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DEVELOPMENT OF A HOLISTIC WELLNESS MODEL FOR MANAGERS IN TERTIARY INSTITUTIONS

By

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DECLARATION

I hereby declare that the "DEVELOPMENT OF A HOLISTIC WELLNESS MODEL FOR MANAGERS IN TERTIARY INSTITUTIONS" is my own work and that all the sources that I used or quoted were indicated with complete references and acknowledgements.

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SIGNATURE
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SUMMARY

DEVELOPMENT OF A HOLISTIC WELLNESS MODEL FOR MANAGERS IN TERTIARY INSTITUTIONS

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PETRUS ALBERTUS BOTHA

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DEGREE: PHILOSOPHIAE DOCTOR (Organisational Behaviour)

Research into wellness literature identified the existence of various wellness models consisting of multiple dimensions, and found different relationships between these dimensions. In an attempt to expand on the theory of wellness, this study determined the wellness behaviour and health risk profile of managers at two South African higher education institutions.

A sample of 89 managers from two South African universities, a traditional academic university and a technology university, was used in the study. The sample comprised 40.45% respondents from the academic university and 59.55% from the technology university. Females accounted for 31.5% of the sample, while males accounted for 68.5%.

The Pearson product moment correlation coefficient was used to determine the relationship between the wellness behaviour levels and the health risk scores of managers. The results suggested that there were no significant correlations between the mean physical fitness and nutrition, medical self-care, safety, environmental wellness, social awareness, intellectual wellness, spirituality and values sub-dimensions and the health risk scores of managers. However, there was a significant negative relationship between sexuality and emotional awareness and the health risk scores. The negative correlation indicated that, with an increase in the sexuality and emotional awareness level, there would be a decrease in the health risk. There was a small negative relationship between emotional management and the health risk score. The low negative correlation indicated that with an increase in the emotional management level, there would be a decrease in the health risk. There was also a negative relationship between occupational wellness and the health risk score. The low negative correlation indicated that with an increase in the occupational wellness levels, there would be a decrease in the health risk.

T-tests were used to determine the relationship between the mean wellness behaviour levels and mean health risk scores of managers at the academic university and technology university, heads of academic departments and directors of support services, female and male managers, post-graduate and PhD graduate managers.The results indicated that there were no significant differences in the mean wellness behaviour levels and mean health risk scores of managers at the

academic university and technology university, heads of academic departments and directors of support services, female and male managers, post-graduate and PhD graduate managers. Thus, the null hypotheses postulating that there is no significant difference between the mean wellness behaviour levels and mean health risk scores of managers at the academic university and technology university, heads of academic departments and directors of support services, female and male managers, post-graduate and PhD graduate managers, could not be rejected. A one-way analysis (ANOVA) was conducted to determine the difference between the wellness behaviour levels and the mean health risk scores of the three age groups used in this study. The results indicated that the means of the three age groups did not differ significantly.

A wellness prediction model could not be used to measure wellness against the eleven independent variables.The data was of such a nature that a linear regression model could not be used, as the variables were not normally distributed. Therefore, the null hypothesis postulating that it is not possible to use a wellness prediction model as a holistic dependent variable, to measure wellness against all possible variables, could not be rejected.

The combined average wellness behaviour levels of managers at the academic university and technology university were 76.8% and the risk scores were 19.36%. These indicated high wellness behaviour levels and low health risk levels. The wellness behaviour and health risk model proposed in this study, may serve as a theoretical framework for future scientific wellness behaviour and health promotion surveys and data analysis to devise tailor-made interventions. The model postulates that wellness, as a dependent variable, is determined by eleven independent variables. These eleven independent variables are physical fitness and nutrition, medical self-care, safety, environmental wellness, social awareness, sexuality and emotional awareness, emotional management, intellectual wellness, occupational wellness, spirituality and values and the health risk score. This study identified the physical fitness and nutrition, and medical self-care wellness behaviour levels as weaknesses in managers at the two sample universities that necessitate interventions.

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