

UNIVERSITY OF KWAZULU-NATAL

USE OF WELLNESS PROGRAMS AT A UNIVERSITY IN SOUTH AFRICA

By

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Abstract

Over the past decade Universities in South Africa have moved from a purely academic environment to provide a sustainable and healthy working environment taking into account work life balance and the well-being of their core assets, their employees. In recent years, workplace wellness has become a new focus area for improvement to enable higher performance, increased productivity and it also provides organisations with a competitive advantage. Wellness programs are being used to drive human resources strategies and employee engagement. The aim of this study is to investigate the Use of Wellness Programs at a University in South Africa and its impact thereof. The University that was chosen for this study was the Durban University of Technology. A quantitative research approach was used to provide the different perspectives and impact from respondents on the subject matter. Data was collected using a web based questionnaire. The population size was one thousand three hundred and forty four employees. Simple random sampling design was used. The sample of two hundred and sixty was drawn. The sample composed of all three categories of employees, i.e.: management, academic and administrative and support sector employees, with different genders and spanning across all the university's campus locations. The survey was sent electronically to the selected sample of employees. Statistical analysis revealed that whilst there was awareness and utilisation of the programs offered by the university, it was limited and therefore more could be done to increase awareness and utilisation. The study revealed that incentives were seen as a motivating factor. The findings aligned to majority of the literature as per findings from previous scholars. It is recommended that the university reviews the alignment of the current workplace programs and aligns to the needs as seen from the results of this study. It is further recommended that the university has in place monitoring and assessment tools for the impact of the workplace wellness programs. This study can benefit the Durban University of Technology and other South African Universities in understanding of the impact of the current program and offerings and the alignment to vision, mission and strategies; whilst taking into account the drivers for increasing staff morale, employee performance and productivity which will also aid in reducing stress and absenteeism levels. Thereby, improving workplace wellness at the university. The study can benefit the university.

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CHAPTER ONE: GENERAL ORIENTATION OF THE STUDY

1.1 Introduction

This chapter provides a background to the study which the researcher chose to explore.

Employee wellness is a topical issue in most organisations recently. O'Donnell (2008), states that "employee wellness can be defined as the proactive and dynamic processes whereby the individual or an organisation becomes aware of their responsibility to promote a life of wellness". This conscious process leads towards the well-being and a healthy state for individuals and organisations.

Employees experience multiple personal and work related challenges, ranging from family problems, substance abuse, financial difficulties, loss and separations, to poor lifestyle choices and therefore, find it difficult balancing their work and family life (Employee Benefit News, 2007).

Maiden (1988), indicates that if organisations want to remain competitive and be able to attract, retain and motivate their employees, these organisation should consider providing their employees with greater assistance at the working environment to deal more effectively with their personal problems. This has led to many organisations considering employee assistance and workplace wellness programs to enhance employees' physical and mental health and well-being as well as driving positive employee performance at the workplace.

The researcher had therefore decided to conduct a study on the use of wellness programs. The research topic selected for this study was the Use of Wellness Programs at a University in South Africa. The researcher based the study on the Durban University of Technology (DUT) in South Africa.

1.2 Motivation of the study

Work-life balance programs support efforts to aid employees to achieve success within and outside the workplace; these consider the overall well-being of an employee. However, there has been a decline in workforce wellness and this has resulted from higher workforce health related costs which have arisen from

increased outlays for employer subsidised medical contributions and costs from increased absenteeism as informed by Anderko (2012).

The Durban University of Technology (DUT) is one of twenty six higher education institutions in South Africa with multi-campus based within the Kwa-Zulu Natal province. The DUT campuses are located in Durban and Pietermaritzburg. DUT aspires to be the “preferred university for developing leadership in technology and productive citizenship” (DUT’s Strategic Plan, 2015-2019). Therefore, DUT prioritises the quality of teaching and learning. DUT has approximately twenty three thousand students and, one thousand three hundred and forty-four permanent employees.

Presently, DUT has a registered counsellor that offers individual and team counselling on work and health related matters. However, this only benefits a small percentage of staff that are willing to discuss their personal problems, alcohol, substance abuse, depression and stress related problems with the counsellor. Additional, limited external counselling sessions are also provided on referral, pending initial assessments by the internal registered counsellor.

DUT presently has an employee assistance policy and the policy that seeks to achieve the following:

- Promoting employee assistance to all DUT employees.
- Promotes workplace improvements to enable enhanced performance.
- Promotes confidentiality of programs to ensure credibility.
- Problem Identification and Assessment of troubled employees whose problems affect their well-being and work performance.
- Provides training and assistance to Managers, Supervisors and Union representatives.
- Refers employees for further diagnosis and relevant treatment.
- Provides consultation and networks with external service providers.

(DUT Employee Assistance Policy, 2008)

The researcher was informed that the current policy is under review to address employee wellness holistically, as well as the structured framework for behavioural

lifestyle management programs. It is envisaged that the new policy will also address current issues and preventative measures.

1.3 Purpose of the study

The focus of this study was two prolonged as, it was a combination of the exploratory and descriptive studies. Sekaran and Bougie (2013), informed that an exploratory study is conducted when not much information is available on the problem being addressed, whilst a descriptive study is conducted to ascertain “characteristics of the variables”.

This study was conducted to provide the researcher with information on the awareness, utilisation, impact, barriers and motivating factors of wellness programs at the university, and the overall effects of such programs on the employees.

1.4 Problem statement

There has been a change at the workplace, a paradigm shift, between extrinsic and intrinsic rewards. It has been noted from business articles and various literature on reward mechanisms that money is no longer the only motivating factor (WorldatWork, 2011).

Apart from remuneration and the supplementary benefits, employers are now focusing on a holistic approach to ensure employees are attracted and remain motivated at the workplace.

Employers aim to achieve this through various work life balance programs, performance and recognition initiatives and, career and development programs (WorldatWork, 2011).

Workplace wellness programs at DUT has limitations which need to be assessed. Although DUT does offer limited workplace wellness interventions in the form of employee assistance programs as well as, annual wellness day workshops and an on-site counsellor; all employees may not be aware of such workplace wellness offerings and may not participate in these either (DUT Employee Assistance Policy, 2008).

The current employee assistance programs at DUT considers reactive measures whereas in order to provide a safe and healthy working environment, DUT needs to consider proactive measures (DUT Employee Assistance Policy, 2008).

DUT Management may be aware of the costs of the workplace wellness initiatives and programs however, the impact of such extends beyond costs and should be linked to performance and productivity, absenteeism vs presenteeism and it should consider the impact on the university's bottom line from such health and wellness awareness initiatives, employee empowerment and a wider range of current preventative procedures and actions on an ongoing basis. Therefore, a study needed to be conducted to investigate, whether or not employees were aware of the university's offerings in this regard, whether or not the current wellness programs were being utilised optimally, did employees derive benefit from these, what were the motivating factors of the current programs and what were the opinions of the employees at the university.

1.5 Objectives of the study

The overall objective of addressing health and wellness initiatives at the university whilst taking into account the utilisations rates, barriers, impact and motivating factors for these.

Frone (2013), identified three focus areas where employees may experience problems, i.e.: health (in respect of physical, mental and behavioural), personal (which included family, social, legal and financial) and at the workplace (which included workloads, performance, co-workers and manager relationships and stress).

The DUT presently holds an annual wellness day, provides workshops on health related matters and offers individual and team counselling by a registered Counsellor, who is part of the Human Resources Division (DUT Employee Assistance Policy, 2008).

The role and responsibilities of the specialist has been limited in terms of the current policy and procedures for employee assistance programs however, in practice this role has emerged and needs to be focused on a more holistic wellness, health and

lifestyle interventions rather than merely the traditional focus which was based on alcohol and substance abuse issues (DUT Employee Assistance Policy, 2008).

This study assess whether or not the employees at the university were aware of current workplace wellness programs and whether these employees participated or utilised the workplace wellness programs. The study also considered the benefits employees gained from the current workplace wellness programs, the impact of the programs, whether these programs were sufficient, the role of incentives and how that was ranked as well as, the current barriers to achieving the objectives of workplace wellness programs.

1.6 Research methodology

The research design was descriptive in nature and was aimed at collection of information from a group of participants to identify and understand characteristics of the different groupings of data and to consider factors relating to each other which will aid in simple decision making for this study, as guided by Sekaran and Bougie (2013).

The quantitative approach was used and the researcher developed a survey with a structured questionnaire that was designed electronically to obtain consent and information from respondents. This approach was utilised to identify the dependant and independent variables for the study. The contents of the questions were obtained from the objectives of the study.

Simple random sampling was done from the target population. In this study the target population was all employees at the university who were eligible to participate in wellness interventions offered by DUT. The sample included the different demographic categories, as well as different employment classifications and work locations.

Data was collected from the sample group via the questionnaire. The questionnaire was designed to obtain the different demographic information required and was aligned to the objectives of the study.

Responses from participants were recorded electronically and analysed using an excel spreadsheet. The data was then represented visually in the form of pie charts

and bar graphs and central tendencies were analysed as well to provide understanding of dependant and independent variables, form conclusions from data received and analysed, and to assess the implications of the study.

1.7 Research questions

The research questionnaire was spilt into two parts to obtain demographic information from the respondents and to obtain information on the subject matter of workplace wellness at DUT.

The research questions in part one of the survey based on gender, age, level of accountability, employment length at DUT, employment classification and campus location were aimed at collecting information on the demographic information of employees and their awareness of wellness programs at the university.

The research questions in part two of the survey based on employee awareness of wellness programs at DUT, wellness instruments at DUT, participation and or utilisation of wellness programs, important wellness focus areas for DUT employees and employees opinions on DUT's wellness programs, initiatives and workshops were aimed at collecting information on the following:

- Utilisation rate of current wellness programs at the university.
- Barriers to wellness programs at the university.
- Motivation factors of current wellness programs and role of incentives.
- Impact and effectiveness of wellness programs at the university.

1.8 Implications of the study

This study implied that whilst DUT offers workplace wellness programs, workshops and wellness interventions, all employees are not aware of wellness interventions and therefore the utilisations rates differed.

Awareness campaigns should be conducted regularly to ensure all employees including new employees are made aware of the workplace wellness policy, procedures and interventions.

Some barriers such as lack of management support, confidentiality concerns and lack of time to attend wellness interventions were identified in the study. These barriers could be seen as improvement areas for the university.

1.9 Limitations of the study

Whilst, scholars (Anderko, 2012; Attridge, 2009; Ball, 2009; Brewer et al., 2010; Corbin and Pangrazi, 2001; Hill and Korolkova, 2014; Langlely, 1999; Lennox and Sharar, 2009; Leon, 2012; Lindahl, 2011; Motebele, 2013; O'Donnell, 2008; and, Parkinson, 2013) focused on various aspects of workplace and employee wellness programs and interventions, the researcher found that limited literature existed on this topic linked to universities in South Africa.

The researcher had also identified that the use of an electronic survey may have limited the response rate in this study (Sekaran and Bougie, 2013).

Another limitation the researcher considered was the approach to the study, as a mixed method approach may have yielded a more in-depth analysis (Sekaran and Bougie, 2013). This would also have been challenging, considering that one of the barriers was confidentiality concerns on this topic which was identified from existing literature on this subject matter. Confidentiality concerns could have also been linked to the lower response rate.

1.10 Chapter summary

The chapter was developed to provide the research topic, outline the reasons as provided by the researcher for the focus areas in the study, the research objectives and the research methodology.

The research question topics have been addressed in this chapter to provide a link to the objectives of the study.

Limitations of this study have been identified and outlined as informed by the researcher.

This chapter provided the background for the study. The next chapter provides a literature review on the subject matter, workplace wellness programs and interventions.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Sekaran and Bougie (2013), informed that literature is the body of information that exists and is accessible for research purposes, which may aid the researcher to better comprehend the problem. Literature, as defined by Burns and Grove (2003), is written information on a subject that consists of primary as well as secondary sources.

In this chapter the researcher aimed to learn from various sources of information that was available and either directly related or similar to their study. This chapter provides prior research findings as well as theory related to organisational and workplace wellness, the utilisation of workplace wellness programs and the impact thereof.

2.2 Background on workplace wellness and employee assistance programs

Workplace wellness and employee assistance programs which were mainly focused on occupational alcoholism were historically initiated during World War II, as informed by Lee and Gray (1994). Due to the increasing concerns of alcohol related matters in the work environments, individuals formed groups such as the Occupational Program Consultants Association, National Council on Alcoholism and the National Institute of Alcohol Abuse and Alcoholism (NIAAA) to assist employees. The NIAAA was established in 1971 as stated by Lee and Gray (1994).

Sonnestuhl and Trice (1986), informed that organisations in the United States provided assistance to their employees since the latter part of the nineteenth century, which included, personnel counselling, occupational mental health, alcoholism and social betterment.

Lee and Gray (1994), stated that the growth of the mental health profession and professionals such as counsellors, psychologists and psychiatrists lead to the development of employee assistance initiatives and programs.

Employee assistance programs advanced to address broader challenges faced by the employee which impacted the workplace negatively. Programs were developed

and targeted to assist employees with health and personal issues to positively impact performance at the workplace.

In light of the aforementioned, the researcher has identified that from work produced by the above-mentioned scholars, workplace wellness existed in a different form during World War II which focused mainly on alcoholism. However, employee assistance programs and initiatives started from 1971 which also initially focused on substance abuse and thereafter, expanded to include counselling, to assist employees with personal problems that affected productivity at the workplace.

Employee assistance programs only started emerging in South Africa in the early 1980 as indicated by Maiden (1988). Further, Maiden (1988), informed that employee assistance programs were introduced to the workplace and organisations in South Africa by psychologists and social workers that studied in the United States and such programs were initially structured after programs in the United States. This was also found in Lee and Gray (1994), findings as well.

In 2004, Society for Human Resources Management (SHRM), stated that employee assistance programs were provided by seventy percent of the employers at that point in time. Employee assistance programs have been emerging rapidly in the United States of America. The Employee Benefits News identified from a survey in 2007, this percentage grew by five percent which was also confirmed by the report from SHRM in 2008, where it was stated that seventy-five percent of companies and employers were offering employee assistance and wellness programs. This illustrated how serious employers were taking workplace wellness and related interventions.

Chenoweth (2007), stated that whilst recreation and fitness programs in the workplace date back to 1900s; workplace health promotion programs were transformed into employee benefit programs in the beginning of the 20th century, and this was done to ensure employees were attracted to organisations, are were kept healthy and retained by the employer.

2.3 Workplace and employee wellness interventions and programs

2.3.1 Concept and definitions

The limited agreement on the concept of wellness from literature and the absence of a universal definition for wellness poses challenges in developing guiding principles for good wellness practices in organisations, as argued by Sieberhagen, Pienaar and Els (2011).

Sieberhagen *et al* (2011), quoted that whilst Ardell (1985), defined wellness as “conscious and deliberate approach to an advanced state of physical, psychological and spiritual health”; Corbin and Pangrazi (2001), defined wellness as, “a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being”.

Workplace wellness programs as defined by Wolfe, Parker and Napier (1994), are employer funded programs which are intended to support good health or to recognise and correct potential health associated problems. These are designed to provide assistance to employees. Whilst, WorldatWork (2011), defined employee wellness interventions as programs that were in place via policy, procedure and process elements which addressed and assisted the employees’ well-being and helped ensure a healthy and productive workforce, that was designed to drive organisational goals and performance efficiently and effectively.

Work-life as per WorldatWork (2011), total reward definitions is as follows:

“A specific set of organisational practices, policies and programs plus a philosophy that actively supports efforts to help employees achieve success at both work and home”.

Attridge (2010), dealt with the concept similarly but in greater depth and informed that employee assistance programs are programs that are provided by employers with the intent to support the elimination of various workplace challenges employees and employers face such as stress, burnout, depression, illnesses, presenteeism as well as absenteeism.

Another similar definition on this concept came from Berry, Mirabito, and Baun (2010), who defined workplace wellness programs as “organised, employer sponsored program that is designed to support employees (and sometimes their families) as they adopt and sustain behaviours that reduce health risks, improve quality of life, enhance personal effectiveness and benefit the organisational bottom line”.

Dumond (2012), presented findings on organisational wellness and found a fitting definition to employee wellness programs, as an “umbrella term” that took into consideration wellness policy principles, initiatives and health promotion programs.

Whilst, Brewer *et al* (2010) stated that workplace wellness policy initiatives focused on the workplaces’ social and physical effects on health behaviours; the health promotion programs provided employees with support mechanisms to health and well-being challenges.

Sieberhagen *et al* (2011), concluded from his research that wellness programs are intervention strategies intended to promote the wellbeing of employees, that includes identification, assessment, monitoring and referral, counselling and follow-up activities aimed at addressing employees’ problems.

Definitions provided in the literature by the abovementioned scholars provide clarity that, workplace wellness in the form of employee wellness programs and employee assistance programs address similar issues related to the employees’ wellness which impacts the workplace, employers and organisations. Ultimately workplace wellness programs are designed taking into account multiple health promotion and well-being strategies to add value to employees to ensure their emotional, physical and occupational well-being in both the work and home environments are taken care of.

2.3.2 Aim and components

Quinley (2003), informed that highly successful employee programs included the following six components:

- “Short-term counselling for mental health, alcohol abuse and substance abuse issues.

- Ongoing public relations to encourage employee use of employee assistance programs.
- Employee workshops (including but not limited to smoking cessation, nutrition and diet counselling, exercise and stress management issues).
- Management consultations and supervisory training.
- Resource and referral for work-life issues.
- Legal and financial services”

The number of employee assistance programs offered by organisations will come at a cost and could be seen as expensive, and may be difficult to monitor. Nevertheless, programs should be monitored to measure utilisation rates, effectiveness and success.

O'Donnell (2008), informed that employer health programs follow a behaviour change framework which included four crucial components being:

- education and awareness,
- motivation,
- skills and strategies and,
- supportive and enabling policies and work environment.

The Hewitt's 2008 survey, *Wellness and Beyond*, stated that wellness programs should include the following key components: “Health risk assessments, wellness centred benefits and employee incentives”. Apart from these, proper communication and promotion initiatives to increase employee participation; and monitoring, program evaluations and re-alignment of wellness initiatives were key to ensuring effective wellness programs.

Part of the key components of work-life balance as per the total rewards model provided by WorldatWork (2011), were listed as: health and wellness programs such as, on-site fitness facilities, on-site work-life seminars, on-site clinics, counsellors, health advocates and or nurses; health screenings, disability management, employee assistance programs, smoking cessation assistance, discounted fitness club rates, weight management programs, nutritional counselling, stress management programs and disability management.

Chapman (2012), also stated that workplace health promotion programs provide employers with opportunity to encourage and facilitate healthy behaviours for their employees, which can lower costs for health care and improve employees' loyalty, productivity and retention. This was also backed-up by Parkinson (2013), who advised that the workplace wellness interventions should integrate occupational safety and health protection as this would result in healthier employees and increased performance levels.

Business Leaders and researchers have analysed the relationship between health behaviours, health risks and workforce productivity which revealed a link between effective health management programs and higher levels of performance. Further, it had been found that wellness interventions were no longer "nice to have programs", as they were increasingly being recognised as elements for sustainability and for providing a competitive advantage, Parkinson (2013).

Evidence received from companies such as "Johnson and Johnson, Citibank, Procter and Gamble, Chevron, and Duke University" among other companies, in a study by Anderko (2012), proved that workplace wellness interventions provided positive return on investments and savings to the company in the longer term. It was also identified that employee performance levels were higher at companies where a strong culture on employee wellness and health existed, thereby increasing efficiencies, and effectiveness and productivity levels.

The aim was to have wellness interventions that establish and maintain constructive workforce relationships. These programs should also identify and develop internal and external relationships with the community. Employers should also consider utilising external healthcare resources and expertise to provide quality assistance and support to employees wherever necessary.

Employees are the organisations most valuable assets and therefore, the state of their health impacts productivity at the workplace and their contribution to the organisation; which can be measured from absenteeism and reduced productivity levels as suggested by Grobler, Wörnich, Carrell, Elbert, and Hatfield (2006). Therefore, it could be further argued that it is important that some employers include work-life balance as part of the total reward offerings to employees.

Naidoo and Jano (2003), noting that employee wellness could influence the workplace wellness and the wellness of the organisation; organisations should approach wellness challenges in a structured method ensuring the impact for both the employee as well as the organisation is taken into account.

Sieberhagen *et al* (2011), stated that researchers have found that a needs analysis for the identification of the stressors and challenges faced by employees is very important and; that the effectiveness and success of workplace wellness interventions and employee assistance programs are dependent on various factors that includes the 'rationale, use and evaluation' of such interventions and programs.

Clearly, a rationale for workplace wellness and employee assistance programs does exist and a relationship can be drawn between the impact of workplace wellness and employee assistance programs and return on investment for employers.

2.4 Legislative framework for workplace and employee wellness programs

Although, workplace wellness and employee assistance programs are not governed by direct legislation, the legislative framework in South Africa supports the rights of both the employer and employees at the workplace. Non-adherence to the legislation or inability by employers to cater for their employees' well-being in their working environment, may lead to the contravention of the legislation; i.e.: The Occupational Health and Safety Act (85 of 1993), Compensation for Occupational Diseases and Injuries Act (130 of 1993), the Basic Conditions of Employment Act (75 of 1997), the Labour Relations (66 of 1995) and the Constitution of the Republic of South Africa, Act (108 of 1996).

The Occupational Health and Safety Act (85 of 1993)

This Act makes provision that the employer provides a safe and healthy working environment. Employers need to provide information, supervision and training for health and safety. Identified and trained health and safety officers from the organisations are duty bound to report on hazardous, unsafe and unhealthy work environments and potential risks that may affect employees.

Compensation for Occupational Diseases and Injuries Act (130 of 1993)

This Act provides the employee and their dependant/s with compensation resulting from any injury on duty, death or illness that arouse on the job and/or at the workplace.

The Basic Conditions of Employment Act (75 of 1997)

This Act is in place to ensure fair labour practices. It stipulates minimum prescribed conditions of employment such as prescribed annual and sick leave and; also seeks to provide work-life balance in terms of working hours and “daily and weekly rest periods”, fair remuneration for overtime work and minimum notice periods for terminations.

The Labour Relations (66 of 1995)

This Act makes provision for codes, rules, regulations and guidelines between employers and employees in respect of infringement and contraventions. It places responsibility on the employer to establish and maintain a working environment where the dignity and rights of employees’ are protected and respected.

The Constitution of the Republic of South Africa (1996)

This is regarded as the supreme law of South Africa. The Constitution places and obligation on South African employers to ensure the well-being of their employees. The employees’ safety and wellness at the workplace is indirectly guaranteed within sections 10, 11, 23 and 24 of the Constitution of South Africa. These sections require the employer to provide a healthy and safe working environment and addresses employee rights, respect and the protection of human dignity and fair labour practices, including rights to health care services.

Sieberhagen *et al* (2009), informed that legislation plays a crucial role in governing employee wellness, however, the South African government can play an important role going forward by imposing legislation that manage standards on organisations that promote employee wellness. It was identified that small and medium sized employers do not pay attention or invest in workplace and employee wellness programs, and if legislation is in place that governs such, these companies will have to adhere and provide the administrative infrastructure for those national working conditions.

2.5 Rationale and impact of workplace and employee wellness programs

Employers' outlay employee assistance programs to ensure the well-being of their employees, as well as the organisations social responsibility to its employees', Sonnestuhl and Trice (1986).

Sussal (1992), stated that the literature reflected that there are cost savings for organisations that have employee assistance programs in place which could be ascertained from absenteeism, medical and accident costs. However, Sussal (1992), further added that successful employee assistance programs are dependent on their use and the supportive relationships amongst participants.

Lennox and Sharar (2009), informed that although many studies from their research provided context to employee assistance programs, it was argued that most of such studies do not truly assess the effectiveness of specific programs to test whether or not the wellness interventions have positive impact on employees and or the employers. The researcher would like to also assess this from their research findings in this study.

Surveys can drill further down with specific targeted questions to measure the effect and impact of individual components such as absenteeism, presenteeism, employee engagement, workplace distress and job/life satisfaction, and by doing so, the results could be measured to assess the return on investment, Lennox and Sharar (2009).

The Hewitt's 2008 survey on *Wellness and Beyond*, informed that apart from improving employees health in the short and longer terms, wellness programs assisted organisations by getting employees to return to work sooner after disability leave, lowered absenteeism and presenteeism and improved productivity. Further, wellness programs were used to attract, recruit and retain employees; as well as, a global competitive advantage for companies. Apart from that the employers' bottom line that benefitted from wellness programs, these programs also assisted employees to lead healthier lifestyles by turning around their unhealthy behaviours and chronic health problems.

Lecheminant and Merrill (2011), found that workplace interventions result in improved health behaviours, positive outcomes from health behaviours over a

twenty-four month period, and overall improved productivity levels of employees which provides a platform to encourage employers to implement workplaces wellness interventions.

Parkinson (2013), suggested that an integrated employee focused strategies are required to create a healthy and productive workforce that utilises best practices to ensure efficiencies and cost effectiveness. Parkinson (2013), further informed that an integrated wellness program roadmap should be laid down to consider measures that address low productivity, unhealthy behaviours and excessive medical costs. Ultimately the main focus areas to ensure workforce wellness should consider to “optimise environment, increase healthy behaviours, minimise inefficient acute care, optimise chronic care, reduce excessive surgery, speed transitions from care to home and work and creating an incentivised health management program” that will lead to behavioural changes, care engagement and savings.

One of the major focus areas that directly effects employers and impacts the organisations bottom line is job performance and productivity. Changes in these areas are hard to measure, however, Hill and Korolkova (2014), informed that improved morale, higher commitment levels to jobs and a decrease in absenteeism, showed positive effects of the employee wellness programs, thereby creating a culture of wellness.

Ninety percent of the organisations sampled in the study by Sieberhagen *et al* (2011), reflected room for improvement in their wellness programs by some of these organisations, which could be addressed by having a more integrated and holistic approach from allocating additional resources to such programs. However, they first needed to conduct in-depth analysis and assessments of their current employee wellness programs. It was also identified that the organisations recognised the need for employee wellness programs which could ensure higher return on investments. Further, they saw it as the provision of supporting working environment for employees and identified that they needed to encourage participation in these programs via better marketing and communication strategies.

In a study by Motebele and Mbohwa (2013), it was found that shift work and over worked employees were very receptive to wellness programs offered by the

employer. However, the employer's commitment to wellness programs needed to be reviewed to address healthcare effects, family impact, the productivity concerns and the high absenteeism rates. The wellness initiatives that were in place were not targeted to effectively assist the shift workers, nor did it address the staff retention issues which posed operational challenges. Motebele and Mbohwa (2013), suggested that the human resources and financial strategies be realigned to the needs of their employees and, such should be addressed by revised and restructured wellness programs that are implemented well throughout the organisation, which will also drive performance and productivity.

Pomeranz (2014), found that health care costs can be reduced and employees' health can improve from effective workplace wellness programs. Organisations that invest in workplace wellness programs and thereafter, do not see improvements in employees' health and reduction in health care costs, are wasting their resources. It was suggested that perhaps by having legal requirements attached to health promotion programs, it can add great value from a financial and health perspective for employers and employees.

Wellness interventions and programs provides a positive company culture for employers, International Business and Research Journal (2016). Having such programs in place would reflect positively on the employer, it may also impact the company's sustainability and corporate image positively. Other companies would also want to do business with employers that take care of their key assets, their employees. Further, a positive culture was seen to promote job satisfaction which benefited organisations by reduced absenteeism levels and increased productivity levels.

Based on information from scholars as mentioned above, it is evident that a strong rationale for workplace wellness programs and interventions exist. Employee assistance programs need to be designed to consider the preventative approach to employee's problems such as work stress and financial management, prior to the employee landing themselves in distraught situations. Education in the form of awareness campaigns and skills development programs will enable employees to better deal with problems and or, challenges they encounter. Rehabilitation and counselling will also aid in initial and long term resolutions for poor performance; as

employers are also restricted by legislation in terms of the discretion they may use for recruitment and selection purposes in line with the Employment Equity Act; and for terminations in line with the Labour Relations Act. Ultimately, organisations' with workplace wellness interventions in place, reflected positively on the employer for having measures in place to address and attempt to resolve performance matters and employees overall well-being.

2.6 Factors affecting workplace and employee wellness programs

Employees may be faced with many work-life balance challenges on a daily basis, therefore, it is important that the workplace wellness policies and programs be designed to assist the troubled employee and caters for their needs and requirements at the workplace.

Troubled employees may be facing various challenges which may impact on their work performance. These may include but not limited to, the areas the researcher tried to gather from the analysis, such as financial problems and stress in the workplace or personal stress resulting from relationship management issues at the workplace and personally, which may lead to depression, health issues, alcohol abuse, substance abuse.

Stress is a state in which a person is confronted or met with a demand or provided with an opportunity to something that the individual desires and for which the outcome is perceived to be very important but unclear, as defined by Robbins and Judge (2009).

Similarly, Grobler *et al* (2006), stated that stress is a divergence between the individual's desired state and perceived state which are both considered important by the individual. Grobler *et al* (2006), further informed that stress influences two main aspects of the individual's behaviour, i.e.: the individual's physical well-being and the individual's psychological well-being.

Nel, van Dyk, Haasbroek, Schultz, Sono and Werner (2004), argued that stress meant different things to different individuals and these ranged from feelings or worry to anxiety and tension. Personal stress factors may result from health and

sickness, financial problems and family and relationship matters, e.g.: divorce, as per Nel *et al* (2004).

Occupational stress was identified as the key component that created a difference between employees work and personal lives, as identified by Dumond (2012).

Nel *et al* (2004), informed that employees may also face **environmental stress** factors resulting from working conditions, schedules, facilities and work pressure and, all changes in the work environment thereof. Nel *et al* (2004), further stated that the **changing working environment** has significant impact on employees' well-being and may directly affect their stress levels; where the older workforce may find diversity and transformation in the workplace challenging. Whilst, some employees may also face challenges of multi-skilling requirements as well as, staying abreast of the **technology advances in the workplace** was also seen as a stress factor.

Grobler *et al* (2006), also added that **job burnout** is one of the stressors in the workplace that impacts employee well-being. Job burnout is when the employee believes they are unable to or would not be able to complete the job on hand as a result of them being physically and mentally exhausted, Grobler *et al* (2006). Employees perceive that they are not recognised and rewarded sufficiently for their efforts, which results in stress and **demotivation**.

Attridge (2009), stated that stress plagues all employers irrespective of their business offerings. Further, from the research conducted, an estimated twenty five percent of adults were found to be diagnosed with mental disorders. Whilst, Miller (2009), reinforced from their research, employees that experienced financial stress, performed poorly at the workplace. This then resulted in these employees taking more time-off, whether in the form of sick leave or leave, these employees were-absent.

Alcohol and substance abuse also have significant, and in some instances devastating impact on workplace wellness in South Africa, as stated by Grobler *et al* (2006). HIV/Aids is also seen as having a severe impact on employees and the workplace. These impact the organisations bottom line with real costs resulting from

accidents and injuries at the workplace, lower productivity levels, costs of absenteeism, leave replacements including attrition, Grobler *et al* (2006).

Workplace wellness is also affected by means of **presenteeism and absenteeism**. Presenteeism is defined as being present at the workplace but not actively involved in work due to symptoms and problems associated with well-being such as physical and or emotional as informed by Hargrave, Hiatt, Alexander, and Shaffer (2008). Whilst, absenteeism is defined as not being physically present at the workplace which could be due to injury or illness as informed by Davey, Cummings, Newburn-Cook and Lo (2009).

Absenteeism is a common workplace problem that could have a direct impact on costs and productivity. In the International Business and Economics Research Journal in 2016, it was found that employers were able to implement more successful strategies to lower absenteeism costs and increase productivity when they were better informed or more alert of absenteeism levels and, related challenges in their organisations. Absenteeism comes from various elements in the workplace, these include personal and work stressors, financial stress and health/illness related stress. The implementation of wellness programs targeted at decreasing absenteeism has a dual effect whereby, it improves employee morale and reflects a better bottom line. Job satisfaction was also found to be an important factor that lowered absenteeism.

2.7 Benefits of workplace and employee wellness programs

Hill and Korolkova (2014), cited the Alabama five factor set of measures in assessing the effectiveness and benefits of health promotion and wellness programs: “process, participation, satisfaction, impact and outcomes” at seven universities abroad.

Ball (2009), argued that although workplace and employee wellness programs have a positive impact on higher education institutions and on return on investment; the impact can only be measured properly, if and when the changes in health care costs, absenteeism, productivity and associated employee behaviours can be tracked, assessed and quantified on an ongoing basis.

Leon (2012), found that employee assistance programs assisted employers in many ways from prevention of lawsuits, to reduction in health care costs, savings on the bottom line from reduction in absenteeism and presenteeism, decreases in grievance and arbitration cases, as well as, keeping employees more motivated, well, healthy and effective. Leon (2012), further informed that whilst, the aforementioned can be measured, there were some benefits like the increases in engaged and motivated workforce and, increased commitment and dedication to roles and responsibilities, which have an impact but cannot be financially costed.

Worksite Wellness (January 2014), suggested that benefits of employee wellness programs will result in “lower healthcare costs, reduced chronic disease risks, lower stress levels, decreased rates of illness, disability; and absenteeism and increased and enhanced employee productivity, efficiencies and retention of healthy employees”.

2.7.1 Employees

Sieberhagen *et al* (2011), informed that employees' receive great benefit from employee wellness programs which included reduced stress levels, reduced depression, increased job satisfaction, energy, resilience and increased mental wellness.

Dumond (2012), stated that the reduction in stress is seen as a key benefit for employees that participate in workplace wellness programs. Employee wellness programs should aim to promote both physical and psychological health, as this will impact job performance. The imbalance in work and life also affects employees satisfaction and fulfilment in both areas and holistically. Wellness interventions that consider work-life balance will benefit both employers and employees.

Pomaki, Supeli and Verhoeven (2007), surveyed two hundred and twenty one physicians on health promotion behaviours. It was found that the relationship between role conflict, occupational stressors and emotional fatigue were lowered by the health promotion behaviours and, as such it was found that health promotion behaviours could be utilised as preventative measures against

occupational stressors. Further, they found that wellness programs assisted employees by lowering their stress levels and the strains they were under.

The focused group study of seven university wellness programs by Hill and Korolkova (2014), revealed four themes which benefit employees i.e.: “improvement in fitness, awareness of food consumption, increased alertness and attitudinal changes”. The increased knowledge and increased energy levels from physical activities improved employee health. The cost benefit analysis reflected that return on investments increased threefold due to health insurance premium returns. Noticeable improvements from effective wellness programs were improved job satisfaction, decrease in absenteeism rates, improved physiological risk factors and decrease in medical costs.

2.7.2 Employer

Davies (2003), informed that employee assistance programs will benefit employers and organisations as it aids them to adhere to the Code of Good Conduct in the Labour Relations Act, thereby protecting the employers from litigation risks. This would also aid in the reduction of the negative impact of the employees’ behavioural work challenges, thereby reducing staff management pressure and undue stress.

Mulligan (2007), re-enforced the notion that employee assistance programs benefit the employer from reduction in absenteeism and presenteeism, reduced insurance premiums and health care costs, higher productivity, improved employee commitment, morale and engagement. However, organisations and employers should ensure a proper due diligence is conducted when outlaying funding of such wellness interventions.

Csernik *et al*, (2010), also concluded that in their findings, employers who had employee assistance programs in place stated that the three main reasons for such were employee well-being, reduced absenteeism and improved morale. Further, they added that the survey results found that the reduction of absenteeism via employee assistance programs increased productivity.

Leon (2012), agreed that although research indicates positive impact on employers from employee assistance programs, the organisations must

evaluate their employee assistance programs and monitor whether or not it achieves the purpose and meets business requirements.

Engaged employees via performance

Employees will be more engaged at the workplace and will perform better on the job with a proper or good mix of work-life balance resulting from workplace wellness programs and interventions.

Reduced costs

Hewitt (2008), informed that on-site wellness programs and services as well as, on site clinics helped employers manage costs; as employer participation was higher than off-site offerings, which was due to the convenience and location. Findings reflected that the satisfaction rates for employers offering on-site programs had increased by a rate of 95% from 2007.

Sound employee wellness programs and initiatives will benefit organisations and employers by having a productive, motivated and loyal workforce thereby, reducing recruitment, selection, and training and development costs.

Corporate Image

Good workplace and employee wellness programs impacts and benefits the organisations' social responsibility standing. Other employees will be attracted whilst other organisations, clients, customers, entities and public enterprises will want to do business with the company/organisation.

Sieberhagen *et al* (2011), further informed that in their research findings, the benefits to the organisations from employee wellness programs were as follows:

- 'reduced absenteeism,
- increased presenteeism,
- meeting labour legislation requirements,
- improved industrial relations,
- increased employee performance and productivity,
- reduced health care costs, and
- a reduction in accidents'.

Sieberhagen *et al* (2011), also found that, being recognised as the employers of choice, compliance with the Occupational Health and Safety Act and social responsibility were perceived to be the main reasons by service providers for organisations that introduced employee wellness programs. Whilst, Labour Unions concluded that retention of employees, increased productivity, social responsibility as well as, compliance with the Occupational Health and Safety Act were some of the main reasons their members' organisations introduced employee wellness programs.

The researcher has deduced from information provided by scholars that the by-products of successful employee wellness interventions and employee assistance programs will immensely benefit both organisations and employees and holistically will be visible on the organisations bottom line as well from increased productivity levels, increased job satisfaction, improved employee morale and compliance with legislative frameworks.

2.8 Role of Incentives in workplace and employee wellness programs

Incentives can be seen as having a positive impact towards workplace and employee wellness programs and on the contrary, "selective" and limited incentives can have a negative impact on workplace and employee wellness programs, as argued by Ball (2009).

Ball (2009), added that incentives have substantial impact of the effectiveness of workplace and employee wellness programs. In his findings, the most reported incentives for workplace and employee wellness includes paid time off from work to encourage employee participation, having programs held at convenient times and locations, during trough or slack periods rather than peak periods at the workplace; co-worker participation, being allowed to invite family and friends to wellness programs and support from line management.

Anderko (2012), suggested that by incentivising employees, there may be a likelihood that employees will repeat healthy behaviour and eventually it may be embedded within their lifestyle; and the effectiveness will not only be felt by the company but if all companies consider a wellness culture as part of their way of doing business, it will improve the economy over a period of time.

It was found that eight-five percent of employers offered incentive programs to encourage involvement and participation in wellness programs, according to the Investing in Health survey, Hewitt (2008). The incentives were both financial and non-financial in nature. Whilst, forty-three percent of employers used cash awards, fifty-seven employers used non-monetary incentives such as gifts, gift cards, premium reduction, merchandise, health club membership, tokens of recognition and discount vouchers. The survey concluded that there is a prominent link between participation levels based on incentives. Incentives were seen to drive employee participation rates, satisfaction and engagement.

Further, it was also found that employee incentive programs aided the reduction of absenteeism. Incentive programs used in this regard were known as the “carrot approach” instead of the “stick approach”, as per International Business and Economics Research Journal in 2016. It was also found that employers paid their employees cash incentives for unused sick and vacation leave days and employers that used this approach confirmed that their business operations ran smoother and more efficiently. Some companies could not outlay this and then opted to look at quarterly and annual incentives for “perfect attendance” in the form of corporate gifts, vouchers, picnics, or functions. Incentives are costly, however, if used correctly they provide an opportunity to ensure efficient and effective operations thereby impacting productivity and the bottom line.

Schmidt (2012), stated that although incentives for wellness programs may be becoming very popular and provides a role in increasing employee participation; it may not be beneficiary to all employees and may be seen as unfair depending on the manner in which the incentives are provided and, the employee categories that are targeted. It is therefore suggested that when employers plan, conduct and implement incentive programs, the different needs of all employees need to be taken into account, ensuring fairness and not disadvantaging any group of employees within the organisation. However, it was concluded that wellness programs do impact employees and causes a behaviour change and incentives are important and do play a key role in this process.

Lack of incentives was identified as one of reasons for poor participation from employees in workplace wellness programs as per the findings of Busman-Williams (2014).

It is important to note the significant role incentives play in attracting employees to participate in workplace and employee wellness programs and the impact thereof. However, incentives do require the outlay of resources which employers need to consider and should be considered carefully and measured against return on investment of workplace wellness interventions.

2.9 Key drivers of workplace and employee wellness programs

Employees spend a large amount of the weekly time at their workplace or in the execution of their work duties and responsibilities. Therefore, the workplace is the best place to drive wellness programs and health promotion. As stated at the World Economic Forum (2008), the important drivers for wellness programs includes:

- “Improved health, reduced health risk and healthcare cost control
- Talent motivation: to attract, retain and sustain valuable human capital
- Improving productivity: unplanned absence, disability, presenteeism, safety, vitality, effectiveness, quality of work, and
- Social responsibility: sustainability, community responsiveness, public image.”

Smit *et al* (2015), stated that although the focus in South Africa has moved to organisational diversity, less attention is provided to the different generational differences. The four arears to be considered where identified as generation X, generation Y, baby boomers and veterans. Employers need to design programs for all categories of employees and cannot expect to have a ‘one size fits all’ approach. The different types of employee categories should be taken into account when tailoring workplace wellness programs that provide organisational support and sustainability. This would provide a foundation to the employee value proposition offered by employers for attraction and retention purposes, Smit *et al* (2015).

Confidentiality was also of great concern to some employees and this may affect their participation in wellness programs, Sieberhagen *et al* (2011). Employee

wellness programs will be effected by the utilisation rates and participation levels as a result of confidentiality. It is therefore important to address confidentiality issues upfront, as it can be one of the key drivers that impact the success rates of workplace and employee wellness programs.

Taute and Manzini (2009), stated that employees may see participation in employee wellness programs rather demanding and not as a valuable resource available to them and the importance of such should be communicated in some form or the other which would activate interest and utilisation.

The researcher has concluded that although the World Economic Forum listed important key drivers for wellness programs, the age gaps, confidentiality concerns and communication impacts these and need to be addressed by employers to ensure the workplace wellness interventions support all employees and are sustainable.

2.10 Barriers to workplace and employee wellness programs

Funding was identified as one of the main barriers to effective workplace and employee wellness programs, as limited annual budgets were allocated for these programs, Sieberhagen *et al* (2011). Further, employers already subsidise medical aid and therefore, workplace and employee wellness programs were seen as additional costs to organisations.

Another barrier appeared to be the absence of consistent monitoring mechanisms, assessment of workplace and the measurement of how employee wellness programs impacted the organisations, Sieberhagen *et al* (2011). There needs to be tools in place to measure the effectiveness of workplace wellness interventions on a consistent basis.

Babbie and Mouton (2006) informed that it is important to measure the outcomes of workplace wellness programs to ensure its effectiveness, to check if the design was implemented correctly and the utilisation thereof. Wasserman (2010), stated that the four main reasons for the evaluation of wellness programs are to check whether or not the programs work, whether the programs could be improved, whether the programs adds benefit to the workplace and whether the goals of the programs where appropriate or not. Therefore, it is critically important to have proper

programs, evaluation and monitoring in place. This is a key aspect in what the researcher was also trying to identify in this study, in terms of how effective and how widely used were the current programs at the university and whether it provided the services and benefits to the employees, as wellness programs intended to.

Further, Leon (2012), also agreed that the effects of employee assistance programs on the organisation resulted in lower levels of absenteeism and higher levels of productivity, however, these are questionable if good evaluation methods and tools to measure them are not in place.

Whilst, Ball (2009), suggested that personal obligations, lack of energy, non-interest or rather ignorance, time constraints during working hours, the timing of programs, lack of self-discipline, injuries or sickness, line management support and possible lack or selective incentive programs for participation can all be perceived as barriers to workplace and employee wellness programs in higher education institutions.

Buseman-Williams (2014), informed that workplace wellness programs are impacted in many areas by the size of the organisation or firm. It was found that larger firms are more likely to offer wellness programs than smaller firms. The findings reflected that this was almost ninety-nine percent for larger firms and only seventy-six percent for smaller firms. Larger firms were also found to provide more health care benefits to employees' dependants, at a rate of sixty-five percent when compared to forty-seven percent in smaller firms. The findings demonstrated that the size of an employer has been identified as a barrier for participation and implementation of workplace wellness interventions. This could be attributed to larger firms having more and better resources for wellness programs than smaller firms.

In their findings, Buseman-Williams (2014), reported that whilst limited marketing awareness campaigns and lack of employee interest were seen as some barriers to workplace wellness programs; the lack of incentives, time limitations as well as inconvenient locations were identified as the three most common barriers.

Considering information provided by the scholars, the barriers to workplace and employee wellness programs can range between various aspects and could be sector and or organisation specific, incentive schemes as well as site locations and

lack of consistent monitoring, evaluations and re-alignment of workplace wellness programs.

2.11 Success factors and gaps

Sieberhagen *et al* (2011), suggested that success factors of workplace wellness programs are dependent on the utilisation rates and reasons employees provide for their participation in or ignorance of employee wellness programs. This will lead to valuable information being obtained on the effectiveness of the wellness programs and thereby, necessary interventions organisations may need to consider for improving the effectiveness of the wellness programs. The evaluation and monitoring of wellness programs is important and will justify their existence and should be utilised to assess whether or not they achieve the organisations goals and objectives.

Leon (2012), further added that utilisation rates, size of the company and program models are part of factors that should also be considered, the appropriate mix for the organisation will impact the outcome and costs. It is important to note that in his findings he quotes the survey conducted by Lockwood in 2004, where it was found that utilisation rates from the respondents were eight to ten percent. Concerns were raised in terms of the employee utilisation rate of the employee assistance programs. One of the reasons provided for the poor utilisation rates were the physical premises of where the programs were held and lack of employee awareness. Therefore, increase in awareness programs and visibility of such were recommended.

According to an article published in Worksite Wellness (January 2014), employers' success factors are dependent on employee performance, engagement and productivity.

Ball (2009), advised that it is important for higher education institutions to conduct research and assessments in terms of employees' interests, needs and attitudes towards workplace and wellness programs, as this will aid in developing and designing comprehensive, effective and successful programs. He further added that, employees will be more interested and willing to be part of workplace and

wellness programs if such programs are attractive to them and if they are able to perceive the value offered within such programs.

Hill-Mey (2012), informed that successful workplace wellness programs must include proper designing, planning, programming and evaluation, taking into account the needs and requirements of employees; however, it was identified that management participation and management support are two critical aspects that will directly impact the success rates of the wellness programs.

Edington (2008), took this a step further and analysed the next generation health management programs and identified seven critical components in a journal article that should be considered by employers to ensure effective and successful wellness initiatives.

The seven areas Edington (2008), referred to are as follows:

- The vision for Health Management must come from Leadership.
- Policies, procedures and processes must be aligned towards a healthy and productive workforce.
- All employees should have access to health risk assessments.
- All employees should be educated on health and risk awareness.
- All employees should benefit from resources available to promote healthy workplace.
- Employers should consider appropriate incentives for participation in wellness programs.
- Wellness programs should be measured, evaluated and supported to enhance effectiveness.

According to the Hewitt's 2008 survey, *The Road Ahead: Driving Productivity by Investing in Health*, communication was found to be the key element to successful workplace wellness. The various communication methods created the heightened awareness thereby increasing employee participation, motivation and the program's success rates. The survey found that on-line communication was a more effective communication method than posters, word of mouth or one-on-one meetings. It was concluded that whichever method of communication was utilised by employers, the

employer's commitment and dedication to workplace wellness programs would also be the driving factor in the success of such interventions.

Anderko (2012), suggested that success factors are dependent upon the promotion of best practices in health and wellness, identifying and targeting problem areas, engaging employees and the community via awareness and educational programs and supporting health initiatives on an ongoing basis. This was also supported in the International Business and Economics Research Journal in 2016, which stated that employees need to be made aware of the benefits they gain from employee wellness programs and the best method would be to regularly publicize workplace wellness interventions and programs.

Sieberhagen *et al* (2011), found that there is a shortage of employee wellness programs in the business community within South Africa even though the South Africa organisational landscapes are rapidly changing and change is one of factors that affect employee wellness.

Naidoo and Jano (2003), informed that less than half of the top one hundred companies/organisations in South Africa's have employee wellness programs. This is concerning as workplace wellness is now seen as much more than only being a mechanism to improve employees' well-being. Workplace wellness is a key area in attraction and retention, as well as a key component in productivity and the overall health of an organisation.

Organisations that invest in workplace wellness programs and provide an employee wellness culture in their organisations whilst, focussing on proactive measures rather than being re-active, will reap future benefits from return on investment, Sieberhagen *et al* (2011).

The researcher has established that employee awareness and education will be an essential part of any employee wellness program. The program should be promoted via email notifications, pin boards, posters and entrance banners to encourage utilisation, prevention and stimulate self-care and a healthy working environment. A confidential monitoring system should also be established to evaluate programs processes and outputs.

2.12 Chapter summary

The researcher has summed up that workplace wellness programs are programs and interventions developed and implemented by organisations to assist their employees with their health and wellness.

Employers should take into account the holistic focus of workplace wellness by ensuring interventions and programs are in place to assist with the psychological and physical well-being of their employees, thereby achieving a balance in the work and personal life of employees', Nel *et al* (2004).

Dumond (2012), agreed with Lindahl (2011), that although workplace wellness referred to various interventions there are four focus areas that effective wellness programs are aimed at. The four areas are listed as, management buy-in, needs assessments, targeted interventions resulting from the comprehensive analysis, and the monitoring and evaluation of the programs against the organisations goals and objectives. These were deemed necessary when measuring effectiveness and impact of workplace wellness.

Case studies and research from Leon (2012), concluded that challenges faced by the employer from decreased employee engagement, absenteeism, presenteeism and lower productivity, can be remedied via the implementation of sound and measurable workplace wellness interventions such as employee assistance programs. Leon (2012), further added that results showed that employers that used employee assistance programs increased performance in the workplace as well as job satisfaction for their employees which resulted in a positive return on investment. However, the return on investment is affected by the utilisation rates of such interventions and, the onus rests with employers to alert their employees of the employee assistance programs that are in place.

MacArthur, Lewis and Rickard (2009), advised that employers who reduced workplace wellness interventions and cut-back employee assistance programs runs a risk of reduced productivity levels and increased absenteeism costs, which adds to their overall labour costs, creating the opposite effect of what their organisations wanted to achieve. Employee assistance programs not only addresses employee

needs but may also provide resolutions for many future challenges and other associated problems employers and organisations may face.

Nel *et al* (2004), suggested that the South African organisations can advocate workplace wellness by developing an organisational culture of employee wellness, including employee wellness in the organisations strategy, providing support and encouragement from all stakeholders, including but not limited to management and unions and, by developing and implementing workplace wellness policies and employee assistance programs which caters for substance abuse, sexual harassment and HIV/Aids programs.

The researcher has also identified that when designing employee wellness programs, the employer should also consider reasonable precautions to limit risk for exposure to liability whilst, ensuring confidentiality and ethical standards of information management are taken into account as supported by legislation.

In conclusion, the researcher has found that employers and organisations have the responsibility to provide a safe and healthy working environment and mechanisms for their core assets, i.e.: employees to achieve work-life balance which will come from workplace wellness policies and principles as well as employee assistance interventions and programs.

The following chapter focuses on the research methodology for this study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter the researcher describes the research methods, sampling methods, data collection process and the procedures for the data analysis that were used in this study when evaluating the use of wellness programs at the university in South Africa.

3.2 Research design

Sekaran and Bougie (2013), indicates that studies reflect that the research design could either be “exploratory, descriptive or casual in nature”. Whilst an exploratory studies are conducted when very little or limited information is on hand for the research problems; descriptive studies aims to collect the required information the researcher may need based on the situation on hand, events and people. Further, casual studies are scientific and are aimed at identifying and isolating factors causing a specific problem.

This study relates to the collection of data from participants to analyse the research problem at hand and therefore the researcher has chosen a descriptive study which is quantitative in nature.

The research design utilised in this study was in the form of a survey. A survey that included a number of questions which was submitted to individuals that were representative of a larger population, to gather the information required for this study.

Sekaran and Bougie (2013), defines a research design as a plan that is used for the study that includes components of the collection procedures and measurement tools for the analysis of the data gathered.

Hofstee (2006), informed that a survey gathers information from a restricted number of respondents that have been recognised to have information which the researcher requires, and these respondents are representative of a larger group and are also willing to participate in this process.

3.3 Research methodology

Brymen and Bell (2007), informed that a research method is the process used for the collection of data and this could be in the form of observations, from structured interviews and or questionnaires.

Bryman (2001), also stated that research methods provide a description of the techniques that were used in collecting data, which could be via surveys, questionnaires, structured and unstructured interviews and or combination of these.

Research methodology are procedures utilised when gathering data and information for a research study, Babbie (2010). The two approaches that could be used during the observation process as suggested by Babbie (2010), are the qualitative and quantitative approaches.

Qualitative approach is where the respondents provide the actuality from their individual experiences which are in the form of interviews that are unstructured, open-ended questions, focus group discussions and respondents observations, Babbie (2010). Sekaran and Bougie (2013), stated that qualitative data is data that is gathered from words from the respondents and also agreed that these could be obtained from interviews through observation or from open-ended questions. Qualitative research is more contextual, interactive, interpretative and inductive.

Babbie (2010), informed that the **quantitative approach** is where data is measured and compared with standards after it has been collected from questions linked to the socio-grams, structured interviews and or surveys. Sekaran and Bougie (2013), similarly stated that quantitative data is data gathered via structured questions in the form of numbers. Quantitative research is more objective, detached, deductive and empirical.

Sekaran and Bougie (2013), indicate that descriptive studies are used for the collection of data that is descriptive of the characteristics of events, persons or situations and that such research can either be qualitative or quantitative. It could also be utilised in correlational research that describes relationships between the researched variables. Further, via descriptive studies, the researcher could consider factors relating to one another, understand the characteristics of different groupings of the data, aid in making simple decisions relating to the study.

The researcher choose the quantitative approach in this study, as this was a descriptive study that was aimed at collecting data that will describe the characteristics of employees and the wellness programs. This research approach is used to identify the dependent and independent variables affecting the effectiveness of the wellness programs and aims to determine the awareness levels of wellness programs at the university, and the relationships between wellness programs and factors affecting the employees' well-being, such as workplace factors and environmental factors.

In this study, the researcher used a questionnaire to gather the required information. The contents of the questions were derived from the objectives of the study and were developed after reviewing several studies on workplace wellness and employee wellness programs. The researcher also obtained information on current employment practices, policies and procedures from the on-site employee wellness specialist to understand the current practices better which aided in formulating the questions.

The researcher provided the employees with the informed consent form and a link to the electronic questionnaire. The informed consent form (Annexure A), explained the purpose of the study, the objectives of the study and requested their consent. It assured the respondents that anonymity and confidentiality will be maintained. It also provided an average time frame for completion of questionnaire.

Five employees from the Human Resources Department volunteered to assist the researcher with a pilot test of the questionnaire to determine the average estimated time that was required for the electronic completion of the survey. These employees were also provided with the informed consent form outlining the aforementioned aspects contained in Annexure A. It was found that the average time required for the completion on the electronic questionnaire was ten minutes.

3.4 Sampling

The purpose of this study was to determine the use of wellness programs at a university in South Africa. The study focused on the Durban University of Technology (DUT). All permanent employees were eligible to utilise wellness programs at the university.

Sekaran and Bougie (2013), stated that sampling starts with the identification of the target population. The population is the entire group of things of interest, people or events which a researcher would like to investigate and should include all elements including the geographical boundaries. Whilst, sampling is defined as the “subset of the population” which consists of elements of the population.

The population size at the time the questionnaire was being sent out, was at one thousand three hundred and forty-four employees from which a sample was drawn for the research purposes. This was the total number of all permanent employees at the university. Permanent employees at the university were entitled to all the offerings of the workplace wellness programs, namely, on-site individual counselling from the university’s wellness specialist, referrals to external specialists, annual wellness day events and wellness workshops.

Simple random sampling and cluster sampling designs were used to provide a high generalisation of findings for this research purpose (Sekaran and Bougie, 2013).

Techniques for sampling may be grouped into two types that is either probability or non-probability sampling, Neuman (2001). The probability sampling technique is whereby all individuals from the population would have had the same probability of being chosen, Strydom and Venter (2002). The researcher in this study utilised the probability sampling method.

The sample included managers, academic employees and administrative and support sector employees at DUT. Every fifth employee was chosen resulting in a total sample of two hundred and sixty employees. The researcher also ensured that the sample data consisted of employees across all campuses at the university.

The sample size in this study represented 19.34% of the total population at the time the questionnaire was designed and circulated. Various attempts were made by the researcher to ensure all employees in the selected sample provided responses, however, a total of 173 responses were received from the online survey.

3.5 Data collection

The researcher gathered the data for this study by means of a questionnaire (Annexure B). The questionnaire in this study was designed taking into account the

different sectors within the University, i.e.: Management, Academic and Support Sectors.

Sekaran and Bougie (2013), defined a questionnaire as a “pre-formulated written set of questions to which respondents record their answers”. They added that in descriptive studies, questionnaires are seen to be a more efficient data collection method, as they are not time consuming and are inexpensive.

Sekaran and Bougie (2013), also informed that the advantages for the use of the electronic questionnaires were as follows:

- “Easy to administer
- Can reach globally
- Very inexpensive
- Fast delivery
- Respondents can answer at their convenience”

The researcher considered the advantages of the use of an electronic questionnaire rather than personally administering or mailing the questionnaires.

The questionnaire was submitted electronically to the sample list of employees that were eligible to participate in the wellness programs at the University. Employees at the university are allocated email accounts upon appointment and the questionnaire was emailed to the employees university email account.

DUT is situated in the Kwa-Zulu Natal province within South Africa. The university has six campuses. This research questionnaire was sent to employees across all six campuses, as employees’ that benefit from wellness programs were spread across all campuses.

The questionnaire was designed to consider the following:

- Awareness of wellness programs at the university.
- Participation rates in wellness programs.
- The impact of individual participation in the wellness programs.
- The impact the wellness programs had on other colleagues.
- Barriers that prevented employees’ participation in wellness programs.

- Aspects that motivated employees to participate.
- Important wellness focus areas for the university employees.
- Employees' opinions of the current wellness programs on offer at the university.

Demographics

In part one of the questionnaire the following six demographical areas were used:

- Gender: to find out whether respondents were mainly male or female
- Age categories split in five groupings, i.e.: 20-29 years, 30-39 years, 40-49 years, 50-59 years and 60 and over. The researcher chose to start the first grouping of the age from 20 years due to the fact that the university did not have permanent employees appointed that were under 20 years of age (as per data received for the distribution of the survey from Human Resources at DUT), at the time the questionnaire was designed. Further, it should be noted that the retirement age at DUT is 60 years, however, there could be appointments beyond retirement age up to 65 years, which could be attributed to shortage of skills, especially in the academic and management sectors.
- Level of accountability and reporting lines which were divided into four groupings. This was to inform the researcher whether respondents reported directly to a Line Manager or whether the respondents were managers of either a section, sector or many sectors. This was required as Line Managers would then assist in determining the impact and outcome of their subordinates' participation in wellness programs and to an extent aimed to measure their awareness of the impact and their participation as well.
- Length of service at the university was grouped into five categories, namely: 0-5 years, 6 to 10 years, 11 to 15 years, 16-20 years and greater than 20 years. This was important to assess as well which would impact the awareness aspects, whether wellness is a form of retention measure at the university and its impact thereof.
- Employment classifications between the three different sectors, namely: Management, Academic and Administrative and Professional Support. The ratio between the Academic and Administrative and Professional Support

sectors is generally 1:3 in university environments and therefore, it would be useful to check the category which had received the higher response rates as well.

- Campus locations were used to assess which of the six campuses had the majority response rates and to check the effects of campus location and workplace wellness programs from the responses received.

Link between the questionnaire and objectives of this study

Part two of the questionnaire was designed to aid the researcher to obtain information as per the purpose and the objectives of the study.

The first objective was to assess the current situation at DUT. The focus areas under this objective included the awareness, utilisation rates and the assessment of current wellness programs offered by the university. These included the annual wellness day, lifestyle management programs, HIV/Aids awareness campaigns, health promotion initiatives, employer sponsored health assessments and on-site counselling.

The second objective was to establish the effects and impact that the wellness programs had on the university employees, on their performance and productivity. It also included factors that need to be taken into account in wellness programs to increase staff morale and lower absenteeism.

The third objective was to assess the role of incentives in wellness programs at the university. The researcher included a host of motivating factors for participation and wanted to assess if incentives played a larger role in attracting higher participation or could participation rates be dependent on other factors. Further, which were the associated factors and which are seen to be more effective by employees. It will also assist in determining the usefulness of incentives in wellness programs at DUT.

The fourth and final objective was to identify success elements, key drivers and enhancements for the wellness programs as recommended by the employees. This will aid Managers at DUT, as they can better understand their workforce and what to outlay in wellness programs for employees.

Scales

Different types of scales were used in the questionnaire for the collection of data, to understand the variables and elements in this study. The nominal and ratio scales were used in the collection of the demographical data in this study, whilst the ordinal scale was used for the ranking of the elements and finally the interval scale was used for the rating of the elements.

As defined by Sekaran and Bougie (2013), ranking scales are used for comparisons among or between events, persons or objects to find out the preferred choice by ranking the elements in order of reference. Whilst, rating scales are used when there are more than one response categories, to find out responses with regards to the events, persons or objects.

The researcher used a three factor scale in questions three and four of the questionnaire to assess the impact of participation in the wellness programs by individuals and their staff and colleagues.

The ranking scale was used in questions five and six of the questionnaire to assess the motivational factors in wellness programs as well as what employees considered to be the most important wellness focus areas at the university.

The Likert scale was also used in question eight of the questionnaire to gauge employees' opinions and the differences in responses from the employees on the current wellness programs, workshops and initiatives on offer at the university.

3.6 Data analysis and approach

Responses to the questionnaire were recorded electronically and downloaded to an excel spreadsheet for analysis thereafter.

Responses were analysed by converting the data inputs into numerical data to draw statistical conclusions (Sekaran and Bougie, 2013). The data was analysed by visual summaries and central tendencies.

This study reflects the frequencies of the data in pie and bar charts and tables to aid the researcher in understanding the data that had been collected. Sekaran and

Bougie (2013), defined frequencies as “the number of times various sub-categories of a certain phenomenon occur, from which the percentage of their occurrence can be calculated.”

Approach to research questions

Table 3.1: provides the statistical approaches the researcher has used to achieve the objectives of the study.

Research Objective	Questionnaire	Statistical Analysis
Demographic information and the awareness of wellness programs at the university	Part one: questions 1-6 and, Part two: questions 1-2, 8	Descriptive group percentages.
Utilisation rate of current wellness programs at the university	Part two: Questions 3-4, 7 and 8.2	Descriptive group percentages and logistic regression.
Barriers to wellness programs at the university	Part two: question 5	Descriptive group percentages and logistic regression.
Motivation factors of current wellness programs and role of incentives	Part two: question 6	Descriptive group percentages.
Impact and effectiveness of wellness programs at the university	Part two: question 4 and question 8	Descriptive group percentages.

The data analysis tested the reliability and validity of the data that was collected via the online survey. The data analysis also considered the participation levels against all the demographical elements and variables.

The employees' awareness, effectiveness of the wellness programs, motivating factors for workplace wellness and the focus areas as per respondents were also analysed.

Further in-depth findings that were analysed, will be presented in the form of graphs, figures and tables in the following chapter of this study, i.e.: the results of the study.

3.7 Reliability and validity

Sekaran (2001), indicates that “the reliability of a measure indicates the extent to which the measure is without bias (error) and offers consistent measurement across time and across the various items in the instrument.” Therefore, reliability is indicative of the consistency and stability with which the survey used in this study measures the concept of the study and helps assess the goodness of a measure.

Sekaran (2001), further indicates that the validity of the study refers to “whether an instrument actually measures what it is supposed to be measuring”.

Reliability of the study

The reliability of the data collection methods used in this study can be categorised as being easily transferable, as the research process that was followed in this study considered similar measures when measuring wellness instruments as identified in the university environment, even if utilising different population and samples conducting such a study at different periods of time. It is presumed that the findings in this study are reliable and credible, as the participants have direct access to wellness instruments at the University and would have provided reliable information when completing the survey. Whilst, the anonymity was maintained, the data was collected from a list of current employees at the university at the point in time when the survey was conducted for this study. It is therefore plausible, that the findings will be repeated if someone else were to replicate this research using the same methodology.

Validity of the study

The survey was a valid measuring tool used which encompassed of a range of questions utilised in similar studies relating to the use of wellness programs. It is therefore presumed that the summarised results accurately represent the situation at the University and the opinions of the participants of such wellness instruments (who are the employees at the University). The responses reflects each participant's perceptions of the prevailing situation regarding the awareness and use of wellness programs, initiatives and workshops at the University. Each respondent completed their responses to the survey individually which reduces the likelihood of prejudicing the integrity o the information through bias or misrepresentation.

To enhance internal validity of this study, the information provided to the researcher from the structured questionnaire that was used, was verified against supporting policies and procedures at DUT, as well as the on-site Wellness Specialist at DUT when the study was conducted. Further, the validity could be assessed against actual usage of such wellness programs at DUT, the attendance at awareness campaigns and programs and records of cases at DUT which would reflect that the findings of the study hold true, however statistics on wellness cases and records are considered strictly confidential in nature.

3.8 Limitations of this study

The researcher has identified that the response rate of participants was the major limitation associated with this study.

Sekaran and Bougie (2013), identified the following disadvantages of electronic questionnaires:

- Computer literacy levels of employees
- Access to online surveys and facility
- Willingness of respondents in participating and or completing the questionnaires

The researcher used simple language in the questionnaire to ensure the questions were self-explanatory to the respondents. However, one other factor that could be

considered as a possible limitation would be misunderstanding. This was an assumption made by the researcher, as the respondents may have misunderstood the ranking questions and may have decided not to check for understanding or further clarity with the researcher.

Numerous polite reminders were sent to encourage participation in the study over a period of four months. The researcher did try to encourage participation from the selected sample.

The researcher has noted that perhaps the technique used by some scholars of incentivising participation should have been considered. However, it would have been challenging in terms of anonymity and confidentiality concerns therefore this was not used by the researcher.

The lack of complete participation from the entire sample set could be attributed to the disadvantages of the electronic questionnaire as stated by Sekaran and Bougie (2013). Poor participation could also stem from aspects identified in the literature review chapter which included confidentiality concerns, lack of awareness or lack of interest by some of the employees from the selected sample.

3.9 Ethical considerations

The proposal for this study served before the University of KwaZulu-Natal's Research and Ethics Committee and was approved (Annexure C). Thereafter, the researcher obtained permission (gatekeeper's letter) from DUT's Research Committee to conduct this study at DUT (Annexure D). DUT's Research Committee also requested that the researcher provide the university with results and findings from this study to enable the university to better align their wellness programs.

Access to the email accounts for employees that could utilise and were eligible to participate in wellness programs, was obtained from the Human Resources Department at DUT, upon providing the ethical clearance for this study and the gatekeeper's letter.

Participation from respondents in this study was voluntary as employees could choose not to divulge any information and could withdraw from the study at any

stage. This would have led to incomplete questionnaires, which were not taken into account when conducting the analysis, as it would have skewed the results.

It has been emphasised by Babbie (2010), that research should not harm, embarrass or endanger any respondents or participants' relationships and lives.

In this study, respondents were allowed to choose upfront whether or not they wished to participate and this study was not meant to cause or inflict any harm on any individual.

It was envisaged by the researcher that all participants will be honest in their responses when they completed the questionnaire, as in a study of this nature, one should also be mindful of the ethical behaviours from the respondents.

Sekaran (2001), also informed the same in respect of respondents/subjects as follow:

“the subject, once having exercised the choice to participate in a study should cooperate fully in the tasks ahead, like responding to a survey or taking part in an experiment; and the respondent also has an obligation to be truthful and honest in the responses. Misrepresentation or giving information knowing it to be untrue, should be avoided”.

Thereafter, upon completion of the electronic questionnaire the responses were immediately uploaded to a database. All responses were then downloaded onto an excel spreadsheet. The researcher of this study has sole access rights to the online response database and this ensures that the integrity and privacy of all responses were protected.

Respondents were also informed that confidentiality and their anonymity will be maintained for this study and for a period of five years, thereafter the information will be disposed in a secured manner.

3.10 Chapter summary

This chapter provided the research methods used in the completion of this study. The case study for this research was the Durban University of Technology.

The descriptive design was used for this study as limited information existed on the

use of wellness programs at the university and their impact thereof on employees at the university.

The researcher was unable to locate any previous studies on this subject matter for this university. Therefore, the Research Offices at the University, requested results from these findings for their internal purposes once this study has been completed and submitted.

In this chapter, the researcher also provided the details relating to the population, selection of sample, the data collection methods, as well as the data analysis.

The researcher used a quantitative approach and collected data via an electronic questionnaire.

Ethical considerations by the researcher were explained and the necessary precautions were adhered for consent and participation from respondents in the electronic questionnaire.

The researcher also identified limitations of this study which were supported by previous scholars as well.

The next chapter provides the results of the study.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.1 Introduction

In this chapter the researcher presents the results of the data that was obtained from the electronic survey and provides analysis of the data received.

Data analysis is conducted to check the relationship between the variables in the study and also to draw conclusions either in support or not in support of the theory associated to the study as explained by Sekaran and Bougie (2013).

Hofstee (2006), stated that the results and discussion thereof are considered to be the heart of a study.

The results obtained and the interpretation thereof is important as it provides the researcher with information on the use of wellness programs at the Durban University of Technology.

4.2 Results

4.2.1 Information on Demographics

A total of 173 participants completed the electronic/online survey. Majority of the participants were females with a total of 71%, whilst 29% were males (Figure 4.1).

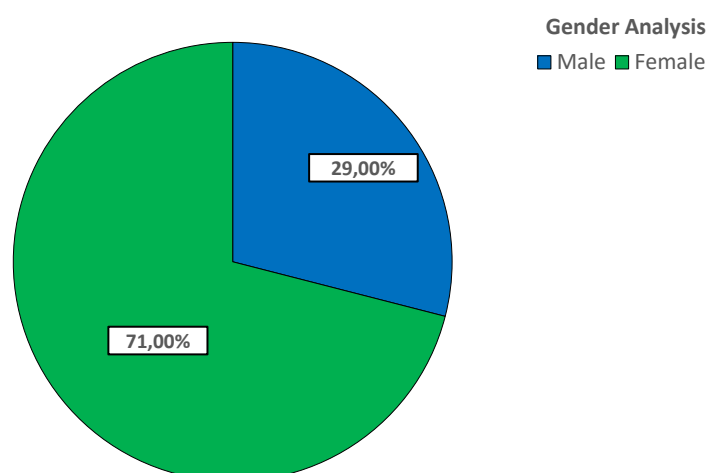


Figure 4.1: Gender analysis

In the findings, 74% of respondents were between the ages of 30 years and 49 years (Figure 4.2).

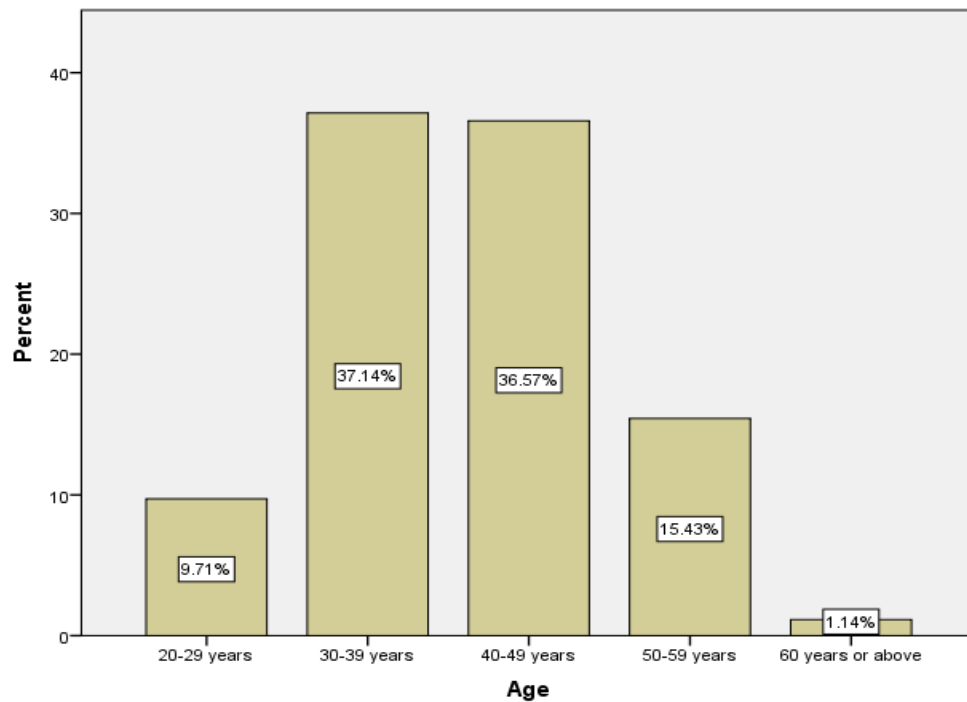


Figure 4.2: Distribution of age

When looking at the levels of responsibility, it was found that most of the participants (72%) were reporting directly to their line managers (Figure 4.3).

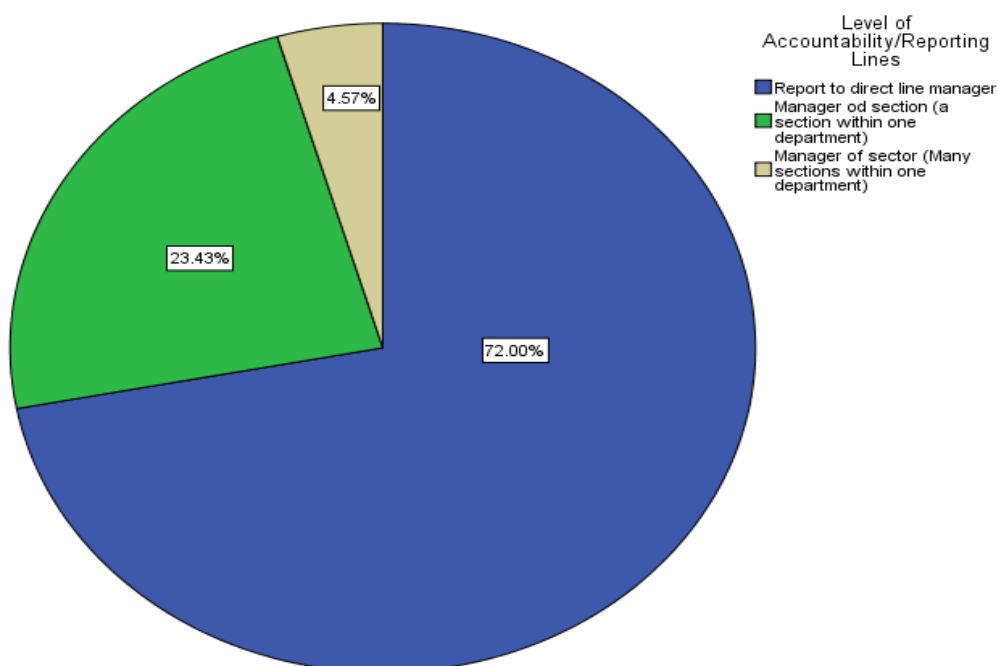


Figure 4.3: Level of accountability / reporting lines

In the results, it was found that more than a quarter (26%), of the participants were working more than 15 years at the university (figure 4.4).



Figure 4.4: Years employed in the organisation

According to the data received in respect of the job classification, more than two-thirds were from admin and professional support group (68%), see Figure 4.5.

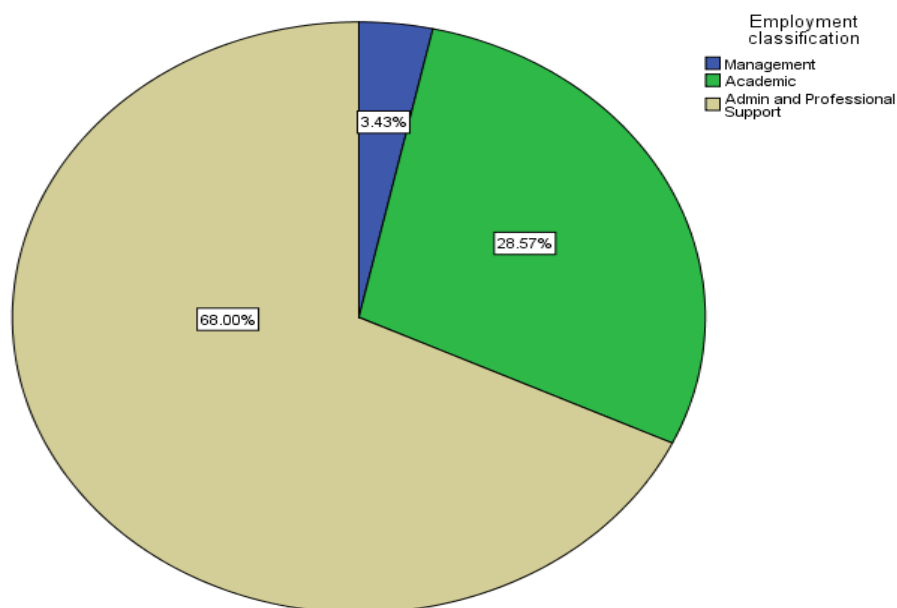


Figure 4.5: Job classification of the participants

Almost half of the participants were from Steve Biko campus (43%) followed by ML Sultan (30%).

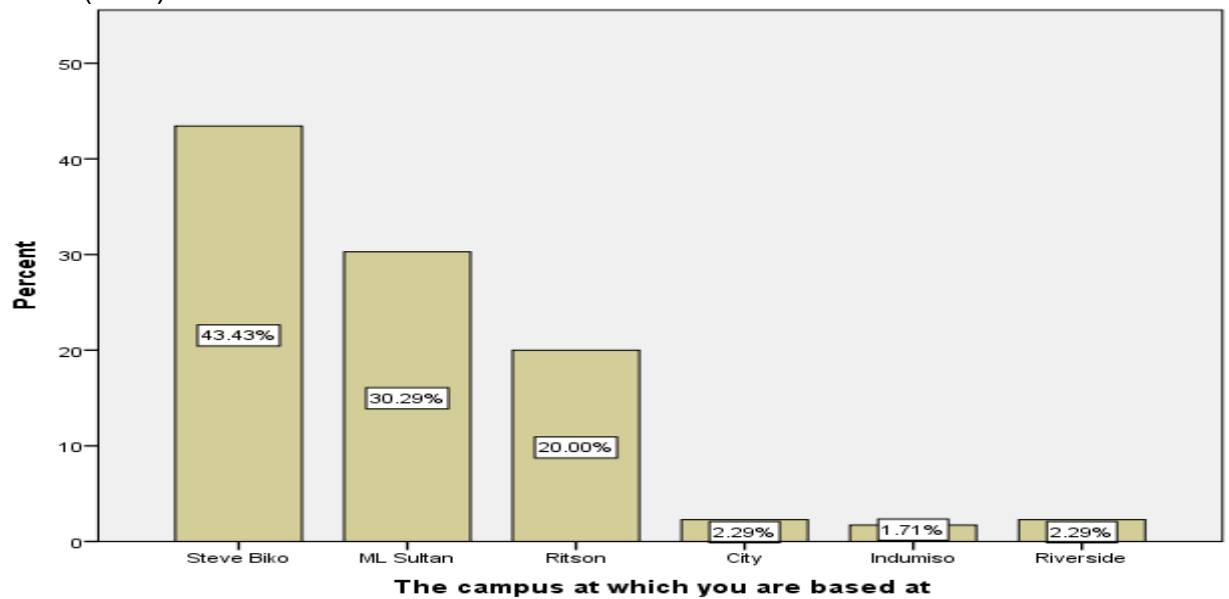


Figure 4.6: The campus the participants were based at

4.2.2 Information on workplace wellness factors

When asked about the awareness of the wellness program, 87% responded positively.

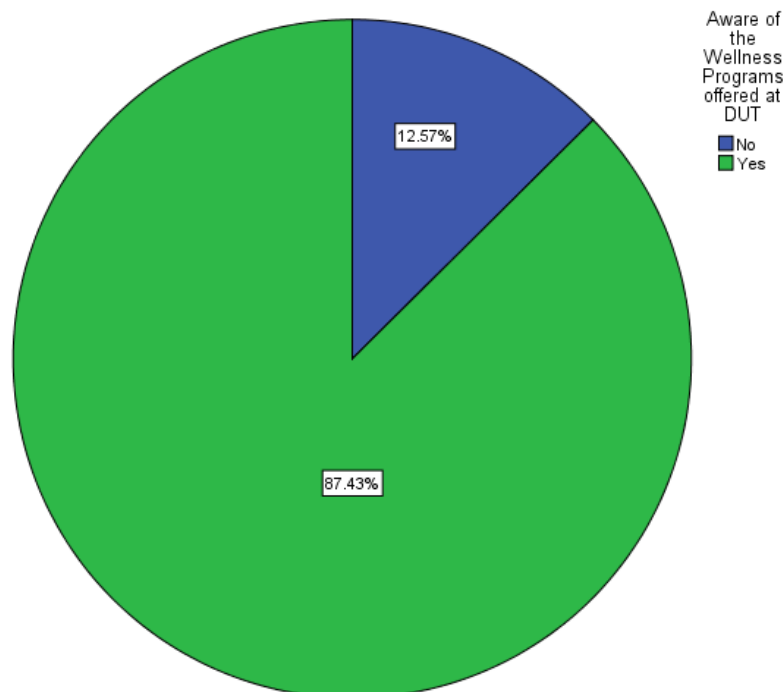


Figure 4.7: Awareness of wellness program at DUT

Among those who were aware of the wellness program, 88% participated in the wellness program.

Those who were aware of the wellness program were asked to indicate which items they were aware of. Results showed that employer subsidised medical plan was known by 40 participants followed by Access to Employee Wellness Specialist during business hours (n=39). Thirty-two participants knew about the annual wellness day at DUT. None of the participants knew about DUT's Employee Wellness Policy and Procedures which reflects lack of awareness amongst participants.

Table 4.1: Aware of the wellness instruments at DUT

Awareness of items	n	%
Employer subsidised medical aid plans	40	26,14
Access to Employee Wellness Specialist during business hours	39	25,49
Regular Presentations & Workshops on Health Initiatives	37	24,18
Employee Assistance Programs for alcohol and substance abuse	32	20,92
Free Confidential Counselling offered by the Wellness Specialist	32	20,92
On site Campus Clinics	32	20,92
Annual Wellness Day at DUT	32	20,92
Referrals to External Specialists post initial assessments by Wellness Specialist	27	17,65
DUT's Employee Wellness Policy and Procedures	0	0,00

When asked about the barriers to attend the wellness program, the top three barriers were found to be lack of management support, confidentiality concerns and lack of time.

Table 4.2: Barriers that prevent participation

Barriers	n	%
Lack of management support	69	45,10
Confidentiality concern	69	45,10
Lack of time	69	45,10
Lack of incentives	59	38,56
Pressurised work environment/job/portfolio	59	38,56
Inconvenient time	49	32,03
Inconvenient location (Campus site)	49	32,03
Low morale	38	24,84
Total Dis-interest	24	15,69
Poor communication/Marketing	15	9,80
Physical challenge	8	5,23

With regards to the effectiveness of the wellness program, most of the participants positively indicated that there were improvement in their staff members/colleagues physical wellbeing (83%), their work-life balance improve as a result of their participation in the wellness programs/counselling (81%), their energy levels and motivation improved (63%), their ability to manage stress improved (83%), their productivity and efficiency improved (80%), and their relationships (work and personal) improved (88%) by participating in the wellness program. Just over half of the participants (56%) indicated that lower absenteeism improved as a result of their participation in the wellness programs/counselling. When asked if the wellness program/counselling meet their expectations and it was beneficial to them, most of the participants responded positively (81% and 86% respectively).

Table 4.3: Effectiveness of the wellness program

Statements	No	Yes	Indifferent
4.1 By participating in the program/counselling did you notice any improvement in your staff members/colleagues physical wellbeing	0.0	82.5	17.5
4.2.1 Did exercising improve as a result of their participation in the wellness programs/counselling	22.7	30.9	46.4
4.2.2 Did healthy eating improve as a result of their participation in the wellness programs/counselling	11.3	45.4	43.3
4.2.3 Did their focus (work-life balance) improve as a result of their participation in the wellness programs/counselling?	2.1	81.4	16.5
4.2.4 Did their energy levels and motivation improve as a result of their participation in the wellness programs/counselling?	4.1	62.9	33.0
4.2.5 Did their ability to manage stress improve as a result of their participation in the wellness programs/counselling?	3.1	82.5	14.4
4.2.6 Did their productivity and efficiency improve as a result of their participation in the wellness programs/counselling?	3.1	80.4	16.5
4.2.7 Did their relationships (work and personal) improve as a result of their participation in the wellness programs/counselling?	3.1	87.6	9.3
4.2.8 Did lower absenteeism improve as a result of their participation in the wellness programs/counselling?	4.1	55.7	40.2
4.3 Did the wellness program/counselling motivate your staff/colleague?	3.1	82.5	14.4
4.4 Did the wellness program/counselling meet their expectations	0.0	81.4	18.6
4.5 Was the wellness program/counselling beneficial to them?	0.0	85.6	14.4

Motivating Factors:

Participants were asked to rank the most important factor which might have motivated them to participate in the wellness program. Rank one (1) was the most important and rank ten (10) was the least important. Since the data were ranked, weighted average was calculated to determine the most important factors. The lowest score was the most important factors. It was found that free health counselling and advice was the most important factor followed by awareness of their own health status as the motivating factor for the participants to participate in the

wellness programs. The least important factor was team gathering/meeting with rest of DUT community.

Table 4.4: Motivating Factors for participation in wellness programs

Motivating factor	1	2	3	4	5	6	7	8	9	10	WA
Awareness of their own health status	37.3	11.1	10.5	11.1	6.5	5.9	5.2	3.9	2.6	5.9	3.54
Management/Line Management	4.6	7.8	5.2	2.0	4.6	5.2	9.2	5.2	15.0	41.2	7.51
Hype around wellness day events, encourages participation	1.3	5.2	11.8	7.8	17.0	17.0	10.5	15.7	10.5	3.3	5.91
Motivated by fellow health conscious colleagues	1.3	3.3	2.0	19.0	9.2	11.8	20.3	17.6	9.2	6.5	6.37
Free annual health risk screenings and assessments	15.0	22.9	19.0	13.1	11.1	7.8	5.2	3.9	1.3	.7	3.59
Free health counselling and advice	17.0	22.2	21.6	9.2	9.2	11.1	6.5	2.0	1.3	0	3.48
Incentives offered at Wellness Day events	9.2	9.2	15.0	14.4	12.4	11.1	13.1	4.6	6.5	4.6	4.92
Self-health conscious desire	7.8	11.1	9.2	13.1	16.3	12.4	10.5	9.8	7.8	2.0	5.08
Team gathering/meeting with rest of DUT community	3.9	2.0	1.3	4.6	2.6	2.6	9.2	20.9	32.0	20.9	7.88
Wellness Specialist	2.6	5.2	4.6	5.9	11.1	15.0	10.5	16.3	13.7	15.0	6.74

The most important focus area was found to be stress management as this item had the lowest weighted mean score followed by relationship management (work and personal). The least focus area was considered to be HIV/AIDS counselling.

Table 4.5: Focus areas of the wellness programs

Focus areas	1	2	3	4	5	6	7	8	9	10	WA
Healthy eating plans	11.8	2.6	7.2	5.2	9.2	7.8	11.1	9.2	13.7	22.2	6.49
Fitness and exercising	.7	15.7	3.3	4.6	7.2	12.4	9.2	11.8	23.5	11.8	6.58
General health and psychologist counselling	13.7	5.9	17.6	14.4	13.1	9.2	9.2	9.8	2.6	4.6	4.68
Relationship Management (work and personal)	14.4	11.1	15.0	18.3	11.8	10.5	7.2	3.3	5.2	3.3	4.33
Stress Management]	17.0	20.3	20.9	9.2	15.0	6.5	4.6	4.6	1.3	.7	3.58
Alcohol and Substance Abuse	4.6	3.9	6.5	5.9	11.8	21.6	17.6	10.5	13.7	3.9	6.14
HIV/AIDS Counselling	4.6	5.9	3.3	7.2	3.3	10.5	19.6	19.0	12.4	14.4	6.78
Financial Counselling (debt management and fraud awareness	14.4	11.8	12.4	13.1	13.7	7.2	7.8	10.5	6.5	2.6	4.63
Depression	2.6	11.8	5.2	12.4	10.5	7.2	8.5	13.1	11.8	17.0	6.27
Work-life balance management programs	16.3	11.1	8.5	9.8	4.6	7.2	5.2	8.5	9.2	19.6	5.52

The researcher asked the participants opinion on DUT's wellness programs, initiatives and workshops. Results showed that most of the participants agreed or strongly agreed to the following items: well communicated and marketed to all employees (86%), has a positive effect on employees' well-being (85%), and educates employees on health and risk matters (88%) respectively. About 20% of the participants negatively reported that the wellness programs, initiatives and workshops were communicated and marketed to all employees.

Table 4.6: Opinion on DUT's wellness programs, initiatives and workshops

Opinion on DUT's Wellness Programs, initiatives and workshops	SA	A	ID	D	SD
Well communicated and marketed to all employees	30.7	55.6	7.8	3.3	2.6
Utilised optimally by employees requiring assistance	11.8	34.6	33.3	17.6	2.6
Adequate in addressing critical challenges faced by employees	13.1	43.8	34.6	7.8	.7
Addresses the employee needs timeously	10.5	45.1	36.6	5.9	2.0
Has a positive effect on employees well being	21.6	63.4	12.4	.7	2.0
Educates employees on health and risk matters	24.2	63.4	7.8	3.3	1.3
Increases employee motivation	14.4	55.6	24.8	3.3	2.0
Increases performance and productivity	15.0	51.0	28.1	3.3	2.6
Increases retention	9.2	33.3	47.7	6.5	3.3
Improves employees behaviour and lifestyle	14.4	62.1	17.0	3.9	2.6

Bivariate analysis was performed to find factors for awareness of the wellness program. It was found that years of employment at the institution was significantly associated with the awareness of the wellness program ($p < 0.01$). This meant that those who were employed more than five years were more likely to be aware then their counterparts. No other variables were associate with the awareness of the wellness program.

Table 4.7: Association between Awareness of the Wellness Programs offered at DUT with socio-demographic variables

Variables			Aware of the Wellness Programs offered at DUT		Chi-squared value	p-value
			No	Yes		
Gender	Female	Count	14	111	0.749	0.387
		Aware of the Wellness Programs offered at DUT	63.6%	72.5%		
	Male	Count	8	42		
		Aware of the Wellness Programs offered at DUT	36.4%	27.5%		

Variables			Aware of the Wellness Programs offered at DUT		Chi-squared value	p-value
			No	Yes		
Age	20-29 years	Count	5	12	8.311	0.081
		Aware of the Wellness Programs offered at DUT	22.7%	7.8%		
	30-39 years	Count	8	57		
		Aware of the Wellness Programs offered at DUT	36.4%	37.3%		
	40-49 years	Count	5	59		
		Aware of the Wellness Programs offered at DUT	22.7%	38.6%		
	50-59 years	Count	3	24		
		Aware of the Wellness Programs offered at DUT	13.6%	15.7%		
Level of Accountability/ Reporting Lines	Report to direct line manager	Count	19	107	2.929	0.231
		Aware of the Wellness Programs offered at DUT	86.4%	69.9%		
	Manager of section (a section within one department)	Count	2	39		
		Aware of the Wellness Programs offered at DUT	9.1%	25.5%		
	Manager of sector (Many sections within one department)	Count	1	7		
		Aware of the Wellness Programs offered at DUT	4.5%	4.6%		
How long have you been employed at DUT?	0-5 years	Count	16	30	30.558	<0.01
		Aware of the Wellness Programs offered at DUT	72.7%	19.6%		
	6-10 years	Count	1	38		
		Aware of the Wellness Programs offered at DUT	4.5%	24.8%		
	11-15 years	Count	1	43		
		Aware of the Wellness Programs offered at DUT	4.5%	28.1%		
	16-20 years	Count	1	26		
		Aware of the Wellness Programs offered at DUT	4.5%	17.0%		
	>20 years	Count	3	16		
		Aware of the Wellness Programs offered at DUT	13.6%	10.5%		

Variables			Aware of the Wellness Programs offered at DUT		Chi-squared value	p-value
			No	Yes		
Employment classification	Management	Count	1	5	0.255	0.880
		Aware of the Wellness Programs offered at DUT	4.5%	3.3%		
	Academic	Count	7	43		
		Aware of the Wellness Programs offered at DUT	31.8%	28.1%		
	Admin and Professional Support	Count	14	105		
		Aware of the Wellness Programs offered at DUT	63.6%	68.6%		

The present study did not find any socio-demographic variable that were significantly associated with participating in the wellness day ($p>0.05$).

Table 4.8: Association between participation in the Wellness Day with the existing socio-demographic variables

Variables			Ever participated in the Wellness Day or utilised any of the existing Wellness programs		Chi-squared value	p-value
			No	Yes		
Gender	Female	Count	15	96	0.504	0.594
		Aware of the Wellness Programs offered at DUT	78.9%	71.6%		
	Male	Count	4	38		
		Aware of the Wellness Programs offered at DUT	21.1%	28.4%		
Age	20-29 years	Count	2	10	4.805	0.308
		Aware of the Wellness Programs offered at DUT	10.5%	7.5%		
	30-39 years	Count	5	52		
		Aware of the Wellness Programs offered at DUT	26.3%	38.8%		
	40-49 years	Count	6	53		
		Aware of the Wellness Programs offered at DUT	31.6%	39.6%		
	50-59 years	Count	6	18		
		Aware of the Wellness Programs offered at DUT	31.6%	13.4%		
	60 years or above	Count	0	1		
		Aware of the Wellness Programs offered at DUT	0.0%	0.7%		

Variables			Ever participated in the Wellness Day or utilised any of the existing Wellness programs		Chi-squared value	p-value
			No	Yes		
Level of Accountability/ Reporting Lines	Report to direct line manager	Count	11	96	2.445	0.295
		Aware of the Wellness Programs offered at DUT	57.9%	71.6%		
	Manager of section (a section within one department)	Count	6	33		
		Aware of the Wellness Programs offered at DUT	31.6%	24.6%		
	Manager of sector (Many sections within one department)	Count	2	5		
		Aware of the Wellness Programs offered at DUT	10.5%	3.7%		
How long have you been employed at DUT?	0-5 years	Count	7	23	8.593	0.072
		Aware of the Wellness Programs offered at DUT	36.8%	17.2%		
	6-10 years	Count	2	36		
		Aware of the Wellness Programs offered at DUT	10.5%	26.9%		
	11-15 years	Count	3	40		
		Aware of the Wellness Programs offered at DUT	15.8%	29.9%		
	16-20 years	Count	3	23		
		Aware of the Wellness Programs offered at DUT	15.8%	17.2%		
	>20 years	Count	4	12		
		Aware of the Wellness Programs offered at DUT	21.1%	9.0%		
Employment classification	Management	Count	2	3	4.895	0.086
		Aware of the Wellness Programs offered at DUT	10.5%	2.2%		
	Academic	Count	7	36		
		Aware of the Wellness Programs offered at DUT	36.8%	26.9%		
	Admin and Professional Support	Count	10	95		
		Aware of the Wellness Programs offered at DUT	52.6%	70.9%		

4.3 Chapter summary

The findings reflect the current awareness and utilisation rates of wellness programs at the university. It also provides the link from the different demographic sectors at the university.

The results will aid the researcher with information to understand and correlate the findings related to wellness programs and their impact at the Durban University of Technology.

The results from the data provides the researcher with information on the following areas which directly addressed the objectives of this study:

- Awareness of wellness programs at the university.
- Utilisation rate of current wellness programs at the university.
- Barriers to wellness programs at the university.
- The impact and effectiveness of wellness programs at the university.
- Motivating factors for wellness programs at the university.

The results from this chapter provides the background for discussion in the next chapter.

CHAPTER FIVE: DISCUSSIONS

5.1 Introduction

In this chapter the researcher provides the discussion on the results that has been presented in the previous chapter.

There were two parts in the electronic questionnaire, part one endeavoured to obtain biographic and demographic information in terms of the respondents, gender, age, levels of accountability, length of service, employment classification and campus location.

Part two of the electronic questionnaire endeavoured to obtain information on awareness of the wellness programs, utilisation rates, reason for participation, the barriers to participation in wellness programs felt by the respondents, the factors the respondents considered as motivating factors of wellness programs and the current impact and effectiveness of wellness programs at DUT.

In this chapter the researcher provides discussion on the results and the link to the objectives of the study and literature on the subject matter.

5.2 Response rate

As stated in chapter three, stemming from the large size of the university population, the researcher used simple random and cluster sampling to ensure a better broader a more generalisation of findings for this study, Sekaran and Bougie (2013).

One questionnaire was compiled for all employees to respond too as Langley (1999), stated "Employee assistance programmes recognises that employees start from the CEO to the lowest paid employee in a company and, as such, considers all employees as equal".

The total sample size for this study was 260. The online/electronic questionnaire was sent various times to ensure full participation of selected employees in the sample size, however only 173 responses were finally received.

The response rate could be attributed to various aspects as identified in the literature review of this subject matter in chapter two. This may include confidentiality and

anonymity concerns, although this was cleared upfront via the informed consent declaration prior to the questionnaire.

Time constraints could possibly be another factor in the response rate and this may be especially at the managerial and senior managerial levels.

The access to computers in the workplace may also be seen as a hindering factor in terms of the response rate. Although all employees have email addresses, some lower skilled employees may not have direct access to computers.

Another important factor the researcher should have considered to increase participation rate could have been linking participation to incentives, as we have noted from the literature that even participation in wellness programs is somewhat also driven positively by the inclusion of incentives.

5.3 Demographics as per respondents

Chapter four provided the demographic findings received from the respondents in terms gender, age, level of accountability, length of service job classifications and campus locations.

5.3.1 Gender

Whilst transformation and employment equity are being addressed by the university, as identified in the university's plans, it was interesting to note that majority of the respondents were females. The need for revised workplace wellness programs is evident as employment equity issues and transformation changes may also be addressed via structured wellness programs. The literature does not directly address the aspect of whether or not females are more open to workplace wellness programs or whether males' participation in workplace wellness initiatives are minimal. This seems to be a grey area and opens up an area for further in depth research and analysis.

5.3.2 Age

The information on the age distribution amongst the respondents for this study did prove that this was a meaningful study that spanned across all levels of age categories and provides a better contribution in the study.

It was found that respondents that were older were more aware of wellness programs offered at the university.

5.3.3 Level of accountability

Findings in chapter four reflected that 72% of the respondents reported directly to line managers whilst, 23.43% responses were received from managers of sections and only 4.57% responses were received from managers of sectors.

The university structures are hierarchical and has various levels of reporting, however, core operations reports directly to line managers and that is the area in which wellness programs are impactful in curbing absenteeism, and can be utilised to positively affect performance and increase productivity as per the literature review from chapter two of this study.

5.3.4 Length of service

The length of service of the respondents can be indicative of the workplace environment to assess whether or not the university requires to create more effective wellness programs to motivate and retain talented and loyal employees.

The findings in this study reflected that the length of service from respondents was a good spread ranging from 26.29% below 5 years of service, 22.29% between 6 to 10 years of service, 25.14% between 11 to 15 years of service, 15.43% between 16 to 20 years of service and 10.86% above 20 years of service.

The findings could therefore suggest that the university workplace wellness programs do not need to be specifically designed to target retention of loyal employees. However, to obtain a clearer picture on retention, turnover statistics could be assessed as well.

The findings from this study can be interpreted to represent workforce stability at the university.

5.3.5 Job classifications

The questionnaire included three employment classification categories, namely, management, academic and administrative and professional support. The vast majority of respondents were from the admin and professional support category.

This is not alarming as the university employees normally appoint one third academics for their core function and then support their core with the services of management, administrative and professional support employees to achieve their goals and objectives.

However, the university needs to ensure it caters for workplace wellness programs for all three employment classification categories as needs of Management will vary from academic employee needs which will also vary from the needs of administrative and professional support employees.

5.3.6 Campus location

Majority of the respondents indicated that they were at the Steve Biko campus at DUT, followed by ML Sultan and Ritson campuses.

This could be attributed to many factors, firstly the Steve Biko is the main campus of the university with the majority of employees based on this campus, followed by ML Sultan and thereafter, the Ritson campus which directly matches the responses received. Secondly, the Steve Biko campus is also the location of the Wellness Specialist's office and the campus clinic. Thirdly, the main campus is where majority of the workplace wellness campaigns, workshops and events take place.

Limited workplace wellness programs take place at the Riverside and Indumiso campuses based in Pietermaritzburg whilst no workplace wellness programs take place at the City campus of the university due to the limited number of employees based at these campuses.

This is important to note, as per the literature, employees will engage more in workplace wellness programs if it is easily accessible to them. The university needs to consider having more workplace wellness programs on all the campuses to cater for their employees on-site needs.

5.3.7 Gaps demographic information

Some areas within the demographics that the researcher could have considered and explored would have been information on marital status of respondents, income levels/categories of respondents, information on family size or their dependents as

well as the preferable language needs of respondents. These areas have also been identified in earlier literature findings which may also affect performance and productivity in the workplace.

Meyers (1984), cautioned that challenges in the employees' family life could "spill over into the workplace" and therefore employers should take cognisance of this when designing and or structuring workplace wellness programs for a target set of employees.

Apart from the impact of these demographics on performance and productivity, it would have been interesting to analyse if the university employees were reliant on workplace wellness programs for primary health care as well, as health care costs are escalating in the face of inflation.

Further, the insight in terms of preferred language categories could have assisted in determining the need for workplace wellness programs to be offered in different home languages to benefit employees of the university, especially semi-skilled workers where they may grapple with programs delivered in English only.

However, it should be noted that although the other demographic information categories have been mentioned above under 5.3.6, it was not part of the objectives of this study but could be considered in further studies of this nature.

5.4 Awareness of wellness programs

Whilst 87.43% were well aware of the wellness programs offered at DUT, 12.57% stated that they were not aware. This relates back to the literature in which we found that awareness increases participation levels. The university therefore needs to embark on better communication drives to ensure all employees are made aware of the workplace wellness programs and the assistance provided by the on-site Wellness Specialist.

When the respondents were requested to list the wellness instruments that they were aware of at DUT, it was disappointing to note that none of the respondents were aware that the university had a policy on employee wellness and procedures related to employee wellness.

The instrument that was well known by the respondents was the employer subsidised medical aid plans and this could be attributed to the fact that this is listed on their appointment letters and it was compulsory that the employee belonged to a medical aid scheme.

It is evident in the findings in this study that the respondents are all not fully aware of the on-site campus clinic offered by the university. The presence of this facility needs to be brought to the attention of all employees, perhaps in their orientation or induction courses, as this will help the university manage costs and provides convenience for employees.

Respondents that were aware of wellness programs at the university seemed alert of some of the wellness instruments at DUT but were not aware of all the instruments as listed in the questionnaire that were provided by the university.

5.5 Utilisation rate of current wellness programs

The findings in chapter four reflect that the current workplace wellness programs are under-utilised at the university as not all employees are aware of all the wellness instruments. This aspect also directly relates to the marketing and awareness of wellness programs which affect the utilisation rates of the programs, as identified in the literature review.

Whilst confidentiality concerns may be of concern for the use of the Wellness Specialist and external referrals facilities offered by the university, the utilisation rates for the other wide variety of workplace wellness programs in this study is poor and low.

More marketing and communication needs to be done by the university to alert employees to the current workplace wellness instruments that will benefit them. Employees need to be made aware of the benefits that they could derive from the wellness programs which was found in the literature review that included reduction in depression and stress levels, increased job satisfaction, increased physical and mental health.

Employees must also be informed of the financial and time savings gained from utilising in-house wellness instruments for their personal health care; such as the on-

site clinic facilities, free and confidential counselling offered by the Wellness Specialist, referrals to external specialists at the university's expense and education on health matters and associated preventative measures or related resolutions thereof.

As identified in the literature review from chapter two, the university will benefit from ensuring higher utilisation of the workplace wellness programs by their employees, as it will lead to lower absenteeism levels and will increase productivity and performance from gaining on lost time out of their work stations. The literature also stated that healthcare costs will be reduced from effective workplace wellness programs, which the university should be made aware of.

5.6 Barriers that prevent employees' participation in wellness programs

The three highest findings identified by the respondents in terms of barriers to wellness programs at the university concurs with literature on this subject matter.

The findings reflected that lack of management support, confidentiality concerns and lack of time were the main barriers that prevented employees from participating in the workplace wellness programs offered at DUT. This was followed by lack of incentives and pressurised working environment/portfolios.

The literature also identified the similar barriers listed from respondents including funding monitoring mechanisms, assessment tools and size of company. The researcher did not include the latter elements in the questionnaire however, it would have been insightful to have found out, if provided with a tick-box to list other barriers, whether or not the employees from DUT would have enlisted the latter elements that were also identified in the literature.

5.7 The impact and effectiveness of wellness programs

Information received from respondents reflected highly positive impact of workplace wellness programs at the university. Respondents could state yes or no or remain indifferent when answering the questionnaire in respect of questions related to the impact and effectiveness of the wellness programs.

The workplace wellness programs at the DUT are highly effective in the following areas which received positive feedback of 80% and greater, i.e.: improvement in physical well-being, work-life balance, productivity and efficiencies, ability to manage stress levels and relationship management. This concurs accurately to the literature findings on this subject matter as well. The university needs to ensure they maintain this effectiveness levels which will also impact their sustainability and corporate image.

The areas of concern indicated in the findings of this study were exercising and healthy eating plans. DUT needs to design more effective wellness programs to aid employees in deriving benefits from exercising and eating healthy.

5.8 Motivating factors for wellness programs

Respondents ranked a list of ten factors from one to ten in the order they perceived as the most important to least important. The factors were pre-determined by the researcher to assess the most important motivating factors as identified by the employees at DUT.

The top three motivating factors as per the respondents in order of priority were found to be free health counselling and advice, awareness of their own health and free annual health risk screenings and assessments. This is true to the literature findings as well.

Counselling and advice as well as health risk screenings and assessments are costly and it can be seen that the respondents that are aware of the workplace wellness program offerings views these services as motivating factors for participation. This goes back to the theory related to the positive role that incentives play in participation and utilisation of wellness programs.

Team gathering and meeting the rest of the DUT community at wellness events and initiatives was seen as the least motivating factor, this relates directly to the importance of wellness programs which is more than team building exercises as the respondents recognise that it affects their health and well-being, which is taken seriously at the DUT.

The information also reflects that Line Management support at the DUT was seen as the second last motivating factor. Management at the university should address such

concerns and ensure this gap is closed in the near future as it will impact negatively on performance and productivity.

5.9 Focus areas for wellness programs

Respondents were requested to rank ten programs used at DUT from most important to least important which was then measured. The most important focus area as identified by the respondents was stress management followed by work and personal relationship management and thereafter financial counselling which included debt management and fraud awareness. Whilst, the least important was HIV/AIDs counselling.

This was important to note as traditionally workplace wellness programs dealt mainly with alcohol and substance abuse and then branched further into HIV/AIDS counselling. However, in the recent era workplace and employee stress has been identified to be increasing amongst employers.

DUT Management should look into their current workplace wellness programs and assess whether or not it could assist employees in terms of the focus areas identified. The should consider the design or re-design specific programs to combat employee stress, aid employees with work and personal relationship management problems and provide financial planning and counselling programs or offer debt reconciliation services on campus to assist their employees.

5.10 Opinions from respondents on workplace wellness

The researcher wanted to establish the respondents' opinions on the wellness programs, initiatives and workshops offered by the university. The researcher provided the respondents with ten questions and required the respondents to state whether they strongly agreed, agreed, strongly disagreed, disagreed or remained indifferent in their response to the statements.

From the respondents that were aware of the DUT's wellness programs, it was found that the wellness programs at the DUT were well communicated and marketed and therefore had a positive effect on employees' well-being and was seen to be educating employees on health and risk matters.

The findings in this study directly correlated back to the literature review and holds true to the research findings from other scholars on this subject matter as well.

There were indifference responses received in terms of whether or not the wellness programs impacted retention, and this can be attributed from the fact that majority of the respondents were not line managers to appropriately assess this factor.

5.11 Chapter summary

In this chapter the researcher discussed the findings as illustrated in chapter four and related it back to the university environment and the objectives of this study. The researcher also linked it back to the literature review as provided in chapter two and also identified some areas for improvements for future studies of this nature.

Key aspects of opinions of the respondents directly correlated back to the literature and concurred with majority of the findings from previous scholars. As per respondents the impact of the programs at the DUT led to lower levels of stress, higher energy levels, improved efficiencies, lowered absenteeism levels and increased productivity. These were seen as motivational and beneficial to the respondents of this study at the DUT.

Whilst there was an awareness of the workplace wellness programs at the university, more could be done in terms of marketing and communicating the benefits of the wellness programs to increase participation and utilisation rates.

Wellness programs at the university should be designed and aligned to the current needs and requirements of the employees. It is important to note that stress was identified as a major concern from majority of respondents.

The impact and benefit obtained from employees that participate in the wellness programs was seen to be positively skewed which would only benefit both parties, the employer and employees at the university.

Line Management support and encouragement is required as well as, increased active participation from Management and academic sector employees.

The aforementioned findings have addressed the objectives of this study which have been discussed in line with the respective findings that the researcher embarked to obtain from the questionnaire.

The next chapter considers recommendations, limitations of the study and provide the conclusion of this study.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter provides the conclusions and recommendations of this study. The researcher also considers the implications and limitations of this study and provides recommendations for future studies as well.

6.2 Conclusions

The researcher aimed to find the following from this study:

- determine the awareness, characteristics and utilisation of wellness programs at DUT,
- establish the effects of the impact of wellness programs on the overall well-being of the employee, performance levels and productivity,
- assess the role of incentives in wellness programs and,
- determine key drivers and success elements for a holistic integrated wellness program at the university.

As depicted and informed by the results and discussions in prior chapters, the researcher was able to meet the objectives of this study.

The information obtained via this study could aid the university in considering marketing campaigns that will increase awareness and more impactful utilisation of the current programs by employees, i.e.: academic, management and administrative and support employees across all campus locations.

Whilst the wellness programs seem to be effective at the university, these programs should be continuously re-aligned to current workplace stressors and aid in ensuring performance standards are not dropped and productivity levels are maintained at a high standard.

The study did reflected that there were limited incentivising methods at the university in the form of free counselling and health screenings, which were seen to be the higher elected motivating factors in this study.

The focus areas as per respondents in the study provided information which the university could utilise in ensuring that the workplace wellness programs covers all aspects of employee wellness including high impactful areas.

Lastly, the opinions of the current programs are reflective of the success elements of workplace wellness at the university.

6.3 Implications of the study

This study implied that there are current workplace wellness programs at the university which are utilised by the employees; however, not all employees are aware of all instruments offered by the wellness programs.

Although the university wellness programs are seen to be effective for the respondents that knew of them and utilised them, more could be done in terms of the awareness and focus of the wellness programs.

The findings also provided information on the barriers which suggests an area for improvement by the university. The barriers to the wellness programs that were identified were surprisingly linked to literature being, lack of management support, confidentiality concerns and lack of time.

6.4 Limitations of the study

Many studies have produced a wealth of information on wellness programs measuring different aspects. However, scholars have not produced many studies and results thereof on workplace wellness at Universities in South Africa.

The universities core function was and presently is academia and therefore majority of their resources are utilised in this area. Due to funding limitations, costs spent on workplace wellness programs and interventions are limited at universities. Universities in South Africa are not companies or organisations reliant on profits, apart from their main source of funds from the state, they are also required to generate funding from various other initiatives including national and international sponsorships, and third stream income avenues.

Literature and studies from prior scholars have not provided innovative methods to

support universities is ensuring the sustainability of effective workplace wellness programs.

The researcher felt that another limitation was the approach. The researcher considered that perhaps a quantitative and qualitative approach could have been adopted in this study or future studies of this nature to assess information from interviews with the Wellness Specialist and Management and willing employees or participants.

Resulting from this study, the researcher is of the opinion that the electronic survey could have limited the response rate. The sample size is reflective of the population however, the researcher feels this was one of the limitations in this study which could have been wider to obtain a higher response rate.

A different approach or a mixed approach could have been adopted ensuring anonymity and confidentiality were also maintained.

Further, confidentiality was seen to be one of the major stumbling blocks in gathering of information, as respondents stated this was one of the barriers as well. In an electronic/online environment, semi-skilled and lower-skilled employees do have concerns of whether or not their responses could be tracked on-line.

6.5 Recommendations to solve research problem

The researcher has found that much more in depth analysis could be done to assist the university in re-aligning their current workplace wellness

The researcher believes that the University Management could consider the following recommendations from this study:

- Conduct an in-depth needs analysis that will aid in creating a better foundation for re-aligned and more effective employees wellness programs. This should be a 360 degree measurement, considering aspects from management, employees, wellness specialist and counsellors/wellness service providers that the university utilises.
- The current wellness policy and procedures should be revisited to consider the holistic approach to workplace wellness. The issues of

confidentiality must be addressed in these instruments and these should also be approved and implemented as soon as possible.

- Actively promote workplace wellness programs themselves, as the drivers of such in the university which will encourage participation and remove the perceptions of lack of management support.
- Increase awareness via effective marketing campaigns and communications.
- Ensure all resources are in place for workplace wellness programs ranging from funding of programs to incentives, which may not necessary be monetary, it could be other innovative incentives linked to wellness.
- Have measures in place to monitor, assess and evaluate the wellness programs to measure the impact, effectiveness and success thereof.

The researcher also believes that the employees at the university could consider the following recommendations from this study:

- Employees to be more trusting of participation in these wellness programs by also ensuring and promoting their own confidentiality.
- Employees to ensure they are aware of their health and well-being needs and make use the programs that could assist them in terms of their individualised needs.
- Employees to also be promoters of wellness programs to their colleagues and fellow employees at the university.

Another recommendation will be to ensure the presence of the Wellness Specialist is on all campuses throughout the year and workplace wellness programs and interventions are spread across all the university campuses, not limited to the main campus and surrounding two campuses only, to ensure all employees are treated fairly and equally.

6.6 Recommendations for future studies

Many studies have been conducted on corporate organisations and universities abroad on employee wellness and workplace wellness, however, employee needs and requirements are changing from the millennials era at the workplace and is now rapidly moving into the “gen Z” era. Therefore, workplace wellness programs need

to be continuously re-aligned and agile enough to assist the employees across demographic categories whilst maintaining the required effectiveness.

Stemming from the findings of this study, the researcher believes the following recommendations could be considered for future studies for universities in South Africa:

- Studies focusing on the relation and impact of other demographic criteria, including income levels and job levels.
- Studies with a more diverse sample group that equally represent the current gender split as well as job classification levels at the university.
- Studies that considers and contrasts both the positive and negative impact of wellness programs at universities.
- Qualitative studies that provides an analysis of current challenges faced by employees and managers that are not being addressed by current wellness programs at the universities.
- Studies that measure the effectiveness of wellness programs across universities in South Africa of similar size and complexity, to gather information whether or not they all are facing similar challenges and how they are able to assist and deal with these; whilst, facing financial constraints and limited income funding from the government.

6.7 Chapter summary

This chapter provided a conclusion to this study, which was a study on the Use of Wellness programs at a University in South Africa; with the Durban University of Technology being selected, as the University for this study.

The researcher firmly believes that the data collected in this study provided the information to answer the research problem.

The researcher also took into consideration the limitations of this study and provided recommendations from this study and for future research purposes.

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SURVEY ON THE USE OF WELLNESS PROGRAMS

Dear Respondent

INFORMED CONSENT FOR THE SURVEY ON THE USE OF WELLNESS PROGRAMS

A research study is being conducted by myself, as I am currently completing a Masters Degree in Business Administration at the University of KwaZulu-Natal.

The purpose of the research is to evaluate the Use of the Wellness Programs a University in South Africa. The University selected for this study is the Durban University of Technology (DUT). This study will be conducted in a confidential manner, it is anonymous and your identity will be protected. This study has been approved by the Research offices at DUT and UKZN.

The reason for conducting this research is to establish a healthy work environment at the university by assessing the current wellness programs in place and checking whether they are effective or not in relation with the emerging trends and current best practice.

In recent years workplace wellness has become a new focus area for improvement to enable higher performance, increased productivity and can provide companies with a competitive advantage. Workplace wellness can also be used to drive human resources strategy and employee engagement. Therefore, this study focuses on the effectiveness of the wellness programs at DUT.

The objectives of this research are as follows:

1. To determine the awareness, characteristics and the utilization of current workplace wellness programs at the university.
2. To establish the effects of the impact of the wellness programs on the overall well being of the employee, performance levels and productivity.
3. To assess the role of incentives in wellness programs.
4. To determine the key drivers and success elements for a holistic integrated wellness program at the university.

As an employee at DUT, you are requested to participate in this study. It will involve completing a questionnaire, which includes the completion of biographical information and ranking scale questions. Data collected will be used for this study purposes only and will be stored in secure storage and disposed after a period of five years.

Participation in this study is voluntary. If you choose not to participate in the study you will not be penalised in any way.

This survey will take approximately 10 minutes.

You may contact me for further information or clarity, my details are as follows:

Email : Vadhashnee@gmail.com
Cell : +27 74 400 0554

My supervisor is Dr ME Hoque (Senior Lecturer at Graduate School of Business at UKZN).

Email : hoque@ukzn.ac.za
Telephone : +27 31 260 8690

Thank you for your contribution to this study, your input would be greatly appreciated.

INFORMED CONSENT DECLARATION

If you agree to voluntarily participate in this research study, please give your consent by marking the boxes below with a cross in the appropriate box.

I confirm that I have read the information above and that I understand my participation in this study is voluntarily:

YES

☐

NO

☐

Herewith I agree to participate in this study:

YES

☐

NO

☐

QUESTIONNAIRE – PART ONE

Please answer the following questions by placing a cross in the appropriate block.

1. Gender

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

2. Age

<input type="checkbox"/>	20 - 29 years
<input type="checkbox"/>	30 - 39 years
<input type="checkbox"/>	40 - 49 years
<input type="checkbox"/>	50 - 59 years
<input type="checkbox"/>	60 and over

3. Level of Accountability/Reporting Lines

<input type="checkbox"/>	Reports to direct Line Manager
<input type="checkbox"/>	Manager of section (a section within one Department)
<input type="checkbox"/>	Manager of sector (many sections within one Department)
<input type="checkbox"/>	Manager of sectors (many Departments with Faculty)

4. How long have you been employed at DUT?

<input type="checkbox"/>	0 - 5 years
<input type="checkbox"/>	6 - 10 years
<input type="checkbox"/>	11 - 15 years
<input type="checkbox"/>	16 - 20 years
<input type="checkbox"/>	>20 years

5. What is your employment classification?

<input type="checkbox"/>	Management
<input type="checkbox"/>	Academic
<input type="checkbox"/>	Admin & Professional Support

6. Please select the campus at which you are based at:

<input type="checkbox"/>	Steve Biko
<input type="checkbox"/>	ML Sultan
<input type="checkbox"/>	Ritson
<input type="checkbox"/>	City
<input type="checkbox"/>	Indumiso
<input type="checkbox"/>	Riverside

QUESTIONNAIRE – PART TWO

1. Are you aware of the Wellness Programs offered at DUT?

	Yes
	No

If Yes, please continue, if NO, please stop at this question.

2. I am aware of the following Wellness instruments at DUT:

Please answer the following questions by placing a cross in the appropriate block/s, you may cross more than one block.

	DUT's Employee Wellness Policy and Procedures
	Employer subsidised medical aid plans
	Access to Employee Wellness Specialist during business hours
	Free Confidential Counselling offered by the Wellness Specialist
	Employee Assistance Programs for alcohol and substance abuse
	Referrals to External Specialists post initial assessments by Wellness Specialist
	Annual Wellness Day at DUT
	Regular Presentations & Workshops on Health Initiatives
	On site Campus Clinics

3. Have you ever participated in the Wellness Day or utilised any of the existing Wellness programs?

	Yes
	No

If yes, please complete the table below, if not, skip to question 4.

Please answer the following questions by placing a cross in the appropriate block.

	Yes	Indifferent	No
3.1 By participating in the program did you experience an improvement in your physical well being?			
3.2 Which of the following behaviours improved as a result of your participation in the wellness programs:			
• Exercising			
• Healthy Eating			
• Focus (work-life balance)			
• Energy levels			
• Ability to manage stress			
3.3 Did the wellness program motivate you?			
3.4 Did the wellness program meet your expectations?			
3.5 Was the wellness program beneficial to you?			

4. Have any of your staff or colleagues participated in DUT's Wellness Programs or was referred to the Wellness Specialist for assistance and support?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please complete the table below, if not, skip to question 5.

Please answer the following questions by placing a cross in the appropriate block.

	Yes	Indifferent	No
4.1 By participating in the program/counselling did you notice any improvement in your staff members/colleagues physical well being?			
4.2 Which of the following behaviours improved as a result of their participation in the wellness programs/counselling:			
• Exercising			
• Healthy Eating			
• Focus (work-life balance)			
• Energy levels and motivation			
• Ability to manage stress			
• Productivity and efficiencies			
• Relationship (work and personal)			
• Lower absenteeism			
4.3 Did the wellness program/counselling motivate your staff/colleague?			
4.4 Did the wellness program/counselling meet their expectations?			
4.5 Was the wellness program/counselling beneficial to them?			

5. Which of the following can be seen as barriers that prevent employees from participating in wellness programs and initiatives?

Please answer the following questions by placing a cross in the appropriate block/s, you may cross more than one block.

<input type="checkbox"/>	Inconvenient time
<input type="checkbox"/>	Inconvenient location (campus site)
<input type="checkbox"/>	Lack of time
<input type="checkbox"/>	Privacy – employees do not want the employer involved in their personal health
<input type="checkbox"/>	Confidentiality concerns
<input type="checkbox"/>	Lack of Management support
<input type="checkbox"/>	Pressurised work environment/job/portfolio
<input type="checkbox"/>	Lack of incentives
<input type="checkbox"/>	Physical Challenges
<input type="checkbox"/>	Poor communication/marketing for wellness programs and initiatives
<input type="checkbox"/>	Low morale
<input type="checkbox"/>	Total Dis-interest

6. What motivates employee participations in wellness programs?

Please answer the following questions by ranking in terms of most important being number one and least important number ten.

	Awareness of their own health status
	Management/Line Management
	Hype around wellness day events, encourages participation
	Motivated by fellow health conscious colleagues
	Free annual health risk screenings and assessments
	Free health counselling and advice
	Incentives offered at Wellness Day events
	Self-health conscious desire
	Team gathering/meeting with rest of DUT community
	Wellness Specialist

7. The most important wellness focus areas for DUT employees are:

Please answer the following questions by ranking in terms of most important being number one and least important number ten.

	Healthy eating plans
	Fitness and exercising
	General health and psychologist counselling
	Relationship Management (work and personal)
	Stress Management
	Alcohol and Substance Abuse
	HIV/AIDS Counselling
	Financial Counselling (debt management and fraud awareness)
	Depression
	Work-life balance management programs

8. Please cross the relevant block which best reflects your opinion on DUT's Wellness Programs, initiatives and workshops:

	Strongly Agree	Agree	In-different	Disagree	Strongly Disagree
8.1 Are well communicated and marketed to all employees					
8.2 Are utilised optimally by employees requiring assistance					
8.3 Are adequate in addressing critical challenges faced by employees					
8.4 Addresses the employee needs timeously					
8.5 Has a positive effect on employees well being					
8.6 Educates employees on health and risk matters					
8.7 Increases employee motivation					
8.8 Increases performance and productivity					
8.9 Increases retention					
8.10 Improves employees behaviour and lifestyle					

Thank you participating in this survey, your input is valuable and greatly appreciated.