

**Challenges related to implementation of Employee Health and Wellness
Programme in the selected Limpopo Provincial Government Departments
within the Vhembe District**

By

NKHANGWELENI MUDAU

(11520706)

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Supervisor: Prof M Makatu

Co-supervisor: Dr M Madzhe

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Declarations

I **Ms. Nkhangweleni Mudau**, declare that this research project titled “*Challenges related to implementation of Employee Health and Wellness Programme in the Selected Limpopo Provincial Government Departments within Vhembe District*” has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein has been duly acknowledged.

Signed:  Date: 19 January 2023

Dedication

This study is dedicated to all Employee Health and Wellness Practitioners

Acknowledgements

I would like to express my sincere thanks and appreciation to the following people who played a major role in the completion of my studies.

- I would like to thank God almighty for giving me the strength, wisdom, and insight to complete my study.
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Abstract

Employees are considered the primary and important resources of any organization or workplace. However, employees are not immune to personal and work-related problems that unfortunately have an impact on their work productivity and performance. To address these problems, organizations have introduced workplace programmes in the form of Employee Assistance Programme / Employee Health and Wellness Programme. Against this background, the aim of this study is to explore the challenges related to the implementation of the Employee Assistance Programme / Employee Health and Wellness Programme experienced by the Employee Health and Wellness Practitioners in the selected government departments in the Vhembe District Municipality of the Limpopo Province.

The researcher adopted a qualitative approach and explorative descriptive research design. Theoretically, the study adopted the ecological systems theory to unpack and understand the challenges experienced by the Employee Health and Wellness Practitioners in the implementation of the Employee Assistance Programme / Employee Health and Wellness Programme. Purposive sampling was used to select five (05) Employee Health and Wellness Practitioners from the nine (09) Limpopo provincial government departments implementing the Employee Health and Wellness Programme within the Vhembe District Municipality. Semi-structured interviews were conducted with respondents to collect data. Data was analyzed using thematic analysis approach. Measures to ensure trustworthiness were adopted. Ethical issues were considered to guide the study and to protect the participants and their information. Recommendations were made based on the findings of the study.

This study identified four key findings regarding challenges related to the implementation of the Employee Health and Wellness programme in Limpopo provincial government departments, within Vhembe district. The study found that most departments experience challenges of shortage of Employee Health and Wellness practitioners to render effective services to the employees of their respective departments. Departments are also unable to provide adequate working resources for Employee Health and Wellness practitioners to optimally execute their duties within their departments. The study further found that, centralization of budget at head office,

sharing of budget with other sub directorates, and limited allocation of budget to the programme for most departments adversely impact in the implementation of the Employee Health and Wellness programme. Lastly the study found that lack of managers' support towards the implementation of the programme also impact in the proper utilization of the programme by employees.

Keywords: Employee, Employer, Health, Wellness and Well-being

List of abbreviation

EAP	: Employee Assistance Programme
EHWP	: Employee Health and Wellness Programme
EHW	: Employee Health and Wellness
EAPA- SA	: Employee Assistance Profession Association of South Africa
UHDC	: University Higher Degree Committee

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CHAPTER 1

INTRODUCTION

1.1 . Background of the study

Problems that are experienced by employees, whether personal or work related, have an effect in the overall functioning of the organization as there is a potential to affect work productivity and performance. Nakani (2015) states that, “problems experienced by employees being but not limited to health, marital, financial, alcohol, drug use, emotional stress, and any other problems. To address these problems that are experienced by the employees, organizations including government departments in South Africa and elsewhere in the world, have introduced the workplace programmes through the Employee Health and Wellness Programme (EHWP) which was previously called the Employee Assistance Programme (EAP)”.

For the purpose of this study, the researcher will use EHWP and EAP interchangeably. The Employee Assistance Programme Association of South Africa EAPA-SA (2010) defines the EHWP “as a work site-based programme designed to assist in the early identification and resolution of performance problems associated with employees impaired by personal and work-related problems and productivity issues”. Department of Public Service and Administration, DPSA (2019), defines EHWP as designed to create an enabling environment by providing health and wellness services in a working environment for all public-sector departments. The programme focuses on employees’ wellbeing and working environment within the workplace (government departments included), to provide care and support to the employees and their immediate family members”.

Employee Assistance Programme (EAP) was introduced in the United States of America as a support programme meant to help employees struggling with drinking problems or alcohol addicted employees. Rajin (2012), indicated that, “during the 1960s, EAP became comprehensive and offered employee assistance services (EAS) such as financial, marital, and family, psychological, work-related stress, chemical dependency (alcohol and drugs), depression, health, anxiety, and even job boredom

problems that affect employee work performance. and drugs), depression, health, anxiety, and even problems that affect employees”.

However, the implementation of the employee assistance programme in the United States of America was faced with a variety of challenges ranging from organization to practitioner’s administrative inabilities to execute the duties accurately. The most daunting challenges in the implementation of EAP programmes in the United States of America was the wide variety of laws, namely, federal and state laws, statutory laws, regulatory laws, as well common laws that arguably could apply to wellness programs in the workplace. These laws include but are not limited to the recent Affordable Care Act (commonly known as, Obama Care) of 2014, which was used to formulate workplace policies which were used either as way to reward employees (based on participation on wellness programme) or as a punitive method (for employees who were deemed uncooperative to wellness programme as well as lifestyle conduct).

In the United Kingdom, Employee Assistance Programme started in the early 1970s and the programme was formed with the purpose of responding to the growing demand for counseling and psychological services of the employees. The programme later expanded to cover a wide range of work life balance services such as legal information, child and elderly health care services and the general health issues of the employees. These services were viewed as useful as they gradually optimized production at the workplace and lessened the growing increase in the loss of revenue by companies and institutions (Arthur, 2000).

In Australia, EAP started in 1977 and was funded by the Australian government. The programme was designed specifically to target drug and alcohol abuse. “In the early 1980s EAP service providers expanded service delivery model to cope with a wider range of personal and social problems faced by employees and their families”. These range of personal and social problems include but not limited to problems such as stress, work related issues, financial problems, legal, drug and alcohol abuse, etc. (Kirk & Brown 2003).

Kenya adopted Employee Assistance Programme in the mid-1990’s, and the programme was formed with the purpose of responding to the growing demand for

counseling and psychological services of the employees. EAP in Kenya was therefore, used initially as a system to address issues related to substance abuse, and is gradually transforming into addressing broader issues such as legal problems, elderly care, and other family concerns such as domestic violence.

However, the implementation of the employee assistance programme in Kenya was faced with some challenges. Most organizations in Kenya employ an outsourcing model of Employee Assistance Programme (EAP) where counsellors experience challenges in their EAP practice related to the adverse EAP environment characterized by issues of stigma, ignorance, misunderstanding and several other factors that discourage client utilization of EAP services. Rachier (2018) indicated that, “challenges posed by the unique culture and context of the EAP field include capped sessions, the free nature of the service, multiple stakeholders, the business ethos, client-referral issues, the high volume of paperwork limited promotion of EAP services and low counsellor recognition and support. Other challenges related to the nature of client work involved and have to do with ethical, client, personal and professional concerns”.

According to Shinde (2016, p.156), “organizations in India, and across the globe, are adopting Employee Assistance Programmes (EAP) to provide confidential counselling and consultation services to address personal problems experienced by employees and/or their family members. EAP providers and counsellors have a dual responsibility towards meeting the needs of clients in counselling and the needs of the company which employs the EAP service”.

In the South African context, Employee Assistance Programmes were introduced in private sector in the early 1980s, focusing on alcoholism and substance abuse (Gerber, 1995). Employee Assistance Programmes were established in 1986 by the Chamber of mines. According to EAPA-SA (2005), “EAPs are regarded as resources aimed at enhancing employee and workplace effectiveness through the prevention, identification and resolution of personal and productivity issues”. Employee Assistance Programmes are relatively new service offering within government, with a proposal for their introduction only submitted in February 2001 to the department of Water Affairs and Forestry of the Northern Province. Employee Assistance Programmes were

introduced in most South African government departments by the early 2000s alongside the HIV and AIDS action project, which was aimed at minimizing the impact of the diseases in the workplace, both in government and across South Africa as whole (Ledimo & Martins, 2018).

It is necessary to establish the challenges that are experienced by the Employee Health and Wellness Programme (EHWP) practitioners regarding the implementation aspect of the EHWP. The identified challenges will provide an opportunity to make necessary and relevant recommendations on the remedial actions that should be taken, either by the EHWP practitioners or the managers in the participating organizations in this study. The rationale for exploring the views of the EHWP practitioners on the challenges relating to the implementation of the EHWP was because the EAPA-SA standards put the obligation on EHWP practitioners to continuously evaluate the EHWP to improve its services.

In support of this view, Maseko (2015) stated that, "this process would assist in assessing whether the procedures and activities that are in place to implement the policy are effective and appropriate, and then use feedback to adjust the policy itself or the procedures and activities". According to Dipela (2016), "the evaluation of the effectiveness of the EAP is crucial to the success of the programme".

It is against this background that the study was proposed to be conducted to empirically collect data that is from the EHWP practitioners, and the study made an important contribution towards addressing the shortcomings in relation to the implementation of the EHWP.

Using the ecological systems theory, the researcher argued that the employees are the main role players when it comes to the EHWP. Therefore, any challenge that arises in the implementation of the Employee Health and Wellness Programme, affects employees and the whole organization. The ecological systems theory guided the researcher's discussion on the review of the literature, and in the interpretation of the study findings.

1.2. Problem Statement and rationale of the study

A review of literature and the researcher's previous and current experience in the field of EAP/EHWP show that employees have and continue to experience personal and work-related problems that without any doubt affect work productivity. For instance, a study conducted in the KwaZulu-Natal Province by Kwela (2016), found that the employees in the Department of Rural Development and Land Reform experienced the problem of over-indebtedness, and this created stress for the employees, and they were unable to meet the deadlines, delivered poor quality work and were absconding from work. While a study conducted in the Limpopo Province by Tladi (2017) revealed that absenteeism by employees was one of the problems experienced by government departments. To address the problems experienced by the employees, it is important for the affected employees to utilize the services offered by the EAP. However, it is of concern to learn through the researcher's professional discussions with the EHWP practitioners in the Vhembe District that there were challenges when it comes to the implementation of the EHWP.

The discussions cited lack of support from the management as one of the challenges when it comes to the budget allocation for the Employee Health and Wellness Programme. Support from the management is an important component for the success of the EHWP. To this end, the findings by Mundalamo (2015) revealed that, "support from top management was found to be one of the contributing factors in making the EAP a success through their buy-in of the programme". The researcher's discussions with the EHWP practitioners further revealed that some employees were not attending programme activities such as the Wellness days, and some line managers not encouraging and allowing employees to participate in the EHWP services. It is therefore evident that the above study findings and discussions warranted a need to explore the challenges that affect the implementation of the EHWP in the selected departments within the Vhembe District Municipality of the Limpopo Province.

The researcher was aware that since the inception of the Employee Health and Wellness Programme in the Vhembe District of the Limpopo Province, no study had been conducted that focused on the views of the EHWP practitioners when it comes

to the challenges associated with the implementation of the EHWP. To support this observation, a literature search showed that studies that have been conducted in the Limpopo Province focused on the utilization of the EAP / EHWP services by the employees (Manganyi, 2015).

Researcher is currently employed as an employee health and wellness practitioner at the university of Venda. Unlike most government departments which use insourcing model, the university of Venda uses outsourcing model to implement employee health and wellness programme which both come with their own set of challenges. The challenges currently experienced by the researcher include but not limited to lack of buy-in by management and supervisors, inaccessibility of services by the clients and infrastructural challenges (lack of office space and consultation rooms). These challenges might not be unique to other institutions including government departments.

It is against this background that this study aimed to close this research gap which was important and had implications for the need to identify matters that warranted improvement of the EHWP.

1.3. Purpose / Aim of the study

The purpose of this study was to explore the challenges related to implementation of employee health and wellness programmes in the selected government departments in the Vhembe District municipality of the Limpopo Province.

1.4. Objectives of the study

- To describe the challenges faced by EHWP Practitioners in the implementation of employee health and wellness programme within government departments in the Vhembe district municipality of Limpopo province
- To determine the perceptions of the EHWP practitioners regarding the role of managers in the implementation of the programme
- To establish measures that could be put in place to enhance optimal usage of the EHWP within government departments in the Vhembe district municipality.

1.5. Research Questions

- What are the challenges faced by EHWP Practitioners in the implementation of the EHWP within government departments in the Vhembe district municipality?
- What are the perceptions of the EHWP practitioners regarding the role of managers in implementation of the programmes?
- What are the measures that could be put in place to address the challenges of EHWP implementation?

1.6. Significance of the study

The study was important and relevant to and for the following under mentioned stakeholders namely, EA practitioners, Limpopo provincial government departments and future researchers.

It is common course that employees are the important assets of any organization, and as such they deserve better and improved EHWP services that will strive to meet their needs. To this end, this study shed light on the perspective of EHWP practitioners on matters that hindered or affected the implementation of the EHWP, which directly has a bearing on the utilization of EHWP services by employees. The appropriate recommendations were made to address the identified areas of concern. Therefore, this study was considered to have some benefits for employees who are the consumers or end users of the EHWP services.

There is no doubt that any personal or work-related problem experienced by the employees has a potential effect on the employer, for instance, an employee who is absent from work because she or he must be admitted at a rehabilitation center for the abuse of substances. The absence of an employee affects the productivity and performance of the organization as his or her responsibilities will not be carried out, and this negatively affects the work output. This view has been supported by the findings of the study conducted by Keet and Terblanche (2013, p.191) wherein their study participants indicated that personal problems experienced by employees had a significant impact on their performance at work. Therefore, the findings of this study

made recommendations on how the challenges around the implementation of the EHWP may be addressed. By addressing the identified challenges, it may mean that EHWP services that should be utilized by the employees may be improved and that would be beneficial also to the employer. Weyers (2011, p.219) rightfully states that to acquire some evidence of a need for a new service or for changes to a current one, research must be conducted.

As it has been stated earlier, the EHWP practitioners have a responsibility to continuously assess or evaluate the EHWP within their respective organizations. To this end, this study provided the opportunity, and it assisted them to identify factors that contributed to the challenges towards the implementation of the EHWP in their organizations. The findings and recommendations also informed the EHWP practitioners on how they can make improvements on the EHWP. It is for the same reason that this study needed to collect data from the EHWP practitioners to inform the EHWP services in the selected departments that render EHWP services in the Vhembe District municipality.

The study provided basis or foundation on future work that would elucidate advancements and amendments to the EHWP to enhance successful utilization. The outcomes of this study gave an overview of how well the government, as an employer, is acquainting employees with the importance of the EHWP office. Furthermore, measures that could be taken to ensure adequate utilization of the services offered by the office to create a healthy working environment for all employees thereby improving productivity in the workplace, were suggested.

1.7. Definition of Concepts

1.7.1. Employee Health and Wellness Programme (EHWP)

According to EAPA-SA (2010, p.03), "EHWP was defined as a work site-based programme designed to assist in the early identification and resolution of performance problems associated with employees impaired by personal and work-related problems and productivity issues. These may include, but are not limited to, health (including persons living with HIV/AIDS and persons with disabilities), emotional problems

(Depression, anxiety, stress, grief, and loss), financial difficulties, marital dysfunction, legal problems, alcohol and drug dependency and other psychosocial problems”.

1.7.2. Employee Assistance Programme (EAP)

EAPA-SA (2010, p.03) “defined EAP as a work site-based programme designed to assist work organizations in addressing productivity issues”.

In this study, the terms, Employee Health, and Wellness Programme (EHWP) and Employee Assistance Programme (EAP) were used interchangeably.

1.7.3. EHW Official

EAPA-SA (2015) defined EHW / EAP Officials “as professionals and practitioners implementing, coordinating, and managing EHW Programme, although only those with proof of statutory registration may be referred to as ‘professionals. This means that all professionals are practitioners, but not all practitioners are professionals”.

In this study EHW / EAP official meant all practitioners responsible for implementing EHW / EA programme within the government sector, registered with the professional body such as South African Council for Social Services Profession as social workers or Health Professional Council of South Africa as Psychologist and Registered counselors.

1.7.4. Employer

EAPA-SA (2015) defines “employer as a person or an institution who hires employees and offers remuneration in exchange for labor. For the purpose of this study, the term employer referred to the selected Limpopo Provincial Government Departments situated within the Vhembe district municipality, that participated in the study”.

1.8. Theoretical Framework

The ecological systems theory was adopted to address the objectives of the study. Germain and Gitterman (1987, p.348) “as the original developers of the ecological systems theory, assert that the ecological perspective makes clear the need to view people and environment as a unitary system within a particular culture and historic context. Both person and the environment can be fully understood only in terms of their relationship in which each continually influences the other within a particular context. The theory gives an assessment on the negative interactions between people and their physical and social environments”.

Gcwabe (2015) draws a clear link between the ecological perspective and the EHWP. The ecological perspective talks directly to the Wellness Management pillar of the EHWP, and this pillar focuses on the individual and organizational wellness. The researcher can safely argue that this theory is relevant for this study in many ways. To start with, it helped the researcher to unpack and understand the challenges that are experienced by EHWP practitioners in the implementation of the EHWP in the selected government departments within the Vhembe District Municipality of the Limpopo Province. Through the lens of the ecological systems theory, the researcher argued that the employees are the main role players when it comes to the EHWP. Therefore, any challenges that arise in the implementation of the EHWP affect both the employees and the organization. The ecological systems theory also guided the researcher’s discussion on the review of the literature, and in the interpretation of the study findings.

1.9. Outline of the chapters

Chapter one provides the background to the study, including Outline of the research problem, purpose / aim of the study, objective of the study was also presented. Chapter two provides relevant literature review based on the the objectives of study. Chapter three the methodology that was followed it outline. In this regard, issues like research approach and design, population and setting of the study, sampling procedure, research instrument, data collection procedure, data analysis, expected

outcomes, trustworthiness of the study and well as ethical consideration of the study are addressed.

Chapter four presents research data and analysis of findings of the study and chapter five presents the discussion of the study findings. The discussion and the interpretation of the findings was based on the emerging themes as well as related to the objectives of the study. Chapter six provides the summary of the project, conclusion of the findings, limitation of the study, recommendations, and the conclusion of the study

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

Employee Health and Wellness (EHWP) Programme is defined as “a worksite programme, which is established, to provide help towards early identification and resolution of the identified problems emanating from work related and personal challenges” (EAPA SA, 2015). The programme is designed to enhance the physical, occupational, and mental wellbeing of employees within the organisation. According to EAPA SA (2015), the purpose of the programme “is to create a conducive and enabling work environment which provide variety of services aimed at enhancing the employees’ mental health, support positive lifestyle change, personal and work-related coping strategies as well as healthy relationships”. This enabling environment will in turn result in improved and productive well-being.

Employee Health and Wellness Programme has been developed for many reasons, to prevent many problems / challenges that may arise and affect employees’ health and wellness as well as productivity within the workplace. EHW Programme provides reactive services such as counselling, trauma debriefing and proactive services such as stress, burnout, depression, substance abuse and financial management education or information sessions and others. EHWP is designed to create an enabling environment by providing health and wellness services in a working environment for all public-sector departments (Department of Public Service and Administration, 2019). The programme focuses on employees’ wellbeing and working environment within the workplace (government departments included) and provides care and support to the employees and their immediate family members.

In addition, the EHWP provides confidential consultation to the employees when personal problems threaten their wellbeing or work performance. The programme assists employees experiencing potentially work hampering challenges such as employees’ deteriorating performance, burn out, work related stress as well as personal problems such as marital conflict, family problems, emotional conflict,

substance abuse and trauma counselling (EAPA-SA, 2015). The EHWP is structured to assist employees to resolve personal problems before they negatively impact on their work performance by providing professional and confidential assistance. The programme is designed to encourage early employee awareness of such problems and to offer assistance at the earliest opportunity (Department of Public Service and Administration, 2019).

This chapter will focus the following aspects for discussion, viz, the origin of EAP programme, background of EA programme in the South African public service, models of EAP (their advantages and disadvantages), challenges faced by Employee Health and Wellness practitioners in the implementation of EHWP, perceptions of EHW practitioners regarding the role / responsibilities of managers in the implementation of the programme as well as measures to enhance optimal use of the programme.

2.2. The origin of EAP / EHWP

According to Rajin (2012), “Employee Assistance Programme (EAP) was first introduced in the United States of America as a support programme meant to assist employees struggling with drinking problems or alcohol addicted employees. In the early 1940s and 1950s, EAPs became comprehensive and offered Employee Assistance Services (EAS) to resolve financial, psychological, marital, and family issues, work-related stress, chemical dependency (alcohol and drugs), depression, health, anxiety, and even problems that affect employees’ work performance”.

However, the implementation of the Employee Assistance Programme in the United States of America was faced with the variety of challenges ranging from organization to practitioner’s administrative inabilities to execute the duties accurately. One of the most daunting challenges in the implementation of EAP programmes in the United States of America, was the wide variety of laws, namely, federal and state laws, statutory laws, regulatory laws, as well as common laws that arguably could apply to wellness programs in the workplace. These laws include but are not limited to the recent Affordable Care Act (commonly known as, “Obama Care”) of 2014, which was used to formulate workplace policies which were used either to reward employees (based on participation on wellness programme) or as a punitive method (for

employees who were deemed uncooperative to wellness programme as well as lifestyle conduct).

In the United Kingdom, EAP started in the early 1970s and the programme was formed with the purpose of responding to the growing demand for counseling and psychological services of the employees. The programme later expanded to cover a wide range of work life balance services such as legal information, child and elderly health care services and the general health issues of the employees. These services were viewed as useful as they gradually optimized production in the workplace and lessened the growing increase in the loss of revenue by companies and institutions (Arthur, 2000).

According to Kirk & Brown (2003), "in Australia, EAP started in 1977 and was funded by the Australian government. The programme was designed specifically to target drug and alcohol abuse by employees. In the early 1980s EAP service providers expanded service delivery model to cope with a wider range of personal and social problems faced by employees and their families. These range of personal and social problems included but were not limited to problems such as stress, work related issues, financial problems, legal, drug and alcohol abuse, etc."

Organizations in India, just like in the USA and United Kingdom, Employee Assistance Programme (EAP) was initially established in private organization, with a purpose of providing confidential and professional counselling as well as consultation services both for the employees and the organization. The focus of the programme was to address work related and personal problems experienced by the employees and their family members. In India, the EAP counsellors and service providers, were confronted with a dual responsibility towards achieving the needs of the employees as well as the needs of the organization.

Kenya adopted EAP in the mid-1990's, and the programme was formed with the purpose of responding to the growing demand for counseling and psychological services of the employees. EAP in Kenya was therefore, used initially as a system to address issues related to substance abuse, and is gradually transforming into

addressing broader issues such as legal problems, elderly care, and other family concerns such as domestic violence (Okech & Kimemia, 2012).

However, the implementation of the employee assistance programme in Kenya was faced with some challenges. Most organizations in Kenya employ an outsourcing model of EAP where counsellors experience challenges in their EAP practice related to the adverse EAP environment. In Kenya, EAP counselors, operated within environments which were faced with challenges such as stigmatization, ignorance and misunderstanding as well as other problems that discouraged clients to utilize the Employee Assistance programme.

According to Rachier (2018), “the uniqueness of EAP culture and its context also posed other challenges such as the free nature of the programme, multiple stakeholders, client referral systems as well as the limited promotion, low counselor recognition and support of the Employee Assistance Programme. Other challenges related to the nature of client work involved and had to do with ethical, client, personal and professional concerns”.

In the South African context, Employee Assistance Programmes (EAPs) were introduced in the private sector in the early 1980s, focusing on alcoholism and substance abuse (Gerber, 1995). EAPs were established in 1986 by the Chamber of mines. According to EAPA-SA (2015), EAPs are regarded as “resources aimed at enhancing employee and workplace effectiveness through the prevention, identification and resolution of personal and productivity challenges”.

Employee Assistance Programmes are a relatively new service offering within government, with a proposal for their introduction only submitted in February 2001 to the department of Water Affairs and Forestry of the Northern Province. EAPs were introduced in most South African government departments by the early 2000s alongside the HIV and AIDS action project, which was aimed at minimizing the impact of the diseases in the workplace, both in government and across South Africa (Ledimo & Martins, 2018).

2.3. Background of EAP in the South African Public Service

According to Govender & Terblanche (2009), “the development of EAP in the public service started in 1995, with the Public Service Commission making representations regarding the introduction of the Employee Assistance programme in the public service. The commission emphasized that, EAP can play a crucial role in restoring stability in the government departments by improving labor turnover and facilitating change and adjustment to the transformation that was taking place because of socio-political changes”.

Public Service Regulations, (2001, p.24), “serves as point of departure for the implementation of the EAP and it both state that, the working environment should support effective and efficient service delivery while being as reasonable as possible, taking employees’ personal circumstances into account”.

The study conducted by the Public Service Commission (2006), “found that EAP was implemented in the South African Public service to deal with various employee problems. They were originally introduced to deal with problems that public servants encountered, and which had a direct influence on productivity in the workplace. This includes problems such as substance abuse, mental and personal relationship problems, employee conflict, personnel development, and other diseases”.

According to the Department of Public Service and Administration Employee Health and Wellness strategic framework (2013), the “development benefited government departments by improving their performance and productivity, especially regarding absenteeism management. Currently, EA programme in the public service form part of the employee wellness pillar called wellness management, which is a combination of EAP and work-life balance. The implementation is therefore guided by the Employee Health and Wellness Strategic Framework for the public service developed in 2008 and which led to the development of the Wellness Management policy of 2009”.

2.4. EAP / EHWP models

Globally, there are three fundamental models that are commonly used in the implementation of Employee Health and Wellness within organizations. Depending on the organizational structure, nature and composition, organizations employ different models or combination of both models to address challenges of employees. The discussion below will focus on internal (in house), external (outsourced) and combined model.

2.4.1. The Internal (In-house model)

Kenny (2014) indicated that, “the house model is a type of EAP, where both diagnosis and treatment services are provided within the organization. In this model, an organization employs internal EAP practitioners on full time basis to maintain a full-service facility of the programme”. According to Sonnenstuhl & Trice (2018) “the organizations utilizing in-house EAP takes full ownership of all EAP core technologies which are counseling, training and development, marketing, case management, consultation to workplace management, networking and monitoring and evaluation”.

Mothiba (2018), stated that “Internal model is characterized by appointment of full-time programme management clinical staff (EAP practitioners), who are responsible for the day-to-day management of the EA programme. In An in-house EAP model, the organization has the responsibility, to mobilize the resources which are necessary for the practitioners to provide a full range of services. Most government departments in the Limpopo province are utilizing the in-house model. These departments appointed their own full time EAP practitioners that take the responsibility for short- and long-term interventions, marketing, management consultations and all EAP core technologies”.

2.4.1.1. Advantages of the Internal /in-house model

According to Cayer & Perry (2000), an in-house model “provides easy access for employees, and this availability encourages utilization since it is housed within the organization, and this makes it easier for employees to access the service in a quick

manner during working hours. Another advantage is that an internal practitioner has greater access to and more readily understands the workers and the culture of the organization”.

Brower (2013) stated that “Internal EAP practitioners possess a better knowledge and understanding of the organization than external vendors and thus, a high-quality service designed for a specific organization may be delivered. Therefore, the internal practitioners have a more thorough understanding of the current issues impacting the employees and the host organization”.

According to Mugari (2011, p.47), “the internal (in-house) model focuses on the EA practitioner has access to and effectively understand the working and culture of the organization. The model provides on site assessment of problems within the organization by employee while creating awareness on the challenges facing the organization. The model further highlights management intervention of EAP professionals within the organization”.

2.4.1.2. Disadvantages of the Internal / in-house model

According to (Brower, 2013), “internal EAP’s can be viewed by the employees “as an extension of the organization and therefore, may not be as readily used if the employee is dissatisfied with the organization or is concerned about confidentiality”. EAPA - SA (1999) noted that, “where the service is readily available within proximity, employees become suspicious of confidentiality, and this may render the programme more susceptible to manipulation by management”. Cayer & Perry (2000), stated that, “the proximity may be associated with a lack of confidentiality, as information about personal or work-related issues interfering with the individual performance of employees may be used to their disadvantage in terms of their career path”.

According to Trice (2009) as cited by Mahlatjie (2016), “the major disadvantage of utilizing an in-house model is that, some employees may have fears towards the utilization of the programme because, they might presume that, if the management becomes aware of their personal problems, they can run the risk of losing opportunities” According to Lodewyk (2011) “the location of the program internally

does have a downside, as employees may feel that their confidentiality is compromised, and this may affect their willingness to make use of the programme. Furthermore, employees may also fear that management will use the program to benefit the organization”.

2.4.2. The External model

According to Kennedy (2014) external model refers to “an EAP model in which an organization enters into a contractual agreement with an external service provider to render Employee Assistance Programme to its employees and their immediate family members or dependents”. These EAP services, using this model, are either offered within the organization or at a designated facility provided for by the contracted service provider.

Though this model appears costly to the organization, it is preferable since it guarantees employees confidential service and thereby optimizing the performance’s full potential. This model also relieves the burden on the professional practitioner as they are mostly focused on coordination and liaison of the programme rather than groundwork implementation of the programme. Most government departments, use this method only on referral system, particularly on cases out of scope for their internal full time professional practitioners.

2.4.2.1 Advantages of the External model

Lodewyk (2011) stated that, “the advantage of using external service providers lies in the availability of more expertise in the field, and confidentiality can be protected”. According to Brower (2013), “external EAP's may be viewed as independent from the organization and may be deemed as more confidential”. EAPA SA (2015) also noted that, “the external model operates using the staff personnel of a service provider selected and contracted by the employer, it provides for confidentiality, maintains objectivity and is unbiased”.

In some organization, management prefers the use of a contracted service provider, as it is believed that it is vital in ensuring the employees’ confidence regarding the

protection of their clinical and personal information within the organization. Using a contracted service provider, it lessens constant contact between the organization and the service provider, thereby ensuring non-visibility of employees when accessing direct or indirect services (Mothiba, 2018).

Some employees may prefer not to be seen when consulting and utilizing EAP services, the use of an external service provider is deemed important as this might also promote an increased utilization of the programme and create more trust towards the programme by the employees.

2.4.2.2. Disadvantages of external model

Byars & Rue (2006) as cited by Kenny (2014, p.45) indicated that, “the disadvantage associated with the use of this model is that usually it requires employees to travel to the office of the contractor, something that can make employees reluctant”. According to Franklin (2003:29) “an external model may result in longer counselling sessions as the counsellor may take some time to understand the culture of the organization they serve”.

According to Mahlatjie (2016), “a major challenge with this model is the fact that the service provider may lack experience with the workplace”. Brower (2013) “stated that external EAP's have the following disadvantages”:

- “The employee may encounter scheduling problems when the visit to an external service provider interferes with their shift or mandatory overtime”.
- “External service providers generally lack knowledge of the current issues of the organization where the client is employed. This may impact on the service provider’s comprehensive understanding of the employees”.
- Mothiba (2018, p.25) indicated that, “the external EAP may not know and understand the organization they are working with”. The knowledge of the culture, norms and standards of the organization are important aspects when dealing with an organization and it may be difficult for external EAP professionals to perform if they don’t understand these aspects”.

According to Madikologa (2015, p.31), on the downside, “outsourcing Employee Health and Wellness programmes downplays the role of managers and employees as custodians of wellness programmes”. In addition, “the strategic role of employee wellness programmes to promote greater interactions among employees in the organization may also be compromised, as lower-level employees may find it more challenging to relate to an external consultant than their immediate supervisors or managers”.

2.4.3. The combined model

The combined model is offered in an organization by EA professionals and the service provider contracted by an organization. According to EASNA (2009, p.04), “this model is a combination of an in-house and an external model”. In this model, “a small number of staff is employed full-time by the organization that directs the EAP and provide some on-site clinical and management related services, while most of the clinical services are provided by affiliate counsellors who work from the external vendor but coordinate their activities through the in-house EAP”. This model is popular in many organizations because it gives individual employees a choice (EAPA-SA, 2015). In this case employees are free to use either internal or external services and skills (Steinman, 2009).

Madikologa (2015, p.31) stated that, “this model provides an ideal opportunity for managers at all levels of the organization to collaborate with external experts and learn new ways of improving the planning, implementation and management of employee wellness interventions in the workplace”.

2.5. Challenges faced by EHWP practitioners in the implementation of Employee Health and Wellness Programme

Government departments, like most organisations and private institutions, experience variety of challenges when implementing the Employee Health and Wellness programme. Though most challenges are institutionally based, they also face external challenges in lower scales. These challenges include, but are not limited to, lack or poor management support of the programme, lack of and unavailability of budget to

fund the programme, shortage and limited number of practitioners rendering the programme in government as well as shortage of working resources to effectively render the Employee Health and Wellness programme.

2.5.1. Lack of support by managers

According to Person, et al., (2010), “the EHWP is a complex, strategic and expensive activity which requires the support of top management to ensure its successful implementation. The implementation of EHWP failed in the past, due to the lack of support from management in the various organisations”. Spence (2015) indicated that, “due to the misunderstanding, it is always difficult to get the support of management towards the successful implementation of the EHWP in the organisation”.

Management plays a central part within the organisation in providing direction on issues of health and wellness of the employees. Lack of communication and adequate consultation by management may result in low or minimal usage of the programme by the employees. Management is the key to the programme and the programme cannot be fully implemented without their support and proper involvement (Chipanga, 2016).

In organisations where employees observed management as less active and supportive of the wellness programme, it usually resulted in low morale of staff within the workplace and the goals set not being achieved. Such can also create an unpleasant and harsh environment for professionals (Willemse, 2018).

In some organisations, management fails to release their employees to attend wellness management sessions as they don't appreciate the value chain and importance of the programme to the employees and the organisation as whole. This in turn results in adverse consequences for both the employees and the organisation (Mashiane, 2017).

2.5.2. Lack of budget

Lack of dedicated budget is the biggest challenge for the effective implementation of the EHWP. A dedicated budget is useful to fund variety of Employee Health and

Wellness projects within the organisation. Budget is required to fund the material (manuals and technological equipment) and human personnel (both internal and external payments of staff and service providers) who are central in the implementation of the programme (Zondi, 2017). Due to lack of budget for the programme, certain departments leverage on partnership with the relevant stakeholders either internally or externally to optimally implement the programme. In organisation where budget is allocated, it is either minimal and does not address the effective achievement of the desired and planned goals and objectives of the programme. Budget affects the implementation of EHWP and makes it difficult for EHWP Practitioners to implement EHWP services effectively (Mashiane, 2017).

In most government departments, Employee Health and Wellness Programme falls within the Human Resource Directorates, with no dedicated budget and this has been deemed to have a detrimental effect on the implementation of the desired projects of the programme. In departments where the programme is independent, the budget allocated is usually minimal, and does not cover majority of the planned programmes. Centralisation of budget where EHWP is a sub directorate also has a negative effect as the programme was viewed as a support service and not the core of the department.

2.5.3. Lack of staff / shortage of EAP professionals

According to Peterson et al (2010) indicated that, "EHWP is a special intervention or activity which requires professionals or experts to ensure its implementation and operation within the organisation". Govender & Terblanche, (2009, p. 58) stated that, "many EHWP are seriously understaffed and subjected to limited resources and functional infrastructure". According to Zondi (2017), "many organisations do not have the expertise to ensure the employment and day to day running of the EHWP". Willemse (2018) stated that, "shortage of staff is a major challenge as shortage of staff leads to stress symptoms and burnout and frustration to the employees as they perform their duties".

Buck (2014) indicated that, "in some organisations, there is lack of professionals who would be responsible for the implementation and day to day administration of the

EHWP". According to Zondi (2017), "organizations do not have enough qualified Employee Health Wellness Programme professionals to ensure the successful running of the EHWP".

According to Willemse (2018), "the issue of EAP staffing ratio is critical to internal EAP's as the EAP practitioner may be expected to provide a comprehensive service but may not be able to cope with the need". EAPA SA (2015, p.10), "clearly states that, an appropriate number of suitably qualified EAP professionals must be available to achieve the stated goals and objectives of the programme. The management must employ an appropriate number of staff to achieve the goals and objectives of the EAP".

The ideal ratio for Employee Assistance Programme (EAP) staff as opposed to the number of employees (EAPA SA, 2015:10) is as follows:

- "One (1) full-time EAP professional/practitioner for every 350 employees for an internal comprehensive model with a centralised workforce".
- "One (1) full-time EAP professional/practitioner for every 200 employees for an internal comprehensive model with a decentralised workforce".
- "One (1) full-time internal EAP professional/practitioner for every 1000 employees for an external comprehensive model with a centralised workforce".
- "One (1) EAP professional for every 500 employees, depending on the number of sites and staff complement per site, for an external comprehensive model with a decentralised workforce".
- "One (1) EAP professional for every 400 employees for a combination model with a centralised workforce, rendering therapeutic services internally and outsourcing the other services".
- "One (1) EAP professional for every 1000 employees for a combination model with a centralised workforce".

2.5.4. Shortage of resources

According to Spence (2015), "EHWP is a comprehensive activity which requires a lot of resources to ensure its implementation and he is of the view that inadequate resources is a serious challenge which affects the implementation of EHWP. A major

problem facing the implementation of EHWP is lack of adequate resources”. Peterson et al (2010), “are of the view that, EHWP requires resources such as facilities, equipment and finance to ensure full implementation”. In addition, (Chipanga, 2016), “stated that, support from the management and staff are required. However, lack of all that leads to major challenges. Lack of resources leads to poor performance of EHWP Practitioners and leads to strained organizational functionality”. In addition, Bezerra et al. (2016), indicated that, “professionals also experience high levels of stress because of lack of resources to perform job tasks”.

2.6. Perceptions of the EHWP practitioners regarding the role of managers in the implementation of the programme

For Employee Health and Wellness Programme to achieve its intended goals and objectives, there are elements that are deemed by EHWP practitioners as core and fundamental roles / responsibilities of the managers and supervisors in ensuring effective implementation of the programme. These Four (04) roles / responsibilities are outlined below as follows:

2.6.1. Identification of troubled employees

Managers must play a key role by encouraging staff members to use the EHWP programme in the early stages of problem detection. Blum and Bennett (1990) “contended that, supervisors are central to the proper functioning and effectiveness of EAPs by providing a procedure for the early identification and treatment of workers whose problems affect their performance”.

According to Romano (1995) as cited in Manzini (2007), “managers need to look out for signs for deteriorating job performance, which may be classified as: absenteeism and tardiness, accidents and carelessness, conflicts with co-workers, decline in quality and quantity of work, inability to concentrate, memory problems and confusion, mood swings and unusual behaviour, poor appearance and poor hygiene, unprofessional conduct and on-job-absenteeism (presentism)”.

According to Romano (1995) as cited in Manzini (2007), “managers need to look out for behaviour patterns and not isolated incidents. Even though isolated incidents may not necessarily warrant extreme concern, it is important to respond to employee’s performance problems as early as possible. Some employees can hide their problems for a long time; supervisors should therefore be on the lookout for a pattern of job performance deterioration”.

2.6.2. Managers and supervisors as referral agents

According to Beidel & Brennan (2006, p. 29), “understanding the EAP referral process becomes part of the supervisor’s toolbox for dealing with challenging job performance situations”. Myers (1984, p.231), “mentioned that referral activity determines an EAP’s success because, without sufficient referrals, the programme becomes a dormant expense”. Blair (2004, p.35), “agrees by saying that, supervisors are essential to the EAP, since they are the first to notice any drop or change in work performance and the early identification of problems is the key to the success of the EAP”.

Klarreich et al. (1985) as cited in Simelane (2008) “insist that, referral of employees with personal problems to the EAP is the single most important management support item in the clinical realm, and there are three set of circumstances under which a manager would refer an employee. Those set of circumstances appear below; job performance is in evidence, there is no job performance problem, but the employee shares a personal problem with the supervisor, there is neither a job performance problem nor does the employee share a personal problem, but based on supervisory observation, something seems amiss”.

Blair (2004, p.36), “indicated that, for managers to refer someone successfully to the EAP, it is important that the focus remains job performance. It has been observed that managers and supervisors who are sensitive to employees, their needs, and their problems, would always avoid referring when performance is evidence, compared to a supervisor who consistently takes a hard-line approach in dealing with subordinates”. Emener et al. (2003, p.56), “indicated that, the supervisors’ responsibility is to assess work performance and take appropriate management action when improvement is required”.

The EAP should not be used as a substitute for appropriate use of discipline. In other words, the supervisor must utilise appropriate resources, including the EAP as an integral part of any managerial position to assist identified troubled employees (Cohen, 1985).

2.6.3. Managers and EHWP programme marketing

Managers and supervisors have the primary responsibility of marketing the EHWP to their subordinates either formally or informally. This can be achieved by cascading information about the programme to the employees during the monthly or bi-monthly sectional meetings, or by inviting a technical expert of the programme to introduce the programme officially to the employees during such meetings (Cohen, 1985). Managers and supervisors must play a pivotal responsibility of actively participating during wellness events to present frontline role modelling sign to the employees. Employees should continuously be released and afforded off time work to participate in the wellness programmes, but this should be done with a strict balance of participation and service delivery (Van Zyl, 2019).

According to Mason (1994), “organisations that introduce employee wellness programmes and want to ensure their success, must ensure that Wellness is a strategic issue, and that senior management has bought into it”. According to Maiden (1992), “Involvement of management, supervisors and the total labour force is necessary for the successful functioning of an EAP”. Dickman (2003), “states that, “management endorsement and active involvement from the very top of the corporate structure is required to get the EAP off the ground”.

2.6.4. Supervisor’s resistance to use Employee Health and Wellness Programme

According to Blair (2004), “unfortunately the reality is that supervisors may only take the necessary steps to help an employee when the employee’s performance is going to impact upon that of the supervisor”. Cagney (2006) “indicted that, supervisors are poorly prepared to handle a confrontational interview, and this results in supervisors ignoring employee problems until they become aggravated to the point where

disciplinary action is needed. Most referrals therefore seem to be reactive referrals based on highly visible triggering events”.

According to Myers (1984) as cited in Modiba (2018), “supervisors show little interest in confronting employees as these episodes can be very unpleasant. Supervisors ignore the confrontation process with the hope that employees will resign out of their own free will”. Supervisors are reluctant to confront a deficient team member, as this may provoke team hostility towards the supervisor. Supervisors also believe that employee confrontation creates more aggravation than relief”.

Klarreich et al (1985) as cited in Simelane (2008) “the assumption of some supervisors is that referring a troubled employee to an EAP is a poor reflection of their supervisory skills. Others feel it is their responsibility to help resolve everything that affects an employee since, he/she reports to them. On the other hand, some believe that when employees are referred to an EAP, this limits their power and authority as supervisors to discipline them”. Klarreich et al “further stated that, most supervisors are promoted through the ranks and are likely to be friends of employees; hence they may overlook behaviour and often cover up for employee deficiencies. With this said, some employees confide in supervisors, and this often complicates things as supervisors end up counselling the employee which can be damaging as they are not professionally trained”.

According to Sutherland & Cooper (2000) “to overcome supervisors’ resistance to use an EAP, supervisory training programmes are the most effective way as they create awareness of the EAP. This programme helps to clarify the role of supervisors within the context of an EAP and further provides adequate procedures for referrals”.

2.7. Measures to enhance optimal usage of the EHWP

For organizations to achieve EHWP goals and objectives, certain strategic measures need to be in place. These strategies might include, but not limited to, the training of managers, allocation of budget, support by management as well as marketing of the EHWP in all spheres of the organization.

2.7.1. Adequate supervisory and management training

The provision of training to the managers and supervisors in EAP procedures is essential, if supervisors are to utilise the EAP appropriately. According to Manzini (2007) “these trainings will help to develop them into a key referral resource”. Mothiba (2018), recommended that, “It is important to train supervisors to have the insight of functioning and benefits of an EAP in order for them to be able to utilise and refer appropriately”. According to Taute & Manzini (2009,p.389) “supervisors are the first to observe any deterioration in work performance, as such, they are essential to EAP by identifying employees early and make appropriate referrals”. “Mashiane (2017) stated that, “attending the trainings / workshops will help them to understand their role as managers within their unit in the implementation of the Employee Health and Wellness Programme”.

EAPA SA (2005, p.20) stated that, “supervisory training is clearly considered to be a fundamental requirement should the EAP wish to be successful. EAP, through its professional staff or contracted agencies, provides training for supervisors, management, and union representatives to give them an understanding of the how the programme functions”. Mundalamo (2015, p.89) recommended that, “EAP should focus on conducting supervisory training in order to empower supervisors to be able to support employees through EAP services”.

Mothiba (2018), indicated that, “EAP supervisory training must be conducted once a year as part of induction to newly appointed managers and supervisors in order for them to have some knowledge and understanding of EHWP implementation and their role in that regard”. According to Romano (1995) as cited in manzini (2007) “in EAP, [supervisory] training is essential to maintaining the health and vitality of EAPs’ and in ensuring that they refer appropriately”.

Manzini (2007, p.20) indicated that, “the most effective way to gain supervisor support is through supervisory training programmes designed to create awareness of the EAP, its principles, to clarify the role of the supervisor within the context of the EAP and to provide adequate procedures for referral”.

2.7.2. Provision of sufficient budget

According to the Public Service Commission Report RP 256 (2006, p.36), “government departments differ significantly regarding budgets and resource allocation for an EAP”. Those with budgets specifically allocated to an EAP and actively involved in an EAP, provide a successful programme to the organization. Organizations with issues of sufficient funding were found to be related to commitment of management and whenever a senior management person was committed to implementing and developing an EAP, funding would be relatively available”.

The Public Service Commission Report RP33 (2010, p32) also recommends that, to improve Employee Health and Wellness, management and leadership should provide the financial support and staff to implement and maintain the programme. Appropriate budgets should be allocated to EAP to ensure that it functions effectively, and senior management and heads of departments should assume that responsibility”.

In most government departments, EAP was effective in departments where there is a centralization of budget within the EAP itself. In departments where the budget was decentralized, as part of EAP being a sub directorate, the implementation of EAP was viewed as less effective.

2.7.3. Support by management and supervisors.

Support from the Management shows employees that Employee Health and Wellness is a number one priority at each organization. EAPA SA (2005, p.45) “support from management is vital for the utilization of the programme and communication of the vision of the programme at different levels within the organization”. Senior management of the organization can introduce the availability of EAP services and explain the reasons behind the establishment of these programmes”. The U.S Department of Labour (1995, p.10) indicated that, “the buy in of EHWP by management can give the EHWP high visibility and promote smooth integration and acceptance within the organization”.

According to The Public Service Commission of South Africa (2006, p.32) “management and leadership commitment were found to be the important factors contributing to the successfulness of an EAP. It further recognizes the diversity in the role and influence that leadership commitment and support have on the programme”.

Public Service Commission (2010) furthermore indicated that, “senior management and heads of departments should participate in these various programmes to give their stamp of approval, and their commitment to and support of the programme should also be seen and heard”. Chabeli (2007, p.61) “recommends that, senior managers must support these (EAP) programmes and regard them as one of those programmes that, when properly utilized, will assist employers in attaining their strategic goals”.

Mothiba (2018, p.38) indicated that, “management support and commitment are crucial for the success of an EAP and believes that this will be more effective if EAP is added as one of the key performance agreements in the management performance agreement. Managers must be rated for overseeing an EAP, make provision for financial and human resources, and be held accountable for activities within an in-house EAP”.

2.7.4. EAP programme marketing

EAPA-SA (2005, p.21), indicated that, “EAP’s will ensure the availability and use of promotional materials and educational activities, which encourage the use of the programme by supervisors, managers, worker representatives, peers, employees, and family members. The goal of this standard is to ensure that the EAP is highly visible and that it is presented in a positive light to encourage members of the organization to utilize the programme services to full potential”.

Manzini (2007, p.76), recommended that “the marketing of the EAP requires not only a once-off workshop session but regular initiatives that will enhance visibility of the programme; such initiatives should include marketing the programme through the presence and impressions by an EAP professional”.

EAPA SA (2015) “sets out the following objectives for marketing the EAP’s”:

- “To ensure that programme promotion is ongoing and directed at all levels of the organization”.
- “To market the programme in such a way that all people in the organization would feel comfortable making use of its services”.
- “To provide regular information to employees aimed at increasing their awareness of factors that affect their personal wellbeing and impact on job performance”.
- “To promote the value of the EAP in the organization”.
- “To increase employee’s knowledge of the EAP and its services, activities, and key components”.
- “To increase familiarity and comfort with the EAP’s operations and to enhance the acceptance and use of the service by employees, managers, labour representatives, and the organization’s leadership”.
- “To increase utilization of the programme at all levels throughout the organization”.
- “To enhance the integration of the EAP within the host or contract organization and to promote a feeling of ownership for the programme on the part of the organization and its managers and employees”.
- “To maintain the visibility of the EAP and its presence as a vital contributor to the organization’s productivity and efficiency and to the wellbeing and general work life of the employees and managers”.

2.8. Conclusion

The literature review in this study is based on the challenges related to implementation of Employee Health and Wellness Programme. The review covered EAP in both the international and local perspective regarding the challenges related EAP and to its implementation. The review of literature formed solid foundation for a broader understanding of the EHWP implementation.

The major discussions of the literature review was based on the the origin of EAP programme, background of EA programme in the south African public service context, models of EAP (their advantages and disadvantages), challenges faced by Employee

Health and Wellness practitioners in the implementation of Employee Health and Wellness Programme, perceptions of EHWP practitioners regarding the role / responsibilities of managers in the implementation of the programme as well as measures to enhance optimal usage of the EAP within the organization.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

The methodology in this study, entailed a discussion of the research approach, the research design, population and setting, sampling and sample size, research instrument, data collection, data analysis, trustworthiness and lastly a discussion of the ethical codes that were considered in the study.

3.2. Research Approach

The study adopted a qualitative approach. Qualitative research intends to gain insights into these constructions of reality, teasing out the nature of the world as it was experienced, structured, and interpreted by people during their everyday lives (Cropley, 2019). Qualitative data entailed expression of feelings, attitudes, and emotions by respondents. In this study data was collected using semi structured interviews and was analyzed using systematic process. In this study, the researcher wanted to explore in-depth information, challenges and perceptions of Employee Health and Wellness practitioners towards the implementation of Employee Health and Wellness Programme.

3.3. Research design

The study adopted an explorative descriptive research design to gain insight into a situation, phenomenon, or person. According to Grinnell (2001), “exploratory descriptive research design seeks to find how people get along in the setting under question, what explanation they give to their actions, and what issues concern them”. The explorative design was used because it assisted in understanding the challenges experienced by Employee Health and Wellness practitioners when implementing EWWP. The research design was chosen because of its effectiveness in bringing up the views / perceptions of Employee Health and Wellness Practitioners from their own perspectives, and therefore challenging assumptions.

3.4. Population and setting of the study

The population of this study were all the Employee Health and Wellness Programme practitioners in the Limpopo provincial government departments within the Vhembe District Municipality. The rationale for this choice by the researcher was based on the discussions that the researcher had with the EHW Practitioners as outlined in the problem statement, wherein there was a unanimous view that there were challenges regarding the implementation of the EHWP.

The study was conducted in the Vhembe district municipality, focusing on the sector departments that were implementing EHWP. The district is the second largest of the five districts within the Limpopo province. It comprises four local municipalities, namely, Thulamela, Collins Chabane, Musina, and Makhado municipalities.

Vhembe district has a total of 15 government departments and nine (09) of these government departments were implementing EHWP. None of the departments operated at the local municipalities. Amongst the nine (09) departments implementing EHWP, six departments were using Employee Health and Wellness practitioners whereas the remaining three (03) departments used Employee health and Wellness coordinators. However, of the 06 six (06) departments implementing the programme (EHWP), only five departments had Employee Health and Wellness practitioners with more than two years' experience whereas one department had an Employee Health and Wellness practitioner with less than two years' experience.

Therefore, the targeted participants in this study were the five (05) government departments within Vhembe district, using the employ of EHWP practitioners, with more than two (02) years' experience, namely, Department of Economic Development, Environment and Tourism (DEDET), Department Public works and Infrastructure (DPWI), Department of Agriculture and Rural Development (DARD), Department of Social Development (DSD) and The South African Police Services (SAPS).



Figure 1: Local Municipalities of Vhembe District namely: Musina, Thulamela, Makhado, and Collins Chabane (<https://Municipalities.co.za/map/129>)

3.5. Sampling Procedure

According to Holloway & Galvin (2016), “sampling is the purposeful selection of an element of the whole population to gain knowledge and information. In this study, a non-probability sampling method was used to select the participants. In terms of the organizations that formed part of this study, the researcher established that all the targeted departments had the EHWP, and as such they were all eligible to form part of the study. Purposive sampling was used to select the participants”.

The research focused on the EHW practitioners who had two or more years’ experience in the field of EHWP and who are responsible for the implementation of EHWP within the identified five government departments in the Vhembe district. To achieve this, the researcher requested a list with a profile of the practitioners to establish their suitability and eligibility for inclusion in the study. This method was chosen as information was provided by experienced practitioners with firsthand information related to the EHWP. In this study, the researcher adhered to the following inclusion and exclusion criteria.

Inclusion criteria

- Employee Health and Wellness Programme Practitioners (EHWPs) of the government departments that fall within the Vhembe District Municipality of the Limpopo Province.
- EHWPs who were registered with their Professional bodies such as the South African Council for Social Service Professions, and Health Professions Council of South Africa.
- EHWPs who had two (2) or more years of experience in the field of the Employee Health and Wellness.
- Currently, all targeted departments combined had 06 practitioners.

Exclusion criteria

- Employee HWP of the government departments who did not fall within the Vhembe District Municipality of the Limpopo Province.
- EHWPs who were not registered with their Professional bodies such as the South African Council for Social Service Professions, and Health Professions Council of South Africa.
- EHWPs who did not volunteer and agreed to sign the consent forms.
- EHWPs who had not been granted approval by their employers.
- Employee Health and Wellness Programme Practitioners who did not have two (2) or more years of experience in the field of the Employee Health and Wellness.

3.6. Research Instrument

Mbambo (2009), “research defines instruments as devices used to collect data such as questionnaires, tests, structured interview schedules and checklists. Research instrument is the actual tool that the researcher uses to collect data from the respondents. An interview guide was used to collect data in this study”.

3.6.1. Pre-test of the research instrument

In this study, the researcher pre-tested the developed data collection instrument with two EHWP practitioners who were not included in the main study. The purpose of the pre-test of the research instrument was to assess whether the instrument would enable the researcher to achieve the aim and objectives of the study. Based on the outcome of this process, the data collection instrument was not adjusted or improved.

3.7. Data Collection Procedure

Maree (2007, p.35), indicated that, “an interview is a two-way conversation in which the interviewer asks the participant questions to collect data and learn about the ideas, beliefs, views, opinions and behaviors of the participant”.

To this end, data was collected from September 2021 until January 2022, at the participants’ workplace offices. Though COVID 19 restrictive measures were relaxed to alert level 3 during data collection period, safety protocols such as wearing of face masks, hands sanitization and maintenance of reasonable social distancing were observed by the researcher and the participants. The researcher collected data using face-to-face semi-structured interview which started with broad and more general open-ended questions or topics. Each interview session lasted 45 to 60 minutes based on participants’ responses to the interview questions. The researcher could make the time estimations after the pre-testing of the research instrument.

In this study, Tshivenda was used as the language of data collection throughout the data collection stage. Tshivenda language was selected because both the researcher and all the selected participants were Venda speaking people. The choice of Tshivenda language also enabled the participants to express their views and feelings more and freely in the comfort of their mother tongue. The collected data was then transcribed into English and analyzed based on both the collected and transcribed information. The researcher requested permission from the participants to use a voice recorder during the interview.

Both the confidentiality and privacy were assured to all the participants verbally regarding the information shared during the start of the interviews. The signed consent form by the participants also outlined and included privacy and confidentiality regarding the information shared during the interview.

3.8. Data Analysis

Data analysis refers to the procedure by which data is combined, reduced, and interpreted according to what and how the respondents have responded and what the researcher read (Merriam & Grenier 2019). Braun and Clarke (2013), stated that, “thematic analysis is the process of identifying patterns or themes within qualitative data”.

In this study, a thematic analysis was adopted to analyze the collected data. Thematic analysis is a widely used method of analysis in qualitative research. This method of analysis helped to identify patterns of meaning across database to provide an answer to the research question. The present study followed the following six stages of data analysis (Braun & Clarke, 2006):

Phase 1: “Becoming familiar with the data: is common to all forms of qualitative analysis, the researcher must immerse themselves in, and become intimately familiar with their data; reading and re-reading the data (and listening to audio-recorded data at least once, if relevant) and noting any initial analytic observations”.

In this study, the researcher familiarized herself with the collected data by revisiting the handwritten notes and timeous listening to audio recordings which were used during the data collection process. The handwritten notes were useful and used to confirm information in cases where some data were not clear on the audio recordings

Phase 2: “Generating initial codes: Coding is not simply a method of data reduction, it is also an analytic process, so codes capture both a semantic and conceptual reading of the data. The researcher codes every data item and ends this phase by collating all their codes and relevant data extracts”.

Five participants were coded alphabetically from A to E respectively. The collected data was coded based on the majority similarities and minority differences of the responses of the participants. A generalized conclusion was then formulated based on the majority responses by the study participants. A majority and minority statements were used to determine the overall conclusion on the responses of the participants.

Phase 3: “Searching for themes: A theme is a coherent and meaningful pattern in the data relevant to the research question. If codes are the bricks and tiles in a brick and tile house, then themes are the walls and roof panels. Searching for themes is a bit like coding your codes to identify similarities in the data. This ‘searching’ is an active process; themes are not hidden in the data waiting to be discovered by the intrepid researcher, rather the researcher constructs themes. The researcher ends this phase by collating all the coded data relevant to each theme”.

In this study, the themes were identified from the research questions.

Phase 4: “Reviewing themes: Involves checking that the themes ‘work’ in relation to both the coded extracts and the full data set. The researcher should reflect on whether the themes tell a convincing and compelling story about the data and begin to define the nature of each individual theme, and the relationship between the themes. It may be necessary to collapse two themes together or to split a theme into two or more themes, or to discard the candidate themes altogether and begin again the process of theme development”.

In this study, themes were used as a narrative representation of research topics that the study aimed to answer. However, each theme was split into different sub themes addressing specific outlook of the question based on the responses of the study participants.

Phase 5: “Defining and naming themes: Requires the researcher to conduct and write a detailed analysis of each theme (the researcher should ask ‘what story does this theme tell?’ and ‘how does this theme fit into the overall story about the data?’), identifying the ‘essence’ of each theme and constructing a concise, punchy, and informative name for each theme”.

The research was categorized into three (03) major themes emanating from the research questions. Theme one (01) consisted of four sub themes, theme two (02) consisted of two sub themes and lastly, theme three (03) consisted of four sub themes.

Phase 6: “Producing the report: Writing is an integral element of the analytic process in (TA) Thematic analysis (and most qualitative research). Writing-up involves weaving together the analytic narrative and (vivid) data extracts to tell the reader a coherent and persuasive story about the data and contextualizing it in relation to existing literature”.

The extracted contextual responses from the main data were presented in a narrative format. The responses were arranged and narrated based on the similarities and differences of challenges as outlined by the participants during the interview process.

3.9. Expected outcomes

The study identified challenges that affected proper implementation of the EHWP services in the Vhembe District Municipality government departments and established possible measures to be taken to enhance optimal usage of the EHWP in various government departments.

3.10. Trustworthiness of the study

According to Pilot & Beck (2014), “trustworthiness or rigor of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study”. Babbie and Mouton (2009), stated that, “good qualitative research is the key to principle that is found in the notion of trustworthiness”. According to Cope (2014), “trustworthiness or truth value of qualitative research and transparency of the study is crucial to the usefulness and integrity of the findings”.

Measures of trustworthiness considered for this study were:

3.10.1. Credibility (Truth Value)

Polit & Beck (2014), indicated that, “credibility of the study, or the confidence in the truth of the study and therefore the findings, is the most important criterion”.

To ensure credibility of the study, the researcher prolonged the engagement in the field and gained in-depth understanding of the phenomena. Credibility dealt with assuring readers that the conclusions made from the study stem from the data.

The researcher remained in the field until data saturation occurred. The researcher conducted member checking by allowing participants to comment on the research findings and interpretations. The researcher kept a reflective journal throughout the process of the study and maintained consistent observation and member checking with EHWP practitioners.

3.10.2. Transferability (Applicability concern)

Polit & Beck (2014), “indicated that, transferability refers to the extent to which findings are useful to persons in other settings, it is different from other aspects of research in that readers determine how applicable the findings are to their situations”. According to Babbie and Mouton (2009), “transferability refers to the extent to which the findings can be applied in other context or with other respondents”.

The study’s transferability was achieved by providing a thick description of the methodology which included sampling, participants and context which made it easier for future researchers to replicate the study within similar conditions in other settings.

3.10.3. Confirmability (Neutrality concern)

Confirmability is also referred to as the neutrality, or the degree to which findings are consistent and could be repeated (Connelly 2016). According to Babbie and Mouton (2001), “confirmability refers to the degree to which the findings are the product of the focus of the enquiry and not of the biases of the researcher”. Confirmability is a degree of neutrality or the extent to which the findings of a study are shaped by the

respondents and not researcher's bias, motivation, or interest (Lincoln & Guba, 1985). The researcher achieved confirmability by having an audit trail and by keeping a reflexive journal.

3.11. Ethical consideration

According to Babbie & Mouton, (2001, "ethics refers to the broadly agreed on norms by a group of people in society regarding what is morally right or wrong. The researcher was guided by the following ethical issues while conducting the research".

3.11.1. Institutional Ethics

The proposal for the study observed the following institutional ethical codes: firstly, the proposal was presented to the Department of Psychology, secondly, it was presented before the Faculty of Health Sciences' Higher Degrees Committee Health Sciences' Higher Degrees Committee. Thirdly, it was submitted to the University's Higher Degrees Committee (UHDC) for approval. Fourthly, the proposal was submitted to the Ethics Committee for ethical clearance. Finally, the researcher requested permission from the Head of the Departments that formed part of this study. This was done for the Head of the Departments to authorize the participation of the prospective study participants. To this effect, a sample letter of request is attached and marked Appendix: E.

3.11.2. External Ethical Consideration

3.11.2.1. Informed consent

Before conducting the study, the researcher requested the consent/permission from the employer and the participants. Study participants were requested to sign consent forms regarding their participation in the study and they were assured of non-disclosure of personal details.

A signed informed consent form was obtained from the participants before collecting data. Information about the procedures to be followed during the study and the

purpose of the study was provided to the participants in a written document so that they could make an informed decision to participate in the study.

3.11.2.2. Avoidance of harm

The researcher protected the participants from discomfort or emotional harm. The researcher treated all the participants with respect and avoided hurting their feelings in any way or form.

3.11.2.3. Confidentiality, privacy, and anonymity

According to Klenke (2016) “confidentiality is about not disclosing private information of the participant to anybody. Anonymity was maintained by making sure that only the researcher was aware of the identity of the participants. However, codes were used for possible identification and for data analysis only”.

The researcher ensured that the privacy of participants was respected. Privacy was understood by the researcher as “that which was not intended for others to observe or analyze. It is for this reason that the researcher was responsible for safeguarding the privacy and identities of the participants”.

3.12 Conclusion

The chapter presented the methodology which was used to conduct the study. The chapter was comprised of various components including research approach and design, population and setting of the study, sampling procedure, research instrument, data collection procedure, data analysis, expected outcomes, trustworthiness of the study and well as ethical consideration of the study.

CHAPTER 4

PRESENTATION OF RESEARCH DATA AND ANALYSIS OF FINDINGS

4.1. Introduction

This chapter presents the findings and analysis of the data emanating from the interviews conducted with the five participants from the Vhembe district government departments. The data were collected using face to face semi-structured interviews, and manually transcribed to get verbatim evidence of the collected data. The presentation of the results in this chapter is done in two phases. The first part presents the demographic / biographical characteristics of the participants whilst the second part presents the results of the findings on the challenges related to the implementation of Employee Health and Wellness Programme (EHWP) using the illustrative themes and quotes that were developed.

The data were presented and analyzed in accordance with and guided by the objectives of the study as outlined in chapter one and chapter three of the study, namely; (a) to describe the challenges faced by EHW Practitioners on the implementation of EHWP (b) to determine the perceptions of the EHW practitioners regarding the role of managers in the implementation of the programme (c) to establish measures that could be put in place to enhance optimal usage of the EHWP within government departments in the Vhembe district municipality.

4.2. Biographical information

The table below indicates the biographical details of the participants of the study. The table focuses on the Departments, position of the participants, gender of the participants, the experience of the participants in the field of EHWP, the language of the participants as well as their highest educational qualifications.

Table 1. Biographical details of participants

Participant	Department	Position	Gender	Experience	Language	Highest qualification
A	Public Works, Roads and Infrastructure	05 years	Female	Employee Health and Wellness practitioner	Tshivenda	BA Social Work
B	South African Police Service	05 years	Female	Employee Health and Wellness practitioner	Tshivenda	BA Social Work
C	Social Development	02 years	Female	Employee Health and Wellness practitioner	Tshivenda	BA Social Work
D	Agriculture and Rural Development	10 years	Female	Employee Health and Wellness practitioner	Tshivenda	BA Social Work
E	Economic Development, Environment and Tourism	09 years	Male	Employee Health and Wellness practitioner	Tshivenda	BA Social Work

4.2.1. Summary of the participants' characteristics

The study comprised of five (05) participants from the Vhembe district government departments, namely, Department of Public Works, Roads and Infrastructure, South African Police Services, Department of Agriculture and Rural Development, Department of Social Development as well as the Department of Economic Development, Environment and Tourism. The duration of experience of the participants' ranges between two (02) years and ten (10) years. All participants are full time Employee Health and Wellness practitioners, with the highest educational qualification of Bachelor of Arts in Social Work. All participants speak Tshivenda language. All the participants of the study met the criteria and suitability of inclusion in terms of their educational qualifications and experience in the field of EHWP.

4.3. Data collection during interview

The study data were collected following the interview guide. A scheduled, semi structured face to face interviews were conducted with the participants. The table below indicates the different themes that formed part of the data collection instrument.

Table 2. List of themes

Themes	Sub themes
1. Challenges faced by Employee Health and Wellness practitioners.	1.1. Shortage of staff / practitioners. 1.2. Budget for implementation of the programme. 1.3. Shortage of working resources. 1.4. Lack of management support.
2. Perceptions of the Employee Health and Wellness practitioners regarding the role of managers.	2.1. Role of manager in programme marketing. 2.2. Supervisor's resistance to use Employee Health and Wellness Programme.
3. Measures to enhance optimal usage of the Employee Health and Wellness programme.	3.1. Increase of Employee Health and Wellness staff / practitioners.

	<p>3.2. Decentralization and increase of budget for the programme.</p> <p>3.3. Conducting trainings for managers and supervisors.</p> <p>3.4. Increase in allocation of resources.</p>
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4.3.1. Challenges faced by Employee Health and Wellness practitioners

This theme focused on the challenges that Employee Health and Wellness practitioners face when implementing Employee Health and Wellness Programmes (EHWP) in their respective departments. It covered the following sub themes viz; shortage of staff / practitioners, budget for implementation of the programme, shortage of working resources as well as lack of Management support.

Shortage of staff / practitioners

Majority of the participants indicated that, shortage of staff / practitioners is the biggest challenge facing the implementation of the EHWP in their respective departments. This is supported by comments of the participants as outlined below:

“Another challenge that we have is shortage of practitioners. In this department, I am alone, conducting five specialised areas. I handle issues of EAP (related to counselling), I work with issues related to HIV / AIDS, I handle Health related issues, I handle Occupational Health and Safety as well as managing special programmes, whereas at head office it is not like that. At head office, they specialise, every pillar is handled by one or two people. I end up having a lot of work and I am expected to excel in all the pillars” (Participant A).

“There is also a challenge because there are many sub districts with a lot of staff, which is a burden for one practitioner. If I decide to go on leave, which everyone is entitled to, there will be no implementation of the programme as I am working alone” (Participant C).

“If you look at our department, I am the only Employee Health and Wellness practitioner, who is supposed to cover the whole district which is comprised of four local municipalities. The district is wide and big with workstations far apart each other by almost 150 kilometres” (Participant E).

Although participant B indicated that her department has two Social Workers responsible for the implementation of EHWP, she also expressed a challenge of workload and pressure within her unit in the department. She expressed the shortage of staff in her department as follows:

“The challenge that I experience is lack or shortage of manpower, since we are not many compared to psychological or spiritual services. In our department, within the Vhembe district, there are only two social workers and majority of challenges experienced by our employees requires social work services whereas I am the only one around Thohoyandou policing area or cluster. The other social worker is responsible for areas within Makhado area or cluster. We still require additional staff because our population of clients is big which requires social work services” (Participant B).

The analysis of the study results demonstrates that government departments within Vhembe district are experiencing shortage of staff to properly implement the EHWP. All departments use the employ of one practitioner responsible for the entire district.

Budget for implementation of the programme

The findings of this study show that budget is an essential resource for the effective implementation of the EHWP. The study data identify centralisation, sharing and shortage of budget as the three main challenges facing the implementation of EHWP.

(a) Centralisation of budget at head office

All the participants in this study indicated that centralisation of budget is the major challenge hindering the implementation of EHWP in their departments. Accessibility of budget was viewed as a challenge since the budgets are administered at head

office. The process was viewed as long, and one which delays the implementation of planned activities at the district level.

“Another thing is that; you will find that we do not have a budget as a district. We rely on the budget which is planned and administered at head office. So, it makes it difficult to plan for the district and I end up using or following the head office plan, and if I had my own budget, I would do things in my own way” (Participant A).

“Yes, the district programme depends on the budget which is situated at the provincial office. There is no specific budget for Employee Health and Wellness at the district level since the EA programme reports at the provincial office” (Participant C).

“The second issue is the challenge of budget, budget in a sense of allocation and budget in a sense of accessibility. In our department, the budget is centralised at head office, Polokwane. Everything that needs to be procured related to the programme or which assists in the implementation of the programme, you need to request from head office, which delays the implementation of the programme whilst waiting for final approval of budget from head office” (Participant E).

(b) Sharing of the budget

Majority of the participants indicated that there is no standing and voted budget specifically for EHWP in their departments, since the budget is allocated to cater for other subunits within their directorates. Even the allocated budget is not sufficient to cater for the needs of the programmes, including EHWP. This in turn creates competition on the limited budget allocated for that specific period. This was outlined below as follows:

“Regarding availability of budget, sometimes you would find that we have yearly budget, but it is not sufficient to cater for all our programmes, which are service delivery and improvement, special programmes and EHWP because all those programmes fall within the Transformation directorate. This makes unhealthy competition on budget, with everyone trying to push their

programmes. Sometimes you will find that towards the end of the year or during the final quarter of the year, the budget is exhausted, which compromises other services. This in turn results in some services not being properly rendered or not rendered at all” (Participant E).

“In my department, all the subunits within the directorate, are allocated budget separately, which ensures proper running and management of the programme. The allocated budget is not sufficient to cater for all the needs of the programme and should be decentralised to the district offices” (Participant B).

(c) Shortage of budget

Participants concurred that, there is a need for sufficient budget to be provided to cater for the programme. Lack of budget compromises the effective implementation of the programme. This result in other planned activities not achieved and / or implemented at all.

“Yes, every unit in our department is allocated its own budget. Within our unit, we have four subunits, each with its own budget. We have Social Work services, psychological services, Spiritual services, and Quality of life (which is our unit). All of them have separate budget allocation. Our budget is used for our key result areas which are disability services, HIV / AIDS, and wellness management in general. However, the budget is usually not sufficient to cater for all the needs of the programme” (Participant B).

“I do not have financial resources to support the programmes that requires money. When you inquire, you will find that the whole budget has been shifted to another programme such as COVID-19. Therefore, when you need to implement the agreed activities in your programme, you end up failing due to lack of budget” (Participant C).

“Financially, you find yourself and the programme with no budget, as I sometimes work with a zero budget for workshops, hence you cannot run the programme effectively without budget” (Participant D).

The study data reveal that budget for most government departments is centralised at head office. This has an adverse consequence as it delays the implementation of the programme. The data also showed that the allocated budget for a specific period is usually limited, thereby impacting on the achievement of the targets set by the practitioners. Sharing of budget by different units within a directorate also hinders the effective implementation of the programme

(d) Shortage of working resources

Participants D and E indicated that there is an overwhelming shortage of basic working resources in their departments. This includes, but not limited to, resources such as cell phones, transport, inadequate office space and transport to implement the Employee Health and Wellness programme properly.

“In our department, the allocation of transport is poor” (Participant D).

“In our department, EHWP is not core but a support service, so about the transport allocation you find that priority is given to the core services such as Environment and Tourism. You find that they are permanently allocated vehicles to use while executing their duties whereas as Employee Health and Wellness we rely on pool vehicles where competition is too high as there are other people from other sections who also require cars” (Participant E).

Majority of the participants (A, B and D) indicated that, lack of cell phones which is a means of communication, affects the implementation of the programme. They all resort to using their personal phones for work purposes, as they become unreachable by clients after working hours or when they are doing field work. This finding was confirmed by the following comment:

“Another challenge is lack of resources. Most of the time clients end up using my personal phone to access my services all the time, sometimes they do not have enough airtime to call me on the landline” (Participant A).

“I do not have other challenges. Our unit has been allocated a permanent state vehicle, and as you can see, my office has almost everything, including landline phone. Maybe a cell phone is a challenge, since I am not personally allocated

although there is a phone that belongs to the unit which is used by personnel on standby and on rotational basis” (Participant B).

“Sometimes the office phones are not working, and I need to make a call. If it is a serious issue, I must use my personal phone though it is not always. And another thing is that, if I am outside the office doing field work, I am unreachable, as sometimes I refuse clients access to my personal phone” (Participant D).

The study findings reveal that Employee Health and Wellness practitioners are allocated limited basic working resources to implement the programme properly. Where resources are allocated, there is an extensive competition for their usage hence this adversely affects the implementation of the programme.

(e) Lack of management support

Majority of the participants indicated lack of support and involvement of the management in the programme as another challenge hindering the implementation of EHWP in their departments. Managers were described as central to the success or failure of the programme.

“Another challenge that we have is that I come across some managers who have their own preconceived ideas as they feel and view referral as a way of punishing or disciplining the employee, which is not our job since we are only focusing on solving or correcting the situation” (Participant A).

“I am failing to move forward with the programme because of lack of support from the management. There are certain management meetings that I do not attend to represent and raise challenges related to my programme. The district management, who are responsible for all the programmes in the district, do not consider our programme (EHWP) to market itself and raise concerns in those management meetings” (Participant C).

The above sentiments regarding lack of support by managers are confirmed below in this illustrative comment:

“The support from the management is so poor because in this department the programme is viewed as mine and not their programme. If they could understand its importance, they would regard it as a working programme of the department. So, it is my programme, and it is like the programme is an outside unit which gives them problems” (Participant D).

The study results indicate that most managers do not support the implementation of the programme effectively. In most departments, managers are still viewing the programme in the negative light. The study indicates that managers appeared unknowledgeable about the programme, though services such as supervisory trainings have been offered to them in most departments. There seems to be a general reluctance and minimal support from the management regarding the support of the programme.

4.3.2. Perceptions of Employee Health and Wellness practitioners regarding the roles of the managers

When asked about the roles played by managers in the implementation of EHWP, the practitioners / participants expressed different views based on the following commonly identified sub narratives namely, manager’s role in the marketing of the programme, managers’ role regarding their utilization of the programme as well as managers’ role as a referral agent of the programme. The views of the participants varied from common / consensus to individual views of the departments. The views and narratives are explained below under different sub-themes.

Role of manager in programme marketing

Majority of participants expressed a general view in terms of the role of managers in marketing the EHWP in their departments and within their respective directorates and units. Below are what participants had to say.

“Another thing is that; managers advocate for this programme. They also do part of wellness programme marketing which simplifies our work”. She further indicated that “I think they are doing a good job because they make EHWP to

be known, they improve it and make it to be a specialized field and they also make the programme to be respected. They make people to like the programme within the workplace” (Participant A).

“The way our managers are implementing the programme assists us. It lessens our burden, and our managers have relevant knowledge of our job” (Participant B).

“At work, the managers must emphasize the issue of marketing the programme with their subordinates. If the managers can assume primary role of marketing the programme to their employees, it can greatly assist. They must inform employees about our programme, what we do, how we do and how to access us so that they can have knowledge about our services” (Participant C).

“Our main purpose, however, is for the managers to have a clear understanding of our programme, so that even in our absence, they can continue to spread the message about the programme to their subordinates within their units. They will be able to tell employees about our programme, what it does, where we are located and how the employees can access the programme. So, I think the managers play a crucial role in the implementation of our programme” (Participant E).

The overall general analysis of the practitioners’ perception was that the managers in most departments are enhancing the EHWP through the marketing of the programme within their directorates and units. This in turn is assisting the programme and the practitioners in the smooth running and implementation of the programme.

Supervisors’ resistance to use Employee Health and Wellness Programme

There was a consensus on this role, as majority of the participants expressed resistance by managers as a major setback in the implementation of the programme. This was generally summarized by the narration of participant E, who indicated that:’

“Secondly, managers are the ones who are well positioned to identify employees with problems as they work with them daily and they report to them, while we are usually not available immediately as Employee Health and Wellness unit. Based on the aforesaid, managers are our referral agents of clients when they are experiencing problems” (Participant E).

However, individual departments (A, D and E) expressed challenges in terms of how managers’ resistance in the implementation of the programme is perceived in their respective workplaces. This is revealed in the responses below:

“I cannot say all the time, because sometimes there are some managers who are still hiding employees who are having challenges, and we end up not knowing the clients. Sometimes they do it because they do not want to expose themselves or to be viewed as failures in terms of their management and sometimes the problems are reported late” (Participant A).

“They are very passive, that is why if you have listened to me, I indicated that they take it as someone’s programme which they are not part of. They take the programme as something which came to disturb the core programmes of the department” (Participant D).

The lack of involvement of managers in the programme was confirmed by the below participant who said that:

“We still face a challenge of managers who are still reluctant to refer the clients to our office. we still have managers who refer cases when they are at an advanced stage, wherein there is little or nothing the programme could do to assist the client” (Participant E).

Therefore, the overview analysis on the practitioners’ perception was that most practitioners in different departments are still experiencing challenges of resistance by managers to refer employees to the EHWP for assistance and managers who are resistant to enhance the optimal functioning of the EHWP. This is characterised by

late referrals, intentional and lack of referral and hiding of employees' problems as mentioned elsewhere in the study.

4.3.3. Measures to enhance optimal usage of the Employee Health and Wellness programme

The theme focused on the measures that could be used to enhance the maximum usage of the EHWP in the departments. It covered the following subtopics discussed below; increase of Employee Health and Wellness staff / practitioners, decentralization and increase of budget for the programme, conducting trainings for managers and supervisors as well as increase in allocation of working resources.

Increase of Employee Health and Wellness staff / practitioners

Majority of the participants indicated that, their departments should consider employing more employee health and wellness practitioners. This measure was to ease the workload currently experienced by the practitioners.

"I think the department should hire more EAP practitioners"

(Participant A).

"I think if the department could employ more social workers or increase the existing staff working within the wellness programme, it could help"

(Participant B).

"The department should increase staff. Staff in a sense that they hire one or two more practitioners and administrative personnel. As it is now, I work alone and attend to administration which causes burn out and fatigue and in turn result in improper implementation of the programme" (Participant E).

However, even though not thoroughly narrated under measures to enhance the programme, both participants' C and D extensively narrated shortage of staff as a major challenge in their respective departments.

Decentralization and increase of budget for the programme

The overview reflection on all the participants' responses indicates that there is serious need for government departments to decentralize (from head office to district office) and increase the budget for EHWP, to enhance its implementation.

“They must allow the district office to have inputs on the budget so that if we have other issues related to budget, we can be able to voice it. The district office should have their own budget independent from the head office budget” (Participant B).

“Maybe the other thing which could be done is that, when we attend our own meetings, is to indicate that during budget allocation, the allocators should also consider the budget for the needs of the people at the district level” (Participant D).

“They should consider decentralization of budget, the budget should not be located at head office, but each district should manage their own budget so that the procurement of resources and services that are essential to the Employee Health and Wellness could be done at the district level, like other departments such as Transport where the budget is decentralized. I think the budget of EHWP should be increased on a yearly basis. The department must not allocate similar budget to our unit every year as prices of resources and services increases every year” (Participant E).

Conducting trainings for managers and supervisors

All the participants agreed that there is a need to implement the supervisory trainings for managers to enhance their knowledge and understanding of the EHWP. Though the trainings (supervisory trainings) are being currently held in majority of the departments, all the participants concurred that the trainings should be conducted regularly.

“I think it is important that we continue conducting supervisory trainings, training the managers about Employee Health and Wellness Programme. It means they do not have adequate information and knowledge if they still hide employees who are experiencing problems” (Participant A).

“It means before the programme reaches the employees, it must begin with the managers, together with the supervisors. I cannot hold a training or meeting about the programme with the managers and employees at the same time, they will need to be separated. The managers should receive the training session first so that they are educated about the programme before it is cascaded to the employees” (Participant C).

The participants agreed that the trainings for managers would in turn be a useful tool to market the programme to the employees. This marketing will be essential as it will enhance accessibility of the programme to the end users.

“The department should conduct executive wellness trainings to all the managers, so that there can be a buy in of the programme by the managers. This could be another way of marketing Employee Health and Wellness programme. They will have exposure and understand the programme better” (Participant D).

Increase in allocation of resources

Majority of the participants indicated that, the departments should enhance the procurement and provision of working resources so that the programme can be implemented properly. These departments operate with minimal resources necessary for the practitioner to successfully implement the EHWP. The comments below confirm the need for provision of basic resources in departments.

“I think head office should also consider district offices when motivating for resources. It can be best if head office wellness unit is allocated official cell phones, and they should also consider district practitioners

as the budget is located at head office. The head office should consider the district in all the procurement of resources” (Participant A).

“For you to access a car to do your job, it is tough, hence I am not supposed to be in the office but because of lack of resources I am office based” (Participant D).

“In terms of resources, I think although Employee Health and Wellness programme is not a core function of the department, by its nature of providing 24 hours’ emergency services, I think it requires permanent allocation of a subsidized vehicle to execute its duties properly” (Participant E).

4.4. Conclusion

This chapter explored the challenges of the participants, based on the collected data regarding the implementation of the EHWP in government departments within the Vhembe district. The presentation in this chapter was based on the three major themes, namely, challenges faced by Employee Health and Wellness practitioners, perceptions of Employee Health and Wellness practitioners regarding the roles of the managers as well as measures to enhance optimal usage of the EHWP. Below follows the chapter on the Discussion of the Results.

CHAPTER FIVE

DISCUSSION OF THE STUDY FINDINGS

5.1. Introduction

This chapter provides the discussion of the findings presented in the previous chapter. Such findings were analyzed as collected from the five participants, from the five government departments, within the Vhembe district of the Limpopo Province. The interpretation was based on the emerging themes and sub themes of the study and was also guided by the objectives of the study. The themes that were identified from the previous chapter are challenges faced by Employee Health and Wellness practitioners (EHWPs), perceptions of Employee Health and Wellness practitioners regarding the roles of managers and measures to enhance optimal usage of the Employee Health and Wellness Programme (EAP).

5.2. Challenges faced by Employee Health and Wellness practitioners

The study revealed that EHWPs experience different challenges when implementing EHWP within the government departments in the Vhembe district. The study identified Four major challenges expressed by Employee Health and Wellness Practitioners as outlined and discussed below.

5.2.1. Shortage of staff / practitioners

The findings of the study show that, participants held a common view of dissatisfaction on the number of EHWPs rendering the EHWP in the Vhembe district government departments. This common view, therefore suggested that the EHWP within the government departments in the Vhembe district are understaffed, and this in turn poses a risk of rendering an ineffective implementation of the programme.

Currently all departments, (excluding one participating department), operate with one practitioner in the district responsible for a wider and larger workforce, with participating departments' staff establishment ranging between 300 and 2500. This

view corroborates Buck (2014) who stated that, “in some organizations, there is a lack of professionals who would be responsible for the implementation and day-to-day administration of the Employee Health and Wellness Programme”. Furthermore, Zondi (2017), indicated that, “organizations do not have enough qualified Employee Health and Wellness Professionals to ensure the successful running of the of EHW programme”.

EAPA SA (2015, p.10), stated that, “the ideal ratio for EAP practitioner in a decentralized workforce is one EAP practitioner for every 200 employees”. The study findings show that the department of public works and Infrastructure has over 1000 employees, the South African Police Service consist of more than 2500 staff members, the department of Social Development has over 680 employees, the department of Agriculture has more than 450 employees and lastly the department Economic Development, Environment and Tourism has over 300 employees. The study findings show that this principle is not adhered to in government departments within Vhembe district, though staff compliments differ from department to department. These departments currently operate with one practitioner, which is in contrast with the ideal ratio as suggested by EAPA SA (2015).

The participants held a strong view that the shortage of Employee Health and Wellness staff / practitioners in most government departments within Vhembe district creates more and unmanageable workload, burnout which affects the effective implementation of the programme. This view supports Williemse (2018), who indicated that, “shortage of staff implementing EAP is a major challenge as it leads to stress symptoms, burn out and frustrations to the employees as they perform their duties”. Based on this finding, participants appear to be experiencing a lot of challenges when they implement the programme in their respective workplaces.

5.2.2. Budget for the programme implementation

The study found that, for the effective implementation of Employee Health and Wellness programme, budget should be accessible and readily available to fund the costed activities of the department. Furthermore, the insufficiency and / or shortage of budget causes major setbacks as far as the implementation of any programme. In this

regard, Mashiane (2017) indicates that, “budget affects the implementation of EHW programme and makes it difficult for EHW Practitioners to implement the programme effectively”.

The study show found that, government departments, within the Vhembe district, suffer in terms of centralization of budget. The centralization of budget at Head Office creates challenges as it delays the implementation of the EHWP in most government departments within the Vhembe district. This view is in line with Zondi (2017) who found that, “a dedicated budget is required to fund the material (manuals and technological equipment) and human personnel (both internal and external payments of staff and service providers), who are central in the implementation of the Programme”. Therefore, the study revealed the need for district offices to be allocated their own budget to facilitate and cater for the needs of EHWP at the district level.

The study found that, where budget is allocated, it is usually limited and minimal due to competition from other subunits falling within the same directorate with EHW unit. This study finding therefore suggested that there is a need for EHWP to be allocated its own budget separate from other subunits and sub directorates based on the specialized nature of services rendered by the programme. Sharing of budget creates more competition on the little financial resources allocated to a broader directorate. This finding agrees with Rakepa (2012), who indicated that, “when the Employee Assistance Programme falls within other directorates, it becomes ineffective due to insufficient budget”.

5.2.3. Shortage of working resources

The study found that, EHWP in government departments within the Vhembe district are under-resourced. Most of the departments lack basic resources that are necessary for the effective implementation of the programme, such as vehicles, stationery, cell phones etc. This finding confirmed the observation by Mattke et al. (2013) who stated that, “the organization must make sure that important resources like facilities, machines and others are made available to support the development and implementation of Employee Health and Wellness Programme”.

Though two departments indicated sufficiency of resources, the findings indicated that lack of resources is adversely affecting the implementation of EHWP in most government departments within the Vhembe district.

5.2.4. Lack of management support

The study findings revealed indicated that, there is a lack of support towards the EHWP by managers in the government departments within the Vhembe district. Managers are viewed as unsupportive to the programme. Managers are not well equipped and knowledgeable regarding the EHWP. This finding supports the observation by Spence (2015) who stated that, “due to lack of understanding of the programme by the management, it is always difficult to get the support of management towards the successful implementation of the Employee Health and Wellness Programme”.

Participants held a common view that, managers are central, influential, and key to the promotion and marketing of the programme and therefore, inadequate knowledge about the programme poses threat to the effective implementation of the programme. The stated finding is a testament to EAPA SA (2005, p.45) observation that, “support from management is vital for the utilisation of the programme and communication of the vision of the programme at different levels within the organisation”. Williemse (2018) also observed that, “in organizations where employees observed management as less active and supportive of the wellness programme, it usually resulted in low morale of staff in the workplace and the goals set not being achieved”.

This justifies the challenges practitioners experience around work. Buy-in from the management in all organisations is very important as it motivates other employees to see value in contacting EHWP practitioners when they have psychological and work-related challenges.

5.3. Perceptions of Employee Health and Wellness practitioners regarding the role of managers

The main finding of this theme was that all participants expressed their level of dissatisfaction on the role played by managers and supervisors regarding the implementation of the EHWP. Though some departments describe the managers' involvement in the programme as average, the overwhelming consensus amongst many of the participants expressed the limited and little role that managers play in the implementation of the programme.

5.3.1. Role of manager in programme marketing

There was a consensus amongst participants that managers play a crucial role in the implementation of EHWP. However, the study findings revealed that majority of managers within the Vhembe district government departments are playing minimal or no role in ensuring the implementation of the programme. Though they (managers) are central to the programme, the majority's observation is that their involvement in the programme implementation is inadequate and as such it compromises the effectiveness of the programme. This finding is in line with the observation of EAPA-SA (2005, p.45), which indicated that, "support from management is vital for the utilisation of the programme and communication of the vision of the programme at different levels within the organisation". Chipanga (2016) also stated that, "management are the key to the programme, and it cannot be fully implemented without their support and proper involvement".

5.3.2. Supervisors' resistance to use Employee Health and Wellness Programme

The findings of the study revealed that, there is a common trend of hiding the troubled employees with personal and work-related problems by managers and supervisors in most government departments in the Vhembe district. It was also revealed that most managers display resistance towards the use of and participation in the EHWP. In view of the participants' perception, the findings show that the managers' role is minimal and this in turn compromises the effective implementation of the EHWP. This finding affirms the literature by Blair (2004) who stated that, "the consequent reality is that

supervisors may only take necessary steps to help an employee when the employees' performance is going to impact upon that of the supervisor”.

The above finding further corroborates Cagney (2006)'s view who indicated that, “supervisors are poorly prepared to handle a confrontational interview, and this results in supervisors ignoring employee problems until they become aggravated to the point where disciplinary action is needed. Most referrals, therefore, seems to be reactive referral based on highly visible triggering events”.

5.4. Measures to enhance optimal usage of the Employee Health and Wellness programme

To achieve the set goals and objectives of the programme, certain strategic measures need to be put in place. All the participants expressed and suggested several factors that could be implemented to enhance maximum usage of the programme. The four key critical measures which were identified to enhance the optimal usage of the EHWP are discussed below.

5.4.1. Increase of Employee Health and Wellness staff / practitioners

The findings of study pointed the need for the departments to employ more staff as the currently establishment of one practitioner per district is affecting the implementation of the programme. Most participants concurred that, hiring of more staff will ease the workload and burden and creates an environment conducive for proper implementation of the programme.

5.4.2. Decentralization and increase of budget for the programme

The study found that, there is a need for decentralization of budget from head office to the district level where the practitioners are located. There was a consensus by all participants that districts should have their own budgets independent from head office budget. The participants held a general view that they view EAP as being effective in departments, if there could be a centralized session of budget within the EAP itself.

This view supports Mothiba (2018) who concluded that, “in departments where budget was decentralized, the implementation of EAP was viewed as less effective”.

The study findings also established that, the allocation of budget for EHWP should be separate from other sub directorates. All participants agreed that EHWP is a specialized field rendering specialized services which require its own standing budget. This is in line with the Public Service Report (2006) which indicated that, “those departments with budgets specially allocated to an EAP and actively involved in an EAP, provide a successful programme to their organizations”. The issue of sufficient funds was found to be related to commitment of management.

The study also found that budgets for government departments should be allocated adequately, with a reasonable increase on an annual basis to meet the ever-increasing demands of the market facing the Employee Health and Wellness programme. This finding corroborates an observation by the Public Service Commission (2010) which illustrated that, “appropriate budget should be allocated to an EAP to ensure that it functions effectively, and senior management and head of departments should assume that primary responsibility”.

5.4.3. Conducting trainings for managers and supervisors

Managers of government departments within Vhembe district still lack knowledge regarding the programme of EHWP. It was also found that the lack of knowledge precipitates the manner and level in which referrals systems are conducted within most departments, hence detrimentally affecting the implementation of the programme. Mashiane (2017) indicated that, “attending the trainings / workshops will help managers to understand their role as managers, within their units in the implementation of the Employee Health and Wellness Programme”. Taute & Manzini (2009) also stated that, “supervisors are the first to observe any deterioration in work performance, as such, they are essential to EAP by identifying employees early and making appropriate referral”.

It was also found that, training for managers should not be a once off event, but continuously rendered in all the departments. This finding supports the conclusion of

Mundalamo (2015) who concluded that, EAP should focus on conducting supervisory training to empower supervisors to be able to support employees through EAP services. Furthermore, Ramano (2015) as cited in Manzini (2007) “also expressed that, in EAP, [supervisory] training is essential to maintaining the health and vitality of EAP services and in ensuring that they refer appropriately”.

5.4.4. Increase in allocation of resources

The study found that there is shortage of basic working resources within the departments. Government departments within Vhembe district should plan for provision of adequate resources for Employee Health and Wellness units. Mattke et al. (2013) “indicated that the organization must make sure that important resources like facilities, machines and others are made available to support the development and implementation of Employee Health and Wellness programme”.

5.5. Engagement of ecological systems theoretical framework and study findings.

The findings of the study confirm the ecological systems theory. The study results found that Vhembe district government departments have challenges related to the implementation of Employee Health, and Wellness programme. Such challenges include shortage of Employee Health, and Wellness practitioners, lack and shortage of working resources, lack and centralization of budget as well as managers’ resistance to use Employee Health, and Wellness programme.

These challenges in turn affects individual Employee Health, and Wellness practitioners to effectively implement the programme within the environment (departments) within which they work. This also affects the usage of the programme by the employees, who are regarded as the end users of the programme. Therefore, if these challenges are not well mitigated, might result in breakdown or poor relationship between the environment (government departments) and the human beings (Employee Health, and Wellness practitioners and other employees) within the context which they operate (workplaces).

5.6. Conclusion

This chapter presented the discussion of the findings based on the collected data. The discussion and the interpretation of the findings in this chapter was based on the emerging themes as well as related to the objectives of the study, based on the consistencies and inconsistencies of the study analysis.

CHAPTER 6

SUMMARY, CONCLUSION, LIMITATIONS, IMPLICATIONS AND RECOMMENDATIONS OF THE STUDY

6.1. Introduction

The purpose of this study was to explore the challenges related to the implementation of Employee Health and Wellness Programme (EHWP) in the selected government departments in the Vhembe District municipality of the Limpopo Province. The study had three (03) objectives; which were: (1) to describe the challenges faced by EHWP Practitioners in the implementation of EHWP within government departments in the Vhembe district municipality of Limpopo province, and, (2) to determine the perceptions of the EHWP practitioners regarding the role of managers in the implementation of the programme and (3) to establish measures that could be put in place to enhance optimal usage of the EHWP within government departments in the Vhembe district municipality. In this chapter, the summary of the project, conclusion of the findings, limitation of the study, recommendations and the conclusion of the chapter are discussed

6.2. Summary of the project

The study was qualitative in nature and the researcher adopted exploratory descriptive research design which was aimed at gaining insight into the Employee Health and Wellness practitioners in their area of work. A total number of five (05) participants were selected using purposeful sampling procedure from five (05) government departments within the Vhembe district of the Limpopo province. The study data was collected, through face-to-face interviews, using an interview guide. The collected data was analyzed using thematic analysis. A total of eleven code of ethics were used to safeguard the information and safety of the participants.

6.3. Conclusions of the study findings

This section provided conclusion of the study in relation to the objectives to address whether the proposed objectives were met or not.

Objective 1: Challenges faced by Employee Health and Wellness practitioners

Based on the study findings, it is concluded that the EHWP within government departments in the Vhembe district is understaffed. This shortage of Employee Health and Wellness practitioners' results in low morale of Employee Health and Wellness practitioner as well as an overwhelming workload and burnout.

In addition, decentralization and inadequate allocation of budget is a challenge which is negatively impacting on the implementation of the EHWP. This challenge causes delays in programme implementation and underperformance because of unavailability of budget.

Looking at the study findings, the researcher concludes that EHWP in government departments within Vhembe district operates with limited basic resources (Human, physical and financial resources) that are necessary and essential in the execution of the EHWP. This in turn limits the scope of achievements in terms of the set goals and objectives of the government departments within the Vhembe district.

Objective 2: Perceptions of Employee Health and Wellness practitioners regarding the role of managers

In conclusion, managers and supervisors in government departments play limited or no role in the implementation of the EHWP. Their silent role is evident; and this is displayed by the slow and average performing EHWP in government departments within the Vhembe district. The resistance of managers and supervisors to utilize the programme is evident in the study.

Objective 3: Measures to enhance optimal usage of the Employee Health and Wellness programme

Based on the findings of the study, it is concluded that government departments in the Vhembe district are understaffed in terms of EHWP. If government departments in the Vhembe district could hire more practitioners, it could enhance the implementation of the programme. The current structure of one practitioner, serving the entire department is not ideal and it compromises the implementation process.

It is also concluded that the government departments should decentralize the budget to the individual district to fast track and enhance the implementation of the programme. It is also concluded that government departments in Vhembe district are operating with limited or no budget, which adversely affects the proper implementation of the programme.

The researcher also concluded that an increase in the allocation of resources can make a positive impact in the implementation of the EHWP. The allocation of more physical, human, and financial resources can enhance the optimal usage and implementation of the programme.

There is a need for continuous trainings and workshops for managers and supervisors regarding the programme, to ensure clarification and education on their roles and involvement in the implementation of the programme.

Based on the conclusions drawn from the findings of the study, the researcher is of the view that the set objectives of the study were achieved. The conclusions confirm the initial hypothesis of the researcher that there appears to be challenges facing the implementation of the EHWP within government departments in the Vhembe district of the Limpopo Province.

6.4. Limitations of the study

In this study, the researcher found that the sample size of five (05) government departments was small to generalize the results of the fifteen (15) government

departments operating within Vhembe district. An increase in the number of the selected participating departments could have made the findings of the study more generalizable.

The researcher also identified that the two (02) years minimum experience limited the number of participants for inclusion in the study, hence limiting the scope of the study. The inclusion of participants with minimum of one (01) year experience in the field of EHWP could have increased participation and improved the study results and findings.

The researcher also experienced challenges in translating the transcripts into English as the interviews were conducted in Tshivenda language. The researcher found that there were limited words in relation to explaining issues related to EHWP in the Tshivenda language.

The emergence of COVID-19 pandemic in the country had an adverse effect on the study. The closure of the country for several months, changes from normal to work from home and rotational work schedules also impacted on the study. Closure of facilities such as libraries and internet cafes because of the pandemic also influenced the study negatively.

6.5. Implications of the study

The study has the following implications: Employee Health and Wellness practitioners experience various challenges when implementing Employee Health and Wellness programme. If these challenges are not adequately addressed, it might result in a vicious cycle of shortage of resources, lack of staff, lack of budget and resistance by managers towards the effective implementation of the programme. This in turn would result in continued failure of the programme to achieve its intended goals and objectives.

6.6. Contribution of the study

Most of the EAP related research which were conducted within Vhembe district government departments, focused on the challenges affecting the employees. Where

a study was conducted focusing on EAP practitioners, it only focused on individual department and its implementation challenges. Thus far, no EAP challenges related research has been conducted focusing on multiple departments within the Vhembe district.

This study made a significant contribution to the broader Vhembe district government departments as its findings encompasses not only an individual department challenges, but variety of challenges experienced by different EAP practitioners in different departments. Though the study covered variety of departments, there is general trend of similarities (shortage of staff, lack of budget, limited resources) in majority of challenges experienced in those departments as well as general similarities with studies conducted previously (study by Modiba M conducted in the Department of Economic Development, Environment and Tourism) within the district by other researchers.

The study also contributed to the researcher as an EAP practitioner at the University of Venda. Two major challenges (shortage of EAP practitioners and management support, as found in the study) are similar to the challenges experienced by the researcher at her current workplace. The lessons learned in this study will assist the researcher in addressing those similar challenges in the future and to make future recommendations at the workplace.

6.7. Recommendations of the study

The recommendations in this study are based on the findings and conclusions of the study. The researcher proposes these recommendations to the following identified stakeholders and role players for improvement in the future implementation of the programme, namely, the government departments, the Employee Health and Wellness Profession as well as future researchers.

To the government departments

The researcher recommends that government departments should employ more practitioners to compliment the size of the districts and staff employed by respective

departments. This will ease the burden on the current trend of one practitioner per district which is causing overload in terms of work. This will also serve as compliance measure with suggested EAPA-SA requirements in terms of ideal ratio of number of employees per practitioner.

The researcher also recommends that government departments should decentralize the budget of EHWP. Each district should be allocated its own standing budget to enhance and fast track the implementation of the programme at the district level.

It is also recommended that EHWP should have its own budget separate from other sub directorates or units. This will reduce unnecessary competition for budget as EHWP is a specialized field rendering specialized services. There should be a reasonable consideration of an annual increase in budget allocation, to make up for the ever-increasing market and demands facing the EHWP.

Lastly, it is recommended that government departments must ensure adequate provision of working resources to the Employee Health and Wellness unit. This will enable the unit to achieve its set goals and objectives effectively.

Recommendations for profession

The researcher recommends that this study should be used as a guideline in the formulation, review and amendments of policies and other related legislations regarding the implementation of the EHWP. DPSA should consider a review of the EHWP structure and strategic framework within the government departments to ensure optimal operationalization of the programme. The programme requires general inclusion of capacity building and facilitation of debriefing sessions and care for the carer programmes for EHW programme implementors. Institutions of high learning should prioritize the inclusion of EAP as a standing module in the field of practices of the programme.

Recommendations for future researchers

The researcher recommends that the findings and conclusions of this study should form the foundation and knowledge base for future researchers who might develop

interest to pursue similar research or study about challenges related to the implementation of the EHWP. The further researcher must also consider inclusion of EAP coordinators, who are rendering EAP services within the district government departments, but who are not professional practitioners as well as limiting the years of experience for inclusion in the study. Instead of only focusing on the district, the future research may focus on provincial and National departments, looking at the challenges related to the implementation of EHWP.

6.8. Conclusion

Chapter six presents the discussion of the study findings as presented in chapter five. The major components discussed in this chapter are as follows: summary of the research project, conclusions of the study findings, limitations of the study, implications of the study, contributions of the study as well as the recommendations of the study.

The study achieved its set aim of exploring the challenges related to the implementation of Employee Health and Wellness programme in the government departments. The objectives of the study were met and attained. The researcher found that, government departments within the Vhembe district experienced, amongst others, challenges of shortage of EHWP practitioners to complement the staff of the department, shortage of resource to implement the programme, lack and centralization of budget to fund the EHW programme as well as lack of management support towards the EHW programme.

Limitations and implications which affected the optimal attainment of the study results were fully outlined. The contribution of the study to the departments and to the researcher were discussed and the recommendations for future management of the identified challenges were presented.

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APPENDICES.

APPENDIX A: INSTRUCTION LETTER TO THE PARTICIPANTS

Dear Participant

My name is Nkhangweleni Mudau, a registered student for the Master of Arts in Psychology at the University of Venda. As part of the study, I am expected to collect data from identified participants and that includes you. The study focuses on “Challenges related to implementation of Employee Health and Wellness Programme in the selected Limpopo Provincial Government Departments within the Vhembe District. During the data collection process, interviews will be conducted with you, and therefore you are requested to give consent for the recordings of the interviews.

You are kindly invited to be a participant in this study. The session will take approximately thirty (30) minutes. You are requested to be open and honest in answering the questions. You are also kindly requested to read and sign the informed consent provided to you.

Regards

Ms. N. Mudau

APPENDIX B: INFORMED CONSENT FOR PARTICIPANTS

TOPIC: “Challenges related to implementation of Employee Health and Wellness Programme in the selected Limpopo Provincial Government Departments within the Vhembe District.

DECLARATION OF CONSENT BY PARTICIPANTS

I, the participant, out of my free will, hereby agree to voluntarily participate in this research study with the following understanding:

The Nature of the Research

- The registered student , Ms. Nkhangweleni Mudau from University of Venda is conducting the research.
- The research forms part of the requirements for Ms. Mudau’s Master of Arts in Psychology Degree.
- Information will be collected by means of interviews.

My rights as a participant:

- I have not been forced to participate in this study.
- I have the right to withdraw from the study at any given time.
- I have the right to decline to answer any question (s) I am not comfortable with.
- I will remain anonymous and my name and identity will be kept from public knowledge.
- Any information I reveal during the process of this study shall remain confidential, shall only be used for the purposes of this research and for publication in Ms. Mudau’s dissertation, and relevant or appropriate publications.
- I grant permission for any information I reveal during the interview process to be used for the purpose of the study, with the understanding that data collected will remain in possession of the researcher, Ms. Mudau and her supervisor.
- The identification particulars such as surnames and names will be kept securely safe in Ms. Mudau’s office and thereafter the list will be destroyed.
- I,.....(the participant), agree to participate in this study.

SIGNATURES

Participant

Ms. N. Mudau

.....

MA Psychology Student

APPENDIX C: LETTER OF REQUEST TO THE HEAD OF DEPARTMENT

SUBJECT: REQUEST TO CONDUCT RESEARCH IN YOUR DEPARTMENT

1.The above matter refers:

2.I am a registered Master of Arts in Psychology student at the University of Venda.

3.The title of the study, aim and objectives are as follows:

Title: Challenges related to implementation of Employee Health and Wellness Programme in Limpopo Provincial Government Departments within the Vhembe District.

Aim:

The aim of this study is to explore the challenges relating to implementation of employee health and wellness programmes in the selected government departments in the Vhembe District municipality of the Limpopo Province.

Objectives:

- To describe the challenges faced by EHW Practitioner on the implementation of employee health and wellness programme within government departments in the Vhembe district municipality.
- To determine the perceptions of the EHWP practitioners regarding the role of managers in implementation of the programme
- To establish measures that could be put in place to enhance optimal usage of the employee health and wellness programme within government departments in the Vhembe district municipality.
- The study population will include the Employee Health and Wellness Practitioners.

4. Data will be collected through interviews.

5. All the research ethics; those of confidentiality, informed consent, avoidance of harm and voluntary participation, to mention a few, will be adhered to. Moreover I am also guided by my professional ethics and those of the University of Venda, where I am registered as a student.

6. Against this backdrop, this letter serves to humbly request for permission from your office to conduct this research in your Department.

7. Please find herein the attached copies of the research proposal and proof of registration.

Thanking you in anticipation.

**Ms. Nkhangweleni Mudau
MA Psychology Student
University of Venda**

APPENDIX D : INTERVIEW GUIDE FOR THE EMPLOYEE HEALTH AND WELLNESS PRACTITIONERS

Category 1: Biographical Details

- (a) Participant No:.....
- (b) Gender:.....
- (c) Experience in EHWP.....
- (d) Highest Academic Qualification.....

Category 2: Challenges faced by Employee Health and Wellness Practitioners in implementing the Employee Health and Wellness Programme

Category 3: Perceptions of the EHWP practitioners regarding the role of managers in implementation of the programme

Category 4: Measures that could be put in place to enhance optimal usage of the Employee Health and Wellness Programme

Thank you very much for your cooperation and participation, we have come to the end of the interview.

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms N Mudau

STUDENT NO:
11520706

PROJECT TITLE: **Challenges related to implementation of Employee Health and Wellness Programme in the selected Limpopo Provincial Government Departments within the Vhembe District.**

ETHICAL CLEARANCE NO: SHS/21/PSYCH/11/1608

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof. M Makalu	University of Venda	Supervisor
Dr M Madzhe	University of Venda	Co - Supervisor
Ms N Mudau	University of Venda	Investigator - Student

Type: **Masters Research**

Risk: **Minimal risk to humans, animals or environment (Category 2)**

Approval Period: **August 2021 – August 2023**

The Research Ethics Social Sciences Committee (RESSC) hereby approves your project as indicated above.

General Conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

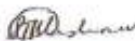
- The project leader (principal investigator) must report in the prescribed format to the REC:
 - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
 - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
 - Request access to any information or data at any time during the course or after completion of the project,
 - To ask further questions; Seek additional information; Require further modifications or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - Any unethical principles or practices of the project are revealed or suspected.
 - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
 - The required annual report and reporting of adverse events was not done timely and accurately.
 - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: June 2021

Name of the RESSC Chairperson of the Committee: Prof Takalani Mashau

Signature:



UNIVERSITY OF VENDA OFFICE OF THE DIRECTOR RESEARCH AND INNOVATION 2021-08-17 Private Bag X5050 Thohoyandou 0950



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REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
AGRICULTURE AND RURAL DEVELOPMENT

Ref: 12R

Enquiries: Dr T. Raphulu


16 September 2021

Ms Nkhangweni Mudau (11520706)
University of Venda

**RE: APPLICATION TO CARRY OUT RESEARCH UNDER THE DEPARTMENT OF
AGRICULTURE & RURAL DEVELOPMENT IN THE VHEMBE DISTRICT.**

1. Your email dated 30/08/2021 of request for permission to do research has reference.
2. Kindly take note that your request to conduct research titled **"Challenges related to implementation of Employee Health and Wellness Programme in the selected Limpopo Provincial Government Departments within the Vhembe District**, has been granted.
3. You are required to visit the office of the Director: Vhembe District to brief them on the study, to request list/names of employees attached to Employee Health and Wellness programme, participation and the assistance.
4. The Research team is required to conform to lockdown regulations in order to mitigate the spread of COVID 19.
5. Kindly take note that you will be expected to hand over a copy of your final report to the Department for record purposes as well as for reporting. You may also be invited to share your findings in the Departmental Research Forum.
6. Hoping that you will find this in order.

Kind regards



Dr. T. Raphulu
Chairperson: Research Committee

16/09/2021
Date

60768 Bissard Street, POLKOWANE, 0700, Private Bag 93457, Polokwane, 0700
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DEPARTMENT OF
SOCIAL DEVELOPMENT

Ref : S4/3/2
Enq : MJ Moloisi
Tel : 015 230 4381 / 082 457 7120
Email : MoloisiMJ@dsd.limpopo.gov.za

P O Box 1801
Thohoyandou
0950

Dear Ms N Mudau

SUBJECT: CHALLENGES RELATED TO IMPLEMENTATION OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE SELECTED LIMPOPO PROVINCIAL GOVERNMENT DEPARTMENTS WITHIN THE VHEMBE DISTRICT

The above matter has reference.

Thank you for applying for permission to conduct a research study at our facilities. The Department of Social hereby acknowledges receipt of the research review outcome from the Limpopo Provincial Research and Ethics committees certifying that you have been granted full approval and ethical clearance to conduct a study titled: "**Challenges related to Implementation of Employee Health and Wellness Programme in the selected Limpopo Provincial Government Departments within the Vhembe District**".

It is stated in your research proposal that the study is significant and relevant to and for the following stakeholders; namely:

- **Employees** as assets of any organisation because they deserve better and improved EHWP services striving to meet their needs;
- Getting the perspective of **EHWP Practitioners** on matters that could hinder or affect the implementation of the EHWP which directly has a bearing on the utilization of EHWP services by employees; and
- The recommendations if implemented would help **Employers** to address the identified areas of concern and to benefit employees who are the consumers or end-users of the EHWP services.

The study is targeting Employee Health and Wellness Programme practitioners in the Limpopo provincial government department in Vhembe District Municipality. In view of the above, this letter serves to grant you (**Ms N Mudau**) permission to conduct research interviews with the development's EHWP practitioners stationed in Vhembe District, Limpopo Province.

We trust you will find this to be in order.


Head of Department
Limpopo Department of Social Development


Date

21 Biccard Street, Polokwane, 0700, Private Bag x9710, POLOLKWANE, 0700
Tel: (015) 230 4300, Fax: (015) 291 2298 Website: <http://www.dsd.limpopo.gov.za>

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DEPARTMENT OF
**PUBLIC WORKS, ROADS
AND INFRASTRUCTURE**

Reference : 2/7/5/2
Enquiry : Molope KF
Date : 22 November 2021

Ms. Mudau N

Email: Nkhangweleni Mudau.@univen.ac.za

PERMISSION TO CONDUCT RESEARCH: CHALLENGES RELATED TO IMPLEMENTATION OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN THE SELECTED LIMPOPO PROVINCIAL GOVERNMENT DEPARTMENTS WITHIN THE VHEMBE DISTRICT, MUDAU N, and STUDENT NO: 11520706.

1. Your application to conduct research in the Department bears reference.
2. Your proposal was forwarded to the Head of Department for assessment and it was concluded that:
 - Your proposal complies with the Departmental Research and Development term of reference.
 - Your research sample covers Head Office.
 - You should complete a Departmental declaration form within 5 working days upon receipt of this letter.
3. To complete the whole process, contact Ms. Molope KF at office No 6/4/6 during working hours between 07h30 to 16h30. (015-284 7385)

Regards,



HEAD OF DEPARTMENT
SEROKA D.T

24/11/2021

DATE

43 Church Street, Polokwane, 0699, Private Bag X9490, POLOKWANE, 0700
Tel: (015) 284 7001, (015) 284 7030 website: <http://www.dpw.limpopo.gov.za>

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Suid-Afrikaanse Polisie Diens

Private Bag X 9428 Polokwane 0700

Fax No: 015 290 6162

Reference 2/1/2/1(10/2021)
Enquiries Maj Gen Morakaladi
Brig Mphahlele Ngoveni
Telephone 015 290 6097/6090
E-Mail LIM:Prov-Head OD &
Strategic Management

THE PROVINCIAL COMMISSIONER
SOUTH AFRICAN POLICE SERVICE
LIMPOPO PROVINCE

Ms N Mudau
University of Venda Road
Thohoyandou
0950

AUTHORITY TO CONDUCT RESEARCH IN SAPS: CHALLENGES RELATED TO IMPLEMENTATION OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME IN LIMPOPO PROVINCIAL GOVERNMENT DEPARTMENTS WITHIN THE VHEMBE DISTRICT: UNIVERSITY OF VENDA: MASTERS DEGREE: RESEARCHER: N MUDAU.

Your authority to conduct research as indicated above is herewith granted.

The researcher should take care of the following:

- The research will be done at your own cost.
- The research will be conducted without any disruption of the duties of personnel.
- The information will at all times be treated strictly confidential.
- Participation in the interviews must be on a voluntary basis.
- The researcher will ensure that research report/ publication complies with all conditions for the approval of research.
- You are expected to donate an annotated copy of the research work to the service.

Hoping you will find everything in order.


LIEUTENANT GENERAL
PROVINCIAL COMMISSIONER: LIMPOPO PROVINCE
MT HADEBE

DATE: 2021.11.02



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REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
ECONOMIC DEVELOPMENT, ENVIRONMENT & TOURISM

Ref : SS/5/1
Date : 28 January 2022
Enq : Mathedimosa L.E @ 015 293 8419

To : Ms Mudau N
From : Director: HRD & PMS

Approval to conduct research at department of Economic Development, Environment and Tourism (LEDET)

1. The above matters bear refers
2. We have pleasure in informing you that your request to conduct research at Department of Economic Development, Environment and Tourism (LEDET) has been approved by the Head of Department.
3. Your request is captured as follows:
 - Challenges related to implementation of Employee Health and Wellness programme in the selected Limpopo Provincial Government Departments within Vhembe District.
4. You are permitted to contact the Deputy Director Ms PT Banyini, Transformation: Employee health and Wellness. You may contact her at 082 809 8931.

Kind Regards

**DIRECTOR
HRD & PMS**

HEAD OFFICE

20 Hans Van Rensburg Street / 19 Bickard Street, Polokwane, 0700, Private Bag X 9484, Polokwane, 0700
(Switchboard) Tel: +2715 293 8300 Website: www.ledet.gov.za

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FACULTY OF HUMANITIES, SOCIAL SCIENCES AND EDUCATION

04 March 2022

TO WHO IT MAY CONCERN

This serves to confirm that I have proof-read Ms N. Mudau research project titled "Challenges related to implementation of Employee Health and Wellness Programme in the selected Limpopo Provincial Government Departments within the Vhembe District".

The proof-reading entailed editing some parts of the document; for example, to avoid wordiness, redundancy, sub-dividing sentences, and so on, to enhance the readability of the document.

However, I have not tampered with the content of the document, except where this constituted repetition or made the document confusing.

Sincerely



.....
Mr. F. Mahori

Lecturer

Department of English, Media Studies and Linguistics



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PRIVATE BAG 32050, THOHoyANDOLI, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
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