

**THE DEVELOPMENT OF A MODEL FOR AN EMPLOYEE  
WELLNESS PROGRAMME FOR  
A FAST MOVING CONSUMER GOODS ORGANISATION.**

by

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## DECLARATION

Herewith I, Maria Elizabeth Bessinger, declare that this master's dissertation titled:

“The development of a model for an Employee Wellness Programme for a Fast Moving Consumer Goods Organisation”

is my own work and that acknowledgment has been given to all sources of reference.

.....

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**October 2006**

## ABSTRACT

The health and wellness of employees is of strategic importance for any business which wants to achieve leadership in a global business world. The environment in which one function is becoming increasingly demanding. The changes in this environment continue to pose challenges and changes in the work environment. The employment relationship has changed, altering the kind of work that people do, working hours and productivity at work. With these changes more and more of the economically active populations are striving to work “smarter”, not harder. In response most employers are prompted to revisit their employment proposition.

Globalisation has brought about additional unpredictability with the result that many employers move toward greater flexibility by expanding or shrinking the work force to correspond with shifting production and service demands. The changes in technology have resulted in a loss of control over working hours, in job losses and in an increasing sense of job insecurity. As cited in Rothmann (2003) many organisations have implemented practices that attempt to reduce costs and increase productivity, which often lead to a mentality that favours profitability over the welfare of people.

The emphasis is on healthy living, well being, striving to strike a balance between life at work and private life. Everyday people find new and better ways to find this balance. Studies have shown that healthier diets assist people to cope better with the biological side effects of stress and that fitness and exercise help people to reduce some of the tension and assist the body to cope better with stress. Flexible work practice assists people to cope better with the demands of their personal lives. Access to counsellors and advisors empower employees to cope with psychological difficulties. One also needs to take cognisance of the changes in society and more prevalent issues that cannot be ignored such as HIV-AIDS, single parenthood, heart diseases, stress and obesity. Consider the impact that these phenomena will have on the workforce in the years to come, should there be no change to the mindsets of people and the way in which society deal with these issues. The challenge will be to

educate the workforce on HIV-AIDS and not to discriminate against such individuals but rather to enable them to provide support and guidance.

Employee Wellness is at the centre of these lifestyle choices and forms the basis of and an extension to the new world of work where employees expect their employers to assist them with options and to provide a service to them, assisting them with their wellness in terms of providing knowledge, information and training and also services on prevalent wellness issues.

The aim of this research study was to develop a model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation.

The employee wellness model for a Fast Moving Consumer Goods company has three focus areas in terms of employee wellness, the first being physical health and wellbeing. Another important focus area is psychological health wellbeing. Societal health and wellbeing is the last of the three focus areas. These three focus areas are inter-related. Physical health improves your psychological wellbeing. These in turn improve your societal wellbeing.

The model also indicates the integration between the Employee Assistance Programme and the Employee Wellness Programme, mutually supporting the three dimensions of employee wellness.

The model for an Employee Wellness Programme for a Fast Moving Consumer Goods Company is externally influenced by the changes in the landscape of work and therefore it is important that the Employee Wellness Programme needs to be aligned to the strategy and vision of the company to add value continuous evaluation will indicate the success of the programme.

To achieve global leadership in any industry, healthy employees are vital and therefore an Employee Wellness Programme can play an important role in an organisation by enabling employees to deal effectively with the changes and challenges in their personal and work life.

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## **Chapter 1**

### **Introduction to the growing importance of Employee Wellness on Corporate agendas**

#### 1. The Conceptualisation of Wellness

##### 1.1. Wellness as a three dimensional concept

According to Shahandeh 1985, (as cited in Danna, K. and Griffen, R.W., 1999) while definitions and measures of health and well-being vary, there tend to be two prominent person-related concepts that are often combined with a more societal-level perspective:

- a) Health and well-being can refer to the actual physical health of employees, as defined by physical symptomatology and epidemiological rates of physical illnesses and diseases.
- b) Or can refer to the mental, psychological, or emotional aspects of employees as indicated by emotional states and epidemiological rates of mental illnesses and diseases.
- c) In addition to these two person-related dimensions are the societal dimensions of health and well-being, such as alcoholism and drug abuse rates and their consequences.

##### 1.2. Health and Well-Being as universal concepts

The World Health Organisation defines health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organisation, 1998). As cited in Emmet (1991:40) the Organisation for Economic Cooperation and Development defines health as "a physical, psychological, mental, and social state of tolerance and compensation outside the limits of which any

situation is perceived by the individual ...as the manifestation of a morbid state ...[so] as far as the individual is concerned, his opinion is the only one that counts". Emmet (1991) describes health as generally synonymous with the absence of disease, in contrast to diseases per se, which are carefully defined and classified. Other definitions of "health" are even more encompassing.

As cited in Danna et al (1999), Warr (1987, 1990) explains well-being within the framework of health, suggesting that "affective well-being" is one component of mental health; the others are competence, autonomy, aspiration, and integrated functioning. Affective well-being is conceptually similar to the primary medical criterion of "ill" or "not ill" and has been found to be a multi-dimensional construct (Warr, 1987, 1990; Daniels, Brough, Guppy, Peters-Bean, & Weatherstone, 1997). Competence, autonomy, and aspiration are aspects of a person's behaviour in relation to the environment. They often determine the level of an individual's affective well-being, tend to be valued as indicators of good mental health, and are distinguished on both "objective" and "subjective" bases. Subjective assessments of competence, autonomy, and aspiration are major elements of self-esteem. Integrated functioning is qualitatively different from the previous features and typically refers to the person as a whole, and can be thought of as being the subjective summation of the interrelationships between the four concepts; mental health, competence, autonomy, aspiration..

Diener (1984) uses the term "subjective well-being" to describe a person's overall experience in life and suggests that it essentially reflects a person's self-described happiness. Diener also describes the dynamics surrounding the measurement of subjective well-being as being three fold (as cited in Danna et al., 1999):

- a) The external criteria can be described as some "ideal condition" that differs across cultures.
- b) Subjective well-being has been labelled as life satisfaction because in attempts to determine what leads to the positive evaluation of life, researchers have discovered that this subjective form of happiness is a global assessment of the quality of one's life guided by a person's own set of criteria.

- c) The meaning of happiness is used to denote a preponderance of positive affect (e.g., being energetic, excited, and enthused) over negative affect (e.g., anger, disgust, guilt, depression) (Tellegen, 1982), and this is how happiness is generally used. Diener concludes that subjective well-being essentially stresses pleasant emotional experience.

To provide some synthesis and consistency to the terminology used and taking into consideration the previous discussions of the concepts of health and well-being, Danna et al (1999) propose the following conceptualizations. The term "health" generally appears to encompass both physiological and psychological symptomology within a more medical context (e.g., reported symptomology or diagnosis of illness or disease). They suggest that the term "health" as applied to organisational settings be used when specific physiological or psychological well-being are of concern. On the other hand Warr (1987, 1990) says that "well-being" tends to be a broader and more encompassing concept that takes into consideration the "whole person." Beyond specific physical and/or psychological symptoms or diagnoses related to health, therefore, well-being should include context-free life experiences (e.g., life satisfaction, happiness).

### 1.3. Conclusion

In conclusion, "wellness" has varying widely accepted meanings and is conceptualized as a varying construct depending on the context. In summarizing the descriptions of "wellness" and "health" from the above, it is clear that there is a movement towards a more holistic understanding of the concept wellness. It would then be appropriate to concur that wellness should thus be the focus when considering the human being in its balanced entirety, aiming at reaching optimum wellbeing.

There is a need in the field of human resources management and those researching and applying health and wellness in the workplace to have common conceptualizations for health, wellness and wellbeing that encompass these concepts from a holistic perspective.

Maslow (1968) claims that individuals have a natural, intrinsic need for what is positive and want to pursue a condition of self actualization. Self actualization is explained by Maslow as a “being” need, a continuous striving for self-fulfilment of the human being in its entirety. The pursuit of health is thus a universal phenomenon. In the following chapter Maslow’s hierarchy of needs theory as a theoretical framework for wellness will be explored.

## Chapter 2

### Maslow's theory as a theoretical framework for Employee Wellness

#### 2.1. Maslow's hierarchy of human needs

Maslow's (1954,1968) hierarchy of needs is well known for associating individual's needs with motivation. (Steers et al., 1996:14)

Kreitner et al. (1999:185) explains needs as physiological or psychological deficiencies that arouse behaviour. They can be strong or weak and are influenced by environmental factors.

The theory attempts to show how the healthy personality grows and develops over time and how that personality comes to manifest itself in motivated behaviour (Steers et al., 1996:14).

Figure 1: Maslow's hierarchy of needs

(Source: Boeree, 1998)

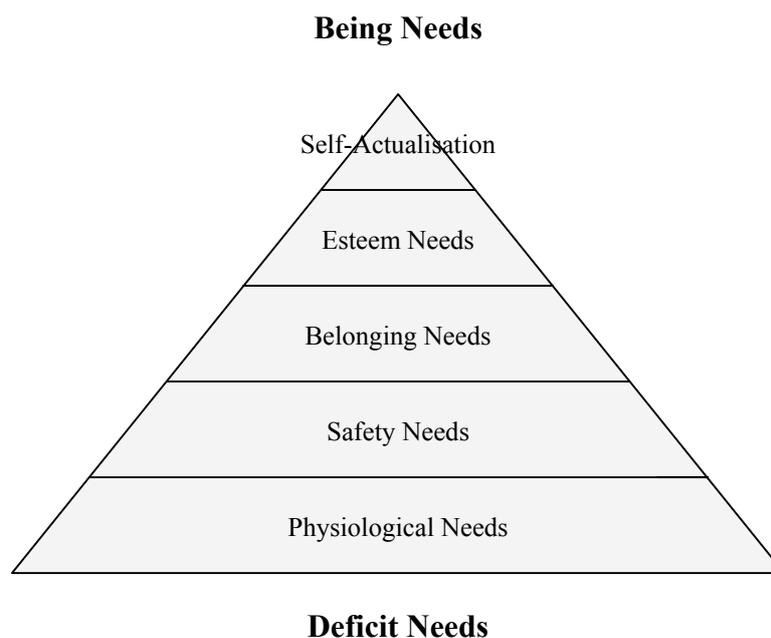
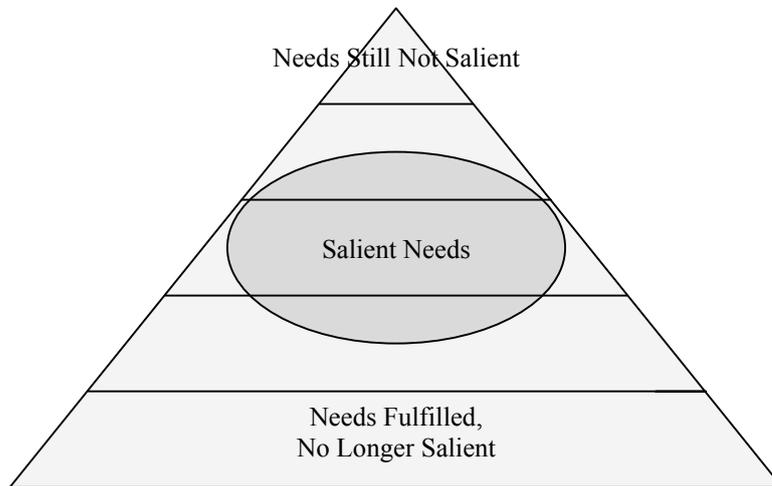


Figure 2: Maslow’s needs in terms of their dynamic cycle

(Source: Boeree, 1998)



Maslow (1954, as cited in Steers et al., 1996: 14) theorizes that people are wanting beings whose needs guide their behaviour. These needs influence a person’s activities until they have been satisfied. Maslow proposed that motivation is a function of five basic needs – physiological, safety, love, esteem, and self-actualization (Kreitner et al., 1999:185). Steers et al. (1999:14) explain further that his theory holds that an individual’s needs are arranged in a hierarchical fashion, from the very fundamental to the most advanced. Individuals, it is hypothesized, attend to needs in a sequential fashion, moving from the bottom of the hierarchy towards the top, as the lower level needs are satisfied. According to Maslow, lower-level needs must be satisfied, in general, before higher-level needs are activated sufficiently to drive behaviour. Further, only unsatisfied needs can influence behaviour; those that are satisfied do not motivate (Steers et al, 1999:14).

Maslow (1968) differentiates between two basic types of needs: deficiency needs and growth needs. “Needs for safety, the feeling of belonging, love and respect (from others) are all clearly deficits” (Maslow, 1954:10). According to Maslow failure to

meet your deficiency needs stands in a direct relationship to the individual's failure to develop a healthy personality. In contrast, growth needs are those that relate to the development and achievement of one's potential. For Maslow the idea of growth needs is more complex to define than the concept of deficiency needs: "Growth, individuation, autonomy, self-actualization, self-development, productiveness, self realization are all crudely synonymous, designating a vaguely perceived rather than a sharply defined concept" (Maslow, 1968:24).

As cited in Steers et al. (1999:14) Maslow theorizes that individuals are motivated by five general needs that may be classified into either deficiency or growth categories.

#### Deficiency needs

1. Physiological: The most basic needs in Maslow's hierarchy centre around needs related to survival. In the context of the workplace, such needs are reflected in an individual's need to work so as to provide income and in concern for basic working conditions.
2. Safety and security: The second level of needs is associated with the safety and security of one's physical and psychological environment. At work, such needs may be represented by a concern for safe working conditions and job security and a need for a stress free work environment.
3. Belongingness: The third level consists of those needs related to one's desire for acceptance by others and for friendship and love. In the world of work this would relate to building relationships and interacting frequently with fellow workers or experiencing employee-centred leadership that may help to satisfy these needs.

Maslow (1968) extends the principle of homeostasis to deficiency needs. He also postulates that these deficiency needs are like survival needs, which he terms "instinctoid" and that these needs are genetic across the human species. Under stressful conditions, or when survival is threatened, we can "regress" to a lower need level (Boeree, 1998)

#### Growth needs

4. Esteem and ego: These are needs for self-respect, self-esteem and respect and esteem for others. In the workplace, these needs may be reflected in the concern for jobs with higher status and a desire for recognition for the successful accomplishment of a particular task.
5. Self-actualization: The highest need category consists of the need for self-fulfilment, also referred to as growth motivation, being needs. People with dominant self-actualization needs are concerned with developing to their full potential and unique potential as individuals. In organisations, these needs may be reflected in the desire for work assignments that challenge one's skills and abilities and allow for creative or innovative approaches.

Growth needs do not involve balance or homeostasis. Once engaged, they continue to be felt. In fact, they are likely to become stronger as these needs are satisfied (Boeree, 1998)

According to Maslow, individuals move up the needs hierarchy through a dynamic cycle of deprivation, domination, gratification, and activation (Steers and Black, 1994). That is, when the individual experiences deprivation at a particular level in the hierarchy, the unsatisfied need will direct the individual's thoughts and action. Kreitner et al.(1999:185) states that this process continues until the need for self-actualization is activated.

## 2.2. Conclusion

As cited in Boeree (1998) Maslow suggests that we can ask people for their “**philosophy of the future**” -- what would their ideal life or world be like -- and get significant information as to what needs have or have not been fulfilled.

Employee Wellness Programmes should pro-actively identify emerging or unmet needs throughout the different levels in the organisation and align their strategies and

devise interventions that would satisfy the emerging needs of employees. Given this, Maslow's theory of hierarchy of needs can be utilised as a theoretical framework for a needs analysis prior to and post implementing an Employee Wellness Programme.

As emerging needs go through the dynamic cycle starting from deprivation through to activation, Employee Wellness interventions should be aligned to the dynamics of the organisation's workforce and strategies.

Emerging needs might differ across the different age groups in the organisation, e.g. a need for retirement planning for those employees that are nearing retirement, or flexible working hours for single mothers.

Similarly Employee Wellness Programmes also have a major role to play in assisting the organisation's employees to cope with change and guiding employees through transitional phases to regain feelings of job security and a sense of belonging to the organisation.

Maslow's theory could guide Employee Wellness practitioners to ensure that the interventions that they design cut across deficiency needs as well as growth needs, ensuring opportunities for participation and value add across the board. Clearly needs have the potential to improve motivations and well motivated and satisfied employees have a direct effect on the organisation's performance.

## Chapter 3

### The Workplace and its influence on Employee Wellness

#### 3.1. Introduction

The face of the workplace has changed dramatically over the past decade. An increasingly empowered and diverse workforce, technological advancements, increased competition and globalization have created a new workplace reality that is substantially different to that of the past. Helping employees maintain their health and well-being is both a moral and a hard business issue.

Kreitner (1999:503) states that work not only provides us with income, recognition or other positive outcomes, it can also be a source of conflict, overload, burnout and tension due to a greater quantity of work in less time to do the work and with fewer resources. The triad, quality-speed-flexibility, might contribute to the organisational well-being, but might be detrimental to the employee's physical and psychological health. Technological advancements make it difficult for employees to disconnect from the office completely. The dynamics of modern life make it difficult to balance the demands of work and home.

According to Matlhape (2003) two phenomena are having a profound effect on management and industry in the 21<sup>st</sup> century. The first one is the increased rate and depth of competition locally, regionally and globally and the consequent increase by companies in the focus on achieving competitiveness. The second phenomenon is increasing appreciation of the importance of employees in assisting the company to gain a competitive advantage over its competitors.

Matlhape (2003) also states that the connection between business success and customer care has been acknowledged for many years but very few organisations have so far had the vision to apply this caring philosophy holistically to include employees and other stakeholders equally.

According to Moeller-Roy (2005) more and more businesses are beginning to appreciate the intrinsic value of healthy, happy employees and are starting to view employee health as human capital. Consequently, they are beginning to view health as a manageable asset.

Maeli (1999) mentions that in many organisations, there are employees who exhibit, among other things, decreasing productivity, increasing absenteeism, rising lateness, violence as well as alcohol and drug use in the workplace. The causes of these behaviours are often not understood or investigated, resulting in losses for both employee and employer (Maeli 1999:2). Employee wellness presents an opportunity to manage such problems in a way that will result in the retention of talented employees and the improvement of employer-employee relationships (as cited in Matlhape 2003).

### 3.2. The changing landscape of work

Greenhaus et al (2000:4) describe the changing landscape of work and mention some of the key changes

#### 3.2.1. Job losses

Havenga and Slabbert (2005) state that a trait common to economies worldwide is the fact that the majority of businesses have fewer than 50 people in their employ. They report that in Europe alone 90% of the organisations have fewer than 50 employees; the comparative figures for Britain and Japan are 75% and 70% respectively.

According to Havenga and Slabbert (2005) cost reduction operations in the ‘big’ companies as the major element in the process of downsizing and re-engineering are the major contributors to the increasing number of job losses. They state that it is estimated that approximately 24 million jobs have been lost in big companies as a result of globalisation. Local cutbacks in jobs by companies such as ISCOR, Telkom and others should not be considered to be unique. Retrenchment of 10 000 to 12 000

employees of General Motors in Germany acknowledges this trend which is still continuing worldwide – the prediction is even that fairly early in the 21st century big companies will need only a fifth of their existing labour force.

In order to stay competitive in the global village, companies focus increasingly on core activities only while non-core activities are outsourced, insourced or just discontinued. Big companies furthermore concentrate on streamlining processes, structures and procedures within their core business in order to be more cost effective and competitive. For the individual employee this changing paradigm within big companies could mean retrenchment, a period of uncertainty and little chance of finding other job opportunities in the formal economy. This is indeed the case in South Africa. A large percentage of the 35 to 40% unemployed is a direct result of the reduction of the employee complement of big companies. (Havenga and Slabbert, 2005: 41)

### 3.2.2. Internationalism

According to Greenhaus et al (2000:4) globalization is causing major changes in the world of work. Organisations ready themselves to adopt a global perspective in business and this will play an important role in the survival of an organisation.

As stated by Havenga and Slabbert (2005), on the one hand, there is a school that believes that globalisation and companies ascending to world-class status result in more job opportunities, economic growth and prosperity. On the other, there is a group of people who think that globalisation causes poverty, loss of jobs and the exploitation of underprivileged people by powers with superior knowledge and capital. Both theories have an element of truth in them.

### 3.2.3. Technology

Technological advances have affected all the sections within the business. Keeping up with all the technological changes seems almost impossible to some employees. The advances in manufacturing are posing new challenges to employees. The effects of technological changes link back to job losses. These changes also make it more

difficult for employees to cut themselves loose from work in their personal lives. Changes in technology have also emphasised the importance of ergonomics in ensuring a safe and healthy work environment (as cited in Greenhaus et al 2000:5).

#### 3.2.4. Changing structure of organisations

Many organisations changed their structure to remain competitive in the global village and this development is expected to continue and escalate into the 21<sup>st</sup> century. One structural approach is that the customer-driven flat organisational structure contains fewer levels of management and uses cross-functional self-directed work teams to manage virtually every process from beginning to end. Organisations of the future will be flatter and more decentralised. They may employ a relatively small number of “core” employees and handle much of their work through outsourcing and a large cadre of temporary or contingent workers. In fact, it has been estimated that 20% of the new jobs created during the period between 1991 and 1993 were temporary positions (as cited in Greenhaus et al 2000:5)

Greenhaus (2000) also states that another new structural approach is the network organisation. The network organisation utilises and forms many partnerships or networks with other organisations and individuals outside its formal boundaries. Almost like a computer network, network organisations link a variety of firms together to provide expertise and resources necessary to complete particular projects or to manufacture specific products. The characteristics of organisations of the future can be summarised as:

- A small permanent work force with extensive reliance on contingent, part time and contract workers
- A flat hierarchy with self-managed teams taking responsibility for the most important activities
- An extensive set of alliances with internal and external partners
- A rapid introduction and utilization of advanced technology into the work process

These changes in organisational structure have spilled over to a revision of the basic “psychological contract” between employer and employee. Because organisations

have a need for flexibility in a highly competitive environment, many organisations have adopted a more short-term “transactional” psychological contract that involves lower levels of commitment by both parties. Instead of exchanging performance and loyalty for job security, employees are now expected to be flexible in accepting new work assignments and to be willing to develop new skills in response to the organisation’s needs. In return, the organisation does not offer promises of future employment but rather “employability”, with the current employer or some other organisation, by providing opportunities for continued professional growth and development. This shift has major implications for the employees and underscores the need for change in how they perceive the world of work and their future (as cited in Greenhaus et al., 2000:6).

### 3.2.5. The changing nature of work

Because of the changes in the structure of organisations as discussed above, the role of the manager has changed from a supervisory role to that of an expert. Power will be derived from his/her expertise and respect earned rather than from his/her position in the organisation’s hierarchy. All employees are required to be skilled in managing themselves as responsibility gets delegated downward throughout the organisation (as cited in Greenhaus et al 2000:6).

According to Greenhaus et al (2000) the importance of cross functional teams has become more prominent and therefore managers as well as non managers should have the capabilities to function effectively in a cross functional team. Participation and the gathering of information through cross functional teams serve as power-base.

Agility in cross functional project participation and the ability to interact with various teams from different functional areas is crucial, requiring a more collaborative and participative interpersonal style as cited in Greenhaus et al (2000:7).

### 3.2.6. Culturally diverse work force

As cited in Tuck (2005) Since the commencement of democracy in South Africa, diversity in the workplace has been become an integral characteristic and strategic

driving force in most organisations striving to comply with regulatory requirements in terms of Employment Equity and Black Economic Empowerment. According to Tuck (2005) these changes have posed great challenges to all organisations which must manage this sexual, racial, and ethnic diversity effectively.

### 3.2.7. Work and family life

The management of work and family lives will also pose a substantial challenge to employer and employee alike. The need for separation of work and family, where neither role interferes with the other, now seems like a distant memory. Greenhaus et al (2000) state that in 1996, 61% of all married women aged 16 and older were in the work force compared with just 30% in 1960. In addition, nearly 63% of all married women with children younger than 6, were in the workforce, compared with only 19% in 1960.

According to Greenhaus et al (2000) the burgeoning employment of women has created new challenges of juggling work and family commitments. Moreover, the soaring divorce rate has substantially increased the number of single parent households – the vast majority headed by women – with particularly intense work and family pressures. Dual-career couples and single parents must learn to balance their careers with extensive family responsibilities, often including care of elderly parents or in-laws. As previously mentioned, technological advances have also significantly altered work and caused family spheres to become more blurred.

In the following sections an overview of some of the critical health and wellness concerns that affect the employee in the workplace will be given.

### 3.3. Work-life balance

As cited in Cooper (2005), Woody Allen has been quoted as saying “I don’t want to achieve immortality through my work – I want to achieve it by not dying”

We live in a time when it is possible to have the best of both worlds. Cary Cooper (2005) recommends that we embrace new technology and stop feeling guilty about not being in the office all the time. With email, video conferencing, and mobile phone technology, many of your employees no longer have to endure the long-hours slog in the central office, but can begin to work more flexibly. This means being able to delegate, trusting other people, letting go of some control and getting on with doing your work. It also means letting employees do theirs – where and when it is appropriate.

Cooper (2005) further explains that for some reason, all of us think that being successful is about presenteeism – about showing commitment by getting in early, staying late, and being totally business-obsessed.

Research has recently been published that shows working flexibly improves productivity, increases job satisfaction and work enjoyment and reduces absenteeism.

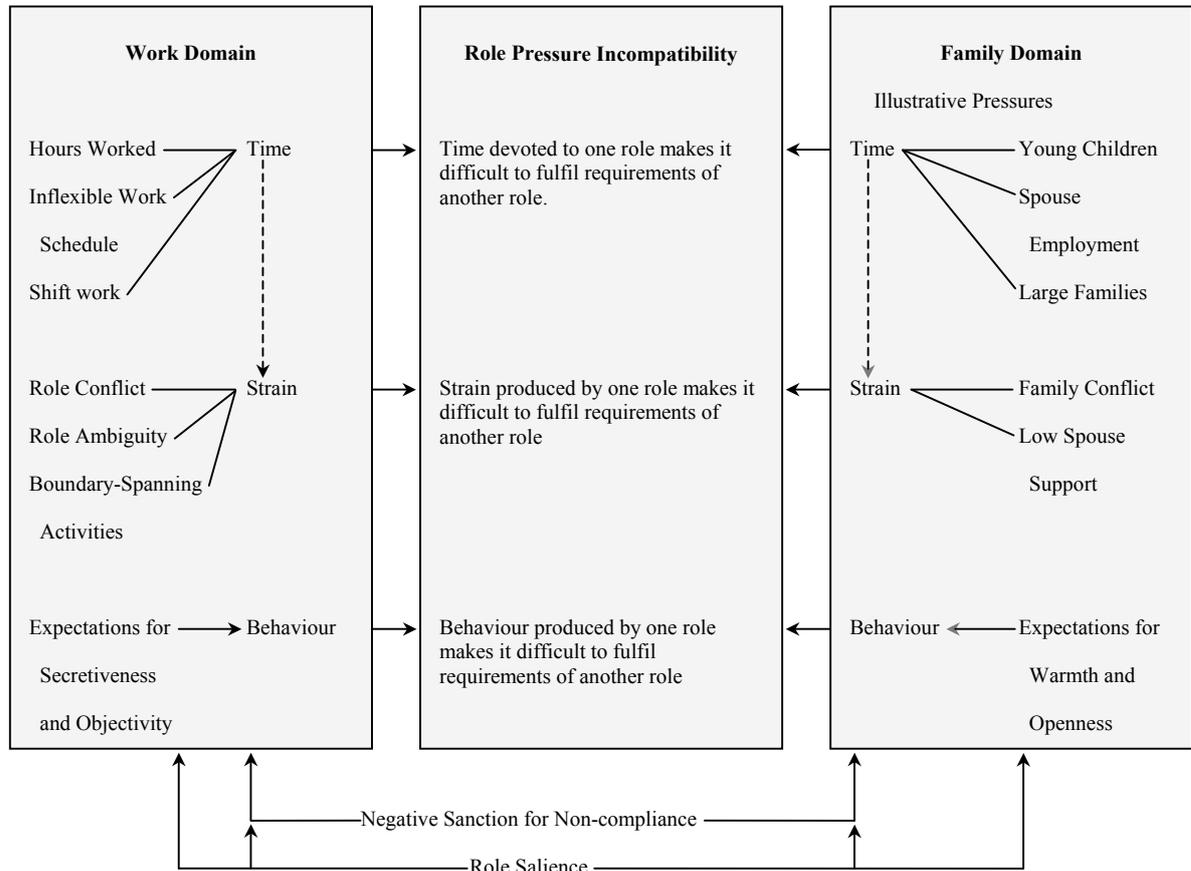
In a recent national study of over 600 working parents, one in four people said they spent one hour fewer each night with their partners and children. And this increased to nearly 40% for those working parents who worked over 45 hours a week. (As cited in Cooper, 2005)

### 3.3.1 Model of work-family role conflict

Greenhaus and Beutell (1985) developed a model that explains work-family conflict. Work-family conflict exists when pressures from work and family roles are mutually irreconcilable, such that participation in one role is made more difficult by virtue of participation in another role. This model is depicted in figure 3.

Figure 3 Sources of conflict between work and family roles

(Source: Geenhaus et al (2000:291))



In Figure 3, three forms of work-family conflict are identified: time-based conflict, strain-based conflict, and behaviour based conflict. An explanation of the model follows:

*Time-based conflict*

The different roles we play in life all compete for the same thing – time. If one spends time in one role, you cannot devote time to another role at the same time. It is impossible to be in two places at once. Time based conflict is common for employees, who work long hours, travel extensively, frequently work overtime, and have inflexible work schedules.

The family domain can also create time pressure that results in work-family conflict. Employees who experience the most extensive work-family conflict tend to be

married, have young children, have large families, and have spouses or partners who hold responsible jobs.

#### *Strain-based conflict*

Conflict can also arise when strain produced within one role influences experiences in another role. The family role can be a source of strain especially if an individual experiences difficulty with a partner or children or receives little support from the family.

#### *Behavioural conflict*

Sometimes behaviour that is effective in one role is out of place in another role. It is suggested that managers are expected to be self-reliant, forceful, detached, and objective. Family members however expect you to be affectionate, nurturing, emotional, and human in your relationship with them. If people cannot adapt when they enter a different role, they are likely to experience behavioural-based conflict.

According to Greenhaus et al (2000) some of these pressures come from role senders, the people with whom we interact in our work and family lives. However many pressures come from expectations that we place on ourselves and then we become our own role senders.

The pressure people put on themselves depends on the importance of the role to their self-concept.

### 3.3.2. Work-family balance

Googins and Burden (1983) state that the changing economy and newly emerging workforce values present a new organisational environment for corporations, unions, and EAPs(Employee Assistance Programmes). They state that the changing family will also continue to have an impact on the workplace. In their research about risk factors in balancing work and home responsibilities they found that only 20% of the employees fell into the traditional family model whereby the husband manages the job and the wife manages the home.

Googins and Burden (1983) recommend the following initiatives that are specifically aimed at supporting the family:

- Provide support for alternative parenting patterns
- Recognize the family aspect of the employee's work commitment
- Sponsor parenting seminars for employees
- Establish and/or support a child care network
- Establish and/or support care for sick children or other dependants during working hours
- Develop child care guides for working parents

This clearly demonstrates that the EAP specialist will have to pay increasing attention to the changing workforce and develop family oriented policies and programmes.

In a research paper about work-life balance conducted by Sanichar (2004), she contextualized work-life balance for both the employer and the employee as follows:

It is stated that for employees, work-life balance means having a life outside the work environment and gaining the support they need from managers, colleagues and the organisation they work for to handle personal responsibilities when needed. This also encompasses the tension that comes from not having work-life balance, and creates for most people a blurred picture of overwork, stress and neglect.

Work-life balance to an employer means to create a more flexible, supportive work environment, so that employees will be able to focus on their jobs. It means making the organisational culture more supportive by adding programmes to meet the needs of employees and to help people to handle events in their lives, making sure policies give employees as much control as possible over their lives, and using flexible work practices as a strategy to meet the dual agenda of employees' needs as well as the company's needs (as cited in Sanichar, 2004:32).

### 3.3.3 Work-life balance initiatives in the workplace

In Sanichar's (2004) research paper the following are described as common work-life initiatives implemented in the workplace:

- Individual work schedules (e.g. flexi-time meal breaks and working hours) – allow employees to begin their workday before or after their location's normal start time, subject to management approval
- Compressed/flexible work week – allows employees to schedule their work week in different ways, subject to management approval
- Part-time reduced work schedule – employees work a schedule of less than a full week
- Leave of absence programmes – leave of absence (LOA) can be requested, for example, for dependant-care, continuing education; a voluntary LOA is not an entitlement but is granted, subject to management approval
- Mobile/telecommuters – employees may spend one to three days per week working at home or an alternate location if they are usually on the move or at customer locations, subject to management approval
- Work-at-home – employees work the majority portion of a regular work period from their home residence, subject to management approval.

Annette Walker (2005) states that the business case for work-life balance has been proven over and over again in terms of benefiting customers and attracting and retaining staff. She adds: "It's about management letting go of traditional clock in/clock out principles."(as cited in Walker, 2005:23)

As Patricia Hewitt wrote in November 2004 when she was the secretary of state for trade and industry in the British Parliament: "The business case for work-life balance

for both employers and employees is clearly shown by the facts: 71% of employers who operate flexible working, report that it has a positive impact on management-employee relations, employee motivation and commitment (69%) and labour turnover (54%); and almost half of employers report improvements in productivity, absenteeism and recruitment (as cited in Cooper, 2005:16)

As stated by Tuck (2005), balancing work and home life is a growing concern for both employers and workers. Companies have begun to compete for skilled employees just as they have always competed for other resources. “In today’s complex business environment, drivers for appropriate and effective WLB (work-life balance) programmes have emerged, including talent retention and attraction, absenteeism, stress, need for diversity, and a response to the needs of different demographic groups” says Susanna Oosthuizen of The EDGEducation Corporation. Further more according to Tuck (2005) it is stated that statistics have also revealed that employees rate the opportunity to have a balanced work and private life as a top motivator for either leaving or taking a specific job. Work-life programmes aim to create work environments that enhance the commitment of employees. In the South African context, issues such as transformation, HIV/Aids, women in business and cultural diversity can be positively affected by the implementation of such programmes.

One can deduce that work life balance has a significant impact on the wellness of employees and seems to be increasingly difficult to achieve. Work and family roles both demand the one scarce commodity – time. In South Africa one finds that family structures have changed significantly. Single parenthood is a common phenomenon, employees and their spouses pursuing dual careers seem to become more and more prevalent. The impact of HIV/Aids is experienced in society, leaving some employees to support an extended family. An increasingly demanding workplace that is continuously changing, with the emphasis on doing more with less, places more demands on the employee.

The wellbeing of the workforce depends on the support, resources and knowledge in their work and family environment assisting them to maintain a healthy balance. Progressive organisations are implementing work-life balance programmes aimed at

creating a work life friendly environment through training interventions, on site support, child support, flexible working hours and family oriented work practices and policies.

### 3.4. Occupational Stress

According to Spielberger et al. (2003) occupational stress is defined as the mind-body arousal resulting from the physical and/or psychological demands associated with the job. The appraisal of a stressor as threatening leads to the emotional arousal of anxiety and anger, and the associated activation of the autonomic nervous system. If severe and persistent, the resulting physical and psychological strain may cause adverse behavioural consequences (as cited in Rothmans et al, 2005:57)

Schuler (1980) defines stress in simpler terms; stress is aroused when a person is confronted with an opportunity, a constraint, or a demand (as cited in Greenhaus et al., 2000:262)

Ivancevich and Matteson (1980) define stress as “an adaptive response, mediated by individual characteristics and/or psychological processes, that is a consequence of external action, situation or event that places special physical and/or psychological demands upon a person (as cited in Kreitner et al., (1999:503)

Kreitner et al (1999) reduced this definition to three interrelated dimensions

- 1) environmental demands, referred to as stressors, that produce
- 2) an adaptive response that is influenced by
- 3) individual differences

According to Spielberger *et al.* (2003), employees evaluate their work environment in terms of the severity and frequency of occurrence of specific job demands and pressure and the level of support provided by supervisors, co-workers and organisational policies and procedures. Failing to take the frequency of occurrence of a particular stressor into account may contribute to overestimating the effects of

highly stressful situations that rarely occur, while underestimating the effects of moderately stressful events that are frequently experienced (as cited in Rothmans et al., 2005: 57)

A common threat amongst all these definitions seems to be that one has various stressors that impact on the individual to experience stress and then manifest in various outcomes. Figure 4 demonstrates the process of occupational stress

#### 3.4.1. A Model of Occupational Stress

The model also specifies several individual differences that moderate the stressor-stress-outcome relationship.

The presence of an environmental stressor does not inevitably produce stress. It depends on how the situation is interpreted or appraised.

There are certain stressful life events that one experiences that cause considerable stress such as the death of a life partner or the ending of an intimate relationship. The result of these life events requires one to adjust to a new setting, mostly social adaptation. Since these stressful life events disrupt lifestyle and social relations they are called non-work related changes.

These events can also influence the employee's wellness negatively in terms of work performance and illness and should be taken into consideration when assessing an individual's wellness and assisting him/her to cope with these stressors.

Stress should not only be viewed as destructive. Research has also concluded that moderate levels of stress enhance one's well being and also have a positive effect on performance at work. Figure 5 demonstrates that on both sides of the stress continuum, extremes cause distress. Studying the continuum draws one to the conclusion that learning to control and balance stress levels is an important life skill for every employee. Kreitner's model of occupational stress is depicted in figure 4.

Figure 4: A Model of Occupational Stress

Source: Kreitner et al., 1999:506

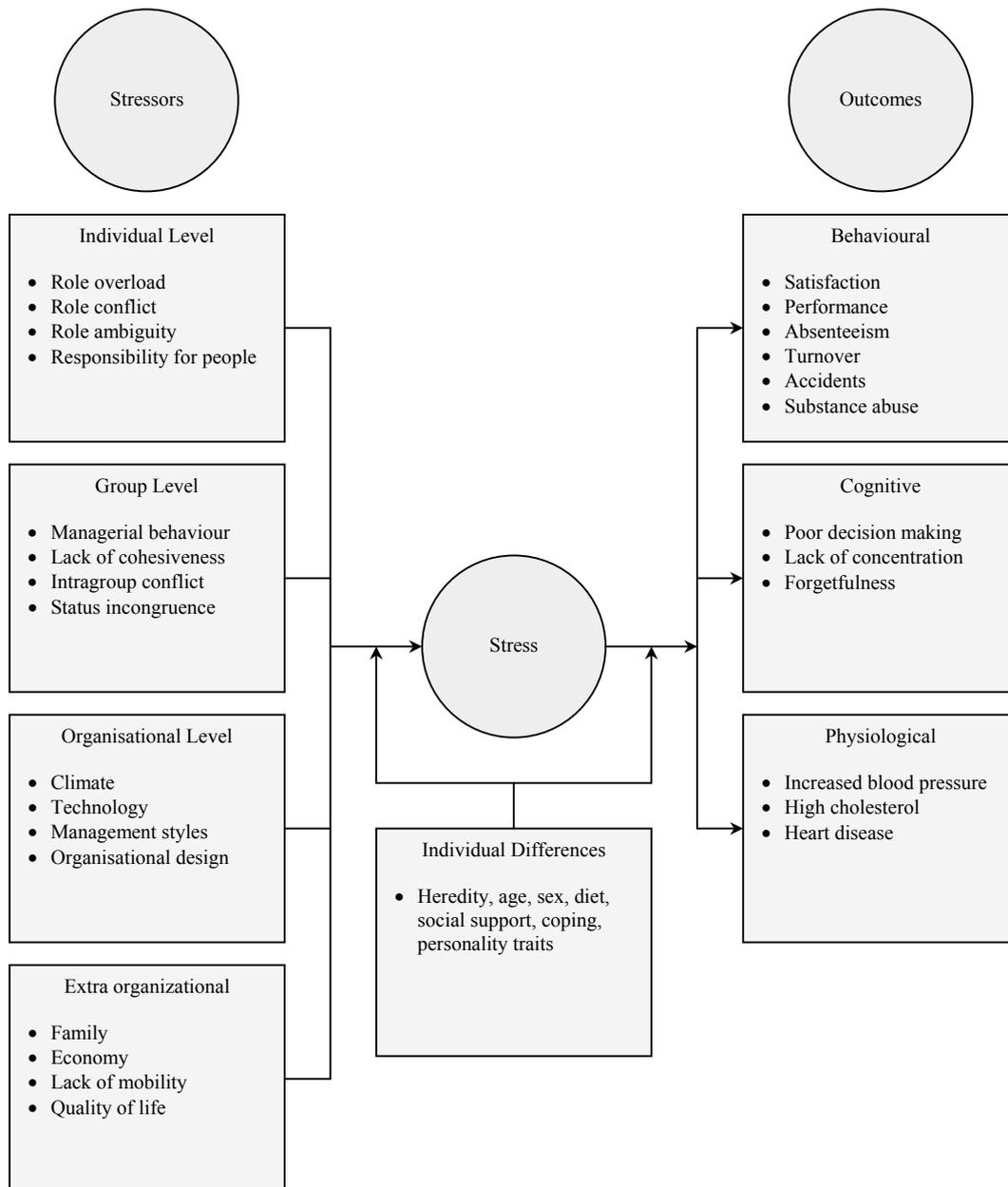
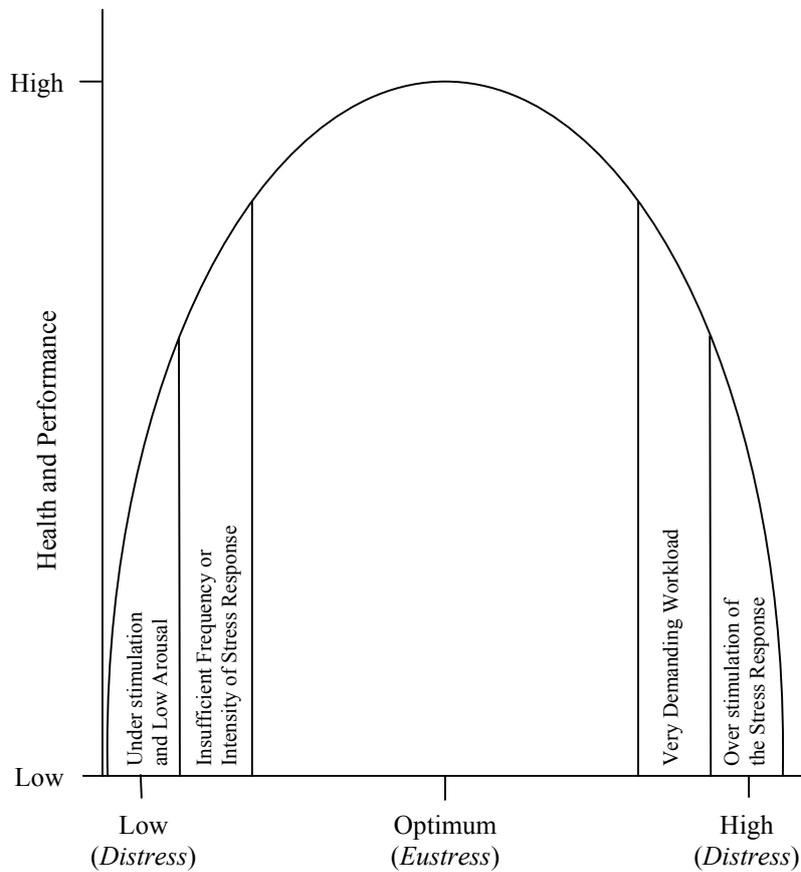


Figure 5: Effects of Stress on Health and Performance

Source: Greenhaus et al (2000:267)



### 3.4.2. Burnout

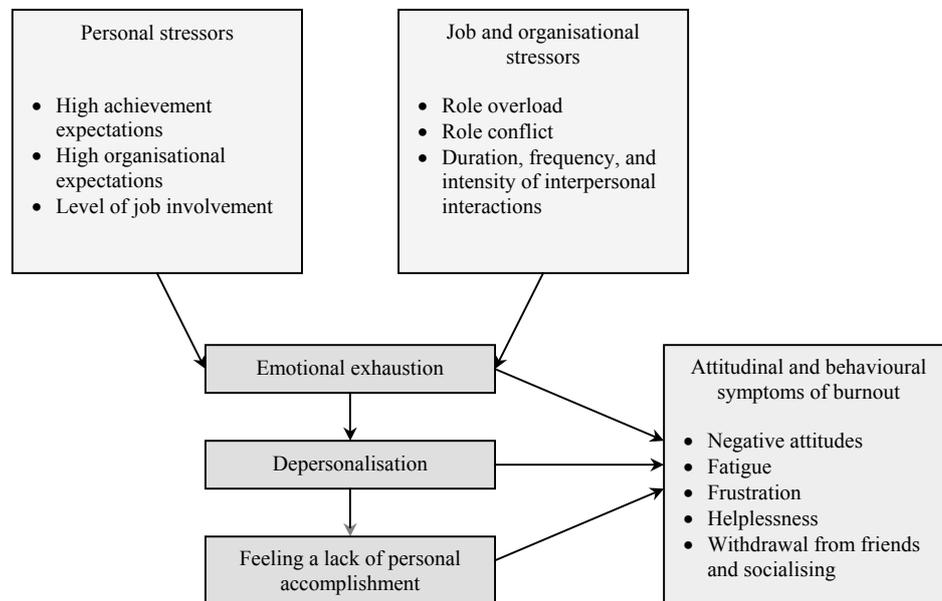
According to Schaufeli and Enzmann (1998), burnout can be defined as a persistent, negative, work-related state of mind (or syndrome) developing in so-called ‘normal’ individuals, characterised by an array of physical, psychological and attitudinal symptoms, primarily exhaustion, and accompanied by distress, a sense of reduced effectiveness, decreased motivation and the development of dysfunctional personal and societal attitudes and behaviours at work. This psychological condition develops gradually but may remain unnoticed for a long time by the individual involved (as cited in Rothmans et al (2005:55)).

Droscoll and Cooper (as cited in Kreitner et al (1999:511) states that burnout is a chronic affective response to very extreme demands from the work environment, especially pressure and conflicts arising from direct contact with and care of other people.

Burnout is explained in figure 6, depicting a model of burnout by Kreitner et al (1999).

Figure 6: Model of Burnout

Source: Kreitner et al (1999:512)



As cited in Kreitner et al (1999), the fundamental premise underlying the model is that burnout develops in phases.

- 1) Emotional exhaustion due to a combination of personal stressors, job and organisational stressors
- 2) Depersonalisation that is a state of psychological withdrawal from one's job. The sufferers treat the people they serve more like objects and less like people.

- 3) Feeling a lack of personal accomplishment, unappreciated, ineffective, or inadequate.

The additive effect of these three phases has a host of negative attitudinal and behavioural outcomes.

The consequences of burnout as stated by Greenhaus (2000:274) are listed below:

- Negative emotions
- Interpersonal friction
- Withdrawal
- Poor health
- Declining job performance
- Substance abuse
- Feelings of meaninglessness

#### 3.4.2.1. Prevention of burnout

The most successful way of preventing burn out is to remove personal, job and organisational stressors.

Kreitner et al (1999:512) suggest certain safeguards that organisations can put in place to prevent burnout.

- extra staff or equipment at peak work periods
- support from top management
- increased freedom to make decisions
- recognition for accomplishments
- time off for personal development or rest
- equitable rewards
- decreasing the quantity and increasing the quality of communication
- changing the content of an individual's job
- altering patterns of interpersonal contact
- assignment to a new position

- wellness initiatives such as exercise, meditating, massages to allow employees to relax and let go some of the tension

If the organisation wants to consider longer terms strategies to prevent burnout the following are suggested:

- sabbaticals to replenish employees' energy and desire to work
- an employee retreat, sending an employee to an offsite location for three to five days

### 3.4.3. Type A behaviour

Certain personal characteristics can produce stress. Friedman and Rosenman (1974, 1984) defined Type A behaviour as an “action-emotion complex that can be observed in any person who is aggressively involved in a chronic, incessant struggle to achieve more and more in less and less time, and if required to do so, against the opposing efforts of other things or persons. It is not psychosis or a complex of worries or fears or phobias or obsessions, but a socially acceptable, indeed often praised, form of conflict. Persons adhering to this pattern also are quite prone to exhibit a free-floating but extraordinarily well-rationalised hostility. As might be expected, there are degrees in the intensity of this behaviour pattern” (as cited in Bessinger and Suojanen, 1983).

According to Greenhaus et al (2000) Type A personality qualities such as inflexibility, intolerance of ambiguity, and neuroticism can also heighten feelings of stress. Some individuals simply have a tendency towards stress, where the person experiences stress regardless of the work situation. Important here is that stress can be produced by a particular situation that is interpreted as threatening, as well as a general personal predisposition to perceive life circumstances as stressful.

Type A is characterized as hard driving competitiveness, a sense of extreme impatience and time urgency, a fast paced life style, a preference for performing many activities simultaneously, and a constant striving for achievement and perfection. Researchers have found Type A personalities among employed adults to be extraverted, job-involved, power-orientated, and achievement-orientated. They are

also tolerant of ambiguous situations, demonstrate characteristically male behaviours, and show comparatively high levels of self esteem. They tend to base their sense of self worth on their attainment of material success and feel that there are no universal moral principles to guide behaviour (as cited in Greenhaus et al 2000:269)

Greenhaus (2000) states some of the positive characteristics of the Type A employee. They tend to be more involved in their work and have a high self esteem related to their occupation. It also seems that they could be more productive because of their natural tendency to believe in their competence and their ability to multi-task and set high performance standards.

However, this behaviour pattern comes at a high cost. Greenhaus (2000) states that these individuals are more likely to show aggressiveness, anger, hostility, and time urgency, factors that are predictors of coronary heart disease, are more likely to have a severe heart attack, and are more likely to have a second heart attack if they survive their first. Further more Type A's tend to take on heavy work loads and complex work projects, work long hours, travel extensively and develop workaholic tendencies and exhibit a high fear of failure. They are likely to feel alienated from others and dissatisfied with interpersonal relationships, feel depressed, and develop marital problems.

#### 3.4.4. Coping, social support and stress

**“There is nothing either good or bad, but thinking makes it so”**

*Shakespeare*

This is the fundamental premise in assisting one to cope with stressful situations. It is how an individual perceives or appraises a situation that determines his/her behaviour.

Stress cannot be eliminated from our lives but coping can assist us in decreasing stress to more healthy levels, preventing the harmful emotional and physical effects.

#### 3.4.4.1. Coping and response to stress

Research has identified three broad approaches to cope and respond to stress (Greenhaus et al (2000)).

##### *Change the situation that produces the stress*

- This implies eliminating the stressors aimed at changing the environment or the person's role in the environment

##### *Change the person's appraisal of the stressful environment*

- This technique is aimed at changing how the person perceives the environment, without necessarily changing it
- This could be through comparing with others, looking for the positives in the situation or changing work or life priorities

##### *Change the strain symptoms*

- Utilising relaxations techniques such as meditation, yoga, physical exercise and recreation

#### 3.4.4.2. Social support

Support from significant others plays an invaluable role in assisting us to cope with life's challenges.

Edgar Schein has developed an approach in dealing with stress that underlines the importance of significant others as sources of support and information. Support from others can help change the stressful environment and safeguard us from the harmful effects of stress. Schein recommends four steps to assist us to deal with stress effectively (as cited in Greenhaus et al., 2000:277):

- 1) Diagnosing the situation and correctly identifying the real source of the problem.
- 2) Self assessment i.e. reflect on feelings and motives

- 3) Select coping response - talk to family and friends, establish supportive relationships, external or internal coping
- 4) Understand your coping response and make adjustments if necessary.

#### 3.4.5. Assistance from the organisation

The organisation should recognize the harmful effects of stress and can introduce measures to curb and improve the management of stress in the workplace.

Greenhaus et al (2000) recommends three diagnostic activities to assist with the effective identification and management of stress in the workplace.

#### Assessment of the organisational stressors

- a) Objective indicators of stress (i.e. turnover, absenteeism, accidents)
- b) Surveys measuring organisational conditions

#### Assessment of employee strain

- a) Physiological measures
- b) Medical checklists
- c) Burnout and anxiety inventories

#### Assessment of employee modifiers of strain

- a) Coping mechanisms
- b) Social support
- c) Type A behaviour patterns

As cited in Tuck (2004) specific work conditions that contribute to work stress include: job complexity, work overload, role ambiguity, techno-stress, career development stress, and interpersonal stress. According to Tuck (2004) in the South African context, stress levels are further exacerbated by high levels of violence and

crime, inadequate training, organisational restructuring, and rapid social and political change.

South Africa is only beginning to see a move toward greater litigation by employees regarding their conditions of work, but the trend is certainly in the direction of future disability claims being awarded on the basis of workplace stress, according to ICAS (as cited in Tuck, 2004:185). The demands placed on employees in the leaner and fitter organisations of the new millennium will continue to generate anxiety and stress, and the duty of organisations to take reasonable care of the health and safety of their employees will become an increasingly important item on the business agenda (as cited in Tuck, 2004:185) .

### 3.5. AIDS

AIDS has been identified as one of the fastest growing incurable diseases and is a serious threat to sustaining a healthy workforce in South Africa. It has various detrimental effects on the employee and organisations.

The Acquired Immunodeficiency Syndrome epidemic in South Africa is serious and rapidly growing as a result of the growth in HIV prevalence and the failure to control the spread of HIV. Instead of being able to focus purely or even largely, on prevention activities, the country is about to have to deal with the consequences of large scale conversion from HIV to AIDS (Whiteside & Sunter, 2000:66).

#### 3.5.1 How the virus works

Whiteside and Sunter (2000:7-9) explain how the virus works:

- The virus enters the body and attaches itself to host cells.
- Infection occurs and HIV targets a particular set of cells in the human immune system known as CD4 cells. These cells organise the body's overall immune

response to foreign bodies and infections. The prime targets of HIV are these T-helper cells and cells called macrophages which engulf foreign invaders and ensure that the body's immune system will recognise such invaders in future.

- A person becomes infected when the virus particles (called viraemia when they are in the bloodstream) enter the body and attach themselves to the CD4 cells and microphages.
- The virus then penetrates the wall of the cell's surface. Once inside the virus is safe from the body's immune system)
- Inside the cell, it copies its RNA into DNA in order for the door into the cell's nucleus to be opened.
- There the copied DNA integrates easily into the host's genes and by manipulating the proceedings of the nucleus causes the cell to churn out new HIV viral proteins.
- These are reassembled into viruses, which break out of the cell.
- In the process the cell is destroyed and the viraemia go on to infect more CD4 cells.
- The immune system of the infected individual gradually weakens until it falls prey to a host of diseases that it would normally fight off.
- The antibodies to the virus (what we usually test for) may not be identifiable in the early stages of infection. This is called the "window period".
- An infected person will be very infectious during this phase. The person may also experience a short bout of illness. The cause is a rapid multiplication of the virus and a correspondingly rapid response from the body.
- A battle commences between the virus and the immune system, described as the incubation period.
- Eventually the virus is able to destroy the immune cells more quickly than they can be replaced and slowly the number of CD4 cells falls.
- In a healthy person, there are 1200 CD4 cells per micro litre of blood. As the infection progresses, the number will fall to about 200 or less. At this point, new opportunistic infections begin to occur and a person is said to have AIDS.
- The infections will increase in frequency, severity and duration until the person dies.

- The period from HIV infection to the illness and death is crucial. With the development of effective antiretroviral therapies, infected people can expect to live a reasonably long life. In Africa the incubation period is estimated at between six and eight years.

### 3.5.2. The modes of transmission as cited in Whiteside and Sunter (2000:10)

- a) sexual transmission
- b) transmission from infected mother to child
- c) intravenous drug use with contaminated needles
- d) use of infected blood or blood products
- e) other modes involving blood include bodily contact involving open bleeding wounds.

### 3.5.3. Testing of HIV

In South Africa the most commonly used test for HIV is the ELISA antibody test. Testing to diagnose whether or not a patient is HIV positive is a threefold process. The Elisa test is performed and if the test yields positive, then a second ELISA test is conducted. If the second test confirms positive, then a more sophisticated test known as the Western Blot Test is performed. All the tests have an accuracy of over 99 percent (as cited in Whiteside and Sunter, 2000:16-17).

### 3.5.4. Prevention of HIV AIDS

First set of interventions is to reduce the risk of transmission when having sex with someone that is infected. The immediate treatment of sexually transmitted infections should be encouraged together with the use of condoms. Sexual practices that increase risk should be discouraged.

The second set of interventions is aimed at altering people's sexual behaviour through knowledge, attitude and behaviour.

Prevention strategies have only had limited success, as behaviour change and social change are long-term processes, and the factors that predispose people to infection – such as poverty, illiteracy, and gender inequalities are unfortunately common. These issues cannot be addressed in the short term. Vulnerability to, and the impact of the HIV/AIDS epidemic is proving to be most catastrophic at community and household level.

### 3.5.5. Treatment

There are various treatment programmes available in South Africa. Most of the programmes are part of a medical aid scheme's managed care benefits. These programmes provide support to members and in some case their dependants in terms of HIV AIDS education, evaluation and individualized case management and other support services through a network of specialised persons.

According to Whiteside and Sunter (2000:21) there are three stages in the treatment of HIV positive people.

- 1) The first stage is when they become infected, but the CD4 counts are still high. In this stage the emphasis is on staying healthy, eating healthily food, the correct food and so on.
- 2) During the second stage when the CD4 cell count begins to drop, prophylactic treatment focuses on preventing TB and other common diseases.
- 3) In the third stage, when the CD4 cell count drops below 350, treatment with antiretroviral drugs begins.

Antiretroviral drug therapies can be single therapy (just one drug) double therapies (a combination of two drugs) or triple therapies (three drugs).

Single drug therapy is mostly not used because it can cause fairly swift mutation of the virus into drug-resistant strains, however it can be administrated as a prophylaxis

to stop mother-to-child transmission. Dual therapy is cheaper than triple therapy, but the antiretroviral effect is less immediate as the viral loads fall slowly and the viral control may be of a limited duration. Highly Active Antiretroviral Therapy (HAART) is any antiretroviral regimen capable of suppressing HIV for many months and perhaps years in a significant number of individuals. Such is the case with triple therapy. It usually involves the use of two drugs that prevent the virus from attaching itself to the cell and also inhibit the RNA from integrating with and copying the DNA. The third drug is to prevent the copied DNA inside the nucleus from integrating into the host's genes and also to prevent the process of generating new HIV viral proteins. The treatment is not a cure, but highly effective in swiftly reducing the viral load to undetectable levels and this prolongs survival. When considering the HAART regimen, it is very important that the treatment be introduced as early as possible in order to prevent the damage caused to the body by high viral loads for a prolonged time. However one should also consider that should resistance build up, the remaining options are very limited. Treatment, be that single, double or triple drug, are very expensive and most medical aids only make provision for dual therapy.

Patient adherence in taking their medication is the key to the success of this programme: patients are required to take three types of tablets twice a day at the same time each day for the rest of their lives. Treatment preparedness and support for patients commencing ARV therapy is therefore imperative. Missing a single dose of medication may allow drug concentration in blood and tissues to drop below that needed for full HIV suppression. (as cited in Whiteside and Sunter (2000: 22).

According to the AIDS Foundation of South Africa some 80% of South Africans consult traditional healers and use traditional African remedies, even if they also use Western medicines. In the climate of fear and shame that prevailed when people with HIV/AIDS started dying in large numbers, when testing was not widely available and only a minority could afford life-prolonging drugs, traditional healers used a wide range of treatments to alleviate the symptoms of HIV/AIDS. Some so-called healers falsely claimed to have cures for AIDS. There was mistrust between traditional healers and western medical practitioners and different approaches were seen as being in opposition to each other.

In recent years, the government has tried to integrate traditional healers into the national health care system, promoting investment in the research, development of traditional remedies and the protection of related intellectual property. At community level, many organisations work closely with traditional healers in counselling, encouraging testing, promoting good nutrition and complementary remedies. There are many cases of traditional healers and clinic workers referring patients to each other. Improving understanding and cooperation between different medical traditions is important to promote the well-being of people living with HIV/AIDS and to prevent unnecessary conflict and misinformation. The same applies to attitudes to cultural traditions and practices. These have a direct influence on the health and wellbeing of communities. Some practices are potentially harmful in terms of the fight against HIV/AIDS (as cited by the AIDS Foundation of South Africa).

#### 3.5.6. AIDS in the Workplace:

In 2003 the South African Department of Labour released the Technical Assistance Guidelines (TAG) on Key Aspects of HIV/AIDS and Employment. The TAG builds on the Code to set out practical guidelines for employers, employees and trade unions on how to manage HIV/AIDS in the workplace.

The guidelines also serve as a guide to ensure that individuals affected by HIV/AIDS are not unfairly discriminated against in the workplace. In essence, the TAG is based on the Department of Labour's broad goals in managing HIV/AIDS in the workplace, inter alia, promotion of equality and openness around HIV/AIDS, creation of a balance between rights and responsibilities, and restoration of the dignity of persons affected by HIV/AIDS

##### 3.5.6.1. Key facts on HIV/AIDS in the workplace as adopted from the TAG:

- HIV/AIDS has increased the burden of ill health and mortality in the 15 – 50 year age group two to three fold, according to the ILO, therefore an average of 15 years of working life will be lost per employee due to HIV/AIDS.

- The vulnerability of businesses to HIV/AIDS will vary, depending on factors such as the type of business and production processes. Businesses may also be susceptible to inadequate responses to HIV/AIDS by key suppliers – e.g. water and electricity, telecommunications and basic government services suppliers.
- Productivity growth may be cut by as much as 50% in hard-hit countries. Combined with the erosion of human capital and loss of skilled and experienced workers, this is likely to result in a mismatch between human resources and labour requirements.
- The indirect costs to a workplace of HIV/AIDS are greater than the direct costs. The costs of lost time have been consistently shown to be the most significant costs to organisations. Each HIV infection is likely to cost the organisation between 1 and 6 times the employee's annual salary.
- HIV/AIDS will affect the growth of many markets for goods and services.
  - HIV/AIDS is reducing the ratio of healthy workers to dependants.
  - HIV infected persons have 5 - 10 years on average of asymptomatic productive working life. Health promotion and positive living can lengthen this period.
- There are specific occupational risks in certain sectors, such as the health and emergency services. Otherwise the transmission of HIV poses little or no risk in most work settings.

3.5.6.2. Guidelines for employers with regards to HIV/AIDS in the workplace as adapted from the TAG:

*Testing in the workplace:*

Normally the Code prohibits an employer from requiring an employee or job applicant to undertake an HIV test in order to ascertain an employee's HIV status. An employer can only test an employee, to find out what their HIV status is when the Labour Court has authorised HIV testing.

However the code makes provision for testing without the Labour Court's authorisation at the request of an employee, in the following circumstances:

- As part of a health care service provided in the workplace;
- In the event of an occupational accident carrying a risk of exposure to blood or other body fluids;
- For the purposes of applying for compensation following an occupational accident involving a risk of exposure to blood or other body fluids.

All HIV testing, whether it be ‘authorised’ HIV testing or ‘permissible’ HIV testing, should only take place:

- With informed consent;
- Within a health care worker and employee-patient relationship;
- With informed consent and pre- and post-test counselling; and
- With strict procedures relating to confidentiality.
- With regard to ‘permissible’ testing, the testing may only take place at the initiative of an employee.
- In accordance with the Department of Health’s National Policy on Testing for HIV.

*Promoting a safe working environment*

- Every employer is obliged to provide and maintain, as far as reasonably practicable, a workplace that is safe and without risk to the health of its employees;
- Although the risk of HIV transmission in the workplace is minimal, occupational accidents involving bodily fluids may occur, and therefore, every workplace should ensure that it complies with provisions of the Occupational Health and Safety Act, including the Regulations on Hazardous Biological Agents.

That workplace policy should deal with, amongst others:

- a) The risk, if any, of occupational transmission within the particular workplace;

- b) Appropriate training, awareness and education on the use of universal infection control measures so as to identify, deal with and reduce the risk of HIV transmission in the workplace; and
- c) The procedure to be followed in applying for compensation for occupational infection.

*Every workplace should develop a workplace HIV/AIDS programme*

Organisational HIV/AIDS responses should have two main focuses, one internal and the other external. The internal response refers to what organisations can do in response to HIV/AIDS in the workplace; the external response refers to recognising and exploiting the comparative advantages of an organisation to ‘make a difference’ to the nature and course of the epidemic within the sector in which it operates.

The workplace response should have four main elements:

- a) A prevention strategy;
- b) A wellness strategy;
- c) A set of management strategies to deal with the direct and indirect costs of HIV/AIDS; and
- d) A partnership strategy.

It is important to note that these elements are interlinked – in particular, prevention activities and wellness management are not independent of one another – rather they form part of a continuum of prevention and care.

The workplace response should be underpinned by:

- a) An impact assessment to determine the nature and extent of the problem;
- b) A policy framework; and
- c) A monitoring and evaluation plan.

Mainstreaming HIV/AIDS is a fundamental requirement for workplace responses to be appropriate and sustainable. Programmes must be gender sensitive.

Workplace prevention programmes are one of the cornerstones of a comprehensive workplace response to HIV/AIDS. HIV prevention through behaviour change is a complex issue that needs to be well understood if prevention programmes are to have any chance of success. The usual elements of a comprehensive workplace HIV/AIDS prevention programme include:

- Awareness raising activities such as displays, distribution of pamphlets, industrial theatre, events on World AIDS Day and so on;
- Voluntary counselling and testing programmes either as an on-site service or as a referral to a service in the community;
- Peer education activities such as group discussions on a range of topics such as risk reduction;
- Training of other key personnel;
- Condom use and distribution;
- Optimal management of STDs, again as part of a workplace health service or in the community; and
- An infection control programme, specifically focusing on health care providers.

HIV/AIDS killed 2.3 million African people in 2001. The estimated 3.4 million new HIV infections in sub-Saharan Africa in the past year mean that 28.1 million Africans now live with the virus.

*UNAIDS Report (December 2001)*

AIDS primarily kills young and middle aged adults during their most productive years (Whiteside and Sunter, 2000). South Africa can most definitely not afford to have a further decline in productivity levels.

We will only reduce the impact of this epidemic if we all assume that we have a role to play and ensure that through leadership the individual, business and government play an active role in the fight against AIDS.

### 3.6. Absenteeism

Baun (as cited in Kaman,1995:131) states that absenteeism has consistently plagued business and industrial organisations and has an immense literature that reflects the concern for finding both the causes of and the potential solutions to this problem.

In a world moving towards total quality management – in which one manages processes rather than people – absenteeism is not necessarily a factor. What matters is whether the work gets done. Organisations will pay less for time and more for results. There are still large numbers of organisations where a certain number of people have to be present in the workplace every day in order for the organisation to function profitably. In those circumstances, according to Amanda Hamilton-Atwell, a consultant specialising in absenteeism, for every 1% of the workforce that is absent, production levels will drop by 2,5% (as cited in Tuck, 2005).

According to Baun (as cited in Kaman, 1995:132) employees are absent from work for reasons ranging from severe sickness or injury to the whimsical decision of just not going to work, and he stated that behavioural scientists found three reasons for employee absence which do not relate to illness: personal, attitudinal and organisational factors.

Personal characteristics that seem to relate significantly to absence are gender, age and occupational status. Although females at every age are less likely to die prematurely than males, they consistently have higher absence rates. To some extent this is due to their social task as caregivers in the family. Experts on ageing have found that young employees have higher absence rates, but as they approach middle age these rates decrease. Occupational status has an influence on employee absence. Physical working requirements have an impact on the ability of the minor injured employee to work, e.g. a sprained ankle would prevent a driver from carrying on with his duties, but the office worker is more likely to carry on with his duties.

Attitudinal factors are dissatisfaction with work (one of the major determinants of absenteeism) lack of group cohesion and satisfaction and to a lesser extent one's discontent with your manager.

Organisational factors are the third major influence. As cited in Kaman (1995) according to research, the size of the work unit is the most important element. It is stated that as the size of the work unit increases, absenteeism decreases and vice-versa. Research has also shown that the type of organisation is another element i.e. Industrial organisations have higher absenteeism than other groups (as cited in Kaman, 1995:132).

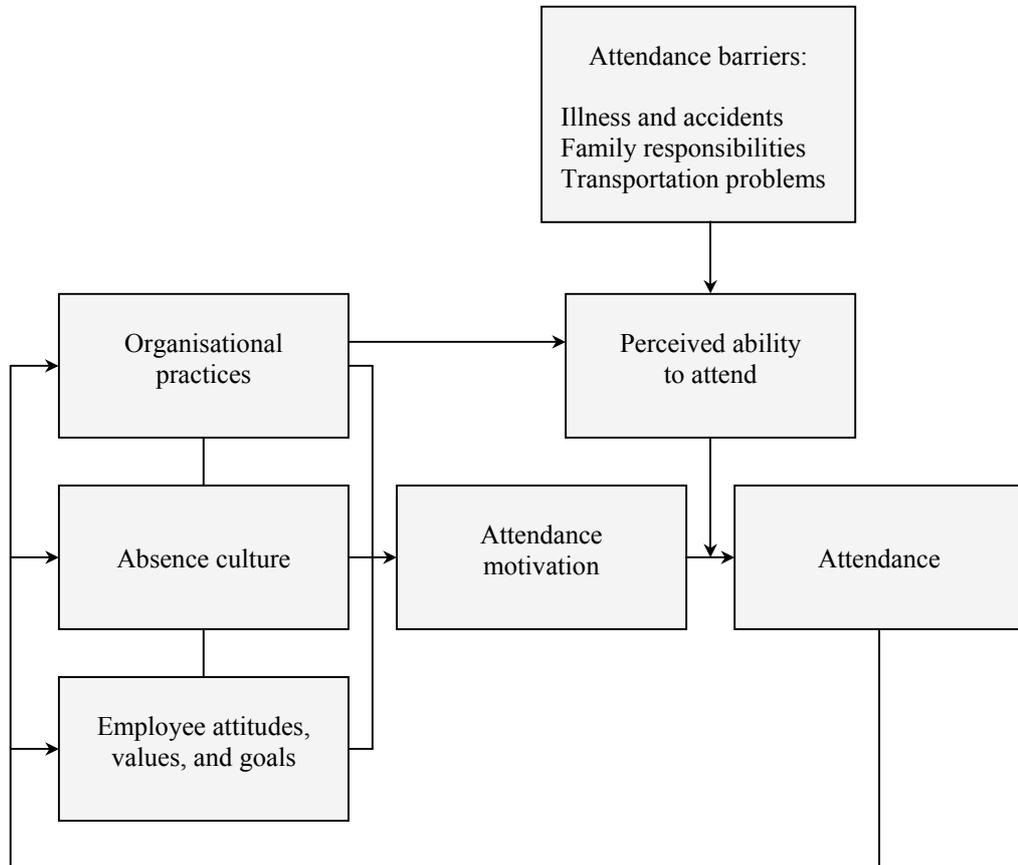
Rhodes and Steers (1996) have also researched the major causes of absenteeism. In their article they describe three types of explanatory models.

- 1) Pain-avoidance models explain absence behaviour as a flight from the negative work experience.
- 2) Adjustment-to-work models say that absence largely results from employee responses to changes in job conditions leading to a renegotiation of the psychological contract
- 3) Decision models view absence primarily as a rational (or at least quasi rational) decision to attain valued outcomes.

3.6.1 A diagnostic model for absence based on their research was developed by Rhodes and Steers (1996). This is depicted in Figure 7.

Figure 7 A diagnostic model of employee attendance

(Source: Rhodes and Steers, 1996: 415)



The model will be discussed in the following sections

### 3.6.1.1. Influences on Attendance motivation

According to Rhodes and Steers (1996) there are three highly interactive factors that influence attendance motivation:

- An existing absence culture
- Organisational policies and practices with respect to the workplace
- Employee attitudes, values and goals.

### 3.6.1.2. Influences on perceived ability to attend and attendance

This deals with the link between attendance motivation and actual attendance. Attendance barriers and organisational practices influence these. Rhodes and Steers (1996) noted three attendance barriers: illness or accidents, family responsibilities and/ transportation problems.

The sequence of events as illustrated above enact within a particular societal context. Therefore employee characteristics and organisational norms are influenced by societal norms concerning work or the value of work.

Other than societal norms, economic and labour market conditions can influence employee characteristics and organisational practices.

### 3.6.2. Health promotion programmes and absenteeism

Health risk assessment can be utilised to manage absenteeism effectively. According to Baun (as cited in Kaman, 1995) a study was conducted and it was evident that employees with any six major behavioural risks (overweight, excess alcohol use, high blood pressure, and elevated cholesterol) had significantly higher absenteeism. Once health promotion programmes were implemented and utilised within the framework of a comprehensive model the findings suggest that health promotion programmes can be very effective in reducing absenteeism.

### 3.7. Safety in the workplace

Research has shown that most of the accidents and injuries in the workplace are preventable. Unsafe employee behaviour has been stated as a major cause of workplace accidents and injuries.

Employee Wellness programmes play an instrumental role in providing health and safety awareness training, and ensure compliance through healthy and safe

behaviours. As stated in the Occupational Health and Safety Act, a safe workplace is mandatory and management has a responsibility not only to ensure their employees' safety but also the safety of the general public. Technical training in the use of machinery should be provided to assist employees to operate the machinery safely.

As cited in Tuck (2004) health and safety should be incorporated into the organisation's performance management system to ensure commitment throughout the organisation. There are other benefits related to a safe work environment such as fewer accidents and injuries, a decline in safety related claims and legal cost, savings in wages paid to injured and therefore non productive employees and a more satisfied workforce that trusts its working environment. This also results in improved relationships between employees and management. A safe work environment underscores sound corporate governance and improves the organisation's status as an employer of choice.

### 3.8. Substance abuse

Maiden (1999) stated that drug trafficking within South Africa is growing. Consequently we find an increase in substance abuse and the crime and violence that are associated with it. According to Maiden (1999) it has been estimated that 70% of all mandrax produced in the world is consumed in South Africa. Research has also established a clear link between substance abuse and violence. It is also commonly known that there seems to be an increase in the number of young adolescent drug abusers. This trend will clearly impact on the family as a whole and could have a negative effect on society and also possibly have an impact on the productivity of their working parents.

The origin of employee assistance programmes is closely linked to substance abuse as stated earlier. Given this, Employee Wellness Programmes should develop interventions to inform employees of the consequences of substance abuse and the early identification symptoms and assist them by referral to organisations that can support them with rehabilitation programmes. There is also a growing body of

research that supports prevention rather than rehabilitation and in this the impact of awareness training in the workplace will be instrumental in addressing this growing concern.

### 3.9. Job Satisfaction

Kreitner et al (1999:197) define job satisfaction as an affective or emotional response towards various facets of one's job.

According to Kreitner et al (1999) there are five key models of job satisfaction:

- *Need fulfilment*: these models postulate that satisfaction is determined by the extent to which the characteristics of the job allow individuals to fulfil their needs.
- *Discrepancies*: these models propose that satisfaction is a result of met expectations.
- *Value attainment*: propose that satisfaction is related to the fulfilment of the individual's perception of essential work values.
- *Equity*: job satisfaction is a function of how fairly an individual is treated at work
- *Trait/Genetic components*: postulates that job satisfaction is partly a function of both personal traits and genetic factors.

Job satisfaction in relation to other organisational factors:

(Source: Kreitner et al (1999:198))

<b>Job satisfaction correlates</b>		
Variable related with satisfaction	Direction of the relationship	Strength of the relationship
Motivation	Positive	Moderate
Job involvement	Positive	Moderate
Organisational citizenship behaviour	Positive	Moderate
Organisational commitment	Positive	Strong

Absenteeism	Negative	Weak
Tardiness	Negative	Weak
Turnover	Negative	Moderate
Heart disease	Negative	Moderate
Perceived stress	Negative	Strong
Pro union voting	Negative	Moderate
Job performance	Positive	Weak
Life satisfaction	Positive	Moderate
Mental health	Positive	Moderate

Since Job satisfaction involves employees' affective or emotional feelings, it has major consequences on their lives. Locke (1976:1311) described the most common consequences of job satisfaction on employees as: the effects on physical health and longevity; mental health and an impact on the employees' social life in general. He further maintains that there is an interaction between the employees' feelings about his job and his social life (as cited in Sempane, Rieger & Roodt, 2000).

### 3.10 Trauma counselling

According to Googins (1993) EAPs have been swept into violence prevention as this has achieved "epidemic" proportions. Critical Incident Stress Debriefing is a technique that is used to address the aftermath, as well as prevention, of such events.

Critical Incident Stress Debriefing (CISD) is used to normalize the response and minimize the reactions of displaced and traumatized workers, their dependants and employee peer survivors.

As stated by Plaggemars (2000), it is a useful methodology in modifying the psychological distress resulting from exposure to traumas and crises (as cited in Van Den Berg, 2000).

It is used in the workplace, for the treatment of consequences of company re-organisation and downsizing, realities of automation, people struggling to adapt to

new technologies, workplace violence and sexual harassment, accidental deaths, acts of violence and serious workplace accidents.

A crisis as defined by Parad and Parad (2000) represents an acute emotional upset, loss of equilibrium, and an upset in a steady state, which temporarily hinders one's ability to employ previously used problem solving capacities (as cited in Van Den Berg, 2000:80).

Plaggemars (2000) described some of the symptoms as physical, cognitive, emotional and behavioural reactions.

- a) Physical – shock, nausea, fatigue, dizziness and twitches
- b) Cognitive – confusion, concentration problems, reduced attention span, problem solving difficulty and memory impairment.
- c) Emotional – anxiety, fear, loss, numbness, a sense of disbelief, identification with the victim, irritability, helplessness and hopelessness.
- d) Behavioural – withdrawal or isolation, hyper-alertness, sleep and appetite disturbances, decreased sexual functioning.

Figley (1985) describes a traumatic event as more severe than a crisis. The Diagnostic and Statistical Manual for Mental Disorders (1994) added that it involves an individual experiencing, witnessing, or being confronted with actual or threatened death, serious injury or a threat to the physical integrity of self and others, with the following symptoms associated:

- a) Persistently re-experiencing the event
- b) Avoidance of stimuli associated with the trauma
- c) Generalized numbing of responsiveness
- d) Increased arousal

Persons experiencing the above symptoms for more than one month, and where their social and work functioning is impaired, would then suffer from Post Traumatic Stress Disorder.

CISD is aimed at improving innate coping abilities so that the individual can return to at least the pre-crisis or pre trauma level of functioning and should be applied within hours after the crisis or trauma, to be effective (within 72 hours of the incident).

#### CISD process

The technique is a group process, utilizing peer support and discussions to assist the individual to recover from the trauma effectively and consists of seven phases:

- 1) Introduction phase – professional introduces himself and then explains the process and confidentiality of the session.
- 2) Fact phase – the individual explains his/her role in the incident
- 3) Thought phase – the individual states his/her initial thoughts about the incident
- 4) Reaction phase – the individual is asked to recall the worst or most difficult part of the event for him/herself.
- 5) Symptoms phase – the facilitator mentions common stress related symptoms and then asks the individual to share physical, emotional and behavioural symptoms experienced
- 6) Teaching phase – Facilitator explains behaviours that assist with recovery and explains the phases people experience in the aftermath of trauma.
- 7) Re-entry phase – Facilitator offers an opportunity to summarise and state any feelings that seem apparent but not been expressed.

The environment in which one lives is dynamic and changes all the time and most have experienced some crises and trauma that had a negative impact on wellbeing. In South Africa a high incidence of traumatic events is experienced, even more so given the high crime rate. Most employees have experienced occupational trauma such as a hi-jacking, acts of violence, the death of a colleague or loss of colleagues due to downsizing. Critical Incident Stress Debriefing is a technique that is essential to any Wellness programme in minimising the harmful effects of trauma in the workplace.

### 3.11. Organisational change and wellness

Reddy (1993) states: “of all the things that characterize the organisational and business work of the nineties, change comes first”. Counselling theory and practice is based on a model of managing change. It is only a matter of time before counsellors will be acknowledged as offering models not only of individuals, but of organisational change (as cited in Carroll and Walton, 1997:8).

Worster (2000) describes the role of the EAP in organisations going through changes as follows: “Moving into the new millennium, the need for EAP services will grow as more organisations will realize their survival depends on how well they are able to help their employees cope with the ambiguity of today’s world while remaining focused on the organisational task at hand” (as cited in Van Den Berg (2000:113).

From the two quotes above it is clear that the mandate for change has remained the key focus for organisations globally. So the questions can be asked: what role does wellness play in organisational change?

Eisenberg (1996) suggests that stress is a function of the amount and pace of change we’re experiencing at any given time divided by the coping skills available to us (as cited in Van Den Berg, 2000:113).

Carroll (1997:16) describes the role of the counsellor in the workplace as that of a trainer, welfare officer, home-visitor, information-giver, advocate, consultant to management, personnel advisor and organisational change-agent.

Eisenberg’s equation underlines the new role of the wellness professional as a strategic partner in ensuring transformation from organisational chaos to a workplace where a new sense of community is created.

### 3.12. Conclusion

There are various threats in the employee's work and personal environment that could compromise an employee's wellness. As mentioned, the world that people live in today changes tremendously from one day to the next and influences the macro and micro environment in which the employee functions. Increased competition and globalisation has changed and will continue to change the landscape of work. The major driving forces seems to be technology, the changing structure of organisations, the changing nature of the employment contract and relationship, increased cultural diversity, work and family life demands, internationalism and an increase in job losses as a result of restructuring and downsizing.

These changes might have a deconstructive effect on employee health and wellness that spills over to the work environment. Forward looking companies have to realise the importance of employee wellness as a strategic imperative in managing their human capital. In this chapter some of the most critical health and wellness concerns were examined and some initiatives that can be employed by organisations to deter the negative effects of these threats to employee wellness. For the initiatives to support the health and wellness of an organisation strategically, an integrated Employee Wellness Programme is needed.

## Chapter 4

### Employee Assistance- and Employee Wellness Programmes

#### 4.1 Employee Wellness: Growing pains during the process of changing from a social movement to a field in Human Resource Management

According to Grimes, Employee Assistance programmes have their origins outside the workplace, in the social movement known as Alcoholics Anonymous (AA) (Trice and Sonnenstuhl 1985). As a religious, therapeutic and social phenomenon, the AA was spectacularly successful in addressing one of the more insidious afflictions of the Industrial Age. The goal of the early EAPs focussed on helping the problem drinker and alcoholic employee become a productive worker (Levy, 1974). Grimes (1988) indicates that the use of EAP's grew slowly and fitfully throughout the 1940s, 1950s and 1960s.

The Institute for Personnel Management (IPM) (1989) supports Grimes and Levy's historical perspective on EAPs.

In the late 1970's the concept of the broad-brush EAP emerged, addressing issues such as marital and family difficulties, legal-, career- and financial troubles as well as emotional and substance abuse related problems (Levy, 1974).

Berridge et al. (1997:34) states that the growth of EAPs in the United States has been impressive in terms of extent. Berridge and Cooper (as cited in Berridge et al., 1997:34) note that in 1972 there were 300 programmes recorded; in 1979, some 5 000 programmes; by 1987 about 9 000-12 000 instances were cited, mainly in the larger to medium-sized organisations. Luthans and Waldersee (1989) state that from 1989 onwards 75%-80% of the top Fortune 500 companies operate an EAP (as cited in Berridge et al.,1997:35).

Reddy (1994) states that the development of EAPs has been largely determined by the Organisational landscape of the environment in which they function, thus we found the origin of EAPs in Australia to be different from those in America. One of the first

EAPs in Australia was originally designed to support a worker's financial co-operative.

According to the Institute for Personnel Management (IPM), EAPs were introduced in South Africa largely in the 1980s, with the vast majority of programmes broad-brush in focus.

## 4.2 Employee Assistance- and Employee Wellness Programmes defined

### 4.2.1. Employee Assistance Programmes

According to Balgopal and Patchner (1988:95) the main goal of Employee Assistance Programmes is to assist employees with current difficulties which affect their functioning on the job and at home. Sonnestuhl and Trice(as cited in Holosko and Feit, 1988). define EAPs as job based programmes operating within a work organisation for the purposes of identifying troubled employees, motivating them to resolve their troubles, and providing access to counselling or treatment for those employees who need these services (as cited in Holosko and Feit, 1988).

EAPA-SA (1999:5) defines an EAP as a work-site based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, stress and or other personal concerns which may adversely affect employee job performance.

Miller, Shain and McClelland note that characteristically Employee Assistance programmes address substance dependent and troubled workers at stages when their problems are noticeably disruptive. They also note a strong link with health and safety promotion in the workplace (as cited in Grimes,1988:29).

Berridge at all (1997:16) defines an EAP as a programmatic intervention associated with the work context, usually at the level of the individual employee, using behavioural science knowledge and methods for the control of certain work-related

problems (notably alcoholism, drug abuse and mental health) that adversely affect job performance, with the objective of enabling the individual to return to making her or his full job contribution and re-attaining full functioning in personal life (adapted from Berridge and Cooper 1993b:89).

Freest (2002) states that EAPs can penetrate organisations and target their “behavioural risks” with ongoing programmes of prevention and intervention strategies that reduce a corporate customer’s exposure to loss.

Megranahan (1995) states that employee assistance programmes (EAP) are designed to benefit every area within an organisation where individual performance plays a part. This scope is extremely broad and ranges from the single task to complex jobs that all levels of employees undertake.

#### 4.2.2. Employee Wellness Programmes

According to Tuck (2005) Employee Wellness Programmes refer to all strategies, action plans and methods used to promote the physical, emotional and mental health of employees, to ensure a productive workforce.

Miller, Shain and McCellan define Employee Wellness Programmes to be more interested in keeping healthy people healthy, addressing moderate substance users or nonusers, and, if substance problems are apparent, referring these troubled employees to the EAP (as cited in Grimes, 1988:25).

According to Erfurt and Foote Employee Wellness Programmes should be aimed at the prevention and /or early detection and treatment of identified health risks, as well as broader health programmes, focussing on the development of positive health practices by altering habits and behaviour (as cited in Grimes, 1988:33).

Kaman (1995:19) describes workplace health promotion programmes which offer a wide variety of activities designed to enhance the health and fitness of their participants, originated as an expression of paternalistic support by company owners

for their employees. He further states that these programmes have evolved into sophisticated strategies of primary prevention.

Health is increasingly being understood not merely as the absence of illness or disability, but rather as a state of complete physical, social and mental well-being. Effective corporate health and wellbeing programmes must take the whole person into account, recognising the impact of psycho-social factors on wellness.

#### 4.2.3. Synergies between Employee Assistance- and Employee Wellness Programmes

Miller, Shain, and McClellan researched the synergies between Employee Assistance and Employee Wellness Programmes and they found that in general EAPs are successful in restoring the health and safe work lives of a number of employees, but they are not generally so active in promoting healthy and safe lifestyles for most employees. They found that EAPs do well in assisting substance-troubled and chemically dependent employees, but they must collaborate with Employee Wellness promoters to reach immoderate substance users and those in early stage dependence (as cited in Grimes, 1988:27)

They concluded in their research that Employee Assistance and wellness are interrelated. Although in many instances the people performing these two services are different, in some instances the same personnel oversee both programmes. They added that these programmes should be coordinated rather than merged and suggested that representatives of the programmes know one another, talk, and plan and link up where possible. An example of this would be of substance abuse, where the employee would be referred and treated by the EAP. Recovering employees during outpatient and aftercare can be referred to employee wellness (as cited in Grimes, 1988:29).

Karsch (2005:33) calls it the “Big tent approach”, describing the changing dynamics of health promotion. “With the changes we’ve witnessed what I call “migration” of a whole subset of corporate America – including health and safety, employee assistance, insurance, recruitment and retention to the cause of wellness”.

Karsch (2005) further states that wellness programmes today can bring a diverse array of resources to bear on a goal of improving and maintaining the health of employees and their dependants. One cannot really have a discussion about creating a healthy work environment if all the constituencies are not represented, maybe even retirees and dependants.

Van Den Berg (2000:12) suggests that employee assistance needs to be delivered through a strengths-based, solution-focused, empowerment-oriented ecological model that acknowledges the interdependent relationships between employees and their work organisations. EAPs also contribute significantly to preferred employer status. Workplace health promotion programmes may also assist Human Resources in attracting and retaining the most effective, productive employees. In today's world employees place an exceptionally high value on their health and that of their families.

In the future health and well-being will be integrated into the very fabric of employees' jobs and the workplace will become a place that is not only free of hazards, but also provides an environment that is stimulating and satisfying for those who work there. As a result, Employee Wellness Programmes are broadening their scope to also include HIV/AIDS, organisational change, involvement in team projects, fitness, work/life balance and critical incident stress debriefing, trauma, substance abuse and mental well-being.

For the purpose of this study an Employee Wellness Programme includes an Employee Assistance programme in an attempt to look at employee wellness from a holistic perspective, not implying that the two programmes are merged into one, but that they operate in close collaboration with each other.

#### 4.3. The structure of Employee Wellness Programmes

#### 4.3.1. Needs analysis

As a starting point for the development of an Employee Wellness Programme, the Standards for Employee Assistance programmes in South Africa states that programmes can only be designed once a needs assessment has been conducted. This analysis should include at least the organisational profile and needs, employee needs, supervisors and union representatives' needs and health care profiles and needs.

Berridge et al (1997) states that an assessment of the needs of the employees and the organisation are a vital part of programme planning and development and are primarily the responsibility of the organisation. This assessment will help the organisation to determine the most appropriate method of providing counselling services.

According to Fantin (2004) it is essential to “do some ground work” before implementing an EAP. Fantin (2004) claims that this will provide a detailed understanding of the issues within the organisation, the nature and the scope of the prevailing problems, the needs of employees, and their preference in service delivery methods.

As cited by Fantin (2004), this survey will provide vital information with regards to the type of EAP that should be implemented as well as who should be targeted and the best approach. It is stated that it will also serve as a platform for future evaluations.

Fantin (2004) warns that organisations often neglect the links between the EAP, wellness and managed care programmes, as well as policies and procedures on alcoholism, HIV/AIDS and drug testing and that therefore poor planning and strategic implementation of an EAP often leads to low programme utilization and/or abuse of the programme for management purposes. It is the view of Fantin (2004) that this ultimately results in employees having no confidence in the service.

#### 4.4. Interventions that form part of the Employee Wellness Programme

Berridge et al (1997) state some counselling issues included in a “broad-brush” EAP. This is depicted in table 2

Table 1: Counselling issues included in a broad-brush EAP.

Aids	Retirement	Physical fitness
Drug abuse	Accidents	Weight control
Stress (work extrinsic)	Career development	Literacy problems
Stress(work related)	Chronic illness	Supervisory styles
Substance abuse	Disability	Technological changes
Alcohol abuse	Racial harassment	Smoking
Violence	Induction	Job change
Mental health	Financial advice	Test failure on job
Disaster	Suicide	Job training
Bereavement	Vocational guidance	Family problems
Legal matters	Promotion	Grievances
Marital problems	Women’s issues	Discipline
Lay off	Demotion	Goal setting
Indebtedness	Young workers’ problems	Legal problems
Risks at work	Gambling	Divorce
Verbal abuse	Dismissal	Performance evaluation

According to Halls (2005), the elements of a wellness programme vary greatly. In the early stages of a wellness programme, a company may opt to provide basic health promotion activities such as a walking club, distribution of health information, or a health fair. More advanced wellness programmes include interventions such as: flu shots, smoking cessation programmes and on site seminars, EAPs, on site exercise programmes, on site massage therapy, education and training on the prevention of occupational injuries and ergonomics.

The needs of the workplace environment will determine the wellness programme priorities and interventions. Education and training on the prevention of occupational injuries may be the focus in a manufacturing setting, while in an office setting there might be a greater need for ergonomics training (as cited by Moeller-Roy, 2005:24).

A health risk appraisal (HRA) is the ideal starting point for a wellness programme, as recommended by Halls (2005). Halls further explains that the HRA usually consists of an individual completing a health history and lifestyle questionnaire along with a biometric screening (measurements of cholesterol, blood sugar, body fat, body mass index, and blood pressure). Nowadays, health care professionals will go to an employer’s site to provide the HRAs and biometric screenings.

According to Baun et al. (1992) one should first consider resources, and then consider the depth and breadth of the intervention. He explained the concepts as follows:

The breadth of an intervention refers to the number of different options offered within each intervention. A comprehensive programme could cover a wide range of wellness dimensions such as:

- preventative health(hypertension, cholesterol, cancer, diabetes, AIDS, nutrition (dietary assistance, cooking classes)
- weight control, fitness, stress management and smoking cessation
- EAPs, career development and financial planning assistance.

Table 2: Breadth and depth of initiatives within an Employee Wellness programme

Source: Baun et al (1992:23)

		Breadth	
		Narrow	Broad
Depth	Shallow	Few initiatives, and only one option within each initiate	Several different initiatives and only one option within each initiative
	Deep	Few initiatives and many options within each initiative	Several different initiatives and many different options within each initiative

Depth is described by Baun et al., as needed to reach those employees most resistant to change, whereas breadth provides a sense of equality. There are generally four levels of intervention in health care:

- 1) Communication and awareness programmes
- 2) Screening and assessment programmes
- 3) Education and lifestyle programmes
- 4) Behaviour change support systems

Table 3 A matrix of the four depth levels in line with the difference in intervention breadth.

Source: Baun et al (1992:23)

Levels of intervention	Breath of the Intervention				
	Preventative health	Nutrition and weight control	Fitness	Stress Management	Flexible work practices
Communication and awareness programmes	Newsletters Health fair Check stickers Electronic mail Posters Flyers	Nutrition games National nutrition month events Newsletter articles Table tents	Fitness events Newsletter articles Posters Flyers	Newsletter articles Posters Flyers	Newsletter articles Posters Flyers
Screening and assessment programmes	Blood pressure screening Health Risk Profile Cholesterol testing Health physicals Cancer screening	Nutrition assessment Computerised diet analysis Body-fat testing	Cardiovascular risk appraisal Fitness testing Body-fat testing Blood pressure screening	Biofeedback Blood pressure testing Psychoanalysis Stress questionnaires	Work life balance questionnaire Psychoanalysis

Educational and life style programmes	Seminars AIDS education CPR classes Physical referral system Community referral system Self-help kits	Seminars Weight loss contests Weight loss courses Cooking classes Nutrition counselling Cholesterol programmes	Seminars Exercise prescription Healthy back classes Personal training Aerobic classes Walking clubs Fitness contests	Seminars Stress management workshops Time management workshops Lifestyle courses Massage therapy Psychotherapy	Seminars Child care workshops
Behavioural support systems	Incentive system Goal setting Resource centre Buddy system	Cafeteria programmes Healthy vending machines	On-site fitness centre Exercise equipment Exercise trails Corporate sports teams	“Quit room” Career development counselling Job satisfaction strategies EAPs	Flexible working hours policies Child care centre on site

Perhaps the most important factor in designing wellness programmes is flexibility while maturing from initiation to maintenance (Braun et al., 1992:29).

As stated by Erfurt and Foote (1988) some programmes have primarily a risk reduction function, selecting specific risk factors or risky behaviours as their target. Others have a broader health promotion or wellness focus, emphasising the development of positive health and practices (as cited in Grimes, 1988:36).

As stated by Moeller Roy (2005:25) health promotion and wellness programmes have multiple benefits to the individual as well as the organisation. She stated that programmes enhance employee job satisfaction and raise awareness of the importance of health status, thus assisting them to make informed decisions about their health.

In conclusion one can see that there are various programme activities and that the selections of activities are linked to the aims and strategies that the organisation would like to achieve through the implementation of wellness interventions. From the guidelines a good starting point before embarking on any specific intervention would be to do a health risk assessment that will guide the employees in choosing the right option within intervention and assist in establishing individualised goals. The organisation can incorporate risk reduction strategies as part of their wellness programme, however these should be well defined and wellness interventions should be aligned to risk reduction strategies.

#### 4.5. Models for Employee Wellness

In the following section an overview of the most prominent EAP and EWP models will be discussed.

##### 4.5.1. Models of EAP

In reviewing the literature on EAP models one often finds a combination of the models as described below. This can mainly be ascribed to the fact that an EAP is designed and developed around the specific needs of the organisation, the employees and constraints in terms of availability and viability of services.

##### 4.5.1.1. Procedural approach to EAP models

Below a summary of models of EAP in terms of their procedural approach as developed by Masi & Friedland (1988) as cited in Berridge et al (1997:53)

Table 4: Models of EAP – procedural approaches

Source: Berridge et al (1997)

Type number	Characteristics	Commentary
1	In-house: integrates with corporate policies, and all staff are directly employed.	Employer-controlled, hence may lead to conflicts of interest and ethics.
2	Out-of-House: objectives may fit into corporate goals, but provision contracted to external provider	Problematic linkages and inter-knowledge between provider and organisation
3	Consortium: several firms. Pool resources using external contractor.	Smaller firms share overheads this way: co-ordination and premises come through contractor.
4	Affiliate: resembles type 2, but provided more loosely by co-operating independent professionals for a group of firms.	High client focus, and reduced organisational involvement, if any.

*In-house model:*

With the in-house model organisations have their own in-house resources to which employees are referred. These require a multidisciplinary team of social workers, psychologists, doctors, and sisters who offer counselling services to employees and their immediate family. Given the large number of professionals required, a pure form of this model is not common, since some of the specialists may be accessible through community services (as cited in the IPM Journal Fact Sheet; 1989:4).

*Out-of-House model*

Here the services are contracted to an external provider. The initial diagnosis of the problem is done by the internal EAP co-ordinator within the organisation and then referral for appropriate assistance takes place. The co-ordinator might also be involved with follow-up and managed care. Most commonly within South Africa we find a combination of the in-house model and this model, whereby certain elements of the Employee Wellness Programme are managed from within the organisation, such as financial assistance, health and work related problems (as cited in the IPM Journal Fact Sheet; 1989:4)

*Consortium model*

As stated, this model is largely utilised by smaller organisations that share an EAP resource, since it might not be financially viable to employ an EAP co-ordinator. With this model a group of firms within a geographical area join together to set up an EAP (as cited in the IPM Journal Fact Sheet; 1989:4).

*The Affiliate model*

In this model organisations contract with a welfare agency or a professional – or group of professionals – in private practice to assist with the counselling of employees and their immediate family members. In some cases the service includes supervisory training and programme evaluation (as cited in the IPM Journal Fact Sheet; 1989:4).

4.5.1.2. The “core technology” model

Roman and Blum (1992) developed a prescriptive EAP model with the aim to serve as a practice yardstick. Roman and Blum (1992) claimed that this model has shown robustness in refinement and is capable of application only with “scrutiny and imaginative consideration” of its utility on a wide geographical extent and that it represents the unique contribution of EAP presence in the workplace (as cited in Berridge et a; 1997:55).

Table 5: Seven “core technologies” approach to EAPs

Source: Berridge et al (1997:56)

Number	Description of core technology	Commentary
1	Identification of problem employees via documented evidence of impaired job performance	Clear performance standards are required to avoid vague “labelling” of employees with supposed behavioural problems
2	Provision of consultative assistance to supervisors, managers and shop stewards by the specialist designated to operate the EAP	Training and education at all levels of employees prepares a climate in which the EAP becomes part of HR policy
3	Constructive confrontation of the problem employee by management to obtain recognition of troubles and a willingness to act	This unique aspect of EAP derived from the occupational alcoholism origins, but has of late taken a “softer” nature
4	Creation of micro linkages between the employee and community resources most appropriate to assist	Both clinical and practical community knowledge can ensure effective direction of employees to sources of help
5	Creation of long term macro linkages between workplaces and service provider systems in the community	Workplaces can thus become informed consumers of treatment- leading to effective managed care
6	Promulgation of an organisational culture to provide constructive assistance in dealing with employees’ problems	Neither benign neglect nor punitive discipline, but a culture of responsible cooperative mutual help
7	Evaluation of employee and EAP in terms of job performance adequacy	Resolution of job-related problems rather than judged on clinical or other criteria

Berridge et al (1997:57) state that in spite of the insistence by the authors that the model is not a statement of “rightness”, in its application it tends to be implemented as such and so interpreted by certain EAP contractors. It is difficult to envisage that an EAP application on “core technologies” could realistically exclude any one or more of the components without becoming intellectually or operationally incoherent.

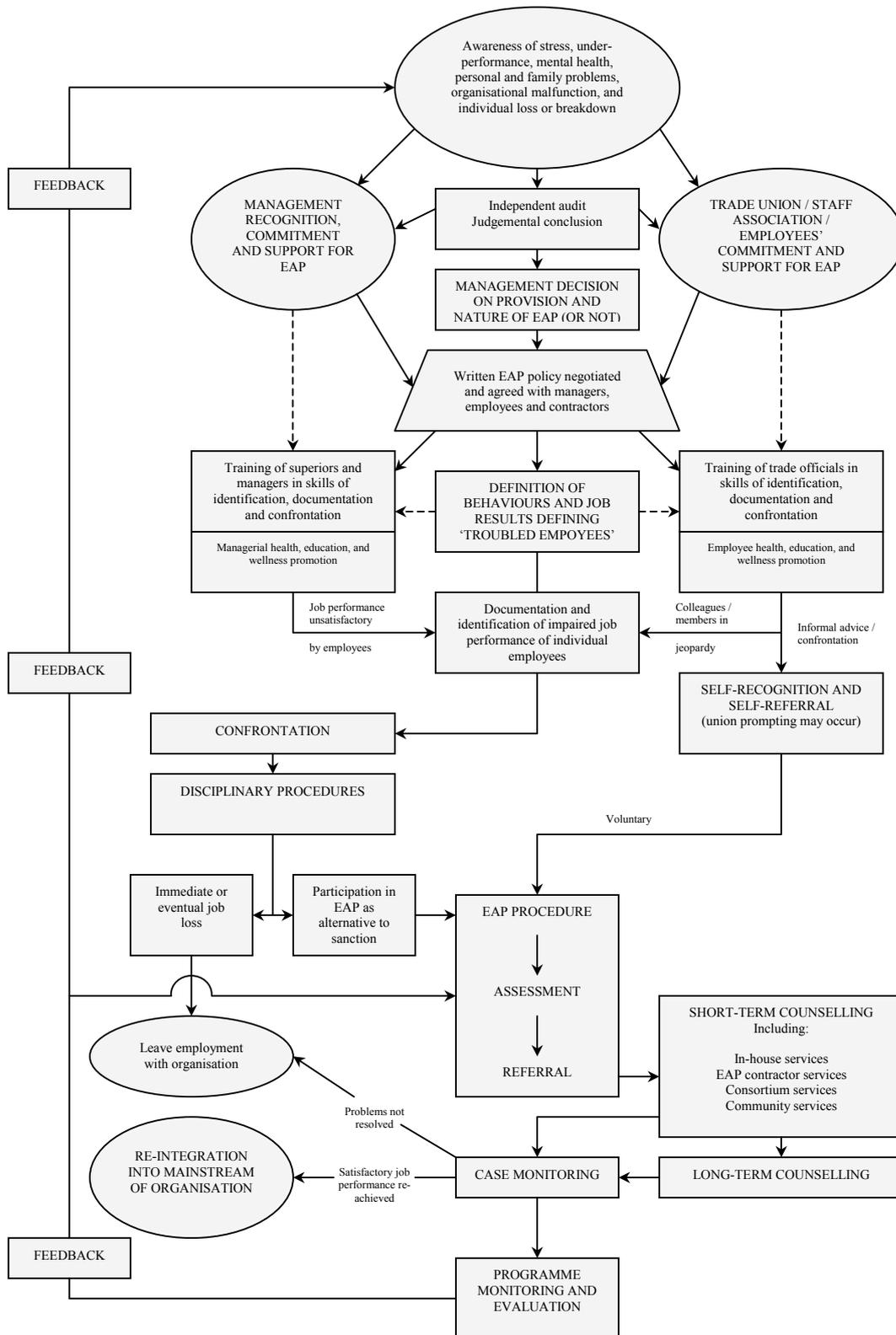
As cited in Berridge et al (1997), Reddy (1997) and Van Den Bergh (2000), some professionals are of the opinion that the “core technologies” approach is too commercially focused, and does not sufficiently take cognizance of the needs of the individual employee or client.

In the section below the Ideal typical model for an EAP as developed by Berridge et al (1997:60) is displayed. The ideal typical model gives a breakdown of the process flow in terms of an ideal EAP and gives a comprehensive overview of the different stages in the EAP process.

4.5.1.3. Ideal typical model of an EAP

Figure 8: Ideal typical model of an EAP

Source: Berridge et al (1997:60)



This model was designed to assist with a practice model of an ideal-typical nature. Berridge et al (1997) built and further developed the original concept of an EAP as offered by Shain & Groeneveld (1980). Shain and Groeneveld wanted to identify the essential elements of the EAP in line with the approach as set out in the UK EAPA Standards (EAPA, 1994). In addition they also wanted to analyse the nature of the interrelationships between the elements of the model. Berridge et al (1997) stated that this model can be used as a reference when embarking on developing a new EAP, alternatively for analytical comparison where an existing EAP is examined.

Berridge et al (1997: 59) stated that the governance of an EAP and efforts to prepare and educate the organisation prior to implementing an EAP are important. Constant monitoring and evaluation is just as important in ensuring the structural-functional nature of the EAP is sustained.

Berridge et al (1997:59) further explained that an EAP will continually change by means of imports and exports to its system (e.g. new problems, new techniques in counselling and rehabilitation, gain of support from management and employees alike), across its various boundaries within the organisational stakeholders, the community and the economic environment. This model also demonstrates that the EAP cannot be a once off organisational intervention or a short term “Band-Aid”, but is central to the organisation’s culture, processes, mechanisms, values and beliefs.

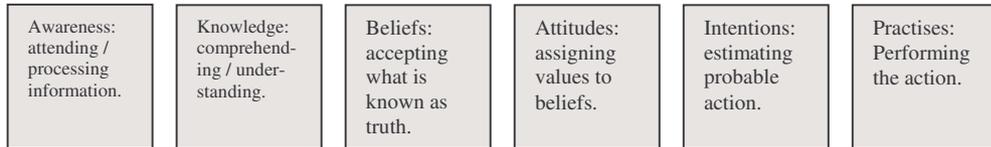
#### 4.5.2 Employee Wellness Model

Miller, Shain and McClellan (as cited in Grimes, 1988:17) developed a behavioural components and lifestyle model to approach the synergies between EAP and wellness programmes. They supported the idea that any health/safety behaviour is supported and reinforced by a pattern of other health/safety behaviours and called it “lifestyle as a system” and adapted the Shain, Hodgson and Suurvali model to incorporate both EAP and wellness approaches. This model is depicted in figure 9.

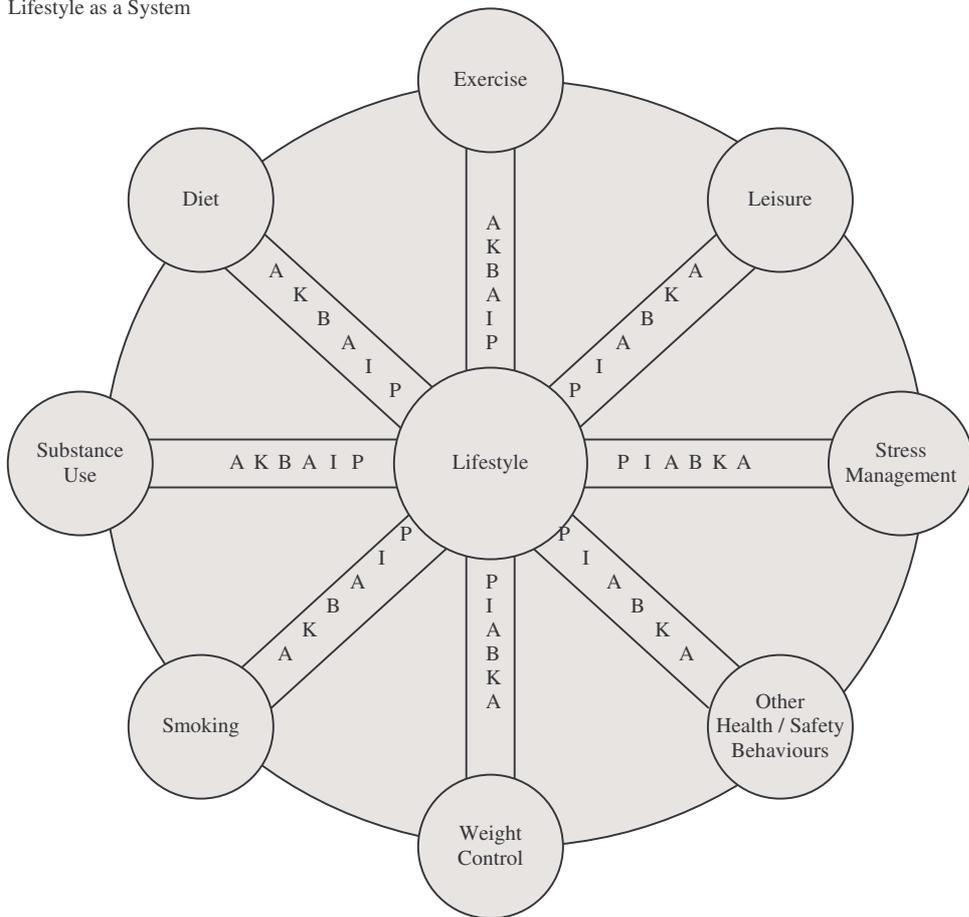
Figure 9: Promoting healthy/safe lifestyles: Behavioural components and lifestyle as a system.

Source: Grimes (1988:17)

Behavioural Components



Lifestyle as a System



Note: A-K-B-A-I-P represents the logical assembly of behavioural components.

There is a clear priority for work in this area to create a rigorous model of wellbeing in the workplace. The model should clearly draw from an interdisciplinary approach and further examine the links between the various elements within EAP, wellness programmes and work settings.

#### 4.6. The future of Employee Assistance- and Employee Wellness Programmes

In an article by Nan Van Den Berg (2000) about Employee Assistance Practices in the 21<sup>st</sup> century, she commented that there has been a change in focus from earlier EAPs, which were somewhat sequestered away within the organisational structure and with a focus almost exclusively on the “troubled employee”. Van Den Berg proposes a more relevant approach for the diverse employee needs of today; such an approach would be a strength based and solution focused approach, and EAP would be involved in multiple aspects of an organisation’s work culture.

Van Den Berg (2000) postulates a review of the “core technology”. In short “core technology”, as coined by Roman and Blum (1985), is an EAP framework, developed to devise interventions aimed at assisting management on how to confront a “troubled employee”, and how to assess and refer such persons to ensure they receive effective treatment to return to work as productive. Reddy (1994) supports her view and states that both the concept and its content are currently under renewed scrutiny and a rapidly growing international dimension has given a new edge to the need for definitive formulations.

In the last few years literature about EAP’s has been challenging core technology assumptions, and states that EAPs should progress to meet the needs of the rapidly changing global economy (Yandrick, 1994; Tisone, 1994; Lung, 1994). In the words of Van Den Berg (2000:3): “The three session assessment and referral paradigm to address the “troubled employee” is perhaps too parochial a focus for EAP service delivery into the next century”.

Van Den Berg postulates a switch in focus to a perspective emphasizing empowerment, strengths, competencies and capabilities instead of the focus on problems and the “troubled employee”, suggesting that EAPs should include child/elder dependant care services, prevention/interventions for the older workers, work/family programmes, critical incident interventions and management programmes as well as health and wellness promotion.

The market for EAPs has grown extensively and changed not only in terms of conceptualization but also in terms of structure from the 1970’s, when the first EAPs were established. In 1972 there were 300 national occupational alcoholism programmes in the United States, the precursors to EAPs. They were mostly internal programmes. In 1996, the EAPA estimated that there were approximately 20 000 employee assistance programmes internationally. This radical growth has also brought about a shift in venue for service delivery, and research indicates that approximately 80% of EAP services are provided by external companies (Hartwell et al., 1994) and this has had a significant impact on managed mental health and substance abuse services (as cited in Van Den Berg, 2000:3).

According to Van Den Berg (2000) it seems that with the emergence of the equally rapid growth of Performance Management Programmes and Managed Health Care, the potential has been identified for such behavioural health care networks to offer Employee Assistance as a gate-keeping function for carved out mental health and chemical dependence benefits.

Reddy (1994) explains in the context of this growth that it is interesting to note that both Performance Management and Managed Care were central to the traditional EAP from the beginning.

Reddy (1994) states that few people are aware of the extent to which the traditional EAP can be integrated with the line manager’s tool kit for tracking and correcting below-par performance at the individual level and on a daily basis.

Reddy (1994) states that interest so far has been at the macro- or strategic, and less so at the micro- or operational, level. Reddy points out that in terms of EAP service

delivery the central “delivery” mechanism and the British EAP can learn from their American counter parts and recommends that delivery mechanism should be in the hands of assessors and benefits gatekeepers, as it is in the USA. Reddy found that American “gatekeepers” are both clinically and organisationally adept, which is not the case with their British counterparts.

According to Reddy (1994) one of the things most managers and supervisors find the hardest to do is to confront individuals whose performance has declined. Reddy states (1994) that the introduction of an EAP offers a new opportunity to refresh supervisory and management development training throughout the organisation and give supervisors and managers a sense of the counselling values and techniques which are now available to them, underline or re-focus their responsibility for day-to-day performance management and teach them how to handle the more personal aspects of below-par performance and refer appropriately to the EAP. According to Reddy (1994) the full EAP has in fact a triple role: counselling the individual, consulting for the line manager or supervisor and training.

As cited in Reddy (1994) this may be looking into the future, but a future which is no more than a year or two away. Reddy states (1994) that there are probably many HR managers who would agree with one colleague who confesses he would relish an EAP contribution to performance management, but feels that it would be safer from a cultural point of view to let the service develop first on the basis of self-referral and win its spurs and the confidence of employees as a means of personal support, before adjusting its profile in later years as part of performance management.

Reddy (1994) supports Van Den Berg’s view that employee assistance programmes are designed to respond to needs as they arise, not to deal with any predetermined particular need. It is the view of Reddy (1994:62) that: “it is the *context* which will determine the future of the EAP as much as what is intrinsic to employee assistance, which has always been best, defined not as a predetermined solution but as an evolving response to emerging needs”.

As EAPs evolve to respond to emerging needs, the guiding principles remain that the need has been properly identified, that EAP policy and practice are integrated within

the organisation's wider policies and practice and that they are delivered thoroughly to agreed standards, and that they support both employee and organisation in terms of performance and health (as cited by Reddy, 1994:62).

Reddy (1994) concludes that employee assistance is more about a concept than about a programme, certainly not about any single programme. It is more a philosophy about how employees can be supported, in the interest of health and performance, and more a philosophy about how their needs can be identified and met, than it is any particular *device* to meet them.

It can be stated in closing that Karsch (2005) highlights an important shortcoming in current wellness programmes. He states that in terms of the workforce of the future, when we talk about wellness programmes, we like to talk about strategic planning and cost savings, but we don't often talk about dependants – the children of our workforce who are following in the footsteps of their parents and starting unhealthy habits at an early age. There are so many things that we could do in a progressive, positive way that would help the workforce of the future, food for thought for EAP professionals that deal with family issues that underlie workers' performance.

#### 4.7 Evaluation of an Employee Wellness Programme

The purpose of evaluation of Employee Wellness Programmes can be described as research involving collecting, analyzing and interpreting important information on the need, performance and impact of the EWP. This activity assists with the betterment and justification of the EWP and assists in improving relapse prevention strategies.

The various evaluation methods, as described in Baun et al (1992:74), are discussed in the following section.

#### 4.7.1. Project evaluation

Most of the time EWP practitioners find themselves in different programme phases in a variety of projects. Project evaluation has 3 components, outcome, impact, and process categories.

##### 4.7.1.1. Outcome evaluation

The goal with outcome evaluation is to find out if the programme is the cause of the results that transpired. Hence when one evaluates wellness interventions, one wants to find out whether wellness programmes change wellness indicators, for example, decrease in back pain incidence after a healthy back awareness intervention. Outcome evaluation can also be applied to determine savings realized through the reduction of absenteeism, employee turnover, injury rate and utilization of health care.

##### 4.7.1.2. Impact evaluation

Behavioural, attitudinal, and cultural changes that occurred after intervention implementation are measured by impact evaluation. Therefore it measures the degree of change as a result of the intervention. Most of the time changes are measured using surveys or focus groups to examine pre- and post-intervention conditions and subsequent changes.

##### 4.7.1.3 Process evaluation

Process evaluation can be conducted in three measurements. The first evaluation is focused on the qualitative aspects of the programme from an administrative and operational perspective. In conducting this evaluation it is recommended that a participant satisfaction questionnaire or focus group be used. The second evaluation is used to compare the different interventions and to decide which was the most cost effective. Looking at the population demographics and the job category participation in the various interventions, the evaluator can establish which implementation method appeals to the different segments of the population. Lastly it can be utilised to

determine what types of employees participate in which interventions, and in what aspects of the programme they engage.

#### 4.7.1.4. Cost-Effectiveness Analysis (CEA)

The aim of the analysis is to find out which interventions produce the most benefit for the lowest cost. First the goals and objectives for each intervention should be recorded. Then determine the total operating cost for each intervention. The next step is to measure the outcome of each intervention in terms of the set goal. Lastly compare the outcomes of the different interventions and establish which intervention was the most cost effective.

#### 4.7.2. Period reviews

These short term reviews provide the opportunity to monitor the qualitative and quantitative results of interventions at regular intervals. Most important when conducting period reviews is the selection of the time frame that is meaningful from a measurement and intervention point of view. A period review is a summary of the accomplishments in relation to the original goals. These segments will be utilised to compile the quarterly, biannual and annual review.

##### 4.7.2.1. Quality assurance

Quality assurance is a continual process of monitoring and measuring performance against quality standards. For most of the wellness interventions there are predetermined standards that are utilised throughout the health and wellness industry.

Quality assurance checks can also be implemented to review the reliability of the instruments used and could also involve an assessment of the quality of the programme, staff and facilities.

#### 4.7.2.2. Monthly review

The monthly review summarises the daily and weekly statistics on utilization, penetration and adherence. The monthly reviews can be integrated for quarterly, bi-annual and annual reviews. The annual review also includes some longitudinal variables, which will be discussed next.

#### 4.7.3. Longitudinal data analysis

This method is used to track employees over years of programme participation and non participation and provides important information concerning participant's improvement over time (i.e. fitness level). This method includes utilising behaviour change and cost benefit analysis tracking as discussed previously, in this instance tracked over time.

In general there seems to be an increasing demand for information on the effectiveness of Employee Wellness Programmes.

Carroll and Walton (1997:212) point out some methodological and practical problems associated with comparing different evaluative research results. This is caused by the different ways of defining the same problem. They also mention that the nature of the counselling process varies and that there are inherent differences between the different EWPs. There also seems to be no universally accepted definition of success. Lastly the way in which services are costed, differs.

Confidentiality is another big concern, since most of the services rendered are of a sensitive nature. It is stated that programme staff, management, union representatives and employees are likely to resist the encroachment of outside evaluators. Particularly a longitudinal research design seems not to be a general accepted practice based on ethical grounds.

Finally, Kurtz et al (1984) state: "In the end, quality evaluations will develop only to the extent that researchers are willing to adapt their approach to occupational contexts, programme staff take the lead in assisting researchers to navigate the politically

treacherous current of the workplace and that organisational leaders accept such assessments as routine responsibility” (as cited in Carroll and Walton, 1997).

#### 4.8. Conclusion

Employee Assistance - and Employee Wellness Programmes have developed and changed over time, from initially existing independently from each other, to nowadays having a more collaborative approach, realising synergies and coordinating interventions. Employee Assistance programmes seems to be more successful at restoring the health and safe work lives of employees, whilst the success of an Employee Wellness Programme lies in influencing and actively promoting healthy and safe lifestyles that enhance employee wellbeing. From the comments one can conclude that these programmes should be coordinated rather than merged. In this study the term “Employee Wellness Programmes” includes “Employee Assistance programmes”.

The structure and operations of Employee Wellness Programmes vary and are based on the needs of the organisation and its employees. What seems central to all Employee Wellness Programmes is that the programme and interventions are developed based on a needs analysis and that once a customised model is implemented, the programme should be evaluated based on information requirements of the various stakeholders.

## **Chapter 5**

### **Governance and Employee Wellness**

#### 5.1. Introduction

There are established guidelines that assist organisations in the development and management of an Employee Wellness Programme. These guidelines have been established by government, practice, professional codes and guidelines. In this chapter guidelines will be discussed that underpin decisions in Employee Wellness Programmes.

#### 5.2. Statutory regulations applicable to Employee Wellness

In South Africa there are various statutory documents that regulate employee wellness and details of these regulations will be discussed below.

##### 5.2.1 The South African Constitution Act

The Bill of Rights provides that every person has a right to equality and non-discrimination, privacy, fair labour practices, and access to information. These rights are not absolute and may be limited, provided such limitations are reasonable and justifiable.

##### 5.2.2. Occupational Health and Safety Act

The purpose of this act is to provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant machinery; this includes the protection of persons other than persons at work against hazards to health and safety, arising out of or in connection with the activities of persons at work.

### 5.2.3. Occupational Injuries and Diseases Act

The purpose of the Occupational Injuries and Diseases Act is to provide for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, or for death resulting from such injuries or diseases.

### 5.2.4. Employment Equity Act - Code of Good Practice: Key aspects of HIV/Aids and employment

This Code of Good Practice is a guideline for all employers to assist them with matters relating to HIV/AIDS in the workplace and should be read in conjunction with the Technical Assistance Guidelines (TAG) on Managing HIV/AIDS in the workplace.

The TAG provides more detail on the implementation of potential policies and programmes to address these impacts, including strategies to accommodate the needs of small businesses and the informal sector.

### 5.2.5. The Medical Aid Schemes Act

This act regulates the medical aid schemes in terms of provision benefits for, amongst others, primary health care services and provision of other medical aid benefits and other regulatory matters on medical aids. The act provides that a medical aid scheme may not unfairly discriminate, directly or indirectly, against any person on the basis of his or her “state of health”.

From the information above of the various acts, it is clear that employee wellness is well regulated and clear guidelines are established for organisations in dealing with employee wellness in the workplace. Employee Wellness practitioners should understand the implications of these regulations on wellness programmes, constantly stay informed of changes and new regulations and ensure that the organisations that they represent comply with these statutory requirements.

### 5.3. Employee Wellness principles and policy

The EAPASA (1999) recommends that the policy statement defines the EAPs relationship to the organisation it serves and shall describe the EAP as a confidential resource for the organisation and its employees and should also state the scope of the programme services, the programme limitations and referral procedure.

The IPM Fact Sheet (1989) states that no EAP can function effectively without a written EAP policy and that the following should be present:

- a) A Clear statement about the purpose, nature and benefits of the programme
- b) A Frame of reference for programme implementation
- c) Encouragement for employees to refer themselves, since it stresses confidentiality and job security
- d) It should represent a valuable training tool
- e) Evidence of visible support from top management

Consideration should be given to principles underscoring the policy. These are:

- b) personal problems can and do affect job performance
- c) treatment of personal problems is less costly than dismissal or replacement
- d) the EAP does not replace disciplinary processes or procedures
- e) offers an alternative method for addressing poor performance
- f) alcoholism is a treatable illness. Employees should be referred to medical aid for details on benefits
- g) the employer's concern is with job performance and not the personal lives of employees and the EAP will not be used as a tool to "witch-hunt" for employees with personal problems.

According to the IPM Fact Sheet (1989) the policy should include certain guarantees:

- a) there will be no discriminations against those that utilise the EAP and utilisation will not affect promotional opportunities
- b) special sick leave could be granted to employees whose sick leave is depleted

- c) should an employee be involved in a disciplinary process, the process will be suspended while the employee is on the EAP
- d) confidentiality will be respected
- e) supervisors may request a prognosis
- f) however, no diagnosis will be given without the consent of the employee

They also recommend that a procedure be put in place providing details on administrative concerns, who pays for treatment; what happens in a case of a relapse, and if any time off from work will be provided for counselling.

The policy should be jointly agreed upon by management and worker representatives during the process of consultation (IPM Fact Sheet, 1989).

#### 5.4. Record keeping

A confidential personal record should be created for every participant in the programme and should be updated on a continuous basis. This will assist the EAP practitioner to accumulate valuable statistics and details for reporting, evaluation and research purposes.

Central to any Employee Wellness Programme is the budget. Detailed and updated records should be kept of all fixed and variable costs to keep track of budget expenditure. The accuracy of these records will also assist in forward planning and reviewing and tracking successes and key learnings.

Individual record keeping is essential in effective case management and to assist in gaining a holistic view of the participant and can assist in identifying trends.

One should take into account what the information needs from the different stakeholders would be and design the record keeping system accordingly. Some examples:

Top management might require information about the cost effectiveness of the programme, the effect on productivity, main problem areas, effect on absenteeism and on job accidents and injuries, etc.

The employees might want to know evaluation results, progress towards individual goals, etc.

The EAP practitioner needs information about the types of problems employees experience, participation rates in wellness interventions, details of their referral network, budget expenditure, industry standards, maintenance schedules for equipment, etc.

#### 5.5. Ethical considerations in Employee Wellness Programmes

Shea and Bond (1997) argue that ethics in counselling becomes much more complex when it takes place in an organisational setting as opposed to private practice, given the complex constellation of relationships.

They state that the organisation as host, and usually as major contributor towards the cost of the counselling, has real power to enhance or to undermine the ethical and therapeutic basis of the counselling relationship and have identified three major influences. These three influences, in more detail, are the following:

##### 5.5.1. Established ethical principles and guidelines

###### 5.5.1.1. Who is the real client?

The ethical superiority of the individual(s) seeking the counsellor's help creates a duty on the workplace counsellor to ensure that the basis on which they construct their relationship with the organisation recognises the counsellor's primary obligation to the individual client. The nature of some organisations requires some limited qualifications to the ethical primacy of the client. An established norm is: seek to

prevent a substantial harm. Where such limitations exist, they should be clearly established within the agreement between the counsellor and the organisation and should be known to clients (as cited in Carroll and Walton, 1997:190).

#### 5.5.1.2. Basic principles

Shea and Bond (1997:190) mention some basic principles that guide the ethical decision making:

- Respect for autonomy
- Seek to cause the least harm
- Justice
- Fidelity
- Self autonomy
- Self fidelity
- Self justice
- Self beneficence
- Protection from harm or litigation

#### 5.5.1.3. The primacy of autonomy

The therapeutic process is directed to enhancing the client's autonomy. Following are a few practical consequences as stated by Shea and Bond (1997:191):

1. Undergoing counselling is a voluntary activity
2. Clients should make free and informed choices within the counselling relationship
3. Matters of importance should be clearly contracted between the counsellor and the client.
4. There should be a clear division between the responsibilities of the counsellor and those of the client.
5. Care should be taken with regards to confidentiality and maintenance of clear boundaries.

#### 5.5.1.4 Confidentiality

The protection of personal information about clients is often one of the most important concerns. Clients have a need for privacy and confidentiality in order to be open and honest and to get value from counselling.

In most cases the counsellor would require the consent of the client to disclose information to the third parties, team members and other possible sources of help. However there is provision for situations where non disclosure could lead to serious self harm or harm to others. In such situations it is the duty on the counsellor to disclose relevant information.

The organisation's Employee wellness policy should clearly state confidentiality agreements and should be managed by the Employee wellness coordinator.

#### 5.5.1.5. Honouring boundaries in relationships with clients

The counsellor is, to an extent, part of the client's working environment and vice versa. Therefore it is important to establish clear boundaries. There is a well established obligation on counsellors to avoid exploitation of clients financially, sexually, emotionally or in any other way.

#### 5.5.2. Ethos

Shea and Bond (1997:195) identify ethos as characteristic shared attitudes within organisations and the beliefs and values which inform interaction within the organisation. They have stated some concerns:

- Counsellors are relatively powerless to change organisational ethos, even if this is considered appropriate.

- Some counsellors are blinded by the potential for variations in the ethos of the counsellor, client, and organisation and with the occupational culture of counselling.
- It is too simplistic to assume that ethical dilemmas are avoided where there is considerable compatibility between organisational ethos and that of counselling.
- There is considerable potential for research on the relationship between ethos and counselling ethics.

### 5.5.3 Organisational unconscious

Organisations are viewed as a social entity with a lot of inner dynamics created by the individuals who create and sustain this entity. Some ethical implications are summarised:

- Organisational dynamics and the power thereof have mostly gone unnoticed. However, they encroach on both the counsellor and client.
- Organisational dynamics are complex and in some instances the counsellor may recognise the dynamics, but is not in the best position to respond to them.

The challenge for a counsellor working in an organisation is sometimes represented as looking in two directions simultaneously, that is taking regard of the client and the organisation. In this triad relationship there is more often than not the possibility of strengthening the ethical basis of counselling, and also the possibility of undermining ethics. Therefore it is imperative for the counsellor to consider these implications upon contracting with the parties involved.

### 5.6. Conclusion

Good corporate governance lies at the centre of any organisation. There is a tendency towards more transparency in the activities of organisation, which increases the

possibility for litigation and for the evaluation of ethical conduct. Employees and their dependants won't participate in an Employee Wellness Programme that undermines their legal rights. Organisations have an obligation to ensure that they take cognisance of the rights and ethical considerations in providing a support service to employees and their dependants. The Employee Wellness practitioner plays a key role in establishing the confidence of participants, informing them of their rights and aligning their practices to the relevant guidelines.

## **Chapter 6**

### **Research Methodology**

#### 6.1. Purpose of the study

The purpose of the study is to develop a model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation

#### 6.2. Research methodology

##### 6.2.1. Research framework

The discussion of the research methodology entails a review of the research method used for this study, and the process followed in the development of an Employee Wellness Programme as well as a discussion of the qualitative evaluation of the programme. Finally, the evaluation of the validity of the programme will be discussed.

##### 6.2.2. Research Method

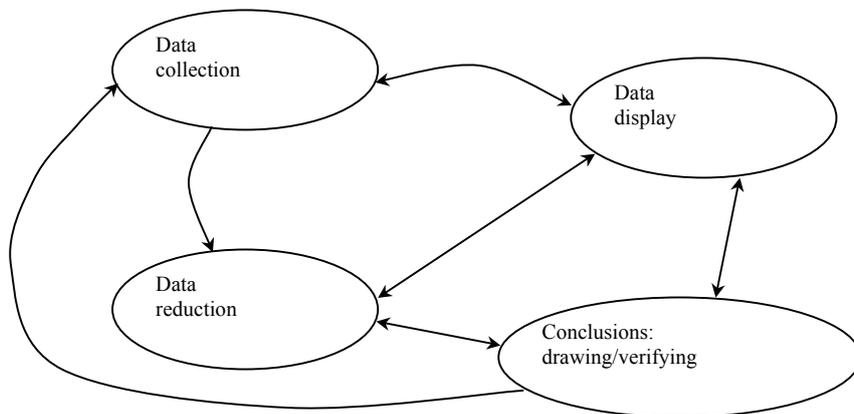
In the development of an Employee Wellness Programme, qualitative research methodology was deployed. To establish a general summary of employee wellness and the elements of an Employee Wellness Programme, a literature study was completed. The theory was then categorised according to relevance.

The literature analysis can be divided into three phases. During phase one a theoretical overview of the concept employee wellness was completed. During phase two elements of employee wellness were identified. During the third

phase a programme was developed based on the information obtained in phases one and two.

The qualitative research methodology described in the literature analysis involves a process best described in the figure below, followed by an explanation of each step in the process as postulated by Miles & Huberman (1994:9-12)

Figure 10: Components of data analysis: interactive model  
(Source: Miles & Huberman, 1994:12)



According to Miles and Huberman (1994), this model can be described in more detail as follows:

#### 6.2.2.1. Data gathering

Data for qualitative research studies focus on data in the form of words and language in the form of extended text. It can also appear in the form of still or moving images. These words or images are based on observation, interviews or documents. The data collected originate in a specific situation within a social and historical context and are influenced by how they are interpreted.

The data gathered for this study was primarily from recent articles published in research journals, books, legislation and reference guides, specifically within the context of employee wellness.

#### 6.2.2.2. Data summation

This process involves collecting, simplifying and transforming the data. Miles and Huberman (1994:11) describe this process as something that is not separate from analysis, but rather as part of analysis. They further state that data summation is a form of analysis that sorts and organises the data for final conclusion and further warns not to strip the data from the context.

#### 6.2.2.3. Data analysis

In developing an Employee Wellness Programme for a Fast Moving Consumer Goods organisation, concept analysis and reconstruction techniques were used. Relevant theory was analysed, laying the foundations for basic elements of employee wellness relevant to the development of an Employee Wellness Programme for a Fast Moving Consumer Goods organisation.

#### 6.2.2.4. Data display

This is a process whereby complex information is reduced through a cognitive tendency to display data that is then condensed and structured in a way that facilitates the drawing of justified inferences and conclusions. It is important to display the information in a form that is easily understood and to simplify the patterns found in the qualitative research process using, for example, figure or table formats.

#### 6.2.2.5. Conclusion and verification

The final phase in the interactive model is the conclusion drawing and verification. The meanings emerging from the data have to be tested for their plausibility, their sturdiness, and validity. During this phase the Employee

Wellness Programme for a Fast Moving Consumer Goods organisation is drawn up, utilising the basic facets identified throughout the preceding phases, and is then scientifically verified by a panel of experts for its validity.

### 6.3. Qualitative evaluation of the model

#### 6.3.1. Content validity of the model

Lawshe (1975) presents an approach to quantify content validity, which is generally acceptable in personnel psychology professions.

In summary this approach entails the selection of a content evaluation panel that evaluates aspects of the proposed model for an Employee Wellness Programme. Thereafter the responses from the entire panel are combined to establish the content validity of facets of the proposed model for an Employee Wellness Programme.

The content evaluation panel should consist of a number of panel members, and panellists should be subject matter experts in the field of Human Resources Management. Each member of the panel independently responds to questions pertaining to facets of the proposed model. The responses from the panellists are collated for each aspect of the proposed model and the value is determined.

Lawshe (1975) states two assumptions to this approach that should be considered and which are consistent with established psychophysical principles:

- Any facet, which is perceived to be “important” by more than half of the panellists, has some degree of content validity.
- The more panellists (beyond 50%) who perceive the facet as “important”, the greater the extent or degree of its content validity.

In considering these two assumptions, a formula for content validity ratio (CVR) was developed, namely:

$$\text{CVR} = \frac{ne - N/2}{N/2}$$

ne represents the number of panellists indicating “important”

N represents the total number of panellists

CVR is a direct linear transformation from the percentage indicating “important”. This is explained in the table below.

Table 6: Minimum values of CVR

(Source: Personnel Psychology Vol. 28, (4), Lawshe, 1975:568)

<i>Minimum values of CVR</i>	
<b>Number of panellists</b>	<b>Minimum value</b>
5	0.99
6	0.99
7	0,99
8	0.75
9	0.78
10	0.62
11	0.59
12	0.56
13	0.54
14	0.51

15	0.49
20	0.42
25	0.37
30	0.33
35	0.31
40	0.29

*Selecting facets of the model:* In validating a model, a CVR value is computed for each facet of the program. Next, one eliminates those facets of the programme which the members of the panel concur were included through chance. Guided by the number of panel members and the minimum score, only those facets with CVR values meeting the minimum score are included in the final model.

#### 6.3.2. Content validity index of the model

Content validity index is calculated to determine the content validity of the aspects with the model. This is simply the mean score of the CVR values of the facets grouped under each of the aspect. The CVR is a facet statistic that is used to discriminate between the approaches to be included and excluded from the final model.

With content validity index for various aspects within the model, the last step is to calculate the content validity index for the final model. This is simply the mean score of the content validity index of all the aspects included in the final model.

#### 6.4. Evaluation of the validity of the model for a Employee Wellness Programme

The aim in the evaluation of validity of the model is to verify whether the model for the Employee Wellness Programme for a Fast Moving Consumer Goods organisation developed in this study can be applied by professionals in the field by using it as a guide in the development of a model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation.

Utilising Lawshe's method, the content validity of the model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation will be determined by selecting a panel of experts in the field of human resources management to respond to facets of the proposed model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation.

##### 6.4.1. Evaluation of facets listed

A list of all the facets of a proposed model for an employee wellness programme will be compiled for consideration in the development of a model for an Employee Wellness Programme. Three categories will be provided, according to which the panel can evaluate each facet in the list.

The categories are as follows:

- Not applicable
- Can be relevant but not required
- Important, very relevant

Lawshe's formula will then be applied to calculate the CVR value for each of the facets listed and only items with a CVR value of 0.49 and greater will be included in the final model for an Employee Wellness Programme.

##### 6.4.2. Evaluation of the aspects of the model and the final model

The proposed model consists of different aspects. With the CVR value for each of the facets listed, the content validity index will be calculated for each aspect. With the content validity index per aspect, the content validity index for the proposed model will then be calculated.

#### 6.5. Conclusion

Qualitative research methodology will be applied in this study utilising the interactive data analysis model consisting of various processes, to come to conclusions and to verify the research data in the development of a model for an Employee Wellness Programme. Lawshe's (1975) method will then be applied to determine the content validity of the model for an Employee Wellness Programme for the Fast Moving Consumer Goods organisation.

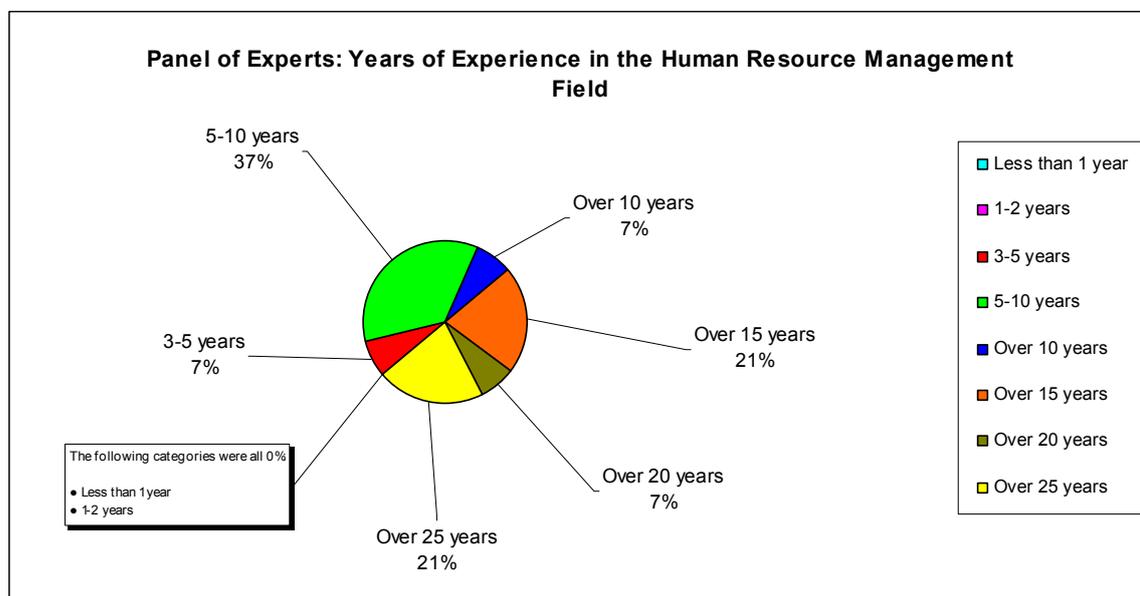
## Chapter 7

### Research Results and Recommendations

#### 7.1 Panel of Experts and biographical data

The panel of experts were selected based on their expertise in the field of Human Resource Management. They obtained their expertise through a combination of work experience and formal education. Figure 11 gives an illustrative overview of the work experience of the panel of experts.

Figure 11: The years of work experience of the panel of experts in the field of Human Resources Management



From Figure 11 above we can deduce that 56% of the panellist's have more than 10 years of experience in the field of Human Resources Management. Most of the

panellist's have between 5 to 10 years of experience in this field. None of the panellist's had less than 2 years of work experience in this field.

Table 7 Frequency table in terms of the number of years of experience in the field of Human Resources Management

<b>Years of work experience in Human Resources Management</b>	<b>Frequency</b>	<b>Percentage</b>
Less than 1 year	0	0%
1-2 years	0	0%
3-5 years	1	7%
5-10 years	5	32%
Over 10 years	1	7%
Over 15 years	3	20%
Over 20 years	1	7%
Over 25 years	4	27%
	15	100%

To be regarded as an expert in the field of Human Resources Management you will also need to have the required knowledge, and therefore the formal education levels of the panellist were also determined.

Figure 12 illustrates the education level of the panellists that participated in the research study.

Figure 12: Highest qualification of the panel of experts

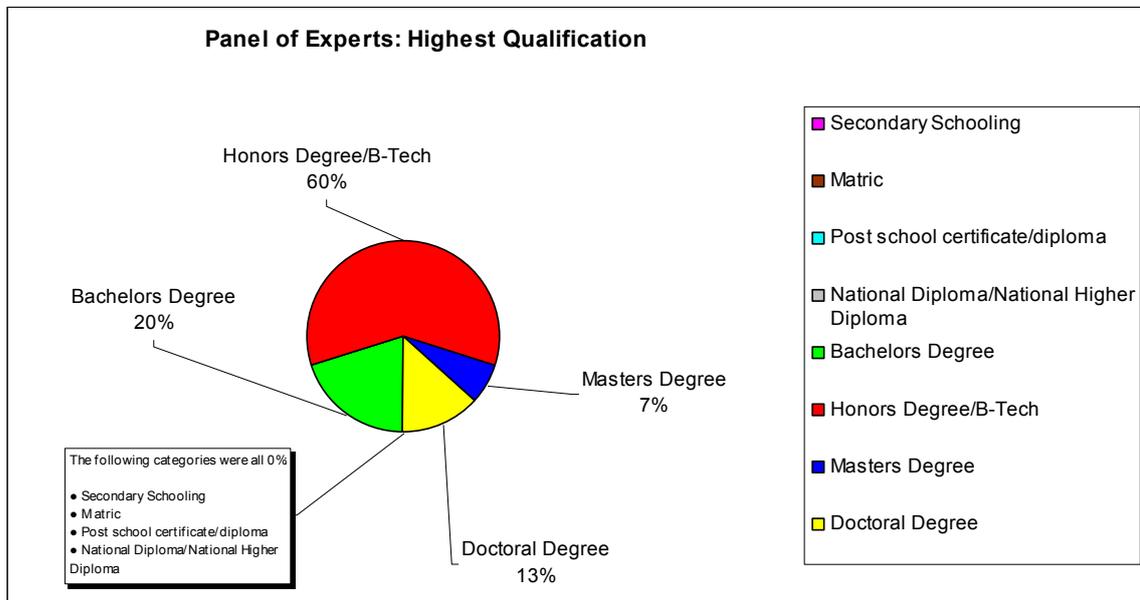


Figure 12 illustrates clearly that the majority (79%) of panellist had obtained a post graduate qualification. The remaining members of the panel were all graduates.

Table 8: Frequency table in terms of the highest qualification obtained by each member of panel that participated in the research study

Highest qualification	Frequency	Percentage
Secondary schooling	0	0%
Matric	0	0%
Post school certificate/diploma	0	0%
National Diploma/National Higher Diploma	0	0%
Bachelors Degree	3	20%
Honours Degree/B-Tech	9	60%

Masters Degree	1	7%
Doctoral Degree	2	13%
	14	100%

Table 9: Frequency table in terms of years of experience being involved with and/or exposed to Employee Wellness as a Human Resource Management Expert

<b>Panellist</b>	<b>Years of experience in Employee Wellness</b>
1	5
2	10
	7
3	9
4	25
5	5
6	4
7	2
8	2
9	3
10	3
11	2
12	5
13	30
14	8
15	15
<b>Total 15</b>	<b>Average of 8 years</b>

In conclusion, one can say that the panellist that participated in this research study do have the expertise in terms of relevant work experience and formal qualifications in order to be regarded as experts in the field of Human Resources Management.

Therefore the assumption can be made that the selected panellists have sufficient expertise in Employee Wellness to be able them to evaluate the possible aspects to be included in the model for an Employee Wellness Programme critically.

## 7.2. Evaluation of the model by the panel of experts

In the section above, the suitability of the panel of experts to evaluate the model for an Employee Wellness Programme, utilising Lawshe's method to quantify the content validity of each facet of the proposed model for an Employee Wellness Programme, was established.

The panel consisted of 15 experts and they each received a questionnaire listing all possible facets of the proposed model for an Employee Wellness Programme. The panellist received an introduction letter explaining the aim of the questionnaire with guidelines for the completion thereof. The panellist then individually rated each of the facets of the proposed model for an Employee Wellness Programme and returned the completed questionnaires.

### 7.2.1 Determining the Content Validity Ratio for each facet of the model

In validating the programme, Lawshe's formula was used to compute the CVR value for each facet of the proposed model. In the tables below the summarised responses of the panellist are reflected as well as the CVR value for each of the facets.

Table 10: The content validity ratio for the facets for the concept Employee Wellness

<i>Nr</i>	<i>Criteria</i>			<i>CVR value</i>
	<b>Not applicable</b>	<b>Can be relevant but not required</b>	<b>Important, Very relevant</b>	
<b>A. The concept Employee Wellness</b>				
<b>1</b>			<b>15</b>	<b>1.00</b>

Table 11: The content validity ratio for the facets for the changing landscape of work

<i>Nr</i>	<i>Criteria</i>			<i>CVR value</i>
	<b>Not applicable</b>	<b>Can be relevant but not required</b>	<b>Important, Very relevant</b>	
<b>B. The changing landscape of work</b>				
<b>2</b>		<b>1</b>	<b>14</b>	<b>0.93</b>
<b>3</b>		<b>1</b>	<b>14</b>	<b>0.93</b>
<b>4</b>		<b>1</b>	<b>14</b>	<b>0.93</b>
<b>5</b>		<b>2</b>	<b>13</b>	<b>0.87</b>
<b>6</b>			<b>15</b>	<b>1.00</b>
<b>7</b>		<b>4</b>	<b>11</b>	<b>0.73</b>
<b>8</b>		<b>1</b>	<b>14</b>	<b>0.93</b>
<b>9</b>			<b>15</b>	<b>1.00</b>
<b>10</b>		<b>1</b>	<b>14</b>	<b>0.93</b>

Table 12: The content validity ratio for the facets for physical health as a dimension of employee wellness

<i>Nr</i>	<i>Criteria</i>			<i>CVR value</i>
	<b>Not applicable</b>	<b>Can be relevant but not required</b>	<b>Important, Very relevant</b>	
<b>C. Physical health as a dimension of employee wellness</b>				
<b>11</b>			15	<b>1.00</b>
<b>12</b>		1	14	<b>0.93</b>
<b>13</b>			15	<b>1.00</b>
<b>14</b>		1	14	<b>0.93</b>
<b>15</b>		2	13	<b>0.87</b>
<b>16</b>			15	<b>1.00</b>
<b>17</b>			15	<b>1.00</b>
<b>18</b>		2	13	<b>0.87</b>
<b>19</b>		2	13	<b>0.87</b>
<b>20</b>		1	14	<b>0.93</b>
<b>21</b>		5	10	<b>0.67</b>

Table 13: The content validity ratio for the facets for psychological and mental health as a dimension of wellness

<i>Nr</i>	<i>Criteria</i>			<i>CVR value</i>
	<b>Not applicable</b>	<b>Can be relevant but not required</b>	<b>Important, Very relevant</b>	
<b>D. Psychological and mental health as a dimension of wellness:</b>				

<b>22</b>		1	14	<b>0.93</b>
<b>23</b>		2	13	<b>0.87</b>
<b>24</b>		2	13	<b>0.87</b>
<b>25</b>		3	12	<b>0.80</b>
<b>26</b>		5	10	<b>0.67</b>
<b>27</b>		2	13	<b>0.87</b>

Table 14: The content validity ratio for the facets of the societal dimension of employee wellness

<i>Nr</i>	<i>Criteria</i>			<i>CVR value</i>
	<b>Not applicable</b>	<b>Can be relevant but not required</b>	<b>Important, Very relevant</b>	
<b>E. Societal dimension of employee wellness:</b>				
<b>28</b>		3	12	<b>0.80</b>
<b>29</b>		2	13	<b>0.87</b>
<b>30</b>			15	<b>1.00</b>
<b>31</b>		4	11	<b>0.73</b>
<b>32</b>	1	2	12	<b>0.86</b>
<b>33</b>		2	13	<b>0.87</b>
<b>34</b>		1	14	<b>0.93</b>
<b>35</b>		1	14	<b>0.93</b>
<b>36</b>		4	11	<b>0.73</b>
<b>37</b>		2	13	<b>0.87</b>

Table 15: The content validity ratio for the facets of the Employee Wellness Programme

<i>Nr</i>	<i>Criteria</i>			<i>CVR value</i>

	<b>Not applicable</b>	<b>Can be relevant but not required</b>	<b>Important, Very relevant</b>	
<b>F. The Employee Wellness Programme:</b>				
<b>38</b>			15	<b>1.00</b>
<b>39</b>		2	13	<b>0.87</b>
<b>40</b>		1	14	<b>0.93</b>
<b>41</b>			15	<b>1.00</b>
<b>42</b>		4	11	<b>0.73</b>
<b>43</b>		1	14	<b>0.93</b>
<b>44</b>			15	<b>1.00</b>

The facets with a CVR value greater than 0.49 will be included in the final model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation. From the tables above one can conclude that none of the facets had a CVR value below the value of 0.49.

Therefore the combined scores of all the panellists indicate that all the facets listed in the questionnaire should be incorporated in a model for an Employee Wellness Programme.

#### 7.2.2. Determining the content validity index for the aspects of the model and the final model

The last step is to calculate the content validity index for all the aspects of the proposed model for an Employee Wellness Programme. This is simply the mean score of the CVR values of the facets included in the final model.

The content validity index for the different aspects of the model for an Employee Wellness Programme further gives one an overview of the content validity for the different aspects in the final model for an Employee Wellness Programme and an overall indication of the content validity of the final model for an Employee Wellness

Programme. The content validity index for the different aspects of the final model as well as that of the final model is quite high.

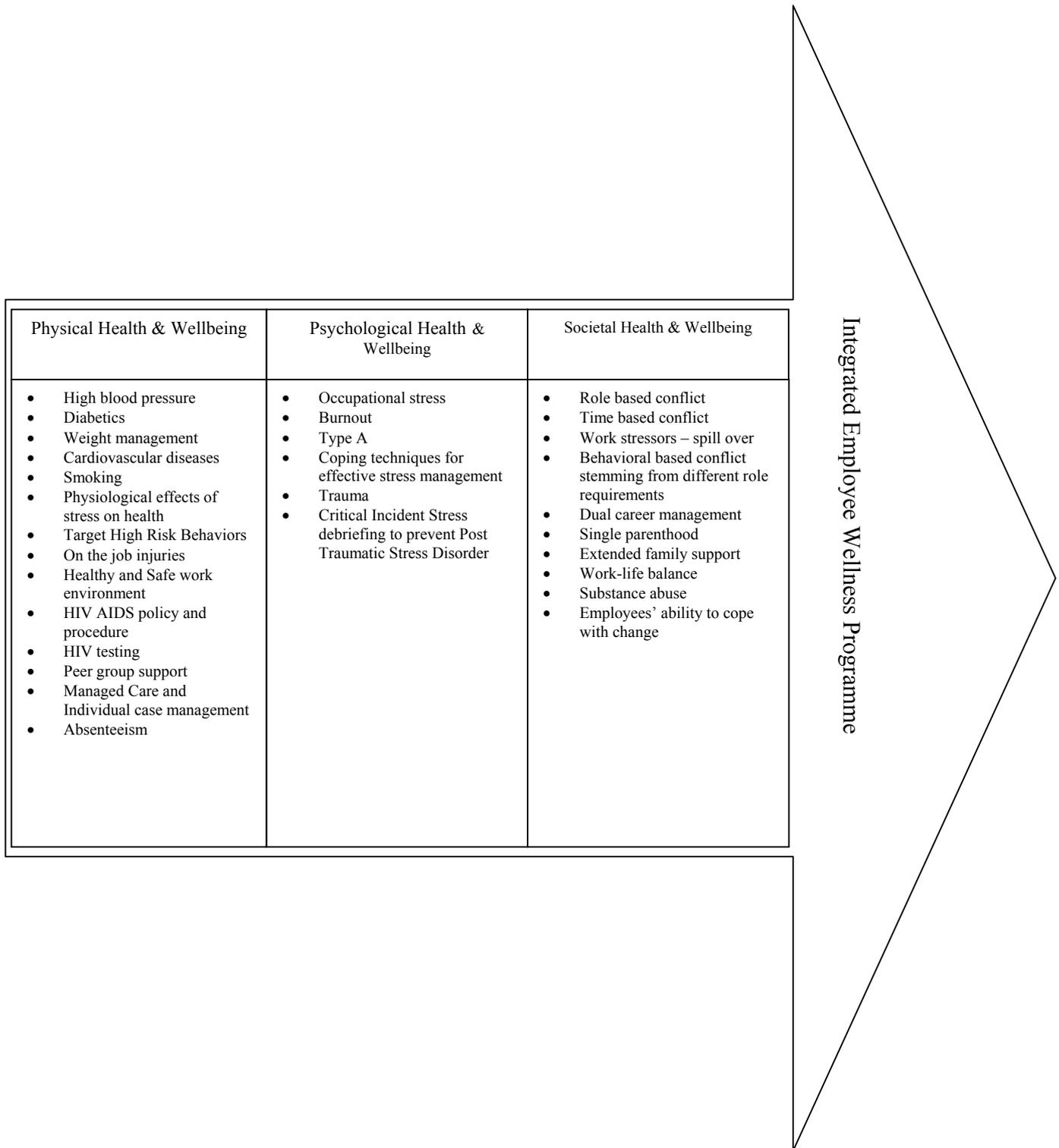
Table 16: The content validity index for the aspects in the model for an Employee Wellness Programme

<b>Aspects of the model for an Employee Wellness Programme</b>	<b>Content validity index per aspect</b>
The concept employee wellness	1.00
The changing landscape of work	0.92
Physical health as a dimension of Employee Wellness	0.92
Psychological health as a dimension of employee wellness	0.83
Societal health as a dimensions of Employee Wellness	0.86
The Employee Wellness Programme	0.92
<b>The overall content validity index</b>	0.91

### 7.3. A Model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation

A model for an Employee Wellness Programme is illustrated below, based on the feedback from the panel of experts.

Figure 13: A model for a Employee Wellness Programme for a Fast Moving Consumer Goods organisation



Important changes in the landscape of work that influenced the integrated model from an external perspective are noted below:

- Job losses are common to economies world wide. For employees this could mean possible retrenchment, uncertainty and difficulty in finding formal employment
- Globalisation has caused organisations to be more competitive and resulted in employers expecting of their employees to think and operate with global vision
- Speed of technological changes and their introduction into the workplace pose major challenges for employees and continue to inter-link employee's work life with their personal life.
- The organisation of the future is characterised by a smaller permanent workforce, flat hierarchy, alliances with internal and external partners and rapid introduction and utilisation of technology into work processes.
- The psychological contract has changed to a more transactional approach where, instead of exchanging performance and loyalty for job security, employees are now expected to be flexible in accepting new work assignments and to be willing to develop new skills in response to the organisation's needs.
- The roles have changed and all employees are expected to manage themselves. The ability to play an active role in a cross functional team is increasingly important, requiring a more collaborative and participative interpersonal style.
- The dynamics of modern life make it increasingly difficult for employees to balance the demands of work and home simultaneously.
- The health and wellbeing of employees is not only a moral issue but also a hard business issue
- To compete successfully in a global economy, organisations must have a healthy workforce.

An organisation that plans to implement an Employee Wellness Programme should be guided by the considerations stated below.

- The selection of employee wellness interventions should be based on identified needs and aligned to the organisation's strategy.
- The objective of employee wellness interventions is to enable the individual to return to making full job contributions and re-attaining full functioning in personal life.
- Interventions utilize behavioural science knowledge and methods for the prevention and control of certain work-related problems that adversely affect job performance and employee wellbeing.
- An integrated Employee Wellness Programme focuses on preventative interventions altering high risk health behaviours and promoting safe and healthy lifestyles. An Employee Wellness Programme should collaborate with an Employee Assistance Programme for support in the referral and treatment of employees with problems affecting their productivity in the workplace so as to restore their health and wellness.
- Employee Wellness Programmes should be evaluated to determine their cost effectiveness, justification, impact and strategic contribution to the organisation.
- An Employee Wellness Programme should be guided by a clearly defined and communicated policy and procedures and should be aligned to and compliant with statutory regulations.
- Client confidentiality should be recognised and counsellors and role players should take cognisance of all the rights of patients and ethical considerations in providing a support service to employees and their dependants.

#### 7.4. Research conclusion

In this research study the aim was to develop a model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation and in achieving this, qualitative research methodology was deployed. In the first phase a literature study was completed to identify key aspects that need to be considered in the development of a model for an Employee Wellness Programme. Once the first phase was

completed the theory was then classified according to relevance in phase two, in an attempt to identify the most important elements of employee wellness. By applying the interactive data analysis model as described by Miles and Huberman (1994), a model for an Employee Wellness Programme was developed, as an integration of the first and second phase. The last step in the interactive data analysis model was to verify the research conclusions, thus to determine the plausibility and validity of a model developed for an Employee Wellness Programme for a Fast Moving Consumer Goods Company.

The aim in the evaluation of validity of the model was to verify whether the model for the Employee Wellness Programme developed in this study could be applied by professionals in the field by using it as a guide in the development of an Employee Wellness Programme for a Fast Moving Consumer Goods organisation.

Lawshe's (1975) method was then applied to determine the content validity of the Employee Wellness Programme. A panel of experts in the field of human resources management was selected to respond to facets of the model for a Employee Wellness Programme for a Fast Moving Consumer Goods organisation.

There were two assumptions that required consideration in the development of the model for a Employee Wellness Programme which are consistent with established psychophysical principles.

1. Any facet, which was perceived to be "important" by more than half of the panellists, had some degree of content validity.
2. The more panellists (beyond 50%) who perceived the item as "important", the greater the extent or degree of its content validity.

The formula as developed in Lawshe's (1975) study that calculates the content validity ration (CVR) was applied to determine CVR values for each of the facets listed. Only items with a CVR value of 0.49 and greater were included in the final model for a Employee Wellness Programme. The CVR value of each of the facets in the list exceeded the value of 0.49 and therefore all were identified by the panellists as important and incorporated in the final model for an Employee Wellness Programme.

The last step in the process was to calculate the content validity index for each of the aspects to be included in the final model for an Employee Wellness Programme. This indicated that the individual facets individually also exceeded the value of 0.49. The content validity index for the final model for an Employee Wellness Programme for a Fast Moving Consumer Goods organisation was calculated to be 0.91. This highlights the content validity of the final model, the aspects of the final model and all the facets of the final model which all exceeded the minimum value of 0.49 as prescribed in Lawshe's (1975) study.

The employee wellness model for a Fast Moving Consumer Goods company has three focus areas in terms of employee wellness, the first being physical health and wellbeing. Another important focus area is psychological health wellbeing. Societal health and wellbeing forms the last of the three focus areas. These three focus areas are inter-related. Physical health improves your psychological wellbeing. These in turn improve your societal wellbeing.

The model also indicates the integration between the employee assistance programme and the Employee Wellness Programme, mutually supporting the three dimensions of employee wellness.

The model for an Employee Wellness Programme for a Fast Moving Consumer Goods Company is externally influenced by the changes in the landscape of work. Global leadership, using technology to work "smarter" and flatter organisational structures are all strategic imperatives for organisations to remain competitive in the global village. The Employee Wellness Programme needs to be aligned to the strategy and vision of the company to add value, and continuous evaluation will indicate the success of the programme.

To achieve global leadership in any industry, healthy employees are vital and therefore an Employee Wellness Programme can play an important role in an organisation in enabling employees to deal effectively with the changes and challenges in their personal and work life.

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## REFERENCES

- AIDS in South Africa* (2005) World Wide Web (<http://www.aids.org.ca>)
- Balgopal, P.R., Patchner, M.A. (1988), *Evaluating Employee Assistance Programs: Obstacles, Issues and Strategies*, Employee Assistance Quarterly, Vol 3 (3/4), 95-105.
- Baun, W.B., Horton, W.L., Storlie, J. (1992) *Guidelines for employee wellness health promotion programs*. Human Kinetics Publishers. U.S.
- Boeree (1998), *Maslow's hierarchy of needs*. World Wide Web (<http://www.ship.edu/~cgboeree/maslow.html>.)
- Berridge, J., Cooper, C.L., Highley-Marchington, C (1997) *Employee Assistance Programmes and Workplace counselling*. Willey Publishers. N.Y.
- Carrol, M., Walton, M. (1997) *Handbook of Counselling in Organisations*. Sage Publications. London.
- Cooper, C. (2005) *Present and Incorrect*. *Director*, 59(5), 16.
- Danna, K., Griffen, W. (1999) *Health and wellbeing in the workplace: a review and synthesis of the literature*. (*Yearly Review of Management*). Journal of Management, 25 (3), 357-376.
- Fact Sheet 182: *Employee Assistance Programmes* (1989). IPM Journal, 7(12), 1-4.
- Fact Sheet 183: *Guidelines for Evaluation of Employee Assistance Programmes* (1989). IPM Journal, 8(1), 1-4.
- Fantin, M. (2004) *Do some groundwork before launching an EAP*. Daily News, 03 March 2004.
- Greenhaus, J.H., Callanan, G.A., Godshalk, V.M (2000). *Career Management* (3<sup>rd</sup> ed.). Harcourt College Publishers. U.S.
- Grimes, C.H. (1998) *EAP Research: an annual of research and research issues*. Vol. 2. Troy Mich Publishers.
- Halls, C (2005) *Get wired for wellness*. Occupational Health & Safety. 74(7), 105-124.
- Hoberg, S.M. (2001) *Adolescent substance abuse: perspectives on club drugs*. EDUCARE: The Journal of the Faculty of Education. Unisa, 30(1&2), 249-271.
- Holosko, M.J., Feit, M.D. (1988) *Evaluation of Employee Assistance Programs*, Haworth Press, New York.
- Kaman, R.L. (1995) *Worksite health promotion economics: consensus and analysis*. Association of Worksite Health Promotion. N.Y.

- Karsch, R.C. (2005) *A “Big Tent” approach to wellness*. Journal of Employee Assistance, 4<sup>th</sup> Quarter, 32-34.
- Kreitner, R., Kinicki, A., Beulens, M. (1999) *Organisational Behavior* (1<sup>st</sup> ed.). McGraw-Hill Publishing. England.
- Maslow, A.H. (1968) *Toward the psychology of being* (2<sup>nd</sup> ed.) Litton Educational Publishing. N.Y.
- Matlhape, M.G. (2003) *Strategic positioning of EAP in South African Workplaces*. Acta Commercii, Vol.3, 29-38.
- Megranahan, M.,(1995) *Quality control for an EAP*. Personnel Review, 24(7), 54-64.
- Moeller-Roy, R.N. (2005) *Helping Employees Make Informed Decisions*. Journal of Employee Assistance, 4<sup>th</sup> Quarter, 24-25.
- Padayachee, A., Singh, D. (2003) *Intimate violence and substance (ab)use – the correlative relationship*. Acta Criminologica, 16(1), 108-114.
- Pakendorf, H. (2005) *Human dynamics: wealth and wellness*. Management today Yearbook 2005, 35-36.
- Parry, C.D.H., Plüddemann, A., Donson, H., Sukhai, A., Marais, S, Lombard, C. (1999) *Cannabis and other drug use among trauma patients in three South African cities*. SAMJ, 95(6), 429-432.
- Reddy, M. (1994) *EAPs and their future in the UK: History repeating itself?* Personnel Review, 23(7), 60-78.
- Rothmann, S., Steyn, L., Mostert, K. (2005) *Job stress, sense of coherence and work wellness in an electricity supply organisation*. South African Journal of Business Management, 36 (1), 55-63.
- Rothmann, S. (2003) *Burnout and Engagement: A South African Perspective*. South African Journal of Industrial Psychology, 29 (4), 16-25.
- Sanichar, A. (2004) *The strategic implications and management considerations of work life balance*. Journal of Contemporary Management, Vol. 1, 31-44.
- Steers, R.M., Porter, L.W., Bigley, G.A. (1996) *Motivation and Leadership* (6<sup>th</sup> ed.). MacGraw-Hill International Editions. Singapore.
- Standards for Employee Assistance Programmes in South Africa: EAPA South Africa compiled by standards committee of EAPA-SA (1999). The Association. Johannesburg.*
- Tuck, M (2004/5) *All About Human Capital Management*. WriteStuff Publishers. South Africa.
- Van Den Berg, N. (2000) *Emerging Trends for EAPs in the 21<sup>st</sup> Century*. The Haworth Press. N.Y.

Walker, A. (2005) *Advice Squad*. Director, 59 (5), 23

Whiteside, A., Sunter, C (2000) *AIDS: The Challenge for South Africa*. Human & Rousseau Tafelberg. South Africa.

**Legislation:**

Compensation for Occupational Injuries and Diseases Act, Nr 130, 1993.

Constitution of the Republic of South Africa, 1996.

Employment Equity Act: Code of Good Practice: Key Aspects of HIV/AIDS on Employment, Nr. 55, 1998

HIV/AIDS Technical Assistance Guidelines, 2003

Occupational Health and Safety Amended Act, Nr 181, 1993.