AN INVESTIGATION INTO HOW TREASURY MANAGEMENT PERCEIVES THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME

By

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DECLARATION

I hereby declare that the work submitted here is the result of my own independent investigation. Where help was sought, it was acknowledged. I further declare that this work is submitted for the first time at this university/faculty towards a master's degree in Health Professions Education and that it has never been submitted to any other university/faculty for the purpose of obtaining a degree.

…… ……

Paballo Elizabeth Mahabuke **Date**

I hereby cede copyright of this product in favour of the University of the Free State.

…… ……

Paballo Elizabeth Mahabuke **Date**

DEDICATION

I dedicate this dissertation

to my mother Mafuku Rachel Mahabuke,

my late father Molefi Jack Mahabuke,

my son Motlatsi Kenneth Mahabuke,

my daughters Puleng Constance Letloenyane, Mamontshonyana Emily Ngomane

and my late daughter Holang Esme Makgere

as well as my seven grandchildren: Rethabile, Thato, Atlegang, Naledi, Tlotlegang, Unathi and Motlatsi Junior.

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LIST OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
BRMA	Behavioural Risk Management Audit
DPSA	Department of Public Service and Administration
EHW	Employee Health and Wellness
EHWP	Employee Health and Wellness Programme
EHWPs	Employee Health and Wellness Programmes
EHWSF	Employee Health and Wellness Strategic Framework
FSPT	Free State Provincial Treasury
GPA	Global Plan of Action
HPE	Health Professions Education
HIV	Human immunodeficiency virus
ICAS	Independent Counselling Advisory Services
ICAS-SA	Independent Counselling Advisory Services of South Africa
ILO	International Labour Organisation
MANCOM	Management Committee (Treasury Executive Management Committee)
OHS	Occupational Health and Safety
SPOs	Special Programmes officers
TB	Tuberculosis
WELCOA	Wellness Council of America
WHO	World Health Organization

TERMINOLOGY AND DEFINITIONS USED IN THIS STUDY

Terms which are used in this study are explained and described in the following paragraphs:

Corporate wellness refers to organisational wellness, and includes a healthy and safe workplace environment with minimum risks. Such a workplaces may have wellness programmes in place, which focus on activities, the purpose of which is to improve health outcomes of all employees in an organisation. Myers, Sweeney and Witmer, (2001 in Els & De La Rey 2006:48-49) "defined wellness as a way of life aimed at optimal health and well-being in which an individual integrates body, mind and spirit so as to live more fully within the human and natural context. Ideally, it is an optimal state of health and well-being that each individual is capable of achieving in all domains of his or her life". Els and De La Ray (2006:46) further describe "wellness as a dependent variable is conceptualised within the life domains of the: (i) family and social interaction; (ii) work; (iii) spirituality; (iv) emotionality; (v) intellectuality; and (vi) physicality".

Employee Assistance Programme is "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" (Berridge & Cooper 1994:5 in Sieberhagen, Pienaar & Els 2011:2). The focus shifted from individuals to incorporate the well-being of more people in the workplace; wellness programmes are therefore "intervention strategies intended to promote the well-being of employees" (Sieberhagen *et al.* 2011:2). The term Employee Health and Wellness Programmes (EHWP) is more commonly being used at present and will also be used in the current study. In the Free State Provincial Treasury (FSPT) the term "refers to a programme that has the explicit aim of improving the quality of life of all employees and their families". (FSPT 2009:7).

Employee Health and Wellness Strategic Framework (EHWSF) is a wellness framework designed by the Department of Public Service and Administration (DPSA) in South Africa for all departments within the public service (RSA DPSA 2008:online). The framework was developed by following research and benchmarking processes of both international and local best practices; as well as by obtaining inputs from stakeholders (RSA DPSA 2008:online), and prescribes the strategy for employee health and wellness.

The components of the strategy are firstly a vision and mission for employee health and wellness, as well as the manner in which both the vision and mission are communicated, institutionalised and managed. Secondly, the four strategic areas where action is needed, namely:

- Management of infection by the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and tuberculosis (TB) Management;
- Health and Productivity Management;
- Safety, Health, Environment, Risk and Quality Management (SHERQ);
- Wellness Management; and
- Lastly, ten core principles for implementing the employee health and wellness strategy, serving as a set of guidelines to organise and manage interventions for employee health and wellness in the workplace (RSA DPSA 2008:online).

In the FSPT the EHWP helps to promote employees' health by "encouraging them to make necessary lifestyle changes to reduce illness related risks" (FSPT 2009:7). The EHWP provides assistance and information on, amongst other things: nutritional advice, healthy eating, exercise, compliance in respect of prescribed medication, safe sexual practices, treatment of chronic illnesses, stress management and coping techniques, and conflict management" (FSPT 2009:7).

Health is defined by the WHO as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (Edelman & Mandle 2006:6; Foster 2007:online) According to this definition, well-being or wellness could be considered to have a direct influence on a person's health.

Health promotion is defined as the process of enabling people to live healthy lifestyles in order to minimise health and safety risks, to increase control over their work-life balance, and to improve their health. Health promotion can be carried out in the workplace as well as in other settings – hence the term work-life balance. This term, workplace health promotion, "further denotes a comprehensive analysis and design at human – organization – work levels strategically and methodologically aiming at development of health resources in the enterprise" according to the World Health Organization (WHO n.d.:online). Health promotion indicates prevention or protection and includes learning of new skills that address positive and negative aspects of human

existence (Prins 2010:n.p.). Health promotion educates employees to take responsibility for their own health and wellbeing.

Holistic wellbeing is a total well-being and is about a healthy life which is inclusive of all dimensions or aspects of wellness. To attain holistic wellness one needs to embrace a dynamic and a whole process of growing awareness about making healthy choices with regard to one's health and safety for attainment of such more balanced and healthy lifestyle (Els & De la Rey 2006:46). Holistic life has seven dimensions: physical, emotional, social, spiritual, financial, career, and intellectual wellness (Els & De la Rey 2006:46)

Perceptions are closely related to attitudes. "Perception is the process by which organisms interpret and organize sensation to produce a meaningful experience of the world" (Lindsay & Norman 1977:n.p.). The same authors state that when an individual is confronted with a situation or stimuli, the interpretation of the stimuli is based on prior experiences and socialisation processes. However, it may often be found that what an individual interprets or perceives may be substantially different from reality, therefore perceptions are not reliable as they are personal and subjective in nature.

Staff development concerns the training and development of the staff with the goal of changing their knowledge, understanding, behaviours, and skill set. Additionally, attitudes, perceptions, values and beliefs of individuals may undergo personal growth during professional development, this is a desired outcome of staff development. During health promotion strategies individuals are taught or trained to lead healthy lifestyles for their personal well-being.

Wellness consultant/practitioner is an officer appointed to be responsible for keeping up-to-date with wellness information, as well as passing on the information to other officials. The practitioner helps clients to self-assess and self-evaluate, establish wellness goals, and plan actions to meet those goals (Clark 1996:1).

Wellness or wellbeing are terms often used interchangeably. 'Well-being' is considered "a complex combination of a person's physical, mental, emotional and social health factors; and is strongly linked to experiences, perceptions, attitudes and how one feels about oneself and one's life as a whole" (Clark 1996:8). The literature provide

various sources defining the term. Dodge, Daly, Huyton and Sanders (2012:230) propose the following definition of wellbeing: "the balance point between an individual's resource pool and the challenges faced". On the other hand, Jones (2005:2) in Foster (2007:11) states that "wellness is defined as: a way of life and living in which one is always exploring, searching, finding new questions and discovering new answers, along the three primary dimensions of living: the physical, the mental, and the social". The author also perceives wellness to be the achievement of a person's maximum potential in each of the above dimensions. In view of this it could be postulated that wellness is generally subjective and related to a person's own values and beliefs.

Work–life balance refers to a variety of practices that are implemented by an employer for employees in a workplace, to enable employees to balance the demands of personal and professional life (Duxbury & Higgins 2001:online).

Workplace health promotion (WHP) is, according to the Luxembourg Declaration of 1997, the combined efforts of employers, employees and society to improve the health and well-being of people at work (Cetron & Davies 2008:43). The term WHP indicates a strategy to develop health resources in the enterprise.

Workplace wellness programme is a programme that is aligned with the overall vision, mission and values of an organisation that enables employees in the development and maintenance of healthy lifestyles and behaviours, work-life balance, coping with stress, and boosting of morale and productivity (RAND Corporation 2013:10).

SUMMARY

Key terms: Employee Health and Wellness, Executive, Senior and middle managers' perceptions.

The success of a workplace health and wellness programme is dependent on both employee participation and managerial support. An interactive and supportive environment amongst employees (including managers at all levels) and the Employee Health and Wellness Programme (EHWP) team is important for an ongoing and sustained interest in issues of personal health and wellness in the workplace.

The main focus of this study was to investigate perceptions of managers regarding the 'health promotion' mechanisms of the EHWP within the Free State Provincial Treasury (FSPT). The issue is twofold; firstly the health and well-being of strategic managers themselves and secondly their role in promoting participation in wellness programmes amongst more junior employees, linked by the idea of the manager's role as "wellness ambassador". While striving to attain the strategic goals of the organisation, there may be a tendency among strategic managers to neglect their own health and well-being.

The overall goal of this study was to investigate how management in FSPT perceive the organisation's EHWP. The goal is to use the perceptions of the managers to make improvements to the EHWP.

A literature study was done to conceptualise and contextualize EHWP with a particular focus on perceptions of such programmes. A questionnaire was used to evaluate the health and well-being of strategic managers in the FSPT and to identify their perceptions of the EHWP.

The study revealed that there were some health and lifestyle aspects reported, which could potentially increase the managers' risk for ill-health and chronic diseases. Several initiatives in the EHWP and in the FSPT are already in place to address awareness and promotion of good health and wellness. Through the perceptions and comments of managers on all levels, the current study highlighted areas where the EHWP could even better serve the health and wellness needs of the FSPT workforce.

Furthermore the results indicated that perceptions of managers at all levels served as an invaluable source of information to improve and extend the comprehensive EHWP implemented in a South African public service organisations.

OPSOMMING

Sleutel terme: Werknemergesondheid- en Welstandspersepsies, Top Bestuur- Senior- en die Middel-bestuurderspersepsies.

Die sukses van 'n werkplek gesondheid en welstand program / werkplekgesondheid- en welstandsprogram is afhanklik van beide werknemerdeelname en bestuursondersteuning. 'n Interaktiewe en ondersteunende omgewing onder werknemers (insluitend bestuurders op alle vlakke) en die Werknemer Gesondheid en Welstand Program span is belangrik vir 'n deurlopende en volgehoue belangstelling in sake van persoonlike gesondheid en welstand in die werkplek.

Die hooffokus van hierdie studie was om die persepsies van bestuurders met betrekking tot meganismes van die 'gesondheidsbevordering' in die Werknemer Gesondheid en Welstand Program binne die Vrystaat Provinsiale Tesourie te ondersoek. Die probleem is tweedelig; eerstens die gesondheid en welstand van strategiese bestuurders hulself, en tweedens hul rol in die bevordering van deelname aan welstandsprogramme onder meer junior werknemers, verbind deur die idee van die rol van die bestuurder as "welsyn-ambassadeur". Terwyl daar ‘n strewe is om die strategiese doelwitte van die organisasie te bereik, kan daar 'n tendens onder strategiese bestuurders wees, om hul eie gesondheid en welsyn te verwaarloos.

Die oorkoepelende doel van hierdie studie was om ondersoek in te stel in verband met hoe bestuur in VPT die organisasie se Werknemer Gesondheid en Welstand Program sien. Die doel is om die persepsies van die bestuurders te gebruik om verbeterings aan die Werknemer Gesondheid en Welstand Program te maak.

'n Literatuurstudie is gedoen om ‘n Werknemer Gesondheid en Welstand Program te konseptualiseer en te kontekstualiseer met 'n spesifieke fokus op die persepsies oor sulke programme. 'n Vraelys is gebruik om die gesondheid en welstand van strategiese bestuurders in die Vrystaat Provinsiale Tesourie te evalueer en om hul persepsies van die Werknemer Gesondheid en Welstand Program te identifiseer.

Die studie het getoon dat daar 'n paar aspekte in terme van die gesondheid en leefstyl van die bestuur is wat potensieel hul risiko vir swak gesondheid en chroniese siektes kan

verhoog. Verskeie inisiatiewe in die Werknemer Gesondheid en Welstand Program in die Vrystaat Provinsiale Tesourie is reeds in plek om bewustheid en bevordering van goeie gesondheid en welstand aan te spreek. Die persepsies en kommentaar van bestuurders op alle vlakke, het in die huidige studiegebiede uitgewys, waar die Vrystaat Provinsiale Tesourie nog beter diens kan lewer in terme van die gesondheid en welstand van die Vrystaat Provinsiale Tesourie werksmag. Verder het die resultate aangedui dat persepsies van bestuurders op alle vlakke gedien het, as 'n waardevolle bron van inligting om die omvattende Werknemer Gesondheid en Welstand Program in 'n Suid-Afrikaanse staatsdiens organisasie geïmplementeer, te verbeter en uit te brei.

AN INVESTIGATION INTO HOW TREASURY MANAGEMENT PERCEIVES THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

An in-depth study was done in the Free State province, South Africa to investigate how the Free State Provincial Treasury (FSPT) officials in managerial positions perceive the Employee Health and Wellness Programme (EHWP) within their department.

The consideration of five dimensions of well-being, as described by author o'Donnell in McCarthy, Almeida and Ahrens (2011:online), are incorporated into the concept of any employee health and wellness programme which aims to ensure that all aspects of health including physical, emotional and, psychological, spiritual and environmental are addressed. As a holistic programme, an EHWP is concerned with the total well-being of all employees, and its purpose, is to educate and encourage employees to follow preventative measures in terms of disease onset (Makala 2011:16). Healthy lifestyles are encouraged and various health screening and health care options are brought to the workplace. An EHWP offers information and support to employees on many relevant health and wellness topics.

Management is crucial in motivating junior employees and new co-workers to participate in wellness events, and to serve as role models. This view is also emphasised by Rowan and Harishanker (2014:online), who state that wellness needs to be done *'with'* employees, not *'to'* them, thus ensuring that the effects of the wellness programme are reciprocally maintained. The authors stress that when employees at all levels feel a system is 'their own', engagement generally increases. The most effective wellness programmes are actively designed to be inclusive of all employees at various levels within the organisation, thereby enhancing partnerships, encouraging a sense of 'ownership' of the wellness programme. Rowan and Harishanker (2014:online) stress the need to harness the power of shared accountability for sustained engagement in a successful employee health and wellness inititative.

The researcher is of the opinion that the executive, senior and middle management are well placed within the FSPT organisation, to become 'wellness ambassadors'; and by their own participation they could help encourage junior employees to support wellness initiatives in the workplace. For a number of valid reasons, this engaged participation may not have reached an optimal level in the FSPT at the time of writing, and thus the perceptions of all managers regarding the EHWP available within the FSPT will be determined and reported on, in this particular dissertation.

This first chapter aims at orientating readers to the study by providing the background and context of this study. The chapter provides a background on current employee health and wellness programmes in workplaces, both in the local context in South Africa, as well as internationally. This is followed by the research questions, the problem statement, scope of the study, the overall goal, research design and methods. Finally, Chapter 1 concludes by providing an outline of the dissertation and the chapters to follow.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The prevention of chronic disease is widely recognised as an important global health issue, and certain lifestyle practices such as poor nutrition, physical inactivity, alcohol use, and smoking, increase chronic disease risks and impact negatively on population health outcomes. In a working adult population, chronic diseases and unhealthy lifestyles could affect productivity negatively, and international authors Pescud, Teal, Shilton, Slevin, Ledger, Waterworth and Rosenberg (2015:online) consider workplaces as an ideal setting for health promotion initiatives. Goetzel and Ozminkowski in Pescud *et al.* (2015:online) highlight that wellness programmes in the workplace could be seen as health promotion initiatives for large segments of the population, who otherwise may not have access to such initiatives.

Pescud *et al*. (2015:online) consider that workplaces provide an opportunity for specifically tailored programmes and health initiatives to meet industry-specific needs, as well as cater to the needs of unique groups of employees. The same authors define employee 'health promotion' initiatives such as health risk assessments, and vaccinations, and employee 'wellness activities', such as increased physical activity and other lifestyle changes which are used to promote and improve the health of employees. Pescud *et al*. (2015:online) stress that the issue of occupational health and safety or

'health protection' is aligned with, but separate from 'health promotion'. Occupational health and safety includes efforts to prevent injury or illness due to specific workplace conditions, and would include safety training, environmental modification, and the provision of and use of personal protective equipment (Pescud *et al*. 2015:online).

Aligned with the above-mentioned international perspectives on employee health and wellness strategies, there are similar approaches to employee health and wellness within South Africa. During the past decade, the South African Department of Public Service and Administration developed the Employee Health and Wellness Strategic Framework, a framework which resulted from an extensive research process, the benchmarking of international and local best practices and through inputs from stakeholders (RSA DPSA 2008:online). "This integrated model is responsive and pre-emptive to both employee and employer health rights and responsibilities, as it provides a platform for implementation and co-ordination in a synergistic manner by stressing the virtues of health as a priority for our workforce" (RSA DPSA 2008:online).

This Employee Health and Wellness Strategic Framework takes into account the challenges that HIV, AIDS, TB and other chronic diseases pose to both employees and management. In addition, occupational injuries and diseases are also considered to be some of the main challenges facing the public service in South Africa (RSA DPSA 2008:online). The framework seeks to represent an "integrated, needs-driven, participative, and holistic approach to Employee Health and Wellness in the Public Service" (RSA DPSA 2008:online). The importance of individual health, wellness and safety is well recognised, as are the links to organisational wellness and productivity in the Public Service. "The elements of the framework are:

- Management of infection by the human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) and tuberculosis (TB) Management;
- Safety, Health, Environment, Risk and Quality Management (SHERQ);
- Health and Productivity Management; and
- Wellness Management" (RSA DPSA 2008:online).

Although the management of infectious diseases in the context of the workplace plays an important part in an employee health and wellness strategy, this aspect is not the focus of the current study, and will not be elaborated on in this investigation. Similarly, it is considered by the researcher that occupational health and safety (OHS) within the

workplace are already well regulated by South African law, and these aspects are also not the focus for this current study into the FSPT EHWP. The focus of this study is to assess perceptions of all managers regarding the EHW programme available within the FSPT.

The main focus of this study was to investigate perceptions of managers regarding the 'health promotion' mechanisms of the EHWP within the FSPT. The issue is twofold; firstly the health and well-being of strategic managers themselves, and secondly their role in promoting participation in wellness programmes amongst more junior employees, linked by the idea of the manager's role as "wellness ambassador".

While striving to attain the strategic goals of the organisation, there may be a tendency among strategic managers to neglect their own health and wellbeing. The Independent Counselling Advisory Services of South Africa (ICAS-SA) also support the notion that the health needs of executives may not be addressed until serious health problems occur. It is stated that from "a governance perspective, a key executive's risk is a material consideration in terms of business continuity and shareholder/stakeholder interests" (ICAS-SA, 2012:online).

1.3 PROBLEM STATEMENT AND RESEARCH QUESTIONS

It appears to be common practice that many senior managers in some organisations invest into costly resources in EHWP for their employees; but as alluded to earlier, they themselves may rarely utilise such programmes as Adams (2006:9) asserts. Simultaneously, senior managers could be considered to be a very important asset in any workplace, and therefore their well-being should be a priority for achieving success, continuity, and sustainability in any organisation.

Senior and middle managers in the FSPT also oversee the fiscal usage in other provincial departments, and provide support and guidance for all the strategies and decisions made, to ensure that individual departmental core mandates materialise. The researcher is of the opinion that senior officials within the FSPT can be considered to be the backbone of other provincial departments, with busy schedules and long working hours, and therefore their holistic wellbeing is important. The officials may appear to be well, but they may be ill unknowingly, because they are extremely busy and absorbed in their work, they travel excessively and are less physically active than they would like to be. Stress and work-life

imbalance may surface, at the expense of their relationships, health and general well-being, since managers may not find time to consider their holistic well-being, as Adams (2006:9) claims**.**

The problem addressed in the study was that little was known or reported about the perceptions of managers regarding the EHWP in the FSPT, but some clues were emerging to the researcher in this study that managerial participation has probably been prompted by awareness, interest, and knowledge of EHWP by Treasury managers. Therefore, understanding of the prevailing managerial perceptions and attitudes pertaining to existing EHWP should not be underestimated.

In order to address the problem stated above, the following research questions were asked:

1. *How can the perceptions of managers about an EHWP be conceptualised and contextualised?*
2. *What are the perceptions of executive, senior and middle managers pertaining to the current available EHWP in the FSPT?*

1.4. OVERALL GOAL, AIM AND OBJECTIVES OF THE STUDY

The overall goal, aim and objectives of the study were the following:

1.4.1 Overall goal of the study

The overall goal of this study was to investigate how management in FSPT perceive the organisation's EHWP. The goal was to use the perceptions of the managers to make improvements to the EHWP.

A further goal of the study was to raise awareness of the EHWP and its functions, thereby encouraging increased participation in the programme at all levels of the organisation, leading to the ultimate goal of the manager as role model and 'wellness ambassador', setting an example which their employees could follow.

1.4.2 Aim of the study

The aim of this study was to determine the perceptions of executive, senior and middle managers in the FSPT pertaining to the available EHWP.

1.4.3 Objectives of the study

To achieve the aim, the objectives were formulated as follows:

1. To contextualise and conceptualise perceptions of managers about an EHWP [An in-depth literature study on the perceptions of EHWP was conducted to address the first research question].
2. To explore and describe the perceptions of executive, senior and middle managers pertaining to the current available EHWP in the FSPT [A paper based questionnaire survey was used to address the second research question].

1.5 DEMARCATION OF THE FIELD AND THE SCOPE OF THE STUDY

The study was done in the field of Health Professions Education (HPE) and lies in the domain of health and wellness programme development. The study was conducted in the FSPT and the findings are therefore limited to the FSPT.

In a personal context, the researcher in this study is an assistant manager who supervises EHWP in the FSPT. The researcher was trained as a professional health nurse with a specialty in Primary Health Care, Nursing Education, Community Health Nursing, Nursing Administration, Midwifery and General Nursing with a post graduate diploma in HPE. The researcher practised for 27 years as a registered professional nurse and eight years as a wellness manager.

The researcher in this study believes that successful EHWPs depend on voluntary participation based on the quality and effectiveness of empowerment activities like campaigns, workshops and information sessions as well as use of proper marketing strategies such as essential branding of organisational wellness programmes, products brands, posters, banners, flyers, publications, local campaigns, public events circulated articles for increased awareness. The researcher perceived the need to gauge managers'

engagement in the current EHWP. The researcher was therefore interested to establish the perceptions of all managers regarding the EHWP available within the FSPT.

This study was conducted between 2014 and 2016, with the empirical phase from November 2014 to May 2015.

1.6 SIGNIFICANCE AND VALUE OF THE STUDY

The value and significance of this study would be the improvement of the EHWP for ultimate mutual benefit of all officials and their families through the ongoing support of the EHWP by all categories of managers. The researcher is of the opinion that an awareness of managerial perceptions of the current EHWP could enhance planning and implementation of a tailor-made EHWP for the future. It is further hoped that the results of this study will lead to a sustainable worksite wellness programme in the FSPT, leading to better employee productivity and building on a supportive organisational or corporate culture.

A further significance of the study had been to contextualise and conceptualise managers' perceptions, thereby raising awareness of the current EHWP. It is hoped that a future EHWP which is well-supported by the FSPT managers as leaders, problem-solvers, compassionate mentors and role models of healthy lifestyles, and who will in turn encourage participation by more junior officials, employees and their families within the FSPT.

1.7 RESEARCH DESIGN OF THE STUDY AND METHODS OF INVESTIGATION

In this section the research design and methods of investigation will be discussed.

1.7.1 Research design of the study

A quantitative descriptive study, with some qualitative elements (cf 3.2.2), was used for purposes of this study. Quantitative data was collected by means of a questionnaire and the results analysed and presented as frequencies and percentages in tables and figures. As a typical descriptive study, the quantitative study provides a clear picture of situations as they naturally occur in determining or identifying problems with the current situation

which assisted the researcher to justify it and make judgments (Meyer & Naudé 2009:348). The questionnaire survey also included open-ended questions, requesting comments, perceptions and observations from participants, which contributed to the qualitative element of the study (cf 3.2.2).

1.7.2 Methods of investigation

The methods that were used to provide a basis for this project and to address the two research questions were a literature study and a questionnaire survey.

The research included a literature study that focused on perceptions regarding EHWP. In addition the literature study was done to develop the questionnaire survey for use in this study. The questionnaire survey was used to determine the perceptions of management pertaining to EHWP in the FSPT. The findings from both the literature study and questionnaire survey were used to make recommendations for an improved and more accessible EHWP.

A detailed description of the target population, sample and sampling method, data collection, analysis procedures and ethical considerations is provided in Chapter 3. A schematic overview of the study can be seen in Figure 1.1

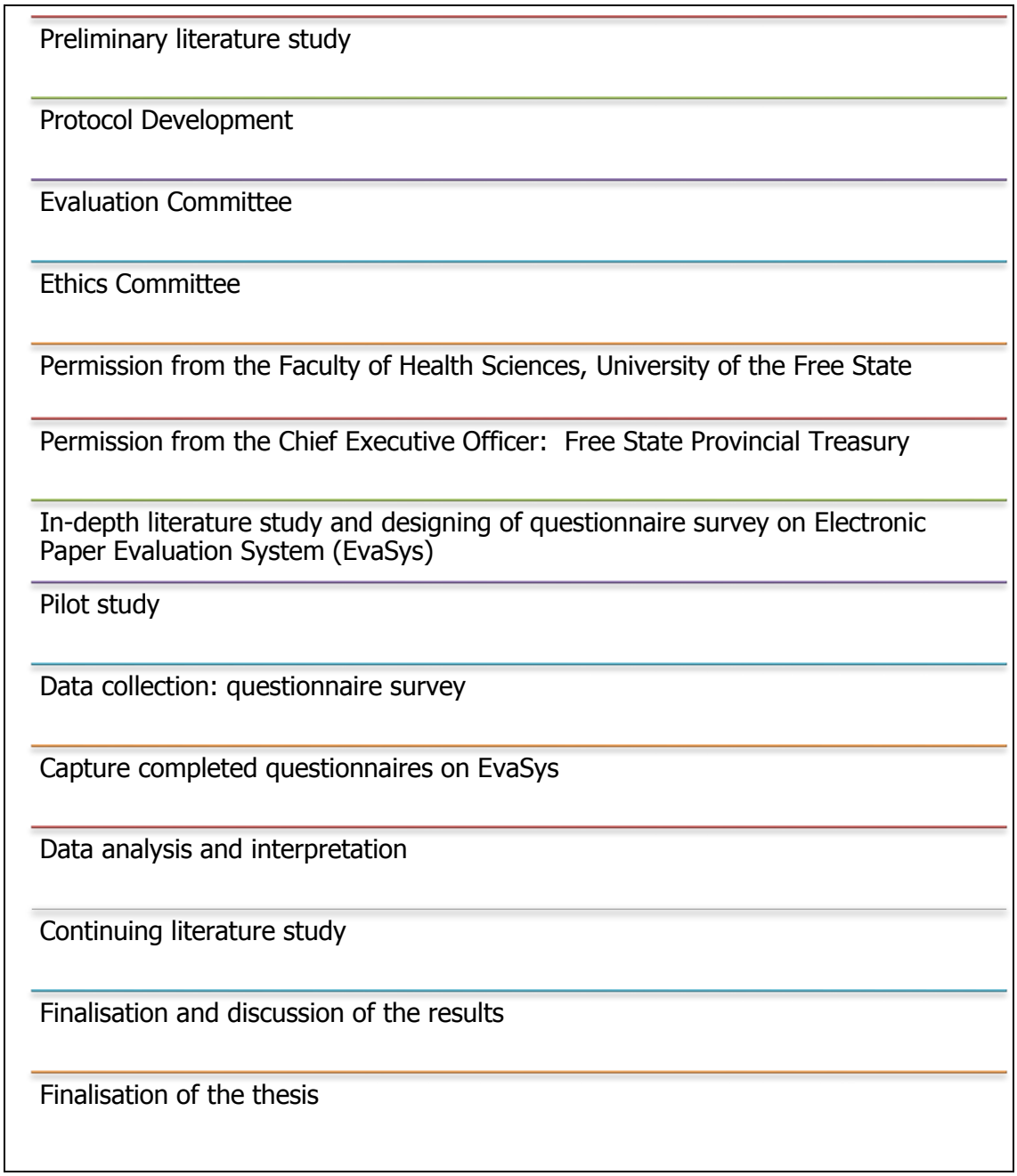

Figure 1.1 Schematic overview of the study

1.8 IMPLEMENTATION OF THE FINDINGS

The report that contains the findings of the research will be brought to the attention of the Management of the FSPT, the Department of Public Service Administration (DPSA) and other Employee Health and Wellness (EHW) Managers in other Provincial departments of the Free State Province.

The research findings will be submitted to academic journals, with a view for publication in order to make a contribution to overall EHWP, in workplaces for improved employee wellness.

1.9 ARRANGEMENT OF THE REPORT

The following section provides a brief outline of the study.

In Chapter 1, **Orientation to the study**, the researcher provides the background and context of this study as well as a list of acronyms and definitions and terms used in this study. The chapter therefore starts with a background and this is followed by the introduction of the research questions, problem statement, scope, overall goal, aim and research design. Finally, Chapter 1 concludes, by providing an outline of the dissertation and the chapters to follow.

In Chapter 2, the perceptions of health and wellness programmes will be discussed and titled **Conceptualising and contextualising perceptions about employee health wellness programmes.** Attention will be given to the philosophical and theoretical basis of the literature study, a historical overview, workplace wellness programmes, international and national perspectives of EHWP, participation in EHWP by employers and management, conceptualising and contextualising EHWP in the FSPT.

In Chapter 3, **Research design and methodology**, the research design and the methods applied will be described. The data collecting methods and data analysis will be discussed.

Chapter 4, **Results and findings of the questionnaire survey**, presents the analysis of the survey data.

In Chapter 5, **Interpretation and discussion of the results of the questionnaire survey**, interpretations of the results are presented.

Chapter 6, **Conclusion, recommendations and limitation of the study**, concludes the study by offering an overview of the study, a conclusion, recommendations and the limitations.

1.10 CONCLUSION

Chapter 1 provided an overview of the study regarding the investigation of how management perceives the EHWP in the FSPT.

The next chapter, Chapter 2, entitled **Conceptualising and contextualising perceptions about employee health wellness programmes***,* will be a study of the relevant literature.

CHAPTER 2

CONCEPTUALISING AND CONTEXTUALISING PERCEPTIONS ABOUT EMPLOYEE HEALTH AND WELLNESS PROGRAMMES

2.1 INTRODUCTION

This chapter provides a literature study highlighting workplace health promotion strategies, in order to place the topic under investigation in perspective. Although it is true, as asserted by Makala (2011:31), the primary aim of any institution is to attain institutional goals, there are interrelated issues, such as "wellness of employees that might translate into performance, which could be dependent on the awareness, perceptions and relationships" of the various role-players. This study seeks to investigate management perceptions in the Free State Provincial Treasury (FSPT) of a health and wellness programme for all employees, including management, in the hope that the findings are of benefit both to the individual and the institution itself.

The chapter begins by addressing the historical perspectives of health promotion strategies, as well as identifying international and national trends employee health and wellness programmes (EHWPs) to place the current study in context. An in-depth investigation of the conceptualisation and contextualisation of an EHWP is undertaken, in order to indicate aspects of an ideal workplace wellness programme, with levels of participation by all stakeholders being highlighted.

Although numerous previous studies have addressed the benefits of company wellness programmes, actual consideration of employees' preferences and perceptions may be overlooked, which in turn leaves the actual beneficiaries of employee wellness without a voice to express their opinions and views regarding the wellness programme (cf. 1.1; 1.2).

In international studies, it has been observed that in some organisations, employees in senior managerial positions seem to invest in costly EHWP for more junior employees, whilst they themselves rarely utilise such programmes (Adams 2006:9, Drake 2001:14). In a recent South African study, Makala (2011:3) asserted that poor or non-utilisation of workplace wellness programmes may exist. These local and international findings are aligned with the current topic under investigation by the researcher.

For a schematic overview of the different aspects which will be discussed in this chapter, and which form the literature study, see Figure 2.1:

Figure 2.1 Schematic overview of different aspects of the literature study that will be discussed

2.2 A HISTORICAL OVERVIEW OF EMPLOYEE HEALTH AND WELLNESS

In 1950 there was a joint International Labour Organisation (ILO) and a World Health Organization (WHO) Committee formed to consider 'Occupational Health'. The

establishment of legislative and infrastructural support for enforcing health and safety in workplaces was envisaged. Primary health care was seen as a vehicle that could bring national health care "as close as possible to where people live and work" and the right environment for concepts of health promotion and occupational health and safety could be promoted, according to Kaplun and Wenzel (1989).

According to Miller (2005:online), the wellness concept became popular in the 1970's. A physician named Halbert Dunn began using the words 'high level wellness' in the 1950s, and defined wellness generally as "a healthy balance of mind, body and spirit" (Ames 2009:online), whilst the National Wellness Institute defined wellness as "an active process of becoming aware of and making choices toward a more successful existence" (National Wellness Institute n.d.:online). Fairweather (2011:online) indicated that workplace wellness programmes expanded during the 1980s and 1990s and culminated into a common occurrence in most workplaces, as found today. However, typical wellness programmes at that time revolved only around areas of nutrition, weight management, and physical activities (Fairweather 2011:online).

In 1981 the ILO Occupational Health and Safety Convention 155 was passed at the 67th ILO session, the convention required that member states establish national policies within the physical work environment (Burton 2010:11). A further ILO Health and Safety Convention 161 was passed in 1985 (Burton 2010:11), with an important resolution that demanded that employers in member states establish workplace wellness programmes in both private and public sectors.

2.3 AN INTERNATIONAL OVERVIEW

The World Health Assembly of the WHO endorsed the Global Strategy on Occupational 'Health for All' in 1996 (Burton 2010:12). A decade later, however, the 'global countries survey' revealed that minimal improvements had been made by the target countries; and further improvements for healthy workplaces were still needed (Burton 2010:17). This led to the endorsement of the Global Plan of Action on Worker's Health for the period 2008-2017 in May 2007 by the World Health Assembly (Burton 2010:8). The aim of the Global Plan of Action on Worker's Health was to move from strategy to action as a new initiative by all member states. The Global Plan of Action on Worker's Health provided a political framework for the development of policies, infrastructure, technologies and

partnerships. This was done to link occupational health with public health in order to achieve a basic level of health for all workers (Burton 2010:8).

In accordance with the ILO promotional framework, the public service of each country was expected to develop policies, systems, programmes and adopt a preventative culture to promote the wellbeing of public employees (Burton 2010:8). However, Makala (2011:2) claims that although there were appropriate and structured policies, systems and programmes in workplaces, these processes did not have a direct bearing on the level of beneficiaries' awareness and perception about them, in particular South African institutions. Therefore, it is important to understand the target audience's perceptions and preferences regarding employee wellness when drafting policies and planning programmes so as to effectively influence optimal participation by beneficiaries. Employees in managerial positions, should not be exempted from EHW as beneficiaries. This study strives to investigate management's personal opinions about participating in workplace wellness programmes.

There was a Global Declaration of 'Occupational Health for All' in 1994 at the Beijing meeting of Occupational Health (Burton 2010:11). The Jakarta Declaration on Health Promotion was signed in 1997 and the Luxembourg Declaration on Workplace Health Promotion was signed in the European Union in 1997 and in 2002. The Barcelona Declaration on Developing Good Workplace Health Practice was made in Europe (Burton 2010:12-13) as well as the Bangkok Charter for Health Promotion in a Globalized World was signed in 2005.

However, Fairweather (2011:online) claims that despite advanced historical strides made in EHWP in most workplaces, traditional health promotion has not managed to successfully bridge the gap "between translating recommended behaviours for reducing chronic disease risks and public uptake of healthy behaviour changes."

The Global Plan of Action on Workers' Health 2008-2017 of the WHO states that half of the world's population is represented by workers who are major contributors to each country's economic development. In order to keep employees healthy, calls have been made for effective interventions that prevent occupational hazards and protect and promote health at the workplace and offer access to occupational health services by management (Burton 2010:6-7).

According to Linnan *et al.* in Fairweather (2011:online) only seven percent of employers or managers provided holistic and comprehensive wellness programmes that included components of health education/promotion, supportive social and physical work environment (work-life balance), organisational development that was connected to employee assistance programmes, and worksite screening.

Rowan and Harishanker (2014:online) stress that "workplaces have a unique power to reframe the mindset around health itself — from one of sickness to wellness". A leading expert in the field of health and productivity management, Goetzel in Rowan and Harishanker (2014:online) states that "companies are a microcosm of society and an important and unleveraged setting for health improvement and risk reduction".

In a recent Australian study into employers' views on the promotion of workplace health and wellbeing, Pescud *et al*. (2015:online) note that it is of particular interest to study the perceptions of those in managerial or leadership roles, as they have an integral part to play in promoting health policies and programmes. The authors found that "several factors influence employers' views on the appropriateness of workplace health and wellbeing initiatives" and indicated that it was significant to understand best practices depending on industries and different workplaces. The current study aimed to explore and describe the perceptions of FSPT managers pertaining to the current EHWP, and is aligned with international trends, as it seeks to contextualise the information provided. It is further hoped that the findings of the current study, in the context of the FSPT EHWP, could be used to recommend and design new wellness initiatives and interventions, giving consideration to the specific place of work and the needs of the employees at all levels of the hierarchy.

Studies that investigate views of managers include those by Audrey and Procter (2015:online), where employers conceded that "the main business of their organisation took priority over other activities". In some workplaces, as reported by the authors, there appeared to be a deeper disconnection between workers and employers as opposed to other workplaces. The conclusion was drawn that if the wider ethos of the workplace is that of a genuinely caring and supportive working environment, employees may be more receptive to suggestions from employers and managers to take part in health promotion activities (Audrey & Procter 2015:Online).

In an extensive study conducted in the United States of America , Linnan, Weiner, Graham and Emmons (2007:online) used a survey to explore the beliefs of 1047 managers (169 senior managers, 567 middle managers and 311 line supervisors) regarding worksite health promotion. In the study it was stressed that successful health promotion in the workplace had moved beyond "an exclusive focus on the employee", and that the interpersonal relationships between the employee, his or her peers, immediate supervisors and top-level management were of great importance. It is stressed by Orlandi in Linnan *et al.* (2007:online) that whilst management support is of critical importance to the adoption and implementation of health promotion programmes, the support was "not necessarily consistent across management levels". For the purposes of planning for employee health and wellness, the results of this in-depth study indicated that "the beliefs of different types of managers should be addressed when planning a comprehensive worksite health promotion effort" Linnan *et al*. (2007:online).

Edelman and Mandle (2006:20) claim that ethnicity, race and culture play a role and affect population's perceptions regarding health promotion practice. Furthermore, subjective well-being is also influenced by cultural and individual differences in perceptions of wellness across nations (Miller & Foster 2010:16). These international findings have relevance to the current study, and the health and wellness perceptions of the participants in the context of the South African public service.

When considering relationship status as a factor in subjective well-being, international authors Stutzer and Frey (2005:328) have documented that married people tend to report "greater subjective well-being" and may live longer due to improved physical and psychological health. The same study found that those who "cohabit with a partner are significantly happier than those who live alone" (Stutzer & Frey 2005:328). In the research done by Argyle (1999:online), reasons why marriage contributes to well-being, may include improved self-esteem and the provision of an escape from work-related stress, which may be of significance in the current study. A family life which includes children may also contribute to feeling less lonely, providing for growing children may give parents in busy jobs the much-needed balance in life (GCIS 2015:12), a valid example from a South African context.

2.4 EMPLOYEE HEALTH AND WELLNESS IN THE SOUTH AFRICAN PUBLIC SERVICE

The Employee Health and Wellness Strategic Framework (EHWSF) was developed by the South African Department of Public Service and Administration (RSA DPSA 2008:online) (cf. 1.2). The framework is divided into two main sections, an Occupational Health section and a Quality of Work Life section. Under the Occupational Health section, there are two pillars: firstly the pillar for prevention, treatment and management of infectious diseases for employees, and secondly the pillar for injury on duty, chronic disease management and workplace productivity. Under the Quality of Work Life section, there are also two pillars: firstly the pillar for occupational safety of all employees and environmental risk management, and secondly the pillar for employee wellness management, including maintenance of work-life balance, and organisational wellness. The four pillars and the descriptions within each can be seen in Table 2.1.

Table 2.1 The employee health and wellness strategic framework for the public service

(Design: Mahabuke PE 2016; Source: RSA DPSA 2008:online)

<table>
<tr><th colspan="2">Occupational Health</th><th colspan="2">Quality of Work Life</th></tr>
<tr><td>Treatment, Monitoring and Evaluation</td><td>Occupational Health Education and Promotion</td><td>Occupational Health and Safety</td><td>Individual Wellness Psychosomatic</td></tr>
<tr><td>Human Rights and Access to Justice</td><td>Injury on Duty and Incapacity due to Illness</td><td>Environmental Management</td><td rowspan="2">Organisational Wellness</td></tr>
<tr><td>Treatment, Care and Support</td><td>Mental Health and Psychosomatic Illness</td><td>Risk Quality</td></tr>
<tr><td>Prevention</td><td>Disease Management and Chronic Ill Health</td><td>Risk Quality Assurance</td><td>Work-Life Balance</td></tr>
<tr><td>HIV & AIDS and TB Management

PILLAR 1</td><td>Health and Productivity

PILLAR 2</td><td>SHERQ

PILLAR 3</td><td>Wellness Management

PILLAR 4</td></tr>
<tr><td colspan="4">4 Key initiatives for High Performance in Public Service through Health & Productivity Management</td></tr>
<tr><td colspan="4">Core Principles informing implementation of EH&W Strategy</td></tr>
<tr><td colspan="4">Legislative Framework as a Foundation</td></tr>
</table>

The challenges facing South Africa today are recognised (RSA DPSA 2008:online) and an "integrated, needs-driven, participative, and holistic approach to Employee Health and Wellness in the Public Service" is also stressed (RSA DPSA 2008:online) (cf. 1.2). The

management of HIV, AIDS and TB within the South African workplace, and policies dealing with these chronic infectious diseases do not form part of this research study.

Similarly, according to the promotional framework described in the ILO's Convention 187 Promotional Framework for Occupational Health and Safety, every government department should "develop a policy on occupational health and safety and the working environment in accordance with the principles of Article 4 of the Occupational Health and Safety Convention, 1981, No. 155" (RSA DPSA 2008:online). The aspects of occupational safety and health do not form part of the focus of this current study into the FSPT EHWP. The focus of this study was to assess health promotion and wellness strategies, and perceptions of all managers regarding the EHW programme available within the FSPT, which is aligned with pillar four, under the Quality of Work Life section. It must also be stated that certain aspects contained under the Occupational Health section, specifically in pillar two, and related to chronic health, disease management, psychosomatic illness, occupational health education and promotion were inextricably linked with life-work balance and holistic wellness of the employee.

2.5 THE CONCEPT OF AN EMPLOYEE HEALTH AND WELLNESS PROGRAMME

This section addresses the conceptualisation of an employee health and wellness programme and provides a discussion on relevant models to explain the theoretical relationship among relevant constructs of workplace health promotion, employee wellness and wellness perceptions, with the aim to help employees cope with workplace challenges.

2.5.1 A definition of an employee health and wellness programme

An EHWP is a workplace programme that aims at improving the health and holistic well-being of employees and their families by moving employees to greater awareness of engaging in activities that move them towards fitness and health according to Clark (1996:8). The WHO defines health as not simply meaning 'a physical body being free from diseases'; but rather defining wellness as an overall balance of a physical, social, spiritual, emotional, intellectual, environmental, and occupational well-being (Edelman & Mandle

2006:6). The concept 'wellbeing' emanates from the concept of 'health and being healthy' (Clark 1996:8), and includes:

- **Physical wellness,** the concept of a physical dimension of wellness that promotes physical well-being aimed at the attainment of optimal health and functioning; and
- **Psycho-social wellness,** the "dimension of wellness promotes the ability of employees to interact successfully and to live up to the expectations and demands of personal roles; to promote emotional intelligence, self-esteem, optimism, sense of coherence, initiative, creativity and resilience of employees for productivity" (Clark 1996:8).

2.5.2 Societal perspectives of an employee health and wellness programme

The 'work-life balance' refers to practices to enable employees to balance the demands of personal and professional life (Duxbury 2001:online). The ability to prioritise between "work (career and ambition) and lifestyle (food choices, physical activity, stress handling, health preferences, pleasure, leisure, family and spiritual and personal development /meditation) in a complex world" is challenging and necessitates a balance between the demands of work-life, family-life and personal needs (Duxbury & Higgins 2001:online). Senior or junior managers also need work–life balance since they are not immune to experiencing personal problems which form part of day-to-day challenges (Makala 2011:16). Workplace EHWPs can impact large segments of the population (Pescud *et al.* 2015:online) (cf. 1.2), and thus have a societal role to play.

2.5.3 Rationale for employee health and wellness programmes

The workplace EHWP "allows employers, unions, managers and human resources practitioners to access the latest information and examples of best practices that enhance work-life balance for their employees" as stated by Duxbury and Higgins (2001:online). The rationale for an employee wellness programme is to promote health through encouraging healthy habits and prevention of health risks. It also contributes towards improving employee productivity, reducing health and cost-related absences, improving employee morale, and retaining employees within the business (RSA DPSA 2008:online; Ngeno & Muathe 2014:32). It has been shown that health and efficiency have a clear relationship in that those who are healthy in the workplace are more likely

to perform more productively and take less days off work due to ill health (RSA DPSA 2008:online).

EHWPs aim at ensuring employee well-being. The term 'holistic wellbeing' refers to total or whole wellbeing (Els & De La Rey 2006:46). According to Du Chenne (2009:online), holistic well-being is a healthy life which is inclusive of all dimensions or aspects of wellness. Sieberhagen *et al.* (2011:5) in defining employee wellness, refer to self-development dimension of employee wellness as involving employees' growth; self-development; and personal improvement to enable them to reach their potentials through training.

'Wellbeing' is considered "a complex combination of a person's physical, mental, emotional and social health factors; and is strongly linked to experiences, perceptions, attitudes and how one feels about oneself and one's life as a whole" (Clark 1996:8). The literature provide various sources defining the term. Dodge, Daly, Huyton and Sanders (2012:230) define well-being as "the balance point between an individual's resource pool and the challenges faced". Jones in (Foster 2007:11) defines the concept of wellness as: "a way of life and living in which one is always exploring, searching, finding new questions and discovering new answers, along the three primary dimensions of living: the physical, the mental, and the social; a way of life designed to enable each of us to achieve, in each of the dimensions, our maximum potential that is realistically and rationally feasible for us at any given time in our lives". In view of this it could be postulated that wellness is generally subjective and related to a person's own values and beliefs.

Well-being and wellness are often used interchangeably. Travis (2011:online) refers to wellness as a process based on the Illness-Wellness Continuum, Rothmann and Ekkerd (2007:35) also see wellness as a balance between two extremes or dimensions, constantly fluctuating between wellness and illness. A chronic disease condition is defined as one that lasts for more than three months, for example high blood pressure, back problems, heart disease and mental conditions (Edelman & Mandle 2006:552).

Adams *et al.* in Rothmann and Ekkerd (2007:35) assert that individual wellness involves "an integrated method of functioning which suggests reciprocal integration at the individual level; and this implies simultaneous functioning in multiple dimensions and at various levels within individuals". These multiple dimensions which may be linked to an

individual's level of education is an important "indicator of social status and is associated with job status, beliefs and behaviours or lifestyles" (Cardiff 2013:online). The Economic and Social Research Council (ESRC 2014:3) also refers to education as one of the best indicators of positive life's outcomes, including employment, income and social status. Education is also considered to be the best predictor of attitudes and wellbeing (ESRC 2014:3).

2.5.4 Determinants and prerequisites for successful employee health and wellness programme

The determinants and prerequisites for success of an EHWP are discussed:

2.5.4.1 *Employee participation or engagement*

Employee health and wellness programmes are set up to engage all employees in healthy living behaviours, to manage health care costs and to boost employee productivity. However, employee participation in workplace wellness programmes and life-long behavioural changes linked to wellbeing continue to be a challenge as asserted by Linnan *et al*. in Fairweather (2011:online). In an American study non-participation in wellness programmes was associated with male gender and individuals with an abnormal body mass index (Hall, Kelly, Burmeiser & Merchant 2016:online). Literature also showed that incentives are commonly offered in attempt to encourage employee interest and participation in health and wellness initiatives. A study by Taitel, Haufle, Heck, Loeppke, Fetterolf and Donald (2008:863-872) investigated factors associated with employee participation rates in health risk assessments, and found that the value of incentives, optimal communication and organisational support all contribute to employee participation rates. Huang, Mattke, Batorsky, Miles, Lui and Taylor (2016:34) warn that employee participation in wellness programmes may increase if incentives are used, but incentives should not be seen as the only way to increase employee participation.

Research is scant on the actual influences which motivate executives, senior managers and junior employees to actively decide to participate in workplace wellness programmes, according to Fairweather (2011:online). In the current South African study, the perceptions of the managers were gauged in order to understand influences which may motivate managers to participate in the current EHWP, in the FSPT as a specific workplace.

2.5.4.2 *A management leadership and supportive role for an employee health and wellness programme*

According to The Luxembourg Declaration of 1997 (WHO 2007:online), the ideal "health and well-being of employees at work can be achieved through a combination of (a) improving the organization and the working environment, (b) promoting active participation, and (c) encouraging personal development". The report further encourages the executive leadership of the organisation to "work closely with departmental managers by educating their employees about the role and benefit of the wellness programme" and encouraging them to participate and support their employees' participation in wellness activities. In a study into leadership support (Mattke, Liu, Caloyeras, Huang, van Busum, Khodyakov & Shier 2013:16), it was claimed that the leadership by top administration were more supportive of employee wellness, whilst direct supervisors and managers seemed to be less supportive. The same study showed that successful implementation of a worksite wellness programme required strong managerial support.

2.5.4.3 *Employers' support and employees' non-participation*

A study by Drake (2001:14) refers to the Wellness Council of America (WELCOA) report of 2001 which indicated low percentage of employees' participation in wellness programmes as a factor of concern (Drake 2001:14). Chenoweth (2O11:12) highlights the fact that increased workloads could cause employees to take exception to being told about employee wellness, which in turn could lead to non-participation. On educating managers and employees about employee wellness, Chenoweth (2O11:12) also notes that senior managers may not fully understand "the potential power of the health-and work- behaviour equation because they are not aware of practices that can improve health and work behaviour". Managers' attitudes and perceptions to employee wellness are of great importance in the modern organisation.

Makala (2011:online) comments on the pace of the modern workplace, and states that "most people spend more time at work than previously, and consequently have less time to look after their health". Drake (2013:17) refers to the results of a study by Parks and Steelman which illustrated a correlation between employees who participated in a company wellness programme and decreased absenteeism rates, as well as greater job satisfaction.

Employee participation in wellness programmes should be encouraged, according to Drake (2013:17) and corporations should strive to create an environment conducive to a healthy work force. On the subject of non–participation, it is not clear to what extent should a person be held accountable for his or her own health choices, for example, should the person choose not to participate in employee wellness programmes as Drake (2013:17) asserts.

2.6 ORGANISATIONAL WELLNESS

The WHO defines a healthy workplace as "a workplace where workers and managers collaborate for achievement of continual improvement process to protect and promote the health, safety and well-being of workers" (Burton 2010:16). The sustainability of the workplace is defined by consideration of health and safety concerns, workplace culture, personal health resources in the workplace; "and ways of participating in the community to improve the health of workers, their families and other members of the community" (Burton 2010:16). The shared norms, values, beliefs, and standards become the organisational culture (Reyes 1990:227).

2.7 PERCEIVED BENEFITS AND RETURNS OF AN EMPLOYEE HEALTH AND WELLNESS PROGRAMME

Rupp *et al*. in Alfaro-Barrantes (2012:27-28) state that employee perceptions and responses to the employee wellness programme may trigger "emotional, attitudinal, and behavioural responses that are beneficial to the organisation". Employees may be motivated to improve their work performance if there is the perception that the employer or management is supportive of social causes also supported by employees (Hickman, Lawrence & Ward 2005 in Alfaro-Barrantes 2012:27).

2.8 CONTEXTUALISING HEALTH PROMOTION STRATEGIC MANAGEMENT

The context of a health promotion strategic management is conceptualised as follows:

2.8.1 A workplace health promotion strategy

Health promotion is defined as "the process of enabling or educating people to increase control over and to improve their health" (Burton 2010:12-13; WHO 2007:online). Activities which are designed to support and promote healthy behaviour in the workplace so as to improve health outcomes, can be seen as supporting wellness promotion (Sieberhagen *et al.* 2011:2). Burke and Logsdon in Alfaro-Barrantes (2012:27) allude to the fact that the general public expects organisations to contribute towards the 'well-being of society'. An example of a health promotion strategy is an EHWP which provides education and training opportunities through seminars, campaigns, health screenings, health risk appraisals, information sessions and workshops on different topics such as stress, healthy living, financial wellness, depression and others (ICAS-SA 2012:online).

McNiff, Lomax and Whitehead (2004:48) assert that "a wellness practitioner has an educative influence of helping clients make healthy choices with regard to their lifestyles for their own well-being", and add that educative worksite wellness initiatives aim at bringing about lifestyle changes, and a well-planned EHWP may encourage junior employees to make positive lifestyle choices.

2.8.2 Theoretical approaches to workplace health promotion strategies

Workplace health promotion according to the European Network for Workplace Promotion is defined as "the combined efforts of employers, employees and society to improve the health and well-being of people at work" (WHO n.d.:online). The following figure typifies the underlying principles that address workplace health promotion strategies. A model is used as displayed in Figure 2.2.

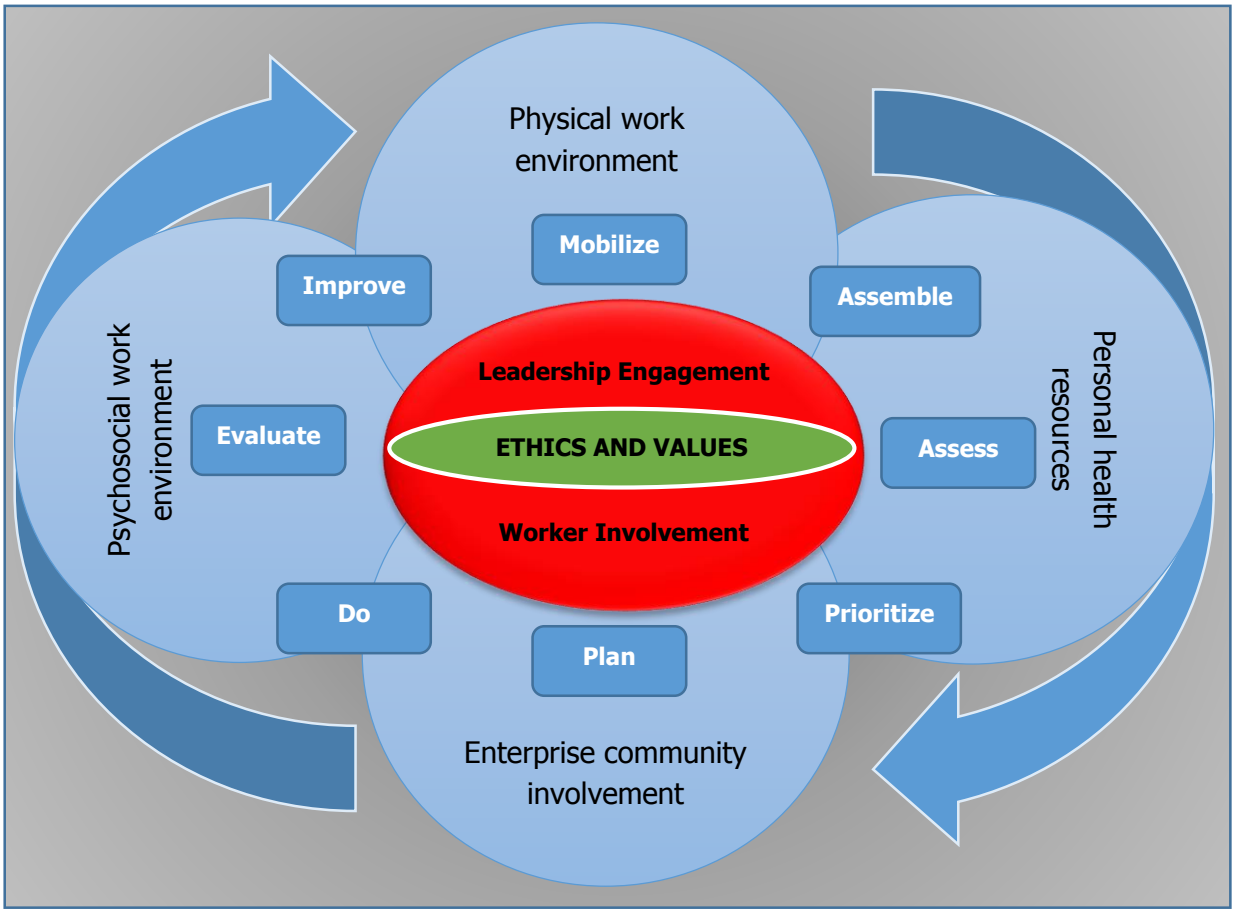

Figure 2.2 **World Health Organization's Healthy Workplaces Framework Source: Healthy Workplaces: A model for action - For employers, workers, their families and other members of the community**

(Design: Mahabuke PE 2016; Source: Burton 2010:3)

2.8.3 Key role of strategic leadership as role models pertaining to employee health and wellness programme

The executive, senior and middle managers are viewed as role models and strategic leaders by their peers and more junior employees. Mitchell (2013:online) states that any strong organisational strategic leadership is found to be associated with organisational effectiveness, a strong organisational culture, as well as a positive employee morale, professionalism and job satisfaction. The FSPT senior officials are strategic leaders in spheres beyond their own department (cf 1.3). At the same time, managers should be considered to be both beneficiaries and benefactors of a successful employee wellness programme, since they are not immune to common work related health problems such as stress.

2.8.4 The structure of the Free State Provincial Treasury and employee health and wellness programme components in context

The EHWP of the FSPT is a work-based intervention aimed at the early identification and/or resolution of both the employee's work and personal problems that may affect work performance adversely (FSPT 2009:3-4). Makala (2011:online) indicated that individual employee's personal problems could undermine both performance and productivity in the workplace, and the proper identification of the nature and effect of any problem could help resolve individual employee problems.

The EHWP of the FSPT makes every effort to assist all officials including the executive, senior and middle managers. Proactive health promotion and wellness programmes consider the holistic well-being of employees and address their wellbeing needs regardless of rank and social status.

The FSPT department has an organisational structure of 401 posts, as presented in the 5-year strategic plan for 2010-2015 fiscal years. In terms of the management structure at the time of this study there were 22 senior executives and 60 middle managers within the FSPT (Personal communication, Human Resources, FSPT, November 2014). At the time of writing, EHWP was within the Special Programmes component. Subsequently the EHWP relocated to the Human Resources and Development sub-directorate, located under the Corporate Services directorate, addressed a full continuum of emotional and physical issues of employees in order to promote and improve corporate wellness (FSPT 2009:7). This unique holistic approach of the employee wellness programme ensures that each employee has the tools and resources necessary to improve their overall health and wellness (RSA DPSA 2008:online).

At the time of writing, the component was divided into two main sub-components:

- **The Special Programmes** sub-component, two Special Programmes officers (SPOs) are responsible for coordinating the following six sub-programmes:

- Sub-programme for gender;
- Sub-programme for, youth;
- Sub-programme for disability;
- Sub-programme for children;
- Sub-programme for the elderly; and

- Sub-programme for moral regeneration.

- **The Employee Health and Wellness** sub-component, a single wellness consultant [formerly the the Employee Assistance Programme Officer] and an assistant manager are responsible for coordinating the following four sub-programmes:
- Sub-programme for HIV/AIDS and TB;
- Sub-programme for OHS;
- Sub-programme for Health and Productivity Management (HPM) Programme [formerly the EAP]; and
- Sub-programme for Employee Health and Wellness (FSPT 2009:7).

2.8.4.1 *Human immunodeficiency virus/ Acquired immunodeficiency syndrome and Tuberculosis management sub-programme*

This programme is aimed at offering help and support to those affected and infected, supporting patients as well as their families, encouraging them to live healthy lives despite being HIV positive. The HIV/AIDS management programme provides HIV positive employees with ongoing support, education, advice and counselling. This sub-programme and the support it offers do not form part of the current study.

2.8.4.2 *Occupational Health and Safety sub-programme*

Within the Occupational Health and Safety sub-programme, a disability and incapacity management programme exists. The aim of this programme is to assist ill or injured workers to return to the workplace in order to minimise the financial and psycho-social impact of disability on an affected individual, as well as their family. The aim is the coordination of appropriate treatment and rehabilitation (RSA DPSA 2008:online). This sub-programme and the support it offers does not form part of the current study.

2.8.4.3 *Health and Productivity Management programme*

The Health and Productivity Management Programme, formerly known as the Employee Assistance Programme, was designed to help people cope with the challenges of daily life, to enhance home and workplace well-being i.e. chronic illnesses management, mental health and productivity management, health information and wellness education

by skilled experts in a number of languages. This wellness programme focuses on the overall health and well-being of employees and their related productivity (RSA DPSA 2008:online).

2.8.4.4 *Wellness Management programme*

Currently, the wellness consultant of the EHWP component is a non-practicing psychologist, and the assistant manager responsible for EHWP trained as a professional health nurse with a specialty in Primary Health Care, Nursing Education, Community Health Nursing, Nursing Administration and Midwifery and General Nursing with a post graduate diploma in HPE. The FSPT EHWP provides specialised wellness programmes such as sport teams, namely: male and female soccer teams, a netball team and volleyball team, which participate in local leagues and tournaments. At the time of writing, there was also an accomplished choir made up of employees of the FSPT (FSPT 2009:7).

To maintain confidentiality for all officials and their families, the FSPT wellness programme also works with outside expert professionals, in certain instances, for the welfare of its officials. To promote, maintain and enhance high quality EHWP within Treasury, collaborative partnership is kept with internal and external stakeholders. An external stakeholder, Independent Counselling Advisory Services of South Africa (ICAS-SA) has been contracted for a two-year period on a service level agreement to render an all-hours confidential counselling service for a whole range of work and home related problems, such as a stress mitigation strategy for all employees and their families including the executives (ICAS-SA 2012:online). Executives, senior and middle managers have access to an executive wellness package from the external stakeholder.

2.8.4.5 *Employee health and wellness programme activities available to employees of the Free State Provincial Treasury*

The EHWP activities are aimed at managing illness and promoting wellness in the workplace, and have been developed to be comprehensive and employee-centred. The EHWP includes wellness events, education and training workshops. There are recreational walks/runs and organised sport activities as well. The programme also promotes the provision of health-related newsletters, emails, articles and posters. Ther is also a focus on executive health initiatives, the appointment of 'wellness a mbassadors'

in the workplace, and an ongoing management of absenteeism and employee wellness policy development (RSA DPSA 2008:online).

2.9 WORK-LIFE BALANCE CHALLENGES FOR EXECUTIVE MANAGERS

The researcher's concern is that many of the executive, senior and middle managers may be over-achievers at work in education and in their social lives, their health and their personal relationships may be compromised by their lifestyle. Adams (2006:5) notes that those in executive, senior and middle management positions may impose their driven lifestyle on junior employees, workplace relationships could even be affected adversely, if those who do not fit into the executive, senior and middle manager's work style are made to feel guilty.

Beattie, Gott, Jones and Sidell (1993:229) describe lifestyle as a range of behavioural patterns that are either beneficial or detrimental to one's health. Beattie *et al.* (1993:229) further refer to the importance of the combined influence of lifestyles, psychological factors and social conditions on human general well-being.

2.10 BEHAVIOURAL RISK MANAGEMENT ASSESSMENT

An ICAS-SA Behavioural Risk Management Audit (BRMA) / Health Risk Assessment was conducted in May 2015, and serves as a report on employer/employee health and wellness risks, regardless of ranks within the FSPT (FSPT 2009:3). The purpose of the BRMA was to assess the effects Treasury environment has on employees as well as the effects employees had on Treasury workplace. The BRMA report classified the findings according to chief directorates as documented in Table 2.2. According to these data, there are significant problems or risks in certain chief directorates especially in Financial Governance, which may impact negatively on managers' well-being (cf Table 2.2).

Table 2.2: Independent Counselling Advisory Services Findings Divisional Trends

(Design: Mahabuke PE 2016; Source: ICAS 2015:online)

Chief Direct-orates	Administration	Asset and Liability Management	Sustainable Resources Management	Municipal Finance	Financial Government
Motivation	Highly motivated Deadline mgt. Balanced work-life balance	Highly motivated	Highly motivated	Comparable high levels of motivation	Low morale
Work-life Balance	Good work support Good work-life balance	Good Work-life	High resilience Low financial risk	Imbalance (cf. Stress)	Heavy workload Poor role clarity
Conflict level	High interpersonal conflicts	Low interpersonal conflict	Low interpersonal Staff & management conflict	Low conflict at work	Low morale
Financial health	High financial risk	Not indicated	Low financial risk	Low financial risk	Low financial risk
Coping skills	Poor coping skills	High resilience Exposure to Tobacco Overweight and obesity issues	Ongoing training required	Not indicated Sedentary lives	High absenteeism Exposure to Tobacco Regular exercise
Stress	Not indicated (cf. work-life balance)	Low work stress	Low work stress Low home stress	Low work stress and High home stress due to Work deadline pressure	Low home stress High work stress

2.11 MANAGEMENT PERCEPTIONS OF AN EMPLOYEE HEALTH AND WELLNESS PROGRAMME

"The main tenets of a workplace wellness program are perceptions, awareness, education, and behavioural change", and Edelman and Mandle (2006:132) refer to the perceptions in a 'Functional Health Pattern Framework' as follows:

- "Health perception-health management pattern;
- Self-perception-self-concept pattern; and
- Cognitive-perceptual pattern".

According to this framework, effective wellness interventions and outcomes are dependent upon the understanding of an individual's interrelated behavioural patterns. How an individual perceives and manages personal health issues, how he perceives and manages his self-concept and interacts with the world will determine wellness choices and "interrelated behavioural patterns regarding wellness" (Edelman & Mandle 2006:132).

2.11.1 Employee wellness and employee-employer perceptions

In a South African study, Makala (2011:38) used a pool of employees, who were managers at the level of Assistant Director up to the level of Chief Directorate, to whom he distributed questionnaires regarding their perceptions about employee health and wellness. Makala's quantitative study was aimed at gauging the level of awareness as well as the perceptions of employees about Employee Health and Wellness Programmes at the head office of the Department of Public Works in Pretoria, South Africa. The study revealed that consultation of employees and knowledge dissemination by the wellness unit about the wellness programme in Department of Public Works was found to be lacking. The study showed that individual employee's personal problems undermine their performance and productivity at the workplace (Makala 2011:online).

Drake (2001:1) undertook a study to assess executive employee perceptions of certain corporate wellness programmes. It was found that whilst executives perceive the need to consider cost-effective health and wellness practices, and may also consider ways to improve productivity and profitability for their companies through employee wellness practices, "they may neglect their own active participation" (Drake 2001:14) in corporate wellness programs.

2.11.2 Perceived wellness theories

Individuals use subjective well-being to respond to a wellness assessment of their lives (Keyes & Magyar-Moe 2003:online). Research found that subjective well-being is both "multi-factorial and multidimensional", because most wellness programmes address the clinical, physiological or behavioural manifestations of disease or risk factors within individuals.

Perceived wellness is defined as "the sense that one is living in a manner that permits the experience of consistent, balanced growth in the emotional, intellectual, physical, psychological, social and spiritual dimensions of human existence" (Ekkert 2005:online) (cf. Table 2.3). Adams, Bezner, Garner and Woodruff (1998:217) assert that by definition, individuals who score highly on perceived wellness scale should: "1) be more physically healthy, 2) have a greater sense of meaning and purpose in life, 3) expect that positive things will occur in their lives no matter what the circumstances, 4) be

more connected with family or friends, 5) be more secure and happy with whom they are, and 6) be intellectually vibrant".

This definition of a perceived wellness construct was used to establish a Perceived Wellness Survey, and Adams *et al.* (1998:217) concluded that individuals who score highly in the survey were found to fit the above profile. The Perceived Wellness Survey is unique and focuses on perceptions (Keyes & Magyar-Moe 2003:online). The Perceived Wellness Survey was also tested in a South African context, in a study by Rothmann and Ekkerd (2007:35, 40) on perceived wellness in the South African Police Service. The study showed that there were differences in the perceived wellness among varying members of the police service, with significant differences identified regarding the perceived wellness of members from different age groups as well as their levels of appointments (ranks).

Table 2.3: Aspects of 'perceived wellness'

(Derived directly from Rothmann & Ekkerd 2007:35)

Component	Definition and Findings
Physical wellness	Positive perception and expectation of physical health.
Spiritual wellness	A belief in a unifying force between the mind and body or a positive perception of meaning and purpose in life.
Psychological wellness	A general perception that one will experience positive outcomes to the events and circumstances of life.
Social wellness	The perception of having support available from family or friends in times of need and the perception of being a valued support provider.
Emotional wellness	The possession of a secure self-identity and a positive sense of self-regard. Self-identity refers to one's internal image of oneself, whilst self-regard is the value placed on self-identity (i.e. the extent to which one values and likes oneself).
Intellectual wellness	The perception of being internally energised by an optimal amount of intellectually stimulating activity.

2.12 RATIONALE OF THE STUDY

The literature study was conducted to address the historical perspectives of health promotion strategies, as well as identifying international and national trends of EHWP, particularly in the government sector in order to place the current study in context. An in-depth investigation of the conceptualisation and contextualisation of EHWP was undertaken, in order to indicate aspects of an ideal workplace wellness programme, with levels of participation by all stakeholders being highlighted.

The focus of this investigation into the perceptions of managers regarding employee health and wellness programmes, with a specific emphasis placed on alleviation of chronic ailments and concurrent wellness strategies, has been shown to be aligned with international interest in workplace wellness.

The current study also aimed to explore and describe the perceptions of FSPT managers pertaining to the current EHWP. Aligned with international trends, the information provided by the FSPT managers could be used to recommend and design new wellness initiatives and interventions for the specific place of work. The rationale of the study was to use the information to better serve the wellness needs of the employees at all levels of the hierarchy within the FSPT.

2.13 CONCLUSION

In Chapter 2, the perceptions of health and wellness programmes were discussed. Attention was given to philosophical and theoretical basis of literature study, an historical overview, workplace wellness programs, international and national perspectives of EHWP, participation in EHWP by employers and management, conceptualising and contextualising EHWP in the FSPT.

The following chapter, Chapter 3, **Research design and methodology**, presents information about the research design and the method used to conduct this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the research design and methodology in the study "An Investigation into how Treasury management perceives the Employee Health and Wellness Programme". The research design refers to a structured process and procedure (complete research plan) which stipulates clearly the details of the whole study, whereas the term research methodology is explained as the strategy of the research process which starts with the identification of the research problem and concludes with data collection (Blaikie 2000:21 in de Vos, Strydom, Fouché & Delport 2011:142; Burns & Grove 2009:218). Several research methods are available to choose from, depending on the study at hand.

The quantitative research methodology, including certain qualitative elements, as used in this study is described in this chapter. It also includes details of the study design, the methods used, theoretical aspects of the methods, information about the target population, survey population, a description of the sample and sample size, the instrument that was used to collect the data, the pilot study, the final data collection and analysis process. Finally a section on ensuring the quality of the study is included.

3.2 THEORETICAL PERSPECTIVES ON THE RESEARCH DESIGN

Theory building, research methods and research designs will be described here.

3.2.1 Theory building

Concepts and variables are building blocks of scientific knowledge or theories used to offer meaning and to develop a conceptual framework for a study (De Vos *et al* 2011:29-31). Therefore, based on this premise, theory building is a process involving two phases: the first phase involves conducting a literature study to identify concepts, variables and constructs of scientific theories of the studied phenomenon from reputable scholarly works as discussed in Chapter 2 of this study. The second phase involves empirical or operational processes of collection, analysis and interpretation of

data in order to tell how newly acquired information from collected data relate, interact or add to available or existing theories about the studied phenomenon and this is discussed in Chapter 4 of this study.

3.2.2 Types of methods

There are different types of scientific methods or strategies, which other researchers refer to as designs of conducting research called qualitative, quantitative and mixed method research.

Quantitative research is a systematic, formal and objective process, where numerical data are used to describe variables or to determine cause-and-effect interactions between the selected variables (Burns & Grove 2009:22). Naudé, Meyer and van Niekerk (1999:274) says that quantitative research's "main aim is to explore issues and reflect the collected data through frequencies and percentages in tables and figures". In this study a quantitative approach was used, with some qualitative elements, in the form of a questionnaire survey. This approach was considered ideal for purposes of this study, by collecting quantitative data from the target population regarding their perceptions of the current EHWP.

The qualitative element of the research (cf 1.7.1) used open-ended questions contained in the questionnaire survey explored subjective opinions and perceptions of the target population. Qualitative research "is a systematic, interactive and subjective approach" used to explore experiences and perceptions, to promote further understanding (Burns & Grove 2009:22). This type of research focuses on discovering and understanding a specific phenomenon investigated (Burns & Grove 2009:22). The open-ended questions contained in the questionnaire survey explored subjective opinions and perceptions of the target population, and form the descriptive, qualitative element of the survey.

3.2.3 The research design in this study

Burns and Grove (2009:218) describe a research design as a blueprint, a broad pattern, guide, plan or map for conducting research.

A quantitative, descriptive design was used in this study. In descriptive studies the selected topic is commonly well detailed, the data collected from the research will then be described accordingly (De Vos *et al.* 2011:96) "describe it accurately". A typical descriptive study will therefore provide a clear picture of a situation or situations as they occur. In this study, the researcher determined and then described the executive, senior and middle managers' perceptions about the EHWP in the FSPT.

3.3 DATA COLLECTION METHODS

The literature study and questionnaire survey research, will be described.

3.3.1 Literature study

The literature study is defined as "critically engaging with all written resources relevant to the research topic" (McNiff *et al.* 2003:24). All relevant literature must be read to incorporate relevant insights into one's theorizing and also to learn from other researchers (De Vos *et al.* 2011:134). In this quantitative study, the information obtained from literature review had an influence on the steps of the research process. The research problem and what was learned during this process, guided the interpretation of the findings.

It was found by the researcher in this study, that much of the literature reviewed had specific commonalities, with regards to perceptions of employees regarding health and wellness programmes. This aided the researcher, by providing a broad and necessary context for this study. However, from the literature studied, it became obvious that there were very few research studies on perceptions of managers pertaining to EHWP in the workplace.

Additionally, literature was studied to gain more insight into the history, common practices, existing findings, development and current status of employee wellness programmes in the workplace. Further insights into the attitudes and perceptions of the employees as to the effectiveness of individual health and wellness programmes in the workplace were obtained. This enabled the researcher to develop an informative context and background to this study, based on existing studies (Burns and Grove 2009:90-91; De Vos *et al.* 2011:134). This literature study provided a required context for studying the executive, senior and middle managements' perceptions of the

employee wellness programme in the FSPT, with the aim to improve both employee wellness and overall organisational wellness.

As previously mentioned, from the literature studied it was found that there were several studies done on employees' perceptions concerning corporate wellness programs; some on perceptions of employees and the level of awareness about employee health and wellness in the workplace; and some on the impact of employee health on corporate wellness. Numerous studies address the benefits of company wellness programs, with more recent studies giving consideration to employee preferences. Little was found on the perceptions of managers in the public service setting in South Africa, hence this study, but some of the studies' literature provided the necessary content for a comprehensive assessment of the current executive, senior and middle managements' perceptions of EHWP in the FSPT.

Furthermore, the literature studied formed the basis and provided the rationale for using a questionnaire as a data collection instrument in this study. The questionnaire was developed by the researcher, by combining both information from several sources in the literature, and by using her knowledge of the current practices of the EHWP in the FSPT.

In conclusion, all relevant literature studied was used as a basis for learning more about more junior employees' views on employee wellness programmes and managers' perceptions of EHWP; and to gain insight and in-depth knowledge about issues, questions, challenges, needs and constraints relevant to workplace wellness programmes.

3.3.2 The questionnaire survey

In this section, questionnaire survey research is explained as it was selected as the most effective method to use in this study. An explanation of the data collection tool and process is given in the next section.

3.3.2.1 *Theoretical aspects*

Questionnaire survey research is research that is done by means of using a questionnaire. The survey approach refers to a group of data collection techniques,

where a questionnaire is commonly used as data collection tool (Burns & Grove 2009:245).

Jacobson (2012:125) highlights that "a good questionnaire is carefully crafted for a specific purpose". Questions on a questionnaire are therefore developed to collect specific data from a predetermined group of subjects. Depending on the questions asked data can be collected on: certain facts, beliefs, attitudes, opinions, knowledge or even intentions of a sample population under investigation (Burns & Grove 2009:406). Several types of questions are used in a questionnaire to gather the type of data the researcher wishes to collect (Jacobson 2012:127). For example, with closed-ended questions several options are provided and the participant is forced to make a selection of one of the predetermined options whereas open-ended questions offer more options for responses (Burns & Grove 2009:407). The closed-ended types of questions to include in a questionnaire could be: yes/no questions; numeric or date questions; categorical multiple choice questions (nominal – no rank or ordinal – ranked); paired-comparisons; and rank ordering questions (Jacobson 2012:128).

Scale questions are described by Neuman (2006:203, 207) in de Vos *et al.* (2011:207) as "a measure in which a researcher captures the intensity, direction, level; of potency of a variable". Response options on the scale are commonly predetermined. Once again there are several different types of scale questions (De Vos *et al.* 2011:207-213). Researching attitudes, where research participants can select between responses of agree to disagree, offering a combination of four to five response options is referred to as a rating scale such as a Likert-scale (De Vos *et al.* 2011:212). The latter (5-point scale) includes a response option of neutral, for those participants who cannot select between the options.

The open-ended questions in the questionnaire survey explored subjective opinions and perceptions of the target population (cf 3.2.2). These questions also gave the participants the opportunity to express opinions which they may have felt were not covered in the closed-ended questions.

3.3.2.2 *Target population*

A target population refers to a group of individuals with specific similar characteristics who meet the sampling criteria (Burns & Grove 2009:343-344; De Vos *et al.* 2011:223).

The target population in this study included all members of the executive, senior and middle management in the FSPT. They had to be employed for no less than one year. Managers who were employed on contract for more than a year were also included in the sample. A total population of 82 managers were identified. This included 22 executive and senior managers and 60 middle managers, at the time of the study (cf. 2.8.3).

3.3.2.3 *Description of sample, sampling method and the sample size*

McNee and McCabe (in Meyer and Naudé 2009:378) indicate that sampling is a process of selecting representative participants or research subjects who are part of the population to be studied. There are several types of sampling methods, such as: random, non-random and purposive sampling (De Vos *et al.* 2011:228; Jacobson 2012:107). In random sampling the subjects are chosen on the probability that each of the selected people will be included in the sample (De Vos *et al*. 2011:228). Non-random sampling on the other hand is a non-probability sampling in which subjects will be selected based on the researcher's observational knowledge of the population and judgment about the ones who will be representative and useful (De Vos *et al*. 2011:31). Purposive sampling is, also called judgmental sampling, where there is a conscious selection of subjects (De Vos *et al*. 2011:232; Maree 2010:178).

Based on the explanation of sampling given above, the researcher in this study used purposive sampling because the subjects selected for this study were all in managerial positions in the FSPT where the researcher works. All managers in the FSPT were assumed to have had knowledge of the EHWP and it was postulated that some might even have participated in the programme.

All 82 managers employed in the FSPT at the time of the study were included in the sample.

3.3.2.4 *The questionnaire survey to Treasury Management*

Based on the above mentioned, a self-administered hard-copy questionnaire was used as the main instrument of data collection in this study. A questionnaire was designed and crafted in order to provide the executive, senior and middle managers with several response options. The questionnaire contained questions which were set applicably to allow for all possible responses to this survey to succeed in providing effective descriptive statistics. One of the limitations of a questionnaire survey is that the questions are commonly closed-ended and therefore the response options may not always suit everyone best. In this study, several itemised open-ended questions were included for validation of the study, aimed at a deeper probing of the managers' perceptions. The open-ended questions contained in the questionnaire survey explored subjective opinions and perceptions of the target population, and could be considered as a descriptive, qualitative element of the survey (cf 3.2.2).

The questionnaire was designed after a thorough literature study was completed. The draft questionnaire was put together by adapting and utilising some questions from the questionnaires, used by the following validated sources: Makala (2011), Drake (2013), WELCOA (2014:online). Additional questions were also developed by the researcher after careful consideration of the literature study and from her experience working as the Health and Wellness coordinator in the FSPT. These questions were specific to the EHWP in the FSPT.

The questionnaire consisted of four sections which started with a demographics section, included sections of health and wellness of the participant, a section concerned with perceptions regarding several aspects of the EHWP and concluded with a section, which requested additional comments and information. Some questions were posed in general, about EHWP and others were specific to the programme in the FSPT.

The four sections were as follows:

- Section A: 21 Questions, obtained the respondents' general demographic information like; age, race, gender, current employment information;

- Section B: 32 Questions examined demographic information about health and wellness of the managers with regard to healthy life styles such as drinking, smoking, exercising and eating habits;
- Section C: 70 Statements, surveyed management's perceptions of the EHWP in the FSPT. It examined the perceptions of respondents about their knowledge, participation, role and responsibility regarding the programme; and
- Section D: One question, ended off the questionnaire with an open-ended question asking for any additional inputs.

Section C consisted of a five point rating scale as a measuring instrument. A five point rating scale consists of five response categories where each category is given a value between one and five and the lower value is allocated to the most negative response, whilst five is allocated to the most positive response. Respondents were asked to select responses they mostly favour after each statement. The options on the rating scale included the following:

- Strongly disagree
- Disagree
- Undecided/ don't know
- Agree
- Strongly agree

The complete questionnaire used for the survey in this study is found in Appendix B3. The questionnaire was developed electronically on the Electronic Paper Evaluation System (EvaSys n.d.:online) system.

3.3.2.5 *The pilot study*

The use of a pilot study is recommended to evaluate whether the questions posed in a questionnaire survey are clearly understood by respondents. The pilot study can also help to eliminate any possible ambiguities, check whether the ordering is correct, and whether the questions asked offer the correct data to answer the proposed research question. The pilot study can also give an indication as to how long it will take to complete the questionnaire (Jacobson 2012:137). An additional benefit in conducting a pilot study is that the researcher could assess if the potential respondents selected would be able and willing to participate in the study (Jacobson 2012:137).

In the current study, a pilot study was done to ensure internal consistency of the questions as well as to ensure that questions were clear, well-structured and not biased. Furthermore it was useful to determine the amount of time needed for completion of the survey.

To achieve this process, a hard copy questionnaire (cf. Appendix B3) was distributed to each of four managers of different categories (two middle managers, one senior manager and one executive manager) who met the criteria as previously stated (cf. 3.3.2.2). The managers were asked to complete the questionnaire in one to two working days. It took about three weeks for them to complete the pilot survey, which indicated the necessity for a longer data collection period. The researcher collected the completed questionnaires and the written responses were scanned into the EvaSys system, checked and evaluated. There were no changes made to the questionnaire and the estimated time taken to complete the questionnaire were about 30-45 minutes. Because no changes were made to the questionnaire, the responses from the pilot study were included in the main study.

3.3.2.6 *Data collection*

The electronically designed questionnaire on the Electronic Paper Evaluation System was printed out in hard copy format. Each questionnaire had a unique barcode linking the questionnaire to the specific study. The research package including an information sheet (cf. Appendix B1), a consent form (cf. Appendix B2) and the questionnaire (cf. Appendix B3) was initially supposed to be distributed to all executive, senior and middle managers (N=82) in the FSPT during an executive management meeting. However, due to urgent strategic matters there was no time slot allocated for this study, during this strategic meeting. Therefore, questionnaires were ultimately distributed by the researcher by hand, to each manager in the target population. During distribution the researcher introduced herself and explained something about the study while inviting all managers to participate in the study. After a brief explanation of the study the research package was handed over and left in each participant's office.

The participants were asked to read through the information sheet for more information and thereafter participate voluntarily if they consented. A paragraph was included in Section A of the questionnaire that by participating voluntarily in the study,

participants would be giving their consent, since they could withdraw from the study whenever they felt like it. There was sufficient time given to participants to respond and they were encouraged to complete the questionnaire and put into a marked box, which was placed in front of the researcher's office.

The completed questionnaires were then scanned into the Electronic Paper Evaluation System to capture the data electronically. An Excel spread sheet and report was generated by the system and sent to the researcher.

3.3.2.7 *Data analysis*

Data analysis is defined as the means of giving meaning to collected numerical data by carefully organising and summarising the data and presenting it statistically (Burns & Grove 2009:470). Therefore, quantitative data analysis is a process of making sense of what has been found by putting the data into an "intelligible and interpretable form" to make relations to the research problems and eventually draw meaningful conclusions (De Vos *et al.* 2011:249).

Burns and Grove (2009:461) describe six steps in the data analysis process namely: (1) preparing the data; (2) describing the sample; (3) "testing the reliability of measurement"; (4) "exploring analysis of the data"; (5) confirming the analysis as measured against the research question; and (6) "Post hoc analysis".

As indicated previously the completed questionnaires were scanned into the EvaSys system. The responses were then displayed in an Excel spread sheet. This sped up the data capturing process.

Descriptive statistics were used to give meaningful interpretation of data collected in this study. Both numerical and graphical methods were used to analyse the results. Therefore the data was displayed in percentages, frequencies, figures, and graphs. The open-ended questions were given codes and reported in terms of the number of times each code was present.

The Department of Biostatistics at the University of the Free State was consulted to evaluate the data analysis process. This contributed to the reliability of the study.

3.3.2.8 *Data interpretation and reporting*

Maree (2010:6) describes data interpretation as the meaning and significance attached to data that were analysed. The results of this study will be documented in Chapter 4. Each result will be interpreted, discussed and reference will be made to the literature, where relevant.

3.4 ENSURING THE QUALITY OF THE STUDY

The validity and reliability of the concepts are explained with specific reference to this study.

3.4.1 Validity

Validity of an instrument refers to it measuring, what it is supposed to measure (Burns & Grove 2009:380; Maree 2010:147). In this section content validity, construct validity, factorial validity and face validity in this study will be explained.

In this study the questionnaire was carefully constructed and the steps taken clearly outlined. The questions were developed after doing a preliminary literature study on the topic of investigation. Questionnaires from three sources were also consulted (cf. 3.3.2.4) and some questions were considered for use in the current study. These questions were adapted according to the purpose and content to fit the current study. The researcher was aware that where necessary and if large sections of the questionnaires were to be used permission had to be obtained from the authors. All three studies were available online. Experts in the field of questionnaire development and the assistance of the study supervisor further contributed to the validity of the questionnaire. The questionnaire was finalised after a more comprehensive literature study had been completed to get more background on the studied construct.

To ensure *content validity* the questionnaire was related to the construct being studied, which was the perception of FSPT management about the EHWP. The content in the questionnaire therefore represented what they were supposed to represent (Burns & Grove 2009:381; De Vos *et al.* 2011:173). Since the researcher had ensured that the questionnaire measured the construct that was intended to be measured, the questionnaire had only items on perceptions of managers, for content validity. The

researcher also ensured that items on the questionnaire covered the whole construct being studied i.e. management perceptions of EHWP.

To ensure *criterion / construct validity,* which means that questionnaire measures that which it intends to measure (De Vos *et al.* 2011:174), sensible items were used in the questionnaire. By sensible items the researcher refers to how items on the questionnaire, related to the studied construct. The researcher checked how well the questionnaire correlated with other known measures of the construct, management perceptions, in the real world situation.

Factorial validity (Burns & Grove 2009:385) was ensured by clustering items on the questionnaire in a meaningful group; e.g. the questionnaire was divided into sections with related items grouped under each section: Section A: General demographic information; Section B: Demographic information about health and wellness; Section C: Management' perceptions, support and knowledge of the employee health and wellness programme in the Free State Provincial Treasury; Section D: The executives' insight and opinion about the EHWP in the FSPT; and Section E: General comments and suggestions.

Face validity is a superficial validity and refers to what a measuring technique appears to measure; and researchers believe that a measure should appear to measure, what it measures according to (De Vos *et al.* 2011:173-174). This type of validity was used as supplementary to other forms of validity in this study. For face validity a few less obvious, but still direct or explicit questionnaire items of "yes" and "no" responses on a rating scale were asked. Face validity was used in this study to support other types of validity used i.e. content validity, construct validity and factorial validity.

3.4.2 Reliability

The questionnaire must not be only valid but must also be reliable. Reliability is crucial in the selection of scales and questions in a questionnaire. Reliability refers to the consistency of the instrument in always producing the same results under the same conditions even when the research is repeated using the same sample (De Vos *et al.* 2011:177; Maree 2010:1470). On the other hand, Burns and Grove (2009:377) claim that a reliable instrument provides values with small random error. It therefore

considers the repeated consistency, stability and uniformity of results when obtained from the questionnaire used as the research tool.

Reliability in this study was achieved, by developing a questionnaire with clear and definitive questions. Several questions were built in, as indicators to measure aspects of a specific variable. A pilot study was also completed to increase the reliability of the data collection tool. Consistent scoring procedures were used. As there were no changes to the questionnaire after the pilot study, inclusion of the pilot study participants' results in the main study was permissable.

3.5 ETHICAL CONSIDERATIONS

Burns and Grove (2009:184) explain the concept of ethical considerations (also referred to as ethical principles, rules, conventions, or as ethical guidelines and ethical procedures) in order to avoid emotional and physical harm to people regarding the use of people as participants in research. Ethical considerations therefore describe what is socially acceptable in research, with requirements of being candid and not deceptive towards respondents, obtaining informed consent for participation in the study, asking permission to conduct the study and maintaining confidentiality.

McNiff *et al.* (2004:34) claims that working with people as research participants; require from the researcher to constantly be alert to ethical considerations and the way the ethical considerations will be implemented. Furthermore Jacobson (2009:151) asserts that in conducting research one should always adhere to the highest professional standards. The ethical considerations that were significant to this study are discussed below.

3.5.1 Approval

Approval to complete this study was obtained from a Peer Evaluation Committee, and the Ethics Committee of the Faculty of Health Sciences at the University of the Free State (ECUFS number: 184/2014). Both the Dean of the Faculty of Health Sciences, as well as the Vice Rector (Academic) at the University of the Free State were informed about the study.

In addition, approval was obtained from the Chief Executive Officer of the FSPT, prior to commencing with the study. Permission was granted to conduct this research study and to distribute a questionnaire survey amongst FSPT managers.

3.5.2 Informed consent

In this study the target population was informed of the study verbally or via the information sheet (cf. Appendix B1) which was added to the top of the questionnaire. A consent form (cf. Appendix B2) which participants were able to sign and return to the marked box was available. Some participants consented to participate by completing the questionnaire.

3.5.3 Voluntary participation

Participants were informed about their right to participate voluntarily and their right to withdraw at any stage of the study (cf 3.3.2.6). All participants were encouraged to participate, in order to obtain data from a maximum number of managers.

3.5.4 Right to privacy and confidentiality

To maintain and respect the participants' privacy and additionally to ensure confidentiality, the unique barcode on the questionnaire was used. No names or personal identities appeared on any data sheet.

3.6 CONCLUSION

Chapter 3, **Research design and methodology**, provided an overview of the research methodology involved in the study and the procedures that were followed. The literature review aided the researcher, by providing a broad and necessary context for this study, and had an influence on the steps of the research process. Following on this process, a questionnaire survey was developed, in order to address the second research question in this study (cf. 1.3).

In chapter 4 the next chapter, entitled **Results and findings of the questionnaire survey**, the results of the questionnaire will be reported.

RESULTS AND FINDINGS OF THE QUESTIONNAIRE SURVEY

CHAPTER 4

4.1 INTRODUCTION

The research design and methodology of the study were discussed in Chapter 3. Chapter 4 describes the results of the study, in relation to the research objectives. The interpretations and discussions of the results will be done in Chapter 5.

The questionnaire was distributed to the total target population of 82 managers. A total of 53 managers responded. This included the three questionnaires completed by managers in the pilot study. The questionnaires were included because no changes were made to the questionnaire after the pilot study. The response rate in this study was 64.6%.

The results will be presented in figures and tables in this chapter. All percentages were rounded off to the first decimal point. For this reason there are sections that add up to 99.9% or 100.1% respectively. The total number of participants who gave consent for participation in the study are indicated with the abbreviation 'N' and the number of participants who actually answered a specific question are indicated using the abbreviation 'n'.

4.2 DEMOGRAPHIC DESCRIPTION OF THE SAMPLE

The demographic description of the sample refers to the respondents' age, gender, ethnicity, marital status, family size, educational status, and work history.

4.2.1 Age of the sample population

Based on the collated questionnaires, the ages of the respondents ranged from 31 to 59 (the average age being 45 years of age). The majority of participants, 39.6%, were between 30 and 40 years of age, followed by 35.8% of respondents who aged from 41 to 49. Only 5.7% of the participants were between 50 and 59 years of age. There were no respondents younger than 30 years of age.

4.2.2 Gender of the sample population

According to the responses, male respondents (62.0%) dominated female respondents (38.0%). This finding correlates with the male to female ratio of managers in the FSPT.

4.2.3 Ethnicity of the sample population

Figure 4.1 displays the ethnic groups that the managers in this sample belong to.

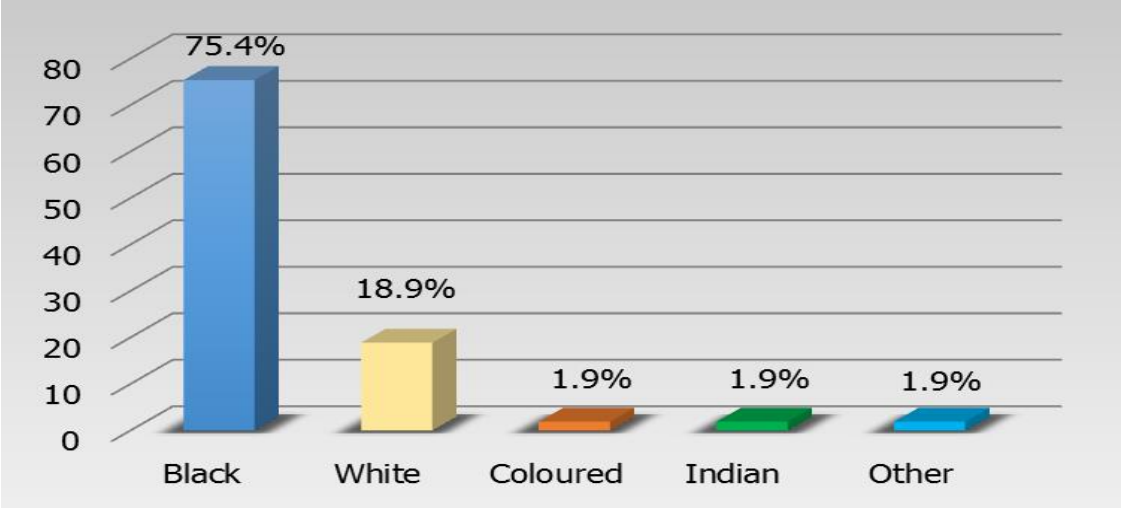

Figure 4.1: Ethnic groups of participants

Question 1.3, Section A of the questionnaire [N=53] (n=53)

It can be seen that the majority of participants in this study (75.4%) indicated that they were from the black population. Individuals from the white population constituted 18.9%. Two of the respondents indicated their specific ethnicity under 'other'.

4.2.4 Relationship status of the sample population

Participants were asked to disclose their relationship status. The results are shown in Figure 4.2.

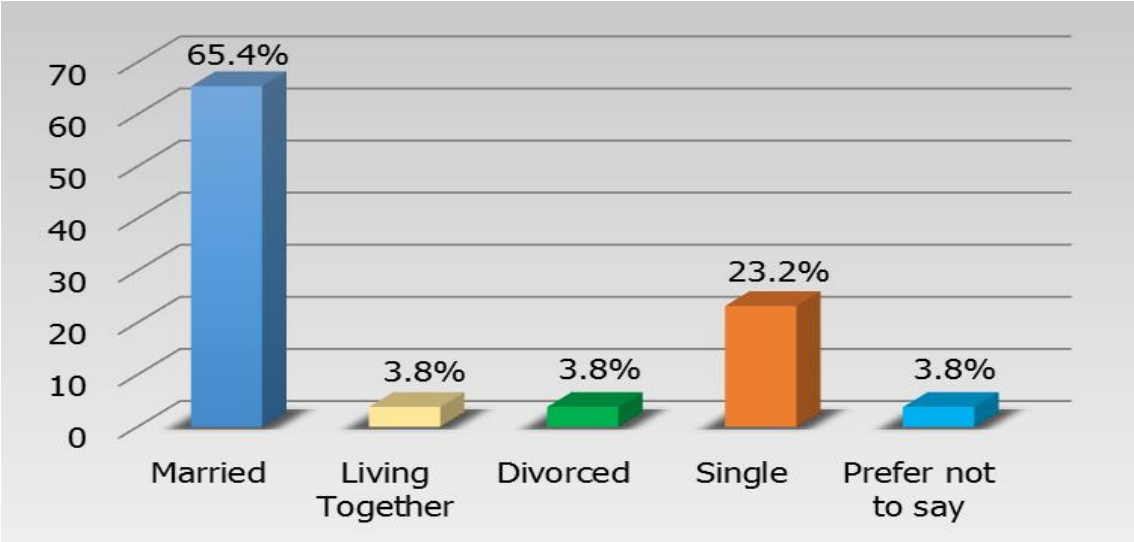

Figure 4.2: Relationship status of participants

Question 1.5, Section A of the questionnaire [N=53] (n=53)

The majority of the respondents were married (65.4%); and a smaller percentage indicated that they were single (23.2%). Only 3.8% lived together while 3.8% were divorced. Another 3.8% preferred not to say, while none of the respondents was widowed.

4.2.5 Children in the household of the sample population

Figure 4.3 shows the number of children under 16 years of age in each household.

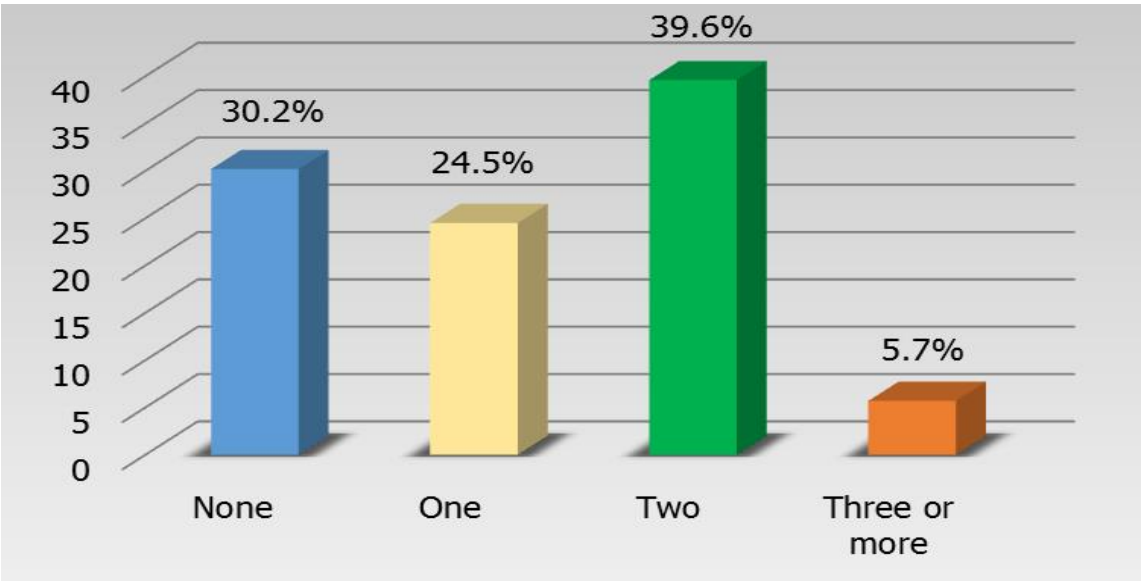

Figure 4.3: Number of children in the households of participants

Question 1.6, Section A of the questionnaire [N=53] (n=53)

The results showed that many participants had up to two children (39.6%) whilst 24.5% had only one child and only 5.7% had more than three children. There were also many participants (30.2%) who indicated they had no children.

4.2.6 Education of the sample population

Participants were asked to indicate their highest level of education from a selection of six options. The results are presented in Figure 4.4.

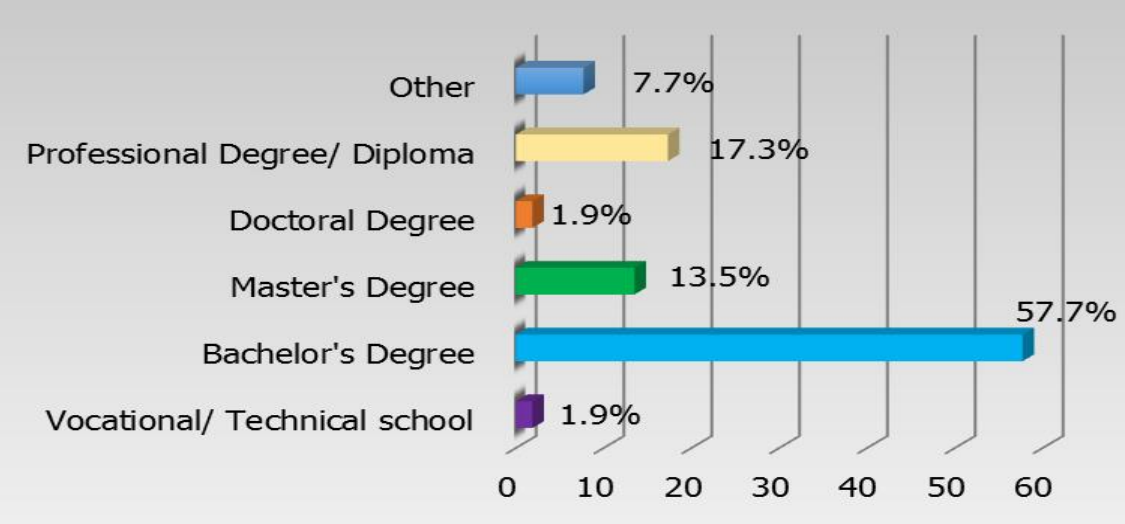

Figure 4.4: Respondents' responses in terms of their highest level of education

Question 1.7, Section A of the questionnaire [N=53] (n=53)

The results showed that the majority of participants (57.7%) had a Bachelor's degree; 13.5% had a Master's degree, while 1.9% had a Doctoral degree. A Professional degree or Diploma was held by 17.3% of participants. The participants who marked the option other, indicated the following qualifications: Bachelor of Technology; Bachelor of Commerce; Bachelor of Education, and Bachelor of Economics, as some examples.

In terms of when last participants obtained their qualifications, the results is summarised in Figure 4.5.

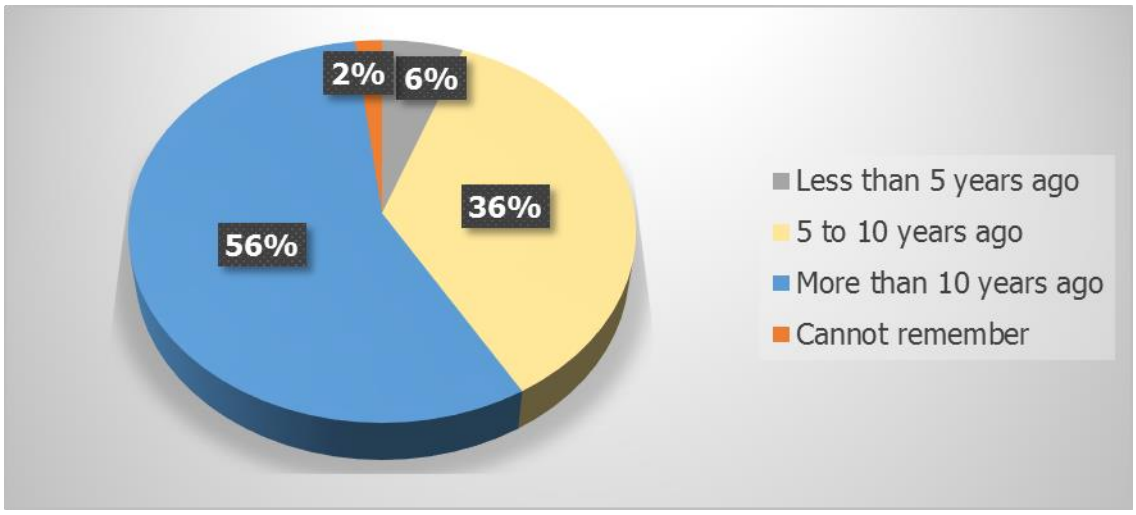

Figure 4.5: When last the participants obtained their qualification

Question 1.9, Section A of the questionnaire [N=53] (n=53)

A total of 6.0% of respondents obtained their highest qualification less than five years ago; and 36.0% obtained it five to ten years ago. The majority (56.0%) of respondents obtained their highest qualification more than ten years ago and 2.0% of respondents could not remember.

4.2.7 Work history of the sample population

In an open-ended question the participants were asked: "How long have you been working in the Free State Provincial Treasury in a management position?" The results are summarised in Table 4.1.

Table 4.1: Number of years that the participants worked in a management position

Question 1.10, Section A of the questionnaire [N=53] (n=48)

Years	No. of respondents per year group (n)	Percentage
Less than 1 year	3	6.3%
1 – 3 years	3	6.3%
3 – 6 years	15	31.2%
More than 6 years	27	56.2%

The majority of participants (55.1%) had more than 6 years of managerial work experience, this is followed by 31.0% with 3-6 years' experience, 6.1% with 1-3 years and 6.1% with less than 1 year's managerial experience.

Question 1.11 of the questionnaire asked if the participants worked in any non-managerial position and 46.0% responded that they had worked in a non-management position within FSPT before being employed as managers. A follow-up question asked the duration of time they worked in the specific non-managerial position. The results are summarized in Table 4.2.

Table 4.2: Number of years worked in non-management position

Question 1.11 Section A of questionnaire [N=53] (n=31)]

Years	No. of respondents	Percentage
Less than 1 year	2	6.5 %
1 – 3 years	4	12.9%
3 – 6 years	9	29.0%
More than 6 years	5	16.1%
Not applicable	11	35.5%

Only 4.0% of managers were in acting management positions at the time of the study [Question 1.13, Section A of questionnaire [N=53] (n=49)]. None of the managers was employed in a contractual position [Question 1.15, Section A of questionnaire [N=53] (n=53)].

Figure 4.6 presents the participants' chief directorate in which they were working in the FSPT.

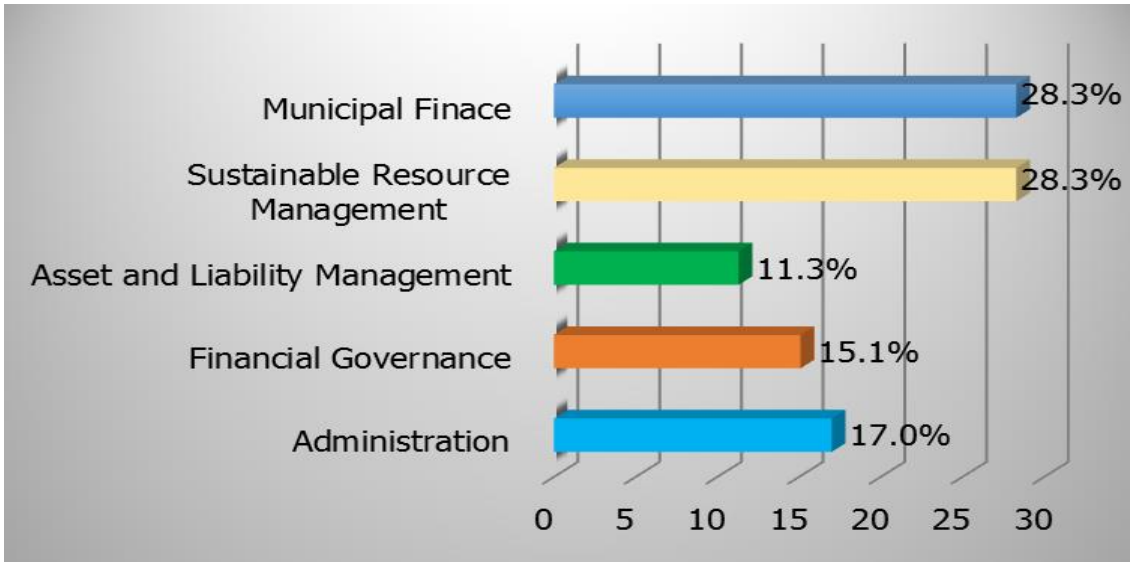

Figure 4.6: Indication of the chief directorates of participants

Question 1.17, Section A of the questionnaire [N=53] (n=53)

An equal number of participants indicated that they worked in the municipal finance and sustainable resource management directorate (28.3%). The lowest number of participants worked as asset and liability managers (11.3%). This is followed by 15.1% of participants who worked in financial governance and 17.0% in administration.

Their management position is indicated in Figure 4.7.

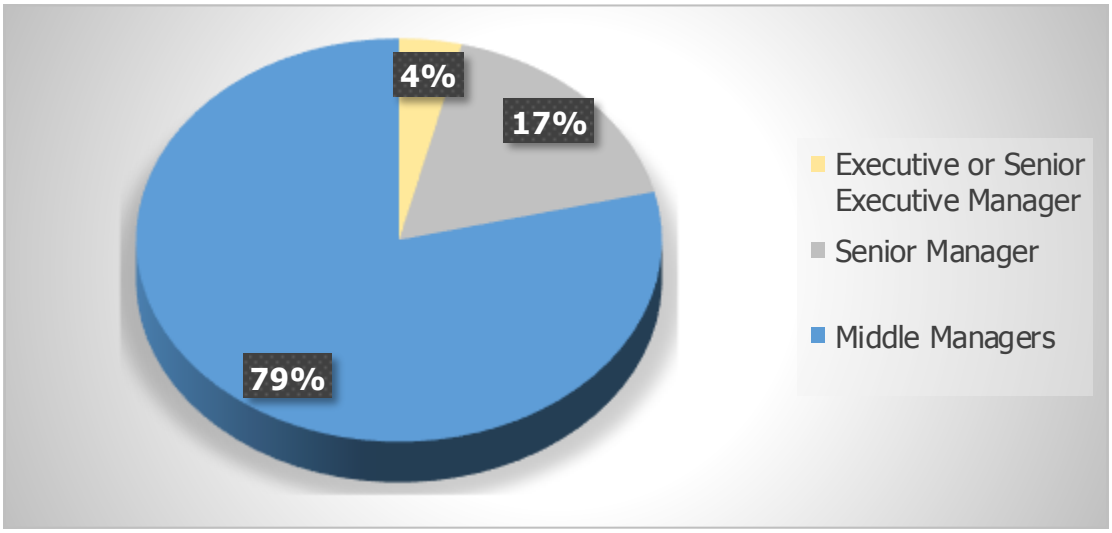

Figure 4.7: Management position

Question 1.18, Section A of the questionnaire [N=53] (n=53)

The majority of participants (79.0%) were middle managers. A total of 17.0% senior managers and the fewest (4.0%) executive and executive senior managers. The latter was expected since there are only a few managers employed on this highest level in companies.

The eight questions in the questionnaire asked if the participants had any disability/ies. All 53 participants selected a response in this section [Question 1.20, Section A of questionnaire [N=53] (n=53)]. According to the result only one of the respondents indicated a physical disability. The nature of the physical disability was poor vision.

4.3 INFORMATION ABOUT HEALTH AND WELLNESS

This section include the results of the participants' self-reported health and wellness.

4.3.1 Smoking information of the sample population

Participants were asked to respond to an option of "yes" or "no", if they were currently smoking. The majority (92.5%) of respondents were non-smokers and only 7.5% were smokers. Of the smokers 4.0% used nicotine products other than cigarettes.

All of the participants indicated that they smoked 10 or fewer cigarettes per day. Respondents said the following as to when and how much they smoked*: "Only when consuming alcohol I smoke an average of five or fewer cigarettes per week"; "I smoke ten cigarettes daily"; "I smoke three cigarettes per day"; and "I smoke in the morning, after lunch and one or two cigarettes before I sleep".*

These participants were asked if they smoked more when they were stressed. Sixteen participants answered this question, three answered that they smoked more when stressed (18.8%) and the remaining participants (n = 13) answered that they did not smoke more when they were stressed (81.2%).

Only four participants (who were currently not smoking) indicated that they had previously used nicotine products like snuff, cigars, tobacco chewing, tobacco pipes, clove cigarettes, gum or patch and cigarettes. Two indicated having smoked 10 or less nicotine products per day and the other two used to smoke between 11 and 20 nicotine products per day. They had all ceased smoking and their reasons included the following: health reasons, religious reasons, or they were fed-up with smoking.

4.3.2 Alcohol use of the sample population

The second question in this section asks if the participants use alcohol. Only three participants did not respond to this question. According to the results 53.0% of the respondents consumed alcohol and 47% did not.

A follow up question was addressed at the participants who had selected 'yes' as a response in the previous question. Here they were asked to report an average number of drinks that they consumed per month in each category as specified. Table 4.3 – 4.7 shows the results in each category.

Table 4.3: Monthly wine consumption of the sample population

Question 2.11, Section B of questionnaire [N=53] (n=16)

Number of glasses (250 ml glass of 12% wine on average)	**No. of responses**	**Percentage**
1	1	6.2 %
2 – 3	2	12.5%
4 - 5	3	18.8%
8	2	12.5%
9-16	1	6.2%
Not applicable	7	43.8%

Table 4.3 shows that the majority of participants (43.8%) who responded to this question, responded not applicable. A 'not applicable' answer indicated that the participant took no wine at all. Only one participant indicated consuming between nine to 16 glasses of wine per month. Three participants indicated consuming four to five glasses of wine per month, four glasses equal about one bottle.

Table 4.4 shows the self-reported beer consumption of the participants for a period of one month.

Table 4.4: Monthly beer consumption of the sample population

Question 2.12, Section B of questionnaire [N=53] (n=14)

Number of beers (Strong beer of 6%–12% may contain 2 units or more per 300 ml can of beer)	**No. of responses**	**Percentage**
2	2	14.3%
6	1	7.1%
8	1	7.1%
12	1	7.1%
24	2	14.3%
Not applicable	7	50.0%

Again many participants (50.0%) who completed the open-ended question wrote not applicable. A 'not applicable' answer indicated that the participant took no beer at all. Two participants (14.3%) consumed up to two beers per month and two (14.3%) reported consuming up to 24 beers per month. The latter comes to almost a daily beer consumption.

The consumption of fortified wines like sherry is summarised in Table 4.5.

Table 4.5: Monthly fortified wine consumption of the sample population

Question 2.13 Section B of questionnaire [N=53] (n=13)

Number of fortified wines (A small glass 50ml of sherry, fortified wine or cream liqueur 20% contains about one unit)	**No. of responses**	**Percentage**
None	3	23.1%
3	1	7.7%
Occasionally	1	7.7%
Not applicable	8	61.5%

As with the previous two results the majority of participants, did not indicate a number of fortified wines they consumed in a period of one month. It could indicate that the participants did not want to disclose the number of drinks consumed. In terms of this type of alcohol, 23.1% of the participants did not consume this type of alcohol, and 15.4% (7.7% + 7.7%) consume it occasionally. A 'not applicable' answer indicated that the participant took no fortified wines at all, a total of eight (8) respondents were found in this category.

The last type of alcohol which the participants had to report their monthly consumption on was spirits. The results are summarised in Table 4.6.

Table 4.6: Monthly spirits consumption of the sample population

Question 2.14, Section B of questionnaire [N=53] (n=15)

Number of tot of spirits (A single pub measure 25 ml or tot of spirits 40% contains one unit)	**No. of responses**	**Percentage**
None	1	6.7%
Occasionally	1	6.7%
3-6	3	20.0%
7-10	2	13.3%
20-25	2	13.3%%
76	1	6.7%
Not applicable	6	40.0%

The table shows that 40.0% of the participants did not consume spirits. A 'not applicable' answer indicated that the participant took no spirits at all. One participant reported, consuming 76 tots of spirits on a monthly basis.

The participants who answered 'yes' to the second question were asked to indicate which time of the week they consumed more alcohol [Question 2.15, Section B of the questionnaire [N=53] (n=24). These participants had three options to select from; during the week, over weekends and both in the week and over weekends. All of the participants reported that they consumed alcohol over weekends.

A description of binge drinking was given in question 2.16. Participants were asked to indicate whether they 'binge' drink, indicating 'episodic' heavy drinking. Figure 4.8 shows the responses.

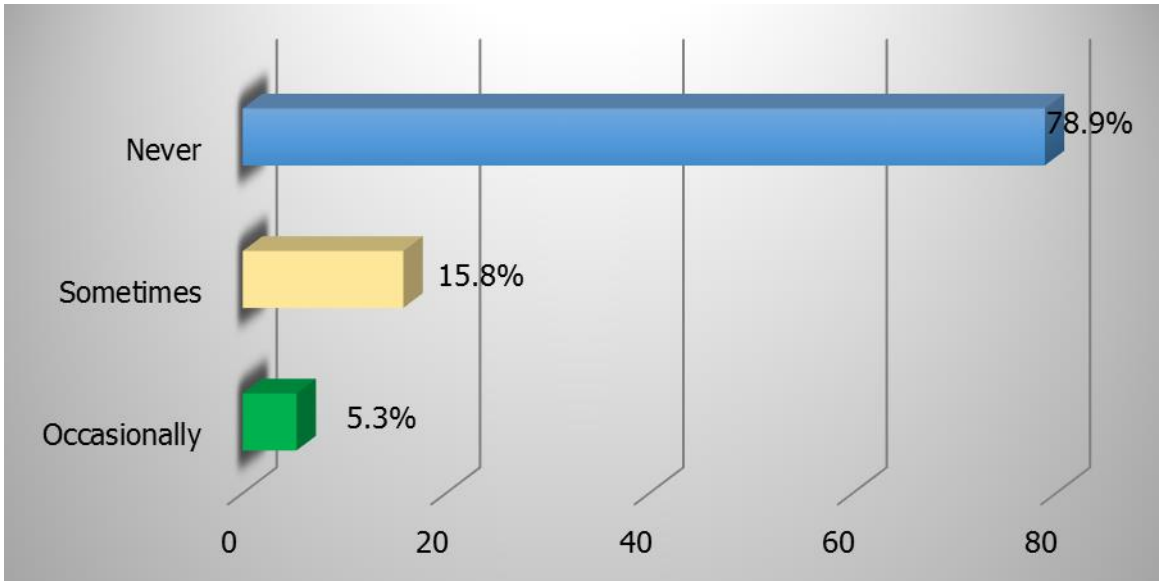

Figure 4.8: Indication of 'binge' drinking
Question 2.16, Section B of questionnaire [N=53] (n=34)

From figure 4.8, it can be seen that the majority of participants (78.9%) did not binge drink. A number of respondents (15.8%) indicated that they sometimes took part in 'binge' or 'episodic' heavy drinking, and a very small number (5.4%) indicated that 'binge' drinking occurred occasionally.

Question 2.4 asked whether participants had previously consumed alcohol, but had completely stopped [Question 2.17, Section B of the questionnaire [N=53] (n=37)]. Only 8.1% of participants reported that they had completely stopped consuming alcohol. Reasons for stopping to consume alcohol included: health reasons; religious reasons and having decided to stop drinking, a decade previously.

4.3.3 Food consumption information of the sample population

The majority of respondents (32.1% and 56.6%) admitted to enjoying fast food. A smaller percentage (11.3%) selected the option 'no'. Those participants who indicated that they enjoyed the consumption of fast food were asked to indicate reasons why they had answered positively. The result is presented in Table 4.7.

Table 4.7: Indication of why fast foods are enjoyed

Question 2.20, Section B of questionnaire [N=53] (n=32)

Reason	No. of responses	Percentage
The quick service	0	0%
I like the taste	8	25.0%
I like the environment	0	0%
I am too busy to cook	4	12.5%
For convenience	20	62.5%

The results showed that the majority of participants (62.5%) indicated that they ate fast food, because of the convenience. The majority of participants (47.0%) ate fast food once a week followed by 14.0% more than once a week, 16.0% once a month and 23.0% more than once a month. A high percentage of participants (75.0%) thought that fast food was unhealthy whilst a quarter (25.0%) thought it was healthy [Question 2.22, Section B of the questionnaire [N=53] (n=52)]. The type of fast food had not been further categorised.

4.3.4 Exercise information of the sample population

The majority of participants (57.7%) led sedentary lives. Of those participants who did exercise 15.4% was lightly active and 26.9% moderately active.

4.3.5 Diet information of the sample population

When asked if the participants were on a diet, 7.5% responded 'yes' and 92.5% 'no' [Question 2.24, Section B of the questionnaire [N=53] (n=53)]. Of those who answered 'yes', only one indicated that his/her diet had been prescribed to him/her by

a physician. In question 2.26, participants were asked to report the number of meals which they consumed daily (Table 4.8).

Table 4.8: Participants' response in terms of the number of meals consumed per day

Question 2.26, Section B of the questionnaire [N=53] (n=39)

Number of meals consumed per day	No. of respondents	Percentage
1-2 meals	12	30.8%
3-4 meals	25	64.1%
5-6 meals	2	5.1%

The majority of participants (64.1%) indicated eating 3-4 meals per day (three meals were mostly indicated). Those who indicated eating 5-6 meals reported eating three meals and two snacks.

4.3.6 Height and weight of the sample population

Question 2.27 in Section B asked the participants to report on their weight (in kilograms) and height (in centimetres). This was used to calculate their Body Mass Index (BMI) (BMI = kg/m^2). The modified BMI categories and classifications as described by Edelman and Mandle (2006:254) were used to categorise the BMI's of the sample population (Table 4.9).

Table 4.9: Body Mass Index of the sample population

Question 2.27, Section B of the questionnaire [N=53] (n=33)

(Edelman & Mandle 2006:254)

Value	Classification	Number of Responses	Percentage
Fewer than 16	Severe thinness	0	0%
16 - 16.99	Moderate thinness	0	0%
17 – 18.49	Mild thinness	0	0%
18.50 -24.99	Normal Range	11	33.3%
25	Overweight	0	0%
25 - 29	Pre-Obese	14	42.4%
30	Obese	0	0%
30.00 – 34.99	Obese Class I	4	12.1%
35.00 – 39.99	Obese Class II	2	6.1%
40 and above	Obese Class III	2	6.1%

Respondents' weight ranged from 55kg to 128kg and their height from 156cm to 180cm. Each respondent's weight was divided by his/her squared height to get each respondent's BMI. From the results, it can be seen that the majority of respondents (44.4%) fell into the pre-obese category and 24.3% (12.1% + 6.1% + 6.1%) were obese.

4.3.7 The stress level of the sample population

A scale from 1-10 was presented and the participants were asked to mark where they feel their current stress level was at (1 being the least stressful and 10 being the most stressful). The results can be seen in Table 4.10.

Table 4.10: Participants' response in terms of their current stress level

Question 2.28, Section B of the questionnaire [N=53] (n=48)

Stress Level	Number of Responses	Percentage
1	2	4.2%
2	2	4.2%
3	7	14.6%
4	6	12.5%
5	8	16.6%
6	6	12.5%
7	7	14.6%
8	7	14.6%
9	2	4.2%
10	1	2.0%

The results show that 35.5% of participants indicated stress levels between 1- 4, which indicated low levels of stress. The results show that 16.6% of the participants indicated a neutral stress level of 5. A higher number of participants (47.9%) selected higher stress levels of 6, 7, 8, 9 and 10 on the rating scale.

4.3.8 Chronic disease history of the sample population

A list of seven chronic diseases and an option of other was provided for the participants to select from. Table 4.11 presents the results.

Table 4.11: Participants' response in terms of their current chronic disease history

Question 2.29, Section B of the questionnaire [N=53] (n=29)

Chronic Diseases	Number of Responses	Percentage
High blood pressure	12	41.4%
High cholesterol	4	13.8%
Diabetes	4	13.8%
Heart disease	0	0%
Chronic Obstructive Pulmonary Disease	0	0%
Arthritis	1	3.4%
Asthma	4	13.8%
Other	4	13.8%

The results showed that 41.4% of participants had high blood pressure, followed by 13.8% with asthma, 13.8% high cholesterol, 13.8% diabetes, and 3.4% arthritis. No participants indicated that they had heart disease or chronic obstructive pulmonary disease.

The 13.8% who selected the option "other" gave the following responses: ulcer, prostate cancer, low blood pressure and porphyria.

4.3.9 Perception of the sample population about leading a balanced lifestyle

The final question of Section B included: Would you consider yourself living a balanced lifestyle, e.g. working hard but also spending enough time with your family and/or looking after your own health / resting adequately?. The results showed that 69.0% of the participants considered themselves leading a balanced lifestyle [Question 2.31, Section B of the questionnaire [N=53] (n=49)]. This included working hard, but also spending enough time with their families and/or looking after their own health/ resting adequately.

Those participants who did not consider themselves to be leading a healthy lifestyle (31%) reported the following reasons (Table 4.12).

Table 4.12: Responses from some of the respondents who claimed not to be leading a balanced lifestyle.

Question 2.32, Section B of the questionnaire [N=53] (n=13)

Respondent's Remark
Most of the time working too hard - had no time especially to be with my kids and if I am available I use my time to rest as I am not getting that much time; spent most of my time at work, I don't rest adequately cause I don't have time to exercise I and for family gathering
Need to exercise and live a healthy life, family and work
Can't stop thinking about work pressures even when with family/ sport team
I spend most of the time at work doing work till late and also doing studies
Spend long hours at work; do not take adequate care for my health
Don't think I am looking after my own health adequately; don't exercise as much as I should; I don't think my lifestyle is balanced
I am in between with this since I think the resting is not adequate enough but I do rest
Currently due to the nature of my job it is very difficult to balance family life and work as well as resting. In some instances I knock off late during the week
I spend most of the time at work, I don't rest adequately cause I don't have time to exercise and attend family gatherings

4.4 MANAGEMENTS' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY

This section reports on the results from the questions posed with reference to managements' perceptions of the EHWP in the FSPT.

4.4.1 The role of the employee health and wellness programme

This question started with the questions: "In your own words, what do you think is the role of the Employee Health and Wellness Programme in the Free State Provincial Treasury?".

Some themes identified from the responses are summarized in Table 4.13.

Table 4.13: Participants' responses in terms of the role of the employee health and wellness programme

Question 3.1, Section C of the questionnaire [N=53] (n=42)

Responses
Promotion and support of health and wellness
Assist employees in handling stress
Help employees to be productive to be productive for achievement of strategic objectives and goals
Give professional help to employees and their dependents
Assist employees to live a balanced life
Raise awareness on health essentials and health information
Render holistic care and deal with problems that affect job performance
Assist employees to look after their health and wellbeing and promote holistic wellness
Bring about motivated and determined employees with healthy lifestyle
Ensures employees' wellness and provide care and conducive environment for employees
Support to officials in dealing with problems impartially and are always assisting
Promote a safe and healthy environment
It is mainly to ensure good healthy lifestyle for employees to increase productivity and morale
Other opinions
It exists for the benefit all officials but not all officials are using, personally I feel it can subsidise gyms
Role not clear, we need physical examiner
They must ensure that the employer give time for functions and non-work related activities (recreation)

The majority of participants understood the role of the employee health and wellness programme correctly. Three participants made additional comments in terms of their opinions of what should be included in the programme.

4.4.2 Perceptions and attitude towards the employee health and wellness programme

Table 4.14 displays the perceptions and attitudes towards the EHWP in the FSPT.

Table 4.14: Participants' responses in terms of their perceptions and attitudes towards the employee health and wellness programme

Question 3.2, Section C of the questionnaire [N=53] (n=52)

Responses	Number of responses	Percentage of respondents
I am enthusiastic about Employee Health and Wellness and I actively participate in it at the workplace.	21	40.4%
I am enthusiastic about Employee Health and Wellness, but do not actively contribute to our workplace health promotion activities.	20	38.5%
I am neutral whether or not we should have an Employee Health and Wellness Programme.	10	19.2%
I am opposed to the Employee Health and Wellness Programme, but I will not actively work to stop it in the workplace	0	0.0%
It is a waste of time that could be best spent on actual departmental business	0	0.0%
It is not cost-effective	0	0.0%
It has no value	1	1.9%

The result shows that the participants are mostly enthusiastic about the EHWP at the FSPT. A number of participants (40.4%) indicated they were enthusiastic about the EHWP, and actively participate in the programme. A second group of participants (38.5%) who were enthusiastic about the EHWP, but did not actively contribute to any of the programme's activities. A total of 19.2% of participants chose to remain neutral in their opinion, when asked whether or not the FSPT should have an EHWP in place. This response, in addition to the one participant who indicated that the EHWP in the FSPT had 'no value', meant that a total of 21.1% of respondents (cf Table 4.14) indicated doubt as to the perceived relevance of the EHWP in the FSPT, this finding may warrant further investigation in a future study.

4.4.3 Perceptions towards the employee health and wellness programme: agreements and disagreements

In this second to final questions several statements were provided and the participants were asked to select a response between five options: 1 = Strongly disagree; 2 = Disagree; 3 = Undecided / Don't know; 4 = Agree; and 5 = Strongly agree.

The statements and results are presented in Table 4.15. Responses to question 3.6 indicate that 70% of managers reported that they did not receive orientation regarding the overall role of the EHWP in the FSPT when they were appointed. This is a clear issue which can be addressed in the future, so that newly appointed managers are made aware of the benefits of the EHWP. In an associated question, in response to question 3.7, 56.9% of managers indicated that they did not inform new employees about the EHWP during orientation or induction. This is an issue which can also be addressed in the future, making sure that new employees perceive the managers to be 'wellness ambassadors' and that they made are aware of benefits of the EHWP in the FSPT.

Table 4.15: Participants' responses in terms of their perceptions towards the employee health and wellness programme

Question 3.3 -3.70, Section C of the questionnaire [N=53]

No	Statement	Nr. of responses	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.3	I am able to explain the role of Employee Health and Wellness Programme (EHWP) in relation to the overall vision of the Free State Provincial Treasury (FSPT).	50	2.0%	8.2%	22.4%	51%	16.3%
3.4	I support EHWP in order for Treasury to achieve its overall strategic goals for realisation of its vision.	50	0.0%	8.0%	14.0%	44.0%	34.0%
3.5	I form part in setting organisational health and wellness goals during Departmental Strategic Planning.	51	17.6%	29.4%	29.4%	19.7%	3.9%
3.6	I was orientated into the overall role of EHWP in Treasury when I was appointed.	50	24.0%	24.0%	22.0%	18.0%	12.%
3.7	I inform all new employees about the EHWP in Treasury during orientation or induction.	51	25.5%	31.4%	23.5%	17.6%	2%
3.8	I have a responsibility towards the allocation of sufficient funds for EHWP activities during strategic budget meetings.	51	37.3%	23.5%	29.4%	5.9%	3.9%
3.9	I believe that the Treasury EHWP periodically does health assessments to officials to identify diseases early for prompt handling and timeous treatment by experts.	51	3.9%	9.8%	5.9%	43.1%	37.3%

No	Statement	Nr. of responses	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.10	I recognise human resource benefits of health and wellness promotion in the workplace.	50	0.0%	2.0%	18.0%	46.0%	34.0%
3.11	I recognise financial benefits of health and wellness promotion in the workplace.	50	2.0%	10.0%	28.0%	36.0%	24.0%
3.12	I recognise that the EHWP contributes to a reduced absenteeism.	51	5.9%	9.8%	35.2%	25.5%	23.5%
3.13	I recognise that the EHWP contributes to reduced disability claims.	51	3.9%	7.8%	56.9%	23.5%	7.8%
3.14	I recognise that the EHWP contributes to reduced accident rates and claims.	51	3.9%	9.8%	58.8%	23.5%	3.9%
3.15	I recognise that the EHWP contributes to reduced extended sick leave.	51	3.9%	11.8%	39.2%	31.4%	13.7%
3.16	I recognise that the EHWP contributes to reduced accident rates and claims.	51	5.9%	7.8%	58.9%	23.5%	3.9%
3.17	I am aware of the EHWP activities available to me to participate in.	52	3.9%	11.8%	39.2%	31.4%	13.7%
3.18	I am aware of Treasury 24/7 confidential counselling and toll-free services rendered on behalf of Treasury to all Treasury officials available to me.	52	5.9%	7.8%	58.9%	23.5%	3.9%
3.19	I perceive that the Treasury EHWP promotes positive organisational culture within Treasury.	52	0.0%	1.9%	7.7%	55.8%	34.6%
3.20	I perceive Treasury EHWP to be visible enough.	52	0.0%	3.8%	3.8%	53.8%	38.5%
3.21	I perceive Treasury EHWP to be accessible enough.	52	1.9%	5.8%	19.2%	50.0%	23.0%
3.22	I believe the Treasury EHWP to be of high quality.	51	0.0%	11.5%	17.3%	50.0%	21.1%
3.23	I believe the Treasury EHWP to be cost-effective.	51	0.0%	3.8%	19.2%	59.6%	17.3%
3.24	I perceive that the EHWP includes appropriate consultations on various health and wellness matters.	52	0.0%	5.9%	35.3%	49.0%	9.8%
3.25	I perceive that the EHWP includes appropriate empowerment sessions on various health and wellness matters.	52	1.9%	7.7%	46.2%	34.6%	9.6%

No	Statement	Nr. of responses	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.26	I perceive that the EHWP includes appropriate workshops on various health and wellness matters.	52	0.0%	5.8%	32.7%	46.2%	15.4%
3.27	I am aware that Treasury EHWP uses various sources such as written articles, newsletters, e-mails circulated via intranet, flyers and posters to reach employees.	52	0.0%	5.8%	15.4%	61.5%	17.3%
3.28	I am aware of the EHWP Events Calendar and activities.	51	0.0%	13.5%	23.1%	46.2%	17.3%
3.29	I have a responsibility to model healthy lifestyle choices to my direct reports and peers.	51	0.0%	0.0%	7.7%	50.0%	42.4%
3.30	I participate in health and wellness activities to be exemplary to my direct reports and peers.	51	7.8%	23.5%	49.0%	15.7%	3.9%
3.31	I share experiences of personal efforts to adopt healthier lifestyle choices with colleagues and direct reports.	51	5.9%	2.0%	21.6%	54.9%	15.7%
3.32	I support participation in EHWP activities by allowing flexible work schedules in my directorate/sub-directorate.	51	2.0%	27.5%	23.5%	35.5%	11.8%
3.33	I perceive that my participation in Treasury EHWP activities is hampered by tight work requirements or busy work schedules.	52	3.9%	19.6%	17.6%	49.0%	9.8%
3.34	I support Treasury health and wellness promotion efforts.	51	2.0%	7.8%	25.5%	49.0%	15.7%
3.35	I am informed that Treasury the EHWP does Behavioural Risk Management Audits (BRMA) or Risk Analysis Surveys (RAS) to identify employee and organisational risk to health and wellness.	50	0.0%	4.0%	22.0%	44.0%	30.0%
3.36	I need more confidentiality with my wellness issues.	51	2.0%	5.9%	17.6%	35.3%	39.2%
3.37	I fear that there may not be adequate confidentiality and privacy in dealing with my wellness issues by EHWP staff.	51	5.9%	23.5%	39.2%	17.6%	13.7%

No	Statement	Nr. of responses	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.38	I feel that the staff members within the Treasury EHWP are too junior to handle my wellness issues; therefore I prefer going to my private general practitioner (GP) when I have health challenges.	52	13.5%	26.9%	36.5%	11.5%	11.5%
3.39	I trust the staff within the Treasury EHWP with my personal health and wellness information.	52	9.6%	13.5%	40.4%	30.8%	5.8%
3.40	I monitor my vital signs (e.g. blood pressure, diabetes, asthma, chronic heart disease, gout, etc.) myself at home.	52	9.6%	19.2%	13.5%	30.8%	26.9%
3.41	I encourage officials to support the EHWP.	52	0.0%	7.7%	17.3%	57.7%	17.3%
3.42	I am not ill, therefore I do not need regular medical check-ups.	51	31.4%	31.4%	15.7%	13.7%	7.8%
3.43	I play my role to support arrangement of the logistical aspects of the EHWP.	51	3.9%	21.6%	33.3%	35.3%	5.9%
3.44	I follow through with commitments made to the EHWP when necessary.	50	4.0%	6.0%	28.0%	54.0%	8.0%
3.45	I consult with employees to address their health and lifestyle improvement plans.	51	9.8%	29.4%	31.4%	23.5%	5.8%
3.46	I am open to listening to other employees' wishes about their personal health and lifestyle so as to encourage and advise them accordingly.	51	2.2%	11.8%	21.6%	45.1%	19.6%
3.47	I always try to keep up to date with employee health and lifestyle improvement activities to improve my health status.	51	5.9%	17.6%	25.5%	37.3%	13.7%
3.48	I identify and compliment my direct reports and my colleagues on their attempts to adopt healthier lifestyle choices.	51	3.9%	21.6%	23.5%	41.2%	9.8%
3.49	I am able to evaluate the effect that the EHWP has on employees' wellness through employee wellness reports.	51	15.7%	13.7%	35.3%	25.5%	9.8%
3.50	I document the benefits of the EHWP in Treasury.	51	17.6%	31.4%	27.5%	19.6%	3.9%
3.51	I am able to celebrate all successes in terms of health and wellness accomplishments of the Treasury EHWP.	52	13.5%	25.0%	32.7%	25.0%	3.8%

No	Statement	Nr. of responses	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.52	I try to act as a mentor and a role-model by actively promoting employee health and wellness initiatives.	50	4.0%	28.0%	38.0%	26.0%	4.0%
3.53	I am aware that every individual's wellbeing is prioritised by the Treasury EHWP.	52	1.9%	7.7%	46.2%	36.5%	7.7%
3.54	I am aware that every employee participates in the EHWP activities voluntarily; however, I am responsible to supervise all employees in terms of their health and wellness.	52	3.8%	21.2%	34.6%	34.6%	5.8%
3.55	I feel that there is openness regarding departmental wellness programmes in the Free State Provincial Treasury.	52	0.0%	7.7%	23.1%	51.9%	17.3%
3.56	I feel that there is honesty regarding departmental wellness programmes in the Free State Provincial Treasury.	52	1.9%	3.8%	28.8%	57.7%	7.7%
3.57	I feel that the health and wellness programme coordinators offer professional handling of health and wellness issues.	52	0.0%	5.8%	36.5	48.0	9.6
3.58	I feel that health and wellness problems are handled proactively.	52	0.0%	5.8%	44.2%	44.2%	5.8%
3.59	I do not discriminate against any employee when he/she has been identified to have a health or wellness problem.	51	0.0%	2.0%	9.8%	50.9%	37.3%
3.60	I feel that wellness programmes are relevant to the wellbeing of all employees, including managers.	52	1.9%	1.9%	9.6%	38.5%	48.1%
3.61	I know that stress management is a topic dealt with in the EHWP.	51	0.0%	5.9%	9.8%	52.9%	31.4%
3.62	I am aware of the executive/management training for spotting a troubled employee in the Free State Provincial Treasury.	52	17.3%	25.0%	34.6%	19.2%	3.8%
3.63	I am familiar with the referral system or procedures for any troubled employee.	52	7.7%	26.9%	32.7%	25.0%	7.7%
3.64	I feel that the referral system is efficient and effective.	52	3.8%	5.8%	63.5%	23.1%	3.8%

No	Statement	Nr. of responses	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.65	I am aware that wellness training in life skills is offered in the EHWP.	52	3.8%	11.3%	41.5%	26.4%	16.9%
3.66	I am aware that several physical fitness activities are available in the EHWP.	52	8%	6%	28%	39%	19%
3.67	I feel that physical fitness activities in the EHWP are important.	52	0%	1.9%	9.5%	49%	39.6%
3.68	I feel that the EHWP in the Special Programmes is of significant value.	52	0%	5.7%	17%	49%	28.3%
3.69	I feel that the Free State Provincial Treasury's EHWP is relevant to address the needs of all employees.	52	0%	5.7%	20.8%	47.2%	26.4%
3.70	I feel that employees require role-models in managers who take care of their own health and wellness.	52	0%	5.7%	9.4%	49%	35.9%

4.5 ADDITIONAL COMMENTS

The results form the final open-ended question posed is presented in Table 4.16.

Table 4.16: Additional comments about the employee health and wellness programme

Question 4.1, Section C of the questionnaire [N=53] (n=42)

Responses
Not convinced that employee health and wellness programme support has direct/indirect link to achievement of department's goals.
I think that people who need the services of employee health and wellness programme are reluctant to approach EHWP. Employee health and wellness programme needs to be more creative in promoting their services.
Honestly speaking, I have not participated in any employee health and wellness and currently have limited not all knowledge about the programme. I usually see emails but do not read them.
Great job being done by treasury for its personnel.
Physical health of employees should be promoted; others should be subsidized to go to the gym.
I will like to appeal to the employee health and wellness programme in the department to conduct physical exercise on a quarterly basis.
Free State Treasury's employee health and wellness programme introduce physical fitness activities such as gym to reduce official's stress and promote good health.

Responses
Always being supportive towards well-being of employees – provide articles and journals regarding health issues.
I need to know more about the referral procedure. We need more wellness day with activities such as 5-10km walks at least twice a year.
The department is on track by marketing wellness to all the employees. I advise it to keep on improving and not regressing.
Given the business and hectic schedule of managerial position, including the exceptional level of stressful working conditions they are subjected to. It is imperative to encourage active participation of officials occupying management posts in the employee health and wellness programme; knowing that high performance is linked to good sound health, physically and mentally.

4.6 CONCLUSION

The results of the three sections (Section A-C) of the questionnaire were presented in this chapter. The demographic details of the participants were displayed in figures and tables. This was followed by the results of the participants' self-reported health and wellness information, also displayed in figures and tables. The last section reported the perceptions of the FSPT managers with regards to the EHWP. Here a scale-question was used and the responses were displayed in percentages, per response within one large table.

The results will be discussed in the following chapter (Chapter 5). In Chapter 5, **Discussion of the results of the questionnaire survey**, interpretations of the results are presented followed by a conclusion chapter.

CHAPTER 5

DISCUSSION OF THE RESULTS OF THE QUESTIONNAIRE SURVEY

5.1 INTRODUCTION

This chapter discusses the results and findings that emanate from the Free State Provincial Treasury (FSPT) management's perceptions of the current Employee Health and Wellness Programme (EHWP). The chapter starts with an overview of the demographic profile, responses to questions based on participants' personal and health profiles and ends with managements' perceptions based on the research question.

5.2 DEMOGRAPHICS OF THE SAMPLE

An overview of the demographic profile of the respondents was undertaken, to assess any influence such variables may have had on the research findings. The demographic data consisted of age, gender, ethnicity, marital status, number of children, highest level of education and work experience. There were closed-ended and open-ended questions in this section of the questionnaire. It was noted that some respondents chose not to answer a number of the open-ended questions in this section of the questionnaire (cf. 4.2.7). A number of reasons may justify why respondents omitted to answer questions regarding their demographic profile, an unwillingness to divulge personal information may be one such reason.

5.2.1 Age of the sample population

With reference to the age of the participants (cf. 4.2.1) the ages of the respondents ranged from 31 years to 59 years. It was interesting to note that 18.9% of respondents did not indicate their age; the rationale of which is unknown to the researcher. When commenting on why some persons did not choose to disclose their age, author Levithan (2012:online) claims that this non-disclosure may be due to internalised ageism, reflecting prejudices related to youth as being a favoured age group. The apparent diversity in terms of age of respondents might indicate the maturity and experience of respondents, which had several implications in the findings of the study. Due to the fact that the respondents of the questionnaire survey were all at managerial level within the FSPT, it was to be expected that their ages would reflect

a profile of an advanced career path. Respondents were in the following categories: between 50 and 59 years of age (5.7%), between 41 and 49 years of age (35.8%) and between 30 and 40 years of age, (39.6%). The fact that 39.6% of managers were in the category between 30 and 40 years of age showed that promotion to managerial level was open to those on an early career path. The fact that the majority of participants (79.0%) were middle managers also reflects the structure of an organization such as the FSPT.

5.2.2 Gender of the sample population

There were more male respondents than female respondents in terms of gender distribution (cf. 4.2.2). This correlated well with the male to female distribution in management positions in the FSPT. In terms of compliance with gender equality, this justifies an assertion by the African Development Bank (2001:14) that claims that there are unequal gender relations, which are reflected in a manner which may favour men and disadvantage women in the workplace. Therefore, this may indicate a lack of transformation in terms of leadership in strategic decision-making levels within the workplace, but this issue is considered beyond the scope of this current investigation. The fact that more male than female managers responded to the questionnaire was of interest, but firm conclusions as to why this was the case, could not be drawn.

It is also important to note the conclusions drawn by Hall *et al.* (2016:online), which indicate that non-participation in wellness programmes was commonly associated with the male gender (cf. 2.5.4.1).

5.2.3 Ethnic group of the sample population

Both race and ethnicity are self-identified, as it is assumed that a respondent's response is most likely to be the group with which the respondent identifies most strongly (Boshara, Emmons, Bryan & Noeth 2015:5; Emmons & Noeth 2015:online). In this study the results showed that the majority of managers in the FSPT were from the Black ethnic group (cf. 4.2.3). This is the norm in the South African public sector, in view of transformation regulations. The relevance of ethnic and racial distributions of participants is important, in the context of cultural differences in wellness and health promotion practices across nations, as suggested by Edelman and Mandle (2006:20)

and the influence of cultural differences on subjective well-being (Miller & Foster 2010:16) (cf. 2.3).

5.2.4 Family relationship status of the sample population

The fact that 65.4% of respondents were married, and that 3.8% of respondents cohabited, showed a tendency towards family living, rather than single habitation amongst the participants. From the findings of this study, it cannot be irrefutably stated that those respondents who were married or cohabited, show better subjective wellbeing than the 23.8% of respondents who were single (cf. 4.2.4), or that their work-related stress levels were subsequently less, as international studies have shown (cf. 2.3).

5.2.5 Number of children

Results from this study showed that the majority of participants had between one to three or more children (cf. 4.2.5), The results from this study showed that 5.7% of respondents had more than three children, 39.6% of respondents had up to two children, whilst 24.5% of respondents had only one child. This shows a distinct trend towards family life as a preferred lifestyle choice.

5.2.6 Education of the sample population

It was identified that up to 57.7% of FSPT managers had at least a bachelor's degree and some even had magister and doctorate degrees (cf. 4.2.6). The results did indicate, however, that the largest number of respondents (56%) had obtained their highest qualification more than a decade ago (cf. 4.2.6). With the knowledge and skills interface rapidly increasing in all areas of a digital world, the concept of continuing education is vital as one of the means of maintaining and increasing the level of competence (Bradly, Drapeau & Destefano 2012:online). Employees and managers in the FSPT have the opportunity to participate in ongoing staff development activities in order to ensure that knowledge, skills and attitudes of their strategic roles are enhanced.

5.3 HEALTH AND WELLNESS OF THE SAMPLE POPULATION

As the focus of this study was to investigate the perceptions of managers regarding the 'health promotion' mechanisms of the EHWP within the FSPT, both the health and well-being of strategic managers themselves, were considered. The manager's role in promoting participation in wellness programmes amongst more junior employees, highlighted each manager's role as a "wellness ambassador" (cf. 1.2).

5.3.1 Smoking information of the sample population

This study found that only a small percentage (7.5%) of managers in the FSPT were smokers, and amongst those who smoked, many smoked up to ten cigarettes daily (cf. 4.3.1). Bjartveit and Tverdal (2005:317) state that smoking one to four cigarettes per day is positively associated with ischaemic heart disease and lung cancer.

It was encouraging to determine that the majority (92.5%) of the FSPT managers reported that they did not smoke (cf. 4.3.1). The fact that there were those who had previously smoked, but did not smoke any longer, may serve as evidence of a successful implementation of the FSPT policy entitled 'Smoking at the Workplace' (FSPT 2011:8), which actively discouraged smoking. This aligns with perspectives of the Wellness Council of America (WELCOA) which advocates healthy behaviours and health promoting activities. Recommended healthy behaviours for employees at all levels of an organisation, would be a reduction or cessation of tobacco use, due to the health risks associated with smoking; as well as health promoting activities such as active employee participation in workplace wellness programmes. At the FSPT, health promotion messages are circulated via the intranet to all officials on a regular basis.

5.3.2 Alcohol use of the sample population

Most of the questions were asked to establish the pattern of drinking in order to determine problematic drinking patterns or behaviours. A relatively small percentage (15.8%) of respondents admitted to occasional binge, or heavy episodic drinking (cf. 4.3.2). It is noted that regular and heavy drinking or taking more than five drinks at a time can worsen chronic conditions and can even cause liver damage, according to Edelman and Mandle (2006:543). The researcher was of the opinion that the

respondents were aware of the health risks of occasional drinking, and that measures already in place at the FSPT were adequate.

5.3.3 Food consumption information of the sample population

Choices of food should be based on healthy decisions as suggested by Edelman and Mandle (2006:237), for apart from the fact that food is vital for human survival, food also serves as a source of pleasure. The activity of 'eating out' at restaurants or even convenience outlets, known as 'fast food' stores are linked to social status (Edelman & Mandle 2006:237). This study identified that 32.1% of managers in the FSPT admitted that they frequently consumed fast food, although the exact type of convenience food was not investigated. The effects of frequently eating out, especially consuming fast food with large amounts of calories, compared to eating healthier home prepared meals, could be detrimental to health (Edelman & Mandle 2006:237). In the context of this study, the consumption of balanced meals and promoting healthy diets for respondents and their families may have to be encouraged, a goal associated with research done by Lizzio, Wilson and Simons (2002:27). In a study conducted by Garner (2010:33) more than half of respondents held the perception that healthy eating and physical activity promoted a healthy lifestyle. The majority of the respondents in Garner's study, however, also enjoyed eating fast food frequently and were less physically active than would be recommended in a healthy lifestyle programme.

The researcher noted that an executive wellness programme implemented a few years before at the FSPT, was very well received at the time. Revisiting the initiative and focusing on aspects of healthy living and eating promoted in the above programme could be considered as a project going forward.

5.3.4 Exercise information of the sample population

Physical wellness can be attained though regular cardiovascular fitness activities. Flexibility and strength can also be achieved by regular physical exercise. The working conditions for office personnel, with reduced mobility due to sitting for long hours, and the lack of exercise may lead to increased obesity (Garner 2010:5). The results of this study found that 57.7% of the FSPT managers reported a sedentary lifestyle, with little

time for adequate exercise (cf. 4.3.4), fitting the profile of a busy manager. These facts are aligned with findings in a study by authors Audrey and Procter (2015:online), where managers "conceded that the main business of their organisation took priority over other activities" (cf. 2.3).

5.3.5 Body Mass Index and diet information of the sample population

The purpose of the questionnaire regarding self-reported weight was to gather information regarding the body mass index (BMI) of participants, to further determine whether any respondents may have a BMI associated with a classification of obesity. Obesity has been classified as a disease which is associated with numerous chronic diseases (Garner 2010:1). The results of the current study showed that, according to the self-reported height and weight of the participants when calculated to indicate BMI, a total of 66.3% fell into the classification between pre-obese and obese class III (cf. 4.3.6). Additionally, only 7.5% of the participants reported being on a diet (cf. 4.3.5). Chronic diseases associated with obesity include high blood pressure, high cholesterol, type II diabetes, stroke, heart disease and arthritis. In addition to health problems, authors Edelman and Mandle (2006:552) note that obese people also tend to suffer social stigmatisation, discrimination and low self-esteem. Persons with a normal BMI (ranging from 18 to 25 on the scale) are said to lead a better quality of life (Edelman & Mandle 2006:553). These findings which place 66.3% of respondents in the classification between pre-obese and obese class III, must be carefully noted and the FSPT employee health and wellness programmes must strive to assist employees at all levels to reduce their weight.

5.3.6 The stress level of the sample population

The ability to manage stress forms part of a healthy work-life balance (cf. 2.5.2). It has been documented that work-related stress is common in the workplace and if not handled accordingly may lead to increased absenteeism and ultimately 'work disability' better known as burnout (De Vente, Kamphuis, Emmelkamp & Blank 2008:214; Tongoi 2013:iv). The FSPT EHWP is focused on relieving stress in the workplace, and in addition to awareness programmes, external service providers offering counselling to all employees and their families to address stress and other physiological concerns are in place (FSPT 2009:7) (cf. 2.7.4.4).

The current study identified that 35.5% of the FSPT's managers reported low levels of stress, between one and four on the ten-point scale. 16.6% of managers selected a neutral stress level of five on the ten-point scale. 47.9% of the FSPT's managers had a self-reported stress level of six to ten (with ten being most stressful). Amongst those managers who reported high stress levels, 2.2% of respondents rated their stress level at the highest score of ten, which equates with a great deal of stress. The heavy workload and additional responsibilities of managerial positions contribute to high stress levels which managers may experience. It was hoped by the researcher that the participants who indicated high levels of stress in the survey, were already making use of the wellness structures already in place in the EHWP. For reasons of anonymity of participants, as well as confidentiality issues, no further correlations were drawn by the researcher regarding stress levels and use of wellness structures.

5.3.7 Chronic disease history of the sample population

Chronic conditions suffered by respondents in this study include high blood pressure followed by asthma, cholesterol and diabetes (cf. 4.3.8). It is further claimed by Drake (2010:27) that wellness programmes can have "a direct positive impact on chronic illnesses", participation and investment in wellness programmes by management may reduce health care costs and lost productivity due to ill-health and employee absenteeism. Owing to the fact that chronic diseases are treated by medical practitioners, and due to issues of patient-doctor confidentiality, no further investigation or questions regarding respondents' chronic health status could be made in this study. Managers and other employees should be encouraged to undergo regular physical checkups, and wellness programmes can encourage such practices.

5.3.8 Perception of the sample population about leading a balanced lifestyle

The respondents who claimed to live a balanced lifestyle made up 69% of the sample population (cf. 4.3.9). This should however be reported and interpreted cautiously as perceptions of a balanced, lifestyle might be different to different people and in different contexts.

Those who did not consider themselves to be leading a balanced lifestyle made up almost 30% of respondents. They admitted to working long hours and not always being able to complete their work. Some respondents admitted taking their work home and working on weekends. This in turn affected their time to exercise, rest adequately and reduced their time spent with their families. It is of concern to the researcher that almost a third of respondents did not consider their lifestyles balanced. This fact does indicate a strong work ethic, and highlighted the responsibility which FSPT managers clearly showed towards their job, and aligned with findings in an international study where managers "conceded that the main business of their organisation took priority over other activities" (Audrey & Procter 2015:online) (cf. 2.3). The pressures of managerial responsibilities, and the time constraints under which the managers function, became evident from the survey undertaken.

The above findings highlight both the demographic profile, as well as the health and wellness status of the respondents, and these findings serve to contextualise the challenges of an EHWP in the FSPT as organisation, where the multi-faceted role of the managers is acknowledged as being a key component. It is recognised that a focus on employee health and wellness, with those in managerial and leadership roles taking the lead, is crucial in order to maximize employee efficiency and work performance. Linnan *et al.* (2007:online) indicate that whilst management support is very important for implementation of health promotion programmes, support across different management levels within an organsiation is not always necessarily consistent (cf. 2.3).

Linnan *et al.* (2007:online) stress that successful health promotion in the workplace has moved beyond "an exclusive focus on the employee", and relationships between the employee, his or her peers, immediate supervisors and top-level management are of great importance. For the purposes of planning for employee health and wellness, Linnan *et al.* (2007:online) stress that "the beliefs of different types of managers should be addressed when planning a comprehensive worksite health promotion effort".

Pescud *et al*. (2015:Online) also note that it is of particular interest to study the perceptions of those in managerial or leadership roles, as they have an integral part to play in promoting health policies and programmes. Aligned with the above international studies, the current study also strives to gauge the perceptions of FSPT management

regarding employee health and wellness, in order to make recommendations for the improvement of the current EHWP.

5.4 MANAGEMENTS' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY

The results of the last section of the questionnaire will be discussed, the questions in the survey were formulated to ascertain the perceptions of executive, senior and middle managers pertaining to the current EHWP in the FSPT.

5.4.1 Understanding of the role of the employee health and wellness programme

As described in Chapter 2, the EHWP of the FSPT is an intervention aimed at the early identification of any employee health and wellness problems, which may potentially affect their work performance adversely. This service is offered to all employees regardless of rank and social status (cf. 2.8.4).

The FSPT managers were asked in the survey what they perceived the role of the programme to be, this was asked with the intent to identify if the managers correctly understood the role of the programme. Most of the participants who answered the question in terms of the role of the EHWP suggested that it was there to promote, as well as support health and wellness of all employees (cf. 4.4.1). In several instances the managers were able to give examples of what the EHWP does (cf. Table 4.13). In an additional question (cf. 4.4.3) the majority of managers agreed that they were able to explain the role of the EHWP in relation to the overall vision of the FSPT, and respondents were positive towards the role of the EHWP in relation to the overall vision of the FSPT. When asked whether they supported the EHWP in the FSPT, in order that the organization could achieve strategic goals, aimed at realising the overall vision, 44% of respondents agreed, and 34% of respondents strongly agreed. This is of importance, as it is recognised from literature (Audrey & Procter 2015:online) (cf. 2.3) that managerial attitudes towards an EHWP do influence managers' interactions

with more junior colleagues and peers. The fact that a large majority of managers at the FSPT supported the EHWP was positive.

5.4.2 Attitude towards and participation in the employee health and wellness programme

It was of interest that 86.6% of managers felt that the wellness programmes were relevant to the well-being of all employees as well as managers. In spite of this fact, a low percentage of managers (36.5%) reported that they were active participants of the EHWP. Although physical fitness activities were considered by the majority of managers to be important and of significant value, and the majority of managers were also aware of the physical fitness activities available to employees through the EHWP, time constraints for those in managerial positions were seen to contribute to the lack of management participation.

When a further aspect of the EHWP, the aspect of personal health and wellness, was considered, the managerial perceptions recorded in response to the questions were enlightening. The vast majority of managers were aware of the Behavioural Risk Management Audits (BRMA) or Risk Analysis Surveys (RAS) conducted through the EHWP, which were implemented to identify employee and organisational risk to health and wellness. Pescud *et al* (2015:online) found that several factors influence employer's views on the appropriateness of workplace health and wellbeing initiatives" (cf 2.3) and in this study it was also found significant to find best practices for the specific workplace. The majority of managers also perceived that the periodical health assessments done by the EHWP to identify diseases conditions in employees, in order to initiate prompt referral and timeous treatment by experts, were beneficial and appreciated. It was clear, however, that most managers perceived that, when challenged with personal health issues, they preferred to go to their private general practitioner, seeking the confidentiality and privacy of such an interaction. Over a third of respondents (36.6%) trusted the staff within the EHWP with their personal health and wellness information, although as many as 40.4% of respondents remained neutral in response and 23.1% of respondents actually disagreed.

The fact that more than 70% of managers indicated that they monitored their own vital signs at home, for example blood pressure readings, or monitoring of diabetes,

did indicate that managers were concerned about their personal well-being. The researcher is of the opinion that independent monitoring of certain vital signs, is better undertaken by health professionals on a regular basis. The EHWP currently offers monitoring of vital signs at three monthly intervals.

The perception of managers on employee wellness and stress management, indicated that (84.3%) of respondents knew that stress management was a common topic dealt with in EHWP workshops and seminars.

5.4.3 Awareness of health and wellness activities

Garner (2010:2) states that a workplace provides a good opportunity to begin to shape the health within a country through online health assessments information, onsite fitness sessions and activities, nutritional education and other empowerment sessions.

With reference to the managers' perceptions of what services are offered by the EHWP in the FSPT, the results showed that less than a third of managers were aware that the FSPT offered confidential counselling and a toll-free service to support employees. This finding was surprising, as all FSPT officials including executives were issued with ICAS-SA wallet cards with toll-free numbers to be dialed 24/7 for all problems including family related ones. This service is well-marketed to all officials and there is evidence of this activity in the form of records by the FSPT EHWP office.

The majority of managers perceived that the EHWP offered appropriate consultations on various health and wellness matters. The perception of most managers (46.2%) regarding appropriate empowerment sessions was neutral, indicating that there was scope for improvement in this area of staff development. The majority of managers (61.6%) agreed or strongly agreed that appropriate workshops were organised by the EHWP.

The perception by a majority of managers was that the circulation of written articles and newsletters, e-mails circulated via intranet, as well as flyers and posters were more than adequate to reach and inform employees. The majority of managers (63.6%) perceived that they were made adequately aware of the EHWP events calendar and activities. Almost one quarter of managers who responded (23.1%) were neutral on

whether they were informed and aware of the calendar, and some managers (13.5%) disagreed that they were aware of activities.

5.4.4 Recognition of the benefits of an employee health and wellness programme

The current study determined that 77.3% of respondents perceived that the EHWP of the FSPT was of significant value and 73.6% of respondents agreed that the programme had relevance in addressing employees' needs. Furthermore the study showed that the majority of managers (76.9%) perceived the EHWP to be cost effective. When managers were asked whether the EHWP actually contributed to reduced disability claims, accident rates and claims, the majority of respondents (58.8%) opted for a neutral response. However, a number of managers (45.1%) did perceive that the EHWP contributed to reduced extended sick leave, with 39.2% of managers indicating a neutral response.

Makala (2010:47) claims that the more employees know about the wellness programme through consultation and involvement, the greater their support, cooperation and participation. In the current study, the management perception was that the FSPT EHWP was accessible to the employees, which was a very positive finding.

5.4.5 Perceptions about general aspects concerning the employee health and wellness programme

The additional comments made by managers who participated in the survey were enlightening, for example; a comment indicating that the hectic schedule and stressful working conditions that managers were subjected to made it imperative "*to encourage active participation of officials occupying management posts in the EHWP; knowing that high performance is linked to good sound health, physically and mentally*" (cf Table 4.16).

Audrey and Procter (2015:online) (cf. 2.3) indicate that "if the wider ethos of the workplace is that of a genuinely caring and supportive working environment, employees may be more receptive to suggestions from employers and managers to

take part in health promotion activities". Another manager commented that the EHWP needed to be more creative in promoting their services, and felt that certain persons in need of the services of the EHWP were reluctant to approach them.

A higher than average number of general comments included a strong focus on the need for increased physical activities and the need for the availability of gym facilities for employees. It appeared that whilst certain employees rated an exercise facility in close proximity to the workplace as a priority, other respondents felt a gym membership at an established gym as more beneficial. The latter option of a membership at an established gym might be more cost-effective and as one respondent commented, active participation in gym activities would also aid in stress relief. The perception by one of the respondents that the EHWP was effectively "marketing wellness to the employees" very aptly described the core activity of the EHWP in a succinct manner.

5.4.6 Involvement in planning for organisational employee health and wellness

The success of an EHWP requires optimal participation and involvement of all employees (including managers, employees and wellness staff) (Garner 2010:17).

The findings in this study give an indication that managers support the EHWP as they perceive definite benefits associated with the programme. Almost all of the participants (90.4%) perceived that the Treasury EHWP promoted positive organisational culture. However when it comes to forming part of the strategic planning of the EHWP and the allocation of funds the majority of participants (47.0%) indicated that they did not take part in setting organisational health and wellness goals during strategic planning and 60.8% did not form part in the process of funding allocation. This implies that only a few managers participated in strategic decision-making regarding Treasury employee health and wellness. Makala (2010:49) who also investigated the perceptions and awareness of managers as employees with regards to employee health and wellness highlighted an expectation that top management should be fully involved and knowledgeable of the EHWP in the company. With this in mind perhaps involvement of all levels of managers in the FSPT could be encouraged.

5.4.7 Management role in the promotion of the employee health and wellness programme

When managers were asked whether they were oriented into the overall role of the EHWP when appointed, 48% disagreed with the statement. It was therefore clear that this was an area for improvement. There could possibly be scope for including information about the EHWP in formal orientation/induction activities presented to all employees in the FSPT. As 56.9% of managers indicated that they were not involved in informing new employees about the EHWP in Treasury during orientation or induction it could be beneficial to have it done by the EHWP providers.

In terms of voluntary attendance of EHWP and the managers' responsibility in supervising their employees' health and wellness, the responses were very similar across the options of 'disagree' (25.0%), 'neutral' (34.6%) and 'agree' (30.4%). Therefore it was difficult to conclude whether managers perceived this as their responsibility or not. However this being said 75% of managers agreed that they encouraged officials to support the EHWP and 47.3% even allowed for flexible work schedules so that their employees could take part in EHWP activities. From this could then be postulated that managers in Treasury, supported the EHWP and to an extent accepted to play a role in the health and wellness management of their employees.

It was of interest that only a third of managers (29.3%) had time to consult with employees to address their health and lifestyle improvement plans. Owing to the fact that a large portion were indicating that they didn't comply, one needs to consider if further investigations should be performed to establish if this is something which could possibly be done by other members of staff in the FSPT. The majority of managers (64.7%) indicated that they were always willing to listen to their employees' health and wellness concerns and to advise them accordingly. However due to two thirds of managers (67.3%) not being familiar with the referral system and procedures, there could be scope to inform/remind the managers of the EHWP services, how to identify employees with health and wellness concerns and how and where to refer them to. This highlights another area of focus for the EHWP.

It was positive to establish that half of the managers (52.9%) were able to evaluate the effect that the EHWP has on employees' wellness and that 51.0% at least identified

and complimented their employees and colleagues on their attempts to adopt healthier lifestyle choices. In spite of this fact, only 28.8% of managers celebrated successes in terms of health and wellness accomplishments of the Treasury EHWP. Encouragement and appraisal of successes could possibly contribute to a workforce that is more conscious of their health and wellness and there seem to be opportunity to include this in management strategies.

Another important part for a manager to play includes that of being a role model. It was therefore encouraging that 84.9% of managers agreed that employees required role-models in managers who would take care of their own health and wellness. In addition 92.4% of managers agreed that they had a responsibility to model healthy lifestyle choices to their employees and peers and a total of 70.6% of managers even went as far as sharing experiences of personal efforts to adopt healthier lifestyle choices with colleagues and more junior employees. The researcher is of the opinion that these results indicate that there are managers who can already be considered to be wellness role-models or 'wellness ambassadors' and who share their experiences with other employees.

Pescud *et al*. (2015:Online) also note that it is of particular interest to study the perceptions of those in managerial or leadership roles, as they have an integral part to play in promoting health policies and programmes. Aligned with the above international studies, the current study also strives to gauge the perceptions of FSPT management regarding employee health and wellness, in order to make recommendations for the improvement of the current EHWP.

5.5 CONCLUSION

In this chapter the demographics, health and wellness of the FSPT managers who participated in this study were contextualised. In addition the perceptions of managers regarding the EHWP within the FSPT was interpreted and discussed. Managers were found to be positive towards the EHWP in the FSPT but their participation seem to be hampered by their busy work schedules. Well-structured and tailored health and wellness programmes targeted at executive wellness have been shown to address the health risk factors of this cohort (Comprehensive Executive Wellbeing n.d.:online). This could be something to focus on again in the FSPT. Areas for improvement in the

EHWP were identified and some recommendations will be presented in the following chapter.

In the next chapter, Chapter 6, **Conclusion, recommendations and limitations** the study will be concluded, recommendations to the EHWP in the FSPT and for further research will be summarised and some limitations of the study will be presented.

CHAPTER 6

CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

6.1 INTRODUCTION

In Chapter 5, the results from the study were interpreted and discussed. Chapter 6 presents an overview of the study, the conclusion reached, recommendations and the limitations of the study.

6.2 OVERVIEW OF THE STUDY

The following research questions were addressed in this study:

1. How can the perceptions of managers about an EHWP be conceptualised and contextualised?
2. What are the perceptions of executive, senior and middle managers pertaining to the current available EHWP in the FSPT?

6.2.1 Objectives of the study

There were two objectives in the study, each stated below followed by a brief summary of findings to be highlighted.

6.2.1.1 *Objective 1*

To contextualise and conceptualise perceptions of managers about an EHWP

To address this objective, a literature study was conducted. The following topics in the literature study were included: A historical and international overview of employee health and wellness (cf. 2.2; 2.3); Employee Health and Wellness in the South African public service (cf. 2.4); Contextualising and conceptualising an employee health wellness programme (cf. 2.5); Contextualising organizational wellness (cf. 2.6); Perceived benefits and returns of an

employee health and wellness programme (cf. 2.7); Contextualising health promotion strategic management (cf. 2.8); Work-life balance challenges for executive managers (cf. 2.9); Behavioural risk management assessment (cf. 2.10); management perceptions of an employee health and wellness programme (cf. 2.11); and the Rationale for this study (cf. 2.12).

The main findings from the literature study showed that:

- A focus on occupational health (health promotion and occupational health and safety) was traced back to the 1950's where after the wellness concept became popular in the 1970s with a focus on nutrition, weight management, and physical activities. From 1981 national policies within the physical work environment were implemented in workplaces, these were followed by the establishment of mandatory workplace wellness programmes (cf. 2.2).
- From an international perspective the Global Strategy on Occupational 'Health for All' was endorsed in 1996, with the development of several aspects concerning health for all workers. Several important meetings and declarations (Global Declaration of "Occupational Health for All", Jakarta Declaration, Luxembourg Declaration, Barcelona Declaration and Bangkok Charter for Health Promotion in a Globalized World) paved the way for health and wellness promotions in workplaces. Furthermore various international studies conducted in the field, shaped the body of knowledge offering scope for further research in the field. There was a particular interest in recent international studies regarding the perceptions of those in managerial roles, as these leaders have integral part to play in the design and implementation of policies and programmes in the health and wellness sphere (Pescud *et al* 2015:online) (cf. 2.3).
- In South Africa the Employee Health and Wellness Strategic Framework (EHWSF) was developed by the South African Department of Public Service and Administration. Four key initiatives for high performance in public service through health and productivity management, were highlighted (cf. 2.4). The focus of this study was to assess health promotion and wellness strategies, and contextualise the perceptions of all managers regarding the EHW programme available within the FSPT. It was noted by the researcher that health promotion and wellness strategies under the Quality of Work Life section, and elements such chronic health, disease management, psychosomatic illness,

occupational health education, under the Occupational Health section, were inextricably linked with work-life balance and holistic wellness of each employee, including those at managerial level.

- It was determined that the success of an EHWP is based on employee participation or engagement, and support from management (cf. 2.5), but an EHWP is also interactive and depends on interpersonal relationships within an organisation.
- An employee wellness programme may contribute to attitudinal and behavioural changes of employees, leading to improved work performance (cf. 2.7). A workplace EHWP can potentially extend health promotion initiatives to reach large segments of the population.
- A main focus of this study was the role of management, and perceptions of managers regarding health promotion mechanisms within an EHWP. As key employees in any organisation, an EHWP is intended to attend to the health and wellness of managers too (cf. 2.8).
- The main focus of this study was to investigate perceptions of managers regarding the 'health promotion' mechanisms of the EHWP within the FSPT. The issue is perceived to be twofold: firstly the health and well-being of managers themselves, as stated above, and secondly the manager's role in promoting participation in wellness programmes amongst more junior employees. The idea of manager's being 'wellness ambassadors is highlighted'. The challenge faced is that managers may be supportive of EHWPs, but may "neglect their own participation" (cf 2.11.1), often due to time-constraints and their focus on the key objectives of the organisation.
- There are several factors which influence employers' views on the appropriateness of workplace health and wellbeing initiatives and education about what an EHW service can offer, which should be considered (cf. 2.11; 2.12).
- According to the results of this study, and in line with an international study (Linnan *et al* 2007:online), it was clear that when planning a comprehensive health promotion effort, different managers may hold different opinions and beliefs as to the most appropriate programme. The challenge for the future is the implementation of a comprehensive and inclusive EHWP for the FSPT.

6.2.1.2 *Objective 2*

To explore and document the perceptions of the executive, senior and middle managers pertaining to the current available EHWP in the FSPT.

A questionnaire survey was used to address this objective. Some highlighted findings from the three sections of the questionnaire is presented. The main demographic findings of the questionnaire included:

- The self-reported ages of the managers who participated in this study reflected a profile of an advanced career path (cf. 5.2.1).
- The gender distribution of the managers correlated well with the male to female distribution in management positions in the FSPT (cf. 5.2.2).
- The majority of the managers were from the Black ethnic group, which is the norm in the South African Public sector (cf. 5.2.3).
- With reference to family, the majority of managers were married (cf. 5.2.4) with children (cf. 5.2.5).
- The majority of the managers held degrees, which most obtained several years ago. In view of this finding, the recommendation was made that managerial participation in ongoing staff development activities to ensure that knowledge, skills and attitudes of their strategic roles could be continuously enhanced (5.2.6).
- The managers within the FSPT were spread out across the five chief directorates and the majority were middle managers. Some managers had been working as managers in Treasury for more than three to six years, which was indicative of retention of appropriately skilled personnel who had a degree of stability, especially as part of top levels of management (cf. 4.2.7).

The main health and wellness findings of the questionnaire included:

- Very few of the managers reported smoking and some even had stopped smoking. This may serve as evidence of a successful implementation of the stop smoking policy and campaign offered by the EHWP (cf. 5.3.1).

- Alcohol usage was not a concern and the researcher was of the opinion that the respondents were aware of the health risks of occasional drinking, and that measures already in place at the FSPT were adequate (cf. 5.3.2).
- Regular fast food or convenience food intake was reported by a third of the managers. A recommendation was made to focus on healthy living and eating. Such an initiative had been undertaken in the past, a revisiting of such initiatives could possibly be used again to address this aspect (cf. 5.3.3).
- Two thirds of FSPT managers reported a sedentary lifestyle, with little time for adequate exercise, fitting the profile of a busy manager (cf. 5.3.4). A later result showed that managers were interested in exercising more (cf. 4.5) and specifically requested gym subsidies and biannual wellness day activities such as 5-10km walks. A recommendation could be made that external gym memberships for busy executive managers could have a positive effect on their ongoing health and wellness.

Some of the main findings regarding managers' perceptions of the EHWP included:

- The FSPT managers perceived the EHWP as important and were of the view that the programme had benefits for all employees including the overall organisation (cf. 5.4.1; cf. 5.4.2, cf. 5.4.3; cf. 5.4.4).
- More than 40% of managers were supportive of the health and wellness activities, and saw value in the EHWP, indicating that they also actively participate in wellness activities (cf. 4.4.2). Another 38.5% of managers were enthusiastic about the EHWP, but did not actively participate, for reasons that have been previously elucidated (cf Table 4.12, 4.4.2, question 3.33). Of interest was the fact that 19.2% of managers were neutral when asked whether or not there should be an EHWP at the FSPT. One respondent saw no value at all in the EHWP.
- Only a few managers participated in strategic decision-making regarding Treasury employee health and wellness (cf. 5.4.6) but reported being attentive to their employees' health and wellness concerns, and were able to advise them accordingly (cf. 5.4.7). This being said, a need to inform management of the referral procedures of the EHW services in the FSPT was identified (cf. 5.4.7).
- An area for improvement included informing all newly appointed employees (including managers) of the employee health and wellness services offered in the FSPT (cf. 5.4.7).

- When challenged with personal health issues, the managers preferred to go to their private general practitioner, seeking the confidentiality and privacy of such an interaction (cf. 5.4.2).
- In terms of their own personal health and wellness, managers perceived the need for increasing their level of physical activity, and in some cases need for the availability of gym facilities was expressed (cf. 5.4.5). The time constraints imposed by managerial responsibilities and the impact these constraints have on executive health and wellness have been described (cf 2.3).
- Managers agreed that they had a responsibility to act as role-models for healthy lifestyle choices to more junior employees and peers.

6.3 CONCLUSION

The success of a workplace health and wellness programme is dependent on both employee participation and managerial support. An interactive and supportive environment amongst employees (including managers at all levels) and the EHWP team is important for an ongoing and sustained interest in issues of personal health and wellness in the workplace. As previously detailed, the focus of this study was to conceptualise and contextualise health and wellness programmes in the workplace, with the further focus on investigating the perceptions of managers of the EHWP within the FSPT, a public service department in South Africa (cf. 1.2).

This study was aligned with current international research (cf 5.3.8) where an ongoing interest in the perceptions of executive, senior and middle managers with regard to the workplace health and wellness programmes in various organisations, was found to be both informative and useful. The fact that the current study strives to gauge the perceptions of the FSPT management regarding employee health and wellness has led to useful recommendations, both for improvement of the current EHWP, as well as for enhancing any future EHWP (cf 6.5).

In terms of the health and wellbeing of strategic managers themselves, the results showed that although very few managers reported smoking or consuming large amounts of alcohol, there were some health and lifestyle aspects reported, which could potentially increase the

managers' risk for ill-health and chronic diseases. Several initiatives in the EHWP in the FSPT were already in place to address awareness and promotion of good health and wellness. Through the perceptions and comments of managers on all levels, the current study highlighted areas, where the EHWP could even better serve the health and wellness needs FSPT workforce.

Whilst acknowledging the contribution made by current EHW services provided in the FSPT there was a perception that:

- heightened confidentiality and privacy in terms of physical and mental health issues, with more choices available with regard to selecting external service providers would be beneficial;
- there was a need to address pro-active physical wellness through healthy nutrition, increased physical activity and subsequent weight loss;
- pro-active physical wellness could be addressed by means of gym membership either on site or at a dedicated fitness facility;
- the work-life balance of managers was a challenge in terms of their workloads;
- the work load of managers also contributed to their levels of participation in the EHWP.
- An important conclusion that can be drawn, is that there was a heightened awareness of the benefits of an EHWP following this study.

6.4 LIMITATIONS OF THE STUDY

The researcher recognises the following limitations of the study:

- The empirical phase of this study had to be extended from the planned 8 weeks to 24 weeks in view of the busy schedules of the FSPT managers, who made up the sample population.
- There was limited literature available in a South African context pertaining to the perceptions of executive, senior and middle managers with regard to the workplace wellness programmes in the public service setting.
- There were a few open-ended questions that were not answered by all participants. This was not perceived by the researcher to have impacted the results of this study.

- The second focus of study was the investigation of the perceptions of executive, senior and middle managers in FSPT pertaining to the current EHWP (cf. 1.2). Some of the perceptions regarding EHWP could have been clarified further in follow-up research, which is considered beyond the scope of the current study.
- A further limitation was the impact of the utilisation of purposeful sampling in this study, only managers' perceptions were studied.

6.5 RECOMMENDATIONS

Following the results of this study, the following recommendations are made for the EHWP in the FSPT:

- The recommendation is made for a refresher induction course, highlighting the services and benefits of the EHWP at the FSPT, available to all levels of employees.
- A clear need to ensure that current management remains well informed of the referral procedures of the EHW services in the FSPT was identified (cf. 5.4.7).
- An area for improvement included informing all newly appointed employees (including managers) of the employee health and wellness services offered in the FSPT (cf. 5.4.7).
- A recommendation is made to pursue additional ways to assist managers to improve their levels of physical activity, making gym facilities available could even be considered.
- A need to revisit an initiative to inform employees about healthy lifestyles and eating habits for both themselves and their families, was identified.

In general, this study identified a need for further research in the field of EHW in the South African context, particularly in the public sector. In order to develop more tailor-made and specific health and wellness initiatives for managers, further research is recommended. Further research could also focus on the developing of further educational programmes to inform all relevant parties of the importance of EHWP in the workplace.

6.6 CONCLUDING REMARKS

Management support is considered to be of critical importance to the successful implementation of any employee health and wellness programme. The results of this study indicated that perceptions of managers at all levels served as an invaluable source of information to improve and extend the comprehensive EHWP implemented in a South African public service organisation. Overall the managers' perceptions were found to be positive in terms of the service provided by the EHWP in the FSPT.

Since the time of writing, the Special Programmes and Employee Health and Wellness components were restructured. The EHWP of the FSPT was also restructured and incorporated in the Human Resource and Development sub-directorate.

This study serves as a directive for further research in the field of EHW, encompassing the views and perceptions of more employees across all levels of the organisation.

The value and significance of this study was the potential for improvement of the EHWP for ultimate mutual benefit of all officials and their families, through the ongoing support of the EHWP by all categories of managers. The researcher is of the opinion that an awareness of managerial perceptions of the current EHWP would enhance planning and implementation of a tailor-made EHWP for the future. With the FSPT managers as leaders, mentors and role models of healthy lifestyles, it is hoped that participation in health and wellness initiatives by more junior officials, employees and their families within the FSPT will be encouraged.

It is further hoped that the results of this study will lead to an improved and sustainable worksite wellness programme in the FSPT, leading to better employee productivity and building on a supportive corporate culture.

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APPENDICES

APPENDIX A

APPENDIX A ETHICS COMMITTEE OF THE FACULTY OF HEALTH SCIENCES DOCUMENT

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA
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Ms J du Plessis/gn

2014-10-23

REC Reference nr 230408-011
IRB nr 00006240

MS PE MAHABUKE
C/O MS C VAN WYK
DIVISION OF HEALTH SCIENCES EDUCATION
FACULTY OF HEALTH SCIENCES
UFS

Dear Ms Mahabuke

ECUFS NR 184/2014
MS PE MAHABUKE **DIVISION OF HEALTH SCIENCES EDUCATION**
PROJECT TITLE: AN INVESTIGATION INTO HOW TREASURY MANAGEMENT PERCEIVES THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME

1. You are hereby kindly informed that the study was approved at the Ethics Committee meeting held on 16 October 2014.

2. Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.

3. Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

4. The Committee must be informed of any serious adverse event and/or termination of the study.

5. All relevant documents e.g. signed permission letters from the authorities, institutions, changes to the protocol, questionnaires etc. have to be submitted to the Ethics Committee before the study may be conducted (if applicable).

6. A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.

7. Kindly refer to the ETOVS/ECUFS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully

.....

PROF WH KRUGER
CHAIR: ETHICS COMMITTEE

APPENDIX B

APPENDIX B1 LETTER OF INVITATION TO PARTICIPATE IN THE STUDY
APPENDIX B2 CONSENT TO PARTICIPATE IN THE STUDY
APPENDIX B3 QUESTIONNAIRE

APPENDIX B1

LETTER OF INVITATION TO PARTICIPATE IN THE STUDY

Date:_____

TO: FSPT Management

Letter of Invitation to Participate in the Research
M. (HPE) project titled:

AN INVESTIGATION INTO HOW TREASURY MANAGEMENT PERCEIVE TREASURY EMPLOYEE HEALTH AND WELLNESS PROGRAMME

Principal Researcher: Ms Paballo Elizabeth Mahabuke: Assistant Manager: Special Programmes and Employee Health and Wellness, Free State Provincial Treasury.

Dear Colleague,

I am conducting research with the aim of determining the perceptions of the executive, senior and middle managers in the Free State Provincial Treasury (FSPT) pertaining to the available Employee Health and Wellness Programme (EHWP).

Please take a few minutes of your time to complete this questionnaire. It will take about 20 minutes of your time. Participation is voluntary. Please answer all questions. You are hereby offered the assurance that your feedback will be treated with the utmost confidentiality and will remain anonymous throughout this process, so please do not write your name on the questionnaire. The research for this perceptions audit is being conducted by an internal researcher who is part of the staff in Treasury.

The results from this study will lead to the improvement of the current Employee Health and Wellness Programme offered to you and all employees. We would also like to publish some of the findings of this study.

If you require further information, or wish to withdraw your participation at any stage you may do so. If you have any questions you can contact the principal researcher or study leader as specified below.

Thank you in advance for your on-going support of Treasury Wellness component. Your valuable contribution is appreciated in our efforts of 'taking the pulse' of the EHW in Treasury.

Yours faithfully,

Ms Paballo Elizabeth Mahabuke
Researcher
Employee Health and Wellness and Special Programmes
Free State Provincial Treasury
Provincial Government Building, Corner Elizabeth and Markgraaf Street, Bloemfontein, 9300
Tel. (051) 405 5257 E-mail: mahabuke@treasuary.fs.gov.za

Ms Chantel van Wyk
Lecturer, Office of the Dean, Division Health Sciences Education
Telephone: 051 401 7773
E-mail: vanwykc2@ufs.ac.za

Contact details: Secretariat (Ethics Committee): Telephone: 051 405 2812

APPENDIX B2

CONSENT TO PARTICIPATE IN THE STUDY

CONSENT FORM - ENGLISH

Declaration by the researcher

I, Ms Paballo Elizabeth Mahabuke, declare that the information in this document and the information which I explained to you (the participant) covered all aspects of the current research study which is imporrtant for you to know about in order to make an informed decision to participate in the research.

I encourage you to ask questions and will provide you with sufficient time to answer the questionnaire.

Signed at *(place)*..... on *(date)*.....

.....
Signature of researcher

Declaration by participant

By signing this document, I..... undertake to participate in the employee wellness research project entitled: An investigation into how treasury management perceive treasury employee health and wellness programme.

I declare that:

- I have been given enough information about the current study.
- The consent form was read to me in a language which I am comfortable with.
- I had the opportunity to ask questions and all my questions satisfactorily answered.
- I understand that participation in this research project is voluntary and there is no pressure on me to take part.
- I understand that the questionnaire is annonymous and that my personal information is therefore protected.
- I understand that there is no incentives in participating in this study.

☐ I hereby give my consent to participate the study

Signed at *(place)*..... on *(date)*.....

.....
Signature of respondent

TOESTEMMING VORM - AFRIKAANS

Verklaring deur die navorser

Ek, Mev Paballo Elizabeth Mahabuke, verklaar dat die inligting in hierdie dokument en die inligting wat ek aan u (die deelnemer) verduidelik het bedek alle belangrike aspekte van die huidige navorsingstudie wat u nodig het om te weet om 'n ingeligte besluit te maak om deel te neem aan die navorsing.

Ek moedig u aan om vrae te vra en sal u genoeg tyd om die vraelys te beantwoord.

Geteken te (plek) ..... op (datum) .....

.....
Handtekening van navorser

Verklaring deur deelnemer

Deur die ondertekening van hierdie dokument, onderneem ek,..... ..... om deel te neem in die werknemerwelstand navorsingsprojek getiteld: "An investigation into how treasury management perceive treasury employee health and wellness programme".

Ek verklaar dat:

- Ek genoeg inligting ontvang het oor die huidige studie.
- Die toestemming vorm is aan my lees in 'n taal wat ek mee gemaklik is.
- Ek het die geleentheid gehad om vrae te vra en al my vrae is bevredigend beantwoord.
- Ek verstaan dat deelname aan hierdie navorsingsprojek vrywillig is en dat daar geen druk op my om deel te neem nie.
- Ek verstaan dat die vraelys annoniem is en dat my persoonlike inligting dus beskermd is.
- Ek verstaan dat daar is geen aansporing om deel te neem in hierdie studie nie.

☐ Ek gee hiermee my toestemming om die studie deel te neem

Geteken te (plek) ..... op (datum) .....

.....
Handtekening van deelnemer

APPENDIX B3

QUESTIONNAIRE

Mark as shown: ☐☒☐☐☐ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: ☐■☐☒☐ Please follow the examples shown on the left hand side to help optimize the reading results.

1. SECTION A: GENERAL DEMOGRAPHIC INFORMATION.

You have been asked to participate in a research study. You have been provided with an information sheet and the study has been explained to you. Please note that by completing this questionnaire, you are voluntarily agreeing to participate in this research study. You can be assured that you will remain anonymous and your data will be treated confidentially at all times. Please also note that the results of this study may be published.

Please complete all sections and questions in this questionnaire.

1.1 Please indicate your age in years

1.2 What is your gender?

☐ Male ☐ Female

1.3 To which ethnic group do you belong?

☐ Black ☐ White ☐ Coloured
☐ Indian ☐ Other

1.4 If you have selected other in 1.3 please specify

1.5 What is your marital status?

☐ Married ☐ Living together ☐ Separated
☐ Divorced ☐ Widowed ☐ Single
☐ Prefer not to say

1.6 How many children under the age of 16 years live in your household?

☐ None ☐ Expectant – partner or self ☐ One
☐ Two ☐ Three or more

1.7 What is your highest level of education?

☐ High school – matric or equivalent ☐ Vocational / technical school ☐ Some college
☐ Bachelor's degree ☐ Master's degree ☐ Doctoral degree
☐ Diploma ☐ Other

1.8 If you have selected other in 1.7, please specify

1.9 When did you obtain your highest qualification?

☐ Less than 5 years ago ☐ 5 to 10 years ago ☐ More than 10 years
☐ Cannot remember

1. SECTION A: GENERAL DEMOGRAPHIC INFORMATION. [Continue]

1.10 How long have you been working in the Free State Provincial Treasury in a management position? Please give years and months

1.11 Have you worked in any other non-management position in the Free State Provincial treasury before you were employed in a management position?

☐ Yes ☐ No

1.12 If yes in 1.6, please specify how long you worked in that position (in months).

1.13 Are you currently in an acting management position?

☐ Yes ☐ No

1.14 If yes in 1.13, please specify for how long you have been an acting manager (in months).

1.15 Are you currently employed on a contract basis?

☐ Yes ☐ No

1.16 If you are employed on contract, please specify the length of the contract period (in months)

1.17 Please indicate your chief directorate

☐ Administration ☐ Financial governance ☐ Asset and liability management
☐ Sustainable resource management ☐ Municipal finance management

1.18 Please indicate your position

☐ Executive or senior executive ☐ Senior manager ☐ Middle manager

1.19 How long you have been in your present position? Indicate in terms of years and months

1.20 Are you a person with disability?

☐ Yes ☐ No

1. SECTION A: GENERAL DEMOGRAPHIC INFORMATION. [Continue]

1.21 If yes in 1.20, please specify the nature of your disability.

2. SECTION B: DEMOGRAPHIC INFORMATION ABOUT HEALTH AND WELLNESS

In this section you are allowed to leave out questions that are not applicable to you.

2.1 Do you currently smoke/use any of the following tobacco or nicotine products: Chewing tobacco or snuff; cigars; tobacco pipes; clove cigarettes; nicotine replacement products such as gum or patch; or any other tobacco products besides cigarettes?

☐ Yes ☐ No

2.2 If yes in 2.1, specify the product(s) you currently use.

2.3 If you smoke cigarettes, how many do you smoke daily?

☐ 10 cigarettes or less ☐ 11 – 100 cigarettes (up to 5 packs) ☐ More than 100 cigarettes (more than 5 packs)

2.4 Do you smoke more when you are stressed?

☐ Yes ☐ No

2.5 If no (for question 2.1), if you do not currently smoke / use any of the following tobacco or nicotine products: chewing tobacco or snuff; cigars; tobacco pipes; clove cigarettes; nicotine replacement products such as gum or patch; or any other tobacco products besides cigarettes, have you used it before?

☐ Yes ☐ No

2.6 If you smoked cigarettes, how many did you smoke daily?

☐ 10 cigarettes or less ☐ 11-20 ☐ 21-30
☐ 30 or more

2.7 Have you stopped smoking cigarettes? ☐ Yes ☐ No

2.8 If yes in 2.7, describe why did you choose to stop smoking cigarettes

2.9 If you used to use any of the other products mentioned in question 2.1, please specify how often you smoked or used the product on a daily basis.

2.10 Do you consume alcohol?

☐ Yes ☐ No

If yes, please give an average number of drinks you consume per month in each category specified below (number 2.11 to 2.14):

2. SECTION B: DEMOGRAPHIC INFORMATION ABOUT HEALTH AND WELLNESS [Continue]

2.11 If you take wine 250 ml glass of 12% wine on average. Indicate average amount of wine (per glass or unit) in a month:

2.12 If you take beer Strong beer (6%–12%) may contain 2 units or more per 300 ml can of beer. Indicate average amount of beer (300 ml can) in a month:

2.13 If you take fortified wine, e.g. sherry A small glass (50 ml) of sherry, fortified wine or cream liqueur (20%) contains about one unit. Indicate average amount of fortified wine (glass or unit) in a month:

2.14 If you take spirits A single pub measure (25 ml) or tot of spirits (40%) contains one unit. Indicate average amount of spirits (per unit) in a month:

2.15 If you answered yes to question 2.10, when do you consume alcohol more?

☐ During the week ☐ Over weekends ☐ Both in the week and over weekends

Binge drinking or **heavy episodic drinking** is a description of drinking alcoholic beverages with the primary intention of becoming intoxicated by heavy consumption of alcohol over a short period of time.

2.16 Would you consider yourself to binge drink?

☐ Occasionally ☐ Sometimes ☐ Never

2.17 Did you used to consume alcohol on a regular basis, but now stopped drinking completely?

☐ Yes ☐ No

2.18 If yes in 2.17, describe why you have stopped drinking.

2.19 Do you enjoy fast food?

☐ Yes ☐ No ☐ Sometimes

2.20 If yes in 2.19, please indicate why?

☐ They are quick service ☐ I like the taste ☐ I like the environment
☐ I am too busy to cook ☐ For convenience

2.21 How often do you eat fast food?

☐ Every day ☐ Once a week ☐ More than once a week
☐ Once a month ☐ More than once a month

2.22 Do you think fast food is unhealthy?

☐ Yes ☐ No

2. SECTION B: DEMOGRAPHIC INFORMATION ABOUT HEALTH AND WELLNESS [Continue]

2.23 How are your exercise habits?

- ☐ Sedentary (little or no exercise) most of the time
- ☐ Lightly active (light exercise/ sports 1-3 days/week)
- ☐ Moderately active (moderate exercise/sports 3-5 days/week)
- ☐ Very active (hard exercise/ sports 6-7 days a week)
- ☐ Extra active (very hard exercise/ sports and physical job or 2 x training)

2.24 Are you dieting?

- ☐ Yes
- ☐ No

2.25 If yes in 2.24, are you on a physician-prescribed medical diet?

- ☐ Yes
- ☐ No

2.26 Indicate the number of meals you eat in an average day.

2.27 What is your self-reported weight (kg) and height (cm) at this point in time?

2.28 On a scale from 1-10, mark where you feel your current stress level is (1 being the least stressful and 10 being the most stressful)

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

2.29 Do you suffer from any chronic disease(s), e.g. high blood pressure, diabetes, asthma, chronic heart disease, gout, etc.?

- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Heart disease
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Arthritis
- ☐ Asthma
- ☐ Other

2.30 If other in 2.29, please specify.

2.31 Would you consider yourself living a balanced lifestyle, e.g. working hard but also spending enough time with your family and/or looking after your own health / resting adequately?

- ☐ Yes
- ☐ No

2.32 If no in 2.31, please elaborate and specify.

3. SECTION C: MANAGEMENT' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY.

In this section please answer all the questions

3.1 In your own words, what do you think is the role of the Employee Health and Wellness Programme in the Free State Provincial Treasury?

3.2 What position best describes your perception and attitude towards the Employee Health and Wellness Programme in the Free State Provincial Treasury?

- ☐ I am enthusiastic about Employee Health and Wellness and I actively participate in it at the workplace.
- ☐ I am enthusiastic about Employee Health and Wellness, but do not actively contribute to our workplace health promotion activities.
- ☐ I am neutral whether or not we should have an Employee Health and Wellness Programme.
- ☐ I am opposed to the Employee Health and Wellness Programme, but I will not actively work to stop it in the workplace
- ☐ It is a waste of time that could be best spent on actual departmental business
- ☐ It is not cost-effective
- ☐ It has no value

3. SECTION C: MANAGEMENT' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY. [Continue]

Consider the statements regarding the Employee Health and Wellness Programme in the Free State Provincial Treasury. Please read each of the statements carefully and circle the most applicable option between 1 and 5 (see description of numbers below).

1 = Strongly disagree
2 = Disagree
3 = Undecided / don't know
4 = Agree
5 = Strongly agree

		1	2	3	4	5
3.3	I am able to explain the role of Employee Health and Wellness Programme (EHWP) in relation to the overall vision of the Free State Provincial Treasury (FSPT).	☐	☐	☐	☐	☐
3.4	I support EHWP in order for Treasury to achieve its overall strategic goals for realisation of its vision.	☐	☐	☐	☐	☐
3.5	I form part in setting organisational health and wellness goals during Departmental Strategic Planning.	☐	☐	☐	☐	☐
3.6	I was orientated into the overall role of EHWP in Treasury when I was appointed.	☐	☐	☐	☐	☐
3.7	I inform all new employees about the EHWP in Treasury during orientation or induction.	☐	☐	☐	☐	☐
3.8	I have a responsibility towards the allocation of sufficient funds for EHWP activities during strategic budget meetings.	☐	☐	☐	☐	☐
3.9	I believe that the Treasury EHWP periodically does health assessments to officials to identify diseases early for prompt handling and timeous treatment by experts.	☐	☐	☐	☐	☐
3.10	I recognise human resource benefits of health and wellness promotion in the workplace.	☐	☐	☐	☐	☐
3.11	I recognise financial benefits of health and wellness promotion in the workplace.	☐	☐	☐	☐	☐
3.12	I recognise that the EHWP contributes to a reduced absenteeism.	☐	☐	☐	☐	☐
3.13	I recognise that the EHWP contributes to reduced disability claims.	☐	☐	☐	☐	☐
3.14	I recognise that the EHWP contributes to reduced accident rates and claims.	☐	☐	☐	☐	☐
3.15	I recognise that the EHWP contributes to reduced extended sick leave.	☐	☐	☐	☐	☐
3.16	I recognise that the EHWP contributes to reduced accident rates and claims.	☐	☐	☐	☐	☐

3. SECTION C: MANAGEMENT' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY. [Continue]

1 = Strongly disagree
2 = Disagree
3 = Undecided / don't know
4 = Agree
5 = Strongly agree

		1	2	3	4	5
3.17	I am aware of the EHWP activities available to me to participate in.	☐	☐	☐	☐	☐
3.18	I am aware of Treasury 24/7 confidential counselling and toll-free services rendered on behalf of Treasury to all Treasury officials available to me.	☐	☐	☐	☐	☐
3.19	I perceive that the Treasury EHWP promotes positive organisational culture within Treasury.	☐	☐	☐	☐	☐
3.20	I perceive Treasury EHWP to be visible enough.	☐	☐	☐	☐	☐
3.21	I perceive Treasury EHWP to be accessible enough.	☐	☐	☐	☐	☐
3.22	I believe the Treasury EHWP to be of high quality.	☐	☐	☐	☐	☐
3.23	I believe the Treasury EHWP to be cost-effective.	☐	☐	☐	☐	☐
3.24	I perceive that the EHWP includes appropriate consultations on various health and wellness matters.	☐	☐	☐	☐	☐
3.25	I perceive that the EHWP includes appropriate empowerment sessions on various health and wellness matters.	☐	☐	☐	☐	☐
3.26	I perceive that the EHWP includes appropriate workshops on various health and wellness matters.	☐	☐	☐	☐	☐
3.27	I am aware that Treasury EHWP uses various sources such as written articles, newsletters, e-mails circulated via intranet, flyers and posters to reach employees.	☐	☐	☐	☐	☐
3.28	I am aware of the EHWP Events Calendar and activities.	☐	☐	☐	☐	☐
3.29	I have a responsibility to model healthy lifestyle choices to my direct reports and peers.	☐	☐	☐	☐	☐
3.30	I participate in health and wellness activities to be exemplary to my direct reports and peers.	☐	☐	☐	☐	☐
3.31	I share experiences of personal efforts to adopt healthier lifestyle choices with colleagues and direct reports.	☐	☐	☐	☐	☐
3.32	I support participation in EHWP activities by allowing flexible work schedules in my directorate/sub-directorate.	☐	☐	☐	☐	☐
3.33	I perceive that my participation in Treasury EHWP activities is hampered by tight work requirements or busy work schedules.	☐	☐	☐	☐	☐

3. SECTION C: MANAGEMENT' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY. [Continue]

1 = Strongly disagree
2 = Disagree
3 = Undecided / don't know
4 = Agree
5 = Strongly agree

		1	2	3	4	5
3.34	I support Treasury health and wellness promotion efforts.	☐	☐	☐	☐	☐
3.35	I am informed that Treasury the EHWP does Behavioural Risk Management Audits (BRMA) or Risk Analysis Surveys (RAS) to identify employee and organisational risk to health and wellness.	☐	☐	☐	☐	☐
3.36	I need more confidentiality with my wellness issues.	☐	☐	☐	☐	☐
3.37	I fear that there may not be adequate confidentiality and privacy in dealing with my wellness issues by EHWP staff.	☐	☐	☐	☐	☐
3.38	I feel that the staff members within the Treasury EHWP are too junior to handle my wellness issues; therefore I prefer going to my private general practitioner (GP) when I have health challenges.	☐	☐	☐	☐	☐
3.39	I trust the staff within the Treasury EHWP with my personal health and wellness information.	☐	☐	☐	☐	☐
3.40	I monitor my vital signs (e.g. blood pressure, diabetes, asthma, chronic heart disease, gout, etc.) myself at home.	☐	☐	☐	☐	☐
3.41	I encourage officials to support the EHWP.	☐	☐	☐	☐	☐
3.42	I am not ill, therefore I do not need regular medical check-ups.	☐	☐	☐	☐	☐
3.43	I play my role to support arrangement of the logistical aspects of the EHWP.	☐	☐	☐	☐	☐
3.44	I follow through with commitments made to the EHWP when necessary	☐	☐	☐	☐	☐
3.45	I consult with employees to address their health and lifestyle improvement plans.	☐	☐	☐	☐	☐
3.46	I am open to listening to other employees' wishes about their personal health and lifestyle so as to encourage and advise them accordingly.	☐	☐	☐	☐	☐
3.47	I always try to keep up to date with employee health and lifestyle improvement activities to improve my health status.	☐	☐	☐	☐	☐
3.48	I identify and compliment my direct reports and my colleagues on their attempts to adopt healthier lifestyle choices.	☐	☐	☐	☐	☐

3. SECTION C: MANAGEMENT' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY. [Continue]

1 = Strongly disagree
2 = Disagree
3 = Undecided / don't know
4 = Agree
5 = Strongly agree

		1	2	3	4	5
3.49	I am able to evaluate the effect that the EHWP has on employees' wellness through employee wellness reports.	☐	☐	☐	☐	☐
3.50	I document the benefits of the EHWP in Treasury.	☐	☐	☐	☐	☐
3.51	I am able to celebrate all successes in terms of health and wellness accomplishments of the Treasury EHWP.	☐	☐	☐	☐	☐
3.52	I try to act as a mentor and a role-model by actively promoting employee health and wellness initiatives.	☐	☐	☐	☐	☐
3.53	I am aware that every individual's wellbeing is prioritised by the Treasury EHWP.	☐	☐	☐	☐	☐
3.54	I am aware that every employee participates in the EHWP activities voluntarily; however, I am responsible to supervise all employees in terms of their health and wellness.	☐	☐	☐	☐	☐
3.55	I feel that there is openness regarding departmental wellness programmes in the Free State Provincial Treasury.	☐	☐	☐	☐	☐
3.56	I feel that there is honesty regarding departmental wellness programmes in the Free State Provincial Treasury.	☐	☐	☐	☐	☐
3.57	I feel that the health and wellness programme coordinators offer professional handling of health and wellness issues.	☐	☐	☐	☐	☐
3.58	I feel that health and wellness problems are handled proactively.	☐	☐	☐	☐	☐
3.59	I do not discriminate against any employee when he/she has been identified to have a health or wellness problem.	☐	☐	☐	☐	☐
3.60	I feel that wellness programmes are relevant to the wellbeing of all employees, including managers.	☐	☐	☐	☐	☐
3.61	I know that stress management is a topic dealt with in the EHWP.	☐	☐	☐	☐	☐
3.62	I am aware of the executive/management training for spotting a troubled employee in the Free State Provincial Treasury.	☐	☐	☐	☐	☐
3.63	I am familiar with the referral system or procedures for any troubled employee.	☐	☐	☐	☐	☐
3.64	I feel that the referral system is efficient and effective.	☐	☐	☐	☐	☐

3. SECTION C: MANAGEMENT' PERCEPTIONS OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE FREE STATE PROVINCIAL TREASURY. [Continue]

1 = Strongly disagree
2 = Disagree
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4 = Agree
5 = Strongly agree

		1	2	3	4	5
3.65	I am aware that wellness training in life skills is offered in the EHWP.	☐	☐	☐	☐	☐
3.66	I am aware that several physical fitness activities are available in the EHWP.	☐	☐	☐	☐	☐
3.67	I feel that physical fitness activities in the EHWP are important.	☐	☐	☐	☐	☐
3.68	I feel that the EHWP in the Special Programmes is of significant value.	☐	☐	☐	☐	☐
3.69	I feel that the Free State Provincial Treasury's EHWP is relevant to address the needs of all employees.	☐	☐	☐	☐	☐
3.70	I feel that employees require role-models in managers who take care of their own health and wellness.	☐	☐	☐	☐	☐

4. SECTION D: GENERAL

4.1 Any other comment you want to make? Any other comment you want to make?

THANK YOU FOR YOUR TIME
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