

**UTILISATION EVALUATION OF THE EMPLOYEE HEALTH AND WELLNESS
PROGRAMME FOR THE NATIONAL OFFICE OF THE DEPARTMENT OF RURAL
DEVELOPMENT AND LAND REFORM**

by

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DECLARATION

I Bongeka Gcwabe declare that this dissertation is my own work. All material used in the exploration of the utilisation of the Employee Health and Wellness Programme for the National Office of the Department of Rural Development and Land Reform, has been fully acknowledged and referenced in accordance with the requirements of the University of Pretoria.

I understand what plagiarism is and I am aware of the University's policy and its implications in this regard.

Bongeka Gcwabe

July 2015

DEDICATION

I dedicate this work to my children; Liso and Lilita. They have been the inspiration for my hard work and my life.

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ABSTRACT

The goal of the study was to evaluate the utilisation of the Employee Health and Wellness Programme (EHWP) in the National Office of the Department of Rural Development and Land Reform (DRDLR) with the purpose of identifying the strengths and challenges of the EHWP and to make recommendations for improvement in line with the Department of Public Service and Administration (DPSA). The objectives of the study were achieved by: firstly, exploring the level of knowledge and awareness of employees about the EHWP of the DRDLR, and secondly, ascertaining the employees' perceived value of the EHWP and lastly, determining the employees' utilisation rate of the EHWP.

The population from which a sample was drawn consisted of the 786 DRDLR employees who were working at the National Office in Pretoria. The population consisted of members of senior management (51), members of middle management (242), line managers (179), interns (96) and general employees (218). The data was collected by means of a questionnaire which was designed for the study and electronically analysed using figures, graphs and tables.

The results showed that employees are aware and know about the EHWP. The utilisation rate, however, is considerably low, not tallying with the knowledge levels, especially for those of the senior management. Significant percentages of the respondents recommended the involvement of the EHWP when the DRDLR implements organisational changes. More visibility and marketing of the EHWP were also alluded to. Confidentiality and accessibility of the EHWP were rated satisfactory. A report with recommendations on strategies to improve the utilisation of the EHWP will be submitted to the DRDLR management for consideration and implementation.

KEY CONCEPTS

- Utilisation evaluation
- Employee Health and Wellness Programme
- Department of Rural Development and Land Reform
- The National Office of the DRDLR

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LIST OF ACRONYMS

- DPSA Department of Public Service and Administration
- DRDLR Department of Rural Development and Land Reform
- EAPs Employee Assistance Programmes
- EHWP Employee Health and Wellness Programme
- HPM Health and Productivity Management
- PSC Public Service Commission
- SHERQ Safety, Health, Environment, Risk and Quality Management
- VCT HIV and AIDS Voluntary Counselling and Testing
- WHO World Health Organisation

CHAPTER ONE

GENERAL INTRODUCTION AND ORIENTATION

1.1 INTRODUCTION

Dickman (2003:155) indicates that some organisations have adopted the notion that employees who have healthier lifestyles live longer, are more productive and cost their employers less in terms of absenteeism, utilisation of benefits, and fewer occupational injuries. The author continues by saying that such organisations are among those that implement health and wellness programmes to support their employees and encourage them to adhere to healthy lifestyles such as physical exercise, stress management techniques and by ending harmful substance intake. The employees who engage in the opposite of the above lifestyle changes, put their organisations at significant financial risk and in addition there are possible personal risks. Dickman (2003:155) emphasises the ability of Employee Health and Wellness Programmes (EHWPs) to assist such organisations. While the immediate results of such programmes are difficult to measure, Dickman (2003:155) believes that there are long-term benefits on both organisational and individual levels.

Many organisations started with Employee Assistance Programmes (EAPs) before the integration of other programmes, such as mental health, work-life, wellness, health and productivity management, which led to the development of EHWPs. EAPA-SA (2010:1) states that the integration of the above-mentioned programmes involves bringing together in a synergistic way, all aspects of employees' health, both physical and emotional, as well as organisational intervention programmes, practices and policies in order to support the employees in achieving success both at work and at their personal levels. Thus, EHWPs lead to more strategic consultations around organisational change and developmental issues. The EHWP is designed in such a way that the health and wellness teams work closely with management to ensure alignment of programmes with organisational issues and with issues around the employees. Attridge

(2005:40) is of the opinion that the consultative and advisory services of EHWP's with the employers regarding employees' work-related challenges which may impact on productivity, are of great assistance. Flanagan (2012:1) emphasises the importance of employee health and wellness in every working environment as this boosts morale, improves health and fitness and increases productivity.

Mashilo (2012) identified "an unfortunate scenario" which she had been observing in the case of a number of organisations, especially in the government sector. The benefits of the EHWP are not fully realised as the position of the programme in many organisations is not at the strategic level. It is therefore unable to influence the programme's alignment with the organisations' strategic issues. Mashilo (2012) specified that the failure to attach sufficient importance to the programme leads to the executives of the organisation not realising the importance of alignment with the organisational development issues. However, the advantages of strategic positioning of the EHWP have been noted in the Department of Public Service and Administration (DPSA). The following key concepts were applicable to the study: utilisation evaluation, EHWP, the Department of Rural Development and Land Reform (DRDLR), and the National Office of the DRDLR.

1.1.1 Utilisation evaluation

Utilisation is the most commonly calculated performance measure in the EAP field and yields an overall indication of the extent to which employees are participating in a programme (Oher, 1999:162). Evaluation is an ongoing process that, according to Ambrosino, Hefferman, Shuttlesworth and Ambrosino (2005:63), includes "a determination of the relative importance of something, an extent to which a predetermined goal or expectation has been attained". According to Patton (1997), as quoted by Babbie and Mouton (2006:359), utilisation-focused evaluation begins with:

The premise that evaluations should be judged by their utility and actual use; therefore, evaluators should facilitate the evaluation process and

design any evaluation with careful consideration of how everything that is done, from beginning to end, will affect use.

Thus, utilisation evaluation in this study will determine the extent to which employees are participating in the EHWP, given the preconceived goals and expectations regarding the implementation of the programme.

1.1.2 The Employee Health and Wellness Programme (EHWP)

The EHWP can be described as an assistance programme that could represent a primary solution to the problem of health care costs containment through early identification and intervention by helping employees and their families find healthy ways of dealing with, for example, weight reduction and maintenance through physical exercise and nutrition before complications arise, such as diabetes, overweight and many more (Dickman, 2003:155). The DRDLR refers to the EHWP as “a work-based programme offering wellness services that are aimed at improving the quality of life of all employees in order to maximise organisational effectiveness” (Department of Land Affairs, 2008:4). The above definition is in support of the integrated model of the EHWP.

1.1.3 The Department of Rural Development and Land Reform (DRDLR)

The DRDLR used to be referred to as the Department of Land Affairs until 2009 (Department of Rural Development and Land Reform, 2009a:4). The DRDLR is a National Government Department whose mission is to facilitate and implement integrated rural development programmes. Its legislative mandates include the creation and maintenance of equitable and sustainable land dispensation and responsibility for ensuring rural livelihoods, work and continued social and economic advancement for all South Africans (Department of Rural Development and Land Reform, 2011:63). The DRDLR has about 5500 employees, including members of management, skilled and

semi-skilled employees. It is an organisation that encourages academic development to the extent of building partnerships with National and Provincial Government Academies, such as the Public Administration Leadership and Management Academy (PALAMA), Institutions of Higher Learning, Further Education and Training Colleges, and Adult Basic Education and Training, in order to offer and customise training to suit the Department's priorities (Department of Rural Development and Land Reform, 2012a:6-7).

1.1.4 The National Office of the DRDLR

The National Office, also referred to as the DRDLR Head Office is based in Pretoria, the South Africa's administrative capital city where all government national offices are housed. This is an office from which the Minister (Political Head) of the Department and the Executive Management operate. The main responsibilities of the National Office include the development of the departmental strategies and policies, and ensuring the implementation thereof, as well as supporting provinces in implementing these strategies and policies (Department of Rural Development and Land Reform, 2014a:12).

As the study focused on the utilisation evaluation of the EHWP for the National Office of the DRDLR, Chapter Two focused on the benefits and challenges of the EHWP and the four pillars of employee health and wellness as promoted by the integrated EHWP of the DRDLR.

1.2 THEORETICAL FRAMEWORK

In an attempt to evaluate the utilisation of the EHWP in the National Office of the DRDLR, the ecological systems perspective was utilised. Hepworth, Rooney, Rooney, Strom-Gottfried and Larsen (2006:18) demonstrated the necessity in the ecological

systems perspective of knowledge of the diverse systems involved in interactions between people and their environments, inter alia, organisations, institutions or communities. Zastrow (2004:55) stated that the ecological approach “integrates both treatment and reform by conceptualising and emphasising the dysfunctional transactions between people and their environments”. The ecological systems perspective thus explores both internal and external factors, and views people as dynamic and reciprocal interactors with their environments. Hepworth et al. (2006:17) agreed with the view of Zastrow (2004) and added that the ecological systems perspective suggests that individuals constantly engage in transactions with other humans and with other systems in the environment and that these individuals and systems reciprocally influence each other.

Hepworth et al. (2006:18) described the broad scope of the ecological systems perspective as a major advantage. These authors indicated that the different parts or elements of a system do not function in isolation, but function by depending on, and interacting with, each other to complete the system as a whole. Kirst-Ashman (2010:10) also mentioned that the whole cannot be complete without the presence and participation of each of the elements. As clearly indicated in the integrated EHWP of the DRDLR, one of the pillars of employee health and wellness is Wellness Management. This pillar focuses on individual and organisational wellness. It is clear that the ecological systems perspective allows for individual wellness that promotes physical, social, emotional, occupational, spiritual and intellectual well-being, whilst organisational wellness promotes a culture that is conducive to employees’ work-life balance in order to enhance their effectiveness and efficiency in the performance of their duties.

Two important concepts can be taken from the ecological systems perspective, namely the social environment and coping (Kirst-Ashman, 2010:20). This author indicated that the social environment includes the conditions, circumstances, and interactions that encompass human beings. Individuals must have effective interactions with their environment to survive and thrive. For improved coping the statement of Hepworth et

al. (2006:17) can be taken into consideration. They stated that it is clear from the ecological systems perspective that to ensure the satisfaction of human needs and the mastery of developmental tasks “adequate resources in the environment and positive transactions between people and their environments are required”. An ecological systems perspective “tries to improve coping patterns so that a better match can be attained between an individual’s needs and the characteristics of his/her environment” (Zastrow, 2004:55). For example, the DRDLR would like to see an improvement in attendance at work over a period of time, as it has contracted a service provider to curb the problem of absenteeism, amongst other problems. Coping is the struggle to adjust to environmental conditions and overcome problems (Kirst-Ashman, 2010:20). This is significant because the HIV and AIDS and TB Management Pillar is intended to mitigate the impact of the epidemic through prevention, treatment, care and support. HIV and AIDS management has been integrated into the EAP in order to remove the stigma associated with the pandemic.

Kirst-Ashman (2010:20) stated further that the social environment involves inter alia the type of work a person does, and includes individuals, groups and organisations with which a person comes into contact, such as work groups and government. This social environment is typical of the set-up in the DRDLR. The ecological systems perspective allows the Health and Productivity Management Pillar to focus on the integrated management of health risks for chronic illnesses, occupational injuries and diseases, mental diseases and disability, in order to reduce employees’ health-related costs, absenteeism and poor performance. The ecological systems perspective also permits the Safety, Health, Environment, Risk and Quality (SHERQ) Management Pillar to emphasise that the issues of safety, health, environment, risk and quality need to be addressed as governance issues in order to improve government employees’ health and wellness in particular. Hepworth et al. (2006:17) however, cautioned that any gaps in the environmental resources, limitations of individuals who need to utilise these resources, or dysfunctional transactions between individuals and environmental systems threaten to block the fulfilment of human needs and lead to stress or impaired functioning.

Since a change at one level of the system creates changes at other levels, interventions must be thought through and chosen with care (Ambrosino et al., 2005:63). Hepworth et al. (2006:18) indicated that assessing the sources of problems and determining the focuses of interventions are the first steps in applying the ecological systems perspective. Through this study data were provided concerning who was using what services and the extent to which such utilisation took place. Such data were helpful in determining whether the target populations of the programme have been reached and which aspects were over- or under-utilised. To be completely effective, Hepworth et al. (2006:18) stated that interventions must be directed to all systems that are critical in a given problem system. Fouché and De Vos (2005a:108) mentioned that evaluative research assesses the design, implementation and applicability of social interventions.

Opportunities within the work environment encourage an individual to meet his or her needs and to develop as a healthy, well-functioning person (Ligon & Yegidis, 2003:130). Risks are either direct threats to healthy development, or the absence of opportunities that facilitate healthy individual development (Ambrosino et al., 2005:55). Risks and opportunities can be found at all levels of the environment. One of the levels according to Ambrosino et al. (2005:55) is the exo-system (community) level which includes community-level factors that may not relate directly to the individual but may affect the way an individual functions. This includes factors such as workplace policies. Through utilisation evaluation the study provided data which could guide the DRDLR in the programming and implementation of their EHWP.

Through evaluating the utilisation of the EHWP, the researcher was able to evaluate the design, implementation and applicability of the EHWP by systematically collecting information about the programme, with the intention of making judgements and advising the DRDLR to make improvements and informed decisions about future programming. This attempt to change conditions was in line with the view of Bless, Higson-Smith and Kagee (2006:58) that evaluation research can provide evidence of the usefulness of a programme. Through the study the researcher determined whether the EHWP has produced the intended results as stated by Kumar (2011:384) in order to make informed

decisions about its desirability. Changes to enhance its efficiency and effectiveness were also identified.

1.3 RATIONALE AND PROBLEM STATEMENT

The DRDLR developed policy in 2003 for HIV and AIDS and the Employee Wellness Programme. With the introduction of the DPSA Employee Health and Wellness Strategic Framework for the Public Service, the programme was then referred to as EHWP. The DRDLR EHWP is in the process of reviewing its policies to align them with the developing trends in the employee health and wellness field. The DRDLR has never employed more than three full-time professionals in the EHWP Unit and has been contracting service providers to render 24 hour psycho-social services to employees and their families and to conduct life-skills programmes on request (Radebe, 2012). Over the past nine years, utilisation of the EHWP has never been formally evaluated as to whether it is meeting its set goals and objectives. A needs assessment survey which was conducted by the EHWP Unit in 2008 was not completed due to poor response on the part of employees.

The EHWP Unit designs its intervention programmes according to the analysis of the evaluation forms which have been, and are still being, distributed to the employees during health and wellness services and events (Radebe, 2012). When going through the evaluation forms, the researcher noticed that the unit evaluates the activities and presentations that the employee has attended on that particular day. At the end of the form, the employee is further requested to make general comments about all the activities and services and those he/she would like to be added by the EHWP Unit in the next event.

The utilisation evaluation of the DRDLR EHWP by the researcher will be of assistance in minimising the weaknesses of the EHWP and maximising its strengths as well as emphasising its importance. As the researcher wanted to evaluate utilisation of the

EHWP, she has formulated the research question as follows: How is the EHWP utilised in the DRDLR?

1.4 GOAL AND OBJECTIVES

The goal of the study was to evaluate the utilisation of the EHWP in the National Office of the DRDLR.

The objectives of the research in question were:

- to conceptualise the EHWP theoretically and describe the necessity of utilisation in the DRDLR;
- to explore the level of knowledge and awareness of employees about the EHWP of the DRDLR;
- to ascertain the perceived value of the EHWP for the employees of the DRDLR;
- to determine the employee utilisation rate of the EHWP; and
- to identify strengths and challenges of the EHWP for DRDLR in order to make recommendations to render the EHWP in line with the DPSA.

1.5 ETHICAL CONSIDERATIONS

Before the start of the study, the researcher received permission in writing from the DRDLR to conduct the research. This was in line with the requirement of the University of Pretoria that all researchers should obtain approval from the institutions where research would be conducted (See Appendix 1).

The researcher tried to avoid the listed behaviours below, which are considered unethical in all professions when conducting research namely: causing of harm to the respondents; failure to obtain consent from the respondents; breaching privacy; confidentiality and anonymity; and deceiving respondents (Babbie, 2007:64-67). After

ethical clearance had been obtained from the Research and Ethics Committee of the University of Pretoria (See Appendix 2), the researcher considered the following ethical aspects in her study. The literature relating to the subject and the application of ethical considerations were discussed in an integrated manner in order to prevent the duplication of information.

1.5.1 Avoidance of harm to the respondents

It is impossible to list all the possible ways of harming the respondents psychologically or otherwise, as everything that is done has the potential to harm someone else (Babbie, 2007:27), but the researcher has found no effect of the study that harmed the respondents. The study did not deal with the private details of the respondents' lives, something that could possibly cause harm by embarrassing or exposing their family lives, relationships or work. The study also did not probe for information which related to any unjust past behaviour, attitudes the respondents felt were unpopular, or personal characteristics that might seem demeaning. The fact that the study was not on social conditions, but on workplace aspects, minimised any harmful effects on the respondents. Therefore no debriefing or follow-up services were necessary after data collection.

1.5.2 Informed consent

The researcher fully informed the respondents about the research, its goal and objectives so that they could make an informed decision regarding their participation (Strydom, 2011a:117). Respondents were informed that their participation in the study was voluntary and that they could withdraw from the study if they did not want to continue. They were requested to sign the consent form to confirm acceptance of their participation in the study (See Appendix 3). The researcher understood the importance of the respondents' full understanding of the study and all its possible risks. All

transcripts and raw data will be safely stored at the Department of Social Work and Criminology for 15 years according to the policy of the University of Pretoria.

1.5.3 Confidentiality, anonymity and avoidance of violation of privacy

The researcher's position in the department has not affected how the respondents have responded to the study because, as Strydom (2011a:120) indicated, information given anonymously ensures the privacy of subjects. The respondents were advised not to write their identifying information on the questionnaires. Further, no identifying information was reflected in any part of the written report to encourage the respondents' honesty and openness. The researcher understood the importance of the respondents' privacy and did not in any way violate it.

To ensure that confidentiality is maintained, Strydom (2011a:120) suggests that information received needs to be carefully guarded. The researcher avoided breaching confidentiality as she obtained the respondents' consent to share their responses, without sharing any identifiable information. For respondents to remain anonymous they were requested to put the completed questionnaires in boxes labelled "EHWP Questionnaires" at the DRDLR Registry, Old Building, Second floor or at the Health and Wellness Offices in the South Block, Seventh floor.

1.5.4 Avoidance of deception of respondents

Deception involves withholding information or offering incorrect information in order to ensure the participation of subjects (Strydom, 2011a:119). To avoid deception of the respondents, the questionnaire presented a brief background of the research and how the respondents' participation would benefit them and the DRDLR as a whole. No misleading information was given to the respondents regarding the study or the researcher. No information was withheld from them. They were also not deceived

about the researcher's ability to conduct such a study as she had successfully completed a research methodology module at the University of Pretoria (Strydom, 2011a:119).

1.5.5 Publication of findings

Strydom (2011a:119) states that subjects need to know exactly what has happened to the information which they have given. The respondents were informed that the information gathered would be compiled in a way that they would be able to understand. The researcher explained to the respondents that the research findings would be made available to the University of Pretoria and the Chief Director: Human Resource Management for the DRDLR, and would also be incorporated in a scientific article, and might possibly be published in peer-reviewed scholarly journals.

The hard copies of raw data collected will be stored in the Department of Social Work and Criminology for 15 years in accordance with the policy of the University of Pretoria.

1.6 LIMITATIONS OF THE STUDY

It was necessary to use some sources older than 10 years. The information in these old sources was very important and relevant to the study, especially in relation to the discussion of some EAP matters.

During the data analysis, it was discovered that some responses were missing as some respondents would respond to questions and not respond to a follow-up question and vice versa. For example, the question would be on whether the person had attended or knew about a specific service, the response would be 'no' but the same person would rate the effectiveness and/or her/his satisfaction about the same service. These discrepancies were found with few responses and as a result did not have an impact on

the study. The researcher has also revealed these discrepancies on the actual figures in Chapter 4.

The fact that the interns are contracted by the DRDLR for 12 months, and that some of the EHWP services might have been implemented after the research had been conducted, brought some limitations in the study as some graphs show inconsistency between the responses of the interns and other strata. The researcher, however, drew a table on the utilisation of the EHWP services which excluded the interns in order to create a clear picture of how the EHWP is utilised in the DRDLR, in accordance with the research question.

The “I do not know” answer has been excluded in the analysis as it was erroneously included in the columns and was not going to add any value as a response (See Question 17 of the questionnaire).

The study did not establish the reasons for poor utilisation of the EHWP by the employees and that also posed a limitation.

1.7 OUTLINE OF THE REPORT

The structure of the study is set out below.

Chapter One: The introduction and general orientation provided detail about the origin, purpose and focus of the study. It also presented a comprehensive list of definitions of the key concepts used in the study.

Chapter Two: The literature review established a brief history and positioning of the EHWP. The chapter also focused on the design, integration, implementation and applicability of EHWP in various organisations, and specifically on the necessity of utilisation in the DRDLR.

Chapter Three: The methodology section provided information about the research methods used to gather and interpret the empirical results.

Chapter Four: Results presented the findings about the utilisation of the EHWP obtained through the research.

Chapter Five: The discussion synthesised the empirical review and considered the findings in the context of relevant literature. Recommendations were made about the utilisation of the EHWP in the DRDLR National Office.

1.8 SUMMARY

Chapter One focused on the definition and description of key concepts, developed a theoretical framework, and explored the rationale for the study. Specific ethical considerations and the goal and objectives were highlighted, together with the limitations that were experienced during the implementation of the research.

In Chapter Two the literature review will provide a brief history and positioning of the EHWP. The chapter will also focus on the design, integration, implementation and applicability of EHWP in various organisations, and specifically on the necessity of utilisation in the DRDLR.

CHAPTER TWO

THE HISTORY AND POSITIONING OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

2.1 INTRODUCTION

Chapter Two focused on a brief historical background of EHWP, starting as far back as when the programme was referred to as Occupational Assistance Programmes until the adoption of EAPs with a broad brush approach. The chapter also focused on the integration of the EAPs with other programmes such as mental health, work-life, wellness, health and productivity management, which led to the development of EHWP.

The design, implementation, applicability and integration of the EHWP in the DRDLR were also discussed in relation to the Strategic Framework on EHWP in the Public Service and the EAP models used by the Department. In addition, the positioning and the legislation which underpin the EHWP in the DRDLR were discussed. A few definitions were also provided in the chapter.

2.2 HISTORY AND POSITIONING OF EAPs AND EHWP IN VARIOUS ORGANISATIONS

The EAP history is intertwined closely with that of Alcoholics Anonymous (AA) whose main purpose was and still is to encourage people with an alcohol problem and those recovering from alcoholism, to share their experiences, strengths and hopes amongst each other (Dickman & Challenger, 2003:28). As employees were becoming actively involved in such discussions, Occupational Alcoholism Programmes were started. These programmes were seen to be so successful in terms of saving money, of increased production, and of ultimately rehabilitating skilled employees, that it was reasonable to assume that such an approach to alcoholism would be effective for other

human problems as well (Dickman & Challenger, 2003:28-29). This approach blended with the management concerns for productivity with humanitarian values, that is: employers believing that helping employees with their troubles was increasing productivity (Sonnenstuhl & Trice, 1995:3). The researcher concedes the truth of the above as she believes that it is not possible for an employee to perform optimally when preoccupied by challenges because he/she cannot forget about those challenges during working times. Some of the symptoms of preoccupation with challenges could be poor concentration and excessive errors on the employee's work, as emphasised by Sonnenstuhl and Trice (1995:4). The above signifies that an individual as a system has other subsystems that are interrelated and do have an influence on each other. These subsystems include social, emotional, physical, psychological and spiritual well-being and, if one subsystem is affected, the individual cannot function appropriately, thus the subsystems cannot be able to function as a whole (Ambrosino et al., 2005:50). Ambrosino et al. (2005:54) further indicate that the ecological systems perspective incorporates the biological, sociological and cultural aspects of developing individuals and their interactions with a broader environment.

The abovementioned approach led to the establishment of the EAPs with a broad brush approach. This approach basically increased the services of the EAPs to include problems regarding marriage, family, finances, and emotional issues, as well as addiction to drugs and/or alcohol (Dickman & Challenger, 2003:29). Based on the above discussion the EAPs were regarded as job-based programmes, operating within a work organisation for the purposes of identifying challenged employees, motivating them to resolve their challenges, and providing access to counselling or rehabilitation to the deserving employees (Sonnenstuhl & Trice, 1995:3).

Unlike the international EAPs, which evolved from the occupational alcohol programmes, the South African EAPs essentially emanated from changing social and legislative conditions within the workplace environment (Bhoodram, 2006:28). Thus, the EAPs in South Africa followed a macro approach, differing from the international micro model (Harper, 2000:317). The start of structured occupational counselling services

within a South African industrial setting was first noted by the Chamber of Mines (COM) in the 1980s. The driving force behind the implementation was more one of internal social responsibility, especially in respect of challenged employees whose community psycho-social resources were virtually non-existent, rather than being part of core business and human resources strategy. Harper (2000:318) believes this approach contributed to the view of EAPs as 'a nice to have' by many companies, rather than a core business tool.

The situation led to conducting a research by Harper (2000:319) which focused on the EAPs' comprehensive approach versus the individual approach. The findings stated that the majority of EAPs in South Africa focused on supporting and developing the present and potential capacity of employees, their families, and communities for healthier and more productive lives (Harper, 2000:319). These findings were also supported by the research undertaken in 1996 regarding the prevalence, nature and service standards of the top 100 industrial companies in South Africa. Occupational Social Workers with the required knowledge and appropriate skills training also started to play a greater role in support of a comprehensive approach. Many EAPs also became involved in employee development, mental and psycho-social health promotion and lifestyle disease management. With the launch of the Employee Assistance Professionals Association – South Africa (EAPA – SA) in 1997, the process of professionalising the EAPs in South Africa gained more strength (Harper, 2000:320).

2.3 HISTORY AND POSITIONING OF EAPs AND EHWPs IN THE DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM (DRDLR)

The EAP, now referred to as the EHWP in the DRDLR, was established in 2004 to address the challenges facing employees that could impact negatively on them or impair their job performance (Department of Land Affairs, 2008:5). This was a transformation of the HIV and AIDS Unit which was due to the realisation of the government of the fact that the employees were not immune to HIV and AIDS, as well

as the intention to remove the stigma from the infected and affected employees who would want to consult with the workplace programme. The impact of HIV and AIDS started becoming an issue of concern to a considerable number of organisations, both public and private, as its impact was being felt in the workplace. The employers began to see staff members who were visibly sick (Harper, 2000:321). The introduction of the Public Service Regulations, 2001 as amended in 2010, Chapter E2 (b), E5 (a) and (b), affirmed the above step with the principle of integrated EAPs or health promotion programmes, a mechanism within the workplace to promote non-discrimination actively and to protect HIV-positive employees and those perceived to be HIV-positive, from discrimination.

The EHWP Unit in the DRDLR is positioned in the Corporate Support Services Branch, Human Resources Chief Directorate, with the Director: Human Resources being a designated member of the Senior Management Services (Department of Land Affairs, 2008:14). The Unit is headed at a Deputy Director level and has four officials: three EHWP Professionals and an Administrative Officer, all placed at the National Office of the DRDLR. During the 2012/13 financial year, the Department appointed Provincial Coordinators to coordinate the EHWP at a provincial level. Each province except Gauteng has its Provincial Coordinator, who is an EHWP Professional, appointed at an Assistant Director level (Radebe, 2013).

Like other government departments in South Africa, the establishment of EHWP in the DRDLR is in accordance with the legal prescripts. However, out of the four pillars and policies of the EHWP DPSA Framework, the DRDLR only implements two, namely: the Wellness Management Pillar and the HIV and AIDS and TB Management Pillar. All four pillars will be discussed at length later in the chapter.

2.4 INTEGRATION OF THE EHWP IN THE DRDLR

In line with the EHW Strategic Framework for the Public Service that was developed by the DPSA, the DRDLR changed the name of the Unit from EAP and later Employee Wellness to that of the EHWP Unit (Department of Land Affairs, 2008:1). The researcher believes that, with the integrated approach, more emphasis is put on education and preventive services as well as early detection of employees' health and personal challenges, thus, creation of a greater opportunity for early intervention and better outcomes. An integrated approach of health and wellness services will be discussed at length in the next topic.

When EAP work-life and wellness programmes are integrated, there can be advantages for both the employer and the employee. For the employer it could be greater efficiency in overall programme management, less administrative costs from only working with one service provider, and a greater emphasis on preventive services. For employees, the advantages include greater awareness and accessibility of the full range of services (Attridge, 2005:45). For example, an employee who would like to consult with a medical practitioner about respiratory complications can be introduced to a TB Treatment Adherence Programme offered through the Wellness Programme and can also work with an EAP Counsellor to address the emotional side of the condition and to get to the level of family support which is needed for successfully completing the treatment to avoid further complications. Thus, there is an added convenience and improved sense of confidentiality for employees seeking services, noting that there may be less of a stigma associated with going to the Health Unit and then proceeding to an EAP office in a different location (Kgomo, 2008:71). To support the discussion further, integration can be referred to as the development of strategic partnerships with a view towards providing seamless behavioural health intervention. Thus, this move is seen as an important business strategy in terms of the ultimate survival of every organisation (Attridge, 2005:45).

The integration of the Employee Health and Wellness is also supported by the Eastern Cape Provincial Administration through its mandate that all provincial departments shall establish Employee Wellness Units within the Human Resource Management components. These units are responsible for departmental integrated employee wellness, consisting of full-time, suitably qualified staff at appropriate levels for the particular department (Eastern Cape Office of the Premier, 2004:24). The integration of different programmes is good for both the employer and the employee. For example, when the EAP, work-life and wellness programmes are integrated, the emphasis is on both the prevention and early identification of employee problems and lower administrative costs, as the three programmes will be utilised comprehensively. In the South African public service the changing economy, the movement towards increased technological advances, and the changing demographics of the workforce all increase the rate of stress-related disorders. This can result in an increase in social, emotional, and psychological problems, which can hamper productivity (Bhoodram, 2010:2).

Another advantage is the opportunity for easy accessibility and increased participation of employees. The easy access to these services increases employee participation, but it usually decreases the participation of the senior managers since they do not want to be seen by their juniors to be utilising the services. Most of them (senior managers) prefer off-site services (Mashilo, 2012). Integration can also offer some operational cost savings and thus, a better return on investment (Attridge, 2005:45). For employees, the advantage of integration can add to employees' satisfaction, as they will have an opportunity to deal with all their challenges simultaneously, rather than approaching different people or companies, which can also be less stigmatising for employees with mental health concerns and those living with HIV and AIDS and tuberculosis. It can also lead to greater awareness of the full range of services available to employees across the various programme offerings. Attridge (2005:48) reiterates that these programmes have the potential to be even more effective when offered in combination and included in a comprehensive integrated model.

As much as an integrated comprehensive EHWP is seen as a better model to address employees' issues in a holistic approach, there are challenges associated with it. These challenges include the difficulty in measuring how effective the integrated services are compared to the 'silo' approaches. Further, the value of synergy and integration could be lost if the staff refuse to work as a team (Thompson & Swihart, 2005:116). To mitigate the abovementioned challenges, an integrated approach needs to be thoroughly researched and benchmarked with other organisations. Different organisational challenges, new and old, dictate ways of addressing them in accordance with the ever-changing social, political and economic workplace dynamics (Kgomo, 2008:78-9).

2.5 THE DESIGN, IMPLEMENTATION, APPLICABILITY AND UTILISATION OF THE EHWP IN THE DRDLR

The DRDLR's definition of the EHWP is that it is a work-based programme offering wellness services which are aimed at improving the quality of life of all employees in order to maximise organisational effectiveness (Department of Land Affairs, 2008:4). The DRDLR wellness services are also extended to the employees' immediate families at no cost.

2.5.1 The goals and objectives of the EHWP

The goals and objectives of the DRDLR EHWP are stipulated in the departmental policy, Department of Land Affairs (2008:8-9) as set out below and these are:

- to assist managers and supervisors to deal appropriately with the difficulties or challenges that confront their employees in the workplace;
- to assist employees to seek professional help for the challenges that impact on their work and interpersonal relationships at work;

- to provide appropriate mechanisms of intervention and confidential counselling for employees who seek to address challenges that they face in the workplace;
- to promote co-operation, motivation and improve employee morale in order to improve productivity and workplace efficiency;
- to reduce absenteeism, staff turnover, interpersonal conflicts, grievances and work-related accidents in the DRDLR; and
- to provide employees with life-skills, awareness and educational programmes that promote healthy lifestyles and coping skills.

2.5.2 Utilisation of the EHWP in the DRDLR

Since the inception of the EHWP in 2003, the average utilisation rate of the psycho-social services has been noticeably low, around 3% to 6% until the 2011/12 financial year when the rate started to improve to 13% (Access Health, 2014:6). The progressive increase could be attributed to the Wellness Team structures that the DRDLR put in place, in order to reach employees in all provinces with the Employee Wellness Programme, as well as providing opportunities for them to engage in the wellness activities on individual and group levels (Careways, 2012:10). For the 2012/13 and 2013/14 financial years, the EHWP utilisation in the DRDLR was 7% and 10% respectively (Access Health, 2014:6).

The DRDLR has been contracting service providers both on a fee-for-service and on a fixed contract for a period of three years (Department of Land Affairs, 2008:1). The researcher's definition of a fee-for-service employee well-being contract is that it is a contract of an organisation with an external service provider whereby payments are made per service rendered by the provider. Thus, in this contract, the organisation pays per deliverable. The fixed-fee contract, on the other hand can be defined as a contract whereby the fees are based on the total number of employees and remain the same regardless of how many employees use the services within the specified period of the contract. In other words the less frequently the employees utilise the service, the more

the service provider makes profit out of that contract. It is therefore incumbent upon the organisation to ensure that the utilisation of the well-being services by the employees is optimal.

The current service provider with the DRDLR, Access Health, is on a fee-for-service contract for a period of three years, with effect from 01 April 2012 until 31 March 2015 (Department of Rural Development and Land Reform, 2012b:4). According to the researcher, the DRDLR appears not to be sure of the type of contract suitable for its employees. Perhaps the previous low utilisation rate has led to this inconsistency of changing from one contract type to the other. According to the DRDLR, the fixed contract became expensive as only a few employees, about 3% of the total establishment, were utilising the counselling services (Radebe, 2012). The reason for employees not using the services of the service provider could be that they were not well-informed about the benefits of counselling, or the marketing strategies were not effective (Radebe, 2012). It appears, however, that the DRDLR was only considering utilisation of psycho-social (counselling) services while attention also needed to be paid to the proactive approach of the EHWP through rendering of life-skills programmes as well as health promotion, training and facilitation services. This picture is depicted in the Employee Well-being Programme Three Year (2008-2012) Report, compiled by Careways for the DRDLR (Careways, 2012:12).

According to a study conducted by the Public Service Commission (PSC) within the government departments in the 2006/7 financial year, employees in national departments and in Gauteng provincial departments are generally satisfied with the services that are rendered by EAPs, whilst employees in the provinces indicated lower levels of satisfaction. There were also significant differences in expectations of what the EAPs should deliver and their actual service delivery, at a national level as well as in the various provinces (Public Service Commission, 2007:2). The PSC is an independent body charged with the constitutional function of monitoring and evaluating the organisations, administration and personnel practices of the Public Service (Eastern Cape Office of the Premier, 2004:39). The Commission has the responsibility of

monitoring and evaluating performance of the South African Public Service and through its reports, generates a broader discussion and debate in the good governance and service delivery discourse (Public Service Commission, 2007:2).

2.5.3 The services and outcomes of the service providers rendering well-being services to the DRDLR

Since its establishment, the EHWP in the DRDLR has been outsourced with different external service providers to render the following well-being services: psycho-social (counselling), case management and monitoring, trauma diffusion and debriefing, crisis management, rehabilitation, relationship development / audit and group intervention, a 24 hour call centre; and reporting (Department of Land Affairs, 2008:1).

The implementation and management of the services by the service providers included the following outcomes and services: programme design, policy and procedure development, communication and promotional activities, information dissemination, management consultation, employee support, financial advice, legal advice and education and training (Department of Land Affairs, 2006:15-18).

Although the DRDLR has always had the service providers to render the well-being services, it has also had the internal EHWP staff as alluded to earlier. The internal staff is placed at the National Office, amongst other things, to monitor and evaluate the services of the service provider, thus ensuring quality of service delivery (Department of Land Affairs, 2008:4, 6). According to the researcher, having both on-site and off-site models, is an advantage for the DRDLR as the two models complement each other. The advantages and disadvantages of on-site and off-site models will be briefly discussed below:

2.5.4 Advantages of the on-site model

The on-site model, also referred to as the in-house or internal model, has an advantage of being positioned to deliver high-quality organisational services which are designed for that specific organisation. This model also allows a close working relationship between the management and the EHWP Professionals (Oher, 1999:65).

According to the researcher, one of the advantages of the on-site model for the DRDLR is that the service provider is monitored in line with the DPSA guidelines and EAPA-SA Standards as this task is performed by EHWP Professionals who are qualified and registered with the South African Council for Social Service Professions (SACSSP) as Social Workers. Thus, coordination of these services by the specialists ensures the professionalism of the EHWP.

2.5.5 Disadvantages of the on-site model

Some employees believe that by using in-house services, their rights and job security will be jeopardised (Sonnenstuhl & Trice, 1995:22). They are also afraid that the management will learn of their problems and hold that against them (Sonnenstuhl & Trice, 1995:22-23). The researcher has, however, noticed that the DRDLR has addressed this fear by listing 'confidentiality' and 'job security' as some of the EHWP principles. Confidentiality refers to the obligation to refrain from willingly disclosing information that has been received in confidence. This excludes a situation in which a court or statute compels a person to disclose information (Department of Land Affairs, 2008:5). A primary principle of the EHWP is to maintain confidentiality throughout every level of the EHWP. Job security of employees who utilise EHWP services is guaranteed through a 'Protection' principle which stipulates that any employee who seeks assistance will not jeopardise his or her job security, compensation, promotional opportunities and/or reputation. The principle elaborates that no information obtained from, or about, an employee as a result of his/her participation in the EHWP shall be made available to be used for any purpose (Department of Land Affairs, 2008:5). It is

more certain, however, that in-house services present therapists with a conflict of interests. Although therapists might be bound by professional ethics always to act in the best interests of their clients, as employees of the company, they may feel compelled at times to resolve conflicts in the interest of their employer (Sonnenstuhl & Trice, 1995:23).

According to the researcher, the fact that the DRDLR has both internal therapists and a service provider somehow addresses the abovementioned disadvantages. The internal therapists seem to be clear about their role in the EHWP, that of monitoring and evaluating the services of the service provider as this task is also clearly defined in the EHWP Annual Operational Plan 2013/14 and in the EHWP Strategy 2014/15 (Department of Rural Development and Land Reform, 2013:3; Department of Rural Development and Land Reform, 2014a:13). The Department of Land Affairs (2008:1, 2, 4, 6) is also clear on the definition of the services by the service provider and on the roles of the internal EHWP staff. The roles are also clearly stipulated in the EHWP Strategy 2014/15 (Department of Rural Development and Land Reform, 2014a:6-7).

2.5.6 Advantages of the off-site model

The off-site model is also referred to as external services. The provision of a variety of services by the external service providers makes this model advantageous, according to Sonnenstuhl and Trice (1995:23). The DRDLR also appears to be benefiting from this model, considering the various services provided by the service provider (Department of Land Affairs, 2006:15-18). According to the researcher, easy accessibility of the services to employees in distress through a 24 hour toll-free line is also an advantage for the DRDLR.

Moreover, other employers see contracting out as a quick and efficient way to implement the wellness programme, in which no one in the company needs to take on the job of counselling employees and referring them to outside resources for help

(Sonnenstuhl & Trice, 1995:23). Some executives like the idea of contracted services as a way of shifting liability for malpractice (Sonnenstuhl & Trice, 1995:23). The DRDLR, through contracting the wellness services, has covered itself against malpractice liabilities, as this clause is clearly stated in the DRDLR Service Level Agreement with the service provider (Department of Rural Development and Land Reform, 2012b:12).

2.5.7 Disadvantages of the off-site model

The disadvantages of contracting wellness services include, according to Sonnenstuhl and Trice (1995:23), the possible lack of a great deal of experience of the service providers with the particular workplace, which may lead to problems of emphasising counselling whilst de-emphasising the role of supervisors in identifying and motivating challenged employees. Secondly, the training of supervisors by the external service providers also tends to over-emphasise the need to refer challenged employees for professional treatment quickly (Sonnenstuhl & Trice, 1995:23).

To address the above possibility, Sonnenstuhl and Trice (1995:23) advise that companies contemplating the use of external contractors should consider integrating EAP training into their supervisory training programme, where it can be done by the company personnel. The researcher believes this is also where the DRDLR benefits, by having the internal EHWP Professionals who can be the ones conducting such training as they have a better understanding of the internal procedures and dynamics of the organisation.

2.6 THE EHWP IN RELATION TO THE EMPLOYEE HEALTH AND WELLNESS STRATEGIC FRAMEWORK FOR THE PUBLIC SERVICE

The development of the Employee Health and Wellness (EHW) Strategic Framework in the Public Service emanates from an attempt by the DPSA to develop an innovative

solution in maintaining employee human dignity. The Framework introduces an integrated model which is responsive and pre-emptive to the health rights and responsibilities of both the employee and the employer by providing a platform for implementation and co-ordination, in a synergistic manner, by stressing the virtues of health as a priority for the workforce (Department of Public Service and Administration, 2008:1).

The Framework was developed following the research and benchmarking of local and international best practices and by obtaining inputs from the stakeholders through Employee Health and Wellness Forums. The Framework is also influenced by, but not limited to, the World Health Organisation (WHO) Global Plan of Action on Workers Health 2008 to 2017, and the International Labour Organisation's (ILO) Decent Work Agenda in Africa 2007 to 2015 (Department of Public Service and Administration, 2008:7). The Framework seeks to represent an integrated and needs-driven holistic approach to employee health and wellness in the Public Service. The integrated approach to employee health and wellness recognises the importance of individual health, wellness and safety, as well as linkages of these to organisational wellness and productivity in the Public Service (Department of Public Service and Administration, 2008:2).

The EHWP's in the Public Service are rapidly transforming the nature of a holistic support that is provided to employees to ensure risk management, occupational health, safety, productivity and wellness (Department of Public Service and Administration, 2008:11). The fundamental objective of the Framework is to facilitate the development of strategies, mechanisms and interventions by government departments for the implementation of the following pillars:

- the HIV and AIDS and TB Management;
- the Health and Productivity Management;
- the SHERQ Management; and

- the Wellness Management (Department of Public Service and Administration, 2008:11).

The pillars, briefly mentioned in Chapter One, will now be discussed below.

2.6.1 HIV and AIDS and TB Management

The researcher concedes that HIV and AIDS represent one of the major challenges facing South Africa. The Department of Public Service and Administration (2008:23) is adamant that the HIV and AIDS and TB Management Pillar is intended to mitigate the impact of the epidemic and to improve public service delivery by reducing the number of infections among individual employees, their families and communities. The DPSA, however, acknowledges that HIV infection and AIDS disease affect the lives of all South Africans in many different ways. The sub-objectives of the HIV and AIDS and TB Management Pillar include prevention, treatment, care and support (Department of Public Service and Administration, 2008:23-24). The researcher believes that these sub-objectives could be realised through HIV prevention, treatment and care measures suggested by World Health Organisation (2009:2) as follows: promotion of healthier lifestyles and behaviours; routine offering of HIV testing and counselling; screening for HIV in all pregnant women and administration of Anti Retrovirals to eligible women to prevent mother-to-child transmission of HIV; offering of safe male circumcision services; and implementation of strategies for the control of TB and HIV co-infection. There is, nevertheless, a concern that in spite of the abovementioned encouraging trends, a lot more needs to be done. Thus, comprehensive knowledge of HIV and AIDS is still limited and people's knowledge of their HIV status remains low. More than half of the people in need do not access life-saving drugs and the majority of patients start treatment when they are already at advanced stages of AIDS (World Health Organisation, 2009:1).

2.6.2 The Health and Productivity Management

The Health and Productivity Management (HPM) Pillar in the workplace is defined as the integrated management of health risks for chronic illnesses, occupational injuries and diseases, mental diseases and disability to reduce employees' health-related costs, absenteeism and poor performance (Department of Public Service and Administration, 2008:26). HPM is also meant to strengthen and improve the efficiency of existing infrastructure and services such as occupational health education and promotion. Thus, according to the Department of Public Service and Administration (2008:26), the HPM focuses on the efforts to promote and maintain the general health of employees through prevention, intervention, awareness, education, risk assessment, and support in order to mitigate the impact of communicable and non-communicable diseases and injuries on the productivity and quality of life of individuals. The establishment of the EHWP aims at, amongst other things, driving formal disease management programmes to address all communicable and non-communicable diseases such as HIV and AIDS and diabetes. According to the WHO Report 2005, non-communicable diseases account for three out of five deaths worldwide (Department of Public Service and Administration, 2008:26).

2.6.3 The SHERQ Management

The SHERQ Management Pillar provides for increased responsibility of political and executive leadership to ensure that government departments conduct their affairs in an accountable, responsible, transparent and sustainable manner as decent citizens (Department of Public Service and Administration, 2008:26). It also promotes the health and wellness of their employees, the quality of services delivered to the public, and the sustainability of the environment for the long-term effects of adding value to the economic growth (Department of Public Service and Administration, 2008:28). Thus, the SHERQ Pillar emphasises that the issues of safety, health, environment, risk and quality need to be addressed as governance issues in order to improve government

employees' health and wellness in particular (Department of Public Service and Administration, 2008:28).

2.6.4 The Wellness Management

The Wellness Management Pillar strives to meet the health and wellness needs of the public service employees through preventive and curative measures by customising aspects from programmes those that are most relevant and fit the uniqueness of the public service and its mandate (Department of Public Service and Administration, 2008:31). These programmes include, but are not limited to, EAPs, wellness and work life-balance. Thus, the Wellness Management Pillar focuses on individual and organisational wellness. Individual wellness promotes physical, social, emotional, occupational, spiritual and intellectual wellness of individuals. It is attained by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of pscho-social health risks. Organisational wellness, on the other side, promotes an organisational culture that is conducive to employees' work-life balance in order to enhance their effectiveness and efficiency in the performance of their duties (Department of Public Service and Administration, 2008:31). According to the researcher the Wellness Management Pillar is in line with the ecological system's perspective which according to Ambrosino et al. (2005:54) incorporates the biological, sociological and cultural aspects of developing individuals and their interactions with a broader environment

2.7 THE VALUE OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME

Some years ago, wellness programmes were an add-on and 'nice to have' in some organisations to the extent that when budgets needed to be cut, wellness initiatives were often the first to be cut. According to Overman (2009:1) this has since changed as companies have realised that effectively managed and a healthy workforce tends to be

more responsive, supportive and productive. The EHWP's were established not only to address employees' needs, but as Attridge (2005:41-43) indicates, also to integrate with business strategies. The author continues by saying that the programme's main focus is for employees to stay well rather than to become sick (referred to as a 'salutogenic model' of health and wellness).

The core practices of worksite EHWP include strategic planning to prevent diseases, decrease health risks and contain the rising costs of health care, something that is of major concern to most companies (Attridge, 2005:42). These practices also include risk-related health management interventions such as healthy lifestyle programmes, behaviour change programmes, self-care and disease management. It is thus clear that one of the primary reasons why organisations have established EHWP's in their organisations is because they care about their employees and the quality of their lives, something that impacts positively on job performance (Attridge, 2005:41-43).

Management support to employee well-being programmes cannot be over-emphasised. This has also been evident through the research findings by Discovery Health with 71 South African companies which established that the commitment of management to health promotions plays a fundamental role when it comes to employee well-being outcomes (Nossel, 2012:2). Thus, the role of the leadership in workplace health promotion programmes is regarded as a key contributor to the success of these programmes. Such support must, however, not just be verbal, but should be evident through the management active involvement and by ensuring that employees are aware of the existing policies and strategies on wellness programmes. Without visible management support, employees also tend to be less committed (Nossel, 2012:2). For wellness programmes to succeed, the top management should be on board. Thus, it is important to align the programme with the organisation's strategy. Consequently, top managers need to see employee health and well-being as part of the overall mission and understand that human capital needs to be invested in and maintained (Overman, 2009:9).

The staggering consequences of illnesses and disability forced organisations to respond aggressively with education and awareness campaigns for the workforce to prevent and manage sicknesses and injuries. By the middle of the 20th century, acute infections were largely under control, but chronic diseases had become a major threat (Sherman, 1990:3). It was discovered that immunisations could no longer prevent conditions such as cancer, heart diseases, or a stroke. Thus, according to McDonald (2005:10), the issue of unhealthy lifestyles causing chronic illnesses became a reality. The advantage, however, is that lifestyle choices are controlled and they offer people their best chances of wellness.

According to McDonald (2005:11), employees who are healthy are found to be enjoying life more, have better coping skills, are more enthusiastic and productive and have a more positive outlook on life in general. Healthy employees will be fit to build a healthy organisation (McDonald, 2005:12). The opposite of the above is also true as employees who are generally unhealthy or lethargic will not be able to work to the full extent of their capabilities, thus preventing the organisation from reaching its full potential.

McDonald (2005:12) concedes that, although positive health and well-being initiatives result in a sound business investment, the results can be hard to measure and are often long term rather than immediate. The immediate benefit for employers, will still rise from the fact that employees who are offered a well-being programme at work are likely to feel that they are important to the company. Such feelings tend to create a sense of motivation for employees, which in turn is the vital ingredient necessary if the organisation seeks high-level performing and productive staff. Some of the benefits of implementing health and well-being policies (McDonald, 2005:12-13) are listed below, and they are:

- a reduction in direct and indirect costs, such as overtime payments for staff to cover for a colleague who is absent due to illness or personal problems, or training of a replacement employee;

- an aid to retention because employees will value and respect the fact that their employer cares about their well-being, and will thus be less likely to seek alternative employment;
- a reduction of employee stress and all its associated problems;
- a positive way of ensuring that the organisation fully meets its duty of care; and
- a tool to aid recruitment, especially in today's competitive markets, since an organisation that provides health and wellness benefits will become an employer of choice (McDonald, 2005:12-13).

In addition to health care costs, there is the high cost of absent workers which is sometimes twice the costs of health care. According to research conducted in the United States with about three hundred large companies, the average estimated costs for unscheduled absenteeism were more than \$760,000 per year in direct payroll costs (Overman, 2009:1-2). In addition to these costs Overman (2009:2) further indicates that other employers have also learned to measure the productivity costs of presenteeism which occurs when an employee is underperforming whilst on duty due to distraction, say, by a health-related condition. With the effective implementation of EHWP's, the researcher believes there is hope for these organisations and hopefully others will follow suit.

Other challenges facing civil service personnel internationally are the pressure of government work and the detrimental impact on employees' work commitment, due to the stressful environment which is often more complex compared to that of the private sector (Vineburgh, Ursano & Fullerton, 2005:171-174). Public servants, at all levels work primarily for a public that expects them to fulfil their expectations. Mostly, the results are not always to the public's satisfaction. On the other hand, the public complains about the taxes they pay, claiming to be indirectly paying the civil servants'

salaries. Public servants operate in an environment that is often seen to be complex and stressful (Vineburgh et al., 2005:171-174).

Daly (2003:274) indicates that the governments that underestimate the benefits of EHWP often pay a price in the form of employee turnover, lower work productivity, increased litigation, declining commitment to public service, and a loss of faith among the general public in the need for a public service. It therefore makes economic sense for the government to promote comprehensive well-being initiatives to help their employees who are experiencing problems. Daly (2003:274) also states that government should continue to look at EHWP as a means of enhancing and sustaining the physical and mental well-being of its workforce in order to retain high levels of public productivity. Public organisations, should however, encourage early self-referral as a means of improving the individual's potential for recovery. Daly (2003:276) further indicates that employees should be in a position to seek help by themselves without their supervisors' intervention or clear signs of declining work performance. That could establish a belief that the ultimate goal of the organisation and its EHWP is rehabilitative rather than punitive and is aimed at the successful application of EHWP services within the workforce (Daly, 2003:276).

With the increase of the workplace problems that became evident through job performance problems in the government, the DPSA introduced EAPs in the public service to assist employees with problems affecting productivity (Department of Public Service and Administration, 2008:34). The DPSA is an overseer of all South African government departments. It sets guidelines through circulars and frameworks for all departments on issues such as the establishment and implementation of certain programmes, as well as staffing requirements in some areas. The departments are expected to align their policies and procedures with those of the DPSA, whilst at the same time taking into consideration their individual areas of operation. The DPSA has developed an Employee Health and Wellness Strategic Framework for the Public Service which also guides government departments on the establishment and implementation of EHWP. The researcher's observation is that although the

Government has the DPSA as an overseer, the DPSA does not prescribe to departments as to how Employee Health and Wellness sections should be staffed. The researcher therefore regards the DPSA as being an adviser only and does not hold the departments answerable for not taking the advice. For example, the DRDLR EHWP only implements two pillars, as alluded to earlier, regardless of the DPSA Strategic Framework stating four pillars. The Framework is also silent about the consequences to the departments of not following its guidelines.

It is well documented that the EAP movement has gained considerable momentum in recent years, with EAPs found in a number of large organisations. An increasing number of smaller organisations are also found to be interested in EAPs (Dickman & Challenger, 2003:28). The researcher is also observing a considerable number of government organisations with EAPs which have, over the years, transformed into EHWPs.

2.8 LEGISLATION GOVERNING THE DRDLR EHWP

All of the post-1994 legislative and policy requirements of the South African government call for a radical shift from the manner in which the public service departments were run, both in terms of how the business of public services was conducted, as well as the manner in which people in those departments were managed (Nkadimeng-Malata, 2009:42). The researcher believes that this call was heeded as shown by the development of a number of Public Service legislation, Legal Frameworks, Codes of Good Practice and Policies. In addition to the Public Service Regulations, 2001 as amended in 2010 which have been referred to above, other legislation from which the DRDLR EHWP derives its mandate include the items discussed below.

2.8.1 The Constitution of the Republic of South Africa Act 108 of 1996

The South African Constitution Act 108 of 1996 is regarded as the supreme law of the Republic of South Africa and all other laws must comply with it. The Bill of Rights within the Constitution sets out a number of specific provisions, which protect workplace rights. These include the people's rights to an environment that is protected and not harmful to people's health and well-being. There are also general rights which apply to the employment relationship, such as the employees' rights to fair labour practices, right to equality, non-discrimination, and privacy. It also states that "everyone has the right to an environment that is not harmful to their health and well-being". Legislation has, therefore, compelled South African companies, especially government organisations, to have EHWP's in place.

2.8.2 Labour Relations Act 66 of 1995

The Labour Relations Act 66 of 1995 aims at regulating the relationship between employees, trade unions and employers. It also regulates the resolution of disputes between employers and employees and sets out the rights of workers with regard to dismissal. The Act for instance, protects employees against arbitrary dismissals. A dismissal is regarded as fair if it relates to the conduct of an employee, or capacity, or to the operational requirements of the employer. In certain kinds of incapacity, however, such as alcoholism or drug abuse, counselling and rehabilitation may be the appropriate steps for the employer to consider before dismissal. Furthermore, a dismissal which is solely based on the HIV-positive status of an employee is likely to be found to be either automatically unfair because it is dismissal based on discriminatory conduct by the employer or simply unfair if it does not fall into one of the above listed fair categories (Kgomo, 2008:36).

2.8.3 Occupational Health and Safety Act 85 of 1993

The Occupational Health and Safety Act 85 of 1993 places the duty on all employers to ensure that as far as is reasonably practicable, the working environment is safe and healthy for employees. According to the Act, employers also have a general duty to provide such information, training and supervision as is necessary to report any incident in which an employee dies or is injured or when dangerous situations arise (Eastern Cape Provincial Administration, 2004:16). The researcher is observing with interest the processes followed by the government in dismissing the employee who is incapable of performing due to ill-health. The intensive processes through which the government organisations go, before dismissing such an employee, show compliance with the Labour Relations Act. For example, the government has sourced services of 'Health Risk Management' that consist of medical specialists who assess employees' applications for incapacity, both temporal and permanent and make recommendations to the employer.

2.8.4 Employment Equity Act 55 of 1998

The Employment Equity Act 55 of 1998 aims at ensuring equality and non-discrimination in the workplace through anti-discrimination measures and affirmative action provisions. Thus, the Act promotes equal opportunities by eliminating unfair discrimination, directly or indirectly, against an employee in any employment, on one or more grounds which include, but are not limited to, gender, race, age, disability, culture and religion. The Act also prohibits unfair discrimination based on one's HIV status as well as medical testing of an employee or an applicant for employment to determine his or her HIV status, unless such testing is justified and authorised by the Labour Court. In an event like that, the Court may impose conditions relating to the provision of counselling (pre- and post- counselling) for such an employee or a job applicant, adherence to all the ethics involved during the process, as well as to the principle of confidentiality.

2.9 SUMMARY

Chapter Two focused on the shift from viewing EHWP as a soft and ‘a nice to have’ benefit, to recognising it as part of the organisation’s overall health-care strategy.

In Chapter Three the information about the research methods used to gather and interpret the empirical results will be provided.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter Three provided information about the methodology which was applied in the research project. It described the steps the researcher took to address the research question. Specifically, it described the approach that was used, the type of research and its design.

3.2 RESEARCH APPROACH

Babbie (2005:23) explains that the distinction between quantitative and qualitative data in social research is essentially the distinction between numerical and non-numerical data. Although evaluation research can be conducted from a qualitative, quantitative or combined approach (Fouché & De Vos, 2011a:98), the researcher selected the quantitative approach as she was interested in precise measurement of numerical data as Fouché and Delport (2011:65) indicated that due to the effectiveness of this approach, in reaching a specific and precise understanding of a well-defined problem.

Since the researcher was interested in evaluating the employees' utilisation rate of the EHWP services, she made use of a quantitative approach which is in line with the view of Fouché and Delport (2011:64) that states that a quantitative study is an inquiry into a social or human problem. The quantitative approach also enabled the researcher to investigate those factors which influenced utilisation of the EHWP by the DRDLR employees. As it is, according to Kumar (2005:12), a structured approach, the quantitative approach allowed the researcher to determine the extent to which the DRDLR employees utilised the EHWP.

The advantage of utilising the quantitative approach was to discover the actual utilisation rate of the EHWP services by the employees of the DRDLR numerically. Through the application of the quantitative approach the researcher was able to involve as many respondents as possible whilst maintaining an objective distance from the study. Grove (2005:23) describes this as an unbiased approach.

3.3 TYPE OF RESEARCH

Applied research is, according to Fouché and De Vos (2005a:105), motivated by a need to solve practical problems or to answer useful questions regarding programmes, projects, policies or procedures. As applied research emphasises the quantification of concepts, as suggested by Babbie and Mouton (2006:49), this type of research was utilised in order to evaluate the level of DRDLR employees' knowledge concerning, and awareness of, the EHWP, the rate at which the employees utilised the EHWP, and the value that they attached to it.

As Fouché and De Vos (2011b:82) noted that organisations that fund services typically demand that evaluation research be conducted, the researcher tried to assist the DRDLR by promoting both the knowledge and utilisation of the EHWP. Fouché and De Vos (2011a:98) stated that evaluation research is a form of applied research and that programme evaluation is one of the objectives of evaluation research. The researcher made use of utilisation-focused evaluation as described by Fouché (2011:452).

Utilising applied research, the findings have been analysed and applied to the current situation of the DRDLR for the enhancement of the employees' understanding and utilisation of the EHWP and as Flick (2011:7-8) indicates that learning and attitude changes are expected from employees as well as management.

3.4 RESEARCH DESIGN AND METHODS

3.4.1 Research design

There are two main classes into which quantitative research designs can be classified, namely experimental and non-experimental designs (Fouché, Delpont and De Vos, 2011:144). The researcher used a non-experimental design which Babbie (2007:102) explains is mainly used in exploratory and descriptive studies in which respondents were selected to take part in the research and relevant variables were measured at a specific time. It should be noted that there are two methods of non-experimental designs. These are the randomised cross-sectional survey (Kumar, 2011:107) and the replicated randomised cross-sectional survey as explained by Fouché and De Vos (2005b:137).

Babbie (2007:102) explains that the randomised cross-sectional survey is mainly used in exploratory and descriptive studies. An exploratory study was used in order to evaluate the utilisation of the EHWP. The cross-sectional survey design was most appropriate for this study as it involved one contact with the population as suggested by Fouché et al. (2011:157), occurring over a limited time period and as described by Kumar (2011:107), comparatively inexpensive to undertake and easy to analyse.

3.4.2 Research population, sample and sampling method

The DRDLR is a national department, with its employees deployed in all nine provinces and at the National Office, Pretoria. As the EHWP is available to all employees, the researcher selected the National Office employees in order to save time and money. As the population set boundaries on the study units (Strydom, 2011b:223), the researcher was interested in the 786 DRDLR employees working at the National Office in Pretoria. The population consisted of members of senior management (51), members of middle management (242), line managers (179), interns (96) and general employees (218). Senior management in the DRDLR were members of management from level 13

upwards, middle management were from level 9 to 12, line management were from level 7 to 8 and general employees were from level 6 downwards. The interns were fairly young (less than 35 years of age) and have post-matric qualifications and had not yet found jobs. They were contracted by the department for a period of 12 months and were given a monthly stipend. A sample of 32% was drawn from the population.

As the coverage of the total population is seldom possible as stated by Strydom (2011b:224), a stratified random sampling method was applied. This type of sampling is, according to Strydom (2011b:230), suitable because the inclusion of small sub-groups percentage-wise can be ensured. In order to apply the stratified random sampling method, the researcher applied the systematic sampling technique within each stratum, as to obtain a representative sample of the strata, as explained by Strydom (2011b:230). As the strata numbers were identified, 250 respondents were selected by requesting a personnel list of the five strata of employees at the National Office from the Human Resource Section of the DRDLR. The researcher drew a 32% sample from each stratum from the list provided by selecting every third case.

The sample thus consisted of 16 members of senior management, 77 members of middle management, 57 line managers, 31 interns and 69 general employees. Employees were considered without any limitations concerning their gender, race, age, language or level of education. The randomisation and representativeness of the sample was enabling generalisation of the results.

3.4.3 Data collection

A questionnaire was utilised as a method of data collection (Delpont, 2005:166) as it generated information that is, according to Babbie (2007:245), useful for analysis. As no standardised questionnaire on the topic was available, the questionnaire was designed by the researcher, with the assistance of the Statistics Department at the University of Pretoria. It was viewed as an appropriate instrument to use in order to achieve the goals of the research and address the research question.

The content of the questionnaire was in line with the broad perspective the researcher gained from the literature and consisted of open- and closed ended questions as suggested by Delpont and Roestenburg (2011:193). The questionnaire had four sections, covering the respondents' demographic information, knowledge about the EHWP, utilisation of the EHWP and its evaluation. It was designed in the way suggested by Kumar (2005:22) to enable it to be valid, workable and manageable. The questions were structured as suggested by Strydom (2011b:222-223), in such a way that these would enable the researcher to generalise and draw logical conclusions

Strydom (2011c:237) explains that pilot testing should be conducted on a small scale of the real total community where the main investigation would take place in order to uncover aspects of the instrument that needed refinement. Before the questionnaire was distributed, a pilot test was conducted by administering the questionnaire to one person from each of the five strata of senior management, middle management, line management, general employees and interns from the DRDLR National Office. These five persons were not involved in the main study. To improve the success and effectiveness of the research, the researcher, as suggested by Strydom (2011c:237, 241), created a space on the questionnaire for comments and/or criticism to be incorporated into the main study, to fine-tune the questionnaire, where necessary, in preparation for the main study. The minor issues that needed to be clarified on the questionnaire, according to the feedback received (Fouché & Delpont, 2011:73), were attended to. The general view on the questionnaire was positive and as a result no major adjustments were made to the questionnaire.

Each questionnaire was hand-delivered (Delpont & Roestenburg, 2011:188-193) with an attached covering letter stating the purpose of the study, the title, the estimated time of completion of the (attached) questionnaire and the importance of the study (See Appendix 4). On completion, the respondents were asked to put the questionnaires in marked boxes which were placed at strategic points in the DRDLR National Office buildings. The respondents were also given the option of phoning or sending an SMS to the researcher to fetch the questionnaires on completion from their offices. In these

cases the researcher had an opportunity to give clarity on areas where the respondents experienced difficulties in their responses. That happened mostly with respondents with generally low levels of education. This process also enabled the researcher to deal with possible issues of illiteracy, visual and writing competency as suggested by Delport (2005:168-169) and Delport and Roestenburg (2011:188-193).

The researcher upheld face validity by ensuring that there was a logical link between the questions in the questionnaire and the objectives of the study (truthfulness) (Delport & Roestenburg, 2011:172). Thus, the questionnaire was designed in such a way that it had to be valid, workable and manageable and could measure what it was supposed to measure (Kumar, 2005:22). To enhance content validity, the researcher ensured that the questions covered the full range of the issue being studied (Kumar, 2011:180) namely, the utilisation evaluation of the EHWP for the National Office of the DRDLR. Reliability can be enhanced through repeated testing of the questionnaire (Kumar, 2011:182). It was, however, difficult to ensure reliability as the questionnaire was not repeatedly tested in the study. The researcher tried to improve face- and content validity by pilot-testing the questionnaire (Delport & Roestenburg, 2011:177).

3.4.4 Data analysis

The purpose of analysis is to assemble, classify, tabulate and summarise numerical data to obtain meaning and draw conclusions (Fouché & Bartley, 2011:249). The data in the study were analysed with the assistance of the Statistics Department at the University of Pretoria. In evaluating the employees' utilisation rate of the EHWP services, descriptive statistics was used. Where there was a difference between the different groups, regarding the utilisation rates, it was not the goal of the researcher to use inferential statistics to test whether such a difference was statistically significant.

During data analysis the researcher converted the data to numerical and statistical forms as described by Fouché and Bartley (2011:249) in order for it to be easily

understood, categorised, ordered and summarised to obtain answers to the research question as suggested by Kruger, De Vos, Fouché and Venter (2005:220-221). The Statistical Department of the University of Pretoria was asked for assistance in analysing the collected data. The main features of the data were analysed using descriptive statistics. The questionnaire was calculated with a Pearson correlation coefficient (r), by comparing the answers of respondents. The interpretation of the results guided the researcher in drawing conclusions from the results on the utilisation rate of the EHWP for the National Office of the DRDLR.

3.5 SUMMARY

Chapter Three has outlined the methodology which was applied in the study. It has also described the steps taken by the researcher to address the research problem, the approach that was used, and also the type and design of the research. The advantages of applying a quantitative approach in the study were alluded to. The sampling method and the instrument used to collect the data have also been discussed.

The following chapter contains a presentation of the data analysis, findings and interpretation.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Chapter Four focuses on the presentation, analysis and interpretation of the empirical data based on questions asked regarding employees' knowledge about the EHWP, and their utilisation and perception of the EHWP.

As the goal of the study was to evaluate utilisation of the EHWP by the National Office based employees of the DRDLR, the research question had to establish how they were utilising the programme, thus, ascertaining the rate of utilisation and the value they attached to it. Employees' level of knowledge of the EHWP was also evaluated. The findings enabled the researcher to identify the strengths and challenges of EHWP for the DRDLR and make recommendations to ensure that the EHWP in the DRDLR is in line with the DPSA EHW Strategic Framework. A non-experimental design, also referred to as a randomised cross-sectional survey, was used to evaluate the utilisation of the EHWP by the employees. The manner in which the data were interpreted will be discussed and expressed quantitatively in graphs and percentages.

4.2 PRESENTATION OF THE RESULTS

The data were analysed and interpreted from literature and the theoretical framework underpinning the study, in terms of the sections below.

Section A: Demographic information;

Section B: Knowledge about the EHWP;

Section C: Utilisation of the EHWP in the DRDLR; and

Section D: Evaluation of the EHWP.

At the end of each section, the findings will be integrated with the theoretical framework. The overall results of the study are presented below.

4.2.1 Section A: Demographic information

The first section, Section A, provides the demographic details of the respondents with regard to gender, race, age, home language, educational level, physical disability, years of employment in the DRDLR, and their current position.

- **GENDER**

Figure 1: Illustrating gender distribution of employees

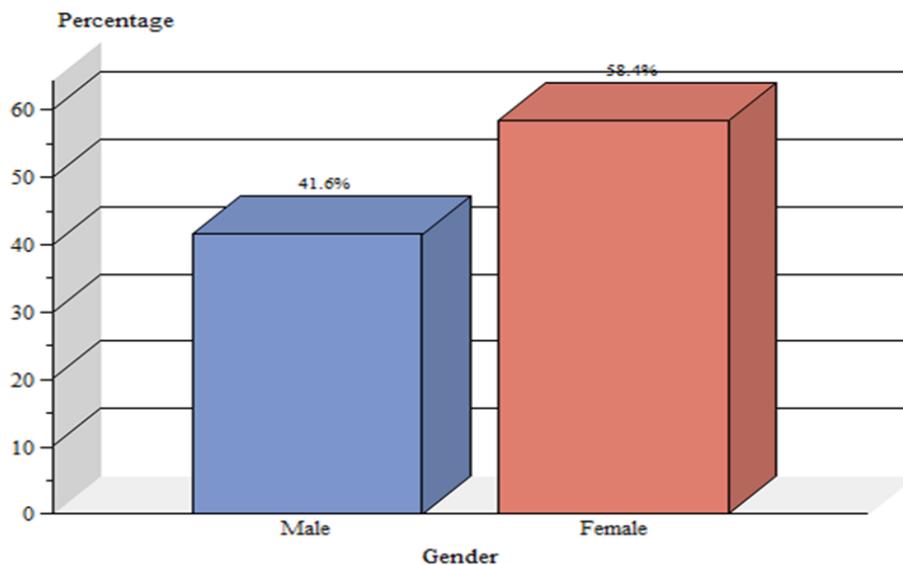


Figure 1 indicates that the majority of the respondents were females (58%) whilst 42% were males. The results were more or less in line with the actual representation of the DRDLR employees at the National office, which is 52% for females and 48% for males. Access Health Annual Report 2013/14 reveals that females were in the majority of

employees who made use of the EHWP services in the DRDLR (Access Health, 2014:4).

- RACE

Figure 2: Illustrating race distribution of employees

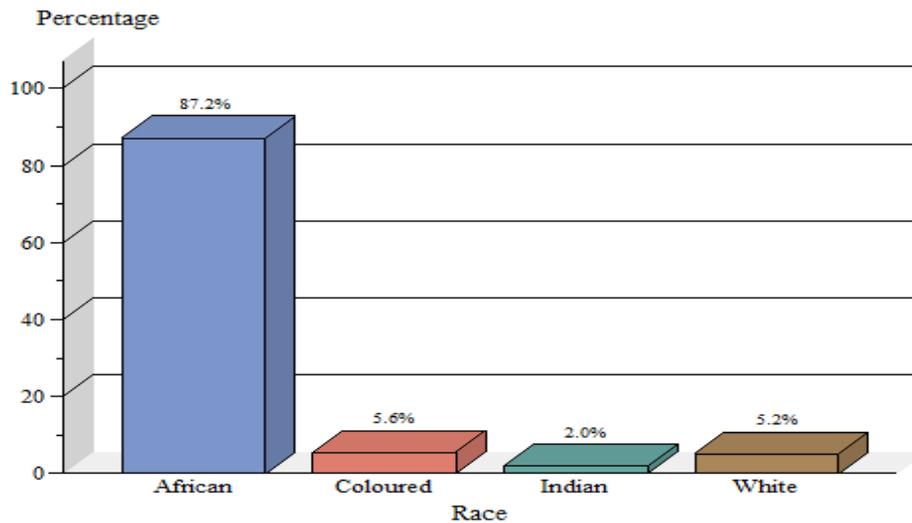


Figure 2 postulates that 87% of the respondents were Africans, whilst 13% were made up of Coloureds, Whites and Indians. The results were more or less in line with the actual representation of the DRDLR employees at the National office where 81% are Africans, 11% are Whites, 6% are Coloureds and 2% are Indians (Department of Rural Development and Land Reform, 2009b:4). It is interesting to note that in the sample Whites are in the minority (5%) (representing 11% in the entire organisation), whereas Pretoria is regarded as having the largest white population of anywhere on the African continent (Languages of Pretoria, 2014).

This representation of the population in the DRDLR is in accordance with the organisation's Employment Equity Plan (2009-2014) which is informed by the provisions of the Employment Equity Act 55 of 1998, to support the creation of a workforce that is

representative of the population of South Africa (Department of Rural Development and Land Reform, 2009a:2).

- **AGE**

Figure 3: Illustrating age distribution of employees

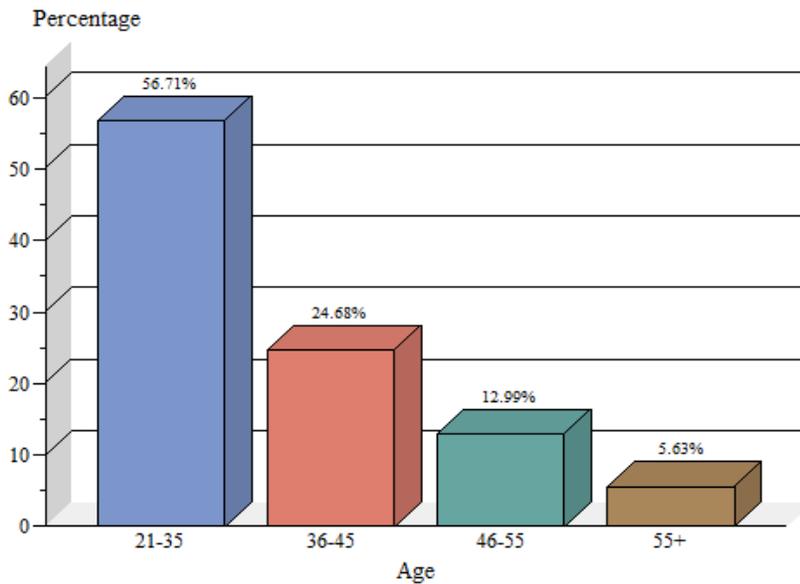


Figure 3 reveals that the majority of the respondents (57%) were aged between 21 and 35 years, 25% between 36 and 45 years, 13% between 46 and 55 years, and 7% were aged 55+ years. The fact that all 31 interns in the sample of 250 respondents were between the ages of 21 and 35 years, as alluded to in Chapter 3, has contributed to the increased number (57%) of a younger group. The results correlate with the DRDLR Employment Equity Report (1 July – 30 September 2014) which reflects the department as “a youthful organisation” with about 47% of employees between the ages of 18 and 35 years (Department of Rural Development and Land Reform, 2014b:1).

- HOME LANGUAGE

Figure 4: Explaining home language of employees

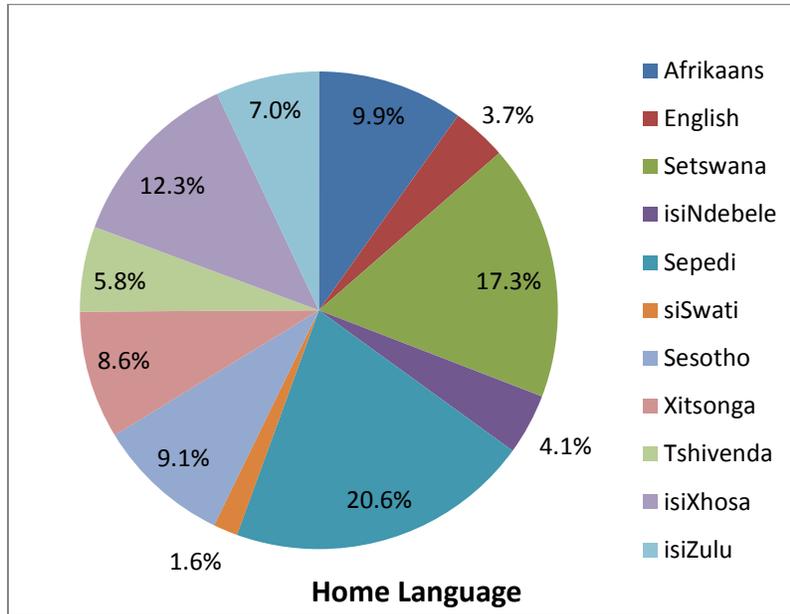


Figure 4 shows Sepedi at 21%, followed by Setswana at 17% to be the top languages of the respondents. The findings correlate with Languages of Pretoria (2014), where the two languages have been identified as some of the languages mostly spoken in Pretoria. It is interesting, though, to find other languages which have been identified as mostly spoken in the area with low percentages in the DRDLR. Those languages are Afrikaans (10%), Sesotho (9%), Xitsonga (9%), isiZulu (7%) and English (4%). It appears that isiXhosa speaking employees represent a significant percentage (12%) in the organisation.

- EDUCATIONAL LEVEL

Figure 5: Elucidating level of education

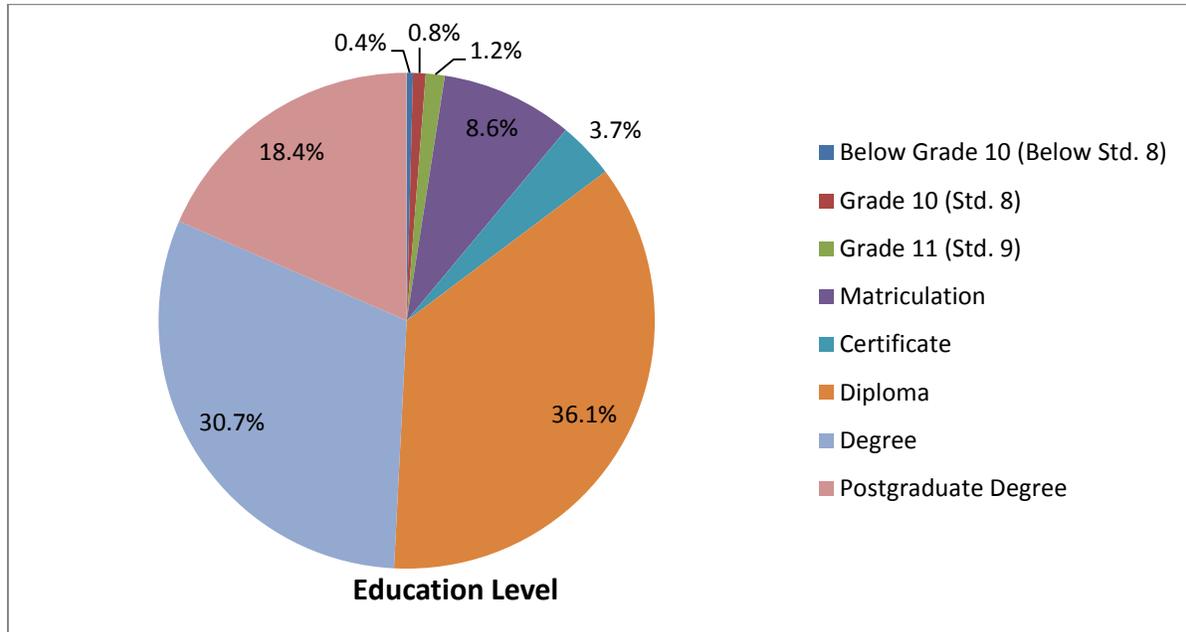


Figure 5 indicates that the majority of respondents (89%) have post-matric qualifications. One should note that all interns have post-matric qualification as mentioned in Chapter 3. The data show that the majority of employees are well-educated. This finding correlates with the fact that a significant number of public service posts require a minimum of Bachelor's Degrees or equivalent qualifications and an advert would further state that a postgraduate Degree or qualification will be an added advantage (Public Service Circular 37, 2014:8).

- **PHYSICAL DISABILITY**

Figure 6: Indicating level of physical disability

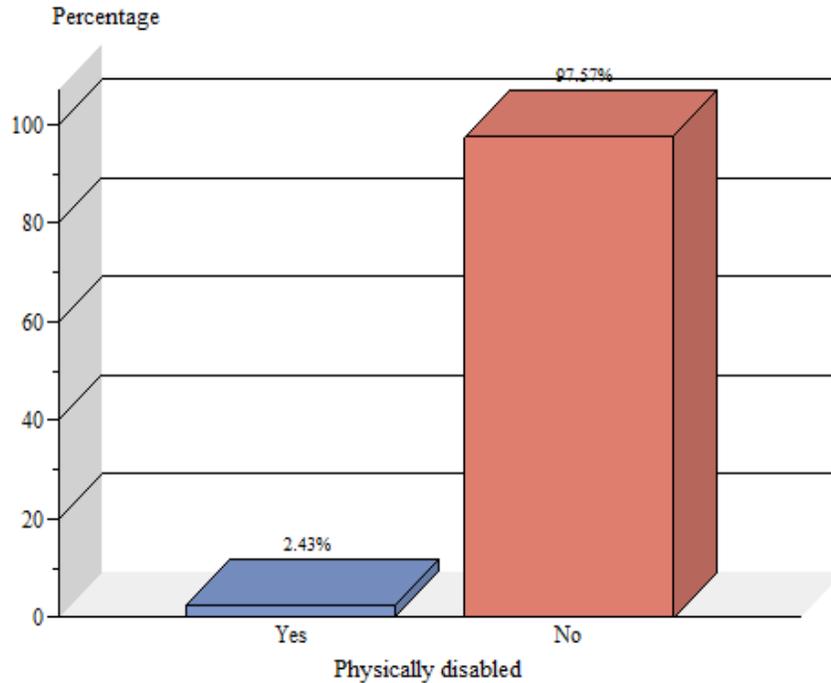


Figure 6 shows that 2% of the respondents have indicated a physical disability. The data confirm that the minority of employees in the DRDLR are physically challenged. The results correlate with the current 1.7% of people with disabilities in the organisation which has been reflected in the Department of Rural and Land reform Equity Report (1 July – 30 September 2014b:3). The objective of the DRDLR, however, is to achieve an equitable representation of 2.5% of designated groups, including persons with disability, at all levels of employment (Department of Rural Development and Land Reform, 2009b:4).

- YEARS OF EMPLOYMENT

Figure 7: Showing number of years of employment

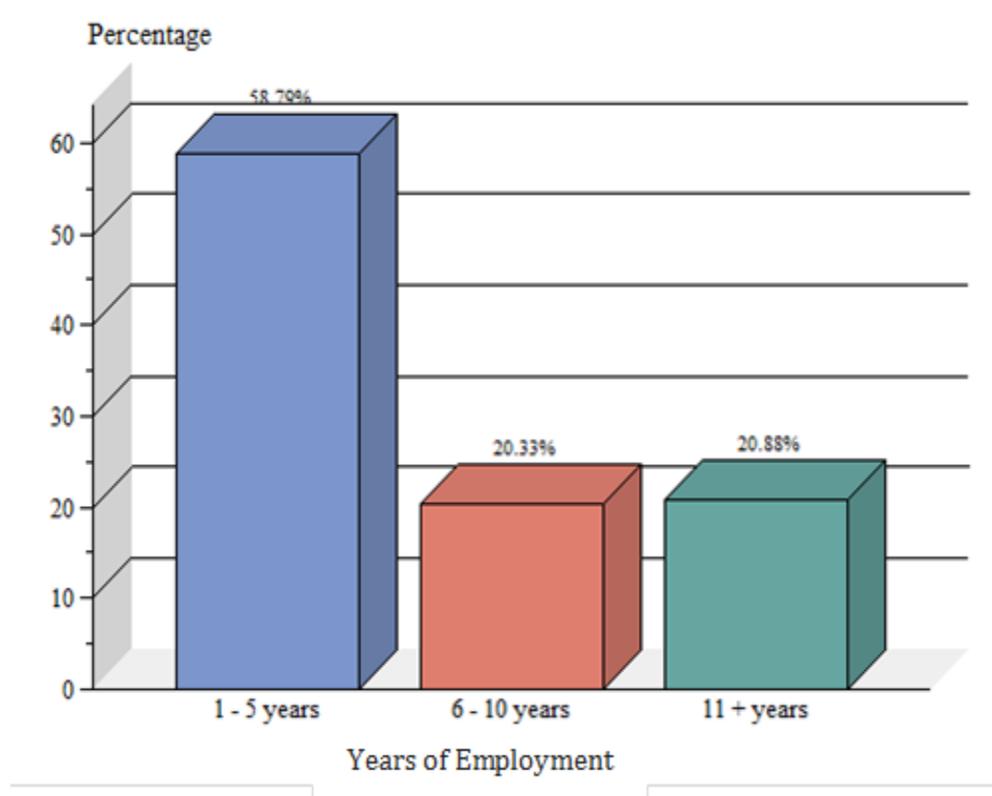


Figure 7 indicates that the majority (59%) of the respondents were employed in the DRDLR for 1 to 5 years, followed by 20% of those that were employed for 6 to 10 years and 21% of those employed for more than 11 years. The data from Figures 3 and 7 make it clear that the workforce is relatively young with not much work experience when compared to the other age groups.

- **CURRENT POSITION**

Figure 8: Illustrating current position

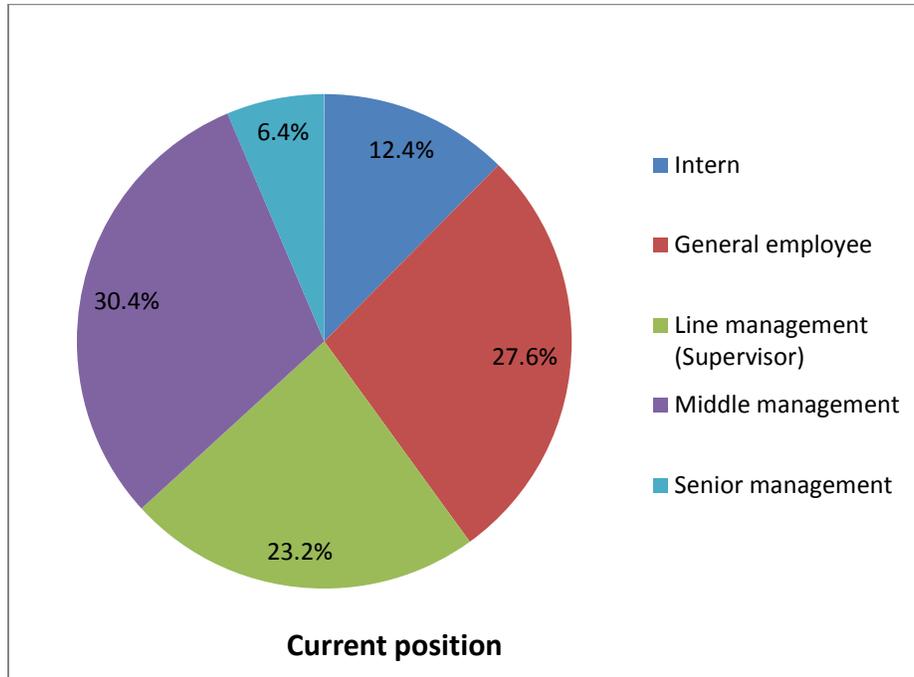


Figure 8 shows that 59% of the respondents hold supervisory to managerial positions, 28% are general employees and 12% are interns. The data show that the majority of respondents hold supervisory to managerial positions. According to the researcher, the members of management would generally be expected to have higher qualifications as mentioned in Figure 5 and stipulated in the Public Service Circular 37 of 2014. The results correlate with those of Figure 5, that the majority of respondents have post-matric qualifications. It is therefore possible that the 28% of general employees consist of a significant number of semi-skilled employees referred to in Chapter 1.

Although Section A on the demographic information of employees indicates fewer males than females in the illustration of the gender distribution of employees in the DRDLR, males seem to be consistently identified as the most influential factor in the workplace. This has been noted in the DRDLR structure where the majority (64%) of males hold executive positions according to the Department of Rural Development and Land Reform (2014c:8). It has been noted as well that the DRDLR as a system is totally dependent on various aspects such as work experience of employees, position, age and distribution of race in order to realise its vision of '*vibrant, equitable and sustainable rural communities*' by focusing on the creation of an enabling environment to ensure that the rural communities have greater opportunities to participate fully in the economic, social and political life of the country (Department of Rural Development and Land Reform. 2014c:5, 18). This is in line with the ecological systems perspective which defines the system as a set of elements that are orderly and interrelated to create a functional whole (Ambrosino et al., 2005:50).

4.2.2 Section B: Knowledge about the EHWP

Questions in this section were aimed at exploring the level of knowledge and awareness of employees about the EHWP of the DRDLR. Questions about the effectiveness of the methods of hearing about the EHWP were also asked.

- **LEVEL OF KNOWLEDGE**

Part of the first question asked in Section B was if the respondents know about the EHWP in the DRDLR. The following data have been gathered.

Figure 9: Indicating level of knowledge

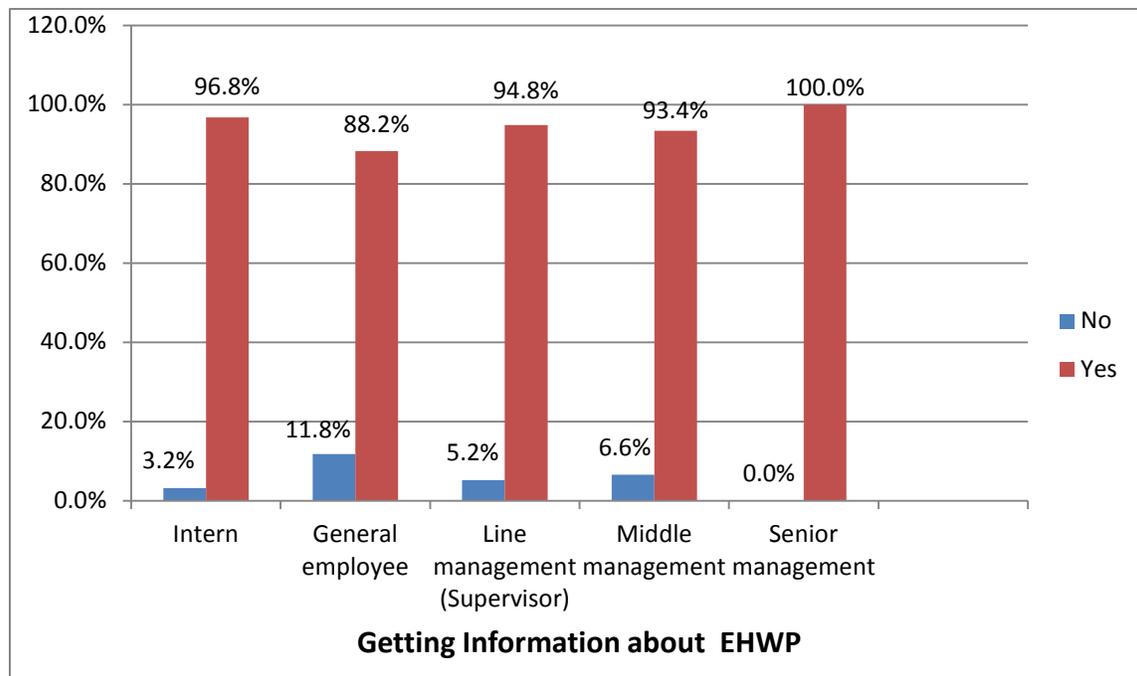


Figure 9 shows high levels of knowledge of the EHWP by all categories as follows: Interns (97%), general employees (88%), line management (95%) and middle management (93%). Only 27% of the respondents have indicated that they do not know about the EHWP in the DRDLR. All members of senior management (100%)

claimed to have knowledge about the EHWP. The data confirm that the EHWP is well-known amongst the majority of the respondents, as the service was established in 2004 (Department of Land Affairs, 2008:1).

- **GETTING INFORMATION ABOUT EHWP**

Figure 10: Indicating obtaining information about EHWP

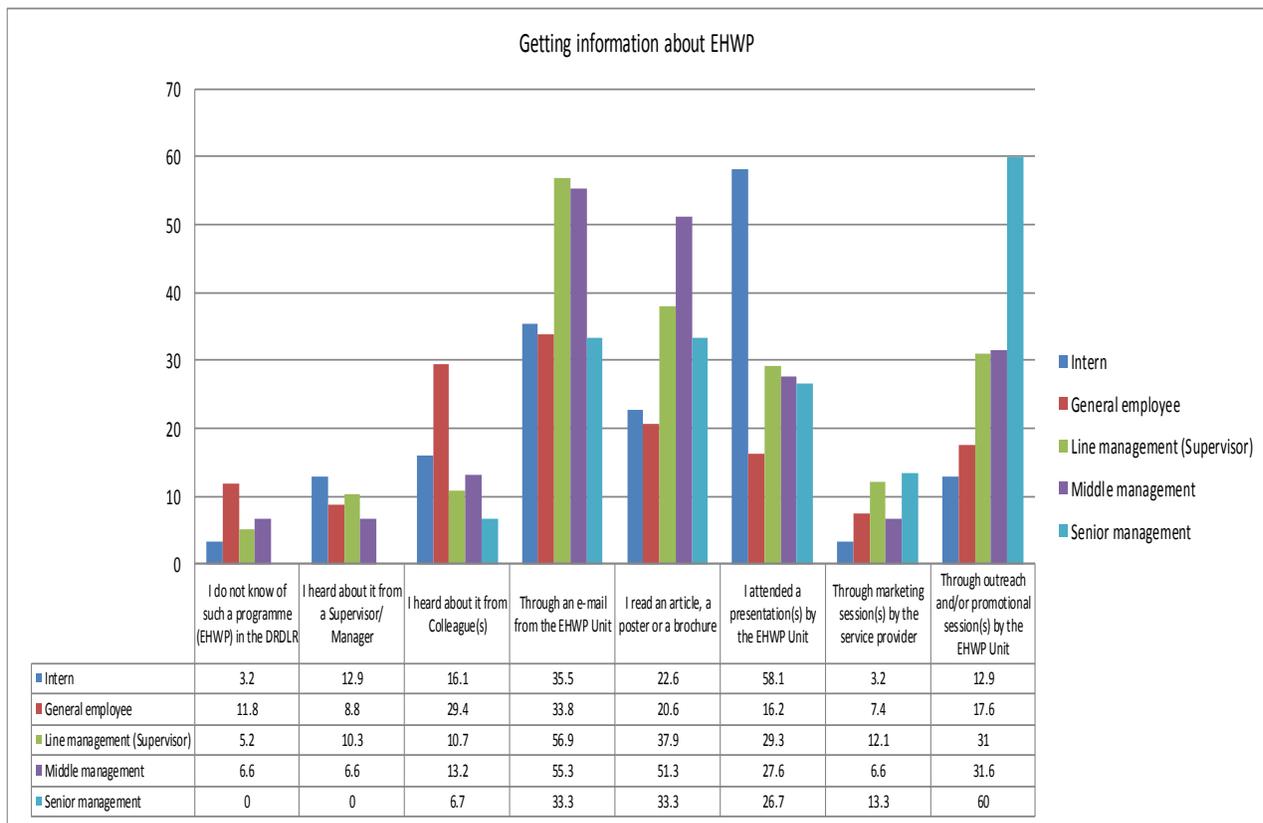


Figure 10 specifies that 60% of senior management got to know about the EHWP in the DRDLR through outreach and/or promotional sessions by the EHWP Unit, while the supervisor/manager (0%) was not a popular source of information in this regard.

The majority of middle management (55%), line managers (57%) and most of the general employees (34%) heard about the EHWP through an e-mail from the EHWP Unit, while marketing sessions by the service provider (7%) and involvement from the supervisor/manager (7%) were the least popular source of information. In this regard only (10%) of the line managers said that the supervisor/manager had informed them of the EHWP.

The highest percentage of interns (58%) heard about the EHWP through attendance at presentations by the EHWP Unit, whereas only (7%) of the general employees and (3%) of the interns specified that they heard about the EHWP through marketing sessions by the service provider.

The data make it clear that the majority of respondents indicated that the e-mails and presentations from the EHWP Unit were the most effective means of becoming aware of the EHWP services. Articles, posters or brochures were also an important source of information. It is, however, a concern that the supervisor/manager and marketing were the least frequent sources of information regarding EHWP service. Although Mashilo (2012) mentioned the preference of senior managers for using off-site EHWP services, it could be a general feeling of most managers at every level of management which has then resulted in poor marketing of the EHWP services to their staff members.

- **EFFECTIVENESS OF HEARING ABOUT THE EHWP FROM A SUPERVISOR OR MANAGER**

Figure 11: Illustrating effectiveness of hearing from a supervisor/manager

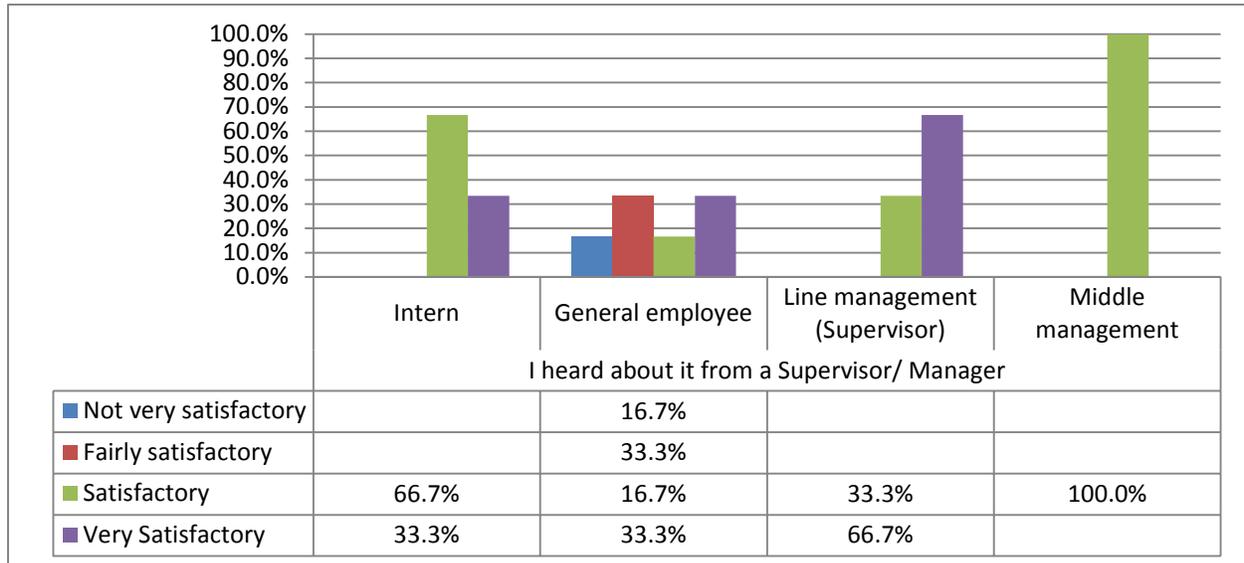


Figure 11 indicates that all middle managers (100%) rated the method of hearing about the EHWP from the supervisor/manager as satisfactory. One hundred percent of the interns and line management rated the method as satisfactory to very satisfactory. Eighty three percent of general employees rated the method as fairly to very satisfactory. The senior management would not have been expected to rate the method of hearing about the EHWP, as none of them spoke of hearing from the supervisor/manager in Figure 10. The rates of all the other strata on this method cannot be viewed as valid as they do not correlate with the percentages of those who heard about the EHWP from their supervisors/managers in Figure 10. This is one of the discrepancies alluded to earlier on by the researcher.

- EFFECTIVENESS OF HEARING ABOUT THE EHWP FROM COLLEAGUE(S)

Figure 12: Illustrating effectiveness of hearing from colleague(s)

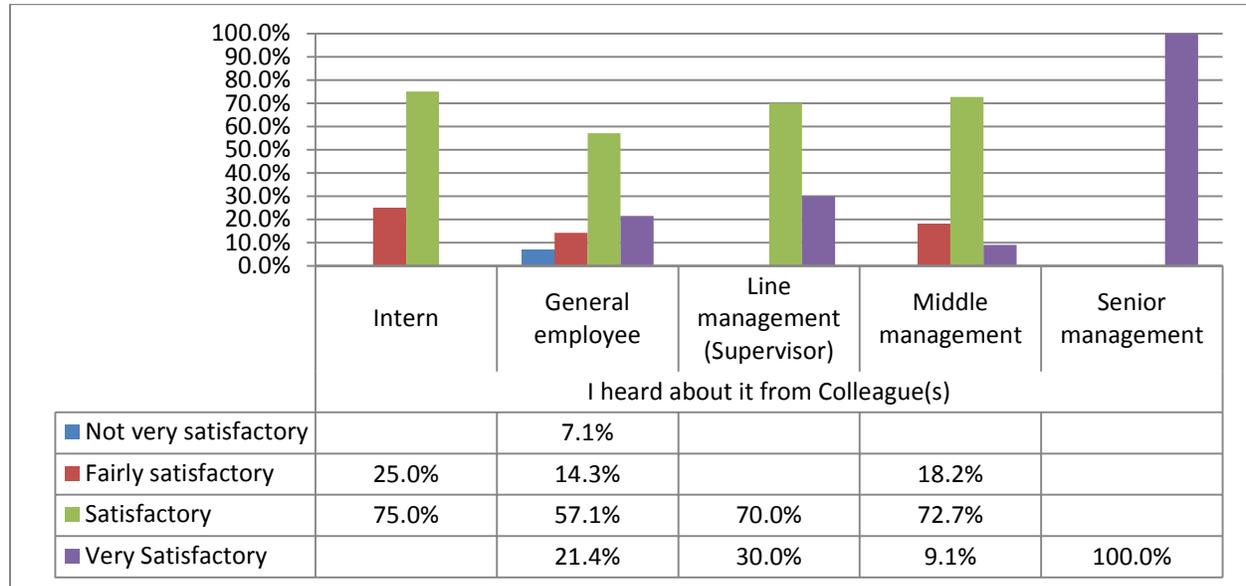


Figure 12 shows that all senior managers (100%) have rated the method of hearing about the EHWP from the colleagues as very satisfactory. One hundred per cent of line managers rated the same method as satisfactory to very satisfactory. One hundred per cent of middle managers and 93% of general employees have rated the method as fairly satisfactory to very satisfactory, whilst 100% of interns have rated it as fairly satisfactory to satisfactory. The rates of all the strata on this method cannot be viewed as valid as they do not correlate with the percentages of those that heard about the EHWP from their colleagues in Figure 10. This is also one of the discrepancies alluded to earlier on by the researcher.

- **EFFECTIVENESS OF HEARING ABOUT THE EHWP THROUGH AN E-MAIL FROM THE UNIT**

Figure 13: Illustrating effectiveness of hearing through an e-mail from EHWP Unit

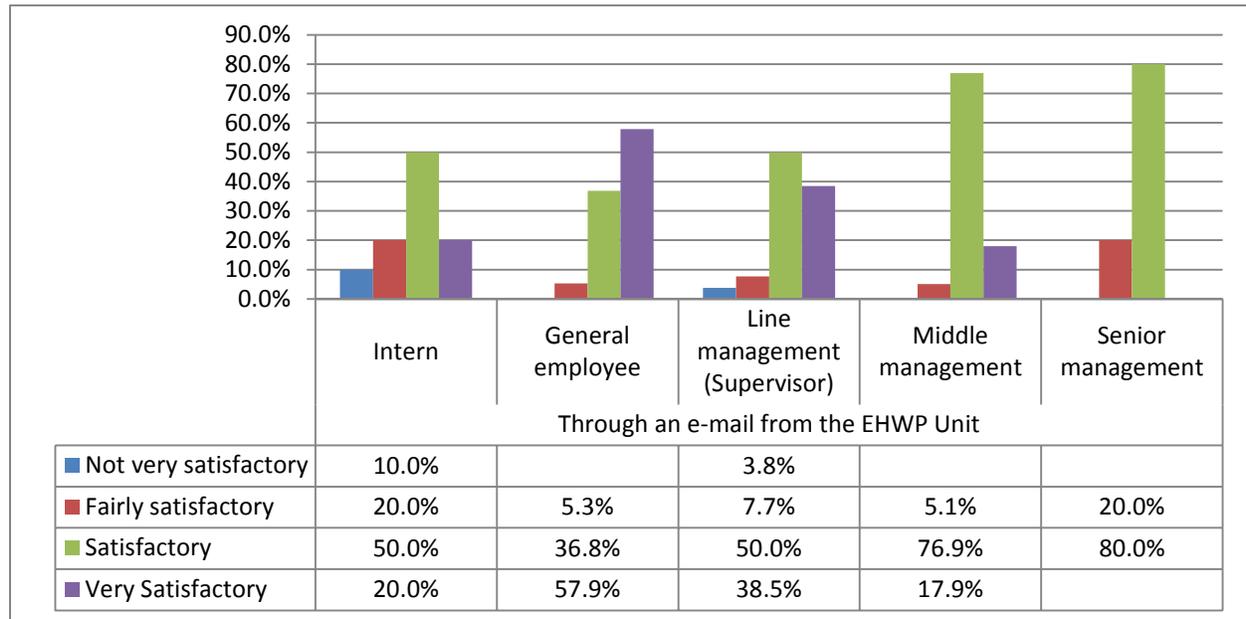


Figure 13 indicates that 100% of senior management rated the method of hearing about the EHWP through an e-mail from the EHWP unit as fairly satisfactory to satisfactory. The majority of interns (90%), line management (96%) and 100% of middle management and general employees rated the same method as fairly satisfactory to very satisfactory. The data confirm that the respondents experienced e-mails as an effective method of hearing about the EHWP. Although considerable percentages of all strata and the majority (57%) of line management and 55% of middle management indicated hearing about the EHWP through an e-mail in Figure 10, the rates of all the strata indicated in Figure 13 on the same method cannot be viewed as valid as they do not correlate with the percentages reflected in Figure 10. This is also one of the discrepancies alluded to earlier on by the researcher.

- **EFFECTIVENESS OF HEARING ABOUT THE EHWP THROUGH READING AN ARTICLE, POSTER OR BROCHURE**

Figure 14: Illustrating effectiveness of hearing through reading an article, poster or brochure

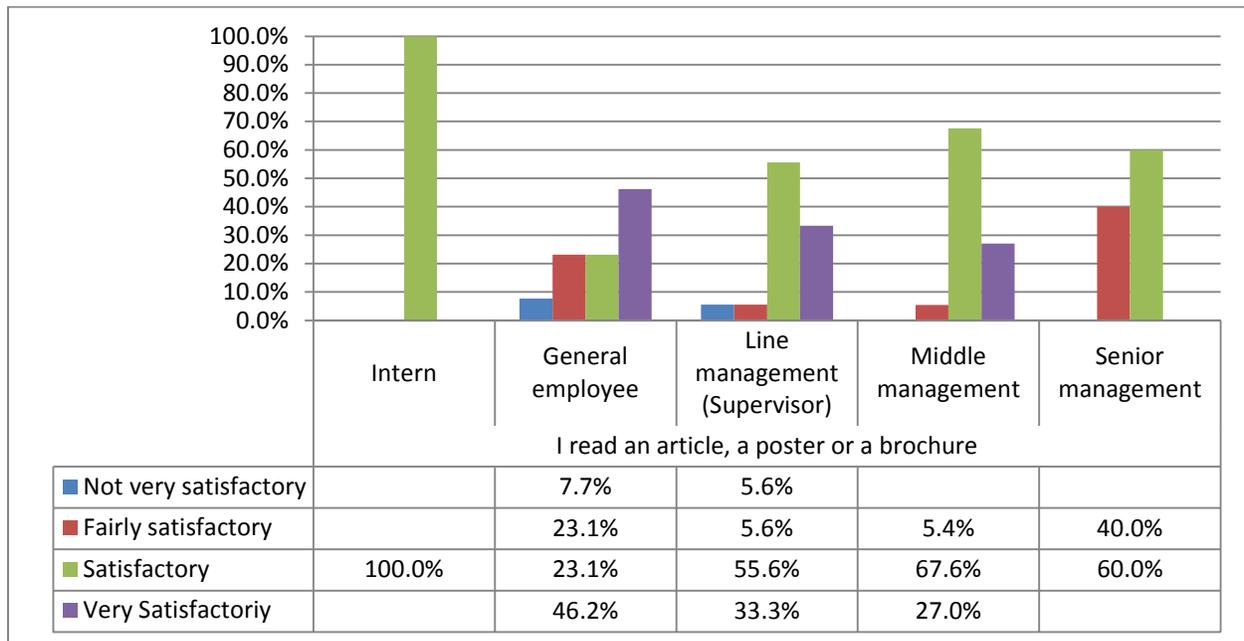


Figure 14 shows that 100% of interns rated the method of hearing about the EHWP by reading an article, a poster or a brochure as satisfactory. One hundred per cent of senior management rated the same method as fairly satisfactory to satisfactory whilst 100% of middle management, 95% of line management and 92% of general employees rated it as fairly to very satisfactory. The data confirm that the respondents experienced reading an article, poster or brochure as an effective way of hearing about the EHWP. Although considerable percentages of line and senior management and the majority (51%) of middle management reported hearing about the EHWP by reading an article, poster or brochure in Figure 10, the rates of all the strata indicated in Figure 14 on the same method cannot be viewed as valid as they do not correlate with the percentages reflected in Figure 10. This is also one of the discrepancies alluded to earlier on by the researcher.

• **EFFECTIVENESS OF HEARING ABOUT THE EHWP THROUGH ATTENDANCE AT PRESENTATION(S) BY EHWP UNIT**

Figure 15: Illustrating effectiveness of hearing through attendance of presentation(s) by EHWP Unit

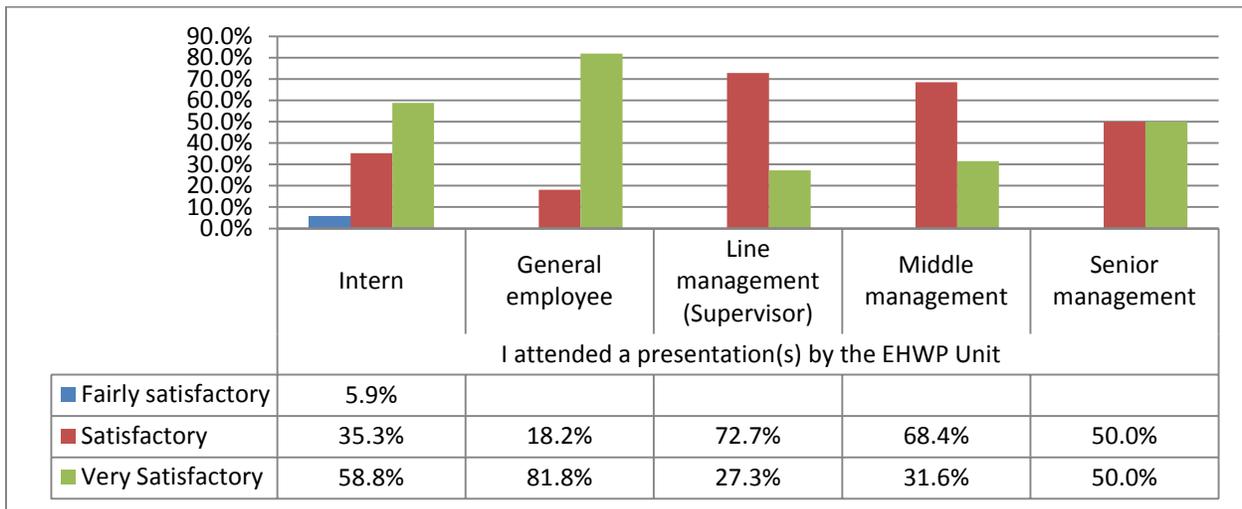


Figure 15 indicates that 100% of general employees, line, middle and senior management rated the method of hearing about the EHWP by attending the presentation(s) by the EHWP unit as satisfactory to very satisfactory. One hundred per cent of interns rated the same method as fairly satisfactory to very satisfactory. The data confirm that the respondents experienced hearing about the EHWP by attending the presentation(s) by the EHWP unit as satisfactory. Although 58% of interns and lower percentages of the other strata indicated that they heard about the EHWP by attending presentations by the EHWP Unit in Figure 10, the rates of all the strata indicated in Figure 15 on the same method cannot be viewed as valid as they do not correlate with the percentages reflected in Figure 10. This is also one of the discrepancies alluded to earlier on by the researcher.

- **EFFECTIVENESS OF HEARING ABOUT THE EHWP THROUGH MARKETING PRESENTATION(S) BY THE SERVICE PROVIDER**

Figure 16: Illustrating effectiveness of hearing through marketing presentation(s) by the service provider

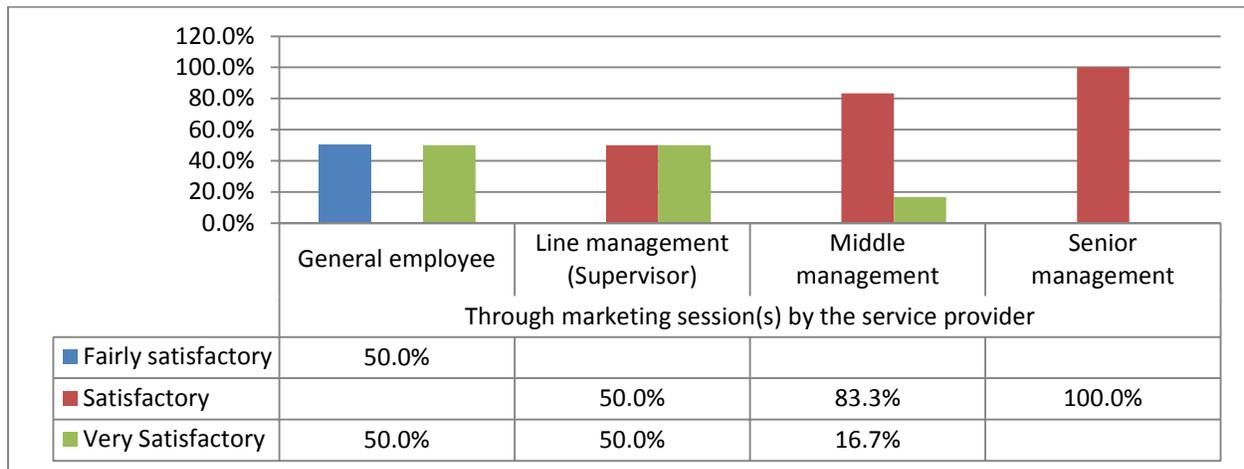


Figure 16 shows that 100% of senior management rated the method of hearing about the EHWP through marketing session(s) by the service provider as satisfactory whilst 100% of line and middle management rated the same method as satisfactory to very satisfactory. The interns did not rate this method as only 3.2% in Figure 10 indicated that they had heard of the services through marketing.

Looking at the low percentages of attendance of these marketing sessions as indicated in Figure 10, the data in Figure 16 show an inaccuracy as they do not correlate with the percentages of those who heard through marketing sessions by the service provider as reflected in Figure 10. This is also one of the discrepancies referred to earlier on by the researcher.

- **EFFECTIVENESS OF HEARING ABOUT THE EHWP THROUGH OUTREACH AND/OR PROMOTIONAL SESSION(S) BY THE EHWP UNIT**

Figure 17: Illustrating effectiveness of hearing through outreach and/or promotional sessions by the EHWP Unit

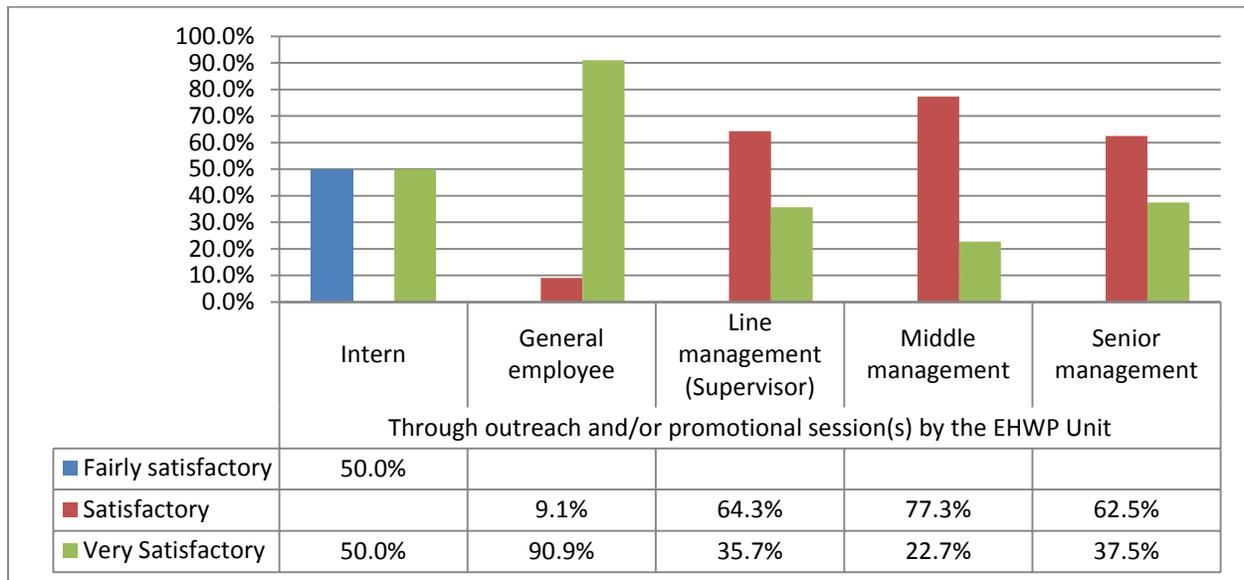


Figure 17 indicates that 100% of general employees, line, middle and senior management rated the method of hearing about the EHWP through outreach and/or promotional session(s) by the EHWP as satisfactory to very satisfactory. One hundred per cent of the interns rated the same method as fairly satisfactory to very satisfactory. Except for the data from senior management, the data of all the other strata on this method showed it cannot be viewed as valid as they do not correlate with the percentages of those who heard about the EHWP from their colleagues in Figure 10. This is also one of the discrepancies mentioned earlier on by the researcher.

- **KNOWLEDGE ABOUT ACCESS HEALTH**

Figure 18: Demonstrating knowledge about Access Health

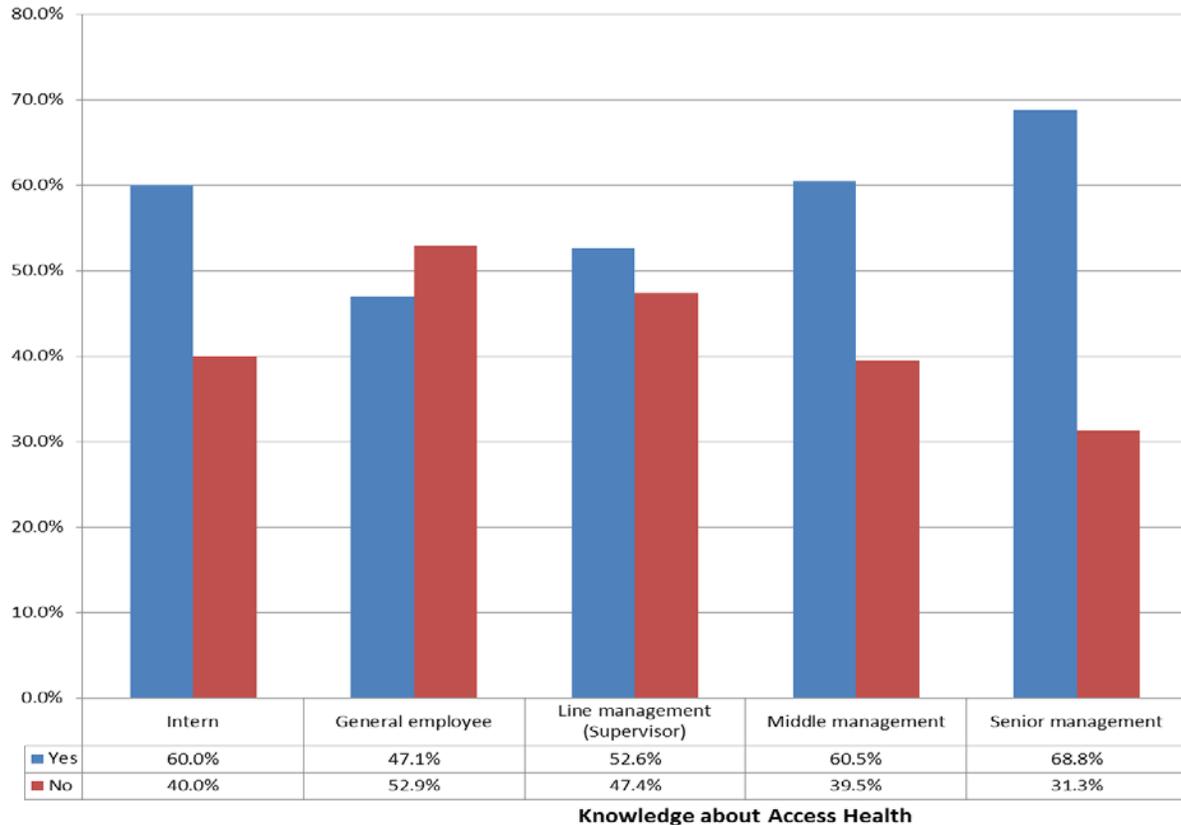


Figure 18 shows that the majority of respondents: 60% of the interns, 61% of middle management, 69% of senior management and 53% of line management knew about Access Health, the service provider that has been contracted by the DRDLR to render employee well-being services. Only 47% of the general employees knew about Access Health. The data confirm that the majority of the respondents knew about the service provider, Access Health. The current service provider with the DRDLR, Access Health, is on a fee-for-service contract for a period of three years, with effect from 01 April 2012 until 31 March 2015 (Department of Rural Development and Land Reform, 2012b:4).

- **KNOWLEDGE ABOUT ACCESS HEALTH TOLL-FREE NUMBER**

Figure 19: Demonstrating knowledge about Access Health toll-free number

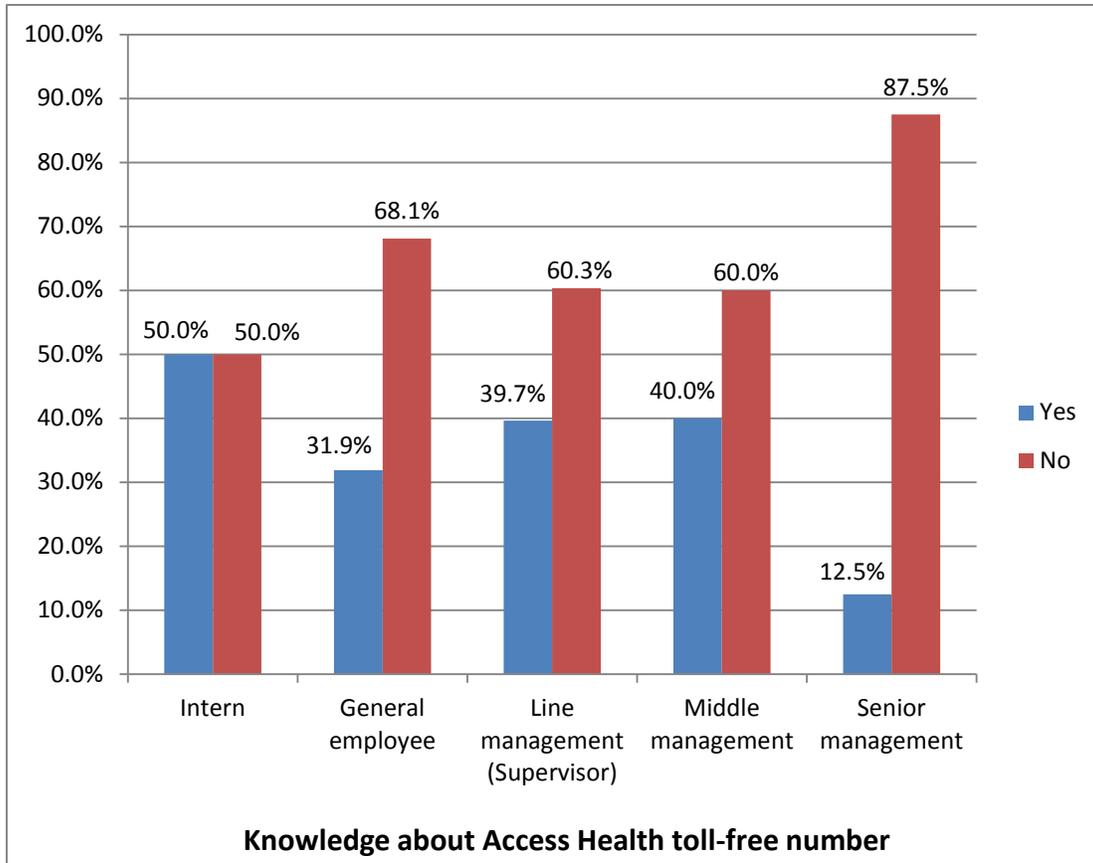


Figure 19 indicates that the majority of the respondents, 88% of senior management, 68% of general employees, 63% of line management and 60% of middle management do not know about Access Health toll-free number. Fifty per cent of the interns also do not know about Access Health toll-free number. The data reflect that the majority of the DRDLR employees do not seem to be benefiting from the advantage of the off-site model alluded to by the researcher in Chapter 2, of easy accessibility of the EHWP services to employees in distress through a 24-hour toll-free line. This benefit can only be enjoyed by those employees who know the toll-free number as they can contact the service provider at any time, anywhere. The Department of Land Affairs (2008:1) indicates that the EHWP in the DRDLR has been outsourced with different external

service providers to render the following well-being services: psycho-social (counselling), case management and monitoring, trauma diffusion and debriefing, crisis management, rehabilitation, relationship development, group intervention and a 24-hour call centre.

- **KNOWLEDGE ABOUT EHWP UNIT TELEPHONE NUMBER(S)**

Figure 20: Demonstrating knowledge about EHWP unit telephone number(s)

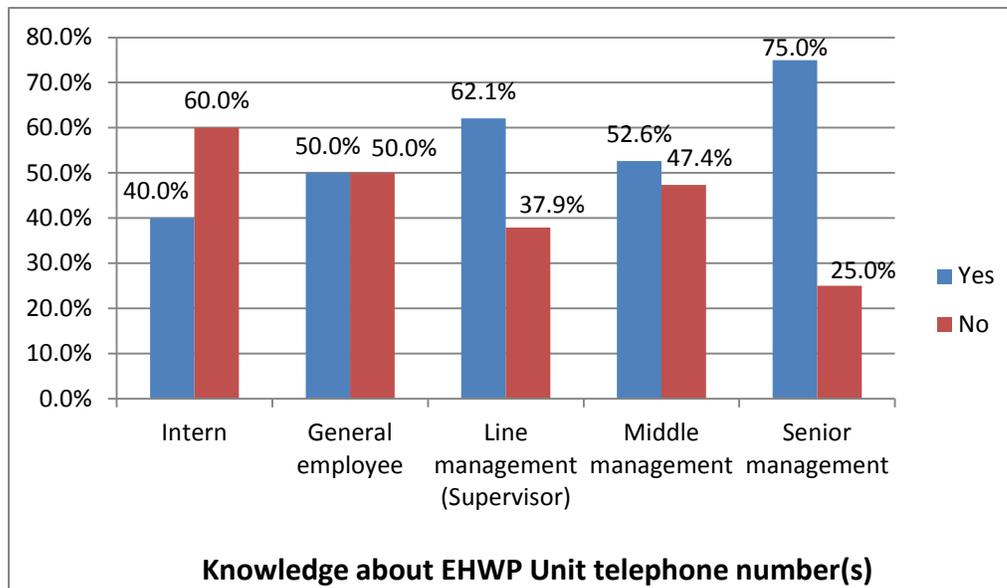


Figure 20 indicates that the majority of senior management (75%), line management (62%) and middle management (53%) knew about the EHWP unit telephone number(s). Fifty per cent of general employees and 40% of interns also know about the unit's telephone number(s). The data demonstrate that the majority of members of management were taking advantage of the benefit of having an on-site model in the organisation. This advantage has also been alluded to by Oher (1999:65), that the on-site model allows a close working relationship between the management and the EHWP Professionals. The low percentage of the interns could be linked to the fact that they have not been in the organisation for long as mentioned earlier.

Section B illustrates that the majority of employees are knowledgeable about the concept of EHWP in the DRDLR, which the researcher views as important. The respondents' high level of knowledge about the EHWP in the DRDLR has also been illustrated in Figure 9. Hepworth et al. (2006:18) emphasised the necessity in the ecological systems perspective of knowledge of the diverse systems involved in interactions between people and their environments, inter alia, organisations, institutions or communities. Zastrow (2004:55) indicated that the ecological systems perspective "integrates both treatment and reform by conceptualising and emphasising the dysfunctional transactions between people and their environments". The perspective thus explores both internal and external factors, and views people as dynamic and reciprocal interactors with their environments. Hepworth et al. (2006:17) agreed with the view of Zastrow (2004) and added that the ecological systems perspective suggests that individuals constantly engage in transactions with other humans and with other systems in the environment, and that these individuals and systems reciprocally influence each other.

4.2.3 Section C: Utilisation of the EHWP in the DRDLR

The respondents were requested to indicate the utilisation rate of the different EHWP service offerings over the previous 24 months. It must be taken into consideration that the interns are contracted by the DRDLR for 12 months and some of the services mentioned below might have been implemented after the research had been conducted. Consequently, this stratum (interns) will not be commented on in the table below which will show the results of non-attendance by the other four strata (general employees, line management, middle management and senior management). These strata consist of employees who are employed permanently in the DRDLR. The utilisation of the EHWP services by the interns will, however, be analysed and interpreted as reflected in the graphs which follow.

- **FREQUENCY OF UTILISATION OF THE EHWP**

Table 1: Illustrating the frequency of utilisation of the EHWP

Service offerings	General employees	Line management (Supervisors)	Middle management	Senior management
	Never	Never	Never	Never
Attended a Health and Wellness Event	24.6%	25.0%	28.6%	40.0%
Participated in health screening (Blood Pressure; cholesterol, diabetes and weight) tests	22.6%	18.0%	34.3%	56.3%
Participated in HIV and AIDS Voluntary Counselling and Testing (VCT)	42.2%	32.0%	47.7%	80.0%
Attended a health and wellness marketing presentation	54.0%	48.9%	58.6%	60.0%
Attended health and wellness presentation(s) on life-skills programmes; e.g. Stress Management, Personal Financial Management or Relationship Building	78.3%	57.4%	79.2%	80.0%
Attended an HIV and AIDS Awareness and Education session; e.g. World AIDS Day, Candle Light and/or STIs and Condom Week	53.8%	37.0%	49.0%	73.3%
Consulted for advice on how to refer or deal with an employee with poor work performance and/or behavioural problems	80.0%	71.8%	68.6%	68.8%
Participated in the flu vaccine project	67.2%	57.4%	67.9%	86.7%
Referred an employee with a substance abuse problem	82.8%	80.5%	88.0%	100.0%
Attended individual counselling for work-related problems	89.2%	89.7%	87.8%	86.7%
Attended individual counselling for personal problems	84.6%	62.8%	80.8%	93.3%

Service offerings	General employees	Line management (Supervisors)	Middle management	Senior management
	Never	Never	Never	Never
Attended individual counselling for health-related problems	92.3%	87.5%	94.0%	100.0%
Attended individual counselling for financial problems	93.8%	95.1%	100.0%	100.0%
Attended marital counselling	98.4%	95.0%	98.0%	93.3%
Attended family counselling	93.8%	90.0%	88.5%	93.3%

According to the table above, on average, more than 50% of the respondents in all the strata have never utilised the EHWP service offerings. The senior managers have the highest percentages of non-utilisation in most service offerings. The data show that the EHWP is under-utilised. This correlates with the view of Radebe (2012) who indicated that only a few employees, about 3% of the total establishment were utilising the counselling services. She further stated that the reason why employees were not using the services of the service provider could be that they were not well-informed about the benefits of counselling, or the marketing strategies were not effective. This aspect was highlighted in Figure 10.

The graphs are to follow with the analysis of all the strata with regard to the utilisation rate of the service offerings. The high knowledge levels of the EHWP in Figure 9 prompt one to expect these results to correlate with the utilisation rate. However, this is not the case in this study, especially in the case of the senior management as will be shown in a significant number of figures to follow in this chapter.

- ATTENDANCE AT A HEALTH AND WELLNESS EVENT

Figure 21: Indicating attendance at a health and wellness event

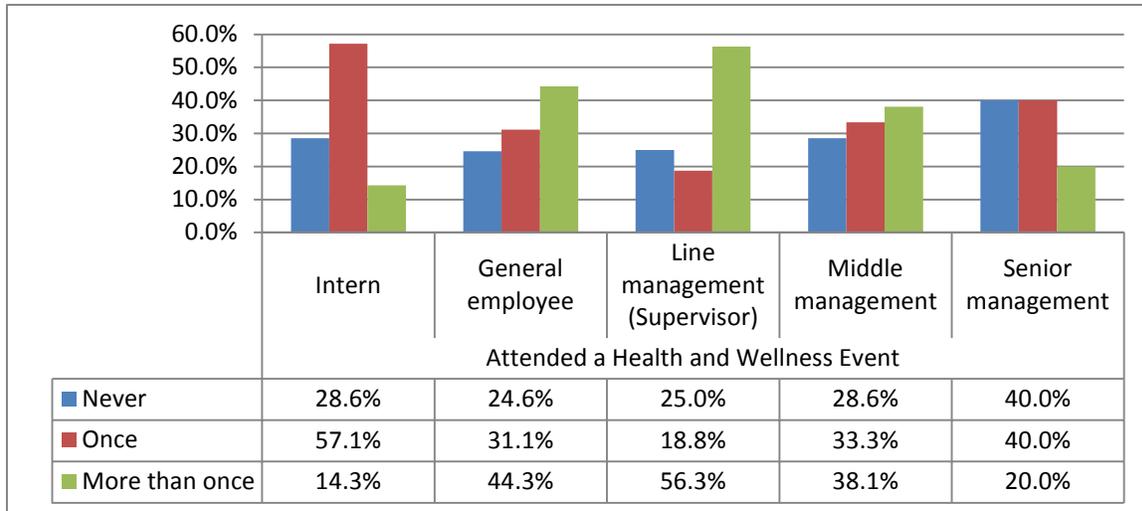


Figure 21 specifies that the majority of general employees (75%), line management (75%), senior management (60%), middle management and interns (71%) have attended a Health and Wellness Event once, or more than once. The data confirm that the majority of respondents have attended a Health and Wellness Event. The role of middle and senior managers is highlighted by Nossel (2012:2) who explains that the role of the leadership in workplace health promotion programmes contributes to the success of these programmes.

• PARTICIPATION IN HEALTH SCREENING

Figure 22: Indicating participation in health screening

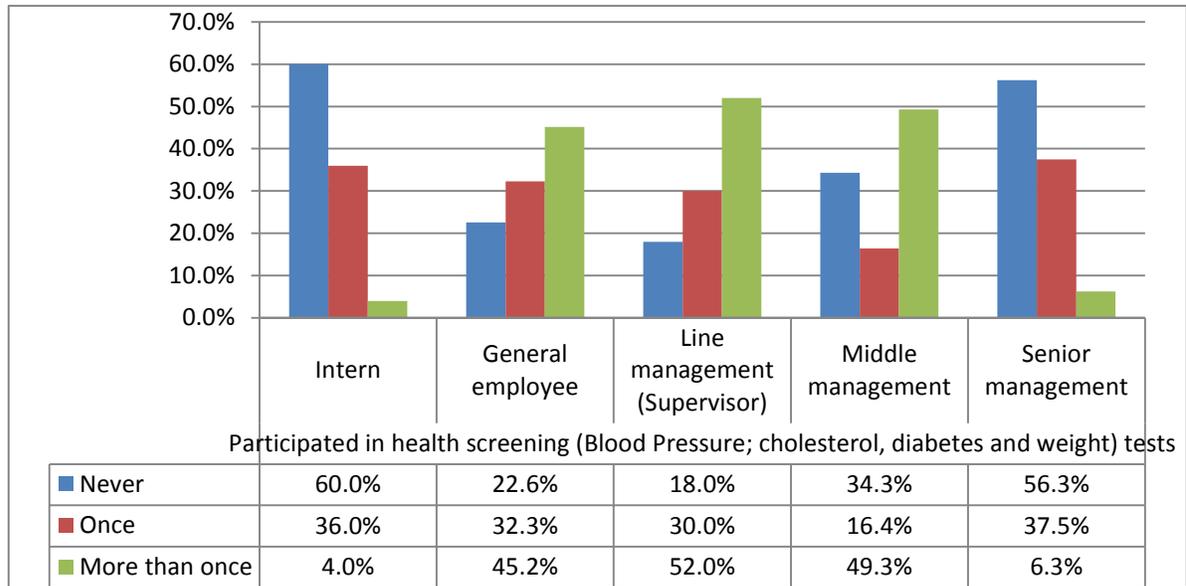


Figure 22 indicates that, except for the interns and senior management, the majority of general employees (78%), line management (82%), and middle management (66%) had participated in health screening (Blood Pressure, cholesterol, diabetes and weight) tests once, or more than once. The majority of senior managers (56%) had never participated. The majority of the interns, on the other hand, might not have started their internship programme at the time the health screening was conducted for the DRDLR National Office, hence a high percentage (60%) of non-participation. The data make it clear that, although the majority of respondents had participated in health screening, it seems that the senior managers prefer undergoing health screening tests with their private practitioners, outside the DRDLR. This possibility is supported by Mashilo (2012), as alluded to in Chapter 2, that most of the senior managers prefer off-site services.

• PARTICIPATION IN HIV AND AIDS VCT

Figure 23: Indicating participation in HIV and AIDS Voluntary Counselling and Testing (VCT)

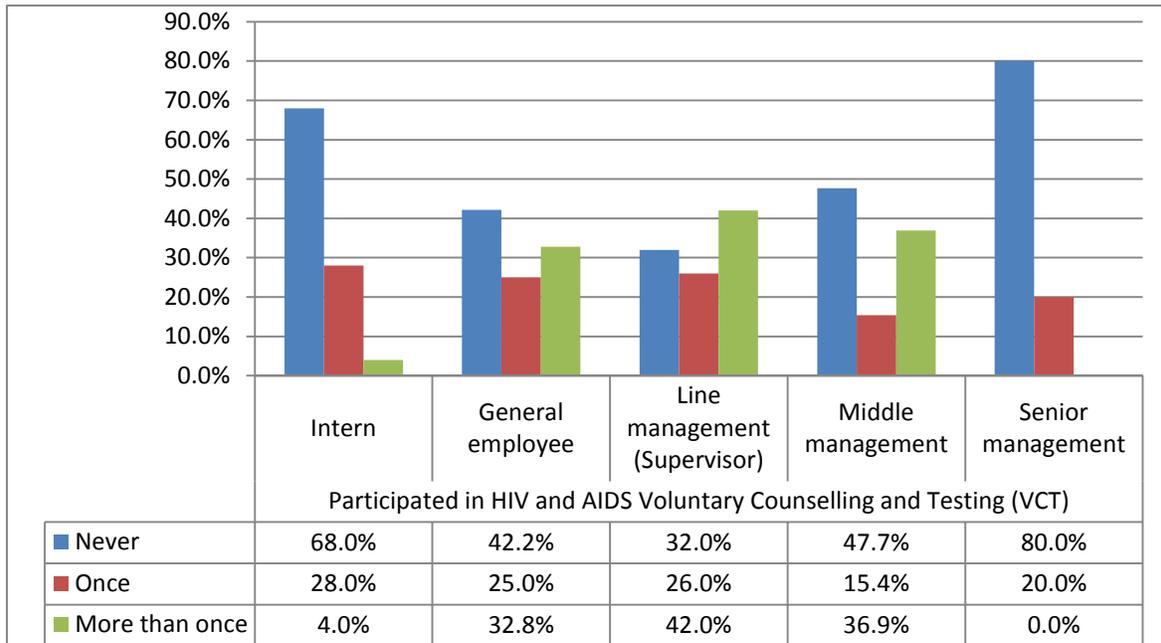


Figure 23 shows that, except for senior management and interns, the majority of general employees (58%), line management (68%), and middle management (52%) had participated in HIV and AIDS VCT once or more than once. The majority (80%) of senior managers and 68% of interns had never participated. Poor attendance (68%) by the interns could again be linked to the fact that the majority might not yet have started their internship programme at the time the VCT was conducted for the DRDLR National Office. The data confirm that the majority of respondents had participated in HIV and AIDS VCT. The poor participation by the senior management in the DRDLR correlates with the view of Mashilo (2012) on this category's poor participation. However, the support of senior management should be evident through active involvement and by ensuring that employees are aware of the existing policies and strategies on health and wellness programmes (Nossel, 2012:2).

• ATTENDANCE AT A HEALTH AND WELLNESS MARKETING PRESENTATION

Figure 24: Indicating attendance at a health and wellness marketing presentation

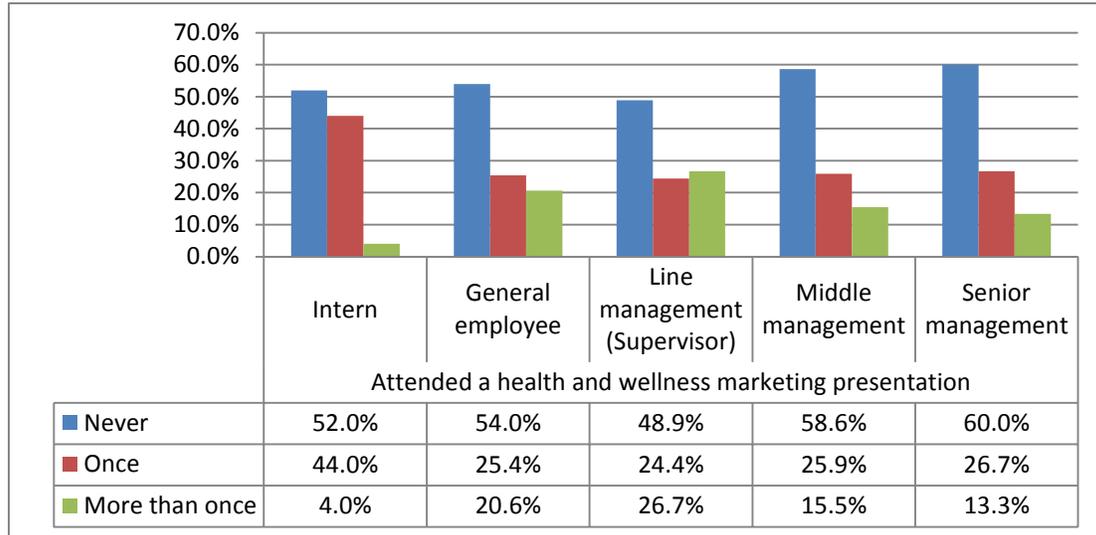


Figure 24 illustrates that, except for the line managers at 49%, the majority of interns (52%), general employees (54%), middle management (59%) and senior management (60%) had never attended a health and wellness marketing presentations, which correlates with Figure 10, where less than 14% in all strata became aware of EHWP services through the marketing sessions. The data make it clear that the marketing presentations do not appear to have appealed to the majority of the respondents. From these results it is clear that the high level of knowledge of EHWP reflected in Figure 9 was not through health and wellness marketing presentations, but through other means of communication. EAPA SA (2010:16), however, stipulates the necessity of appropriate marketing strategies.

- **ATTENDANCE AT HEALTH AND WELLNESS PRESENTATION(S) ON LIFE-SKILLS**

Figure 25: Indicating attendance at a health and wellness presentation(s) on life- skills

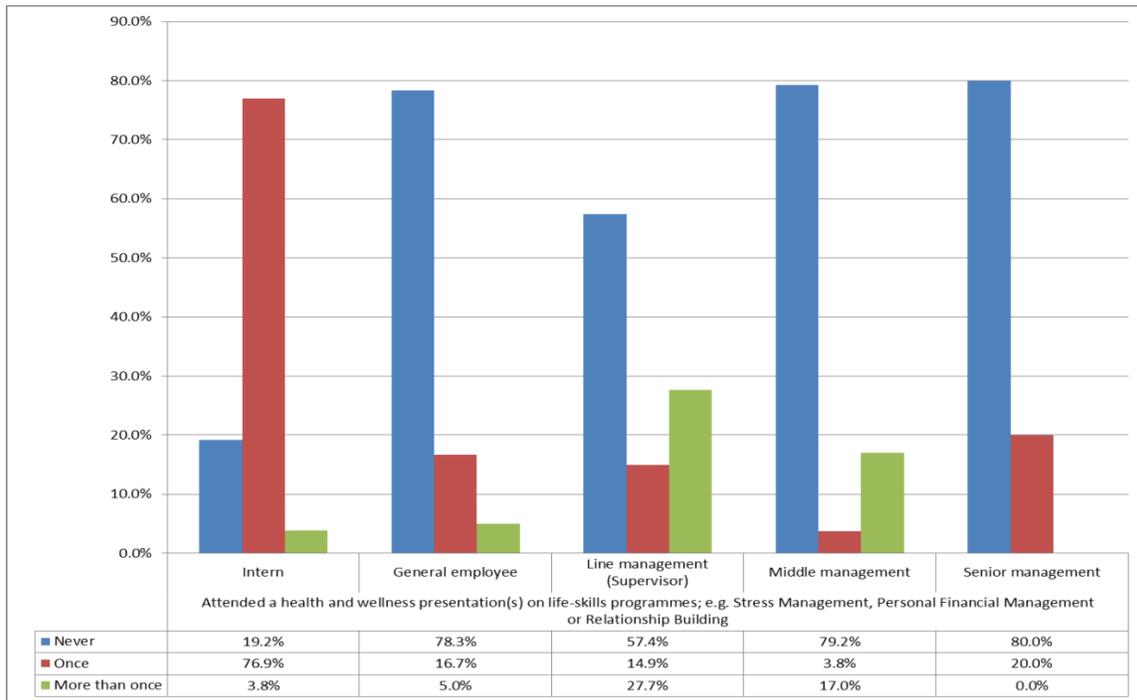


Figure 25 reveals that 81% of the interns have attended these presentations once or more than once, while the majority of general employees (78%), line management (57%), middle management (79%) and senior management (80%) have never attended the health and wellness presentation(s) on life skills (Stress management, personal financial management, relationship building). The data make it clear that, except for the interns, the majority of respondents have not attended any life skills presentations. Poor attendance of these life-skills by the majority of the respondents shows their lack of appreciation of one of the goals of the EHWP in the DRDLR – to provide employees with life-skills, awareness and educational programmes that promote healthy lifestyles and coping skills (Department of Land Affairs, 2008:9).

- **ATTENDANCE AT AN HIV AND AIDS AWARENESS AND EDUCATION SESSION**

Figure 26: Indicating attendance at an HIV and AIDS Awareness and Education session

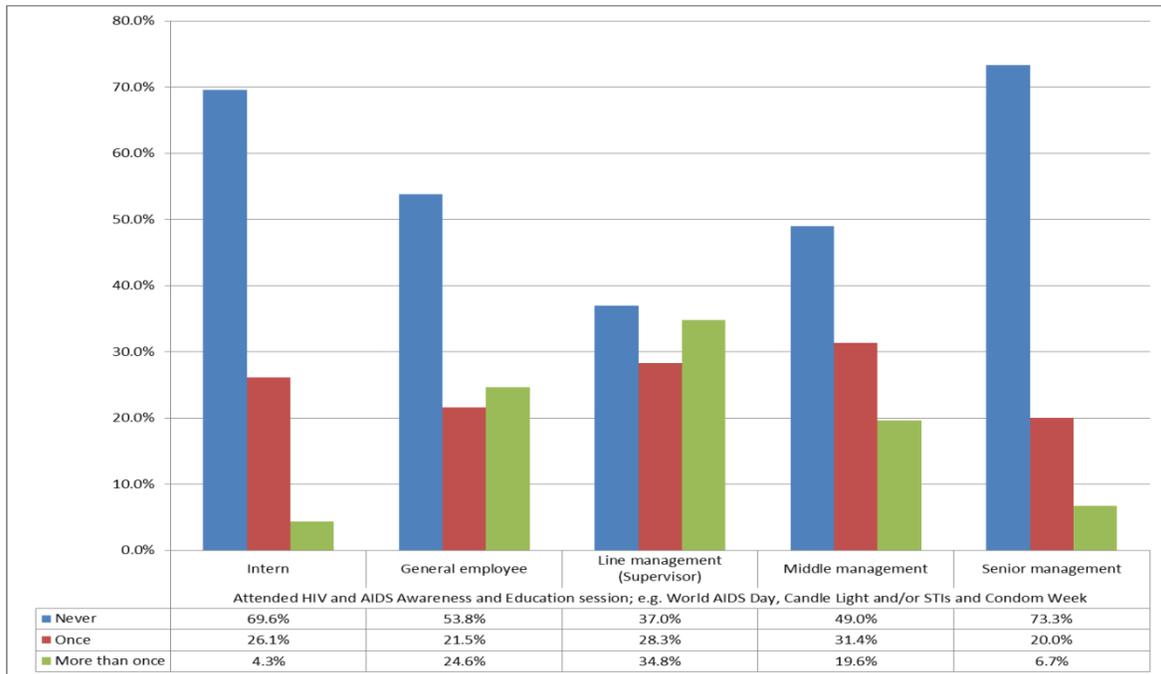
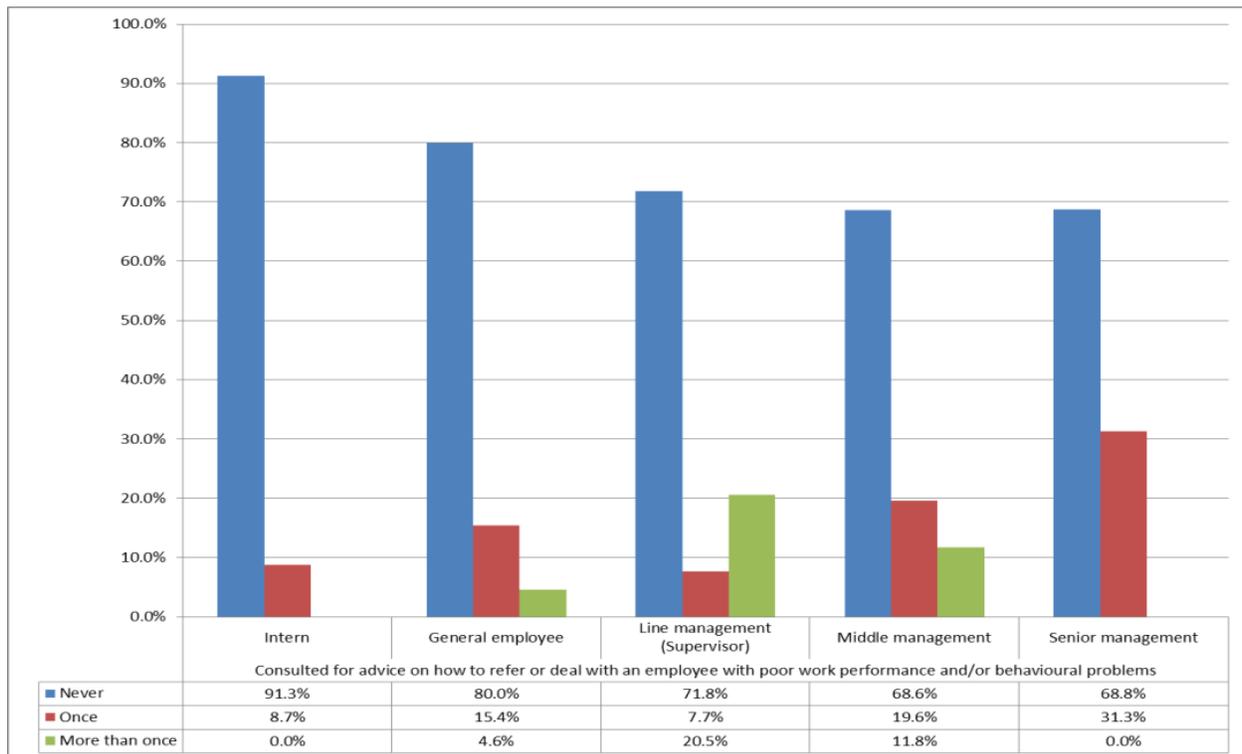


Figure 26 shows that, except for the line managers and middle management, the majority of interns (70%), general employees (54%) and senior management (73%) have never attended an HIV and AIDS Awareness and Education session (World AIDS Day, Candle Light and/or STIs or Condom Week). The data confirm that the majority of respondents have never attended an HIV and AIDS Awareness and Education session. Poor attendance at these sessions by the senior managers and interns tallies with their poor participation in the VCT as shown in Figure 23. This is concerning, as these sessions form part of the mechanisms within the workplace to promote non-discrimination actively and to protect HIV-positive employees and those perceived to be HIV-positive, from discrimination (Public Service Regulations, 2001 as amended in 2010:25). The DRDLR, through the HIV and AIDS awareness sessions, is trying to

mitigate the impact of the epidemic, which has become an issue of concern in a number of organisations, both public and private (Harper, 2000:321).

- **CONSULTATION ON REFERRAL OF A TROUBLED EMPLOYEE**

Figure 27: Illustrating consultation on referral of a troubled employee



As shown in Figure 27 the majority of line managers (72%), middle managers (69%) and senior management (69%) have never consulted for advice on how to refer or deal with an employee with poor work performance and/or behavioural problems, even though the referral function is one of their responsibilities in the workplace. The highest percentage (80%) of general employees and 91% of interns have never consulted the service provider for advice on how to refer or deal with an employee with poor work performance and/or behavioural problems, as it is not their role to refer troubled employees. The data show that the majority of respondents have never asked for

advice on how to refer or deal with a troubled employee. The role of referral of troubled employees is at the supervisory and management levels, that is line, middle and senior managers, to ensure that troubled employees gain access to appropriate resources and levels of care (EAPA SA, 2010:13). The results correlate with the findings in Figure 10 regarding low percentages of getting information about the EHWP from supervisors/managers.

- **PARTICIPATION IN THE FLU VACCINE PROJECT**

Figure 28: Indicating participation in the flu vaccine project

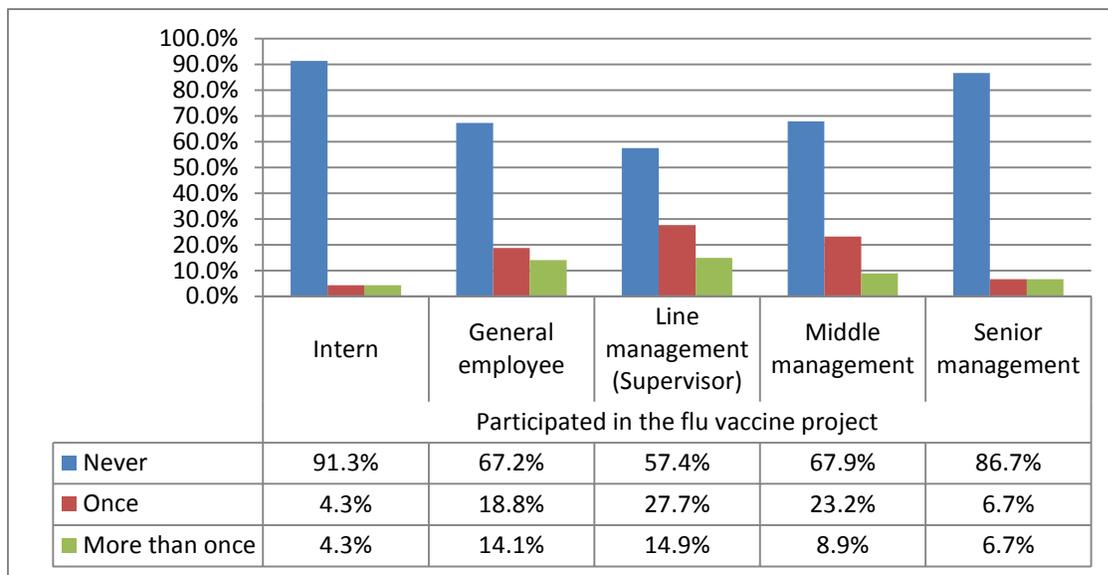
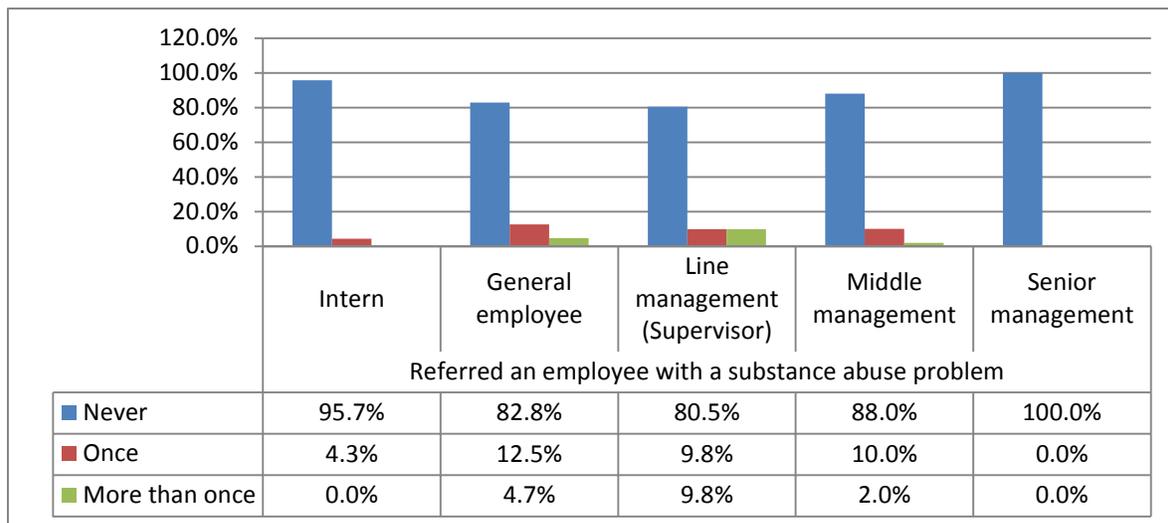


Figure 28 indicates that the majority of interns (91%), general employees (67%), line management (57%), middle management (68%) and senior management (87%) never participated in the flu vaccine project. The data confirm that the majority of respondents did not engage in the flu vaccine project. Unfortunately, the results show that the focus of the Health and Productivity Management Pillar referred to in Chapter Two (Department of Public Service and Administration, 2008:26), that of the efforts, amongst

others, of maintaining the general health of employees through support in order to mitigate the impact of communicable and non-communicable, are not realised.

- **REFERRAL OF AN EMPLOYEE WITH A SUBSTANCE ABUSE PROBLEM**

Figure 29: Illustrating referral of an employee with a substance abuse problem



As shown in Figure 29, all senior managers (100%) and the majority of respondents from other strata, 96% of interns, 83% of general employees, 81% of line managers and 88% of middle managers never referred employees with substance abuse problems. The above percentages are in line with Figure 27 which indicates that the strata did not consult for referral purposes. The fact that the majority of respondents in all strata, but line management, in Figure 24 had never attended marketing presentations correlates with the high percentages (100% for senior managers) of non-referral. The data confirm that the majority of respondents did not refer employees with substance abuse problems. The data may possibly indicate the effectiveness of the DRDLR health and wellness programmes to support their employees and encourage them to adhere to healthy lifestyles such as physical exercise, stress management techniques and avoiding the intake of harmful substances as suggested by Dickman (2003:155).

- **ATTENDANCE OF INDIVIDUAL COUNSELLING FOR WORK-RELATED PROBLEMS**

Figure 30: Indicating attendance of individual counselling for work-related problems

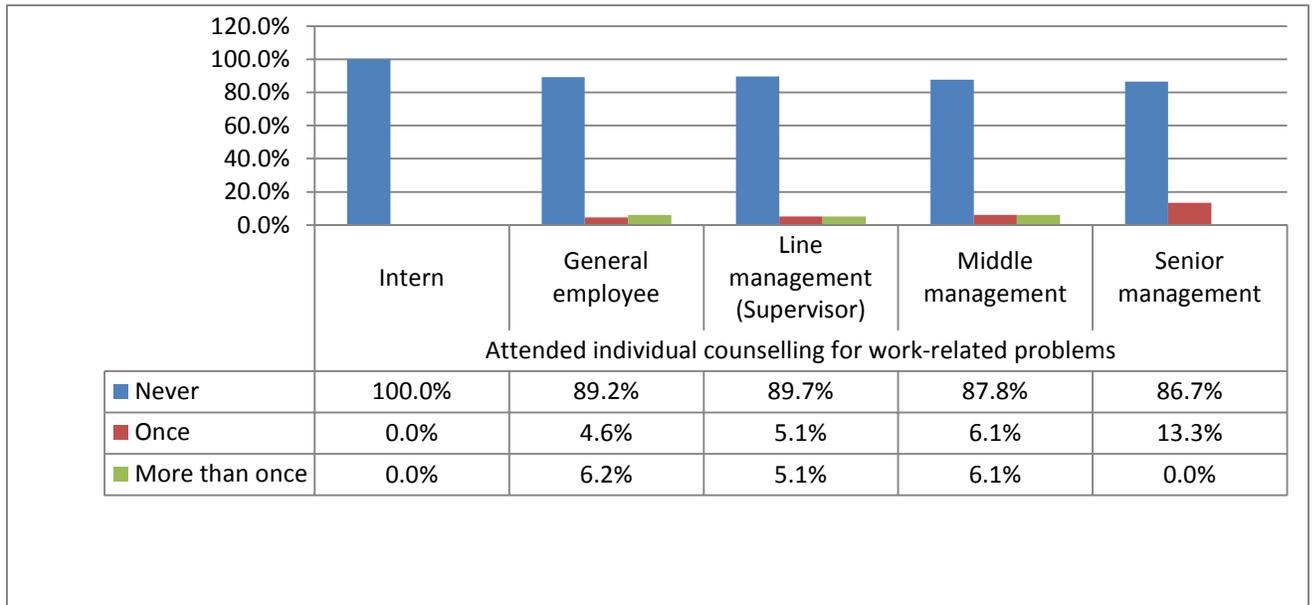


Figure 30 reveals that high percentages of all the strata, 100% of interns, 89% of general employees, 90% of line management, 88% of middle management and 87% of senior management have never attended individual counselling for work-related problems. One would not expect the interns to have attended these sessions as they are not working permanently, but are in the internship programme. The 100% non-attendance confirms this. Only the minority of respondents from all strata have attended individual counselling for work-related problems once or more than once. The data make it clear that the majority of respondents did not attend individual counselling for work-related problems. It should be noted that, although the 13% utilisation rate of psycho-social (counselling) services was regarded as an improvement in the 2011/12 financial year, it is clear from the above results that the attendance rate as reflected in Careways (2012:10) is still low. This poor attendance at counselling is also supported by Access Health report which reflects only 8 (0.1%) of employees who were referred

for counselling for work-related problems during 2012/13 period and 0% during 2013/14 (Access Health, 2014:15).

- **ATTENDANCE OF INDIVIDUAL COUNSELLING FOR PERSONAL PROBLEMS**

Figure 31: Explaining attendance of individual counselling for personal problems

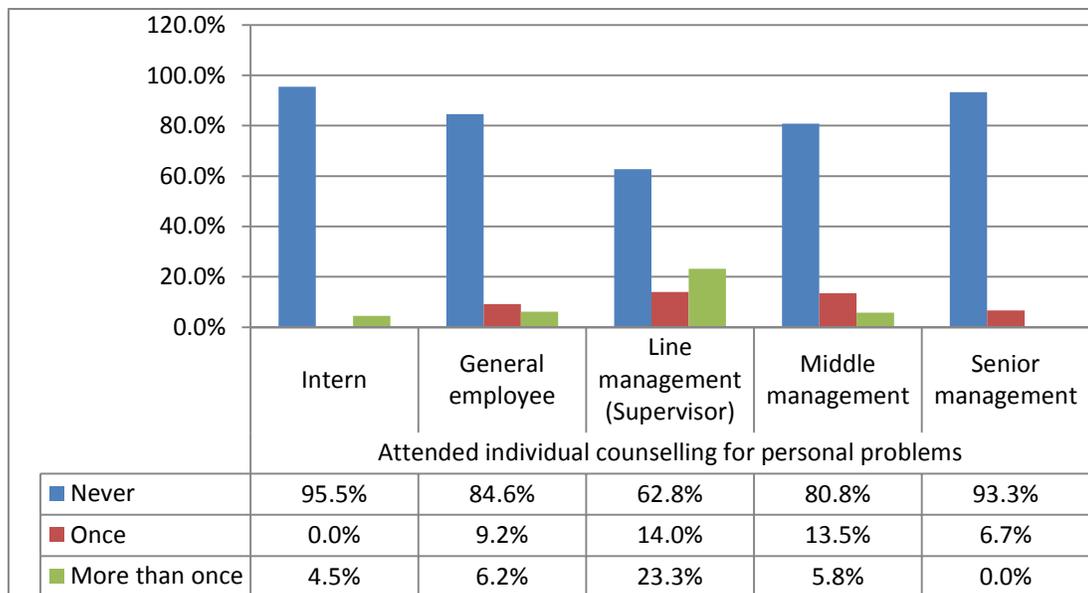


Figure 31 shows that the majority of interns (96%), general employees (85%), line management (63%), middle management (81%) and senior management (93%) had never attended individual counselling for personal problems. The data show that the majority of respondents did not utilise individual counselling for personal problems. Poor utilisation of counselling services by all the strata is a concern, as personal problems were identified as some of the most pertinent areas of concern in the risk profile for the DRDLR over a period of three years. Thirty-six per cent of the 404 referred cases were relating to personal emotional issues such as: stress, anxiety, health, phase of life adjustments, burn out, depression, traumatic events, bereavement,

homicidal and suicidal risks (Careways, 2012:4). With poor attendance at health and wellness marketing sessions reflected in Figure 10, one would expect these results, as it is during these sessions that employees would be encouraged to attend counselling for the abovementioned problems and many others.

- **ATTENDANCE OF INDIVIDUAL COUNSELLING FOR HEALTH-RELATED PROBLEMS**

Figure 32: Explaining attendance of individual counselling for health-related problems

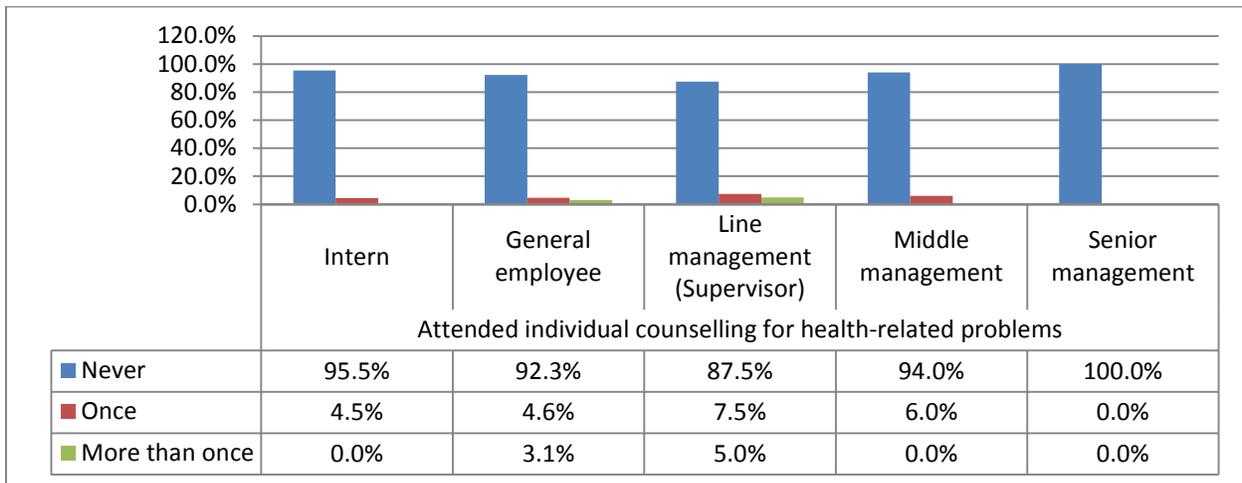


Figure 32 shows that the majority of interns (96%), general employees (92%), line management (88%), middle management (94%) and senior management (100%), had never attended individual counselling for health-related problems. The data endorse the fact that the majority of respondents did not utilise individual counselling for health-related problems. The results are in line with the general poor utilisation of counselling services by all the strata as reflected in the Careways Three Year Report referred to in Chapter Two (Careways, 2012:12).

- **ATTENDANCE OF INDIVIDUAL COUNSELLING FOR FINANCIAL PROBLEMS**

Figure 33: Indicating attendance of individual counselling for financial problems

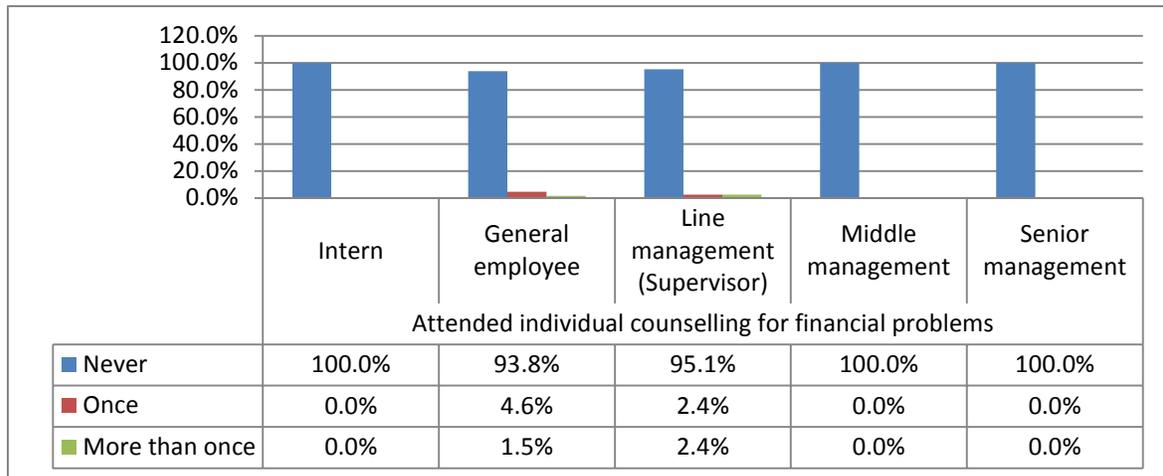


Figure 33 records the non-attendance (100%) of interns, senior managers and middle managers of individual counselling sessions for financial problems. Following the 100% non-attendance by these three strata, were line managers (95%) and general employees (94%). The data show that the majority of respondents did not attend individual counselling sessions for financial problems. Access Health has, however, advised the DRDLR EHWP Unit to focus on empowering employees on financial planning and budgeting for 2014/15 financial year as the difficult financial conditions within the South African economy continue and their impact becomes more evident (Access Health, 2014:5).

• ATTENDANCE OF MARITAL COUNSELLING

Figure 34: Indicating attendance of marital counselling

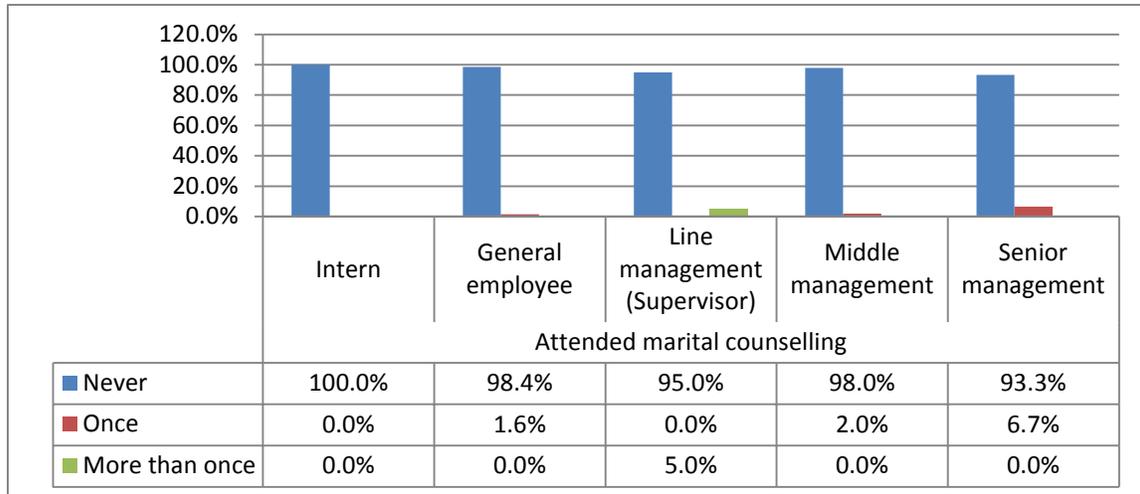


Figure 34 reflects considerably high percentages of non-attendance at marital counselling by all strata, namely: general employees (98%), middle managers (98%), line managers (95%) and senior managers (93%). The attendance at one or more counselling sessions was also poor, with 7% of senior management attending sessions only once. The data indicate that the majority of respondents have not attended marital counselling. Poor attendance of counselling services for marital problems is also in line with the general poor utilisation of these services for other problem areas by all the strata. The findings correlate with the poor attendance at marital counselling services by employees in 2013/14 as reported by Access Health (2014:14).

- **ATTENDANCE OF FAMILY COUNSELLING**

Figure 35: Indicating attendance of family counselling

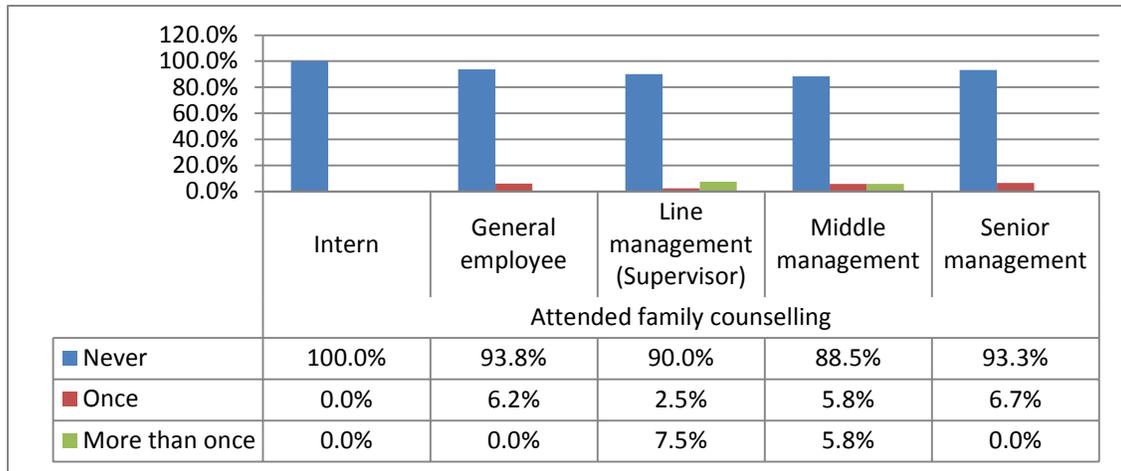


Figure 35 reveals considerably high percentages of non-attendance at family counselling by all strata as follows: general employees (94%), senior managers (93%), line managers (90%) and middle managers (89%). One hundred per cent non-attendance by the interns has also been indicated. The data confirm that the majority of respondents have not utilised family counselling. The results are in line with the Access Health report which indicates that only 24% of family problems were referred for counselling services during the 2013/14 financial year (Access Health, 2014:14).

- **EXPERIENCE OF THE EHWP SERVICES**

The following figures will set out the opinions of the respondents regarding their experience of the EHWP services with regard to principles such as accessibility, professionalism, confidentiality, and non-judgemental practices as well as the understanding of the therapists.

- **EXPERIENCE OF THE EHWP SERVICE - ACCESSIBILITY**

Figure 36: Describing experience of accessibility of the EHWP service

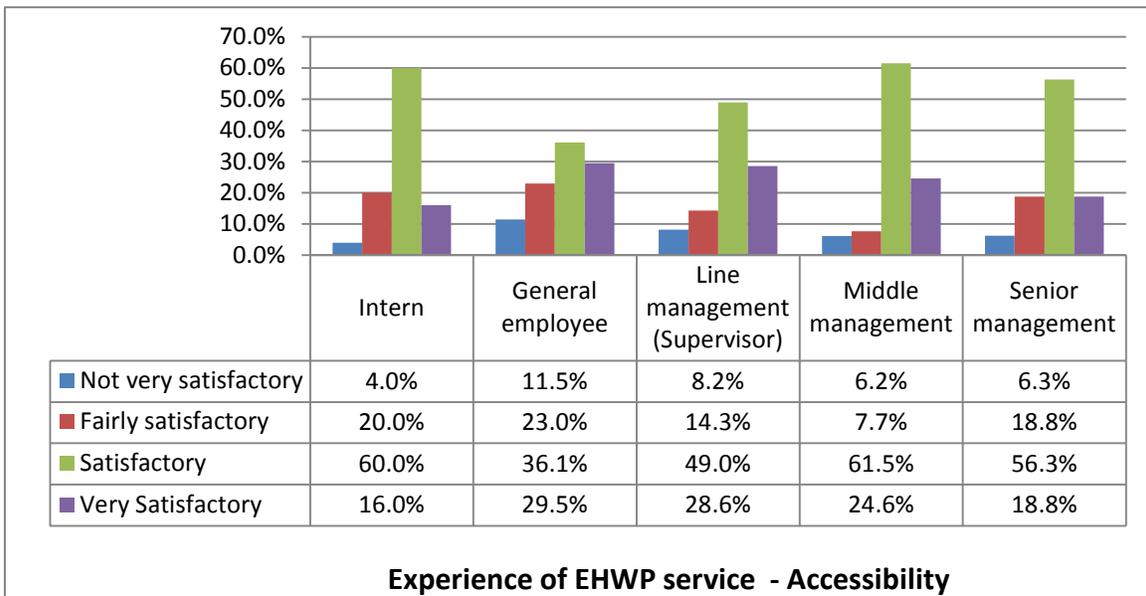


Figure 36 indicates high percentages of all the strata: interns (96%), general employees (89%), line management (92%), middle management (94%) and senior management (94%) perceived the EHWP services as fairly to very accessible. The data make it clear that the majority of respondents experienced the EHWP service as being accessible. The results are in line with the advantages of the integrated approach of health and wellness services alluded to in Chapter Two; that as an employer, the DRDLR could have greater efficiency in overall programme management, lower administrative costs

from only working with one service provider, and a greater emphasis on preventive services. For employees, the advantages include greater awareness and accessibility of the full range of services (Attridge, 2005:45).

- **EXPERIENCE OF THE EHWP SERVICE – PROFESSIONALISM**

Figure 37: Describing experience of professionalism of the EHWP service

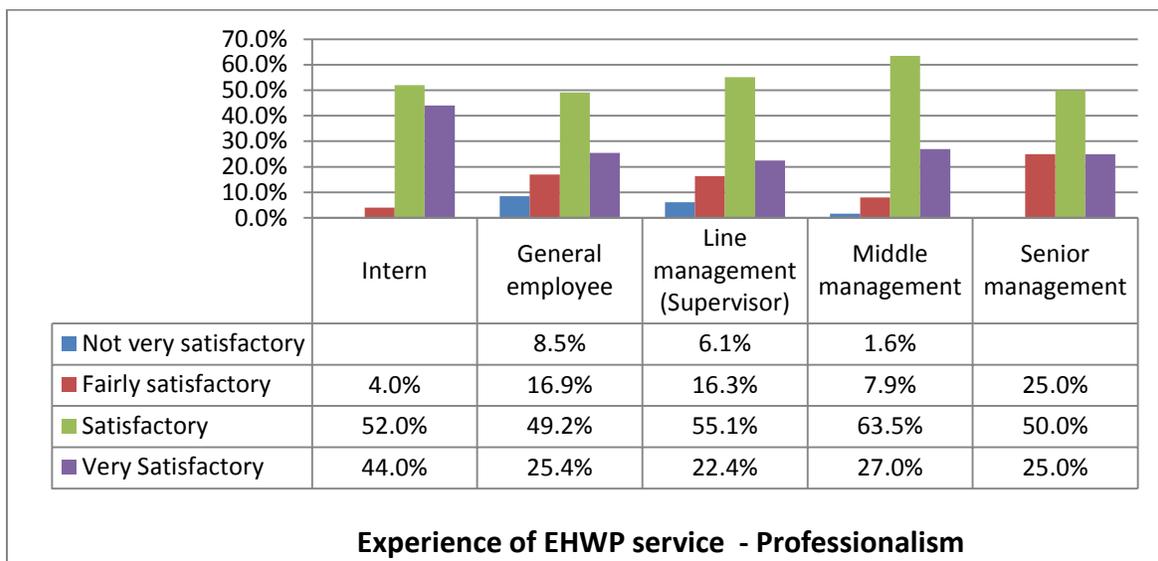


Figure 37 specifies that the majority of interns and management, both at (100%), general employees (91%), line management (93%) and middle management (98%) levels have experienced the EHWP in the DRDLR to be fairly to very professional. The data show that the majority of the respondents have experienced the EHWP in the DRDLR as being professional. The findings are in line with one of the objectives of staffing in EAPA SA (2010:7) which is to ensure that all EAP staff meet professional and legal requirements.

- **EXPERIENCE OF THE EHWP SERVICE - CONFIDENTIALITY**

Figure 38: Describing experience of confidentiality of the EHWP service

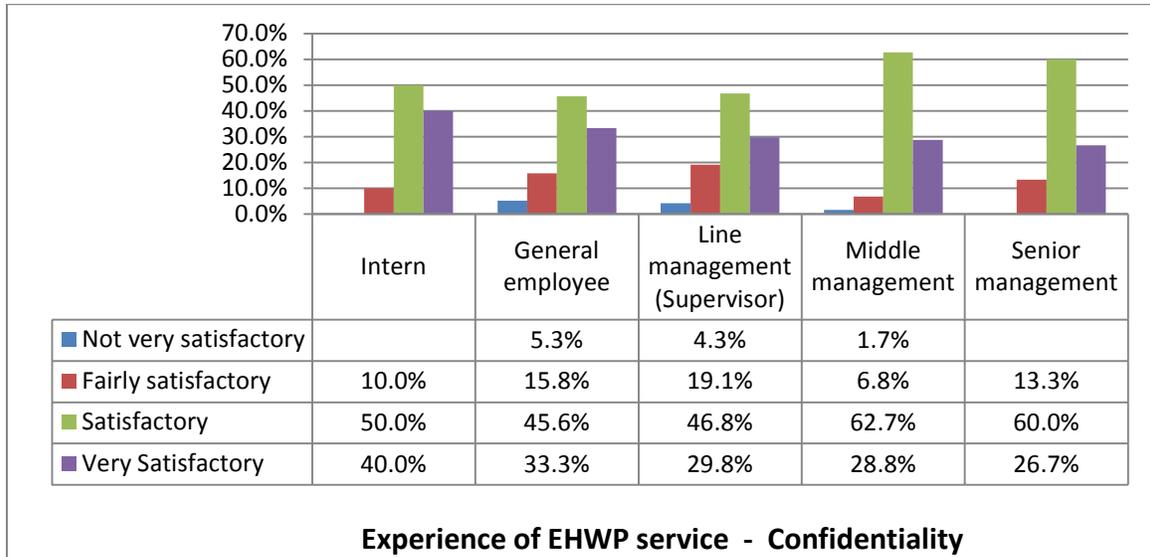


Figure 38 specifies that the majority of interns and senior management (100%), the general employees at 95%, line management at 96% and middle management at 98%, perceived the EHWP service as fairly to very confidential. The data make it clear that the majority of respondents experienced the EHWP service as confidential. The results correlate with the DRDLR Employee Wellness Policy which refers to confidentiality as a primary principle and cornerstone of the Employee Wellness Programme, a principle which is being maintained throughout every level of the Programme (Department of Land Affairs, 2008:5).

- EXPERIENCE OF THE EHWP SERVICE – NON-JUDGEMENTAL

Figure 39: Describing experience of non-judgemental practices of the EHWP

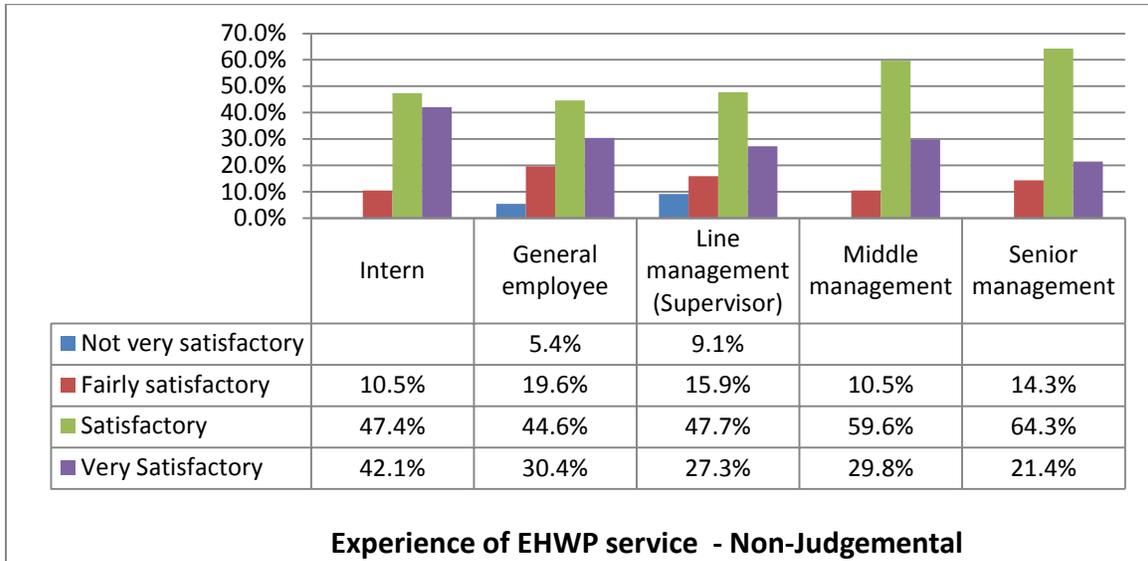


Figure 39 depicts that 100% of the interns, middle management and senior management, 95% of the general employees and 91% of line management perceived the EHWP service as being fairly to very non-judgemental. The data confirm that the majority of respondents experienced the EHWP service as non-judgemental. It is clear that the positive results in Figures 37 and 38 on professionalism and confidentiality respectively, have influenced the perception of the EHWP services by the respondents, as reflected in Figure 39 where they view the practices of the EHWP as non-judgemental. The satisfactory feeling of acceptance correlates with the view of Kirst-Ashman (2010:56) that people need to feel that they belong, regardless of their problems or mistakes.

- **EXPERIENCE OF THE EHWP SERVICE – UNDERSTANDING OF THE THERAPIST**

Figure 40: Experience of the EHWP service-therapist being understanding

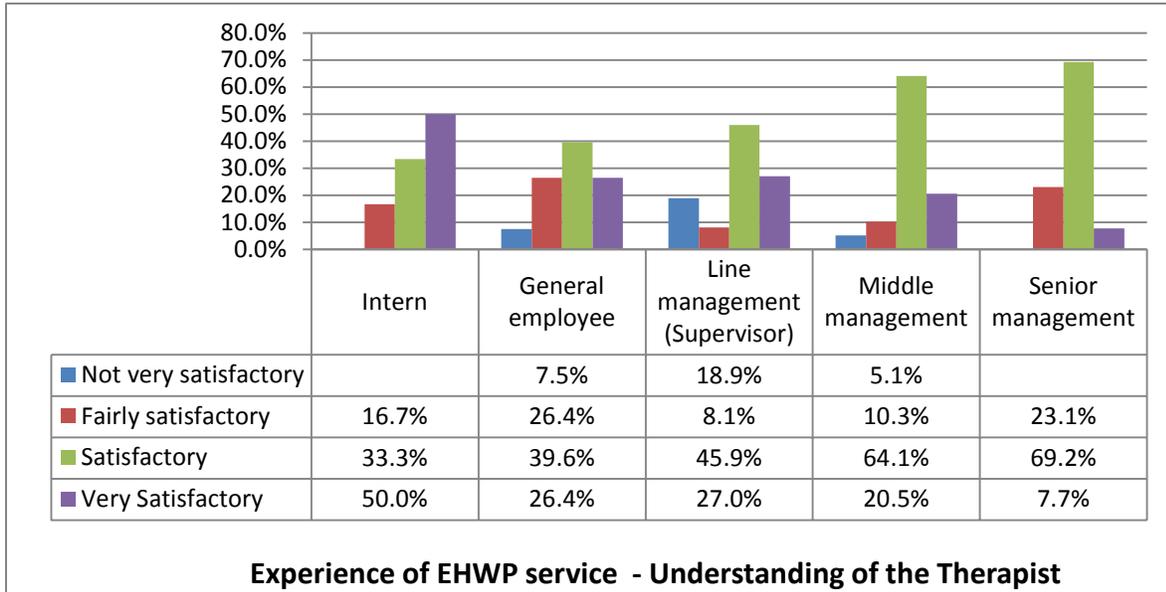


Figure 40 shows that 100% of the interns and senior management, 92% of general employees, 81% of line management and 95% of middle management perceived the EHWP therapist as being fairly to very understanding. The data show that the majority of respondents experienced the EHWP therapist as being understanding. These results were interesting, as the low utilisation of counselling service alluded to in Figures 30-35 cannot be linked to the fact that the respondents have had problems of not being understood by their therapists. The fact that the DRDLR has developed a policy which commits the EHWP therapists and other stakeholders, through EHWP principles, to protect employees who seek assistance from the Programme and to be culturally sensitive, emphasises the understanding of the therapist (Department of Land Affairs, 2008:4, 6).

- **SATISFACTION WITH HEALTH AND WELLNESS EVENT(S)**

Figure 41: Demonstrating satisfaction with Health and Wellness Event(s)

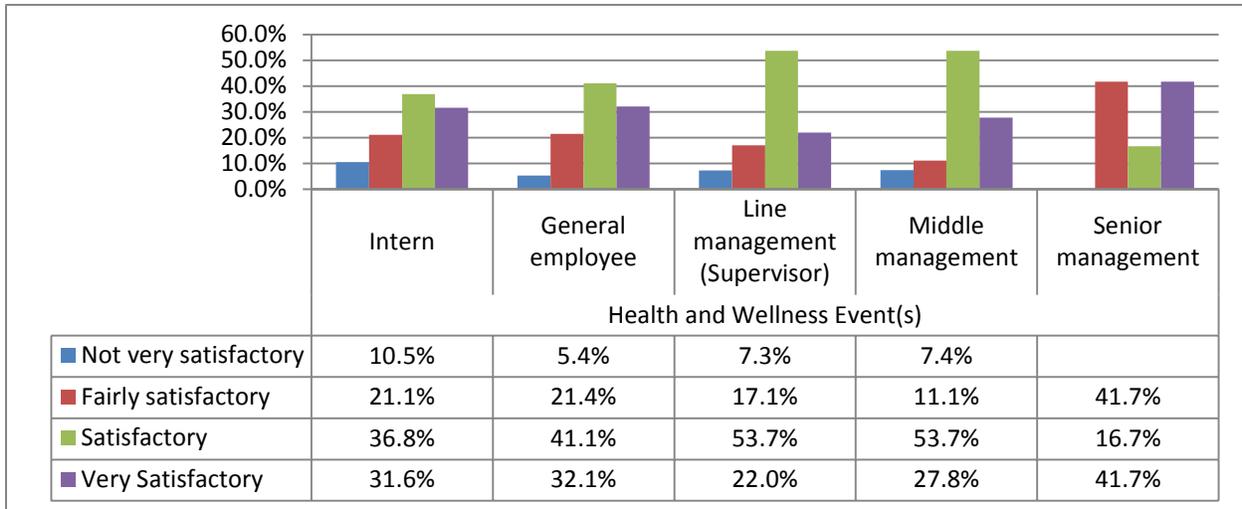


Figure 41 indicates that all senior managers (100%) were fairly to very satisfied with the way Health and Wellness events were conducted in the DRDLR. The majority of the interns (89%), general employees (95%), middle and line management (93%) were in agreement. The data make it clear that the majority of respondents were satisfied with the Health and Wellness events. The 100% satisfaction of senior management is an advantage for the EHWP as this correlates with the view of Overman (2009:1), who states that when management are on board, they realise that a healthy workforce tends to be more responsive, supportive and productive.

• **SATISFACTION WITH HEALTH SCREENING**

Figure 42: Demonstrating satisfaction with health screening

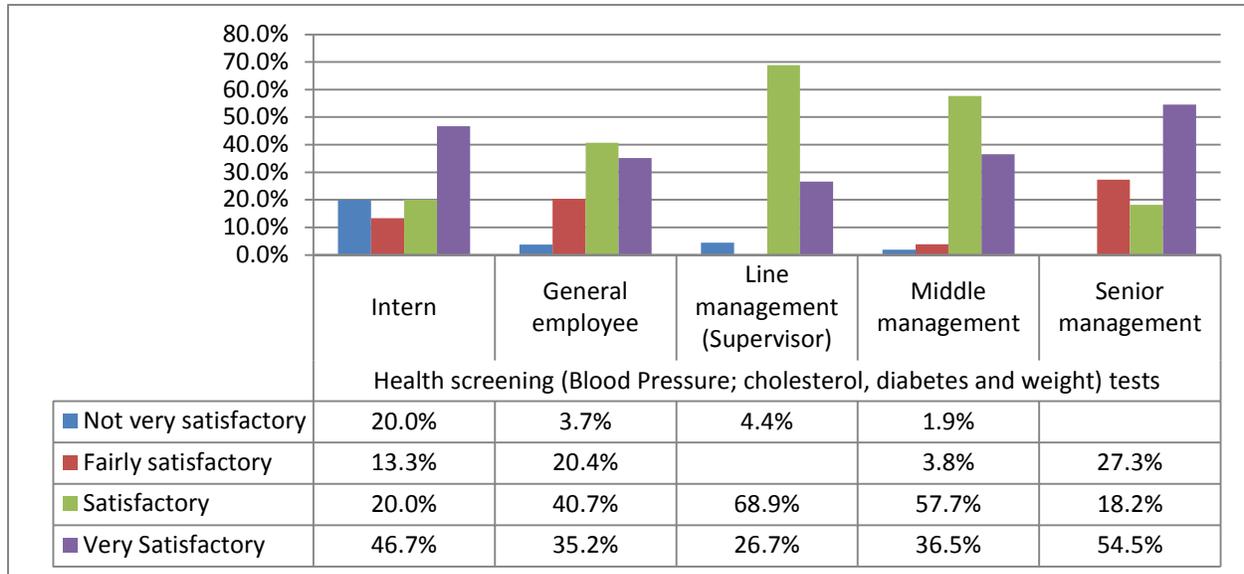


Figure 42 reveals that 100% of senior management were fairly to very satisfied with the health screening tests in the DRDLR. Eighty per cent of the interns, 96% of general employees and 98% of middle and (95%) of line management were in agreement with this opinion. The line management rated these services as satisfactory to very satisfactory. The data make it clear that the majority of respondents were satisfied with the health screening tests in the DRDLR. The results of the senior management were interesting as this category reflects poor attendance of the same services in Figure 22. Once again, the possibility of this category preferring off-site services is there, as alluded to by Mashilo (2012). The integration of the health screening tests, namely: blood pressure, cholesterol, diabetes and weight is an advantage to the employees and can increase their satisfaction as they will have an opportunity to deal with all their health challenges simultaneously, rather than approaching different people or companies. The integration of these services and others is supported by Attridge (2005:45).

• **SATISFACTION WITH HIV AND AIDS VCT**

Figure 43: Demonstrating satisfaction with HIV and AIDS VCT

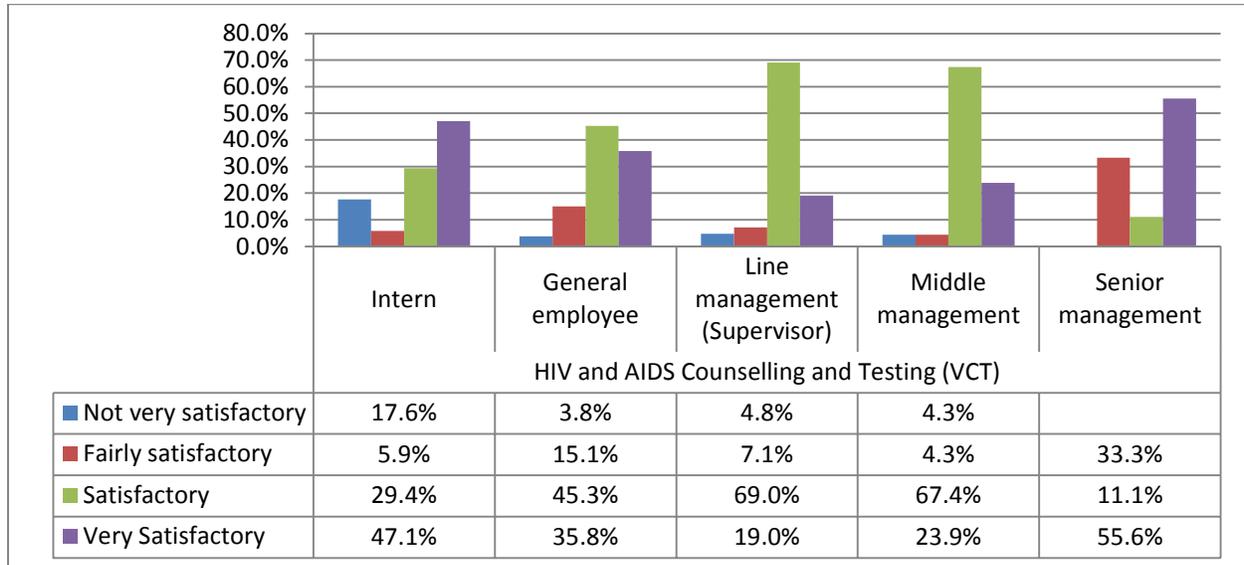


Figure 43 indicates that 100% of senior management were fairly to very satisfied with the HIV and AIDS VCT in the DRDLR. Eighty nine per cent of line management, 82% of interns, 96% of middle management and general employees were in agreement with this opinion. The data make it clear that the majority of respondents were satisfied with the HIV and AIDS VCT services in the DRDLR. The finding in relation to the senior management is interesting as it does not tally with this category's poor attendance at the same services in Figure 23. Once again, there is high possibility of this category preferring to make use of off-site services (Mashilo, 2012). The high rate of satisfaction of the majority of respondents is in line with the study which was conducted by the Public Service Commission (PSC) within the government departments which revealed that employees in national departments are generally satisfied with the services that are rendered by EAPs (Public Service Commission, 2007:2).

• **SATISFACTION WITH HEALTH AND WELLNESS MARKETING PRESENTATION(S)**

Figure 44: Demonstrating satisfaction with Health and Wellness Marketing Presentation(s)

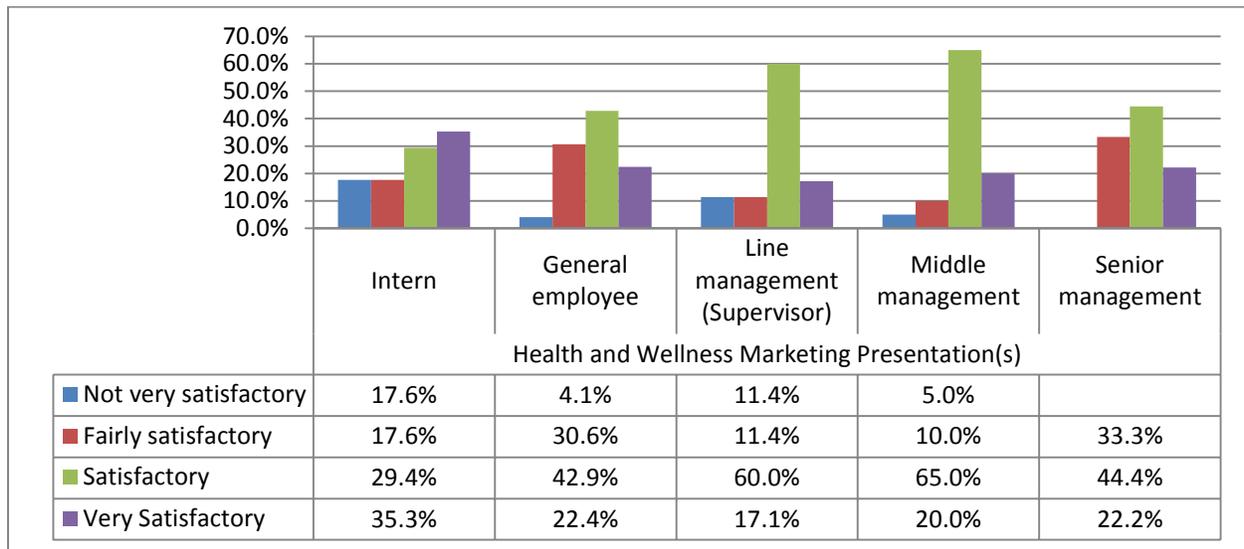


Figure 44 indicates that 100% of senior management, 95% of middle management, 89% of line management, 96% of general employees and 82% of interns were fairly to very satisfied with the Health and Wellness marketing presentations in the DRDLR. The data confirm that the majority of respondents were satisfied with the Health and Wellness marketing presentations in the DRDLR. The findings with all these strata, except for line management, are in contrast with their reflected poor utilisation of the same services in Figure 24 and therefore cannot be regarded as valid.

- **SATISFACTION WITH HEALTH AND WELLNESS PRESENTATION(S) ON LIFE-SKILLS PROGRAMMES**

Figure 45: Demonstrating satisfaction with Health and Wellness Presentation(s) on life-skills programmes

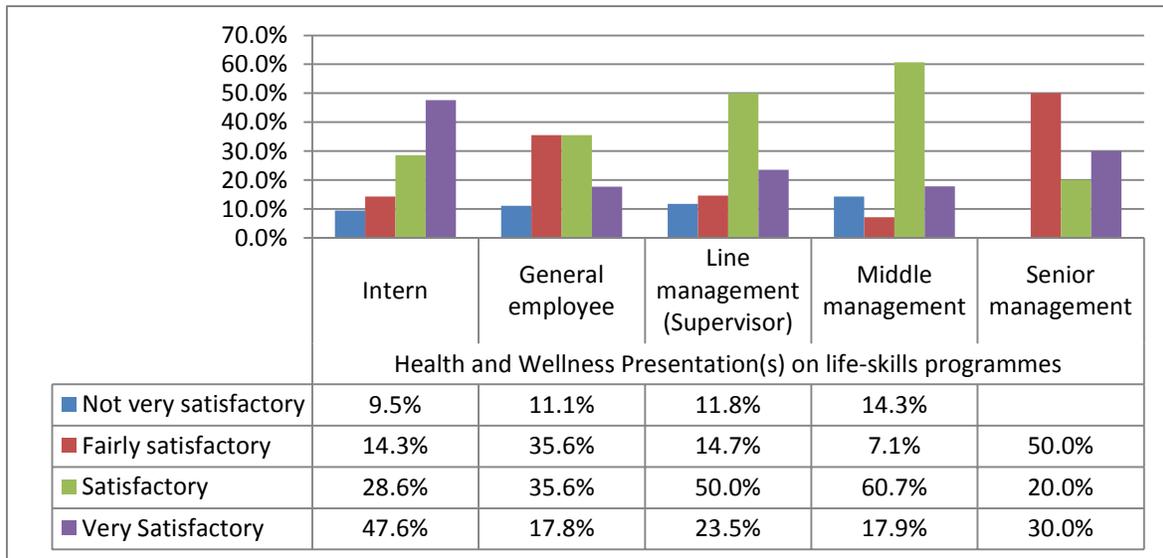


Figure 45 shows that 100% of senior management, 86% of middle management, 88% of line management, 89% of general employees and 90% of interns were fairly to very satisfied with the Health and Wellness presentations on life-skills programmes in the DRDLR. The data confirm that the majority of respondents were satisfied with the Health and Wellness presentations on life-skills programmes in the DRDLR. The findings concerning all these strata except interns, are in contrast with their reflected poor attendance at the same services in Figure 25 and therefore cannot be regarded as valid.

- **SATISFACTION WITH HIV AND AIDS AWARENESS AND EDUCATION SESSION(S)**

Figure 46: Demonstrating satisfaction with HIV and AIDS Awareness and Education session(s)

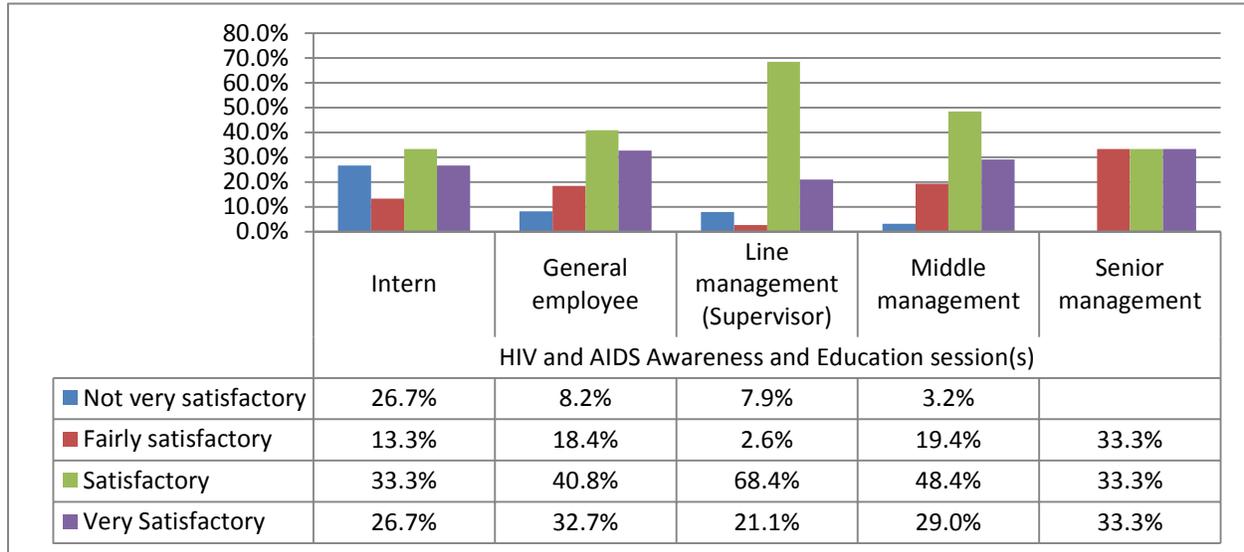


Figure 46 demonstrates that 100% of senior management, 97% of middle management, 73% of interns and 92% of line management and general employees were fairly to very satisfied with the HIV and AIDS Awareness and Education sessions in the DRDLR. The data show that the majority of respondents were satisfied with the HIV and AIDS Awareness and Education sessions in the DRDLR. The findings with all the strata except line management, were in contrast with their reflected poor attendance at the same services in Figure 26 and therefore cannot be regarded as valid.

• **SATISFACTION WITH CONSULTATION FOR ADVICE**

Figure 47: Demonstrating satisfaction with consultation for advice

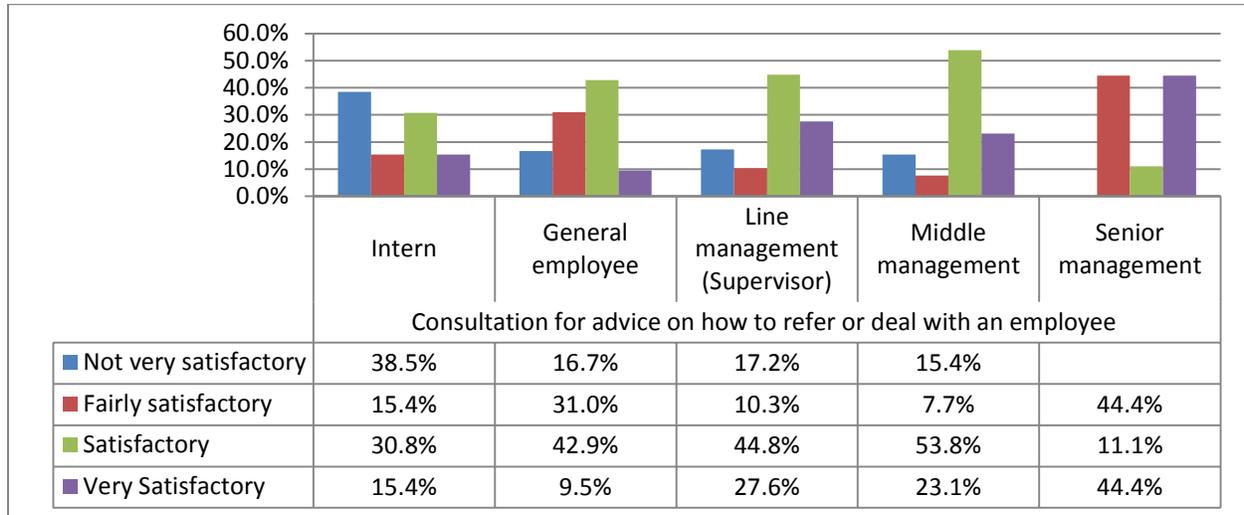


Figure 47 shows that 100% of senior management, 85% of middle management, 62% of interns and 87% of line management and general employees, were fairly to very satisfied with the consultation for advice on how to refer or deal with an employee with poor work performance and/or behavioral problems in the DRDLR. The data make it clear that the majority of respondents were satisfied with the consultation for advice on the referral of troubled employees in the DRDLR. The findings with all these strata except line management are in contrast with their reflected poor consultation for the same services in Figure 27 and therefore cannot be regarded as valid.

- **SATISFACTION WITH FLU VACCINE PROJECT(S)**

Figure 48: Demonstrating satisfaction with flu vaccine project(s)

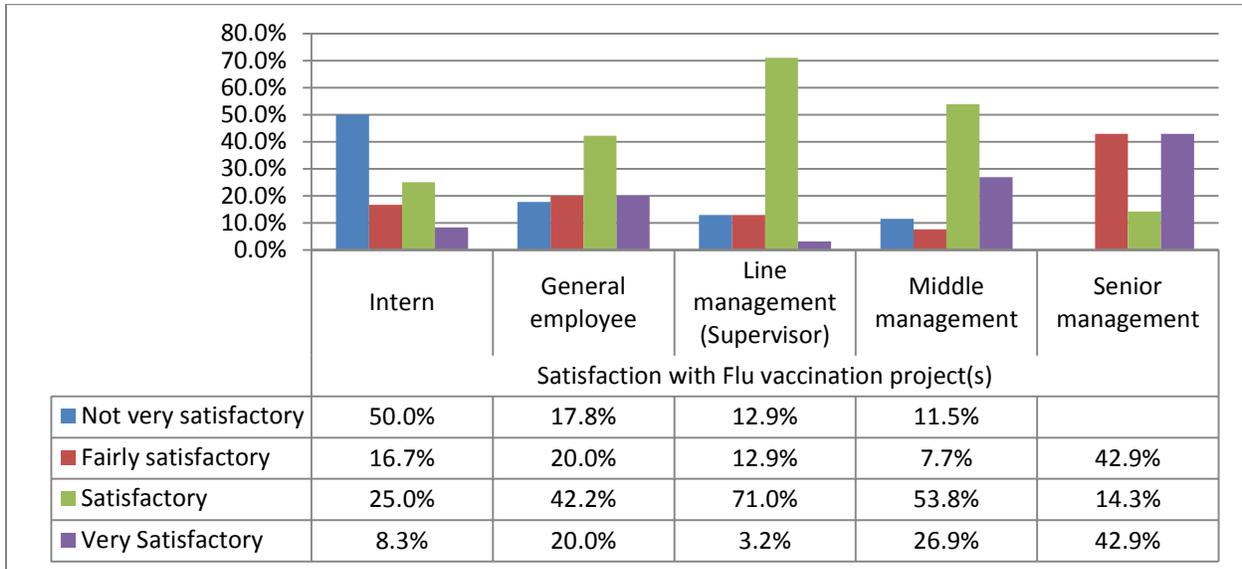


Figure 48 indicates that 100% of senior management, 88% of middle management, 87% of line management, 82% of general employees and 50% of interns were fairly to very satisfied with the flu vaccine projects in the DRDLR. The data confirm that the majority of respondents were satisfied with the flu vaccine projects in the DRDLR. The findings relating to all these strata are in contrast with their reflected poor participation in the same project in Figure 28 and therefore cannot be regarded as valid.

- **SATISFACTION WITH THE REFERRAL OF AN EMPLOYEE**

Figure 49: Demonstrating satisfaction with the referral of an employee with a substance abuse problem

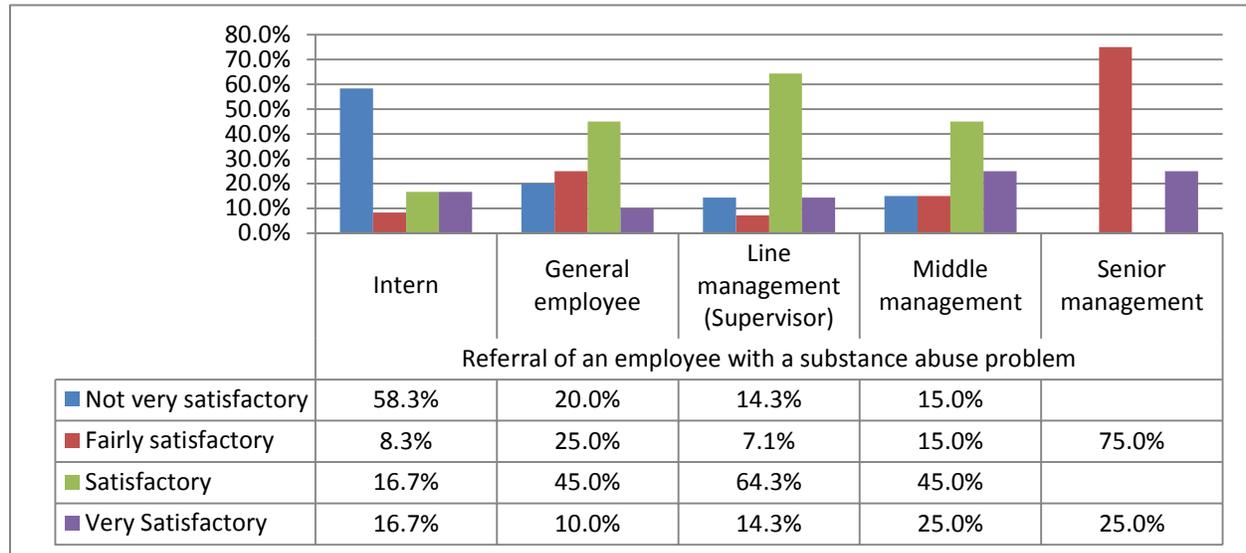


Figure 49 shows that all senior managers, 85% of middle management, 86% of line management and 80% of general employees were fairly and very satisfied with the referral of employees with substance abuse problems in the DRDLR. Only 42% of interns were in support of this opinion. The data make it clear that the majority of respondents were satisfied with the referral of employees with substance abuse problems in the DRDLR. The findings relating to all these strata, except the interns were in contrast with their reflected poor participation in the same service in Figure 29. The findings with the senior management category were more interesting, as 100% reported that they had not referred employees with substance problems in Figure 29 but 100% in Figure 49 indicated their satisfaction. These results therefore cannot be regarded as valid.

- **SATISFACTION WITH INDIVIDUAL COUNSELLING FOR WORK-RELATED PROBLEMS**

Figure 50: Demonstrating satisfaction with individual counselling for work-related problems

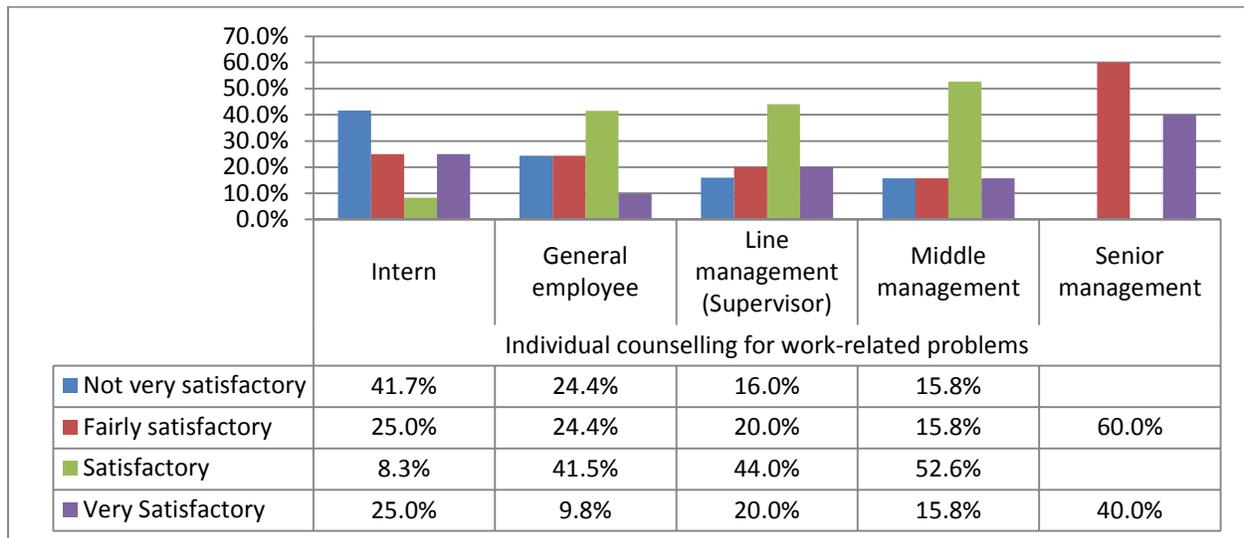


Figure 50 shows that 60% of senior managers were fairly or very satisfied (40%) with individual counselling for work-related problems in the DRDLR. The majority of the other strata: 76% of general employees, 58% of interns, 84% of middle and line management were fairly to very satisfied. The data make it clear that the majority of respondents were satisfied with individual counselling for work-related problems in the DRDLR. The findings relating to all these strata are in contrast with their reflected poor participation in the same service in Figure 30. The findings with the interns were even more interesting, as 100% reported that they had not participated in the same service in Figure 30, but 100% in Figure 50 indicated their satisfaction. These results therefore cannot be regarded as valid.

SATISFACTION WITH INDIVIDUAL COUNSELLING FOR PERSONAL PROBLEMS

Figure 51: Demonstrating satisfaction with individual counselling for personal problems

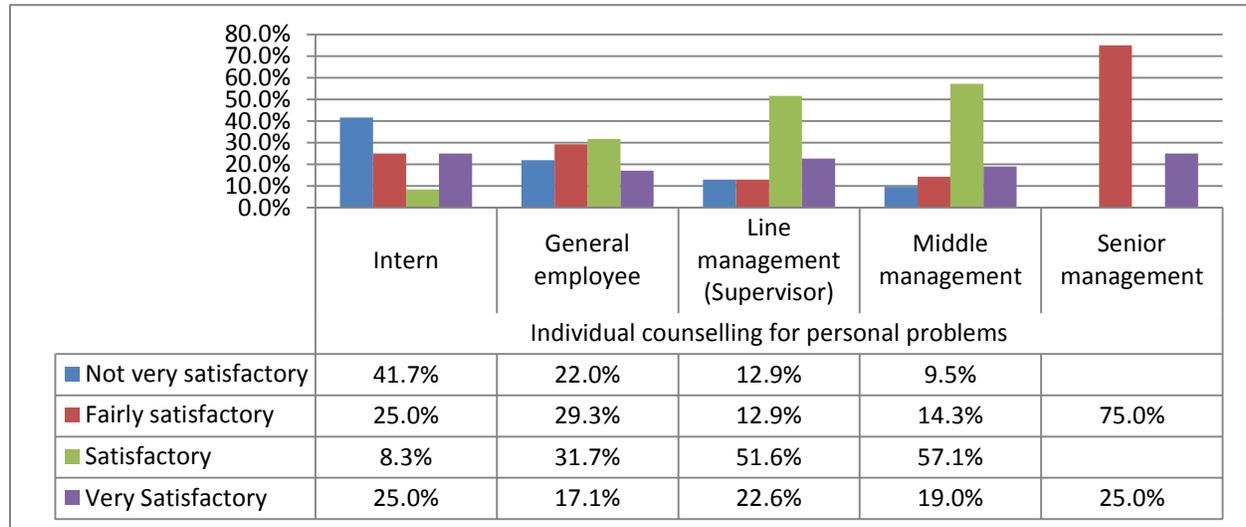


Figure 51 shows that 100% of senior managers, the majority at 90% of middle management, 87% of line management, 78% of general employees and 58% of the interns were fairly to very satisfied with individual counselling for personal problems in the DRDLR. The data confirm that the majority of respondents were satisfied with individual counselling for personal problems in the DRDLR. The findings in connection with all these strata are in contrast with their reflected poor participation in the same service in Figure 31. The findings with the interns were more interesting, as 100% reported that they had not participated in the same service in Figure 31 but 100% in Figure 51 indicated their satisfaction. These results therefore cannot be regarded as valid.

- **SATISFACTION WITH INDIVIDUAL COUNSELLING FOR HEALTH-RELATED PROBLEMS**

Figure 52: Demonstrating satisfaction with individual counselling for health-related problems

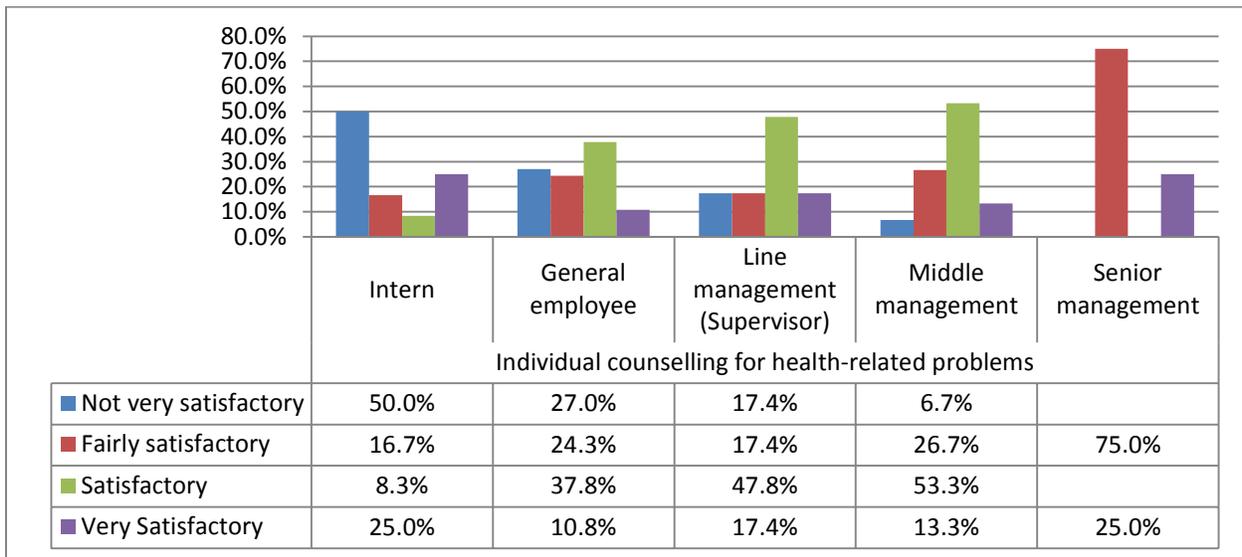


Figure 52 reveals that all senior managers (100%) were fairly to very satisfied with individual counselling for health-related problems in the DRDLR. The majority of the other strata: 93% of middle management, 83% of line management, 73% of general employees and 50% of interns were fairly to very satisfied. The data make it clear that the majority of respondents were satisfied with individual counselling for health-related problems in the DRDLR. The findings of these strata are in contrast with their reflected poor participation in the same service in Figure 32. The findings relating to the senior management category were more interesting, as 100% reported that they had not attended individual counselling for health-related problems in Figure 32, but 100% in Figure 52 indicated their satisfaction. These results therefore cannot be regarded as valid.

- **SATISFACTION WITH INDIVIDUAL COUNSELLING FOR FINANCIAL PROBLEMS**

Figure 53: Demonstrating satisfaction with individual counselling for financial problems

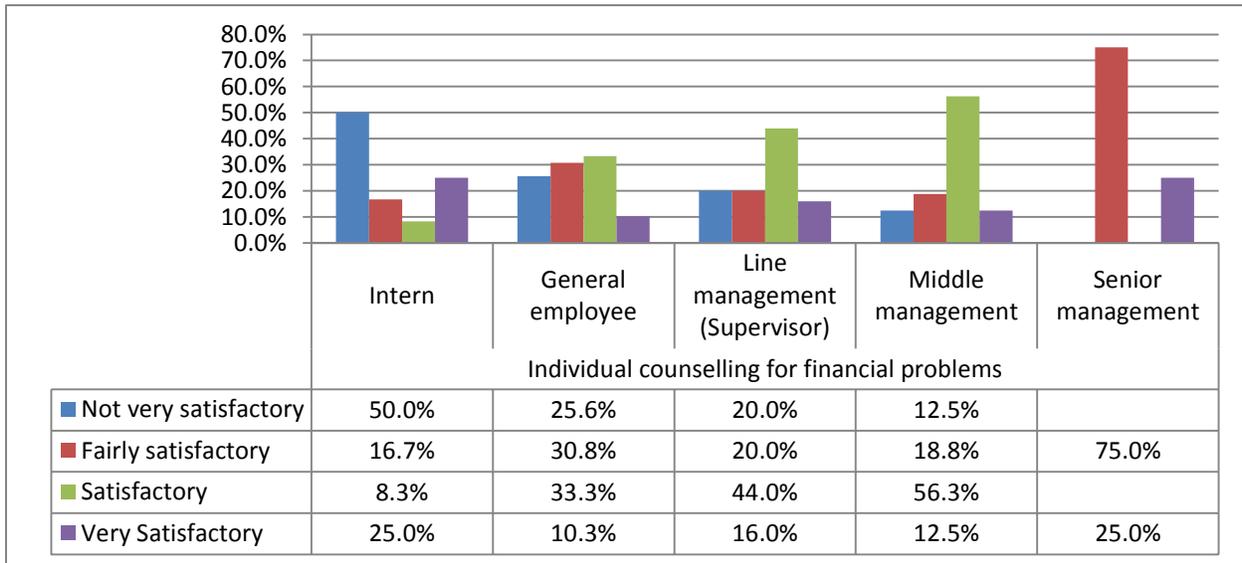


Figure 53 indicates that all senior managers were fairly or very satisfied with the referral of employees for individual counselling regarding financial problems in the DRDLR. The majority of the other strata: 87% of middle management, 80% of line management, 74% of general employees and 50% of interns were fairly to very satisfied. The data confirm that the majority of respondents were satisfied with the individual counselling for financial problems in the DRDLR. The findings of all the strata are in contrast with their reflected poor participation in the same service in Figure 33. The findings with the interns, middle and senior management were more interesting, as 100% of these categories reported that they had not attended individual counselling for financial problems in Figure 33. These results therefore cannot be regarded as valid.

• **SATISFACTION WITH MARITAL COUNSELLING**

Figure 54: Demonstrating satisfaction with marital counselling

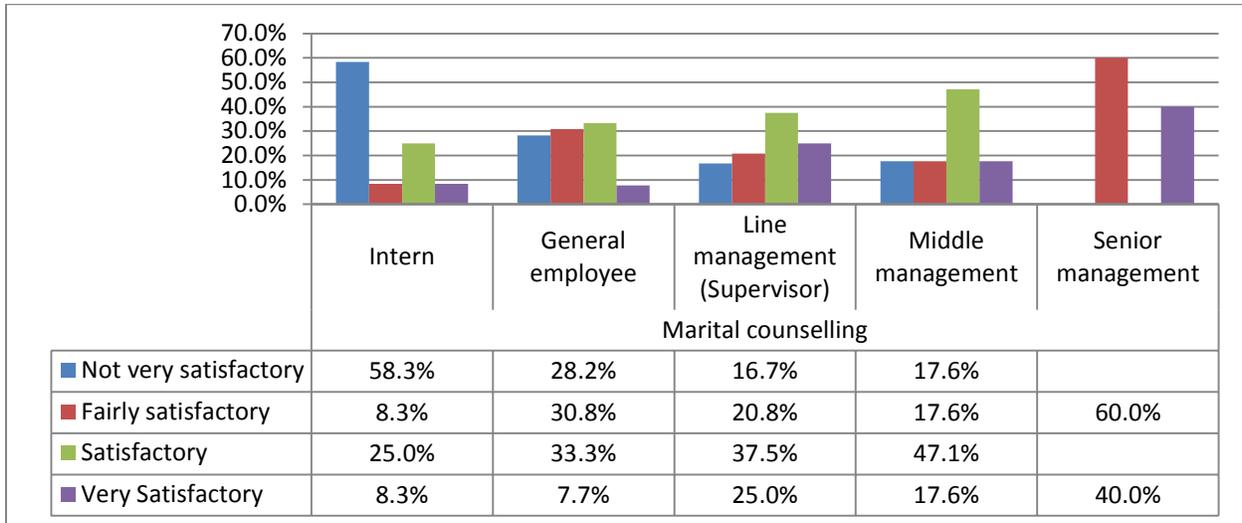


Figure 54 shows that all senior managers (100%) were fairly and very satisfied with marital counselling in the DRDLR. The majority of the other strata: 82% of middle management, 83% of line management and 72% of general employees were fairly to very satisfied. Only 42% of the interns were of the same view. The data confirm that the majority of respondents were satisfied with marital counselling in the DRDLR. The findings with all the strata except interns were in contrast with their reflected poor participation in the same service in Figure 34. The findings were interesting, as 100% of interns and an average of 98% of respondents in the other strata reported that they had not attended marital counselling as shown in Figure 34. These results therefore cannot be regarded as valid.

• **SATISFACTION WITH FAMILY COUNSELLING**

Figure 55: Demonstrating satisfaction with family counselling

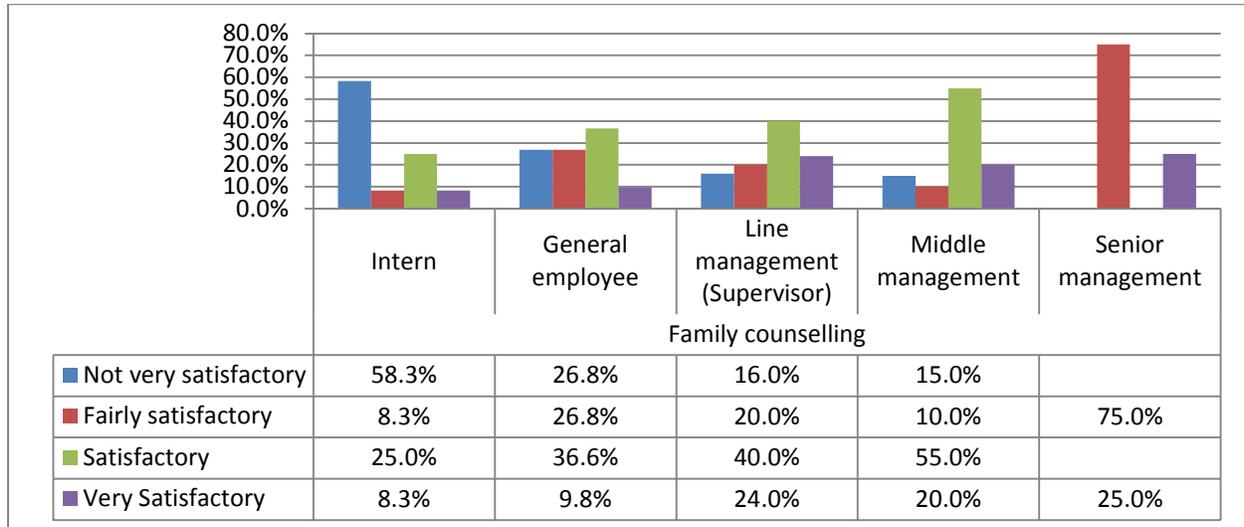


Figure 55 indicates that all senior managers (100%) were fairly and very satisfied with family counselling in the DRDLR. Eighty five per cent of middle management, 84% of line management and 73% of general employees were fairly to very satisfied with family counselling in the DRDLR. Only 42% of the interns were of the same view. The data confirm that the majority of respondents were satisfied with family counselling in the DRDLR. Except for the interns, the findings from the strata are in contrast with their reflected poor participation in the same service in Figure 35. The findings were interesting, as 100% of interns and an average of 91% with the other strata reported that they had not attended family counselling in Figure 35. These results therefore cannot be regarded as valid.

In Section C the data revealed who was using what services and the extent to which such utilisation took place. Such data were helpful in determining whether the target populations of the programme had been reached and which aspects were over- or under-utilised. To be completely effective, Hepworth et al. (2006:18) state that interventions must be directed to all systems that are critical in a given problem system. Opportunities within the work environment encourage an individual to meet his or her needs and to develop as a healthy, well-functioning person (Ligon & Yegidis, 2003:130). The risks are either direct threats to healthy development, or the absence of opportunities that facilitate healthy individual development (Ambrosino et al., 2005:55). Risks and opportunities can be found at all levels of the environment. One of these levels is the exo-system (community) level which includes community-level factors that may not relate directly to the individual, but may affect the way an individual functions. This includes factors such as workplace policies (Ambrosino et al., 2005:55). In Section C the researcher has been able to determine whether the EHWP has produced the intended results, as stated by Kumar (2011:384), in order to make informed decisions about the desirability of this programme and identify changes to enhance its efficiency and effectiveness.

4.2.4 Section D: Evaluation of the EHWP

The following section shows the perceived value of the EHWP for the employees in terms of its implementation, interventions, and presentation as well as the respondents' experiences when dealing with the EHWP.

- **ACHIEVEMENT OF EHWP GOALS AND OBJECTIVES**

Figure 56: Indicating assistance of managers and supervisors to deal appropriately with the difficulties that confront employees in the workplace

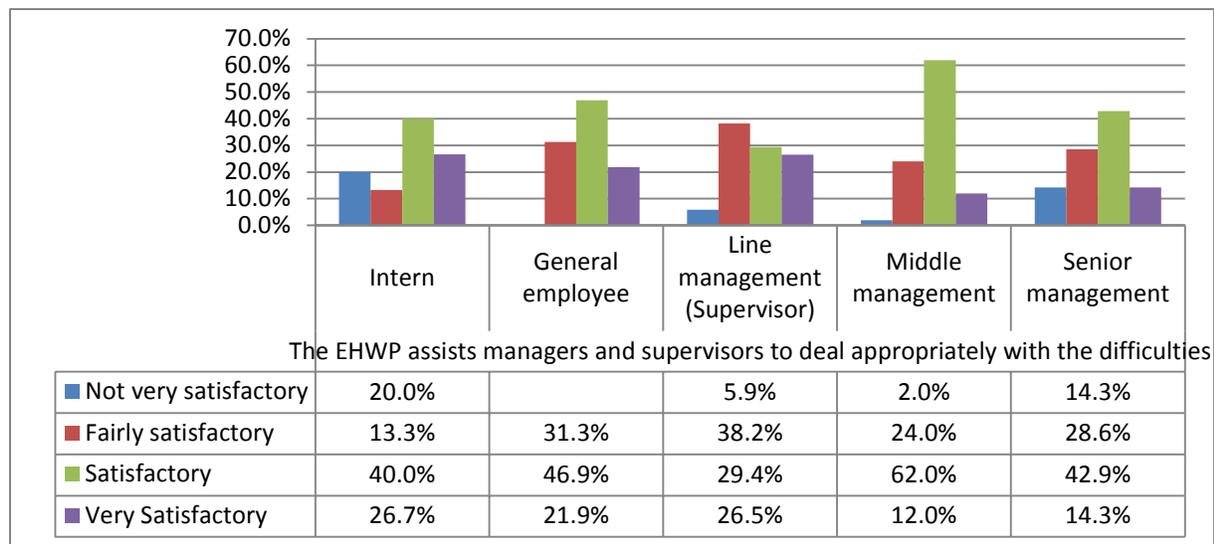


Figure 56 shows that 100% of general employees, 95% of line management, 98% of middle management, 86% of senior management and 80% of interns have rated the assistance of the EHWP to managers and supervisors, in dealing appropriately with the difficulties/challenges that confront employees in the workplace, from fairly to very satisfactory. The data show that the majority of respondents were satisfied with the assistance of the EHWP to managers and supervisors. Poor utilisation of counselling

services for work-related problems as reflected in Figure 30 can therefore not be linked with any dissatisfaction of employees with the way the EHWP assists them in this area. Looking at the ratings in Figure 56, the researcher believes that the EHWP in the DRDLR is achieving one of its objectives: that of assisting managers and supervisors to deal appropriately with the difficulties/challenges that confront employees in the workplace (Department of Land Affairs, 2008:8).

Figure 57: Indicating assistance of employees for challenges impacting on their work

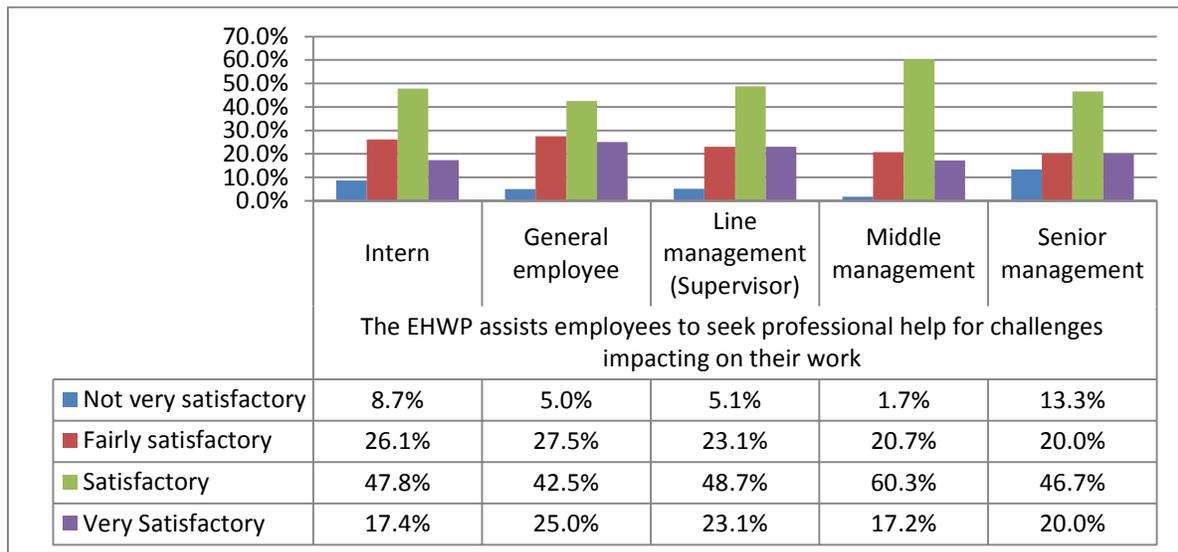


Figure 57 shows high rates of percentages regarding the satisfaction of employees with the assistance of the EHWP to employees who seek professional help for challenges that impact on their work. Eighty three per cent of senior management, 98% of middle management, 91% of interns and 95% of line management and general employees rated their satisfaction from fairly to very satisfactorily. The data make it clear that the majority of respondents were satisfied with the assistance of the EHWP to employees who seek professional help for challenges that impact on their work. The results are in line with the observation made by Harper (2000:320) that, with the launch of the

Employee Assistance Professionals Association - South Africa in 1997, the process of professionalising the EAPs in South Africa gained more strength.

Figure 58: Indicating assistance of employees for challenges impacting on their interpersonal relationships at work

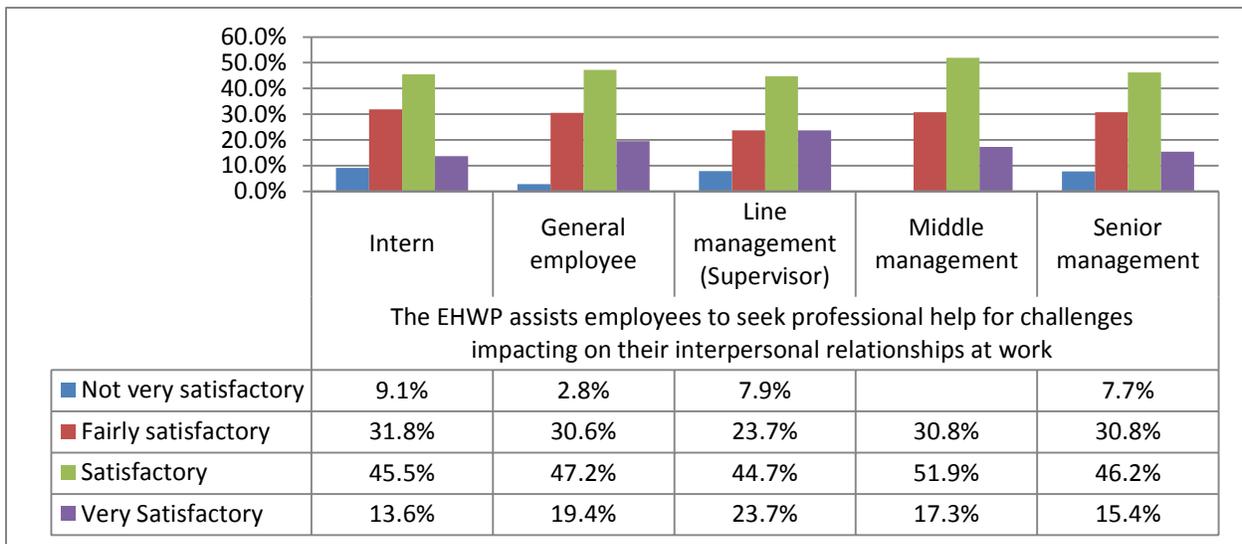


Figure 58 indicates that 100% of middle managers, 91% of the interns, 97% of general employees and 92% of line and senior management rated their satisfaction from fairly to very satisfactory with regard to their satisfaction with the EHWP professional assistance to employees with challenges that impact on their interpersonal relationships at work. The data confirm that the majority of respondents were satisfied with the EHWP professional assistance to employees with challenges that impact on their interpersonal relationships at work. According to the Access Health report for the 2013/14 financial year, 11% of employees were referred by their supervisors/managers for relationship problems (Access Health, 2014:15).

Figure 59: Showing support provided by the EHWP for employees who seek to address their personal challenges

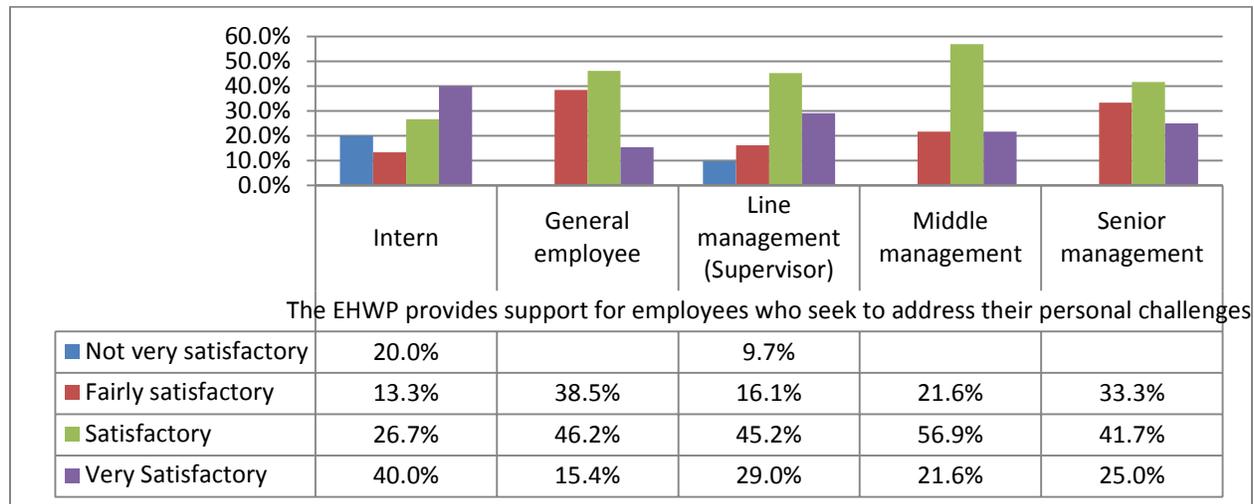


Figure 59 indicates that 100% of general employees, middle and senior management have rated the support that the EHWP provides to employees who seek to address their personal challenges from fairly to very satisfactory. These strata were supported by 80% of interns and 90% of line management. Poor utilisation of counselling services for personal challenges, as reflected in Figure 31, can therefore not be linked to dissatisfaction of employees concerning the way the EHWP assists them in this area. The data confirm that the majority of respondents were satisfied with the support that the EHWP provides to employees who seek to address their personal challenges. The results reflect that the DRDLR seems to be benefiting from the integrated approach alluded to in Chapter Two: that of putting emphasis on education and preventive services as well as early detection of employees' health and personal challenges, thus, creating a greater opportunity for early intervention and better outcomes (Department of Land Affairs, 2008:14).

Figure 60: Illustrating promotion of motivation in order to improve productivity and workplace efficiency

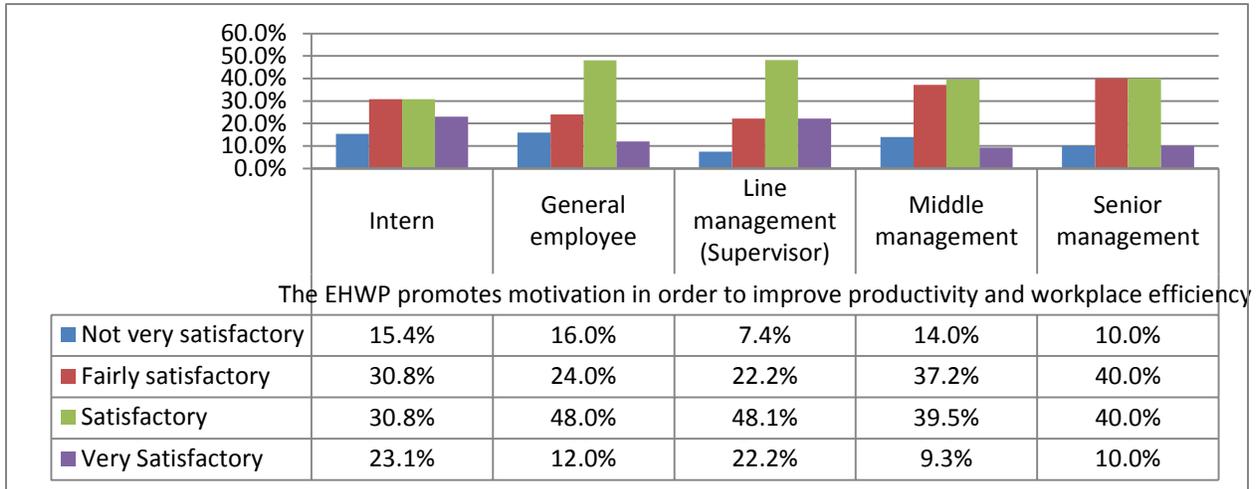


Figure 60 indicates that 90% of senior management, 86% of middle management, 93% of line management, 84% of general employees and 85% of interns were satisfied to very satisfied about the EHWP promotion of employees' motivation in order to improve productivity and workplace efficiency. The data make it clear that the majority of respondents were satisfied with the EHWP promotion of employees' motivation in order to improve productivity and workplace efficiency. The results are in line with the views of Flanagan (2012:1), who emphasises the importance for every organisation of having an EHWP in order to boost employees' morale, improve health and fitness and increase productivity.

Figure 61: Illustrating reduction of absenteeism in the Department

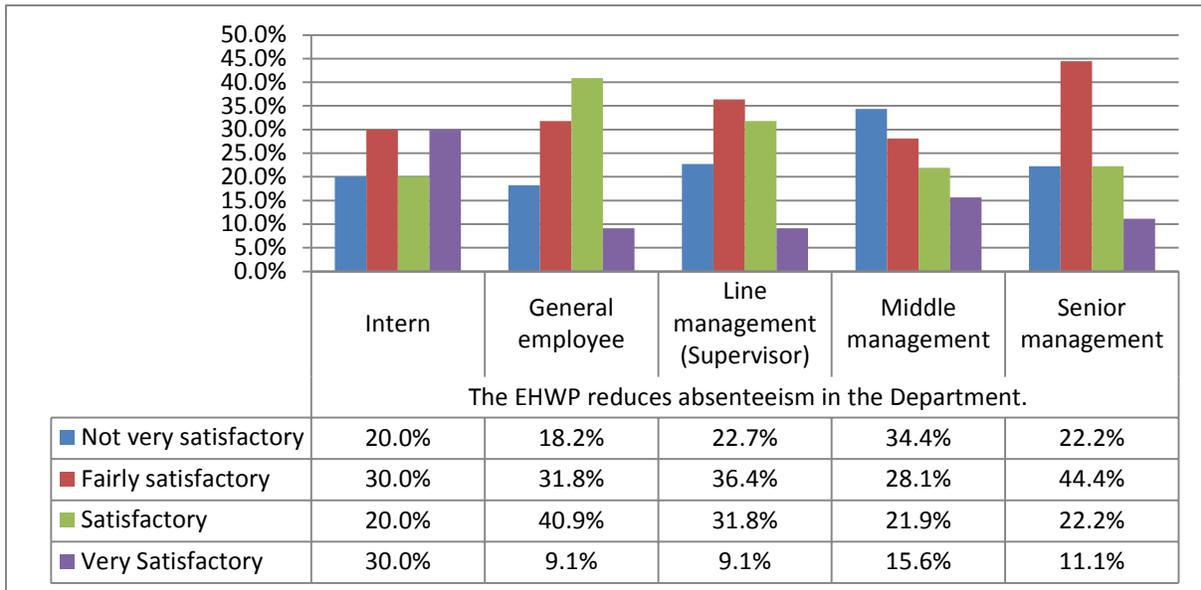


Figure 61 reveals that 66% of middle management, 82% of general employees, 80% of interns, 77% of senior and line management were fairly to very satisfied with the reduction of absenteeism by the EHWP in the DRDLR. The data make it clear that the majority of respondents were satisfied with the reduction of absenteeism by the EHWP in the DRDLR. The results reflect a good attempt by the DRDLR to improve the coping patterns so that a better match can be attained between an individual's needs and the characteristics of his/her environment, according to the ecological systems perspective (Zastrow, 2004:55). The Access Health report of the 2013/14 financial year, however, reflects a different picture from the results, as a considerable number of employees (41%) were referred for absenteeism, amongst other problems (Access Health, 2014:15).

Figure 62: Illustrating reduction of staff turnover in the Department

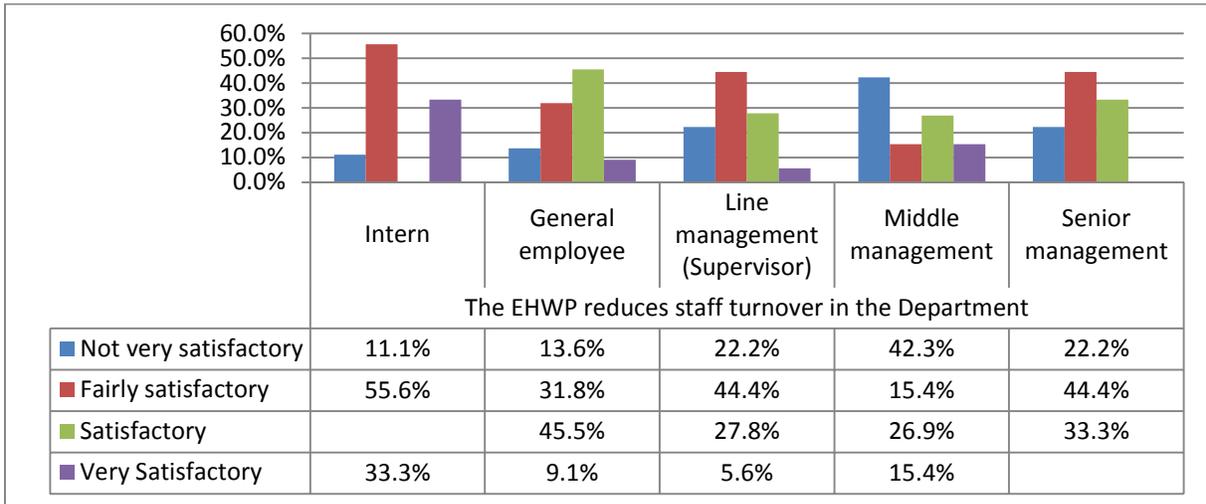


Figure 62 indicates that 86% of general employees, 78% of line management and 58% of middle management have rated the EHWP’s goal of staff turnover reduction as fairly to very satisfactory. Seventy eight per cent of senior management rated the programme as fairly satisfactory to satisfactory, whilst 57% and 33% of interns rated it as fairly satisfactory and very satisfactory respectively. The data show that the majority of respondents were satisfied with the EHWP’s goal of staff turnover reduction. According to McDonald (2005:12), this is one of the benefits of every organisation that implement health and well-being policies.

Figure 63: Illustrating reduction of interpersonal conflicts in the Department

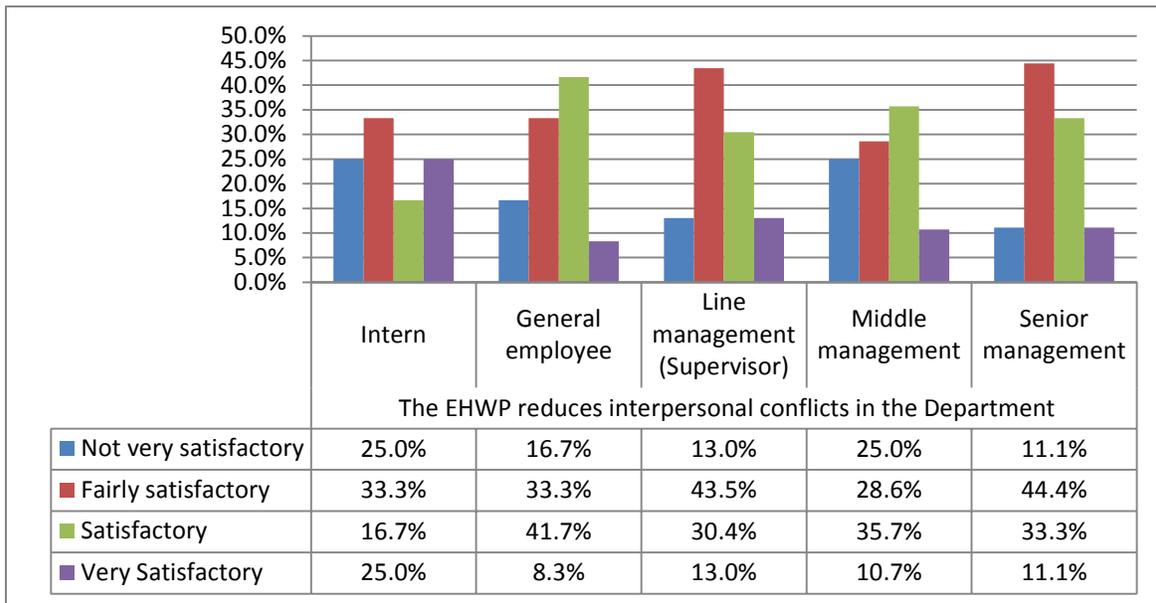


Figure 63 indicates that 83% of general employees, 87% of line management, 89% of senior management, 75% of middle management and interns, were fairly to very satisfied with the extent to which the EHWP meets its goal of reducing interpersonal conflicts in the DRDLR. The data confirm that the majority of respondents were satisfied with the extent to which the EHWP meets its goal of reducing interpersonal conflicts in the DRDLR. This finding correlates with one of the objectives of the DRDLR, EHWP stipulated in the departmental policy, as stated by Department of Land Affairs (2008:4), namely: to assist employees to seek professional help for the challenges that impact on their work and interpersonal relationships at work.

Figure 64: Illustrating provision of employees with life-skills, awareness and education on healthy life-styles

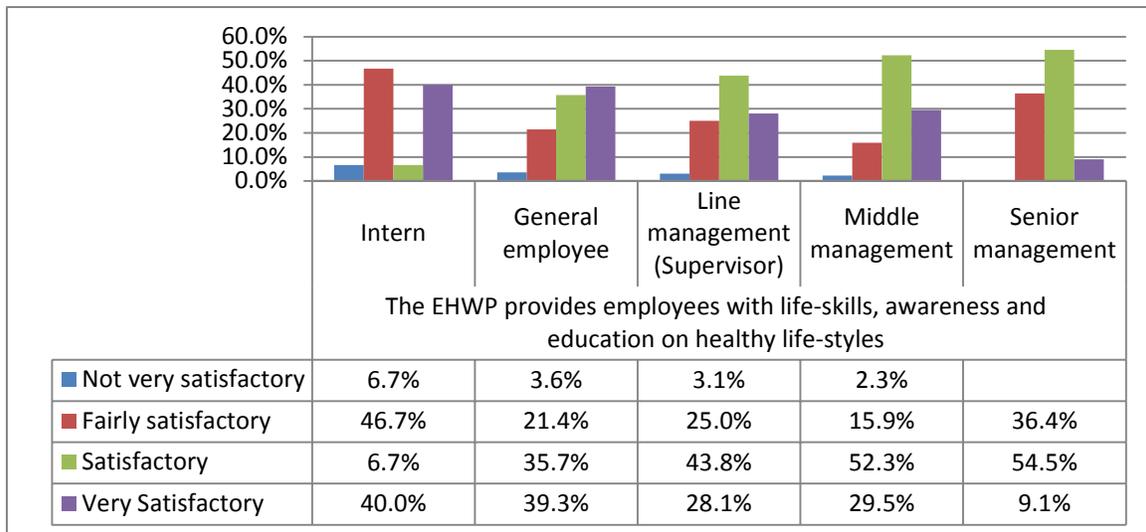


Figure 64 indicates that all senior managers (100%) were satisfied to very satisfied about the extent to which the EHWP meets its objective of providing the employees with life-skills, awareness and educational programmes that promote healthy life-styles and coping skills. Ninety-eight per cent of middle management, 97% of line management, 96% of general employees and 93% of interns were in agreement with this opinion. The poor attendance in Figure 25 by all the strata except the interns can therefore not be linked to the dissatisfaction of the employees with the services of the EHWP in this area. The results reflected that the majority of employees are happy about the rate at which the EHWP conducts life-skills, awareness and education on healthy life-styles in the DRDLR. This is depicted in the Employee Well-being Programme Three Year (2008-2012) Report, compiled by Careways for the DRDLR (Careways, 2012:12).

- **APPROPRIATENESS OF CURRENT IMPLEMENTATION OF THE EHWP**

Figure 65: Indicating appropriateness of current implementation of the EHWP

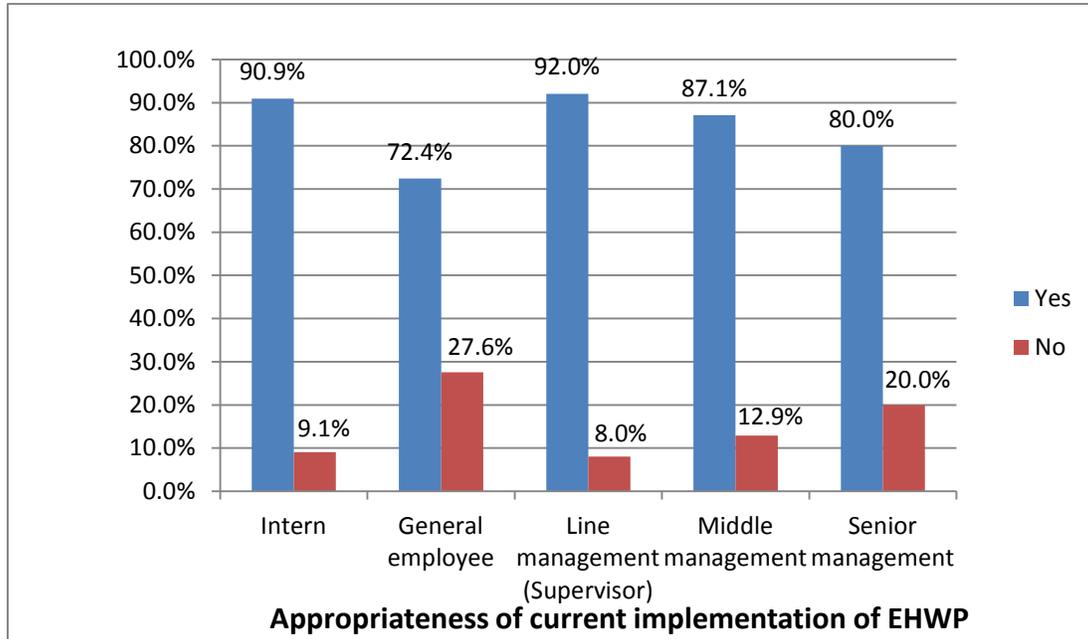


Figure 65 reflects that 92% of line managers, 91% of interns, 87% of middle managers, 80% of senior managers and 72% of general employees were in agreement that the current implementation of the EHWP as reflected in the programme’s goals and objectives is appropriate. The data confirm that the majority of the respondents alluded to the fact that the current implementation of the EHWP, as reflected in the programme’s goals and objectives, is appropriate. The researcher finds these results interesting, as poor utilisation of EHWP services by the majority of the respondents, reflected in Table 1 and Figures 24 and 26-35, cannot be linked with any view of inappropriateness of the current implementation of the EHWP, as reflected through its goals and objectives. The goals and objectives of the EHWP are listed in the DRDLR Employee Wellness Policy (Department of Land Affairs, 2008:4) as alluded to in Chapter Two.

- **MATTERS FOR ATTENTION IN THE EHWP**

Figure 66: Indicating matters for attention in the EHWP

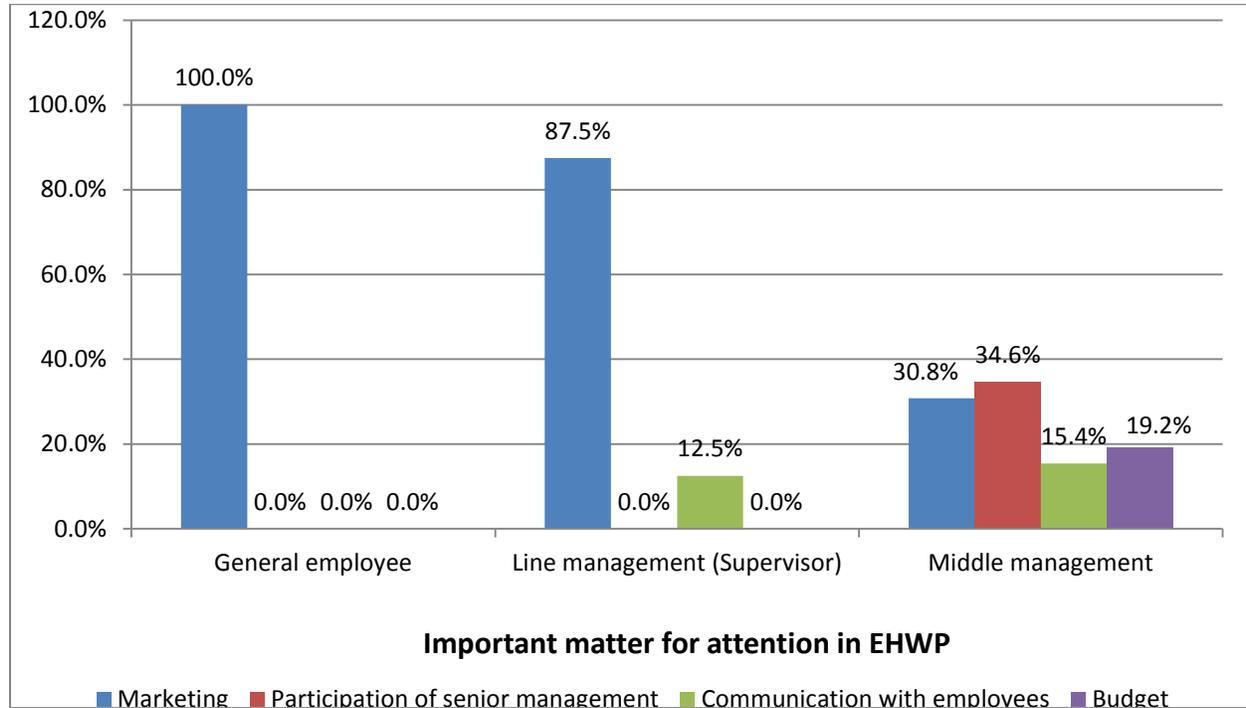


Figure 66 reflects that 100% of general employees, 88% of line managers, 31% of middle management identify marketing, 35% of middle managers, participation of senior management in the programme, 15% of middle management, 13% of line managers, communication with employees, and 19% of middle management budgeting skills, as matters to be attended to, to improve the current implementation of the EHWP. No significant percentages in responses of the senior management and interns were obtained in this area, hence the non-reflection of the results of these groups. The data show that the respondents are of the opinion that marketing, participation of senior management in the programme, communication with employees and budgeting are matters that need to be attended to in the EHWP.

The results correlate with the data reflected in Figure 10 where marketing was rated amongst the lowest as a source of information. The findings thus far regarding

consistent poor participation of senior managers in EHWP activities also support the results of Figure 66. The results correlate with the view of EAPA SA (2010:16) that marketing strategies should target all levels of the organisation and should be adapted accordingly. The Department of Land Affairs (2006:15-18) also stipulates that the implementation and management of the services by the service provider must include, inter alia, communication and promotional activities, dissemination of information, management consultation, employee support, education and training.

- **IMPLEMENTATION OF THE EHWP STRATEGIC FRAMEWORK PILLARS**

Figure 67: Illustrating the implementation of HIV and AIDS and TB Management Pillar

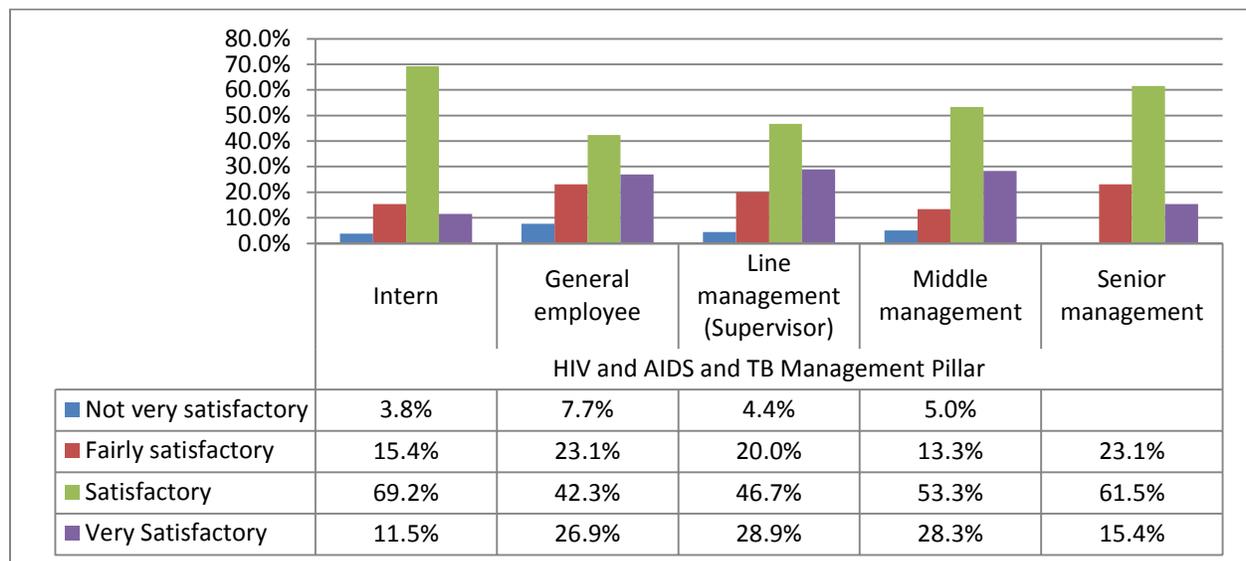


Figure 67 stipulates that all senior managers (100%), middle management at 94%, line management at 96%, general employees at 92% and interns at 96%, rate the extent to which the EHWP implements the HIV and AIDS and TB Management Pillar as fairly satisfactory to very satisfactory. The data confirm that the majority of respondents were satisfied with the implementation of the HIV and AIDS and TB Management Pillar in the

DRDLR. It is interesting to notice that the general poor participation of all the strata in HIV and AIDS Education, Awareness and VCT, indicated in Figures 23 and 26, is not linked to the fact that the employees view the implementation of this pillar as problematic. The advantage of positive perception of this pillar by the employees is that they view it as crucial in mitigating the impact of the HIV and AIDS and TB through prevention, treatment, care and support as alluded to in Chapter 2. The World Health Organisation (2009:1), however, has raised the concern that comprehensive knowledge of HIV and AIDS is still limited and the knowledge of HIV status remains low.

Figure 68: Indicating implementation of Health and Productivity Management Pillar

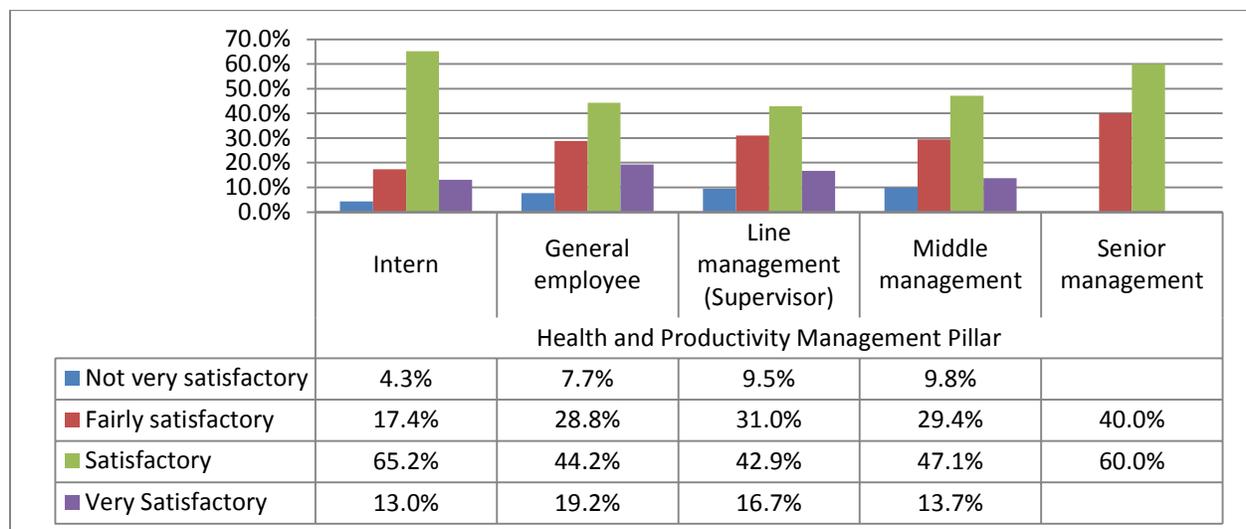


Figure 68 shows that all senior managers (100%) rate the extent to which the EHWP implements the Health and Productivity Management Pillar as fairly satisfactory to satisfactory. Ninety per cent of middle management, 91% of line management, 92% of general employees and 95% of interns view the implementation of this pillar as fairly satisfactory to very satisfactory. The data make it clear that the majority of respondents were satisfied with the implementation of the Health and Productivity Management Pillar in the DRDLR. It is interesting to note that the poor participation of the other strata in

health screening tests and of all the strata in flu vaccine projects and counselling programmes in Figures 22, 28 and 32 is not based on their perception of poor implementation of this pillar. One should note that the high rating of the implementation of this pillar by the strata in Figure 68 may be based on the service offers mentioned above as the actual implementation in accordance with the DPSA EHW Strategic Framework is not the responsibility of the EHWP but of another unit, according to Radebe (2013).

Figure 69: Indicating implementation of Safety, Environment, Risk and Quality Management Pillar

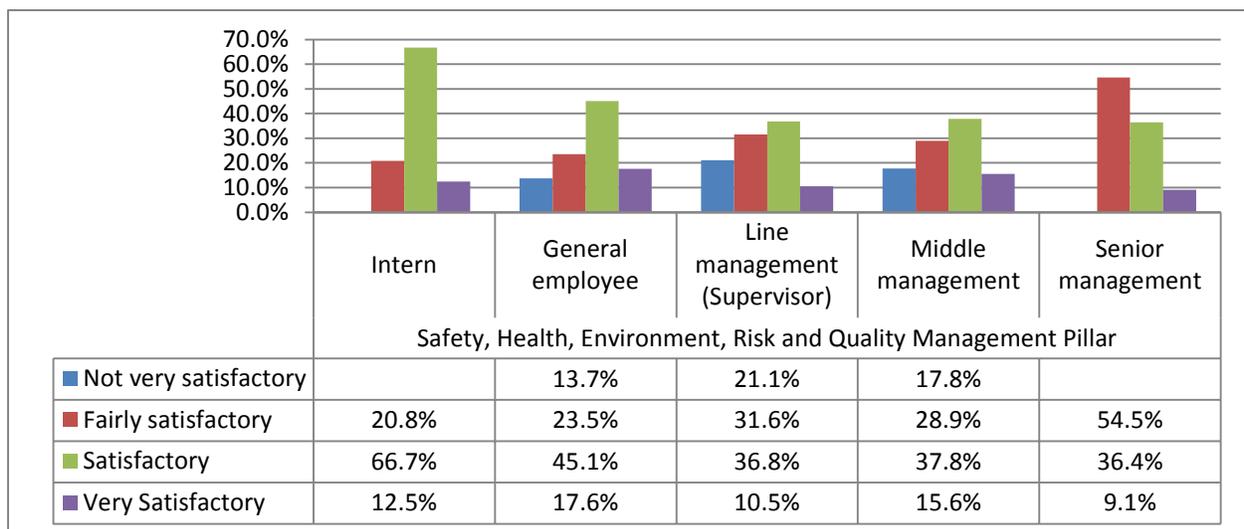


Figure 69 indicates that all senior managers and interns (100%), 83% of middle management, 80% of line management and 86% of general employees rate the extent to which the EHWP implements the SHERQ Management Pillar as fairly satisfactory to very satisfactory. The data show that the majority of respondents were satisfied with the implementation of the SHERQ Management Pillar in the DRDLR. The results are in contrast with the 'real picture' in the DRDLR as portrayed by Radebe (2013), that the implementation of this pillar in the DRDLR is also a responsibility of another unit, and

not that of the EHWP unit. Radebe (2013), however, indicated that employees usually approach the EHWP unit with SHERQ related issues, just as they do with the DPSA and some departments where SHERQ is under the EHWP umbrella. The Department of Public Service and Administration (2008:28) indicates that the SHERQ Pillar promotes the health and wellness of employees, the quality of services delivered to the public, and the sustainability of the environment for the long-term effects of adding value to the economic growth.

Figure 70: Indicating implementation of Wellness Management Pillar

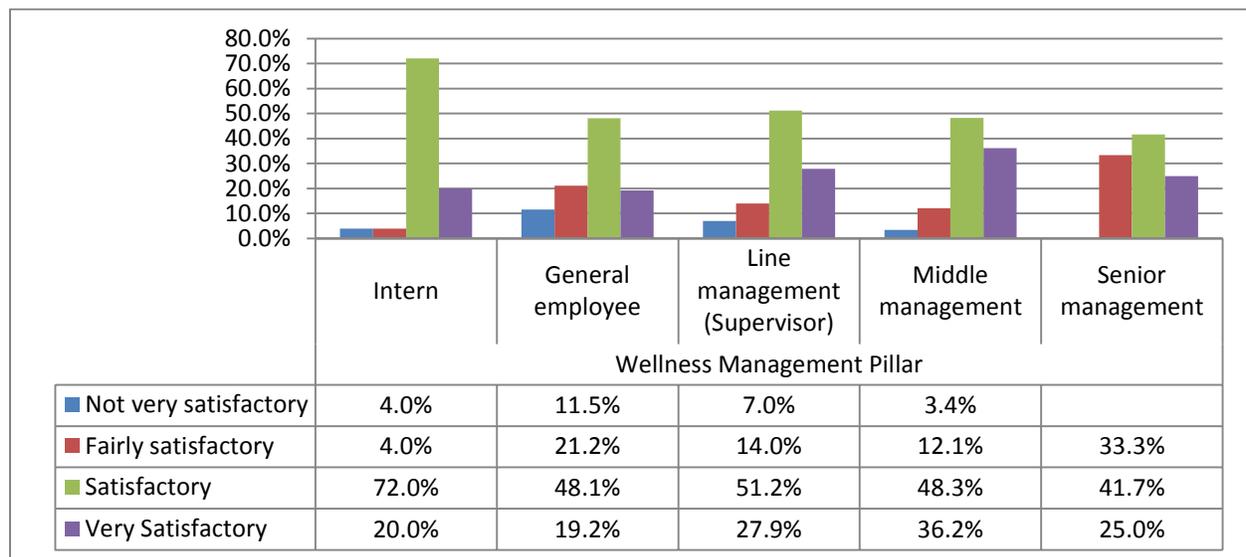


Figure 70 reveals that 100% of senior managers, 96% of middle management, 93% of line management, 88% of general employees and 96% of interns rate the extent to which the EHWP implements the Wellness Management Pillar as fairly satisfactory to very satisfactory. The data confirm that the majority of respondents were satisfied with the implementation of the Wellness Management Pillar in the DRDLR. The results correlate with the general positive views of the strata in that the report shows a significant number of figures as well as a satisfactory attendance at health and wellness events as indicated in Figure 21. The Department of Public Service and Administration

(2008:31) states that the Wellness Management Pillar strives to meet the health and wellness needs of the public service employees through preventive and curative measures by customising aspects from those programmes that are most relevant and which fit the uniqueness of the public service and its mandate.

- **CONSIDERATION OF EHWP INTERVENTIONS BY THE DRDLR**

Figure 71: Illustrating consideration of EHWP interventions by the DRDLR

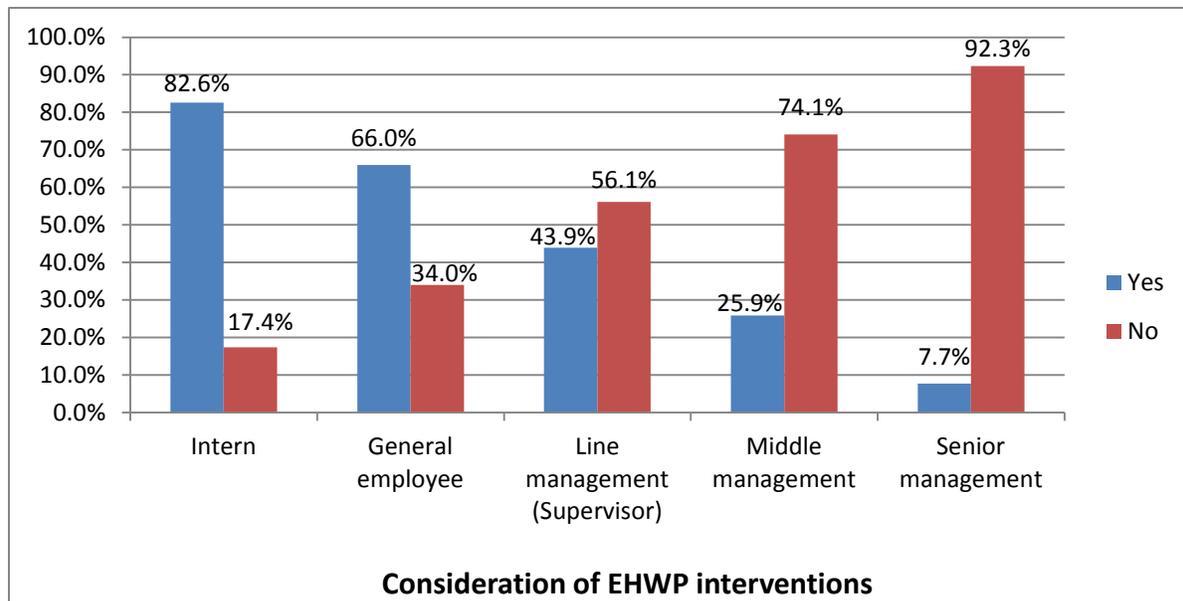


Figure 71 illustrates that 92% of senior managers, 74% of middle managers and 56% of line managers indicate that the DRDLR does not take into consideration the EHWP interventions when it implements organisational changes. The perception of these categories carries more weight than that of other categories as these are managers who attend the management meetings where organisational changes are discussed. These findings therefore reflect that the DRDLR is not regarded as leading to more strategic consultations around organisational change and developmental issues as suggested by Attridge (2005:40). Thus, the respondents at all levels of management do not view the

EHWP in the DRDLR as designed in such a way that the health and wellness teams work closely with management to ensure the alignment of programmes with organisational issues and with issues around the employees. This is despite the view of Oher (1999:65) regarding the advantages of the on-site model, that of being positioned to deliver high-quality organisational services which are usually designed for that specific organisation.

- INVOLVEMENT OF THE EHWP IN ORGANISATIONAL CHANGE

Figure 72: Indicating the most important way of involving the EHWP

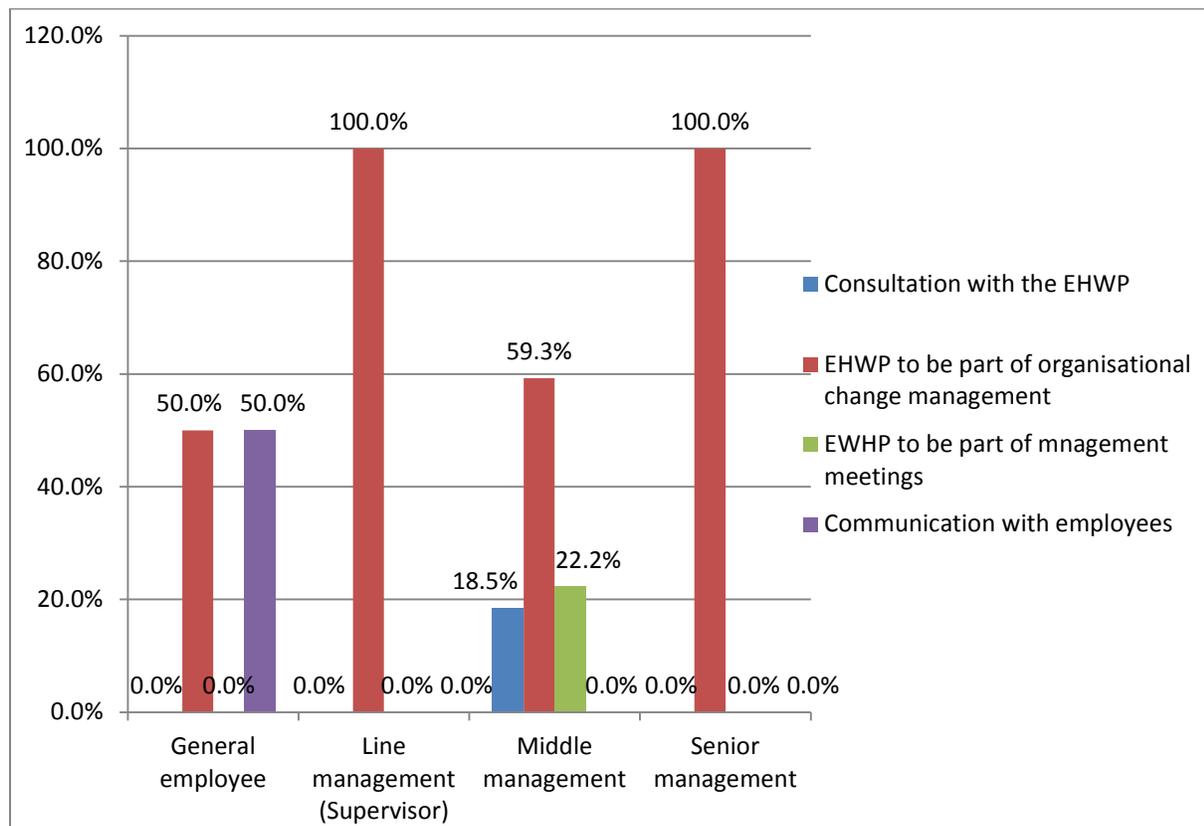


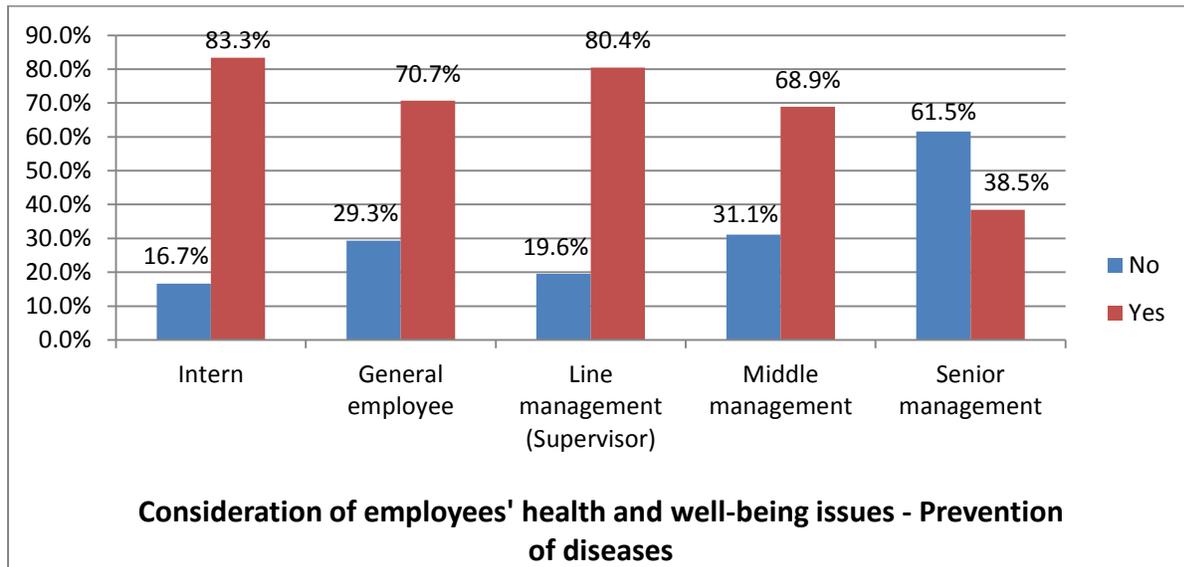
Figure 72 illustrates that 100% of line managers and senior managers, 59% of middle managers and 50% of general employees thought that the involvement of the EHWP in the organisational change management processes is the single most important way in

which the DRDLR could involve the EHWP when implementing organisational processes. This finding reiterates the general employees' need for information as reflected in Figure 66. Nineteen per cent and 22% of middle management indicated the importance of consultation with the EHWP and that the EHWP should be part of management meetings respectively. Fifty per cent of general employees indicated that communication with employees are important. The data show that the majority of respondents thought that the involvement of the EHWP in the organisational change management processes is the most important way in which the DRDLR could involve the EHWP when implementing organisational processes. These findings indicate that there is hope that the DRDLR processes could in future turn around to be in line with the benefits referred to by EAPA-SA (2010:1), that of integration of wellness, health, productivity and other programmes which led to the development of EHWPs.

- **CONSIDERATION OF HEALTH AND WELL-BEING ISSUES BY THE DRDLR**

The question was asked if the employees' health and well-being issues are considered through strategic plans of the DRDLR. Issues emphasised were: prevention of diseases through education on HIV and AIDS prevention, decrease of health risks such as flu vaccination before the winter season and containment of rising costs of health care through health promotion programmes such as articles on cancer, diabetes and TB. The following figures below indicate the findings.

Figure 73: Explaining prevention of diseases



It is clear in Figure 73 that the four strata, interns (83%), line management (80%), general employees (71%), and middle management (69%), thought that the employees' health and well-being issues are considered by means of strategic plans with regard to prevention of diseases. However, only a minority of senior management (39%) agrees with the statement. The view of senior management in this area carries more weight as this is the category that 'drives' the strategic plans of the organisation and would therefore be in a better position than other strata, to identify which issues are considered at a strategic level. This finding is in line with the observation made by Mashilo (2012) in a number of organisations in the public sector where the benefits of the EHWP are not fully realised as the position of the programme is not at the strategic level. The high rate of participation of the other strata and the poor participation of the senior management in health screening, as reflected in Figure 22, both correlate with the findings.

Figure 74: Explaining decrease in health risks

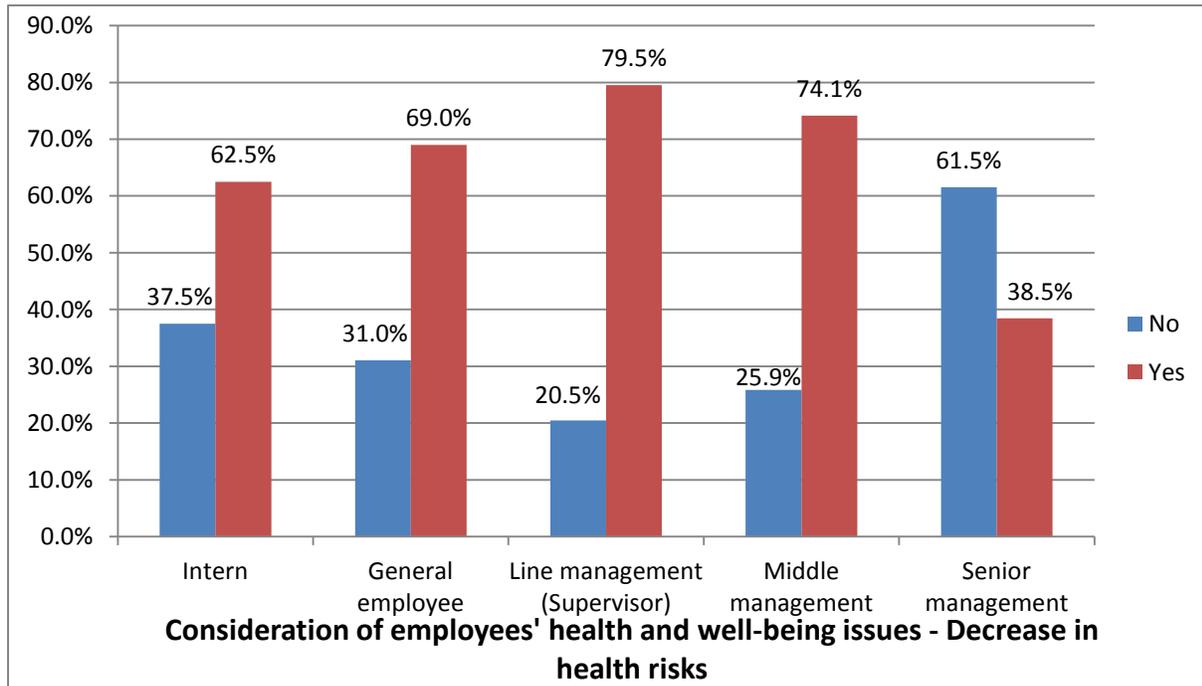


Figure 74 indicates that the majority of line management (80%), middle management (74%), general employees (69%) and interns (63%), were of the view that the employees' health and well-being issues in the DRDLR are considered through strategic plans to decrease health risks: such as flu vaccination before the winter season. The poor participation in the flu vaccine project of these strata, as reflected in Figure 28 however, is in contrast with the results. The majority of senior management (62%) is in disagreement with the view of the other strata. The data confirm that the majority of respondents thought that the employees' health and well-being issues in the DRDLR are considered through strategic plans. The results supported the view of Attridge (2005:41-43) that the main focus of the EHWP is for employees to stay well rather than to become sick, thus; a 'salutogenic model' of health and wellness.

Figure 75: Explaining containment of rising costs of health care

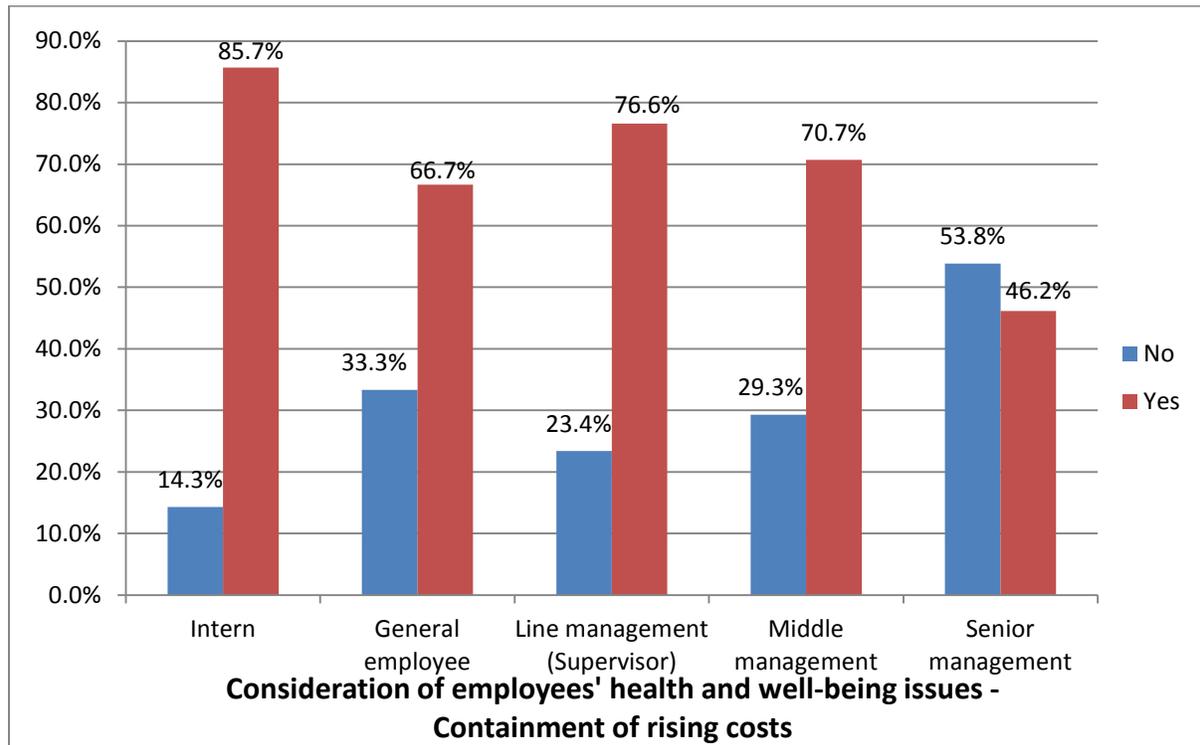


Figure 75 indicates that the interns (86%), middle management (78%), line management (77%) and the general employees (67%), thought that the employees' health and well-being issues are considered through strategic plans with regard to containment of the rising costs of health care for employees. The majority of the senior management (54%) is in disagreement with this statement. The data confirm that the majority of respondents thought that the employees' health and well-being issues are considered through strategic plans with regard to containment of the rising costs of health care for employees. The researcher believes that the senior managers, by virtue of their position, are the ones responsible for the budget and are charged with the authority to spend or not to spend on the organisation's projects. The senior managers' position, as indicated in Figure 75, however appears to be in contrast with the view of Attridge (2005:41-43) that core practices of worksite EHWP include the strategic planning to prevent diseases, decrease health risks and contain the rising costs of health care, something that is of major concern to most companies.

- **PRESENTATION OF THE EHWP IN THE DRDLR**

The respondents were requested to indicate the rate at which they think the EHWP in the DRDLR presents itself in terms of visibility, accessibility, and professionalism, marketing of health and wellness services as well as the approachability of the EHWP staff. The following figures below indicate the findings.

- **PRESENTATION OF THE EHWP IN THE DRDLR - VISIBILITY**

Figure 76: Indicating visibility of the EHWP

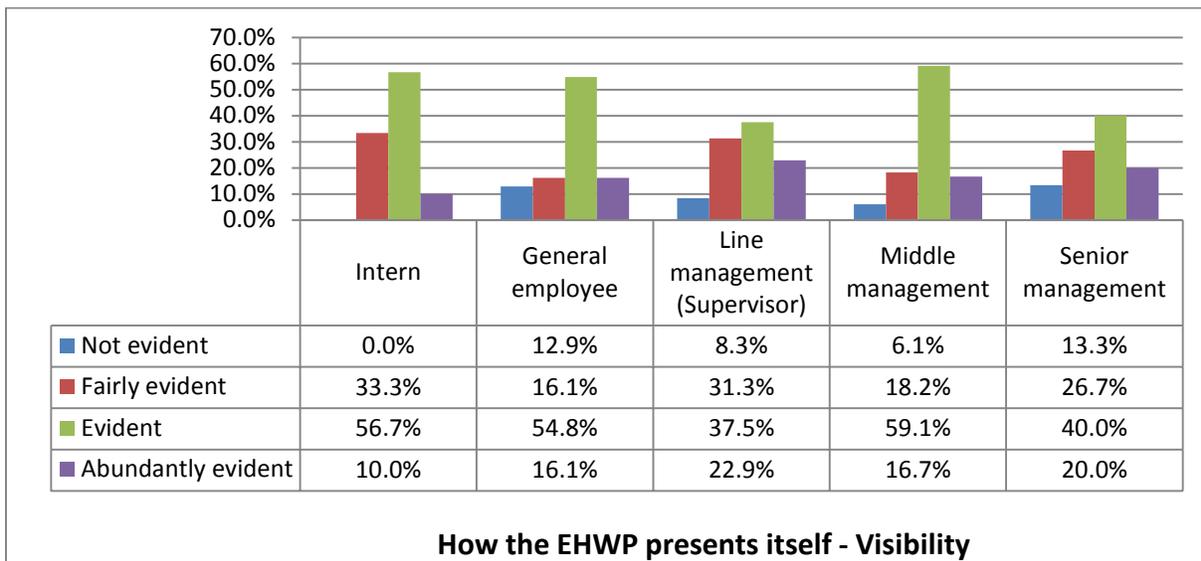


Figure 76 reveals that all interns, (87%) of general employees and senior management, 92% of line management and 94% of middle management regard the EHWP services in the DRDLR as being fairly to abundantly visible. The data confirm that the majority of respondents thought the EHWP services in the DRDLR are visible. The results are in line with the level of high knowledge of the EHWP by the respondents as reflected in Figure 9. The researcher believes that the DRDLR appointment of the Provincial Coordinators to coordinate the EHWP in eight provinces and the appointment of three

EHWP National Co-ordinators, alluded to by Radebe (2013), does promote the visibility of the EHWP.

- **PRESENTATION OF THE EHWP IN THE DRDLR - ACCESSIBILITY**

Figure 77: Indicating accessibility of the EHWP services

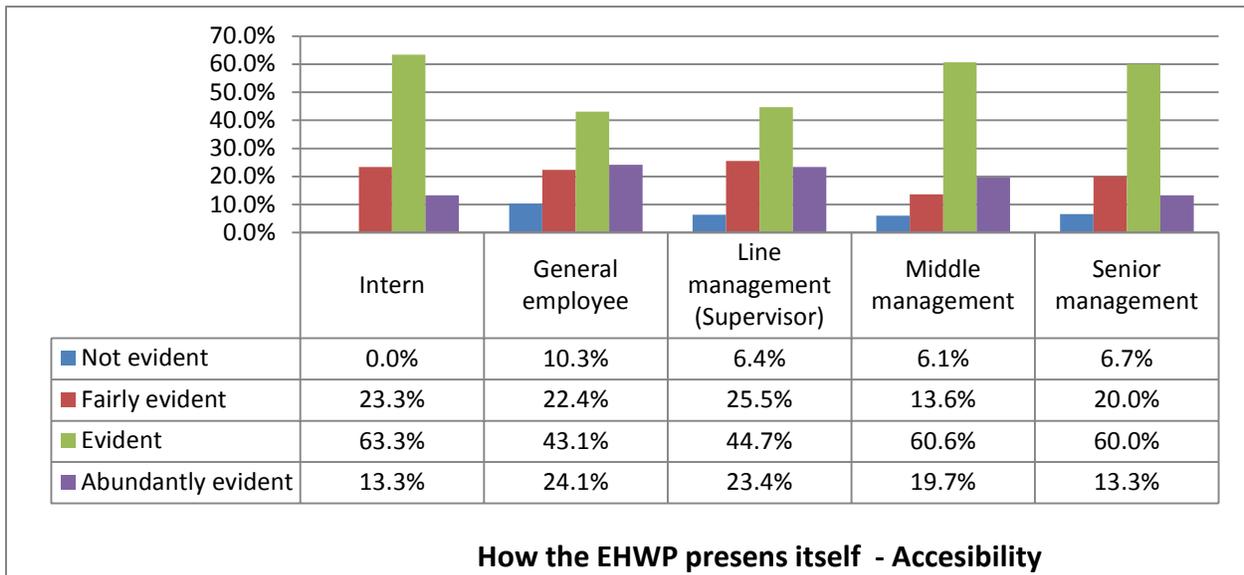


Figure 77 specifies that the interns at 96%, the general employees at 89%, line management at 92%, middle management and senior management both at 94%, perceived the EHWP services as being fairly to very accessible. The data show that the majority of respondents perceived the EHWP services in the DRDLR as being accessible. This finding correlates with the belief that the EHWP is a free and voluntary service which is accessible to all employees at all levels who have personal and work-related challenges that affect productivity (Department of Land Affairs, 2008:5-6). The easy access to EHWP services increases employee participation (Mashilo, 2012).

• PRESENTATION OF THE EHWP IN THE DRDLR - PROFESSIONALISM

Figure 78: Indicating professionalism of the EHWP services

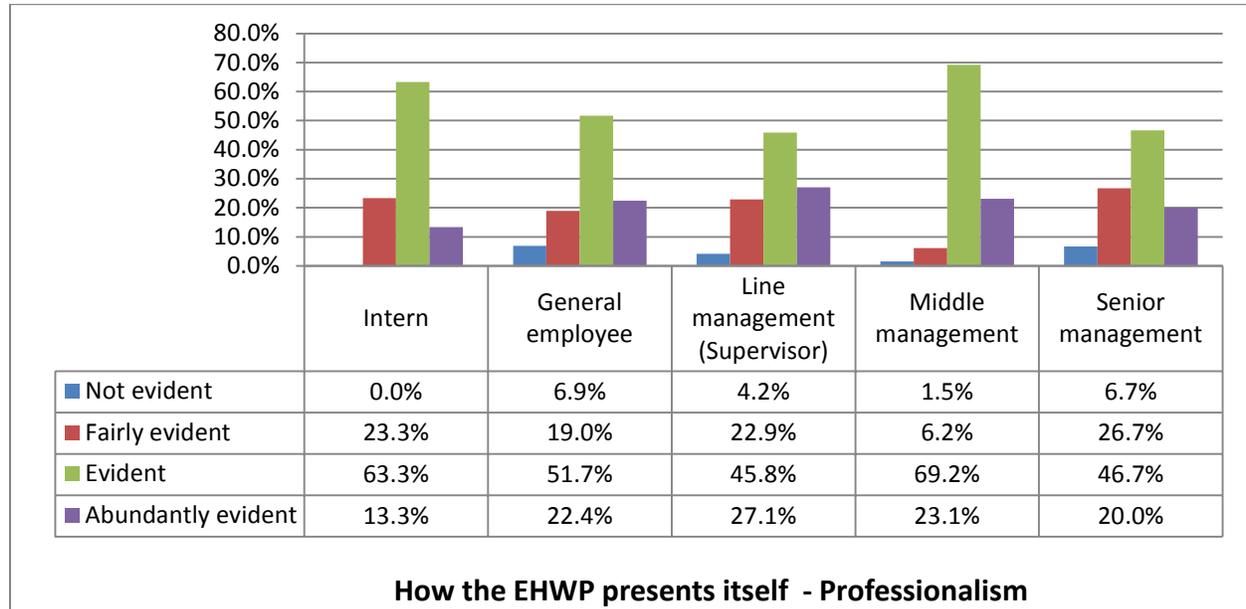


Figure 78 shows that 100% of interns, 93% of senior management, 93% of the general employees, 96% of line management and 98% of middle management perceived the EHWP services as being fairly to very professional. The data make it clear that the majority of respondents perceived the EHWP services as being professional. The findings indicate that the DRDLR is benefiting from the advantages of having an on-site model, thus, by having internal EHWP professionals who evaluate and monitor the services of the service provider as well as co-ordinating the EHWP services to ensure the professionalism of the entire programme in terms of service delivery (Department of Land Affairs, 2008:1-6).

- **PRESENTATION OF THE EHWP IN THE DRDLR – MARKETING OF HEALTH AND WELLNESS SERVICES**

Figure 79: Explaining marketing of health and wellness services

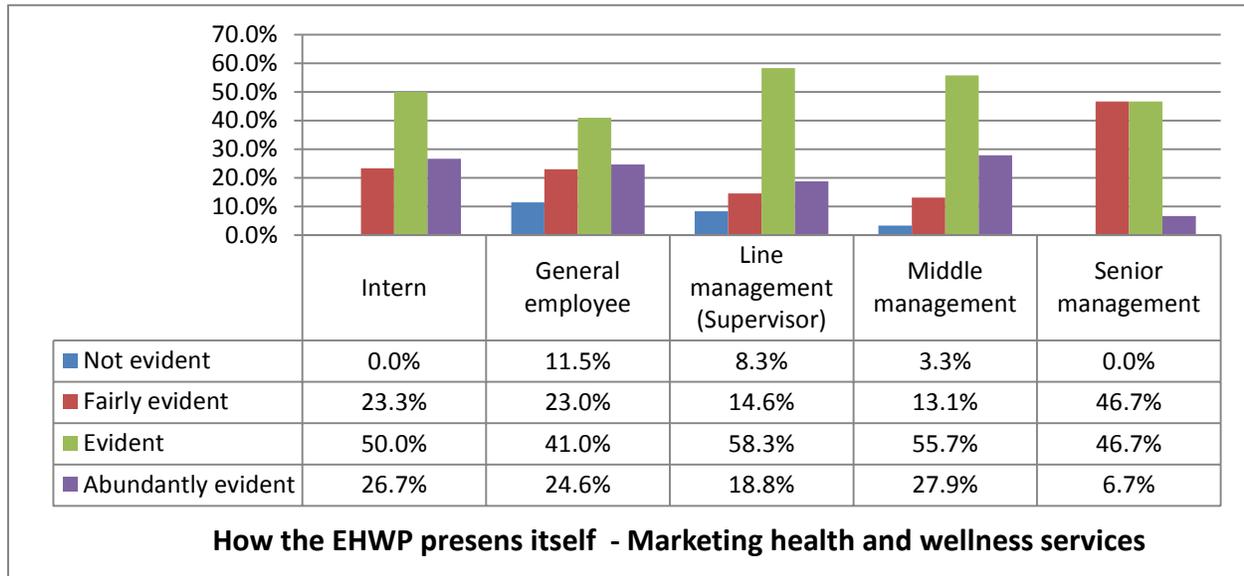


Figure 79 shows that 100% of interns and senior management, 88% of general employees, 92% of line management and 97% of middle management regard the marketing of health and wellness services by the EHWP as being fair to abundantly evident in the DRDLR. The data make it clear that the majority of respondents regarded the marketing of health and wellness services by the EHWP as evident in the DRDLR. It is interesting to see these results when only the minority of these strata except for line management, has attended health and wellness marketing presentations, as indicated in Figure 24. If the results of Figures 10 are taken into account that the majority of the employees do take into consideration other marketing strategies, this correlates with EAPA SA (2010:16) that marketing must be done in such a way that everyone in the organisation would feel comfortable in making use of the service.

- **PRESENTATION OF THE EHWP IN THE DRDLR – APPROACHABILITY OF STAFF**

Figure 80: Explaining approachability of the EHWP staff

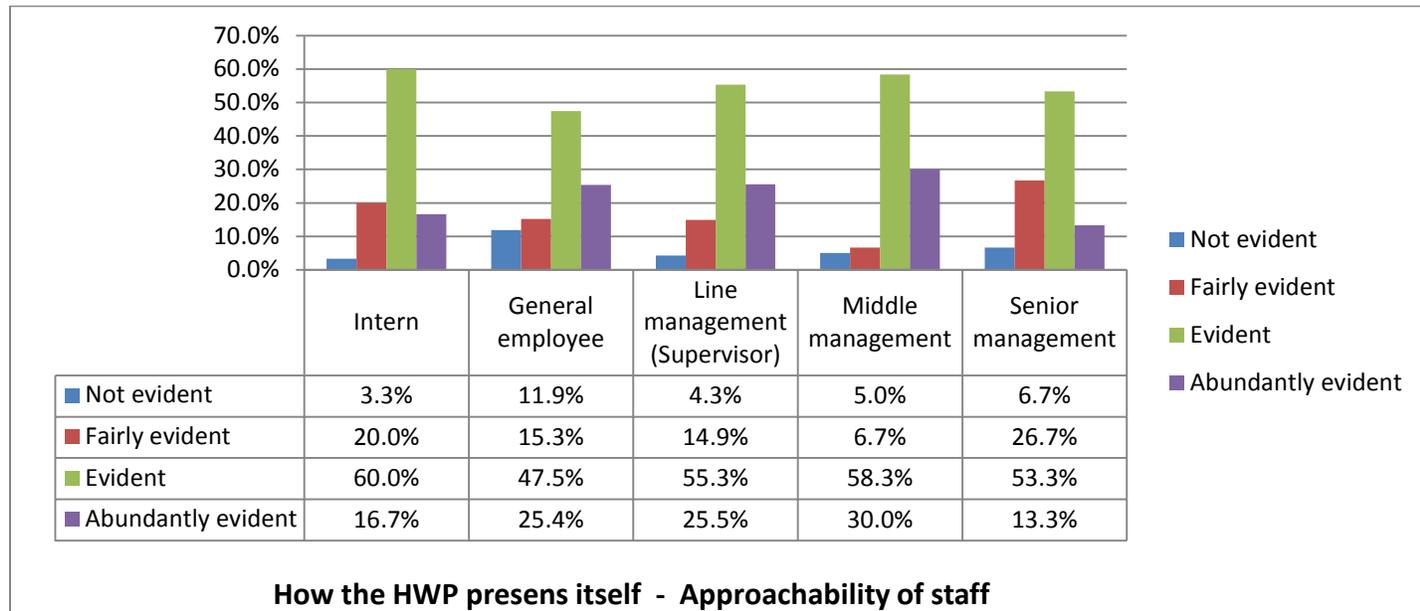


Figure 80 shows that 97% of interns, 88% of general employees, 96% of line management, 95% of middle management and 93% of senior management regard the EHWP staff as being fairly to abundantly approachable. The data show that the majority of respondents thought the EHWP staff as being approachable. The researcher finds the results beneficial to the EHWP unit in the DRDLR, as most employees, including management would feel free to approach the EHWP staff for information regarding the services and benefits of the programme, something that may ultimately improve the utilisation. According to the researcher, a commitment that has been made by the DRDLR in the EHWP policy (Department of Land Affairs: 2008:5) to create an enabling environment by providing equitable support to all the employees through the EHWP, and this binds the staff of the EHWP to be approachable. The DRDLR has also committed the EHWP to be made available to be used by employees 'for any purpose' (Department of Land Affairs: 2008:5). The researcher believes that fact also binds the EHWP staff to be approachable to employees.

• **IMPROVEMENT OF THE EHWP IN THE DRDLR**

The following graph shows the EHWP strengths and weaknesses as perceived by the respondents in terms of its implementation and interventions, as well as suggestions for improvement of the utilisation of the EHWP.

Figure 81: Indicating improvement of utilisation rate of the EHWP in the DRDLR

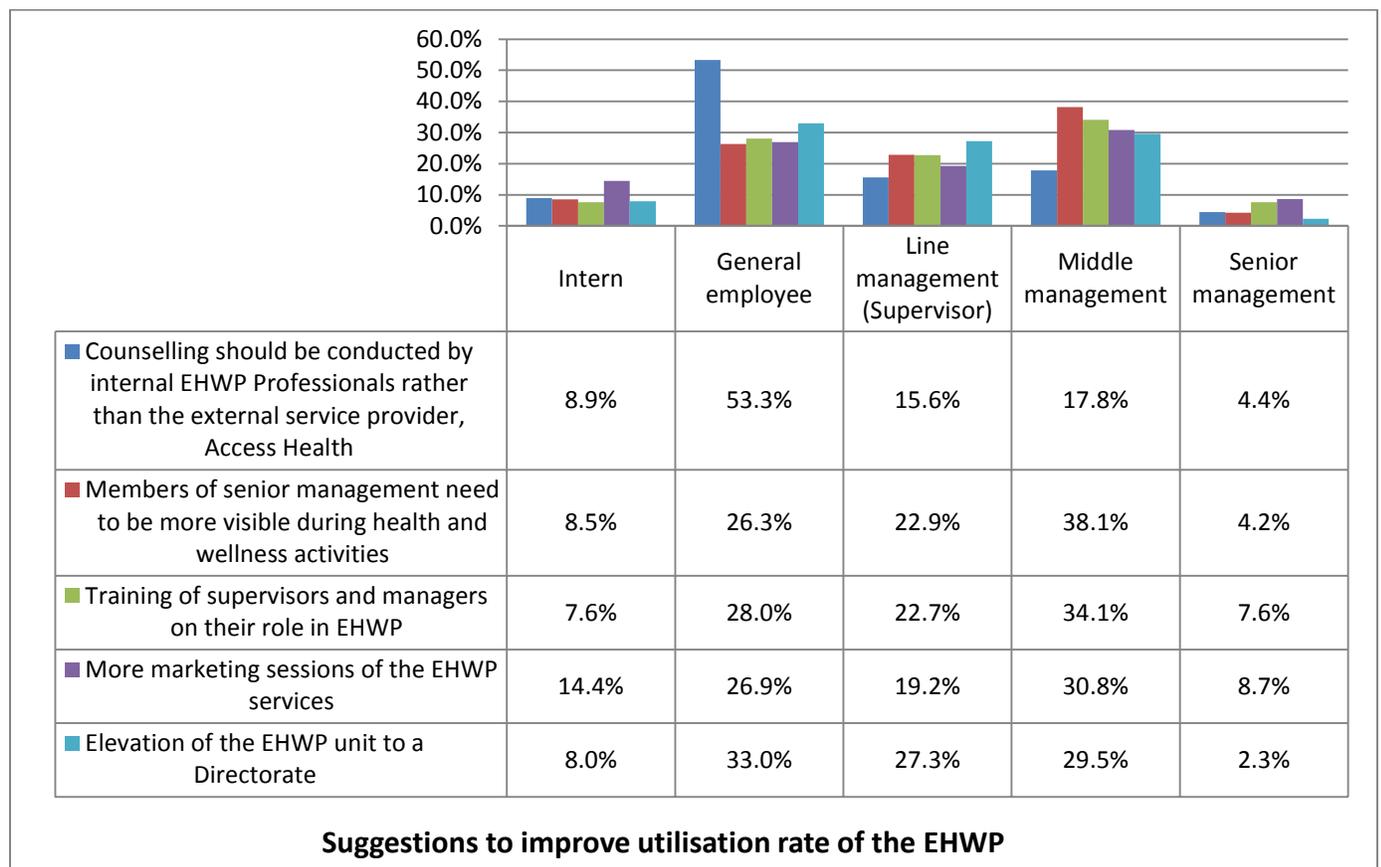


Figure 81 demonstrates that the majority of the general employees (53%) indicated that, if counselling could be conducted by the internal EHWP professionals rather than by the external service provider Access Health, the utilisation of the EHWP in the DRDLR could be improved. The line managers (16%) and middle managers (18%), however, categorised this component as the lowest priority on their lists. This component has

also been rated at very low levels by senior management at 4% and interns at 9%. The view of all the strata, except for general employees, is in line with that of Sonnenstuhl and Trice (1995:23) that, although internal therapists might be bound by professional ethics always to act in the best of their clients, as employees of the company, they may feel compelled at times to resolve conflicts in the interest of their employer.

Thirty eight per cent of middle managers suggested as their highest priority for the improvement of the utilisation of the EHWP in the DRDLR, more visibility of senior managers during health and wellness activities in the EHWP. This finding correlates with that of Figure 66 where a significant percentage of middle managers have suggested senior management participation as being the single most important matter to improve the current implementation of the EHWP. According to the researcher, the view of the middle managers regarding senior management, was an informed view as they are the ones who work closely with this category and sometimes act as senior managers themselves. Active involvement of senior management in EHWP is also regarded as crucial by Nossel (2012:2) and he believes that, without visible management support, employees also tend to be less committed. This component, however, is not the priority of 26% of the general employees.

Training of managers and supervisors on their role in EHWP was the priority of 34% of middle management, but not that of the interns (8%), to improve the utilisation of the EHWP in the DRDLR. It was not expected that the majority of the interns would know about such training, so this low percentage is justifiable. Senior management have also rated this component at 8%. These results are concerning as they reflect that the majority of managers in the DRDLR are happy with the way that the EHWP is utilised in the organisation and do not see that they themselves could be empowered through training on their role in the programme. The training would include referral procedures of troubled employees including those with substance abuse problems, counselling services and many other components of the EHWP. All the above mentioned components have been reflected in Figures 27 and 29 as well as in Figures 30-35 as the majority of the respondents have never participated. The perception of the majority

of managers is in contrast with the view of Overman (2009:9) that top management need to see employee health and well-being as part of the overall mission and to understand that human capital needs to be invested in and maintained. This view is also supported by the researcher.

Except for the interns (15%) and senior management (9%), more marketing sessions of the EHWP services were not highlighted as a priority by any other stratum. This correlates with the fact in Figure 10 that they did not hear about the EHWP through marketing as the majority of the respondents never attended marketing sessions as indicated in Figure 10. However, it is interesting to note that the finding concerning more marketing sessions in Figure 81, contradicts the finding of Figure 66, which reflects 'marketing' as being the single most important matter which the respondents from the two strata: general employees (100%) and line managers (88%), thought needs to be attended to, to improve the current implementation of the EHWP. Radebe (2012) identified the possibility of ineffective marketing strategies as one of the reasons for employees not utilising the services of the service provider in the previous years.

General employees felt the most strongly (33%) about the elevation of the EHWP Unit to a Directorate as their priority for the improvement of the EHWP in the DRDLR, whereas senior management was opposed to the idea at (2%). The finding with the general employees tallies with their view regarding conducting of counselling internally. Apparently they would also like the unit of the EHWP to be elevated to a directorate. The researcher could only assume that this view is based on the premise that the EHWP unit could be more visible and better utilised at a higher level. The 2% of senior management, though, indicated that the general employees' view is far from being realised. This finding is in line with the view of the majority of this group (senior management) that counselling should not be conducted internally. This group is therefore in support of the advantages of the off-site model alluded to in Chapter 2. Mashilo (2012) also mentioned that most of the senior managers prefer off-site services.

The findings in Section D show that the EHWP services are perceived and experienced as being valuable by the employees in terms of implementation, interventions, and presentation. Suggestions for improvement of the EHWP utilisation have also been given by the respondents. Hepworth et al. (2006:18) believe that assessing the sources of problems and determining the focuses of interventions are the first steps in applying the ecological systems perspective. These authors indicated that the different parts or elements of a system do not function in isolation, but function by depending on, and interacting with, each other to complete the system as a whole. This is supported by Kirst-Ashman (2010:10) who mentioned that the whole cannot be complete without the presence and participation of each of the elements. This view is further supported by Ambrosino et al. (2005:50) who advise that interventions must therefore be thought through and chosen with care.

As alluded to earlier on, one of the pillars of employee health and wellness is the Wellness Management Pillar which focuses on individual and organisational wellness. In this instance the ecological systems perspective allows for individual wellness that promotes physical, social, emotional, occupational, spiritual and intellectual well-being, whilst organisational wellness promotes a culture that is conducive to employees' work-life balance in order to enhance their effectiveness and efficiency in the performance of their duties (Department of Public Service and Administration, 2008:31). The ecological systems perspective also permits the Safety, Health, Environment, Risk and Quality (SHERQ) Management Pillar to emphasise that the issues of safety, health, environment, risk and quality need to be addressed as governance issues in order to improve government employees' health and wellness in particular (Department of Public Service and Administration, 2008:28). Hepworth et al. (2006:17) however, caution that any gaps in the environmental resources, limitations of individuals who need to utilise these resources, or any dysfunctional transactions between individuals and environmental systems, threaten to block the fulfillment of human needs. Such gaps lead to stress or impaired functioning.

An ecological systems perspective “tries to improve coping patterns so that a better match can be attained between an individual’s needs and the characteristics of his/her environment” (Zastrow, 2004:55). This is significant because the HIV and AIDS and TB Management Pillar is intended to mitigate the impact of the epidemic through prevention, treatment, care and support which are referred to as sub-objectives of the HIV and AIDS and TB Management Pillar (Department of Public Service and Administration, 2008:23-24).

4.3 SUMMARY

Chapter Four focused on the presentation, analysis and interpretation of the empirical data based on questions asked regarding employees’ knowledge about the EHWP and their utilisation and perception of the EHWP. An analysis of data and interpretation of the results has been done in all four sections and components addressed in the questionnaire.

The conclusions on the research findings and recommendations will be presented in Chapter Five.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter concludes the research report. As a point of departure the researcher will indicate whether the goal and objectives of the study have been achieved. Thereafter, the conclusions of the study and related recommendations will follow.

5.2 RESEARCH GOAL AND OBJECTIVES

The goal of the study was to evaluate the utilisation of the EHWP in the National Office of the DRDLR. The goal was achieved through the realisation of the five objectives which are reviewed below.

Objective 1: This was to conceptualise the EHWP theoretically and describe the necessity of utilisation in the DRDLR. The first objective was attended to in Chapter Two through an in-depth literature review which focused on the history, design, implementation and utilisation of the EHWP in the DRDLR. In addition, there was also a description of legislation governing the EHWP in the DRDLR.

Objective 2: This was to explore the level of knowledge and awareness of employees about the EHWP of the DRDLR. The second objective was accomplished in Chapter Three as the respondents were afforded an opportunity to indicate not only their level of knowledge and awareness, but also the means of getting the information to enable the DRDLR to improve the marketing strategies which had been identified as not 'appealing' to each category of employees.

Objective 3: Objective 3 was to ascertain the perceived value of the EHWP for the employees of the DRDLR. The objective was achieved in Chapter Four where the

research findings were explored through a cross-sectional survey of the evaluation of the utilisation of the EHWP in the National Office of the DRDLR.

Objective 4: This was to determine the employee utilisation rate of the EHWP. The objective was achieved in Chapter Four where the research findings were explored through a cross-sectional survey of the evaluation of the utilisation of the EHWP in the National Office of the DRDLR.

Objective 5: The final objective was to identify strengths and challenges of the EHWP for DRDLR in order to make recommendations to align the programme with the DPSA EHW Strategic Framework. This objective is comprehensively addressed throughout the research process and is dealt with across various chapters in the research report. The results were presented in graphic and tabular form according to the sequence of the questions in the questionnaire that was sent out. To accomplish this objective, Chapters Four and Five dealt with strengths and challenges of the EHWP for DRDLR and the necessary recommendations have been made to address the shortfall. This last objective further indicated the formulation of conclusions and making recommendations to management. This objective was achieved in Chapter Five through a discussion of how to expand the research in future in order to achieve more exploratory results.

5.3 CONCLUSIONS

After careful consideration the following conclusions are made, based on the findings of the study.

There were more female staff than males employed in the DRDLR and the majority of employees are Africans between the ages of 21 and 35 years (see Figure 1 to 3). The most popular African Languages were Sepedi and Setswana (see Figure 4). The majority of employees have post-Matric qualifications (see Figure 5). The workforce is relatively young with not much work experience (see Figures 3 and 7).

There were some discrepancies regarding the rating of effectiveness of the methods of hearing about the EHWP. Thus some respondents would indicate their ratings even though they had claimed not to have heard or known about the EHWP. These discrepancies occurred regardless of a bolded note below the question, requesting each respondent to ignore that question if she/he had not answered the previous one (see Figures 11 to 17).

Although the employees knew about Access Health, the service provider that has been contracted by the DRDLR to render employee well-being services, they did not know the toll-free number (see Figures 18 and 19). The employees, however, knew about the EHWP unit telephone number(s) (see Figure 20). The employees' level of knowledge of the EHWP was high (see Figure 9), but it does not tally with the utilisation rate (see Figures 27 to 35). This was more evident with the senior management category (see Figures 29 and 32).

There was high attendance at a health and wellness event for all strata (see Figure 21). All the strata but senior management and interns recorded high participation in health screening and HIV and AIDS Voluntary Counselling and Testing (see Figures 22 and 23). Poor attendance of health and marketing presentations for all the strata was noted in Figure 24. Poor participation in health and wellness presentations on life-skills for all the strata except interns was recorded in Figure 25, whilst HIV and AIDS Awareness and Education session was poorly attended by all the strata except line and middle management categories (see Figure 26).

Employees have experienced the EHWP services as accessible, professional, confidential and non-judgemental. They also indicated that the therapists understand them (see Figure 36-40). Employees were also satisfied with the level of the EHWP visibility, accessibility, professionalism, marketing of health and wellness services as well as approachability of the EHWP staff (see Figure 76-80).

The majority of respondents from the three strata, namely: general employees, line and middle management suggested elevation of the EHWP Unit to a Directorate; more

visibility of senior management during health and wellness activities; training of supervisors and managers on their role in EHWP; and more marketing sessions of the EHWP services as interventions which could be employed to improve the utilisation rate of the EHWP in the DRDLR (see Figure 81).

All members of senior management were satisfied with the EHWP services (see Figures 41-43). The findings on satisfaction of all senior managers as well as other strata with the EHWP services in Figures 44-55 could not be regarded as valid as they were in contrast with the findings on figures 24-35. Thus the respondents who had commented on the experiences regarding the EHWP services had, in Figures 24-35, indicated that they had in fact not attended those services.

Employees were satisfied with the extent to which the EHWP in the DRDLR is meeting its goals and objectives (see Figures 56-64) and they also conceded that the current implementation of the EHWP is appropriate as reflected through its goals and objectives (see Figure 65). All senior managers and the majority of the other strata were generally satisfied with the implementation of the four EHWP Strategic Framework Management Pillars, namely: HIV and AIDS and TB, Health and Productivity, SHERQ and Wellness. All interns were also satisfied with the implementation of SHERQ Management Pillar in the DRDLR (see Figures 67-70).

Marketing sessions were poorly attended (see Figure 10 and Table 1). Employees thought that the marketing of the EHWP should be a matter of attention to improve its current implementation and that the programme should be part of the organisational change management processes (see Figure 66 and 72). The different forms of marketing that seem to have appealed to the majority of employees in the DRDLR include e-mails, articles, posters, brochures and promotional sessions as well as presentations by the EHWP unit (see Figure 10).

Based on the above conclusions, it is clear that the utilisation of the EHWP by the employees of the DRDLR was poor. This was the finding despite the employees'

general positive perception of the programme. The reasons for poor utilisation could not be established through this study.

5.4 RECOMMENDATIONS

The recommendations arising from the study are presented in two parts. Firstly, recommendations are made to the management which could guide the DRDLR in the programming and implementation of its EHWP in light of the above-mentioned conclusions. Secondly, some recommendations for future research are proposed.

5.4.1 Recommendations to the management of DRDLR

The following recommendations are forwarded to management to guide the DRDLR in the programming and implementation of its EHWP:

When marketing the EHWP, methods that seem to be ‘more appealing’ to the employees need to be used. Marketing needs to be done in different forms in order to reach all categories of employees in large numbers.

When communicating or marketing to employees, the EHWP Unit needs to take into account the different levels of education of the employees and ensure that all of them are catered for.

The EHWP Unit should be established in line with the DPSA EHW Strategic Framework for the public service in order to have an integrated approach through implementation of all the four pillars of EHW. Through such an approach, more emphasis is put on education and preventive services as well as early detection of employees’ health and personal challenges, thus, creating a greater opportunity for early intervention and better outcomes in terms of productivity.

The DRDLR must involve the EHWP when implementing organisational change management processes.

Senior management should be encouraged to lead by example through active participation in the EHWP.

5.4.2 Recommendations for future research

It is suggested that the same research be conducted in all nine provinces. The research could go to the extent of establishing the employees' reasons for not utilising the EHWP, as this was not specifically dealt with in this study. This could be an expensive study considering the geographical area of provinces, and as a result, the DRDLR may need to consider funding it.

REFERENCES

Access Health, 2014. *EHWP Annual report for the DRDLR*. Johannesburg: Access Health (Pty) Ltd.

Ambrosino, R., Hefferman, J., Shuttlesworth, G. & Ambrosino, R. 2005. *Social Work and social welfare: An introduction*. 5th ed. Belmont: Thomson Brooks/Cole.

Attridge, M. 2005. The business case for the integration of employee assistance, work-life and wellness services: A literature review. In Attridge, M., Herlihy, P., & Maiden, R.P. *The Integration of Employee Assistance, Work/Life and Wellness Services*. New York: The Haworth Press, Inc.

Babbie, E. 2007. *The Practice of social research*. 9th ed. London: Wadsworth/Thomson.

Babbie, E. 2005. *The basics of social research*. 3rd ed. Toronto: Thomson Wadsworth.

Babbie, E. & Mouton, J. 2006. *The practice of social research*. South African edition. Cape Town: Oxford University Press.

Bhoodram, P. 2010. *An evaluation of the Employee Assistance Programme in the Department of Correctional Services benchmarked against the standards of the Employee Assistance Professionals Association of South Africa*. Pretoria: University of Pretoria. (DPhil Thesis).

Bhoodram, P. 2006. Becoming integral to EAPs. *Journal of Employee Assistance*, 36(3): 28.

Bless, C., Higson-Smith, C. & Kagee, A. 2006. *Fundamentals of social research methods: An African perspective*. 4th ed. Cape Town: JUTA & Co. Ltd.

Careways. 2012. *Employee well-being programme Three year (2008-2012) report for the DRDLR*. Johannesburg: The Careways Group (Proprietary) Ltd.

Creswell, J.W. 2009. Research design: *Qualitative, quantitative and mixed methods approaches*. 3rd ed. London: SAGE.

Daly, J.L. 2003. Government and the utilization of employee assistance. In Emener, M.G., Hutchison, Jr. W.S., & Richard, M.A. 2003. *Employee Assistance Programs: Wellness/Enhancement programming*. 3rd ed. Illinois: Charles C Thomas Publisher, Ltd.

Delpont, C.S.L. 2005. Quantitative data collection methods. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik Publishers.

Delpont, C.S.L. & Roestenburg, W.J.H. 2011. Quantitative data collection methods: questionnaires, checklists, structured observation and structured interview schedules. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Department of Land Affairs. 2008. *Employee wellness programme policy*. Pretoria: DRDLR.

Department of Land Affairs. 2006. *Terms of reference*. Pretoria: DRDLR.

Department of Public Service and Administration. 2008. *Employee health and wellness strategic framework for the Public Service*. Pretoria: DPSA.

Department of Rural Development and Land Reform. 2014a. *EHWP Strategy 2014/15*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2014b. *Employment Equity Report 1 July – 30 September 2014*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2014c. *Department of Rural Development and Land Reform 2013-2014 Annual Report*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2013. *EHWP Annual operational plan 2013/14*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2012a. *Department of Rural Development and Land Reform 2011-2012 Annual Report*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2012b. *Employee well-being programme service level agreement between DRDLR and Access Health (Pty) Ltd*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2011. *Department of Rural Development and Land Reform 2011-2012 Human resource plan*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2009a. *Employment Equity Plan 1st April 2009 – 31st March 2014*. Pretoria: DRDLR.

Department of Rural Development and Land Reform. 2009b. *Policy on bursary*. Pretoria: DRDLR.

Dickman, F. 2003. Human resources: Basic definitions and concepts for Employee Assistance Professionals. In Emener, M.G., Hutchison, Jr. W.S., & Richard, M.A. *Employee Assistance Programs: Wellness/Enhancement Programming*. 3rd ed. Illinois: Charles C Thomas Publisher, Ltd.

Dickman, F. & Challenger, R. 2003. Employee Assistance Programs: A historical sketch. In Emener, M.G., Hutchison, Jr. W.S., & Richard, M.A. *Employee Assistance Programs: Wellness/Enhancement Programming*. 3rd ed. Illinois: Charles C Thomas Publisher, Ltd.

EAPA-SA. 2010. *Standards for Employee Assistance Programmes Association in South Africa*. Johannesburg: ICAS.

Eastern Cape Office of the Premier. 2004. *Policy guidelines for Integrated Employee Wellness (IEW) in the Eastern Cape Provincial Administration*. Bhisho: ECOTP.

Employment Equity Act 55 of 1998 (Published in the *Government Gazette*, (19370) Pretoria: Government Printers).

Flanagan, L. 2012. Department's costly plant plan. Workplace. *The Star*, 15 August:1.

Flick, U. 2011. *Introducing research methodology: A beginner's guide to doing a research project*. London: SAGE.

Fouché, C.B. 2011. Evaluation research. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & Bartley, A. 2011. Quantitative data analysis and interpretation. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & Delpont, C.S.L. 2011. Introduction to the research process. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Fouché, C.B., Delpont, C.S.L. & De Vos, A.S. 2011. Quantitative research designs. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & De Vos, A.S. 2011a. Formal formulations. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delpont, CSL. *Research at Grass Roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & De Vos, A.S. 2011b. Selection of a researchable topic. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, CSL. *Research at Grass Roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & De Vos, A.S. 2005a. Problem formulation. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & De Vos, A.S. 2005b. Quantitative research designs. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots for the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik Publishers.

Grove, S.K. 2005. *The practice of nursing research: conduct, critique, and utilization*. 5th ed. St Louis, Missouri: Elsevier Saunders Health.

Harper, T.D. 2000. *Employee assistance programming and professional developments in South Africa*. New York: Haworth Press.

Hepworth, D.H., Rooney, R.H., Rooney, G.D., Strom-Gottfried, K. & Larsen, J. 2006. *Direct Social Work practice. Theory and skills*. 7th ed. Belmont: Thomson Brooks/Cole.

Kgomo, P.P. 2008. *The integration of health and wellness programmes in the Department of Health and Social Development in Limpopo Province*. Johannesburg: University of Witwatersrand.

Kirst-Ashman, K.M. 2010. *Introduction to Social Work and social welfare. Critical thinking perspectives*. 3rd ed. Belmont: Brooks/Cole.

Kruger, D.J., De Vos, A.S., Fouché, C.B. & Venter, L. 2005. Quantitative data analysis and interpretation. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: for the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik Publishers.

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

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

Labour Relations Act No. 66 of 1995 (Published in the *Government Gazette*, (14689) Pretoria: Government Printers).

Ligon, J. & Yegidis, B.L. 2003. Program planning and evaluation of Employee Assistance Programs: Rationale, types, and utilization. In Emener, M.G., Hutchison, Jr. W.S., & Richard, M.A. *Employee Assistance Programs: Wellness/Enhancement Programming*. 3rd ed. Illinois: Charles C Thomas Publisher, Ltd.

Mashilo, M. 2012. Personal interview with Ms Makubu Mashilo, Wellness practitioner of Rand Water. 29 July. Pretoria.

McDonald, L.A.C. 2005. *Wellness at work: protecting and promoting employee health and wellbeing*. London: Chartered Institute of Personnel and Development.

Nkadimeng–Malata, T.C. 2009. *The evaluation of the Employee Assistance Programme at the Department of Correctional Services*. Pretoria: University of Pretoria. (MA Dissertation).

Nossel, C. 2012. Actively investing in employee health. Workplace. *The Star*, 18 July:2.

Occupational Health and Safety Act 85 of 1993 (Published in the *Government Gazette*, (37305) Pretoria: Government Printers).

Oher, J.M. 1999. *The employee assistance handbook*. New York: John Wiley & Sons. Inc.

Overman, S. 2009. *Next-Generation: Wellness at Work*. England: McGraw-Hill.

Public Service Circular 37 of 2014. Department of Public Service and Administration. Pretoria: DPSA.

Public Service Commission. 2007. *Evaluation of Employee Assistance Programmes in the Public Service*. Pretoria: PSC.

Public Service Regulations, 2001. (Published in the Government Notice, (2001). Pretoria: Government Printer).

Radebe, K. 2013. Personal interview with Ms Khonjiwe Radebe, EHWP Assistant Director of the DRDLR. 10 October. Pretoria.

Radebe, K. 2012. Personal interview with Ms Khonjiwe Radebe, EHWP Assistant Director of the DRDLR. 3 July. Pretoria.

Sherman, B. 1990. *Employee Assistance Programs: Wellness/Enhancement programming*. New York: Haworth Press.

Sonnenstuhl, W.J. & Trice, H.M. 1995. *Strategies for Employee Assistance Programs: The crucial balance*. 2nd ed. Revised. New York: Industrial and Labor Relations Press.

Strydom, H. 2011a. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Strydom, H. 2011b. Sampling in the quantitative paradigm. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Strydom, H. 2011c. The pilot study in the quantitative paradigm. In De Vos, A.S. (Ed.), Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

The Constitution of the Republic of South Africa Act 108 of 1996 (Published in the *Government Gazette*, (1556) Pretoria: Government Printers).

Thompson, D.A. & Swihart, D.L. 2005. University of Arizona life and work connections: synergistic strategy for maximizing whole-person productivity over the employees, life cycle/work cycle. In Attridge, M., Herlihy, P., & Maiden, R.P. *The Integration of Employee Assistance, Work/Life and Wellness Services*. New York: The Haworth Press, Inc.

Vineburgh, N.T., Ursano, R.J. & Fullerton, C.S. 2005. Disaster consequence management: An integrated approach for fostering human continuity in the workplace. In Attridge, M., Herlihy, P.A. & Maiden, R.P. 2005. *The Integration of Employee Assistance, Work/Life, and Wellness Services*. New York: The Haworth Press, Inc.

World Health Organisation. 2009. Available: <http://www.afro.who.int/en/rdo/messages-and-press-statements-of-the-world-aids-day-2009> (Accessed 2013/02/25).

Zastrow, C. 2004. *Introduction to Social Work and social welfare: Empowering people*. 8th ed. Belmont: Thomson Brooks/Cole.

Languages of Pretoria. Available: https://www.google.co.za/gws_rd=ss/#q=language+of+pretoria+south+africa (Accessed 2014/10/18).

APPENDIX 1: Letter of permission from the DRDLR



rural development & land reform

Department:
Rural Development and Land Reform
REPUBLIC OF SOUTH AFRICA

THE DIRECTORATE: HUMAN RESOURCE AND DEVELOPMENT

Private Bag X833, Pretoria, 0001; Tel: (012) 312 8911; Fax: (012) 321 2022

To whom it may concern – University of Pretoria

1. The Department of Rural Development and Land Reform hereby grants Ms B. Gcwabe permission to conduct a study on the *'Utilisation evaluation of the Employee Health and Wellness Programme (EHWP) for the National Office of the Department of Rural Development and Land Reform (DRDLR)'*.
2. The DRDLR will expect a copy of the completed research for its own resource centre after completion of the study.
3. The researcher(s) should be prepared to assist with the interpretation and implementation of the recommendations where possible.

MS J. JACOBS

DIRECTOR: HUMAN RESOURCE AND DEVELOPMENT

DATE: 21/02/2013

Department: Rural Development & Land Reform
Private Bag X 833
21-02-2013
Pretoria 0001

**APPENDIX 2: Ethical clearance from the Research and Ethics Committee of
the University of Pretoria**



22 July 2013

Dear Prof Lombard

Project: Utilisation evaluation of the Employee Health and Wellness Programme for the National Office of the Department of Rural Development and Land Reform

Researcher: B Gcwabe

Supervisor: Dr FM Taute

Department: Social Work and Criminology

Reference number: 21237850

Thank you for your response to the Committee's correspondence of 11 May 2013.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 22 July 2013. Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. Sakhela Buhlungu
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: sakhela.buhlungu@up.ac.za

APPENDIX 3: Informed consent



**UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA**

Faculty of Humanities

Department of Social Work and Criminology

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Researcher: Bongeka Gcwabe
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Dear Participant,

Informed Consent Form

Title of the study: Utilisation evaluation of the Employee Health and Wellness Programme (EHWP) for the National Office of the Department of Rural Development and Land Reform (DRDLR).

Purpose of the study: To evaluate the utilisation of the Employee Health and Wellness Programme in the National Office of the Department of Rural Development and Land Reform.

Procedure: A questionnaire will be electronically sent to those employees with access to e-mails, and will be posted to the employees without email access. The completion of the questionnaire will take approximately 45 minutes.

Possible risks and discomforts: There are no known risks and discomforts associated with the completion of the questionnaire.

Benefits: There will be no direct benefit for employees. However, the results may help the researcher gain a better understanding of the utilisation of the EHWP in the National Office of the DRDLR, the strengths and limitations of the programme in order to make relevant recommendations.

Participants' rights: Participation in the study is voluntary. Choosing not to partake or to withdraw at any stage from the study, will not affect an employee's job or job-related evaluations in any way. There is no penalty for discontinuing participation.

Confidentiality: No identifying information will be reflected in any part of the written report. The data collected will be stored safely for 15 years at the University of Pretoria. The results will be published and be made available to the University of Pretoria and the DRDLR Management and the participants in the form of a dissertation and a scientific article.

Any questions and/or concerns regarding this study can be directed to the researcher; Bongeka Gcwabe at 072 297 5691.

Respondent: _____ Date _____

Researcher: _____ Date _____

Supervisor: _____ Date _____

APPENDIX 4: Questionnaire



25/06/2013

Address: P.O. Box 1151
Newlands
PRETORIA
0049
Cell: 072 297 5691
E-mail: bongiegcwabe6@gmail.com

TO ALL RESPONDENTS

Dear sir/madam,

I am registered for the MSW (EAP) degree at the University of Pretoria. The title of my study is "Utilisation evaluation of the Employee Health and Wellness Programme (EHWP) for the National Office of the Department of Rural Development and Land Reform (DRDLR)". The purpose of my study is to explore the utilisation rate of employees of the EHWP for the National Office of the DRDLR.

Your responses are valuable. Completion of the questionnaire will take \pm 45 minutes. The research will assist the Department to have a better understanding of the utilisation of the EHWP in the National Office, the strengths and limitations of the programme as well as possible recommendations to improve it.

Thank you for your participation.

Bongeka Gcwabe
Researcher

QUESTIONNAIRE

Utilisation evaluation of the EHWP for the National Office of the DRDLR

Respondent number

For office use

V1 1

INSTRUCTIONS:

- Please answer all the questions as honestly and as openly as possible. Please DO NOT write your name on the questionnaire so that the answers you supply can remain anonymous. Please indicate your answers by drawing a circle around a number in a shaded box or by writing your answer in the shaded space provided.
- Should you require any clarity when completing the questionnaire, please contact Ms Bongeka Gcwabe at 072 297 5691.

SECTION A:

DEMOGRAPHIC INFORMATION

1. What is your gender?

Male	1
Female	2

V2 | | 5

2. What is your race?

African	1
Coloured	2
Indian	3
White	4
Other (specify):	

V3 7

3. What is your age (at your last birthday)?

--

V4 9

4. What is your home language?

Afrikaans	1
English	2
Setswana	3
isiNdebele	4
Sepedi	5
siSwati	6
Sesotho	7
Xitsonga	8
Tshivenda	9
isiXhosa	10
isiZulu	11
Other (specify):	

V5 12

Question 5 follows on the next page ...

10. Please rate the effectiveness of how you heard about the EHWP as indicated above. Use the scale **1 = Not very satisfactory**, **2 = Fairly satisfactory**, **3 = Satisfactory**, and **4 = Very satisfactory**

(Please ignore the table below if you have not answered Question 9 above).

Method of hearing about the EHWP	Not very satisfactory	Fairly satisfactory	Satisfactory	Very satisfactory			
I heard about it from a Supervisor/ Manager	1	2	3	4	V12		29
I heard about it from Colleague(s)	1	2	3	4	V13		31
Through an e-mail from the EHWP Unit	1	2	3	4	V14		33
I read an article, a poster or a brochure	1	2	3	4	V15		35
I attended a presentation(s) by the EHWP Unit	1	2	3	4	V16		37
Through marketing session(s) by the service provider	1	2	3	4	V17		39
Through outreach and/or promotional session(s) by the EHWP Unit	1	2	3	4	V18		41
11. Do you know about Access Health (AH), the service provider that has been contracted by the DRDLR to render employee well-being services?							
Yes				1	V19		43
No				2			
12. Do you know the AH toll-free number?							
Yes				1	V20		45
No				2			
13. Do you know EHWP Unit telephone number(s)?							
Yes				1	V21		47
No				2			

SECTION C: follows on the next page ...

SECTION C: UTILISATION OF THE EHWP

14. Indicate your frequency of use, over the past 24 months, of each of the following service offerings below. *(Please indicate only the answers specific to you)*. Use the scale **1 = Never**, **2 = Once**, and **3 = More than once**

Service offered	Never	Once	More than once		
Attended a Health and Wellness Event	1	2	3	V22	49
Participated in health screening (Blood Pressure; cholesterol, diabetes and weight) tests	1	2	3	V23	51
Participated in HIV and AIDS Voluntary Counselling and Testing (VCT)	1	2	3	V24	53
Attended a health and wellness marketing presentation	1	2	3	V25	55
Attended a health and wellness presentation(s) on life-skills programmes; e.g. Stress Management, Personal Financial Management or Relationship Building	1	2	3	V26	57
Attended HIV and AIDS Awareness and Education session; e.g. World AIDS Day, Candle Light and/or STIs and Condom Week	1	2	3	V27	59
Consulted for advice on how to refer or deal with an employee with poor work performance and/or behavioural problems	1	2	3	V28	61
Participated in the flu vaccine project	1	2	3	V29	63
Referred an employee with a substance abuse problem	1	2	3	V30	65
Attended individual counselling for work-related problems	1	2	3	V31	67
Attended individual counselling for personal problems	1	2	3	V32	69
Attended individual counselling for health related problems	1	2	3	V33	71
Attended individual counselling for financial problems	1	2	3	V34	73
Attended marital counselling	1	2	3	V35	75
Attended family counselling	1	2	3	V36	77

15. Please rate your **experience** of the EHWP service. *(Please indicate only the answers specific to you)*. Use the scale **1 = Not very satisfactory**, **2 = Fairly satisfactory**, **3 = Satisfactory**, and **4 = Very satisfactory**

Experience of the EHWP service	Not very satisfactory	Fairly satisfactory	Satisfactory	Very satisfactory		
Accessibility	1	2	3	4	V37	79
Professionalism	1	2	3	4	V38	81
Confidentiality	1	2	3	4	V39	83
Non-judgemental	1	2	3	4	V40	85
Understanding of the Therapist	1	2	3	4	V41	87

Question 16 follows on the next page ...

16. Please rate your **satisfaction** with each of the services listed below on the scale provided where **1 = Not very satisfactory**, **2 = Fairly satisfactory**, **3 = Satisfactory**, and **4 = Very satisfactory**. (Please indicate *only the answers specific to you*. If you have not used a service, leave blank).

Satisfaction of the EHWP service	Not very satisfactory	Fairly satisfactory	Satisfactory	Very satisfactory			
Health and Wellness Event(s)	1	2	3	4	V42		89
Health screening (Blood Pressure; cholesterol, diabetes and weight) tests	1	2	3	4	V43		91
HIV and AIDS Voluntary Counselling and Testing (VCT)	1	2	3	4	V44		93
Health and Wellness Marketing Presentation(s)	1	2	3	4	V45		95
Health and Wellness Presentation(s) on life-skills programme; e.g. Stress Management, Personal Financial Management, Relationship Building	1	2	3	4	V46		97
HIV and AIDS Awareness and Education session(s); e.g. World AIDS Day, Candle Light and/or Sexually Transmitted Infections (STIs) and Condom Week	1	2	3	4	V47		99
Consultation for advice on how to refer or deal with an employee with poor work performance and/or behavioural problems	1	2	3	4	V48		101
Flu vaccination project(s)	1	2	3	4	V49		103
Referral of an employee with a substance abuse problem	1	2	3	4	V50		105
Individual counselling for work-related problems	1	2	3	4	V51		107
Individual counselling for personal problems	1	2	3	4	V52		109
Individual counselling for health related problems	1	2	3	4	V53		111
Individual counselling for financial problems	1	2	3	4	V54		113
Marital counselling	1	2	3	4	V55		115
Family counselling	1	2	3	4	V56		117

SECTION D: follows on the next page ...

SECTION D: EVALUATION OF THE EHWP

17. Please rate the **extent** to which the EHWP in the DRDLR is meeting its goals and objectives as stipulated below? Please use the scale provided where **1 = Not very satisfactory, 2 = Fairly satisfactory, 3 = Satisfactory, and 4 = Very satisfactory.**

Goals and objectives	I do not know	Not very satisfactory	Fairly satisfactory	Satisfactory	Very satisfactory		
	1	2	3	4	5		
The EHWP assists managers and supervisors to deal appropriately with the difficulties/challenges that confront their employees in the workplace						V57	119
The EHWP assists employees to seek professional help for the challenges that impact on their work						V58	121
The EHWP assists employees to seek professional help for the challenges that impact on their interpersonal relationships at work.						V59	123
The EHWP provides support for employees who seek to address their personal challenges						V60	125
The EHWP promotes motivation in order to improve productivity and workplace efficiency.						V61	127
The EHWP reduces absenteeism in the Department.						V62	129
The EHWP reduces staff turnover in the Department.						V63	131
The EHWP reduces interpersonal conflicts in the Department						V64	133
The EHWP provides employees with life-skills, awareness and educational programmes that promote healthy life-styles and coping skills						V65	135

18. Do you think the current implementation of the EHWP, as reflected through the goals and objectives in **Question 17** above, is appropriate?

Yes	1	V66	137
No	2		

19. What single most important matter do you think needs to be attended to, to improve the current implementation of the EHWP? (**Please provide only a single most important suggestion**).

	V67		139

Question 20 follows on the next page ...

20. Rate the extent to which the EHWP in the DRDLR implements the EHWP Strategic Framework pillars mentioned below? Please use the scale provided where **1 = Not very satisfactorily**, **2 = Fairly satisfactorily**, **3 = Satisfactorily**, and **4 = Very satisfactorily**.

Implementation of EHWP Pillars	Not very satisfactorily	Fairly satisfactorily	Satisfactorily	Very satisfactorily
HIV and AIDS and TB Management Pillar	1	2	3	4
Health and Productivity Management Pillar	1	2	3	4
Safety, Health, Environment, Risk and Quality Management Pillar	1	2	3	4
Wellness Management Pillar	1	2	3	4

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V70 146
V71 148

21. Does the DRDLR take into consideration the EHWP interventions when it implements organisational changes, such as introduction of new Branches, e.g. RID, STRIF, NARYSEC?

Yes	1
No	2

V72 | 150

22. In what single most important way do you think the DRDLR could involve the EHWP when implementing organisational changes? *(Please provide only a single most important suggestion).*

V73 152

23. Do you think the employees' health and well-being issues are considered through strategic plans of the DRDLR to do each of the following:

	Yes	No
Prevent diseases; e.g. Education on HIV and AIDS prevention?	1	0
Decrease health risks; e.g. flu vaccination before the winter season?	1	0
Contain the rising costs of health care through health promotion programmes for employees, e.g. articles on cancer, diabetes and TB?	1	0

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V75 157
V76 159

24. Please rate the extent to which you think the EHWP in the DRDLR presents itself? Please use the scale provided where **1 = Not evident**, **2 = Fairly evident**, **3 = Evident**, and **4 = Abundantly evident**.

How EHWP in the DRDLR presents itself	Not evident	Fairly evident	Evident	Abundantly evident
Visibility	1	2	3	4
Accessibility	1	2	3	4
Professionalism	1	2	3	4
Marketing of health and wellness services	1	2	3	4
Approachability of the EHWP staff	1	2	3	4

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V78 163
V79 165
V80 167
V81 169

Question 25 follows on the next page ...

For office use

25. Please indicate which of the following suggestions can improve the utilisation rate of the EHWP in the DRDLR

Counselling should be conducted by internal EHWP Professionals rather than the external service provider, Access Health	1	V82	<input type="checkbox"/>	171
		V83	<input type="checkbox"/>	173
Members of senior management need to be more visible during health and wellness activities	2	V84	<input type="checkbox"/>	175
Training of supervisors and managers on their role in EHWP	3	V85	<input type="checkbox"/>	177
More marketing sessions of the EHWP services	4	V86	<input type="checkbox"/>	179
Elevating of the EHWP unit to a Directorate	5	V87	<input type="checkbox"/>	181

On completion please put the questionnaire in a box labeled "EHWP Questionnaires" at the DRDLR Registry, Old Building, 2nd Floor or at the Health and Wellness Offices in the South Block, 7th Floor.

You are also welcome to call or send a sms to Ms Bongeka Gcwabe at 072 297 5691 to fetch the completed form from your office.

THANK YOU FOR YOUR TIME AND CO-OPERATION

**BONGEKA GCWABE
RESEARCHER**

APPENDIX 5: Letter from the editor

BERNICE BRADE EDITING MEMBER OF THE PROFESSIONAL EDITORS' GROUP

FREELANCE WRITER, PROOF READER AND EDITOR
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24 February 2015

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To whom it may concern

This letter serves to confirm that in **February 2015** I did the proofreading and the language editing for the Thesis Report of

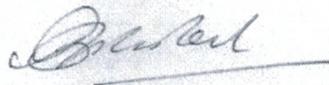
BONGEKA GCWABE
STUDENT NUMBER: 21237850

Titled: **UTILISATION EVALUATION OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME FOR THE NATIONAL OFFICE OF THE DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM.**

This document is being submitted in partial fulfilment of the requirements for the degree
MASTER OF SOCIAL WORK (EMPLOYEE ASSISTANCE PROGRAMMES)
In the Department of Social Work and Criminology
Of the Faculty of Humanities
At the UNIVERSITY OF PRETORIA.

I have proofread and edited the work from the introductory pages right through to the final chapter, but the client has not required me to edit the list of references or the appendices.

This editing principally involves proofreading, language, punctuation, style and grammar editing; and also checking the text for clarity of meaning, sequence of thought and expression and tenses. I have also noted any inconsistencies in thought, style or logic, and any ambiguities or repetitions of words and phrases, and have corrected those errors which creep into all writing. I have written the corrections on the hard copy and have returned the document to the author, who is responsible for inserting these. Please note that this confirmation refers only to editing of work done up to the date of this letter and does not include any changes which the author or the supervisor may make later.



February 2015

Bernice McNeil



Proprietor: Bernice McNeil BA Hons, NSTD Member of the Classical Association of South Africa
Member of the English Academy of Southern Africa
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