

**HEALTH-RELATED FACTORS AFFECTING LECTURERS' JOB- PERFORMANCE
AT VHEMBE TECHNICAL VOCATIONAL EDUCATION AND TRAINING COLLEGE,
LIMPOPO PROVINCE**

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Declaration

I, Dikgare Setlabo Sarah, Student no. 9419447, hereby declare that this mini-dissertation, hereby submitted by me to the school of Health Sciences, Higher Degrees Committee, University of Venda, titled '**Health related factors affecting lecturers' job performance at Vhembe Technical Vocational Education and Training Colleges, Limpopo province**' has not previously been submitted for a degree at this or any other University, and that it is my own work in design and that all reference material contained herein has been duly acknowledged.

Signature: Dikgare S S

Date: 28 February 2020

DEDICATION

I would like to dedicate this study to my mother Elisa Mudalahothe Manweta and to my children Rotondwa, Mukhethwa and Mulamuleli for your love and support. I pray that the three of you will achieve greater future in life.

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Acronyms and Abbreviations

CEO:	Chief Executive Office
DHET:	Department of Higher Education and Training
ERR:	Effective Respondent Rate
ERS:	Economic Recovery Strategy
EU:	European Union
FETC:	Further Education and Training Colleges
ILO:	International Labour Organization
NCV:	National Certificate Vocational
OECD:	Organisation for Economic Co-operation and Development
SHDC:	School of Health Sciences Higher Degrees committee
SPSS:	Statistical Package for Social Science
TVET:	Technical Vocational Education and Training
UHDC:	University Higher Degrees Committee
UK:	United Kingdom
UNESCO:	United Nations Educational, Scientific, and Cultural Organization
USA	United States of America
WHO:	World Health Organisation
WSS:	Work Stress Scale

Abstract

Lecturers are important agents in the provision of tertiary education at Technical Vocational Education and Training Colleges, however their effectiveness is highly compromised by health related factors. Lecturers can be exposed to variety of hazards in the workplace owing to chemicals, biological agents, physical factors, adverse ergonomic conditions, allergens and a complex network of safety risks. This conditions can led to the development of certain health related factors that can intern impose negative effects on lecturers job performance. The aim of the study was to determine the health-related factors affecting lecturers' job performance at Vhembe Technical Vocational Education and Training College. A quantitative approach in the form of a survey, using a descriptive research design, was used in this study. Data was collected from permanent lecturers at Vhembe Technical Vocational Education and Training College. Total sampling was used due to the number of lecturers which is already low. A total of 250 respondents were used to collect data, with edge ranges from 26 to 60 years. A structured questionnaire was used to collect data regarding demographic characteristics, physical health problems, emotional problems, mental health problems and chronic diseases. The Statistical Package for Social Sciences version 25.0 was used to analyse the data. Validity and reliability was ensured. The researcher also observed the primary ethical principles upon which standards of ethical conduct in research was based. The results of this study indicate that health related factors affect lecturers' job performance. About 85% of the respondents indicated that they are absent from work due to work related problems. More than 50% of the respondents revealed that lecturers consult doctors several times within a year due to health related problems, are affected by emotional problems, mental health problems, physical health problems as well as chronic diseases. It is recommended that Management should address the issue of absenteeism comprehensively. An institution of higher learning should have a clinic which is fully supplied with medicines including health professionals such as registered Nurses. Management should employ registered counsellors and registered Psychometrics. Management should put in place health-promoting conditions within the campuses. Giving lecturers reasonable amount of work load would be useful. Management should develop a plan to monitor and evaluate the working environment. Lecturers should organise their work and prioritise activities to avoid rush production.

Key words: Lecturer, Health problems, Job Performance

CHAPTER 1

INTRODUCTION

1. 1 Background of the study

Health related factors namely mental health problems, physical health problems, emotional health problems and chronic disease significantly impact on people's capacity to perform tasks. Job performance has been an important subject over the years (Mohammed, 2015). The significance lies in the fact that job performance tends to directly translate into productivity in the workplace or achievement of set goals (Ghenghesh, 2013). An employee who performs well in their job is an asset to an organization. This is because the better the performance of an employee, the better the outcome of an organization's success (Mohammed, 2015). It is thus important to know and understand the health related factors that may impact on the workforces job performance, which ultimately affects the overall performance of the organisation. Thus, having healthy members responsible for teaching students is a vehicle for effectiveness in all spheres of education.

It has been argued over the years that one of the biggest contributors to job performance is job satisfaction (Ghenghesh, 2013). According to Ghenghesh (2013) the happier the person in the work setting, the more the contribution the person will give to the organisation. The idea of happiness resonates with the concept of contentment, which covers a wide range of aspects of an individual. It is quite impossible to address contentment without taking into account the mental, physical, social, and spiritual wellbeing of a person. It is thus imperative that the wellbeing of employees would have a significant impact on their job performance. (Kassim, Bambale & Jakada, 2016). Health related factors tend to reverse the opportunities for optimal job performance by employees.

Academics or education is an important aspect in everyone's life. In other words, it would be difficult to ignore the contribution education makes towards the development of a country. This is why resources are constantly channeled into strategically planned and implemented ways, to improve the status and relevance of educational institutions across the world (Mourshed, Farrell & Barton, 2012). On an annual basis, the countries' industries look into educational institutions to produce the next group of employees in the form of engineers, doctors, artisans, lawyers and so on (Cunningham & Villasenor, 2014). Their contribution to education must in turn helps them reap huge benefits of having competent employees. The implication is that every institution is expected to produce quality future professionals on a regular basis. It is thus undeniable that the main role players in the education field are the educators, who may be termed tutors, teachers, or lecturers.

Regardless of what title they may carry, educators need to be soundly healthy in order for them to be able carry out their responsibilities in an efficient and effective manner (Mohammed, 2015).

Lecturers' roles are broad and challenging. Apart from giving lectures, lecturers are tasked with providing professional consultations and conducting academic research, and even mentoring students (Salami, 2011). According to Salami (2011) lecturers are also expected to keep up with new knowledge, upcoming techniques and rapidly developing technologies, in order to deliver competitive quality to their students. However, like any other employee, lecturers are prone to challenges of dissatisfaction at work. If a lecturer is not satisfied, they will lack commitment to deliver quality work, and consequently their job performance may fall short of the set goals or targets (Ghenghesh, 2013). This in turn would lead to ineffectiveness at the institution. For these reasons it is crucial to know and understand the factors that contribute to lecturers' job performance. Once an understanding of these factors has been established, steps can be taken by management to tackle these factors, in order to foster a conducive working environment that is in line with their expectations (Leka & Jain, 2010).

The proposed study elicits the lecturers' views regarding health-related factors affecting job performance among lecturers at Vhembe Technical Vocational Education and Training (TVET) College. This college is one of the most popular colleges in the Province of Limpopo, and as such has a high enrollment rate. Subsequently, it is expected to produce a significant number of qualified artisans, engineers and so on (Department of Education and Training; [Annual Report](#) 2017). Over the past few years, the college has failed to keep up with the rate required by the country. It is the present researcher's view that lecturers play significant roles in the productivity of qualified students at institutions. Furthermore, the lecturers need to be ready in terms of their mental, physical, social and spiritual wellbeing, in order to accomplish their work. It is thus imperative that improvement plans should include improving lecturers' job performance. This can be achieved by making sure that the lecturers are in good health. To ensure that this is achieved, administrators and management need to develop and implement strategic plans to foster a health promoting environment that will in turn contribute to enhancing the lecturers' job performance. Thus, the present study focuses on health-related factors, their effects on lecturers' job performance and coping strategies that could be implemented to address the situation in Vhembe TVET College. (Department of Education [and](#) Training; [Annual Report](#) 2017).

Health-related factors are health conditions that can have an impact on the wellness as well as the functionality of any human being. These are factors that can be found embedded within an individual or in his or her external environment. Exposure to health- related factors can

significantly affect the effectiveness of any organization. Thus any organization needs to put in place strategic plans to monitor the impact of health-related factors on the functionality of their organizations (Farhud, 2015).

Some health-related factors can have a profound effect on a person's level of job performance and competence. However, these factors can also greatly compromise the efficient functionality of a person, if not properly managed. Health-related factors can render the most essential tools of any institution incapable of performing their functions (such as TVET college lecturers). Health-related factors can negatively affect institutions because they tend to compromise the competence of its work force in all aspects of their work life; for example, a high rate of absenteeism (Farhud, 2015).

In order to promote effectiveness at any organization, the organization must put in place coping strategies as well as corrective measures to redress the negative impact of health-related factors. Therefore, it is of paramount importance to involve all relevant stakeholders (Psychologists, Counsellors, Nutritionists, physiologist and others.) in the process, so as to enhance a sense of ownership and thus a contributing aspect to successful implementation of the coping strategies (Farhud, 2015). TVET Colleges should organize Employee Wellness programmes that should provide clinical, educational, and consultative services of the highest professional standard, concentrating on confidentiality, cost-effectiveness, and professional excellence, and should therefore include the following : The creation of a conducive environment that addresses relevant legislation, core values, and capacity building to ensure transfer of skills and a sustainable, dynamic service delivery environment Information management and control with respect to absenteeism, sick leave, injuries on duty, staff turnover, medical expenses, and risk management. To provide integrated preventive, promotive, curative, and rehabilitative wellness services to all employees, guided by the Employee Wellness Policy to maintain high productivity through the empowerment of employees and employer towards the holistic management of employees' health and wellness needs (Muller, 2017).

1.2 Statement of the problem

Lecturers' job performance is central to the effective functioning of TVET colleges, hence lecturers are paramount agents in education. However, the lecturers job performance at Vhembe TVET college has significantly declined over the past few years and has not yet been account for. According to (Coetzee and Stoltz,2015) health related factors profoundly contribute to incapability

when doing tasks. Further they mentioned that science of poor job performance such as absentseem, tiredness, lack of commitment and in complete work are things that can be promoted by problematic health circumstances.

Health related factors can antagonistically act along the implementation of quality education since they can compromise the effectiveness of the lecturers when doing their job. Therefore, their wellbeing makes a significant contribution to effectiveness within the system. As stated, lecturers can build or destroy an institution or society at large. Some health-related factors can antagonistically act along the implementation of quality education. Health related factors affects job performance of the employees as indicated by the study conducted by Edem, Akpan and Peple (2017) who indicated that health problems drastically reduce the productivity of employees and cause organisations not to grow. Statistically from 2015 to the current year (2018) of lecturers' attendance has been declining yearly. In 2015 lecturers' absenteeism was at 80%, in 2016 lecturers' absenteeism was at 65% while in 2017 it was 70%. This fluctuation indicates an unresolved issue. Furthermore, the institution under study has over the recent years failed to achieve the required amount of qualifications regardless of the number of students enrolled at the beginning of each program (Department of Higher Education: Annual Report, 2017).

The South African government has set a goal for the number of qualifications that institutions must produce per year. In an attempt to improve these outcomes institutions regularly come up with programs which are directed at the students. This is because it is assumed the students are the major role players in their progress when it comes to qualification assessment. However, regardless of these efforts there has not been any significant improvement in the performance of the students and subsequently the ability of the institution to produce the required number of qualifications. The researcher has since realized that a significant number of lecturers have demonstrated some level of difficulty when it comes to carrying out their work. For example, the college has experienced an increased number of lecturer absenteeism. It is for this reason that the researcher found it imperative to look into the impact of health- related factors on lecturers' job performance in their respective institutions. It is possible that the management has been missing out on one significant contributor to the low performance at these institutions, and this factor/cause might be embedded in health-related factors. The researcher is one of the employees at a Vhembe TVET college in Limpopo Province and is interested in establishing the impact of health related-factors on lecturers' job performance, as well as in making recommendations based on respondents' views regarding the problem of interest. Table 1.1

shows the percentage of 2017 college results and college targets. All the subjects are below the college target, except only N1 and N4 which are above the college target.

Table 1.1. 2017 College percentage results for all programs

LEVEL	2017 (%)	COLLEGE TARGET(%)	VARIENCE
L2	42	43	1
L3	42	43	1
L4	26	43	17
N1	53	45	-8
N2	36	45	9
N3	33	45	12
N4	46	45	-1
N5	40	45	5
N6	37	48	11

1.3 Rationale for the study

Every educational institution or organisation has a mandate to fulfil the purpose it was established for. The number one priority of these institutions is to produce a highly qualified, skilled and competent work force, that is, employers, employees, as well as entrepreneurs. The current study will assist the institution to identify the health-related factors which may directly affect the performance of lecturers in the institution. When the exact problems are identified, the solutions will thus be developed purposefully and these will be appropriately implemented. Furthermore, lecturers will be able to identify health-related factors and to implement strategies emanating from the study, to solve their problems. The study on work-related ill- health of academic staff in South African higher education institution has been conducted by other researchers before, such as Umaru & Ombugus (2017) whose finding indicated that factors such as work environment and workers wellness significantly impact on their job performance.

1.4 Significance of the study

It is envisaged that the study will assist students, lecturers, management and the college as a whole. On the side of students their pass rate will increase. In the case of lecturers, they will be able to identify health- related problems that affect them and come up with strategies to deal with

the problem. The study may also contribute to the pool of knowledge needed by college management regarding the factors that affect job performance among lecturers. Furthermore, the study might assist management to review the policies on the factors that affect job performance among lecturers within the college. Through this research study the management may be enlightened about factors that affect their workforce (that is health related factors). Subsequently, the college will be able to establish a platform for improving the performance of all the employees of Vhembe TVET College.

1.5 Aim and objective of the study

1.5.1 Aim

The aim of the study is to explore the health-related factors affecting lecturers' job performance at Vhembe TVET College.

1.5.2 Objectives

1.5.2.1. To determine the health-related factors associated with lecturers' job performance at Vhembe Technical, Vocational, Education and Training College.

1.5.2.2. To understand the effect of health related factors on the lecturers job performance at Vhembe Technical, Vocational, Education and Training College .

1.5.2.3. To suggest coping strategies to deal with the health-related factors affecting lecturers' job Performance at Vhembe Technical, Vocational, Education and Training College.

1.6 Research questions

These are the fundamental questions the study seeks to answer:

1.6.1. Which health related factors are associated with lecturers' job performance at Vhembe Technical, Vocational, Education and Training College?

1.6.2. What are the effects of health related factors on lecturers' job performance at Vhembe Technical, Vocational, Education and Training College?

1.6.3. Which coping strategies can be used to deal with the health related factors affecting lecturers job performance at Vhembe Technical, Vocational, Education and Training College?

1.7 Definitions of terms

Lecturer: means any person, who teaches, educates or trains other persons or who provides professional educational services at any college and who is appointed in a post on any lecturer establishment under the act (FETC Act 16 of 2013). In this study a lecturer is a person who gives lectures to students either in the classroom or in a workshop.

Performance: performance as defined by Shmailan (2016) is “what the organization hires one to do and do well”. Performance is also the accomplishment of a given task measured against present known standards of accuracy, completeness, cost, and speed. In contract, performance is deemed to be the fulfilment of an obligation, in a manner that releases the performer from all liabilities under the contract. Performance in this study is an act or process of performing an expected task in a workplace.

Job Performance: is a multidimensional construct that includes a worker’s experience in fulfilling their work tasks and results from the relationship between an individual’s health resources and the expectations and structural conditions that operate within social settings such as the workplace (Lagerveld, Bultmann, Franche, Van Dijk, Vlasveld, Van Der Feltz-Cornelis, Bruinvels, Huijs, Blonk & Van Der Klink, 2010)

Technical Vocational Education and Training: It refers to those aspects of educational process involving, in addition to general education, the study of technologies and related sciences and acquisition of practical skills, attitudes, understanding and knowledge relating to occupations in various sector of economic and social life (UNESCO & ILO, 2001). In this study Technical vocational education and training has to do with practical skills and knowledge related to occupations in various sectors of economy.

Health related factors: The World Health Organisation (WHO) definition of health related factors reads thus: “It contributes to medicalization of the society, it is inadequate for chronic diseases, and it is neither operational nor measurable (World Health Organisation, 2010). Sturmberg and Martin (2013) developed another definition concluding that health related factors are “a personal experiential state which needs to be viewed simultaneously in terms of its somatic, psychological,

social, and semiotic dimensions”. Health factors in this study relate to a state of being physically and mentally health.

1.8 Outline of subsequent chapters

The study comprises of six chapters arranged as follows: Chapter 1 - Introduction, Chapter 2 - literature review, Chapter 3 - Methodology, Chapter 4- Presentation of results, Chapter 5- Discussion of results, and chapter 6 – Conclusions and recommendations.

1.9 Summary of the chapter

This Chapter provided a summary of the thesis by highlighting some of the previous research on health factors affecting employees in their work place. The chapter covers the statement of the problem which identified the problem that led to this study being conducted, the rationale which focus on the benefits that can be achieved through the study, the significance which outlined the importance of the study. The aims and objectives of the study defined the purpose and what the study should achieve. The research questions were stated in order to direct the study, Finally definition of key concepts was provided.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The previous chapter outlined the background information, statement of the problem, rationale, significance, main aim and objectives of the study. This chapter comprise of data-base literature. Topics to be covered in this section are: global overview of the problem, health factors affecting job performance, strategies to deal with health related factors affecting job performance.

2.2 Global overview of the problem

Job performance relates to the act of doing a job. Job performance is a means to reach a goal or set of goals whether a job, role or organization (Jacobs, Hellman, Wuest & Markowitz, 2013). Job performance is defined by Leka and Jain (2010) as the individual output in terms of quality and quantity expected from every employee in a particular job. Lecturer Job performance is how a lecturer executed the teaching/learning activities.

Job performance is a problem among teachers/employees in all institutions private or public, nationally and internationally. Health related factors are among the contributory factors on poor job performance. Health related factors, particularly heart disease, cardiovascular diseases, mental, musculoskeletal, and chronic degenerative disorders, stress, burnout, hostility, depression and anxiety contribute to lower job performance. Work-related psychosocial risks emerge from the design, content, and management of work as well as its social context that can have a hazardous influence on employees' health. They are considered as a current challenge for health due to their close link with stress at work (Leka & Jain, 2010).

2.3 Health factors affecting job performance

2.3.1 Mental health and job performance

A study conducted by Kinman and Wray (2013) in United Kingdom (UK) revealed that mental health problems are on the rise among UK academics amid the pressures of greater job insecurity, constant demand for results and an increasingly marketised higher education system. Kinman and Wray (2013) further revealed that University counselling staff and workplace health experts have seen a steady increase in numbers seeking help for mental health problems over the past decade, with research indicating nearly half of academics showing symptoms of psychological distress. Kinman and Wray (2013) also indicated that tackling perfectionism, increased workloads

and uncaring academic environment contribute to mental health problems (Kinman & Wray, 2013).

Mental ill-health is responsible for between one-third and half of all long-term sickness and disability in the working age population. Globally, more than 300 million people suffer from depression, the leading cause of disability, with many of these people also suffering from symptoms of anxiety. A recent WHO-led study estimates that depression and anxiety disorders cost the global economy US\$ 1 trillion (R15 100 600 000 000,00) each year in lost productivity. Unemployment is a well-recognized risk factor for mental health problems, while returning to, or getting work is protective. A negative working environment may lead to physical and mental health problems, harmful use of substances or alcohol, absenteeism and lost productivity (World Health Organization, 2010).

Data show that many people with common mental health problems struggle at work. For example, 69% of people with moderate mental health problems report having difficulty with job performance, compared with 26% of those without mental health problems. Sleep disturbance is associated with substantial impairment in an individual's quality of life. Compared with good sleepers, people with persistent sleep disturbance are more prone to accidents, have higher rates of work absenteeism, diminished job performance, decreased quality of life and increased health care use (Afonso , Fonseca & Pires, 2017).

Data from different countries around the world indicate that mental health problems are a cause of a number of employees dropping out of work. Mental health problems have an impact on employers and businesses directly through increased absenteeism, negative impact on productivity and profits, as well as an increase in costs to deal with the issue. In addition, they impact employee morale adversely (Rajgopal, 2010).

It is increasingly being recognized that the mental health of employees is a crucial determinant in their overall health and that poor mental health and stressors at the workplace can be a contributory factor to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions, amongst others. In addition, poor mental health can also lead to burn-out amongst employees, seriously affecting their ability to contribute meaningfully in both their personal and professional lives (Rajgopal, 2010).

A study conducted by Meng and D'Arcy (2012) in Canada revealed that mental illness indirectly affects all Canadians at some time, through a family member, friends or colleague. The study also shows that 5.2% of Canadians will experience a mood disorder over one year, with 4.8% of

Canadians experiencing any anxiety disorder 12.65% of employees reported that exposure to a co-worker who used or was impaired by an illicit drug during the workday (Szeto & Dobson (2013).

A study conducted by Reid (2012) on behalf of Partners for Mental Health revealed that 16% of working Canadians (excluding self-employed employees) say their place of work is a 'frequent' (11%) or an 'ongoing' (5%) source of feelings of depression, anxiety or other mental illness. Nearly half (47%) of working Canadians 'agree' (15% strongly/32% somewhat) that their 'work and place of work is the most stressful part of their day and life (Reid, 2012).

The Organization for Economic Co-operation and Development (OECD) (2016), indicated that mental health problems in the workplace have serious consequences not only for the individual, but also for the productivity of the organization. In OECD countries, mental ill-health is responsible for between one-third and half of all long-term sickness and disability in the working age population. Data show that many people with common mental health problems struggle at work. For example, 69% of people with moderate mental health problems report having difficulty with job performance, compared with 26% of those without mental health problems.

2.3.2 Stress and Job performance

A study conducted by Gitonga and Gachunga (2015) indicated that a large proportion of lecturers in the countries of the European Union (EU) reports being exposed to psychosocial stressors at work, and the consequences are believed to be very significant for workers, workplaces, and society. Among these consequences are musculoskeletal disorders, cardiovascular diseases, mental disorders, stress, burnout, reduced quality of life, sickness absenteeism, labour turnover, and decreased motivation and productivity. Recently, the European Union member countries gave health factors "top priority" among work environment factors, and the directors of the European work environment institutes have estimated that health factors would be the most important research field in the future (Gitonga & Gachunga, 2015).

The psychosocial work environment has been found to predict rates of sickness. Workers' psychological and physiological reactions to stressors are usually presented as anxiety, depression, and high blood pressure. These are also regarded as some of the strong predictors of specific causes of death, such as cardiovascular disease, cancer, suicide, and future disability retirement (Leka & Jain, 2010).

A study conducted in the UK showed that university academic staff rated conducting research and time constraints as the main causes of stress at work, and 74.1% and 14.7% of the teachers

had moderate to serious levels of stress, respectively (Usop, Askandar, Langguyuan & Kadlong, 2013). A similar survey conducted in an Australian university showed that of all the staff members, academic staff who engaged in both teaching and research had the highest psychological distress and lowest job satisfaction, indicating that high workloads may be the cause for work stress (Sun, Wu & Wang, 2011). The situation in China could be worse. Due to the rapid development of higher education and expansion of enrollment in universities, competition is becoming increasingly intense between colleges or universities. As a result, Chinese university teachers nowadays are confronted with increased workloads and may feel significant pressure from teaching, research, publishing academic papers and professional status evaluations. Recent research has revealed that university teachers in China are exposed to a high level of occupational stress and many of them suffer from depressive symptoms (Shen, Yang, Wang, Liu, Wang & Wang, 2014). All the above data seem to suggest that Chinese university teachers are particularly susceptible to heavy physical and mental health burdens, which in turn may induce their dissatisfaction with work.

Nevertheless, there is overwhelming evidence attesting to the fact that academia is a highly stressful occupation. The contemporary academic context in South Africa is characterized by changes such as the incorporation of colleges and the merging of universities and technikons, now referred to as universities of technology. Consequences such as financial predicaments, insecurity of employees, short-term contract positions, fewer fringe benefits, increasing emotional disturbance and stress, are unavoidable. Although they are not highly paid in comparison to professionals in the commercial sector, academics have been envied for their tenure, light workloads, flexibility and freedom to pursue their own research. However, concerns about academic stress have been articulated over the past three decades. Research conducted in the United Kingdom (UK), United States of America (USA), Australia and New Zealand has identified several key stressors commonly associated with stress among academic staff. These include work overload, time constraints, lack of promotion opportunities, inadequate recognition, inadequate salary, changing job role, inadequate management and/or participation in management, inadequate resources and funding and student interactions (Marshall, 2016).

Work stress is a generic term that refers to work-related stimuli (aka job stressors) that may lead to physical, behavioral, or psychological consequences (that is, strains) that affect both the health and well-being of the employee and the organization (Leka & Jain, 2010). Work-related stress is a major cause of occupational ill health, poor productivity and human error. This means increased sickness absence, high staff turnover and poor performance in the organization and a possible increase in accidents due to human error. Work-related stress could also manifest as heart

disease, back pain, headaches, gastrointestinal disturbances or various minor illnesses; as well as psychological effects such as anxiety and depression, loss of concentration and poor decision making (Rajgopal, 2010).

Stress in the workplace continues to be a highly pervasive problem, having both direct negative effects on individuals experiencing it and companies paying for it, and indirect costs vis à vis lost productivity (Dopkeen & Du Bois, 2014). There is a clear distinction between pressure, which can be a motivating factor, and stress, which can occur when this pressure becomes excessive. Some occupations are at more risk of mental health problems than others. A study in the Netherlands mapped skill levels against the pace of work to have an idea about the risk for stress levels and mental ill health for different occupations. Higher stress levels correlated with a higher risk for mental ill health (Rajgopal, 2010).

A study conducted by González-Morales, Peiró, Rodríguez and Bliese (2012) indicates that approximately 70% of teachers are under frequent stress, with student discipline problems contributing the most to teacher stress and burnout. Burnout, a syndrome of emotional exhaustion, negative attitudes toward others, and dissatisfaction with one's job performance, is associated with increased absenteeism and job turnover, alcohol and drug abuse, and lower job performance. Burnout, especially exhaustion, and other psychological distress factors affect not only job performance but also mental and physical health (González-Morales et al., 2012).

However, after a century of research, scientists still have difficulty predicting why and how the relationship between work stressors and job performance exactly works (Salami, 2011). One reason is that there are many work stressors, different job performance definitions, and aspects of job performance. According to Salami (2011) work stressors may have different effects on employees depending on the specific definition of job performance. Psychosocial risks that are often studied in relation to job performance are described in Rosen, Chang, Djurdjevic and Eatough (2010) and include: role ambiguity, excessive workload, situational constraints, lack of control, social characteristics, poor career outcomes, poor job conditions, and acute stressors. Another psychosocial problem typically examined is a poor balance between work and private life (Rosen et al., 2010).

The Work Stress Scale (WSS) allows individuals to assess for themselves the degree of stress faced in the following broad domains: relationship problems, with superiors; bureaucratic constraints; work family conflict; relationship problems with colleagues; performance pressure and poor job prospects (Rajgopal, 2010).

2.3.2.1 Relationship problems with superiors

The most common reason for office stress is dealing with difficult boss. But this may be far easier to solve by improving communication skills. Having a sincere conversation may make a difference. Sometimes, the boss may set unreal targets, where an honest discussion can bring out what deadlines can be met (Rajgopal, 2010).

Tasks that are not part of an employee role or skill set can also cause stress. Companies often make employees multitask but this could potentially affect their ability to deliver. Communicating with superiors about this matter at the earliest is the best way to resolve this. One area that presents an opportunity for conflict for the personality-disordered individual concerns the hierarchical nature of organizations (Rajgopal, 2010).

2.3.2.2 Relationship problems with colleagues

Another reason could be difficult colleagues or co-workers. Dealing with a difficult co-worker can be a bit more difficult as their performance is often pitted against oneself. This again has to be resolved by an amicable discussion, concluded by a mutual agreement. For instance, one can explain to the colleague how a team can have far more benefits than indulging in rivalry. But if things are getting out of hand, it should be brought to the notice of the superior concerned (Rajgopal, 2010).

2.3.2.3 Work family conflict

Families are struggling to cope with an increasingly complex world. Individuals are struggling to find the right balance between work and family responsibility. Domestic issues can affect work where balancing work and home by allotting adequate time for both can help reduce stress (Rajgopal, 2010).

2.3.2.4 High demand for performance

Unrealistic expectations, especially in the time of corporate reorganizations, which, sometimes, puts unhealthy and unreasonable pressures on the employee, can be a tremendous source of stress and suffering. Increased workload, extremely long work hours and intense pressure to perform at peak levels all the time for the same pay, can actually leave an employee physically and emotionally drained. Excessive travel and too much time away from family also contribute to an employee's stressors (Rajgopal, 2010).

2.3.2.5 Job insecurity

Organized workplaces are going through metamorphic changes under intense economic transformations and consequent pressures. Reorganisations, takeovers, mergers, rightsizing and other changes have become major stressors for employees, as companies try to live up to the competition to survive. These reformatations have put demand on everyone, from a CEO to a line manager (Rajgopal, 2010). Studies conducted by Rajgopal (2010) have confirmed that workplace stressors are associated with physical health impacts such as a greater coronary heart disease risk. Physiological measures that are considered indicators of stress-related disorders such as coronary disease and peptic ulcers include higher levels of serum cholesterol, triglyceride serum, uric acid, blood pressure, and post-morning cortisol levels (Rajgopal, 2010).

Psychological and social consequences of workplace stress are given a wide exposure in the literature (Barling & Dupre, 2014). Some of the obvious psycho-social indicators of workplace stress include problems with personal and professional relationships, insomnia, headaches, anxiety, panic attacks, and depression. Barling and Dupre (2014) also explored the prevalence of sleep loss and fatigue among employees and noted links with stress, the incidence of errors in workplace, and quality of work.

2.3.2.6 Bureaucratic constraints

Organizational size and bureaucratic systems have certain rules and regulations, which are inherent parts of the system to serve as checks and balancing forces. However, they are likely to serve as constraints and stress for managers. Other job stressors include uncomfortable working conditions, job overload, lack of control over the work process and sheer monotony (Rajgopal, 2010).

A study conducted by Bogaert, Clarke, Roelant, Meulemans, and Van de Heyning (2010) found that stress related to lecturing staff issues in particular was associated with all three dimensions of burnout explaining 16% variance in emotional exhaustion, 13% variance in depersonalization and 10% variance in personal accomplishment. In support of these findings, studies conducted in developed contexts have found staff issues such as poor staff management and resource inadequacy to be associated with emotional exhaustion, depersonalization and personal accomplishment (Swarn, Jing & Jinhee, 2014). A study conducted by Khamisa, Oldenburg, Peltzer and Ilic (2015) indicated that, poor staff management as well as poor or inadequate equipment explained the highest amount of variance in burnout (16%). These issues have been

reported in several news articles, including the New York Times and News24 (Health Dilemma in South Africa, 2012).

Factors that affect lecturer's job performance have a direct impact on the performance of students (Ghengesh, 2013). In the case where a lecturer experiences ill-health – the lecturer will be unable to attend classes regularly. In some situation a lecturer may be affected by stress, either occupational or personal – it can make a lecturer not to perform according to what is being expected. Sometimes lecturers can be affected by a system used in an organization like communication within the organization (Rajesh & Suganthi, 2013).

2.3.3 Burnout and Job performance

Salvagioni, et al. (2017) define burnout as a syndrome that results from chronic stress at work, with several consequences to workers' well-being and health. In a systematic review aimed to summarize the evidence of the physical, psychological and occupational consequences of job burnout, the study by Salvagioni, et al. (2017) revealed that burnout was prospectively associated with sickness absence days and sickness absence spells. Salvagioni, et al. (2017) further revealed that burnout was a significant predictor of hypercholesterolemia (total cholesterol ≥ 220 mg/dl) and type 2 diabetes, independently of confounding variables. Burnout was also associated with low High-density lipoprotein (HDL) cholesterol in a model adjusted for age; however, this association lost significance when additionally adjusted for alcohol consumption, smoking and physical activity.

A study conducted by Lizano (2015) revealed that Job burnout poses a risk to the affective/psychological, physiological, and behavioural well-being of workers. The mechanisms by which burnout is theorized to affect teaching staff well-being are generally described as resulting from a depletion of the burned-out individual's personal resources that lead to a decline in one's affective, psychological, physical, or behavioural state. An expenditure of energetic resources occurs as workers cope with chronic stress and feelings of exhaustion, which then lead to feelings of fatigue and psychological erosion (Lizano, 2015).

Salvagioni, et al. (2017) reported that Musculoskeletal disorders have been shown to be significantly associated with burnout. Increased levels of burnout during 18 months of follow-up were associated with an increased risk of developing musculoskeletal pain. Salvagioni, et al. (2017) further revealed that workers with high burnout levels had more than twice the risk of developing musculoskeletal pain compared to those without burnout. Burnout was also a risk factor for hospitalizations due to musculoskeletal disorders after adjusting for age and gender;

however, this association lost significance after further adjustments by occupational status and physical environment at baseline. Salvagioni, et al. (2017) revealed that headache was an outcome of burnout. Salvagioni, et al. (2017) further revealed that some studies investigated burnout as a risk factor for prolonged fatigue, gastrointestinal issues, respiratory problems, severe injuries and mortality below the age of 45 years (Salvagioni, et al., 2017).

2.3.4 Depression and job performance

Gichohi (2014) defines depression Disorders as “common cold” of psychological disturbances. Combination of symptoms that interfere with work, study, sleep, eating, relationships, and enjoyment of life. Major depressive disorder symptoms are physical effects sleep disturbance (too much or too little) appetite disturbance, fatigue, lack of energy and mental effects such as the inability to concentrate overwhelming sadness, no pleasure in anything (anhedonia), social withdrawal and thoughts of suicide (Gichohi, 2014).

Depression is one of the most debilitating, widespread and costly health problems worldwide and it is the most common mental health problem in the Western world. It affects approximately 340 million people worldwide and has a high prevalence in almost every society. Furthermore, the World Health Organisation (2010) predicts that by 2020, depression will be the second largest contributor to the global health burden (Welthagen & Crizelle, 2012). Apart from the huge economic burden that depression creates as well as the loss of labour it causes through both presenteeism and absenteeism, a number of researchers also indicated that depression affects an individual's work engagement levels, burnout levels and the occurrence of stress-related ill health symptoms (Welthagen & Crizelle, 2012).

A study by Welthagen & Crizelle (2012) revealed that depression creates a huge economic burden for organisations and up to 69% of the costs brought about by depression can be described as indirect costs. Indirect costs are difficult to calculate and include lost productivity resulting from absenteeism, disability, premature mortality, and lost wages (Welthagen & Crizelle, 2012). Welthagen and Crizelle (2012) further showed that only 31% of the costs are direct costs, which include hospitalisation, treatment by physicians, drugs, therapy and other medical expenses. The per capita annual cost of depression in organisations is significantly more than that of hypertension or back problems, and is comparable to that of diabetes or heart disease. Sullivan et al., estimated that the workplace costs of depression were \$51.5 billion (R777 562 450 000,00) in 2000 in the United States. Depression-related absenteeism was estimated to account

for \$36.2 billion (R546 583 800 000,00) of this total and depression-related presenteeism (Welthagen & Crizelle, 2012).

Depressive symptoms were a psychological consequence that was investigated with different measurement tools, different numbers of respondents and different follow-up times. Burnout was found to be a significant predictor of depressive symptoms among employees. In 18 months of follow-up, burnout also predicted an increase in depressive symptoms in a study of almost 5,000 apparently healthy workers attending a center for routine health examinations (Salvagioni, et al., 2017).

Mild depression, which is influenced by life stressors within and outside of the workplace, is particularly common and is costly to employers given its high prevalence and high aggregate productivity loss (Allen, Hyworon & Colombi, 2010). The prevalence of reported depression appears to be rising. In a 2012 workplace survey of over 6,600 Canadian lecturers, 14% reported being currently diagnosed with clinical depression and 8% more believed they had depression, but had not been diagnosed. A further 16% reported that they had experienced depression in the past (Reid, 2012).

According to Vos, Allen, Arora, Barber, Bhutta, Brown, Carter, Casey, Charlson and Chen (2015) depressive disorders were the third and anxiety the ninth leading cause of global disability in 2015. They are also associated with the highest productivity-loss related costs of all chronic illnesses. The total costs of depression in the European Union (EU) have been estimated at €118 billion (R1 923 510 920 000,00) per year, of which 64% are due to productivity losses. Additionally, the average annual costs, including medical, pharmaceutical and disability costs for workers with depression has been reported to be 4.2 times higher than those incurred by the usual beneficiary (Vos et al., 2015).

A study conducted by McDaid, Knapp and Medeiros (2015) indicated that the individual burden of depression and anxiety impacts existential aspects of an individual's life, including employment. Compared to the general population, persons with mental disorders, including depression and anxiety, experience on average 15–30% lower performance rates, and long-term unemployment can be twice as high. Belin, Zamparutti, Tull, Hernandez and Graveling (2016) indicated that for those who succeed in obtaining employment, there is an increased risk of exposure to inequalities at work, such as lower salaries and discrimination. Plaisier, Beekman, De Graaf, Van Dyck and Penninx (2010) revealed that persons with depression and anxiety also have increased

absenteeism and presenteeism rates, as well as low productivity, resulting from decreased work performance.

A study conducted by Mucci, Giorgi, Ceratti, Fiz-Pérez, Mucci and Arcangeli (2016) revealed that anxiety and depressive disorders have been found to be among the most commonly diagnosed mental disorders, affecting millions of people in many of their daily aspects of life. The study further highlighted how stress and anxiety can be related to workplace performance. The findings of this survey showed that anxiety at work could influence workplace performance, relationships with colleagues, quality of work, and relationships with supervisors. Furthermore, the workplace could affect anxiety through pressure over deadlines, interpersonal relationships, and dealing with issues or problems that could arise during the performance of work activities. Concerning the relationship between anxiety and work, the concepts of “workplace-related anxieties” and “workplace phobia” appear as new work-clinical concepts. Particularly, workplace phobia is the most severe form of workplace-related anxiety; it can affect an organization's performance since it is related to absenteeism (Mucci et al., 2016).

Workplace phobia has been defined as “characterized by a classical phobic anxiety reaction concerning the stimulus workplace. It occurs in a panic-like reaction with physiological arousal when thinking of the workplace or approaching. The person shows clear avoidance behaviour towards the workplace. Due to the symptoms, there must be severe subjective suffering and/or impairment carrying out daily duties at work” (Muschalla B, 2009, p. 46)

The Kenyan government acknowledges that over the years there has been poor performance in the public sector, especially in the management of public resources which has hindered the realization of sustainable economic growth (Gitonga & Gachunga, 2015). The government reiterates in the Economic Recovery Strategy (ERS) some of the factors that adversely affect the performance of public sector include excessive regulations and controls, frequent political interference, poor management, outright mismanagement, bloated staff establishment, poor working environment among others. Based on this understanding, working conditions and psychosocial environment are regarded as being equally important in determining both the organizational and employee performance (Atambo & Nyamwamu, 2013).

In South Africa, a study conducted by Leka and Jain (2010) revealed that academics at the university of the Free State Province found that the general quality of work life and hence job performance of academics could not be describing as positive. The numerous problem areas

which were identified included organizational climate, workgroup processes, supervisor leadership, and dissatisfaction with the output (Leka & Jain, 2010).

Nilsson (2010) reported that public sector organizations in South Africa find it difficult to overcome the challenge of underperformance in most disciplines of their operations. As a result, employees continue to receive constant criticism for poor service delivery, internal wrangles, bureaucracy, financial mismanagement, corruption and poor corporate governance (Mafini & Pooe, 2013). Certainly these malpractices, perceived or real, do not bode well for a public sector which seeks to support the ideals of a government that strives to be a developmental state. Low institutional capacities, limited stakeholder participation, high levels of corruption and high levels of informality are amongst some of the reasons for underperformance in the public sector. Other factors include lack of demographic representation, poor accountability, centralised control systems and conflicting labour relations (Mafini & Pooe, 2013).

In a study conducted by Oyewole and Popoola (2013) it was revealed that work-to-family conflict increasingly and adversely affected job performance. The study suggests that holding multiple roles in the work and family domains can also yield positive outcomes. Oyewole and Popoola (2013) reported that the outcome of a survey of 30 Massachusetts law firms that reveals that 35% to 50% of law firm associates left their employers within three years of starting because the firms did not accommodate family needs. The study shows that when employees are faced with incessant conflicts of interests between work and family it results in job turnover. This situation is inimical to the overall organizational output because of its effect on employees' job performance (Oyewole & Popoola, 2013).

Work performance is a multidimensional construct that includes a worker's experience in fulfilling their work tasks and "results from the relationship between an individual's health resources and the expectations and structural conditions that operate within social settings such as the workplace" (Lagerveld et al., 2010, p. 275). Evidence shows that workers with depression can only achieve an acceptable work performance with extra effort, reporting on average 11.6 days requiring extra effort to be productive in the previous month, while workers with anxiety experience significantly more frequent days of partial inability to function normally at work. In addition, workers with depression and anxiety have two and almost six times higher risk, respectively, of experiencing problems in work performance in comparison to other workers (Lagerveld et al., 2010).

2.4 Strategies to deal with the health related factors affecting job performance

Typically, techniques for coping with workplace stress involve working harder, pushing through, or toughing it out. Such strategies can prove unsustainable over the long term. In fact, some short-term coping strategies, such as presenteeism, which involves working while ill or injured, while admirable, are eventually ineffective and counter-productive. Researchers have identified three primary domains of human adaptation in stressful situations: Emotional management strategies, Cognitive strategies and Social support strategies (Walinga & Rowe, 2013).

2.4.1 Emotional management strategies

Emotional management strategies can be central to the initial stress response and include *how* individuals appraise the situation and its degree of threat, how they control the emotional response of fight-or-flight, and what actions they take to reach emotional equilibrium. Critical emotive skills include self-awareness and skills in controlling emotional responses (Walinga & Rowe, 2013).

2.4.2 Cognitive action strategies

Cognitive action strategies reflect the mental approaches that can be taken to confront and resolve stressors and include the following: Analysing the problem to understand what is happening. Establishing who is accountable and for what. analysing evidence to separate facts from assumptions. Acting to establish control over events. Reducing confusion and conflict by improving lines of communication. Setting goals and engaging in learning strategies that support change and growth. Asking questions, observing what works, and adjusting strategies (Walinga & Rowe, 2013).

2.4.3 Social supports

Social supports and strong social networks enhance some individuals' capacity to adapt to stressful work environments. Individuals demonstrate greater ability to achieve effective control over their emotions and behaviours when they access external resources such as friends, social service helping systems, or colleagues and superiors in their organizations (Walinga & Rowe, 2013).

Early identification and treatment can be important to productivity and recovery: Mental health management programs in the workplace can have a positive return on investment from the

employer perspective, but only when they are based on best practices. employees with mental health conditions can be just as productive as other employees if they have access to the right supports (Reid , 2012).

Most mental illness begins before adulthood and often continues through life. Improving mental health early in life will reduce inequalities, improve physical health, reduce health-risk behaviour and increase life expectancy, economic productivity, social functioning and quality of life (Boardman, Currie, Killaspy & HandMezey, 2010).

In a supportive work environment, depression does not necessarily have to lead to disability. A recent review by McIntyre, Liauw and Taylor (2012) indicates that 50% or more of working individuals with depression will not seek short-term disability leave at any point of their work life (McIntyre, Liauw & Taylor, 2011).

Reasonable accommodation of mental health issues at work makes good business sense. The costs for providing reasonable mental health-related accommodations are often fairly low, with most costs well under \$500 per person per year. If individuals with a mental illness are able to receive treatment early, disability leave, which costs companies \$18,000 (R 271 632,60) on average per leave, may be avoided (Jasper & Waldhart, 2013).

Stigma may be a barrier to productivity and effective treatment: Lecturers are perceived to be less accommodating of lecturers experiencing mental health-related issues compared to lecturers with physical health-related issues (Reid, 2012). Reid (2012) further revealed that 83% of lecturers believe that they have a responsibility to self-identify if they have a mental illness, but 31% felt that their direct supervisor would not be understanding or supportive if they did so.

Brohan, Henderson, Wheat and Thornicroft (2012) further reported that experiences of discrimination and expectations for further discrimination were the most significant factors preventing lecturers from reporting or disclosing a mental illness to people in their workplace (Brohan et. al., 2012). A study conducted by Bryman and Bell (2015) revealed that the stigma associated with mental illness has been reduced as compared to the previous 5 years. 81% were more aware of mental health issues compared to the previous 5 years. 70% believed attitudes about mental health issues had changed for the better compared to the previous 5 years' prior (Bryman & Bell, 2015)

However, there is still a lingering stigma against mental illness in the workplace. In fact, just 1 in 3 (35%) would be 'likely' (9% very/26% somewhat) to have an open discussion with their boss

about their mental health or illness. 2 in 3 (65%) would not be likely (33% not at all/32% not very) to have an open discussion with their boss about their mental illness (Reid, 2013)

Management approaches can impact Health related factors: A study conducted by Reid (2012) indicated that 4 in 5 managers/supervisors believe it is part of their job to intervene with an employee who is showing signs of depression. Only 1 in 3 managers/supervisors reported having training to intervene with employees who are showing signs of depression, but 55% of managers/supervisors reported having intervened (Reid, 2012).

Reid (2012) further indicated that 65% of managers/supervisors say they could do their job more effectively if they found ways to more easily manage distressed employees. 63% of managers/supervisors would like to receive better training to deal with this type of situation and 43% would like to receive more support from senior management and Human Resources (Reid, 2012). Brown and Quick (2013) reported that burnout is prevalent in advanced market economies, and recent economic downturns have created conditions that increase the likelihood of burnout within organizations; whereas, VicHealth (2012) focused more on interventions that target change at the organizational and systems levels by emphasizing workplace stress intervention. Intervention includes primary, secondary and tertiary interventions.

Primary preventive interventions are proactive, aiming to prevent the occurrence of stress by removing or reducing stressors. They address sources of stress in the workplace – the working conditions, or stressors, that increase the risk of stress. They entail improvements in the ways of routinely involving employees in job planning and decision-making, and improvements in the psychosocial and physical work environments. Examples include changes in job demands and job redesign, and the formation of joint labour/management health and safety committees (VicHealth, 2012).

Secondary interventions are corrective, aiming to alter the ways that individuals perceive or respond to stressors, and are done in addition to removing or reducing stressors. Examples include stress management skills development (e.g. time management and coping skills, meditation, muscle relaxation) (VicHealth, 2012).

Tertiary interventions are reactive, aiming to minimize the effects of stress-related problems once they have occurred, through treatment or management of symptoms or disease. Examples include efforts to assist staff in dealing with the impacts of workplace stress (e.g. employee

assistance programs) and rehabilitation and return-to-work programs for those affected by workplace stress-related illness (VicHealth, 2012).

2.5 Summary of the chapter

This chapter outlined the perceptions of other researchers about health related factors affecting job performance. The factors comprised of: global overview of the problem, health factors affecting job performance namely mental health problems, physical health problems, emotional problems and chronic diseases. The coping strategies such as emotional management strategies, cognitive action strategies and social support to deal with the health factors affecting job performance were provided. The next chapter will provide an overview of the methodology that was be used in this study.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter provides an overview of the methodology that was used in this study. It includes research design, study area, sampling, data collection, data analysis, validity and reliability, as well as the ethical considerations. Schoonen (2006) defined methodology as an articulate group of methods that pairs one another and that has the ability to deliver data and findings that will reflect the research question and suit the researcher's aim and objectives.

3.2 Study design

A quantitative descriptive survey design was used to explore the effects of health related factors on lecturers job performance at TVET college. A quantitative approach is a research which tests objective theory by evaluating if there is any association among variables (Creswell, 2014). According to Grove, Burns and Gray (2013) research design is a plan that can be followed in order to conduct a study with maximum control over factors that may interfere with the validity of the outcomes. A survey was utilized for this study in order to investigate or assess thoughts, opinions, and feelings of lecturers in health-related factors affecting lecturers' job performance at Vhembe Technical, Vocational, Education and Training college. A survey helped the researcher to generalize from the sample to the population in order for inferences to be made about some characteristics, attitude, or behaviors of the population, as well as to allow the researcher to focus on the exact characteristics under consideration. Survey is defined as a method of descriptive research used for collecting primary data based on verbal or written communication with a representative sample of individuals or respondents from the target population (Check & Schutt, 2012).

3.3 Study setting

Brink, Vander Walt and Van Rensburg (2012) alluded that data must be collected in a specific place where the respondents live and has experiences. The study was carried out at Vhembe TVET College. Vhembe TVET College is a technical college situated in Vhembe District Municipality of Limpopo Province, South Africa. The college has six campuses; namely, Makwarela, Tshisimani, Mavhoi, Mashamba, Thengwe and Shingwedzi. The proposed study was carried out using the academic staff at all six campuses. The researcher chose Vhembe TVET college because it is a college with 284 permanent lecturers where the pass rate is low. The

college is located 180 kilometres from Polokwane and 70 kilometres from the local town, Makhado, formerly Louis Trichardt. In terms of infrastructure Vhembe is composed of formal classes where students are taught theory and workshops for practicals. Vhembe TVET College specialises in engineering studies, offering both the National Certificate Vocational (NCV) and Report 191, Business Studies both NCV and Report 191, Utility Studies and Agriculture. Through the programme of Work-Based Environment the colleges assist students to do the practicals in the local industries.



Figure 1: Vhembe Technical Vocational Education and Training college map

3.4 Study population

Singleton and Straits (2010) defined study population as a group of individuals that the researcher wants to draw a conclusion about once the research has been completed. All lecturers from Vhembe TVET Colleges in Vhembe district, in Limpopo Province participated in these study. There are 284 permanent lecturers at Vhembe TVET college with ages ranges from 26 to 60 years.

3.5 Sampling

A total population study was used as the college had few permanent lecturers (Table 3.1).

3.5.1 Inclusion criteria

- Be employed as a lecturer at Vhembe TVET College.
- Have not participated in the pre- test.

Table 3.1: Distribution of lecturers according to campuses

Name of Campus	Total number of lecturers
Makwarela Campus	117
Tshisimani Campus	45
Mavhoi Campus	30
Mashamba Campus	40
Thengwe Campus	27
Shingwedzi Campus	25
TOTAL	284

3.6 Data collection instrument

Data collection is a systematic way of gathering information relevant to the research purpose or question (Nibabe & Mgutshini, 2014). The researcher used a self-administered questionnaire (see Appendix A to collect data or information. According to De Vos et al (2011) a questionnaire is a document containing questions, to solicit information appropriate for analysis), the questionnaire was adapted from the literature on determinants of job satisfaction of colleges of education lecturers (Umaru & Ombugus, 2017).

The questionnaire consists of Section A, B and C Section A gathered lecturer demographic information; specifically, gender, age range, marital status, educational level, number of years working at the institution and covers Questions 1 to 5. The questionnaire comprises of Likert scale type of questions. Section B of the survey consists of 12 questions related to lecturer performance and health related factors that are under investigation. Section C consists of 07 questions related to coping strategies to deal with health-related factors. The respondents were instructed to circle their response on the 4 point Likert scale.

3.7 Pre-testing of the instrument

Pre- testing was conducted at Makwarela Campus because it is the main campus with a large number of lecturers. The pre- test of the research instrument was conducted from five respondents who were not included in the main study. Their comments were used to improve the research instrument. The comments were based on the construction of some of the questions to give a clear meaning.

3.8 Data collection method

After the approval of the research proposal, the researcher requested permission in writing to conduct the study from the Chief Executive Officer of Vhembe TVET College. The college management issued approval to conduct the research and this was produced when data was collected. A research assistant was appointed and trained for a day on the administration of the instrument as well as the ethical issues. The reason for having a research assistant is to ensure that the respondents are free as the researcher is a senior staff member at the college.

With approval, the research assistant provided respondents with a cover sheet (see Appendix B) stating a general purpose for the study, that their identity and responses would be kept confidential, participation in the study was purely voluntary and those willing signed a consent form (see Appendix C) to participate in the study. In the beginning of the month of May 2019, the research assistant delivered questionnaires by hand, so that respondents can complete them in their own time at the research site. The appointment was made by research assistant with respondents for the collection of questionnaires. The research assistant collected the respondents' responses throughout the month of June 2019. The data collection process lasted for approximately two months. The researcher made follow up ensuring that the participant understood the questions in the questionnaire. The researcher also checked whether the respondents had completed all the questions on submission. The researcher also encourage the respondents who had submitted incomplete questionnaires to respond to all questions.

3.9 Data analysis

In data analysis, the data collected from the participants (n=250) were systematically managed, analysed, organised, summarised, evaluated and interpreted (Bryman & Bell, 2015). The researcher checked the questionnaires to find out if there were any improper values. The

responses were coded (i.e. agree =1, disagree = 2) and captured using the Microsoft excel, and the researcher used the Statistical Package for Social Science (SPSS) version 25.0 for data analysis. Due to the fact that the variables were quantitative in nature, a descriptive statistic method was used in order to describe the features of the sample in the form of frequency tables and bar graphs to summarise the findings (Fang, 2014).

The health related factors affecting lecturers' Job Performance scale, the scale developed for this particular study, comprising of 19 questions, served as the primary measure of lecturers' performance. Higher scores on each item suggested influence of health related factors on lecturers' job performance. In order to answer the research questions, the total performance score was used for the analyses.

Descriptive statistical analyses were calculated to determine frequencies and percentages of survey responses. The data were then screened for extreme scores (outliers) that might influence the statistical results. To accomplish this, standardized z-scores were computed on the performance scale, as well as questions on physical factors, emotional factors, chronic diseases, mental illness and questions on strategies to deal with these factors.

An extreme score was defined as a z-score of 3.29 or greater. A score of this magnitude would be significantly different from the score distribution at the .01 level of significance. Using this criterion, no extreme z-scores were identified and all data were retained for the four continuous variables. The distributions of the four variables were then checked for the assumption of normality and linearity. This was done by observing scatter plots, histograms, skewness, and kurtosis. Observation of these indices showed that the data met the assumptions adequately and that the statistical tests could be employed.

3.10 Validity and reliability

3.10.1 Validity

Validity is the extent to which the scores from a measure represent the variable they are intended to (Breakwell, Smith & Wright, 2012). In the present study, the focus was on face validity and content validity. It assesses and determines whether an instrument is able to measure what it is supposed to measure. Validity of instrument is an important aspect of development and

assessment of the instrument (Shafer & Zhang, 2012). The instrument was pre-tested with five respondents from Makwarela campus, those that were subsequently not part of the project.

3.10.1.1 Face validity

Face validity is when the test covers all the aspects that it is supposed to measure and relevantly conducts the measurement according to the perception of the administrator (Holden, 2010). In this study the face validity of the instrument was well ensured by aligning the questions with the study objectives in order to cover the important aspects of the study. The face validity of the instrument lied in the fact that some questionnaire items were derived from an existing questionnaire which was administered in Akwanga Nasarawa State (Umaru & Ombugus, 2017). In addition, the questionnaire was sent to different subject experts for face validity confirmation. Their comments used to edit the instrument. In addition, the questionnaire was sent to different subject experts for face validity confirmation It was also presented to the University higher degree committee that assisted with feedback to modify it. It was also checked by the supervisor and statistician and the suggestions and recommendations were used to improve its face validity.

3.10.1.2 Content validity

Content validity test checks whether there are enough relevant questions covering all aspects being studied and that irrelevant questions are not asked (Wilson, Pan & Schumsky, 2012). Content validity refers to whether the elements of the study are relevantly measured and well-represented (Wilson et al., 2012). In this study, the researcher ensured the content validity of the instrument by the use of relevant literatures from similar studies. It was also submitted to language experts, occupational health and safety experts, supervisors, lectures and students from the Department of Public Health who participated in the departmental seminar presentation and all comments were used to improve its content validity.

3.10.2 Reliability

Reliability is when questionnaires produce the same results when re-tested on the same people at different times, as long as nothing significant has occurred to them between testing. (Coolican, 2014). If the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable.

The researcher ensured the reliability of the study by the use of structured questionnaires and ensuring consistency and accuracy of the outcomes. Consistency in responding to the questions

was assessed through test-retest method where the researcher randomly chose five lecturers from Makwarela Campus, a neutral population, with similar characteristics, for pretesting the questionnaire and again return after a week for another test, to check if they still gave the same answers.

3.11 Ethical considerations

Wang (2015) defines “ethics’ as the principles that rules the right and wrong behaviour. For the purpose of this study, the researcher adhered to the following ethical principles: informed consent, confidentiality, anonymity, voluntary participation and protection of respondents from the college.

3.11.1 Permission to conduct study

This research proposal was presented to the School of Health Sciences Higher Degrees committee (SHDC) and the University Higher Degrees Committee (UHDC) at the University of Venda for quality assurance. After obtaining approval from the UHDC, the researcher applied for ethical clearance from the University Research Ethics Committee. Permission to conduct a study from Department of Higher Education and Training called Vhembe TVET College was requested in writing after obtaining the ethical clearance from the University of Venda.

3.11.2 Informed consent

The research administered informed consent forms to the prospective participants which they signed confirming their willingness to participate in the study. Respondents were informed in advance of their right of choice to participate and that they were allowed to withdraw from the study at any stage without any penalty. The respondents were also informed that their participation in the study was voluntary with no tangible reward. All logistics, including setting an appointment with lectures, were followed.

3.11.3 Confidentiality

Confidentiality is defined as an agreement made between the respondent and the researcher involving reducing access to the respondent’s information in connection with the handling of data (Ethicist, 2015). The information provided by the respondents was regarded as confidential. Furthermore, the researcher closely monitored the data collection process, to ensure that no information was released to outside persons, where it might have damaging and embarrassing consequences.

3.11.4 Anonymity

In order to ensure anonymity, the questionnaires were assigned numbers instead of the respondents' real names when recording, capturing and analysing their responses.

3.12 Dissemination of the study

A hard copy of the study findings will be submitted to the management of Vhembe TVET College, the University of Venda library, Department of Higher Education and also presented in conferences. The study findings will also be published in accredited journals.

3.13 Summary of the chapter

This chapter outlined the methods that the researcher used to conduct the study. The methods composed of: research approach, study design, population studied, sampling procedures used, data collection plans and instrument used, validity and reliability, data analysis and ethical considerations. The research approach that was used is quantitative descriptive survey research design, the population comprise of 284 lecturers at Vhembe TVET college. Total sampling was used as a results of low numbers of lecturers, however 250 lecturers ended up as the respondents due to some other problems. Data was collected using self-administered questionnaire with the help of the research assistant. Issues of validity and reliability were addressed by focusing on face validity, content validity and test/retest method. Data analysis was done through the use of SPSS version 25.0 for data analysis. The researcher also adhered to the ethics for conducting a research. The next chapter will describe the study results.

CHAPTER 4

PRESENTATION OF RESULTS

4.1 Introduction

The purpose of the study was to determine health related factors that affect lecturers' job performance. The primary interest was to identify differences and relationships in job performance with respect to health-related factors such as medical consultations, emotional factors, mental illness, physical factors, and chronic diseases. This chapter presents the results of the data collected, including data entry, a description of the demographics, and a statistical analysis of the results.

4.2 Section A: Demographic profile of the study respondents

Two hundred and eighty-four (284) questionnaires were distributed and only (250) were completed. Follow-up was done but there was no response from some potential participants. Table 4.1 provides a summary of the demographic profile based on the age, gender, marital status and years of experience at the college. The number of respondents and percentages are provided for categorical variables with the means, standard deviations, and ranges shown for the continuous variables. Complete data (n = 250) is shown for the categorical variables. Not all respondents provided information for the continuous variables, and thus, the information is based on the number of respondents completing these variables. The table shows Frequency (f), Percentages (%), Mean (M) and Standard deviation (SD) range.

As mentioned in Table 4.1 below, out of 250 questionnaires returned, two did not reveal their age, 34.4% of respondents were at the age of 41-45 years, and the least was 8.8% of the respondents were at the age of 50 and above. From 250 respondents included for the analysis in this study 53.2% of them are females whereas 46.8% are males.

Table 4.1 Demographic characteristics of participating lecturers

Characteristics	f	%
Age (in years) (n=248)		

26 – 30	15	6
31 – 35	59	23
36 – 40	66	26.4
41 – 45	86	34.4
50+	22	8.8
Gender (n=250)		
Male	117	46.8
Female	133	53.2
Marital Status		
Married	208	83.2
Single	31	12.4
Separated/divorced	11	4.4
Widowed	0	0
Years' Experience		
0 – 5 years	89	35.6
6 – 10 years	123	49.2
11 years and above	38	15.2

The results show that 83.2% of respondents were married. The results also show that 49.2% of respondents worked between 6-10 years and 35.6% of respondents worked between 0-5 years.

4.3 Section B: Lecturer performance and health related factors

This section reports the results associated with the research questions introduced in chapter 1. The researcher employed analysis of variance (ANOVA), Pearson correlation, as well as percentages associated with lecturer beliefs about the health related factors affecting lecturer's job performance at TVET college.

The researcher attempted to find out whether there are differences in job performance due to health related factors. From the ANOVA we find that the value of the F-statistic = 4.56. The significance level used was $\alpha = 0.05$ at the 1 numerator and 20 denominator degrees of freedom. The F value from the table $F = 4.36$. Since $F_{\text{calc}} = 4.56 > 4.36$ we reject the null hypothesis which states that there is no difference between job performance and health related factors and conclude that job performance is different between lecturers due to health related factors.

A Pearson correlation of 0.50 shows a weak positive relationship between factors. A Correlation coefficient of 0.65 and above shows that there is a strong positive relationship between the factors under study. The researcher carried out a Pearson correlation analysis and obtained a Pearson matrix that give the correlations between job performance and health related factors as follows. The correlation between job performance and emotional health factors was 0.85 meaning that there is a strong relationship between job performance and emotional health factors. The

correlation between job performance and mental health was 0.43 which shows a weak relationship between job performance and mental health factors. The correlation between job performance and physical health factors was 0.89 which shows a strong correlation. The last was correlation between job performance and chronic diseases was 0.35. this shows a very weak positive relationship between job performance and chronic disease. The screening for outliers, normality, and linearity revealed that the score distributions met the assumptions underlying both ANOVA and correlation data analyses.

Job performance and health related factors

General information regarding performance and health-related factors

The respondents were asked to indicate whether they strongly agree(SA), Agree(A) Disagree(D) Strongly Disagree(SD) with the statement provided. Three general questions were asked to determine if health-related factors were a problem in the college.

First, the respondents were asked if their job performance was associated with health related factors. Figure 2 shows that 60.8% of the respondents agree and 0.4% respondents strongly agree that their job performance is affected by health factors.

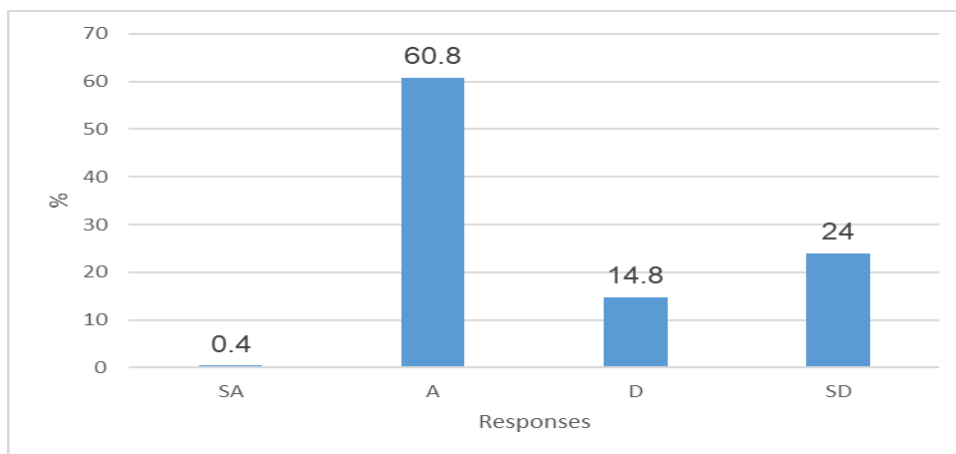


Figure 2: Job performance and health related factors

Emotional factors

Respondents were asked about four emotional health factors stress, burnout, depression and anxiety.

Stress

The respondents were asked whether they have experienced stress in the past twelve months. Figure 3 below shows that 70.2% of the respondents agree, while 1.6% strongly agree.

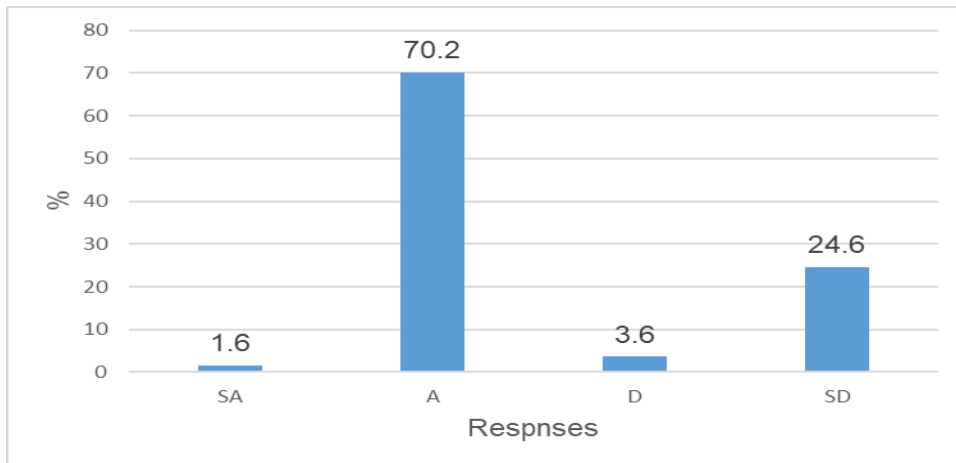


Figure 3: Stress as one of the emotional factors

Burnout

The respondents were asked whether they have experienced burnout in the past twelve months. Figure 4 below shows that 61.7% of the respondents agree, whereas 1.2% strongly agree.

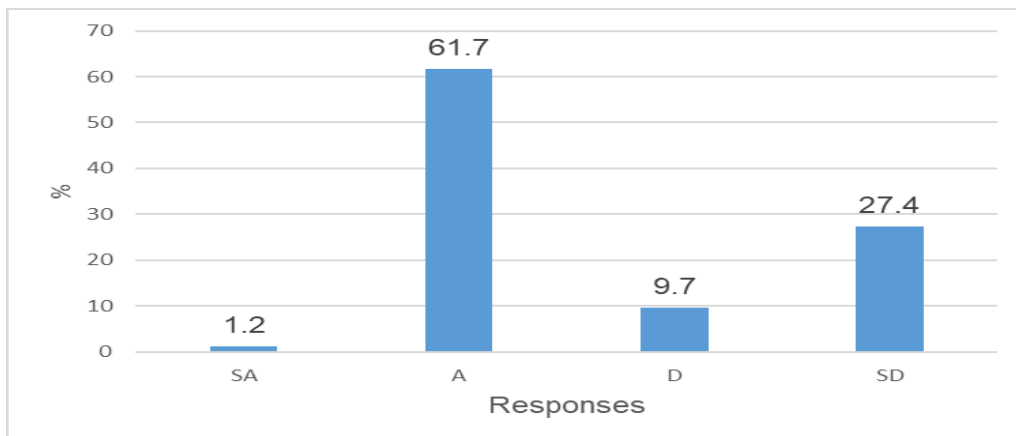


Figure 4: Burnout as one of the emotional factors

Depression

The respondents were asked whether they have experienced depression in the past twelve months. Figure 5 below indicates that 53.5% of the respondents agree, while 7.7% strongly agree.

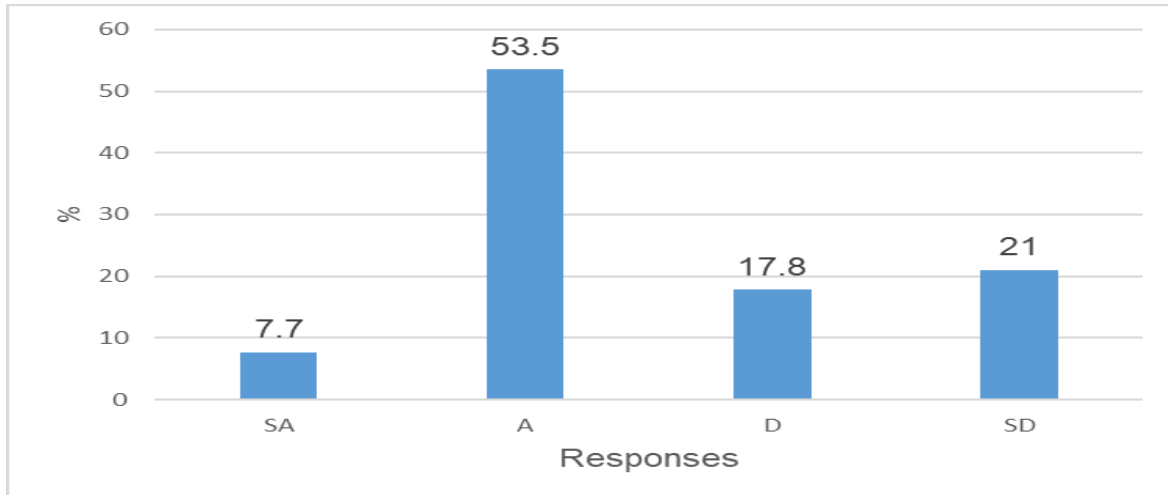


Figure 5: Depression as one of the emotional factors

Anxiety

The respondents were asked whether they have experienced anxiety in the past twelve months. Figure 6 below indicates that 51.2% of the respondents agree, whereas 1.6% strongly agree.

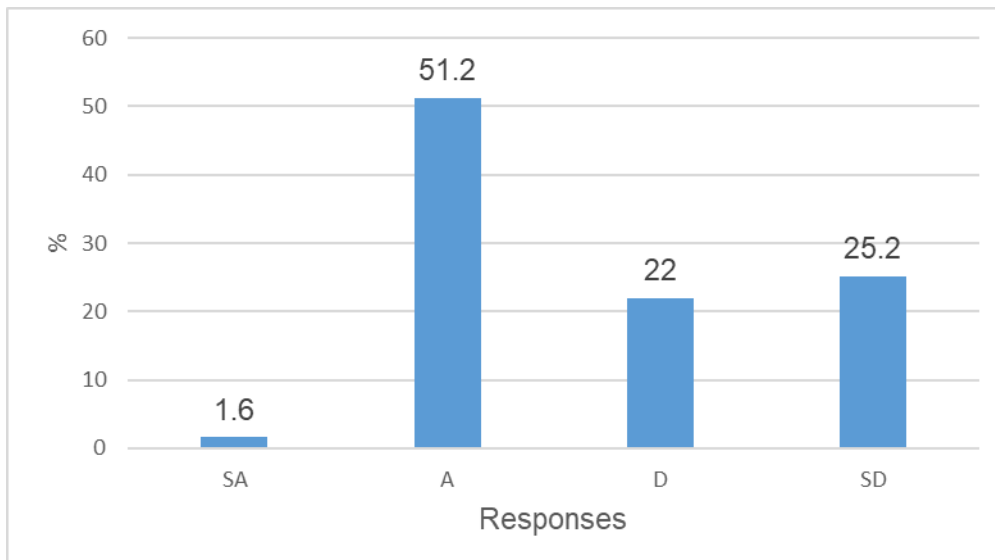


Figure 6: Anxiety as one of the emotional factors

Mental health problems

The respondents were asked about mental health problems including psychological disorder, Mood Disorder and alcohol abuse.

Psychological disorder

The respondents were asked whether they have experienced mental health problems like psychological disorder. Figure 7 below shows that 61% of the respondents agree, while 0.8% strongly agree.

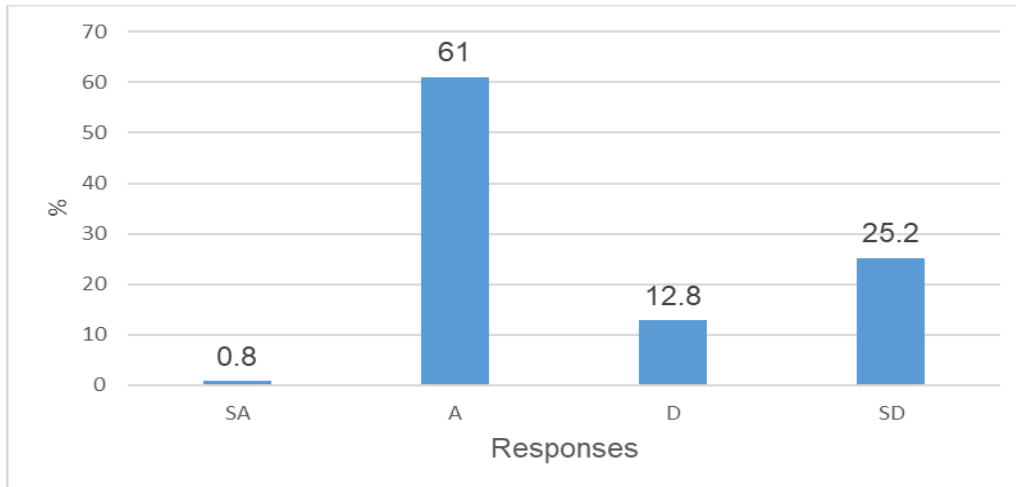


Figure 7: Experiences of psychological distress

Mood disorder

The respondents were asked whether they have experienced mental health problems like mood disorder. Figure 8 below indicates that 41.2% of the respondents agree and 1.2% strongly agree.

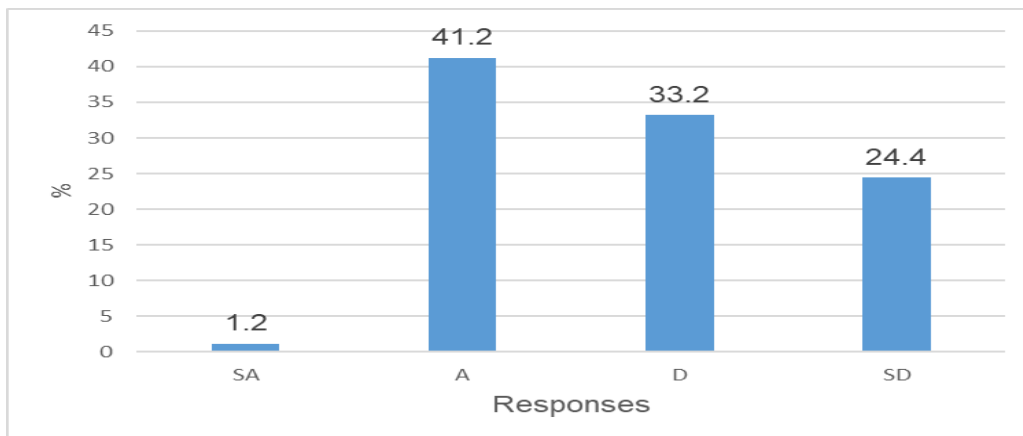


Figure 8: Experiences of Mood disorder

Alcohol abuse

The respondents were asked whether they have experience mental health problems like alcohol abuse. Figure 9 below shows that 46.8% of the respondents strongly disagree, whereas 26.8% disagree.

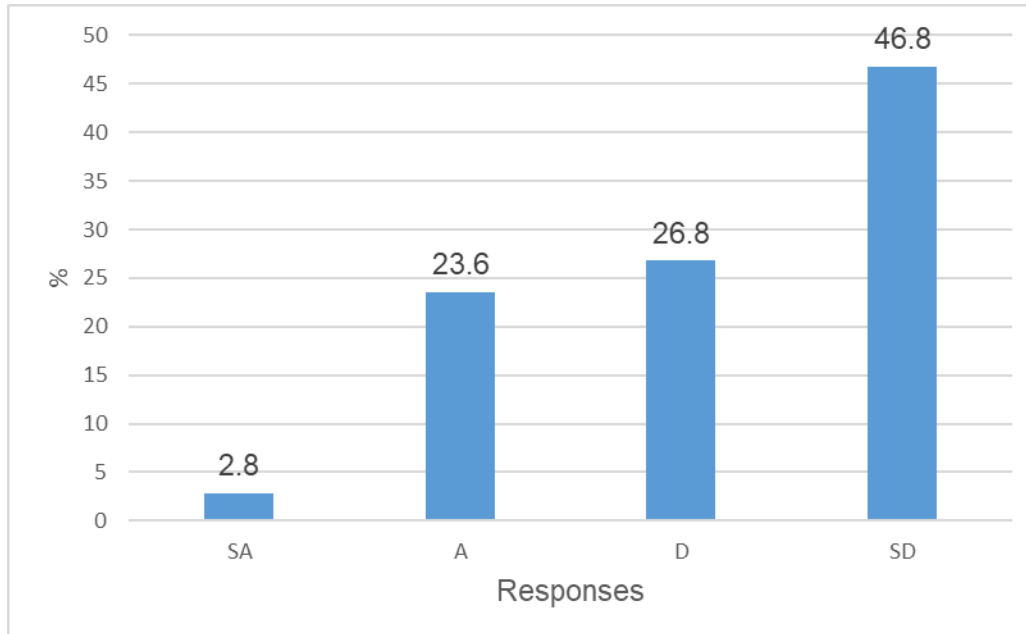


Figure 9: Experiences of alcohol abuse

Physical health problems

The respondents were asked whether they experienced physical health related factors like headache, tiredness, shoulder pain, back pain and neck pain in the past twelve months. Figure 10 below shows that 64.8% of the respondents agree and 8.8% strongly agree that they experienced headache, whereas 68.8% of the respondents agree that they experienced tiredness; and 10.4% strongly agree.

Again 67.9% of the respondents agree that they experience shoulder pain and 14.1% strongly agree. 77.1% of the respondents agree that they experienced back pain and 10.4% strongly agree that they experienced back pain. 83.4% of the respondents agree that they experienced neck pain and 4.5% strongly agree that they experienced neck pain.

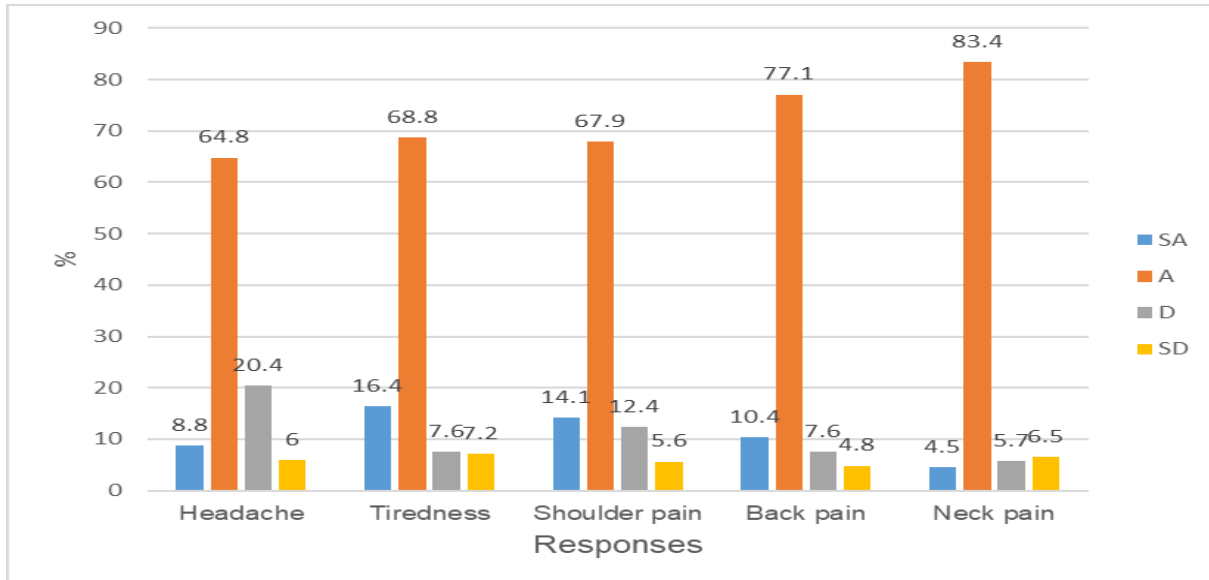


Figure 10: Experience of physical- health factors

Chronic diseases

The respondents were asked if they experienced chronic diseases like hypertension, diabetes, cardiovascular disease, asthma, arthritis and cancer. The results reveal that 44.8% of respondents are affected most by hypertension. 7.2% of respondents are affected by diabetes, only 4% of respondents are affected by cardiovascular disease whereas 2% are affected by asthma. 2.4% are affected by arthritis and 5.6% of respondents are affected by cancer.

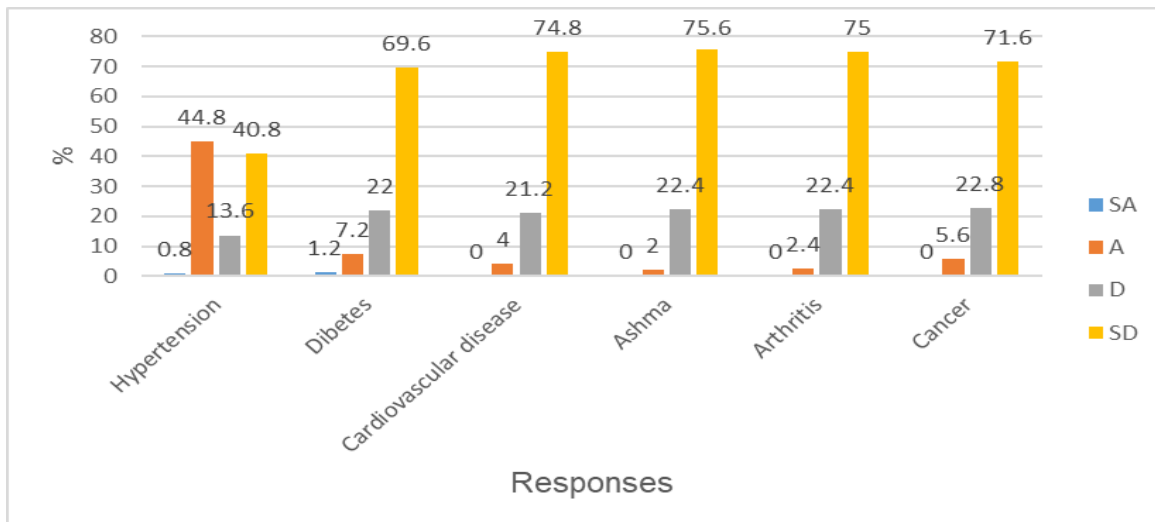


Figure11: Experiences of chronic diseases

Effects of health related factors on Job performance

Findings to the study indicated some of the effects of health related factors on lecturer's job performance namely absenteeism, frequent consultation of doctors, management complaints, students' complaints, illness at work, early retirement, and time off from work.

Absenteeism

The respondents were asked whether they have been absent from work because of health-related factors. Figure 12 shows that 61.6% of the respondents agree, while 0.8% strongly agree.

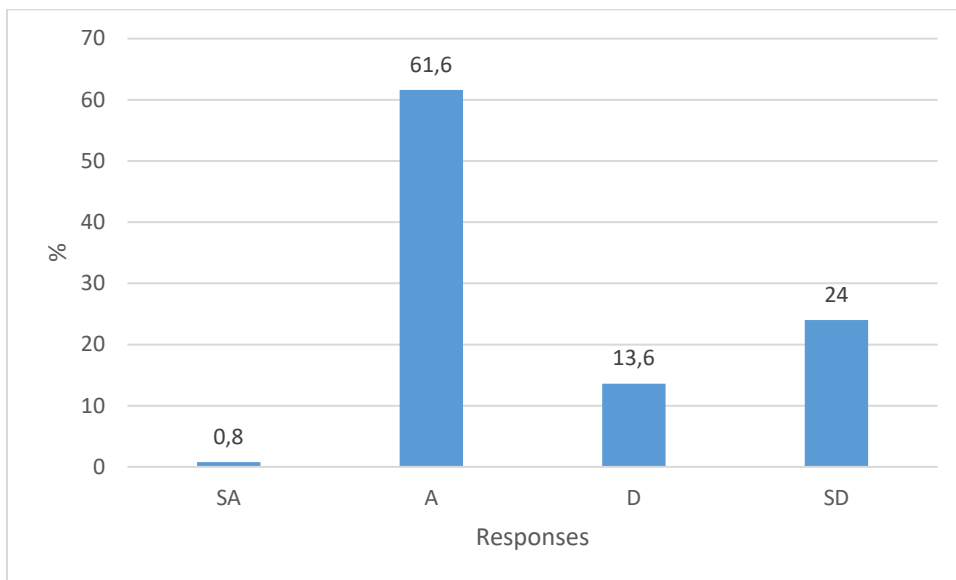


Figure 12: Absent from work due to health related factors

Consultation of the doctor

The respondents were asked whether they have consulted a doctor in the past twelve months due to health related factors. Figure 13 below shows that 55.6% of the respondents agree, whereas 0.4% strongly agree.

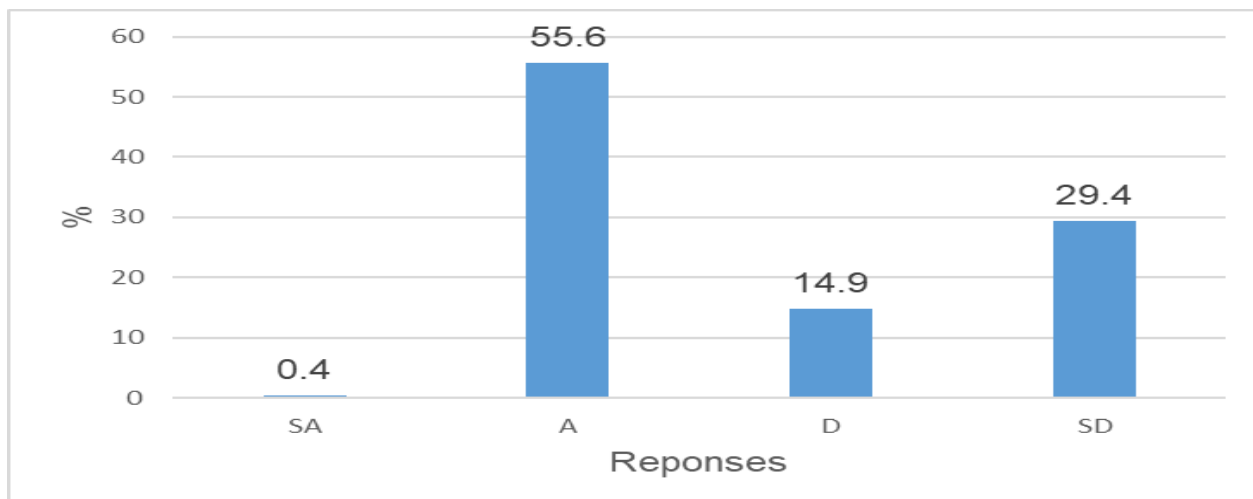


Figure 13: Consultation of the doctor in the past twelve months

Management complaints

Questions were asked to assess the effects of health-related factors on performance. First, the respondents were asked whether management complained about any incompetence in lecturers' performance due to health related factors. Figure 14 below shows that 45.2% of the respondents agree while 25.8% disagree that management complained about job performance.

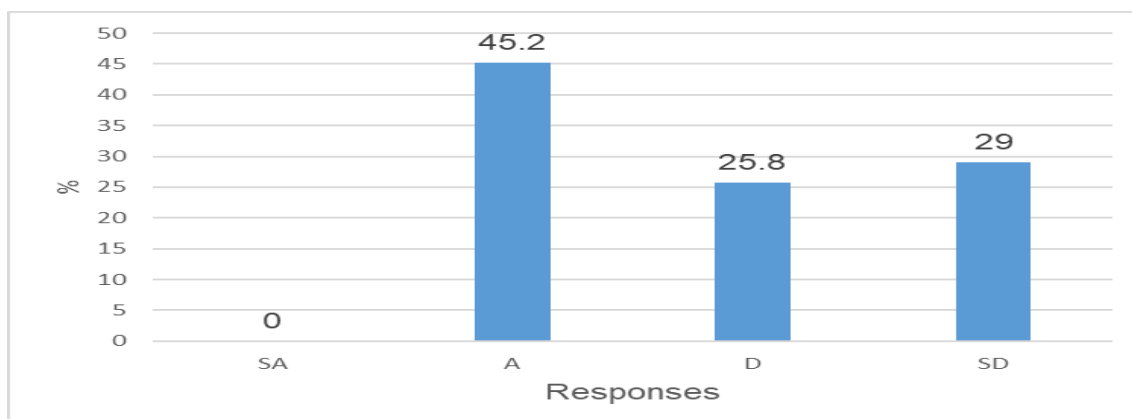


Figure 14: Management Complaints about Job performance

Students complaints

The respondents were asked whether students complained about incompetence in lecturers' job performance. Figure 15 below shows that only 26.6% of the respondents agree while 37.9% strongly disagree that students complained about their job performance.

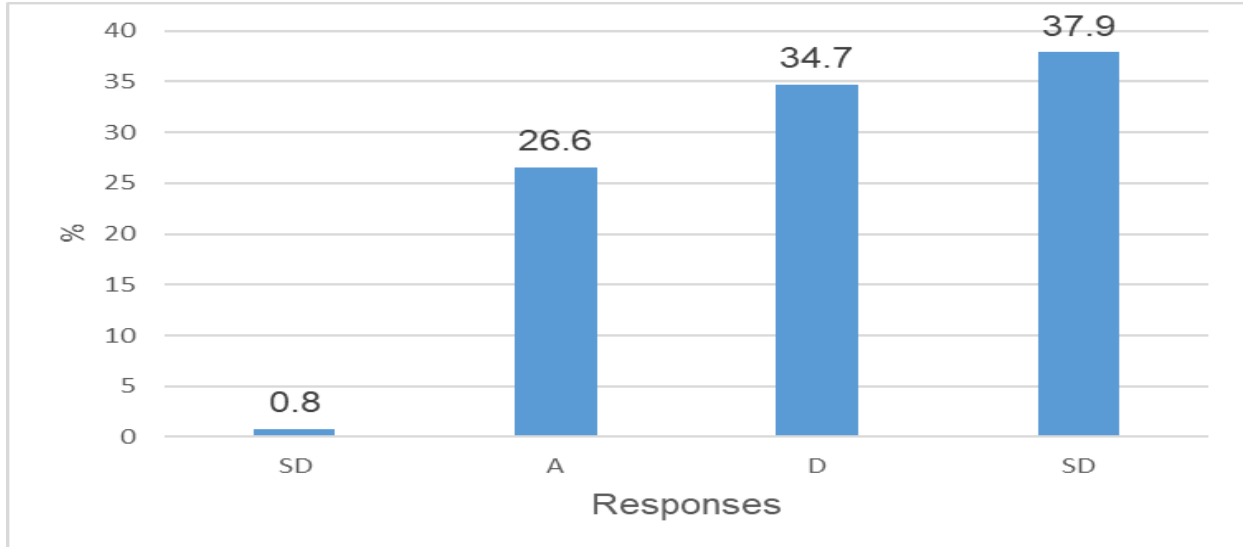


Figure15: Students complaints about job performance

Illness at work

The respondents were asked whether they often want to be at work when ill. 58.2% of the respondents agree that they want to be at work when they are ill.

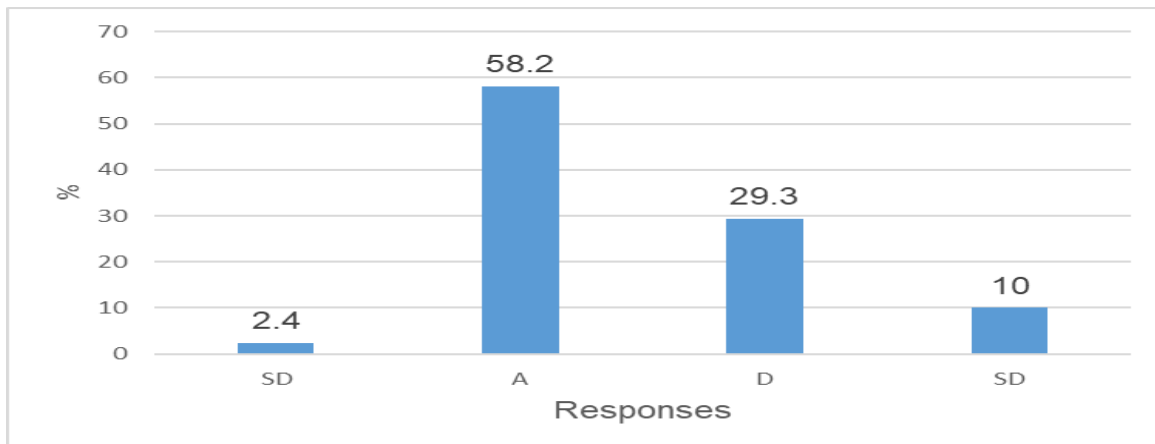


Figure 16: Respondents often want to be at work when ill

Early retirement

The respondents were asked whether they intend to retire early. Figure 17 below shows that 43% of the respondents agree that they intend to retire early.

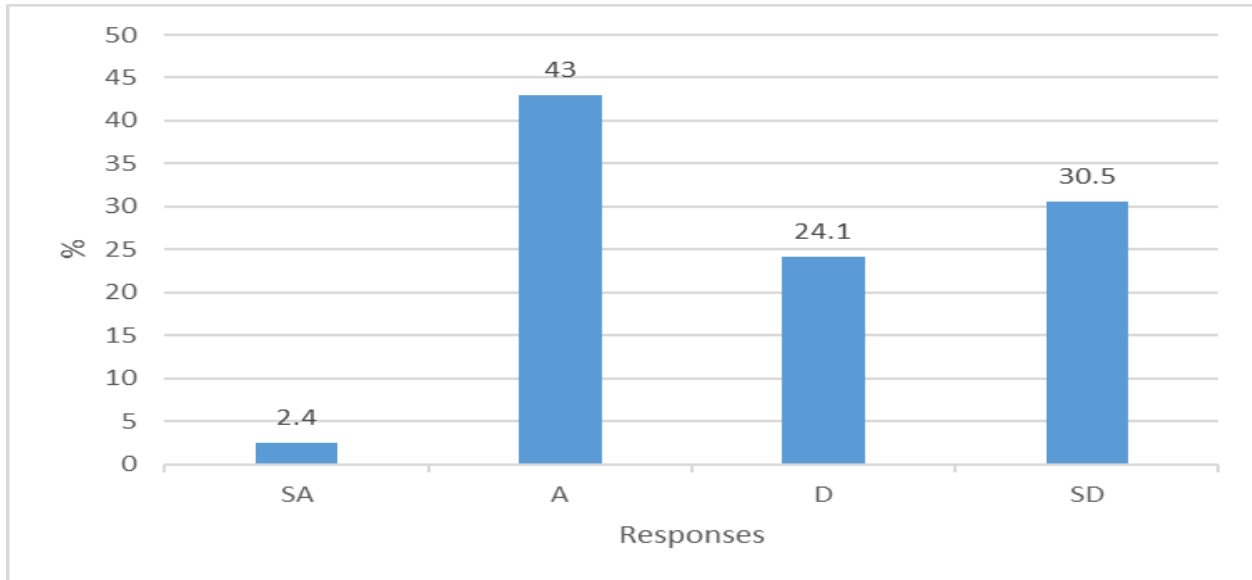


Figure 17: Respondents intend to retire early

Time off from work

Respondents were asked if they take time off from work. Figure 18 below shows that 36.6% of the respondents agree and 11.6% strongly agree that they take time off from work.

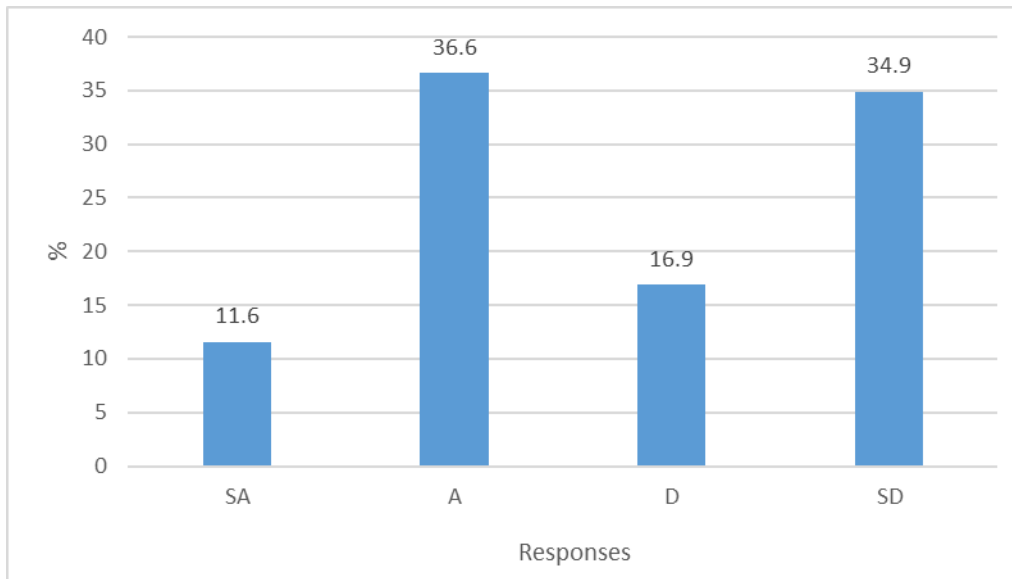


Figure 18: Respondents take time off from work

4.4 Section C: Strategies used to cope with health related factors

The study identified the following strategies to cope with health related factors in order to enhance effective lecturer job performance, these include health promoting working conditions, partnership with health professionals, conducive working environment, health education services, physical activities, counselling services, sleep, talking to somebody, watching television as well as self-relaxation.

Health promoting working conditions

One of the research questions was about health promoting working conditions within the system. Figure 19 below shows that only 19.8% of the respondents agree while 46.4% strongly disagree that there are health promoting working conditions within the system.

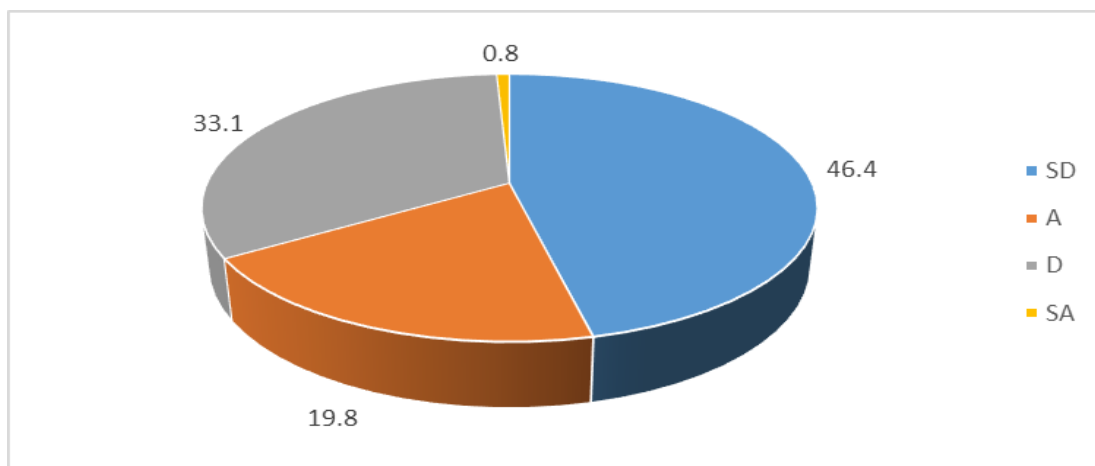


Figure 19: Health promoting working conditions within the system

Partnership with health professionals

The respondents were asked if they work closely with relevant health professionals such as social workers and psychologists. Figure 20 below shows that only 12% of the respondents agree while 46.6% strongly disagree that they work closely with relevant health professionals such as social workers and psychologists.

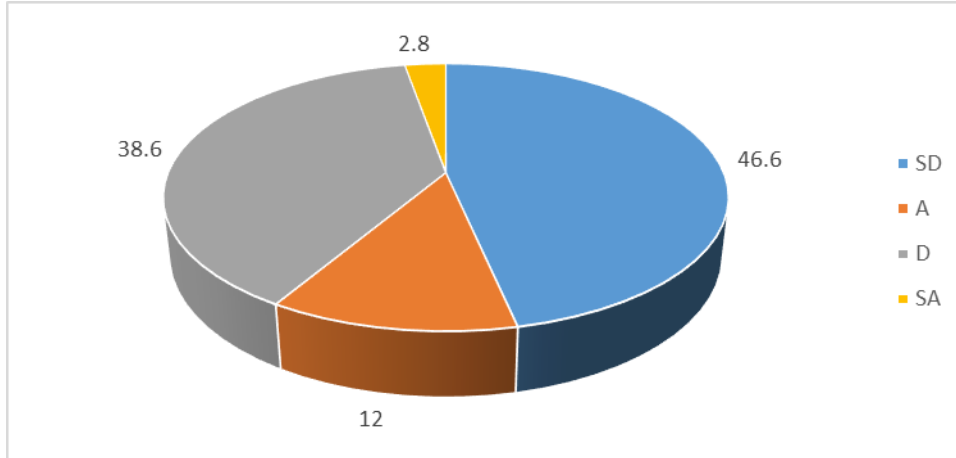


Figure 20: Working closely with relevant health professionals such as Social Workers or Psychologists

Conducive working environment

The respondents were asked if their work place promotes a conducive working environment. Figure 21 below shows that 9.6% of the respondents agree and 2% strongly agree whereas 49% of respondents strongly disagree that their work environment is conducive for working.

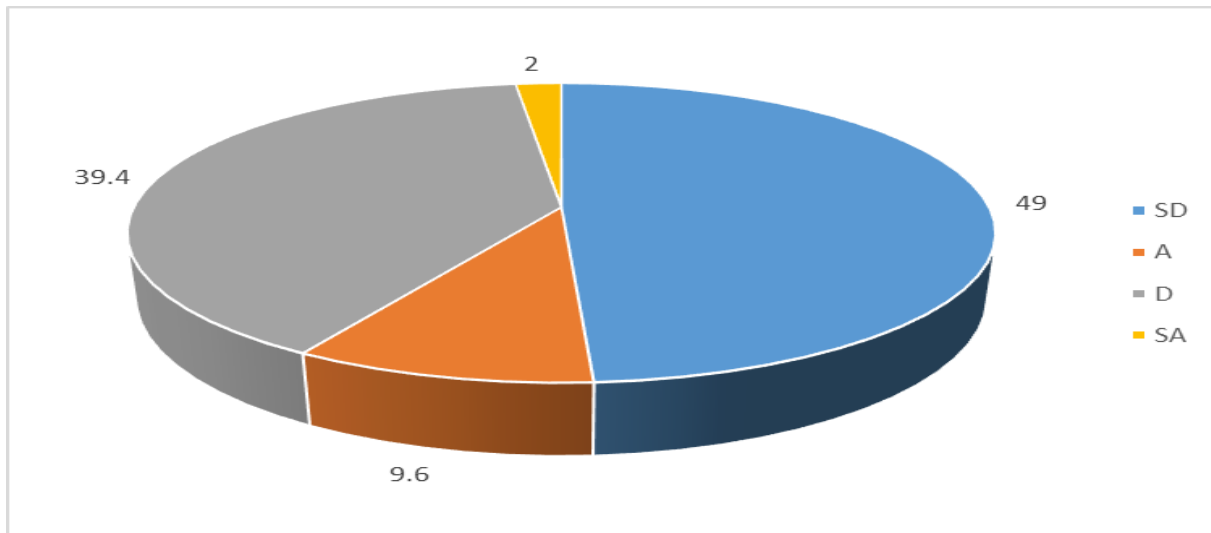


Figure 21: Conducive working environment in the work place

Health education service

The respondents were asked if they receive health educational services in the work place. Figure 22 below shows that 9.6% of the respondents agree while 54.2% strongly disagree that they receive health educational services in the work place.

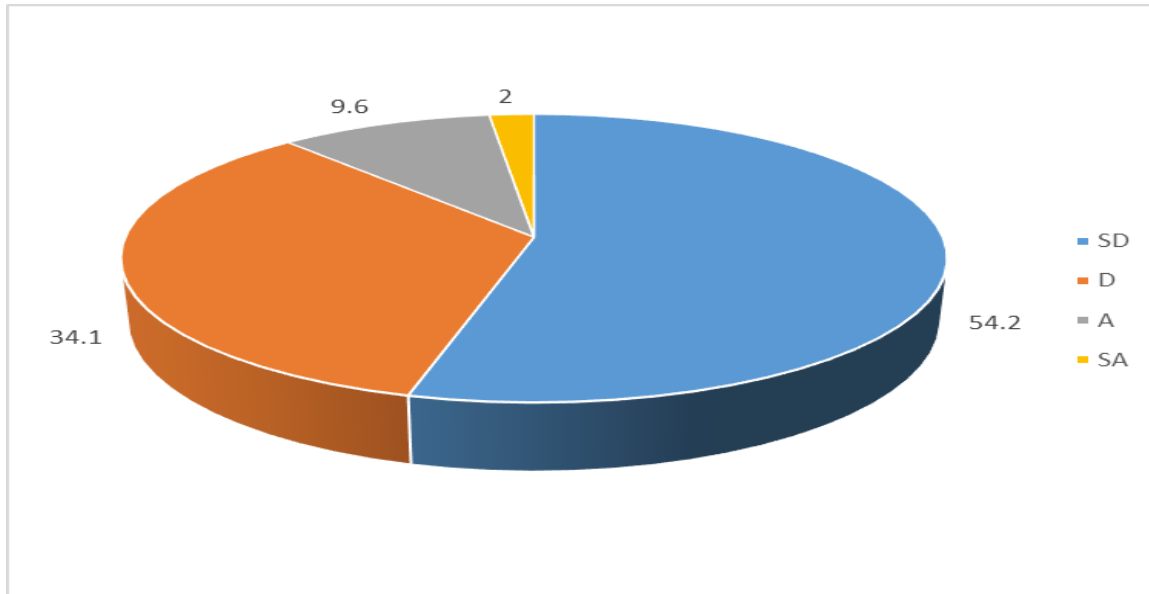


Figure 22: Health educational services in work place

Physical activities

The respondents were asked if they have been provided with planned physical activities to enhance wellness in the work place. Figure 23 below shows that 18.5% of the respondents agree and 2.4% strongly agree that they have been provided with planned physical activities to enhance wellness in the work place.

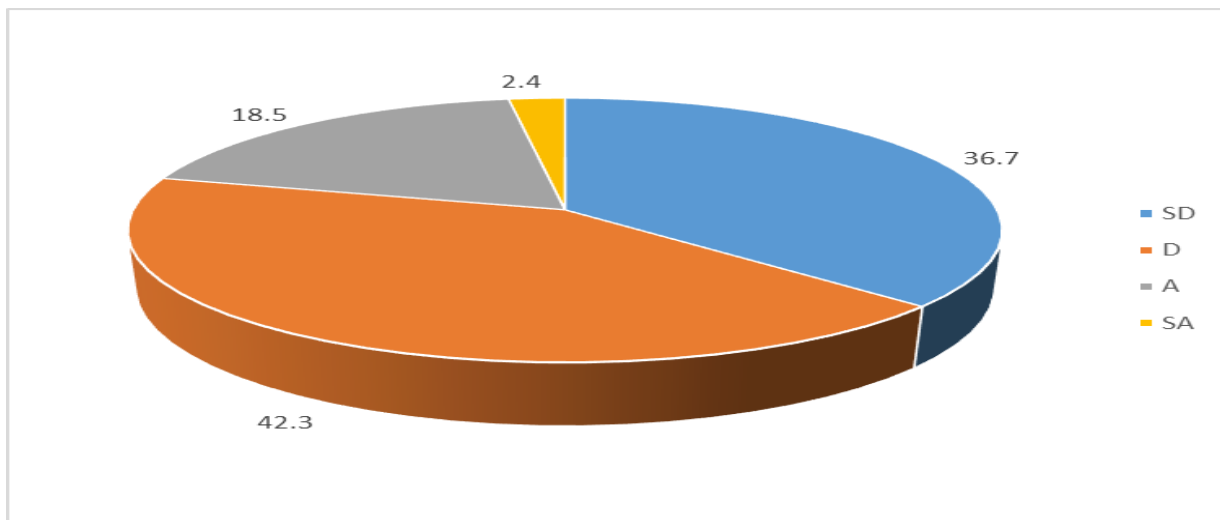


Figure 23: Physical activities to enhance wellness planned in work place

Counselling services

The respondents were asked if they received counselling from relevant professionals. Figure 24 below indicates that only 16.9% of the respondents agree that they received counselling from the relevant professionals.

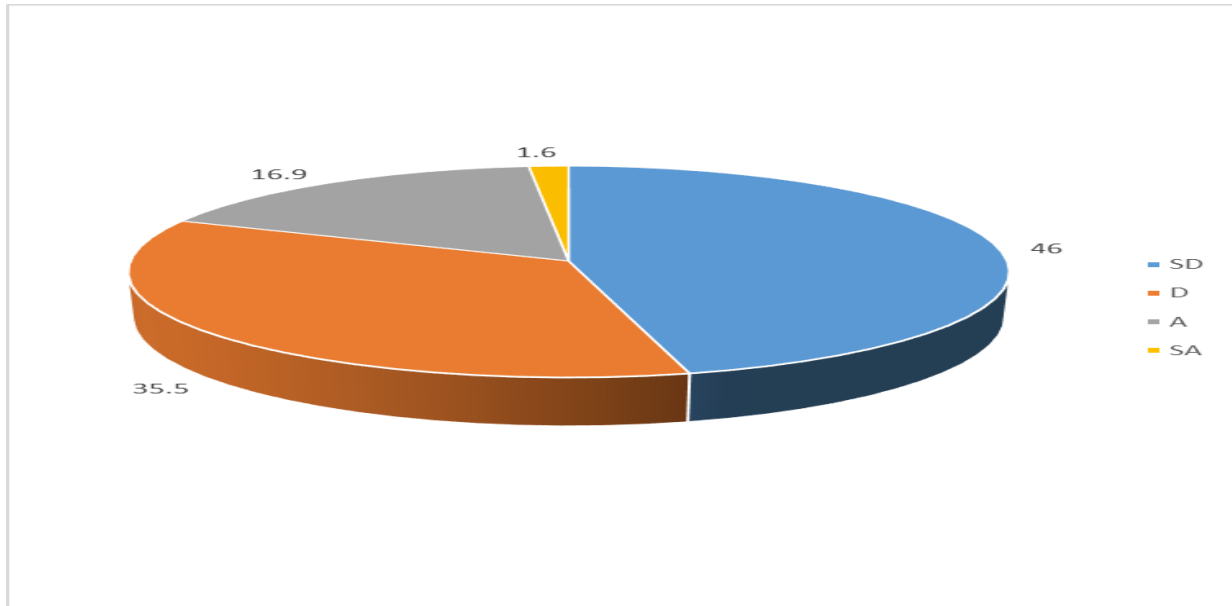


Figure 24: Counselling received from relevant professionals

Sleep

Respondents were asked if they sleep as a strategy to cope with health related factors. 81% of the respondents agree that they sleep as a strategy to cope after work.

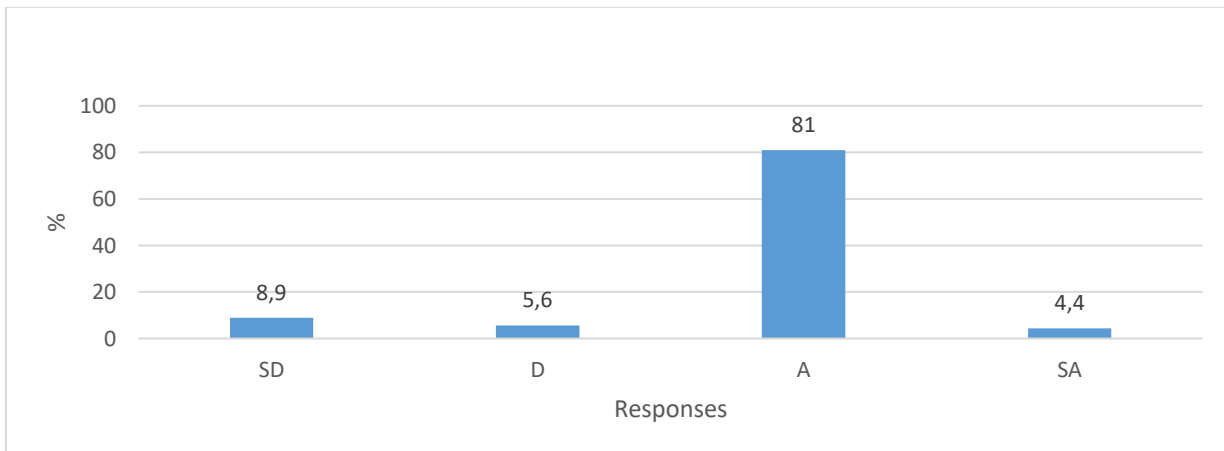


Figure 25: Sleep

Talking to somebody

Respondents were asked if they talk to somebody as a strategy to cope with health related factors. 70.2% of the respondents agree that they talk with other people to relieve pressure.

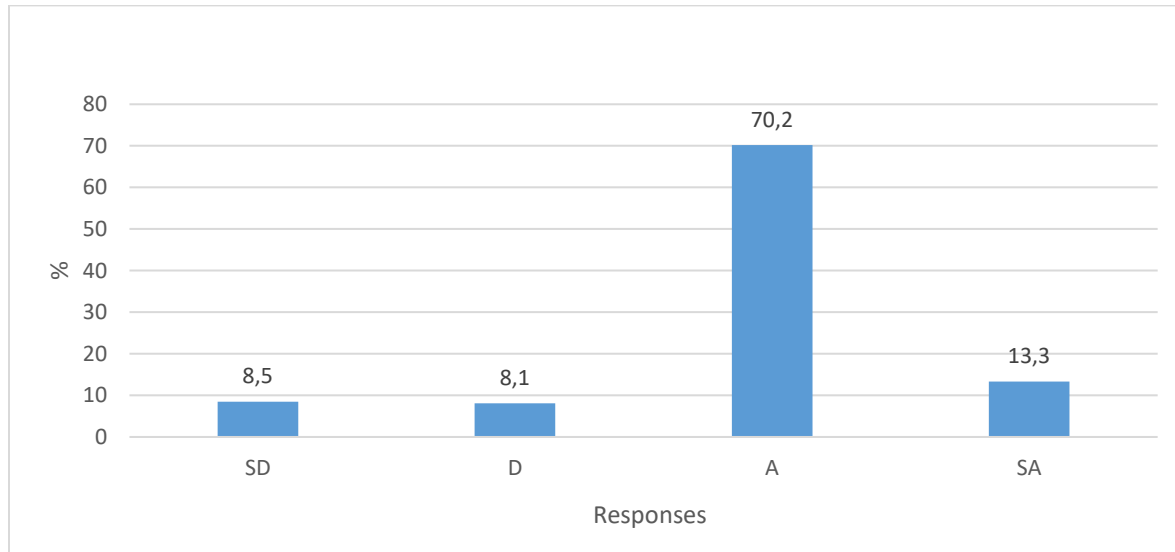


Figure 26: Talking to somebody

Watching TV

Respondents were asked if they watch television as a strategy to cope with health related factors. 57.5% of the respondents agree that they watch television to cope with difficulties whereas 14.2 strongly agree.

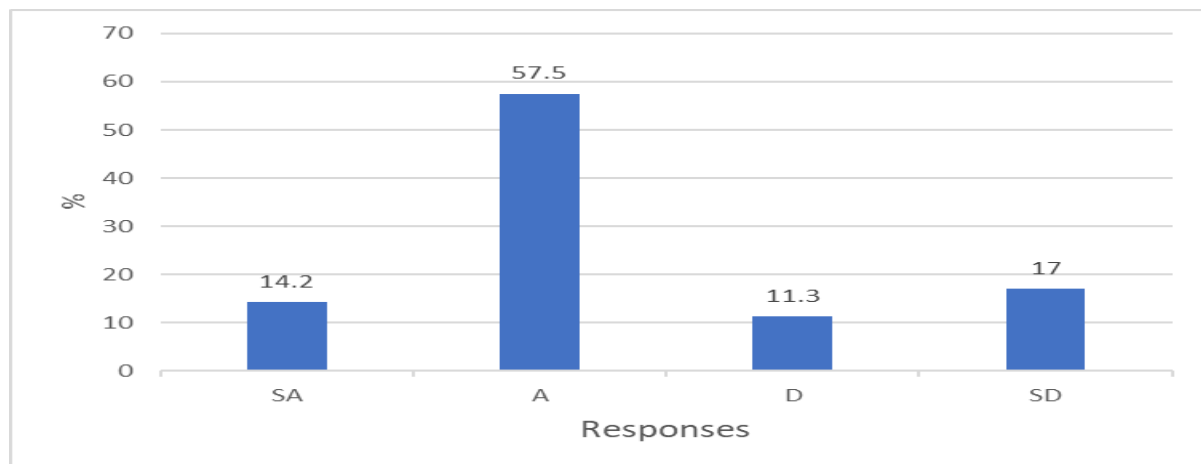


Figure 27: Watching TV

Self-relaxation

Respondents were asked if they make use of self-relaxing as a strategy to cope with health related factors. Approximately 45.2% of respondents disagree that they make use of self-relaxing as a strategy to cope whereas 31% strongly disagree.

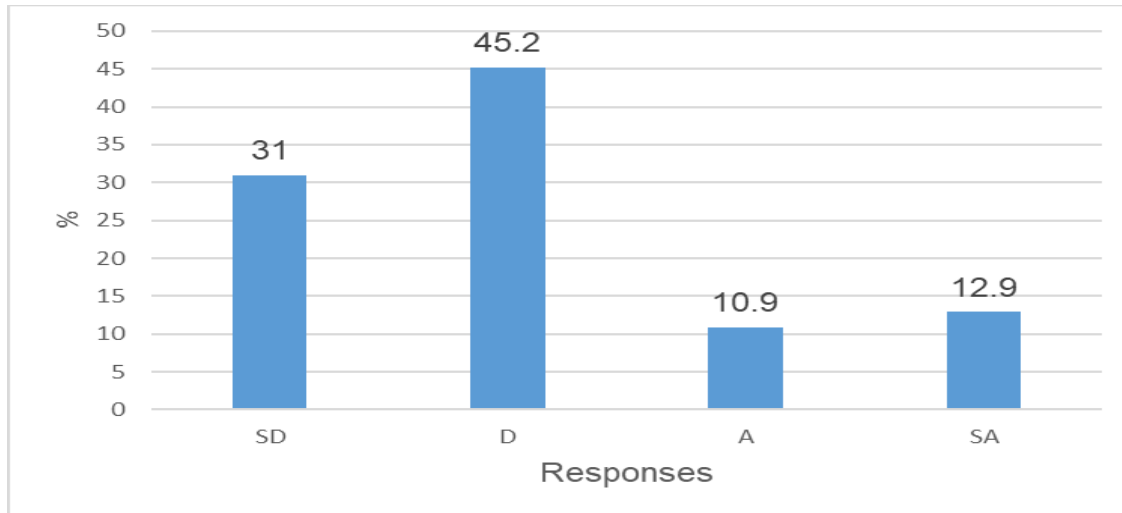


Figure 28: Self-relaxing

4.5 Numerical description of data

In Table 4.2 below a mean score between 1 and 2 shows that the respondents generally strongly disagree. On the other hand, a mean score between 2.5 and 3.4 shows that generally the respondents agree to the effect of variables under study to have a negative impact on their job performance. Finally, a mean score between 3.5 and 4 shows that the respondents agree or strongly agree that the variables have negative influence on their job performance.

For example, stress, burnout and depression under emotional health problems have means 2.5, 2.8 and 3.1 respectively. This shows that the respondents generally agree that emotional health problems negatively affect their job performance. Conversely, the means for variables under chronic diseases like asthma, arthritis and cancer are all 1.3 meaning that the respondents generally strongly disagree that these variables negatively affect their job performance. As such these should be considered statistically insignificant and they can be removed from our variables which negatively affect lecturer job performance at Vhembe TVET colleges.

The p-values that are < 0.05 shows that the variables are statistically significant. For example, variables stress, burnout, depression, anxiety, mood disorder, neck pain, back pain, shoulder pain and tiredness are statistically significant with the p-values. $< .05$.

The variables psychological distress, alcohol abuse, headache, hypertension, diabetes, cardiovascular diseases, asthma, arthritis and cancer are statistically insignificant with the p-values $>.05$. It means that these variables can be removed from our model since they have a less value and cannot significantly contribute to lecturer job performance at Vhembe TVET colleges.

Table 4. 2. Descriptive Statistics and ANOVAs for Differences in Job Performance for emotional Health, Mental health, Psychological and Chronic diseases

Variable	n	M	SD	F	p
Emotional health problems					
Stress	250	2.5	0.96	3.20	0.01
Burnout	250	2.8	0.11		0.04
Depression	250	3.1	0.09		0.05
Anxiety	248	3.0	0.09		0.04
Mental health problems					
Psychological distress	248	2.8	0.08	1.92	0.16
Mood disorder	248	2.9	0.08		0.05
Alcohol abuse	248	1.8	0.07		0.26
Physical health problems					
Neck pain	247	2.9	0.10	2.56	0.03
Back pain	250	2.9	0.11		0.006
Shoulder pain	250	2.9	0.09		0.02
Tiredness	250	2.9	0.08		0.04
Headache	247	2.8	0.09		0.09
Chronic diseases					
Hypertension	249	1.9	0.06	1.25	0.33
Diabetes	249	1.4	0.10		0.53
Cardiovascular diseases	250	1.3	0.17		0.67
Asthma	250	1.3	0.25		0.51
Arthritis	250	1.3	0.26		0.85
Cancer	250	1.3	0.14		0.60

4.6 Summary of the chapter

The chapter presented the results of the study and interpretation of the findings based on the analyzed data. The first section provided the study findings based on the emotional factors, followed by mental health factors, physical factors and chronic health conditions that affect lecturer's job performance. Finally, the focus was on the findings on strategies to cope with health related factors. Chapter five provides the discussion of results

CHAPTER 5

DISCUSSION OF RESULTS

5.1 Introduction

This chapter of the study presents the discussion wherein the findings will be debated in line with literature reviewed in chapter 2 . The discussion was done according to the study objectives as outlined in chapter 1. The objectives were: to determine health related factors associated with lecturer job performance, to assess the effect that these factors have on the lecturers' job performance and to assess coping strategies to deal with the health-related factors affecting lecturers job performance. The percentages of each variable were calculated by adding the strongly agreeing and agreeing percentages.

Generally, respondents agreed that health related factors do affect their performance with more than half of them having consulted in the past.

5.2 Health-related factors associated with lecturer job performance

Health-related factors assessed included emotional, physical, mental health problems, and chronic health conditions.

The results of the study indicated that the majority (include number or percentage) of lecturers suffer from emotional health problems like stress, burnout, depression and anxiety. Up to 71.8% of the results showed that the highest emotional problem which is affecting lecturers' performance is stress. This finding is supported by Okwuagwu (2010) who observed that high stress level can impair performance especially when there is no motivation, no possible reward for performing the job well, or no ambition on the part of the individual, such that minimum effort will be expended by the worker. The study further stated that, however, with increases in motivation, the level of stress rises along with productivity and efficiency, with the right amount of stress leading to creativity, interest, and optimal performance. Okwuagwu (2010) added that if the person becomes too achievement-oriented or the job is too unrealistic and unreasonable, performance will begin to decline as too much stress will snap a person's health and mental ability.

Furthermore, the study conducted by Mathangi (2018) showed that job stress brings about subjective effects such as feeling undervalued and workplace victimization/ bullying, unclear role/ errands, work home interface, fear of joblessness, exposure to traumatic incidents at work, and economic instability among target population, resulting in poor concentration, mental block and

poor decision-making skills. The results revealed a negative relationship between job stress and employees' job performance and that job stress significantly reduces the employees' job performance.

Cezar-Vaz, Bonow, Verde de Almeida, Rocha and Borges (2015) add more information indicating that biopsychosocial consequences for the health of teachers related to stressful working conditions involved anxiety, headaches, stress, waking up several times during the night, and irritability. Moreover, the study conducted by Chong and Chan (2010) in Hong Kong with 1,710 primary or secondary schoolteachers highlighted anxiety, headaches, and sleep problems among the ten most frequent health complaints. Other complaints included tiredness, eyestrain, voice disorders, shoulder pain, neck pain, cold/flu, and lower-back pain.

The findings of the study conducted by Gordon (2010) indicated that teachers' stress is linked to poor teacher performance and poor student outcomes. Teachers who have greater stress and show more symptoms of depression create classroom environments that are less conducive to learning which leads to poor academic performance among students. Students who began the school year with weaker math skills and had a teacher with more depressive symptoms had the lowest rate of achievement. Teachers who reported greater burnout early in the school year have classrooms with more behaviour problems. When teachers are highly stressed, children show lower levels of both social adjustment and academic performance.

The second factor reported was burnout at 62.9%. Burnout in the case of employees' job performance, the study conducted by Salvagioni, Melanda, Mesas, Gonzalez, Gabani and Andrade (2017) revealed that burnout was prospectively associated with sickness absence days and sickness absence spells. Workers with worse levels of burnout (those ranked in the highest quartile of the scale score) were absent from work, on average, 13.6 days per year, in comparison with those classified in the lowest quartile (5.4 days). An increase in the burnout score predicted increases to 21% and 9% in sickness absence days and sickness absence spells, respectively, even after adjustments for sociodemographic, work and health conditions. An increase in absence duration (defined as the number of sick-leave days) was an occupational consequence among workers with high levels of burnout (Salvagioni et al., 2017).

In case of depression, the study conducted by McDaid, Knapp and Medeiros (2015) indicated that the individual burden of depression and anxiety impacts existential aspects of an individual's life, including employment. Compared to the general population, persons with mental disorders, including depression and anxiety, experience on average 15–30% lower performance rates, and

long-term unemployment can be twice as high. Furthermore, Belin, Zamparutti, Tull, Hernandez and Graveling (2016) indicated that for those who succeed in obtaining employment, there is an increased risk of exposure to inequalities at work, such as lower salaries and discrimination. Plaisier, Beekman, De Graaf, Van Dyck and Penninx (2010) also revealed that persons with depression and anxiety have increased absenteeism and presenteeism rates, as well as low productivity, resulting from decreased work performance. Mild depression, which is influenced by life stressors within and outside of the workplace, is particularly common and is costly to employers given its high prevalence and high aggregate productivity loss (Allen, Hyworon & Colombi, 2010).

Findings of the study conducted by Lerner, Adler, Rogers, Chang, Lapitsky, McLaughlin, and Reed (2010) revealed that presenteeism and absenteeism are higher for workers with depression symptoms than healthy controls. Throughout the study, presenteeism rates measured by the work limitations questionnaire were at least two to three times higher with depression. Absences showed a similar pattern. The study also partly confirmed that specific work stressors add to the burden of depression. Furthermore, the findings of the study conducted by Kessler, Akiskal, Ames, Birnbaum, Greenberg, Hirschfeld and Wang (2006) indicated that both bipolar disorder and major depressive disorder are associated with substantial losses in work performance is consistent with other estimates of workplace costs. The estimated annual population-level workplace cost of major depressive disorder, R525 890 760 000.00 (\$36.6 billion), is similar in magnitude to the R445 426 600 000.00 (\$31.0 billion) estimated report. In addition, the workplace cost of major depressive disorder plus bipolar disorder, R728 488 020 000.00 (\$50.7 billion), is very similar to the R739 982 900 000.00 (\$51.5 billion) estimate reported elsewhere, although the distribution of workplace cost components is quite different across studies.

This study has revealed that mental health factors have varying range of impact on job performance as indicated by the following percentages of variables under mental health factors, psychological disorder 61%, Mood disorder 41.2% and alcohol abuse 23.6%.

Spilt, Koheadache, Domen and Thijs (2011) indicated that number of factors related to poor mental health have been identified in the literature, both in the workplace in general and specifically related to teaching. The study findings show how teachers feel about their working conditions, that is how stressed or dissatisfied they are, may be linked to poor mental health.

Furthermore, the study conducted by Saber (2006) examined conditions of employees' mental health in the Medical Sciences University of Semnan. Their findings revealed that mental health

explain 28.6 of error variations. The most dangerous factor was remedial factor (41%) and the least dangerous one was administrative factor. Based on another part of their findings, 29.3% of employees between 40-49 years old, 37.4% of female employees, 40.7% of employees with M.Sc. degree, 60% of single employees, and 35.2% of employees with more than 20 years' job experiences have the most value however, this study revealed that 34.4% of employees with 41-45 years old, 53.2% of female employees, 83.2 married employees and 49.8% of employees with 6-10-year job experience have the most values. The results of logistic regression analysis revealed that age, educational levels, and job are the main effective factors on the employees' mental health.

The results of this study revealed that 61% of employees were affected by psychological factors which differs with the study conducted by Cocker, Martin, Scott, Venn, and Sanderson (2013) which stated that managers reporting very high psychological distress and presenteeism estimated that they were as productive as usual less than 50% of the time.

Results of this study also indicated that 41.2% of lecturers are affected by mood factors. This finding is supported by Evers, Castle, Prochaska and Prochaska (2014) who alluded that attending to the mental health of teachers is therefore important, to avoid longer term detrimental mental health outcomes among this population. Furthermore, there is an established literature showing an association between poor mental health and deleterious work-related outcomes such as absenteeism.

Results of this study also indicated that 23.6% of employees are affected by alcohol abuse and is a worrying factor. The findings correlate with the study conducted by Anderson (2012) who confirmed that alcohol, especially episodic heavy drinking, has also been found to increase the risk of arriving late at work and leaving early or disciplinary suspension, resulting in loss of productivity; a higher turnover due to premature death; disciplinary problems or low productivity from the use of alcohol; inappropriate behaviour (such as behaviour resulting in disciplinary procedures); theft and other crime; poor co-worker relations and low company morale. Studies suggest that alcohol consumption may have more effect on productivity on the job than on the number of workdays missed.

Furthermore, a Swedish study conducted by Norström and Moan (2009) revealed that a one-litre increase in total consumption was found to be associated with a 13% increase in sickness absence among men ($p < 0.05$) but not among women. Whereas, in Norway, a similar study found

that a one-litre increase in total alcohol consumption was associated with a 13% increase in sickness absence among men, but the effect of alcohol was not significant among women (Norstrom & Moan, 2009).

Currently, there is no universal agreement on the most appropriate method for measuring or monetizing presenteeism (when employees come to work ill and perform below par due to illness) or suboptimal performance at work (Schultz, Chen & Edington, 2009). It is typically measured as the costs associated with reduced work output, errors on the job or failure to meet company production standards. Despite the measurement difficulties, a range of studies have stressed the importance of health risk factors, including alcohol, in increasing presenteeism (Schultz et al., 2009). An Australian study of 78 000 workers found that drug and alcohol use disorders increased the risk of presenteeism 2.6-fold, and 8.6-fold, when compounded with psychological distress (Holden et al., 2010).

This studies strongly revealed that physical health related factors have a significant impact on job performance, this has been shown by very high percentages of variables under physical health factors. These are as follows headache 73.6%, tiredness 85.2 percent, shoulder pain 82%, back pain 87.5% and neck pain 86.9%. Physical health factors are therefore regarded to have the highest impact on job performance

However, the finding of the study conducted by Recourt (2018) revealed that 26% of all cases reporting regular or prolonged symptoms of physical health factors in the past three months, productivity loss was involved. Most productivity loss was found in workers reporting both neck/, shoulder symptoms and hand/arm symptoms. Overall, about 32% of the productivity loss was from sickness absence. Sickness absence occurred more frequently in workers reporting both symptoms (43%) and considerably less frequent in workers reporting only hand/arm symptoms (11%).

Furthermore, the results of a study conducted by Swenne, Van den Heuvel, IJmker, Birgitte, Blatter and De Korte (2009) showed that neck/shoulder and hand/arm symptoms can interfere with activities at work, and can cause sickness, absence and chronic occupational disability. In the Netherlands, incident cases of chronic disability for work due to neck and upper limb symptoms added up to 0.1% of the working population, and 6% of the total number of new disability benefits. However, besides sickness, absence and chronic disability, neck/shoulder and hand/arm symptoms could also lead to reduced work effectiveness. Many workers still go to work

despite the feeling that, in the light of their health, they should have taken sick leave. This phenomenon is known as sickness presenteeism (Swenne, Van den Heuvel, IJmker, Birgitte, Blatter & De Korte , 2009).

Chronic health factors are less associated with job performance as indicated by the small percentages of the variables under chronic health factors in this study. The percentages are as follows: hypertension 45.6%, Diabetes 8,4%, cardiovascular disease 4%, asthma 2%, arthritis 2.4% and cancer 5.6%. Chronic health factors are of less value to these study, a person can have chronic condition and still perform positively at the work place. This may be due to the fact that about 90.4% of the lecturers are below the age of 50 years. Thus the association between chronic health factors and job performance is very weak.

However, Varekamp and van Dijk (2010) posited that three-quarters of employees with chronic physical disorders were so fatigued that they were at risk for sickness absence or work disability. Furthermore, Vooijs, Leensen, Hoving, Wind and Frings-Dresen (2017) indicated that although people with a chronic disease share responsibility in their process of participation in work, some situations challenge people to develop and implement solutions, in which support from others is needed.

5.3 The effect that health related factors have on the lecturers' job performance at the college

This study indicates that health related factors have an effect on the lecturer job performance, as revealed by the presence of management complaints, students complaints, unwillingness to come to work when ill, possibilities of early and the need to take time off from work. The results showed that there were complaints raised regarding their performance as follows: management complaints 42.5%, student's complaints 27.4%, unwillingness to come to work on ill 54.6%, early retirement 45.4% and time off from work 48.2%.

The study conducted by Coetzee and Stoltz (2015) indicated that absenteeism, tardiness and under time cannot be avoided by the teaching and non-teaching staff due to other circumstances like personal and family matters, relationship with their colleague, career perspective innovations, work atmosphere ambiance and school regulations. These problems will affect their performance and as such it ruins not only the image of the school but also the performance of the employees and students. The study conducted by Edem, Akpan and Pepple (2017) showed that It was found

that job stress (74%) will make drastic impact on productivity, 64% were satisfied with current job position.

Afonso , Fonseca and Pires (2017) alluded that many people with common mental health problems struggle at work. For example, 69% of people with moderate mental health problems report having difficulty with job performance, compared with 26% of those without mental health problems (Afonso , Fonseca & Pires, 2017).

Klaasen and chiu (2010) found that stress from poor work conditions had the strongest influence on teachers' job satisfaction and noted that inadequate time for planning and preparation and a heavy teaching workload reduced satisfaction from teaching. Teaching may bring personal satisfaction, but it also brings stress, with demands from administrators, colleagues, students, and parents compounded by work overload, student misbehaviour, and a lack of recognition for accomplishments. Teachers with greater teacher stress – defined as the experience of negative emotions resulting from a teacher's work level, teaching experience, gender, and demographic factors like teachers' cultural or national background.

5.4 Coping strategies to deal with the health-related factors affecting lecturers' job performance

The results of the study revealed that there is no health promoting working conditions in the work place, as indicated by 79.4% of the respondents in disagreement with a question posed on the issue. This study also revealed that effective ways of coping with health related factors and to enhance job performance include sleeping, talking to other people, watching television and self-relaxation. The percentages for confirming this are as follows: sleeping 85.4%, talking to other people 83.2% watching television 71.7% and self-relaxing 76.2 %.

However, the study conducted by Afonso , Fonseca and Pires (2017) indicated that sleep disturbance is associated with substantial impairment in an individual's quality of life. Compared with good sleepers, people with persistent sleep disturbance are more prone to accidents, have higher rates of work absenteeism, diminished job performance, decreased quality of life and increased health care use.

The results also indicated that a number of lecturers disagree that they work closely with health professionals such as social workers and psychologists. Furthermore, the study conducted by Donaldson and Ko (2010) focus more on area within positive psychology, positive organisational

psychology as the scientific study of positive subjective experiences and traits in the workplace and positive organisations and its application to improve the effectiveness and quality of life in organisations (Donaldson & Ko, 2010).

The results of the study also indicated that lecturers are not provided with health education. Moreover, the results also indicated that lecturers disagree that they do not receive a plan that scheduled their physical activities to enhance wellness in their workplace. However, the study conducted by Sveriges (2010) showed that Swedish schools are obliged by the schools' act to pay heed to health promotion, including activities concerning physical, emotional and social behaviour, as well as the school climate (Sveriges, 2010).

The results of the study also indicate that lecturers do not receive counselling in the work place. Lyles, Kay, Crepaz, Herbst, Warren, Passin, Kim, Rama, Thadiparthi, DeLuca and Mullins (2007) stated that motivation can be defined as the direction and persistence of actions of people over a long period of time and even in the face of challenges. The author further noted that individuals' behaviour is determined by what motivated them and that their performance is not ascertained by only their ability but their level of motivation as well. Relating this to this study, one can therefore reiterate that the job performance of lecturers in tertiary institutions in Nigeria appears to be a product of their qualifications and their driving force (motivation).

The results regarding other strategies to cope with health related problems indicates that lecturers uses watching TV, self-relaxing and or talking with other people as a strategy to cope with health related factors. However, Khubchandani, Nagy, Watkins and Nagy (2009) indicated that wellness programs, which are created to promote healthy living habits, have been shown to improve workers' health, decrease worker absenteeism, and increase job satisfaction. Also, some worksites have offered their employees programs such as smoking cessation programs, programs designed to reduce cardiac risk factors, programs to prevent and reduce mental health issues in employees, and programs designed to increase physical activity.

The ANOVA technique was not successful since it requires more than two independent groups that need to be compared on a singly quantitative measure or score. This study focused on TVET college lecturers only, thus a limitation to ANOVA analysis.

5.5 Summary of the chapter

This chapter outlined the discussion of the findings obtained from the study. The discussion of the results was based on the objectives of the study and perceptions of various researchers on issues related to lecturers' job performance. The main area of focus was the health related factors that affect lecturers' job performance and coping strategies to deal with health related factors. The next chapter will discuss the summary, conclusion, recommendations and limitations.

CHAPTER 6

SUMMARY, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

6.1 Introduction

This chapter presents the summary, conclusions, recommendations and limitations based on the objectives of the study. The study purpose was to assess the lecturers' job performance due to health related factors at Vhembe TVET College.

The objectives of the study were as follows:

6.1.1. To determine the health-related factors associated with lecturers' job performance at Vhembe Technical, Vocational, Education and Training College.

6.1.2. To assess the effect that these factors have on the lecturers' job performance at the college.

6.1.3. To assess coping strategies to deal with the health-related factors affecting lecturers' job performance.

6.2 Summary

The main purpose of this study was to investigate the health-related factors affecting lecturers' job performance at Vhembe TVET College. The researcher used a questionnaire that was developed from the literature about health related factors and lecturers' job performance.

The research results indicated that lecturers' job performance is negatively affected by health related factors. According to the study findings some of the health related factors that have an impact on lecturer's job performance include emotional, mental, physical and chronic health problems. This study revealed that emotional factors and physical factors immensely contribute towards poor job performance in lecturers. In contrast, health related factors such as chronic conditions and mental health problems have little impact on lecturers' job performance, as supported by both the literature review and previous research project.

Another objective of the study was to assess the effects of poor job performance caused by health related factors. These factors have a wide range of impact on lecturer's job performance such as management and students complains, unwillingness to come to work, early retirement and absenteeism. Other effects encompass high students' failure rate, continued consultation of doctors by lecturers, creating a bad image for the institution, waste of resources, low productivity and neutralising the overall effort of other workers in the institutions.

The last objective of the study was to identify coping strategies to deal with health related factors affecting lecturers' job performance at Vhembe TVET College. The findings regarding strategies to cope with health related problems indicate that about 57.5% of respondents watch TV whereas a limited number of respondents prefer self-relaxing, sleeping and talking to other people to cope with factors affecting their job performance.

Both the literature review and previously conducted researches on the same phenomenon indicated that lecturers' job performance is negatively affected by health related factors, such as emotional and physical health problems.

6.3 Conclusion

Health related factors negatively affect lecturers' job performance at TVET colleges. The health related factors are physical, mental and emotional. Their negative effects are absenteeism, early retirement, low productivity, high failure rates of students and management and students complains as well as wastage of resources. However, to address these challenges there is a need to establish and maintain a health promoting working conditions, provide counselling and health education, encourage physical excises and working closely with health professionals. Other personal lifestyle coping strategies include sleeping, self-relaxation and watching television. This study will potentially enhance the effectiveness of Vhembe TVET college in provision of quality and sustainable educational opportunities.

6.4 Limitations of the study

- A significant limitation of this study lies in the small sample size. The survey was provided to 283 lecturers in six campuses of Vhembe TVET College. It was anticipated that approximately 283 (100%) would have completed and returned the survey to the investigator. However, at the time the questionnaires were distributed, the college was going on recess so only 250 lecturers managed to participate. The sample size was too small for the research results to be generalised to all institutions. The social structure and orientation of the respondents also presents a challenge to the study since the responses are closely linked to the people's social desirability. Considering that different people have different social backgrounds this means that there are diversity items of their preferences as indicated by varying responses and views.

6.5. Recommendations

The following recommendations have been outlined according to relevant stakeholders.

6.5.1 Recommendations for Vhembe TVET college

- Management should address the issue of absenteeism comprehensively by developing strategies to combat health related problems. Such strategies should include regular and broader consultations with lecturers to find out the reasons behind the lecturers' health problems. In addition, management should form a partnership with the Department of Health, thus ensuring the necessary intervention by professionals such as Social Workers, Psychologists and Therapists whenever the need arises.
- The management should promote a conducive working environment for the lecturers. This can be achieved through enhancing communication channels, organising educational and recreational tours, regular year-end functions and by providing rewards or incentives for lecturers with commendable performances, such as those who achieve better pass rates in their various programmes being offered by the institution.

6.5.2 Recommendations for employees

- Lecturers must be encouraged to engage in regular physical exercise, in line with the saying "a healthy mind in a healthy body"; widely used in sporting and educational contexts to express the theory that exercise is an essential aspect of mental and psychological well-being.

6.5.3 Recommendations and suggestions for further research

- The researcher would like to encourage other researchers to conduct more researches on other factors that may influence lecturers' job performance, exploring and investigating such factors would be of good value. Given that education level and years of experience are other strong forces in lecturers' job performance, it would be more valuable to ascertain these variables. Due to the correlation between job performance and these variables, further study into this correlation may provide more information which might contribute to the literature available on the issue.
- Further research must be conducted in consultation with the experts in the medical field for more understanding of health related factors, as well as in collaboration with other researchers to increase validity since this is a broad topic.

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APPENDIX A: QUESTIONNAIRE

SECTION A: Biographical information

Campus Name:

Occupation: Lecturer

Please provide answers to the following questions or mark with a tick where applicable.

1. Age (in years)

26-30	
31-35	
36-40	
41-45	
50+	

2. Gender

Male		Female	

3. Marital status

Married	
Single	
Separated / divorced	
Widowed	

4. What is your Highest Qualification?

Diploma	
Degree	
Honours	
Masters	
PHD	

5. How many years' experience do you have working at this institution?

0-5 years	
6-10 years	
11 years and above	

SECTION B

Instructions: Please complete the following scales by circling the appropriate response corresponding to your experiences. Use the following key to determine your answer. Please circle or tick a response and do not indicate responses between choices. SD = Strongly Disagree, D= Disagree, A= Agree and SA= Strongly agree.

Health related factors affecting lecturers' job performance

6. Have your Job performance been affected by any health-related factors?

SD	D	A	SA

7. Have you experienced emotional factors in the past 12 months?

	SD	D	A	SA
a. Stress				
b. Burnout				
c. Depression				
d. Anxiety				

8. Have you experienced any mental health problems?

	SD	D	A	SA
a. Psychological distress				
b. Mood disorder				
c. Alcohol abuse				
d. Other (specify)				

9. Have you experienced any physical health-factors in the past twelve months?

	SD	D	A	SA
a. Neck pain				
b. Back pain				
c. Shoulder pain				
d. Tiredness				
e. Headache				
f. Other specify				

10. Have you or are you experiencing any of the following conditions?

	SD	D	A	SA
a. Hypertension				
b. Diabetes				
c. Cardiovascular diseases				
d. Asthma				
e. Arthritis				
f. Cancer				
g. Other (specify)				

Effects of health related factors on Job performance

11. Have you been absent from work because of health-related factors?

SD	D	A	SA

12. Have you consulted a doctor in the past twelve months?

SD	D	A	SA

13. Has your job performance been compromised because of health-related factors?

SD	D	A	SA

14. Have the management complained about any incompetence in your performance of your responsibilities?

SD	D	A	SA

15. Have your students ever complained about how you perform your work?

SD	D	A	SA

16. Have you experienced the following due to a health-related condition?

	SD	D	A	SA
a. Often want to be at work when ill				
b. I intend to retire early				
c. Take time off from work				

17. Do you consult a doctor due to health-related problems?

SD	D	A	SA

Strategies used to cope with health related factors

18. Do you have health-promoting working conditions within your system?

SD	D	A	SA

19. Have you been working closely with relevant health professionals such as social workers or therapists?

SD	D	A	SA

20. Does your work place promote a conducive working environment?

SD	D	A	SA

21. Do you receive health educational services in your work place?

SD	D	A	SA

22. Have you been provided with planned physical activities to enhance wellness in your work place?

SA	D	A	SA

23. Are you receiving counselling from relevant professionals?

SA	D	A	SA

--	--	--	--

24. What strategies do you use to cope with health-related factors?

	SD	D	A	SA
Sleep				
Talk to somebody				
Watching TV				
Self-Relaxation				
Other (specify)				

Appendix B: Information sheet

LETTER OF INFORMATION

Title of the research: Health-related factors affecting lecturers' job- performance at Vhembe Technical Vocational Education and Training Colleges, Limpopo Province.

Principal Investigator/s/ researcher : (DIKGARE S S, *Registered Psychometrist*)

Supervisor : (Dr J T MABUNDA, *PHD*)

Brief Introduction and Purpose of the Study:

Job performance has been an important subject over the years. It is thus important to know and understand the factors that play a role in determining job performance, which in turn affect the organization's performance. Thus, having healthy members responsible for teaching students is a vehicle for effectiveness in all spheres of education. The purpose of the study is to investigate health related factors affecting lecturers' job performance at Vhembe Technical Vocational Education and Training Colleges.

Outline of the Procedures :

The researcher wants to investigate the health-related factors affecting lecturers' job performance by conducting a survey. The research will be conducted at all six campuses of Vhembe TVET College. A questionnaire will be used as a tool to collect data. Validity will be considered most for the instrument; to measure what it intends to measure. Reliability will also be considered when questionnaires produce the same results when re-tested on the same subject/respondents. The collection of data may take 50-55 minutes per respondent are expected. To provide all the data accurately and honestly, total sampling will be used due to the number of lecturers which is already low.

Risks or Discomforts to the Respondent:

There is no risk associated with the study

Benefits :

Respondents will be told about the absence of remuneration in the beginning of data collection. For the Publisher they will benefit by publishing new information.

Reason/s why the Respondent May Be Withdrawn from the Study:

Respondents are allowed to withdraw from the study at any stage without any penalty.

Remuneration :

No monetary rewards or remuneration will be received on the side of the Respondents.

Costs of the Study : None

Confidentiality :

Information provided by the respondents will be regarded as confidential. The researcher will closely monitor the data collection process, to ensure that no information is released to outside persons, where it might cause damaging and embarrassing consequences. Finally, the real names of the respondents will not be used.

Research-related Injury : None

Persons to Contact in the Event of Any Problems or Queries:

Supervisor (Dr J.T Mabunda and 082 842 6328) Please contact the researcher (076 819 3952), my supervisor (082 842 6328) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:

Potential respondents must be assured that participation is voluntary and the approximate number of respondents to be included should be disclosed. A copy of the information letter should be issued to respondents. The information letter and consent form must be translated and provided in the primary spoken language of the research population.

Full Name of Researcher

DIKGARE S S

06/06/2018

DIKGARE S.S

.....

Date.....

Signature.....

Full Name of Witness (If applicable)

.....

Date

Signature.....

Full Name of Legal Guardian (If applicable)

.....

Date.....

Signature.....

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective respondents should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential respondent is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the respondent e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the respondent's file and not thrown away, and copies thereof must be issued to the respondent.

Appendix D: Ethical Clearance

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Ms SS Dikgare

Student No:

9419447

PROJECT TITLE: Health-related factors affecting lectures job - performance at Vhembe Technical vocational education and training college, Limpopo Province.

PROJECT NO: SHS/18/PH/30/1211

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr JT Mabunda	University of Venda	Supervisor
Ms SS Dikgare	University of Venda	Investigator – Student

ISSUED BY:

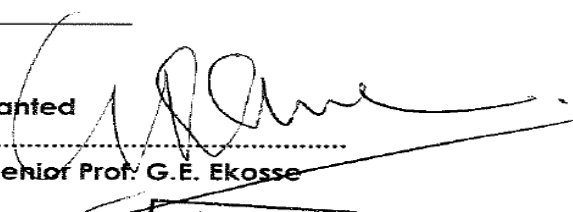
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: November 2018

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee:

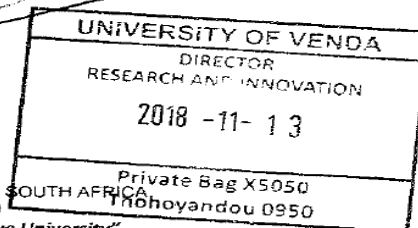
Name of the Chairperson of the Committee: Senior Prof: G.E. Ekosse




University of Venda

PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9080

"A quality driven financially sustainable, rural-based Comprehensive University"



Appendix E: Request to Conduct Research

P.O. Box 1186

PHANGAMI

0904

27 September 2017

The Principal (Department of Higher Education and Training)

Private Bag x2136

SIBASA

0970

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON HEALTH-RELATED FACTORS AFFECTING LECTURERS' JOB- PERFORMANCE IN TECHNICAL, VOCATIONAL, EDUCATION AND TRAINING COLLEGES, VHEMBE DISTRICT

I would like to request permission to conduct a study as part of the requirements for the Masters of Public Health in the School of Health Sciences at the University of Venda. The aim of the study is to investigate health-related factors affecting lecturers' job performance at Vhembe Technical Vocational Education and Training College.

I would be grateful if you would grant me the permission to conduct my study at colleges within your jurisdiction. Attached is a copy of the ethical clearance from the Research, Ethics and publications Committee, the University of Venda. Attached also is the permission from the Department of Education and Training. All personal information will be kept confidential. In other words, anonymity will be assured.

Your permission will be greatly appreciated.

Dikgare Setlabo Sarah (student)

Contact No: 076 819 3952

Email: sarahmunyai0@gmail.com

Dr J.T Mabunda (Supervisor)

Contact No. 082 842 6328

Appendix F: Approval letter from Vhembe TVET College



VHEMBE TVET COLLEGE

PRIVATE BAG X 2136
SIBASA
0970
LIMPOPO

Tel. (015) 963 3156
Fax (015) 963 3150/4
E-mail: fetcol@mweb.co.za
Stand no.: 203, Unit A, SIBASA

To: Munyai SS

21 January 2019

From: The Principal

SUBJECT: APPROVAL TO CONDUCT RESEARCH

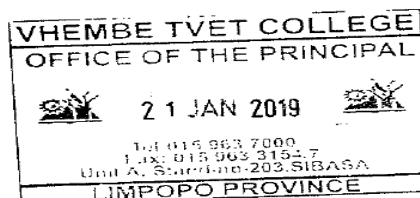
1. The above matter refers:
2. Your request to conduct research has been considered and approved.
3. Kindly contact curriculum office for information related to your research.
4. We wish you the best in your studies

Regards


BR Hlekane

Principal

Date: 21/01/2019



Appendix G: Editorial Letter

P.O Box 5575
Thohoyandou
0950
13 February 2020

To whom it may concern

RE: Editing / proofreading of research document

SARAH SETLABO DIKGARE (9419447 – University of Venda) recently solicited my editing services for a Master's of Public Health, supervised by **Dr. JT MABUNDA**, titled

“HEALTH-RELATED FACTORS AFFECTING LECTURERS` JOB-PERFORMANCE AT VHEMBE TECHNICAL VOCATIONAL EDUCATION AND TRAINING COLLEGE, LIMPOPO PROVINCE”

I have edited the dissertation, as requested, and trust that the inputs I made have been appropriately considered in the finalisations of the document.

Kind regards

A.Z. Nengome

English Lecturer (Served at Univen – until February 2018)

Contact numbers.: 082 717 4150 & 015 962 8000

Signature



Date

13/02/2020

