvement in Victoria Police. The objective of this study was to implement an incorporated mental health intervention strategy concentrating fundamentally on the enhancement of proactive and encouraging leadership styles practised by cluster-level commanders. The study design involved the use of a two-arm knot randomised controlled trial (RCT) to examine the effectiveness of mental health involvement. The two 'arms' relate to the involvement of the workplace mental health and control groups and the police stations at cluster level. Twelve police stations were randomly allotted to the intervention situation and another twelve were made to await an inventory control situation. The author administered questionnaires to the participants and conducted semi-structured interviews with the respondents during the data collection stage. This study used the descriptive analysis of the mental health literacy baseline, which aimed to determine depressive psychosis, persistent depression, bipolar disorder, or stress associated with mental health literacy, help-seeking, and help-proffering to other officials in Victoria Police stations that were included within this study. This acted as an illustration of Victoria Police's inclusivity with regards to on-duty police officers. The analysis consisted of the quantitative and qualitative segments of the study.

The study found that intervention approaches were partly applied to station commanders and other police officials despite the extended period and, this was because of a broad variety of problems. The findings from LaMontagne's (2017) study revealed that both organisational and cluster level difficulties appeared to have been partly responsible for the unimproved results, which were assessed and calculated at the intervention *versus* the control cluster level. Seemingly, there were advancements in some police stations, whilst other police stations had not witnessed such enhancements. Therefore, these outcomes run contrary to one another. Additionally, and, more significantly, the study found that for the mental health intervention to yield the desired effects, a prolonged intervention duration is required for the achievement of the following: (a) implementation of every plotted activity; (b) improvement of leadership conducts; and, (c) the trickle-down of enhanced behavioural patterns of station commanders from top to bottom levels, where such conducts can be used by low-ranking police officials to prevent stress and, transform police organisational culture in terms of mental health. Similarly, organisational culture at EWS has the potential to impact on employees' mental health.

What can be gleaned from LaMontagne's (2017) study is that notwithstanding the outcomes that cancelled out one another, the procedure followed to evaluate outcomes proffers a detailed understanding of the features of mental health intervention, which were optimally applied and made to possess the most significant capability that informs the reactionary action of a workplace to the 2016 Mental Health Review.

Azzone, McCann, and Horgan (2009) conducted a quantitative study entitled "Workplace stress, organizational factors, and EAP utilization" in which they examined the interrelationships between workplace stress, institutional factors, and the usage of employee assistance in programme counselling services provided by a big, privately insured population. The study found that claims data were connected to measures of workplace stress, concentration on well-being or prevention, EAP improvement and EAP activities. It also found that increased degrees of EAP improvements and workplace activities were connected to a robust possibility of service utilisation. The findings from Azzone et al.'s (2009) study further revealed that robust concentration on well-being or prevention and, inconsistent and considerable stress were linked to a trivial possibility of service utilisation. In the current study, the researcher reflected on service utilisation at EWS, and its implications on metal health and well-being among employees.

Mueser et al. (2004) conducted a quantitative study entitled "The Hartford study of supported employment for persons with severe mental illness". The objective of their study was: To examine the effectualness of the procedures of professional services, Individual Placement and Support (IPS) and Enhanced Vocational Rehabilitation (EVR), for individuals with severe mental illnesses. The researchers used the Randomised Controlled Unit (RCT) as a study design. This assignment was haphazard and was divided into layers in line with employment history and, afterward a computer haphazardly allocated the respondents to one of the two job-related rehabilitation groups. Two hundred and four respondents (46% African Americans and 30 Latinos) were randomly selected for this study. The study was conducted at Community Connections in Washington DC. The study evaluated the effectualness of the IPS approach in relation to the Psychosocial Rehabilitation (PSR) approach. However, this was unconnected to the psychological health services which had presented preliminary rehearsals that preceded interim work and competition-oriented employment or supported employment. The researchers contrasted the IPS with quality, far-off site professional services which concentrated on jobs or work in *sheltered* workplaces. The significant findings drawing from Mueser et al.'s (2004) study included the following:

- Participants who partook in the IPS had more excellent employment, particularly, competition-oriented employment than those who participated in the PSR programme or those receiving quality professional services.
- For Latino the participants, the IPS programme was found to be more effective in increasing professional results more than the PSR programme or standard professional services.
- Respondents who partook in the PSR programme exhibited augmented contention with social interrelationships in relation to the participants who partook in standard professional services or IPS and, this is suggestive of a constraint of IPS, which fails to sufficiently deal with the participants' social necessities.

Bond et al. (2001) reviewed key issues ensconced in the literature that borders on supported employment and identified directions for future research. The literature review, which was entitled "Implementing supported employment as an evidence-based practice", examined the literature on day treatment programmes that changed their restoration services to competition-oriented employment (supported employment programmes) in an incorporated work

environment for employees with mental illnesses. Bond et al. (2001) reviewed three different quasi-experimental studies focusing on supported employment, and these are:

- Rehabilitative Day Treatment versus Supported Employment: I. Literature on vocational outcomes, which studied a non-suburban neighbourhood mental health centre in New Hampshire; that formulated a supported employment programme as a replacement of the day treatment services programme. An experiment was conducted to determine the contrast between the changing site and an adjacent site, which did not transform its day treatment and the conventionally arranged professional services. The review found that competitive-oriented work rate or supported employment expanded significantly at the changing site, whilst the pace remained static at the adjacent site. The review study also found that negative consequences like hospital admissions, detentions, and attrition rates hardly augmented the changing site. The research found that the replacement of a day treatment scheme with competition-oriented employment or support stimulated a reduction in expenses and improved efficiency.
- Long-term day treatment clients benefited from literature on supported employment, which focused on the reduction of the day treatment programme in a tiny city. One of the major findings was that employees suffering from mental illnesses, who moved to a new supported employment programme, benefited more significantly from the programme than their counterparts who were left at a day treatment programme site.
- Literature on the conversion of day treatment centres to supported employment programmes concentrated on the comparison between two Rhode Island day treatment programmes, which were converted to supported employment with an unchanged one. The research found that employees with mental illnesses at two-day treatment programme sites that changed to a supported employment programme experienced great satisfaction as productivity increased, whereas their colleagues who remained at an unchanged day treatment programme failed to benefit from any tangible outcomes.

A review of the three pieces of literature shows that a supported employment programme is an efficiently implementable approach within the context of real-life situations, where a wide variety of employees with mental illnesses can benefit from it thus accruing tangible benefits.

2.4 Literature on cultural beliefs about mental illness

Choudhry, Mani, Long Chiau Ming, and Tahir Mehmood Khan (2016) conducted a review of qualitative and mixed-methods studies reporting on mental health perceptions and beliefs. In their study entitled "Beliefs and perceptions about mental health issues: a meta-synthesis", the authors identified 15 publications consisting of pertinent qualitative and mixed methods studies the phrase of mental health. The methodology adopted in this study entailed a systematic review and a meta-synthesis method, which required the researchers to combine 15 published qualitative and mixed-methods studies focusing on participants' beliefs regarding mental health. The researchers analysed secondary data by gathering all the themes from the chosen studies. Data were then analysed to accomplish the study objectives.

This study found that various qualitative studies proposed dissimilar manifestations regarding each identified mental illness and, that such indicators were categorised into feelings associated with temper and symptoms manifesting through physical behaviours. Feelings ranging from happiness and satisfaction to rage, displeasure, absence of focus, resentment, and stress were found to be manifestations of mental illnesses. Findings from all the reviewed studies showed that common the indicators of mental illness included: impertinent, illogical or unconnected talk; unsuitable conducts; self-talks; self-laughter, and sudden sobbing without any sound reasons. Body pains, migraines, and breaking free from or circumventing problematic circumstances were also perceived as symptoms of mental illnesses. The review also established that displeasure, reduced self-respect, non-acceptance, too much thinking, self-defeating behaviours, self-blaming, anxieties, worries, and problematic relationships with family members and other people were perceived to be other causal factors triggering mental illnesses. The study further found that indigence, stress, absence of income, racist and tribal prejudices, and unrealised fundamental and additional necessities were all perceived to be other causes of mental illnesses.

Choudhry et al. (2016) also found that mental illnesses were caused by scourges, devilish spirits, and were an expression of God's anger. Additionally, genes passed down from mentally ill parents to their off-springs were perceived to be another cause of mental illnesses. The review also found that medical care involving the use of "psychotherapeutic and psychiatric medicines", as well as admission to hospitals after receiving medication were acceptable types of treatment for mental illnesses (Choudhry et al., 2016, p. 2814). However, certain reviewed

studies contradicted the preceding finding, as they exclusively perceived the consumption of prescribed psychiatric medicines and other medicines by mentally ill persons, as an undesirable psychological therapy for or treatment. It is envisaged that the current study will contribute to the body of knowledge on mental health issues among employees using the case of EWS.

Surprisingly, this analysis also revealed that certain participants who participated in the reviewed studies discouraged mentally ill individuals from consuming psychiatric medicines and other medicines; thus, the use of psychological services was equally discouraged. Cultural and conventional treatment was found to be the most preferred form of remedy for African Americans diagnosed with mental illnesses. From a religious perspective, the study found that spiritual therapy was believed to be a very effective treatment for mentally ill persons. Consultations between mentally ill persons and their relatives or partners regarding mental illnesses were considered as an effective approach to the curing of such illnesses.

While the symptoms of mental illnesses are clearly documented in the reviewed literature, it is not clear as to what types of mental illnesses are associated with the described manifestations. It seems all the different mental illnesses display the same symptoms. The reviewed literature also glosses over the absence of consistency in the manifestations of mental illnesses. The reviewed literature does not touch on the discussion about the detection of certain people who are familiar with mental illnesses and, who also convincingly pretend to be mentally ill. Studies in the reviewed literature are also silent on mentally ill individuals who exhibit normal behaviour, skills and knowledge, yet such a display does not match their real and suppressed mental illnesses.

In their qualitative study entitled “Culture and comorbidity: Intimate partner violence as a common risk factor for maternal mental Illness and reproductive health problems among former child soldiers in Nepal”, Kohrt and Bourey (2016) studied how cultural roles linked to gender stimulated the possibility of associated mental illnesses through exerting influence on or subjecting individuals to interpersonal violence in romantic relationships. Precisely, Kohrt and Bourey (2016) explored the role of culture in mental illnesses. The objective of the study was to explain how culture affects inner (mental), outer (social), organisational (*structural*), and wellness programme procedures. The participants for this study were chosen from a bigger *epidemiological* study population. The researchers conducted 13 qualitative structured vignette interviews with female participants. The qualitative methodology used in this study also

involved the use of inductive thematic analysis to analyse collected data. Therefore, culture plays an important role in people's mental health.

The study found that there was a cultural pressure barring former female child soldiers from marrying and, in most cases these women were not psychologically ready for marriage. In this study, Kohrt and Bourey (2016) found that mental illnesses were caused by arranged marriages that were stressful, and the embedded unquestioned cultural norms through which husbands routinely engaged in forced sexual intercourse with their submissive wives. The finding is validated by a study conducted by Rao et al. (2009), which found that cultural-based matrimonial disagreements regarding the accommodation of personal preferences of each intimate partner led to the causation of mental illnesses. Similarly, Rao et al. (2009) found that mental illnesses are outcomes of matrimonial disagreements which mostly result from culturally prearranged marriages.

Kohrt and Bourey's (2016) study also found that unending cultural harassment of former female child soldiers by community members was also found to be another significant causal factor of mental illnesses among the victims. The absence of community support for women who successfully divorced or had intentions to divorce their spouses was found to stimulate the progression of mental illnesses. What is fascinating is the fact that cultural, caste-based discriminatory practices through which women belonging to the so-called inferior classes are treated with disdain, also contribute to the progression of mental illnesses. Kohrt and Bourey (2016, p.15) concluded that the convergence of mental illnesses and reproductive health can be addressed by using socio-ecological procedures, which concentrate "on psychosocial dimensions of mental health, including cultural norms and social support".

Kohrt and Bourey's (2016) study is characterised by several limitations. The total sample chosen for this study is not a representative sample of former female child soldiers. The study also lacks a comparison group, rendering the generalisability of the findings impossible; thus, additional research is required to explore the differences between ex-child soldiers and other youths regarding the impact of wars. The authors' analysis of the detailed account automatically presupposes that there is a balance between presumed reactions for personalities, discerned reactions of ex-child combatants, and factual reactions of people who survived intimate partner violence. There is an availability of constrained data, which can be used in a

process that involves an evaluation of a balance between a given personality and the respondent.

In a similar journal article, Kohrt (2009) studied how culture shapes mental illnesses, stress, distress, and disorders, particularly, by influencing structures of societal organisation and unfair treatment. The journal article, which is entitled "Vulnerable social groups in post-conflict settings: a mixed methods policy analysis and epidemiology study of caste and psychological morbidity in Nepal", is based on the original quantitative study conducted by the same author. Kohrt (2009) analysed the relationships between low-caste and the state of being psychologically unhealthy because of mental illnesses. Related to the preceding point is the fact that Kohrt (2009) evaluated such relationships by using policy analysis, in which the author highlighted the purpose of limitations about *social life* and accessibility to personal earnings, land, funds, goats, sheep, pigs, and cattle. The study addressed the research questions through a cross-sectional study design. The study used a random sampling technique and 316 respondents were randomly selected to participate in this study. The methodology used for this study included the following: the "General Health Questionnaire 12-item version" the researcher administered to the respondents; semi-structured interviews; content analysis; policy analysis; and epidemiological analysis. The study further employed historical discourse analysis to determine the sources of modern social divisions associated with the fragility in Nepal, particularly, the caste system.

The unfair treatment of low-caste groupings by high-caste groupings was found to be the causal factor behind mental illnesses among members of the low-caste groupings. The limitations characterising *social life* and access to resources was responsible for "psychological morbidity" (Kohrt, 2009, p.253). The analyses of religious and political documentation regarding the caste system showed that the system ranked among the oldest types of recorded and organised oppression. The study perceived the caste system as designed to exclude the "low caste" (Dalit) from owning property or livestock, being employed, and accumulating wealth, which in turn leads to "psychological morbidity" amongst the victims (Kohrt, 2009, p.259).

Kohrt's (2009) study has two implications for research; this is particularly based on the understanding and perceptions of mental illnesses in the context of cultural beliefs with regards to mental illnesses. Firstly, evaluations made in this study refute the inference that belonging to the low caste, by its very nature, precipitates psychological morbidity. Rather, programmes

that discriminate against Dalit across the history of South Asia have reduced the availability of the means required for the sustenance of livelihoods thus augmenting the subjection of low-caste members to mental disorders.

Parcesepe and Cabassa (2013) authored an article entitled "Public stigma of mental illness in the United States: A systematic literature review". The study reviewed fifteen different pieces of literature on cultural beliefs on mentally ill persons. This systematic literature review sought to achieve the following: (1) review the techniques that are utilised to study the community's stigma towards mental illnesses; (2) to sum up findings of stigma, which concentrate on the community's stigmatising views, acts and, viewpoints about treating mentally ill people; and (3) drawing up suggestions for decreasing the stigmatisation of mentally ill persons and subsequently advancing studies in this specific field. An evaluation of several studies reviewed in this literature review section found that the socio-demographic factors of a participant and the targeted person, private communication with mentally ill people, and causal attributes were connected to labelling views, ideas, behaviours, opinions, and thoughts in terms of mental health therapies. Vilifying views were found to be connected to discrediting acts and opinions meant to derail mental health remedies. The study also found that an analysis of mental illnesses and their remedies was linked to negative viewpoints directed at mental health remedies. Findings from Parcesepe and Cabassa's (2013) study further indicated that views that individuals with mental illnesses are vicious and fraught with danger were prevalent amongst community members. Grown-up schizophrenics and alcoholics were perceived to be too incompetent to make decisions that determine treatment and finance issues in comparison with individuals suffering from depression. Most participants indicated that mentally ill persons addicted to highly addictive and dangerous drugs were too incompetent to make sound monetary resolutions.

Literature attests to different cultural understandings of viciousness towards mentally ill persons. Cultural-based perceptions were found to be dependent on the specific type of mental illness affecting an individual(s). Related to this finding is the understanding that participants regarded drug addicts with mental illness as the most treacherous and vicious individuals, whereas schizophrenics and mentally ill alcoholics were perceived as more vicious than people suffering from depression. Additionally, Parcesepe and Cabassa (2013) found that individuals suffering from depression were regarded as having the propensity to cause harm to themselves. The literature review further established the notion that mentally ill persons were socially

excluded from workplaces and, this also involved the reduction of available job opportunities for the same group of persons. Another key finding was that mentally ill individuals were barred from marrying normal persons and neighbours avoided them.

The findings from Parcesepe and Cabassa's (2013) study are corroborated and given credence by Stuart's (2004) study, which found that stigma and discriminatory behaviours directed at mentally ill persons are damaging as they compromise social functions, social reintegration thus reducing a person's standard of living. The two studies mentioned above are consistent with the Canadian Mental Health Association (2007), which states that stigma and the subsequent discriminative conducts stimulate "social exclusion and marginalization, resulting in income deprivation, restricted career development, and hopelessness". According to the Canadian Mental Health Association (2007), at least one in every five employees is negatively impacted by matters related to mental illnesses per annum. This points to the prevalence of mental health issues in various socio-cultural contexts.

2.5 Studies on a nexus between mental illness and productivity in the workplace

In their quantitative study titled *"*The mediating role of psychological capital on the association between occupational stress and depressive symptoms among Chinese physicians: a cross-sectional study*"*, Liu et al. (2012) studied how mental capital, a favourable mental condition, brings to terms the relationship between job-related stress and depressive manifestations amongst Chinese doctors. Through a random sampling technique, the researchers thus randomly selected respondents from big hospitals in China's Liaoning Province. A total of 998 participants took part in the study. The study employed a cross-sectional study design to address the research questions guiding this study. The methodology also included the use of self-administered questionnaires which the researchers distributed to 1 300 Chinese doctors; however, only 998 doctors successfully responded. The researchers employed the statistical analysis method (Pearson's chi-square tests, t-tests, and one-way ANOVAs) to analyse the data collected for this study.

The study found that because of work-related depression, both female and male doctors experienced insomnia, job-related stress, bipolar disorder, and migraines, and that such health difficulties reduced productivity of doctors in the workplace. Job-related stress was found to be more negatively associated with psychological capital amongst female doctors than with male physicians. Thus, female doctors were found to be more responsive to job-related stress

than their male counterparts. The study further established that female doctors were associated with aspects such as scorn, domestic chores, suspicions from patients, and unambiguous job possibilities; thus, increasing their depression. The foregoing findings suggest that female doctors were perceived to be focusing more on mere attempts and rewards than dedicating themselves wholly to their careers. Depression (mental illness), which stemmed from negative relationships between female doctors and the aforesaid aspects, was also found to further decrease the productivity of female doctors at the workplace.

This study faced two methodological limitations; first, the study design was problematic as it was a cross-sectional study design; hence, the authors were unable to examine the causal associations between many variables. Second, the entire study sample consisted of only doctors from big hospitals. Therefore, it is not explicitly evident whether the psychological capital's determined arbitration purpose on the relationship between job-related stress and depressive manifestations can be generalised to other groups of professionals or employees.

Maharaj, Lees, and Lal (2019) conducted a quantitative study titled "Prevalence and risk factors of depression, anxiety, and stress in a cohort of Australian nurses". The well-ready researchers examined the commonness of risk aspects of depression, stress, and anxiety in a representative specimen of Australian nurses. The participants were randomly selected through a random sampling technique. The study was conducted in Sydney, Australia. A total of 102 participants participated in this study. The researchers used a cross-sectional study design to explore the widespread presence and risk aspects of the aforesaid mental illnesses. Demographic, lifestyle, and job-related data were gathered through questionnaires the researcher administered to the respondents. First, the data were analysed through descriptive statistical analysis. Second, the Pearson's correlation analysis was carried out to examine the relationships between depression and blood pressures.

Maharaj et al.'s (2019) study found the rates of pervasiveness for depression, anxiety, and stress to be 32.4%, 41.2%, and 41.2%, correspondingly. It further found that job discontent considerably foresaw an increased possibility of the progression of the indicators of depression and stress among nurses. The authors also found that job discontentment substantially foresaw an augmented likelihood of the development and manifestations of stress among nurses. Additional findings from Maharaj et al. (2019) indicated that mental illnesses, such as depression and stress, might not merely be damaging and harmful to the mental patients

themselves, but they also prevent employees from successfully executing their allocated work tasks; thus, this reduces both the workers' productivity and the standard of treatment given to patients. Maharaj et al.'s (2019) findings are affirmed by findings from two similar studies conducted by Maharaj et al. (2018) and Marazziti et al. (2010), respectively. The studies confirmed that mental illnesses retard brain function, and that decreases the patient's mental capacity to sort out and manage information, which further lowers levels of productivity in the workplace (Maharaj et al., 2018; Marazziti et al., 2010). All the foregoing findings from three studies are consistent with findings from two similar studies, which found that the effects of mental illnesses within the workplace setting do encompass declines in responsiveness, intelligence, productivity, and timeous completion of work tasks (Johnson, Hall, Berzins, Baker, Melling, & Thompson, 2018; Berland, Natvig, & Gundersen, 2008).

Methodological flaws do subsist in this specific study. For instance, the representative sample is very small, and the cross-sectional design is unsuitable. Therefore, additional research work may be conducted from a longitudinal study design to identify indicators of depression, stress, and anxiety among nurses. A total sample of 102 participants was small and only yielded constrained data for the present study. Thus, a larger study sample can enable researchers to embark on an inclusive examination of demographics, individual and job-related characteristics which may be viewed as indicators of adverse mental illnesses.

2.6 Types of mental illness in the workplace

Weston et al. (2019) conducted a study titled "Long work hours, weekend working and depressive symptoms in men and women: findings from a UK population-based study" The objective of the study was to assess the connection between job patterns and manifestations of depressive symptoms in a big national representative specimen of employees in the United Kingdom. The quantitative study was conducted throughout the United Kingdom. Weston et al. (2019) used a longitudinal study design to address the research questions. These authors employed a random sampling technique to select the participants. The final study sample comprised 11 215 male employees and 12 188 female employees recruited across the United Kingdom. These researchers measured the indicators of depression using the 12-item General Health Questionnaire (GHQ-12). Weston et al. (2019, p.468) administered the "At wave2" measuring instrument to the respondents because it was part and parcel of the "computer-assisted self-completion questionnaire". The authors analysed collected data through the

amputation model, which involved the application of multiple amputations by tied equations. The results show that men work longer hours than women.

Findings indicated that male workers tended to work beyond the standard of 35–40 hours per week in comparison with less than 15% managed by female employees. The study found that almost 50% of female employees worked less than 35 hours per week. Female employees who worked more than 55 hours per week were substantially found to exhibit more manifestations of depression than their female colleagues that worked between 35 and 40 hours per week. The number of depressive manifestations was found to be extremely high among older employees, chain-smokers, and respondents associated with manual labour, meagre wages, reduced job independence, and work and earning discontentment.

On the one hand, the study found that unqualified and unmarried male employees who engaged in trading activities exhibited very few indicators of depression. Contrary to that, qualified and employed female divorcees, widows, or educated female workers on separation who all had grown-up offspring were found to have the highest number of indicators of depression. Men engaged in a typical employment and worked less than 35 hours per week exhibited substantially more manifestations of depression than their male counterparts who worked standardised hours. However, the preceding relationship was found to be weakened by the insertion of other variables such as earnings, qualifications, and serious diseases.

Weston, Zilanawala, Webb, Carvalho, and McMunn's (2019) study has implications for research and this is based on people's understanding and perceptions of types of mental illnesses in the workplace. Regarding the finding that points to a high number of indicators of depression amongst female employees who worked long, additional hours, this particular result is also clarified by seriously taking into cognisance the long hours female employees spend at work, which are added to the time set aside for their unpaid labour at home. While findings from Weston et al.'s (2019) study can be generalised due to a big representative sample, there is a limitation that exists because prior symptoms of depression were not investigated, that is, before the study was conducted. Therefore, the plausibility of the existence of prior manifestations of depression cannot be ruled out.

In a study titled "Work-related stress, depression or anxiety in Great Britain", the Health and Safety Executive (2018) examined official statistics on mental illnesses. British official

statistics revealed that the sum of all the employees with job-related stress, depression, or anxiety during the period between 2017 and 2018, was 595 000. The study found that the overall number of days lost on account of mental illnesses in the financial period 2017-2018 was 15.4 million days. Stress, depression, or anxiety reportedly accounted for 44% of every job-related case of ill-health and 57% of the combined days wasted because of employees' poor state of health. White-collar employees or executives within the service sector, particularly doctors, nurses, lecturers, teachers, managing directors, or attorneys were found to exhibit very high rates of stress in comparison with the remaining types of jobs. The study found that employees noted job-related aspects as causal factors contributing to stress, depression, or anxiety and these factors are as follows: heavy workloads, inflexible deadlines, absence of support from the top management, and excessive accountability.

Regarding the different types of mental illnesses which affect employees within a given community, relevant studies are particularly useful. For example, dementia is regarded as a collection of manifestations that substantially impede an individual's thought processes and social capacities in a manner which interrupts normal body functions (Mayo Clinic, n.d.). Many studies have confirmed that individuals with mental disorders are susceptible to dementia than the rest of the public (Janicki & Dalton, 2000; Jokien et al., 2013; National Task Group on Intellectual Disabilities and Dementia Practices, 2013; Shooshtari et al., 2011). Corroborating the preceding findings from the abovementioned studies, it must be noted that employees with dementia physically deteriorate and tend to easily forget previously learned work-related skills and this is problematic because it adversely affects job performances. Studies established that employees with dementia cannot hear, see, or speak properly.

Additionally, and more importantly, the discussion around mental illnesses in the context of the workplace is also mirrored in a chapter titled "An overview of mental illnesses" by Melrose (2015) in the book "Supporting individuals with intellectual disabilities and mental illnesses" (Melrose et al., 2015). This chapter is based on the research work conducted by a group of researchers, which culminated in the writing of the entire book mentioned above. Melrose (2015) presented practical elucidations of what caregivers frequently do when providing support to mentally ill persons who are also associated with cognitive disorders. In this chapter, mental illness was identified in various environments such as workplaces, domestic settings, and recreational and leisure facilities. The chapter discusses various types of mental illnesses. Melrose (2015) noted that schizophrenia negatively affects everyone from different

backgrounds. The author indicated that the condition relates to a collection of acute damaging psychiatric conditions associated with detachment from the real world, unreasonable thoughts, illusions (static falsehoods cannot be transformed into actuality by thinking), deliriums (involves circumstances in which a person hears imaginary voices, sees, smells, tastes or meets non-existent objects or spirits), motionless body and absence of facial expressions. Melrose (2015) describes several additional mental illnesses that include:

- *Depression:* The author described this as an emotional state in which individuals feel extremely depressed and unhappy even if everything is fine. The author presented three kinds of depression, namely dysthymia, major or unipolar depression, and bipolar affective disorder.
- *Dysthymia:* This is an emotional condition in which an individual feels extremely unhappy almost the whole day; however, studies found that such persons still execute tasks in the workplace, especially during the latter part of the day. The authors found that dysthymia lasts for several years, though it is frequently unnoticed.
- *The bipolar affective disorder:* This condition is associated with sober emotional oscillations. People affected by bipolar affective disorders were found to encounter extremely high mania and exceedingly reduced depressions. The author noted that people who suffer from bipolar affective disorder only experience normalcy between the aforesaid two extremes of the continuum.
- *Major or unipolar depression:* This condition causes retardation among the affected people. An agitated depression was found to be associated with psychomotor anxiety such as nervousness, shedding tears, and uncontrollable talkativeness. A retarded depression was found to be connected to reduced or non-existent psychomotor activities.
- *Major or unipolar depression:* This is considered an emotional neurosis or illness. This is a condition where people who are suffering from such a mental illness were found to continuously exhibit key manifestations such as a weak emotional state, and the absence of interest in every activity. It was also found that unipolar depression debilitates the affected individuals' capabilities to work properly. The author mentioned that in the worst circumstances, psychosis accompanies unipolar depression.

2.7 Experiences of employees with mental illnesses in the workplace

Simpson et al. (2015) conducted a qualitative study titled "Understanding illness experiences of employees with common mental health disorders". The study aimed to explore illness encounters among workers who communicated with or were directed to Greater Manchester. Suitable participants were purposively identified and recruited from a contact list of 100 service users. A total sample of 21 participants was interviewed by the researchers. The methodology used in this study included the use of narrative interviews with GM-FFWS service-users suffering from mental ill-health. These researchers analysed the data by employing thematic analysis technique, which involved the use of an inductive approach. These researchers took this study a step further than the reviewed literature; they achieved this by considering the experiences of employees with mental illnesses at the workplace.

Simpson et al. (2015) found that most respondents experienced from modest to acute depressive maladies, which for certain individuals, were treated as co-morbid with physical illnesses such as arthritis. These authors also found that mentally ill employees experienced a myriad of stressors in their workplaces, and such stressors include the following: job-related pressures, persecutions from or altercations with the management or fellow employees; criticisms of bad job performance; uncontrolled and imprudent job-related demands; huge workloads; and extremely bad managerial policies. The respondents further noted that the preceding stressors had a negative psychological impact on them. For example, the study found that certain mentally ill employees developed an understanding that criticisms from the management or their counterparts were indicative of individual failures or personality faults. Mentally ill employees who encountered emotional infanthood distress were found to be vulnerable to unmanageable life episodes, which reawakened feelings of inactivity or anxieties experienced during their developmental years, and this subsequently triggers continued experiences of mental illnesses. Employees suffering from mental illnesses were found to experience low self-respect and duration of self-interrogation and self-observation.

The key implication of the above-mentioned findings in terms of the current study is that they support an approach that reduces sickness absenteeism simultaneously supporting mentally ill workers to remain in employment.

2.8 Conclusion

This chapter has critically analysed the extant literature on and related to the perceptions and understandings of mental illnesses that employees grapple with at their workplaces, with a view to determine significant characteristics of the studies and to focus attention on gaps existing in the body of knowledge. Establishing knowledge gaps was relevant because the researcher built on them in the current study. From this literature review, six major positions subsist regarding the perceptions and understandings of mental illness in the workplace, which has created the basis for the present study. The first position involved studies focusing on the understanding of mental illnesses. The second position was associated with studies that dealt with cultural beliefs and mental illnesses. The third position was associated with literature on workplace assistance programmes for employees suffering from mental illnesses. The fourth position was linked to the literature on vexing convergence between mental illnesses and productivity in the workplace. The fifth position entailed studies on the types of mental illnesses affecting employees in the workplace. The sixth and final position dealt with the literature on the experiences of employees with mental illnesses in the workplace.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Leedy and Ormrod (2005, p.12) defined a research methodology as "the general approach the researcher takes in carrying out the research project; to some extent, this approach dictates the particular tools the researcher selects". For Bereska (2003), a research methodology presents a framework within which a study can be conducted in an effective manner. In this chapter, the researcher presents the methodology used in this study. The various aspects that the chapter focuses on are research paradigm and approach, sampling method and sampling strategy, research design, data collection method, data collection tool, and data analysis processes. Moreover, this chapter discusses how the trustworthiness was ensured and how principles of ethics were observed. Lastly, the chapter highlights the limitations and the challenges of the study and how they were mitigated.

3.2 Research paradigm

An important characteristic of social research it is traditionally conducted within the confines of a selected paradigm, which is a result of the researcher's discretion (De Vos, 2005). Therefore, it is the researcher's responsibility to identify the paradigm within which to locate their study, and of course, to adequately motivate their selection. In simple terms, research paradigm refers to ways in which researchers view phenomena of interest. Researchers' perceptions of reality are influenced by fundamental beliefs namely, ontology, epistemology and axiology (Shenton, 2004). These beliefs influence the research methodology (Wahyuni, 2012). According to Mouton and Muller's (1998, p.2), methodology as, "a systematic approach to research which involves a clear preference for certain methods and techniques within the framework of specific epistemological and ontological assumptions". This definition of methodology is of significance in that it gives prominence to the importance of philosophical underpinnings in determining how social research is conducted.

The current study adopted a qualitative approach, which is located within the interpretivist paradigm. According to interpretivists, reality is multiple, and there are subjective meanings, which in essence are ontological and epistemological orientations, respectively (Wahyuni, 2012). The main tenets of interpretivism are relevant to this study. Considering that interpretivists adopt the emic or insider perspective to research, they approach social reality from the standpoint of the participants. The interpretive paradigm adopted in this study fits into the study's topic and research questions. The philosophical underpinnings of interpretivism enabled the researcher to view reality as it is experienced, constructed, and decoded by the participants. In other words, participants' experiences of the world produce subjective meanings. To answer the study's research questions, participants' views and opinions are important. According to O'Connor (2015), any researchable problem is better understood as a constitutive element of the social world, which is to a large extent explained from the vantage position of participants as social actors. To explore the perceptions and understanding of EWS's mental illness, the researcher relied on participants' views regarding the topic.

An interpretive paradigm and a qualitative research approach were adopted in this study. An interpretive qualitative research approach is grounded on the notion that qualitative research attempts to be concerned with disclosing many social truths as opposed to seeking a single objective truth (Denzin, 2010). A qualitative approach was relevant for this study because it allowed the researcher to explore EThekwini Municipality employees' perceptions and understandings of mental illnesses in the workplace. Qualitative research is treated as an investigative process of comprehension in which researchers formulate complicated and holistic pictures, analyse terms and report identified information, and carry out studies in the natural environment. Using the interpretive qualitative research approach, the researcher explored and gained deeper insights into the way participants perceived and understood mental illnesses in the workplace and, how their experiences affected their own lives and work productivity. The researcher also explored the participants' thoughts, feelings, and truths which they attributed to mental illnesses in the workplace.

According to Yin (2003, p.14), a qualitative case study methodology presents a comprehensive technique "for studying and describing" a field of interest (in this instance, employees' perceptions and understandings of mental illnesses in the workplace) in a true-life situation. In addition, Yin (1994) highlights that the case study methodology is an empirical investigation into an event or occurrence within its real-life framework.

The benefits of a qualitative case study methodology are couched in its capacity to proffer a relevant cooperation between researchers and participants, which enables participants to provide descriptions of their views of the social truth and, this permits researchers to comprehend actions of the participants (Lather, 1992). Furthermore, a qualitative case study methodology is flexible because it enables the researcher to use semi-structured interviews, which are relevant to addressing "how and why" questions paused to the participants concerning the phenomenon of interest, in which the researcher has little or no control (Yin, 2003). The current study's research questions are aligned with the abovementioned view. For example, asking how employees understand mental illnesses in the workplace. In this context, a qualitative case study methodology provides a combined systematic method employed for more inclusive and descriptive findings.

Qualitative researchers are of the view that knowledge is socially created when individuals interact with each other and the environment. Phothongsunan (2010, p.1) highlights that an interpretive researcher does not treat the "social world as" being "out there", nonetheless, assumes that it is created by people. From a qualitative orientation, researcher interpreted and comprehended the social world of the participants based on their experiences or understandings and subjective meanings. This allowed the participants to be treated as experts in their social world. This also reflects the position of the researcher in the current study. The researcher was a tool of data gathering.

3.3 Research design

This study used an interpretive case study design. A case study is defined by Yin (1994, p.13) as "an empirical enquiry that investigates a contemporary phenomenon within its real-life context especially when the boundaries between phenomenon and context are not clearly evident". Saunders, Lewis, and Thornhill (2012, p.159) define a research design as "a plan that the researchers follow to answer the research questions".

An interpretive case study is well-suited for the exploration of concealed reasons behind an intricate and interconnected social phenomenon (Yin, 2009). The researcher estimated that an interpretive case study design was the best fit to explore eThekwini Municipality employees' perceptions and understandings of mental illnesses in the workplace. The use of an interpretive case study design in this study facilitated the process of drawing out profound and social

meanings, which attached to the phenomenon of interest. The interpretive case study design also concentrated on a few cases and, this allowed the researcher to deal with details of sophisticated employees' perceptions and understandings of mental illnesses in the workplace. This approach led to a nuanced understanding of the phenomenon.

The interpretive case study design also directed the decisions, planning and application of the research methodology. It allowed the researcher to approach research questions from different angles. The interpretive case study design also enabled the researcher to avoid wasting time and resources. For example, data collection and data analysis were simultaneously done in this study, and there was no clear boundary between the two processes. In this way, an interpretive case study design involved an inseparable connection between data collection and data analysis. Therefore, it constructed a coherent interpretation of social reality through subjective views of imbedded participants and socially constructed reality was found (Berger & Luckmann, 1991). The interpretive case study design is often hailed for this flexibility. For instance, adopting the design in question enabled the researcher to conduct an interview and code it prior to moving on to the next interview. In addition, the interpretive case design also assisted the researcher to adjust possible mistakes on the interview guide.

The interpretive case study design also minimised the distance between the researcher and the research participants. For example, the researcher invested enough time in communicating to the research participants during lunch and dinner. In addition, the researcher also participated in informal discussions with the participants during weekends. All the informal discussions between the participants and the researcher were not about research. Importantly, the researcher did not mix professional work with social life. Therefore, socialisation had no negative effects on the findings. In fact, socialisation led to more trustful discussions, which culminated in honest and responses and contributions.

Further, the interpretive case study design was adopted because it also presents an empirical context for gathering and analysing the source of qualitative evidence, for example interviews (Yin, 2003). In addition, interpretive case study design was adopted, because it provides the researcher with an evidence-based collection of methods employed to investigate a research topic within a natural environment.

The interpretive case study design is supported by the theory which underpins this study and the researcher's familiarisation with data collection, analysis, and interpretation of data within a case study methodology. The interpretive case study design prioritised a single context (perceptions and understanding of mental illnesses in the workplace), but collected and analysed data from many units (for example, unskilled employees, semi-skilled employees, skilled employees, and professional/expert employees) within a given context. The imbedded subcategories were analysed separately and tangibly in response to the research questions. The analysis did not only concentrate on single subcategories, but also informed the broader view of investigation and description of the perceptions and understandings of mental illnesses in the workplace and their effects.

Using the interpretive case study design, the researcher used four stages to analyse data that were gathered within the case study method. The first stage involved the construction of a data repository using basic relational database theory. In the second stage, the researcher created codes and identified excerpts of data. Subsequently, the researcher analysed and rationalised those codes. The third stage involved the analysis of the case study data through the generation of a range of reports. The fourth stage generated the last propositions by connecting the rationalised codes to the first propositions in which new propositions were obtained.

3.4 A short description of the research site

The study was conducted at eThekwini Water and Sanitation Unit (EWS). The research site is located within Durban metropoles' central business district (CBD). The EWS plays a leading role in shaping water and sanitation policy in eThekwini Municipality. Durban is the largest city in KwaZulu-Natal Province. In addition, Durban is the third largest city in South Africa. Almost a decade ago, eThekwini Municipality had a population of 3.6 million people (eThekwini Municipality, 2012). The researcher selected the EWS because it facilitates the provision of water to residents and industries within eThekwini Municipality. Additionally, EWS was chosen because it is also responsible for the provision of sanitation services within eThekwini Municipality.

Figure 3.1: Map of Durban

(Source: Google maps, 2021)

3.5 Sampling and recruitment

In this study, two non-probabilistic sampling methods were employed. The researcher initially used purposive sampling to select the first six EWS employees out of the total sample of eighteen EWS employees. Purposive sampling is defined as "a method of selecting specific individuals from a group of people and using them as a sample" (Etikan et al., 2015, p.2). Moreover, a purposive sampling method is grounded in the researcher's insight about the population, its components, and the aim(s) of the study (Kumar, 2005). Purposive sampling

was chosen because it met some of the objectives of the study. In this way, purposive sampling enabled the researcher to choose the most appropriate participants.

The researcher had a thorough discussion with the EWS human resource manager about the nature, purpose, aim, methods and expected value of the study, as well as his anticipated contribution to an ethically sound study. Afterwards, the researcher requested to speak to the first six EWS employees that management believed could voluntarily agree to be part of the study and met the selection criteria. During the researcher's discussion with the first group participants, she repeated what she discussed with the EWS HR. All the first six participants indicated that they had perceptions and understandings of mental illnesses at EWS. The researcher asked these participants if they were interested in participating in the study. They all agreed, and they were recruited.

Selection of the initial six participants was influenced by the researcher's knowledge of the study population, which is critical when using purposive sampling as a recruitment strategy. Purposive sampling relies on the researcher's knowledge concerning a specific population and, such knowledge is employed to select information-rich participants (Polit & Beck, 2010). Information-rich participants are important because they help the researcher to identify other participants through the chain referral approach (Polkinghorne, 2005).

The selected first six EWS employees were not negatively affected. In addition, the researcher made some arrangements with the EWS HR, in which certain time slots were identified as suitable for selected EWS employees. However, such arrangements depended on unknown private commitments of the chosen EWS employees.

The intended study sample was 18 participants. After recruiting the first six, the remaining 12 participants were recruited using snowball sampling method. Put differently, the researcher increased the sample by asking initial participants to refer her to additional participants that met the inclusion criteria. In accordance with snowball sampling, the researcher approached subsequent participants after being referred by the initial participants and, continued with the recruitment process until a point of data saturation was reached. Snowball sampling is defined as:

> a sampling method in which one interviewee gives the researcher the name of at least one more potential interviewee. That interviewee, in turn, provides the name of at least

> one more potential interviewee, and so on, with the sample growing like a rolling snowball if more than one referral per interviewee is provided (Bhattacherjee, 2012, p. 70).

To have access to the hard-to-reach population, the researcher used the first six participants' social networks (Bergeron & Senn, 1998; Eland Goossensen et al., 1997; Sarantakos, 1998b; Valentine, 1993). Therefore, the initial participants' social networks enabled the researcher to recruit the remaining 12 participants. During the recruitment process, the researcher learnt that certain participants were friends with one another and, this enabled the researcher to recruit them. In addition, other participants had relationships with one another and, this also assisted the researcher to recruit them. Moreover, the researcher was informed that about seven participants were in relationships before the beginning of the fieldwork part of the study. In this regard, snowball sampling is regarded as a biased sampling method since it does not randomly choose the people, but it simply chooses them through social networks (Biernacki & Waldorf, 1981; Baxter & Eyles 1997; Faugier & Sargeant, 1997).

A total sample of 18 EWS employees were recruited for this study. Subsequently, the participants were divided into the following groups: unskilled employees; semi-skilled employees; skilled employees; and professional/expert employees.

3.5.1 The inclusion and exclusion criteria

The eligibility criteria stipulated features which persons in the population must possess to be included in the study (Polit & Hungler, 1999). To participate in the current study, a participant had to satisfy the criteria below:

- All the participants had to be employees of EThekwini Water and Sanitation Unit at the time of the study.
- Knowledgeable about the existence of mental illnesses within EThekwini Water and Sanitation Unit and in general.
- Willingness to participate on a voluntary basis.

Regarding the exclusion criteria, it is critical to highlight the exclusion criteria is difficult to exhaust. However, the following are examples:

- Employees of EThekwini Municipality working not in Ethekwini Water and Sanitation Unit at the time of the study.
- Not knowledgeable about the existence of mental illnesses within EThekwini Water and Sanitation Unit and in general.
- Unwilling to participate voluntarily.

3.6 Data collection method

The researcher used semi-structured interviews with the assistance of an interview guide to collect data from the participants. Semi-structured interviews consisted of open-ended questions that provided the researcher and the participants with the opportunity to explore the topic of interest in depth. The researcher had enough time to pose pertinent questions to the participants and, she also asked them to thoroughly explain issues, which they previously explained in a brief manner. This approach guaranteed an in-depth exploration of the participants' circumstances.

The researcher asked each participant to choose a suitable day and time, and where to meet. The researcher made some arrangements with the participants. In this way, the participants agreed to meet the researcher at suitable times. The participants also agreed to meet the researcher at their workplace and at three quiet restaurants located in the Durban CBD area. Before and during interviews, the researcher was calm and friendly, and used suitable gestures. Additionally, the researcher asked the participants about their day and work, as well as trips which they took to meet her for interviews. The researcher also told the participants about her day and trips to put them at ease. Such tiny gestures were meant to establish rapport, which enabled the researcher to secure cooperation from the participants.

Prior to conducting semi-structured interviews, the researcher prepared the participants for the interview process by making use of casual discussions. For example, participants were told about what to expect during the interviews. The researcher asked for permission from the participants so that the interviews could be audio recorded. It emerged that most of the participants were afraid of being audio recorded in any manner and, hence, such participants refused to be audio-recorded.

Nonetheless, some of the participants granted the researcher permission to record their responses. The researcher asked the participants who declined to be audio-recorded if she could

simply write down their responses and, such participants consented. Furthermore, all the participants were asked to sign consent forms and, they agreed to do so. Some of the interviews were recorded on a digital recorder and transcribed word-for-word. The researcher interviewed one participant at a time on different days, to allow the researcher to reflect on what developed from each interview and, to make relevant changes as and when there was need.

3.7 Data collection instruments

Data were collected using two data collection instruments. These are (i) researcher as key instrument, and (ii) interview schedule. The subsequent sections describe how the two data collection instruments were improved to ensure that data relevant to the study's key research questions are adequately answered.

3.7.1 Researcher as key instrument

In qualitative research, the researcher is the key instrument (Kvale, 1996; Patton, 1990). Given this characteristic it is important that the researcher should strive to improve their expertise prior to the data collection process. Researcher expertise has a direct bearing on the quality of data that is collected. Typically, an experienced researcher is likely to collect more nuanced data than a novice researcher. Hence, the researcher prepared themselves for an effective data collection process through various strategies. For example, the researcher extensively read methodology literature to familiarise themselves with the intricacies of qualitative research. The researcher focused on the use of interviews in collecting qualitative data. As the key instrument (Chenail, 2011), the way researcher interprets the data collection instrument affects the quality of data that is collected.

To generate rich and thick data (Polkinghorne, 2005), the researcher must seek to improve their research skills such as posing questions and crafting relevant probes depending on the participant's response. Further, the researcher had an opportunity to develop rapport with the participants. Developing rapport with the participants is important to improve the quality of data that is generated because they will be a considerable level of trust that leads to openness (Hennink et al., 2011). The topic under investigation is sensitive, hence establishing rapport was critical to enhancing openness. Further, the researcher got the opportunity to practise conducting qualitative interviews through a pilot study.

3.7.2 Interview schedule

The second instrument used in this study is an interview schedule. An interview schedule, which is a list of questions that the researcher intends to ask serves as a memory aid. As such, using the interview schedule the researcher can remember all the important questions they must pose during all the interviews. Thus, the interview schedule enabled the researcher to cover significant matters in this study. Additionally, the interview schedule was generated after the researcher conducted a thorough literature search to identify research gaps. The instrument was translated from English to isiZulu for certain participants who were not fluent in English. Each question was not convoluted, therefore, all the questions which the researcher designed were simple and easy for the participants to understand. The researcher designed the questions in such a manner which did not offend or belittle the participants. Further, in designing the questions the researcher used Krueger's (1988) typology of opening, introductory, key and ending questions.

The use of face-to-face interviews is comparatively associated with many advantages, instead of requesting participants to fill in a questionnaire. For example, all the interviews were open-ended, iterative, uninterrupted and they also allowed the researcher to simplify or reformulate the questions. Furthermore, interviews diminished the likelihood for participants to provide suggestive responses or responses which indicated that they lacked knowledge of the phenomenon of interest. Interviews also enabled the researcher to interpret gestures and signs, which were employed by the participants.

3.8 Pilot study

In preparation for the main study, the researcher conducted a pilot study, which is a small-scale preliminary study conducted to evaluate feasibility of the main study in terms of various aspects such as time, cost, and adverse events and effects. Further, the pilot study is conducted to improve the design of data collection instruments prior to conducting full-scale research (Bryman & Buchanan 2018). According to Moore, Carter, Nietert, and Stewart (2011), a pilot study is a preparatory study that is designed to test the performance characteristics and capabilities of study designs, measures, procedures, recruitment criteria and operational strategies that the researcher intends to use in the study. In the current study, the researcher pilot tested the instrument and to establish whether the important components of the main study

were feasible. Thus, conducting the pilot study enabled the researcher to establish whether the instrument was fit for adoption as it was, or it needed to be altered.

In conducting the pilot study, the researcher selected six participants that had similar characteristics to those who later participated in the main study. When conducting a pilot study, a small sample is recommended (Hennink et al., 2011). It is important to highlight those participants who were included in the pilot study were excluded from the main study because they already had exposure to the questions. The rationale to include those participants in the main study was to avoid compromising the trustworthiness of the findings.

3.9 Data collection procedure

Whilst conducting semi-structured interviews with open-ended questions, the researcher relinquished some of her powers and this enabled the participants to have a degree of freedom in which they spoke in their own terms. The researcher allowed the participants to address open-ended questions in different languages in which they felt very comfortable to express themselves. Most African participants preferred isiZulu and English. Nonetheless, most of the African participants responded in English. Besides, the interviewer preferred English to isiZulu. Many non-African participants, especially Whites, Indians, and Coloureds with high school education, disclosed that they preferred a combination of English and isiZulu. Therefore, the researcher translated interview questions to isiZulu.

Non-African professional employees were unable to express themselves in isiZulu, thus, the researcher conducted all interviews with this group in English. Initially, African professional employees conversed with the interviewer in English but after the researcher revealed her Zulu clan's name, they comfortably spoke isiZulu throughout the interviews. As already mentioned above, different groups of participants expressed themselves very well in either English or isiZulu during interviews. The participants shared their subjective experiences about the perceptions and understanding of mental illnesses in the workplace. The researcher transcribed the data immediately after the data were obtained from the participants. This is in line with Krueger's (2009) that raw data must be transcribed promptly after they are elicited from the interviewees.

Of the eighteen participants, the researcher interviewed four senior staff members who were part of the workflow management at EWS. The intention of interviewing those senior staff members was to capture their knowledge regarding detection of mental illnesses at the workplace. Those staff members offered new information, which was not initially mirrored in the interview guide. For example, they mentioned their specific roles in initiatives designed to assist employees with mental illnesses. Senior staff members further noted how they addressed easy access to treatment for employees with mental illnesses. Related to this, senior staff members disclosed how interventions, which they put in place improve work productivity whilst employees with mental illnesses are routinely cared for in the workplace. They also indicated how such interventions were implemented to achieve their goals. This means that, if the participants provided new information which was not mirrored in the interview guide, the researcher could make follow-ups with more prompts and search for new matters and elements as they appeared. Hence, semi-structured interviews were employed in this study, because they possess the potential to give the researcher the chance to inquire into a wide range of employees' perceptions and understanding of mental illnesses in the workplace (Kvale, 2006).

The researcher accepts and admits that interviews just like any data collection instrument are fraught with limitations. There are numerous downsides of interviews for example, participants attempt to make an impression on the researcher by providing responses, which are only designed to make the interviewer feel good. This is called social desirability bias (Neuman, 2014). Regarding the present study, the researcher diminished the aforesaid likelihood by creating an enabling setting in which the participants were truly embraced and held in high esteem. The researcher focused on the participants' answers to the questions which were asked and, she also attentively kept her ears open. The researcher also empathised with the participants without being critical.

Open-ended probing questions were used for encouraging the participants to provide detailed explanations and clarifications where necessary. Although the researcher attempted not to pose suggestive questions to the participants, they were certain instances in which the researcher was compelled to use suggestive queries about certain areas pertaining to how different mental illnesses affected various employees.

The researcher is an experienced and qualified social worker. Therefore, the researcher employed her vast social work knowledge, including exploration, investigation, rephrasing,

simplification, and interpretation to obtain detailed information to solve the sensitive matter of mental illnesses in the workplace. The researcher abided by the South African Council for Social Services Profession (SACSSP) code of ethics throughout the study. To mitigate researcher bias, the researcher defocused to mitigate the influence of own prejudices.

In this study, the researcher allocated ninety minutes for each participant and, each interview lasted for about one hour. The researcher successfully conducted all the interviews within a time frame which was permitted by the participants, even though it was not the exact planned time frame prior to interviews due to unforeseen circumstances such as the impact of COVID-19. She thanked all the participants at different times and on different days for their cooperation. Afterwards, the researcher kindly informed the participants that their participation was not needed any more in this study. The researcher attached a copy of the interview schedule (Appendix 4).

3.10 Data analysis

The method of data analysis requires a researcher to make sense of the text and image data (Creswell, 2009). Furthermore, data analysis also requires a researcher to do the following: (a) prepare the data for analysis; (b) conduct various analyses; (c) thoroughly understand the data; (d) describe the data; and (e) interpret the meanings of the data. There is no smart and orderly procedure of analysing the data (Babbie & Mouton, 2012). Nonetheless, Tesch's (1990) study presents a helpful and handy layout wherein neatness is constructed within qualitative data analysis. The researcher employed the approach of Tech (1990) to analyse the data and to identify essential themes. The procedure that follows was employed during data analysis in this study:

- Creswell (2009, p.186) points out that a researcher must read and reread all the interview transcripts cautiously while writing down any views that arise to make good sense of the data set.
- The researcher concentrated on a single theme each time to avoid being overloaded with voluminous data. The researcher cautiously read the initial few interview transcripts, while jotting down thoughts on the margins on a piece of paper as they appeared to understand important meanings.
- Afterwards, the researcher produced an inventory of all topics which appeared by assembling information collected from many sources. The topics were assembled into

key topics and distinctive topics, as well as remnants. The researcher colour coded every theme.

- The researcher cautiously read the interview transcripts which remained after the aforesaid approach was concluded.
- The researcher assembled the topics into various categories. Importantly, the researcher noticed that certain topics were connected to one another. In addition, the researcher assembled related topics into categories. The researcher drew lines between categories to show their interrelationships.
- After putting the topics into categories, the researcher checked and rechecked the correctness of the categories and subcategories, which appeared by returning to the interview transcripts to assess where required to do so.
- The researcher grouped data in a single spot and, such data belonged to every theme, category, and subcategory. Then, the researcher conducted the initial analysis.
- A framework for the analysis of data was put together which enabled the researcher to analyse important data.

3.11 Limitations of the study and steps undertaken to mitigate them

The current study consists of limitations which are as follows:

- The perceptions and understandings of mental illnesses is a sensitive topic and, the employees' perceptions and understandings of mental illnesses in the workplace is even more sensitive. The current topic was both time and labour intensive, because the researcher spent more time on convincing willing participants who she personally knew. This specific limitation was reduced by a mutual relationship between the EWS human resources management and the researcher. To make sure that the researcher did not contravene the rules and regulations of EWS, as well as the privacy of participants, the prospective participants were contacted by the human resources department at EWS. The researcher described the nature, purpose, methods, and the expected value of the current study to the EWS HR department and the participants.
- The present study employed purposive sampling and snowball sampling (non-probability sampling technique). In addition, it focused on EWS employees' perceptions and understandings of mental illnesses in the workplace. The limitation of the abovementioned types of sampling methods, is that the researcher cannot generalise the research findings to other departments within the eThekwini Municipality.

- Prejudice and subjectivity of the researcher has effects on the quality of the data. In this study, the data is more unstructured, and it depends on interpretations. Moreover, the current study was conducted by a person, therefore, the possibility for biasness was increased.

3.12 Trustworthiness

Trustworthiness pertains to the degree to which the findings of a research can be considered to be deserving of trust. The researcher assessed the trustworthiness of the current study by using the following guidelines: credibility, transferability, dependability, and conformability (Lincoln & Guba, 1985 as cited in Krefting, 1991).

Credibility is the uniformity of a study and guarantees that the study was conducted appropriately (Merriam & Tisdell, 2015). A procedure of verification was required for creating trustworthiness in the current qualitative study (Creswell, 2013). The verification approaches for the present study involved member checks of interview transcripts. This study employed the research investigator's reflections. Additionally, the researcher also sought inputs from the following: (a) professional networks; (b) UKZN Research office officials; (c) the Academic Leader of Research for the School of Applied Human Sciences; and (d) the Dean of Research for the College of Humanities. The academics alluded to in the *supra* sentence are respected experts in various areas such as social work or research. Thus, credibility was solved by crosschecking among various sources. Credibility was ensured by the verbatim transcriptions of interviews with verification methods.

Transferability: In this study, the researcher *ensured* transferability by putting together complete descriptive information concerning EWS employees who took part in this study and, the environment in which the study was carried out.

Conformability: The researcher was conscious of her personal perceptions and understanding of mental illnesses. The researcher prevented her preconceptions and biases from affecting the collected data and, this was achieved by putting aside her own pre-conceived ideas. In this regard, the researcher concentrated on the participants' experiences, opinions, views, and the meaning which the participants attributed to the phenomenon being studied (Shenton, 2003). Moreover, the researcher presented thick descriptions of the phenomenon being investigated to enable the reader to draw conclusions. Further, the researcher thoroughly described the

procedures that were adhered to in carrying out the current study, to help future researchers who may intend to replicate this study (Shenton, 2004).

Dependability: In this study, the researcher achieved dependability by acting jointly with her supervisor to make sure that there was uniformity in the research plan and its application (Krefting, 1991). Additionally, the researcher improved dependability through the provision of adequate knowledge concerning the qualitative research method used in the current study, which can enable another researcher to iterate the study and, probably attain almost identical findings (Shenton, 2004).

3.13 Ethical considerations

Carrying out research in a setting which consists of fixed rules of conduct and regulations demands that the researcher adheres to specific ethical steps. The ethics which the researcher followed in this study are as follow:

Permission to carry out the study: To conduct interviews with the participants, the researcher used two approval letters which were issued by two institutions. Initially, the researcher wrote two separate letters to two institutions in which she sought permission to conduct research at EThekwini Water and Sanitation Unit. The University of KwaZulu-Natal's Humanities and Social Science Research Ethics Committee sent a full ethical clearance approval letter to the researcher. Secondly, the Research Ethics Committee of the eThekwini Municipality also issued a full approval letter, which enabled the researcher to conduct research at eThekwini Water and Sanitation Unit.

Confidentiality and anonymity: The researcher ensured the protection of privacy by assuring participants that confidentiality will be maintained, which involved removing any identifying features in the data. Furthermore, the information obtained for the purposes of this study was used solely by the researcher for the intended purposes. The researcher adhered to confidentiality throughout the study and even after the completion of the study. This was done for the sake of protecting the participants from any harm or possible danger. The researcher made sure that the data were treated in a most confidential manner. Participants were made aware that confidentiality might be breached only if there was a danger or threat to life violation(s) of a person's constitutional rights, or a subpoena issued by a court of law. Thus

far, none of the above happened and the information which was provided by the participants is confidential.

Anonymity requires that researchers must protect the real identities of participants in such a manner that they cannot be identified as the sources of elicited data (Russell & Schutt, 2009). Regarding anonymity, the researcher disassociated real names of the participants during data analysis and interpretation of the collected data. The researcher allocated a code to each participant in lieu of real names. Moreover, the researcher also ensured that the shared information was not linked to any of the employees of EWS who did not participate in this study. The researcher did not include identifying materials and, also concealed the real identities of the participants in such a manner that any person other than the researcher cannot connect the codes back to the real names of the participants. Therefore, the researcher is the sole individual who is capable of associating codes with the real identities of the participants.

Informed consent: Informed consent ensures that a researcher correctly informs the participants about the purpose, procedures and, advantages and disadvantages of partaking in a proposed study (De Vos et al., 2011). The researcher also correctly described the following to the participants: the aim of the study, the scope of questions which were to be asked, the length of each interview; and type of interview. As part of the informed consent process, information about how the researcher accessed the research site was provided. In this way, the researcher thoroughly read the information in isiZulu and English, which were the preferred languages.

To promote an informed decision-making process, the researcher employed a repetitive procedure of informed consent, to ensure that participants were knowledgeable that they were not forced to partake in this study and, that participating was not part and parcel of the EWS policy. Furthermore, the researcher also told the participants that they were allowed to discontinue their participation in this study at any time without expecting any negative consequences. The researcher adequately explained the nature, purpose, methods and expected benefits to the EWS human resources management and study participants.

For the participants to fully disclose, the researcher explained the rights of participants and the risks associated with their participation in the study. The participants' right to privacy was always respected by the researcher. The participant information leaflet included proof of agreement in the form of two approval letters issued by the two abovementioned institutions.

As a symbol of respect, the researcher fairly compensated the research participants for their transport money and time spent. However, the researcher did not engage in excessive temptations. Undue inducement (an excessive temptation) occurs when the reward offered to potential research participants is so great that it undermines the participants' ability to rationally weigh up the costs and benefits of research participation. The researcher walked the line between a fair fee (for snacks and drinks) and undue inducement.

The researcher did not want the research participants to act against their best interests. The informed consent also included the aim, objectives and the significance of the study. The researcher obtained written informed consent from all participants.

Beneficence: The participants (selected employees of EWS) were protected from physical and psychological harm. Furthermore, the researcher did not subject the participants to unusual stress or discomfort during the study process. The researcher maximised the benefits of the study to the participants. In this regard, the researcher paid the participants very small amounts of cash for their time spent on issues related to the interviews. The researcher reimbursed transport costs, which were incurred by the participants during several trips to venues where they met the researcher, but this is not a benefit.

There was no harm in this study. No personal or unsettling questions were prepared or asked. Hence, the researcher did not include any psychological harm and she was prepared to deal with such matters if they arose. There was therapeutic assistance from certain sectors available if the need for it arose during the interviews.

Data management: In this study, the researcher sought permission from the participants to use a digital voice recorder and a notebook for recording data. The researcher recorded some of the data. Furthermore, the researcher explained to the participants that the audio-recorded data, field notes, and transcripts were allocated codes to protect their own identity. Further, the researcher kept all records locked in a safe place at her house. The records included voice recordings, written notes, and transcripts. These will be destroyed after a five-year period as required by university policy.

3.14 Conclusion

The current chapter provided a discussion of the methodology which was used in this study. It explained the methods through which the data were gathered, sorted out, put together and converted into research findings. Chapter Three also discussed the research design, sampling techniques and data collection and analysis methods. This chapter further provided a brief description of the research site. Additionally, the researcher reflected on trustworthiness. Furthermore, researcher presented a discussion of the limitations and difficulties of the study and, how they were mitigated. Lastly, Chapter Three described the ethical tenets which this study followed. The next chapter provides research findings and a detailed discussion about the collected data.

CHAPTER FOUR

ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

Chapter Three provided a thick description of the methodology adopted in this study. Part of the methodology chapter was a detailed account of how the data were collected. This chapter focused on data presentation, data analysis, and data interpretation and discussion. The chapter presented the profiles of the EWS (eThekwini Water and Sanitation Unit) participants. These profiles provided an in-depth understanding of who participated in the study and made it easy to understand some of the perceptions and understandings shared by research participants. This does not mean that certain profiles automatically match certain understandings, but such profiles are important in elaborating that some of the participants' shared understandings are socially constructed. The second part of the chapter covered data presentation and discussion. The following themes emerged in this study: employees' knowledge of mental illnesses, employees' beliefs about mental illnesses, stigma associated with mental illnesses in the workplace, organisational culture, and organisational practices and policies in dealing with employees who suffer from mental illnesses.

4.2 Section A: The profiles of the participants

4.2.1 Biographical profile of the participants

Table 4.1: Biographic profiles of the participants

Participants No	Race	Gender	Age	Religious affiliation
Par1	White	Male	47	Christianity
Par2	African	Male	54	Christianity
Par3	African	Female	50	Christianity
Par4	Indian	Female	55	Hinduism
Par5	Indian	Male	41	Islam
Par6	White	Female	46	Christianity
Par7	African	Male	31	Christianity
Par8	African	Male	36	Christianity

Par9	Indian	Male	38	Hinduism
Par10	Coloured	Female	40	Islam
Par11	African	Female	32	Christianity
Par12	African	Lesbian, Gay, Bisexual, Transgender (LGBT)	40	Christianity
Par13	African	Male	26	Christianity
Par14	African	Male	28	Christianity
Par15	African	Female	27	Christianity
Par16	African	LGBT	30	Christianity
Par17	Indian	LGBT	29	Christianity
Par18	Coloured	LGBT	27	Christianity

Table 1 portrays that the study participants were diverse in terms of race, gender, age, and religious affiliations. All races in South Africa were represented. However, more than 50% of the research participants were Black South Africans. This was not surprising because most people working at EWS are Black. The study also attracted more male participants than other gender groups. This is against the dominant view that men are not interested in mental health issues and "men are not used to disclosing mental health problems to another person" (Stiawa, 2020). Age and religious affiliation of the participants also provided an insight on how different groups perceive mental illness.

In this study, there was a relationship between the participants' age groups and the level of knowledge of mental illnesses held by the participants. All participants between 41 and 55 years shared more knowledge of mental illness than those who were between 26 and 30 years, and 31 and 40 years. This is supported by the following responses from the interview sessions:

> *"I have had early and mid-life experiences of depression, stress and anxiety. In some cases, even our much older colleagues who were about to retire revealed their late life experiences concerning beliefs about depression, anxiety, and stress, which are identical to ours, who belong to this age group. Therefore, whatever our much older colleagues know about mental illnesses, I also know it".* (Par 1)

"When I am depressed or stressed, I cry and feel very lonely, sad and homesick. You see, most employees in our age group who suffer from depression, anxiety or stress can cope without support from social workers, psychologists or psychiatrists". (Par 5)

"I also normalise mental illnesses, particularly, stress, depression and anxiety. Although employees below 40 years understand mental illnesses, their knowledge is not as good as mine. My knowledge about mental illnesses is helpful and better than that of employees under the age of 40 years. Those employees also lack coping abilities". (Par 4)

"*I would also say that our much older colleagues who are about to retire, do indicate that even seeing themselves talking to mentally ill employees about their own life experiences of mental illnesses is a treatment in a sense, even though employees under the age of forty years consider it as a chat*". (Par 6)

The research findings from in-depth interviews have revealed that that the EWS employees between the ages of 41 and 55 years have reasonable knowledge of mental illnesses. Hence, even if employees under the age forty years understand mental illnesses, their knowledge is not as good as that of their older colleagues. The research participants between 26 and 32 years had limited knowledge of schizophrenia, anxiety, depression, stuttering and bipolar depression and stress. This is supported by the following responses from the interview sessions:

"*Schizophrenia, stuttering, and anxiety are among serious mental illnesses and are perceived to be caused by constant thoughts, continuous interruptions and terrible noises. When someone speaks of EWS employees who suffer from schizophrenia, anxiety and stuttering or tries to complete their responses or messages, the mental illnesses become worse".* (Par 13)

"When certain EWS employees consistently and prematurely terminate inputs and responses of EWS employees who suffer from schizophrenia, anxiety and stuttering, this worsens the mental illnesses". (Par 16)

"Sometimes schizophrenia is caused by stuttering here at EWS. It is also interesting to note that stuttering is perceived as a contributing factor to other mental illnesses. For

example, EWS employees who stutter have difficulties in speaking and speech problems in turn affect their brains. Speech problems of EWS employees who stutter cause stress, depression, anxiety and bipolar depression". (Par 11)

"*Even though mental health workers check schizophrenia, anxiety, stress, and bipolar depression among EWS employees, the perception is that everything becomes worse and serious. The reasons for this are that mental health workers do not know exactly what they look for, and they have no clue about where to start and how to end their diagnosis. Therefore, if the EWS employee is suffering from any of the mental illnesses which I mentioned, it is pointless to contact psychiatrists, psychologists, or forensic social workers, because such mental illnesses cannot be diagnosed and cured by mental health workers. Personally, I suffer from schizophrenia and depression because I have endless headaches. My great, great grandfather also confirmed this because he told me in my dreams that I suffer from schizophrenia and depression. However, older and experienced mental health workers told me that I only have simple pains and they gave me painkillers. In this case, it was impossible to diagnose any of the two mental illnesses. In certain cases, it is perceived that it is almost impossible to diagnose any mental illness".* (Par15)

This is consistent with the findings from related literature. As Sehoana and Laher's (2015) study revealed, the knowledge and perceptions of mental disorders held by adult community members influence the way employees with mental illnesses are treated. Thus, the involvement of age in the current study is justified. This concurs with Abera et al. (2015) observation that the participants aged between 41 and 55 years had useful perceptions and knowledge of mental illnesses. Hence, the parents' perceptions and knowledge of mental illnesses which affect their children and young adults assist in detecting such illnesses and also facilitate in seeking appropriate remedies (Abera et al., 2015). This underscores the need to pay attention and learn from the adult members of work organisations and communities, since they are a repository of invaluable information.

Table 4.2: Participants' gender and mental illness

Gender	Number	Percentage
Female	6	33.3%
Male	8	44.4%
LGBT	4	22.2%
Total	18	100%

Source: Researcher

The participants' gender was also important in this study. There are common stereotypes which associate gender and mental illnesses, especially among EWS employees who identified themselves as LGBT persons. This is supported by the following responses from the interview sessions:

> "*Many LGBT persons are severely ill-treated by their colleagues who identify them as female or male at work. My fellow transgender employees who are part of the LGBT community were ill-treated because they are identified as a third gender, after being surgically operated, in which their sexual organs were changed. Therefore, they could not be placed within male or female gender identities by fellow employees. Due to rejection and harsh treatment, my fellow transgender colleagues suffer from depression and stress".* (Par 12)

> *"I am a lesbian and obviously I am part of the LGBT community. Therefore, my fellow lesbian colleagues and I know who we are. But other employees who identify as female and male are very harsh to us. My fellow lesbian employees and I are perceived to be miserable people, especially, at work. In addition, my fellow lesbian employees and I had extremely high levels of stress, anxiety, and depression because of being ill-treated at work. My fellow lesbian colleagues took leave from work, which reduced their stress, anxiety, and depression. However, their intimate partners did not leave them when they took leave from work. Therefore, supportive actions of the intimate partners of my fellow lesbian employees and the leave, which they took from work, helped them to cope with stress, anxiety and depression".* (Par 16)

> *"You see, the EWS employees who identify themselves as either female or male are unfriendly to any member of the LGBT community at work. In actual fact, gay employees at EWS are ridiculed and hated by female and male colleagues at work. I*

have been assaulted and subjected to harsh treatment for wearing a T-shirt which was written, "I am proud to be gay". I also heard that my fellow gay colleagues were severely ill-treated for simply identifying as gay. Therefore, I perceived that my fellow EWS gay employees suffer from stress and depression. I also frequently suffer from depression and stress". (Par 17)

"As a bisexual person, I also experienced everything which I perceived from my bisexual fellow employees. For example, female and male colleagues severally isolated my gay colleagues and I during certain events at EWS. In this way, each one of us bisexual employees at EWS were individually isolated from female and male employees and then treated as deviants. As a result, bisexual people felt lonely including myself and there were high levels of stress and depression among us bisexual individuals. All of us who are bisexual individuals are also part of the LGBT community. Furthermore, EWS female and male employees did not allow us to freely express our thoughts and responses at work. This was perceived to worsen stress and depression levels among bisexual employees at EWS. In addition, my female and male colleagues called me names such as bartman and worm, which also compounded the increased levels of stress and depression. However, my bisexual husband helped me to cope with stress and depression". (Par 18)

This is consistent with the findings from related literature. Simpson et al.'s (2015) study participants revealed similar negative experiences including stress, anxiety, and depression, which were attributed to the ill-treatment of LGBT employees at EWS. This also concurs with McCann's (2014, p.2) observation that "LGBT colleagues were miserable people" and had "high levels of stress, anxiety and depression".

All six female participants in this study provided their perceptions on the prevalence of mental illnesses among female employees at EWS. More significantly, older participants had extensive knowledge of mental illness compared to younger participants. However, all the six participants indicated that certain mental illnesses were more prevalent than others in the female gender at EWS. This is supported by the following responses from the interview sessions:

"You see, depression is almost three times in females than it is in males, particularly, here at this workplace, and we women support each other and accept it. It is the most common mental illness among female employees here at work". (Par 4)

"I have perceived that there is a change, because even certain male colleagues support the increasing number of women who are suffering from depression at EWS, but other men do not". (Par 10)

"Most EWS female supervisors have negative attitudes towards female employees who suffer from depression. The majority of EWS female supervisors do not foster an environment that encourages personal expression and communication among female employees at EWS and this worsens the prevalence of depression". (Par 15)

"Consistent negative attitudes expressed by mostly EWS female supervisors cause anxiety and severe stress among female employees. In this way, negative attitudes of EWS supervisors exacerbate anxiety, stress and PTSD among female employees. Even stress is also more common among us women than it is among men here at work. Everyone here is aware that stress is an illness for women and it is nick-named as 'a woman's mental defect'". (Par 3)

"Many female employees here at work complained that they later suffered from post-traumatic stress disorder (PTSD), anxiety and increased depression due to consistent stress and heavy workload. I also suffer from these mental illnesses which I mentioned". (Par 6)

"Although PTSD is not as prevalent as depression, it also affects us female employees more than male employees here at work". (Par 11)

These findings support previous findings in terms of the prevalence of depression in female employees. As the World Health Organization (WHO) (2019) reported, the number of female employees who suffer from depression is about three times more than that of male employees. This indicates that depression is the most common mental illness among female employees at EWS and it is also accepted by female employees who then support each other. In addition, certain male employees support female employees who are affected by depression.

The fact that depression is the most common mental illness among female employees at EWS and that such employees who support each other may indicate that the illness stems from greater exposure to depression at EWS. This finding is fascinating because it proposes that the less stigmatised the mental illness is, the more it spreads. Hence, the prevalence of PTSD, anxiety and depression among EWS female employees is due to constant stress, heavy workload, and colleagues' negative attitudes.

As Sifaki-Pistolla et al. (2017) identified, PTSD is one of the mental illnesses that affects female employees more than male employees, even though it is not as common as depression. As mentioned by the participants, exposure to stressful experiences such as heavy workloads, negative attitudes and stress led to the progression of PTSD in many female employees at EWS. This concurs with Ager et al.'s (2017) study which revealed that there was a higher prevalence of depression and PTSD in female employees than among male employees.

All eight male participants in this study have similar perceptions on the prevalence of mental illnesses and their causes among males. This is supported by the following responses from the interview sessions:

> *"Most employees here at EWS have the same perception about certain illnesses which affect male employees. The perception is that the number of male employees who suffer from anxiety, particularly, antisocial personality disorder is three times more than that of female employees at EWS".* (Par 1)

> *"Male employees work under consistent extreme pressure in order to meet deadlines and it is perceived that this contributes to the high prevalence of anxiety and antisocial personality disorders in male employees at EWS".* (Par 5)

> *"Much of the anxiety and antisocial personality disorder among male employees at EWS is perceived to be caused by the amount and complication of work required to succeed. Male employees are tired every day and they have no time to rest. The work is continuous".* (Par 2)

The participants' perception was that the number of male employees who suffer from anxiety and antisocial personality disorder at EWS is three times more than that of female employees. All eight male participants admitted that the high prevalence of anxiety and antisocial personality disorder is partially caused by the work environment, in which they are compelled to meet deadlines. Hence, the high prevalence of anxiety and antisocial personality disorder among male employees is also caused by the amount and intricacy of work. The research findings from in-depth interviews have revealed that the perceived deadlines, continuous work environment, and the amount and intricacy of work were vital elements, which connected work relationships to the increased prevalence of mental illnesses. Previous research confirms the findings of the current study, in which the high prevalence of anxiety and antisocial personality disorder among male employees is caused by continuous work environment, stressful deadlines, and the amount and intricacy of work (WHO, 2019).

4.2.3 Religious affiliation

Table 4.3: Participants' religious affiliations

Religions	Number of participants	Percentage
Islam	2	11.1%
Christianity	14	77.8%
Hinduism	2	11.1%
Total	18	100%

Source: Researcher

All the participants (100%) belonged to three different religions. Two (11.1%) out of eighteen participants belonged to Islam. Fourteen (77.8%) out of eighteen participants belonged to Christianity. Two (11.1%) out of eighteen participants belonged to Hinduism. Religion played an important role in the employees' perceptions of mental illnesses. According to Ally and Laher (2008), mental illnesses are perceived to be caused by witchcraft and spiritual possession, and this is the conviction of many religions, including Christianity, Islam, Hinduism, and Buddhism. Hence, Muslim faith healers believe that mental illnesses are caused by black magic, chemical imbalances, and ill will (Ally & Laher, 2008). This concurs with January and Sodi (2006) who observes that apostolic clergymen believe that mental illnesses are caused by unemployment, witchcraft, problems that affect employees at workplaces, and non-adherence to Christian values. All the eighteen participants indicated that religion plays a significant role in how they perceive mental illnesses. Therefore, the participants believe that mental illnesses are caused by such factors as workplace problems, huge workloads, evil spirits, and witchcraft practised by jealous people. This is supported by the following responses from the interview sessions:

> *"I really sympathise with employees who have mental illnesses. Our religious faith healers tell us to accept any person who is suffering from a mental illness, because mental illnesses are caused by demons, evil spirits and turning away from the Almighty father*". (Par 3)

> *"Karma teaches us that every man was created in the image of God. Therefore, treat people with mental illnesses in the same way you want others to treat you. Our priests*

tell us about that people with mental ill are mentally sick due to huge workloads and witchcraft". (Par 4)

"I often 'fantasise' about being sick with mental illnesses. But I am not sick. A person with mental illness(es) is still my brother or my sister because he or she is innocent. Clergymen tell us that mental illnesses results from separation, since they are also caused by poor communication among family members". (Par 2)

"In our mosque, they say that mental illnesses are perceived to be caused by black magic. When certain people realise that another person is successful, they use black magic to cast a spell on their victim and he or she becomes mad". (Par 5)

These perceptions of the participants concur with the findings from literature review. Previous research has shown that mental illnesses were perceived to be caused by evil spirits, witchcraft, black magic (Bulbulia & Laher, 2013); Laher & Khan, 2011). In addition, mental illnesses are also caused by excessive workloads, work challenges, familial problems, and spiritual possession (Mathews, 2008, 2010; Shankar et al. 2006).

4.3 Section B: Presentation and discussion of themes

4.3.1 Employees' beliefs about mental illnesses

Table 4.5: Participants' beliefs about the causes of mental illnesses

Beliefs about mental illnesses	Number	Percentage
Abrupt changes in a person's environment causes mental illness	6	33.3%
The lack of proficiency described in an employee's job description causes mental illnesses	3	16.7%
Perpetual financial problems cause mental illnesses	4	22.2%
Acute problems in personal relationships at work also cause mental illnesses	2	11.1%

Source: Researcher

Fifteen (83.3%) out of eighteen participants provided their beliefs on the causes of mental illnesses, whereas three (16.7%) out of eighteen participants declined to answer the question. Six (33.3%) out of eighteen participants believed that abrupt changes in a person's environment causes mental illnesses. Four (22.2%) out of eighteen participants believed that perpetual financial problems cause mental illnesses. Furthermore, three (16.7%) out of eighteen participants believed that the lack of proficiency described in an employee's job description causes mental illnesses. Finally, two (11.1 %) out of eighteen participants believed that acute problems in personal relationships also cause mental illnesses. This is supported by the following responses from the interview sessions:

> "*Abrupt changes in an employee's environment whereby he or she is not capable of coping with the circumstances, do cause mental illnesses (stress, bipolar depression) among some of the EWS employees. For example, a certain EWS employee was called for a disciplinary hearing and he also lost his job. This severely depressed the employee*". (Par 4)
>
> *"The lack of proficiency with which an employee performs given tasks stipulated in his or her job description causes mental illnesses, especially, here at EWS because we are not motivated. They [management] do not enable us to think rationally, yet supervisors pressurise us to perform different task to increase productivity. The result of this pressure is that many employees become confused and from mental illnesses"*. (Par 5)
>
> "*Financial problems cause mental illnesses among EWS employees. Monetary difficulties arise and worsen when each EWS employee's monthly salary is not enough to settle debts. Therefore, many EWS employees are forced to borrow money from different creditors to pay initial creditors and they also settle huge outstanding arears. Following this, many EWS employees are forced to spend the reminder of their wages and loans on themselves and other numerous family members. This vicious cycle of severe financial problems causes mental illnesses among EWS employees, such as anxiety disorders, depression and stress*". (Par 6)
>
> "*Acute problems in interpersonal relationships here at EWS cause mental illnesses among employees because the type of severe problems which I just mentioned involve the absence of a sense of belonging and the rejection of certain employees by their own colleagues. You see, a rejected employee is forced to deal with the rejection and an*

absence of a sense of belonging, which expose him or her to depression anxiety and stress". (Par 2)

This is consistent with the findings from related literature. Previous studies have shown that unexpected changes within a person's settings, in which a person lacks the ability to resolve a circumstance cause mental illnesses, as well as lack of proficiency in an employee's job description (Srivastava, 2002; Thara et al.,1998). Similarly, the participants' negative feelings wherein they revealed that financial problems and severe interpersonal relationships at work cause mental illnesses are consistent with findings from Thara et al.'s (1998) study.

4.3.2 The organizational culture of EWS and its effects

Figure 4.2: Participants' level of awareness of the organisational culture of EWS

Source: Researcher

4.3.3 The level of awareness of the EWS's organizational culture

This section presented the theme that emerged during a discussion of participants' awareness of the EWS's organisational culture. Six participants have revealed that they were aware of the EWS's organisational culture and also understood it. The ages of the six participants ranged from 41 to 55 years. The other six participants, who were aged between 31 and 40 years, also indicated that they were aware of the EWS's organisational culture. However, this group had a low level of awareness of the EWS's organisational culture than the first six participants. The

ages of the other six participants were younger and were aged between 26 to 30 years. They disclosed that they were trivially aware of the organisational culture of EWS. This is supported by the following responses from the interview sessions:

> "*Organisational culture is an adhesive which binds EWS together and provides social support to us employees. It also improves our well-being here at EWS. In addition, it enables most of us employees to work hard to attain the objectives of EWS, because it makes employees treat each other as part and parcel of this organisation*". (Par 4)
>
> "*More significantly, organisational culture generates loyalty, and it also improves the way EWS employees execute their tasks*". (Par 3)
>
> "*The organisational culture of EWS guides and directs EWS employees and, it also strengthens our hopes and this makes us understand our jobs and duties*". (Par 2)
>
> "*However, EWS's organisational culture makes the employees feel that they are under constant surveillance and this causes depression, stress and anxiety. Because of the organisational culture, EWS shows very little interest in mentally ill employees, and this makes it difficult to care for them*". (Par 1)
>
> "*In instances where organisational culture is adverse: it compromises the constructive nature of best practices, policies and services which are meant to sustain us EWS employees*". (Par 5)

Therefore, six older participants (who were aged between 41 and 55 years) had a positive perception of EWS's organisational culture. The six older research participants noted that EWS's organisational culture functions as the inner glue, which merges EWS's work tasks and its employees. Thus, EWS organisational culture provides social support to us employees and, it also creates a mutually beneficial relationship between the EWS management and ordinary employees. However, in instances where EWS organisational culture falls short of enabling the execution of work tasks in a satisfactory way, as EWS employees are adversely affected.

This is consistent with the findings from related literature. Organisational culture was perceived as providing social support and it also improves the well-being of employees to achieve their goals. However, organisational culture was also found to contribute to stress, anxiety disorders

and depression, which negatively affect employees (Martin & Frost, 2012). When organisational culture is unfavourable, it compromises the effectualness of excellent policies, practices and services which are meant to support employees.

Furthermore, the data also revealed that even though employees under the age forty years, have ideas about the EWS's organisational culture, understandings and perceptions were not as detailed as the knowledge shared by participants aged between 41 and 55 years. For example, the participants aged between 26 and 40 years had limited knowledge of the EWS's organisational culture. This is supported by the following responses from the interview sessions:

> *"My boss said that this is a parastatal [municipal department] and it is also known as an organisation. My boss also said that EWS is meant for providing services in Durban and people should pay for such services. My boss also mentioned that EWS is not a hospital for any mentally ill employees, but it is a business model where employees should work effectively. The boss also mentioned that we don't listen to him, and we behave like mad employees because we waste company resources all the time. He said that the company culture of EWS is about making money and avoiding wasteful spending of money, as well as making sure that employees achieve what the boss wants*". (Par 10)
>
> "*The manager made it clear that the head office prioritises productive employees and high productivity which are linked to employee performance and corporate environment. The manager also said that the EWS's organisational culture is about the firm itself and does not include employees who suffer from imagined mental illnesses for lazy EWS employees. He said that if we want an organisational culture, we employees must work hard all the time and stop complaining. The manager also mentioned that employees must desist from asking for sick leave related to mental illnesses. This is what I know about the organisational culture"*. (Par 13)
>
> "*I am not really sure of what EWS's organisational culture is all about. Maybe it is about the work which we do at EWS because we are mostly told by our supervisors that our work performance should improve work productivity and the delivery of services to the communities".* (Par 16)

> *"Okay, organisational culture… hey. The bosses don't tell us about these big words because they do not want us to know everything. The bosses know that if we know all our rights, then we will be forced to strike. These bosses have ganged together against us poorly educated workers. I think organisational culture is a class system where well-paid senior managers do little work and enjoy all their rights, yet poorly paid junior workers do too much work and they do not enjoy any rights. Our bosses tell us what to do for the firm, EWS, and we cannot tell them what to do to treat our mental illnesses".* (Par 15)

During discussions on the Organisational Practices and Policies for Addressing Mental Illnesses at EWS, five significant themes emerged. These were: (a) providing constructive guidance and support to all EWS employees with mental illnesses; (b) encouraging positive interactions among all EWS employees, which enables them to learn skills about relaxing, increasing self-esteem and motivating one another; (c) reduction of intrusions among employees at EWS; (d) the use of a horizontal line of authority instead of a vertical one; and (e) a balanced management of a link between the causes of mental illnesses (stress or depression) at home and at EWS.

(i) Category 1: Providing constructive guidance and support to all EWS employees with mental illnesses

The participants expressed that the provision of constructive guidance and support to all EWS employees with mental illnesses, was one of the most important practices in addressing mental illnesses at EWS. One participant shared the following:

> "*The EWS management provides constructive guidance and support to employees with mental illnesses and does so by recognising them and expanding on their strengths, as well as ascertaining ways in which such strengths are used to adapt to circumstances*". (Par 4)

These findings are consistent with a study conducted by Folkman and Lazarus (1988), in which the organisational practice assisted employees in learning how to adapt to circumstances. It also addresses mental illnesses in a constructive way. The findings suggest that the provision of constructive guidance and support to all EWS employees with mental illnesses was one of the most important practices in addressing mental illnesses at EWS.

(ii) Category 2: Encouraging positive interactions among all EWS employees, which enables them to learn skills about relaxing, increasing self-esteem and motivating one another

The participants said EWS has a policy that is directly connected in addressing mental illnesses. One participant shared the following:

> *"The management at EWS employs an organisational practice which requires all EWS employees to positively interact with each other, in order to learn how to relax, motivate one another and this policy is linked to the mitigation of mental illnesses among employees".* (Par 3)

The participants revealed that mentally ill employees cannot individually solve their own problems related to mental illnesses in a workplace, unless they interact with each other. Hence, the senior management urges them to interact, relax and inspire each other and this reduces mental illnesses.

(iii) Category 3: Reduction of intrusions among employees at EWS

The other participant stated that the reduction of intrusions among employees at EWS is an organisational policy which addresses mental illnesses. The participant indicated that rational reasoning is important in understanding that a decrease of intrusions among EWS employees addresses mental illnesses in the workplace. One participant shared the following:

> "*The EWS management employs rational reasoning to understand that a decrease in intrusion among employees reduces mental illnesses in the workplace. In this way, the management avoids harassing employees or interrupting employees, whilst performing their tasks by forcing them to execute other tasks. This approach helps EWS employees to focus on their tasks and it also reduces pressures, which contribute to mental illnesses in the workplace".* (Par 1)

(iv) Category 4: The use of a horizontal line of authority instead of a vertical one

Participants intimated that the use of a horizontal line of authority instead of a vertical one, is an organisational policy which addresses mental illnesses. One participant shared the following:

"The EWS uses a horizontal line of authority instead of a vertical one to reduce mental illnesses and pressures in the workplace. In this way, horizontal line of authority involves mutual consultations between junior employees and the senior management, as opposed to imposing demands of the latter on the former. In addition, the management invites junior employees to share their concerns, problems, and ideas. Therefore, this mutual approach helps EWS employees to feel at easy and willing to discuss many issues with the management. This organisational practice also helps to create a mutual relationship between managers, supervisors and ordinary employees". (Par 4)

(v) Category 5: A balanced management of a link between the causes of mental illnesses (stress or depression) at home and at EWS.

The participants mentioned that a balanced management has a link between the causes of mental illnesses (stress or depression) at home and at EWS. One participant shared the following:

"Not all employees become mentally ill at EWS. Thus, some of the mental illnesses are not caused by work-tasks and demands made on employees at EWS. Many EWS employees are depressed and stressed by personal matters and family problems at home. EWS employees' personal matters and domestic problems cause mental illnesses which are then compounded by the execution of work tasks that escalate depression, stress and anxiety at EWS. Therefore, EWS manages mental illnesses among its employees by employing a balanced link between the causes of mental illnesses (stress or depression) at home and at EWS". (Par 6)

These research findings are in line with CIPD (2008) which found that not all mental illnesses of employees are caused by work tasks and job demands. Hence, some of the mental illnesses of employees are caused by personal matters and domestic difficulties at home (CIPD, 2008). As CIPD also found, the management addressed mental illnesses among employees by making use of a balanced connection between the causes of mental illnesses (stress or depression) at home and at workplaces. Some participants have a strong belief that EWS management does justice in balancing connection of the causal factors of mental illnesse

4.4 Section C: Knowledge about the symptoms of mental illnesses

Some research participants attempted to categorise the different types of mental illnesses. One participant shared the following:

> "*Schizophrenia does not involve many personalities; therefore, many personalities are not part of schizophrenia. Hallucinations involve experiencing things which exist in real life. Behaving in an excessively energetic manner is not a manifestation of a bipolar disorder. Employees with mental illnesses are not clever at all. You know what, one of the symptoms of mental illnesses is that employees with mental illnesses excessively lie all the time more than normal people."* (Par 14)

Research findings have further revealed that participants who were aged between 31 and 40 years had good knowledge, because they were certain that schizophrenia does involve various personalities and that such myriad personalities were part of schizophrenia. Furthermore, the participants who were aged between 31 and 40 years also mentioned that depression was a common mental illness at EWS, and that its symptoms do not include clouded judgement and a failure to control impulses of an individual. One participant shared the following,

> "*Schizophrenia involves different personalities, and such personalities are part of schizophrenia. Depression is a common mental illness at EWS, and its symptoms do not include clouded judgement and a failure to control impulses of an individual"*. (Par 13)

The participants provided adequate knowledge about symptoms of anxiety, which their colleagues displayed at work over a long period of time. The participants mentioned that employees who suffered from anxiety disorders complained about being too scared, although there was no real danger. They were always preoccupied with tiredness, insomnia, aggression, and poor concentration. The participants further mentioned that employees who suffer from anxiety disorder unreasonably feel vulnerable and that they also excessively react to danger. This is supported by the following responses from the interview sessions:

> "*Employees who suffer from anxiety disorders always complain of being tired, poor concentration and having sleepless nights*". (Par 4)

> "*Employees with anxiety disorder are aggressive, easily get irritated and their muscles are stiff and painful*". (Par 2)

"*Employees who have anxiety disorders are consistently too fearful even though there is no danger*". (Par 3)

"*Employees with anxiety disorders overly react to danger*". (Par 1)

The participants have also revealed that employees with schizophrenia talk and laugh loudly alone. The participants further indicated that employees who suffer from schizophrenia frequently behave in a senseless way, for instance, they often look in one direction for several minutes without blinking, whilst pointing or using certain gestures. This is supported by the following responses from the interview sessions:

"*Employees who suffer from schizophrenia mostly talk and laugh alone as if they converse with other people. Such employees' self-talk and self-laughter do not make any sense*". (Par 6)

"*Employees with a mental illness, especially, schizophrenia have a habit of frequently looking in one direction for many minutes without blinking and they simultaneously point fingers in the same direction and also use signs*". (Par 3)

The research findings from in-depth interviews have revealed that those deviant behaviours are mirrored in unusual habits such as self-talk and self-laughter. Hence, they are treated as symptoms of schizophrenia. Therefore, the female participant in this study provided more information about depression than what was obtained from their male colleagues. This concurs with Piccenel and Wilkinson's (2005) view that females are more knowledgeable about depression than their male counterparts. Moreover, as Piccenell and Wilkinson (2005) also found, depression is more widespread in female employees than males.

In this study, responses of older male participants, aged between 41 and 55 years, were similar in terms of the knowledge about depression. The male participants aged between 41 and 55 years indicated that EWS employees with depression have low self-esteem and their appetite is very poor. These male participants aged between 41 and 55 also revealed that EWS employees with depression are always tired. This is supported by the following responses from the interview sessions:

"*My colleagues who suffer from depression are always complaining of being tired. You see, EWS employees with depression have very poor appetite and they do not eat the food like the way I eat my food*". (Par 1)

"*EWS employees with depression lack confidence. They have low self-esteem*". (Par 5)

Therefore, low self-esteem, tiredness, and very poor appetite are regarded as symptoms of depression. The female participants have noted that EWS employees mostly suffer from two types of depressions, namely major depression (also called major depressive disorder) and persistent depression (also known as chronic depression). The female participants provided numerous symptoms of major depression such as consistent worries and anxiety, insomnia, over-sleeping, loss of memory, unable to make decisions, fatigue, and suicidal thoughts. This is supported by the following responses from the interview sessions:

"*EWS employees with major depression have continuous worries and anxiety, and they do not have the ability to make decisions*". (Par 3)

"*EWS employees with major depression also have memory problems because they easily forget and are always tired. They either oversleep or have difficulties in sleeping. EWS employees with major depression consistently think of committing suicide*". (Par 6)

Therefore, the symptoms expressed by female participants are indeed the symptoms of major depression. The female participants also presented myriad symptoms of persistent depression. The female participants mentioned that persistent depression is characterised by such symptoms as an employees' inability to execute her/his tasks at work, loss of interest in pleasure, unable to consistently follow instructions from supervisors, consistently withdrawing from fellow employees, fear, anxiety, lack of concentration, feelings of inadequacy and hopelessness. This is supported by the following responses from the interview sessions:

"*EWS employees with persistent depression lack the ability to perform their tasks at work and they are disinterested in pleasure*". (Par 4)

"*EWS employees who suffer from persistent depression do not follow supervisors' instructions and they always isolate themselves from other employees. They also lack focus, confidence and hope".* (Par 3)

Therefore, the participant's responses have revealed symptoms of persistent depression. The participants aged between 41 and 55 years provided similar responses about mentally ill employees, who consistently claim to hear voices and see things, which other employees neither hear nor see. The participants mentioned that their female colleague claims to hear voices of her attorney during certain times. In addition, the participants also revealed that a female colleague claims that it is possible for her to see an attorney inside an opaque toilet. This is supported by the following responses from the interview sessions:

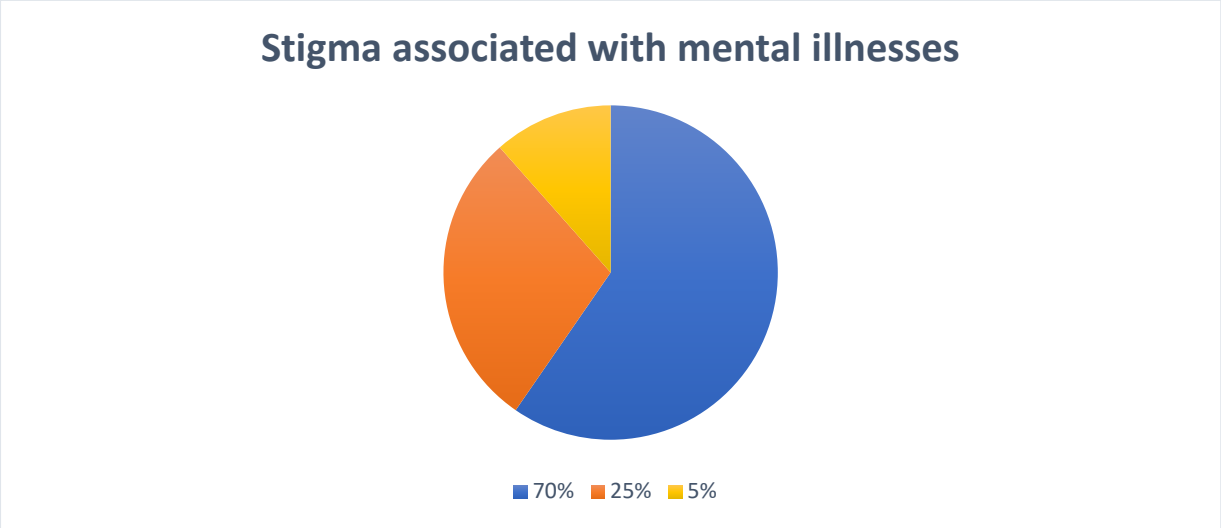
> "*Sometimes, a female colleague says to me that she hears loud voices, and that is why she does not want me to disturb her during lunch time and after work. Although I consistently stand close to her during instances when she claims to hear voices, I have never heard any of those voices*". (Par 1)
>
> "*My female colleague also heard voices in which her attorney said to her that she must (?)kill him in a toilet right away and discuss court cases. She also claimed that she could see her lawyer, whilst talking to me. I could not see the toilet due to the awkward position where we both stood. My female colleague has never been subpoenaed as a witness or as an accused person in her life*". (Par 4)

Therefore, it seems that seeing visions (an imaginary attorney) and hearing voices were regarded as symptoms of schizophrenia. In addition, the participants neither heard voices nor saw the attorney in the toilet.

4.4.1 Stigma association with mental illnesses

Figure 4.3: Participants' responses about stigma associated with mental illnesses

Concerns about seeking help Concerns about fear Concerns about personal shame



Source: Researcher

4.4.2 Concerns about seeking help

From the eighteen participants, only thirteen participants shared their similar concerns involving stigma faced by EWS employees with mental illnesses in terms of seeking assistance and/or care from EWS or public health facilities. This is supported by the following responses from the interview sessions:

> "*Employees with mental illness heard and know that a mentally ill EWS employee can be assisted by public health officials or the company. Mentally ill employees also know that increased awareness of the stigma associated with mental illnesses foretell additional unfavourable attitudes related to asking for assistance*". (Par 6)

> *"EWS mentally ill employees' increased awareness of mental illnesses through general gossips leads to lengthy delays on their part to solicit psychological health care or sometimes they avoid it altogether, hence, mental illnesses persist".* (Par 12)

The research findings from in-depth interviews concur with the findings from related literature. According to Ting and Hwang's (2009) study on stigma associated with mental illness, an

augmented awareness of the stigma attached to mental disorders do foretell additional adverse attitudes to requesting assistance. As Ting and Hwang's (2009) study also revealed, mentally ill persons' increased awareness of mental disorders, especially, through malicious gossips give rise to lengthy delays in asking for therapeutic sessions from mental health professionals.

Furthermore, as Furnham and Gunter (1993) observe, organisational culture facilitates in juxtaposing work tasks and employees who performs them, whilst reducing inefficiencies in the usage of resources. This concurs with Martin and Frost (2012) who revealed that organisational culture provides social support, and it also improves the well-being of employees to achieve their goals.

4.4.3 Concerns about stigma attached to mental illness at work

Approximately 5% of the participants have revealed that employees with mental illnesses were socially judged. Another 5% of the participants have also revealed that mentally ill EWS employees cite stigma as a source fear of personal shame, leading to lack of treatment. This is supported by the following responses from the interview sessions:

> *"As you know, many people judge and treat employees with mental illness as completely mad and not capable of executing work tasks and maintaining their jobs. Therefore, stigma frustrates, tires and paralyses them with fear".* (Par 1)

> *"You see, employees with mental illnesses fear that when they ask for assistance, then members of their own families can be stigmatised by others due to their blood-line relationship with such employees. So many EWS employees are scared to ask for help".* (Par 5)

This is consistent with the findings from related literature. According to Alvidrez et al. (2008), generally people with mental illnesses are fearful of being socially judged. Also, previous research has shown that having a belief that other people would assume that they are completely mad and not capable of performing work tasks and maintaining their jobs makes employees scared to look for help (Ahmed et al., 2008; Lazear et al., 2008; Uebelacker et al., 2012). These findings also concur with Barney et al.'s (2009) view that when people with mental illnesses seek any sort of assistance, their family member are stigmatised because of the blood-line association with mentally ill persons.

4.4.4 Concerns about personal shame

About 25% of the participants shared their concerns that stigma strengthens mentally ill EWS employees' personal shame, because they are excluded from decision-making processes at work. These participants also revealed that EWS employees with mental illness are personally ashamed whenever others tell them that they would never recover from their mental illnesses. In addition, the study participants further disclosed that mentally ill EWS employees are treated in a demeaning way, in which stigmatising language is employed. This is supported by the following responses from the interview sessions:

> "*EWS mentally ill employees are stigmatised, shamed and excluded from contributing to decisions which are made at work*'. (Par 7)
>
> "*EWS mentally ill employees are demeaned when others speak to them by using stigmatising language* ". (Par 8)
>
> "*EWS mentally ill employees feel ashamed of themselves, especially, when others at work tell them that they shall never recuperate from mental illnesses*". (Par 9)

These findings from in-depth interviews concur with Barney et al.'s (2009) study on the exploration of the nature of stigmatising beliefs concerning depression.

4.5 Conclusion

This chapter presented research findings and data analysis. The chapter also reflected on the meanings that EWS employees attributed to their perceptions and knowledge of mental illnesses at the workplace. In addition, the chapter examined the employees' perceptions and understandings of mental illnesses at the workplace from their own perspectives. Themes related to the employees' perceptions and understandings of mental illnesses at the workplace were identified and discussed in connection with related literature to respond to the objectives espoused in this study. The following chapter would provide the conclusions, suggestions, and implications of the study.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study explored the employees' perceptions and understandings of mental illness in the workplace, with the employees of eThekwini Water and Sanitation Unit (EWS) as the case study. This chapter provides the conclusions of the study. The chapter also provided the recommendations that the study proposed. Section one provided the conclusions regarding first, the significance of the study; second, the aim and objectives of the study; and third, the main research findings. Section two presented the recommendations of the study. It presented the recommendations regarding practice and policy and those regarding further studies.

5.2 Major conclusions

5.2.1 Conclusions regarding the significance of the study

The study would broaden our understanding of mental illnesses and would suggest mitigation measures to deal with mental illness in the workplace. The study has revealed that it is important to have an accurate and a broader understanding of mental illnesses in the workplace to rescue mentally ill employees and improve work productivity.

5.2.2 Conclusions regarding the aim of the study

The overall aim of the study was to explore the employees' perceptions, knowledge, and beliefs about mental illnesses in the workplace. The aim of this study was guided by the objectives and research questions of the study, which enabled the researcher to explore the knowledge, perceptions, and beliefs about mental illnesses in the workplace. The aim of the study was achieved by answering the following research questions:

a) What are EThekwini Municipality employees' perceptions about mental illnesses in the workplace?

b) What are EThekwini Municipality employees' beliefs about mental illnesses in the workplace?

c) What is EThekwini Municipality employees' knowledge concerning mental illnesses in the workplace?

The major conclusions that emanated from these research questions are presented in subsequent sections.

5.2.2.1 Conclusions regarding EWS employees' knowledge on mental illnesses

The research findings from in-depth interviews have revealed that the age of EWS employees played an important role in their knowledge and understanding of mental illnesses. The research participants above the age 40 years had reasonable knowledge on mental illnesses. This group knew many people who had suffered from mental illnesses and was able to identify the types of mental illnesses and the common signs and symptoms of this disease. The research findings have revealed that employees who suffer from anxiety disorders are scared, although there is no eminent danger. Hence, EWS employees who suffered from anxiety disorders were often experienced tiredness, insomnia, aggression, and poor concentration.

The mature EWS employees aged between 31 and 40 years also displayed sound knowledge of mental illnesses. They were able to identify different symptoms and causes of mental illnesses. However, the younger EWS employees between 26 and 30 years had poor knowledge of mental illness. Lack of life experiences and exposure to people with mental illnesses among this age group contributed to poor knowledge and understanding of mental illnesses.

5.2.2.2 Conclusions regarding EWS employees' perceptions of mental illnesses

The research findings from in-depth interviews have revealed that several types of mental illnesses which were more prevalent among EWS female employees than their male counterparts. In addition, the male participants identified different kinds of mental illnesses, which affected male employees more than their female counterparts. For instance, male employees who suffered from anxiety and antisocial personality disorder at EWS were more than female employees. Male participants intimated that the high prevalence of anxiety and antisocial personality disorder was partially caused by the continuous work environment in which they are compelled to meet deadlines. Thus, it can be argued that the high prevalence of anxiety and antisocial personality disorder among male employees could be a result of the amount and intricacy of work, the bureaucratic stipulations, and continuous work environment, which constituted vital elements contributing to the prevalence of mental illnesses.

The research findings have indicated that certain mental illnesses were more prevalent than others among female employees at EWS. Depression was almost three times prevalent in females than in males at EWS. The research findings have also revealed that female employees support each other and know that depression is more prevalent in females than their male counterparts. In fact, female participants intimated that depression was the most common mental illness among female employees at EWS. The findings also revealed that male employees also supported women who were suffering from depression at EWS. However, it was noted that the majority of EWS female supervisors do not foster an environment that encourages personal expression and communication among female employees at EWS and this worsened the prevalence of depression.

Thus, the research findings from in-depth interviews have revealed that the negative attitude of most female EWS supervisors caused anxiety and severe stress among female employees. Such negative attitudes exacerbated anxiety, stress, and Post Traumatic Syndrome Disorder among female employees. Stress is more common among female employees than their male counterparts at EWS. The female participants noted that everyone at EWS was aware that stress is referred to as a 'women's thing' or 'a woman's mental defect'.

Furthermore, the research findings have revealed that female employees at EWS also suffered from post-traumatic stress disorder (PTSD), anxiety and increased depression, because of prolonged stress and heavy workloads. The research participants further intimated that even though PTSD was not as common as depression among female employees, it affects them more than it does affect male employees at EWS. Hence, female employees suffer from two types of depressions, namely major depression (also called major depressive disorder) and persistent depression (also known as chronic depression). The symptoms of major depression include consistent worries and anxiety, insomnia, oversleeping, loss of memory, loss of decision-making, fatigue, and suicidal thoughts.

The female participants also presented a myriad of symptoms of persistent depression. They intimated that persistent depression is characterised by fear, anxiety, lack of concentration, employees' inability to execute tasks at work, loss of interest in pleasure, inability to follow instructions from supervisors, withdrawing from fellow employees, and feelings of inadequacy and hopelessness.

5.2.2.3 Conclusions regarding EWS employees' understanding of mental illnesses at the workplace

The research findings from in-depth interviews have revealed that EWS employees' understanding of mental illnesses in the workplace was ambivalent. EWS employees who were aged between 41 and 55 years had reasonable knowledge of mental illnesses. These employees were able to link correct symptoms to corresponding mental illnesses. In addition, they recognised that some employees were more susceptible to certain mental illnesses than others, in accordance with gender. Although EWS employees above the age of 30 years somehow understood mental illnesses, their understanding was not as good as those of the senior group of EWS employees.

The EWS employees aged between 26 and 30 years had little knowledge on mental illnesses. They mentioned wrong symptoms for identified mental illnesses. Sometimes, they were no sure about their responses. In addition, they erroneously viewed stuttering as a mental illness. Moreover, these employees did not even recognise that mental illnesses are based on gender. Where behaviours of certain persons were not understood by these employees, they tended to regard such persons as a mentally ill. Thus, behaviours of other employees which fell outside the so-called normal experiences were linked to mental illnesses.

Therefore, the research findings have revealed that EWS employees aged more than 40 years were more knowledgeable on mental illnesses than other employees. In addition, the EWS employees aged between 31 and 40 years also understood mental illness better and those aged between 26 and 30 years had little knowledge on mental illnesses.

5.2.2.4 Conclusions on EWS employees' beliefs about mental illnesses at the workplace

The research findings from in-depth interviews have revealed that EWS employees perceive mental illnesses as a result of life situations that are beyond the employee's control. The research participants intimated that employees who were unable to cope with life demands were vulnerable to mental illnesses. Hence, when a person lose control of his or her body for life s/he would be suffering from mental illnesses

Therefore, the EWS employees' beliefs about mental illnesses were regarded as the causes of mental illnesses. Thus, the beliefs about mental illnesses cannot ignored because they contribute to an understanding of how and why mental illnesses develop. This involves

complex reasoning, which requires an individual to properly connect perceived behavioural changes to the alleged causal factors (beliefs about mental illness).

5.2.2.5 EWS employees' knowledge on causes mental illnesses at the workplace

The research findings from in-depth interviews have revealed that the number of EWS male employees who suffered from anxiety and antisocial personality disorder was more than the total number of their EWS female colleagues. Another major finding was that increased levels of anxiety and antisocial personality disorder were partially caused by a demanding and challenging work environment in which they are compelled to meet deadlines.

The study has shown that mental illnesses are caused by psychosocial problems and certain beliefs about life in general. The main factors identified include perpetual financial problems, lack of proficiency in the employee's occupation, acute problems in personal relationships, and abrupt changes in a person's environment. The study has revealed that the EWS management play a passive role once the policy and practices have been implemented and this exacerbate mental illnesses, misunderstandings, and the general lack of knowledge about mental illnesses at EWS. Further, it may be argued that biological factors can also play a part.

The research findings from in-depth interviews have also revealed that EWS employees had reasonable knowledge on male employees who suffer from anxiety and antisocial personality disorder. The main cause of the high prevalence of anxiety and antisocial personality disorder is the continuous work environment in which they are compelled to meet deadlines and the amount and intricacy of their work.

5.3 Major recommendations

Based on the key findings presented above the study has made the following recommendations.

5.3.1 Recommendations regarding the study

These findings subtly propose the need for improved and sustained communication and collaboration at an organisational and managerial level between all EWS employees, EWS management and the social worker.

Therefore, the study recommends the need for the EWS management to assist employees to be mentally fit, in order to improve work productivity. There is a deep-seated need to change the organisational culture of EWS that erroneously views mental illness as an imagined illness.

Such organisational culture contributes to stress, anxiety disorders and depression which negatively affect employees (Martin & Frost, 2012). Thus, this study recommends that there is great need for the EWS management to maintain contractual obligations and assist employees to be mentally fit, in order to improve work productivity.

There is need for the EWS management to be proactive in establishing an organisational culture that raises awareness on mental illnesses. The research findings have revealed that participants who were aged between 41 and 55 years views the EWS's organisational culture as the inner glue which merges EWS's work tasks and its employees. However, employees between the ages of 26 and 40 years have vague ideas on what EWS's organisation culture. The research findings have also shown that the EWS's organisational culture does not enable the execution of work tasks in a satisfactory way, and it adversely affect EWS employees. Thus, the study recommends that the EWS management should re-engage employees and be proactive in establishing an organisational culture that raises awareness on mental illnesses.

5.3.2 Recommendations related to practice and policy

The research participants felt that it was important to establish happy work-relations at EWS for EWS employees to be effective. This can contribute to greater job satisfaction and reduces stress levels, depression, anxiety, and PTSD among EWS employees at the workplace.

There is need to encourage positive interactions among all EWS employees, which enables them to learn skills about relaxing, increasing self-esteem and motivating one another. However, an unfavourable organisational culture compromises the implementation of excellent policies and practices. Therefore, this study recommends that the EWS management should support all EWS employees with or without mental illnesses an, also establishing an organisational culture that raises awareness on mental illnesses.

Therefore, the EWS officials must initiate awareness campaigns about mental illnesses at the workplace and provide suitable treatment to mentally ill EWS employees by experts. In addition, EWS officials should work in collaboration with social workers whenever they attempt to assist EWS employees with mental illnesses.

5.3.3 Recommendations regarding further studies

The research findings have revealed that there is an enormous gap in research on the employees' perceptions and understanding of mental illnesses at the workplace in South Africa.

Therefore, the current study can be modified and carried out in different regions to inform social workers who need skills for assisting employees with mental illnesses.

A considerable part of the current study was dedicated to the stigma attached to mental illnesses. The researcher explored the linguistic foundation for certain linguistics types used by the participants and avoided reusing the language employed by the participants. For example, the researcher did not call EWS employees with mental illnesses as "sufferers, schizos, or psychos". The grounds for avoiding name calling were that such an approach does not appear to be informed by the analysis of languages. Therefore, further studies in this field would ascertain if any linguistic justification exists for such name calling. Any researcher can ascertain this matter by soliciting the participants to conduct formal research, to find a specific abusive language, which stigmatises them in their environment or in mass media.

5.4 Conclusion

The main aim of this research was to explore the significance of employees' perceptions and understanding of mental illnesses at the workplace. The research findings established that mental illnesses are caused by psychosocial problems and certain beliefs about life in general. This chapter provided the key conclusions, which were drawn from the research findings. Conclusions regarding the significance of the study, the EWS employees' knowledge on mental illnesses, the causes mental illnesses at the workplace, and the EWS' beliefs about mental illnesses at the workplace were presented. In this study, the recommendations were related to the three following categories: recommendations related to the study; recommendations related to practice and policy; and recommendations related to further studies.

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APPENDICES

Topic: Exploring employees' perceptions and understandings of mental illness in the workplace: A case study of employees of eThekwini Municipality.

Appendix A: Interview guide

Interview questions

1. How do you perceive mental illness?

2. What beliefs do you have about mental illnesses?

3. How do your beliefs affect your perceptions about mental illnesses?

4. What cultural beliefs do you share with your fellow employees about mental illnesses at eThekwini Water and Sanitation Unit?

5. Are employees of the eThekwini Water and Sanitation Unit allowed to disclose their mental illnesses to the line manager or fellow employees?

6. What are your experiences of mental illnesses at eThekwini Water and Sanitation Unit?

7. In your own words, explain more if mental illnesses are widespread at eThekwini Water and Sanitation Unit?

8. How does an employee of the eThekwini Water and Sanitation Unit reveal his/her mental illness to the line manager or fellow employees?

9. How does the organisational culture of the eThekwini Water and Sanitation Unit affect an employee's decision to disclose her/his mental illness?

10. What was the experience like to hear from your fellow employees about their mental health issues at eThekwini Water and Sanitation Unit?

11. Do fellow employees or line managers listen to an employee who discloses his/her mental illness at the eThekwini Water and Sanitation Unit?

12. Please, elaborate on why line managers or fellow employees would listen or not listen to you after disclosing your mental illness?

13. What causes mental illnesses among employees within eThekwini Water and Sanitation Unit?

14. How do you perceive employees with mental illnesses at eThekwini Water and Sanitation Unit?

15. Can you tell me more about services available for mentally ill employees at eThekwini Water and Sanitation Unit?

16. Please give us your detailed opinion about what think of working with mentally ill employees at eThekwini Water and Sanitation Unit?

17. Please elaborate more on your most positive and most challenging experiences that you have had working with mentally ill employees at eThekwini Water and Sanitation Unit?

18. Is there anything else that you would like me to know about your perceptions and understandings of mental illnesses at eThekwini Water and Sanitation Unit?

Appendix B: Informed consent for individual interviews (English)

Participants' information sheet

The title of my study: Exploring employees' perceptions and understandings of mental illness in the workplace: A case study of employees of eThekwini Municipality

Introduction

My name is Nokuzola Dudeni, a master's student in the School of Applied Human Sciences in Social Work discipline at the University of KwaZulu-Natal. I am conducting the study as part of my master's research project. I intend to explore understandings and perceptions of mental illness in the workplace.

Invitation

You are being invited to participate in this research project. Please read careful the following sections to have a clear understanding concerning the purpose of the study, so that you can decide on your participation. Should there be something you are unclear about, kindly enquire with me. Thank you.

The purpose of the study

The main aim of the proposed study is to explore employees' perceptions, knowledge, and beliefs about mental illness. The study is hoped to collect information that can be utilised by policy makers, programmes, and stakeholders who are responsible for the design and the implementation of culturally sensitive health care services for the ETM employees.

Nature of participation

You will be required to sit for an in-depth interview for approximately an hour. Each interview will be audio recorded. The researcher might also take notes during the interviews. Please note that only the student and the supervisor will be able to access the interview recordings. If any

other person accesses them, it will only be for academic reasons. Your participation in this study will be strictly confidential and anonymous.

Should you feel any negative emotions during the interview please let me know, counselling will be conducted for containment, and you will be then referred to the nearby hospital social workers or psychologists. Your participation is completely voluntary, you have a right to withdraw yourself from participating at any time. There will be no rewards for participation, nor would there be any negative consequences should you decide to withdraw.

Please contact us for further information regarding any queries before, during and after the interview.

1. Nokuzola Dudeni (Researcher)

Contact number: 0795854618

Email address: lady.dudes@gmail.com

2. Dr S.Z. Zibane (Supervisor)

Contact number: 031 260 2358

Email address: Zibanes@ukzn.ac.za

3. Research Office

Contact number: 0312604557 / 031 260 8360 / 031 260 3587

Email: HSSREC@ukzn.ac.za

Thank you for your participation, your contribution is valued

DECLARATION OF CONSENT

I agree to participate on a study conducted by Nokuzola Dudeni (student number: 202522284), Master of Social Science (Social Work) student in the School of Applied Human Sciences at the University of KwaZulu-Natal. I understand the purpose of the study. I understand that I will be required to sit for an interview that will take me approximately 1h00. The data gathered will be safely kept and only Nokuzola Dudeni and the supervisor (Dr Zibane) will be able to access the results if anyone else does it will only be for academic reasons. I also understand that my participation is voluntary. I have the right to withdraw from the research at any stage I want. There will be no rewards for participation, nor will there be any negative consequences should I decide to withdraw. Confidentiality and anonymity will be maintained. I will let Nokuzola Dudeni if negative emotions transpire while I am in the interview.

.

My signature below indicates my willingness and permission to participate.

Signed at _____ (Place) on _____ (Date)
_____ (Signature)

Appendix C: Informed consent for individual interviews (isiZulu)

Ifomu yokuvuma (NgoLwimi lwesiZulu)

Isihloko sesifundo: Ubhekisiso lwendlela abasebenzi abaqonda nababona ngayo izigulo zengqondo. “Isifundo ngabasebenzi bengxenye kaMasipala weTheku.

Isingeniso

Igama lami ngungu Nokuzola Dudeni, umfundi weziqu zezenhlalakahle kwiNyuvesi yaKwaZulu-Natali. Lolu cwaningo ngilwenza ngenzela Iprojekithi yami yeziqu ze-Masters. Ngizimisele kakhulu ukuthola uvo lwabasebenzi abanezinkinga ngezigulo nqgondo ukuthi bazibona futhi baziqonda kanjani izigulo ngqondo kumasipala.

Isimemo

Wena uyamenywa ukuba uthathe ingxenye kule projekthi yocwaningo. Kucelwa ufunde ngokucophelela imibandela elandelayo ukuze ube nokuqonda okucacileyo malungana nenhloso yesifundo, ukuze ukwazi ukuzinqumela ngokuba ingxenye yalolucwaningo. Uma kwenzeka uhlangabezana nengxenye ongayizwa kahle wamukelekile ukubuza kimi. Ngiyabonga.

Inhloso yocwaningo

Inhloso ephambili yocwaningo ukuhlola indlela abasebenzi ababuka futhi abaqonda ngayo izigulo zengqondo. Izinkolelo kanye nesikompilo lukamasipala weTheku zizobonakala kulolucwaningo seluphothiwe.

Uhlobo lokuba yingxenye

Uyakucelwa ukuba uthathe ingxenye yokuba nehora lemibuzo mayelana nocwaningo., Imiphumela yocwaningo izogcinwa ngokucophelela. Ubantu abazokwazi ukufinyelele kulwazi olufunyenwe ngumcwaningi kanye nomphathu. Uma kwenzeka kuba nomuntu ofinyelela kulwazi olungciniwe, kuyobe kunezizathu zemfundo kuphela. Ukuba ingxenye kwakho

kucwaningo kuyimfihlo yethu kuphela akekho ozodalula amagama akho. Uma kwenzeka kwimibuzo ozobe uyibuzwa kuthinteka futhi kuvuka amanxeba athize, ungangabazi ukungibikela ukuze uthole usizo lokululekwa olufushane ebese udluliselwa kosonhlalakahle nabaluleki ngokwengqondo abasesibhedla esiseduze. Uma kunokwenzeka uzizwa ukuthi akusavumi uqhubeke nokuba yingxenye yocwaningo ngezizathu ezithize. Uvumelekile ukuhoxisa isethembiso sakho. Awukho umvuzo oklonyeliswa wona ngokuba yingxenye yalolu cwaningo. Uma kuba nemibuzo obanayo ngaphambi, ngesikhathi noma emva kocwaningo uze ungangabazi ukubuza kulezinombolo ezingezansi. Ngiyabonga.

1. Nokuzola Dudeni (Umcwaningi)

Inombolo yomcaningi: 0795854618

Idilesi ye-imeyili: lady.dudes@gmail.com

2. Dr S.Z Zibane (Umphathi)

Inombolo yomphathi: 031 260 2358

Idilesi yemeyili: Zibanes@ukzn.ac.za

Ngiyabonga ngegalelo lakho, umbono lwakho lubakukekile!

3. Ihhovisi locwaningo

Inombolo yeHhovisi: 0312604557 / 031 260 8360 / 031 260 3587

Idilesi yemeyili: HSSREC@ukzn.ac.za

ISIVUMO SOMTHETHO

Ngiyavuma ukuba ingxenye yalolucwaningo luka Nokuzola Dudeni (inombolo yomfundi: (202522284), uMphathi wezemfundo yeNhlalakahle (uMsebenzi wezeNhlalakahle) kwiSikole se-Applied Human Sciences kwiNyuvesi yaKwaZulu-Natali. Ngiyayiqonda inhloso yesifundo. Ngiyaqonda ukuthi ngizothatha ingxenye kwi-interview yehora. Ulwazi olutholakele kulolucwaningo luzogcinwa ngokucophelela. NguNokuzola Dudeni nomphathi (uDokotela Zibane) abazobona imiphumela, uma kwenzeka kuba nomunye oyoyibona kuyobe kungenxa yezizathu zemfundo. Ngiyazi ukuthi igalelo lami ngilinika ngokuthanda kwami angiphoqelekile.Nginelungelo lokuhoxa kulolucwaningo, futhi akukhomvuzo ngokuba ingxenye yalolucwaningo. Konke kuzogcinwa njengemfihlo akukho okuzodalulwa. Ngizomazisa uNokuzola uma kuba nesimo esiphoqa ukuba ngithole ukwalulekwa kulandela imibuzo engizobe ngibuzwe yona.

Isayini yami engezansi ibonisa ukuzimisela kwami nokunika imvume yokuthatha ingxenye.

Isayinwe E _____ (Indawo) Ngo _____ (Usuku)
_____ (Isayini)

Appendix D: Approval letter from the Department of Water & Sanitation (Gatekeeper)

Pod 1, Second Floor, Intuthuko Junction, 750 Mary Thiphe Street, Umkhumbane, Cato Manor, Durban 4001.
Tel: 031 322 4513, Fax: 031 261 3405, Fax to email: 086 265 7160, Email: mile@durban.gov.za, Website: www.mile.org.za

For attention:
Chair of Ethics Committee
College of Humanities
School of Applied Human Sciences
University of KwaZulu Natal
Westville Campus
Durban
4001

12 July 2019

RE: LETTER OF SUPPORT TO N.S.S DUDENI , STUDENT NUMBER 202522284 - GRANTING PERMISSION TO USE ETHEKWINI MUNICIPALITY AS A CASE STUDY

The Municipal Institute of Learning (MILE) and eThekwini Municipal Academy (EMA), have considered a request from **NOKUZOLA S'PHIWE SINDISIWE DUDENI** to use eThekwini Municipality as a research study site leading to the awarding of a Master of Social Science entitled: **" Exploring employees' perceptions and understandings of mental illness in the workplace: A case study of employees of eThekwini Municipality. "**

We wish to inform you of the acceptance of her request and hereby assure her of our utmost cooperation towards achieving her academic goals; the outcome which we believe will help our municipality improve its services. The student is reminded of the ethical considerations at all times when conducting this research. **In return, we stipulate as conditional that she, accompanied by her supervisor, presents the results and recommendations of this study to the related unit/s on completion.**

Wishing Ms Dudeni all the best in his studies.

[redacted]

.....

Collin Pillay
Program Manager: Municipal Institute of Learning (MILE)
eThekwini Municipality

I .....hereby accept as conditional that I will comply fully as per the conditions stipulated above.

Signed: ..... Date: .....

Appendix E: Turnitin Report

turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author:	Nokuzola Dudeni
Assignment title:	Thesis Submission
Submission title:	Dissertation
File name:	Zola_Dudeni_-_Master_Thesis_Final_Draft_2.docx
File size:	1.83M
Page count:	127
Word count:	37,913
Character count:	222,673
Submission date:	24-Nov-2021 02:37PM (UTC+0200)
Submission ID:	1710111098

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UNIVERSITY OF KWAZULU-NATAL

INYUVESI YAKWAZULU-NATALI

By

NOKUZOLA DUDENI

2021

Appendix F: Turnitin Report PDF attachment


Turnitin Report.pdf

Appendix: G:Ethical Clearance Certificate

Protocol reference number: HSSREC/00000697/2019