CORPORATE WELLNESS PROGRAMS IN SOUTH AFRICA: CONTEXTUALISING PITFALLS RENDERING BUSINESSES FROM ACHIEVING A CULTURE OF WELLNESS

A dissertation submitted in fulfilment of the degree

MA (HMS) Sport and Recreation Management

by

Marizahn Wentzel

11174090

Department: Sport and Recreation Management

Faculty: Humanities

University of Pretoria

Supervisor: Dr.Engela van der Klashorst

August 2020

DECLARATION

I, Marizahn Wentzel, hereby declare that this research for the degree, MA (Sport and Recreation Management), at the University of Pretoria, has not previously been submitted by me for the degree, at this or any other university; that it is my own work in design and execution, and that all materials from published sources contained herein have been duly acknowledged.

2020/07/31

....

Date   Signature

ACKNOWLEDGEMENTS

I would like to express my special thanks of gratitude to the following:

TABLE OF CONTENTS

LIST OF FIGURES

.

LIST OF TABLES

SUMMARY

Candidate: Marizahn Wentzel

Degree: MA (Sport and Recreation Management)

Title of dissertation: Corporate Wellness in South Africa: Contextualising pitfalls rendering businesses from achieving a Culture of Wellness.

Study leader: Dr. Engela van der Klashorst

Key words: Barriers; Contextualisation; Culture of Wellness; Effective Physical Activity; Employee Assistance Programs; Employee Wellness programs; Health; Health risk; Lifestyle; Mental health; Physical activity; Recreation; Sedentary; Social determinants of health; Typology; Wellness.

CHAPTER ONE: INTRODUCTION AND CONTEXTUALISATION

1.1. INTRODUCTION TO THE STUDY

The purpose of this study was to determine how employee wellness programs in South Africa can be implemented in such a way that it creates a culture of wellness. In order to establish this, various avenues concerning employee wellness had to be explored. Such as; defining employee wellness, the origin of employee wellness, a typology of employee wellness, barriers and pitfalls to employee wellness, as well as delving into what employers perceived a culture of wellness as.

Employee wellness[1] is not a term that has been discovered as of recent. Since the 1970`s employee wellness has been backed by research and proven in theory (Reardon, 1998). Wellness is such a broad term, it is defined and implemented in different ways by various companies. Therefore, wellness cannot simply be explained or placed into one category, which makes wellness not as straightforward as many do believe.

Wellness is not just the absence of disease or illness (Mincher & Leson, 2014). Wellness is an intentional choice to attain a better state of mental and physical health (Ardell, 1985). Wellness, according to the World Health Organization, can be described as the state of being healthy. Being healthy is a condition of overall physical, mental, and social well-being (World Health Organisation, 2010). The way wellness is implemented in one company may not be feasible in another company. Therefore, a certain wellness typology needs to be set for each different

---

[1] The term corporate wellness has been used interchangeably with the terms "worksite wellness", "employee wellness", "industrial wellness", "wellness programs" and "employee recreation". To reduce confusion "employee wellness" will be the term used in this proposal.

company / structure, especially if a culture of wellness is the goal. Many companies do not grasp that the wellness of employees ultimately leads to the success of a company. Wellness is part of a holistic approach and merely not just a piece of the puzzle.

The WHO further states that health is a continuum and not static, it is a process not a state. (World Health Organisation, 2010). Therefore, a human being adjusts to their environment through a process. This indicates that the health that an individual possesses at a certain time is the result of multifaceted factors which influences the process (Olubayo-Fatiregun, Ayodele & Olorunisola, 2014). There is currently a global shift in the healthcare model, with a movement away from the traditional medical model, which is only focused on disease treatment. Strategies that are focused on prevention of diseases are implemented. Employers seek avenues to increase the wellness of employees as the fast pace life-style inherent in today's work environment causes great concern for employers. High levels of stress can result in increased absenteeism, low work morals as well as a decreased capacity to be productive (Cavico & Mujtaba, 2013).

Research suggests that employees who are more dedicated to participate in wellness programs are less likely to be absent from work compared to those employees who are less dedicated to participate. Wellness programs are implemented and stem as a method to diminish health risks and increase the overall health of employees in the workplace (Cavico & Mujtaba, 2013).

As mentioned above more emphasis is placed on the fact that wellness is a multifaceted state of being which consequently describes the existence of positive health in an individual displayed by quality of life and well-being (Corbin & Pangrazi, 2001). Quality of life is directly linked to health and is based on how an individual feels physically and spiritually; the state of their mentality and social interaction, as well as their emotional state (Olubayo-Fatiregun *et al.*,

2014). However, unlike in the scientific management era where efficiency of a business was measured by mastery of a specific job task, the current conceptualisation of employee wellness has brought about the idea that efficiency is measured by the health of the employees. The main goal has changed from mastering the job to managing the employee's mental health with team building exercises, and physical health by means of wellness days which correlates with the shift from treatment to prevention (Ajunwa, Crawford & Ford, 2016).

Effective implementation of a culture of wellness sets in motivation a process that enables employees to strive to achieve a state of optimal functioning (Kirkland, 2014). According to De La Torre & Goetzel (2016), when looking at various journals we find that the most effective way to promote wellness is to create a culture of wellness. In this thesis a deeper look will be taken into different companies and the way wellness is applied on the company.

1.2. PROBLEM STATEMENT

With the advent of lifestyle diseases being evident among the workforce, Employee Wellness programs (EWP) is a pressing need. Employees are spending most working hours at their workplace, therefore employers are trying to engage them in health associated activities at their workplace (Kunte, 2016). Promoting healthy behaviour within the organisation is an "investment in human capital" and financial health which is directly linked to employee productivity (Mathis & Jackson, 2011). Acknowledging the benefits of EWP, employers across the world have started offering these health interventions at the workplace. However, EWP programs in South Africa are currently implemented in various forms, approach different issues, are of various sizes and complexities, with multiple levels of operational challenges and have varied outcomes. The objective of this study is to discuss the rationale for implementing EWP,

its characteristics, successful components and to summarise the impact of these programs in health and business outcomes. By studying the characteristics of wellness programs, the study tries to seek the research gap between theoretical and practical implementation of wellness programs.

Employee wellness plays an integral role in the success of a business. Employee wellness programs not only increases employees' work satisfaction, but also increases the overall level of employee productivity within the working environment. Companies with superior corporate wellness programs are known to have a decreased employee turnover rate and tend keep and to attract top talent to the business (Hamar, Coberley, Pope, & Rula, 2015).

Employee wellness programs have proven to impact positively on health, both physically and mentally (Mattke et al., 2013). A lack of motivation to participate by employees, as well as a fragmented approach to employee wellness programs in South Africa, result in employee wellness programs not contributing to employee wellness as much as it can.

Employee wellness programs are often provided in a vacuum based on perceived needs. It is therefore not contextualised which may result in employees not participating (Reardon, 1998). This study therefore asked the question: *"How can current contextualization of Employee Wellness programs in South Africa impact the creation of a culture of corporate wellness?"*

1.3. AIM & OBJECTIVES

The aim of the study was to establish how employee wellness programs (EWP) in South Africa can be implemented in such a way that it creates a culture of wellness. This aim was supported by the following objectives:

- To construct a typology of the EWP currently implemented in South Africa;

- To identify what South African employers, perceive as a culture of wellness;

- To identify the elements of, or whole corporate wellness programs, that enhances the sense of wellness experienced by employees;

- To document pitfalls in EWP currently in South Africa compared to those of more developed countries.

1.4.   LITERATURE REVIEW

Wellness in the workspace is not emphasized enough, leading to many health problems amongst employees. According to The Department of Health and Human Services a prediction was made that for each 100 employees in most organisations, 44 experience stress, 38 are obese, 31 use alcohol excessively, 30 suffer from high cholesterol, 26 have high blood pressure, 25 have cardiovascular disease, 24 do not exercise, 21 are smokers, 12 are asthmatic and 6 are diabetic (Baicker & Cutler, 2010). As mentioned earlier many factors contribute to the "success" of employee wellness. Factors in recent studies showed that employee wellness programs need to consist of physical fitness, weight control, as well as education regarding nutrition (Mincher & Leson, 2014).

Employee wellness is a big component within companies which focuses on the individuals within the work environment. Employee wellness is focused on the environmental, social, and financial factors that affect health (Mincher & Leson, 2014).

There is a growing worldwide acknowledgment that worksite health and wellness programs have an excellent opportunity to positively impact the health profile of a large percentage of a country's population that are part of the workforce. Organisational support is needed to make

the importance of employee health and wellbeing a part of the organisation's culture. The programs that are implemented should have the same goal in mind; that is to improve the health of the employees. Non-communicable diseases (NCD`s) such as cardiovascular diseases (CVD), diabetes, cancer and chronic obstructive pulmonary disease are the primary health concerns in the United States as well as other mother countries around the world (Cahalin, Kaminsky, Lavie, Cahalin, Myers, Forman, Patel, Pinkstaff & Arena, 2014)

To prevent as well as manage NCD`s, the following risk factors should be controlled: cigarette smoking, hypertension, hyperglycemia, dyslipidemias, obesity, physical inactivity, and poor dietary habits.

Figure 1 provides an overview of the type of wellness activities employees should be able to participate in to maintain their overall health (Cahalin *et al.*, 2014).

Figure 1: The Employee Health and Wellness Bubble (Cahalin *et al.*, 2014, p.5)

Employee wellness should include the following two components: assessing the needs and health risks of the employee by making use of a screening / assessment process, and delivering interventions and programming. The first component should coerce the second component; individually identified health risk profiles for an organization's employees determine the type of interventions that are needed most and have the biggest impact on the organisation's employee. Some of the risk factors regarding poor health can be obtained by the use of questionnaires, but other factors such as blood pressure, blood tests, distribution of fat, body weight, objective measurement of physical activity (pedometer) or fitness (functional test) can be obtained from real-time measurements. An important factor which is overlooked many times is the importance of a follow up; assessments must be repeated after participation in a health and wellness program as this is the only way to see if a positive change has been made (Cahalin *et al.*, 2014).

Successful programs aim their health and wellness interventions to correlate with the needs that were identified during the health risk assessment of the employee. Evidence demonstrates that the following factors are important for program success: educational programming (i.e. seminars, newsletters, and public posts); individualised instruction and assistance in lifestyle management (i.e. behavioural counselling to help employees with problems such as trying to quit); an environment which is built with health and wellness in mind (i.e. healthy food choices being readily available, a smoke-free workplace, gym facilities, walking trails, etc.) (Cahalin et al., 2014).

According to Kaspin, Gorman & Miller (2013) there are several workplace characteristics which can be linked to successful wellness programs. Such factors include: a culture of encouragement towards employees to maintain a healthy lifestyle for more than just monetary gain by the employer; demonstration of a strong support for health and wellness culture;

employees feeling motivated to make use of healthy lifestyle initiatives; wellness programs being adaptable to the ever-changing needs of the employees.

For corporate wellness to be a success, a leadership structure is vital; leadership starts with an organization's senior leadership management and then spreads down to lower levels of management. The key is to create an environment where the employees feel supported in choosing to participate. From an economical perspective, it can be stated that if organisational leaders support worksite health and wellness initiatives there will be significant cost saving. (i.e. through reduced insurance premiums) as well as a rise in productivity (Cahalin *et al.*, 2014).

The passing of the US Affordable Care Act (ACA) played a major role in moving Employee wellness forward in the United States of America. This Act explicates that; in order for worksite wellness to be successful, the changing needs of the organization must be monitored. The whole health and wellness industry must be responsive to changes that control healthcare on a national level. For example, as part of the ACA, companies will be able to provide wellness-based incentives of up to 30–50% of health insurance premiums (Cahalin *et al.*, 2014).

The Act further supports workplace wellness; new health promotion opportunities are provided for the employers as well as the employees. The Act approves funds for grants for small businesses to give comprehensive workplace wellness programs. The Act requires the secretary of health and human services to evaluate existing federal health and wellness initiatives and moves the Centres for Disease Control and Prevention (CDC) to survey worksite programs and health policies nationally (Koh & Sebelius, 2010).

It is important that businesses run an assessment on what opportunities can be implemented for increased physical activity in the workplace, such as motivating employees to rather make use

of stairwells and providing easier access to fitness facilities. As soon as the assessment has been done the discussion as well as planning based on the amount of resources needed to multiply the opportunities for physical activity in the workplace will help to establish what is probable for a given organization (Koh & Sebelius, 2010).

One major challenge to the success of corporate wellness presents in maintaining employee motivation - especially for individuals who have poor baseline health profiles. If there is leadership support regarding health and wellness, a healthy lifestyle environment in the workplace as well as opportunities in place for participation in healthy lifestyle activities (e.g. physical activity breaks, healthy food options, health and wellness education seminars) employee wellness will improve. Assessments regarding employees' willingness to change their health behaviours to identify individuals who are most likely to start living a healthier life will also be an advantage. Keeping contact with employees, via face to face coaching sessions, telephonic, messaging or web-based modules will also be helpful in increasing obedience to healthier lifestyle choices (Cahalin *et al.*, 2014).

Employees spend most of their waking hours in the workplace which makes it an obvious setting for the investment in their health. It is said that for every dollar invested into wellness programs, the employer saves more than the dollar spent. The employer will benefit from investing in the wellness of the employees. Wellness activities will lead to decrease in the cost of health care. Healthier workers are more productive and will be absent less frequently. A stumbling block in most studies is that the comparison group is not sufficient. This shortage leads to inability to take into account variables such as the differences observed in costs in between those employees who take part in employee wellness programs and those employees who don't. To a certain extent these differences in costs can be attributed to the differences in

comparison groups rather than to the wellness program itself. Selection bias might occur if the individuals that are the healthiest volunteer most of time, which might show that the program is improving the health of the employees more than it actually does (Baicker & Cutler, 2010).

An important factor which influences the overall success of a wellness program is the accessibility of the program. No matter how motivated employees are, if the programs are not easily accessible, employees will not be able to take part. Accessibility is influenced by factors such as time, geography, knowledge, as well as design of the wellness program (program modality) (Mattke, Liu, Caloyeras, Busum, Khodyakov & Shier, 2013).

Activities aimed at improving accessibility include (Mattke *et al*., 2013):

- Fitness benefits, for example free or subsidized gym memberships as well as on-site gyms,
- Healthier food options,
- Nurse advice lines available 24 hours a day,
- On-site clinics.

Wellness programs are implemented individually or as group activities, for example the promotion of individualised walking or organised group walking during lunch, walking and running challenges, team sports, exercise classes, as well as a marathon training program and funding (Mattke *et al.*, 2013).

Wellness programs also include environmental and structural changes encouraging healthy lifestyles, for example implementing sidewalks at the worksite to allow employees to go for a 15 minute walk, transformation of unused storage space into bike rooms and showers, removal

of smoking break rooms, as well as calorie labelling in the cafeteria and vending machines (Mattke *et al.*, 2013).

A good example of how to motivate employees in any setting (focusing on the factor of accessibility) and with any physical ability to participate is by giving them the task to walk anywhere in the area, take a picture, upload the picture, and then other employees can take a guess where the picture was taken (Mattke *et al.*, 2013). Research has shown that that poor accessibility to activities pertaining to strict working hours lead to limiting wellness benefits. Offering employees, the opportunity of paid off time to participate in wellness activities is a way of improving accessibility. Unpredictable wait times for onsite clinical screening can discourage employees from participation (Mattke *et al.*, 2013).

Case study discussions concluded that making wellness activities convenient and easily accessible for all employees are strategies that employers use to raise the level of employee engagement. In a recent study an employer offered individual health coaching that participants could schedule in their own offices or at locations close by. Massage services and meditation classes were offered in a variety of locations as well. One participant in a survey at a large service organisation concluded that access to the workout facility made it possible for him to incorporate exercise into his daily routine as well as providing an outlet for stress relief: "I do go down to the gym and I found that that's a break that I could use, but I also found that just the convenience of it helped me."

On the contrary, other focus group participants have inadequate access to wellness benefits because of their work schedules as well as wait times. Employer X, at a large government organisation that employs blue collar and office workers, put a fitness benefit into place which

allows employees to exercise or attend health-related classes three hours per week during office hours.

Other employees referred to as white collar employees, who enjoy more flexible schedules and working hours, took advantage of the fitness benefit, while access for the maintenance workers was limited because of work schedules and compulsory overtime (Mattke *et al.,* 2013). Another example is a manufacturing firm which promotes eating healthy by giving discounts at Subway during lunch. Unfortunately manufacturing employees are hourly workers and do not have enough break time to make use of this benefit (Mattke *et al*., 2013).

Uneven access to all employees contributes to tensions in the workforce as well as dissatisfaction. Employees at a large service organisation with flexible work schedules concluded that long waiting times were part of the reason why they did not participate in onsite screenings. An employee complained that onsite biometric screenings are "a nuisance" because of the unpredictable wait times, which discourages participation: "If there's a long line—it's not worth waiting for." It is important that realistic accommodations for persons with disabilities are provided" (Mattke *et al.*, 2013).

This shows us that wellness programs must not just be accessible but equally accessible to the entire workforce as well as effective, this might be one of the pitfalls in wellness-programs. Employees will reap the benefits of being healthy overall (physically and mentally). Being fit and physically healthy will give the employee more energy and this will then have a positive effect on stress and anxiety.

Another positive aspect of healthy and fit employees is the fact that they are more productive and their morels rise. This is not just a benefit for the employee, but for the employer as well.

Therefore, the employer's main and most important factor should be to create a culture of wellness in the working environment (Cavico & Mujtaba, 2013).

1.5. RESEARCH METHODOLOGY

1.5.1 Research design

The study adopted a qualitative research design. Qualitative research provides the researcher with an approach to explore and delve into the meaning that individuals or groups assign to a social problem (Creswell, 2009). The purpose of qualitative methodology is to describe and understand, rather than to predict and control (MacDonald, 2012).

1.5.2. Research population

1.5.2.1. Research sample

The research sample consisted of the South African population, both male and female, aged between 18 and 65 years of age in different sectors for example the financial sector, education sector, media sector, medical sector and franchise sector.

1.5.2.2. Sampling method

This study utilized non-purposive key informant sampling in which participants were chosen on the basis of the specific experience or knowledge, or information possessed (Jones & Gratton, 2010).

1.5.3. Data collection

Data collection was done through documentary evidence and semi-structured interviews with managers and staff of companies in the following sectors:

- Hospitality sector
- Media sector
- Medical sector

1.5.3.1. Semi structured interviews

A semi-structured interview is an engaging form of inquiry in which a researcher attempts to elicit information from the respondent through direct questioning (MacDonald, 2012).

1.5.3.2. Documentary evidence

Documentary research has been a staple of social research since its earliest inception. Along with surveys and ethnography, documentary research is one of the three major types of social research and arguably has been the most widely used of the three, throughout the history of sociology and other social sciences (Ahmed, 2010).

1.5.4. Data analysis

Interviews were transcribed ad verbatim and coded using Microsoft Office. Transcribed data was coded according to the themes from which subthemes were derived.

1.6. ETHICAL CONSIDERATIONS

Ethical clearance for this study was obtained through the University of Pretoria's ethical committee. Participation in the study was voluntary for all participants. Informed consent from all participants was obtained before any participation took place. Confidentiality was maintained throughout this study.

The ethical aspects addressed in the study included voluntary participation; informed consent; no harm or risks to participants; and privacy.

1.6.1. Voluntary Participation

Participants in the study were not compelled, coerced or forced to participate (Mcmillan & Schumacher, 2010; Gratton & Jones, 2010).

1.6.2. Informed Consent

Consent was obtained by asking participants to sign a letter of informed consent that indicated an understanding of the research and consent to participate (Mcmillan & Schumacher, 2010; Gratton & Jones, 2010). Participants were further informed of the research aims of this study. All participants had the right to terminate participation at any time. Full disclosure of any possible risks linked to this study was provided to all participants.

1.6.3. No Harm or Risks to Participants

Participants were not forced to reveal information that may have resulted in embarrassment or danger to home life, school performance, friendships, and the like, as well as any direct negative consequences (Mcmillan & Schumacher, 2010; Cresswell, 2013).

1.6.4. Privacy

Privacy of all research participants was maintained and protected. The researcher ensured privacy by using confidentiality and the appropriate storing of data (Gratton & Jones, 2010).

1.6.5. Confidentiality

No data was linked to any individual by name. Code names were used for all individual participants. Only the researcher and research supervisor had access to individual data.

1.6.6. Storage of Data

All data linking participants to a response was destroyed to ensure the protection of participant identity. Data will be stored by the Department of Biokinetics, Sport and Leisure Sciences for a period of 15 years.

1.7.   CLARIFICATION OF KEY CONCEPTS

Accessibility: Title I of the American Disability Act (ADA) [12] implies that employers should provide reasonable accommodation to employees with disabilities unless to do so causes undue hardship (Kellar-Guenther; 2016). Accessibility is influenced by factors such as time, geography, knowledge as well as design of wellness programs (program modality) (Mattke *et al.*, 2013).

Barriers: A fence or other obstacle that prevents movement or access. (Meaning of Barrier by Lexico, n.d).

Contextualisation: to consider something or to help other people consider something in its context. (Contextualize, n.d).

Culture of Wellness: An example of a culture of wellness that is effective and implemented correctly is when the program sets in motivation; a process that enables employees to strive to achieve a state of optimal functioning (Kirkland, 2014).

Effective physical activity: Defined in terms of regularity and intensity of exercise recommended per week for at least 30 minutes per session. (Olubayo-Fatiregun *et al.*, 2014).

Employee Assistance Programs (EAP): A programmatic intervention at the workplace, usually at the level of the individual employee using behavioural science knowledge and methods for the recognition and control of certain work- and non-work-related problems; programs that cover the identification, assessment, monitoring, referral, counselling, and follow-up activities that aim at addressing employees' problems (Sieberhagen, Pienaar & Els, 2009). Employee wellness programs encompass various activities and environmental factors made available by the employer for their employees to enhance their health and disease management. This includes *"all strategies, action plans and methods used to promote the physical, emotional and mental health of employees, to ensure a productive workforce"* (Kunte, 2016).

Employee Wellness Programs (EWP): Intervention strategies intended to promote the well-being of employees planned and sponsored by an employer (Kunte, 2016). They could be curative and preventative in nature. The purpose of introducing a wellness programme in an organisation is to create an awareness of wellness issues, to facilitate personal change and health management, to promote a healthy and supportive workplace and to minimize health risk factors (Kunte, 2016; Sieberhagen *et al.*, 2009).

Health: A condition of overall physical, mental, and social well-being. The WHO states that health is a continuum and not static, it is a process not a state. (World Health Organisation, 2010).

Health risks: An adverse event or negative health consequence due to a specific event, disease, or condition. (Stöppler, n.d)

Lifestyle: A person's way of living; the things that a person or particular group of people usually do (Lifestyle, n.d)

Mental health: The condition of someone's mind and whether or not they are suffering from any mental illness. (Mental-health, n.d)

Physical activity: Physical activity is any body movement produced by skeletal muscles that result in energy expenditure above basal level. (Olubayo-Fatiregun *et al.*, 2014).

Recreation: Refers to all those activities that people choose to do to refresh their bodies and minds and make their leisure time more interesting and enjoyable. Examples of recreation activities are walking, swimming, meditation, reading, playing games and dancing. (Khasnabis, *et al.*, 2010)

Social determinants of health: Nonmedical factors influencing health (Kellar-Guenther, 2016).

Typology: The study of types, or a system of dividing things into types (Typology, n.d).

Wellness: It is a condition of soundness of any living organism, that state in which all the natural functions are performed freely without pain or diseases, freedom from sickness or decay. (Olubayo-Fatiregun *et al.*, 2014). Wellness is not just the absence of disease or illness (Mincher & Leson, 2014). Wellness is an intentional choice to attain a better state of mental and physical health (Ardell, 1985, p.38). Wellness, according to the World Health Organization, can be described as the state of being healthy and is *"a multifaceted state of being which consequently describes the existence of positive health in an individual displayed by quality of life and well-being"* (Corbin & Pangrazi, 2001: 3).

Sedentary: A type of lifestyle where an individual does not receive regular amounts of physical activity (LifeSpan, 2020).

1.8.   CHAPTER CONCLUSION

Chapter One introduced and contextualised the study area. It presented the statement of the problem followed by the identification of the study aim and objectives and allowed the reader an understanding of the study. Chapter Two, Corporate Wellness: A brief history will be given to allow the reader to understand how the term "wellness" originated, and who the first known person was to introduce wellness as an initiative for companies. Furthermore, companies that started to implement wellness are investigated and timelines are laid out. A look at how wellness has changed and grown over the years is discussed.

CHAPTER TWO: EMPLOYEE WELLNESS - AN OVERVIEW

2.1. INTRODUCTION

Chapter One presented an overview of the research problem and research question that directed the study. It further provided an overview of the research methodology and key concepts that are used throughout the study. Chapter Two will present an in depth look as to the origin of the concept of 'employee wellness' and its development into its current practice.

2.2. DEFINING EMPLOYEE WELLNESS

The agents of the Oxford English Dictionary found that the first time the word "wellness" was ever used was in a diary entry from 1654 by the Scot, Archibald Johnston, Lord Wariston where he wrote: "I ... blessed God ... for my daughter's *weakness*…". His words in turn meant merely that his daughter was not ill anymore. (Miller, 2005: 85). Up until the mid-twenties wellness was known as referring to the antonym of illness and could be found in most dictionaries. The concept 'wellness' was, however, not used broadly which resulted in a misdirection of the origin of the concept, with example, the German history of the concept as originating from the concepts of fitness and well-being, which was not the case (Miller, 2005).

There is no universally accepted definition of employee wellness (Sieberhagen, Pienaar & Els, 2011). Definitions around employee wellness include a focus on the means by which wellness can be achieved: *"...as a composition of physical, emotional, spiritual, intellectual, occupational health; health promotion is the means to achieve wellness"* (Reardon, 1998: 118); as well as on outcomes that can be achieved: *"...overall improvement of health which includes, weight loss, quit smoking and reduction of health risks"* (Mujtaba & Cavico, 2013: 111).

Definitions that refer to the return on investment in relation to employee wellness included benefits attained by organisations:

"*Incentive programs offered by companies to reduce insurance premiums and include biometric testing such as the recording of the medical history of participating employees, taking blood pressure and body weight information and testing of glucose and cholesterol levels of their blood*" (Mujtaba & Cavico, 2013; 193).

It is believed that 19th century American intellectual and religious movements may have led to the origin of wellness as concept. The definition in the early 1950's focused mainly on the promotion of health through lifestyle changes - the core of which contributed to the wellness movement that started in the 1970`s (Miller, 2005).

The word "wellness" used as a holistic term encompassing physical, mental, spiritual and social well-being can be traced back to the 1950`s and was known as the 'mind-cure movement'. This movement focused on spiritual and mental state of being, thus being the main source of one's physical health (Miller, 2005). The concept 'wellness' has been used in various contexts since then. It has been associated with the spas and nonmedical treatments in Europe and has been revived in market strategies in a trend starting in the 1990`s. By default, as a result of the redefinition of the concept, many individuals who associated themselves with wellness related activities recommend leading an active lifestyle to endorse health have disassociated themselves from the term (Miller, 2005).

An individual who greatly contributed to the term wellness was Dr. Halbert Louis Dunn. Dunn expressed his displeasure as early as 1961 with the way the medical profession defined human beings as little more than biological machines, and decided to break down this misconception

by using the term wellness. He emphasised the gap in the medical profession's focus on body and mind in the following statement:

> *"...physicians and health workers, have become increasingly dissatisfied with our disciplines, which are designed as though the sum total of our concern is for the body and the mind of man, leaving to metaphysics and religion the affairs of the spirit. As if we could divide the sum total of man this way! If we are to move in the direction of high level wellness for man and society, we cannot ignore the spirit of man in any discipline. In fact, the essence of the task ahead might well be to build a rational bridge between the biological nature of man and the spirit of man – the spirit being that intangible so"* (Miller, 2005: 91).

The statement in turn illustrates that Dunn placed emphasis on the mental and spiritual dimensions of wellness. He also placed high value on wellness as a whole and as seen in Figure 2 below.

Figure 2. High-Level Wellness Symbol (Miller, 2005, p. 91)
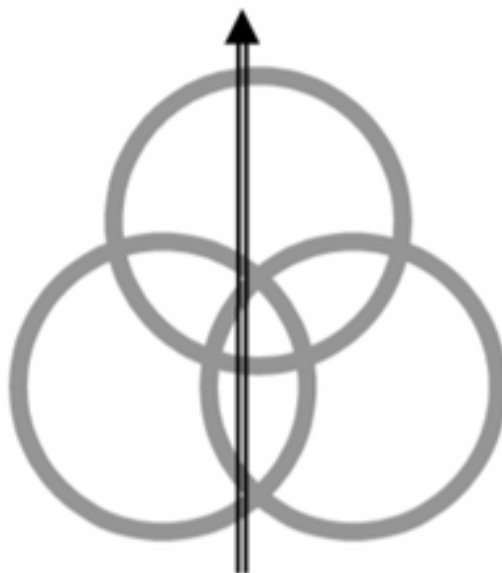
In his 'High Level Wellness' model Dunn presented the human body as three interlocking orbits displayed as organized energy. The three interlocking orbits represent the body, mind and spirit of an individual as interrelated and interdependent whole. The dart through the middle of the model represents the individual's cycle of life as the individual seeks to attain his/her purpose and grows in wholeness in the direction of maturity and self-fulfillment (Kunte, 2016; Miller, 2005). Development or growth in the direction of a higher level of wellness is obtained by the energy fields strengthening each other.

In a further development of the 'High Level Wellness' model, Dunn included Maslow's theory of self-actualization and presented it as the main goal to which people should strive in achieving a high level of wellness. The resultant 'Health Grid' (see Figure 3) illustrates wellness within the context of an individual's environment with the responsibility for one's own wellness not the sole responsibility of the individual but impacted by the environment. This grid allows for the identification of an individual's level of wellness on two axes, namely the environmental and health axis.

Using this grid as reference, wellness is not a fixed but rather a continuous state. Each individual lies between the continuum of death and wellness. Wellness is therefore understood as a holistic approach to health, encompassing physical, mental, social, cultural and spiritual dimensions. Individuals are responsible for their own mental health but not for the environmental context. Wellness is about potential and is focused on propelling the individual towards the highest state of wellbeing in their own reach. The key element to move closer to high level wellness is knowledge of one self and self-integration (Miller, 2005). Figure 3 gives and overview of this.

Figure 3. The Health grid, its axis and quadrants (Miller, 2005, p.93)
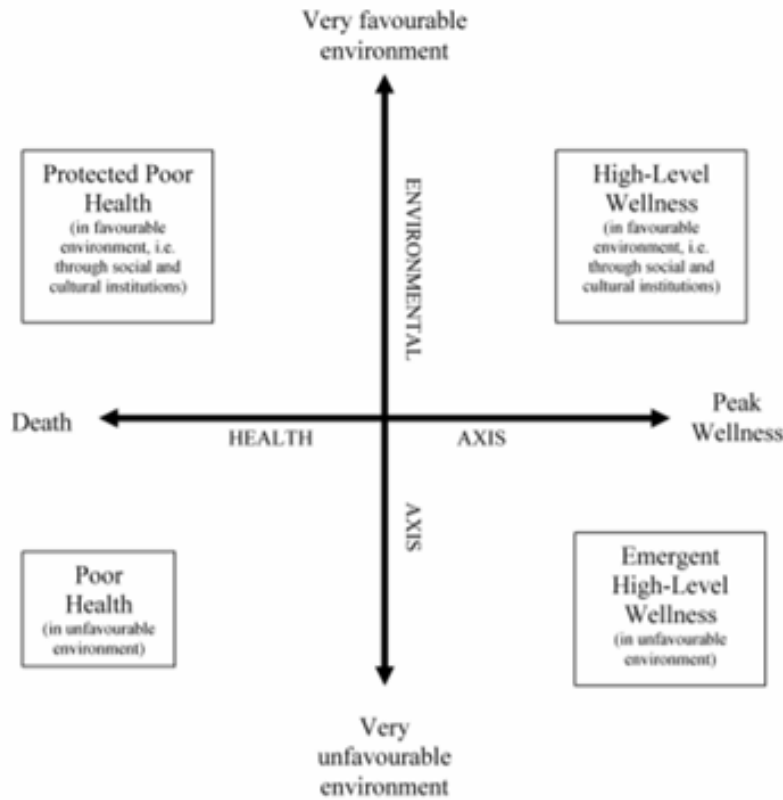
After Dunn's death in 1975, John Travis, who also had a background in public health developed a way to assess an individual's state of wellness which he referred to as the 'Wellness inventory'. The 'Wellness inventory' was based on 12 dimensions including factors such as self-love, nutrition, exercise and the social environment. In addition to the 'Wellness inventory' Travis also adapted Dunn's Health Grid and renamed it as the 'Wellness continuum'. The initial grid developed by Dunn now ranged from premature death on the one side and a high level of wellness on the other (see Figure 4). Travis`s biggest contribution to the term wellness was that he placed more emphasis on the responsibility of the individual to strive towards high level of wellness and less of a responsibility of the individual's physician (Miller, 2005).

Figure 4. The Wellness continuum (Miller, 2005, p.94)
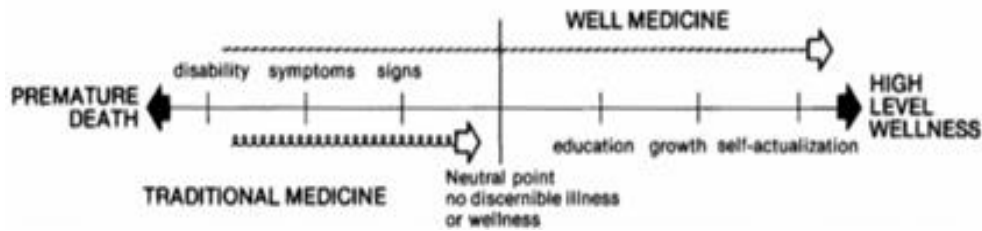
Donald Ardell's work in the wellness industry added a significant contribution to the development of the concept of wellness, turning wellness into a household term. As wellness guru, Ardell had the ability to describe the application of wellness concepts in a way that was accessible to the general public (Miller, 2005). Ardell did not agree with the role that Dunn assigned to the spiritual component in wellness. In contrast, he studied wellness from a completely rationalist and secular point of view.

The lack of universally accepted definitions for 'wellness' and specifically 'employee wellness' have resulted in the varied implementation of employee wellness programs by organisations around the world (Mujtaba & Cavico, 2013). The implementation of a successful employee wellness program is based on a clear definition of wellness as well as a well-defined purpose for the program based on the organisational mission, vision, values and work culture.

Employee wellness is set in place in order to encourage employees to take preventative measures by means of education, risk assessments, screening as well as disability management to reduce the onset of a disease or illness. Lastly, it is defined as "an employment-based activity or employer-funded benefit with the goal of promoting health-related behaviors. There is yet to be a set definition of employee wellness; this in turn continues to contribute to a barrier of

implementing employee wellness. The variation in definitions also proves that each company has a diverse set of needs (Sieberhagen, 2011). Thus emphasizing why companies should implement a clear definition for employee wellness and a purpose for it based on their mission, vision, values as well as work culture (Mujtaba & Cavico, 2013). It must be concluded that defining "wellness" is still ongoing. Wellness can also only occur within context (social, occupational, spiritual, physical, intellectual and emotional) (Miller, 2005).

2.3.   HISTORY OF EMPLOYEE WELLNESS

Employee wellness as practice has a long history in developed countries. The study of the history of the concept is important as it provides an understanding of the past and enables the use of the past to develop future actions. This section will first explore the history of employee wellness around the world and will then present an overview of the history of employee wellness in South Africa.

2.4.   A GLOBAL HISTORY OF EMPLOYEE WELLNESS

The first person believed to have studied employee wellness was the Italian physician Bernardini Ramazzinii (Franco & Franco, 2001) who reported on the effects of work exposure in the 1600`s. He was drawn to the possibilities of taking precautionary steps to improve the wellness of employees. Ramazzini was appointed as the chair of Theory of Medicine at the University of Modena in 1682 (Franco & Franco, 2001). In this role he endeavored to solve workers' health problems in both a systematic as well as a scholarly manner. He observed the way workers went about their daily tasks and engaged the workers on issues relating to the illnesses experienced, for example how sedentary workers suffer from lumbago; referring to pain in the muscles and joints of the lower back. He suggested that employers remind their

employees to make sure they did physical exercise while on holiday in order to combat the harm that was done to them because of the sedentary life they lived (Franco & Franco, 2001). His course work was devoted to the disease of the workers. Ramazzini took the existing knowledge and schematized them. His work in turn made a large contribution to the field by bringing together the observations that he made in De Morbis Articum Diatriba which directly translates to "disease of workers".

Between 1700-1712 two editions of De Morbis Artificum Diatriba was published. His work led to him being referred to as "the father of occupational medicine" (Franco & Franco, 2001). The text was divided into 7 sections. The first section gave an explanation of the disease linked to the movement performed whilst working, followed by analysis of literature, description of the workplace, a set of questions for workers, explanation of disease, cures for the disease as well as advice (Franco & Franco, 2001). Ramazzini also observed that not all diseases were related to the work environment. He saw that persistent and irregular motions as well as postures held for an extended period also contributed. As of recent the cumulative trauma and injuries caused by repetitive motions have been coined the occupational epidemic of the 1990`s (Franco & Franco, 2001).

During the 1800`s a Welsh social reformer, Robert Marcus Owen, suggested that employees work only for 10 hours, in order to promote the wellness of employees. Seventeen years later Owen invented the phrase" eight *hours' labor, eight hours' recreation, eight hours' rest"* (Donnachie, 2000; Karsten, 2013). In 1832, Charles Turner Thackrah was recognized for creating the first written explanation of health problems that industrial workers encounter (Thackrah, 1832).

In 1880 a group of open-minded industrials realised that sport and recreation could be implemented to help employees meet certain objectives. The Pullman Company, manufacturer of sleeping cars for railroads, built a variety of facilities for their employees. The two facilities, the playground and athletic island, were devoted mainly for sport and recreation. The main reason for the implementation was for the business and the profit it could yield. Additionally, the goal was to create the perfect environment to work and stay in (Pesavento, 1912).

In 1914, Ford was the first company to implement Owen`s ideal of 'eight hours' labor, eight hours' recreation, eight hours' rest" on a wide scale in the United States (Henry Ford gave $10,000,00 in 1914 Profits to his employees., n.d). Employee Wellness was only taken more seriously upon the arrival of the Employee Assistance Program (EAP`s) in 1950`s when companies started to provide wellness interventions that focused on mental health issues including substance abuse issues such as alcoholism. The initial nature of employee wellness programs took the form of an employee assistance program wherein employees were given help and counseling to deal with issues such as alcoholism and mental health (Owens, 2006).

Studies indicate that Employee assistance programs have origins outside the workplace in the social movement commonly referred to as Alcoholics Anonymous (AA) (Trice & Sonnenstuhl, 1985). The AA was relatively successful in gradually causing a stir during the Industrial age. The goals of these early assistance programs were to assist the heavy alcoholic employees in getting rid of their addictions and increase their performance (Levy, 1974).

During World War II, job shortages grew because of a wage freeze from the National War Labor Board (Employee Benefits Research Institute, 2002). At this time, employers realized that unions supported employee-based health insurance and that there would not be a wage

control on it. Unions were able to offer these benefits as they were not subject to income or Social Security tax (Employee Benefits Research Institute, 2002).

Reardon (1998) argued that employee wellness only started to exist in the mid-1970`s when there was a change from the government to the employer to assist in the financial responsibility for health-care. Health benefits however, have gone from simple laws to more complex laws over the last years. Examples of these are the Health Insurance Portability and Accountability Act (HIPAA), and other associated laws, to the creation of the Affordable Care Act of 2010. In the United States strict laws oversee the healthcare benefits that are subjected to employees. (Kohler, Contacos-Sawyer & Thomas, 2015). Over the years, healthcare benefits in the USA evolved from simple laws to the more complicated and complex laws, for example the HIPAA and other related laws, to the creation of the Affordable Care Act of 2010. Strict laws govern the healthcare benefits that are offered to employees in companies of all types and sizes (Kohler *et al.*, 2015).

During 1970 campus wellness programs started to become more prevalent in the United States and is seen as a noticeable milestone in the growth of the wellness movement. The initial university wellness program was established at the University of Wisconsin - Stevens Point as a result of interaction that took place between John Travis and the staff of the university. The university previously had a program in place which assessed the health of the students with the focus on risk behavior. The university's wellness program was launched due to the impact that a workshop, hosted by Travis, had on a nurse who was part of the university's student center. She motivated her boss, Don Johnson to buy materials and inventory from Travis (Miller, 2005).

The first national conference on wellness in the USA was held in 1978. This conference has been held per annum since then and played an important part in the spread of the wellness movement in the United States. This conference has since then become an international affair, although it is titled as National Wellness conference. This conference attracts over 1600 partakers yearly (Miller, 2005).

In the early 1980`s academic literature started to showcase employee wellness research. Studies introduced the effects of physical fitness efforts on workers' health as well as their performance. In 1982 a more in-depth look was given to how employee wellness programs could in fact reduce absenteeism amongst employees and to other expenses associated with disease (Call, Gerdes, & Robinson, 2009).

Employee healthcare benefits in the USA have, for decades, been in existence as an effort to draw as well as retain employees (Kohler *et al.*, 2015). The emergence of preventive healthcare practices was brought about by multinationals like IBM and Cummins who started on- site wellness facilities for their employees. Preventive health care initiatives include annual marathons, stress management workshops as well as health risk assessments followed by tracking and monitoring health statistics. Companies like Johnson and Johnson have also contributed to work in the area of preventive healthcare practices for their employees (see case study in Chapter 4). Kunte (2016) commends the initiatives taken by multinationals, but warns that information related to such practices is currently scattered and not widely available. The need for benchmarking successful wellness practices is the further scope for study in the subject area.

The European Union for Workplace Health Promotion (ENWHP) was established in 1996. ENWHP initiated the launch of "Health, Education, Information and Training" - an initiative with the objective to develop health standards in the European region. The major areas identified by ENWHP included workplaces with the ability to reach out to the majority of the working population. The ENWHP adopted the Luxembourg Declaration on the 28th of November 1997, announcing a shared understanding of the major objectives, plans and related measures in the health promotion of employees. The associated members of the Union consented that for potential advancement and distribution of health care programs, efficient collaboration and synchronisation was required across levels. The Luxembourg Declaration played a very important role of laying the foundation for further growth by identifying the key areas of health priorities for action (Kunte, 2016).

The Luxembourg Declaration on Workplace Health Promotion was adopted by all member states of the European Union in November 1997. The Declaration defines Work Health Promotion (WHP) as the combined efforts of employers, employees and society to improve the health and well-being of people at work (Kunte, 2016).

2.5. A BRIEF HISTORY OF EMPLOYEE WELLNESS IN SOUTH AFRICA

Employee Wellness Programs in South Africa only started to emerge in the 1980s. The Chamber of Mines of South Africa initiated one of the first EWP programs after a feasibility study in the mining industry in 1983 (Sieberhagen *et al.*, 2011). This study was seen as a breakthrough in the growth of EWPs in South Africa. Employees were, however, hesitant to participate due to various reasons including that some employees thought that people who took

part were alcoholics. Employees furthermore felt concerned about the confidentiality of information shared (Conradie, van der Merwe Smith & Malan, 2016; Sieberhagen *et al.*, 2011).

Conradie *et al.* (2016) emphasised that the scope of employee wellness programs in South Africa has often been limited to training in occupational safety, employee assistance and awareness, and the management of HIV/AIDS and hence are not as wide reaching as they could be in terms of coverage and prevalence in the workplace. There is limited empirical research available on South African companies with employee wellness programs with more research required in order to justify and promote employee wellness programs. An exception is the work of Churchill *et al.* (2014) who investigated what employers deem attractive in terms of these programs and which types of incentives are most attractive to employees (Conradie *et al.*, 2016).

A survey was conducted by Terblanche (1992) to determine the conceptual sophistication of EWPs in the business community of South Africa. Results showed that merely 69% of employer respondents gave direct assistance to their employees. Furthermore, only 58% of the 69% offered it in programs that were structured. Taking into account the large changes in the South African organizational landscape since the start of democracy, it is alarming to see the scarcity of EWP`s in South Africa as change plays a significant role in wellness at work and potentially reduces wellness. Less than 50 % of South Africa's top 100 organisations have EWP`s. Although these programs significantly help in the promotion of health and wellness as well as help employees and organisations to adjust to ever changing situations. (Sieberhagen *et al.*, 2011).

2.6.   CHAPTER CONCLUSION

Chapter Two presented an outline of the historical development of employee wellness programs and its definition on a global - as well as the South African stage. Chapter Three will explore the barriers that prevent employee wellness programs from being implemented.

CHAPTER THREE: BARRIERS TO THE IMPLEMENTATION AND SUCCESS OF WELLNESS PROGRAMS

3.1. INTRODUCTION

Chapter Two presented an overview of the history of employee wellness programs as well as how the definition for employment wellness developed. Chapter Three will explore the benefits of employee wellness programs to the individual employee as well as to the organisation. It will furthermore present the barriers which an organisation experiences in implementing employee wellness programs.

3.2. ASSOCIATED BENEFITS OF EMPLOYEE WELLNESS PROGRAMS

Employee wellness has historically been viewed as a 'nice-to-have' addition to the Human Resource department's employment benefit portfolio. Research over the last 15 years have, however, illustrated that employee wellness programs do not only benefit the employee, but also contribute to the organisation's bottom line (Berry, Baun & Mirabito, 2010).

3.2.1. Benefits to the individual

Employee wellness programs present the employee with a variety of benefits including the promotion of health and a healthy lifestyle; mental wellbeing; and, an increase in subjective wellbeing (Richardson, 2017).

3.2.1.1.   Health promotion and promotion of a healthy lifestyle

The human body was designed to be active. Scientific evidence of the positive effects of physical activity as part of a healthy lifestyle is overwhelming (Edwards, 2002). Physical activity alone will, however, not lead to a healthy lifestyle. A combination of other factors is

needed, for example nutrition, sleep patterns, intensity and type of physical activity as well as a reduction in stress levels, to allow for a healthy lifestyle.

The environment that employees work in can furthermore be seen as a social determinant of health as it can either be a risk factor that leads to poor health or a protective factor that maintains good health. By implementing an employee wellness program, an organisation is creating a protective factor that motivates employees to make healthier lifestyle choices (Kellar-Guenther, 2016). Although some health risk factors, such as heredity, cannot be modified, focused education and personal discipline can change others such as smoking, physical inactivity, weight gain, and alcohol use—and, by extension, hypertension, high cholesterol, and even depression (Berry, Baun & Mirabito, 2010).

Employee wellness programs serve the dual function of saving the organisation money whilst at the same time bettering the health of employees (Mujtaba & Cavico, 2013). Employer-based health and wellness programs are an ideal place for the provision of health promotion activities and wellness interventions as working adults spend more than one third of their total time at their place of employment (Bright, Terrell, Rush, Kroustos, Stockert, Swanson & DiPietro, 2012).

Participation in physical activity is a crucial component to improving the health and well–being of individuals. Regular physical activity has been shown to prevent numerous chronic diseases; for example, cardiovascular diseases, stroke, obesity, diabetes and even some forms of cancer. Regular physical exercise furthermore helps the body to secrete endorphins in the brain which in turn enhances the feeling of well-being and diminishes symptoms of depression and anxiety.

In a study by Anderko *et al.* (2015) the authors confirm that in organisations with a strong culture of health, employees are three times as likely as others to take action to improve their health. An employer's commitment to employee well-being is as critical to overall job satisfaction as opportunity for advancement, and more important than competitiveness of pay and benefits.

3.2.1.2.   Mental wellbeing

The results of repeated studies examining the influence of exercise on a person's mental status have been unequivocal; exercise tends to benefit, improve and affect, mood state, and desirable emotions, while reducing anxiety, depression, and other forms of undesirable mental state. In addition, engaging in exercise due to enjoyment was significantly and positively associated with all variables that defined mental well-being (Anshel, Brinthaupt & Kang, 2010).

3.2.1.3.   Increase in subjective wellbeing

Subjective well-being is synonymous with happiness, and consists of the absence of negative affect, the presence of positive affect, and high levels of life satisfaction. Anshel *et al.* (2010) acknowledged several mediators of this relationship, including the exercise environment; training characteristics; psychological characteristics and backgrounds of the participants; fitness and skill levels of participants; and, the instructor's characteristics and approaches to exercise. Benefits identified include reductions in state of anxiety, anger, and fatigue; while increasing vigor, energy, confidence, and enthusiasm. Long-term benefits include improved life satisfaction, self-esteem, and quality of life (Anshel *et al.*, 2010).

Physical activity does, however, not have to take the form of traditional exercise. Benefits are more likely if exercisers enjoy the activity and are engaging in a type of activity of their own

choosing, a concept called perceived choice. Thus, experiencing regular physical activity will improve the individual's mental well-being and mood state. Unknown, however, is the extent to which similar effects are experienced in response to a wellness program which entails several changes in lifestyle (Anshel *et al.*, 2010).

3.2.2. Benefits for organisations

An increase in the prevalence of lifestyle diseases such as diabetes, hypertension and cardiac issues being detected at earlier stages of life has resulted in the need for companies to rethink traditional forms of preventive healthcare (Baicker, Cutler & Song, 2010; Lerner, Rodday & Cohen, 2013). Companies are exploring wellness approaches in an attempt to address the rise in lifestyle diseases and to assist employees in becoming healthier individuals. Discussions around investing in health promotion as a way of achieving better health outcomes at lower costs by supporting employees as they adopt new behaviors to improve their health, quality of life and enhance personal effectiveness now forms part of strategic planning in organisations (Baicker, Cutler & Song, 2010).

Absenteeism from work related to illness is a major threat to work productivity (Losina, Yang, Deshpande, Katz & Collins, 2017) with employers anticipating occasional illness-related absenteeism and its attendant effects, such as delayed task completion, hampered collaboration, and paying for sick leave. Evolving evidence suggests that physical activity may be associated with work productivity and that increased physical activity can further lead to lower rates of work absenteeism (Losina *et al.*, 2017). Companies can lower the costs associated with chronic disease by influencing employee behaviour. To address issues such as obesity, depression and

alcohol overuse, employee wellness programs can facilitate the adoption of a healthier lifestyle through the use of employee incentives (Kohler *et al.*, 2015).

Depression and stress are major sources of lost productivity in the workplace. The World Health Organization estimates that depression will be the most prominent disability at work in the next decade. Symptoms of depression affect productivity and work time, with many people with depression also experiencing other health problems (Anderko *et al.*, 2015).

An organisational culture of health can be created by employers by providing: 1) financial and organisational support for evidence-based health promotion interventions; 2) consistent communication with workers that encourages positive health behaviors; 3) social and organisational supports from peers and supervisors; 4) policies, procedures, practices, and organisational norms that support a healthy lifestyle; 5) financial or other types of incentives for participation in health improvement activities; and 6) a common purpose that is dedicated to a healthier workforce (Anderko *et al.*, 2015).

Along with reduced health care costs and aspects such as increased workforce productivity, employee wellness programs also result in an affirmative opportunity cost per business unit after the implementation thereof. In studying an employee wellness program at Johnson and Johnson Janice (1997 as cited in Kunte, 2016) indicated an improvement in employee exercise participation rate, fitness levels, healthcare cost, reduced absenteeism, and a reduction in the number of smokers. Apart from this other intangible benefits such as increased employee morale, reduced attrition, and improved employer image were noted.

3.2.2.1. Return on Investment

Employee wellness programs have often been viewed as an extra to the work done by an organisation and not as a strategic imperative. It can be stated that if organisational leaders support worksite health and wellness initiatives there will be significant cost saving as well as a rise in productivity (Cahalin *et al.*, 2014). A study by Berry, Baun and Mirabito (2010) however, shows otherwise indicating the return on investment (ROI) on comprehensive, well-run employee wellness programs can be as high as 6 to 1.

A comprehensive employee wellness strategy provides employers with the ability of maintaining a tangible ROI. Even though it is not always possible to assign specific monetary value to wellness investments, it has been shown that well-designed and well-executed wellness programs deliver a positive ROI (Anderko *et al.*, 2015; Mudge-Riley, McCarthy & Persichetti, 2013). Investing time and resources towards an employee wellness culture, being proactive rather than reactive can anticipate a ROI (Sieberhagen *et al.*, 2011) with a company's investment in the health and wellness of their employees financially beneficial to the future of the company (Mujtaba & Cavico, 2013).

Despite evidence of high returns on investment, employee wellness program practices are not widely adopted (Baicker *et al.*, 2010).

3.2.2.2. Decreased employee turnover

Companies with superior corporate wellness programs are known to have a decreased employee turnover rate and tend to attract top talent to the organisation (Sieberhagen *et al.*, 2011). Potential employees can see when the employees of an organisation are happy and not just with the company but also with its leaders. This aspect of an organisation attracts potential

employees when they can see that an organization puts the emphasis on the health and happiness of employees.

Healthy employees furthermore tend to stay with a company. A study by Towers Watson and the National Business Group on Health shows that organizations with highly effective wellness programs report significantly lower voluntary attrition than do those whose programs have low effectiveness (Berry, Baun & Mirabito, 2010).

3.2.2.3. Reduced absenteeism

A decade of research indicates that poor health is associated with reduced job performance (presentism) and increased absence. Recently, a global comparative study of workplace wellness programs found that employees are eight times more likely to be engaged when wellness is a workplace priority and 1.5 times more likely to stay with their organization if wellness is actively promoted (Mudge-Riley *et al.*, 2013).

Within a competitive job market an established employee wellness program may provide an organisation with the edge to attract high level employees. Programs and 'perks' like reduced deductibles, gym time and membership, healthy food, flexible work hours and competitions or games around healthy activities all contribute to a culture of health and assist employees with improving or maintaining their health for maximum productivity (Mudge-Riley *et al.*, 2013).

3.2.2.4. Greater employee productivity

Happy employees tend to be more productive employees (Malik, Ghafoor & Naseer, 2011; Zelenski, Murphy & Jenkins, 2008). Employees who are not happy at work resort to work absences or presentism - when people come to work but underperform because of illness or stress. Research consistently shows that the costs to employers from health-related lost

productivity dwarf those of health insurance with both absenteeism and presentism impose immense economic burdens on employers (Chen, Hannon, Laing, Kohn, Clark, Pritchard & Harris, 2015).

A variety of studies confirmed the health conditions that contribute most to lost productivity: depression, anxiety, migraines, respiratory illnesses, arthritis, diabetes, and back and neck pain. Employees with multiple chronic health conditions are especially vulnerable to productivity loss (Baicker *et al.*, 2010; Berry *et al.*, 2010; Chen *et al.*, 2015).

In a study assessing the relationship between an employee wellness program and employee productivity, Chen *et al.* (2015) found that higher perceived workplace support for healthy living and physical activity was associated with lower presentism among state government employees. In addition, the study found that a possibility exists that employers may see productivity benefits from wellness programs, even if the wellness programs lead to limited changes in health risk behaviors or health outcomes.

3.2.2.5.   Improved morale

Evaluations of workplace wellness programs often focus on hard-dollar returns: money invested versus money saved. Often overlooked is the potential to strengthen an organisation's culture and to build employee pride, trust, and commitment. The inherent nature of workplace wellness requires trust. Because personal health is such an intimate issue, investment in wellness can, when executed appropriately, create deep bonds between employees as well as between an employee and an employer (Berry *et al.*, 2010).

Employees who are encouraged and motivated to take part in wellness programs may feel positive and it can also create positive interaction between employees who share tips and

success stories between one another (Mujtaba & Cavico, 2013). This may lift the overall moral of the company.

3.2.2.6. Reduction in health care costs

Soaring health care costs have encouraged many employers to take a proactive approach to keeping employees healthy while attempting to control health care costs (Carter, Kelly, Alexander & Holmes, 2011). Employee wellness programs reduce health and thus health insurance premiums. These benefits may accrue at least partially to the employer even if the primary benefits accrue to the employee (Baicker *et al.*, 2010; Berry *et al.*, 2010).

Results of a study done by Carter *et al.*, (2011) indicated that employees at high risk for poor health outcomes had significantly higher expenditures than did subjects at lower risk. Furthermore, health care for employees with multiple risk factors tends to cost more.

One recent meta-analysis showed medical costs fell by $3.27 for every dollar spent on workplace wellness programs. Additional benefits from participating in these programs are broad and encompass improvement in productivity, employee attitudes, and overall job performance (Bright *et al.*, 2012).

3.3. BARRIERS TO EMPLOYEE WELLNESS

Employee wellness programs are often implemented to encourage employees to take preventative measures by means of education, risk assessments, screening, as well as disability management to reduce the onset of a disease and/or illness. As an employment-based activity or employer-funded benefit with the goal of promoting health-related behaviors, it is beneficial to both the employee and the employer (Mujtaba & Cavico, 2013).

Wellness programs have been shown to save organisations money, however, such programs are often underused (Anderko *et al.*, 2015). Challenges to the HR department in implementing an employee wellness program include engaging unhealthy employees, establishing a centralized location for services, marketing, and lack of interest in topics presented (Bright *et al.*, 2012).

A wide variety of factors need to be taken into consideration when employee wellness programs are implemented, including laws regarding employee wellness; employee motivation; the fragmented, vacuum-like approach to employee wellness; the hesitancy of employees to commit to a wellness program; and, a one-size-fits-all approach to employee wellness.

3.3.1. Laws regarding employee wellness

There are a variety of laws, statutory and regulatory and common laws that can be applicable to wellness programs and therefore employees are weary of what and how they implement wellness programs (Ajunwa & Crawford, 2016).

3.3.2. Employee motivation

Low employee participation is a common frustration for employers implementing wellness programs (Chen *et al.*, 2015). This is especially true for individuals who have poor baseline health profiles. For corporate wellness to be a success, a leadership structure is vital with leadership starting from the top right through to the lower levels of management. The key is to create an environment where the employees feel supported in choosing to participate (Cahalin *et al.*, 2014).

3.3.3. Fragmented, vacuum approach to employee wellness

One of the biggest barriers to employee wellness is the fragmented nature of programs and that these programs are often provided in a vacuum which means that there is not culture of wellness created within an organisation. The employee wellness program cannot provide the organisation with benefits because wellness programs are only offered once or twice a year. The comprehensiveness of employee wellness programs need to be taken into consideration as it provides for a more holistic approach (Reardon, 1998).

A comprehensive wellness approach is a trend that started with many organisations who found current programs unsuccessful. Programs must address the human as a whole in order to achieve a life-style change. This would include physical, emotional, spiritual, intellectual, occupational and social health. Trouble in one of these areas can impact the other areas as well (Reardon, 1998).

In an editorial by Sauter (2013: 559) the author acknowledges that: *"concern about fragmentation of workplace health programs is not new. Two decades ago DeJoy and others argued for ecological or systems approach… that acknowledge the multi-causal nature of illness among workers."*

3.3.4. "One size fits all" approach to employee wellness

Employees vary in age and fitness levels. This is often a consideration that is not included when employee wellness programs are planned. This 'one size fits all' approach can be a barrier as programs cannot be set-up as a one size fits all. There needs to be room for adaptation to the program to ensure everyone is part of the program. Simply asking employees what they think they need only gives a biased picture of the true state of affairs (Sieberhagen *et al.*, 2011).

To reap the positive benefits of wellness programs, it is important that workplace wellness programs be accessible in a way that is useful to everyone. One-way workplace wellness programs can be inclusive is to allow alternate paths to success through, for example, personalised health goals rather than standardised or required outcomes (Kellar-Guenther, 2016).

Workplace wellness programs can play a vital role in wellness promotion and act as a protective factor as long as they can remain accessible and responsive to individual needs and goals. To achieve these aims, those who design workplace wellness programs need to work with all stakeholder groups, including persons with disabilities, to understand their needs; as well as question reductionist thinking that assumes that disability is the product of poor choices and attitudes and health is a demonstration of positive ones (Kellar-Guenther, 2016).

3.4.   CHAPTER CONCLUSION

Chapter Three presented benefits that an employee wellness program entails for both the employer and employees. It furthermore presented barriers that employers have to address when implementing an employee wellness program. Chapter Four will explore the different types of employee wellness programs in an attempt to develop a typology of employee wellness programs.

CHAPTER FOUR: A TYPOLOGY OF EMPLOYEE WELLNESS PROGRAMS

4.1. INTRODUCTION

Chapter Three explored the benefits of employee wellness programs to both the employee and the employer. Even though employee wellness programs present a multitude of benefits there are several barriers that present a challenge to the organisation in implementing a program. Chapter Three concluded by identifying these barriers and presenting the way in which it may present a challenge. Chapter Four will present the theoretical underpinnings of employee wellness programs followed by a contextualisation of employee wellness programs. The chapter will conclude with a typology of current employee wellness programs.

4.2. THEORETICAL UNDERPINNING OF CORPORATE WELLNESS PROGRAMS

The outcomes of employee wellness programs have been studied extensively. To enable organisations to have a return on investment (ROI) on their investment employee wellness programs are based on various theoretical foundations. This section will explore the theoretical foundations that underpin employee wellness programs.

4.2.1. Disconnected Values Model (DVM)

Behavioural change is one of the most difficult challenges to the HR department to overcome in implementing an employee wellness program. Difficulties surrounding the development of habits is a major factor that makes health behavioural change so challenging. Individual habits (for example overeating) and routines (for example a sedentary lifestyle) are strongly embedded in our daily routines. Increasing exercise behavior is particularly difficult because of an array of barriers, both actual and perceived, that reduce one's motivation to overcome long-held

negative feelings and unpleasant exercise experiences. Similarly, exercise at an intensity to have sufficient health benefits requires effort and physical discomfort that is difficult to maintain. The DVM is predicated on the employee's willingness to identify a deeply held set of values (i.e., core beliefs that drive behavior), to indicate some (or all) unhealthy habits that compromise health, happiness, performance, and quality of life, to acknowledge an inconsistency (i.e., disconnect) between any single negative habit and a particular value, to hold themselves accountable to the inconsistency between selected values and behaviors, and finally, to conclude that the costs and long-term consequences of maintaining this disconnect are unacceptable (Anshel, Brinthaupt & Kang, 2010). See figure 5 below.

Figure 5. Disconnected Values Model (Anshel *et al.*, 2010, p.115)
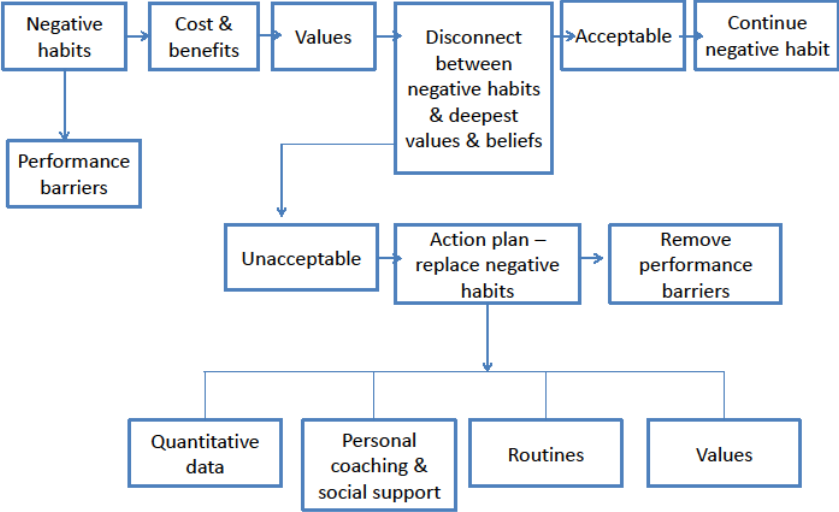
4.2.2. Six Essential Pillar Model

Organisations from a variety of industries have shown that including the six pillars in their employee wellness programs can return rewards in the form of lower health care costs, greater productivity, and higher employee morale (Berry *et al.*, 2010).

The Six Essential Pillar Model (see figure 6) is based on the belief that a successful employee wellness program is based on the following six essential pillars (Berry *et al.*, 2010):

1. Engaged leadership at multiple levels;

2. Strategic alignment with a company's identity and aspirations;

3. A design that is broad in scope and high in relevance and quality;

4. Broad accessibility;

5. Internal and external partnerships;

6. Effective communication

Figure 6. Six essential pillar model (Berry *et al.*, 2010)
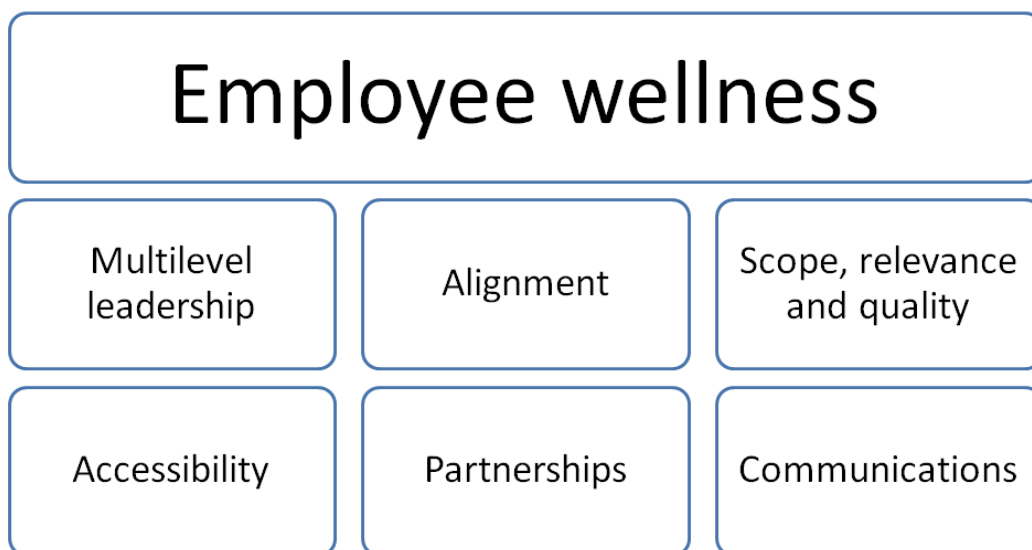
Pillar 1: Multilevel leadership

It's easy to find employees who don't participate in wellness programs. Some cite lack of time, little perceived benefit, or just a distaste for exercise. Others don't know about available services or blame unsupportive managers. A few think their health is none of the company's business or mistrust management's motives. As with any worthwhile initiative, creating a culture of health takes passionate, persistent, and persuasive leadership (Berry *et al.*, 2010). Multilevel leadership is divided into the following levels:

- **The "C-suite":** Although employee health correlates with financial health, employees won't buy into a program that's just about financial benefit. If the CEO makes time for exercise for instance, employees will feel less self-conscious about taking a fitness break (Berry *et al.*, 2010).

- **Middle managers:** The majority of employees report to a middle manager. By shaping mini-cultures in the workplace, middle managers can support employees' wellness efforts. Some companies even ask managers to adopt a personal health goal as one of their unit's business goals (Berry *et al.*, 2010).

- **Wellness program managers:** Every organisation has an expert who develops and coordinates a clear, comprehensive wellness program, continuously sells it throughout the organization, and measures its effectiveness. The best wellness managers connect their expertise to the culture and strategy of the organisation (Berry *et al.*, 2010).

- **Wellness champions:** Volunteer health ambassadors offer local, on-the-ground encouragement, education, and mentoring - in addition to organising and promoting local health events (Berry *et al.*, 2010).

Pillar 2: Alignment

It's not unusual for organisations to enter the wellness space with too much enthusiasm that dwindles down after a few months. As management priorities shift, the opportunity to integrate a culture of health can pass. A wellness program should ideally be a natural extension of a firm's identity and aspirations. Many executives forget that the cultural shift takes time and that the uptake of an employee wellness program with accompanying behavioural change needs extended support and promotion (Berry *et al.*, 2010).

- **Planning and patience:** Berry *et al.* (2010) presents the following two cases to illustrate the importance of planning and patience: (1) At Healthwise, CEO Don Kemper's personal commitment has allowed wellness to permeate the culture from the start of the program. The company holds monthly all-staff meetings that always include a wellness team report on current wellness activities and resources. It sponsors an annual Wellness Day, featuring speakers and health-related activities, when employees are encouraged to reflect on the question: "How can I be well?" In addition, every other Wednesday afternoon, workers are invited to share a healthy snack and connect with others. One executive calls it "adult recess," an investment that "pays back in spades" by creating opportunities for cross team connections (Berry *et al.*, 2010). In contrast, (2) Nelnet's early investment in wellness made employees uncomfortable. Senior management unexpectedly required health screenings to educate workers about their health risk factors. Not ready to address such personal topics and confused about the company's motives, employees pushed back. The company then hired professional wellness staff and developed a comprehensive, long-term wellness strategy. It now emphasizes early

communication and clear explanations to give employees time to ask questions and prepare for change (Berry *et al.*, 2010).

- **Carrots, not sticks:** Organisations that use positive incentives have shown that this approach builds employee trust in the organisation's reason for implementing a wellness program. There are, for example, many horror stories about managers who suddenly mandated smoke free work sites, with violators risking termination. That just sends the behaviour underground instead of providing support in beating an addiction. It takes a measured approach by initially introducing a concept, then eventually making it mandatory, if necessary. Before instituting its tobacco-free policy in 2005, the company gave advance notice and offered assistance to employees who were trying to quit smoking. Starting in January 2011, Lowe's will offer employees a monthly $50 discount on medical insurance if they pledge that they and covered dependents will not use any tobacco products (Berry *et al.*, 2010).

- **A complement to business priorities:** If a program doesn't make business sense, it's automatically vulnerable. Berry *et al.*, (2010) presents Chevron as case study example. In the organization, 60% to 70% of all jobs are considered safety sensitive as employees put themselves or others at risk. Fitness for duty is a central concern on oil platforms and rigs, in refineries, and during the transport of fuel. To reinforce the mantra that healthy workers are safer workers; Chevron has developed a strong wellness program that includes a comprehensive cardiovascular health component, a 10K-a-day walking activity, fitness centers, a repetitive stress-injury prevention program, and work / life services. Where Chevron does business in countries that lack basic health care resources, it plays a leadership role by partnering with local health ministries, NGOs, and other

private sector firms to build infrastructure that helps to combat diseases such as HIV, malaria, and tuberculosis. It's a matter of both corporate responsibility and business necessity for a company that wants to sustain a healthy, talented, satisfied labor pool. For example, Chevron employees staff two hospitals and four clinics in Nigeria, including a riverboat clinic that sends health care providers to riverside communities (Berry *et al.*, 2010).

Pillar 3: Scope, Relevance and Quality

It's not unusual for a company to think about employee health narrowly. Employees' wellness needs, however, vary with the result that there must be a wide selection of activities and initiatives for employees to choose from.

- **More than cholesterol**: Wellness isn't just about physical health and fitness. Depression and stress, in particular, have proved to be major sources of lost productivity (Richardson, 2002). Wellness program administrators must think beyond diet and exercise. As an example, Biltmore offers a nondenominational chaplain service on call 24 hours - to assist employees and immediate family members with divorce, serious illness, death and grief recovery, child rearing, and the care of aging parents. The services are confidential, free, and voluntary. The chaplains meet their clients at sites ranging from the family residence to a funeral home to Starbucks (Berry *et al.*, 2010).

- **Individualization:** Many organisations use online employee Health Risk Assessments (HRAs) to guide - and evaluate - investments in wellness. An HRA combines a lifestyle survey and biometric tests such as blood pressure, cholesterol, glucose, and body mass index. The lifestyle responses - stress levels, physical activity, eating patterns, tobacco

and alcohol use, and other health behavior information - are often combined with the biometric data to calculate a health-risk status. This information is shared confidentially with each participant to help him or her track wellness progress and, when appropriate, receive company-provided assistance in an area such as nutrition counseling. Employees can often complete their biometric tests at company health fairs or on-site medical clinics. Companies are required by law to protect individual health information, but managers can receive aggregated data that identify categories of greatest need and document changes in workforce health status (Berry *et al.*, 2010).

Persuading employees to complete HRAs is a challenge, of course, for reasons ranging from privacy, to limited self-awareness about biometric numbers such as blood pressure, to lack of computer access. Johnson & Johnsons, however, has managed to achieve an HRA participation rate above 80%. That's in part because employees who complete an HRA and receive the recommended health counseling have their personal health insurance contributions reduced by $500 annually (Berry *et al.*, 2010).

- **A signature program:** A high-profile, high quality initiative within a broader wellness program can foster employee pride and involvement. Earning the accreditation is no small task: It requires tobacco-free work sites, benefit plans that cover recommended cancer screenings, assistance to employees with cancer in entering appropriate clinical trials, and investment in workers' physical activity and nutrition (Berry *et al.*, 2010).

- **Fun:** It is imperative that organisations remember to include the pleasure principle in wellness initiatives. For example, Healthwise's 2009 Wellness Day was themed 'Joy,

Play, Spirit' and featured square dancing. Lowe's sponsors Step It Up, a 10-week walking challenge in which employees are given a pedometer and a step log. The first year's campaign pitted employees against senior management (Berry *et al.*, 2010).

- **High standards:** Health-related services are, by nature, personal and must be produced at the highest standard possible. Employees who perceive the program as substandard simply will not use it. Communication services provider Comporium, for example, has an on-site health and wellness center staffed by an independent medical practice including nurse-practitioners (NPs), with a physician available as needed. It offers useful services such as hypertension management and treatment for strep throat and sinus infections. Initially, the program faltered because quality was not perceived as high. But the company turned that around, and now the experienced NPs enjoy a loyal following of employees, spouses, and eligible retirees (Berry *et al.*, 2010).

Pillar 4: Accessibility

The accessibility of an employee wellness program is one of the key pillars that can either make a program successful or not. Accessibility includes aspects such as time when a program can be accessed; ease of access; and, the inclusivity of the program (Berry *et al.*, 2010).

- **True on-site integration:** On-site fitness centers are sometimes criticized for attracting people who would exercise anyway. However, employees at companies who have them love them, and employees at other companies want them. As one Healthwise employee put it, "You see coworkers working out every day. That makes me realize I can do it, too." Chevron, for example, conducts daily "stretch breaks" within certain units at set

times. In Houston, for example, professional trainers go to the trading floor each day at 2:30 for a 10-minute stretch series (Berry *et al.*, 2010).

Employees typically consume one or several meals plus snacks during work hours. Healthful food at work has to be tasty, convenient, and affordable. Chevron's food service vendor has a "stealth health" philosophy: It uses quality ingredients and few highly processed foods to offer menu items that delight rather than require sacrifice. Instead of seeing a daily "healthy entrée," employees choose from an array of appetizing healthful options, such as meatloaf made with whole grains and low-sodium soups made from scratch (Berry *et al.*, 2010).

- **Going mobile:** Organisations increasingly use online resources to deliver wellness messages and to let individuals input information such as HRA data and activity reports. Companies can also make wellness websites available on smartphones to increase portability. For decentralized companies such as Lowe's and Johnson & Johnsons, online access is critical, although high-tech tools must be complemented by high touch programs that unite individuals in a culture of health (Berry *et al.*, 2010).

Pillar 5: Partnerships

Internal partnerships help wellness programs gain credibility. At Biltmore, for example, wellness professionals partner with the company's finance division to vet the cost-effectiveness of various programs. External partnerships with specialized vendors enable wellness staff to benefit from vendor competencies and infrastructure without extra internal investment. Lowe's has contracted with a partner to drive custom-built laboratory buses to stores, distribution

centers, and corporate offices so that employees can conveniently receive biometric health screenings and complete their HRAs in private kiosks (Berry *et al.*, 2010).

Pillar 6: Communications

Wellness communications must overcome individual apathy, the sensitivity of personal health issues, and the geographic, demographic, and cultural heterogeneity of employees. The range and complexity of wellness services also can pose challenges. *Berry et al.*, (2010) presents several organisations that have used effective communication practices. An important aspect of communication practices that contributed to the success of employee programs were organisations' tailoring of messages to fit the intended audience. H-E-B's culture, for example, is highly competitive, so the company created internally public wellness scorecards for geographic and other company units. Intranet videos featuring employees' health-success stories are especially popular at H-E-B, which recognises that not all employees read a lot.

4.2.3. Jahoda's Positive Mental Wellness Model

Jahoda's Positive Mental Wellness Model was developed by Jahod (1958) and was based on empirical study and available literature during that time. The model proposes that the quality of the state of mental health cannot be viewed as the absence of any kind of mental problems. The determining factor for the same is a person's quality of state of health and quality of state of illness (Jahoda, 1958). The model categorised six factors which can be indicators of positive mental wellness and include:

1. Attitude of an individual toward his/her own self;

2. An individual's style and degree of growth, development and self actualisation;

3. Integration;

4. Autonomy;

5. Perception of reality;

6. Environmental mastery.

The model primarily provides grounds for setting the further scope and development of concept psychological wellness (Gropp, 2006). A major limitation of the model is that it does not consider the cultural and environmental factors affecting an individual's mental health (Kunte, 2016).

4.2.4. Adam's, Bezner and Steinhardt's Perceived Wellness Model

The Perceived Wellness Model developed by Adams, Bezner and Steinhardt (1997) is based on the science of perception. According to this model, until a person perceives herself or himself to be happy he/she cannot pronounce so. Perceived wellness is furthermore hypothesized as a multifaceted concept that must be conceptualised, measured and interpreted with a holistic view. The model has its origin in the systems theory, which states that every subsystem is a part of the larger system and an independent system with its sub elements. The perceived wellness model therefore consists of certain sub parts or dimensions which together bring out the complete holistic wellness model.

The various dimensions included in the model (See figure 7):

- **Physical wellness**: An affirmative image and expectation of physical health;
- **Spiritual wellness:** Faith in a singular power between mind and body;
- **Psychological wellness:** Having a positive outlook towards life

- **Social wellness:** The assurance from social groups like friends and family to be available at the time of need.

- **Emotional wellness:** The belief in one's own identity and having a feeling of security for oneself.

- **Intellectual wellness:** Channelised by an intellectual stimulating power.

Figure 7. Adam's, Bezner and Steinhardt's Perceived Wellness Model. (Adams *et al.* ,1997, p210)

The model was proposed by its authors to serve the function as a research tool for measuring wellbeing as well as a tool for employers to assess the various dimensions of wellness. Fig. 7 illustrates the model and incorporates the vertical and horizontal directions. Vertical direction can map illness and wellness, and horizontal direction is the ever changing, balance seeking force for each respective wellness dimension (Kunte, 2016).

4.2.5. Antonovsky's Sense of Coherence (SOC) Model

The Antonovsky's Sense of Coherence (SOC) model is focused on the various stressors that occupy a person's life. Antonovsky (1987) proposed that there are three major dimensions of the sense of coherence, namely: comprehensibility, manageability, and meaningfulness. According to Antonovsky (as cited in Kunte, 2016), comprehensibility is the ability of an individual to comprehend information. Individuals who possess a higher level of this dimension would be able to sense and find meaning of things happening around them relatively faster. Manageability is termed as the ability which enables an individual to feel that within available resources; they will be able to manage effectively and support themselves or required others. Meaningfulness talks about that dimension whereby a person is able to comprehend things emotionally rather than cognitively. The model of Antonovsky's sense of coherence (SOC), see figure 8, is useful in dealing with coping and wellness, as its concentration is on health, rather than illness (Kunte, 2016).

Figure 8. Antonovsky's Sense of Coherence Model
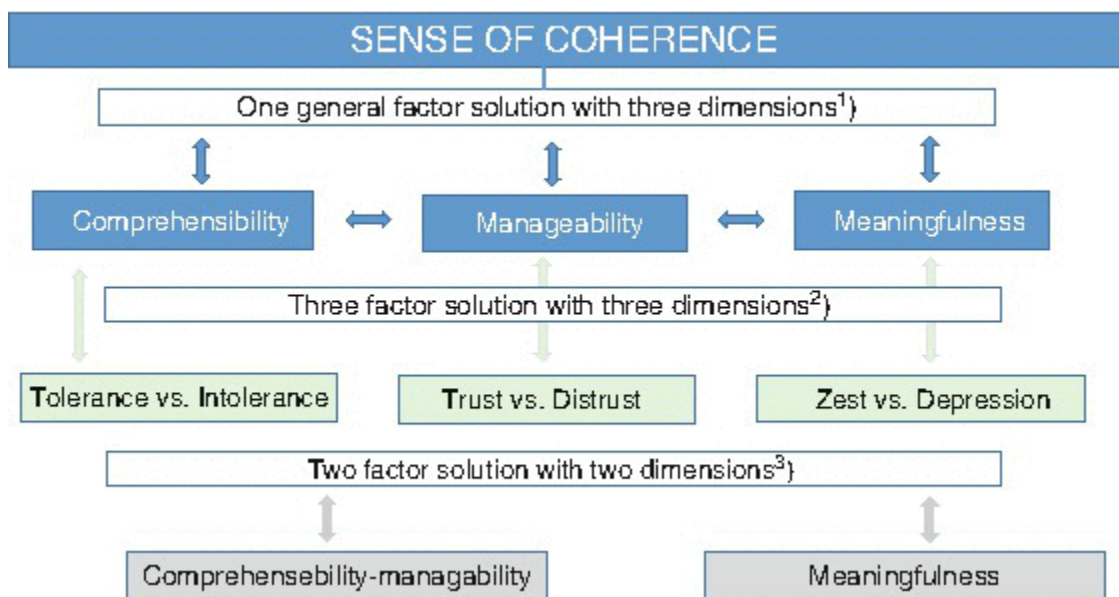
4.2.6. Maslach's Burnout Model

The Maslach's burnout model (See figure 9) was proposed in the early 1980's (Maslach & Jackson, 1981). After years of research in various professions, the authors proposed a three element model which focused on the concept of 'Burnout'. The model has been very successful in measuring the burnout syndrome amongst employees. The research tool allows for a comparative analysis as to where employees stand in comparison to their occupational group in terms of burnout levels. The model draws attention towards the contribution of fatigue and burnout in the overall wellbeing of an individual with high levels of fatigue and burnout, disrupting the wellness of an individual although his physical fitness and wellness may be intact (Kunte, 2016).

Figure 9. Maslahc's burnout model (Maslach & Jackson, 1981)
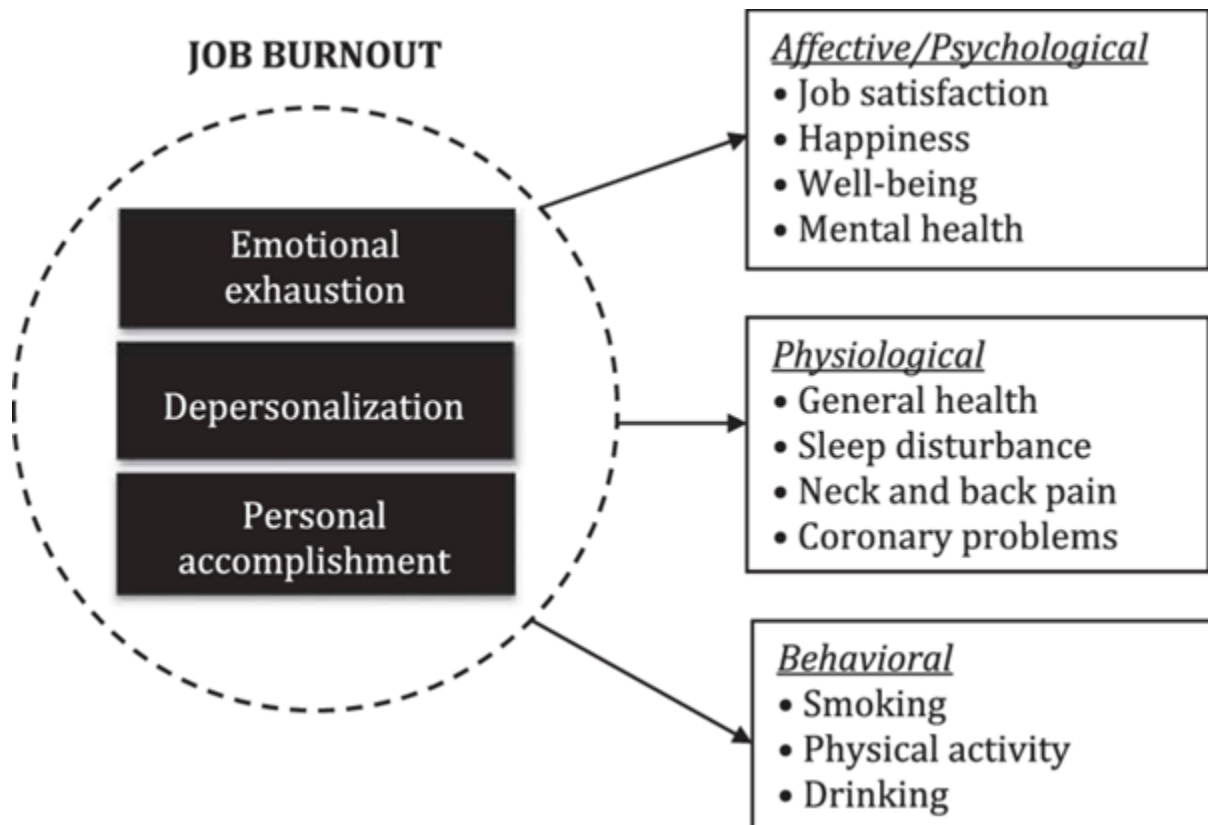
4.3.   CONTEXTUALISATION OF EMPLOYEE WELLNESS PROGRAMS

Employee wellness programs are implemented in organisations to protect employees from a large amount of medical expenses due to procedural, preventive, or emergency medical treatments. Employees are provided with a variety of programs and educational tips to learn about chronic diseases, in order to take charge of them before they become an issue (Kohler, Contacos-Sawyer & Thomas, 2015).

Organisations implement employee wellness programs at considerable financial cost to ensure the health and wellness of their employees. It has been shown in research studies over the last 40 years that the employees who participate in employee wellness programs, benefit from a healthier disposition and, as a result, from reduced health care costs. With a higher employee participation rate, organisations also see savings in overall health insurance costs, since employees will be healthier and proactive with their health. In addition, employee wellness programs result in higher employee morale and lower absenteeism (Kohler *et al.*, 2015).

In addition to traditional worksite wellness settings, wellness programs have been developed in non-traditional settings such as universities and hospitality settings. Employee wellness programs in non-traditional settings have resulted in outcomes similar to those seen in industry, providing staff and their dependents with access to wellness resources and programs, integrating a wellness philosophy across campus, promoting preventive health care, and empowering people to become responsible for their physical and emotional health (Anderko *et al.*, 2015).

Mudge-Riley *et al.*, (2013) suggest a strategy around population health management rather than using ambiguous ideas of wellness to assist employees to achieve wellness goals. Population health management refers to systems that incorporate programs to address employees' needs

regardless of where they are on the health spectrum: healthy, at-risk for chronic disease, chronically ill and/or dealing with catastrophic health events. Components of an effective population health management system include:

- An accurate assessment of the specific population and elements that respond to or support the unique problems and/or issues;

- Use of trends and governmental mandates to drive wellness strategies around best practices;

- A sound communication strategy;

- Visible support from senior management;

- Use of coordinated technology for programs and data;

- A specific, attainable and believable measurement system;

- Incentives for accountability, fueling engagement and participation;

- Resources to help employees with specific health problems.

Research has shown ROI for wellness programs with components driven by three overall strategies: individualized programs, environmental modifications and policy changes (Mudge-Riley *et al.*, 2013). It is, therefore, imperative that organisations implement an employee wellness program that is not only suitable for the individual employees but also for the organisational environment.

4.4.   A TYPOLOGY OF CORPORATE WELLNESS PROGRAMS

Corporations are taking a more active approach in understanding and monitoring employees' modifiable health risk factors and are using this information to develop worksite wellness programs. In a meta-analysis of the literature on costs and savings associated with workplace

wellness programs, Carter, Kelly, Alexander & Holmes (2011) found that medical costs can fall by about $3.27 for every dollar spent on wellness programs.

A key to the success of innovative programs and a necessary element for future expansion of employee wellness is for employers to understand employee preferences of health and wellness services (Bright, *et al.*, 2012). An example of this kind of innovation can be seen in Vanderbilt University's web-based incentive program called 'Go for the Gold' (GFTG) to improve employee health behaviors (Birdee, Byrne, McGown, Rothman, Rolando, Holmes & Yarbrough, 2013). Patterns in innovative employee wellness programs are emerging with, for example, a growing body of literature suggesting that building incentives into wellness programs helps to raise participation among employees (Baicker, Cutler & Song, 2010). These and similar approaches, borrowing from psychology and behavioral economics, may provide creative solutions to employers aiming not only to increase participation, but ultimately to modify behavior that is resistant to change (Baicker *et al.*, 2010).

According to Gebhardt and Crump (1990 as cited in Kunte, 2016) wellness programs can be classified into three levels. The first level focuses on building awareness and includes activities like preventive health screening, newsletters, informative mails, articles, web portal, or similar knowledge enhancing activities. The second level concentrates towards modifying lifestyle through exercise, proper nutrition and getting rid of unhealthy habits. The third level promotes healthy behaviour through availability of facilities like fitness centers, encouraging sports, making healthy food choices available, walking and jogging tracks within premises etc., which compel employees to modify their behaviours (Kunte, 2016).

In contrast, Goetzel & Ozminkowski (2008) employee wellness programs can be classified under three categories namely primary, secondary and tertiary. Primary programs are focused towards employees who are comparatively healthy and fit. The aim of such programs is to help employees continue leading a healthy lifestyle to maintain their health. Examples of such interventions could be regular exercise, healthy food habits, and controlled BMI or weight management (Kunte, 2016). The secondary level are those interventions aimed at individuals with high risk due to unhealthy lifestyle behaviours for example a sedentary lifestyle, smoking, excessive alcohol, stress, as well as odd working times. Interventions like stress management workshops, weight loss programs, and smoking intervention programs are certain types of programs in this category (Kunte, 2016). The third level of program is termed as tertiary level program which is aimed at disease management. Focused interventions intended for employees with existing health concerns such as diabetes, cardiovascular diseases, cancer, obesity, depression etc., fall under this level. The aim of the program is to ameliorate the disease or retard its progression. Such programs are curative in nature and are conducted in addition to medication (Kunte, 2016).

In 2008, the Society of Human Resource Management (SHRM) identified a wide variety of components of employee wellness programs. However, each company decides on its components based on the resources, health culture and management support available in the organisation. In a study conducted by Call *et al.* (2009), some of the major award winning companies in the area of EWP were studied. It included the IBM Wellness for life program (2008 winner), Energy Corporation of America (ECA) Platinum Wellness Program and Pepsi Bottling Group's (PBG) Health Living Program (2007 winner). The award winning programs had several areas in common. The focus of the programs was to reduce health risk, reduce

medical care cost, and definitely document effectiveness goals. The companies who won the awards showcased exemplary programs and exhibited the following attributes as demonstrated in Table 1 (Kunte, 2016).

Table 1. Award criteria that companies must achieve (Kunte, 2016)

Program Goals	- Must reduce the need and demand for medical services; - Must be directed at Healthy People 2010 targets; - Cost reduction is a major program element.
Program Features	- Program has reasonable approaches for cost reduction - Program must have reasonable approaches to behavioural change - Program must be in operation for at least two years
Program Evaluation	- Must measure program results either within randomised control study, longitudinal study, or before and after comparisons - Programs should participate in ongoing research activities to determine effectiveness - All data must be available for external review and broad dissemination

4.4.1 A Dashboard for Workplace Wellness Programs

Managers have a responsibility to invest organisational resources wisely. To ascertain whether an employee wellness program is impacting on the health and wellbeing of employees and, as result, benefits the organisation, a holistic approach to evaluation is needed. By capturing key

metrics, a wellness dashboard helps to connect investments in a program with short- and long-term results. Sophisticated companies set metrics-related goals and examine trends closely, just as they do for other facets of the business.

4.4.2. Healthy eating programs

The benefits of physical activity and proper nutrition on mental well-being have been shown in repeated studies over the years (Anshel *et al.*,2010). Maintaining a healthy and productive workforce is essential for employers in public and private sectors. Poor nutrition and obesity contribute to chronic diseases and influence health care costs and productivity. Research indicates that eating a healthy diet is associated with lower body mass index and reduced risk for developing chronic disease (Philyaw Perez, Phillips, Cornell, Mays & Adams, 2009).

4.4.3. Mental health promotion programs

Several studies have addressed the relationship between exercise participation and mental well-being (Edwards, 2002). Results have indicated that feelings of self-determination in exercising were regularly associated with higher levels of mental well-being, an internal factor, as compared to feelings that exercise behavior is controlled by either internal or external factors. In addition, engaging in exercise due to enjoyment was significantly and positively associated with all variables that defined mental wellbeing (Anshel *et al.*,2010).

While the benefits of a regimen of regular exercise on mental well-being appear unequivocal across studies, there is an apparent absence of research on the effects of more-comprehensive wellness interventions, that incorporate lifestyle change, and that include mental health professional coaching, on desirable changes in mental well-being as well as various dimensions of fitness (Anshel *et al.*,2010).

4.4.4. Physical health programs

Researchers have speculated about the benefits of physical activity on mental health. Based on the cost-effective nature of physical health programs, the fact that it has minimal adverse side-effects, can be sustained indefinitely, may negate the need for pharmaceutical agents, and has clear health benefits that go beyond mental wellbeing, make this a great option to include in employee wellness. In addition, physical activity affects mental health by reducing stress and anxiety, enhancing positive affect, improving sleep and generally contributing to feelings of happiness and wellness (Birdee *et al.*, 2013). It is desirable that programs that attempt to make permanent changes in health behavior include measures of mental well-being, but yet, these measures have been surprisingly rare in the wellness literature (Anshel *et al.*, 2010; Bright *et al.*, 2012).

4.4.5. Community service programs

Volunteer opportunities have been shown to increase morale, improve employee recruitment and retention rates, enhance productivity, and ultimately, positively affect profits. Properly developed and administered employee volunteer programs can be a valuable addition to employee benefit programs, especially now as companies look to contain or even decrease benefit costs (Brenner, 2010).

4.5. EFFECTIVE WORKPLACE WELLNESS PROGRAM COMPONENTS

The success of wellness programs such as 'Live for Life' may not depend only on the type of wellness program, but also on the characteristics of the company. For example, the success of a company's wellness program may depend on factors such as a corporate culture of wellness with strong encouragement from a motivated chief executive officer, senior management, and employees (Kaspin, Gorman & Miller, 2013).

Strategically integrated wellness programs have six strong pillars that simultaneously support their success, regardless of the size of the organisation (Berry, Baun & Mirabito, 2010) and include the following components:

- **Multilevel Leadership:** Creating a culture of health takes passionate, persistent, and persuasive leadership at all levels from the 'C-suite' to middle managers to the people who have 'wellness' in their job descriptions (Berry *et al.*,2010).

- **Communication:** Wellness is not just a mission, it's also a message. How an organisation deliver it can make all the difference. Sensitivity, creativity, and media diversity are the cornerstones (Berry *et al.*,2010). The Centers for Disease Control and Prevention (CDC) Task Force on Community Preventive Services emphasised that the wellness process is most effective when communication is established between healthcare professionals and employees and a supportive social network emerges among fellow employees (Carter, Kelly, Alexander & Holmes, 2011).

- **Alignment:** A wellness program should be a natural extension of a firm's identity and aspirations. Organisations should not lose sight of the fact that a cultural shift takes time (Berry *et al.*,2010).

- **Scope, Relevance, and Quality:** Wellness programs must be comprehensive, engaging, and just plain excellent. Otherwise, employees won't participate (Berry *et al.*, 2010).

- **Accessibility:** Organisations need to aim to make low- or no-cost services a priority. True on-site integration is essential because convenience matters (Berry *et al.*,2010).

- **Partnerships:** Active, ongoing collaboration with internal and external partners, including vendors, can provide a program with some of its essential components and many of its desirable enhancements (Berry *et al.*, 2010).

4.6.   CASE STUDY EXAMPLES OF BEST PRACTICE CORPORATE WELLNESS PROGRAMS

Principles central to successful worksite health promotion programs are systematic health assessments, timely feedback, and guidance in setting and monitoring individual goals. The Centers for Disease Control and Prevention (CDC) Task Force on Community Preventive Services states that the process is most effective when communication is established between health care professionals and employees and a supportive social network emerges among fellow employees (Carter *et al.*, 2011).

4.6.1.   Johnson and Johnson (J & J)

Since 1995, the percentage of Johnson & Johnson employees who smoke has dropped by more than two-thirds. The number who have high blood pressure or who are physically inactive also has declined by more than half. A comprehensive, strategically designed investment in employees' social, mental, and physical health paid off for J&J. The organisation's leaders estimate that wellness programs have cumulatively saved the company $250 million on health care costs over the past decade; from 2002 to 2008, the return was $2.71 for every dollar spent (Berry *et al.*, 2010).

One example is the 'Live for Life' program at Johnson & Johnson. Live for Life was introduced in 1979 with the stated purpose of making their employees the ''healthiest in the world''. Since the 1980s, Live for Life has been associated with decreased medical spending and employee

health risk factors and an increased ROI for the organization. Many companies have designed their comprehensive worksite health promotion programs using Live for Life as a template, and the Affordable Care Act of 2010 contains incentives to encourage even more companies to implement and sustain such programs (Kaspin *et al.*, 2013).

4.6.2.   University of Alabama

In an effort to advance the health and well-being of the University of Alabama (UA) employees, the Office of Health Promotion and Wellness (OHPW) developed 'WellBama', a collaborative health promotion and wellness model. WellBama partners with the OHPW, the Capstone College of Nursing (CCN), the College of Community Health Sciences (CCHS), and the Division of Financial Affairs. Health care professionals and graduate and undergraduate students from each of the collaborative colleges design, deliver, and evaluate this program. As suggested by the recommendations of the Task Force on Community Preventive Services of the CDC, the collaborative model provides systematic health assessments, timely feedback, and assistance in setting and monitoring individual goals. WellBama was introduced to 4,400 eligible employees through a campus-wide outreach in 2009. To date the outreach has occurred in 17 colleges or divisions, and 763 employees participated in the initial year. Participants were recruited using promotional flyers, postcards, and memoranda (Carter *et al.*, 2011).

Components of the program include:

- **Screening:** WellBama health screening, conducted by health professionals from the OHPW and nursing students, occur onsite in different colleges and divisions. Each college or division is assigned a yearly screening time (e.g., College of Communication, September). The screening consists of several components. Employees complete written forms that consent to share health-related details and to participate in the biometric and

laboratory collections. Screening forms include an informed consent form and a health risk appraisal and research form. After form completion, employees rotate to a station where nursing students complete biometric screenings, including height, weight, BMI, waist circumference, and blood pressure measurements, and enter these values on a WellBama Club Status (WBCS) sheet. Fasting laboratory values using finger sticks are completed by health professionals for measurements of triglycerides, total cholesterol, low-density lipoprotein cholesterol, HDL cholesterol, and glucose levels. Health professionals place employees into club status categories depending on their biometric data, laboratory values, and assessment data including family history, current medications, tobacco use, and exercise status. The club status categories for determining risks (very low, low, moderate, and high) were developed using national guidelines from the American Heart Association, National Heart Lung and Blood Institute, National Institutes of Health/National Institute of Diabetes and Digestive and Kidney Disease, and the National Cholesterol Education Program (Carter *et al.*, 2011).

- **Advising:** WellBama health advising involves a review of the health assessment forms, the WBCS sheet, and biometric and laboratory data. Health care professionals and students conduct the health advising sessions. During the sessions, the health advisor provides counseling to assist the participant with setting appropriate health improvement goals. The advisor provides referrals to other university health programs to aid in accomplishing identified goals. Employees with detected critical laboratory values are referred immediately to their physician, and all employees are encouraged to complete a free, comprehensive yearly physical examination (Carter *et al.*, 2011).

- **Monitoring and support:** Participants in the high- and moderate-risk categories and with certain health conditions are provided with more frequent monitoring to assess improved health status. Graduate students in nursing provide health education, follow-up screenings and encourage compliance with medications and regular visits to physicians (Carter *et al.*, 2011).

4.7.   CHAPTER CONCLUSION

Chapter Four delved into the types of employee wellness programs that are currently implemented across the world. It presented theoretical underpinnings of employee wellness programs as well as the elements that contributed to the success of programs. The chapter concluded with case studies of organisations whose employee wellness programs have set the trend for other programs. Chapter Five will present the study's research methodology.

CHAPTER FIVE: RESEARCH METHODOLOGY

5.1. INTRODUCTION

Chapter Five will provide an in-depth description of the research methodology used in this study. Methodology can be described as the overall framework within which research is conducted (Gratton & Jones, 2010). Babbie (2008:6) elevates the definition of methodology by stating that, as a subfield of epistemology, methodology might be called the *"science of finding out".* Research methodology can also be described as the procedures used to collect and analyse data (McMillan & Schumacher, 2010) required to answer the research question posed by the study (Clark *et al.*, 2014).

According to Gatton & Jones (2010:4) research can be defined as *"a systematic process of discovery and advancement of humans."* Research starts with a minimum of one question about the topic of interest and is focused on the advancement of knowledge (Williams, 2007).

Gratton and Jones (2010) concluded that research consists of several characteristics. Firstly, it is produced by a specific research question, hypothesis or problem. It follows a certain plan and procedure which is known as the research process. The aim of research is to interpret facts and make conclusions that are drawn from those facts in order to better the understanding of certain topics. Logical arguments need to be made to support the conclusions that were made. Another known fact is that research is characterised by repetition as it is built on previous knowledge aimed at advancing it and as a result also producing additional research questions. Furthermore, research is a "systematic investigation" to answer a question.

Igwenagu (2016) identified the qualities that differentiate good research and excellent research. The qualities of "excellent" research include the following characteristics originality, contributes to knowledge, has some sort of significance, technical soundness and assesses in a critical manner work that already exists.

The research process is used to guide the research process and encompass numerous steps (See Figure 10).

Figure 10. Research process (Gratton & Jones, 2004, p.32)

1. Selection of topic

2. Reviewing the literature

3. Development of theoretical and conceptual frameworks

4. Clarification of research question/hypothesis

5. Research design

6. Data collection

7. Data analysis

8. Drawing conclusions
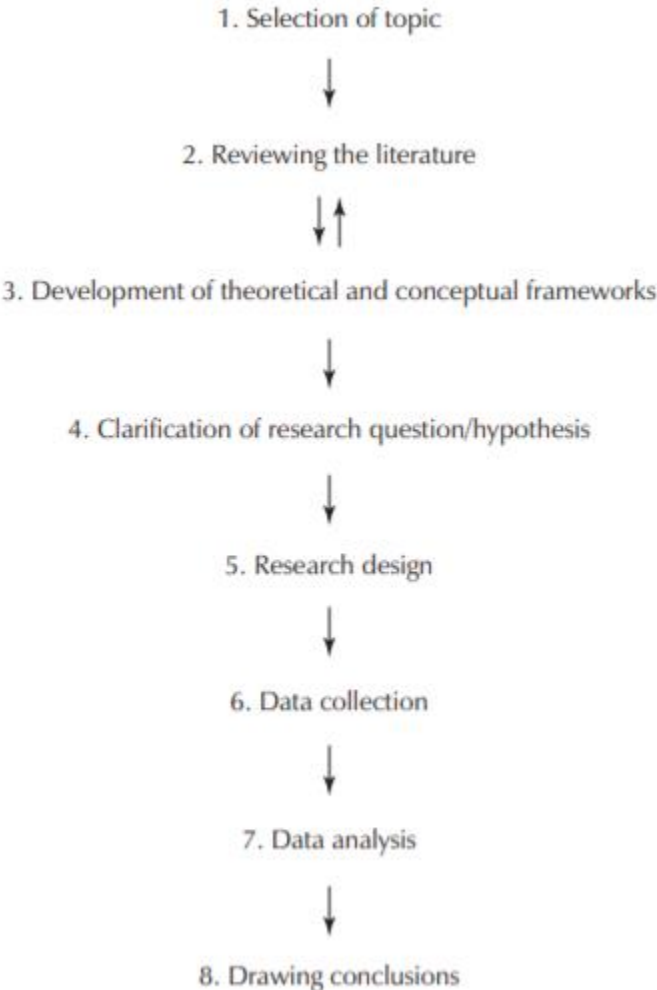
Igwenagu (2016) presented the research process as a flow chart encompassing different pathways that can be followed (See Figure 11).

Figure 11. Research flow chart (Igwenagu, 2016, p.4)
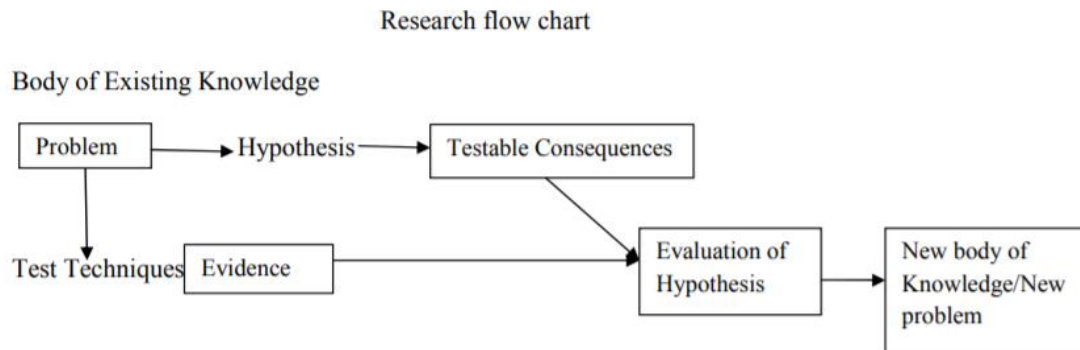
The primary aim underlying this study was to contextualize employee wellness programs in South Africa. The secondary aim was to establish how employee wellness programs in South Africa can be implemented in a way to facilitate a culture of wellness.

Creating a culture of Employee Wellness and not merely a fragmented approach towards wellness is hypothesised to not only decrease absenteeism, but to improve production and ROI for companies (Mudge-Riley, McCarthy & Persichetti, 2013). To achieve this aim the study was approached from a qualitative perspective with data collected by using semi-structured interviews and document analysis.

The objectives of the study included:

● To construct a typology of the corporate wellness programs currently implemented in South Africa;

● To identify what South African employers, perceive as a culture of wellness;

- To identify the elements of, or whole corporate wellness programs, that enhances the sense of wellness experienced by employees;

- To document pitfalls in Corporate Wellness programs currently in South Africa compared to those of more developed countries.

Furthermore, this chapter includes the research design, data collection and data analysis used in the study. It includes information on the research design, population, sample and sampling techniques, research instruments used in data collection, as well as data analysis procedures.

5.2. RESEARCH DESIGN

Research design is the strategy chosen to incorporate various parts of a study, conducted in a sensible way. The research design should include comprehensive information about the topic at hand, the objectives, concepts, definitions, variables, hypotheses (Akhtar, 2016). The research design should be outlined before the process of research is in progress (Igwenagu, 2016).

The research design enables the researcher to organise their ideas in such a way that it makes it possible to identify mistakes that the study might have (Igwenagu, 2016). Research design is put into place to ensure that the data collected helps you to address the research problem; it establishes the layout for the collection, measurement, and analysis of data. Along with the analysis, interpretation should be included. Lastly, it also indicates the expected time-frame and expenditure involved (Akhtar, 2016).

The research design should include comprehensive information about the topic, the objectives, concepts, definitions, variables, and hypotheses (Akhtar, 2016). The research design enables the researcher to organise their ideas in such a way that it makes it possible to identify mistakes that the study might have and is put in place (Igwenagu, 2016).

A study's research design is put into place to ensure that the data collected helps you to address the research problem and establishes the layout for the collection, measurement, and analysis of data; and must be outlined before the process of research is in progress (Igwenagu, 2016). Along with the analysis, interpretation, the expected time-frame and expenditure involved should be included (Akhtar, 2016).

Research design can be classified into 4 categories (See figure 12):

1. Exploratory/ formulator

2. Descriptive/ Formulative

3. Explanatory/ Analytical

4. Experimental

Figure 12. Types of Research Design (Akthar, 2016, p.73)
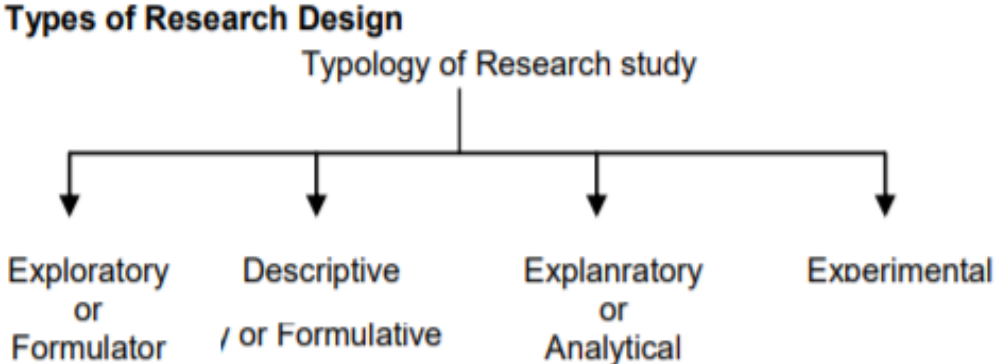
This study used the basis of explanatory research design but mainly made use of exploratory. Exploratory research design is done mainly when there is little to none earlier research that can be referred to for further information. It is used to gain better understanding of a phenomenon (Akhtar, 2016).

The study adopted an exploratory qualitative research design. Qualitative research provides the researcher with an approach to explore and delve into the meaning that individuals or groups assign to a social problem (Creswell, 2009). The purpose of qualitative methodology is to describe and understand, rather than to predict and control (MacDonald, 2012). Qualitative research aims to capture qualities that are not quantifiable, that is not reducible to numbers, such as feelings, thoughts, experiences and so on, concepts that are associated with interpretive approaches to knowledge. Qualitative research is used to gather the in-depth details (Rahi, 2017) with its premises built on inductive, rather than deductive reasoning. Qualitative research illustrates a correlation between the observer and the data which is one of the characteristics that separates it from quantitative research (Williams, 2007) and is used to gather the in-depth details (Rahi, 2017).

5.2.1. Research population

Long (2007) defines the research population as including all the people within a specific category being investigated. For the purpose of this study the research population refers to employees and employers working in an organisation within the medical, media and hospitality industry in South Africa.

5.2.2. Research sample

The study made use of a non-probability purposive key informant sample in which participants and documentation were chosen on the basis of the specific experience or knowledge or information possessed (Gratton & Jones, 2010). Cresswell (2009:178) states that *"the idea behind qualitative research is to purposefully select participants or sites (or documents) that will best help the researcher understand the problem and the research question"*.

The research sample for this study consisted of the South African population, both male and female, aged between 18 and 65 years of age in the following: media, hospitality and medical industries.

5.3.   DATA COLLECTION

Data collection can be described as *"an attempt to learn about the world"* (Babbie, 2008) and typically follows from the research question (McMillan & Schumacher, 2010). Creswell (2013), however, warns against the notion to simplify the process of data collection to the actual types of data as data collection involves various interrelated activities that range from the location of research participants, gaining access and establishing rapport, collecting data, exploring field issues and storing collected data.

This study relied on two data sources which included semi-structured interviews and documentary analysis to explore current employee wellness programs and how wellness is perceived in the industry. Table 2 below provides an overview of data collection methods that will be discussed in more detail.

Table 2. Data collection methods utilised

Sector	Semi structured interviews	Documentary analysis
Hospitality		
Media		
Medical		

Data for this study consisted of both primary and secondary sources, deriving from semi-structured interviews and documentary data.

5.3.1. Semi-structured interviews

One of the main strategies in qualitative data collection is the interview. This data collection strategy can take several forms including a structured-, semi-structured or unstructured interview. Semi-structured interview is an engaging form of inquiry in which a researcher attempts to elicit information from the respondent through direct questioning (MacDonald, 2012). This study adopted a semi structured approach as it provided a more flexible approach than the structured interview and allowed the researcher to formulate new questions during the interview, where appropriate, in response to answers given by the research participants (Clark *et al.*, 2014). Appointments for semi-structured interviews were made via e-mail and telephone, and were scheduled at a time and venue convenient for the research participant.

Topics pursued in the semi-structured interviews included:

- Conceptualisation and/or perception of corporate wellness

- Organisational corporate wellness programs (mechanisms to keep employees happy, wellness policies, wellness days/ information sessions, incentives, facilities to take part in employee wellness);

- Holistic or vacuum approach to wellness;

- Current approach to team building;

- Employee environment

5.3.2.   Documentary data

Documentary data are data that have been produced by others independently of the researcher but are available for analysis. Documents may involve texts and images, or both, and may be public or private (Clark *et al.*, 2014). Documentary data are abundant in organisations and can take many forms. These documents describe functions and values and how various people define an organisation. Documentary data used in this study included:

- Organisational flyers and advertising materials;
- Organisational websites and online news articles;
- Policies and procedures;
- Online staff comments.

5.4.   DATA ANALYSIS

According to Gatton & Jones (2004) data analysis is the process the researcher undertakes to make sense of the data, so that evidence can be obtained to answer the research question. Data analysis for this study was done by first transcribing the semi-structured interviews ad verbatim and then utilising a thematic analysis (TA) approach to code data using Microsoft Office.

In the social sciences, TA has been extensively used for analysing qualitative data (Clarke, Braun & Hayfield, 2015). Clarke and Braun developed a systematic approach to TA that did not merely summarise key patterns in the data but reported more in-depth on the content of the data - telling an interpretative story about the data as it relates to the research question. The approach developed by Clarke and Braun involves the following 6 phase process:

1. **Familiarising yourself with the data and identifying items of potential interest:** in this stage the researcher immerses themselves in the dataset to the extent that they 'know' their data.

2. **Generating initial codes**: Initial codes are used by capturing something interesting about the data, and can be *in vivo* or descriptive codes.

3. **Searching for themes:** in this phase the researcher shifts the analysis to a wider focus, identifying broader patterns in the data.

4. **Reviewing potential themes:** this phase includes two levels, namely ensuring that the themes identified 'work' in relation to the coded data; and, ensuring that the codes 'work' in relation to the whole dataset.

5. **Defining and naming themes:** this phase is where the substantive, interpretative analytic work is done. The researcher selects the data extracts that will be used in the final report or results sections with each theme addressing the research question.

6. **Producing the report:** in this phase the researcher communicates the findings in the final results and/or report.

5.5. CHAPTER CONCLUSION

Chapter 5 presented an overview of the research methodology and research design that was used in the answering of the study's research question. Chapter 6 will present the study results and interpretation of data.

CHAPTER SIX: RESULTS AND INTERPRETATION

6.1. INTRODUCTION

Chapter Five provided an in-depth description of the research methodology and design utilised in gathering data in this study. Chapter Six presents results of the data collection process followed by an interpretation of data according to the study objectives as identified in Chapter One.

6.2. RESULTS

Collected data was transcribed and coded by using a thematic analysis process. As a 'go-to' method in qualitative research, thematic analysis presents an interpretable and concise description of emergent themes and patterns within a dataset as start point for analysis (Braun & Clarke, 2006).

The following initial themes were identified from initial coding following data transcription:

- Defining of corporate wellness;

- Organisational approaches to employee wellness programs;

- Current implementation of employee wellness programs;

- Employee activities during lunch breaks;

- Incentives used to motivate employees to participate in wellness programs and/or initiatives;

- Responsibility for employee wellness programs;

- Effect of organisational structure on employee motivation and productivity;

- Benefits of including an employee wellness program;

- Mechanisms in place to keep employees motivated in the workplace.

Following the initial coding in which preliminary themes were identified, the analysis resulted in the following final themes:

- Defining corporate wellness;

- Organisational approach to employee wellness programs;

- Employee wellness programs as structural part of organisations;

- Benefits of including an employee wellness program in organisational offerings.

6.2.1. Defining Corporate Wellness

In defining corporate wellness participants highlighted the following aspects that they see as inherent in the definition: balance; the importance of community; socializing; importance of relaxation; a sense of "happiness" (see Table 3). An interesting observation was made by one of the research participants focused on the importance of community: *"One thing that Atterbury has is this family culture. We sit together and eat lunch."*

Table 3. Defining employee wellness

Theme	Quote
Balance	*"Work-life balance is very important. Balance is important. I think if you have balance in your life then things will go better at your job and at your family life, better with your exercise."*
Importance of community	*"One thing that Atterbury has is this family culture. We sit together and eat lunch."*

Theme	Quote
Socialization	*"Time is made to go out of your office and to be with different people."*
Incorporating wellness into work-life	*"We have a wellness day once a year which we do together with vitality, optometrists and audiologists, where you get the chance to test everything that you don't always get time for."*
Importance of relaxation	*"Then informally we have functions every month for example braai, once a year the men go hunting together and the ladies on a ladies break away. Or with someone's birthday we do something together like go-carts. The men play golf together now and then. Employees also get discounts at planet fitness gyms across the street. There is a lot of opportunity to socialize with the people who work with you and do something different."*
No specific definition	*"Wellness is a relative term."*
Employees being happy	*"Employees need to be happy when they are at work, if they are not they need to raise their hand and we can see if we can sort it out and if we cannot then they need to move on and go where it's more fun."*

6.2.2. Organisational approach to employee wellness programs

A lack of organisational direction focused on organisations' approaches to employee wellness programs was evident in the responses collected during data collection, as shown in Table 4. A strong focus on the organisation's core business seems to dominate the conceptualisation of employee wellness programs: *"No, people can do that in their own time (private). This is a lawyer firm; we are volume driven."*

Table 4. Organisational approach to employee wellness.

Theme	Quote
Integrated	*"Integrated approach, not a very big company with about 80 employees. Yearly and monthly and part of everything"*
No specific approach	*"No, people can do that in their own time (private). This is a lawyer firm; we are volume driven."*

Current employee wellness programs in place

Table 5 shows opinions regarding the current employee wellness programs in place. "Employees seeming happy" is misunderstood as not in need of Employee Wellness programs; *"But the overall feedback is that the employees are happy."* There is also a rationality that the responsibility of the employees' wellness rests solely on the employee. It was noticeable that companies did not do enough research as to what employees want to participate in, *"Employees like to participate in soccer and cricket, it motivates them."* Employees disinterest also surfaced, which could be the result of the above statement.

Table 5. Current employee wellness programs

Theme	Quote
Employees are happy, so there is no need	*"But the overall feedback is that the employees are happy. There will always be someone who complains about something, but at least we try and find out what makes the employees tick and every individual has a different answer. The one employee wants a "title", the other wants money, some want a gym membership or a party."*

Theme	Quote
Replacement of accountability for employee wellness	*"We also feel like if there is something bothering them they need to tell us and also give a possible solution."*
	"I am the managing director, I don`t work with the employees all day long, the firm is big, 180 employees. I cannot as a managing director who has a full time firm give attention to everyone's problems, I manage a business."
Employee disinterest	*"People are not really keen on these types of things. They say they know how it works and will do it on their own. It differs from person to person."*
Vague knowledge about what employees participate in	*"Employees like to participate in soccer and cricket, it motivates them."*

Current employee wellness programs and initiatives

From the interviews it concludes that not one company had a set employee wellness policy/structure in place. Research participants agreed that more should be done to provide employees with opportunities to participate in wellness programs: *"Yes, but we could do more"*. Current initiatives include the provision of discounts to external health providers; wellness days; short 'break-aways'; the provision of alcohol; conducting wellness surveys; provision of sexual health information; flu shots, and the provision of health information (See Table 6).

Table 6. Current employee wellness programs

Theme	Quote
Discounts to external health providers	*"Employees receive discounts when they go to Planet Fitness which is in the same office block. They park in the same parking they would when they go to work. They can shower there as well."*

Theme	Quote
Overall wellness days	*"Overall wellness days are very informal, so there are prices that you can win. Or we make it fun, for example a smoothie bike. Best dress prize. More about having fun. Some of the departments will dress up fancy, according to a theme. No one works on that day. Everything is held on the premises, everything is set up, you can just walk out of your office (accessible). Employees receive a questionnaire which they tick off at every station and then they can throw it in a box for a lucky draw. This is done formally once a year with vitality and informally once a month."*
Break-aways	*"Yes, men go hunting, ladies go for a ladies break away and different departments take turns to organise it. "*
Provision of alcohol	*"Some Fridays wine and beer on tap for motivation."*
Wellness surveys	*"We have a BEE lady that talks to all of the employees and they have to complete a questionnaire and say what they are happy with and what not. Employees see it as a complaints session."*
Sexual health information	*"We have people that come and pack out huge packs of condoms as a way to make people more aware of HIV."*
Flu shots and health information provision	*"In the winter we pay for the employees to get flu shots or we get someone to come and talk to them about HIV, things like that…"*

Lunch time activities

Lunch time is a small part of an employees' day, but could make a huge impact on their overall wellness. Employee activities during lunch differ from company to company as well as from employee to employee. In responding to the question *"how do employees spend their lunch-break?"* research participants highlighted current initiatives around lunch times and food-related aspects, including the provision of healthy food options; a lunch subsidy; variation in options for lunch; provision of treats as motivation; shorter social breaks. Included in Table 7, barriers to using lunch and coffee breaks as part of wellness initiatives included that lunch

breaks are shift and time-dependent; lack of food options available; employees not taking a lunch break; and a lack of designated space available for lunch breaks.

Table 7. Lunch time activities

Theme	Quote
Pro-employee wellness lunch time initiatives	
Healthy food options.	*"There is a person specifically employed to make lunch for the employees daily, breakfast is also made. Lunch is cooked food and a big salad.*
Lunch subsidy	*Each employee receives R800 a month that they can use for breakfast or lunch.*
Variation in available times and options	*"Employees eat between 12:00-12:45. Or you can take it as a lunch pack."*
Treats as motivation	*"There is also a barista that makes cappuccinos daily per request."*
Shorter social breaks	*"They would normally take a little break, have something to eat and/or catch up with colleagues or customers"*
Challenges to using lunch breaks as wellness initiative	
Shift and time dependent	*"Length of breaks would depend on position, shift or time of day"*
Lack of food options available	*"Employees need to drive somewhere to get something to eat, we are thinking of getting a cafeteria."*
Not taking a break	*"They eat at their desks."*
Lack of designated eating space.	*"No nice space to sit and eat."*

Support provided to participate in wellness initiatives and wellness related behaviour

Incentives used to motivate employees to participate in wellness programs and/or initiatives included the provision of support for participation in wellness and health related behavior, as well as awards to employees who participate in wellness activities (See Table 8). One of the research participants emphasised that *"There is a culture of doing things together..."*, illustrating an important aspect of wellness programs and initiatives.

Table 8. Support provided to participate in wellness programs

Theme	Quote
Support for participation in wellness activities	*"Not per se, but Atterbury does support them. There are many employees that take part in half iron man and cycling. Atterbury will supply t-shirts. There is a group that plays squash together as well at the country club. Many employees train and compete together. There is a culture of doing things together. Employees wear Atterbury clothing and represent Atterbury."*
Awards	*"At the end of the year we have prize-giving and individuals receive awards but these awards are nominated by the employees."*

6.2.3. Employee wellness programs as structural part of organisations

In exploring responsibility issues related to employee wellness, research participants highlighted that responsibility is not dedicated to a set "person". Table 9 shows that this seems to differ between each company. Responsibility for employee wellness programs is located at the organisational level; the community manager; external service providers; the Human Resources Department; and, the employment equity committee.

Table 9. Employee Wellness programs as structural part of an organisation.

Theme	Quote
Organisational responsibility	*"Companies looking after the health and wellbeing of employees through various programs"*
Community manager	*"We have a Community Manager who arranges teambuilding/get-together sessions"*
External service providers/ source of information	*"We have people that come and pack out huge packs of condoms as a way to make people more aware of HIV."*
HR Department	*"HR manager organises the wellness day, the Friday socials are organized between departments and the lady in the kitchen also helps to organize it."*
Employment equity committee	*"There is a personal committee that handles it directly, employment equity committee that handles different things, there are representatives on these committees that serve these employees, if employees have a complaint they can talk to the representatives and they handle it."*

Effect of organisational structure on employee motivation and productivity

The effect of the organisation's structure on employee motivation and productivity was confirmed by research participants. These effects are summarized in Table 10. Themes included a culture of 'work and play'; the company's structure; the way in which an office is set up; a calm atmosphere; the creation of corporate wellness and happiness;

Table 10. Effects of organisational structure on employee motivation and productivity.

Theme	Quote
Work & play	*"Yes, definitely we have a work hard play hard environment. We do a lot together e.g. drink something together or eat something. "*
Company`s structure	*"We have a flat structure, which means there isn`t a bunch of bosses that are checking up on your work all the time."*
Office set-up encouraging engaging with others	*"The office set-up also leads to it, very open plan - employees can engage with each other, employees drink coffee together."*
Calm atmosphere	*"A lot of light also comes into the building which influences the whole mood."*
Creation of corporate culture and happiness	*"Yes, we are very culture driven and believe that happiness breeds positivity, motivation and productivity"*
Focus on wages	*"We are trying to pay above-average wages, but also a lot of focus is put on the actual employees and upliftment. We spend a lot of resources on training and mentoring."*
The role that internal motivation plays	*"The problem is, you can get someone to come and do a motivational talk and people are psyched up, but the moment they walk out of that door then life happens. You have to motivate yourself."*
Cluttered environment	*"The work environment itself is packed with papers everywhere, we need to keep paper trails of everything. People sit in between files, cluttered."*
Have to survive under pressure.	*"That is the way lawyers work - under pressure. Before people start working here we ask them if they are healthy and can they work under pressure."*

Mechanisms in place to keep employees motivated

Three important mechanisms came to light during the interview (see Table 11). The first mechanism, *"Accessibility"* represents a physical mechanism to overcome to keep employees motivated. The second mechanism, "Recognition *and acknowledgemen*t" refer to the mental mechanism to keep employees motivated. The final mechanism," incentives*"*, falls under both physical and mental mechanisms. For an employee wellness program to keep employees motivated, these mechanisms need to be incorporated. One participant mentioned the following statement which again begs the question of the importance of motivation: *"But it is mostly the same people who pitch up. You can only motivate a person that much. "*

Table 11. Mechanisms in place

Theme	Quote
Incentives	*"Overall wellness days are very informal, so there are prizes that you can win. This is done formally once a year with vitality and informally once a month. Some Fridays wine and beer on tap for motivation."*
The element of fun	"*We make it fun, for example a smoothie bike. Best dress prize. More about having fun. Some of the departments will dress up fancy, according to a theme."*
Incorporated into working hours	*"No one works on that day."*
Accessibility	*"Everything is held on the premises, everything is set up, you can just walk out of your office."*
Recognition, acknowledgement	*"Connection and recognition is very important to us. We make a point in acknowledging good work on various platforms (WhatsApp groups, emails etc.), and spend a lot of time with our employees mentoring and training them"*

6.2.4. Benefits of including a Corporate Wellness program

Most participants agreed that Corporate Wellness Programs indeed yielded benefits for both the organisation and the employee. Benefits highlighted included the importance between a work-life balance; an increase in overall productivity; and, providing an employee with options.

Table 12. Benefits of incorporating employee wellness

Theme	Quote
Importance of work-life balance	*"Yes definitely, I must say I am a big ambassador for balance and that it shouldn't just be your job all the time. "*
Overall production increases	*"If you are healthy and have enough time to switch off, relax and exercise then your work production will be more effective as well."*
Investigating different options	*"Absolutely, hence in the process of investigating different options"*
Provision of options to be healthy	*"Absolutely, at least people have the option."*

6.3. DOCUMENTARY DATA

Table 13. Documentary data

Organisation/ company	Size			Employee wellness program			
	S	M	L	Yes	Somewhat	No	Description
City Lodge Hotels			▉		▉		*"We only have the discovery wellness day that we host once a year."*
McDonald's			▉		▉		McDonald's closed down their employee wellness portal (which offered health resources for its workforce as well as other information through an intranet type offering) in April 2020. It has been speculated by the media (see CNN's McDonald's on employee resources site: Not lovin' it) the site was shut down in part because it advised McDonald's employees not to eat its own food on health grounds. The site, which was not accessible by the public, showed photos of what it called "healthy" and "unhealthy" choices. The problem was that, while items like salads and sandwiches were encouraged, cheeseburgers and fries were labelled "unhealthy."

Nando's							• Free lunch, long hours. • No information on Employee Wellness for SA available.
Pfizer							• Pfizer Laboratories (Pty) Ltd., certified as a Top Employer in South Africa in the pharmaceutical industry for 6 years in a row for 2016, 2015, 2014, 2013, 2012, 2011. • Rated a Best Employer in the Chemical & Pharmaceutical category in South Africa by Deloitte for the period 2011-2012. • Employee wellness initiatives: Cash bonus, wellness benefits and lifestyle benefits.
Novartis							• This includes access to health and lifestyle services like corporate health cover programs, gym membership and access to fitness and corporate superannuation options. • We also support our associates through parental leave programs, salary continuance insurance benefits and access to the Employee Assistance Program (EAP).

Company							Notes
Johnson & Johnson							Live for Live: ● On-site gym and subsidised membership for regional employees ● Online health and wellness initiative ● Fruit at work ● On-site health checks and health awareness programs Other benefits include: ● On-site cafeteria at larger offices ● Discounted products and movie tickets ● Free confidential counselling service (EAP) ● Holiday school programs for children of employees
Cipla Medpro							• Employee comments on lack of work-life balance; • HR policies do not include employee wellness programs and initiatives.
Dischem							• Employee assistance programs mentioned on website, but no detailed information provided. • Provision of financial support through Optimate.

| Clicks | | | | | | | • Our comprehensive Employee Wellness Programme (EWP) had its origins in an HIV Project that was set up as a group initiative in August 2005.
 • The Employee Wellness Programme (EWP) was developed and is a work-based advisory, counselling and support programme which provides life, health, performance and wellness management services to employees and their immediate household free of charge, 24/7 and in the official SA languages. |
| The Life Healthcare Group Limited | | | | | | | • Life Employee Health Solutions, delivered by Careways and Life Occupational Health, is an integrated service that covers all aspects of an employee's health and wellness cycle.
 • We equip employees with practical skills and tools to keep their minds and bodies fit. |

Company							Details
Netcare							• Has a targeted and implemented employee wellness strategy. • All employees have access to ICAS (Independent Counselling and Advisory Service). • Wellness Champion is a Netcare employee who has volunteered to take on a role of presenting information around wellness issues in the workplace.
SPARK Media							"We believe that a company's greatest treasure is its people. Our Human Resources division sees that every single Spark Media employee is valued and taken care of, while ensuring the smooth running of our teams and systems. They do a stellar job of helping new recruits settle in, and go on to implement important policies down the line."
Unconventional Media Solutions							No information provided.

6.4. INTERPRETATION OF RESULTS

The interpretation of results will be presented according to the study objectives: the development of a typology of the corporate wellness programs currently implemented in South Africa; an understanding of how South African employers perceive a culture of wellness; the

identification of elements of, or whole corporate employee wellness that enhances the sense of wellness experienced by employees; and the documentation of pitfalls of corporate wellness programs currently implemented in South Africa compared to programs in more developed countries.

6.4.1. To construct a typology of the corporate wellness programs currently implemented in South Africa

It became apparent during the literature review and data collection phase of the study that data regarding Corporate Wellness programs in South Africa are substantially less than that of other countries such as the United States of America and Australia. This inherently already pointed to the difficulty ahead of typologizing Corporate Wellness programs in South Africa.

Fewer than half of South Africa's top 100 organisations have EWPs, despite the important roles these programmes can play in promoting employee health and wellness and in assisting organisations and employees to adjust to rapidly changing contexts (Sieberhagen *et al.*, 2011).

Excitement could be noticed in some participants about the way in which their company implemented wellness. "*I think the work-life balance is very important. Balance is important. I think if you have balance in your life then things will go better at your job and at your family life, better with your exercise.*" Other participants seemed less enthusiastic about employee wellness; *"I cannot as a managing director who has a full time firm give attention to everyone's problems, I manage a business."* These responses can be seen as indirectly influencing the "type" and implementation of employee wellness.

Employee wellness is interpreted in various ways ranging from flu shots to questionnaires. One of the individuals responded with laughter, *"depends on what employee wellness is?"* when

asked on how they would define employee wellness; which once again points to the fact that there is no set "type" of employee wellness program; no set guidelines. When asked about wellness policies it could be noted that there was no set policy, *"Not specific for wellness, but there are different policies in place."* Therefore, it could be concluded that companies implement what they "perceive" as employee wellness, and as a result, there currently is different typologies of employee wellness for each company.

The type of employee wellness available could also be noted in the facilities readily available or the lack thereof; "*Employees do go for walks; some go to the gym. There is a shower available for the employee, but not all of the employees make use of it. Some employees go to gym before work or after work.*" other responses were more positive; "*Employees receive discounts when they go to Planet fitness which is in the same office block. They park in the same parking they would when they go to work. They can shower there as well.*"

Reliance on external employee wellness providers or options became evident from the analyses. Other than the annual wellness day and provision of flu shots, employee wellness is currently the responsibility of the employee to engage in, and for external service providers to provide: *"We have people that come and pack out huge packs of condoms as a way to make people more aware of HIV"* and "*"Not per say, but Atterbury does support them. There are many employees that take part in half iron man and cycling. Atterbury will supply t-shirts."*

In order to develop and construct a typology, a basic framework must be in place. Considering the 'types' of wellness programs and activities that were identified by the research participants it is apparent that there is not currently a structure for employee wellness programming in the three sectors included in the study.

6.4.2. An understanding of how South African employers perceive a culture of wellness; and, the elements that currently enhances the sense of wellness experienced by employees

Research participants acknowledged the need for employee wellness, but confirmed that a small number of companies actually incorporate a wellness program in their daily operations. Even though the current employee wellness programming in organisations necessitates the need for an employee wellness framework, it is evident that a culture of wellness, according to research participants, include the following elements:

- **Work-life balance:** A balance between work and life was identified as crucial to the maintenance of a culture of wellness: *"Work-life balance is very important. Balance is important. I think if you have balance in your life then things will go better at your job and at your family life, better with your exercise."* An interesting perspective was the importance of a work-play balance provided by one participant:*" ...definitely we have a work hard play hard environment. We do a lot together e.g. drink something together or eat something."*

- **Importance of sense of family:** Participants perceived a sense of family, or family culture as important to the organisation's culture of wellness: *"One thing that Atterbury has is this family culture. We sit together and eat lunch."*

- **Wellness activities incorporated into work-life:** The incorporation of wellness activities into the day-to-day work activities was highlighted as important to creating a wellness culture: *"We have a wellness day once a year which we do together with vitality, optometrists and audiologists, where you get the chance to test everything that you don't always get time for."* Participants furthermore emphasised the need for

employees to have a break from work activities and to socialise with work colleagues: *"Time is made to go out of your office and to be with different people."*

- **Work satisfaction:** Employee satisfaction plays an important role in employee productivity as well as in the culture of wellness within an organisation. Employee wellness programs can play an important role in the work satisfaction of employees: "*Employees need to be happy when they are at work, if they are not they need to raise their hand and we can see if we can sort it out and if we cannot then they need to move on and go where it's more fun."*

- **Healthy eating options available:** The inclusion of 'treats' such as a barista: *"There is also a barista that makes cappuccinos daily per request";* and, the provision of healthy eating options to employees further contributed to the creation of a culture of wellness: *"There is a person specifically employed to make lunch for the employees daily, breakfast is also made. Lunch is cooked food and a big salad."*

- **Provision of support to employees to participate in wellness activities:** Participants emphasised the importance of supporting employees to participate in wellness activities: *"...but Atterbury does support them. There are many employees that take part in half iron man and cycling. Atterbury will supply t-shirts. There is a group that plays squash together as well at the country club. Many employees train and compete together."*

- **Recognition of achievements:** Participants recognised the importance of acknowledging employee achievements as inherent to a culture of wellness: *"At the end of the year we have price giving and individuals receive awards but these awards are nominated by the employees."*

- **Importance of remuneration:** Employees who are well remunerated for their efforts are more satisfied and productive: *"We are trying to pay above average wages, but also a lot of focus is put on the actual employees and upliftment."*

- **Training and mentoring:** A culture of wellness must include an environment where employees are supported to pursue further education: "*We spend a lot of resources on training and mentoring."*

6.4.3. Documentation of pitfalls in Corporate Wellness programs currently in South Africa compared to those of more developed countries.

A number of pitfalls to Corporate Wellness programs within the current system were identified:

- **There is no set definition of 'Employee Wellness':** In addition to a lack of a set definition, there is also not a wellness policy currently in place. As a result of these deficiencies, employers who are in charge of implementing an employee wellness program have to proceed from what they perceive as employee wellness. Definitions vary from highlighting aspects such as *"information sessions"*, *"team building activities"*, *"soccer and cricket"* to *"wellness days"*. These aspects are all relevant, but there is no set structure of what constitutes employee wellness and therefore no way in which to evaluate whether it has been implemented successfully.

- **Fragmentation of wellness programs:** Current employee wellness programs are only implemented once or twice a year for the majority of the research participants as 'wellness day'.

- **Employee wellness is not seen as a key performance indicator (KPI) to be achieved**: One research participant emphasised that employee wellness is not considered as one of the key performance criteria for the organisation to be achieved: "*I cannot as a managing director who has a full time firm give attention to everyone's problems, I manage a business.*"

- **Lack of strategic planning related to employee wellness:** A lack of strategic planning seems to be inherent in the current employee wellness programming of research participants. Even though efforts have been made to introduce and implement employee wellness initiatives a solid structure is needed to facilitate a congruent employee wellness program.

- **Motivation (incentives) to participate:** One of the barriers to the successor an employee wellness program was identified as the motivation of employees to participate: "*Employees aren't really interested in participating*".

- **Responsibility for employee wellness programs:** Responsibility is currently not centred in the same department across organisations. In addition, responsibility for wellness programs are transferred to the employees.

6.5. CHAPTER CONCLUSION

Chapter Six presented the data collected according to the themes developed during transcription and analysis. The second part of the chapter focused on the interpretation of the study results according to the study objectives set in Chapter One. Chapter Seven will present the study conclusions and recommendations.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1. INTRODUCTION

In Chapter One it was stated that EWP programs in South Africa are currently implemented in various forms, approach different issues, are of various sizes and complexities, with multiple levels of operational challenges and have varied outcomes. The research question for this study was formulated as:

> *"How can current contextualisation of Employee Wellness programs in South Africa impact the creation of a culture of corporate wellness?"*

Based upon the above mentioned research question, it was postulated that:

- Current employee wellness programs in South Africa in the media, hospitality and medical field are not implemented as strategic part of the organisation;
- Elements of employee wellness programming are currently implemented, however not in a congruent manner that will achieve a culture of wellness.

Postulations were confirmed and presented in the interpretation of the results. In Chapter One the objectives of the study were formulated as:

- To construct a typology of the corporate wellness programs currently implemented in South Africa;
- To identify what South African employers perceive as a culture of wellness;

- To identify the elements of, or whole corporate wellness programs, that enhances the sense of wellness experienced by employees;

- To document pitfalls in Employee Wellness programs currently in South Africa compared to those of more developed countries.

Conclusion and recommendations will consequently be presented according to the above four objectives.

7.2. CONCLUSIONS

7.2.1. Overall conclusion

Results of this study confirmed that, there is no set framework or typology for South African Employee Wellness to be used as a guideline for implementation thereof. This in turn emphasized the need for a set guideline for the implementation of Employee Wellness. More data is needed to construct a typology. Definitions regarding Employee Wellness differs and policies thereof are almost non-existent. It also became clear that support is offered; as well as the importance of employee wellness is recognised by some and then again not by other companies. Some companies do indeed make use of employee wellness and create a culture of family and wellness, but in most company's' wellness is implemented in a fragmented manner. This all contributes to the absence of a culture of employee wellness.

7.2.2. Objective specific conclusions

Objective specific conclusions will be presented below according to the stated objectives of the study.

7.2.2.1. Constructing a typology of the employee wellness programs implemented in South Africa

- Even though there are employee wellness initiatives being implemented in organisations, South Africa does not have a current employee wellness framework or typology to guide the implementation of an employee wellness program;

- Employers acknowledge the importance of employee wellness programs in creating a culture of wellness and of family as well as in contributing to productivity;

- Support of employee wellness programs by employers are mixed, ranging from excitement about opportunities presented by a program to perceiving it as not an integral part of the organisation;

- Current employee wellness programs include a variety of activities ranging from flu shots to annual wellness days, however, are implemented in a shot-gun approach;

- Reliance on external service providers contribute to the haphazard implementation of employee wellness initiatives;

- Additional data is needed to construct a typology of South African employee wellness programs. With the data currently available, an initial typology includes health and fitness; recreation and socialisation; recognition and remuneration activities.

7.2.2.2. Employer perception of culture of wellness highlighting elements that currently enhances employees' sense of wellness

● Only a small number of organisations in South Africa incorporate an employee wellness program in the daily operations of the organisation;

● Even though employers acknowledge the importance of a culture of employee wellness within an organisation, there is a lack of guidance as to how to develop and implement an integrated employee wellness program in a way that will enhance the organisation;

● Elements that is perceived to contribute to a culture of wellness include: a work-life balance; the importance of a sense of family; incorporation of wellness activities into the work-life; work satisfaction; availability of healthy eating options; support provided to employees to participate in wellness activities; recognition of achievements; remuneration; and, training and mentoring.

7.2.2.3. Pitfalls in current employee wellness programs

● There is not a set definition or policy for employee wellness in South Africa, which complicates the implementation of a program or initiative;

● Current employee wellness programs are implemented once or twice a year resulting in a fragmented approach to wellness;

● Employee wellness is not currently included as a key performance indicator (KPI) within organisations;

● The incongruent and 'add-on' nature of current employee wellness programs do not contribute to employee motivation to participate.

7.3. RECOMMENDATIONS AND CONTRIBUTION

Consistent with the aims of the study the following recommendations are proposed to support the development and implementation of employee wellness programs in South African companies:

● Employee wellness programs should be the responsibility of the Human Resource Department in order to allow for a congruent program included in the day-to-day functions of the organisation;

● A typology and framework for employee wellness in South Africa will facilitate the congruent implementation of employee wellness initiatives;

● An employee wellness program must be included as a key performance indicator to be achieved within organisations.

7.4. IMPLICATIONS FOR FUTURE RESEARCH

The findings of this study raised several questions regarding the current employee wellness programming in South Africa. The following are opportunities for further research:

● An action research approach that includes working groups consisting of employers and employees to identify activities that will support a South African employee wellness culture;

● Quantitative data to support the evidence for the need of employee wellness programming;

● Survey data is needed to facilitate an understanding of employee wellness across industries.

7.5. FINAL STUDY CONCLUSION

This study attempted to explore the current employee wellness programs to construct a typology of employee wellness programs in South Africa. The study provided a first step in constructing a typology of employee wellness programs in South Africa and concludes that the contextualisation of employee wellness programs can indeed contribute to the development of a culture of wellness.

REFERENCES

Adams, T., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. American Journal of health promotion, 11(3), pp. 208-218.

Ahmed, J. (2010) Documentary Research Method: New Dimensions. Indus Journal of Management & Social Science. 4(1), pp.1-14.

Ajunwa, I. & Crawford, K. (2016). Health and Big Data: An Ethical Framework for Health Information Collection by Corporate Wellness Programs. The Journal of law, medicine & ethics: a journal of the American Society of Law, Medicine & Ethics. 44(3), pp. 474-479.

Akhtar, I., 2016. In: Research in Social Science: Interdisciplinary Perspectives Edition. 1st, Chapter: Research Design. New Delhi: Routledge, pp. 1-18.

Anderko, L., Roffenbender, J.S., Goetzel, R.Z., Millard, F., Wildenhaus, K., DeSantis, C. and Novelli, W. (2012). Peer reviewed: Promoting prevention through the affordable care act: Workplace wellness. Preventing Chronic Disease, 9.

Anshel, M.H., Brinthaupt, T.M. and Kang, M., 2010. The disconnected values model improves mental well-being and fitness in an employee wellness program. Behavioral Medicine, 36(4), pp.113-122.

Ardell, D.B., 1985. In: The history and future of wellness. United States: Kendall/Hunt Pub. Co, pp. 38.

Babbie, E. R., & Benaquisto, L. (2008). Fundamentals of social research. First Canadian edition. Nelson Thomson Learning.

Baicker, K., Cutler, D. & Song, Z. (2010). Workplace wellness programs can generate savings. Health affairs, 29(2), pp.304-311.

Birdee, G. S., Byrne, D. W., McGown, P. W., Rothman, R. L., Rolando, L. A., Holmes, M. C., & Yarbrough, M. I. (2013). Relationship between physical inactivity and health characteristics among

participants in an employee wellness program. Journal of occupational and environmental medicine/American College of Occupational and Environmental Medicine, 55(5), pp. 514.

Berry, L., Mirabito, A.M. and Baun, W., 2010. What's the hard return on employee wellness programs. Harvard business review, pp.2012-68.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2), 77–101.

Brenner, B. K. (2010). Instituting Employee Volunteer Programs as Part of Employee Benefit Plans Yields Tangible Business Benefits. Journal of Financial Service Professionals, 64(1).

Bright, D.R., Terell, S.L.,Rush, M.L., Kroustos, K.R., Stockert, A.L., Swanson, S.C. &DiPietrp, N.A. (2012). Employee Attitudes Toward Participation in a Work Site-Based Health and Wellness Clinic. Journal of Pharmacy Practice. 25(5), pp. 530-536.

Cahalin, P., Kaminsky, L., Lavies, C. & Briggs, P., Cahalin, B.L., Myers, J., Forman, D.E., Patel, M.J., Pinkstaff, S.O., 7 Arena, J. (2014). Development and Implementation of Worksite Health and Wellness Programs: A Focus on Non-Communicable Disease. Journal of progress in cardiovascular disease. 58(1), pp. 94–101.

Call, C., Gerdes, R., & Robinson, K. (2009). Health and wellness research study: Corporate and worksite wellness programs: A research review focused on individuals with disabilities (Government Contract Number: DOLU089428186). Gaithersburg, MD: Social.

Carter, M.R., Kelly, R.C., Alexander, C.K. and Holmes, L.M., 2011. A collaborative university model for employee wellness. Journal of American College Health, 59(8), pp.761-763.

Cavico, F & Mujtaba, B.G. (2013). Health and Wellness Policy Ethics. International Journal of Health Policy and Management, 1(2), pp. 1-3.

Clark, M. M., Bradley, K. L., Jenkins, S. M., Mettler, E. A., Larson, B. G., Preston, H. R. & Riley, B. A. (2014). The effectiveness of wellness coaching for improving quality of life. In Mayo Clinic Proceedings, 89 (11), pp. 1537-1544.

Chapter 12: Qualitative Data, Analysis, and Design. (n.d). Retrieved April 23, 2020, from SAGE Publications website: https://www.sagepub.com/sites/default/files/upm-binaries/43144_12.pdf

Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. Qualitative psychology: A practical guide to research methods. London: SAGE Publications: pp.222-248.

Chen, L., Hannon, P. A., Laing, S. S., Kohn, M. J., Clark, K., Pritchard, S., & Harris, J. R. (2015). Perceived workplace health support is associated with employee productivity. American Journal of Health Promotion, 29(3), pp.139-146.

Chapter 12: Qualitative Data, Analysis, and Design. (n.d). Retrieved April 23, 2020, from SAGE Publications website: https://www.sagepub.com/sites/default/files/upm-binaries/43144_12.pdf

Creswell, J. W. (2013). Qualitative inquiry: Choosing among five approaches. Los Angeles, CA, pp. 244.

Corbin, C & Pangrazi, R. (2001). Toward a Uniform Definition of Wellness: A Commentary. President's Council on Physical Fitness and Sports Research Digest. 3(15), pp.1.

Conradie, C. S., Van Der Merwe Smit, E., & Malan, D. P. (2016). Corporate health and wellness and the financial bottom line: evidence from South Africa. Journal of occupational and environmental medicine, 58(2), pp.45.

Contextualize. (n.d.). Retrieved March 20, 2020, from Merriamwebster website: https://www.merriam-webster.com/dictionary/contexualize

Costa, C., Breda, Z., Pinho, P., Bakas, F., & Durão, M. (2016). Performing a Thematic Analysis: An Exploratory Study about Managers' Perceptions on Gender Equality. The qualitative report, 21(13), pp.35-45.

De La Torre, H. & Goetzel, R. (2016). How to Design a Corporate Wellness Plan That Actually Works. [online] Available at: https://hbr.org/2016/03/how-to-design-a-corporate-wellness-plan-that-actually-works [Accessed: 17July 2019]

Donnachie, I. (2000). Robert Owen: Owen of New Lanark and New Harmony. Edinburgh: Tuckwell Press.

Edwards, S. (2002) Physical Exercise and Psychological Wellness. *International Journal of Mental Health Promotion*, (4) 2, pp. 40-46.

Franco, G. and Franco, F. (2001). Bernardino Ramazzini: The Father of Occupational Medicine. *American Journal of Public Health*, 91(9), pp.1381-1382.

Gropp, L. (2006). An exploratory factor analysis on the measurement of psychological wellness (Doctoral dissertation, University of South Africa).

Hamar, B., Coberley, C., Pope, J.E., & Rula, E.Y. (2015). Well-Being Improvement in a Midsize Employer Changes in Well-Being, Productivity, Health Risk, and Perceived Employer Support After Implementation of a Well-Being Improvement Strategy. American College of Occupational and Environmental Medicine, (57) 4, pp.383-373.

Henry Ford gives $10,000,00 in 1914 Profits to His Employees. (n.d) Retrieved January 20, 2019, from Google Arts and Culture: https://artsandculture.google.com/asset/newspaper-article-henry-ford-gives-10-000-000-in-1914-profits-to-his-employes-ford-motor-company-archives/rAFBTv8vSNj4vQ?hl=en

Hughes, M. C., Patrick, D. L., Hannon, P. A., Harris, J. R., & Ghosh, D. L. (2011). Understanding the decision-making process for health promotion programming at small to midsized businesses. Health Promotion Practice, 12(4), pp. 512.

Irshenblatt-Gimblett, B. (2006). Organizing Academic Research Papers: Types of Research Designs. [online] Available at: <https://library.sacredheart.edu/c.php?g=29803&p=185902> [Accessed 2 April 2020].

Igwenagu, C., 2016. In: Fundamentals of research methodology and data collection. Engunu: Lambert Academic Publishing, pp.5.

Jackson, J.H. & Mathis, R.L. (2011). Human Resource Management: Essential Perspective [online]. USA: CENGAGE learning. Available from: https://books.google.co.za/books/about/Human_Resource_Management_Essential_Pers.html?id=Ee8zR SWUjJ8C&redir_esc=y [accessed 20 Julie 2020]

Jahoda, M. (1958). Current concepts of positive mental health. Washington, DC.

Jones, I. & Gratton, C. (2004). Research methods for sport studies. London: Routledge, pp. 2-25.

Karsten, L. (2013). Politics and time. In: Globalization and Time. Routledge, pp. 175-185.

Kaspin, L.C., Gorman, K.M. & Miller, R.M. (2013). Systematic review of employer-sponsored wellness strategies and their economic and health-related outcomes. Population health management, 16(1), pp.14-21.

Khasnabis, C., Heinicke Motsch, K. & Achu, K. (2010). Community-Based Rehabilitation: CBR Guidelines. Geneva: WHO publications.

Kirkland, A. (2014). Critical perspectives on wellness. Journal of health politics, policy and law, 39(5), pp.971-988.

Kellar-Guenther, Y., 2016. Workplace Wellness Programs and Accessibility for All. American Medical Association Journal of Ethics, 18(4), pp.396.

Koh, H.K. & Sebelius, K.G. (2010). Promoting Prevention Through the Affordable Care Act. New England Jornal of Medicine. 363(14), pp.1296-1299.

Kohler, K., Contacos-Sawyer, J.& Thomas, B. (2015). Employee Wellness Programs: Savings for Organizations and Employees. Competition Forum, 13(2), pp.1-15.

Kunte, M. (2016). Reviewing literature on employee wellness practices. Journal of Strategic Human Resource Management, 5(2). pp.5-6.

Lerner, D., Rodday, A. M., Cohen, J. T., & Rogers, W. H. (2013). A systematic review of the evidence concerning the economic impact of employee-focused health promotion and wellness programs. Journal of Occupational and Environmental Medicine, 55(2), pp. 209-222.

Levy, C. S. (1974). On the development of a code of ethics. Social Work, 19(2), pp. 207-216.

MacDonald, C. (2012). Understanding participatory action research: A qualitative research methodology option. The Canadian Journal of Action Research, 13(2), pp. 34-50.

Malik, M.E., Ghafoor, M.M. and Naseer, S. (2011). Organizational effectiveness: A case study of telecommunication and banking sector of Pakistan. Far east journal of psychology and business, 2(1), pp.37-48.

Mattke, S., Liu, H., Caloyeras, J., Huang, C. Y., Van Busum, K. R., Khodyakov, D., & Shier, V. (2013). Workplace wellness programs study. Rand health quarterly, 3(2). Pp.1-7.

Maslach, C., & Jackson, S.E. (1981). The measurement of experienced burnout. Journal of Occupational Behavior. 2(1), pp. 99-113.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of organizational behavior, 2(2), 99-113.

McMillan, J. H., & Schumacher, S. (2010). Research in Education: Evidence-Based Inquiry, MyEducationLab Series. Pearson.

Meaning of Barrier by Lexico. (n.d) Retrieved April 3, 2020, from Lexico Dictionaries website: https://www.lexico.com/definition/barrier

Mental-health. (n.d). Retrieved March 20, 2020, from Cambridge Dictionary website: https://dictionary.cambridge.org/dictionary/english/mental-health

Miller, J.W. (2005). Wellness: The history and development of a concept. Spektrum Freizeit, 27: pp.1-23.

Mudge-Riley, M., McCarthy, M., & Persichetti, T. E. (2013). Incorporating wellness into employee benefit strategies--why it makes sense. Benefits Quarterly, 29(4). pp.30-34.

Mujtaba, BG. And Cavico, F.J, 2013. Corporate wellness programs: Implementation Challenges in the modern American Workplace. International Journal of Health and Policy Management, 1 (3), pp. 193-199.

Olubayo-Fatiregun, M.A. Ayodele, R.B. & Olorunisola, H.K. (2014). Health, Fitness and Physical Activity: A Key to Enhancing Wellness for All Ages in Building a Vibrant Nation. Asian Journal of Humanities and Social Sciences, 2 (1), pp.2.

Owens, D. M. (2006). EAPs for a diverse world: Employers that provide culturally competent employee assistance programs show employees they care. HR Magazine, 51(10), 91–96.

Pesavento, W. (1912). Sport and recreation in the Pullman Experiment 1800-1900. Journal of Sport History, 9(2), pp.39-43.

Philyaw Perez, A., Phillips, M. M., Cornell, C. E., Mays, G., & Adams, B. (2009). Promoting dietary change among state health employees in Arkansas through a worksite wellness program: The Healthy Employee Lifestyle Program (HELP), 6(4), pp.1-8.

Rahi, S. (2017) Research Design and methods: A systematic Review of Systemic Paradigms, Sampling Issues and Instruments Development. International Journal of Economics and Management Sciences, 6(2), pp.1.

Reardon, J. (1998). The history and impact of worksite wellness. Nursing economics, 16(3), pp.117.

Richardson, K. M. (2017). Managing employee stress and wellness in the new millennium. Journal of occupational health psychology, 22(3), pp.423.

Sauter, S.L. (2013). Integrative approaches to safeguarding the health and safety of workers. *Industrial health*, 51(6), pp.559-561.

Sieberhagen, C., Pienaar, J., & Els, C. (2011). Management of employee wellness in South Africa: Employer, service provider and union perspectives. SA Journal of Human Resource, 9 (1), pp.1-14.

Stöppler, M. (n.d). Medical definition of Health-risk. [online] Available at: https://www.medicinenet.com/script/main/art.asp?articlekey=205099 [Accessed: 20 March 2020]

Thackrah, C. T., 1832. In: The effects of the principal arts, trades, and professions, and of civic states and habits of living, on health and longevity: With a particular reference to the trades and manufacturers of Leeds, and suggestions for the removal of many of the agents, which produce diseases, and shorten the duration of life. 2nd ed. Philadelphia: Porter.

Terblanche, L.S. (1992). The state of the art of EAPs in SA: A critical analysis. R.P. Maiden (Ed.), Employee assistance programmes in South Africa, 7(3), pp. 17–28.

Trice, H. M., & Sonnenstuhl, W. J. (1985). Contributions of AA to employee assistance programs. Employee Assistance Quarterly 1(1), pp. 7-32.

Typology. (n.d). Retrieved March 20, 2020, from Cambridge Dictionary website: https://dictionary.cambridge.org/dictionary/english/typology

Wieczner J. (2013). Your company wants to make you healthy. [online] Available at: http://www.wsj.com/articles/SB10001424127887323393304578360252284151378 [August 12, 2019]

(Wieczner, 2013)

World Health Organisation. (n.d.). Retrieved March 19, 2010, from WHO website: https://www.who.int/about/who-we-are/constitution

Zelenski, J.M., Murphy, S.A. and Jenkins, D.A., 2008. The happy-productive worker thesis revisited. Journal of Happiness studies, 9(4), pp.521-537.