

**THE IMPACT OF AN EMPLOYEE WELLBEING PROGRAMME ON
RETURN ON INVESTMENT IN TERMS OF ABSENTEEISM AND
EMPLOYEE PSYCHOSOCIAL FUNCTIONING**

by

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ABSTRACT

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Employee wellbeing programmes are adding value to corporate businesses in South Africa (Keet, 2009:iv). This value is mainly described in the sense of return on investment. Return on investment is viewed as the ratio in terms of the programme profits with regards to the invested capital in the programme (Cascio, 2000:127).

The focus of this study was to determine the impact of an employee wellbeing programme on return on investment in terms of absenteeism and employee psychosocial functioning within a South African context. A research gap exists in current South African research to understand the impact of employee wellbeing programmes on return on investment in terms of absenteeism and employee psychosocial functioning (Keet, 2009:26). This study attempted to theoretically contextualise and conceptualise employee wellbeing programmes with specific emphasis on return on investment in corporate businesses, as well as absenteeism and employee psychosocial functioning in the workplace. An employee wellbeing programme was investigated to determine the impact on return on investment in terms of absenteeism and employee psychosocial functioning.

Quantitative data was collected through making use of indexes from employees who have made use of an employee wellbeing programme for a specific corporate client in South Africa. The indexes were set up to collect data on absenteeism and employee psychosocial functioning. Valuable conclusions emanated from the findings of this research study. A reduction of 32.08% in absenteeism was recorded for respondents who were absent after employee wellbeing programme interventions were introduced. A further valuable finding that emanated of this research study was

that an improvement of 6.92% within the post-employee psychosocial functioning scores occurred after employee wellbeing programme interventions were introduced to the respondents.

The study was also concluded with some useful and relevant recommendations from the information collected on how to determine the impact of employee wellbeing programmes on return on investment. One of the recommendations drawn from the findings of this research study was that future research studies on return on investment should be conducted over a minimum period of three years to derive even more accurate results. Another recommendation was that employers and employee wellbeing programme service providers should ensure that employee psychosocial functioning is measured as a standard indicator within employee wellbeing programmes across South Africa.

Key words

Employee wellbeing programme

Absenteeism

Employee psychosocial functioning

Return on investment

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CHAPTER 1:

GENERAL BACKGROUND OF STUDY

1.1 INTRODUCTION

Structured employee wellbeing programmes across the world focus on aspects such as mental illness, mental health, substance abuse and other related problems (Keet, 2009:5). These programmes evolved since the early 1970s and focused mainly on alcohol related problems. It is widely reported that these programmes make financial as well as humanitarian sense for workplaces to address multiple issues through such interventions. It is stated in an international research study (Selvik, Stephenson, Plaza & Sugden, 2004:21) that an average reduction of 1.18 to 1.46 work days with unscheduled absenteeism/tardiness was recorded 30 days after employees attended employee assistance programme counselling. Furthermore, it is also stated in this research study that employee psychosocial functioning (EPF) improved by 10% after they attended employee wellbeing programme counselling as measured by the Global Assessment of Functioning (GAF) Scale (Selvik et al., 2004:21). This confirms that a positive relationship exists between employee wellbeing programmes, and absenteeism and EPF (Selvik et al., 2004:21).

International research studies produced return on investment results between \$3 to \$14 in return for every \$1 invested in their employee wellbeing programmes (Attridge, Amaral, Bjornson, Goplerud, Herlihy, McPherson, Paul, Routledge, Sharar, Stephenson & Teems, 2009:2; Csiernik, 2004:6). The aforementioned research studies were conducted within a wide range of industries and companies within the United States of America and other international settings. Comprehensive employee wellbeing programmes can show a return on investment as high as \$1 to \$6 for international programmes (Berry, Mirabito & Baun, 2010:1). These employee wellbeing programme return on investment studies focused mainly on absenteeism and sick time, disability, health care costs, medical costs, productivity and retention or termination constructs (Attridge et al., 2009:2; Csiernik, 2004:6).

Also in South Africa employee wellbeing programmes are adding value to corporate businesses (Keet, 2009:iv). This value is mainly described in the sense of return on investment. Return on investment is viewed as the ratio in terms of the programme profits with regards to the invested capital in the programme (Cascio, 2000:127). What makes this study thus unique is the fact that the

focus was on the relationship that exists between employee wellbeing programmes and two of the factors that influence return on investment, namely absenteeism and EPF. International studies have empirically confirmed this positive relationship, but none as yet in the South African context (Selvik et al., 2004:22). A research gap thus exists in current South African research to understand the impact of employee wellbeing programmes on return on investment in terms of the mentioned factors (Keet, 2009:26).

1.2 DEFINITIONS OF KEY CONCEPTS

The researcher focused on the concepts of employee wellbeing programmes, absenteeism, EPF, and return on investment.

1.2.1 Employee Wellbeing Programme

In order to understand the concept of an employee wellbeing programme, it is important to first define employee wellbeing. According to the Standards Committee of EAPA-SA (2010:1) employee wellbeing “has to do with the employee’s positive state of physical and emotional wellness”. Juniper (2011:25) elaborates by stating that the concept of employee wellbeing can be defined as “the part of an employee’s overall wellbeing that he/she perceives to be determined primarily by work and that can be influenced by workplace interventions”.

Employee wellbeing programmes can thus be defined as the work organisation’s resource, based on core technologies of functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues (Standards Committee of EAPA-SA, 2010:1).

When a workplace has to respond with an approach to address employee wellbeing, several components have to be integrated into an employee wellbeing programme, according to the WorldatWork research report (2012:3):

- Physical health (enhancing one’s physical fitness).
- Mental/emotional health (resources to balance one’s self, situations and others).
- Financial health (tools to attain financial freedom and success).
- Spiritual health (defined as one’s strong sense of self or purpose through beliefs, principles, values and ethical judgments).

The researcher is of the opinion that an employee wellbeing programme should focus on an employee's perception of how their workplace determines or impacts their overall wellbeing within context of components such as physical, mental, financial, and spiritual health.

1.2.2 Absenteeism

Absenteeism can be described as failure by an employee to report for work for whatever reason (Van Zuydam, 2007:10). An incident of absence takes place when an employee contacts his/her manager or supervisor, preferably by telephone, and informs the manager/supervisor that he/she will not be coming to work as scheduled (Van Zuydam, 2007:10). An employee leaving from work earlier than scheduled can also be classified as absenteeism (Cascio, 2000:59). Absence can only be applicable to and measured in a workplace where employees report to a central location, such as a factory or office (Cascio, 2000:61).

It is evident from the above definitions that absenteeism occurs when an employee is absent from the workplace when required to be there. This happens mainly when such an employee does not report for duty or leaves the workplace earlier than scheduled.

1.2.3 Employee Psychosocial Functioning

EPF is a broad construct, and represents an interaction between the individual and the social environment and is measured related to the assessment of daily functioning in varying degrees (Ro, 2010:13).

In the context of this study, EPF can be described in terms of the GAF Scale. Within the GAF Scale, the Axis V of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, (DSM-IV) is used to report the therapist's judgement of an individual employee's overall level of functioning (American Psychiatric Association, 1994:25). Furthermore, the GAF Scale is to be rated with respect to only psychological, social, and occupational functioning (American Psychiatric Association, 1994:25).

Therefore the definition of EPF within the context of this study will be the individual employee's overall functioning in terms of psychological, social and occupational perspectives.

1.2.4 Return on Investment

Return on investment is viewed as the ratio of the programme profits to the capital invested in the programme (Cascio, 2000:127).

The concept of return on investment can also be described as the economic return that can be defined as the total cost savings of the employee wellbeing programme minus the total cost of the programme (Lubbe, 2013:6). The return on investment can also be expressed in a ratio calculation as follows (Lubbe, 2013:6):

$$\text{ROI} = \frac{\text{Total Cost Savings}}{\text{Total Cost of Programme}}$$

It is confirmed that comprehensive employee wellbeing programmes can show a return on investment as high as 6 to 1 in international settings (Berry et al., 2010:1).

From the above definitions, it is evident that the return on investment on an employee wellbeing programme can be determined. It is important to understand what is to be measured with regards to the cost savings. In the case of this research project the researcher wants to focus on the impact of an employee wellbeing programme on return on investment in terms of absenteeism and EPF.

1.3 LITERATURE REVIEW

People have to work as their existing needs, i.e. providing for their families and lifestyles, have to be fulfilled (Keet, 2009: 1). Work has developed outside of the family context, and this has caused employers to become partly responsible for the satisfying of human needs, according to Keet (2009:1). Employees work for an income in exchange for their services rendered to an employer for a specific number of hours per day.

Understanding the aforementioned context, employers started to aid employees in their fulfilment of basic needs (Csiernik, 2005:17). This included distinctive phases such as the Welfare Capitalism, Occupational Alcoholism, Employee Assistance, and Workplace Health Promotion (Csiernik, 2005:17). From initiatives similar to this, the trend to assist employees in troubled times has taken shape within the world of work. This has seen the introduction of occupational, social and psychological support services aimed at aiding the employee in need.

Employee wellbeing programmes can be regarded as a constantly developing field (Keet, 2009:17). It has evolved over time and integrates various components of areas affected in the employee's world. The development of South African employee wellbeing programmes is made up of specific socio-economic areas of the employee population. Keet (2009:17), also indicates that some of these everyday challenges include issues of diversity, crime, poverty, HIV and AIDS, retrenchments, and other aspects that affect the employee.

Employee wellbeing programmes can be defined as the work organisation's resource, based on core technologies, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues (Standards Committee of EAPA-SA, 2010:1). These type of programmes therefore have a dual focus, namely to support the employee as well as the employer.

For the purposes of this study, the focus was on the impact that employee wellbeing programmes had on return on investment, especially on two factors, namely absenteeism and EPF.

An employee's absenteeism can be caused by aspects such as medical (illness) problems, stress-related problems, motivational issues, domestic problems, unavoidable issues, and planned or agreed issues (Van Zuydam, 2007:12). Various variables can influence the employee's work attendance, namely personal factors (i.e. age, gender, marital status, and education); organisational factors (i.e. size of the organisation, size of the work group, shift work, and nature of supervision); social factors (i.e. difficult community circumstances, inadequate transport, and violence); and attitudinal factors (i.e. job satisfaction, and state of the economy) (Van Zuydam, 2007:12; Nyati, 2012:7).

Another factor contributing to return on investment is EPF. The GAF Scale is used to indicate an employee wellbeing programme therapist's judgment of the individual's overall level of functioning during counselling, focusing on the psychological, social and occupational functioning of the individual (American Psychiatric Association, 1994:25, 30). Within the employee wellbeing programme, the counsellor would do a GAF assessment at the outset of therapy as well as at the closure of therapy to report on an individual's overall level of functioning.

The researcher's interest is specifically on the GAF score regarding the level of EPF. The GAF score is useful in tracking the clinical progress of the individual employee in global terms, using a single

measure (American Psychiatric Association, 1994:30). The GAF score is relevant as it should be used for measuring the current period, therefore the GAF score could be repeated at various intervals, as it generally reflects the need for treatment or care (American Psychiatric Association, 1994:30).

From the above information, it is evident that the value of this intended research project will be to determine the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF.

1.4 THEORETICAL FRAMEWORK

This study was mainly rooted in the systems theory. The reason for this is that the systems theory is applicable to all behavioural and social sciences; it is multi-levelled and can be applied to the most objective and most subjective aspects of the social world; it is interested in the varied relationships of the many aspects of the social world; it tends to see all aspects of sociocultural systems in terms of processes, networks of information, and communication; it is inherently integrative, the individual and society are treated equally, mutually constitutive fields are related through various feedback processes; and lastly, the systems theory tends to see the social world in dynamic terms with a concern for sociocultural emergence and dynamics in general (Ritzer & Goodman, 2004:181). It is therefore evident that this research project should be rooted in the system's theory, as the main focus of this study was to understand the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF. The employee wellbeing programme is a system on its own operating within a bigger system, namely the workplace, in which a lot of other systems are found. All these systems have an effect on each other, and in return create feedback within each other. These systems can function independently of each other, but are also mutually inclusive in their dynamics on each other (Ritzer & Goodman, 2004:181).

The above systems are all important in the context of the current research project. The primary system on which the research project focuses was the employee wellbeing programme. Secondly, the workplace was the system in which most of the measured changes were noted. Thirdly, the employee system was in contact with the environment, the fourth system, as well as with the employee wellbeing programme and the workplace. Various transactions took place between these systems (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2006:229). These transactions took the form of information sharing, activities, or communication (Hepworth et al., 2006:229).

According to Hepworth et al. (2006:229) a tight fit between the person/individual and any of the other systems in the environment is critical for the functioning of the individual.

Although this research project's theoretical framework was grounded in the systems theory, it was more specifically rooted within the ecological systems theory. An employee functions within a work system, but also has connections with family, partner, himself/herself, finances, and many other systems (Payne, 2005:143). These systems are exposed to life stressors, i.e. lack of planning, conflict, attendance at work, illness, or even over-indebtedness problems that apply energy in the form of stress onto these systems. When these stressors are experienced, the other systems' feedback loops insert negative energy and the system is then not functioning in a steady state (Payne, 2005:144).

To confirm the above statements, the ecological systems theory can be defined as a holistic view of people and their environments as a unit in which neither can be fully understood, except in the context of their relationship to one another (Germain, 1991:16). These relationships are characterised by reciprocal exchanges or transactions, in which people and environments influence, shape and sometimes change each other (Germain, 1991:16). Some of the transactions between people and environment are evident, such as adaptedness and adaptation, stress and coping, withholding of power as oppression or prejudicial discrimination, abuse of power as social and technological pollution and lastly human relatedness, competence, self-direction, self-esteem, and self-concept (Germain, 1991:17). It is the transactional quality of these concepts that will indicate whether an individual has a good relationship with the environment; the reverse also applies (Germain, 1991:17).

The researcher tried to illustrate that this research project was conducted through scientific methods, by integrating the aforementioned two theories and explaining the phenomena of the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF.

1.5 RATIONALE AND PROBLEM STATEMENT

The researcher is of the opinion that with a thorough literature study, a well-evident research gap in the employee wellbeing programme industry was identified (Fouché & De Vos, 2011:92). This gap has been identified as a lack of empirical evidence, within a South African context, of the relationship that exists between employee wellbeing programmes and two of the factors that

influence return on investment, namely absenteeism and EPF. International studies have empirically confirmed this positive relationship, but none as yet in a South African context (Selvik et al., 2004:22). More information was therefore needed about the relationship between employee wellbeing programmes and return on investment in terms of the factors absenteeism and EPF in the South African context.

The following two main research hypotheses were formulated to guide the study:

- Troubled employees exposed to an employee wellbeing programme will present with a decrease in absenteeism (H1).
- Troubled employees exposed to an employee wellbeing programme will present with an enhancement in employee psychosocial functioning (H2).

With the understanding of the conceptual problems (Babbie & Mouton, 2001:84), namely absenteeism and EPF, the researcher was keen to add significant and valuable information to the current body of employee wellbeing programme knowledge in South Africa. The research results had the potential to be helpful to employee wellbeing programme professionals when consulting with client organisations on the effectiveness of their respective programmes. Furthermore, this would assist them to evaluate the programmes more effectively and to determine the extent to which the programmes achieve their objectives, as well as how they could improve the effectiveness of the programmes (Sieberhagen, Pienaar & Els, 2011:2).

1.6 GOAL AND OBJECTIVES OF THE STUDY

The goal of this study was to determine the impact of employee wellbeing programmes on return on investment in terms of absenteeism and employee psychosocial functioning.

The following objectives were formulated to obtain the goal:

- To theoretically contextualise and conceptualise employee wellbeing programmes with specific emphasis on return on investment in corporate businesses, as well as absenteeism and employee psychosocial functioning in the workplace.
- To investigate how employee wellbeing programmes impact on return on investment in terms of absenteeism.
- To investigate how employee wellbeing programmes impact on return on investment in terms of employee psychosocial functioning.

- To make recommendations, based on the research findings, to enhance the effectiveness of employee wellbeing programmes in the South African context.

1.7 RESEARCH METHODOLOGY

In order to determine the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF a quantitative research approach was utilised in gathering information about employees with regards to the absenteeism and EPF of a specific corporate organisation within South Africa. This research study was quantitative in nature and therefore assisted the researcher to remain detached from the research respondents in order to make unbiased conclusions (Fouché & Delpont, 2011:63). Through this study the researcher wanted to compare the findings of this study with an international study conducted by Federal Occupational Health (Selvik et al., 2004:21). This study proved that a positive relationship exists between an employee wellbeing programme and absenteeism, as well as EPF (Selvik et al., 2004:21).

The research type that was applicable to this research study was the applied research paradigm, as it had a strong focus on a real problem in practice (Fouché & Delpont, 2011:95), namely determining the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF in a specific working environment.

The researcher made use of the one-group pre-test post-test-only research design that forms part of pre-experimental quantitative research (Fouché, Delpont & De Vos, 2011:147). Therefore, the researcher used indexes to record the accumulating scores assigned to the individual variables, namely absenteeism and EPF (Delpont & Roestenburg, 2011b:207).

There were two research study population groups for this research study. The first research study population group comprised all employees of a specific identified client organisation who have made use of the employee wellbeing programme and who had been absent within the period of 1 July 2012 until 30 June 2013 (Strydom, 2011b:223). The second research study population group was all employees of the same identified client organisation who have made use of the employee wellbeing programme and who had GAF scores within the period of 1 July 2012 until 30 June 2013 (Strydom, 2011b:223). There was no need to compile any samples, as the focus of this study was to obtain as large a number of respondents as possible within the study population groups for quantitative research purposes.

The index that was set up for absenteeism recorded the pre- and post-test results of sick leave for all respondents with absenteeism information categorised according to the number of sick leave days, age group and gender group. The index that was set up for EPF recorded the pre- and post-test results for all respondents with EPF information categorised according to the GAF Scale categories.

The collected data was recorded in indexes as nominal and interval measurements (Fouché & Bartley, 2011:250). From there the researcher followed a descriptive method of analysis (Fouché & Bartley, 2011:251). The researcher made use of tables and various charts to display the information categorised in the indexes.

A detailed description of the methodology in this research study will be outlined in Chapter 3.

1.8 LIMITATIONS OF THE STUDY

According to Fouché and Delpont (2011:111), researchers must spell out the potential limitations of a research study and the specific steps that were taken to minimise the potential limitations. The limitations of this research study are therefore presented below:

- The period in which this research study took place was 1 year. Wellness Councils of America (2004) indicates that the full value of the return on investment will materialise once a three year period has been concluded. Although this study's findings proved to be positive, the researcher is of the opinion that an even better outcome would have been achieved if the study period took place over three years.
- Although valuable data was collected, the researcher made use of second-hand data that was already captured by professionals within the context of an employee wellbeing programme. Therefore the researcher had to rely on the accuracy and data capturing skills of the professionals within the employee wellbeing programme who already captured this data into the employee wellbeing programme system. The accuracy of data is verified by case managers within the employee wellbeing programme to ensure that captured data is accurate and relevant.

1.9 CONTENTS OF THE RESEARCH REPORT

Chapter 1: Introduction

This chapter focused on the general background of the research study, defined key concepts, gave a brief literature review, provided the theoretical framework for the study, presented the rationale and problem statement, indicated the goal and objectives of the study, gave a brief description of research methods used in the study, and clarified the limitations of the study.

Chapter 2: Literature Review

This chapter provided an in-depth literature review of all variables, namely the employee wellbeing programme, absenteeism, EPF, and return on investment.

Chapter 3: Empirical Research Methodology and Results

This chapter focused on the research methodology used in the research study, and explained the empirical results and the relevant discussions thereof.

Chapter 4: Conclusions and Recommendations

This chapter concluded the research study by providing final conclusions and will make specific recommendations from this study.

1.10 SUMMARY

Chapter 1 provided a general background of the research study that was conducted. The following sections were discussed within this chapter: a brief introduction to the study; definitions of the key concepts; a brief summary of the literature review; the theoretical framework; rationale and problem statement of the study; goal and objectives of the study; research methodology; the limitations of the study; and the contents of the research report. An in-depth literature review on the concepts around employee wellbeing programmes, absenteeism, EPF, and return on investment will follow in Chapter 2.

CHAPTER 2:

LITERATURE REVIEW

2.1 INTRODUCTION

People have to work as their existing needs, i.e. providing for their families and lifestyles, have to be fulfilled (Keet, 2009: 1). Work has therefore developed mostly outside of the family context and, according to Keet (2009:1), this has caused employers to become partly responsible for the satisfying of human needs. Employees work for an income in exchange for their services which are rendered to an employer for a specific number of hours per day.

Understanding this context, employers assisted employees in the fulfilment of their basic needs (Csiernik, 2005:17). The aid provided by employers was provided in different eras throughout the world and can be variously described broadly as Welfare Capitalism, Occupational Alcoholism, Employee Assistance, and Workplace Health Promotion (Csiernik, 2005:17). From such initiatives, the trend to assist employees in troubled times has taken shape within the context of work. This has seen the introduction of occupational, social and psychological support services, aimed at aiding the employee in need.

This resulted in the need within the employee wellbeing profession to demonstrate, through relevant and current research, that these wellbeing programmes are cost-effective and improve employees' psychosocial functioning and work performance (Naicker & Fouché, 2003:25).

As the goal of this study was to determine the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF, this chapter will focus on a detailed discussion regarding employee wellbeing programmes, return on investment, absenteeism and EPF in the workplace.

2.2 EMPLOYEE WELLBEING PROGRAMMES

The concept of employee wellbeing programmes will be discussed in detail with the view of defining the concept; how it is understood on an international level and how it is understood within the South African context; discussing the wellbeing dimensions related to employee wellbeing

programmes; and lastly highlighting the elements required for a successful employee wellbeing programme.

2.2.1 Definition of an employee wellbeing programme

In order to understand the concept of an employee wellbeing programme, it is important to first describe the concepts 'wellbeing' and 'employee wellbeing'.

The concept 'wellbeing' is described by Aked, Marks, Cordon and Thompson (2008:2) as follows:

Wellbeing comprises the elements of feeling good and feeling well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose, are all important attributes of wellbeing.

Wellbeing in the context of the workplace is linked with employee wellbeing, which can be defined as "the part of an employee's overall wellbeing that they perceive to be determined primarily by work and which can be influenced by workplace interventions" (Juniper, 2011:25). According to the Standards Committee of EAPA-SA (2010:1) employee wellbeing has to do with the employee's positive state of physical and emotional wellness. Tehrani, Humpage, Willmott and Haslam (2007:4) added another dimension to the mentioned definitions by stating that employee wellbeing creates "an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation."

More specifically, employee wellbeing programmes can be defined as "the work organisation's resource, based on core technologies of functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues" (Standards Committee of EAPA-SA, 2010:1). Furthermore, an employee wellbeing programme is broadly seen by Naicker and Fouché (2003:25) as "a professional assessment, referral and/or short term counselling service offered to employees with alcohol, drug or mental health problems that may be affecting their work performance".

It is important to note that in more recent literature, the concepts of "employee assistance programmes" and "employee wellbeing programmes" are used interchangeably. Sieberhagen et al.

(2011:2) refer to employee wellbeing programmes as “intervention strategies intended to promote the wellbeing of employees”. These interventions can be curative and preventative in nature.

Therefore, in the researcher’s opinion, an employee wellbeing programme focuses on two aspects, namely how the employees’ overall wellbeing impacts their functioning within the context of the workplace, and how the employees’ perceptions of their workplace affect their overall wellbeing. The employee wellbeing programme therefore has two core functions, namely to enable the employee’s overall functioning to improve and to ensure that the work organisation (or employer) functions on a higher level to become more competitive, more profitable, and more efficient.

2.2.2 Employee wellbeing programmes on an international level

The employee wellbeing programme is not a new concept. These types of programmes originated as early as 1917 in the United States of America (Kruger, 2013:6; Csiernik, 2005:17). Originally these programmes were referred to as Occupational Alcohol Programmes from the 1917s until the 1960s and focused on alcohol abuse and the impact thereof on productivity (Kruger, 2013:7; Csiernik, 2005:17). The name “employee assistance programmes” was introduced from approximately the 1960s and the focus of these programmes were primarily on alcoholism, drug abuse, and family and emotional problems (Kruger, 2013:7; Csiernik, 2005:17). From the 1980s to the present, the name of these programmes changed to “Employee wellbeing programmes” where comprehensive services are aimed at the general wellness of employees, their work performance, and the cost implication of such problems within the workplace (Kruger, 2013:7). Csiernik (2005:17) refers to this as “Workplace Health Promotion” wherein employees are educated on health-seeking behaviour.

The need for maximising employee productivity and the effectiveness of employee functioning in a global economy are widely appreciated by employers worldwide (Naicker & Fouché, 2003:25). These authors refer to the fact that workplace services such as employee wellbeing programmes, and other related programmes, are utilised by employers in countries where labour and/or skill shortages are evident, as well as where the strategic value of worker recruitment and retention is vital (Naicker & Fouché, 2003:25).

There is also a growing interest in workplace disease prevention and employee wellbeing programmes are internationally utilised in this regard (Chapman, 2010:5). The value of utilising employee wellbeing programmes is illustrated by Chapman (2010:5), who mentions that for instance

“on average medical costs fall about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent.”

It was also found that an increasing number of employers worldwide are depending more and more on employee wellbeing programme initiatives to “build and foster a successful and productive workforce” (WorldatWork, 2012:3). The European Commission, for instance, compiled the *European Pact for Mental Health and Wellbeing* in June 2007 (Tehrani et al., 2007:4). This document highlighted the importance of mental health and employee wellbeing for a strong and competitive European Union. Furthermore, this document emphasised the important role that companies have in promoting and enabling employee wellbeing at work as a result of the global competitiveness and changing demographics of the European workforce.

From the above, the researcher formed the opinion that workplace needs are real and constantly changing on an international level. It is evident, therefore, that more employers are starting to realise the value of employee wellbeing programmes for their businesses and the overall wellbeing of their employees.

The perspective will now shift away from the international to the South African context of employee wellbeing programmes in the next section.

2.2.3 Employee wellbeing programmes in South Africa

In the South African context, as on an international level, employee wellbeing programmes can be regarded as a constantly developing field (Keet, 2009:17). It has evolved over time and integrates various components of areas that are affected in the employee’s world. According to Keet (2009:17), the development of South African employee wellbeing programmes are made up within the context of specific socio-economic needs and the challenges that the employee population is exposed to. Keet (2009:17) indicates that some of these everyday socio-economic challenges include issues of diversity, crime, poverty, HIV and AIDS, retrenchments, and other aspects that affect the employee.

The first set of employee wellbeing programmes in South Africa started to emerge in the 1980s. The Chamber of Mines of South Africa initiated these programmes after a feasibility study was conducted in the mining industry in 1983 (Sieberhagen et al., 2011:2). Some of the facts identified within the feasibility study were that some employees thought that people who used these type of programmes were alcoholics; and that participation in these programmes were problematic,

because employees did not trust the confidentiality factor or they saw participation in the employee wellbeing programmes as a demand rather than of a resource.

Recent employee wellbeing programmes are compiled mostly to address the complexities of social problems in South Africa (Chadehumbe, 2004:74). Some of these social and occupational problems are the high prevalence of HIV and AIDS, the high levels of stress in the workplace, and some organisations not having the required resources, knowledge and skills to set up and implement these programmes (Chadehumbe, 2004:74). Employee wellbeing programmes often fail, according to Chadehumbe (2004:74), because the conceptualisation of these programmes was poor and not properly implemented. It is also stated that due to the lack of proper evaluation the programme effects are not fully comprehended and understood.

The more recent employee wellbeing programmes include interventions that incorporate the mind, body and soul (Chadehumbe, 2004:12; WorldatWork, 2012:3). Chadehumbe (2004:12) indicates that these employee wellbeing programmes are more focused on the offering of a combination of services that will assist people to overcome shortcomings in their mind, body and soul, i.e. fitness; rehabilitation; nutrition; and other ambulatory medical services. With this approach, the researcher is of opinion that employees will participate more willingly in employee wellbeing programme initiatives once the employer understands the impact of such services on return on investment in terms of absenteeism and EPF.

As South Africa is a developing country with associated economic limitations, social and political dynamics, one may well ask what employers are doing to keep their employees working well (Sieberhagen, 2008:4). According to Sieberhagen (2008:4), there is still not a sufficient response from South African employers to support the needs of their employees.

It is therefore important to understand that employee wellbeing programmes address various wellbeing dimensions within the life of the employee.

2.2.4 Wellbeing dimensions incorporated in employee wellbeing programmes

Different scholars identified various wellbeing dimensions that should be incorporated in employee wellbeing programmes. In this regard Hettler (2007:2) highlights that an individual is interconnected to various wellbeing dimensions and this contributes to healthy living or wellbeing. As a result of this interconnectedness of the wellbeing dimensions, Hettler (2007:2) developed the Six Dimensions

Model of Wellbeing. According to Hettler (2007:2), the following outcomes are experienced by a person, should these six wellbeing dimensions be fully functioning: a person contributes to his/her environment; finds enrichment of life through work; develops a belief system, values and creates a world-view; benefits from regular physical activity, healthy eating habits, strength and vitality; exerts self-esteem and self-control; and he/she may also experience creative and stimulating mental activities. In the researcher's opinion this implies that all wellbeing components of the employee's life are referred to within this model.

Hettler (2007:1, 2) incorporated the following wellbeing dimensions in the Six Dimensions Model of Wellbeing: occupational, physical, social, intellectual, spiritual, and emotional dimensions.

Wellbeing dimensions are also identified by Tehrani et al. (2007:6) and are described as elements that can enable an employer to think about what is required in creating a wellbeing-focused work organisation. According to Tehrani et al. (2007:6) these dimensions overlap at times, but there is also a high level of interdependence between them. These dimensions are identified as emotional, personal development, work/organisation, physical, and values.

A research study conducted by Sieberhagen et al. (2011:5) identified a further number of employee wellbeing dimensions through their study, targeting employer organisations, employee wellbeing service providers, and labour unions. The identified wellness dimensions are stress, self-development, employee benefits, employee responsibility, employee services, occupational health and safety, performance, recognition of joint benefits, work wellness, health, social, spiritual, financial, holistic, legal requirements, psychological, and wellbeing management. Within this wide range of wellbeing dimensions identified, it is difficult to define a single concept of employee wellbeing (Sieberhagen et al., 2011:10). According to Sieberhagen, the concept of employee wellbeing can be defined from three perspectives, namely from an organisational perspective, an employee wellbeing programme service provider's perspective, and the labour union's perspective. From an organisation's perspective, the focus should be mostly on health dimensions and positive work influences. From a programme service provider's perspective, the focus should be mostly on the recognition of dual benefits to organisation and employee. While from a labour union's perspective, the focus should be on legal requirements, occupational health and safety, and health.

The WorldatWork (2012:3) research report emphasises that when a workplace has to respond with an approach to address employee wellbeing, several wellbeing dimensions have to be integrated

into a programme. The wellness dimensions identified are mental/emotional health, physical health, spiritual health, and financial health.

The various wellbeing dimensions identified by Hettler (2007:1, 2), Tehrani et al. (2007:6, 7), Sieberhagen et al. (2011:5) and the WorldatWork (2012:3) research report are compared in Table 2.1 below.

Table 2.1: Wellbeing dimension comparison between different scholars

Hettler (2007:1, 2)	Tehrani et al. (2007:6, 7)	Sieberhagen et al. (2011:5)	WorldatWork (2012:3) research report
Emotional	Emotional	Stress	Mental/emotional health
Intellectual	Personal Development	Self-development	
Occupational	Work/Organisation	Employee benefits	
		Employee responsibility	
		Employee services	
		Occupational health and safety	
		Performance	
		Recognition of joint benefits	
		Work wellness	
Physical	Physical	Health	Physical health
Social		Social	
Spiritual	Values	Spiritual	Spiritual health
		Financial	Financial health
		Holistic	
		Legal requirements	
		Psychological	
		Wellbeing management	

The researcher is of the opinion that the wellbeing dimensions identified by Hettler (2007:1, 2), mostly embrace all of the life areas relevant to a person. It is furthermore the researcher's opinion that the "social" dimension should rather be named the "social and environment" dimension, as this dimension implies the interdependent relationship that exists between the self and others, groups, communities, and the environment external to the person.

In the opinion of the researcher, the wellbeing dimensions of Tehrani et al. (2007:6, 7) overlap some of the dimensions of Hettler (2007:1, 2) as well as those of WorldatWork (2012:3). The dimension

that does not overlap is that of financial health. It is the researcher's opinion that financial health should also be added, as this is a vital dimension that forms an integral part of the employee's wellbeing dimensions.

The dimensions identified by Sieberhagen et al. (2011:10) overlap the other identified wellbeing dimensions and to some extent focus mainly on the work or occupational environment. The researcher is of the opinion that the identified areas of employee benefits, employee responsibility, employee services, occupational health and safety, performance, recognition of joint benefits, and work wellness can be seen as subsets of the work/occupational wellbeing dimension. The financial wellbeing dimension is also identified, and therefore strengthens the researcher's opinion that this dimension is an important wellbeing dimension to focus on.

From the above comparison, it is clear that nine essential dimensions should be identified (Hettler, 2007:1, 2; Tehrani et al., 2007:6, 7; Sieberhagen et al., 2011:5; WorldatWork, 2012) as listed in Table 2.2 below.

Table 2.2: Nine wellbeing dimensions identified

Wellbeing Dimension	Description
1. Occupational	This dimension recognises personal satisfaction and enrichment in one's life through work, career development within work, and being content with work achievements.
2. Physical	This dimension recognises the need for regular physical activity/eating healthily/sleeping well, the desire to be healthy and to ensure longevity.
3. Social and Environment	This dimension encourages contributing positively to others, groups, communities and environment.
4. Intellectual	This dimension recognises one's creative, stimulating mental activities and to share learning, skills and knowledge acquired with others.

5. Spiritual	This dimension recognises the individual's search for meaning and purpose in human existence, bringing one's own actions closer to their beliefs and values that will contribute towards a world view.
6. Emotional	This dimension recognises awareness and acceptance of one's feelings and one's responsibility for one's own emotions.
7. Financial health	This dimension determines and develops the tools to attain financial freedom and success.
8. Values	This dimension is defined by elements of ethical standards, diversity, psychological contract and spiritual expression.
9. Personal	This dimension is defined by elements of autonomy, lifelong learning and creativity.

The above descriptions of wellbeing dimensions combines the definitions of various authors (Hettler, 2007:1, 2; Tehrani et al., 2007:6, 7; Sieberhagen et al., 2011:5; WorldatWork, 2012:3). The researcher is of the opinion that it provides a compact illustration of the interconnectedness and interdependence of the individual in context with himself/herself in relation to the world of work and the environment. Furthermore, the above wellbeing dimensions assist the employee to strive to become more balanced in life and as a result the employee experiences feelings such as contentment, peace, direction, wholeness, and being in control of his/her life.

The researcher is also of the opinion that this interconnectedness and interdependence links in within the context of the employee wellbeing programme definition of EAPA-SA, where it is stated that this programme is "the work organisation's resource, based on core technologies of functions to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues" (Standards Committee of EAPA-SA, 2010:1). The wellbeing programme should help or enable the employee to address the various concerns he/she may

experience that results in poor performance and productivity problems within the workplace context.

The concept of employee wellbeing programmes is now understood in terms of its definition, the international and South African context, and the various wellbeing dimensions that play a role in the functioning of the employee. The following section will describe the various elements required for successful employee wellbeing programmes.

2.2.5 Elements for successful employee wellbeing programmes

Various elements contribute towards the success of employee wellbeing programmes (Sieberhagen et al., 2011:2). The following elements for successful employee wellbeing programmes will be briefly discussed:

- Integration with existing programmes in the workplace.
- Evaluation of an employee wellbeing programme.
- Positioning of an employee wellbeing programme.
- Alignment with business goals.
- Identification of evidence-based actions.

2.2.5.1 *Integration with existing programmes within the workplace*

Chadehumbe (2004:74-83) recommends that the integration of various services or programmes contribute to the effectiveness of an overall workplace programme, which may include programmes such as employee wellbeing programmes, nutrition and weight management, fitness and active living, chronic illness management, health promotion and illness prevention, ergonomic programmes, and HIV and AIDS awareness and treatment programmes.

These services or programmes can be provided within the work organisation, contracted out as part of a managed health care environment, or situated within the local government health services infrastructure. Employers use various employee wellbeing programme service models ranging from the use of specialists to employing a coordinator and completely outsourcing to an employee wellbeing programme service provider (Matlhape, 2003:31). The choice of the structure within which the employee wellbeing programme will function will determine the level of integration with existing programmes within the workplace that should take place. The researcher is of the opinion that these programmes need to be well-integrated to ensure that the various programmes

contribute to the overall wellbeing of employees, as well as to the effectiveness of an organisation. The first element for successful employee wellbeing programmes therefore is the integration of employee wellbeing programmes with other existing programmes within the workplace.

2.2.5.2 Evaluation of an employee wellbeing programme

The evaluation of the effectiveness of an employee wellbeing programme should be included in programme design right from the inception stage. As far back as 1986, Sonnenstuhl and Trice (1986:49) indicated that early programme evaluation used sick days, job retention, number of grievances, number of visits to the medical clinic, use of sickness, and accident benefits as “performance resources”, to determine to what extent the employee’s emotional problems affected their performance. These were no actual measurements of performance impairment, as it is very difficult to determine performance assessments. This unfortunately resulted in many employee wellbeing programmes not being evaluated, as proper recording did not take place and programme personnel and organisations assumed automatic programme effectiveness (Sonnenstuhl & Trice, 1986:49). These authors therefore indicate the importance of the evaluation of employee wellbeing programmes by measuring the constructs, relevant for a programme and the work organisation.

In a more recent study conducted by Keet (2009:iv) it is indicated that employee wellbeing programmes add value to corporate businesses’ financial bottom line. Keet (2009:v) emphasises that programme evaluation has to be an integral part of an employee wellbeing programme. The element of evaluation is important to determine the financial saving or value offered to the work organisation.

According to Sieberhagen et al. (2011:2) the success elements of any employee wellbeing programme are dependent on the rationale, needs analysis, use, and evaluation of the programme. Being able to evaluate the outcomes of an employee wellbeing programme will put the employer in a position to (re)consider the existence of the programme, to determine the extent to which the programme’s objectives are realised, and to find ways of improving the overall effectiveness of the programmes. Therefore the researcher concurs with Sieberhagen et al. (2011:2) that the programme outcomes must be identified at the outset of the employee wellbeing programme. This will indicate which aspects of measurement are going to indicate the true value of the programme.

Sieberhagen et al. (2011:2) indicate that some of the outcomes an employer can expect when implementing an employee wellbeing programme are absenteeism being reduced, presenteeism

being increased, labour legislation requirements being met, industrial relations being improved, employee performance and productivity being increased, and health care costs and accidents being reduced. It is therefore important that the correct measurement criteria for evaluation of employee wellbeing programmes be identified.

As the above outcomes mentioned, it is imperative for employers to measure the improvement of absenteeism, presenteeism, industrial relations, employee performance, and productivity over time. This will assist the employers to not only understand what interventions contributed to these improvements, but also what the effect of these interventions was (Bellingham & Cohen, 1987:74). This is currently still a very important aspect.

2.2.5.3 Positioning of an employee wellbeing programme

Matlhape (2003:29) highlights that it is vitally important to strategically position the employee wellbeing programme in an organisation. This programme should form a cardinal component of the workplace, because of its key role in enhancing productivity and improving profitability. The programme should therefore be regarded as a strategic service and should form part of the core strategies of an organisation. However, in order for the programme to deliver the intended results, one should consider which areas of an organisation would benefit most by it. According to Matlhape (2003:31-37) the following areas of an organisation's functioning should be considered:

- Employee wellbeing programme as a component of Occupational Health and Safety.
- Employee wellbeing programme as an employee benefit.
- Employee wellbeing programme as part of a caring organisational culture.
- Employee wellbeing programme as part of social responsibility.
- Employee wellbeing programme as part of the business strategy.
- Employee wellbeing programme and human resources partnering.

The researcher is of the opinion that when the employee wellbeing programme is strategically positioned as part of the work organisation's overall strategy, greater focus will be placed on which evaluation criteria should be identified for evaluating the effectiveness of the programme.

2.2.5.4 Alignment with business goals

Another important element to ensure successful employee wellbeing programmes is the alignment of the programme with the organisation's business goals. Berry et al. (2010:1) postulate that

corporate businesses that have the most successful programmes have the following six essential pillars in their employee wellbeing programmes:

- **Engaged (supportive) leadership at multiple levels.** The buy-in of leadership at all levels within the organisation will ensure greater support and involvement with the employee wellbeing programme.
- **Strategic alignment with the business's identity and aspirations.** This will keep business leaders and employee wellbeing programme officials focused on what is relevant for the business in terms of employee functioning and business dynamics.
- **A design that is broad in scope and high in quality.** This will ensure that the programme is relevant, as recent programmes provide comprehensive support and make use of professionally qualified providers.
- **Broad accessibility.** The access methods are normally indicated by the employee wellbeing programme service provider by making provision for access via a call centre, SMS number, e-mail, and website services. This will ensure access to the programme through various platforms to enhance the propensity for referral to the programme.
- **Internal and external partnerships.** An employee wellbeing programme is not a stand-alone service; internal and external partnerships must be formulated. Internal partnerships may include the employers' internal departments, for example human resources, safety and health, or training. Partnerships may also be extended to external organisations, such as community services, hospitals, treatment facilities, volunteer groups, etc.
- **Effective communications.** An aspect central to all employee wellbeing programmes is effective communications. The overall employee wellbeing programme plan should include a communication strategy that will indicate how awareness and information sharing will be managed, how employees and leaders will be made aware of the programme benefits, and how employee wellbeing programme feedback will take place within the organisation (Berry et al., 2010:1).

The businesses that do include these six pillars in their employee wellbeing programmes reap big rewards in the form of lower health care costs, greater productivity, and higher employee morale (Berry et al., 2010:1). The return on investment on these types of programmes will be high, as it is evident to the researcher that the employer ensures that the programmes are aligned with the business goals and are regularly evaluated. The alignment of the employee wellbeing programme with the business goals of the work organisation is therefore a critical element.

2.2.5.5 Identification of evidence-based actions

The fifth element for successful employee wellbeing programmes is linked with a study conducted in the United Kingdom (UK). The New Economics Foundation was commissioned by the UK Government's Foresight Project on Mental Capital and Wellbeing, to identify a set of evidence-based actions to improve wellbeing for individuals (Aked et al., 2008:1). From this investigation, five key actions were identified to be included in all employee wellbeing programmes, namely social relationships, physical activity, awareness, learning, and giving (Aked et al., 2008:5). This investigation recommended that any programme dealing with the wellbeing of people should address the evidence-based actions, as described by Aked et al. (2008:5-10) in Table 2.3 below.

Table 2.3: Evidence-based actions

Action	Evidence from Foresight Report on Mental Capital and Wellbeing
1. Connect	<ul style="list-style-type: none"> • Social relationships are critical for promoting wellbeing and for acting as a buffer against mental illness • Happy people have stronger social relationships than less happy people • Social networks promote a sense of belonging and wellbeing • Life goals, associated with a commitment to family, friends, social and political involvement, promote life satisfaction.
2. Be active	<ul style="list-style-type: none"> • Regular physical activity is associated with a greater sense of wellbeing and lower rates of depression and anxiety across all age groups • Physical activity protects against cognitive decline in later life • Physical activity is beneficial to wellbeing by providing increases in perceived self-efficacy, a sense of mastery, and a perceived ability to cope.
3. Take notice	<ul style="list-style-type: none"> • Being trained to be aware of sensations, thoughts and feelings for 8 to 12 weeks has been shown to enhance wellbeing for several years • Mindfulness was shown to predict positive mental states, self-regulated behaviour and heightened self-knowledge.
4. Keep learning	<ul style="list-style-type: none"> • Continuation of learning throughout life has the benefits of enhancing an individual's self-esteem, encouraging social interaction, a more active life, life satisfaction, optimism and efficacy • The practice of setting goals has been strongly associated with higher levels of wellbeing.
5. Give	<ul style="list-style-type: none"> • Neuroscience has shown that mutual cooperation is associated with enhanced neural response in reward

	<p>areas of the brain, which indicates that social cooperation is intrinsically rewarding</p> <ul style="list-style-type: none"> • Helping, sharing, giving, and team-oriented behaviours are likely to be associated with an increased sense of self-worth and positive feelings • Participation in social and community life has a positive effect on feelings of happiness and life satisfaction.
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Source: Aked et al. (2008:5-10)

When employers design an employee wellbeing programme, it is essential to consider the recommendations of the actions referred to in the Foresight Project on Mental Capital and Wellbeing (Aked et al., 2008:1). The identified actions refer to how employees should experience the engagement, support and interventions of the employee wellbeing programme. “Connect” refers to empowering employees to build healthy social relationships, as this is critical for maintaining their wellbeing. “Be active” refers to the promotion of an active lifestyle, as this is associated with a greater sense of wellbeing. “Take notice” refers to employees’ need to become aware of themselves and their environment, which will help predict their positive mental states, heighten self-knowledge, and enhance overall wellbeing. “Keep learning” refers to empowering employees to have a positive attitude towards lifelong learning, which will also positively affect higher levels of wellbeing. Lastly, the “Giving” action refers to motivating employees to help, share, give, and participate in team-orientated behaviours which will have positive effects on a sense of self-worth, feelings of happiness, and life satisfaction.

It is therefore evident to the researcher when an employee wellbeing programme is developed, the above five actions should form part of the overall programme, as well as the planned interventions.

All the above discussions are about the concepts of ‘employee wellbeing’ and ‘employee wellbeing programmes’; how employee wellbeing programmes function on an international and South African level; wellbeing dimensions that are incorporated in employee wellbeing programmes; and the elements for successful employee wellbeing programmes. All the aforementioned sections are relevant in order to understand the impact of an employee wellbeing programme on return on investment in terms of absenteeism and EPF. The following section will therefore focus on a discussion about return on investment.

2.3 RETURN ON INVESTMENT

As the goal of the study is to understand the impact of an employee wellbeing programme on return on investment in terms of absenteeism and EPF, it is of vital importance to understand the issue of return on investment in the workplace. Return on investment will therefore be discussed in detail, focusing on defining the concept, understanding the factors that influence return on investment, and measuring return on investment.

2.3.1 Definition of return on investment

In order to understand the concept of 'return on investment', the researcher will compare the views of different authors. For instance, Cascio (2000:127) views return on investment as "the ratio in terms of the programme profits with regards to the invested capital in the programme". Lubbe (2013:6) views it as "the economic return which can be defined as the total cost savings of the employee wellbeing programme minus the total cost of the programme". This author also identified a ratio calculation whereby the return on investment can be expressed as:

$$\text{ROI} = \frac{\text{Total Cost Savings}}{\text{Total Cost of Programme}}$$

The researcher is therefore of the opinion that the above-mentioned calculation implies that the costs of the employee wellbeing programme, as well as the savings indicated by the programme, should be known to the stakeholders of an employee wellbeing programme. Once these costs have been determined and are available, the formula can be used to express the return-on-investment-ratio.

Chapman (2010:4) defines return on investment as "the monetary benefit (savings) associated with a programme divided by the cost of that programme expressed as a percentage". This definition is also in line with the definitions of Cascio (2000:127) and Lubbe (2013:6).

By knowing the costs and savings of the employee wellbeing programme, the return on investment can be indicated by expressing it in ratio to or as a percentage of the subtotal, when the total savings of the programme is divided by the total costs of the programme. The return on investment can therefore be used as a financial indicator, to determine how valuable or invaluable an employee wellbeing programme was.

In the context of this study the concept of “return on investment” therefore means the total costs relevant to the employee wellbeing programme are expressed in a ratio to the total savings made by the employee wellbeing programme. This will inform the stakeholders of the employee wellbeing programme what return were achieved on the investment.

Return on investment is influenced by various factors that will be discussed in the next section.

2.3.2 Factors that influence return on investment

Various factors influence return on investment. The following factors will be briefly discussed within this section:

- Positioning of the employee wellbeing programme.
- Willingness to invest in the employee wellbeing programme.
- Implementing employee wellbeing programme policies.
- Employee wellbeing programme evaluation.
- Sharing of outcome evaluations.
- Accurate record keeping.

2.3.2.1 Positioning of the employee wellbeing programme

The positioning of an employee wellbeing programme in a work organisation may contribute positively to the return on investment (Sieberhagen et al., 2011:3). The author emphasises that when employee wellbeing programmes are established, it is to form part of the core business structures of the organisation. Where the organisation invests time and resources in an employee wellbeing culture, with the focus on being proactive rather than reactive, a positive return on investment can be expected. This factor relates to a wellbeing culture to be established, which takes time and dedication. The researcher supports the opinion of Sieberhagen et al. (2011:3), namely that the employee wellbeing programme should form part of the core business strategy and structure of an organisation, since it will ensure that the programme is internalised within the work culture.

2.3.2.2 Willingness to invest in the employee wellbeing programme

The cost identification relating to the benefits that can be gained from improving the quality of an employee’s working life is important (Cooper & Dewe, 2008:522). However, this is not the only factor that is important according to Cooper and Dewe (2008:522); it also requires a changed perception of employee wellbeing and a willingness of both employers and employees to invest in

resources. It is important that the employer should understand and be willing to invest in an employee wellbeing programme to enable their employees to change their behaviour. On the other hand, it is also important that employees be made aware of and understand that they have to activate the behavioural change within the working environment. In the opinion of the researcher, this is a double-edged sword scenario where both parties need to display trust in each other and need to allow space for behaviour to be changed.

2.3.2.3 *Implementing employee wellbeing programme policies*

It is confirmed by Cooper and Dewe (2008:523) that employers develop policies at a higher rate than before with regards to employee wellbeing concerns. These policies address aspects such as how managers must support employees when it is found that they are experiencing psychosocial-related problems, how education and awareness is to be conducted, what is expected from managers in terms of dealing with employees who have trouble ensuring that employee retention is maintained, and not displaying discrimination (Cooper & Dewe, 2008:523). This highlights a key factor that can influence the return on investment, and is directly related to how involved and engaged management is within the employee wellbeing programme.

2.3.2.4 *Programme evaluation*

To determine whether a positive return on investment is achieved all employee wellbeing programmes have to be assessed and evaluated regularly (Selvik et al., 2004:18; Chapman, 2010:7). This will ensure that such programmes are relevant and efficient. This does not take place within all programmes. It is therefore clear that employee wellbeing programme evaluation is a critical factor that influences return on investment, which then enables employers to show a return on investment regarding their programmes.

2.3.2.5 *Sharing outcome evaluation*

Selvik et al. (2004:18) state that employee wellbeing professionals should always strive to share their outcome evaluation methodologies and data to provide credibility to their efforts. Due to the sharing of outcome evaluations by the employee wellbeing professionals, employers are able to gather valuable information to determine return on investment. It is therefore important that regular and structured feedback be given to work organisations, in order to provide detailed information on interventions and activities regarding the employee wellbeing programme.

2.3.2.6 Accurate recordkeeping

To evaluate and improve the services and outcomes of employee wellbeing programmes, regular assessments have to be conducted before and after the use of the service on the people who use these services (Selvik et al., 2004:18). This factor is important and relates to accurate data capturing. Regular and accurate data capturing and recordkeeping by employee wellbeing programme professionals will ensure accurate and relevant data that can be used to measure return on investment.

It is important that note be taken of the above factors that influence return on investment, but it is equally important to know how return on investment should be measured.

2.3.3 Measuring return on investment

According to Berry et al. (2010:1), comprehensive employee wellbeing programmes can show a return on investment as high as 6 to 1 in international settings by measuring the cost savings of such programmes. In financial terms, this means that for every \$1.00 invested in the programme a return of \$6.00 can be achieved.

Contrary to the above authors, Wellness Councils of America (2004) states that the average return on investment is approximately \$3 for every \$1 invested. He further states that employers do not really realise these types of returns until the programme has run for about three years. The researcher forms the opinion that return on investment will be more meaningful should the measurement be done over a longer period, i.e. three years as per the recommendation of Wellness Councils of America (2004).

In a South African research study, conducted by Naicker and Fouché, the cost-effectiveness of an employee wellbeing programme was calculated between R5.00 to R8.00 in terms of recovered lost productivity for every R1.00 spent (Naicker & Fouché, 2003:29). Organisations loose between 28% and 35% of an employee's income due to the impact of psychosocial problems on productivity (Naicker & Fouché, 2003:29).

Sieberhagen et al. (2011:3) point out that possible return on investment for well-managed employee wellbeing programmes can include the following:

- Lower absenteeism: The number of sick leave days can be reduced, as assistance can be provided to employees to understand how to take better care of themselves; and an increase in attendance days of regularly absent employees can be incurred as employees understand how to manage their illnesses.
- Healthier employees: The health status of ill or sick employees can be increased due to having access to qualified professionals to assist with information pertaining to their illness.
- Fewer accidents: A decrease in reported work-related accidents seems to occur as focus is placed on referring employees to the employee wellbeing programme for advice and information when they display signs and symptoms of concern.
- Lower staff turnover: The retention rate of staff can be increased as employees experience that the employer cares about their wellbeing and refers them for further support if appropriate.

All the above-mentioned aspects can be used as meaningful data to measure return on investment.

The measuring of return on investment is crucial, as this will enable the employee wellbeing programme professional to manage the expectations from the employer (Chapman, 2010:9). Measurement should take place at specific intervals, i.e. after three years (Wellness Councils of America, 2004). As part of managing the employer's expectations it is pivotal for management to understand "what is at stake" should they not respond to the issues at hand (Chapman, 2010:9). Management and the employer must receive a regular update on the most critical aspects pertaining to the employee wellbeing programme (Chapman, 2010:9). In this way, they will be informed on the progress of the programme and this can lead them to think about how it can be applied in their different environments.

It is therefore the researcher's opinion that through effective measurement of the return on investment, the effectiveness of employee wellbeing programmes in South Africa can be indicated. The researcher consequently wants to investigate the impact of employee wellbeing programmes on return on investment in terms of measuring two basic factors, namely absenteeism and EPF.

In order to understand these two factors, the following sections will focus on a detailed discussion regarding absenteeism and EPF.

2.4 ABSENTEEISM

Absenteeism can be viewed as one of the variables that can be influenced by employee wellbeing programmes. Absenteeism will be discussed in detail with the view of defining the concept, understanding the contributing factors to absenteeism in the workplace, the impact of absenteeism in the workplace, and the measurement of absenteeism in the workplace.

2.4.1 Definition of absenteeism

Absenteeism can be described as “an employee who fails to report for work for whatever reason” (Van Zuydam, 2007:10). An incident of absence takes place when an employee contacts, preferably by telephone, their manager or supervisor and informs them that he/she will not be coming to work as they were scheduled to (Van Zuydam, 2007:10).

The concept of absenteeism can also be conceptualised as “a behavioural manifestation of psychological dysfunction” (Spetch, Howland & Lowman, 2011:115). This conceptualisation is used within the context of employee wellbeing programmes where short-term cognitive behavioural therapy (CBT), a type of psychotherapy that emphasises how thoughts lead to emotions and subsequent behavioural manifestations, is implemented (Spetch et al., 2011:115). Within this CBT model, offered through an employee wellbeing programme, people can be helped to more appropriately appraise a situation and regulate their emotions, possibly leading to an increased capacity to deal with problems without withdrawal behaviours such as absenteeism (Spetch et al., 2011:115). These authors further refer to the fact that due to psychological problems and possible subsequent physical illness, employees will consequently have higher absenteeism during the time they are in need of psychological assistance.

Munro (2007:22) broadly defines absenteeism as “being absent from a workstation or work”. This could then include, for example, being off-sick, taking extended tea/lunch breaks, doing shopping during work time, or absenting oneself without leave. Cascio (2000:59) adds that absenteeism is also characterised by the employee leaving from work earlier than scheduled. However, absence can only be applicable and measured in a workplace where employees report to a central location, such as a factory or office (Cascio, 2000:61).

It is evident from the above definitions that absenteeism occurs when an employee does not report for duty, or leaves his/her workplace earlier than scheduled. Absenteeism is caused by various contributing factors that will be discussed in the next section.

2.4.2 Factors contributing to absenteeism in the workplace

Van Zuydam (2007:12) and Nyati (2012:7) indicate that various factors influence the employee's work attendance. These factors can be categorised as follows:

- Personal factors (i.e. age and gender).
- Organisational factors (i.e. size of the organisation, size of the work group, shift work, nature of supervision).
- Social factors (i.e. difficult community circumstances, inadequate transport and violence).
- Attitudinal factors (i.e. job satisfaction, state of the economy).

Each of these factors will be discussed briefly.

2.4.2.1 Personal factors

An employee's absenteeism can be caused by personal issues such as medical (illness) problems, stress-related problems, unavoidable issues, and planned or agreed issues (Van Zuydam, 2007:12).

Illness or injury related factors are among the leading causes of workplace absenteeism (Kokemuller, 2014). Due to the presenting ill health, the employee is not able to render his/her services to the employer and therefore the employee is required to provide proof, i.e. a sick note, of not being able to render such service (Munro, 2007:22).

Employees using the employee wellbeing programme are more prone to being physically ill during the times when they are accessing the employee wellbeing programme, as physical illness and emotional distress are more likely to co-occur (Spetch et al., 2011:124).

The gender of employees is also a contributing factor to absenteeism (Madibana, 2010:24). Men have higher absenteeism rates than women in the workplace, but this can also be relevant to the specific industry of the workplace due to men being more absent for health-related reasons. Older employees also seem to be absent more often than younger employees (Madibana, 2010:24).

2.4.2.2 Organisational factors

Absenteeism can also be caused by different organisational factors. Illness and injury can be related to workplace stress or other health issues that are directly related to the workplace and the function of the employee within the workplace (Kokemuller, 2014).

Another organisational factor that may lead to absenteeism is stressful relationships with co-workers, supervisors and managers (Kokemuller, 2014). The employee may go absent to avoid dealing with anxiety or anger associated with the dysfunctional relationship (Kokemuller, 2014). Should this matter not be dealt with it can develop into a coping mechanism for the employee and, as a result, the employee will not be able to face the issue in a constructive manner.

Absenteeism may also result from authoritarian management styles (Kokemuller, 2014). Authoritarian management styles can influence absenteeism negatively where the manager could be controlling, bossy or micro-managing, or when the manager does not value the input of his/her employees. According to Madibana (2010:24), the management style of supervisors is one of the main causes for stress-related absence in the workplace.

Furthermore, the long hours of shifts or extended work hours can contribute to exhaustion or fatigue (Madibana, 2010:24). Fatigue is as a direct result of physically demanding work and inadequate sleep. Shift work is known to increase levels of absenteeism due to sleep disturbances, digestive problems, increased alcohol intake and, sometimes, psychological problems (Madibana, 2010:24).

Financial issues are also evident in some workplaces, where low salaries force employees to take second jobs, also known as “moonlighting” (Madibana, 2010:30). The contributing factor to the financial issues is that employees have high levels of debt that force them to seek a second income to pay off the debt.

Furthermore, financial issues can also lead to transport problems (Madibana, 2010:31). As a result of limited financial resources public transport fares cannot be paid.

2.4.2.3 Social factors

Domestic problems such as relationship problems at home are major social factors that affect an employee's attendance at work (Van Zuydam, 2007:12). As a result of domestic problems, employees can often not get to work, as the partner is not willing to transport them to work.

Within most workplaces, a significant number of employees who are parents have higher risks of absenteeism (Kokemuller, 2014). Parents, especially single parents, are more likely to stay at home when their children are ill. Furthermore, most parents rely on childcare providers and when the provider is sick or cannot come to work the parent will in turn be absent from work to tend to his/her children (Kokemuller, 2014).

2.4.2.4 Attitudinal factors

Motivational issues can also affect an employee's attendance at work (Van Zuydam, 2007:12). These may result directly from the above-mentioned factors or from organisational factors.

It is clear, therefore, that there are various factors that may cause absenteeism in the workplace, and that they may differ from industry to industry.

2.4.3 Impact of absenteeism

From a global perspective, the impact of absenteeism on business is huge; it equates to approximately 200 million working days lost in the UK according to a study conducted in 1998 (Van Zuydam, 2007:23). The average absence equated to 7.8 working days per employee, and is approximately 3.4% of scheduled working time, which cost the UK's economy an estimated £10.7 billion (Van Zuydam, 2007:24). Cooper and Dewe (2008:522) confirm that the cost of absence at an average level in the UK was £659.00 (R9,226.00) per employee per year.

This trend regarding the impact of absenteeism is also observable in the United States of America (USA) where Forbes (2013) indicates that absenteeism cost USA businesses an annual loss of productivity to the value of \$84 billion. The greatest loss occurred in professional occupations (\$24.2 billion), followed by managers/executives (\$15.7 billion), and service workers (\$8.5 billion).

The impact of absenteeism from a South African perspective is astronomical, as it was indicated as an estimated loss of R12 billion a year in 2005 and confirmed in 2013 (Van Zuydam, 2007:24; Botes, 2013). Between R1.8 billion and R2.2 billion of this cost could be attributed to the effects of HIV and

AIDS (Van Zuydam, 2007:24). It is also further stated that Mondays and Fridays are the worst days affected by absenteeism in South Africa, with December as the worst month. It seems as if the employees who conduct manual labour are more absent than white-collar employees, as indicated in a study in 2006 (Van Zuydam, 2007:25; Nyati, 2012), while women are prone to be more frequently absent than men (Nyati, 2012:8). Furthermore, employees under 25 years and above 55 years of age are absent more often than the 26 – 55 year age group (Nyati, 2012:8). According to Nyati (2012:13) the effect of absenteeism on South African businesses is very negative, as it affects productivity, operational costs, profitability, and the sustainability of business.

It is indicated in a study conducted by Botes (2013) that absenteeism increases occur around public holidays and is highest during the months of December, January and February. The reasons for this normally seem to be that employees are stressed out by the rush and pressure to wrap up the year, or simply because they are in “holiday mode”. The costs associated with absenteeism are not only related to the employee’s actual salary cost during sick leave, but also results in the company having to source alternative labour resources to replace absent employees (Botes, 2013).

Absenteeism is one of the biggest problems that a manager in any workplace has to manage on an ongoing basis (Munro, 2007:21). The reason for this is that it impacts on the organisation’s service delivery and staff morale and it may result in financial losses. Should the identified issue not be dealt with, the normal outcome of absence would be that disciplinary procedures should be initiated, which implies further costs (Munro, 2007:21). It is evident that absenteeism costs the workplace a lot of money due to employees not being at work, as well as the productivity loss being incurred due to employee absenteeism. It is critical for employers to manage and measure absenteeism and this aspect will be discussed within the next section.

2.4.4 Measurement of absenteeism in the workplace

Should an employee be absent from the workplace, the responsible manager has to record the sick leave timeously and accurately, and such leave is then deducted from the employee’s sick leave balance (Munro, 2007:22).

Absenteeism can be measured in two main ways, namely the scope of absenteeism and with an absence matrix (Van Zuydam, 2007:18). Under the scope of absenteeism the employer includes all the types of absence that can be measured that will include sick leave, unpaid absence, scheduled and unscheduled absence, long-term and short-term absence, medically verified absence, and

medically unverified absence. The absence matrix refers to how absenteeism is specifically measured, namely the magnitude thereof; the duration of absence; and the frequency of absences.

The method to measure absenteeism is mostly dependable on two variables, namely total time lost and tardiness (Van Zuydam, 2007:19). The total time lost method is the most popular method to measure absenteeism; it computes time lost to absenteeism as a percentage by using a specific formula, namely:

$$\text{Total time lost} = \frac{\text{Days lost to absenteeism for a period} \times 100}{(\text{Average number of employees} \times \text{Total days in period})}$$

According to Cascio (2000:61-62), the absenteeism rate can also be calculated in the following two ways:

$$\begin{aligned} \text{Absenteeism rate} &= \sum [\text{absence days} \div \text{average workforce size}] \times \text{working days} \\ \text{Or} \\ &= \sum [\text{hours missed} \div \text{average workforce size}] \times \text{working hours} \end{aligned}$$

Cascio (2000:76) postulates that employers are attempting to manage behavioural risks, i.e. absenteeism and other workplace risk issues, through implementing helping services and a supportive environment. Cascio (2000:77) refers to the following strategies that can be implemented: delegation of authority in a work environment where resources are readily available; training for managers, work teams and employees that focus on helping to define and understand the boundaries of intolerable, unacceptable, marginal and acceptable behaviour; supportive programmes and services such as employee wellbeing programmes; and policies that prescribe unacceptable behaviour.

When absenteeism is a concern, the basic response of an employer should be to reduce the absenteeism as effectively as possible (Munro, 2007:22). When these responses are implemented and noted by the employee, the rate of absenteeism usually reduces to acceptable levels. According to Munro (2007:22), these steps should be taken by the employer to manage all cases of absenteeism and should be implemented in the following manner:

- Step 1 Meticulously record:
 - All types of absenteeism of each employee each year.
 - Duration of each person's absenteeism.
 - Reasons for absenteeism.
- Step 2 Follow-up each case of absenteeism presented by the employee:
 - Pay visits to sick employees when necessary, such as those who have excessive sick leave records.
 - Write letters recording absenteeism and hand these to the relevant employees and obtain proof of receipt.
 - Conduct interviews with returning employees.

The researcher is of the opinion that when the above responses are consistently implemented by the employer, the employee will start to realise that absenteeism is monitored and managed consistently.

Absenteeism was measured in the workplace in the USA by utilising an employee wellbeing programme intervention. It is indicated in a study conducted by the Federal Occupational Health (FOH) that a positive relationship exists between an employee wellbeing programme and absenteeism, as well as EPF (Selvik et al., 2004:21). The FOH is a service unit within the US Department of Health and Human Services Program Support Center. It operates in partnership with federal agency customers to deliver comprehensive occupational health services, including an employee wellbeing programme, to federal and military workforces. The FOH employee wellbeing programme serves more than 400 federal agencies. This study was conducted from 1 July 1999 to 30 June 2002, during which time 116,197 cases were closed in the employee wellbeing programme. The sample utilised within this study was a total of 59,685 cases (51% of the total case load). The primary aim of this study was "to explore the extent of employee wellbeing programme client improvement in major outcome areas relevant to workplace performance and overall health and functioning." Several outcomes were measured in this study, namely productivity as affected by mental problems, productivity as affected by physical health, social relationships, health status, absenteeism/tardiness, and global-assessed functioning (EPF). For the purposes of this study, only the latter two outcomes will be focused upon, i.e. absenteeism and EPF. It was reported that a 62% decrease in average lost time away from work occurred when absenteeism was measured pre-and post-EAP intervention for the sample of 59,685 employees (Selvik et al., 2004:21). Furthermore,

87,140 whole or partial days missed from work over three years by 59,685 employees were recorded (Selvik et al., 2004:21).

From the above study, it becomes clear that employee wellbeing programmes have a significant impact on the return of investment in terms of absenteeism. Another aspect that is also impacted by employee wellbeing programmes is the EPF of employees. This aspect will be discussed in brief within the next section.

2.5 EMPLOYEE PSYCHOSOCIAL FUNCTIONING

As discussed in the previous section, it seems as if the return on investment in terms of absenteeism can be positively affected by employee wellbeing programmes. In the same manner another aspect, namely EPF, can also possibly affect return on investment positively through employee wellbeing programmes.

EPF will be discussed in detail by focusing on defining the concept; understanding the impact of employee wellbeing programmes on EPF; and using GAF in determining EPF.

2.5.1 Definition of employee psychosocial functioning

EPF can be described as “an individual employee’s overall level of functioning” (American Psychiatric Association, 1994:25). An employee’s psychosocial functioning can be assessed by utilising the GAF Scale. GAF scores can range from 1 to 100, with the higher scores indicating a better level of psychosocial functioning (Selvik et al., 2004:19). This scale is used to assess the level of psychosocial functioning of an employee, at the point of accessing the employee wellbeing programme. In terms of the GAF assessment, the therapist will be able to formulate an impression about the employee’s level of functioning, ranging from superior functioning to persistent danger.

The GAF Scale should only be used to measure the employee’s psychological, social and occupational functioning and should not include impairment in functioning due to physical and environmental limitations (American Psychiatric Association, 1994:30). The rating of current EPF generally reflects the need for treatment or care for an individual and this can be embraced within the context of an employee wellbeing programme.

EPF is a broad construct and represents an interaction between the individual and the social environment, and is measured as related in varying degrees to the assessment of daily functioning (Ro, 2010:13).

Based on the above information, the researcher concludes that EPF is the understanding that a therapist has of an employee's level of functioning, relevant to his/her interaction with the psychological, social and occupational environment. The assessment is done when the employee enters and exits an employee wellbeing programme. This understanding of EPF will enable the therapist to plan an appropriate intervention plan for the employee.

2.5.2 Impact of employee wellbeing programmes on employee psychosocial functioning

In a study conducted by Selvik et al. (2004:21) the global assessed functioning improved with an average of 9.78% which can be equated to "moving from a range of mild symptoms and difficulty in functioning to transient, slight symptoms and impairment levels" (Selvik et al., 2004:21). The average client GAF scores improved with 6.27 from 64.11 to 70.38 (Selvik et al., 2004:21). It is evident from this study that an employee wellbeing programme intervention has a positive impact on the psychosocial functioning of these employees.

The researcher is of the opinion that when improved levels of functioning are achieved it will result in improved psychological, social and employee functioning. Therefore, when employees are making use of employee wellbeing programmes an improvement in their overall EPF can possibly be expected.

It is thus clear that employee wellbeing programmes may have an impact upon return on investment in terms of EPF. The following section will focus on how the GAF is used within the employee wellbeing programme.

2.5.3 Using the Global Assessment of Functioning Scale to determine employee psychosocial functioning

The GAF Scale can be used to measure a person's overall level of functioning (American Psychiatric Association, 1994:30). When an employee enters an employee wellbeing programme, his/her level of psychosocial functioning is impaired. The employee's psychosocial functioning should be assessed by a therapist (American Psychiatric Association, 1994:30). Once the employee has gone through the therapeutic process, a final psychosocial functioning assessment should be conducted before the

therapy comes to an end. This final assessment will then provide an indication of the change within the employee's psychosocial functioning level (American Psychiatric Association, 1994:30).

In the context of this study the researcher's interest is specifically in the GAF score and the level of EPF. The GAF score is useful in tracking the clinical progress of the individual employee in global terms using a single measure (American Psychiatric Association, 1994:30). The GAF score is relevant, as it should be used for measuring the current period. Therefore the GAF score could be repeated at various intervals, as it generally reflects the need for treatment or care (American Psychiatric Association, 1994:30).

EPF can be described in accordance with the GAF Scale assessment. The GAF Scale is used within the DSM-IV multi-axial system (American Psychiatric Association, 1994:25). A multi-axial system involves the assessment of a situation on several axes, each referring to a different domain of information, and will help the clinician to plan the treatment and predict a suitable outcome. The five axes of the DSM-IV multi-axial classification can be indicated as follows (American Psychiatric Association, 1994:25):

- Axis I: Clinical disorders
Other conditions that may be a focus of clinical attention
- Axis II: Personality disorders
Mental retardation
- Axis III: General medical conditions
- Axis IV: Psychosocial and environmental problems
- Axis V: Global assessment of functioning

Making use of the multi-axial system facilitates comprehensive and systematic evaluation of problematic situations that might have been overlooked if the focus were on assessing a single presenting problem (American Psychiatric Association, 1994:25). The multi-axial system also promotes the application of the bio-psychosocial model within the clinical setting (American Psychiatric Association, 1994:25).

In terms of the above DSM-IV multi-axial classification, all axes are used to formulate a clinical impression of an employee when entering the employee wellbeing programme (American

Psychiatric Association, 1994:25). Axis V is used for determining the GAF. The GAF Scale categories are set as follows in Table 2.4 (American Psychiatric Association, 1994:32):

Table 2.4 Global assessment of functioning scale categories

CODE	DESCRIPTION
100 – 91	Employee exhibits superior functioning in a wide range of activities. Life's problems never seem to get out of hand. Employee is sought out by others because of his/her many positive qualities. No symptoms.
90 – 81	Employee exhibits absent or minimal symptoms and good functioning in all areas, is interested and involved in a wide range of activities, socially effective, generally satisfied with life, and has no more than everyday problems or concerns.
80 – 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors, no more than slight impairment in social, occupational, or school functioning.
70 – 61	Some mild symptoms or moderate difficulty present in social, occupational, or school functioning.
60 – 51	Moderate symptoms or moderate difficulty present in social, occupational, or school functioning.
50 – 41	Serious symptoms or some serious impairment in social, occupational, or school functioning.
40 – 31	Some impairment in reality testing or communication, or major impairment in several areas, such as work or school, family relations, judgement, thinking, or mood.
30 – 21	Behaviour is considerably influenced by delusions or hallucinations, or serious impairment in communication or judgement, or inability to function in almost all areas.
20 – 11	Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or exhibits gross impairment in communication.
10 – 1	Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act with clear expectation of death.
0	Inadequate information.

By using the above classifications, the therapist will be able to have a clear understanding of the employee's level of functioning. This GAF Score will also enable the therapist to design an appropriate treatment intervention for the employee.

2.6 SUMMARY

With the above information, the researcher has obtained a clear understanding of the expected impact an employee wellbeing programme can have on the return on investment in terms of absenteeism and EPF.

Therefore a positive return on investment can be expected from employee wellbeing programmes when properly implemented.

The following chapter will focus on the research methodology and empirical results of this study.

CHAPTER 3:

RESEARCH METHODOLOGY AND EMPIRICAL RESULTS

3.1 INTRODUCTION

In Chapter 2 of this study, the researcher focussed on illustrating the impact of an employee wellbeing programme on return of investment in terms of absenteeism and EPF from a literature review perspective.

In the previous chapter, employee wellbeing programmes were defined in the international and South African contexts, and dimensions and elements were identified within employee wellbeing programmes. The researcher further described how return on investment is defined, which factors influence return on investment, and how return on investment is measured. The third concept described was absenteeism, where focus was placed on how absenteeism is defined, which factors contribute to absenteeism in the workplace, how absenteeism is measured within the workplace, and what the impact of absenteeism is. The final concept described was EPF, how it is defined within the context of the workplace, what impact employee wellbeing programmes have on EPF, and how global assessment of human functioning can be used to determine EPF.

The researcher has obtained good understanding from a literature review perspective on the impact of an employee wellbeing programme on return on investment in terms of absenteeism and EPF.

With this understanding the researcher compiled the following goal within this research study:

To determine the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF.

The following objectives were formulated to obtain the research goal:

- To theoretically contextualise and conceptualise employee wellbeing programmes with specific emphasis on return on investment in corporate businesses, as well as absenteeism and EPF in the workplace.
- To investigate how employee wellbeing programmes impact on return on investment in terms of absenteeism.

- To investigate how employee wellbeing programmes impact on return on investment in terms of EPF.
- To make recommendations, based on the research findings, to enhance the effectiveness of employee wellbeing programmes in the South African context.

The researcher is of the opinion that with the thorough literature study, a well-evident research gap in the employee wellbeing programme industry was identified (Fouché & De Vos, 2011:92).

As a result two main research hypotheses were formulated to guide this research study, namely:

- Troubled employees exposed to an employee wellbeing programme will present with a decrease in absenteeism (H1).
- Troubled employees exposed to an employee wellbeing programme will present with an enhancement on EPF (H2).

This chapter will focus on describing the research methodology used during the research study, and on discussing the empirical results relating to this research study.

The research methods used during this study will subsequently be described.

3.2 RESEARCH METHODOLOGY

The research methodology of this study will be discussed in detail in terms of the research approach used, the type of research used, the research design used, and a detailed description of the research methods used.

3.2.1 Research approach

A quantitative research approach was followed, as the study focused on the measurement (Fouché & De Vos, 2011:91) of the impact of an employee wellbeing programme upon return on investment in terms of absenteeism and EPF. The best way to measure the properties of the phenomena within this study was to quantify the constructs (Babbie & Mouton, 2001:49). By quantifying the impact of the employee wellbeing programme, the researcher was able to indicate the effect on the return on investment. The researcher focused on different variables (Fouché & De Vos, 2011:91), namely the independent variable, i.e. the employee wellbeing programme, and the dependent variables, absenteeism and EPF. The related topic, i.e. return on investment, concerns the central role of the

two variables, which further confirms that a quantitative paradigm is best suited to this study (Babbie & Mouton, 2001:49). The research project was conducted independently of the specific context, as the researcher functioned from an objective perspective (Fouché & De Vos, 2011:91).

As the research approach was of a quantitative nature, the type of research will be discussed in the next section.

3.2.2 Type of research

The type of research applicable to this research study was the applied research paradigm, as it had a strong focus on a real problem in practice (Fouché & De Vos, 2011:95), namely determining the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF in a specific working environment.

The sub-type of research that the researcher followed was an evaluation-type of research process (Fouché & De Vos, 2011:97). Evaluation research can be viewed as the field of applied social research which utilises the whole range of social science methods in assessing or evaluating social intervention programmes (Babbie & Mouton, 2001:335; Bryman, 2012:57). The researcher was interested in evaluating the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF in the South African context. The specific type of evaluation research applicable to this study was summative evaluation (Fouché, 2011:459), because the researcher was specifically interested in evaluating the intrinsic value or merit of the programme (Babbie & Mouton, 2001:337). The data collected at the initial entry phase of the employee wellbeing programme was compared with the data collected after the implementation of the employee wellbeing programme (Babbie & Mouton, 2001:93).

The following section will focus on the research design used within this research study.

3.2.3 Research design

A quantitative research design is characterised by scientifically proving the cause-and-effect relationship (Fouché, Delport & De Vos, 2011:143). The type of quantitative research design selected for this study was the one-group pre-test post-test-only design that forms part of the pre-experimental quantitative research designs (Fouché et al., 2011:147). The dependent variables (absenteeism and EPF) were measured prior to the introduction of the independent variable (employee wellbeing programme). The independent variable was then introduced, and another

measurement of the dependent variables was subsequently done. The two measures (pre-and post-test) were compared to determine the impact of the independent variable (Fouché et al., 2011:147).

With the one-group pre-test post-test design, the researcher gained an understanding of the impact of the independent variable (employee wellbeing programme) upon the specific dependent variables, namely absenteeism and EPF of a group of respondents in a specific work environment.

With the research design in mind, the researcher conducted the research study utilising the research methods explained in the next section.

3.2.4 Research methods

The research methods will be discussed in detail in terms of the study population and sampling, data collection, data analysis, and pilot study.

3.2.4.1 Study population and sampling

There were two research study population groups for this research study. The first research study population group (19871 employees) comprised all employees of a specific identified client organisation who have made use of the employee wellbeing programme and who had been absent within the period of 1 July 2012 until 30 June 2013 (Strydom, 2011b:223). The second research study population group (342 employees) was all employees of the same identified client organisation who had made use of the employee wellbeing programme and who had pre- and post-GAF scores within the period of 1 July 2012 until 30 June 2013 (Strydom, 2011b:223).

A sample for the absent employees was determined at 10%, or 1987 respondents, by the researcher to ensure sufficient control for sampling errors (Strydom, 2011b:225). The sampling procedure that was followed was that of a systematic sampling, where the first case was selected randomly from a random table and then all subsequent cases were selected for every fifth interval until the required number of respondents were identified based on a list reflecting the employee numbers of all the respondents within the population (Strydom, 2011b:230).

However, there was no need to compile a sample for the second study population group as there were only 342 respondents available with pre-and post-GAF scores. The whole population was therefore part of the study. The reasons for this relative low number of respondents for the second study population group in comparison to the first study population group is firstly that the GAF Scale

should be used only with regard to psychological, social, and occupational functioning, and therefore not all cases within the employee wellbeing programme qualified for GAF assessments (American Psychiatric Association, 1994:30). Secondly, the GAF score scale for assessment of EPF was implemented during the 2011/2012 period by the employee wellbeing programme service provider, and this had the effect that not all the therapists made use of this scale in their assessment of the employees referred to the programme. Only those employees who were exposed to the GAF score scale for pre- and post-assessment of EPF were incorporated as part of the study population.

3.2.4.2 Data collection

The researcher used indexes as a data collection method. These indexes were set up to record the accumulating scores assigned to the individual variables, namely absenteeism and EPF (Delpont & Roestenburg, 2011b:207). (See Appendixes C and D).

In terms of absenteeism, data was entered in an index to record the pre- and post-test results of sick leave for all respondents within the selected sample who were exposed to the employee wellbeing programme. This data was subsequently categorised according to the number of days absent, age group, gender group, and the real reason for absence grouped by physical acute, physical chronic, and psychosocial reasons. (See Appendix C).

The advantage of making use of an index for recording of the absenteeism data is that the data was already recorded within the absence management programme linked with the employee wellbeing programme, and was therefore valid as it was practice based (Delpont & Roestenburg, 2011a:172). The quality of data was as rich as it could be, as the therapists recorded this data in a therapeutic and confidential setting with specific confidentiality and privacy parameters in place to ensure that client information confidentiality was in place (Bryman, 2012:13). The data for this research study was collected within a database of the employee wellbeing programme service provider and could be categorised for the purposes of the research study in accordance with the concepts of absenteeism (Bryman, 2012:13). Furthermore, the absenteeism data was also reliable, as it was recorded by a trained and professional therapist (Delpont & Roestenburg, 2011a:177) into the employee wellbeing programme.

Regarding the variable EPF, an index was set up to record the pre-and post-results of the recorded information for all respondents in the research study on employee functioning (GAF scores). This data was categorised according to the GAF Scale categories (American Psychiatric Association,

1994:32) (See Appendix D). The GAF Scale is a standardised assessment scale used in assessing the global level of functioning of individuals to determine their need for treatment or care (American Psychiatric Association, 1994:30). This data was categorised to indicate presenting category, presenting reason, age group, gender group, GAF start, GAF end scores, and treatment goals achieved.

The advantage of making use of an existing standardised instrument, such as the GAF Scale, is that it has already been tested in a professional environment and tests what it is supposed to test; therefore it is regarded as a valid instrument (Delpont & Roestenburg, 2011b:219). Therapists already make use of this instrument in the assessment of people who require treatment or care, therefore the benefit is that the data obtained is reliable and consistent as it is already used within practice and would save time to not have to develop a similar scale (Delpont & Roestenburg, 2011b:220).

The reliability and validity of the GAF Scale exhibited very high levels of inter-rater reliability (Hilsenroth, Ackerman, Blagys, Baumann, Baity, Smith, Price, Smith, Heindselman, Mount & Holdwick, 2000:1858).

3.2.4.3 Data Analysis

Statistical techniques were followed to convert data to a numerical form. The data was further subjected to statistical analysis through the counts of interval and nominal measurements (Fouché & Bartley, 2011:249-250; Bryman, 2012:13). The researcher ensured that the data obtained was without flaws or errors, therefore the researcher had to fully understand the parameters of the data collected (Bryman, 2012:13). This ensured the data quality for the research study.

The absenteeism data was listed in an index with categories. Each respondent's absenteeism data was recorded in the index as nominal measurements (Fouché & Bartley, 2011:250). The total number of sick leave events taken were calculated for all respondents and divided by the total number of respondents to provide the average illness absence frequency within the population. This figure provided the average sick absence frequency for the population at the pre-test phase; the same exercise was repeated for the post-test phase. The two average illness absence frequencies were compared to indicate the specific relation that exists between them. The researcher followed a descriptive method of analysis (Fouché & Bartley, 2011:251).

The GAF Scale categories regarding the “employee psychosocial functioning” concept were listed in the index. Each respondent’s EPF scores were recorded in the index as an interval measurement (Fouché & Bartley, 2011:250). The total GAF score was calculated for all respondents and divided by the total number of respondents to provide the average GAF score within the population. This figure provided the average GAF score for the population at the pre-test phase. The same exercise was repeated for the post-test phase. The two average GAF scores were compared to indicate the specific relation that exists between them. The researcher followed a descriptive method of analysis (Fouché & Bartley, 2011:251).

Bivariate data analysis was conducted as the researcher focused on two dependent variables, namely absenteeism and EPF (Fouché & Bartley, 2011:254; Babbie & Mouton, 2001:430). Data for both variables were entered onto Microsoft Excel spreadsheets (Fouché & Bartley, 2011:254). This process where the data was obtained and fed into a computer programme for further analysis is also referred to as data transcription (Bryman, 2012:13). The analysis of data for both variables were summarised for easy comprehension and utilisation into cross-tabulation and graphic display (Fouché & Bartley, 2011:266). Bivariate analysis also assisted the researcher in determining the relationships between absenteeism and EPF on the one hand, and return on investment in an employee wellbeing programme on the other hand (Babbie & Mouton, 2001:430). Through the reduction of data the researcher was in a position to make further sense of the analysed data (Bryman, 2012:13). The data analysis process for this particular study was seen as a primary data analysis process, as the data was “fresh” data collected by the therapists and recorded into the database. No further data analysis occurred (Bryman, 2012:13).

The feasibility of the research study was tested by conducting a pilot study, as discussed within the following section.

3.2.4.4 Pilot Study

The researcher made use of a pilot test to test all aspects of the index structures developed for the data collection strategy (Strydom, 2011c:237). The researcher approached one employee wellbeing programme professional in the field to test whether the absenteeism index parameters were adequate (Strydom, 2011c:238). The GAF Scale does not need to be pilot tested, as it is a standardised instrument (Hilsenroth et al., 2000:1858).

The pilot study focused on whether the researcher had followed the correct approach in the intended study, and on whether the anticipated results would be captured (Strydom, 2011c:241). It tested the suitability of the index framework, and determined whether the correct coding had been identified for each construct and whether the procedure of the data collection was suitable. The pilot study also served to determine what the actual costs and length of the main investigation would be (Strydom, 2011c:245).

The researcher included 10 respondents' case data in both the absenteeism data index and the employee psychosocial data index for the purpose of the pilot study. This data did not form part of the main study. It was found that the pilot study rendered reliable data in line with the goal and objectives of the research study, the resources that were to be used to extract the data from the relevant systems, the research populations, and the index categories required for the data collection process (Strydom, 2011c:239).

The pilot study indicated that the index categories for both the absenteeism and employee psychosocial data were sufficient. The research study was conducted and full data extraction from both populations was initiated.

The next section will describe the ethical considerations that were considered for this research study.

3.2.4.5 Ethical considerations

The ethical considerations that were relevant in the context of this study are discussed below.

3.2.4.5.1 AVOIDANCE OF HARM

This study used the data captured within the employee wellbeing programme system and therefore there were no situation where respondents could be exposed to any possible harm, be it physical, harm to their development, loss of self-esteem, stress, or inducing subjects to perform reprehensible acts (Bryman, 2012:135; Strydom, 2011a:115). The study was only concerned with using information gathered from clients who have already entered into the employee wellbeing programme. The employee wellbeing programme service provider signed a specific service-level agreement with the client organisations to which they provide the employee wellbeing programme service. Within this programme, information was gathered from clients within the therapeutic process. The service provider was entitled to use the gathered information to better understand the

respondents' situation. No personal information of the respondents that could embarrass them or endanger their home, life, friendships or work (Babbie & Mouton, 2001:522) was available to the researcher.

3.2.4.5.2 DECEPTION OF RESPONDENTS

The researcher did not interact directly with the respondents, therefore there was no situation where participants could be misled or information be misrepresented by the researcher (Strydom, 2011a:118).

3.2.4.5.3 VOLUNTARY PARTICIPATION

All employees of the identified client organisation used the employee wellbeing programme on a voluntary basis. The data obtained from this programme was represented in a Microsoft Excel spreadsheet. Therefore there was no impact on the voluntary participation of the respondents within this study, as the information was selected by the service provider in a purposive manner (Strydom, 2011a:116). Although the participants' data within this study was used without their knowledge, and their employer did consent to utilising the data obtained by the programme, no personal data or reference could be made to any individual and therefore no harm could be done to any individual who made use of the programme (Babbie & Mouton, 2001:521).

3.2.4.5.4 INFORMED CONSENT

The principle of informed consent was already addressed earlier in this document. In principle, the researcher did not require the informed consent from the respondents as the data with regards to the specific variables was already captured into the service provider's employee wellbeing programme (Bryman, 2012:138; Strydom, 2011a:117). Permission was obtained from the service provider that indicated the specific aspects pertaining to confidentiality and non-disclosure of information.

3.2.4.5.5 VIOLATION OF PRIVACY, ANONYMITY AND CONFIDENTIALITY

All information obtained from the respondents in the employee wellbeing programme was managed in an anonymous manner, as the researcher was not familiar with the names or personal information of the respondents (Strydom, 2011a:119). There was no possibility that any of the respondents could be identified by either the researcher or any other third party, as the data did not reveal any personal information (Babbie & Mouton, 2001:523). The researcher did not have access to any private information of the client organisation's employees, as the data provided was

extracted as raw information excluding any personal identifiable information. The researcher kept all information obtained throughout this study confidential (Strydom, 2011a:119; Babbie & Mouton, 2001:523). At the end of the study, the researcher compiled a research report that was the only document generated by this study that will be disclosed to other professionals. No private or personal information was disclosed within this report (Strydom, 2011a:120).

3.2.4.5.6 DENIAL OF TREATMENT

The respondents entered into a therapeutic environment once they entered into the employee wellbeing programme. The researcher could not expose the respondents to any sensitive information or remind them of any past experiences to which they could have been exposed. Consequently, respondents did not need to be referred for any further supportive confidential treatment as a result of this research project (Strydom, 2011a:121).

3.2.4.5.7 COMPENSATION

As already existing data was used, respondents were not compensated to participate in this study (Strydom, 2011a:121).

3.2.4.5.8 DEBRIEFING OF RESPONDENTS

The respondents were not exposed to a debriefing process at the end of the research study as there was no direct engagement with the respondents (Strydom, 2011a:122).

3.2.4.5.9 ACTIONS AND COMPETENCE OF RESEARCHER

The researcher is in the process of finalising his Master's in Social Sciences (Employee Assistance Programme) at the University of Pretoria. As part of the finalisation of the curriculum the researcher completed the Research Methodology Module. The researcher is a qualified Social Worker and obtained his BA (Social Sciences) degree in 1996 at the University of Johannesburg. The researcher is also a well-experienced employee wellbeing programme professional as he has been working in the employee wellbeing programme industry since 1999. The researcher is also familiar with national and international regulations and ethics codes and is able to do responsible social research (Alasuutari, Bickman & Brannen, 2008:106).

3.2.4.5.10 COOPERATION WITH CONTRIBUTORS AND SPONSORS

There was no other identified third party that contributed to or sponsored this study with which the researcher had a professional relationship (Strydom, 2011a:124).

3.2.4.5.11 PUBLICATION OF THE FINDINGS

When the research study was concluded, the researcher compiled a comprehensive research report (Strydom, 2011a:126). The research report will be circulated amongst professional organisations to assist them with expanding their knowledge and understanding of the impact of employee wellbeing programmes on return on investment in terms of absenteeism and EPF (Strydom, 2011a:126). It was essential that all known shortcomings of the research study were indicated by the researcher in the final publication of the findings of the research project (Babbie & Mouton, 2001:526).

The researcher further undertook to only commence this research study once the necessary approval of the research proposal was obtained from the University of Pretoria's Social Work and Criminology Department and the Ethics Committee of the Faculty of Humanities at the University of Pretoria (Strydom, 2011a:126; Babbie & Mouton, 2001:528).

The following section will set out a full description of the empirical results for this research study.

3.3 EMPIRICAL RESULTS

The empirical results obtained within this research study will be discussed in the following two parts, according to the two relevant variables:

- Part 1: Absenteeism.
- Part 2: Employee psychosocial functioning.

3.3.1 Part 1: Absenteeism

In order to investigate how employee wellbeing programmes impact on return on investment in terms of absenteeism, 19871 employees' data was collected within a controlled environment from a database for all employees of a particular client organisation who had used the employee wellbeing programme with absence-related information within the period 1 July 2012 until 30 June 2013. For the purpose of this study a sample of 1987 respondents (10% of the population) was selected. The collected absenteeism data was categorised in an index to empirically investigate the relationship between absenteeism and the impact of employee wellbeing programmes on return on investment. The data collected was used as part of the research study to make recommendations to enhance the effectiveness of employee wellbeing programmes in the South African context.

The data collected from the respondents who had made use of the employee wellbeing programme will now be discussed in terms of the following three sections:

- Section A: Biographical profile of respondents
- Section B: Empirical results regarding absenteeism
- Section C: Discussion of results regarding absenteeism

3.3.1.1 Section A: Biographical profile of respondents

The variables that will be discussed for the purpose of the biographical profile of the respondents who had attended an employee wellbeing programme with absence-related information are the age groups and the gender groups of the respondents.

The biographical profile of the sample of 1987 research respondents with absenteeism data is therefore presented below.

- **Age groups of respondents**

Figure 3.1 reflects the age groupings of the respondents who had been absent. This section demonstrates the proportion of distribution amongst respondent age groups that were absent within the sample.

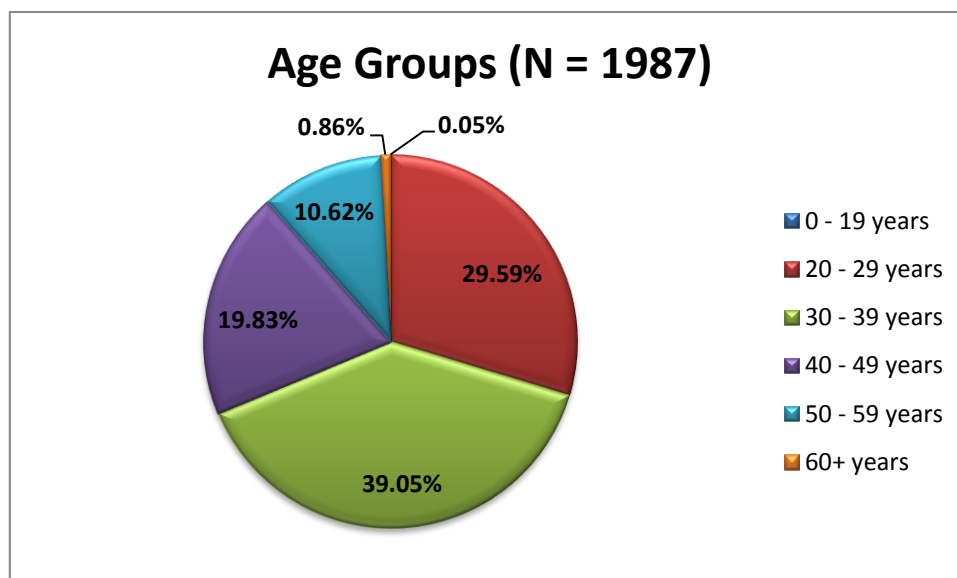


Figure 3.1: Age groups of respondents who were absent

As seen in Figure 3.1, the majority of respondents (39.05% or 776 respondents) were between 30 – 39 years of age, while 29.59% (588 respondents) were between 20 – 29, 19.83% (394 respondents) were between 40 – 49, 10.62% (211 respondents) were between 50 – 59, 0.86% (17 respondents) were 60 years old or older, and lastly 0.05% (1 respondent) was under 20 years of age. All the respondents within the sample had age group related data. It seems thus that the highest proportion of absent respondents (68.64%) were in the age groups of 20 – 39 years of age. This is in direct contradiction to the findings of Madibana (2010:24) who indicated that the older employee groupings are found to be more absent within an organisation. Furthermore, the results also contradict the findings of Nyati (2012), who indicated that employees under the age of 25 years and above 55 years are absent more often than the 26 – 55 year age group.

- **Gender groups of respondents**

Figure 3.2 reflects the gender groupings of the respondents who had been absent. This section demonstrates the proportion of distribution amongst respondent gender groups that were absent within the sample.

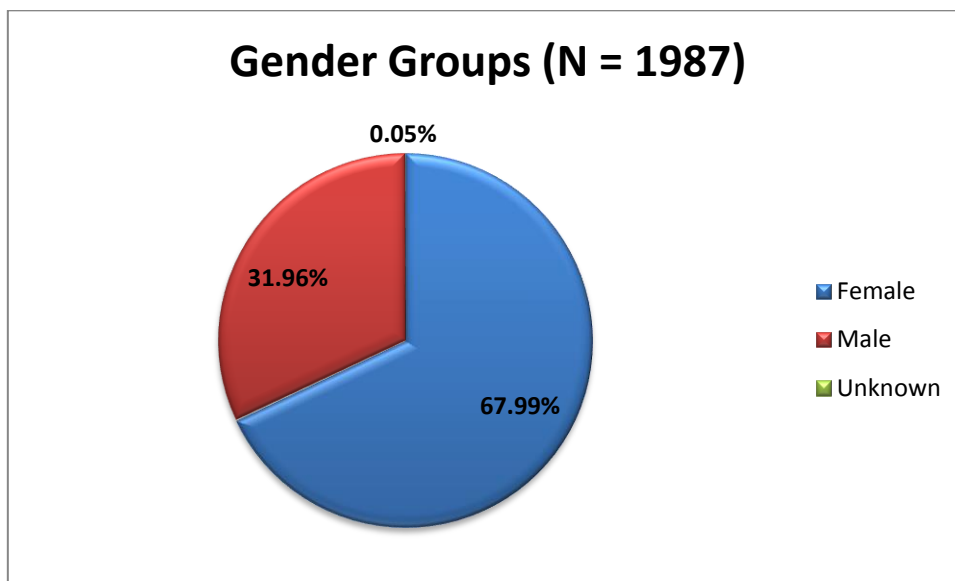


Figure 3.2: Gender groups of respondents who were absent

Figure 3.2 highlights that the majority of respondents who had been absent were female (67.99% or 1351 respondents), with males following by 31.98% (635 respondents), and 0.05% (1 respondent) was unknown in terms of the gender grouping of the respondents. It is thus evident that the female gender group has a higher probability of being absent than men. These results also contradict the findings of Madibana (2010:24), who indicated that men have a higher

probability of absenteeism amongst gender groups. The results however correlate with the findings of Nyati (2012), who indicated that female employees are more prone to be absent from work than men.

3.3.1.2 Section B: Empirical results regarding absenteeism

The purpose of this section was to investigate the relationship between absenteeism and the impact of employee wellbeing programmes on return on investment. The variables discussed in this section were number of sick leave days pre- and post-employee wellbeing programme intervention and real reasons for absence grouped by physical acute-, physical chronic- and psychosocial reasons.

- **Number of sick leave days pre- and post-employee wellbeing programme intervention**

Figure 3.3 illustrates the number of sick leave days pre- and post-intervention during July 2012 until June 2013. This section attempts to demonstrate the impact that an employee wellbeing programme had on the incidence of sick leave days for the respondents.

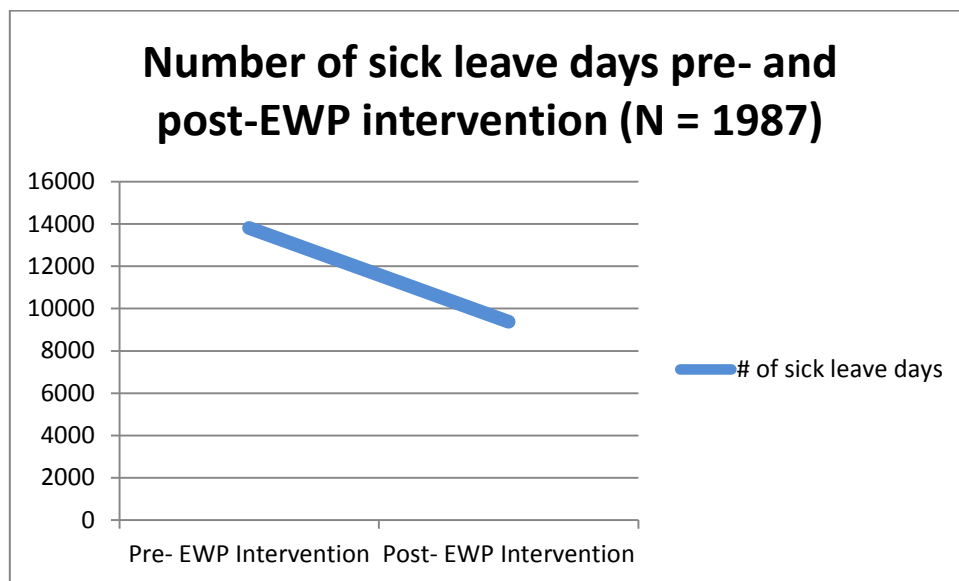


Figure 3.3: Number of sick leave days pre- and post-EWP intervention

As seen in Figure 3.3, a total number of 13,806 sick leave days were recorded for the respondents that were absent prior any employee wellbeing programme intervention. Figure 3.3 also illustrates that after the employee wellbeing programme interventions were implemented a total number of 9,376 sick leave days were recorded for the respondents that were absent.

It is thus clear that the respondents had a definite reduction in the number of sick leave days after employee wellbeing programme interventions were introduced. A total number of 4,430 sick leave days (32.08%) were reduced for the respondents of this sample when the post-EWP intervention sick leave days were compared with the pre- sick leave days. This data correlates positively with the findings of Selvik et al. (2004:21), where a 62% decrease in average lost time away from work was presented when absenteeism was measured pre- and post-employee wellbeing programme interventions.

- **Real reasons for absence grouped by physical acute-, physical chronic- and psychosocial reasons**

Figure 3.4 reflects the real reasons for the absence of the employees for the period July 2012 till June 2013. With this section the researcher wanted to demonstrate the real reasons presented by the respondents for their absenteeism from work. The reasons were categorised in terms of physical acute reasons, physical chronic reasons and psychosocial reasons.

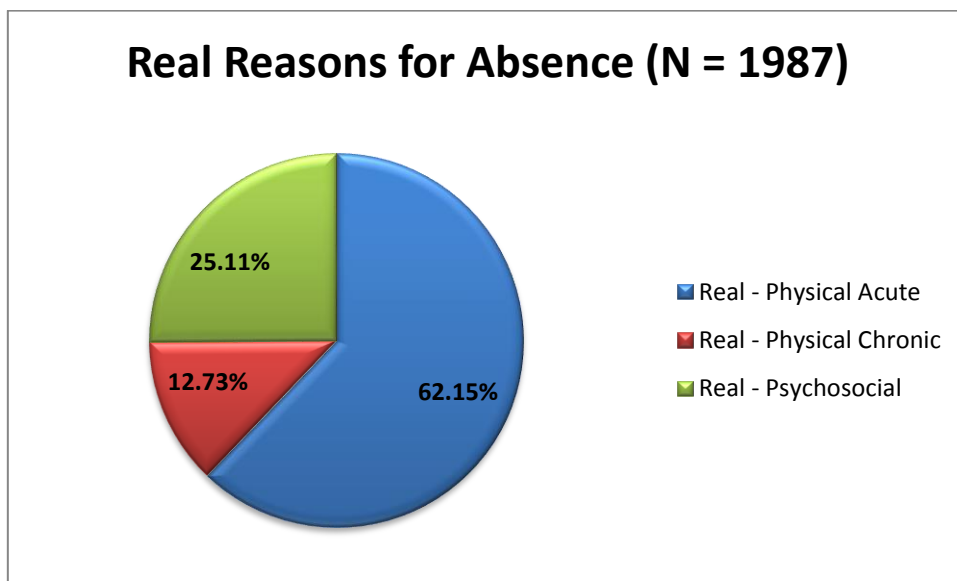


Figure 3.4: Real reasons for absence of employees for the period July 2012 to June 2013

Figure 3.4 indicated that the majority of respondents' real reasons for absence were in the category physical acute reasons (62.15% or 1235 respondents), followed by the category psychosocial reasons (25.11% or 499 respondents), and lastly the category physical chronic reasons (12.73% or 253 respondents). It seems thus that the biggest proportion of respondents who are absent present with real physical acute reasons for their absence, followed by respondents indicating psychosocial reasons. This data correlates with the findings of Kokemuller

(2014) who found that illness or injury related factors are among the leading causes of workplace absenteeism.

3.3.1.3 Section C: Discussion of results regarding absenteeism

The biographical profile of the respondents highlighted that the highest proportion of the respondents who had taken sick leave days were between 30 and 39 years old (39.05% or 776 respondents) as seen in Figure 3.1. The minority of respondents who had taken sick leave days were between 50 and 59 years old (10.62% or 211 respondents) and 60 years and older (0.86% or 17 respondents). There was only 1 respondent (0.05%) that was under the age of 20 years that was absent. This is in direct contradiction to the findings of Nyati (2012:8) where he indicated that employees below 25 years and above 55 years are more prone to taking sick days.

The female gender had taken proportionately more sick days (67.99% or 1351 respondents) in the gender group as seen in Figure 3.2. This is a contradiction to the findings of Malibana (2010:24) who indicated that males have a higher probability of taking sick leave days than females. This result may be a consequence of the type of industry the employees work in, as in some industries there are higher proportions of one gender than in other industries.

Figure 3.3 indicates that a total decrease of 4,430 sick leave days (32.08%) occurred for respondents after employee wellbeing programme interventions were introduced. The cost saving on sick leave days can be illustrated as follows in Table 3.1 below:

Table 3.1 Cost saving on sick leave days

Description	Item or Amount
Number of sick leave days taken pre-EWP intervention	13,806 days
Number of sick leave days taken post-EWP intervention	9,376 days
Number of sick leave days saved	13,806 – 9,376 = 4,430 days
Average salary per employee per month	R19,000.00
Ave earning potential per day (21 working days per month)	R904.76
Cost of sick leave days saved: Number of sick leave days saved x Ave earning potential	4,430 x R904.76 = R4,008,086.80
Number of employees (respondents) within sample	1,987
Employee wellbeing programme cost per employee per month	R14.90

Employee wellbeing programme cost for respondents within sample: Number of employees x EWP costs per employee x 12 months	1,987 x R14.90 x 12 = R355,275.60
Return on Investment = Total sick leave days savings/Cost of employee wellbeing programme	R4,008,086.80/R355,275.60 = 11.28
Cost : Benefit Analysis	1:11.28

Table 3.1 illustrates that a cost saving of R4,008,086.80 was achieved with the reduction of 4,430 sick leave days (32.08%) after implementing employee wellbeing programme interventions. This correlates positively with the findings of Selvik et al. (2004:21) where a 62% decrease in average lost time away from work was presented when absenteeism was measured pre- and post-employee wellbeing programme interventions. The reduced absenteeism has thus impacted the employee wellbeing programme in terms of return on investment at 11.28. This can also be expressed as a cost-benefit ratio of 1:11.28 where for every R1.00 invested a return of R11.28 can be realised which is a positive return when measured on absenteeism alone.

The data illustrated in Figure 3.4 indicated that the real reason for sick absence was mainly physical acute illness (62.15% or 1235 respondents). This was followed by psychosocial-related reasons (25.11% or 499 respondents). This is in line with what Van Zuydam (2007:12) found, i.e. that medical reasons are mostly indicative of sick absence, followed by stress related reasons. Kokemuller (2014) also indicated that illness and injury related factors are the leading causes of absenteeism in the workplace.

3.3.2 Part 2: Employee psychosocial functioning

In order to investigate how employee wellbeing programmes impact on return on investment in terms of EPF, 342 respondents' data was collected within a controlled environment from a database of all employees of a particular client organisation who attended an employee wellbeing programme with EPF related information within the period 1 July 2012 till 30 June 2013. The EPF data collected was categorised into various coded areas to empirically investigate the relationship between EPF and the impact of employee wellbeing programmes on return on investment. (See Appendix E). The data collected was used as part of the research study to make recommendations to enhance the effectiveness of employee wellbeing programmes in the South African context.

The data collected from the respondents who attended an employee wellbeing programme will now be discussed in terms of the following three sections:

- Section A: Biographical profile of respondents
- Section B: Empirical results regarding psychosocial functioning of respondents
- Section C: Discussion of the results regarding employee psychosocial functioning

3.3.2.1 Section A: Biographical profile of respondents

The variables that will be discussed for the purpose of the biographical profile of the respondents who attended an employee wellbeing programme where the EPF assessments were conducted, are age groups and gender groups.

The biographical profile of the 342 research respondents with EPF data is therefore presented below.

- **Age groups of respondents**

Figure 3.5 displays the age groupings of the respondents with EPF data.

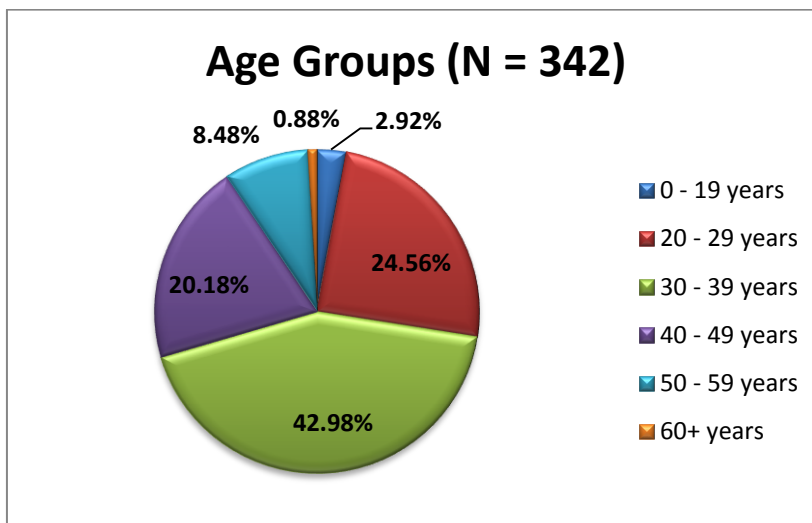


Figure 3.5: Age groups of respondents with employee psychosocial functioning data

As seen in Figure 3.5, the majority of respondents (42.98% or 147 respondents) were between 30 and 39 years old, followed by 24.56% (84 respondents) between 20 and 29 years old, 20.18% (69 respondents) between 40 and 49 years old, 8.48% (29 respondents) between 50 and 59 years old, 2.92% (10 respondents) under 20 years of age, and lastly 0.88% (3 respondents) 60 years old or

older. It is thus clear that the biggest proportion of respondents who have made use of the employee wellbeing programme was between 30 and 39 years of age.

- **Gender groups of respondents**

Figure 3.6 reflects the gender groupings of the employee respondents with EPF data.

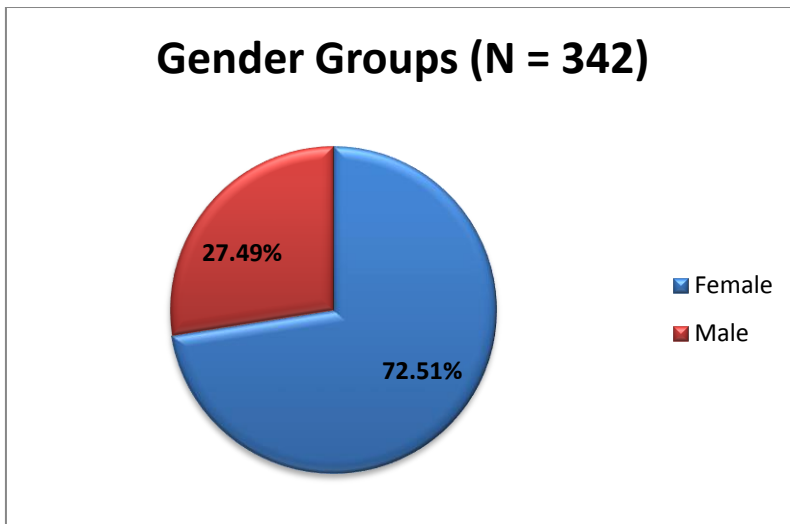


Figure 3.6: Gender groups of respondents with employee psychosocial functioning data

Figure 3.6 shows that the majority of respondents (72.51% or 248 respondents) with EPF data were female and 27.49% (94 respondents) were male. It is thus clear that the biggest proportion of respondents who have made use of the employee wellbeing programme was female.

3.3.2.2 Section B: Empirical results regarding psychosocial functioning of respondents

The purpose of this section was to investigate the relationship between psychosocial functioning of respondents and the impact of employee wellbeing programmes on return on investment. The variables discussed in this section were: presenting categories of psychosocial problems; top 10 presenting reasons identified for attending the employee wellbeing programme; and EPF scores: pre- and post-employee wellbeing programme.

- **Presenting categories of psychosocial problems**

Figure 3.7 reflects the categories of psychosocial problems that the respondents presented within the employee wellbeing programme.

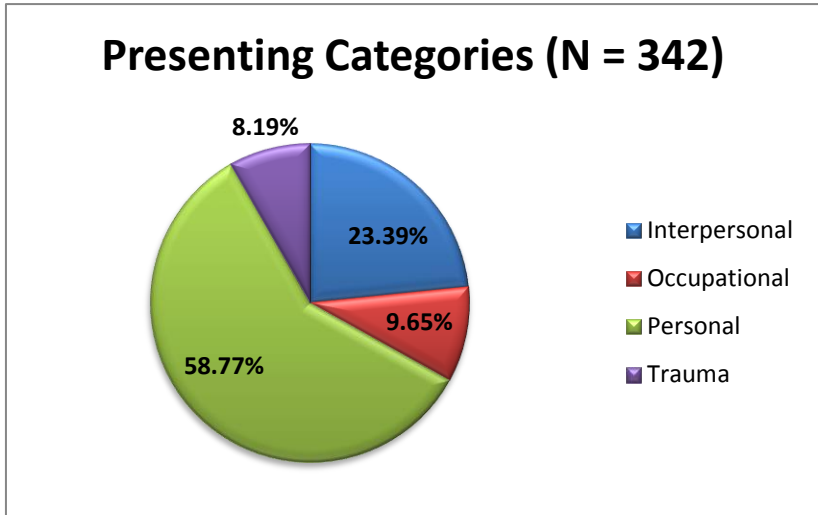


Figure 3.7: Presenting categories of psychosocial problems

As seen in Figure 3.7, the majority of respondents presented with personal issues (58.77% or 201 respondents), followed by interpersonal issues (23.39% or 80 respondents), occupational issues (9.65% or 33 respondents), and lastly trauma issues (8.19% or 28 respondents). It is thus evident that the biggest presenting category of psychosocial problems was the personal category amongst respondents that have made use of the employee wellbeing programme.

- **Top 10 presenting reasons identified for attending the employee wellbeing programme**

Figure 3.8 reflects the top 10 presenting reasons identified for attending the employee wellbeing programme amongst all of the 342 respondents.

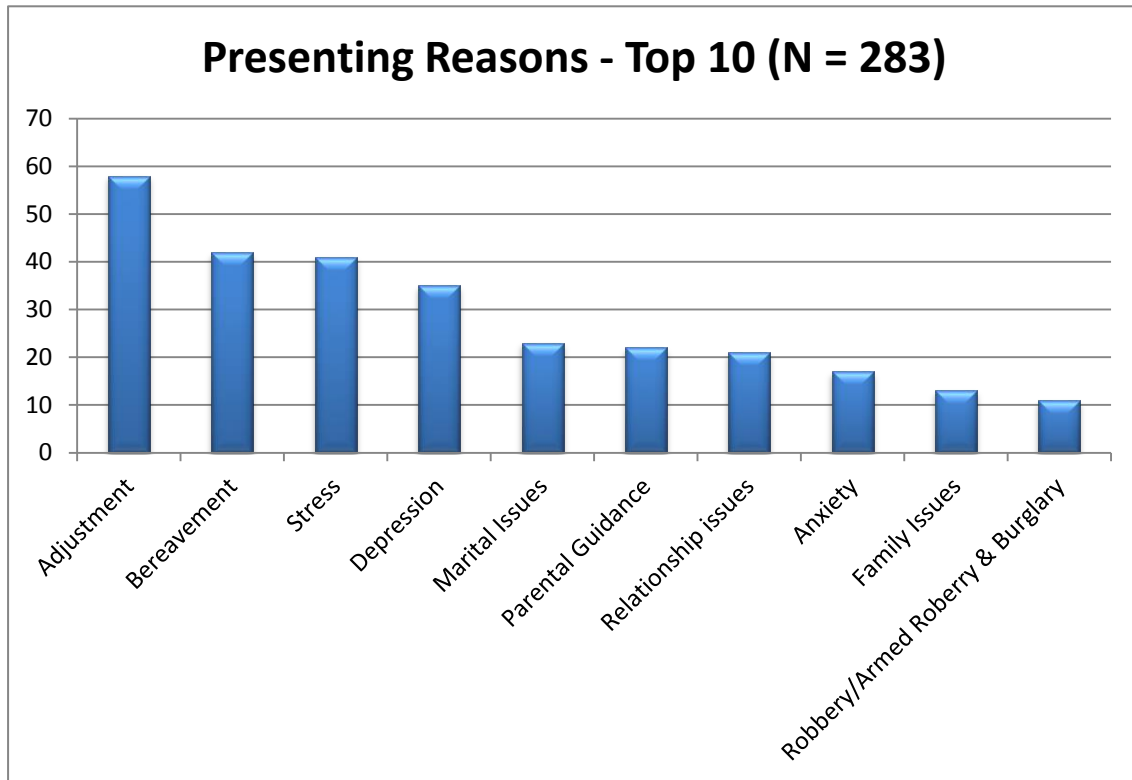


Figure 3.8: Top 10 presenting reasons identified for attending the employee wellbeing programme

As seen in Figure 3.8 the top 10 reasons that the respondents presented for attending the employee wellbeing programme are listed from the most frequent reason, to the least frequent. These are: adjustment (20.49% or 58 respondents), bereavement (14.84% or 42 respondents), stress (14.49% or 41 respondents), depression (12.37% or 35 respondents), marital issues (8.13% or 23 respondents), parental guidance (7.77% or 22 respondents), relationship issues (7.42% or 21 respondents), anxiety (6.01% or 17 respondents), family issues (4.59% or 13 respondents), and lastly robbery/armed robbery and burglary issues (3.89% or 11 respondents). It is thus clear that the respondents presented with a broad spectrum of psychosocial reasons to attend the employee wellbeing programme.

- **Employee psychosocial functioning scores: pre- and post-employee wellbeing programme**

Figure 3.9 displays the EPF scores for both the pre- and post-test scores.

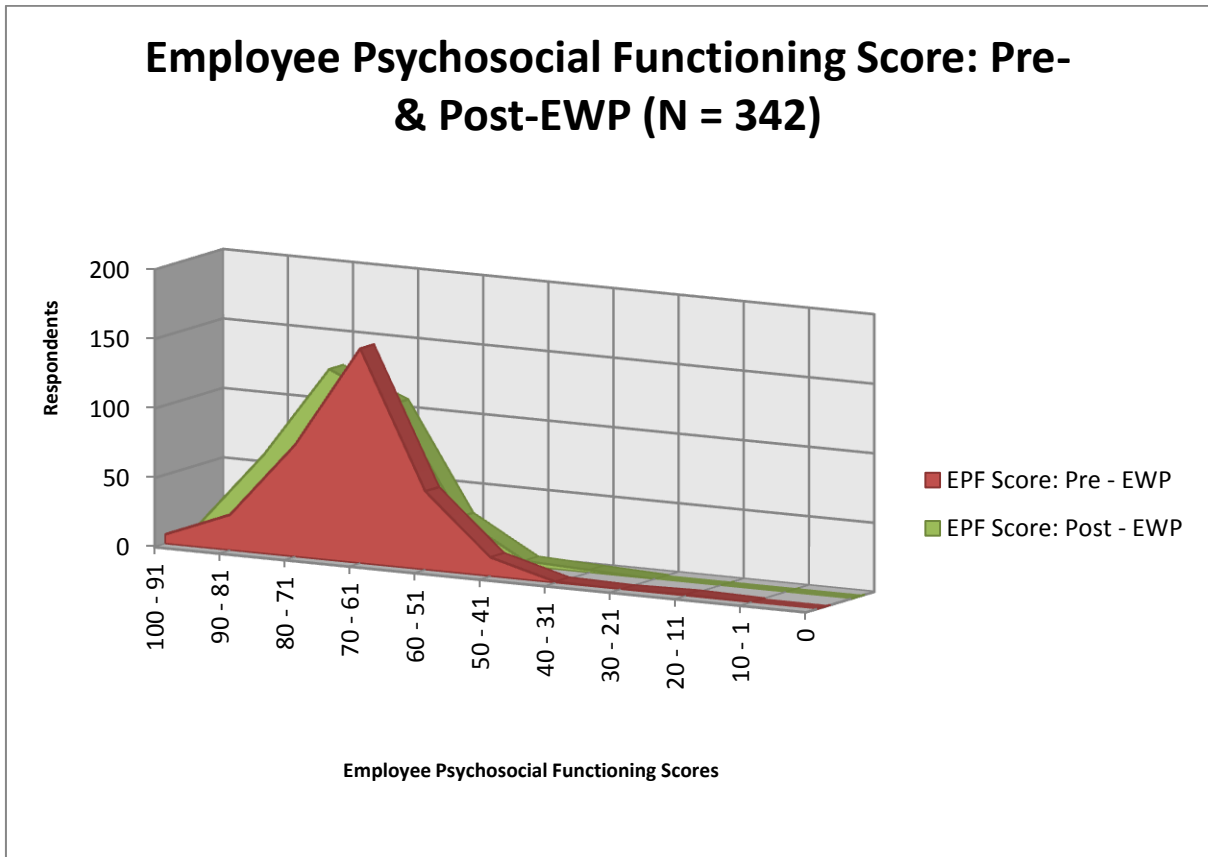


Figure 3.9: Employee psychosocial functioning scores: pre- and post-EWP

In Figure 3.9, the EPF scores are indicated as represented within each of the pre- and post-tests for all 342 respondents. Within both the pre- and post-tests there are significant proportions of overlap of the score results. The overlapping of the pre- and post-EPF scores indicates a proportion of improvement of 6.92% (5 points) within the post-EPF scores with improvements indicated within the 90 – 81, 80 – 71 and the 40 – 31 coded categories.

The illustration of the improvement on the post-test scores is indicated within the next figure, namely Figure 3.10.

Figure 3.10 reflects the improvement of the EPF post-test scores.

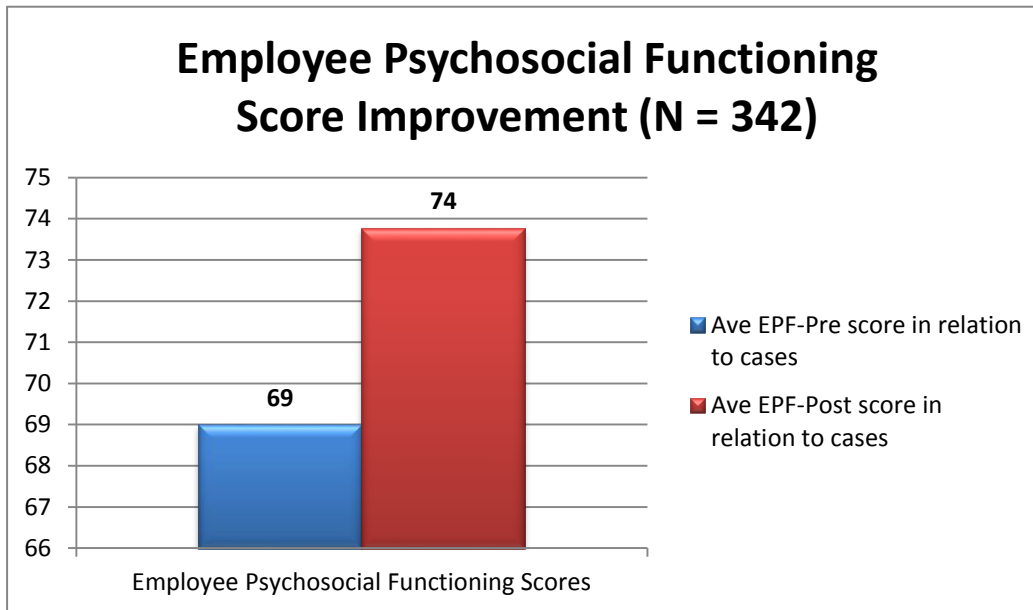


Figure 3.10: Employee psychosocial functioning score improvement

Figure 3.10 indicates the improvement in EPF post-test scores. Total score calculated for the pre-test was 23,597 and the total score calculated for the post-test score was 25,231. The average pre-score for all 342 respondents indicated 69 points versus the average post-score for all 342 respondents indicated 74 points. It refers to an overall improvement of 6.92% (5 points) within the post-score result. This data correlates with Selvik et al. (2004:21) where the average GAF score improved with 9.78% (6.27 points) from a pre-score of 64.11 to a post-score of 70.38.

- **Treatment goals achieved**

Figure 3.11 highlights the treatment goals achieved within the employee wellbeing programme where respondents had employee psychosocial scores. This section demonstrates the proportion of treatment goals achieved after employee wellbeing programme interventions were implemented.

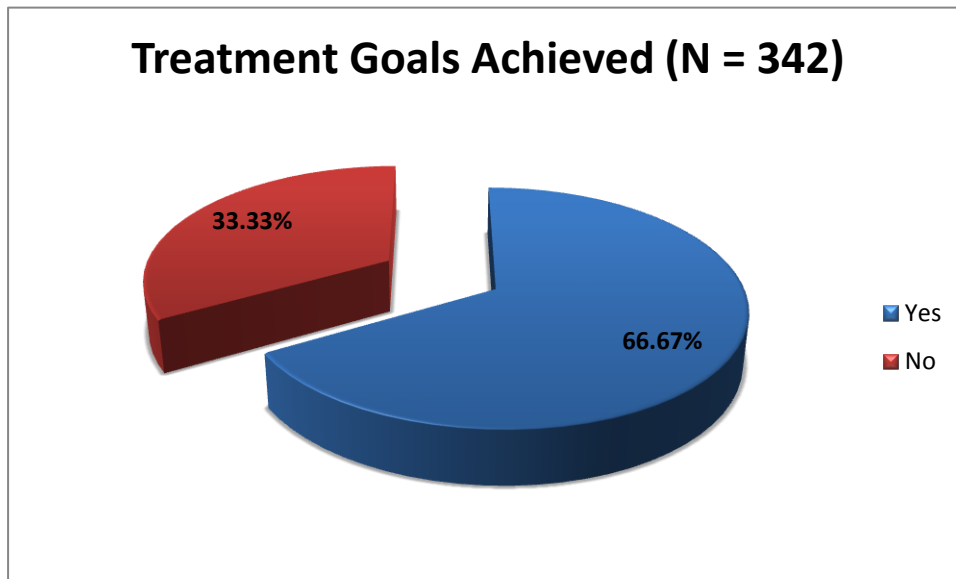


Figure 3.11: Treatment goals achieved

Figure 3.11 highlights that the treatment goals per respondent that were achieved were 66.67% (228 respondents), versus the treatment goals per case that were not achieved at 33.33% (114 respondents). This means that the employee wellbeing programme interventions that were implemented had a success rate of 66.67%. This data correlates positively with a study that was conducted by Naicker and Fouché (2003:29), whereby the employee wellbeing programme service provider achieved a success rate of 75.1% on the treatment goals for the respondents.

3.3.2.3 Section C: Discussion of results regarding employee psychosocial functioning

The results of the EPF data will be discussed within this section.

From Figure 3.5 it was clear that employees aged 30 – 39 years (42.98% or 147 respondents) were the majority of users of the employee wellbeing programme. It seems that the younger age groups, from 20 – 39 years are more likely to make use of the employee wellbeing programme (67.54% or 231 respondents). This can be attributed to the fact that these age groupings are also in direct correlation with the employee demographics of the client organisation, as the 20 – 39 year age group comprises 74.28% of the total employee population (Client Organisation Annual Wellness Report, 2013:42).

Furthermore, it was indicated in Figure 3.6 that females (72.51% or 248 respondents) are more likely to make use of the employee wellbeing programme than males (27.49% or 94 respondents). This can be attributed to the fact that this gender grouping is also in direct correlation with the employee

demographics of the client organisation, as the female versus male ratio is 63.40% versus 36.60% (Client Organisation Annual Wellness Report, 2013:41).

In terms of the presenting categories of psychosocial problems, respondents indicated in Figure 3.7 that the personal category (58.77% or 201 respondents) and the interpersonal category (23.39% or 80 respondents) were the highest proportion of presenting categories of psychosocial problems. These categories were also the highest presenting categories for the identified client organisation during the previous service term, namely 2011 to 2012 (Personal category at 35.70% and interpersonal category at 16.80% of presenting cases) (Client Organisation Annual Wellness Report, 2013:19). According to the researcher's experience these two categories also present most frequently as the highest presenting categories of psychosocial problems for corporate client employee wellbeing programmes.

The top 10 reasons for attending the wellbeing programme, as indicated in Figure 3.8, reflected that the most frequent presenting reasons were adjustment (20.49% or 58 respondents), bereavement (14.84% or 42 respondents), stress (14.49% or 41 cases), depression (12.37% or 35 respondents), and marital issues (8.13% or 23 respondents). The presenting reasons mainly referred to coping related problems, the processing of the death of loved ones, followed by stress and depression related issues. This data seems to be in line with the presenting reasons for the identified client organisation during the previous service term, namely 2011 to 2012 (Financial advice at 13.90%, stress at 10.80%, legal advice at 9.20%, bereavement at 7.30%, and depression at 7.20% of all cases that presented) (Client Organisation Annual Wellness Report, 2013:21). Therefore it is evident that there is a wide range of reasons for attending the wellbeing programme and that these reasons change from period to period.

Figure 3.9 illustrated the overlapping of EPF scores in most of the coded areas between the pre- and post-employee wellbeing programme scores. However, this indicated a proportion of improvement of 6.92% (5 points) within the post-EPF scores, with improvements indicated within the 90 – 81, 80 – 71 and the 40 – 31 coded categories.

As seen in Figure 3.10, an improvement is indicated in comparing the average EPF post-scores and the average EPF pre-scores. The average EPF post-score of 74 provided a higher average score than the average EPF pre-score of 69. There is thus an improvement in EPF of 5 points (6.92% improvement) on the GAF Scale. The research study referred to by Selvik et al. (2004:21) points to an

improvement in EPF of 6.27 points (9.78% improvement) on the GAF Scale. Selvik et al. (2004:20) also confirm that an improvement for 73% of the respondents occurred whose productivity was affected by emotional and psychosocial problems. Therefore an improvement in the EPF of the respondents also resulted in the improvement of the productivity of respondents as indicated by Selvik et al. (2004:20). It is further indicated by Naicker and Fouché (2003:29) that organisations lose between 28% and 35% of an employee's income due to productivity loss.

Within the practice of employee wellbeing programmes it has been found that the average length of counselling is four weeks (Client Organisation Annual Wellness Report, 2013:6). It has also been found that the average length of decreased productivity due to psychological presentations without intervention is eight weeks (Client Organisation Annual Wellness Report, 2013:6). Both these factors have been taken into account in the calculations on productivity loss in Table 3.2.

Figure 3.10 indicated that a total improvement of 5 points (6.92%) on the GAF Scale occurred for respondents after employee wellbeing programme interventions were introduced. The cost saving on the improvement of productivity can be illustrated as follows in Table 3.2 below:

Table 3.2 Cost saving on productivity

Description	Item or Amount
% improvement in employee psychosocial functioning	6.92%
Number of employees within sample	342
Employee wellbeing programme cost per employee per month	R14.90
Employee wellbeing programme cost (for employees in sample): Number of employees x EWP cost per employee x 12 months	$342 \times R14.90 \times 12$ = R61,149.60
Average employee salary per month	R19,000.00
Average employee salary per day (21 day working month)	R904.76
% improvement in employee psychosocial functioning (impacting productivity)	6.92%
Average cost of improvement in employee psychosocial functioning (productivity) per employee per day who is making use of employee wellbeing programme:	$R904.76 \times 6.92\%$ = R62.61

Average salary x improvement in employee psychosocial functioning (productivity)	
Average length of decreased productivity due to psychological presentations without intervention	8 weeks
Average length of counselling intervention	4 weeks
Therefore the average period of improved productivity	4 weeks or 20 days
Therefore the productivity savings within the employee wellbeing programme can be calculated as follows:	
Total costs of improved productivity: Number of respondents in sample x (Average cost of improved productivity per employee per day x Average period of improved productivity)	342 x R62.61 x 20 = R428,252.40
Total savings = Total costs of improved productivity – Cost of employee wellbeing programme for respondents in sample	R428,252.40 – R61,149.60 = R367,102.80
Return on Investment = Total savings/Cost of employee wellbeing programme for respondents in sample	R367,102.80/R61,149.60 = 6.00
Cost : Benefit Analysis	1:6

Table 3.2 illustrates that a cost saving of R367,102.80 was achieved with the improved EPF after implementing employee wellbeing programme interventions. The improved EPF has thus impacted the employee wellbeing programme in terms of return on investment at 6.00. This can also be expressed as a cost-benefit ratio of 1:6 where for every R1.00 invested a return of R6.00 can be realised. This data correlates with the findings of the return on investment results determined by Naicker and Fouché (2003:29), although their return was based at 5.64 which indicated a cost-benefit ratio of 1:5.64.

A thorough data collection and analysis was conducted within this chapter. The conclusions and proposed recommendations will be discussed within the next chapter.

CHAPTER 4:

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Absenteeism and EPF are critical variables to be considered when measuring the impact of employee wellbeing programmes. Both these variables can be quantified and measured when determining the impact of the employee wellbeing programme on the return of investment. The positive relationship that exists between the employee wellbeing programme and the measurement of the reduction of absenteeism and increased productivity may offer work organisations evidence of the benefits of such programmes, both to individual clients and the financial bottom line of organisations (Selvik et al., 2004:21).

Nearly all work organisations are affected by an increase in absenteeism and decreased productivity. How organisations manage and measure their employee wellbeing programmes differ from one organisation to the next. Employee wellbeing programmes are utilised by employers where labour and/or skill shortages are evident, as well as where the strategic value of worker recruitment and retention is vital (Naicker & Fouché, 2003:25). More employers are starting to depend on employee wellbeing programmes to “build and foster a successful and productive workforce” (WorldatWork, 2012:3). Therefore increasing the knowledge base of employee wellbeing programme professionals with information on managing their programmes in relation to the measurement of absenteeism and EPF remains a challenge, as programmes are managed on different evaluation criteria. In order to understand the impact of an employee wellbeing programme, the following research goal for this study was formulated: **To determine the impact of employee wellbeing programmes on return on investment in terms of absenteeism and employee psychosocial functioning.**

In order to achieve the goal of this research study the following objectives were formulated:

- To theoretically contextualise and conceptualise employee wellbeing programmes with specific emphasis on return on investment in corporate businesses, as well as absenteeism and EPF in the workplace.
- To investigate how employee wellbeing programmes impact on return on investment in terms of absenteeism.

- To investigate how employee wellbeing programmes impact on return on investment in terms of EPF.
- To make recommendations, based on the research findings, to enhance the effectiveness of employee wellbeing programmes in the South African context.

As a result two main research hypotheses were formulated to guide this research study, namely:

- Troubled employees exposed to an employee wellbeing programme will present with a decrease in absenteeism (H1).
- Troubled employees exposed to an employee wellbeing programme will present with an enhancement on EPF (H2).

It is important to note that in terms of the variable absenteeism, a sample of 1987 respondents (10% of population) who have made use of the employee wellbeing programme and had absence related data, was systematically and randomly selected. The analysis became the basis for the findings and predictions regarding the phenomenon of absenteeism within the identified client organisation and it was thus considered to be representative of the whole population (Strydom, 2011b:225). However, with regard to employees' psychosocial functioning as a variable, there was no need to compile a sample because the whole group of 342 respondents who made use of the employee wellbeing programme and who have pre-and post-GAF scores, form part of this study.

Within this chapter, the researcher will conclude the research project. The researcher will therefore, based on the empirical data, outline this chapter by focusing on the key findings, conclusions and recommendations below.

4.2 KEY FINDINGS

From the empirical data the following key findings were identified:

- This research study was grounded within the systems and ecological systems theory as discussed earlier. Through this research study it was evident that the employee wellbeing programme, as a system on its own, influenced the occupational or workplace system positively by affecting a positive result on the return on investment in terms of two identified variables namely absenteeism and EPF. Therefore this effect also resulted in a positive outcome for the employee

wellbeing programme system, thus illustrating the interrelatedness between these systems. The aforementioned systems that were focused on within this study are not the only systems to be affected. There are also other systems, referred to within this study as identified wellbeing dimensions that potentially could be affected as a result of the observed changes.

- Out of all the respondents who had taken sick leave days, 39.05% were between 30 and 39 years old. This indicates that employees, employed in the specific client organisation, within the age range 30 – 39 years old are more likely to take sick leave. It is also to be noted that this age grouping is in direct correlation with the demographics of the larger population in the organisation, as the 20 – 39 year age group comprises 74.28% of the total employee population, which can explain why the 30 – 39 years age grouping tend to use the employee wellbeing programme more than other age groupings (Client Organisation Annual Wellness Report, 2013:42).
- Out of all the respondents who had been absent, 67.99% were female. This indicates that female employees, within the specific client organisation, are more likely to take sick leave. It is also to be noted that this gender grouping is in direct correlation with the demographics of the larger population in the organisation, as the female versus male ratio is 63.40% versus 36.60%, which can explain why females tend to use the employee wellbeing programme more than males (Client Organisation Annual Wellness Report, 2013:41).
- According to the research findings a reduction of 32.08% in absenteeism was recorded for respondents who were absent after employee wellbeing programme interventions were introduced.
- A saving of R4,008,086.80 occurred through the reduction of sick leave days for employees who were absent after being introduced to the employee wellbeing programme. The reduced absenteeism thus impacted the employee wellbeing programme in terms of return on investment at 11.28. This can also be expressed as a cost-benefit ratio of 1:11.28 where for every R1.00 invested a return of R11.28 could be realised.
- An improvement of 6.92% within the post-EPF scores occurred after employee wellbeing programme interventions were introduced to the respondents.
- A success rate of 66.67% was found to achieve psychosocial treatment goals. This means that the employee wellbeing programme interventions that were implemented had a success rate of 66.67%.
- A saving of R367,102.80 was achieved with the improved EPF of respondents after the implementation of the employee wellbeing programme interventions. The improved EPF thus impacted the employee wellbeing programme in terms of return on investment at 6.00. This can

also be expressed as a cost-benefit ratio of 1:6 where for every R1.00 invested a return of R6.00 could be realised.

4.3 CONCLUSIONS

The following conclusions are based on the literature review and empirical research findings:

4.3.1 Conclusions based on the literature review

This section summarises the main conclusions regarding employee wellbeing programmes, return on investment, absenteeism, and EPF that were discovered during the literature review. These conclusions are as follows:

- In the literature review the researcher outlined the definition of employee wellbeing programme by referring to the Standards Committee of EAPA-SA (2010:1) and Naicker and Fouché (2003:25), and concludes that such a programme refers to a work organisation's resource, based on core technologies of functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues by making use of a short-term counselling service. The focus is that the intervention is a short-term counselling service through which an employee can get access to further counselling, advice and support.
- Employee wellbeing programmes have been shown to be successful in literature. Various elements contribute towards the success of employee wellbeing programmes (Sieberhagen et al., 2011:2). These elements are:
 - Integration with existing programmes in the workplace.
 - Evaluation of an employee wellbeing programme.
 - Positioning of an employee wellbeing programme.
 - Alignment with business goals.
 - Identification of evidence-based actions.
- The researcher concurs with the definition on return on investment of Lubbe (2013:6) who states that "it is the economic return which can be defined as the total cost savings of the employee wellbeing programme minus the total cost of the programme." This definition can be used by employee wellbeing programmes across various organisations to determine the return of investment of programmes.
- The literature review has indicated that the concept of absenteeism can be described from various perspectives. The researcher concurs with Van Zuydam (2007:10) who describes that

absenteeism is “an employee who fails to report for work for whatever reason” as there are a plenitude of reasons for absence.

- EPF is described as “an individual employee’s overall level of functioning” (American Psychiatric Association, 1994:25). From this research study the researcher wants to expand on this definition by stating that EPF is an employee wellbeing programme therapist’s impression of an employee’s level of functioning, relevant to his/her interaction with the psychological, social and occupational environment.

4.3.2 Conclusions based on the empirical findings

The following conclusions are based on the empirical findings regarding the impact of an employee wellbeing programme on return on investment in terms of absenteeism and EPF. These conclusions are as follows:

- The majority of respondents who were absent (39.05% or 588 respondents) were between 30 and 39 years of age. This is in direct contradiction to the findings of Madibana (2010:24) who indicated that the older employee groupings are found to be more absent within an organisation. Furthermore, the results also contradict the findings of Nyati (2012) who indicated that employees under the age of 25 years and above 55 years are absent more often than the 26 – 55 year age group.
- The empirical findings of this research project also indicated that the majority of respondents who had been absent were female (67.99%). These results contradict the findings of Madibana (2010:24), who indicated that men have a higher probability of absenteeism amongst gender groups. However, the results correlate with the findings of Nyati (2012) who indicated that female employees are more prone to be absent from work than men. It could thus be concluded that the type of industry might have an influence on the gender trend to absenteeism, as in some industries there are higher proportions of one gender than in other industries.
- In the literature some of the causes for absenteeism within the workplace were personal, organisational, social and attitudinal factors (Van Zuydam, 2007:12; Nyati, 2012:7). Through the research findings it was found, however, that the main cause contributing to absenteeism was physical acute illness reasons (62.15% or respondents).
- The empirical results showed a definite reduction in the number of respondents’ sick leave days after employee wellbeing programme interventions were introduced. A total number of 4,430 sick leave days (32.08%) were reduced for the respondents of this sample when the post-EWP intervention sick leave days were compared with the pre- sick leave days. Therefore it can be

concluded that employee wellbeing programme interventions assisted in the reduction of sick leave days and thus absenteeism from the workplace.

- The empirical results indicated an overall improvement of 6.92% (5 points) regarding the psychosocial functioning of respondents after the implementation of the employee wellbeing programme. It seems thus as if employee wellbeing programmes assisted with the improvement of the psychosocial functioning of employees.
- The variables, absenteeism and EPF have indicated a positive return on investment impact by the employee wellbeing programme. Absenteeism had a return on investment of 11.28 and EPF had a return on investment of 6.00. Both the aforementioned findings indicated that the impact of an employee wellbeing programme on return on investment was positive.

4.4 RECOMMENDATIONS

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

4.4.1 Recommendations based on empirical findings

The following recommendations, based on the key empirical findings and conclusions, can be made:

- Although the research project indicated a positive impact by employee wellbeing programmes on return on investment in terms of absenteeism and EPF, as shown in the empirical results presented in Chapter 3, the researcher agrees with Wellness Councils of America (2004) that such studies should be undertaken over a minimum period of three years to optimally determine their impact. It is thus recommended that research studies on return on investment should be conducted over a minimum period of three years to derive the most accurate results.
- Employers and employee wellbeing programme service providers should determine at the outset of the implementation of an employee wellbeing programme what the baseline measurements are going to be for the programme. It is thus recommended that employers and service providers should determine and define the evaluation criteria for measurement, i.e. absenteeism data prior to the implementation of the employee wellbeing programme.
- Employers and employee wellbeing programme service providers should ensure that EPF is measured as a standard indicator within employee wellbeing programmes across South Africa.

- As this research study confirmed that employee wellbeing programmes provide positive impact on the reduction of absenteeism and an increase in EPF within the South African workplace, it is critical that employers and service providers agree on the terms and outcomes anticipated, prior to implementation of such programmes. This will ensure that all role players agree on the same measurement criteria for evaluation of the employee wellbeing programme success.

4.4.2 Recommendations on future research

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

- A research study on the comparison of the trends in absenteeism and EPF within the various industries within South Africa private sector.
- A research study on the comparison of the trends in absenteeism and EPF within the South African Governmental departments and parastatal organisations.

4.5 ACHIEVEMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to determine the impact of an employee wellbeing programme on return on investment in terms of absenteeism and EPF. In achieving this goal the researcher designed two indexes to obtain information pertaining to absenteeism and EPF. From the empirical data meaningful information regarding the impact of an employee wellbeing programme on the phenomenon of return on investment in terms of absenteeism and EPF was gathered and described in Chapter 3.

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

Table 4.1 Summary of the achievement of objectives

Nr	Objective	Objective achieved
1	To theoretically contextualise and conceptualise employee wellbeing programmes with specific emphasis on return on investment in terms of absenteeism and employee psychosocial functioning in the workplace.	This objective was achieved as per literature review in Chapter 2.
2	To investigate how employee wellbeing programmes impact on return on investment in terms of absenteeism.	Through information obtained in the Absenteeism index (Appendix C) and by further discussing the findings in Chapter 3 this objective was achieved.
3	To investigate how employee wellbeing programmes impact on return on investment in terms of employee psychosocial functioning.	Through information obtained in the employee psychosocial functioning index (Appendix D) and by further discussing the findings in Chapter 3 this objective was achieved.
4	To make recommendations, based on the research findings, to enhance the effectiveness of employee wellbeing programmes in the South African context.	Through the recommendations provided in Chapter 4, this objective was achieved.

4.6 SUMMARY

The aim of this research study was to determine the impact of an employee wellbeing programme on return on investment in terms of absenteeism and EPF. According to the research findings it is evident that the research hypotheses which guided this study were confirmed, as all the objectives were achieved.

The empirical results published within this research report confirm once again that employee wellbeing programme professionals and employers within the South African context should monitor and measure their programmes on a continuous basis. This will enable the employee wellbeing programme profession, as well as the South African workplace, to obtain the results that this type of programme is set out to achieve.

In conclusion, this research study has contributed to the body of knowledge for future research studies on the concept of return on investment in terms of absenteeism and EPF.

Furthermore, it is the researcher's opinion that employee wellbeing programme professionals should strive to implement further research projects to build on the employee wellbeing programme profession's knowledge base in South Africa.

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Faculty of Humanities
Department of Social Work and Criminology

Dear Prof. C.S.L. Delport

PERMISSION LETTER TO CONDUCT RESEARCH STUDY

Permission is hereby granted to Pieter Andrias Cloete (Student number: 22157302), to conduct a research study utilising the data gathered within our Employee Wellbeing Programme system. This will enable him to complete his Master's Degree in Social Sciences (Employee Assistance Programmes).

The purpose of this research study is to determine the impact of an Employee Wellbeing Programme on Return On Investment in terms of Absenteeism and Employee Psychosocial Functioning.

We further confirm that the researcher is a permanent employee with LifeAssist. He is employed as Manager: Client Relations within our business.

All corporate information of the identified client organisation will be kept private and confidential. There will be no information disclosed to any third party without prior approval by LifeAssist. To further ensure the privacy and confidentiality of individual clients no identifiable information will be used in any data extracts. There are also no permission required from the identified client organisation with regards to data analysis for this research study as this is in line with the service level agreement between LifeAssist and the identified client organisation.

You are welcome to contact me for any further information.

Best regards,

Russell Bath
Director: Clinical Operations
011 912-1121



LifeAssist a division of Trauma-Assist (PTY) LTD

Company Registration number: 2001/010911/07 | DTI Reference number: BEF6338152

55 Oxford Road, Houghton Estate, 2198 | P O Box 1774, Parklands, 2121 | www.lifeassist.co.za

Directors: Angus Rowl (Chairman), Christopher Steyns (MD), Faith Nkomo, Russell Bath



UNIVERSITEIT VAN PRETORIA
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Faculty of Humanities
Research Ethics Committee

30 October 2014

Dear Prof Lombard

Project: The impact of an employee wellbeing programme on return on investment in terms of absenteeism and employee psychosocial functioning
Researcher: PA Cloete
Supervisor: Prof CSL Delport
Department: Social Work and Criminology
Reference number: 22157302

Thank you for your response to the Committee's letter of 2 October 2014.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 29 October 2014. Data collection may therefore commence.

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. Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: karen.harris@up.ac.za

Research Ethics Committee Members: Dr L Blokland; Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris(Acting Chair); Ms H Klopper; Dr C Panoblanco-Warrens; Dr C Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Dr P Wood

ABSENTEEISM INDEX					
Row Nr	Employee #	# Sick leave days	Age group	Gender group	Real reason for absence
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

EMPLOYEE PSYCHOSOCIAL FUNCTIONING (GAF SCALE SCORES)			
Row Nr	Employee #	Pre-Global Assessment of Functioning score	Post-Global Assessment of Functioning score
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
18			
19			
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22			
23			
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29			
30			

GLOBAL ASSESSMENT OF FUNCTIONING SCALE CATEGORIES	
CODE	DESCRIPTION
100 – 91	Employee exhibits superior functioning in a wide range of activities. Life's problems never seem to get out of hand. Employee is sought out by others because of his/her many positive qualities. No symptoms.
90 – 81	Employee exhibits absent or minimal symptoms and good functioning in all areas, is interested and involved in a wide range of activities, socially effective, generally satisfied with life and has no more than everyday problems or concerns.
80 – 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors, no more than slight impairment in social, occupational, or school functioning.
70 – 61	Some mild symptoms or moderate difficulty present in social, occupational, or school functioning.
60 – 51	Moderate symptoms or moderate difficulty present in social, occupational, or school functioning.
50 – 41	Serious symptoms or some serious impairment in social, occupational, or school functioning.
40 – 31	Some impairment in reality testing or communication or major impairment in several areas, such as work or school, family relations, judgement, thinking, or mood.
30 – 21	Behaviour is considerably influenced by delusions or hallucinations or serious impairment in communication or judgement or inability to function in almost all areas.
20 – 11	Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene or exhibits gross impairment in communication.
10 – 1	Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.
0	Inadequate information.