

**EMPLOYEES' KNOWLEDGE ABOUT THE PROCESS INVOLVED IN THE
APPLICATION FOR INCAPACITY LEAVE IN THE DEPARTMENT OF LABOUR**

by

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Dedicated to all the Department of Labour employees in Gauteng Province.

This research study serves to bring into light the often overlooked subject matter of incapacity leave and assists in the reviewing of the whole application process for incapacity leave.

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ABSTRACT

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Incapacity leave is a concern in many organisations, both in the international and national arena. The management of incapacity leave and the general understanding of what the concept is as well as its processes and procedures remain a challenge to many employees and employers worldwide. The findings from previous research studies and the Health Risk Managers' reports in South Africa reveal that various Government departments are still experiencing an escalation in costs with regard to the alarming incapacity leave applications by employees (Public Service Commission, 2010:2).

It has been discovered by a previous research study conducted by the Public Service Commission in 2010 that one of the main barriers to the smooth implementation of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR) was the lack of information employees and managers in various government departments have regarding the concept of incapacity leave. Therefore a quantitative research approach was appropriate to determine the knowledge of Department of Labour employees regarding the processes of application for incapacity leave. A randomised cross sectional survey design was utilised to carry out the research study with a questionnaire as a survey instrument.

Quantitative data was collected through a questionnaire from the sample of 106 employees in the Department of Labour in Gauteng province and valuable conclusions emanated from the

findings of this research study. Only 49.06% employees in the Department of Labour in Gauteng province who participated in the research study indicated that they were familiar with the application process for incapacity leave while the other 50.94% indicated that they were not familiar with the process. Most of the challenges experienced by employees during application for incapacity leave in the Department of Labour were attributed to a lack of adequate knowledge and training on the subject matter.

The study was also concluded with some useful and relevant recommendations from the employees' responses on how to improve the whole process of incapacity leave in the Department of Labour. One of the crucial recommendations drawn from the findings of this research study was that more information sessions and training on the processes and procedures regarding application for incapacity leave should be conducted regularly throughout the whole Department of Labour. Another recommendation was that the application process for incapacity leave should be monitored from beginning to end in order to identify the strengths and developmental areas in the whole process, as well to provide regular updates to employees who have applied for incapacity leave in order to keep them abreast regarding the progress of their application.

Key words

Employees

Employer

The Department of Labour

Incapacity leave

Employee Assistance Programme

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CHAPTER 1

GENERAL BACKGROUND INFORMATION ON THE RESEARCH STUDY

1.1 INTRODUCTION

Incapacity management in the workplace is a concept which is often understood and applied differently by employers and employees in various work settings. Both the private and the public sector manage it differently in line with policies and procedures endorsed by each sector. The National Institute for Health and Care Excellence (NICE) Public Guidance 13 (2008:10-11) defined incapacity management as the process involved in identifying the compatibility of the employee's abilities with the job requirements, demands and activities. Employee incapacity and incapacity leave are thus the crucial elements which emanate from the concept of incapacity management. The National Human Resource Directory (2012) defined employee incapacity as a situation where an employee is unable to perform his/her occupational duties and activities contracted for, due to an inherent inability such as an illness, injury or any form of a disability.

Gabbay, Taylor, Sheppard, Hillage, Bambra, Ford, Preece, Taske and Kelly (2011:1), and the Public Service Commission (2010:3) revealed that there was a growing concern about the issue of employee incapacity internationally and nationally, which led to employees seeking incapacity leave from employers. Soma Initiative (2009a:2) defined incapacity leave as "a privilege of an extended sick leave granted to employees by the employer after the employee has exhausted the 'normal' 36 day sick leave granted to them in a three year sick leave cycle". Furthermore, it must be kept in mind that this definition was from a South African Public Sector point of view. The private sector may attach a different meaning to the concept. During the literature review the researcher discovered that organisations in the private sector defined incapacity leave differently in accordance with the policies of the organisation. Therefore policies of one organisation differed from another organisation's policies. However, the Basic Conditions of Employment Act 75 of 1997 has set out compulsory legislation for all employers to comply with, in terms of employees who are sick for a period exceeding the allocated sick leave days. According to the booklet on Basic Conditions of Employment Amendment Bill (2012:25), when an employee has consumed all 36 sick leave days in a three year period with one employer and is still incapable of going back to work according to medical records, he/she qualifies to apply for

an illness benefit released by the Department of Labour for the period that he/she is not getting any remuneration from the employer. Incapacity leave can be categorised into two types of leave, namely temporary and long-term incapacity leave. The former can be distinguished as sick leave which does not exceed 29 working days, while the latter refers to a situation where an employee was granted sick leave lasting for 30 days or more depending on the circumstances of the incapacitating medical illness or injury (Soma Initiative, 2009b:2).

In the international arena, Gabbay et al. (2011:2) reports that in recent executed surveys in the United Kingdom employers found that approximately 175 million working days were lost in Britain due to sickness absence in the last five years. Meanwhile, on a national level it was reported that there was a growing concern regarding employees seeking incapacity leave due to various reasons. This was confirmed by a research study which showed a 26% increase in applications for incapacity leave, particularly in the South African Public Sector after the implementation of Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR) in January 2004 (Public Service Commission, 2010:1).

The National Department of Labour was one of the national departments in the South African public service sector which struggled with an increase in incapacity leave (Department of Labour, 2010b:9). The researcher then saw an opportunity to research the employees' knowledge on the process involved in the application for incapacity leave, specifically in the Department of Labour in Gauteng province.

1.2. LITERATURE REVIEW

Incapacity management, with specific focus on incapacity leave, became part of the international and national discourse on productivity in the workplace. On an international level different studies on incapacity management and specifically incapacity leave were conducted. In this regard qualitative research was published in the *British Journal of General Practice* by Gabbay et al. (2011) regarding a study which was conducted by NICE. The focus of the study was on the effectiveness and cost-effectiveness of the measures needed to manage employees' long-term sickness absence.

The methodology reported by Gabbay et al. (2011:1) involved conducting 45 heterogeneous studies to review interventions in order to reduce long-term sickness absence. Some of the

findings that emerged from the analysis of these studies were the need for early interventions in issues relating to long-term sickness and employees' incapacity for work, as well as a need for a multidisciplinary approach in assessing and granting long-term sickness absence. Another finding was that interventions in work environments, such as vocational counselling, were found to yield positive results in terms of providing knowledge to employees on management and the effects of long-term sickness absence.

Furthermore, an important international study of a qualitative nature was done by Wynne-Jones, Buck, Porteous, Cooper, Button, Main and Phillips (2010). The main aim of this study was to determine the attitudes of managers and employees with musculoskeletal pains regarding sickness absence, presenteeism and returning to work, as well as to identify areas of consensus and conflict. A sample of 18 employees and 20 managers who suffered from musculoskeletal pains was taken from two large public sector organisations in South Wales in the UK. Individual face to face interviews were utilised to gain in-depth information from the participants regarding their beliefs and attitudes regarding sickness absence (Wynne-Jones et al., 2010:31).

The research findings were highlighted by Wynne-Jones et al. (2010:34). Both employees and managers acknowledged that health impacts on work in terms of one's performance and ability to attend to work activities. A mutual feeling was shared by both managers and employees that absence increased the pressure on other colleagues, as targets still had to be maintained and tasks had to be completed whether individuals were absent or not. There was a distinct difference between managers and employees' attitudes towards presenteeism. Managers indicated that they would report to work even if they were feeling unwell, whereas employees would rather take a time off to recover from their illnesses. Managers reported that employees generally have a perception that sick leave was a right that they were entitled to, and it was viewed as additional leave that employees were entitled to anytime during the year. The relationship between managers and employees was described as playing a significant role in influencing absence due to sickness and returning to work. Therefore, a good manager-employee relationship encouraged people to comply with organisational policies on absence, incapacity management, and returning to work.

A prominent national research study on incapacity leave was done by the Public Service Commission (2010) in various departments in the South African Public Sector. According to the

Public Service Commission report (2010:2) the overall objective of this study was to assess and establish the effectiveness of the implementation of PILIR; assisting departments in the public sector to improve sick leave trends and manage incapacity leave and ill-health retirement.

The sampled departments for the study included the National Department of Labour, the Health Department, and the Department of Basic Education. The methodology which was used as stipulated in the Public Service Commission report (2010:5) involved activities such as analysis of the statistical information on incapacity leave and ill-health retirement applications, which were assessed and finalised. Interviews were conducted with human resource managers in the sampled departments, who were responsible for the administration of incapacity leave and ill-health retirement.

Some of the findings from this study, which were highlighted in the Public Service Commission report (2010:32-36), included the need to train managers and employees on what PILIR was and its policy implementation. Many departments are not adhering to the turnaround time of processing temporary and long-term incapacity leave, according to 85% of respondents. There was an increase in the number of grievances lodged by employees regarding the implementation and application of incapacity leave. There were also financial implications incurred by the state or various departments with the implementation of PILIR. The state became liable to pay transportation costs of employees to and from health specialists and for various health assessments (Public Service Commission, 2010:33).

In the analysis of the literature on incapacity management and incapacity leave that was reviewed, there was a consensus between the national and international studies done by the Public Service Commission (2010) and Gabbay et al. (2011) on the need to inform all employees on the issues around the application, policies and procedures of incapacity leave or long-term sickness absence. Employees could be capacitated in the form of formal or informal training and vocational counselling. However, Gabbay et al. (2011:3) argued that efficacy was enhanced if interventions were designed taking individual differences into account. Due to the uniqueness of each employee, one could be assisted through a psychological-based intervention whereas another employee could be assisted by a multidisciplinary approach. There was a consensus again on the issue of cost-effectiveness. New cost-effective ways needed to be looked at, hence the Public Service Commission's research report (2010:34)

highlighted that costs related to health assessments and the transportation of an employee to health specialists were being paid by the state.

Wynne-Jones et al. (2010) highlighted that musculoskeletal injuries and medical conditions were common illnesses that caused employees to consider going on long-term sickness absence or incapacity leave. However, the Public Service Commission (2010:27) added that when the two genders were compared with regard to application of sick or incapacity leave, female employees were observed to take more sick leave days due to other issues such as maternity leave, child rearing, and household headship responsibilities.

1.2.1 Causes of Incapacity Leave

It was important to highlight what causes employees to apply for incapacity leave or long-term sickness absence. NICE Public Health Guidance 13 (NICE, 2008:6) outlined some of the common causes of long-term sickness as back pain, musculoskeletal injuries, stress leading to mental health problems, and cardio-respiratory disorders. Paton (2008:5) further added that unstable economic factors and job insecurities created by the global downturn have caused an increase in stress, anxiety and general mental health problems among workers. Therefore, these mental health conditions caused employees to be incapable of performing duties that they have been contracted for. Employee fatigue was another cause which has been proven to lead to employee incapacity. Bean (2005:11) reported that employees who worked shifts were usually vulnerable to fatigue, increased risk of accidents in the workplace, as well as impaired psychological and physical health, leading to chronic illnesses. Disrupted sleeping patterns resulting from shift work were also a great cause of fatigue, especially if an employee was expected to work night shifts for three or more consecutive days.

1.2.2 Impact of Incapacity Leave

There are two main areas which are affected by incapacity leave, namely the organisation and employees. These two areas are briefly explained below.

1.2.2.1 *Impact on the organisation*

Incapacity leave could be costly to organisations in more ways than one. Othen (2012:10) reported that 175 million days were lost to sick leave in the UK in the last three years; which

means loss in profitability in organisations. Time lost due to the frequency and the increasing number of applications for incapacity leave was of great concern to most organisations since it had direct financial impacts. Organisations were said to suffer direct financial costs such as sick pay, recruitment costs to fill the vacant positions, and health insurance pay outs to employees who were declared to be incapable of continuing with their work by medical specialists (Van Zuydam, 2007:25).

According to Munro (2007:21), incapacity leave has also been reported to cost organisations in terms of dissatisfaction from other employees who were expected to perform the duties of the absent or incapable employee while waiting for that employee's replacement. This increased a lot of grievances employers have to deal with in response to employee dissatisfaction.

1.2.2.2 Impact on the employees

Organisations were not the only ones negatively affected by employee incapacity leave. Employees also experienced some discomfort regarding being put off from work due to incapacity. In his research, Van Zuydam (2007:13) discovered that where absence levels were high, employees and organisations were likely to have an atmosphere of ill-health, low morale, high stress levels, and low productivity levels.

The University of Cambridge (2011:3) reported that some employers gave employees paid incapacity leave for a certain period and then the employee may stop receiving it, depending on the period spent away from work. Therefore financial stress and low self-esteem were the reported problems that these employees experienced.

In summary, it seems as if there is a need for employers to provide training and knowledge on matters which affected productivity in the workplace, specifically employee incapacity and leave. Medical factors such as musculoskeletal injuries and stress-related illnesses were highlighted by various research studies to be the common causes of incapacity in the workplace. Furthermore, the total cost incurred by various employers on employee incapacity leave became a great concern to international and national industrial settings and employees. It was through these concerns that the need for a research study focussing on the views of employees in the Department of Labour in Gauteng regarding incapacity leave arose.

1.2.3 The impact of the Employee Assistance Programme on incapacity leave

Various research studies in literature have indicated that incapacity leave was a phenomenon which negatively affected organisations and employees. According to Macdonald (2005:145) although instances of long-term absence were less common than one-day sickness, it constituted more than 30% to 40% of all time lost to sickness in the United Kingdom. Therefore the Employee Assistance Programmes in most organisations were coming up with methods to counteract the likelihood of employees being on incapacity leave or long-term absence. The Employee Assistance Programme Association of South Africa (2010:1) described the Employee Assistance Programme (EAP) as the organisation's resource aimed at enhancing employee and workplace effectiveness through prevention, identification and resolution of personal and productivity problems. Employee absence from work, either short-term or long-term, has been stated by Mahlahlane (2003:60) as one of the factors that cost many organisations in terms of health insurance and declining productivity. Therefore "EAPs have emerged as a successful and cost efficient method of prevention and intervention" (Mahlahlane, 2003:60).

Macdonald (2005:145) highlighted that it was important for organisations to manage long-term absence and ill-health in a way that an acceptable and fair balance between the promotion of employee health and wellbeing and the needs of the business was achieved. Therefore EAP was seen as a resource initiated by organisations to assist in striking this balance. It was therefore also important that the EAP in the Department of Labour aligned its programme with the need to capacitate employees on what incapacity leave meant and what processes were involved during application.

1.3 THEORETICAL FRAMEWORK

The working environment is greatly influenced by the interaction between various systems such as employees, employer, internal organisational units, external stakeholders, and employees' families. Therefore the wellbeing of employees may be greatly influenced by the interaction of these systems (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2008:54).

The ecological systems theory formed the basis of this research study since it emphasises the relationship between the person and the environment. Ambrosino et al. (2008:55) described a

system as any structured relationship between any number of elements or units. Zastrow (2010:49) agreed by stating that “elements within the system produce an entity and its sum is greater than the additive sums of the separate parts.” Any change that occurs in any of the elements will directly or indirectly affect the whole system.

Ecological systems are further characterised by diversity, complexity and self-organisation. Systems tend to evolve towards a state of equilibrium, which means that systems are constantly moving towards maintaining order and stability and distributing energy in fairly equal amounts in order to do so, and this is also favoured by natural selection (Ambrosino et al., 2010:59; Berkes, Colding & Folke, 2003:7-8).

Incapacity leave is a phenomenon which can be viewed as a maladaptive interpersonal problem which may be caused by disruptions in the interactions of the individual and the environment. Among others, health problems such as cardiovascular diseases, musculoskeletal diseases and stress-related symptoms were reported to be the common causes of employees applying for incapacity leave. These health problems may be caused by lack of synergy between the elements in the system. For an example, lack of resources and work-related conflicts may result in an individual experiencing stress-related symptoms which may in time result in an employee being incapable of performing his duties. Therefore an achieved balance in all systems, such as employees’ work life, resources in the workplace, employees’ family lives, and organisational needs, may have an influence on the decrease in the number of employees taking incapacity leave as well as early identification of the factors contributing towards long-term illnesses (Zastrow, 2010:50; NICE, 2008:6).

Socio-cultural factors have also been observed by many authors and theorists to directly or indirectly influence the flow in synergy within the system. For instance, it has been proven in a research study done by the Public Service Commission (2010) that more female employees apply for incapacity leave than their male counterparts. Socio-cultural factors play a role in these statistics in that in most African cultures females are encouraged or expected to assume the role of caregiver and bear most of the household responsibilities; which encourages them to apply for incapacity leave. There are also macro factors, such as economic factors, that may influence the equilibrium of this system (Ritzer & Stepnisky, 2011:2-3).

1.4 RATIONALE AND PROBLEM STATEMENT

Based on the researcher's observation of what was happening in practice, most employees in the Department of Labour appeared to be lacking sufficient knowledge regarding the reasons or circumstances to apply for incapacity leave, as well as the processes and procedures involved in the application of incapacity leave in the department. This was also evident in the researcher's personal interview with Sakonta (2013), a Human Resource official in the Department of Labour in Gauteng Provincial Office. He indicated that, for instance, there are some employees' applications for incapacity leave which were declined even though the employee had been absent from work for some time already; only 20% of the cases they received and processed were fully recommended and approved. This therefore implied that employees were not adequately informed about the matter and this triggers the need for their point of view to be heard. This possible misconception was also confirmed by the Public Service Commission (2010:36) which emphasised the need for employee training to ensure adequate knowledge and understanding of the application and implementation of incapacity leave.

A literature study was conducted by the researcher in order to investigate how incapacity leave affected employees in various work settings and organisations. Two aspects surfaced from the international and national research studies conducted. There was a need for the provision of training for employees and for the early identification of and intervention in factors leading to long-term sickness in work settings (Gabbay et al., 2011:1). From these challenges the researcher became aware of the defects in practice and also in the knowledge base of employees. There was thus a need for more empirical evidence regarding employees' personal views and knowledge on incapacity leave in their workplace. Therefore, the research question which guided this study was:

What is the employees' knowledge about the process involved in the application for incapacity leave in the Department of Labour?

The researcher believed that this research study added value to the body of research in the Employee Assistance Programme framework, by exploring the views of employees in the Department of Labour regarding matters relating to incapacity leave. Through exploring their knowledge, internal and external processes of assessment towards the approval or non-approval of incapacity leave may be revised based on the findings of this study. The findings

would also assist in anticipating programmes that will enhance employees' knowledge, rights and responsibilities regarding incapacity leave.

1.5 GOAL AND OBJECTIVES

1.5.1 Goal of the Study

To explore and describe employees' knowledge about the process involved in the application for incapacity leave in the Department of Labour in Gauteng province.

1.5.2 Objectives of the study

In order to obtain the goal of the study the following objectives were formulated:

- To conceptualise the phenomenon of incapacity leave within the workplace context.
- To determine the employees' knowledge level regarding incapacity leave in the Department of Labour.
- To determine employees' knowledge of the process of application for incapacity leave in the Department of Labour.
- To identify the challenges employees experience regarding the application and implementation of incapacity leave in the Department of Labour.
- To determine employees' views on the impact of incapacity leave in the workplace
- To make recommendations based on research findings to enhance the system of incapacity leave in the Department of Labour.

1.6 RESEARCH DESIGN AND METHODOLOGY

In order to determine the knowledge of Department of Labour employees about the processes of application for incapacity leave a quantitative research approach was utilised in gathering the information employees had regarding the concept of incapacity leave within the Department of Labour in Gauteng province. The quantitative nature of this research study assisted the researcher to remain detached from the research respondents in order to draw unbiased conclusions (Fouche & Delport, 2011:63). Through this study the general assumption that incapacity leave was generally understood by all employees was actually narrowed down to the

specific conclusions regarding the knowledge gaps employees had regarding incapacity leave in the Department of Labour. Employees' views were also captured by this study and therefore added to the sum of knowledge around the issue of incapacity leave (*Sage Dictionary of Social Research Methods*, 2006:250).

Applied research was the applicable research type to solve the existing problem pertaining to the lack of knowledge about the process of applying for incapacity leave in the Department of Labour, as well as assist in future interventions regarding the matter (*Sage Dictionary of Social Research Methods*, 2006:8).

The researcher made use of a non-experimental design to carry out the research, namely the randomised cross-sectional survey design. According to Fouche, Delpont and De Vos (2011:156) cross-sectional surveys can be used in groups of people to determine whether a particular problem existed and what the level of the problem was. Therefore, through this study the researcher utilised a questionnaire as a survey instrument to give a snapshot of employees' current knowledge regarding the process involved in the application of incapacity leave in the Department of Labour (Denscombe, 2010:101).

All Department of Labour employees in all nine of the South African provinces formed the universe in this research study. As outlined by Strydom (2005:151) this universe possessed the attribute in which the researcher was interested. Therefore from this universe the population, which was the Department of Labour employees in Gauteng province, was declared. A sample of 139 respondents was then randomly selected from the population and it became the basis of the research findings (Strydom, 2011:223-225; Kumar, 2005:164). The researcher used a combination of stratified and systematic sampling techniques to select the sample. The five regions of Gauteng province formed the strata in this research study, and within each stratum three sub-strata were identified. These strata were the three job levels, namely top management, middle management and lower level management. Through the list of employees the researcher requested from the regional office managers in Gauteng province, she was able to randomly select employees from each strata and sub-strata to participate in the study. The lists indicated the names and surnames of employees, as well as their occupational levels and the labour centre/office in which they were based.

The questionnaire was distributed to the selected sample and the researcher administered it herself. However in the remote areas, such as Sebokeng and Vereeniging, copies of the questionnaire and the consent form were mailed to the regional office managers who facilitated the distribution and the collection of the questionnaire from the employees in their labour offices. The regional office managers were briefed on the importance of voluntary participation and anonymity in this research study (Denscombe, 2010:74).

The collected data was analysed using the Statistical Package for Social Scientist (SPSS) and descriptive statistics was used to identify key trends from the data in order to reduce the data into numerical form for easy interpretation (Fouche & Bartley, 2011:259-260). After the researcher coded, cleaned and categorised the data tables, bar charts, pie charts and doughnuts were used to display the responses to the questions in the questionnaire. A detailed description of the methodology in this research study will be outlined in Chapter 3.

1.7 LIMITATIONS OF THE RESEARCH STUDY

Every research study has limitations and according to Simon and Goes (2013:10) limitations are “matters and occurrences that arise in a study which are out of the researcher’s control”. Limitations of this research study are therefore presented below:

- Out of the 139 randomly selected employees, only 106 returned their questionnaires. Therefore research findings were based on 76% of the initial sample.
- There were challenges experienced in getting hold of all the 19 regional office managers in Gauteng to respond to the questionnaire. Therefore, only 12 (63%) of the regional office managers responded to the questionnaire. The reason which was provided to the researcher was that the timing for the distribution of the questionnaire was unfavourable to them, because they had many work-related commitments to prioritise and deadlines to meet. Simon and Goes (2013:10) supported this explanation by indicating that people who struggle with time constraints due to other perceived work-related or personal reasons are less likely to respond to surveys. They may feel overworked because of the fact that they would be expected to complete surveys in a specific time frame.
- Although valuable data was collected, the research study was only done in Gauteng province. Therefore the findings could not be generalised to the whole universe of the Department of Labour employees.

1.8 CONTENTS OF THE RESEARCH REPORT

1.8.1 Chapter 1: General Introduction

The first chapter consisted of the outlined context of this research study through a detailed introduction, a brief literature review, theoretical framework, goal and objectives of the study. The summary of the research methodology and the limitations of this study, as well as the contents of the research report formed part of this chapter.

1.8.2 Chapter 2: Literature Review

Based on a thorough literature review, Chapter 2 describes the following aspects in detail:

- ❖ The concept of incapacity leave
- ❖ Causes of incapacity leave
- ❖ The impact of incapacity leave on employees and organisations
- ❖ Gender differences with regard to incapacity leave amongst employees
- ❖ The current processes and procedure of application for incapacity leave in government departments.
- ❖ Incapacity leave procedures within the Department of Labour.
- ❖ The impact and the role of EAP in incapacity leave

1.8.3 Chapter 3: Research methodology and empirical results

Chapter 3 outlines the research methodology undertaken by the researcher. The interpretation, presentation and discussion of the empirical findings also form an important part of this chapter.

1.8.4 Chapter 4: Conclusions and recommendations

Chapter 4, which is the last chapter of this research study, focuses mainly on the aspects mentioned below:

- ❖ Identification of key findings
- ❖ Conclusions based on the literature review

- ❖ Conclusions based on the empirical findings
- ❖ Recommendations based on empirical findings
- ❖ Recommendations in terms of future research
- ❖ Achievement of the goal and objectives of the study

1.9 DEFINITION OF KEY CONCEPTS

Various key concepts which are relevant to this research study are listed and defined below.

Employee

The Department of Labour (2004:4) defines an employee with reference to the amended Basic Conditions of Employment Act 11 of 2002 as “any person, excluding an independent contractor, who works for another person or for the state and who receives, or is entitled to receive any remuneration.”

Employer

Heathfield (2015:1) defines an employer as

an organization, institution, government entity, agency, company, professional services firm, ... who employs or puts to work, an employee. In exchange of the employee’s work or services, the employer pays a compensation that may include a salary, an hourly wage and benefits.

The Department of Labour

The Department of Labour is defined as “the department of South African Government responsible for matters related to employment, including industrial relations, job creation, unemployment insurance and occupational health and safety” (Department of Labour, 2004:2).

Incapacity leave

According to the DPSA (2004:4), incapacity leave is a discretionary leave granted by the employer to the employee after the normal 36 sick leave days are exhausted. This leave may be extended based on the findings of an investigation or medical evidence provided during an investigation.

Employee Assistance programme

Employee Assistance Programme is defined by EAPA (2012:5) as a worksite-based programme initiated by employers to assist organisations in addressing productivity problems as well as to assist employees/clients to identify and resolve personal problems.

1.10 SUMMARY

Chapter 1 simply provided a road map of how the whole research study was conducted, as well as the layout of all the contents in the dissertation. All the necessary ethical aspects were considered and applied in ensuring that the research study was remained uncontaminated and authentic. An in-depth literature review and further discussion of the concepts around incapacity leave will be presented in Chapter 2.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter aims to justify the significance of this research study and outline a thorough background of the phenomenon being studied, namely incapacity leave in the Department of Labour. Findings by researchers from various countries have indicated that mismanagement of incapacity leave in various organisations have detrimental effects on the overall productivity in many organisations (Gatchel & Schultz, 2012:157).

Through research Bean (2005:11) reported that 2.7million people in the UK reported sick each week, while 2.7 million people who are working age claim a state incapacity leave. As mentioned in chapter one Othen (2012:10) indicated that British organisations lost 175 million working days due to incapacity leave and the costs were estimated at 100 billion pounds which clearly indicated progression in costs over the years. These findings do not only have an impact on the country's economy, but results also in the working class progressively sliding into chronic disability and ill health; being vulnerable to poverty and unemployment (Bean, 2005:11).

In the national arena, several studies were conducted by the Public Service Commission and the findings in these reports have indicated that there was an abuse of sick leave and incapacity leave by employees in the South African public service (Public service Commission, 2010:1). This finding resulted in the need for a policy to be developed which aims to reduce employees' abuse of sick leave and improve the management of incapacity leave in the public sector. Therefore, the policy was approved by South African Cabinet for implementation in 2006 (Public service Commission, 2010:1).

The findings by the Public Service Commission (2010:14) from three sampled departments, namely the Department of Higher Education and Training, the Department of Health and the Department of Labour, indicated that the Department of Labour had the highest number of sick leave days from January 2004 to December 2009 with 126 290 days taken before the implementation of the PILIR and 126 664 post-PILIR. The statistical representation reflects an

increase of 3.7%. It is important to note that the sick leave days include normal sick leave days, temporary incapacity leave, and long-term incapacity leave days. These findings therefore justify the need for the researcher to focus this research study on the employees' knowledge of the application of incapacity leave in the Department of Labour.

This chapter will be focusing on areas, such as various causes of incapacity leave, the impact of incapacity leave on both the organisation and employees, gender differences and dynamics with regard to the incapacity leave, and the role of the Employee Assistance Programme (EAP) in the management of incapacity leave in the workplace. In order to focus on areas of this discussion, it is important to firstly conceptualise the concept of incapacity leave by looking at various definitions and meanings of the concept internationally as well as on the national arena.

2.2 CONCEPTUALISATION OF INCAPACITY LEAVE

All employers have an expectation that employees have the ability to carry out their duties in the workplace as well as be compatible with their job requirements. When ability and compatibility become areas of concern due to one reason or another, the concept of incapacity management surfaces. Incapacity management involves a process whereby employees' abilities, job requirements and work demands are all compatible. Emanating from this process, recommendations and decisions regarding how organisations manage employee incapacity may vary from granting short-term or temporary incapacity leave to termination of employment (NICE, 2008:10-11).

Incapacity leave is a phenomenon that is understood and conceptualised differently internationally and nationally. Various scholars provide various definitions to incapacity leave with their meaning and terminology of the concept being influenced by the statutory laws and legislation of various countries. For instance, in the United Kingdom (UK) and the United States of America (USA) this concept is called "long-term sickness absence" and is defined by Nice (2009:1) as absence from work granted by the employer due to any kind of injury or sickness for a period longer than four weeks. Any sickness absence shorter than four weeks is referred to as short-term sickness absence.

In South Africa the concept is called incapacity leave and is defined by Soma Initiative (2009a:2) as a privilege of sick leave that may be granted by an employer to the employee due to several

reasons, such as ill-health, injury, or poor performance. There are various reasons why incapacity leave may be granted to the employee and therefore the length of absence from work may differ depending on the seriousness of the disease or condition. Incapacity leave is thus categorised into two types of leave, namely temporary incapacity leave and long period temporary incapacity leave. The former refers to incapacity leave lasting between one and 29 working days, while the latter refers to incapacity leave lasting for 30 days or longer (Soma Initiative, 2009b:2).

It may happen that the illness or injury has progressed to a stage where it permanently prevents an employee from performing his or her duties. It is therefore highlighted by Soma Initiative (2009a:2) that the employee may qualify for ill-health retirement after thorough medical assessments. The Department of Public Service and Administration (2009:31) further elaborates that the physician may frequently have to do an assessment of functional capacity or the employee's ability to perform his/her duties. This assessment reports are therefore crucial in making the final decision of whether to grant or decline an employee's application for incapacity leave, as well as outlining the medical condition responsible for causing the employees' functional incapacity (DPSA, 2009:31).

According to Pract (2011:2) the causes of incapacity leave may range from medical conditions, such as musculoskeletal diseases and Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), to mental health conditions, such as depression and anxiety. Occupational factors were also highlighted as contributing towards employees wanting to stay away from work for longer periods. All these factors will therefore be discussed in detail in the following section.

2.3 CAUSES OF INCAPACITY LEAVE

Many studies have been conducted to identify common causes for incapacity leave in many organisations. Gatchel and Schultz (2012:158) mention that the main causes for incapacity leave are divided into two categories, namely sickness and non-sickness related causes. The causes of incapacity leave will therefore be discussed as such in these two categories.

2.3.1 Sickness-related causes

Various sources of literature have identified possible causes of absenteeism. Van Zuydam (2007:11) also categorised them into sickness and non-sickness related causes and further elaborated that sickness-related causes are those causes emanating from various medical conditions. In this regard different musculoskeletal illnesses, vascular illnesses, HIV and AIDS and related illnesses, as well as mental health conditions will be discussed as main causes.

2.3.1.1 *Musculoskeletal illnesses*

Musculoskeletal disorders have been referred by Felson (2003:1) to be among the most common diseases to humans. He further adds that these diseases affect all age groups and most often they cause disability and other impairments that negatively affect the functional ability of most individuals. The Institution of Occupational Safety and Health (2013:1) provides a simpler definition of musculoskeletal disorders: “conditions that affect the nerves, tendons, muscles and supporting structures, such as the discs in your back. They result from one or more of these tissues having to work harder than they’re designed to.”

Approximately 33% of adults in the USA are affected by musculoskeletal signs and symptoms, which result in limitation of motion and pain in the joints or extremities. Even though musculoskeletal disorders may be found in various age groups, researchers have proven that these disorders increase with age (Felson, 2003:1).

Felson (2003:1) and the Institution for Occupational Safety and Health (2013:1) identified lower back pain, rheumatoid arthritis and osteoarthritis as the most common musculoskeletal diseases that affect a large percentage of the workforce across many countries and they are listed and explained below.

- ***Lower back pain***

Nordqvist (2013) defines back pain as “a pain which is experienced anywhere on the back in between the ribs and the top of the legs”. He further categorises lower back pain into two types, namely Acute and Chronic lower back pain. The former may be experienced by an individual suddenly and persists for a maximum of three months, while the latter is said to gradually develop over a longer period, lasting for over three months and causing long-term problems.

The causes of lower back pain have been reported by Yilmaz and Dedeli (2012:601) to be categorised into physical and non-physical factors. Physical factors refer to aspects such as heavy physical work, night shifts, bending and twisting for longer periods, and pulling and pushing heavy loads. Non-physical factors include aspects such as a mentally stressful job, depression, anxiety, disturbed mood and emotions (Nordqvist, 2013:1).

Hertling and Kessler (2006:53) add that approximately 3% to 7% of the population in western industrialised countries experience chronic lower back pain. Furthermore, Yilmaz and Dedeli (2012:601) reveal that occupational lower back pain happens to be the most expensive source of compensated work-related injury in recent years, and the effects of the impairments and disabilities which have been observed to be associated with lower back pain result in job absenteeism and loss of productivity in the workplace. Sick leave and its related costs are found to be the common negative outcomes experienced by most organisations worldwide (Tveito, Hysing & Eriksen, 2004:3).

- ***Rheumatoid Arthritis***

Rheumatoid arthritis is described by Leong, Birnbaum and Brees (2009:45) as an autoimmune disease that causes chronic swelling and inflammation of the body joints. It attacks the inner lining of the joints causing swelling and chronic pain. Rheumatoid arthritis is regarded as the most common form of arthritis that many people are suffering from.

Rheumatoid arthritis has been reported to affect approximately 1.3 million Americans and it tends to occur most often between the ages of 40 and 60, an age range which is still within employment parameters. Meanwhile the studies done in South Africa, specifically in two academic hospitals in Gauteng, namely Chris Hani Baragwanath and Steve Biko, indicated that 171 patients were diagnosed with rheumatoid arthritis over the second quarter of 2013. Reportedly, 82% were female (Leong et al., 2009:46; Musenge, 2013:1).

Clair, Pisetsky and Haynes (2004:11) add that people suffering from rheumatoid arthritis have been reported to also experience stiffness. The symptoms are common in the

morning and therefore early morning hours are said to be worst time of the day for functioning. Leong et al. (2009:45) indicate that in extreme cases rheumatoid arthritis may cause joint deformity and disability which may negatively affect the occupational functioning of an individual. According to Clair et al. (2004:438) employees suffering from rheumatoid arthritis may be challenged by symptoms such as morning stiffness, swelling and pain. These symptoms may interfere with an individual's' every day activities, such as getting to work on time and being productive at work, enjoying leisure activities with their families, as well as performing some household chores. Employers may therefore experience productivity and performance problems from employees diagnosed with rheumatoid arthritis.

The main cause of rheumatoid arthritis is not yet known, however it was classified to be an autoimmune disease which means that it may develop during the time when the individual's immune system is compromised and therefore the body attacks its own tissues. Physically demanding jobs do not cause rheumatoid arthritis, but may worsen it (Leong et al., 2009:46; Nordin et al., 2007:270).

- ***Osteoarthritis***

Leong et al. (2009:31) explain osteoarthritis as a form of arthritis that also attacks the body joints. Unlike rheumatoid arthritis where the inner lining in the joints get depleted, in osteoarthritis the cartilage layer which serves as a shock absorber and keeps the bones from rubbing together during movement gets depleted. The depletion of cartilage causes the ligaments to become distensible and causes bones to rub against each other without a protective cushion, thus causing weakening and wasting in joint muscles (Maharaj, 2014:1).

Leong et al. (2009:32) report that in severe cases of osteoarthritis there may be overgrowth of bones which may result in chronic pain and joints appearing larger than normal, causing them to appear deformed.

According to Gatchel and Schultz (2012:162) up to 27 million adults in the USA are suffering from osteoarthritis and therefore absenteeism from work and lost productivity become the negative end results of this disease. This is indicative in a recent study done to evaluate the annual absenteeism costs attributable to employees with osteoarthritis.

The study revealed that approximately ten billion dollars are lost annually by American organisations due to osteoarthritis (Gatchel & Schultz, 2012:162).

There are occupations which have been reported to cause osteoarthritis. Physically demanding jobs, such as that of a professional soccer player and ballet dancer, have a higher frequency of osteoarthritis. However, other risk factors such as obesity, heredity and aging have been proven to also cause the disease (Nordin et al., 2007:271).

2.3.1.2 Vascular illnesses

Shrinkhande and McKinsey (2012:1) provide a simple explanation of vascular diseases as those diseases which affect the flow of blood in the blood vessels and arteries. GBC Health (2011:1) has articulated on most of these diseases and diabetes mellitus is currently one of the common vascular diseases that many employees in various organisations experience internationally and in the South African context. According to GBC Health (2011:1), 220 million people worldwide have diabetes and the World Health Organisation (WHO) expects the mortality rate to double between 2005 and 2030. Furthermore, recent findings by Statistics South Africa (2014) reveals that diabetes mellitus is among the common reported causes of deaths in South Africa contributing 84,5% of the overall underlying causes of deaths.

Erasmus, Soita, Hassan, Blanco-Blanco, Vergotine, Kengne and Matsha (2012:844) articulate findings in their study that the prevalence of diabetes in South Africa may be due to rural-to-urban migration resulting from people in search of economic transition. GBC Health (2011:1) further elaborated that rapid urbanisation has led to most people being exposed to less physical activity and general unhealthy lifestyle choices, such as eating more junk food which leads to obesity, and more alcohol and tobacco consumption.

According to the American Diabetes Association (2005:3-4) diabetes mellitus is a vascular disease where the individual's body is unable to produce insulin or produces insufficient insulin. Insulin is responsible for moving glucose from the blood stream into the cells, thus this disease results in too much sugar or glucose in the blood stream. Rubin (2012:40) identifies three types of diabetes mellitus, namely type 1, type 2 and type 3.

People with type 1 diabetes produce little or no insulin and are thus unable to effectively move glucose from the blood into the cells. Therefore they need insulin injections. People with type 2 and type 3 diabetes can produce insulin, however the cells in their bodies resist the action of insulin and thus these two types are commonly known as insulin resistant diabetes (American Diabetes Association, 2005:4; Rubin, 2012:40).

According to Unger (2013:185) diabetes is a progressive disease through which the individual may present other illnesses which lead to disability, as well as resulting in individuals considering quitting their jobs or rather applying for incapacity leave. The following conditions are some of the common illnesses caused by diabetes as highlighted by Unger (2013:185):

- ✓ Renal failure: the kidneys fail to perform their essential function of filtering toxins from the blood stream. In fact it is indicated in Unger (2013:186) that diabetes accounts for 38% of all renal failure cases in the USA.
- ✓ Diabetic Retinopathy: this is simply a loss of vision due to the degeneration of the retinal tissues.
- ✓ Diabetic Neuropathy: another common complication of diabetes affecting about 50% of diabetic patients. Clinical features such as loss of consciousness without any warning, as well as dryness of the skin on the feet increasing risks of foot ulcerations are common in people experiencing diabetic neuropathy.

People with diabetes can get any employment they wish for as long as they qualify for that particular job. However, they may be faced with challenges such as making adjustments to their diabetes care, as well as finding it difficult to manage irregular work schedules such as late night shifts. Occupations that require driving and operating heavy equipment are also risky occupations for employees with diabetes, since a low blood glucose reaction in the body may result in a serious injury to self and others (American Diabetes Association, 2005:423;425)

2.3.1.3 HIV/AIDS and related illnesses

HIV and AIDS are regarded as one of the major health challenges facing the world and South Africa. The Department of Justice and Constitutional Development (2009:4) reported that the census has revealed that out of 48 million South Africans, an estimated 5,7 million are infected with HIV. This makes South Africa one of the top 22 countries with a high burden of HIV infections. The infections are reported to be primarily prevalent between the ages of 15 and 49 years, with women taking the highest percentage.

AIDS, also known as Acquired Immune Deficiency Syndrome, is a disease caused by the HI virus. This disease weakens an individual's immune system, making it vulnerable to infections and diseases. This virus lives in the human body fluids, such as blood, breast milk and other fluids, and can be transmitted from one person to another through blood-to-blood and sexual contact. The latter is regarded as the main mode of transmission of this virus (Medical News Today, 2012).

HIV has life stages in the human body once an individual is infected. The Department of Health (2005) outlines these stages as follows:

- *Stage 1:* This is regarded as an asymptomatic stage where the symptoms are normally dismissed. For instance the symptoms may resemble those of a common cold or flu.
- *Stage 2:* In this stage a number of clinical manifestations of autoimmune response to HIV become visible. This is where the immune system is acutely activated by the virus. Diseases such as arthritis and several dermatological (skin) conditions may also develop.
- *Stage 3:* This is where an infected individual experiences significant weight loss and several opportunistic diseases such as Tuberculosis (TB), Cancer and Pneumonia may develop.
- *Stage 4:* In this stage most if not all of the AIDS defining conditions are evident. Infections such as meningitis, various forms of cancer, pulmonary TB, and other bacterial infections invade the weakened immune system. At this stage the body's ability to fight infections is diminished, therefore diseases become difficult to cure.

There is however treatment that people with HIV can go through in order to prolong their lives. Heywood (2004:206) provides a definition of antiretroviral treatment (ART) as drugs effectively acting to reduce or prevent the replication of the Human Immune Deficiency Virus, thereby reducing the viral load in the infected person's body. The Human Science Research Council (HSRC) conducted a large household survey in 2012 on the prevalence of HIV in South Africa. It was found that 2,2 million people living with HIV were reported to be on ART (The Human Science Research Council, 2014:71). This treatment is chronic and any default may actually be fatal. For an HIV-infected person to get ARV treatment he/she will have to go through various medical assessments in the hospital in order to determine if the disease has reached a stage

where the treatment may be administered. It is reported that an individual may also go through psychological and social assessments to determine the readiness of the person to commence the treatment, as well as his/her capability to adhere to it. This treatment has been proven to prolong the lifespan of HIV-infected individuals and improve the quality of their lives (Heywood, 2004:206).

The lifespan of the HIV in an infected body varies from one person to the other. Some people may live up to 20 years with the virus in their body, while other people may live for a short period of time and die of an AIDS-related disease (Gatchell & Shultz, 2012:132). In a study which was done to estimate the life expectancy of HIV positive patients receiving ART in South African public health facilities, the analysis of data revealed that the life expectancy of patients on ART is 80%. This is similar to that of an HIV negative adult, provided there is no delay in treatment initiation and there are no interruptions and defaulting of treatment administration (Johnson, Mossong, Dorrington, Schomaker, Hoffmann, Keier, Fox, Wood, Prozesky, Giddy, Garone, Cornell, Egger & Boule, 2012:93, 110-111)

Even on ART, the battle with HIV may be a long and strenuous one and the sick person may need constant support from family as well as from the organisation which employed them. Gatchell and Shultz (2012:132) indicate that some HIV employees may present with various AIDS-related diseases which may result in taking more sick leave days and ultimately incapacity leave due to their ill health. Some employees with HIV may develop a form of cancer where he/she may have to be on cancer treatment (chemotherapy).

According to the American Cancer Society (2012:6) HIV-infected individuals are more likely to be diagnosed with cancer than non-infected individuals. The increased risk may be because the immune system of an infected individual is already weakened by HIV itself and therefore cancers may develop more quickly than in individuals who are not infected with HIV. The chemotherapy treatment plan is known to be intensive and it may take months for the employee to be fit for work again (American Cancer Society, 2012:6).

In cases such as this one where an employee has become too ill to perform their normal duties, an employer is compelled by legislation, namely the Labour Relations Act 66 of 1995, to consider alternative suitable work for the period while the employee is still recovering from the illness. Dismissal on grounds of incapacity due to ill health may only be done when an employer

has followed all the guidelines and has explored all the options to keep an employee employed (Department of Labour, 2010b:5).

Due to sickly employees who are unable to perform their normal duties, organisations have suffered direct and indirect effects of HIV and AIDS in the last decade worldwide. According to Pillay (2007:17) in addition to lost working days due to incapacity leave, organisations experience challenges such as an increase in labour relations cases, employee turnover, death and a decrease in the quality of service delivery. United Nations against AIDS (UNAIDS, 2005:7-8) further articulates that the workforce is the business' most valuable asset and it has been shrinking over the years due to HIV and AIDS. The remaining workforce contains a high percentage of younger workers who are inexperienced and less knowledgeable.

2.3.1.4 Mental Health Conditions

The prevalence of mental health conditions in the workplace have been observed to grow at an alarming rate, both internationally and nationally. In defining mental health, Coppock and Dunn (2009:8) refer to WHO's definition which states that it is "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."

In light of the meaning of mental health provided above, a workplace environment may be a type of community (Coppock & Dunn, 2009:8). If it happens in a workplace environment that the individual's state of wellbeing is challenged whereby coping mechanisms to various life stresses are diminished, the effects thereof have been reported to range from decreased productivity to employee disability, which may ultimately result in termination of employment (Gatchel & Shultz, 2012:105).

Desai (2009:42) reports that anyone can experience mental health problems at any stage in life; and every sixth individual is likely to have some form of mental health condition. They range from a mild form of depression or anxiety to worse psychotic cases. Desai (2008:42) further adds that many people with mental health conditions form part of the labour market and a lot of them can maintain their employment status. However, mental health status may be an important factor to employment, as the effects of some mental health conditions in the workplace may take the form of disability (Gatchel & Shultz, 2012:108). Koen (2003) identifies the following

different types of common mental health disorders which have the potential to culminate in employees applying for incapacity leave:

Anxiety disorders

Anxiety is defined by the National Institute of Mental Health (2014:1) as a body's reaction to a stressful situation. Physiological reactions, such as increased heart rate, perspiration, shortness of breath, trembling and elevated blood pressure, are the common symptoms of anxiety. However, the American Psychological Association (2010:1) highlights that the frequency and intensity of anxiety episodes may develop into more serious anxiety disorders, especially if no treatment is provided to the individual.

About 40 million American adults are affected by anxiety disorders each year and women are 60% more likely than men to experience any form of anxiety disorder. Meanwhile in South Africa, the South African Stress and Health (SASH) study was conducted in all nine provinces. The main goal of this study was to determine the common mental disorders in the country. Herman, Stein, Seedat, Heeringa, Moomal and Williams (2009:3) revealed in this research study that the most prevalent mental disorders were found to be anxiety disorders, making up 15,8% of all mental disorders; with the Western Cape province having the highest prevalence rate of 42%. Anxiety disorders are found in a lot of workplaces and it is characterised by intense anxiety. There are three categories of anxiety disorders, namely:

- Panic disorders – These are recurrent and unpredictable attacks accompanied by an intense fear in the absence of real danger. Symptoms may involve palpitations, sweating, shaking and shortness of breath (Kay & Tasman, 2006: 578).
- Social phobias – A fear of one or more social performance situations and being exposed to unfamiliar people. The primary concern of this fear is embarrassment and possible scrutiny by other people (Kay & Tasman, 2006:589).
- Obsessive-Compulsive disorder – These are recurrent and persistent thoughts characterised by a repetitive behaviour causing anxiety and distress. This repetitive behaviour may include acts such as cleaning, counting, checking and hand washing. It is reported that these unwanted thoughts and behaviour impact negatively on the person's occupational functioning (Koen, 2003:33).

Anxiety disorders may negatively affect one's daily functioning if treatment is not provided. Haslam, Atkinson, Brown and Halslam (2005:1) confirm that areas such as work performance, safety and working relationships with colleagues, supervisors and managers may be negatively affected by anxiety disorders. Furthermore, organisations are currently experiencing the negative impacts of anxiety disorders suffered by some of their employees. Harvard Mental Health (2010:2) reports that absenteeism, lost productivity and health insurance contributions by companies have direct costs that many organisations are experiencing due to employees with anxiety disorders.

Mood disorders

Koen (2003:34) describes mood disorders as disturbances of the mood accompanied by unpredictable behaviour. These mood disturbances may be perceived as being inappropriate and therefore resulting in occupational dysfunction. The disturbance and instability in these employees' moods cause decision errors as well as many conflicts with other co-workers (Woo & Postolache, 2008:3). Mood disorders are therefore divided into three categories, namely:

- Bipolar disorders – These are distinct periods of instability and abnormality in mood. People with bipolar disorders will present with expansive, elevated or irritable moods. It is reported that during the period of mood disturbance, symptoms such as grandiosity, distractibility, fast speech, and increased need for activity are observed (Koen, 2003:34).
- Major depressive disorder – This disorder is characterised by noticeable depression episodes with symptoms of loss of pleasure, inability to think or concentrate, sleeping pattern disturbances, changes in appetite, fatigue, and even suicidal thoughts (Kay & Tasman, 2006:534).
- Dysthymic disorders – This disorder is characterised by a chronic depressed mood most of the day for at least two years. The symptoms are similar to those in major depressive disorders (Kay & Tasman, 2006:553).

A study was conducted in Canada to determine the impact of occupational factors on mood disorders and suicide. The analysis of this study's results were revealed by Woo and Postolache (2008:2), who indicated that 1.1% of employees met the criteria for bipolar disorders while 6.4% met the criteria for major depressive disorder. The American Psychological Association (2014) also confirms that mood disorders may affect organisations in a negative way and may hamper employee productivity as well. Meanwhile, in South Africa it was reported

by a newspaper article that more than 17 million people are experiencing mental health conditions such as depression, anxiety and bipolar disorder (Tromp, Dolley, Laganparsad, & Govender, 2014).

According to Woo and Postolache (2008:3), employees who have been diagnosed with bipolar mood disorder have been observed to display presenteeism, due to decreased concentration and low motivation to perform tasks relating to their work. These employees also experience some difficulty in maintaining sound relationships with colleagues, supervisors, managers and even family members. This dysfunctional behaviour is due to the instability and frequent fluctuation of their moods.

Substance abuse

Substance abuse remains one of the great concerns in many organisations worldwide. Gatchel and Schultz (2012:201) define substance abuse as "...the maladaptive pattern of substance use, including excessive use, compulsions to use, and continued use despite negative consequences." Substance abuse has attracted urgent public intervention in many countries where many government programmes have been initiated with the aim of combating it. According to Gatchel and Schultz (2012:201) the cost of alcohol and other drug use is estimated to be more than 240 billion dollars per year only in the USA.

In the national arena a study was done at drug and alcohol rehabilitation and treatment centres in five of the nine provinces. According to Ramlagan, Peltzer and Matseke (2010:42) the statistics in this study revealed that alcohol is still the primary substance among patients seen at the treatment centres, accounting for more than 50% of admissions. The research study revealed further that out of all admissions, 21% was for cannabis, 9,6% for cocaine, 7,9% for heroine, and 2% for prescription drugs (Ramlagan et al., 2010:42). Furthermore, it is highlighted by Levy Merrick, Volpe-Vartanian, Horgan and McCann (2007:1) that within the reported numbers of substance abusers there are adults who are employed; 29% of these employees engage in binge drinking and 8% engage in recreational drugs, such as heroin, marijuana and cocaine.

Prolonged use of substances may result in addiction. Levy Merrick et al. (2007:1) articulate that drug addiction in employees results in reduced productivity, alarming absenteeism rates and

increased health care costs in organisations. A lapse in judgement has also been identified as a common factor in people who are using drugs, hence it is highlighted in Koen (2003:35) that drug use was the best predictor of accidents on jobs that are regarded as high-risk. Therefore this problem compels employers to put in place measures that will address and minimise workplace accidents.

In ensuring that workplace accidents are minimised, Macdonald (2005:122-123) suggests that employees may consider introducing a drug/alcohol screening policy. However, it is important for employers to emphasise that the policy is part of a system that will serve to ensure the health and safety of the workforce, as well as support employees who may have drug- or alcohol-related problems. Macdonald (2005:123) recommends further that the policy should state what should happen when employees test positive in terms of the organisation's support to a rehabilitation programme.

A rehabilitation programme may involve some time away from work in order for an employee to receive appropriate medical treatment and counselling services in assisting with the drug or alcohol addiction. Incapacity leave may have to be recommended if the employee's sick leave days have been exhausted (Macdonald, 2005:124).

Treatment plans regarding substance abuse and dependency vary from one organisation to another, depending on the internal policies. Some organisations pay for the treatment or rehabilitation of all identified employees in full, while some do not pay for such services and rather prefer that employees utilise the medical aid schemes they are registered with. South African Government departments, such as the Department of Labour, assist the identified employee by paying for the initial assessments and treatment programmes. However, in cases where the employee relapses, he/she will be liable to pay for further treatments and rehabilitations as well as refund the Department (Department of Labour, 2004:15).

In addition to causes of incapacity leave that are sickness-related there are those that are non-sickness related, also called occupational factors. These non-sickness or occupational factors are discussed in detail in the next topic.

2.3.2 Non-sickness related causes / Occupational factors

Non-sickness related causes of incapacity leave are those causes emanating from aspects such as the work setting itself and psychosocial factors within the working environment (Van Zuydam, 2007:14). According to Spies (2004:23) “the world of work is currently in a crisis.” The constant change in the economy and in the job market predicts the nature of jobs that people must carry out. This puts a lot of strain on many employees and these factors result in various workplace stressors which lead to post-traumatic stress disorder if untreated, less job security, and ultimately burnout (Spies, 2004:33). These occupational factors are discussed in detail in the subtopics below.

2.3.2.1 Post -traumatic Stress disorder

Kay and Tasman (2006:627-628) define post-traumatic stress disorder (PTSD) as an individual psychological reaction following an exposure to a traumatic event, evoking feelings of intense fear and helplessness, leading to symptoms lasting for more than four weeks.

Gelder, Mayou and Geddes (2005:65) identify the symptoms of PTSD as:

- Recurrent, distressing recollections of the images, thoughts or perceptions associated with the actual traumatic event.
- Symptoms of increased arousal, such as severe anxiety, lack of sleep, and lack of concentration.
- Physiological reactions to cues that symbolise an aspect of the traumatic event.
- Persistent avoidance of any stimuli associated with the trauma.
- Hallucinations, flashback episodes, and nightmares.

Employees go through various traumatic events in the workplace and these traumatic events often are not taken seriously by most organisations. The kind of jobs people do also can to a great extent be a predisposing factor of the frequency of trauma experienced by workers (Koen, 2003:27). Furthermore, in a study reported by Edwards (2005:131) on South African journalists who were exposed to traumatic incidences during their work, 32% of them were reported to being diagnosed with PTSD. It was therefore discovered by various studies that jobs with great pressure to perform, consistent threat of layoff, and no freedom in decision making cause high levels of stress. Jobs such as waiters/waitresses and telephone operators may require a high level of accountability, but employees have little control and decision-making power. The

second workplace/job stress results from workplaces where employees are consistently exposed to traumatic events or incidences. Occupations such as nurses, paramedic staff, and police officers are common examples of occupations vulnerable to PTSD caused by the stress in the workplace (Koen, 2003:28).

A research study was conducted by Chabalala (2005) on the experiences and perceptions of police members regarding the effectiveness of trauma debriefing within the South African Police Service (SAPS). It was discovered through the study that long-term exposure to traumatic incidents, such as shooting, murder scenes, and hostages of police officers, results in PTSD. The traumatic incidences that these police members are experiencing have both physical and psychological effects on the individual's wellbeing (Mostert, Rothmann, Mostert & Nell, 2008:103). Physical effects include physiological reactions, such as heart disease, high blood pressure and a compromised immune response. Psychological effects include, among other things, anxiety or panic attacks, anger outbursts, mood swings, and avoiding contact with other people. Incapacity leave happens to be the long-term negative effect of the PTSD these police members suffer from due to the nature of their work (Monstert et al., 2008:106; Chabalala, 2005:46).

The symptoms of PTSD may be ignored and persist for a longer period without any intervention or treatment, resulting in diminished occupational and social functioning. In his research study Chabalala (2005:56) highlights that if the symptoms last for more than three months the person qualifies to be diagnosed as suffering from chronic PTSD, which may present difficulties in performing normal police duties. The DPSA (2004:8) agrees with Chabalala (2005) and further highlights that it was found that the SAPS receives the highest number of incapacity leave applications of all in the South African Government departments.

2.3.2.2 Lack of Job security

Allen (2011:1) in the Guardian Newspaper identifies job security as another workplace stressor which has escalated levels of stress-related to long-term absence. In this regard Buitendach (2004) conducted a study regarding job insecurity and job satisfaction in South African organisations. In this study lack of job satisfaction was found to be a significant stressor for individuals in different race and age groups. It was further highlighted by Buitendach (2004:83) that there is an increasing number of employees facing the risk of losing their jobs due to continuous organisational changes. As a result of the fear for losing a job, Allen (2011:2) reports

that employees have been observed reporting to work while sick, due to fear of being laid off. However, employers need to tackle this poor culture as some diseases pass to colleagues and this may cause even more long-term absence. In a study aimed to determine the relationship between the lack of job security and health among permanent and contract workers, De Cuyper and De Witte (2005:79) concur that there is a greater relationship between poor health and lack of job security. As a result contract employees were reported to be more absent from work as a result of stress and various mental health problems. The poor health was due to constant feelings of job insecurity. Furthermore, employees coming to work while sick do not afford their bodies a period to recover and revitalise and as a result they are more likely to experience burnout (Mostert et al., 2008).

2.3.2.3 Burnout

Often individuals experience a sense of low energy and fatigue, which may be the result of burnout. Spies (2004:21,26) describes burnout as a persistent, negative state of mind that individuals experience as a result of emotional and interpersonal stress experiences in the workplace. According to Mostert et al. (2008:103) mental health disorders in South Africa are the largest diagnostic group for work incapacitation cases accounting for 32% of all cases; 80% of these mental health cases were individuals suffering from occupational stress and burnout.

Burnout is a common state of mind that most employees experience at some point in their working lives due to consistent high occupational stress levels. The stress may be either physical or psychosocial and it has been shown to have negative effects on the individual's productivity and quality of life. Both presenteeism and absenteeism in many organisations have been shown to be caused by burnout to some extent. There was a research study done to predict absenteeism and presenteeism and it was found that employees with a high level of occupational stress were 1,4% more likely to show reduced productivity and were found to be 1.8% more likely to be absent from work in a two week period (Gatchel & Schultz, 2012:167).

There are symptoms associated with burnout which Spies (2004:25) identifies and they include, among others, the following:

- Affective symptoms include depressed mood, anxiety, emotional exhaustion, and anger outbursts.
- Cognitive symptoms include helplessness, sense of failure in work activities, and poor self-esteem.

- Behavioural symptoms include hyperactivity, impulsivity, and disturbed sleeping or eating patterns.

Burnout has consequences on both the individual and the organisation. Lin (2012:25) adds that the employee's commitment and loyalty to the organisation are the two most important factors that are directly affected by burnout. Organisational commitment is defined by Lin (2013:25) as an important factor in influencing the employee's level of input and role in the organisation and therefore burnout may influence the attitude and the desire of an employee to stay with the organisation (Mostert et al., 2008:106). Therefore excessive exhaustion and a compromised immune system may ultimately cause long-term absence from work, thus bearing negative consequences for the organisation's productivity and other co-workers within the organisation (Spies, 2004: 16). The impact of incapacity leave on an organisation, co-workers and an individual who is on incapacity leave are discussed in detail in the following topic.

2.4 THE IMPACT OF INCAPACITY LEAVE

Short- or long-term absenteeism from work bears negative consequences for organisations and employees. Direct or indirect impacts hit hard on organisations and employees. Aspects such as lost time or days, lost profit, an increase in administration costs, and labour-related cases may be common negative effects that organisations have to deal with on a regular basis (Van Zuydam, 2007:25). The impact of incapacity leave on the organisation, co-workers, as well as the individual who is on incapacity leave will be discussed in detail below.

2.4.1 The impact of incapacity leave on the organisation

The impact of incapacity leave on organisations hits hard, especially in the area of profitability and competitiveness which ultimately mean survival. Patton and Johns (2012:7) highlight their findings from their organisational behaviour research by referring to long-term absence as the "black hole", as it is viewed as somewhat uncontrollable and to a great extent not subject to management action. No matter what programmes organisations may come up with in preventing employees from going on incapacity leave, applications or cases are still received.

Van Zuydam (2007:25) highlights the direct financial costs that organisations suffer due to incapacity leave. Organisations may have to pay an employee on incapacity leave full pay and

also make means to close the gap by recruiting an extra body. Employees who are medically declared to be incapable of continuing with their duties must get health insurance funds, which is a form of financial compensation for their diminished capability to work.

Organisations find themselves having to terminate the employee's employment based on medical incapability. However, legislation such as the Labour Relations Act 66 of 1996 and Compensation for Occupational Injuries and Diseases Act 130 of 1993 must be adhered to regarding what the employers must do with the sick employee or the employee who has been declared unfit to perform their duties. According to the Compensation for Occupational Injuries and Diseases Act 130 of 1997 employers may consider an alternative work before the actual termination of employment contract, and if the organisation fails to comply to this legislation the Labour Relations Act 66 of 1995 protects and advocates the rights of the employee who may report the matter to an employment tribunal, such as the Commission for Conciliation, Mediation and Arbitration (CMMA). Othen (2012:11) highlights crucial points employers have to consider before actually terminating employment. These are:

- ✓ The nature of the employee's illness.
- ✓ Return to work prospects.
- ✓ The employee's length of service.
- ✓ The need for the business to distribute the work of the sick employee amongst the remaining employees.

2.4.2 The impact of incapacity leave on co-employees

Incapacity leave does not only bear consequences for the organisation, but it also has negative consequences on other employees and their job performances. Other employees may be expected to perform the duties of an employee who is on incapacity leave for the recommended time period. This puts additional pressure on the remaining employees and it can cause overload problems. Tensions and conflicts may also arise from other employees being overworked (Thompson & Bates, 2009:120).

Both absenteeism and presenteeism remain the problems that organisations experience in their business life. Presenteeism is defined by Munro (2007:22) as a tendency for employees to report to work while sick, thereby being unproductive. Allen (2011:2) highlights an important fact that there are some illnesses which are contagious therefore they may be passed from a sick

employee to other colleagues. This may worsen the situation in that more staff members may report sick due to recurring reinfections from one employee to another. Therefore as much as it is of paramount importance that employers tackle employee absenteeism, they also need to discourage employees from reporting to work while sick to manage presenteeism.

2.4.3 The impact of incapacity leave on the individual

Individuals who are on incapacity leave experience social and psychological impacts. Macdonald (2005:149) highlights that employees who are absent from work for long periods due to illness long for the social networks that they have with their co-workers. Therefore social contacts, home and hospital visitations are encouraged in order for these sick employees to feel valued and wanted by organisations. In this regard Robertson and Cooper (2011:85) add that interactions that people have in the working environment play an important part in enabling them to deal with the job demands and to some extent with family and personal problems as well. Positive social relationships at work are thus a great source of support for all employees (Robertson & Cooper, 2011:85).

Employees who are on incapacity leave go through psychological challenges as well. According to Robertson and Cooper (2011:89) in order for employees to be psychologically healthy, they need to feel worthwhile and that their work serves a specific purpose. Therefore some of the psychological challenges that employees who are on incapacity leave experience are a lack of fulfilment and low self-esteem due to not performing their daily work as before (van Zuydam, 2007:14).

A report by the University of Cambridge (2011:3) indicated that employees who are on incapacity leave go through financial stress as well. Some employers may remunerate their employees who are on incapacity leave for a certain period and then suspend their salary, depending on the period spent away from work. Therefore the financial stress as well as low self-esteem due to periods of unemployment directly impact on their family lives, more so depending on the gender and cultural dynamics influenced by society (Zara-Nezhad, Moazami-Goodarzi, Hasannejad & Roushani, 2010:75). The effects of gender differences with regard to incapacity leave are discussed in the following topic.

2.5 GENDER DIFFERENCES WITH REGARD TO INCAPACITY LEAVE AMONGST EMPLOYEES

Incapacity leave is a phenomenon that directly affects both male and female employees in the workplace. However, studies have yielded results which are indicative of significant gender differences in terms of incapacity leave applications. For instance, a research study was conducted by the South African Public Service Commission in 2010. The main aim of this study was to evaluate the impact the policy and procedure on incapacity leave and ill-health retirement have on sick leave trends particularly in the South African Public Sector. The findings revealed that female employees continue to take more sick leave days and incapacity leave than their male counterparts in almost all the government departments (Public Service Commission, 2010:15). The reasons for the prevalence of sick and incapacity leave in female employees may vary from organisation to organisation. Aspects such as geographical area and cultural background may contribute towards more women taking more incapacity leave than their male counterparts. Household circumstances such as single parenting may also contribute towards the gradual increase of women entering the labour market with the intention of providing for their families (Beatty, Forthergill & Powell, 2008:45).

In the national arena, the Public Service Commission (2010:15) concurs with the above by stating that there are actually more females employed in the South African Public Sector than males. Therefore factors such as pregnancy complications warranting more sick leave days, as well as child rearing responsibilities will probably add to the 30% more incapacity leave applications received from females by various departments every year. It is important to note that employees are entitled to four months maternity leave which may commence at any time from four weeks before the expected date of birth certified by a medical practitioner (Public Service Commission, 2010:15; Nel, 2013:8).

In addition to the research conducted by the Public Service Commission, Nel (2013:8) highlights that according to the Basic Conditions of Employment Act 11 of 2002 a female employee in the South African labour force who miscarries during or after the third trimester of her pregnancy or who has a stillborn child may be granted six weeks to recover after the birth of her child. It may therefore happen that the six weeks an employee takes after having a stillborn baby or a miscarriage may be days that she does not have in the form of sick leave days, making incapacity leave the only option to consider.

Social and occupational stresses have been identified as some of the factors contributing to women taking more sick and incapacity leave days. According to Zara-Nezhad et al. (2010:75) women's major responsibility has traditionally and culturally been perceived to be maintenance of the family as well as childcare. However, that has changed over the years as women gradually became interested in entering the workforce and pursuing their careers. As a result women are more likely to experience stress-related symptoms which may cause them to seek time away from work.

The workplace demands may be overwhelming to many women as they are expected to be successful in both social and occupational roles. Zara-Nezhad et al. (2010:76) have indicated that the imbalance between work and family life adds more pressure to women which impacts negatively on the individual's mental and physiological wellbeing. Emotional and physiological responses such as burnout, depression, cardiovascular diseases and musculoskeletal disorders are twice more likely to develop in women than in men (Zara-Nezhad, 2010:76).

However, the research finding that incapacity leave is more prevalent in female employees than male employees may be challenged in some organisations as well as in some geographical areas. For instance, substance abuse and dependency as one of the most common causes of incapacity leave in South Africa has been highlighted by Ramlagan et al. (2010:43) to be more prevalent in males than females with the ratio of 3:1. The reasons may vary from the belief that males happen to find more opportunity to engage in recreational drugs, to the cultural norm that substance abuse is more acceptable for males than females. Therefore, other organisations may experience incapacity leave applications differently in terms of gender difference. Organisations in areas such as the Western Cape where substance abuse and dependency is abundant may experience a higher volume of male employees seeking incapacity leave days for rehabilitation and treatment purposes (Ramlagan et al., 2010:43).

2.6 THE CURRENT PROCESSES AND PROCEDURES OF APPLICATION FOR INCAPACITY LEAVE IN GOVERNMENT DEPARTMENTS

Like any other employment sector, the South African Public Sector is experiencing its own challenges with more employees applying for incapacity leave. In January 2004 the PILIR was implemented by the DPSA throughout the entire government sector. This was an effort by

government as an employer to manage the abuse of sick leave and cases of incapacity in the workplace since they were negatively impacting on employee productivity and service delivery, amongst others (Public Service Commission, 2010:1).

Employee productivity, the unaccountable loss in working days, overspending, and a decline in service delivery suffered by the South African Public Sector in general led the DPSA to compile a report in the form of a presentation to all the Government departments in 2004. According to the DPSA (2004:5) prior to the implementation of PILIR incapacity leave was being managed by the government departments themselves which resulted in inconsistency with regard to the processes, procedures and conditions applicable to recommending and granting incapacity leave days to employees in various government departments.

Alarming figures regarding the number of applications for incapacity leave were presented by audit findings in various government departments. According to the DPSA (2004:8), the SAPS was the highest at 314%; three times higher than expected in the private sector. This was followed by the Department of Correctional Services with 253%, which is two times higher than expected in the private sector. Of all the applications received and approved, it was found that 68% of these cases could have benefited from the return to work strategies if there were any in place at that time.

These alarming facts and statistics led to the DPSA recommending that accredited health risk managers be appointed by all government departments (PILIR, 2009:28). According to the DPSA (2013:1) the four recommended health risk managers that the departments may choose from when appointing are:

- ✓ Alexander Forbes Health (Pty) Ltd
- ✓ Metropolitan Health Risk Management (Pty) Ltd
- ✓ Soma Initiative (Pty) Ltd
- ✓ Thandile Health Risk Management (Pty) Ltd

The DPSA (2009:6) provides a definition of a health risk manager as:

An entity of independent multi-disciplinary medical experts, specializing in occupational medicine, appointed by the Department of Public Service and Administration to a panel of accredited health risk managers and individually contracted by the employer, to assess and provide advice to the employer in respect of an employee's application for incapacity leave and ill-health retirement within specified timeframes.

Soma Initiative (2012:1) concurs with this definition by further adding that the main duty or aim of these health risk management companies in this context is to manage and coordinate occupational assessment, which includes areas such as impairment evaluations, incapacity dismissals, permanent health insurance, employee incapacity management, and reasonable accommodations. Therefore, the main role of these health risk managers is to assess all the cases of incapacity leave and provide an expert opinion to the relevant government department on whether to recommend or decline the incapacity leave application, through a detailed report (DPSA, 2009:10).

There is an outlined process flow which an application of incapacity leave must follow and the DPSA (2009:11-13,15) outlines this process. An employee is supposed to submit the incapacity leave application forms to the employer within five working days after the first day of absence. An employer is then supposed to verify if all the necessary forms are correctly completed and check that documents such as medical certificates are attached. An employer also has five working days from the receipt of the completed application forms to go through the documents. The application is then referred to the health risk manager who must advise the employer on the employee's application within 12 working days. Upon receiving the advice from the health risk manager the employer must then approve or refuse the incapacity leave, as well as inform the employee of the employer's final decision within 30 working days. This is a standard process prescribed by the DPSA which means that it is supposed to apply to all the departments in the public sector, including the Department of Labour where this research study is conducted.

2.7 INCAPACITY LEAVE PROCEDURES WITHIN THE DEPARTMENT OF LABOUR

The Department of Labour happens to be one of the government departments, as reported by the Public Service Commission (2010:14), that has a high number of incapacity leave days. The Department of Labour lost 126 290 days prior to PILIR and another 126 664 days post-PILIR implementation between the year 2007 and 2009.

A telephonic interview was conducted with Lucky Mautjane, the Human Resource official in the Department of Labour in the Gauteng provincial office, with regard to aspects surrounding incapacity leave applications in Gauteng province. According to Mautjane (2014) the first point of contact for an employee who intends to apply for incapacity leave is the immediate supervisor

or labour centre operations manager. It was further eluded by Mautjane (2014) that according to the records, 168 applications were received from 23 August 2012 to 21 August 2013. However, there is no record of how many were approved and declined.

Through consultation with the supervisor or the labour centre operations manager, an employee completes either short- or long-term incapacity leave application forms. The forms are then sent to the Gauteng provincial office in Braamfontein, Johannesburg. The applications reach the human resource division in a closed envelope classified as confidential, are acknowledged and then sent to Soma Initiative as the appointed health risk manager for the Department of Labour (Mautjane, 2014).

There are however challenges experienced by the human resources officials regarding the process and procedure of incapacity leave applications. According to Mautjane (2014) employees often delay in completing and submitting the application forms to the provincial office for further processing. When the application forms finally reach the provincial office the dates in the medical certificate are found not to correspond with the actual application dates, which cause further delay in processing the forms. By the time the incapacity leave is granted to the employee, the employee would have already consumed a significant number of days which exceed the actual leave days recommended by the health risk manager. This implies that the number of exceeded leave days is claimed back from the employee in the form of salary deduction to pay back exceeded leave days to the employer (Mautjane, 2014).

2.8 THE IMPACT AND THE ROLE OF EAP IN INCAPACITY LEAVE

Many organisations worldwide have initiated a worksite-based programme, namely an Employee Assistance Programme (EAP) that employees turn to for support regarding their personal and work-related problems. As defined in chapter one Employee Assistance Programmes are initiated by employers to assist organisations in addressing productivity problems. Pillay (2007:39) further adds to this explanation of the EAP by highlighting that the South African EAP model was developed as a more psychosocially focused programme, as opposed to the American EAP model which was initially strongly clinically focused. Therefore in South Africa the focus is more on psychosocial problems, such as substance abuse and dependency, personal and work-related relationship problems, and abuse of leave by employees. These problems have been proved to negatively affect productivity of both the

organisation and the workforce. In order for these services to be comprehensive and effective it is important to note that employees' family members may benefit from these services as well (Public Service Commission, 2006:1).

Gatchel and Schultz (2012:365) concur that worksite wellness programmes have been proven to be effective specifically when the programmes are sufficiently comprehensive and far reaching in that the services go beyond the actual physical work setting. It is therefore important to outline the impact and the role of EAP in incapacity leave as an effort to recognise and magnify the EAP practices in relation to improving the management of incapacity leave within organisations. According to Macdonald (2005:145) there is a need for organisations to put policies and procedures in place to manage incapacity leave, as part of their effort to promote and drive employees' health and wellbeing in and out of the workplace context. However, achieving a balance between employee wellness and the business needs is important.

Munro (2007:23) notes that a clear and well-formulated EAP policy may come in handy in managing incapacity leave in organisations. It may assist in spelling out the privileges, rights and responsibilities employees have regarding incapacity leave. Some protection for the organisation regarding the abuse of benefits by employees may also be included in the policy. In managing incapacity leave or any form of sick leave, Munro (2007:22) suggests that through EAP employers may follow a two-step approach in reducing sick leave. Step one entails accurately recording all types of sick leave, short- or long-term; the duration of each employee's sick leave and if possible the sickness which caused the sick leave application. The second step which is crucial is to follow up on employees already on incapacity leave. This may simply mean paying home or hospital visits to these sick employees. In this way the EAP will be displaying care and support to sick employees.

With regard to organisational effort to encourage an employee to return to work after either short- or long-term incapacity leave, the EAP together with the relevant rehabilitation committee may facilitate all the activities for an employee to return to work. These activities involve providing updates to the employee regarding the departmental decisions, as well as any special arrangements relating to hours of work. After an employee returns to work the EAP provides general support to assist the employee to effectively reintegrate into the workplace (Macdonald, 2005:148).

According to Mahlahlane (2003:38-39) an EAP may come up with two approaches in addressing the issue of incapacity leave. It may utilise a preventative or performance approach. In preventing the misuse of this phenomenon by employees the EAP may become involved in the education and awareness of incapacity leave for all employees. The performance approach will include activities such as making referrals of sick employees to relevant institutions for further intervention, as well as following progressive disciplinary measures in case of dishonesty, misuse and fraud pertaining to incapacity leave. The Public Service Commission (2006:1) adds that the effective EAPs are the ones which are proactive in dealing with workplace impacts of potential problems and react vigorously in identifying and resolving problems which have developed. Therefore education and awareness may contribute to the proactive/preventative approach, while making referrals for further intervention may be seen as part of the reactive/performance approach (Public Service Commission, 2006:1).

Workplace stressors like organisational change, job insecurity and burnout have been identified by various authors in this chapter. Allen (2011:2) highlights the important role that EAPs may play in organisations regarding professional assistance to deal with workplace stressors. For instance it may assist with providing a platform where employees can vent their fears relating to the security of their jobs, as well as any feelings of discomfort regarding their jobs. Another role that the EAP may play is the one of a change agent during major organisational processes such as restructuring and deployment. These organisational changes are reported to evoke feelings of fear and discomfort regarding one's job security.

Furthermore, sick employees may need support in terms of dealing with their illnesses and the treatment burden. Chronic diseases such as diabetes mellitus and high blood pressure may need a change in lifestyle and some adjustment mechanisms, such as taking some time off to take medications or even realigning one's work shifts. For instance, a diabetic employee regularly injecting himself with insulin who happens to work different shifts may be better off scheduled for day shifts as opposed to night shifts. This is because it is highlighted in Bean (2005:11) that shift workers are vulnerable to more workplace accidents, fatigue and impaired psychological and physical health due to disturbed sleeping patterns (Gatchel & Springer, 2012:90;301; Bean, 2005:11). The EAP's role in this matter may be to negotiate alternative working shifts or medication breaks whereby all the employees on medication due to diabetes and other illnesses can be afforded some time to take their medication. Education for supervisors, employees and family members on aspects such as providing support to diabetic

employees in terms of ensuring that medications are taken regularly must also be coordinated by the EAP (GBC Health, 2011:3).

Healthy eating habits may also contribute to all employees, especially those who are diabetic. In this regard Robertson and Cooper (2011:154) further recommend that it is the role of the EAP to integrate facilities such as the cafeteria into the strategy of ensuring healthy eating. The EAP may be involved in conducting regular cafeteria audits whereby there will be improvements in the canteen menu before food preparation.

Amputation of the limbs may be a possible long-term effect of diseases such as diabetes mellitus. Therefore, in case of disability Gatchel and Springer (2012:454) suggest that the EAP's role is to provide return to work support services for re-entry into the workplace and possible alternative work schedules, as well as a work load suitable to support the efforts of reintegrating the employee in to the workplace.

Mental health conditions vary from severe depression or mood disorders to substance dependency and abuse. Employees with mental health conditions may require a lot of support and strategies such as regular supervision, time off in case of relapse, and regular contact with family members may be implemented. In this regard Thompson and Bates (2009:48) recommend that EAP may assist in educating co-workers, supervisors and managers about interaction with mentally ill employees. This is of paramount importance as many people find it difficult to engage or interact with employees diagnosed with mental health conditions. Paul (2005:10) confirms that it is the EAP's role to encourage integration of employees with mental health problems with all the other employees. Paul (2005:10) further adds that programs such as suicide prevention, providing trauma debriefing courses to employees, and conducting awareness campaigns on depression, substance abuse and dependency may be important aspects to cover in an attempt to address mental health problems. Robertson and Copper (2011:187) also highlight that in an attempt to encourage awareness of mental health problems in the workplace, EAP's may also distribute the resource packs in both an electronic and hard copy version to managers in order for them to familiarise themselves with the early warning signs of employees that are in distress, as well as to provide information on how to access proper assistance rapidly.

Macdonald (2005:124) brings to light an important point regarding the consistency in case management of employees with mental health conditions. An employee who has been identified to be suffering from any form of substance dependency or addiction must be treated the same as any other employee who is suffering from a serious medical condition that is negatively affecting their work. This means that the EAP may have to ensure that the same principles in terms of recommendation of incapacity leave and encouragement to return to work are applied in both these cases (Macdonald, 2005:124).

HIV and AIDS are still not adequately understood in many organisations, because of the myths and the stigma surrounding them (United Nations against AIDS, 2005:15). Hence Pillay (2007:41) articulates that the services by the EAP would mainly focus on the psychosocial components of HIV and AIDS. Aspects such as awareness campaigns, pre- and post-test counselling, ART adherence counselling, and general social support remain the main focus of the EAP in any organisation.

Education about HIV and AIDS remains one of the key strategies to win the battle against stigma in the workplace and prevent possible harassment of the employees diagnosed with the disease. According to Macdonald (2005:155) EAPs must encourage an HIV positive employee to work as long as he or she is medically fit to do so and if it happens that the employee is at the stage where he or she is declared unfit to perform normal duties, full consideration to alternative or part-time work must be given before opting for termination of employment. After all efforts have been made by both the employee and employer to try to keep the employee employed, ill-health retirement may be a realistic factor to be considered. The EAP may be in a position to assist in the facilitation of the ill-health retirement process, as well as to prepare the employee and employee's family psychologically and socially to be able to face the reality of the employee having to be laid-off employment earlier than expected. This may include liaising with entities handling pension and provident funds to prepare for the insurance payouts to the employee (Macdonald, 2005:162; DPSA, 2009:6).

2.9 SUMMARY

Incapacity leave has been defined by various authors and researchers nationally and internationally according to the labour laws and legislation of various countries. However, they all reach a consensus that this phenomenon is a human resource concern that bears negative

consequences which cost organisations in areas such as budget, productivity, service delivery, and profit.

Pract (2011:2) highlighted possible causes that may contribute towards employees wanting to stay away from work for longer periods. The causes ranged from medical conditions, such as musculoskeletal diseases and HIV/AIDS, to mental health conditions, such as depression and anxiety. Occupational factors such as burnout and PTSD were also highlighted by Koen (2003:27) as often overlooked by employers as factors contributing to incapacity leave applications in many organisations.

Gender differences were highlighted as an important point in the statistics analysis of incapacity leave cases in many organisations. Through various studies many researchers have reached a consensus that female employees have been observed to take more leave days away from work, due to the cultural and traditional expectations and roles they occupy in society. Zara-Nezhad et al. (2010:76) highlighted that women seeking to advance their careers and also assume the caregiving roles in their households overload themselves with responsibility, making them more vulnerable to both physiological and mental health disorders than their male counterparts.

Nel (2013:8) adds that the biological responsibility of women to bear children also has an effect on the possibility of them taking more leave from work. Maternity leave and the complications women may experience during pregnancy may be some of the genuine reasons for more incapacity leave applications by female employees.

Macdonald (2005:145) suggests that organisations may benefit from effectively managing incapacity leave or long-term ill-health absence. Some of the benefits include line managers and supervisors clearly understanding their roles and responsibilities towards an employee who is granted incapacity leave, as well as an employee's positive attitude and willingness to return to work as soon as they realise the care and support provided by the employer.

EAPs have gradually become famous for displaying the humanitarian side of many organisations in order for employees to feel important and well-cared for by their employers. However, according to Macdonald (2005:145) striking a balance between the holistic wellbeing of employees and the business' needs is important for the survival and competitiveness of the

business. The role of EAPs in the context of incapacity leave therefore ranges from rendering preventative services against various illnesses to providing support during some chronic illnesses such as HIV/AIDS, as well as facilitating return to work strategies to reintegrate employees back into the workplace. The support may mainly focus on psychosocial and counselling components of the problems employees may experience (Gatchel & Springer, 2012:454; Pillay, 2007:41).

In the light of all the important aspects discussed in the literature review on incapacity leave in the Department of Labour, the next chapter will provide an outline of the research methodology used as well as the empirical findings of the study.

CHAPTER 3

RESEARCH METHODOLOGY, EMPIRICAL RESEARCH FINDINGS AND INTERPRETATION

3.1 INTRODUCTION

The literature clearly reflects the impact of incapacity leave in organisations, the workforce and the social lives of employees worldwide. These findings do not only have an impact on the economy, but they also revealed that the working class is progressively sliding into chronic disability and ill health; being vulnerable to poverty and unemployment (Bean, 2005:11).

In the national arena the findings by the Public Service Commission (2010:14) from three sampled departments, namely the Department of Higher Education and Training, the Department of Health and the Department of Labour, indicated that the Department of Labour had the highest in the number of sick leave days from January 2004 to December 2009 with 126 290 days taken before the implementation of the PILIR and 126 664 post-PILIR. The statistical representation reflected an increase of 3.7%. These findings therefore justified the need for this research study to focus on the employees' knowledge on the application of incapacity leave in the Department of Labour.

However in order to provide an accurate picture and snapshot of the current factors leading to the increase in incapacity leave applications in the Department of Labour, a quantitative research study was conducted to capture the employees' views and experiences and to determine their knowledge level regarding the application process of incapacity leave in the Department of Labour in Gauteng. Therefore the goal of the study was:

To explore and describe employees' knowledge about the process involved in the application for incapacity leave in the Department of Labour in Gauteng province.

For the goal to be achieved the following objectives were formulated:

- To conceptualise the phenomenon of incapacity leave within the workplace context.
- To determine the employees' knowledge level regarding incapacity leave in the Department of Labour.

- To determine employees' knowledge on the process for application of incapacity leave in the Department of Labour.
- To identify the challenges employees experience regarding the application and implementation of incapacity leave in the Department of Labour.
- To determine employees' views on the impact of incapacity leave in the workplace.
- To make recommendations based on research findings to enhance the system of incapacity leave in the Department of Labour.

Against this background the study was guided by the following research question:

What is the employees' knowledge about the process involved in the application for incapacity leave in the Department of Labour?

3.2 RESEARCH METHODOLOGY

Based on the researcher's interest in gathering data to determine how much knowledge Department of Labour employees had regarding the concept of incapacity leave, as well as how to apply for incapacity leave in their organisation, a strategy or the research methodology on how the study was conducted is discussed below.

3.2.1 Research Approach

Gathering data objectively from a representative number of employees on their views regarding incapacity leave required a standardised research design and fixed data collection procedure. The researcher concluded that the appropriate research approach for this study was of a quantitative nature due to the fact that the researcher wanted to remain detached from the research participants so that she could draw unbiased conclusions (Fouche & Delport, 2011:63). Incapacity leave is one of the employment conditions in the Department of Labour which is generally understood and perceived differently by various employees. Facts such as how the Department of Labour employees view the issue of incapacity leave in their workplace were produced and this may add to the sum of human knowledge pertaining to this issue (*Sage Dictionary of Social Research Methods, 2006:250*).

3.2.2 Type of research

Incapacity leave is an existing problem in practice. Therefore applied research was the applicable research type in this study. One of the main aims of conducting this research study was to attempt to solve practical problems relating to incapacity leave in the Department of Labour, rather than to acquire new knowledge. The *Sage Dictionary of Social Research Methods* (2006:8) also defines applied research as “engaging with people, organizations or interests beyond academic discipline and for knowledge to be useful outside the context in which it was generated”. The researcher therefore intended to engage with the organisation and employees of the Department of Labour on how each one’s point of view regarding the issue of incapacity leave in the Department of Labour may assist in future interventions and problem solutions regarding the matter. Furthermore, the results of this study had the potential to inform a set of recommendations to improve the management of incapacity leave in this work setting.

3.2.3 Research design

The researcher needed a plan or strategy to carry out the study in order to obtain answers to the research question. This study made use of a non-experimental design, namely the randomised cross-sectional survey design (Kumar, 2011:94). According to Fouche, Delpont and De Vos (2011:156) cross-sectional surveys usually examine groups of people at one point in time in order to determine whether a particular problem exists within the group and what the level of the problem is. Through this research study the researcher intended to examine the knowledge of a group of employees about the processes involved in the application for incapacity leave in the Department of Labour. By utilising a questionnaire as survey instrument the researcher was able to capture employees’ views and knowledge at one point in time and thus obtain a snapshot of their current knowledge regarding the matter (Denscombe, 2010:101).

3.3. RESEARCH METHODS

The research methods mainly constitute the identification of the population and the sample. The researcher provided a brief description of what the sampling techniques were, as well as outlining the mode of data collection for this research study.

3.3.1 Study Population and Sampling

3.3.1.1 Population

The research was conducted in the Department of Labour in Gauteng province which consists of 26 Labour Centres or offices. These centres are distributed throughout all regions of Gauteng. These regions are City of Tshwane, Ekurhuleni, West Rand, City of Johannesburg, and Sedibeng. Sakonta (2013), the human resource officer in the Gauteng provincial office, indicated in a verbal interview that the total number of appointed employees in March 2013 was reported to be 1003, and this number is spread throughout the Labour Centres in all five the regions of Gauteng province. All these employees constitute the overall population of the research study.

However, there were several developments that the researcher discovered while collecting data in two of the five regions, namely Sedibeng and City of Johannesburg. The researcher was informed by the regional manager of the Johannesburg Labour Office that the office was closed down due to the hazardous conditions posed by the buildings of Johannesburg Labour Office to the employees. Therefore the employees at that office were deployed all over Gauteng province to other labour offices, depending on what area employees' preferred.

Sebokeng Labour Office also experienced the same situation and the employees were also deployed to other labour offices. From the lists of employees that the regional office managers provided for the five regions, the total number of employees which made up the total population was 668.

3.3.1.2 Sample

A sample of 139 respondents was selected from the list of employees in order to represent the population of employees in the Department of Labour (Strydom, 2011:223-225; Kumar, 2005:164).

3.3.1.3 Sampling Method

The five regions of Gauteng province formed the strata in this research study, and within each stratum there were three sub-strata which are the three job levels, namely top management, middle management and lower level management. It was therefore the intention of the researcher to request a list of names of all employees in each region, as well as the positions

they occupied. In order to randomly select a representative sample of respondents, the researcher made use of a combination of stratified and systematic sampling (Strydom, 2011:230).

From the list of employee names in each region (stratum), 30 employees were selected from the three strata. Thus ten from each of the three job levels were systematically selected from each region to participate in the study. The first name on each list was randomly selected and thereafter every fifth name on the list until ten respondents on each job level was selected (Kumar, 2005:165; *Sage Dictionary of Social Research Methods*, 2006:32).

However the researcher later realised that the respondents who occupied the top management level only came to a total of 26, equating to the number of labour offices around Gauteng province. Therefore during the sampling the researcher decided to select all of the office managers as research respondents in order for the top management level to be represented. After the random sampling process was completed the number of all selected research respondents to receive the questionnaire added up to 139.

3.3.2 Data Collection Method

A self-administered questionnaire was compiled and distributed to the randomly selected sample of employees in the five regions (see Appendix B). The researcher planned to distribute the questionnaire in the regions where the respondents were based in terms of employment. In the case of remote regions such as Sedibeng, which consisted of places such as Vereeniging and Sebokeng, the questionnaire was mailed by the researcher to the Regional Manager who facilitated the distribution and collection of the questionnaires. However, ethical issues such as voluntary participation and the importance of anonymity were thoroughly explained to the Regional Managers before the distribution of the questionnaires. All the other nearby regions, such as the City of Tshwane, City of Johannesburg, Ekurhuleni and the West Rand, were personally visited by the researcher to distribute and collect the questionnaire, as well as to obtain informed consent from respondents (Denscombe, 2010:74).

The researcher used the English language in the questionnaire construction since it was observed that most of the communication within the Department of Labour was in English and it was perceived as the main communication language in this workplace. In that regard the

researcher ensured that great care was taken in the wording of this questionnaire, because the questions that make up this survey were the main data gathering device and therefore ambiguity had to be avoided. The questionnaire required that respondents give facts, personal views and knowledge regarding incapacity leave in the Department of Labour. Furthermore, the questionnaire also contained open-ended questions in order to allow respondents to give more in-depth information on their perceptions and experiences regarding incapacity leave in the Department of Labour (Monette, Sullivan & DeJong, 2008:161).

Rubin and Babbie (2013:118) highlighted that the wording, format and order of questions in the questionnaire play a significant role in ensuring that the respondents fully understand the questionnaire and that they give appropriate responses. The questionnaire therefore contained as many statements as questions in order to determine the extent to which employees held certain perceptions and views towards incapacity leave in their workplace. The researcher ensured that the questionnaire was well formatted and that it had been pilot tested as well. The questionnaire was thus used to collect three types of information; facts, opinions and experiences (Thomas, 2003:66).

A setback, such as delays regarding the return of the mailed questionnaire, was anticipated by the researcher and therefore a contingency plan was in place. New copies of a questionnaire, as well as the follow up letter and a letter to encourage participation were sent to those participants in the Sedibeng region who were delaying to return the questionnaire. At the end of the whole data collection process 76% of the questionnaires were returned to the researcher, which was 106 in total. According to Babbie (2008:288-289) 60% to 70% of the response rate may be acceptable and adequate for analysis. Therefore, the researcher was confident to proceed with data analysis.

3.3.3 Data Analysis

The data from the questionnaires completed by the respondents needed to be organised first in order to draw accurate conclusions and recommendations, as well as estimations of all the Labour Department employees in Gauteng province regarding their views on incapacity leave. In the proposed study the data was analysed using the SPSS. Key trends from the data were identified using descriptive statistics. This was to reduce data into a numerical form in order for it to be interpretable (Fouche & Bartley, 2011:259-260). Frequency distribution tables were used

to default the data set. Univariate analysis was used with the primary aim of describing the characteristics of the sample, while a bivariate analysis was used to describe the empirical relationship between variables. Once the data was cleaned, coded and categorised, tables and graphs were used to indicate facts, such as how knowledgeable the employees of the Department of Labour were with regard to incapacity leave, as well as to categorise the causes of incapacity leave and the type of challenges they experience in the application and implementation of incapacity leave in their workplace. The *Sage Dictionary of Social Research Methods* (2006:251) justifies this phenomenon by indicating that quantitative data analysis is advantageous in that findings from the research study can be generalised beyond the sample under research. Therefore the views of the respondents were actually representative of all the employees in the Department of Labour regarding incapacity leave and the application process.

Reliability and validity were the essential elements in social research. Reliability simply refers to an instrument or measure's ability to yield consistent results each time it is applied, while validity refers to the accuracy of measuring the variable it is intended to measure. This research intended to measure employees' knowledge about the process involved in the application of incapacity leave and that was what the questionnaire was supposed to measure. Furthermore it was supposed to yield consistent results when repeated (Monette et al., 2008:111, 114).

The researcher therefore ensured the reliability and validity of the questionnaire through administering the questionnaire to the selected sample in a pilot study. Aspects such as face validity and content validity were verified once the questionnaires for the pilot were returned and analysed (Monette et al., 2008:112).

3.3.4 Pilot Study

Two employees from each level (strata) in the Department of Labour in the Limpopo Province were used in a pilot study. This small number of six individuals had the same characteristics as the randomly selected sample Gauteng province. According to Denscombe (2010:106-107) and Thomas (2003:168) this pilot study was a try-out data collection process which was to assist in addressing any faults or shortcomings with regard to the proposed research methods and compiled questionnaire. This pilot study was meant to afford the researcher the time and opportunity to rectify faults and develop workable strategies to conduct the actual study, as well as to make the necessary changes to the questionnaire if recommended by the respondents.

However, there were no suggested changes or corrective feedback from the respondents who participated in the pilot study. In fact, the questionnaire was declared by respondents to be clear and understandable.

3.4. ETHICAL CONSIDERATIONS

In order to achieve the research goal and objectives, Strydom (2011:114) indicates it is important for the researcher to adhere to a set of principles, rules and ethics. Below are some ethical considerations that the researcher had to abide by.

❖ Voluntary participation

The researcher intended to practice the relevant ethical behaviour, values and norms in conducting this research study with the respondents' best interest at heart. Strydom (2011:116) emphasised the fact that no one should be forced to take part in the research study or project for any reason. Therefore, all respondents were given an opportunity to participate in the research study voluntarily with the right to refuse or to withdraw from participating any time they wished to. This was done through clearly describing the goal and procedures of the study, as well as defining the rights of the respondents.

❖ Informed Consent

Informed consent forms were given to the employees to give their written consent and permission to participate in the research study. The purpose and procedures of the survey were clearly outlined in the consent form. Other copies of informed consent forms were mailed by the researcher to the Regional Manager of the remote regions, such as Sedibeng which consists of places such as Vereeniging and Sebokeng. However, it was thoroughly explained to the Regional Managers who were facilitating the data collection process in their respective offices to ensure voluntarily participation. All the other nearby regions, such as the City of Tshwane, City of Johannesburg, Ekurhuleni and the West Rand, were visited by the researcher to personally handle the process of obtaining informed consent, as well as to distribute and collect questionnaires from the research participants (Denscombe, 2010:74).

❖ **Violation of privacy/anonymity/confidentiality**

The respondents were treated with respect and dignity. No private or personal information was required in the questionnaire. Personal identities were not disclosed during the interpretation of results. Confidentiality was stipulated in the consent forms in order for the respondents to feel that the information that they provided would be handled in a confidential manner. The questionnaire was anonymous and the respondents placed their completed questionnaires in a sealed box that the researcher collected from each region. This was meant to provide the respondents with a sense of comfort that they were not going to be identified by the regional managers, especially in areas where the collection of questionnaires was done by Regional managers. Furthermore, confidentiality was of paramount importance to the respondents since the research study took place in their work settings and the concern that the information they released may jeopardise their jobs was possible and genuine. Therefore, prior to the distribution of the questionnaire the researcher clearly provided the purpose of the research study and how the information obtained through the study was going to be used (Denscombe, 2010:75).

❖ **Avoidance of harm**

The researcher ensured that potential physical or emotional harm to participants was minimised if not eliminated entirely, by ensuring that she was prepared and equipped to undertake the study. Preparatory aspects, such as having enough copies of the questionnaire and consent forms, were taken care of well in advance. Respondents were briefed prior to completing the questionnaire in order to eliminate the fear that the information they have given in the questionnaires may cause them harm with regard to their employment, since this investigation was conducted in their workplace. It was the duty and the responsibility of the researcher to protect the respondents from such harm by handling the information gathered from the research study professionally and with the outmost confidentiality. Important information such as the purpose of this research study as well as what the research findings were going to be used for was provided to the respondents. Furthermore, the respondents were made aware of the availability of the final research report at the end of the research study. In order to ensure competency and skilfulness in conducting the research study, the researcher was constantly seeking guidance from her allocated supervisor at the University of Pretoria throughout the whole data collection and analysis process (Denscombe, 2010:74-75; Strydom, 2011:115, 123).

3.5 EMPIRICAL RESEARCH FINDINGS

During the random sampling 139 respondents were selected and provided with the research questionnaire. Out of the total sample, 106 questionnaires were returned which was 76% of the total sample.

All the responses from both closed- and open-ended questions were coded and quantified by the researcher under the guidance of the Department of Statistics at the University of Pretoria. The purpose of coding and quantifying data was to convert it into a numerical format which could be accessed electronically (Wagenaar & Babbie, 2004:252). Themes for open-ended questions were also formulated as part of the coding process. The researcher had to look for patterns in the responses in order for themes to be formulated for the purpose of data manipulation by the computer during analysis (Kumar, 2005:254).

In analysing data into meaningful concepts the SPSS program was utilised. Pie charts, histograms, tables and doughnuts were used to display data for easy interpretation. Empirical data will be divided and discussed into the six sections as reflected below.

Section A: Demographic profile of respondents

Section B: Knowledge of employees regarding incapacity leave in the Department of Labour

Section C: Processes involved in application for incapacity leave

Section D: Experiences regarding application for incapacity leave in the Department of Labour

Section E: Employees' views on the impact of incapacity leave

Section F: Employees' views on the process of application for incapacity leave

Section A: Demographic profile of respondents

Section A consisted of closed-ended questions where the respondents had to answer all questions by marking an [X] next to the applicable answer.

In this research study the researcher used the following variables to profile the research respondents:

- ✓ Gender
- ✓ Age
- ✓ Race
- ✓ Marital status
- ✓ Home language
- ✓ The duration they have been with the Department of Labour
- ✓ Educational qualification
- ✓ The current occupational level

The demographic profile of the sample of 106 research respondents is therefore presented below.

3.5.1 Gender

In this research study the majority of respondents were males (53.8%), while 46.2% were females, all adding up to the total sample of 106 respondents.

3.5.2 Age

Figure 3.1 reflects the age distribution of the respondents.

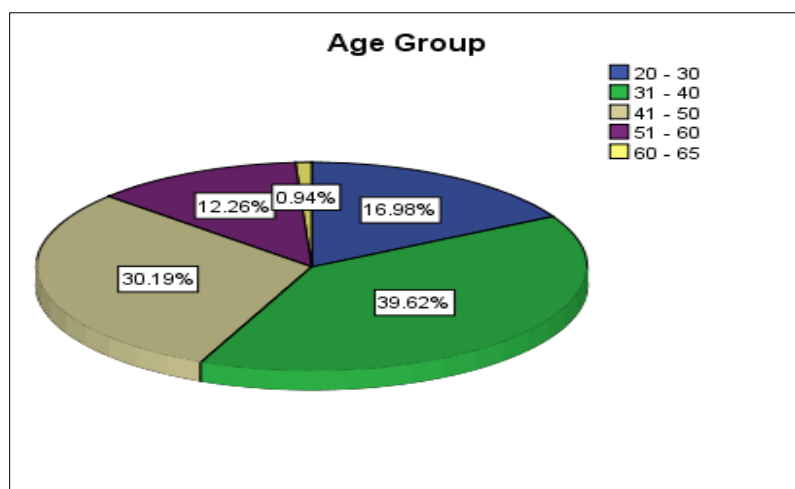


Figure 3.1: Age distribution of the respondents (n=106)

This figure reflects that the majority of the respondents (39.62%) fell within the age group of 31-40 years, followed by 30.19% employees falling within the age group of 41-50 years. Meanwhile, 16.98% of respondents were within the age group of 20-30 while the smallest percentage (0.94%) of employees fell within the age group of 60-65.

3.5.3 Race

Figure 3.2 reflects the racial distribution of the respondents.

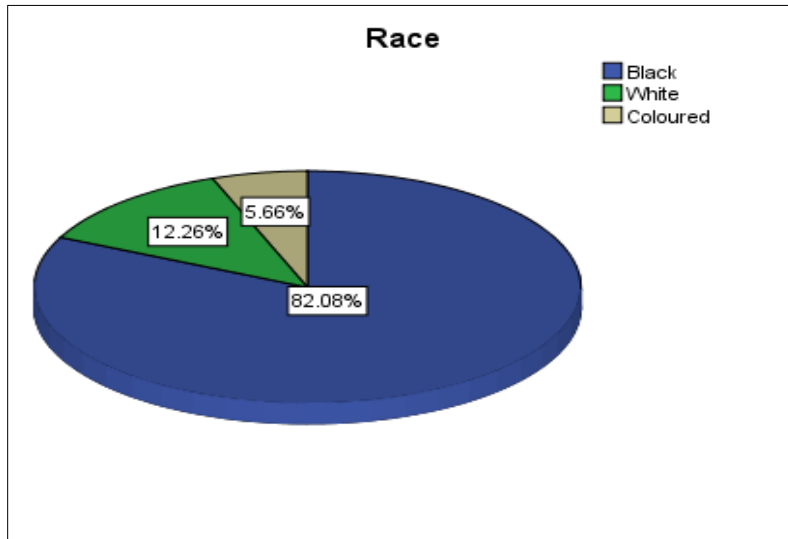


Figure 3.2: Racial distribution of the respondents (n=106)

Figure 3.2 indicates that the majority of the respondents in this research study were black at 82.08%, while 12.26% respondents were white. Coloured employees made up the smallest portion of the whole sample at 5.66%. There were no Indian respondents in this research study, or other races such as Asian.

3.5.4 Marital status

Figure 3.3 displays the marital status of the respondents in this research study.

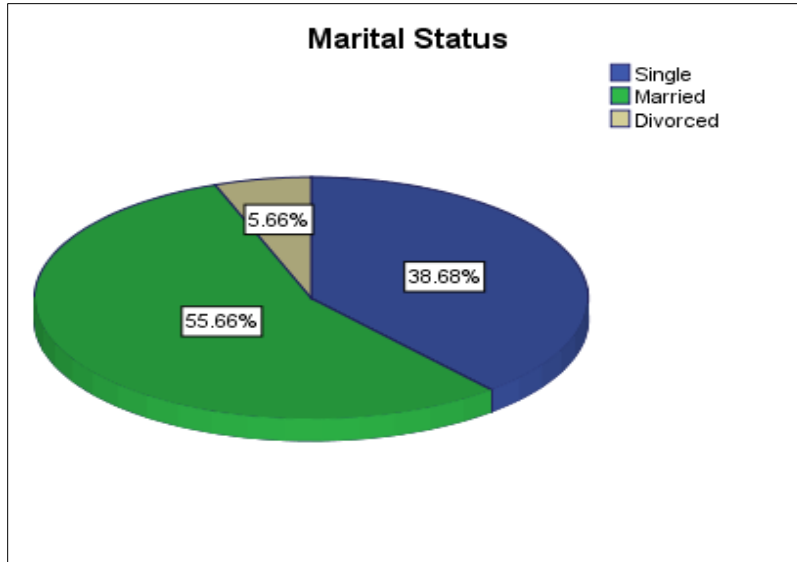


Figure 3.3: Marital status of the respondents (n=106)

The research findings reflect that the majority of the respondents (55.66%) were married, while 38.68% were single. Only 5.66% employees who responded to the questionnaire were divorced. The questionnaire had an option under the marital status which indicated widowed as well. However, according to Figure 3.3, no employees who were widowed responded to the questionnaire.

3.5.5 Home language

Figure 3.4 reflects the home language of the respondents.

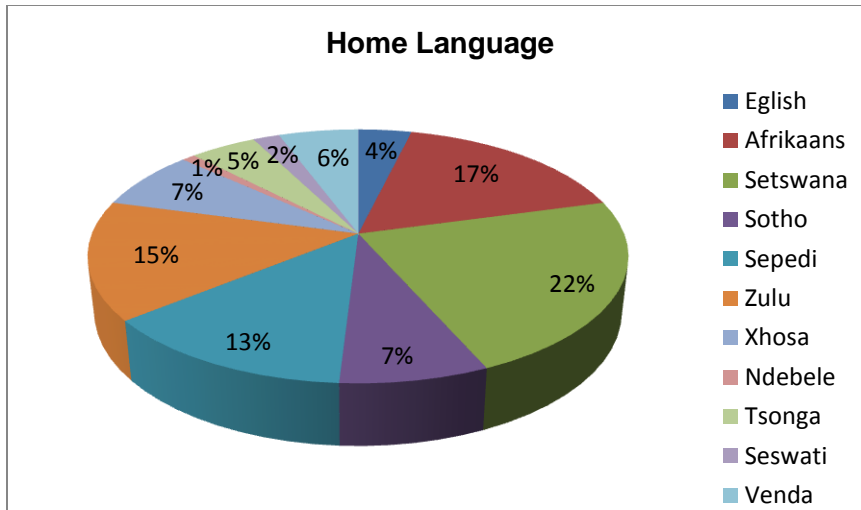


Figure 3.4: Home language distribution of the respondents (n=106)

The researcher included 11 recognised South African home languages in the questionnaire to choose from, in order to accommodate all Department of Labour employees who participated in this research study. When interpreting research data from the highest percentage, Figure 3.4 reflects that 22% respondents were Setswana-speaking, followed by Afrikaans-speaking respondents at 17%. The third and fourth most commonly spoken home languages were Zulu and Sepedi at 15% and 13% respectively. Both Sotho- and Xhosa-speaking respondents made up 7% each, followed by Venda-speaking respondents at 6% and Tsonga-speaking respondents at 5%. The languages least spoken were English, Seswati and Ndebele, at 4%, 2% and 1% respectively.

3.5.6 The duration of employment within the Department of Labour

Figure 3.5 displays the duration of the respondents' employment at the Department of Labour in the form of years.

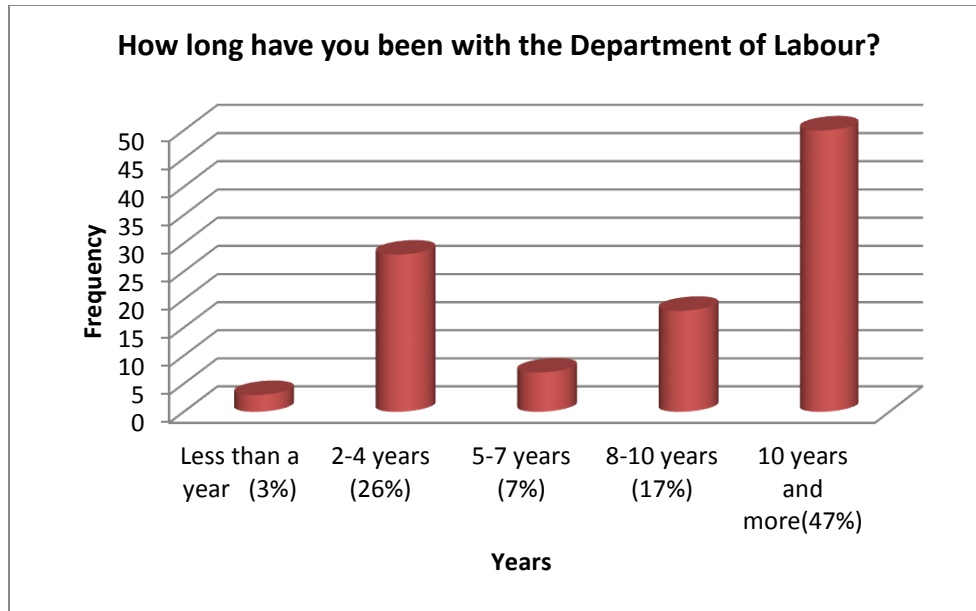


Figure 3.5: The duration of the respondents’ employment within the Department of Labour (n=106)

Figure 3.5 shows that 47% of the respondents indicated that they have been employed by the Department of Labour for ten years or more, while 26% indicated that they have been with the Department of Labour for two to four years. Meanwhile 17% confirmed that they have been working for the Department of Labour for eight to ten years. Then 7% have worked for the department for five to seven years, while only 3% have been employed by the Department of Labour for less than a year. This means that the majority (71%) of the Department of Labour employees who participated in this research study have been employed by the Department of Labour for five years or more.

3.5.7 Highest educational qualification

Figure 3.6 reflects the highest educational qualification of respondents.

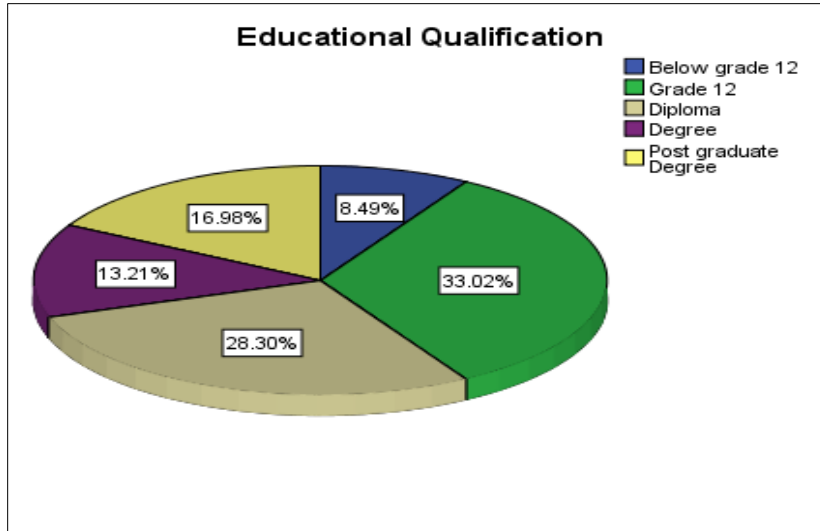


Figure 3.6: Highest educational qualification of the respondents (n=106)

According to Figure 3.6, 33.02% of the respondents indicated grade 12 as their highest educational qualification, followed by 28.30% of respondents with a Diploma as their highest educational qualification. A number of respondents reported to have acquired post-graduate degrees (16.98%) or degrees (13.21%). The smallest percentage of respondents, which is 8.48%, had an educational background below grade 12. It seems thus as if the majority of Department of Labour employees who participated in this research study had a grade 12 qualification or higher.

3.5.8 The current position / occupational level in the Department of Labour

Figure 3.7 displays the current position/occupational level of respondents in the Department of Labour.

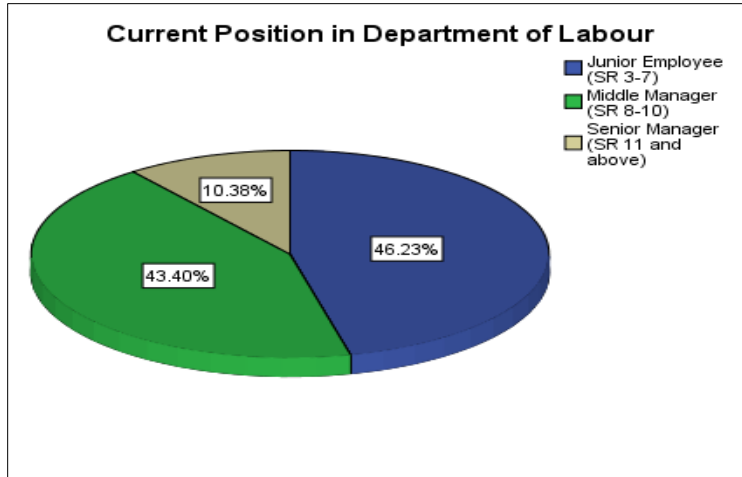


Figure 3.7: Position / occupational level of the respondents (n=106)

In the questionnaire the occupational levels were divided into three categories, namely junior employees, middle managers and senior managers. The salary levels were indicated next to these categories in order to assist the respondents in identifying their occupational levels. The research findings revealed that 46.23%, which is the majority of employees who participated in this research study, were junior employees and fell within salary range three to seven. Middle managers, falling within salary range eight to ten, made up 43.40% of the total. The minority of the respondents were the senior managers at 10.38%. The percentage distribution in this area makes sense in that respondents who are senior managers were the regional office managers and there are only 12 regional offices in Gauteng province.

Section B: Knowledge of employees regarding incapacity leave in the Department of Labour

Section B consisted of both closed- and open-ended questions; 11 questions in total. Respondents had to indicate the applicable answer of the closed-ended questions by marking an [X], while the open-ended questions were follow up questions to certain closed-ended questions which required respondents to provide explanations of certain concepts.

3.5.9 Question 9: Briefly explain what you understand by the concept incapacity leave

Question 9 was an open-ended question where respondents provided their basic understanding of the concept of incapacity leave. After analysing the responses in the questionnaires common

themes were formulated by the researcher in interpreting the respondents' definitions of incapacity leave.

Table 3.1: The respondents' understanding of incapacity leave (n=106)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid a) Discretionary leave granted by the employer due to illness or injury after the 36 sick leave days have been exhausted.	71	67.0	67.0	67.0
b) Permanent Medical boarding.	1	.9	.9	67.9
c) Inability to work due to illness.	17	16.0	16.0	84.0
d) No idea.	6	5.7	5.7	89.6
e) No response.	11	10.4	10.4	100.0
Total	106	100.0	100.0	

Table 3.1 indicates that 67% employees in the Department of Labour in Gauteng understand the concept of incapacity leave as the discretionary leave granted by the employer due to illness or injury after the employee's 36 sick leave days have been exhausted. The following quotes verify the themes formulated in Table 3.1 regarding the understanding of the concept of incapacity leave by employees:

- *“The inability of an employee to perform his/her work due to illness. The employee will normally apply for incapacity leave when her/his normal 36 sick leave days are exhausted.”*
- *“It refers to the loss of functional capacity... rendering the employee unfit to work either temporarily or permanently.”*
- *“No idea.”*

The respondents' basic understanding of incapacity leave goes along with the explanation by the DPSA (2004:4) which indicates that it is a discretionary leave granted by the employer to

the employee after the 36 sick leave days are exhausted. This leave may be extended based on the findings of an investigation or medical evidence provided during the investigation.

Then 16.0% understood this concept as the inability to work due to illness, while 0.9% referred to it as a situation where by an employee is permanently declared unfit for work or viewed it as permanent medical boarding. Some of the respondents (5.7%) indicated that they do not have any idea what the concept meant and a further 10.4% did not attempt to respond to this question in the questionnaire.

3.5.10 Question10: When did you first know about incapacity leave?

Question 10 was a closed-ended question where respondents had to choose from the below options:

- a) Less than a year ago
- b) 3 to 5 years ago
- c) More than 5 years ago

Table 3.2: The responses on when employees first knew about incapacity leave (n=106)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid a)Less than a year ago.	21	19.8	19.8	19.8
b)3 to 5 years ago.	30	28.3	28.3	48.1
c)More than 5 years ago.	54	50.9	50.9	99.1
d) No Response.	1	.9	.9	100.0
Total	106	100.0	100.0	

The majority of employees who responded to the questionnaire, which is 50.9%, indicated that they first learnt of incapacity leave more than five years ago, while 28.3% reflected that they first found out about the concept three to five years ago and 19.8% of the respondents indicated that they only found out about it less than a year ago. The minority (0.9%) did not respond to this question. It seems as if about 50% of Department of Labour employees in Gauteng have been knowledgeable about the concept of incapacity leave for more than five years.

3.6.11 Question 11: Who can apply for incapacity leave?

In Question 11 respondents were provided with three options to choose from, regarding who can apply for incapacity leave. The options are:

- a) Any employee who is sick
- b) Employee whose sick leave days are exhausted
- c) All employees

Table 3.3: The responses on who can apply for incapacity leave (n=106)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid a)Any employee who is sick.	10	9.4	9.4	9.4
b)Employee whose sick leave days are exhausted.	88	83.0	83.0	92.5
c)All employees.	8	7.5	7.5	100.0
Total	106	100.0	100.0	

According to Table 3.3, 83.0% of the respondents indicated that employees whose sick leave days are exhausted can apply for incapacity leave. Soma Initiative (2009b:1) further adds to this general understanding of incapacity leave by stating that it is “a ‘special sick leave’ that may be granted by the relevant employer (i.e. Department) to Public Service employees in deserving cases only”. However, 9.4% of the respondents indicated that any employee who is sick may apply for incapacity leave and 7.5% thought that all employees who want to apply for incapacity leave may do so.

3.6.12 Question 12: When can one apply for incapacity leave?

Question 12 was a closed-ended question where respondents were provided with three options to choose from to indicate when one can apply for incapacity leave. The options are listed as follows:

- a) When one is sick for more than the allocated 36 sick leave days in a three year period
- b) Anytime when one is sick
- c) Anytime

Table 3.4: The responses on when an employee can apply for incapacity leave (n=106)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	a)When one is sick for more than the allocated 36 sick leave days in a three year period.	103	97.2	97.2	97.2
	b)Anytime when one is sick.	1	.9	.9	98.1
	c)Anytime.	1	.9	.9	99.1
	No Response.	1	.9	.9	100.0
	Total	106	100.0	100.0	

Table 3.4 shows that 97.2% of the respondents indicated that when an employee was sick for more than the allocated 36 sick leave days in a three year cycle, he/she could apply for incapacity leave. According to the DPSA (2004:4) employees may apply for incapacity leave after the 'normal' sick leave days were exhausted. Meanwhile 0.9% responded that an employee may apply for incapacity leave anytime when they are sick, while another 0.9% responded that employees may apply for incapacity leave anytime when they want to. Another 0.9% of the respondents had no response to this question. It is clear from the interpreted data in question 11 and 12 that the majority of employees in the Department of Labour had a basic understanding that the 36 sick leave days must have been exhausted before any sick employee can apply for incapacity leave.

3.6.13 Question13: Do you know the difference between temporary and long-term incapacity leave?

Questions 13 and 14 were viewed as a unit, because question 13 asks the respondents if they knew the difference between temporary and long-term incapacity leave, while question 14 follows up by requiring the respondents to explain the difference between the two concepts if they do have the knowledge. Figure 3.8 reflects whether respondents know what the difference between temporary and long-term incapacity leave is.

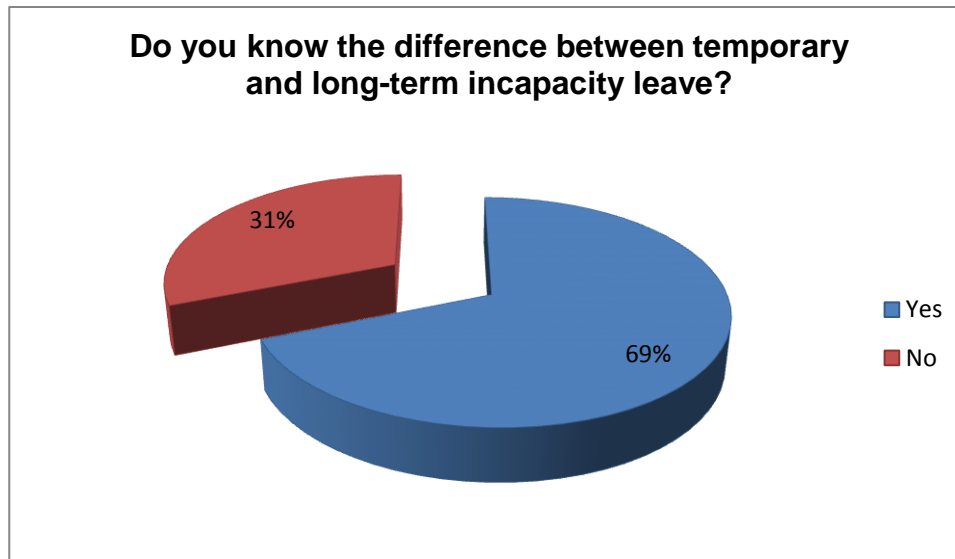


Figure 3.8: The quantitative responses on the differences between temporary and long-term incapacity leave (n=106)

According to Figure 3.8, 69% of respondents indicated that they did know the difference between temporary and long-term incapacity leave while 31% said they did not have the knowledge.

3.6.14 Question 14: If yes, what is the difference between the two?

After analysing all the responses in question 14, common themes were formulated by the researcher in order to interpret the respondents' understanding of the difference between temporary and long-term incapacity leave. Table 3.5 reflects these themes and the number of responses on each theme.

Table 3.5: The responses on the difference between temporary and long-term incapacity leave (n=106)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid a)Temporary incapacity leave is for a specific short period; long-term incapacity leave is when one is permanently declared unfit for work.	43	40.6	40.6	40.6
b)Temporary incapacity leave is for leave up to 29 days; long-term incapacity leave is for 30 days and longer.	14	13.2	13.2	53.8
c) Temporary incapacity leave is for a shorter period; long-term incapacity leave is for a longer period.	15	14.2	14.2	67.9
d)No idea.	31	29.2	29.2	97.2
e)No response.	3	2.8	2.8	100.0
Total	106	100.0	100.0	

There were three main themes under which the respondents indicated their understanding regarding the difference between temporary and long-term incapacity leave. According to Table 3.5, to 40.6% of respondents the difference between temporary and long-term incapacity leave was that temporary incapacity leave was for a specific period while long-term incapacity leave was when an employee was declared permanently unfit for work. Then 13.2% of the respondents differentiated the two concepts as temporary incapacity leave lasting for a maximum of 29 days while long-term incapacity leave lasted for 30 days or longer. A further 14.2% of respondents indicated that temporary incapacity leave was for a shorter period, while long-term incapacity leave was for a longer period; with no specifications on the time frames.

Meanwhile 29.2% of respondents indicated that they had no idea what the difference between the two concepts was, while 2.8% did not attempt to respond to the question. The quotes below outline how respondents differentiated between temporary and long-term incapacity leave:

- *“Any application for days up to a maximum of 29 days is considered to be temporary incapacity leave and anything above 30 days is long term.”*
- *“Temporary incapacity means the employee would return to work once recovered and long term incapacity leave may not return as the illness maybe permanent or long term.”*
- *“Long term incapacity is when the employee is permanently booked off and temporary incapacity is only specified period.”*

3.6.15 Question 15: Do you think incapacity leave is a right or a privilege?

In question 15 respondents were requested to indicate whether incapacity leave was a right or a privilege. Figure 3.9 reflects their answers.

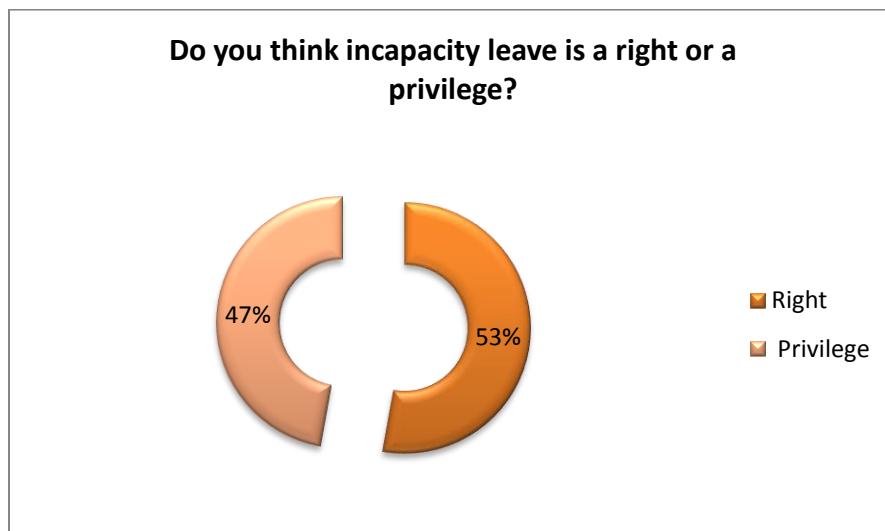


Figure 3.9: The responses on whether incapacity leave is a right or a privilege (n=106)

Figure 3.9 indicates that 53% of respondents thought incapacity leave was a right, while 47% thought it was a privilege. These findings are also reflected by Wynne-Jones et al. (2010:35) in a study in the UK to determine the attitudes and beliefs of managers and employees with musculoskeletal pain in a public sector setting. In this study managers reported that employees had a sense of entitlement with regard to sick leave, as well as the expectation that the

employer is obliged to provide sick leave days to employees. From these findings it seems as if the number of Department of Labour employees who were of the opinion that incapacity leave was a right is a little bit higher than the number who thought that it was a privilege.

3.6.16 Question 16: Are you familiar with the policy on incapacity leave in the Department of Labour?

Question 16, 17 and 18 are viewed as a unit. Question 16 requested respondents to indicate “yes” or “no” whether they were familiar with the policy on incapacity leave, while question 17 followed up on those who indicated that they were familiar with the policy to further provide the name of the policy. Question 18 further required respondents to indicate what the policy said about the application for incapacity leave. Figure 3.10 displays the responses on whether the Department of Labour employees are familiar with the policy on incapacity leave.

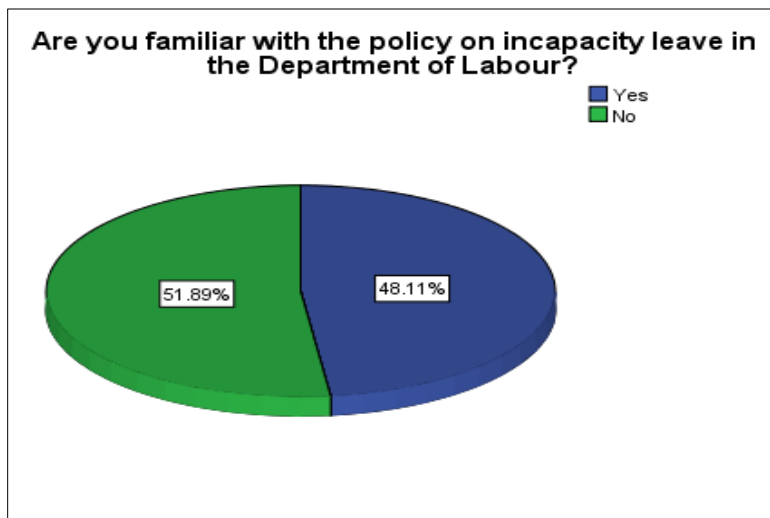


Figure 3.10: The responses on whether Department of Labour employees were familiar with the policy on incapacity leave (n=106)

According to Figure 3.10, 51.89% of respondents indicated that they are not familiar with the policy of incapacity leave in the Department of Labour, while 48.11% reflected that they are familiar with the policy of incapacity leave.

3.6.17 Question 17: If yes, what is the name of the policy?

Question 17 required respondents to provide the name of the policy. This was a follow up question to question 16.

Table 3.6: The responses on what the name of the policy is (n=106)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid a)Leave policy.	13	12.3	12.3	12.3
b)PILIR.	24	22.6	22.6	34.9
c)Incapacity leave policy.	5	4.7	4.7	39.6
d)No idea.	56	52.8	52.8	92.5
e)No response.	8	7.5	7.5	100.0
Total	106	100.0	100.0	

When interpreting the data in Table 3.6 from the largest percentage to the lowest, 52.8% of the respondents indicated that they did not know what the name of the policy on incapacity leave is, while 22.6% referred to the policy as PILIR (Policy for Incapacity Leave and Ill-health Retirement). Then 12% indicated that the name of the policy was leave policy, while 7.5% referred to the policy as incapacity leave. Lastly 7.5% of the respondents did not respond to this question in the questionnaire. It seems as if only 22.6% of respondents could provide the correct name of the policy which is PILIR.

3.6.18 Question 18: What is the policy saying regarding the application of incapacity leave in the Department of Labour?

After all the responses in question 18 were analysed, themes were formulated in order to interpret data. The table below reflects the themes.

Table 3.7: Themes formulated from the responses indicating what the policy is saying about incapacity leave in the Department of Labour (n=106)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid a) An employee applies for incapacity leave after the 36 days sick leave is exhausted.	37	34.9	34.9	34.9
b) Application forms and other relevant documents such as medical reports to be submitted to the Manager and HR.	8	7.5	7.5	42.5
c) Temporary incapacity leave is for 29 days or less leave days ; long-term is for 30 days and more.	1	.9	.9	43.4
d) No idea.	53	50.0	50.0	93.4
e) No response.	7	6.6	6.6	100.0
Total	106	100.0	100.0	

In viewing question 16, 17 and 18 as a unit, the respondents which indicated that they were not familiar with the policy on incapacity leave in the Department of Labour would then not be able to respond to question 17 and 18 because they were follow up questions. Hence, Table 3.7 shows that 50.0% indicated that they did not have any idea or knowledge on what the policy says regarding incapacity leave in the Department of Labour. However, 34.9% reflected their understanding of the PILIR by saying that employees may apply for it after they have exhausted their 36 sick leave days allocated by the employer in a three year cycle. A further 7.5% said that the policy indicated that application forms and other relevant documents, such as medical reports/evidence, must be submitted to the immediate manager and Human Resource manager. Only 0.9% of the respondents reflected their understanding by indicating that temporary incapacity leave lasts for 29 days or less, while long-term incapacity leave lasts for 30 days or more. Lastly, 6.6% of respondents did not respond to this question in the questionnaire. Employees' understanding of what the policy says about incapacity leave are reflected in the following quotes from the questionnaires:

- *“An employee who has exhausted normal sick leave can apply for incapacity leave and the head of Department must process the application.”*
- *“...All relevant forms must be completed by the employee and the doctors before submitting the application.”*
- *“...temporary incapacity-29 days or less; long term incapacity 30 days or more days.”*

From the findings in question 16, 17 and 18, certain conclusions may be drawn. The majority of respondents are not familiar with the policy on incapacity leave. This is also evident in the fact that only 22.6% of respondents could correctly name this policy as PILIR, while 52.8% of respondents indicated that they did not have any idea what the name of the policy was. Meanwhile, 50% of respondents were not familiar with the contents in the PILIR.

3.6.19 Question 19: Do you think employees must get their monthly salaries while on incapacity leave?

Question 19 was a closed-ended question which allowed respondents to only indicate “yes” or “no” regarding whether employees must get their monthly salaries while on incapacity leave. Figure 3.11 reflects the quantitative responses on whether employees must get their monthly salaries or not while on incapacity leave.

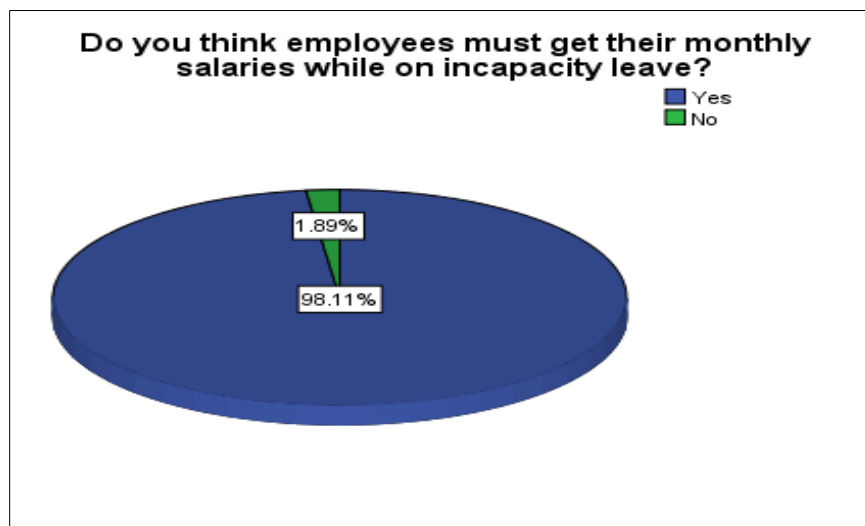


Figure 3.11: The responses on whether employees must get their monthly salaries while on incapacity leave (n=106)

According to Figure 3.11, 98.11% of respondents thought that employees must get their monthly salaries while on incapacity leave, while 1.9% was of the view that employees must not get their monthly salaries while they are on incapacity leave. The elaborations for these two responses are reflected in detail in question 27 where the respondents were required to state how incapacity leave affected them. The following section explores the responses regarding the application process for incapacity leave in the Department of Labour.

Section C: Processes involved in application for incapacity leave

This section consisted of only closed-ended questions where employees place an [X] next to the applicable answer. The main focus in this section was to determine the level of knowledge employees had with regard to the application processes of incapacity leave.

3.6.20 Question 20: Are you well familiar with the application processes of incapacity leave?

In question 20 respondents were provided with an option to indicate with a “yes” or “no” whether they were unfamiliar with the application processes of incapacity leave. Figure 3.12 displays the responses on whether respondents were well familiar or not with the application processes of incapacity leave.

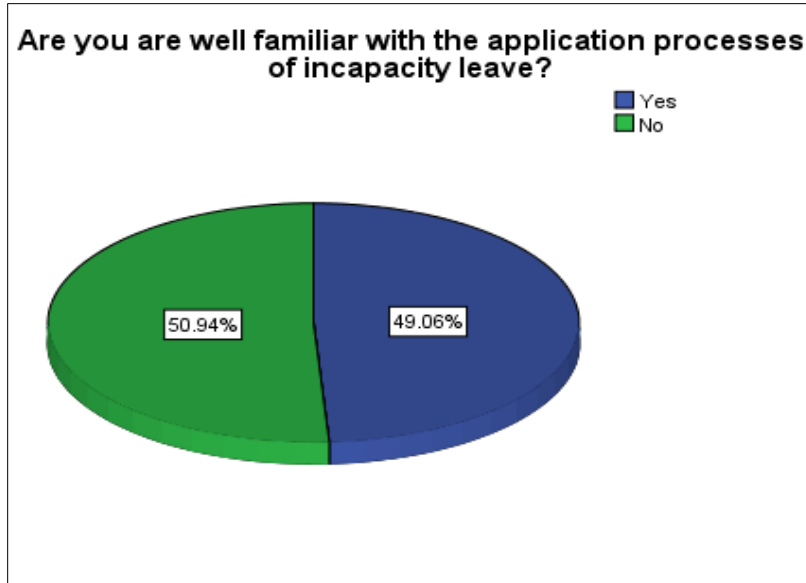


Figure 3.12: The responses on whether one is well familiar with the application processes of incapacity leave (n=106)

According to Figure 3.12, 50.94% of respondents indicated that they were not familiar with the application processes of incapacity leave in the Department of Labour, while 49.06% indicated that they were familiar with the application processes.

3.6.21 Question 21: Do you believe employees in general are well familiar with the application processes of incapacity leave?

After respondents indicated whether they were familiar with the application processes for incapacity leave, question 21 further required them to indicate whether Department of Labour employees in general were familiar with the application processes for incapacity leave.

Figure 3.13 displays the responses on whether employees in general are well familiar with the application processes of incapacity leave.

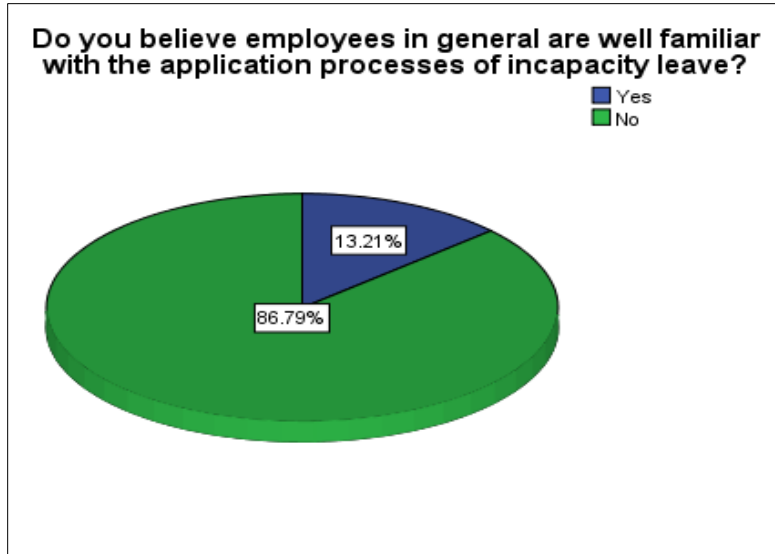


Figure 3.13: The responses on whether employees in general were familiar with the application processes of incapacity leave (n=106)

Figure 3.13 shows that 86.79% of respondents believe that employees in general were not familiar with the application processes for incapacity leave, while 13.21% believed that employees were familiar with the application processes for incapacity leave. The findings from question 21 reflect that 49,06% of respondents indicated that they were familiar with the application processes for incapacity leave. However, question 22 reflects that they do not think employees in general were familiar with the application processes for incapacity leave. From these findings it seems as if more training sessions about the application process are crucial.

3.6.22 Question 22: Who is the first point of contact when applying for incapacity leave?

In question 22 respondents were requested to indicate who the first point of contact was when applying for incapacity leave. Three options were provided to the respondents to choose from, namely:

- a) Supervisor/Manager
- b) Provincial office
- c) Head office

Figure 3.14 displays the responses on who is supposed to be the first point of contact when applying for incapacity leave.

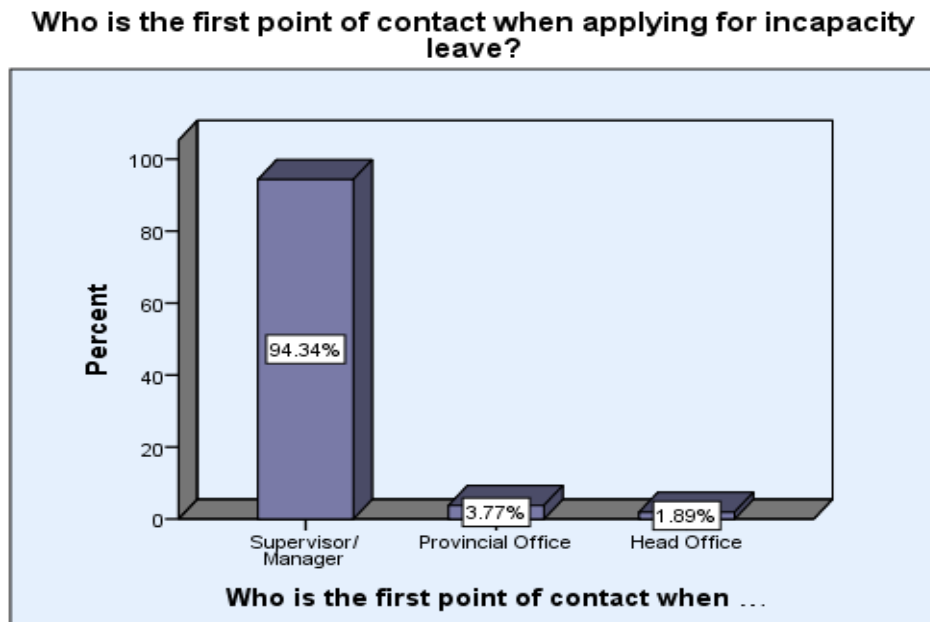


Figure 3.14: The responses on who is supposed to be the first point of contact when applying for incapacity leave (n=106)

According to Figure 3.14, 94% of respondents indicated that when an employee applied for incapacity leave the manager or the supervisor was the first point of contact, while 3.77% thought that the Department of Labour Provincial Office was the first point of contact. Meanwhile, 1.89% of respondents indicated that the Department of Labour Head Office was the first point of contact. It seems as if the majority of employees know who is supposed to be the first point of contact when an employee applies for incapacity leave in the Department of Labour. This also means that Department of Labour employees are quite aware of the communication channels as well as the protocol in their workplace.

3.6.23 Question 23: How long before must one apply for incapacity leave?

Respondents were required to indicate how long before an employee must apply for incapacity leave. Three options were provided to respondents to choose from namely,

- a) Within 5 working days after the first day of absence
- b) 3 months before

c) 2 weeks before

Figure 3.15 displays responses on the how long before an employee must apply for incapacity leave.

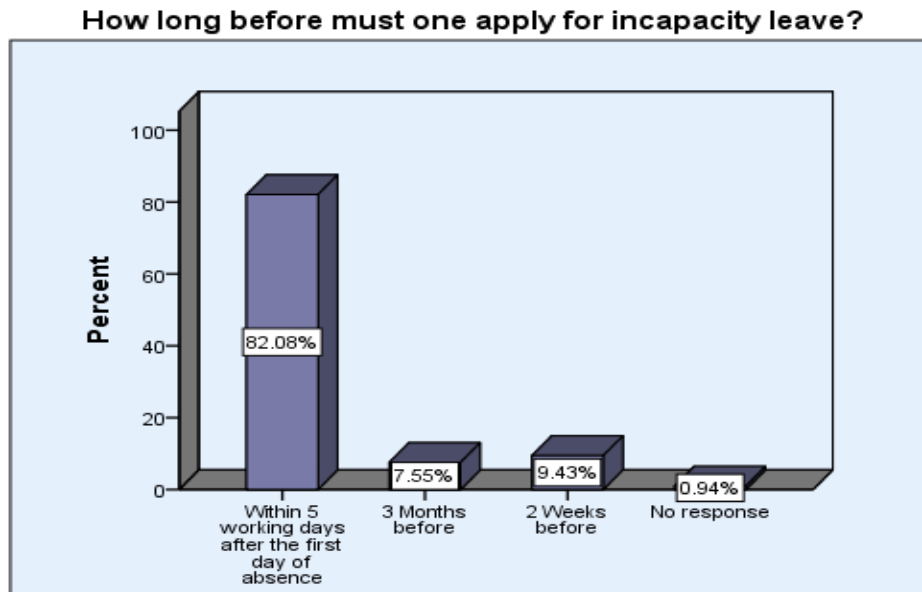


Figure 3.15: The responses on how long before one must apply for incapacity leave (n=106)

Figure 3.15 reveals that 82.08% think that an employee applying for incapacity leave must do so within five working days after the first day of absence, while 7.55% indicated that the application must be handed in within three months before one can actually be on incapacity leave. Then 9.43% thought that one can apply for incapacity leave within two weeks, while 0.94% of respondents did not respond to this question in the questionnaire. The findings revealed that the majority of employees are well aware of the time frame in which an employee is supposed to submit the application for incapacity leave. This research finding is supported by the DPSA (2009:13) which confirms that the employee must submit an application for incapacity leave to the employer within five working days after the first day of absence.

3.6.24 Question 24: What forms must be completed?

In question 24 respondents were required to indicate the type of forms to be completed during the application for incapacity leave. The respondents had to choose from three options namely,

- a) Incapacity leave forms
- b) Sick leave forms

Figure 3.16 reflects the responses on the forms that must be completed.

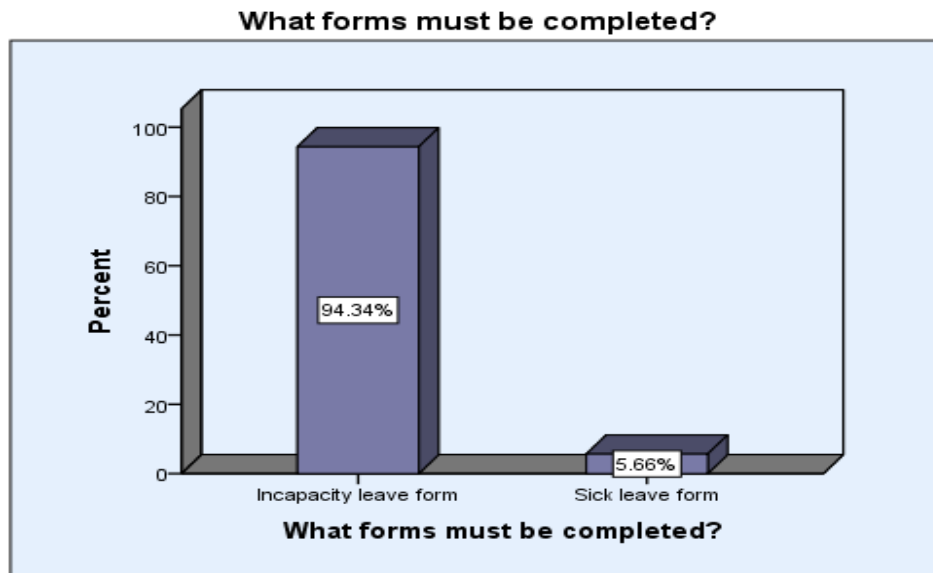


Figure 3.16: The responses on the kind of forms to be completed for application of incapacity leave (n=106)

According to Figure 3.16, 94.34% of respondents indicated that incapacity leave forms were the kind of forms an employee must complete when applying for incapacity leave, while 5.66% thought sick leave forms are the relevant ones to be completed. These findings reflect that although the majority of respondents are aware that there are incapacity leave forms to be completed when applying for incapacity leave, there are some employees who are still not aware of those forms and therefore they think sick leave forms are the relevant forms to be completed since the applicant will be sick anyway. Therefore this conclusion suggests that incapacity leave forms must be made easily accessible to all Department of Labour employees in order for all employees to familiarise themselves with the relevant forms.

Section D explores the respondents' experiences with regard to the application process for incapacity leave.

Section D: Experiences regarding application for incapacity leave in the Department of Labour

In seeking to gather information on employees' experiences regarding the application process for incapacity leave, approximately half of the questions in Section D were open-ended and followed up on the previous questions where the respondents indicated either "yes" or "no" as their response. It is also important to note that question 25.1 – 25.7 in this section was completed by employees who have applied for incapacity leave before, since it focuses on experiences regarding the application process for incapacity leave. Thus responses in this section refers only to the 14 respondents who have applied for incapacity leave before.

3.6.25 Question 25: Have you ever applied for incapacity leave?

Question 25 was a closed-ended question where all respondents had to indicate if they have applied for incapacity leave before. An option of "yes" or "no" was provided to respondents.

Figure 3.17 displays the responses on whether the respondents have ever applied for incapacity leave

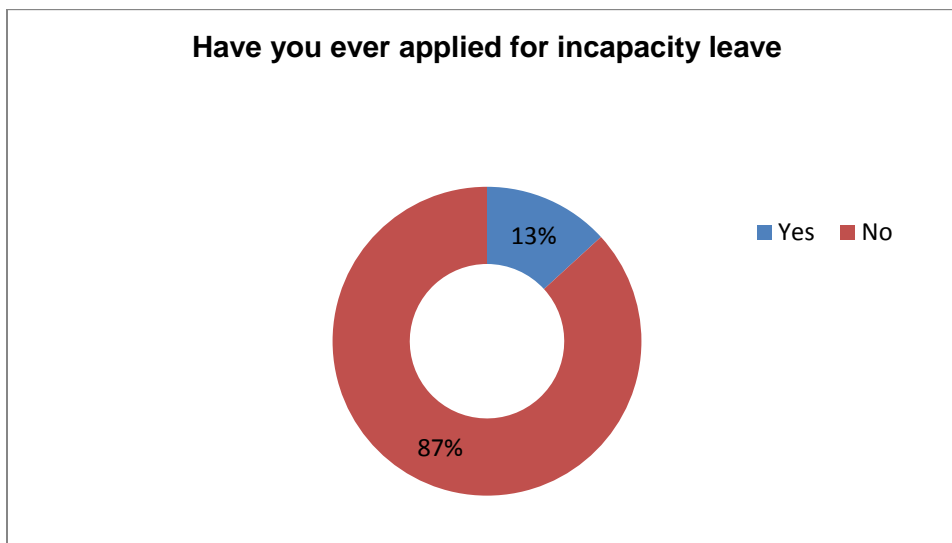


Figure 3.17: The responses on whether respondents have ever applied for incapacity leave (n=106)

According to Figure 3.17, 92 respondents (87%) indicated that they have not applied for incapacity leave before while 14 respondents (13%) have applied for incapacity leave before. This means that all the other questions in Section D were applicable to the 13% of respondents who indicated that they have applied for incapacity leave before.

3.6.26 Question 25.1: When did you apply for incapacity leave?

The 13% of respondents who indicated that they have applied for incapacity leave were further asked to indicate when they applied for incapacity leave. The respondents were provided with three options to choose from, namely:

- a) Less than a year ago
- b) Three years ago
- c) More than five years ago

Figure 3.18 reflects the responses of when employees applied for incapacity leave.

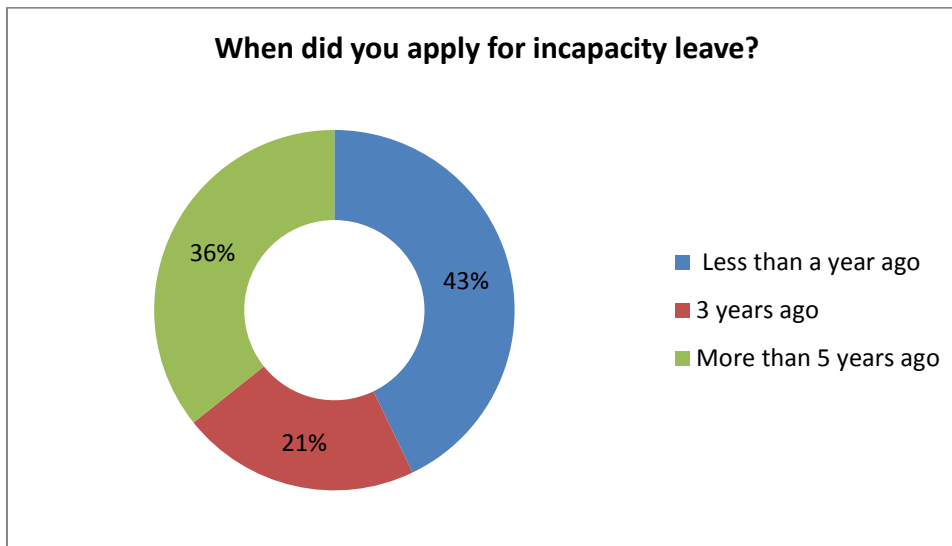


Figure 3.18: The responses on when employees have applied for incapacity leave (n=14)

Figure 3.18 shows that 36% of respondents indicated that they applied for incapacity leave more than five years ago, while 21% had applied three years ago. Meanwhile the majority of respondents, which is 43%, indicated that they had applied for incapacity leave less than a year ago. According to these findings there has recently been a rise in incapacity leave applications in the Department of Labour in Gauteng province.

3.6.27 Question 25.2: What was the cause or the reason for your application for incapacity leave?

Respondents were required to indicate the cause or the reasons of their applications. Three options were provided to the respondents to choose from:

- a) Illness
- b) Injury
- c) Disability

Figure 3.19 displays responses on what the cause or reason for the application for incapacity leave was.

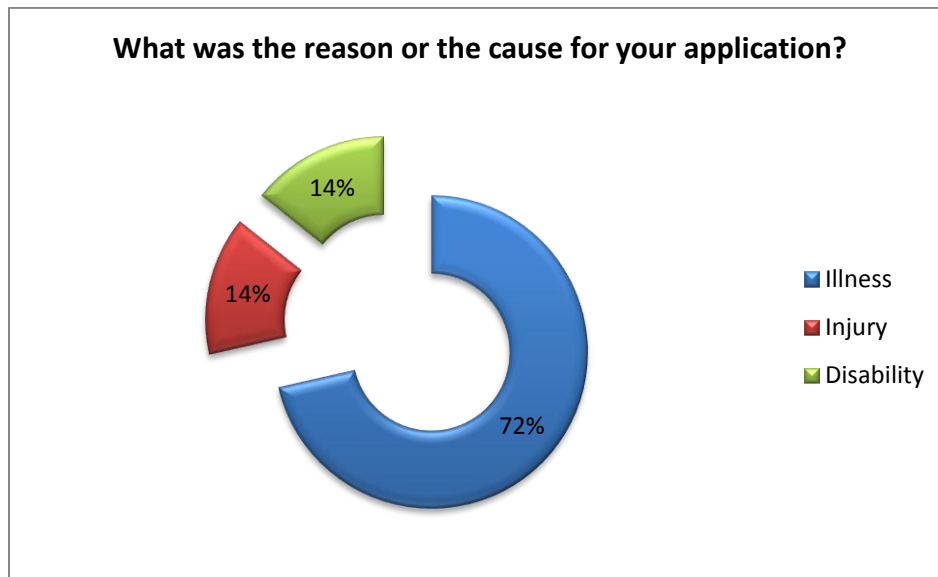


Figure 3.19: The responses on the cause or reason for the application (n=14)

According to Figure 3.19, 72% indicated that the reason for their application for incapacity leave was illness, while 14% said that the reason was injury. Another 14% of respondents indicated that the reason for their application for incapacity leave was disability. It seems as if more employees are applying for incapacity leave because of illnesses than any other reason. These research findings are supported by Van Zuydam (2007:11) who reflected that various sickness-related causes, particularly those ones emanating from various medical causes, are the main reason employees become absent from work and ultimately apply for incapacity leave.

3.6.28 Question 25.3: Was your application successful?

In question 25.3 respondents are required to indicate, with a “yes” or “no”, whether their application was successful.

Figure 3.20 reflects the responses on whether their applications for incapacity leave was successful.

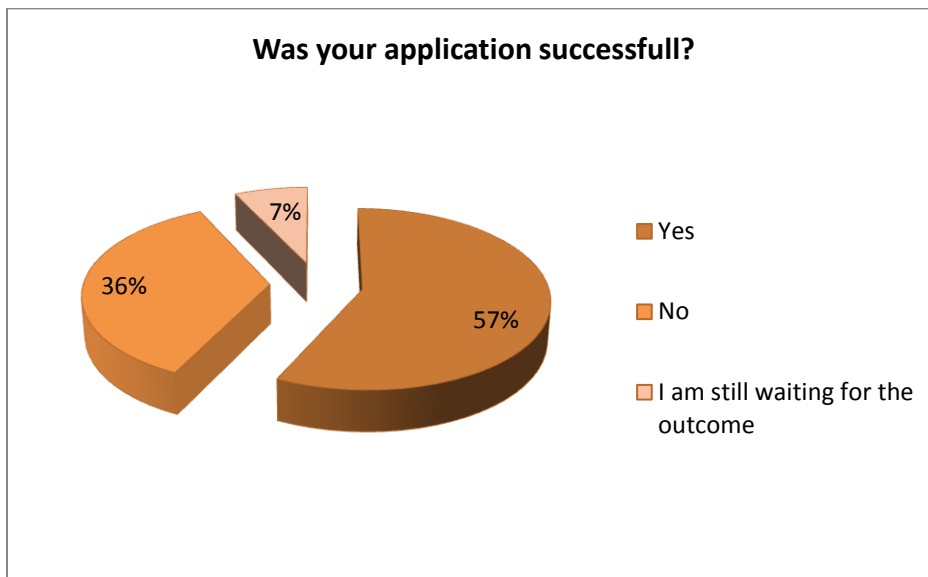


Figure 3.20: The responses on whether respondents’ application for incapacity leave was successful (n=14)

Figure 3.20 shows that 57% of respondents who have applied for incapacity leave before indicated that their application was successful, while 36% of respondents indicated that their application for incapacity leave was not successful. The reasons for the declined applications were provided in the following question. Meanwhile, 7% of respondents who applied for incapacity leave indicated that they were still waiting for the final outcome from the Head Office of the Department of Labour and therefore they could not say whether their applications were successful or not.

3.6.29 Question 25.4: If NO, what were the reasons for it being declined? Please explain.

This question referred to the 36% of respondents who indicated that their applications were not successful. They were required to further provide the reasons that their incapacity leave applications were declined. Therefore, it is important to note that this question was applicable to only the five respondents whose applications for incapacity leave were declined.

Figure 3.21 displays the reasons why the applications for incapacity leave were declined.

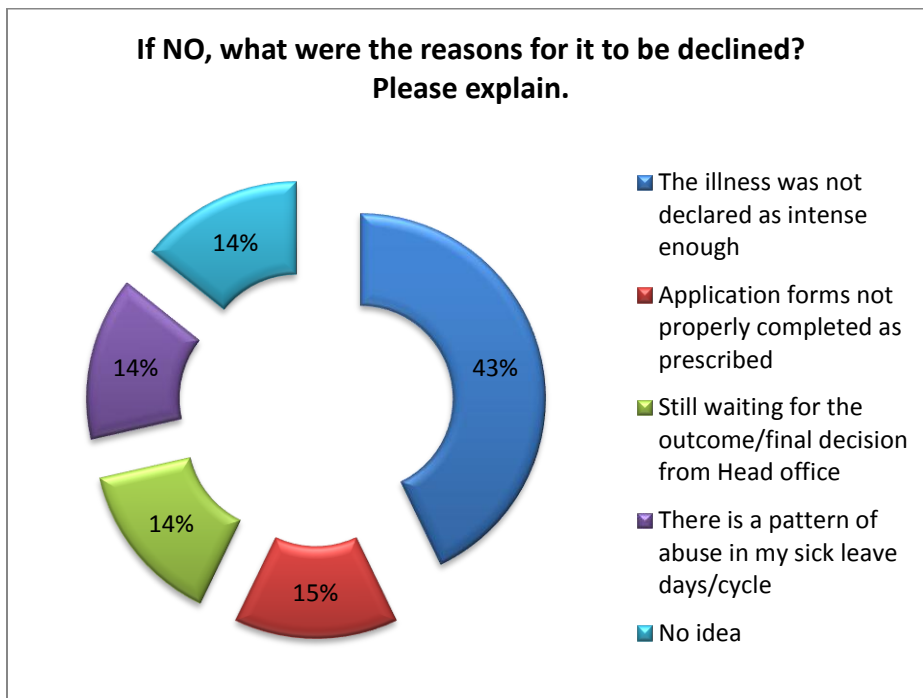


Figure 3.21: The responses on the reasons for the declined applications for incapacity leave (n=5)

According to Figure 3.21, 43% of the respondents whose applications were declined indicated that the reason that their applications were declined was that their illness was not declared as intense enough for them to be granted incapacity leave, while 15% said that their application forms were not properly completed as prescribed by the employer. Meanwhile, 14% indicated that they were still waiting for the outcome and another 14% of respondents stated that they did not know why their applications were declined. The remaining 14% of respondents indicated that they think the reason that their applications were declined was that there was a pattern of

abuse in their sick leave days. The reasons why the employees think their incapacity leave applications were declined are confirmed by the following quotes:

- *“Medical evidence of which was provided at request but the application was still declined.”*
- *“It has been a while that I am waiting for outcome from Human Resource.”*
- *“I submitted a report from the doctor but I still do not know what must be written in the medical report for my application to be approved.”*
- *“I think they saw the abuse in my sick leave pattern”*

Based on the quotes above by respondents it is evident that the reasons that incapacity leave applications were declined are not made clear to applicants and it seems as if there is a lack of feedback to candidates after the application gets declined. The Public Service Commission (2010:33) alluded to the fact that in some cases medical practitioners are reluctant to disclose the true diagnosis of the patient in the incapacity leave forms, especially if the patient does not want the manager at work to know his/her illness. Due to the fact that this would result in the incapacity leave application forms not containing enough information, the chances of the application being declined are high.

3.6.30 Question 25.5: Were there challenges you experienced in the process of application?

Question 25.5 and 25.6 were viewed as a unit in that in question 25.5 respondents were asked if there were challenges in the process of application for incapacity leave. They were required to indicate with a “yes” or “no”. Question 25.6 followed up on their responses to further request that the respondents identify and explain their challenges during the process of application for incapacity leave.

Figure 3.22 reflects the responses on whether there were challenges experienced in the application process for incapacity leave.

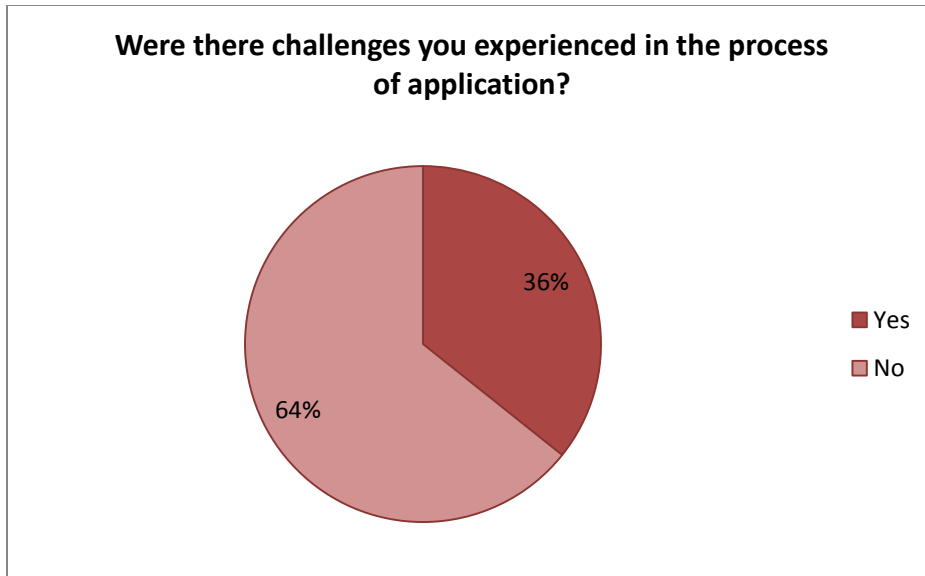


Figure 3.22: The responses on whether challenges were experienced in the application process for incapacity leave (n=14)

Figure 3.22 shows that 64% said that there were no challenges in the application process, while 36% indicated that they did experienced challenges in the application process for incapacity leave.

3.6.31 Question 25.6: If YES, What were those challenges?

The 36% of respondents who indicated that there were challenges in the application process for incapacity leave were further asked to explain their challenges in question 25.6. Therefore this question was only applicable to the five respondents who experienced challenges with the application process for incapacity leave.

Figure 3.23 displays the responses on the challenges experienced in the application process for incapacity leave.

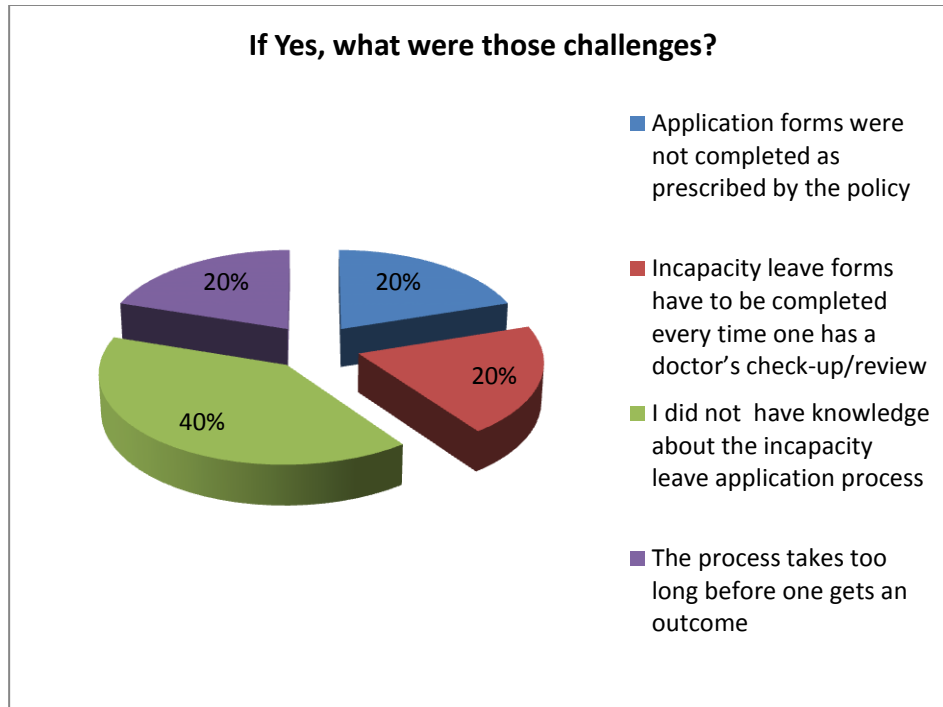


Figure 3.23: The responses on the challenges experienced by respondents in the application process for incapacity leave (n=5)

According to Figure 3.23, 40% of respondents indicated that they did not have any knowledge on the application process, therefore this was a challenge to them. Some respondents (20%) said that their application forms were not completed as prescribed by the policy, therefore they had to complete new application forms and as a result the application process was delayed. Another 20% of respondents indicated that application forms for incapacity leave had to be completed every time they had a doctor's review, and those posed a challenge to them. The other 20% of respondents indicated that the process takes too long before they received the final outcome on whether the application was approved or declined. Below are the quotes reflecting the challenges employees experienced in the application process.

- *“The long process it take before you can get an outcome.”*
- *“Forms had to be sent back three times to the doctor before it could be accepted.”*
- *“Every time you go for a doctor's review/check-up you need to complete temporary incapacity leave forms.”*

The experiences that the respondents reflected in their responses are somewhat aligned to what Mautjane (2014) indicated in the interview with the researcher on what the procedures for the application of incapacity leave were. After an employee submits the application form to the manager or supervisor, the forms are sent to Gauteng provincial office in Braamfontein-Johannesburg and then to Soma Initiative as the appointed health risk manager for the Department of Labour. This process was regarded by respondents as taking too long before one gets the final outcome.

The Public Service Commission (2010:40) indicated that the bulkiness of the application form made medical practitioners reluctant to complete them. Respondents also indicated that to complete them every time a sick employee went for a doctor's review was too much for employees and medical practitioners alike.

3.6. 32 Question 25.7: If you were to apply again, what do you think can be done differently?

The respondents were required in question 25.7 to suggest different ways the application process can be done in order to improve the application process for incapacity leave in the Department of Labour. Below are the themes formulated after analysing all responses in the questionnaires:

- a) The whole process must be changed or modified to be user friendly.
- b) The requirements on the application forms are not clear and consistent. Therefore the application forms must be revised.
- c) The application process for incapacity leave takes too long before one receives an outcome and therefore it must be speeded up.
- d) Nothing is to be done differently; the process is effective.

Figure 3.24 reflects the responses on what should be done differently if respondents were to apply again.

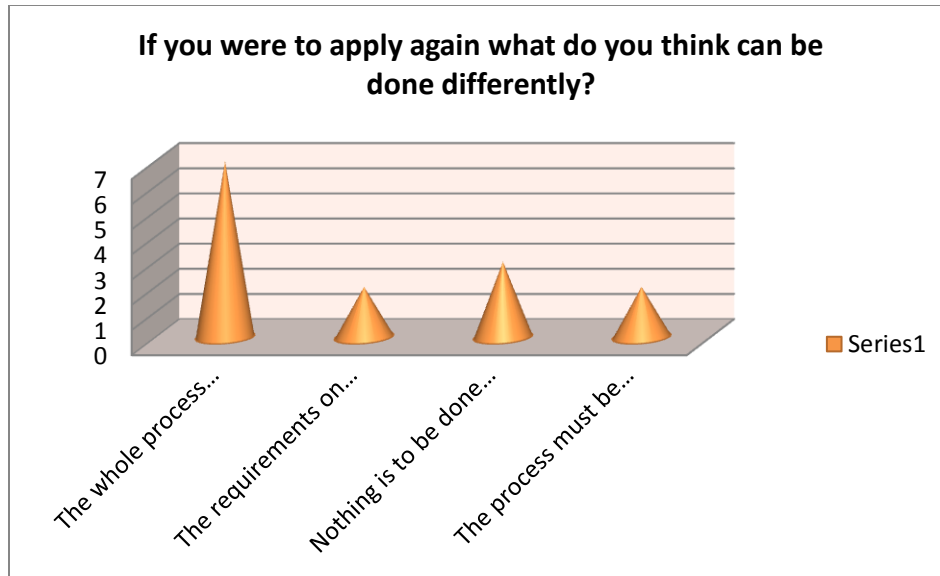


Figure 3.24: The responses on what could be done differently if respondents were to apply again (n=14)

The 14 employees who applied for incapacity before provided recommendations on what can be done differently to improve the application process if they were to apply for incapacity leave again. Figure 3.24 shows those recommendations and suggestions. 7 respondents (50%) suggested that the whole process must be changed or modified to be user friendly, while 2 respondents (14%) suggested that the requirements on the application forms are not clear and consistent. Another 2 respondents (14%) mentioned that the application process takes too long before one receives an outcome and therefore it must be speeded up, while 3 respondents (21%) indicated that there was nothing to be done differently and that, according to them, the process was effective. The following quotes outline the responses on how employees thought the process could be done differently if they were to apply again:

- *“It would be better if the whole process is changed and we are consulted in the process.”*
- *“I wish all forms can be completed 100% correct and the report of the doctor or a specialist can be clear.”*
- *They must clearly indicate and stick to what they’re requesting.”*

Section E: Employees' views on the impact of incapacity leave

Section E explored the employees' views on the impact of incapacity leave both on the employee and employer's level. Open-ended questions were used by the researcher to follow up and get elaborations on the answers provided in the closed-ended questions.

3.6.33 Question 26: In which way do you think employees are affected by incapacity leave?

Question 26 and 27 were viewed as a unit in that question 26 provided respondents with three options to choose from with regard to the area that the respondents think employees are affected by incapacity leave. Question 27 further probed respondents to give the reasons based on the responses that they provided in question 26. The three areas provided in the questionnaire for respondents to choose from are as follows:

- a) Financially
- b) Emotionally
- c) Mentally

Figure 3.25 displays the responses on the effects of incapacity leave on employees.

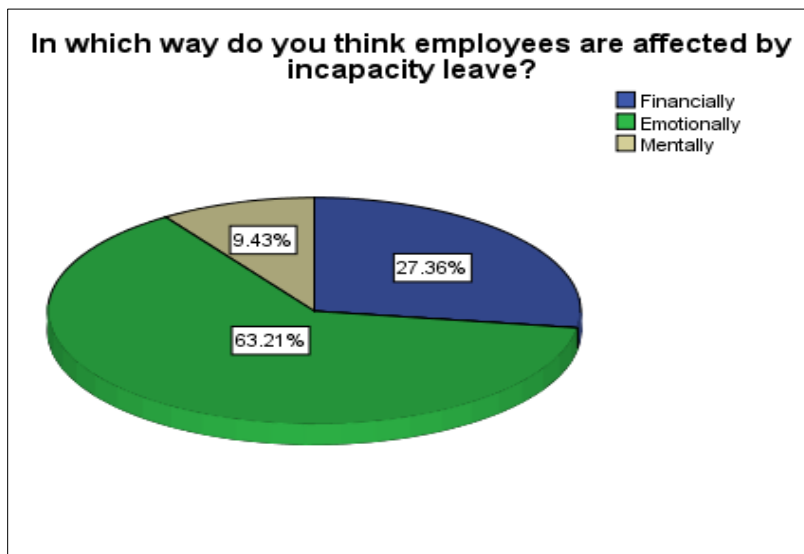


Figure 3.25: The responses on the effects of incapacity leave on employees (n=106)

According to Figure 3.25, 67 respondents (63.21%) thought that employees are emotionally affected by incapacity leave, while 29 respondents (27.36%) thought employees are financially affected by incapacity leave. Only 10 respondents (9.43%) thought that incapacity leave affects employees mentally. Based on the findings, the majority of respondents are of the view that incapacity leave affects employees more on an emotional level. The researcher however requested that the respondents provide motivations for their responses to the following question in the questionnaire.

3.6.34 Question 27: Briefly motivate your answer in terms of the above

Themes were formulated after analysing all the responses to question 27, which were the reasons why respondents indicated any of the three areas. Various themes formulated based on either financial, emotional or mental reasons are presented respectively by the 3 figures below.

Figure 2.26 reflects the themes on the financial impact of incapacity leave on employees.

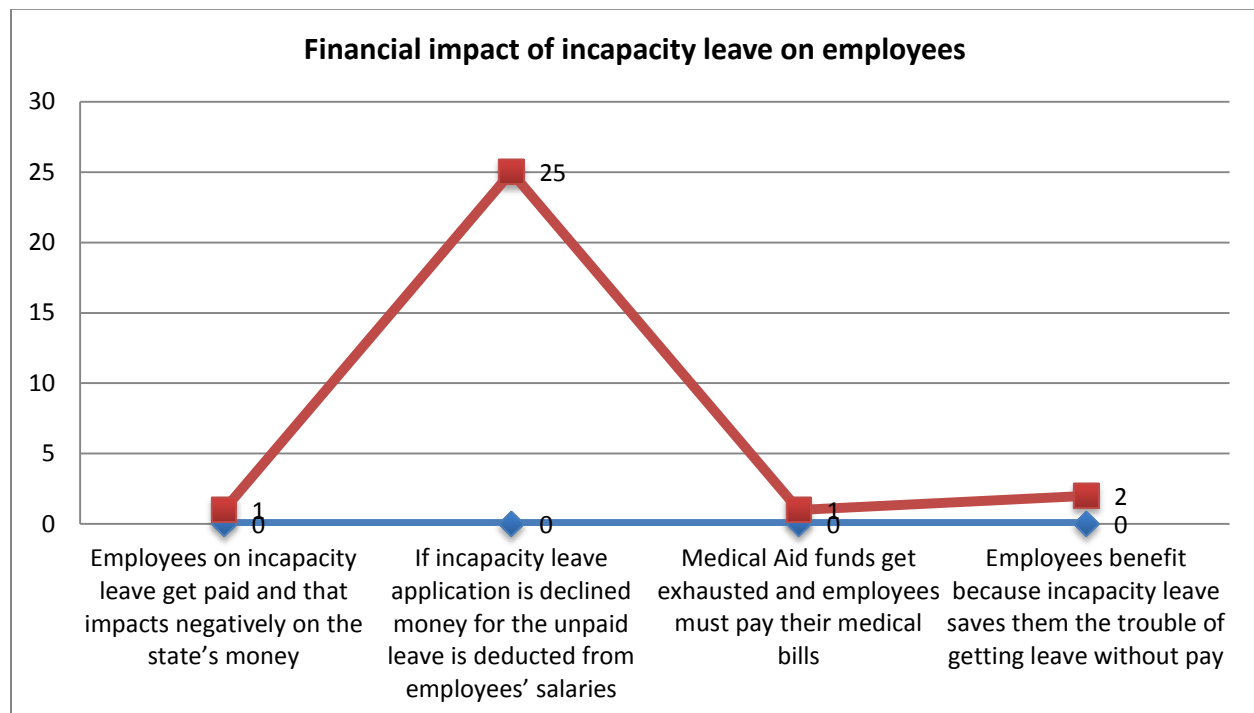


Figure 3.26: The themes on the financial impact of incapacity leave on employees (n=29)

Figure 3.26 reflects the explanations the respondents provided on why they thought that employees are financially affected by incapacity leave. 25 respondents (86%) thought that employees are affected negatively if their application for incapacity leave gets declined, because it would mean that money for the unpaid leave ought to be deducted from their monthly salaries. Meanwhile 1 respondent (3%) thought that due to the fact that employees got paid while on incapacity leave, this impacted negatively on the state's finance. Another 1 respondent (3%) indicated that employees are negatively affected by incapacity leave in financial terms in that medical aid funds get depleted due to continuous medical investigations and procedures, therefore employees get to a point where they must pay their own medical bills.

Meanwhile 2 respondents (7%) thought that employees are affected by incapacity leave in a positive way, because it saves them the trouble of getting leave without pay. The DPSA (2004:4) confirms this explanation by stating that after the 36 sick leave days are exhausted the employer may grant a maximum of 30 working days with full pay. From these research findings it seems as if employees in the Department of Labour feel that the chances of the employee's application being declined are high. Hence the majority of respondents feel that employees are likely to be negatively affected financially, especially if the application can be declined. These research findings are supported by the following quotes:

- *“If the application gets declined the employer will apply leave without pay and that will make employee to suffer financially.”*
- *“Medical Aid (such as GEMS) may be exhausted, required to pay from his pocket and may be a breadwinner at home, now funds are short for all the bills.”*
- *“People on incapacity leave are paid full pay form the state's money, and this is affecting the overall budget of the state to pay people.”*

The following themes were formulated based on the explanations that the respondents provided on why employees are affected by incapacity leave emotionally:

- a) Other colleagues resent the employee on incapacity leave and this creates a conflict amongst employees.
- b) Employees are scared of losing their jobs.
- c) Employees on incapacity leave experience loneliness and miss their colleagues.
- d) The uncertainty of whether the application will be approved or not.

- e) Lack of fulfilment due to not performing duties anymore.
- f) Being sent back and forth regarding the completion of application forms.

Figure 3.27 reflects the themes on the emotional impact of incapacity leave on employees.

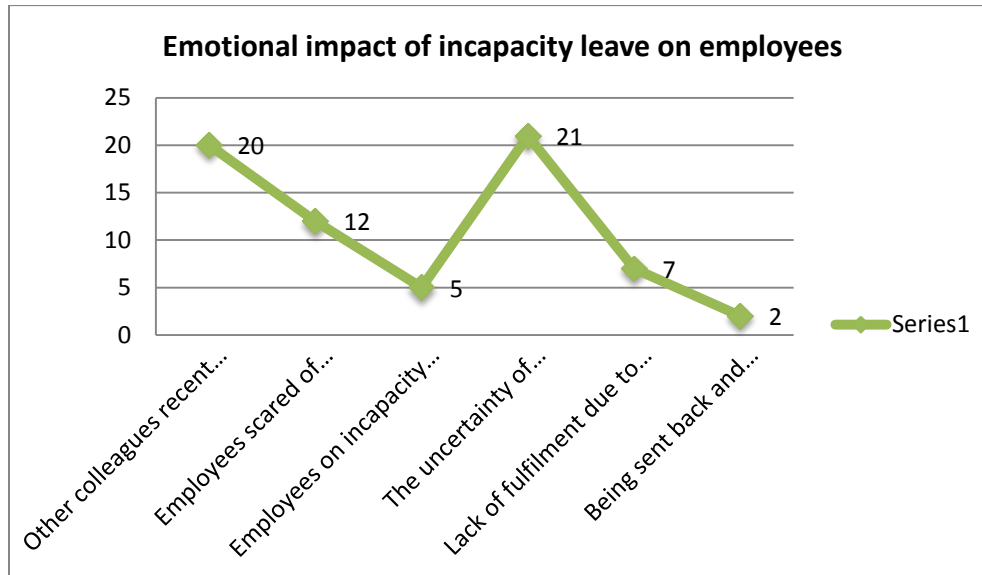


Figure 3.27: The themes on the emotional impact of incapacity leave on employees (n=67)

According to Figure 3.27, 21 respondents (31%) felt that incapacity leave affects employees emotionally in that wondering whether the application would be approved or not was unpleasant to them, while 20 respondents (30%) thought that employees on incapacity leave experience resentment from other colleagues in the workplace which creates conflicts among them. Wynne-Jones et al. (2010:34) agree with this response by stating that because other colleagues and managers still had to meet targets, long-term absence creates pressure on other remaining colleagues in the workplace.

Meanwhile 5 respondents (7%) reflected that employees on incapacity leave experience loneliness and miss their colleagues, while 7 respondents (10%) reflected that employees on incapacity leave experience a feeling of lack of fulfilment due to not performing their normal work duties anymore. Furthermore 21 respondents (18%) thought that employees on incapacity leave were scared of losing their jobs and 2 respondents (3%) thought that incapacity leave affected employees emotionally in that during the application process they are being sent back

and forth with regard to the completion of application forms. The Public Service Commission (2010:40) confirms this research finding by indicating that medical practitioners were seen to be reluctant to complete both temporary and permanent incapacity leave forms because of their bulkiness and therefore this poses a challenge to Health Risk Managers and heads of departments when processing employees' applications. The following quotes support the views of respondents regarding the emotional impact of incapacity leave on employees.

- *“You submitted the required documents and still the application gets declined without any valid reason.”*
- *“One misses the company of the co-workers which can lead one to be emotional because of loneliness.”*
- *“...in terms of job fulfilment one will be lacking as they won't be performing their duties and that can cause stress.”*

Figure 3.28 displays the themes on the mental impact of incapacity leave on employees.

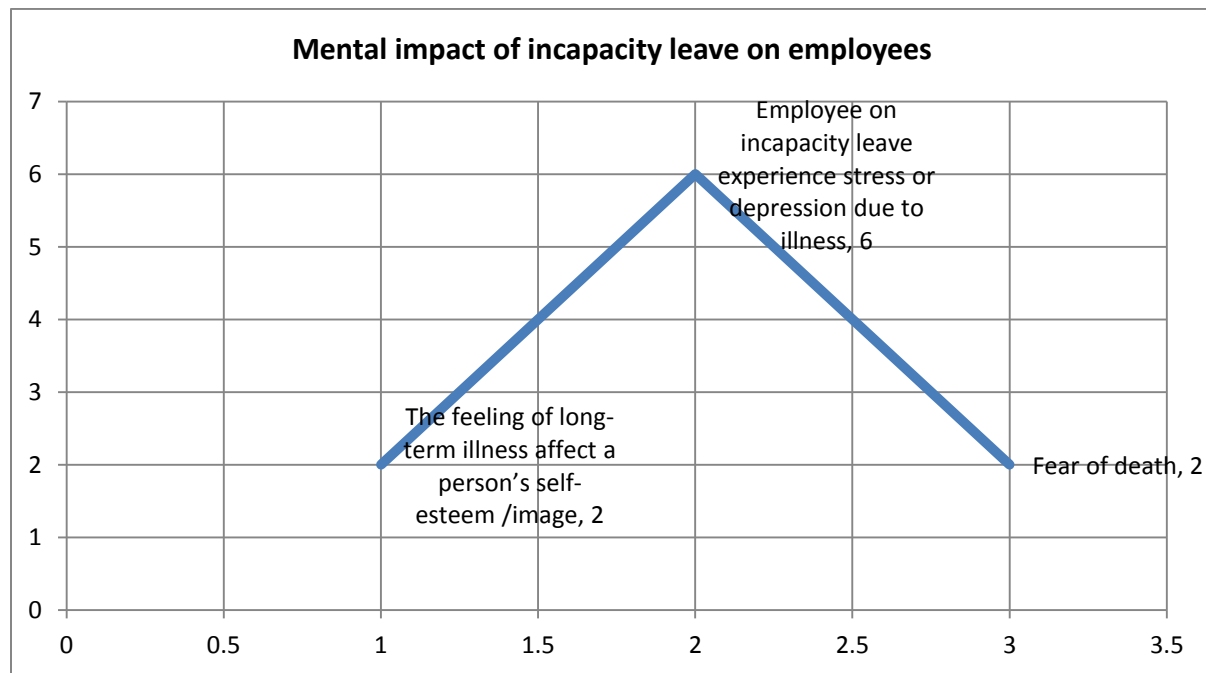


Figure 3.28: The themes on the mental impact of incapacity leave on employees (n=10)

Figure 3.28 reflects that 6 respondents (60%) thought that employees on incapacity leave experience stress or depression due to illness, while 2 respondents (20%) thought that when a

person is sick for a long period the level of that person's self-esteem decreases. Another 2 respondents (20%) indicated that when on incapacity leave a person experiences a fear of death due to not knowing whether recovery is imminent or not. It seems as if the majority of respondents think that most employees who are on incapacity leave may suffer from depression due to their prolonged illness. These explanations are reflected by the following quotes:

- *“Knowing that you will no longer be able to do what you have been able to do as well as fear of death.”*
- *“To see one's health deteriorating is scary and depressing.”*
- *“When you are sick for a long time you tend to lose your self-confidence and self-esteem and this affect you mentally.”*

3.6.35 Question 28: Do you think incapacity leave impacts on other co-workers (colleagues)?

Question 28 and 29 were viewed as a unit in that in question 28 respondents were required to indicate whether they think incapacity leave has an impact on co-workers with a “yes” or “no”; and then they were required to provide an explanation if they answered “yes”.

Figure 3.29 reflects the responses on whether incapacity leave impacts on other co-workers or not.

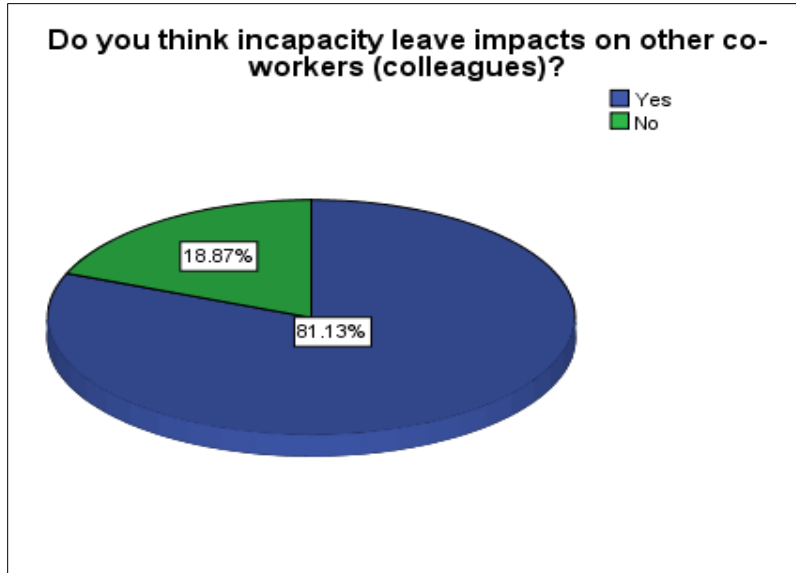


Figure 3.29: The responses on whether incapacity leave impacts on other co-workers or not (n=106)

According to Figure 3.29, 81.13% of respondents agreed that incapacity leave does impact on other co-workers, while the other 18.87% were of the opinion that it did not have an impact on co-workers. Further explanations on how it impacts co-workers were provided in the following question.

3.6.36 Question 29: If YES, how does it impact on them? Please explain.

Question 29 was applicable to only 86 respondents who indicated that incapacity leave does have an impact on co-workers. The responses indicated on Figure 3.30 are the explanations provided by respondents on how incapacity leave impacted other co-workers.

Figure 3.30 displays the responses on how incapacity leave impacts other co-workers.

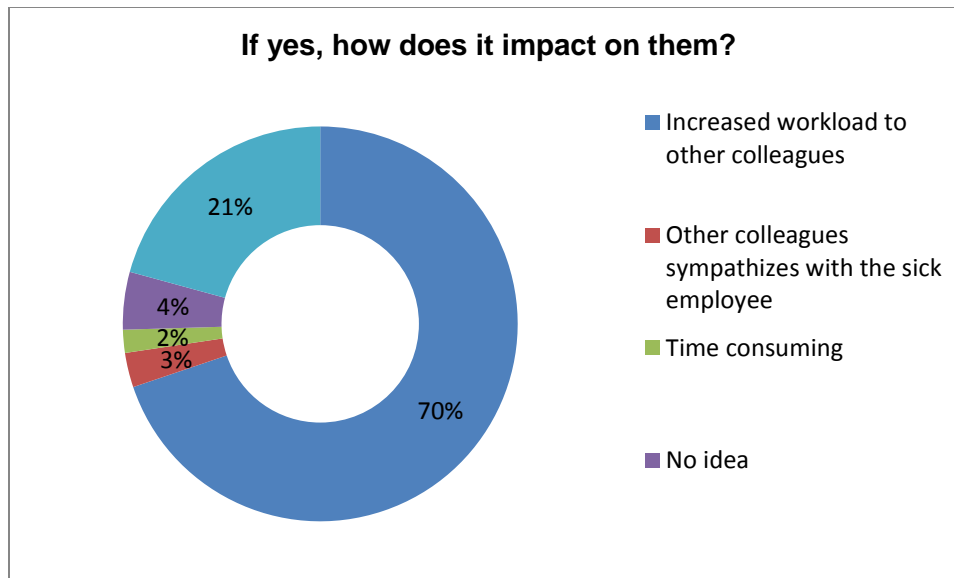


Figure 3.30: The responses on how incapacity leave impacts on other co-workers (n=86)

According to Figure 3.30, 70% of respondents indicated that the absence of the employee on incapacity leave causes an increase in workload for other colleagues, since the workload of the sick employee has to be allocated to all or some of the co-workers. Wynne-Jones et al. (2010:34) added that incapacity leave does not only impact other co-workers, but also the services that organisations provide. Hence 2% of respondents thought incapacity leave was time-consuming for other co-workers, since it might take them longer to reach targets which also resulted in poor service delivery because of the gap created by the absent employee. Some of the respondents (3%) thought that because other co-workers sympathise with the sick employee, this brings some element of sadness into that particular work unit. Only 4% of respondents indicated that they do not have any idea how incapacity leave impacts other co-workers. Below are some of the quotes from the questionnaires confirming the impact that incapacity leave has on other co-workers:

- *“More workload on them, this is because the Department does not replace the employee who is on leave.”*
- *“Thinking and worrying about ones’ health and not knowing whether the official will have a good health again or not.”*

3.6.37 Question 30: Which areas do you think are affected by incapacity leave in the Department of Labour?

Question 30 was a closed-ended question which provided respondents with three options to choose from, namely,

- a) Financial
- b) Service delivery
- c) All of the above

Figure 3.31 displays responses on the areas that employees think are affected by incapacity leave in the Department of Labour.

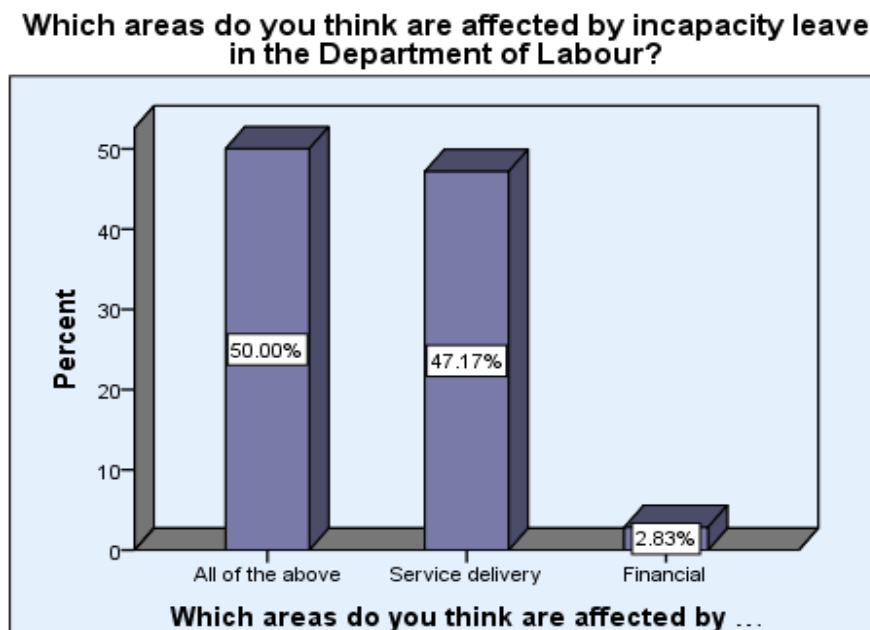


Figure 3.31: Responses on the areas that are affected by incapacity in the Department of Labour (n=106)

According to Figure 3.31, 50% of respondents indicated that incapacity leave affected both service delivery and financial aspects of the Department of Labour. The DPSA (2009:6) agrees by reflecting that some of the objectives of PILIR aim to ensure sustained and improved service delivery and productivity in the workplace, as well as “support the health risk management that is cost-effective and financially sound.” Meanwhile 47.17% of respondents were of the opinion that service delivery is the main area which was affected by incapacity leave. Lastly, 2.83% thought that the Department of Labour was mainly affected by incapacity leave financially. This

was confirmed by some of the departments when they had to pay for transportation costs of employees and their caregivers to various medical specialists (Public Service Commission, 2010.43).

Section F: Employees' views on the process of application for incapacity leave

Section F was the last section in the research questionnaire, therefore the researcher thought it was proper to conclude by obtaining the views regarding the application process for incapacity leave and whether it was effective or not, as well as providing suggestions to improve the current application process.

3.6.38 Question 31: Do you think the process of Incapacity leave in the Department of Labour is effective?

Respondents had to indicate either whether the process of incapacity leave in the Department of Labour was effective with a “yes” or “no”.

Figure 3.32 reflects the responses on employee's views on the process of application for incapacity leave.

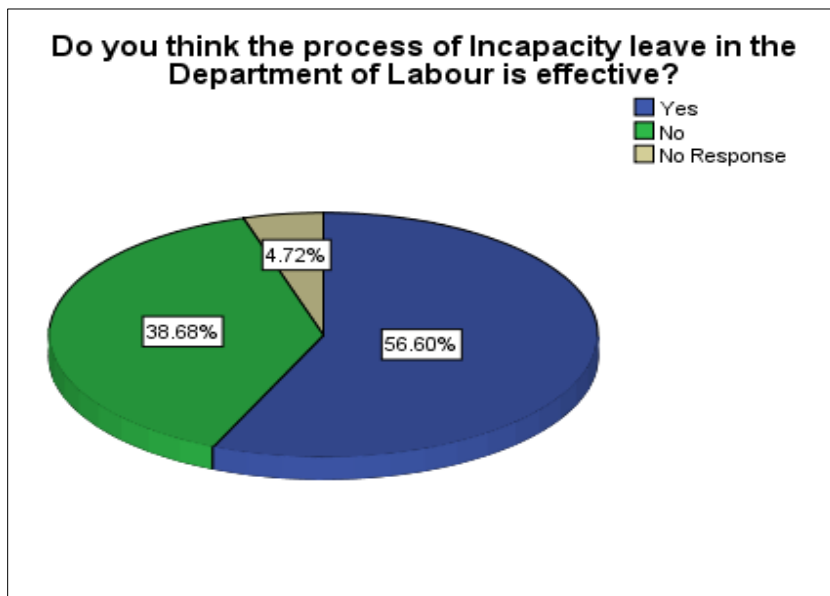


Figure 3.32: Responses on the employees' views on the process of application for incapacity leave (n=106)

According to Figure 3.32, 56.60% indicated that the application process of incapacity leave in the Department of Labour was effective, while 38.68% thought the application process was not effective. Only 4.72% did not respond to the question. However, most of the respondents that did not respond to this question did indicate on the next question that they would not know whether the application process was effective or not, because they had never applied for incapacity leave before.

3.6.39 Question 32: What do you think can be done to improve the process of application for incapacity leave in the Department of Labour?

This was the last question in the questionnaire and respondents were required to suggest how the application process for incapacity leave can be improved in the Department of Labour. The following suggestions and comments were provided:

- a) Educate/train/provide more information.
- b) Proper medical assessments/investigations to be done to ensure fair decisions by the Head Office.
- c) The Department of Labour must appoint specific medical professionals to handle the cases/incapacity leave applications internally.
- d) I have never applied before therefore I have no idea.
- e) To be suggested by the research findings.
- f) The process should be monitored from beginning to end.
- g) The application process to be speeded up and forms modified.
- h) No response.
- i) Nothing to improve, the application process is effective.
- j) Supervisor/Manager to complete the forms on behalf of the employee who is sick, bedridden or hospitalised.
- k) Employees to be continuously updated regarding the progress of the application from beginning to end.

Figure 3.33 displays the responses on what can be done to improve the process of application of incapacity leave in the Department of Labour.

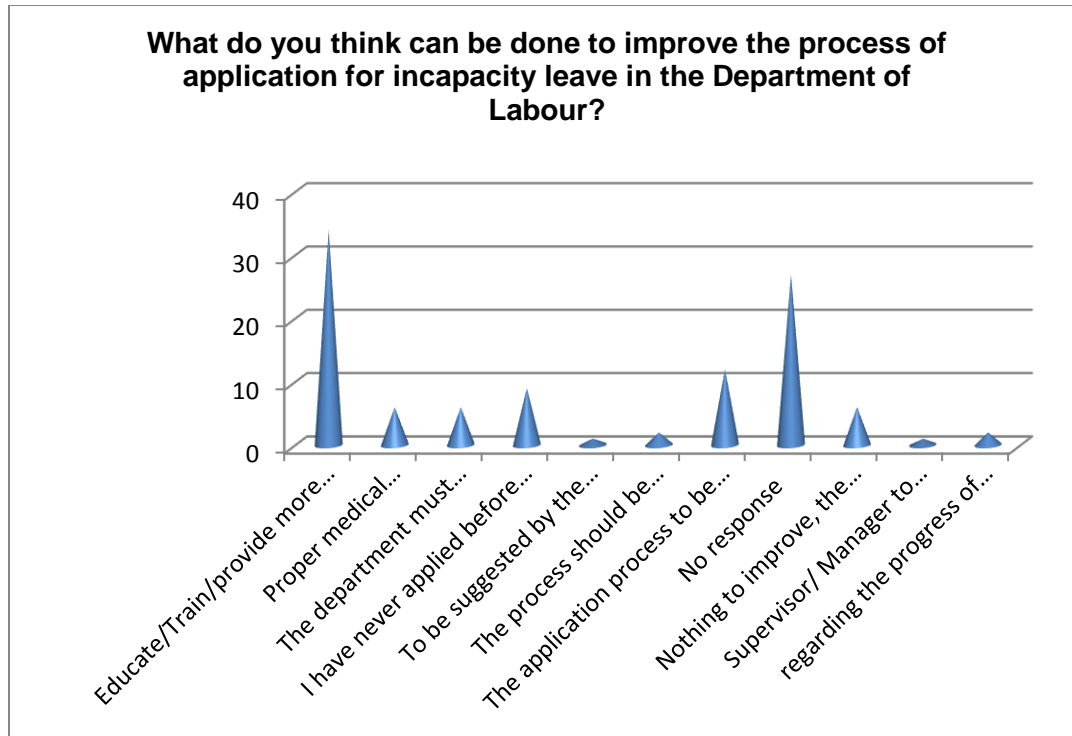


Figure 3.33: The responses on what can be done to improve the application process of incapacity leave in the Department of Labour (n=106)

During data analysis the researcher experienced several recommendations and suggestions from the Department of Labour employees on how the application process can be improved. However, all the responses were narrowed down to several common themes. Figure 3.27 is a diagrammatic representation of the analysis of the responses. 34 respondents (32.1%) which is the majority of respondents suggested that more training and information sharing sessions were crucial in order for all employees to be adequately equipped with information regarding incapacity leave. The Public Service Commission (2010:36) also emphasises the crucial role of training in mitigating the risks of ineffective implementation of PILIR in the government departments. 27 respondents (25.5%) did not respond to this question in the questionnaire, while 12 respondents (11.3%) indicated that it takes too long until an employee receives the final outcome whether the application was approved or declined. Therefore, these respondents suggested that the application process must be fast tracked and the application forms modified and shortened. A further 8.5% (9 respondents) indicated that they have never applied for incapacity leave before so they were not familiar with the application process and 6 respondents (5.7%) felt that there is lack of proper medical assessments and investigations which ultimately

led to unfair application outcomes by the Department of Labour Head Office. The other 6 respondents (5.7%) added that the Department of Labour must appoint specific medical professionals to internally handle the cases/incapacity leave applications.

Meanwhile, 2 respondents (1.9%) recommended that it would be better if the process were monitored from beginning to end to see its flaws for the purpose of improvement. Another 1.9% (2 respondents) also elaborated by recommending that employees need to be continuously updated regarding the progress of their applications. Because in most cases employees who apply for incapacity leave would be sick at the time of application, 1 respondent (0.9%) alluded to the fact that it is convenient and easier if managers or supervisors complete the application forms on behalf of the hospitalised or bedridden employees. Lastly, 1 respondent (0.9%) indicated that recommendations on how to improve the application process would be suggested by this research study. The following quotes reflect the recommendations and suggestions provided by respondents in order for the application process to be improved:

- *“Roadshows should be done so that employees can be familiar with the whole process, especially supervisors and managers.”*
- *“The dates of all short and long term incapacity leave applications must be captured for monitoring and reporting purposes.”*
- *“Proper medical investigations to be done to make sure that the person is really deserving to be medically boarded.”*
- *“Managers or supervisors must complete the application forms on behalf of the sick or hospitalised employee.”*
- *“The application process is OK, I don’t think it must be done differently.”*
- *“I have never applied for incapacity leave, so with regard to this question I don’t have any idea.”*

3.7 DISCUSSION OF FINDINGS

In the empirical findings from 106 questionnaires certain critical aspects surfaced. The questions in Section B to F in the questionnaire were developed in a way that in-depth information could be obtained from the respondents. Therefore, most of the questions in Section B to F were follow up questions that sought elaborations and explanations to closed-ended questions.

Section B focused on determining the knowledge of employees of the Department of Labour regarding incapacity leave. In attempting to explain the concept of incapacity leave it was found that 67% of respondents understood the concept and provided an explanation which is in line with what the PILIR described. They understood it as discretionary leave granted by the employer due to illness or injury after the 36 sick leave days have been exhausted. The other 33% of responses ranged from the understanding that it was a permanent medical boarding to simply no knowledge of what the concept meant. It was once again indicated in the findings that 83% of respondents had knowledge that only employees whose sick leave days were exhausted could apply for incapacity leave. The questionnaire also required respondents to differentiate between temporary and long-term incapacity leave. The majority of employees did not have the correct facts of the difference between the two concepts. A large number of respondents (40%) had a limited understanding and therefore defined temporary incapacity leave as lasting for a short period while long-term incapacity leave was for a longer period, with no specifications with regard to time frames. Only 13.2% provided a factual explanation of temporary incapacity leave as lasting for 29 days or less, whereas long-term incapacity leave lasted for 30 days and longer. This was proof that most Department of Labour employees lacked information on incapacity leave, and also that they were not familiar with the policy on incapacity leave which is the PILIR.

Section C focused on determining the knowledge of employees and their familiarity with the application processes for incapacity leave. It may be of interest to the Department of Labour as the employer to note that according to the empirical findings, 50.94% of the respondents were not familiar with the application processes for incapacity leave. Furthermore, the findings revealed that there were still some employees who did not know that the first point of contact when applying for incapacity leave was the employee's immediate manager or supervisor.

Section D was structured in a way that some of the questions in the questionnaire were only applicable to employees who have applied for incapacity leave before. This section managed to get some valuable information that the Department of Labour may find useful with regard to improving the application process for incapacity leave. It was noted that 13% of employees who have applied for incapacity leave before and whose applications were declined indicated that they thought that their applications were declined because their illnesses were declared as not serious enough, while 14% had no idea why their applications were declined. The challenges of

application forms not being properly completed by employees during the application process and their inadequate knowledge on the application process were also highlighted by the empirical findings.

Employees were required to share their knowledge on the impacts of incapacity leave on the organisation, co-workers and individuals in Section E. Most employees (63,21%) highlighted the fact that incapacity leave affected employees more on an emotional level than in any other area, such as financial or mental. However various reasons for the impact of incapacity leave on employees were provided and tabled earlier in this chapter for all the three areas, namely emotional, financial and mental. More workload on other co-workers was the common response which respondents provided on how incapacity leave impacted other co-workers in the organisation. Meanwhile, 50% of employees were of the opinion that incapacity leave affected both the service delivery and financial resources of the Department of Labour.

Various suggestions were provided by employees who were of the opinion that the process of incapacity leave in the Department of Labour was ineffective. Some of those suggestions were that more information regarding the processes and procedures of the application for incapacity leave must be shared with all the employees in the department. Another suggestion was that the process of medical assessments and investigations must be done internally by medical practitioners appointed by the Department of Labour for better proximity of the service to employees. Employees also believed that the process must be monitored from beginning to end and continuous updates must be provided to employees who have applied for incapacity leave, in order to keep them abreast with regard to the progress of their applications. In conclusion of this discussion it is important to note that these empirical findings are from the randomly selected sample which is regarded as representative of the whole population of the Department of Labour in Gauteng province.

3.8 SUMMARY

The main goal of this study was to explore and describe employees' knowledge about the process involved in the application for incapacity leave in the Department of Labour in Gauteng province. After analysing and interpreting the data collected in this research study several research finding were outlined and discussed in this chapter.

The employees' knowledge level was determined, as well as the areas employees still need clarity on with regard to the concept of incapacity leave, the difference between temporary and long-term incapacity leave, and the processes and procedures of the application for incapacity leave. Discussion of key findings, the respondents' recommendations and the evaluation on whether the goal and the objectives were achieved by this research study will be done in detail in Chapter 4.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Incapacity leave is a concern for many organisations around the world and both the literature review and the empirical findings from this research study have revealed this. Both sickness and non-sickness causes of incapacity leave were outlined and discussed in the literature review. However, designing programs that can counteract the high volumes of incapacity leave cases remains a challenge since the causes or the triggers are somewhat unforeseen (Patton & Johns, 2012:7).

Both private and public sector organisations are being hit hard by this phenomenon, both on the human and financial resource level. How organisations deal with the concept of incapacity leave differs from one organisation to another. However the research findings and the literature review found a common ground in that altering the perception of the workforce with regard to viewing incapacity leave as a right as opposed to a privilege remains a challenge to many employers (Wynne-Jones et al., 2010:35). Therefore equipping employees in all organisational levels with information on the concept of incapacity leave as well as its policies, processes and procedures remains a crucial activity. In order to determine the knowledge of the Department of Labour employees about the processes and procedures of incapacity leave, the following research goal was formulated: To explore and describe employees' knowledge about the process involved in the application for incapacity leave in the Department of Labour in Gauteng province.

In achieving the goal of this research study the following objectives were formulated:

- To conceptualise the phenomenon of incapacity leave within the workplace context.
- To determine the employees' knowledge level regarding incapacity leave in the Department of Labour.
- To determine employees' knowledge on the process of application for incapacity leave in the Department of Labour.
- To identify the challenges employees experience regarding the application and implementation of incapacity leave in the Department of Labour.
- To determine employees' views on the impact of incapacity leave in the workplace.

- To make recommendations based on research findings to enhance the system of incapacity leave in the Department of Labour.

The following research question guided this research study:

What is the employees' knowledge about the processes involved in the application for incapacity leave in the Department of Labour?

It is important to note that the sample of 106 randomly selected employees whose questionnaires were returned and analysed became the basis for the findings and predictions regarding the phenomenon of incapacity leave in the Department of Labour and it was thus considered to be representative of the whole population (Strydom, 2011:223-225; Kumar, 2005:164).

Therefore, based on the empirical data, key findings, conclusions and recommendations regarding the knowledge and experiences of Department of Labour employees about the application process for incapacity leave are outlined below.

4.2 KEY FINDINGS

From the empirical data the following key findings were identified.

- Only 67% of employees who participated in the research study could describe what incapacity leave means. These employees could provide an explanation of incapacity leave as a discretionary leave granted by the employer due to illness or injury after the allocated 36 sick leave days had been exhausted.
- 13.2% of all employees that participated in the research study could differentiate between temporary and long-term incapacity leave, while 52% perceived incapacity leave as a right not a privilege.
- According to the research findings 77.4% of respondents are not familiar with the PILIR, while 50.94% are not familiar with the application process.
- According to 70% of employees who participated in the research study, incapacity leave impacts co-workers by increasing their workload.
- 50% of employees who applied for incapacity leave before indicated that the application process was ineffective and not user friendly, and therefore suggested that it must be changed or modified.

4.3 CONCLUSIONS

4.3.1 Conclusions based on the literature review

This section summarises the main concepts of incapacity leave that were discovered during the literature review.

In the literature review the researcher outlined some of the causes for incapacity leave in many organisations and it was indicated by literature that the causes ranged from medical diseases, such as Diabetes Mellitus, HIV and AIDS, to occupational factors, such as post-traumatic stress disorder and burnout.

Incapacity leave has a negative impact on the organisation and the employee, as well as co-workers. It is indicative in Van Zuydam (2007:25) that organisations experienced loss of financial resources, profits and service delivery. Replacing the sick employee results in more recruitment and selection costs while the employee on incapacity leave is still on the organisation's payroll (University of Cambridge, 2011:3). Thompson and Bates (2009:120) reflected that co-workers are expected to perform the duties of the sick employee at times with no compensation for those extra duties. It has also been indicated by the empirical findings in this research study that dissatisfaction and conflicts were more likely to be triggered by the increasing workload on other co-workers. The literature also proved that individuals are impacted by incapacity in various ways. Macdonald (2005:149) added that employees who are on incapacity leave for long periods experience disconnections in terms of social networks to co-workers, as well as friends; this results in psychological breakdowns such as depression. Financial distress has been reported by employees on incapacity leave as well, due to loss of remuneration (University of Cambridge, 2011:3).

Although incapacity leave is affecting both males and females in the workplace, various research studies proved that females were more likely to be affected by incapacity leave than their male co-workers. The Public Service Commission (2010:15) and Nel (2013:8) reflected that factors such as pregnancy and child rearing responsibilities are the common ones in the gender differences with regard to taking incapacity leave. Social and occupational stresses have been reported by Zara-Nezhad et al. (2010:75) to also play a significant role in making more

women take incapacity leave than male employees. Women's attempt to balance family and work life puts more strain on them, resulting in stress-related symptoms which warrants them staying away from work for long periods.

In that regard, alarming increases in the number of government employees who take incapacity leave in the government departments have been reported by the DPSA (2004:8) since the implementation of PILIR. Therefore, various Health Risk Managers were appointed to handle the medical assessments and investigations in order to assist the government departments to make the final decision of either approving or declining the employees' applications for incapacity leave. As the Department of Labour was reported by the Public Service Commission (2010:14) as one of the government departments with the highest incapacity leave applications, interviews were conducted with the Human Resource employee who is attending to incapacity leave applications in the Department of Labour in Gauteng province. According to Mautjane (2014) factors such as lack of record in terms of the total number of approved and declined incapacity leave applications and employees delaying to complete the application forms were still barriers to successfully managing the process of application for incapacity leave in the Department of Labour.

EAPs have been shown by various sources in literature to assist in removing these barriers to effective management of incapacity leave. Munro (2007:23) added that a clear, well-formulated policy may also assist in spelling out the rights and responsibilities of employees in the process of incapacity leave, as well as outlining the kind of support organisations may provide to employees who are on incapacity leave. As part of the EAP return to work strategies, rehabilitation committees may also assist in re-integrating the employee who was on incapacity leave into the workplace (Macdonald, 2005:148).

The literature review managed to touch on core aspects around the issue of incapacity leave, both on the international and national arena. Therefore future research studies may take the opportunity to include other aspects that the researcher may have overlooked in this study.

4.3.2 Conclusions based on the empirical findings

The following conclusions based on the empirical findings regarding the employee's knowledge about the concept of incapacity leave and its application processes can be made.

4.3.2.1 Knowledge regarding incapacity leave in the Department of Labour

Although the majority of employees who participated in the research study have some knowledge on what incapacity leave is and that an employee can apply for it when the 36 sick leave days have been exhausted in a three years period, many employees still do not have adequate knowledge on the difference between temporary and long-term incapacity leave. Furthermore a lot of these employees perceive incapacity leave as a right and not as a privilege. It was also revealed by this research study that the majority of the respondents indicated that they were not familiar with the policy for incapacity leave in the Department of Labour or the contents of the policy regarding incapacity leave.

4.3.2.2 Processes involved in application for incapacity leave

The application process for incapacity leave remains a non-transparent process to the majority of employees in the Department of Labour. Only 13.21% of respondents believe that employees in general are well familiar with the application process for incapacity leave, while 86.79% believe that the applications process for incapacity leave was still unfamiliar to the majority of employees. However, the majority of employees did display the knowledge that the manager or the immediate supervisor was the first point of contact when applying for incapacity leave.

4.3.2.3 Experience regarding application for incapacity leave

Various experiences regarding the application process for incapacity leave were shared by those employees who have applied for incapacity leave. It was reflected that the reason for the majority of their applications was illness and the majority of their applications were approved. There were however challenges during the application process which were highlighted by the research findings. Due to the lack of knowledge on how to complete the application forms, some employees did not complete the application forms as prescribed by the policy and as a result the application process was delayed. The Public Service Commission (2010:40) further adds that the medical practitioners from private and public hospitals are reluctant to complete the incapacity leave application forms because of their bulkiness and therefore they feel that they are time-consuming.

4.3.2.4 Employees' views on the impact of incapacity leave

Both the research findings and the literature review reflected that incapacity leave does have a direct impact both on the organisation and on the individual level. The majority of employees

indicated that incapacity leave had an emotional impact on employees, as well as a direct impact on co-workers. Organisations were also reflected to be impacted by incapacity leave, especially in areas such as service delivery and finance.

4.3.2.5 *Employees' views on the processes of application for incapacity leave*

Several views were expressed by respondents who thought that the process of applying for incapacity leave in the Department of Labour was ineffective. Among others, these were some of the concerns expressed by respondents regarding the process of incapacity leave:

- ✓ The process of completing the application forms was inconsiderate, especially to employees who were very sick, hospitalised and bedridden.
- ✓ The application process takes too long before an employee receives the final outcome on whether the application was approved or declined.
- ✓ Proper medical assessments and investigation must be done in order for the process to be fair on all employees applying for incapacity leave.

4.4 RECOMMENDATIONS

4.4.1 Recommendations based on empirical findings

Based on the empirical findings of this research study, recommendations are presented in two ways, namely recommendations based on empirical findings and recommendation based on future research.

4.4.1.1 *Recommendations with regard to the employees' level of knowledge regarding incapacity leave*

More training and information sessions should be conducted regularly throughout the whole Department of Labour nationally to educate new employees, as well as to update employees who have been with the department for a long time regarding the current information on policies and procedures of incapacity leave.

4.4.1.2 Recommendations with regard to improving the application process for incapacity leave

Clear guidelines regarding the application process and the requirements to apply for incapacity leave must be provided to all employees in the Department of Labour in order to bridge the knowledge gap on the application process. Revising and modifying the current application forms for incapacity leave may counteract any delays, as well as speed up the application process. This was also a recommendation by the Public Service Commission (2010:40), which stated that "...application should be reviewed by the DPSA within twelve months, taking into consideration the challenges experienced by employees when requesting completion of such forms by the Medical Practitioners."

4.4.1.3 Recommendation with regard to monitoring the application process from beginning to end

Monitoring and evaluating the application process from beginning to end may benefit both the Department of Labour and the employees in identifying the strengths and areas of development in the whole process of application.

4.4.1.4 Recommendations to make PILIR accessible to all employees in the Department of Labour

Making PILIR transparent to employees in all levels is of paramount importance in that it will assist in equipping employees with knowledge regarding the concept of incapacity leave. It is also important for the Department of Labour to translate the PILIR into all 11 official languages in order to ensure full understanding by all employees of the Department of Labour.

4.4.1.5 Recommendations for the EAP in the Department of Labour to include incapacity leave as part of its programmes

The inclusion of aspects such as education on proper process and procedure to apply for incapacity leave as well as the expected period that an employee may wait from the time when application forms are submitted by the employee up until the final outcome by the Department of Labour head office. In a study which was on absenteeism in the workplace with emphasis on legal aspects; Muller (2013:44,45) supports this recommendation by revealing that effective EAP's may assist in decreasing the absenteeism rate as well as clarifying issues regarding leave policies to employees.

4.4.2 Recommendations on future research

The phenomenon of incapacity leave is misunderstood by many organisations and employees nationally and internationally. Through a literature review the researcher is able to confirm that not many research studies have been conducted on incapacity leave, more especially in South Africa. Therefore, there is definitely a need for future research on the matter in order to increase the body of knowledge as well as to continue where the researcher left of. The researcher recommends that the following areas be the considered in terms of future research studies:

- A research study on the comparison of the trends in incapacity leave in the South African Public and Private Sector.
- A research study on the comparison of the trends in incapacity leave and sick leave in South African organisations.
- A research study on the employees' knowledge about the processes involved in the application for incapacity leave in the Department of Labour nationally.

4.5 ACHIEVEMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to explore and describe employees' knowledge about the process involved in the application for incapacity leave in the Department of Labour in Gauteng province. In achieving this goal the researcher designed the relevant question on the questionnaire which aimed at exploring and determining the employees' knowledge level about the process involved in the application for incapacity leave in the Department of Labour. From the empirical data meaningful information regarding the employees' knowledge level on the phenomenon of incapacity leave in the Department of Labour was gathered and described in Chapter 3.

Table 4.1 focuses on stating the objectives of this research study, as well as indicating how the objectives were achieved.

Table 4.1 Summary of the achievement of objectives

Nr	Objective	Objective achieved
1	To conceptualise the phenomenon of incapacity leave within the workplace context	This objective was achieved as per Literature review in Chapter 2.
2	To determine the employees' knowledge level regarding incapacity leave in the Department of Labour.	Through questions in Section B of the research questionnaire this objective was achieved.
3	To determine employees' knowledge on the process for application of incapacity leave in the Department of Labour.	This objective was achieved through questions in Section C of the research questionnaire and by further discussing the findings in Chapter 3.
4	To identify the challenges employees experience regarding the application and implementation of incapacity leave in the Department of Labour.	This objective was achieved through the findings in Section D of the research questionnaire and the findings were discussed in detail in Chapter 3.
5	To determine employees' views on the impact of incapacity leave in the workplace.	Employees provided their views on the impact of incapacity leave in the workplace and the research findings were discussed in chapter 3.
6	To make recommendations based on research findings to enhance the system of incapacity leave in the Department of Labour.	Through the recommendations provided in Chapter 4, this objective was achieved.

4.6 SUMMARY

The aim of this study was to determine the knowledge of the Department of Labour employees in Gauteng province about the application process for incapacity leave. According to the research findings it is evident that the research question which guided this study was answered as all the objectives were achieved.

From the research findings it can be deduced that there is clearly a lack of information and understanding on the concept of incapacity leave, as well as on the application process. Challenges in the process of application for incapacity leave, as proven by this research study, result from a lack of knowledge on the PILIR. However, the research study also revealed that employees are well aware of the negative impact of incapacity leave on the organisation and co-workers, as well as on the individual and expressed suggestions and recommendations on how the process of incapacity leave can be improved.

In conclusion, this research study has contributed to the body of knowledge for future research studies on the concept of incapacity leave in South African organisations, especially in the public sector.

LIST OF REFERENCES

- Allen, K. 2011. Stress now commonest cause of long-term sick leave report. *The Guardian*, 5 October 2011. Available: <http://www.guardian.co.uk/business/2011/oct/05/stress-commonest-cause-long-term-s...> (Accessed 2013/05/15).
- Ambrosino, R., Heffernan, J., Shuttlesworth, G. & Ambrosino, R. 2008. *Social Work and Social Welfare: An introduction*. 6th ed. USA: Thomson Brooks/Cole.
- American Cancer Society. 2012. *HIV Infections, AIDS and Cancer*. USA. Available: www.cancer.org (Accessed 2014/04/15).
- American Diabetes Association. 2005. *Complete Guide to Diabetes*. 4th ed. USA: Alexandria, VA Press.
- American Psychological Association. 2014. *Anxiety Disorders and effective treatment*. Available: <https://www.apa.org/helpcenter/anxiety-treatment.aspx> (Accessed 2014/04/29).
- Babbie, E. 2008. *The Basics of Social Research*. 4th ed. USA: Thomson Wadsworth.
- Basic Conditions of Employment Act 75 of 1997 (Published in the *Government Gazette*, (18491) Pretoria: Government Printer).
- Basic Conditions of Employment Amendment Bill, 2012 Available: www.labourguide.co.za/2012-amendment-bills/15-basic-conditions-of-employment-act-amendment-bill-2012 (Accessed 2014/04/15).
- Bean, S. 2005. DWP is helping incapacity claimants get back to work. *Occupational Health*, 57(11):11
- Beatty, C., Fothergill, S. & Powell, R. 2008. *Women on incapacity benefits: New survey evidence*. Centre for Regional Economic and Social Research: Sheffield Hallam University.

Berkes, F., Colding, J. & Folke, C. 2003. *Navigating Social Ecological Systems: Building Resilience for Complexity and change*. New York: Cambridge University Press.

Buitendach, J.H. 2004. *Job insecurity and job satisfaction in selected organisations in South Africa*. Potchefstroom: North-West University (DPhil Thesis).

Chabala, T.G. 2005. *The perceptions of police members regarding the effectiveness of trauma debriefing within the South African police service*. Pretoria: University of Pretoria (MA Dissertation).

Coppock, J. & Dunn, D. 2009. *Understanding Social Work Practices in Mental Health*. London: [sn].

De Cuyper, N. & De Witte, H. 2005. Job Insecurity: Mediator or moderator of the relationship between type of contract and various outcomes. *South African Journal of Industrial Psychology*, 31(4):79-86.

Denscombe, M. 2010. *Ground Rules for Social Research: Guidelines for Good Practice*. 2nd ed. New York: Open University Press.

Department of Health. 2005. *Manual for ART for Adults*. Limpopo Province: [sn].

Department of Justice and Constitutional Development. 2009. *HIV & AIDS and TB Management Policy for the Public Service*. Available: www.justice.gov.za/.../hiv.../2009_annexA_HIVAIDS-TB-Management. (Accessed 2014/01/08).

Department of Labour. 2004. *Basic Conditions of Employment Amendment Act 11 Of 2002*. Available: <http://www.labour.gov.za/DOL/downloads/legislation/acts/basic-conditions-of-employment/Amended%20Act%20-%20Basic%20Conditions%20of%20Employment.pdf> (Accessed 2014/11/07).

Department of Labour. 2007a. *Compensation of Occupational Injuries and Diseases*. Available: <http://www.labour.gov.za/DOL/downloads/legislation/acts/compensation-for-occupational-injuries-and-diseases/amendments/Amended%20Act%20->

[%20Compensation%20for%20Occupational%20Injuries%20and%20Diseases.pdf](#) (Accessed 2014/04/12).

Department of Labour. 2007b. *Labour Relations Act 66 of 1996*. Available: <http://www.labour.gov.za/DOL/legislation/acts/labour-relations/amendments/amendment-labour-relations-act> (Accessed 2014/04/12).

Department of Labour. 2010a. *HIV and AID, STIs and TB Management Policy*.

Department of Labour. 2010b. *Policy on the Employee Assistance Programme*.

Department of Labour. 2012. *Annual Report of the Department of Labour*. Pretoria: Government printers.

Department of Public Service and Administration. 2004. *Management of incapacity leave due to ill-health in the public service*. Available:

<http://www.pmg.org.za/docs/2004/appendices/040129incapacity.ppt> (Accessed 2014/02/14).

Department of Public Service and Administration. 2009. *Policy and Procedure on Incapacity leave and Ill-health retirement (PILIR)*. Version 3. Available: <http://www.dpsa.gov.za> (Accessed 2014/02/14).

Department of Public Service and Administration. 2013. *Resumption of the policy and procedure on incapacity leave and ill-health retirement (PILIR) with effect from 1 November 2013*.

Available: <http://www.dpsa.gov.za> (Accessed 2014/02/21).

Desai, S. 2009. Mental Health Problems in the Workplace. In Thompson, N. & Bates, J. 2009. *Promoting Workplace Well-Being*. New York: Palgrave Macmillan.

EAPA-SA. 2010. *Standards for Employee Assistance Programmes in South Africa*. Hatfield: An Association of Professionals in Employee Assistance Programmes.

EAPA USA. 2012. *Orientation of Employee Assistance Programs*. USA: Employee Assistance Professionals Association.

Edwards, D. 2005: Post-traumatic stress disorder as a public health concern in South Africa. *Journal of Psychology in Africa*, 15 (2):125-134.

Erasmus, R.T., Soita, D.J., Hassan, M.S., Blanco-Blanco, E., Vergotine, Z., Kengne, A.P. & Matsha, T.E. 2012. High prevalence of diabetes mellitus and metabolic syndrome in a South African coloured population: Baseline data of a study in Bellville, Cape Town. *SAMJ*, 102(11):841-844.

Felson, D.T. 2003. *Musculoskeletal Disorders: Health Article*. USA. Available: <http://health.yahoo.net/galecontent/musculoskeletal-disorders> (Accessed 2013/11/01).

Fouche, C.B., & Bartley, A. 2011. Quantitative data analysis and interpretation. In de Vos, A.S., Strydom, H., Fouche, C.B., & Delpport, C.S.L. *Research at grass roots: For the Social Science and Human Service Professions*. 4th ed. Pretoria: Van Schaik.

Fouche, C.B., Delpport, C.S.L. & De Vos, A.S. 2011. Quantitative research designs. In de Vos, A.S., Strydom, H., Fouche, C.B., & Delpport, C.S.L. *Research at grass roots: For the Social Science and Human Service Professions*. 4th ed. Pretoria: Van Schaik.

Gabbay, M., Taylor, L., Sheppard, L., Hillage, J., Bambra, C., Ford, F., Preece, R., Taske, N. & Kelly, M.P. 2011. NICE guidance on long-term sickness and incapacity. *The British Journal of General Practice*. Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3047344/> (Accessed 2013/02/04).

Gatchel, R.J. & Schultz, I.Z. 2012. *Handbook of Occupational Health and Wellness*. New York: Springer Science+Business Media.

GBC Health. 2011. *Business and Diabetes: Why it matters*. Available: http://www.businessfightsaids.org/system/documents/category_13/107/Diabetes_Issue_Brief_v.3.pdf?1315852231 (Accessed 2014/04/15).

Gelder, M., Mayou, R. & Geddes, J. 2005. *Psychiatry*. 3rd ed. USA: Oxford University Press.

Haslam, C., Atkinson, S. Brown, S.S. & Haslam, R.A. 2005. Anxiety and depression in the workplace: effects on the individual and organisation (A focus group investigation). *Journal of Affective Disorders*, 88(2):209-215.

Harvard Mental Health. 2010. Mental health problems in the workplace. *Harvard Mental Health Letter*, 05 February.

Heathfield, S.M. 2015. What is an employer? Human Resource Management Glossary Index. Available: <http://humanresources.about.com/od/glossarye/g/employer.htm>. (Accessed 2015/06/12).

Herman, A.A., Stein, J.D., Seedat, S., Heeringa, S.G., Moomal, H. & Williams, D.R. 2009. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *PMC*, 99(5):339-344.

Hertling, D. & Kessler, R.M. 2006. *Management of Common Musculoskeletal Disorders: Physical Therapy Principles and Methods*. 4th ed. USA: Lippincott Williams & Wilkins.

Heywood, M. 2004. *Interfund: Development update: HIV and AIDS in Southern Africa*. South Africa: [sn].

Human Science Research Council. 2014. *South African National HIV Prevalence, Incidence and behaviour Survey*. Launch Edition. Cape Town: HSRC Press.

Institution of Occupational Safety and Health. 2013. *Musculoskeletal disorders*. Available: <http://www.iosh.co.uk/Books-and-resources/Our-OH-toolkit/Musculoskeletal-disorders.aspx> (Accessed 2013/11/01).

Johnson, L., Mossong, J., Dorrington, R., Schomaker, M., Hoffmann, C., Keier, O., Fox, M., Wood, R., Prozesky, H., Giddy, J., Garone, B., Cornell, M., Egger, M. & Boulle, A. 2012. *Life expectancies of HIV-positive adults receiving antiretroviral treatment in South Africa*. Presented at the Actuarial Society of South Africa. October, Convention: Cape Town.

Kay, J. & Tasman, A. 2006. *Essentials of Psychiatry*. USA: John Willey & Sons.

Koen, E. 2003. *A profile of Clients of the Employee Assistance Programme rendered by the centre for human development to Xstrata SA (PTY) LTD CMI Chrome division Lydenburg plant*. Pretoria: University of Pretoria (MA Dissertation).

Kumar, R. 2005. *Research Methodology: A step by step guide for beginners*. 2nd ed. London: SAGE Publication.

Kumar, R. 2011. *Research Methodology: A step-by-step guide for beginners*. 3rd ed. London: Sage.

Leong, A.L., Birnbaum, N.S. & Brees, K.K. 2009. *The complete Idiot's Guide to Arthritis*. USA: The Penguin Group.

Levy Merrick, E.S., Volpe-Vartanian, J., Horgan, C.M. & McCann, B. 2007. Revisiting Employee Assistance Programs and substance use problems in the workplace: Key issues and a Research Agenda. *Psychiatry Services*, 58(10):1262-1264.

Lin, Y. 2012. The causes, consequences, and mediating effects of job burnout among hospital employees in Taiwan. *Journal of Hospital Administration*, 2(1):15-27.

Macdonald, L.A.C. 2005. *Wellness at work: Protecting and Promoting Employee Wellbeing*. London: Chartered Institute of Personal and Development.

Maharaj, A. 2014. *Osteoarthritis: University of Durban Westville*. Available: <http://www.durbanrheumatologist.co.za/oosteoarthritis.php> (Accessed 2014/04/15).

Mahlahlane, C.H. 2003. *The factors influencing supervisory referrals to the employee assistance programme in Telkom Pretoria area*. Pretoria: University of Pretoria. (MA Dissertation).

Mautjane, L. 2014. Personal interview with Mr. Lucky Mautjane, Human Resource Practitioner in the Department of Labour. 20 February. Braamfontein.

Medical News Today. 2012. *What is AIDS? What is HIV?* Available:

<http://www.medicalnewstoday.com/artices/17131.php> (Accessed 2014/01/16).

Ministry of Business Innovation & Employment. 2005. *Dismissal for incapacity: A summary of the law*. Available: <http://www.dol.govt.nz/er/services/law/case.themes/2005-04-dismissal-incapacity.asp> (Accessed 2013/05/17).

Monette, D.R., Sullivan, T.J. & DeJong, C.R. 2008. *Applied Social Research: A tool for the Human Services*. 7th ed. USA: Brooks/Cole Cengage Learning.

Mostert, F.F., Rothmann, S., Monstert, K. & Nell, K. 2008. Outcomes of occupational stress in a higher education institution. *South African Business Review*, 12(3):102-127.

Muller, A.J.A. 2013. *Absenteeism: Better or Worse?* Cape Town: University of Cape Town. (PGD Mini-Dissertation). Available: https://open.uct.ac.za/bitstream/.../thesis_law_2013_muller_aja.pdf?... (Accessed 2015/06/12).

Munro, L. 2007. Absenteeism and presenteeism: possible causes and solutions. *The South African Radiographer*, 45(1):21-22.

Musenge, E. 2013. *Rheumatoid arthritis disease progression in a South African cohort: Bayesian multistate chronic disease, dynamic modelling*. Available: <http://sacemaquarterly.com/non-communicable-diseases/rheumatoid-arthritis-disease-progression-in-a-south-african-cohort-bayesian-multistate-chronic-disease-dynamic-modelling.html> (Accessed 2013/12/17).

National Human Resource Directory. 2012. *Incapacity Procedure*. Available: <http://www.hrworks.co.za/policies?sid=289:Incapacity-Procedure&pid=61> (Accessed 2013/03/22).

National Institute of Mental Health. 2014. *Anxiety Disorders*. Available: <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml> (Accessed 2014/04/17).

Nel, J.K. 2013: *Attacking Absenteeism*. Cape Town: Knowres Publishing.

NICE. 2008. Promoting physical activity in the workplace. *NICE Public Health Guidance 13*. Available: www.nice.org.uk/PH13 (Accessed 2013/05/15).

Nordin, M., Anderson, G.B.J. & Pope, M.H. 2007. *Musculoskeletal Disorders in the Workplace: Practice and Practice*. 2nd ed. USA: Mosby.

Nordqvist, C. 2013. What is back pain? What causes back pain? *Medical News Today*, 18 July. Available: <http://www.medicalnewstoday.com/articles/172943.php>. (Accessed 2013/11/01).

Othen, V. 2012. Quick guide to incapacity dismissals. *Occupational Health*, 64(2):10.

Patton, E. & Johns, G. 2012. Context and social representation of absenteeism: Absence in the popular press and in academic research. *Human Relations*, 65(2):1-14.

Paton, N. 2008. Economic downturn continues to put employee health at risk. *Occupational Health*, 60(12):5-6.

Paul, R. 2005. A workplace strategy for preventing suicide. APRC Teleconference. 20 October, USA. Available: www.huffingtonpost.com/.../robin-williams-suicide-wa_b_5678655.html (Accessed: 2014/04/11).

Pillay, R. 2007. *A comparison of the employee assistance programme (EAP) with HIV and AIDS workplace programmes in the Gauteng provincial government*. Pretoria: University of Pretoria (MA Dissertation).

Pract, J.G. (2011) NICE guidance on long-term sickness and incapacity. *The British Journal of General Practice*, 61(584):118-124.

Public Service Commission. 2006. *Evaluation of the Employee Assistance programmes in the Public Service*. RP256/2006. Pretoria: Communication and Information Services.

Public Service Commission. 2010. *Evaluation of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) on Sick Leave Trends in the Public Service*. RP261. Pretoria: Communication and Information Services.

Ramlagan, S., Peltzer, K., & Matseke, G. 2010. Epidemiology of drug abuse treatment in South Africa. *South African journal of psychiatry*, 16(2):40-49.

Ritzer, G. & Stepnisky, J. 2011. *The Wiley-Blackwell Companion to Major Social Theorists. Volume II Contemporary Social Theorists*. [SI]: John Wiley & Sons.

Robertson, I. & Cooper, C. 2011. *Wellbeing: Productivity and Happiness at Work*. United Kingdom: Palgrave Macmillan.

Rubin, A.L. 2012. *Diabetes for Dummies*. 4th ed. USA: John Willey & Sons.

Rubin, A. & Babbie, E. 2013. *Essential Research Methods for Social Work*. 3rd ed. USA: Brooks/Cole Cengage Learning.

Sage Dictionary of Social Research Methods. 2006. Jupp, V. (Ed.) London: Sage.

Sakonta, T. 2013. Personal interview with Mr. Thabo Sakonta, Human Resource Practitioner in the Department of Labour. 31January. Pretoria.

Shrinkhande, G.V. & Mckinsey, J.F. 2012. *Diabetes and Peripheral Vascular Disease*. USA: Humana Press.

Simon, M.K. & Goes, J. 2013. *Scope, limitations and Delimitations*. Available: <http://dissertationrecipes.com/wp-content/uploads/2011/04/limitationscopedelimitation1.pdf> (Accessed 2015/01/08).

Soma Initiative. 2009a. *Temporary Incapacity Leave and Medical Boarding-tips for members*. Available: http://www.naptosa.org.za/users/pageUsers.php?plugin=publication_detail_user&pub (Accessed 2013/02/04).

Soma Initiative. 2009b. *What every employee in the public service should know about temporary incapacity leave & ill-health retirement as determined by PILIR*. Available: <http://www.soma-i.co.za/media/ArticleDetail.asp?ArticleID=7> (Accessed 2013/05/15).

Soma Initiative. 2012. *Welcome to Soma Initiative*. Available: <http://www.soma-i.co.za/> (Accessed 2014/02/21).

Spies, J. 2004. *The relationship between occupational stressors, occupational stress and burnout among trauma unit nursing staff*. Pretoria: University of Pretoria (MA Dissertation).
Statistics South Africa. 2014. *Mortality and causes of deaths in South Africa, 2014: Findings from death notification*. Available: beta2.statssa.gov.za/publications/P03093/P030932010.pdf (Accessed 2015/06/12).

St Clair, E.W., Pisetsky, D.S. & Hynes, B.F. 2004. *Rheumatoid Arthritis*. USA: Lippincott Williams & Wilkins.

Strydom, H. 2005. Sampling and sampling methods. In de Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. *Research at grass roots: For the Social Science and Human Service Professions*. 3rd ed. Pretoria: Van Schaik.

Strydom, H. 2011. Ethical aspects of research in the social science and human service professions. In de Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. *Research at grass roots: For the Social Science and Human Service Professions*. 4th ed. Pretoria: Van Schaik.

Thomas, R.M. 2003. *Blending Qualitative and Quantitative Research Methods in Theses and Dissertations*. USA: Corwin Press.

Thompson, N. & Bates, J. 2009. *Promoting Workplace Well-being*. New York: Palgrave Macmillan.

Tromp, B., Dolley, C., Laganparsad, M. & Govender, S. 2014. SA's sick state of mental health. *Sunday Times*, 06 July: 1.

Tveito, T.H., Hysing, M. & Eriksen, H.R. 2004. Low back pain interventions at the workplace: a systematic literature review. *Occupational Medicine*. 54(1):3-13.

Unger, J. 2013. *Diabetes Management in Primary Care*. USA: Lippincott Williams & Wilkins.

United Nations Against AIDS (UNAIDS). 2005: *Access to treatment in the private-sector workplace: The provision of antiretroviral therapy by three companies in South Africa*. Cape Town: UNAIDS Publications.

University of Cambridge. 2011. *Sickness Absence Policy*. Available:
<http://www.admin.cam.ac.uk/offices/hr/policy/leave/sickness/> (Accessed 2013/05/22).

Yilmaz, E. & Dedeli, O. 2012. Effects of physical and psychological factors on occupational low back pain. *Health Science Journal*, 6(4):598-609.

Van Zuydam, I.B. 2007. *The internal Drivers and Determinants of Absenteeism in organizations: A Case Study of the Industry in Swaziland*. Pretoria: University of Pretoria. (MA Dissertation).

Wagenaar, T.C. & Babbie, E. 2004. *Guided activities for the practice of social research*. 10th ed. Canada: Thomson learning.

Woo, J. & Postolanche, T.T. 2008. The impact of work environment on mood disorders and suicide: Evidence and implications. *International Journal on Disability and Human Development*, 7(2):185-200.

Wynne-Jones, G., Buck, R., Porteous, C., Cooper, L., Button, L.A., Main, C.J. & Phillips, C.J. 2010. What Happens to Work if you are unwell? Beliefs and Attitudes of Managers and Employees with Musculoskeletal Pain in Public Sector Setting. *Occupational Rehabilitation*, 21:31-42.

Zara-Nezhad, M., Moazami-Goodarzi, A., Hasannejad, L. & Roushani, K. 2010. Occupational stress and family difficulties of working women. *Current Research in Psychology*, 1(2):75-81.

Zastrow, C. 2010. *Introduction to Social Work and Social Welfare: Empowering people*. 10th ed.
USA: Brooks/Cole, Cengage Learning.