

**AWARENESS AND PERCEPTIONS OF SOCIAL DEVELOPMENT EMPLOYEES
REGARDING EMPLOYEE HEALTH AND WELLNESS PROGRAM AT LEPELLE-
NKUMPI MUNICIPALITY**

by

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DEDICATION

This dissertation is dedicated to:

My late parents, Madigwe Hwarihle Edward and Mphahlele Raphaahle Idah, who passed away when I was nine years old.

A special dedication to my grandmother, Mrs Mphahlele Mokgohloe, for her inspiration, support and guidance.

DECLARATION

I declare that **AWARENESS AND PERCEPTIONS OF SOCIAL DEVELOPMENT EMPLOYEES REGARDING EMPLOYEE HEALTH AND WELLNESS PROGRAM AT LEPELLE-NKUMPI MUNICIPALITY** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of a complete reference and that this work has not been submitted before for any other degree at any other institution.

MPHAHLELE KAMOGELO MADITSI

Date

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ABSTRACT

Employee Health and Wellness Program is an intervention to form a comprehensive health, productivity, risk management and wellness in the workplace. The study was therefore aimed at assessing awareness and perceptions by social development employees of the Employee Health and Wellness Program. Descriptive cross-sectional quantitative research was conducted using a self-administered questionnaire. Inclusion criteria was implemented to select study respondents, and of 102 study population, 66 employees fulfilled the inclusion criteria. The findings revealed that 77% of the respondents had negative perceptions of the program and 72.7% of respondents were less aware of the program. Contributing factor to negative perceptions and less awareness of the program is unclear. However, it could relate to location and marketing of the program as it is centralised at district offices. The services of health and wellness coordinators and peer educators at local municipal levels were recommended for promotion and marketing.

Keywords: Awareness, Perception, Social development employees, Employee Health and Wellness Program.

TABLE OF CONTENTS

DEDICATION.....	i
DECLARATION.....	ii
ACKNOWLEDGEMENT.....	iii
ABSTRACT.....	iv
DEFINITION OF CONCEPTS.....	xi
ABBREVIATIONS.....	xiii
CHAPTER 1: OVERVIEW OF THE STUDY	
1.1. INTRODUCTION AND BACKGROUND.....	1
1.2. PROBLEM STATEMENT.....	3
1.3. LITERATURE REVIEW.....	4
1.4. AIM OF THE STUDY.....	5
1.5. OBJECTIVES OF THE STUDY.....	5
1.6. RESEARCH QUESTION.....	5
1.7. RESEARCH METHODOLOGY.....	5
1.8. SIGNIFICANCE OF THE STUDY.....	6
1.9. CHAPTERS OUTLINE.....	6
1.10. CONCLUSION.....	7
CHAPTER 2: LITERATURE REVIEW	
2.1. INTRODUCTION.....	8
2.2. EMPLOYEE HEALTH AND WELLNESS PROGRAM.....	8
2.3. EMPLOYEES' AWARENESS OF EMPLOYEE HEALTH	

AND WELLNESS PROGRAM.....	9
2.4. EMPLOYEES' PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM.....	10
2.5. ASSOCIATION BETWEEN DEMOGRAPHICS, AWARENESS AND PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM.....	11
2.6. ROLES OF SOCIAL WORKERS IN PUBLIC HEALTH	11
2.7. CONCLUSION.....	12
CHAPTER 3: RESEARCH METHODOLOGY	
3.1. INTRODUCTION.....	13
3.2. SETTING.....	13
3.3. RESEARCH DESIGN.....	14
3.4. POPULATION.....	14
3.5. SAMPLING.....	15
3.6. DATA COLLECTION.....	15
3.7. DATA ANALYSIS.....	16
3.8. MEASURES TO ENSURE RELIABILITY AND VALIDITY.....	16
3.8.1. Reliability.....	16
3.8.2. Validity.....	17
3.9. BIAS.....	18
3.10. ETHICAL CONSIDERATIONS.....	18
3.10.1. Ethical clearance.....	18
3.10.2. Protecting anonymity and confidentiality.....	19

3.10.3. Protecting rights of institutions.....	19
3.10.4. Voluntary participation.....	20
3.10.5. Competence and actions of the researcher.....	20
3.11. CONCLUSION.....	20
 CHAPTER 4: PRESENTATION OF RESULTS	
4.1. INTRODUCTION.....	21
4.2. SOCIO-DEMOGRAPHIC INFORMATION OF RESPONDENTS.....	21
4.3. AWARENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM.....	23
4.4. PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM..	25
4.5. CONCLUSION.....	27
 CHAPTER 5: DISCUSSION, CONCLUSION AND RECOMMENDATIONS	
5.1. INTRODUCTION.....	28
5.2. EMPLOYEES' AWARENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM.....	28
5.3. EMPLOYEES' PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM.....	30
5.4. ASSOCIATION BETWEEN AWARENESS, PERCEPTIONS AND UTILISATION OF EHWP.....	31
5.5. ASSOCIATION BETWEEN PERCEPTIONS AND DEMOGRAPHICS.....	32
5.5.1. Gender.....	32
5.5.2. Age.....	32

5.5.3. Years of experience.....	33
5.5.4. Designation.....	33
5.6. ASSOCIATION BETWEEN AWARENESS AND DEMOGRAPHICS.....	34
5.6.1. Gender.....	34
5.6.2. Age.....	34
5.6.3. Years of experience.....	35
5.6.4. Designation.....	35
5.7. LIMITATIONS OF THE STUDY.....	35
5.8. CONCLUSION.....	36
5.9. RECOMMENDATIONS.....	36
5.9.1. Practice.....	36
5.9.2. Education.....	37
5.9.3. Research.....	37
REFERENCES.....	38

ANNEXURES

Annexure 1. Questionnaire.....	44
Annexure 2. Turfloop Research Ethics Committee Clearance Certificate.....	47
Annexure 3. Letter requesting permission from Department of Social Development to access respondents.....	48
Annexure 4. Approval letter to access respondents at Department of Social Development facilities.....	50
Annexure 5. Invitation to participate in a research study.....	51
Annexure 6. Consent form.....	53
Annexure 7. Letter from the language editor.....	55

LIST OF FIGURES

Figure 1. Map of Capricorn District Municipality showing local municipalities....	13
Figure 4.1. Gender of respondents.....	21
Figure 4.2. Age distribution.....	22
Figure 4.3. Designation of respondents.....	22
Figure 4.4. Years of service.....	23

LIST OF TABLES

Table 4.1: Respondents' Awareness of EHWP.....	23
Table 4.2: Cross tabulation of Utilisation and Awareness of EHWP.....	24
Table 4.3: Cross tabulation of Demographics and Awareness of EHWP.....	24
Table 4.4: Respondents' Perception of EHWP.....	25

Table 4.5: Cross tabulation of Demographics and Perception of EHWP.....26

Table 4.6: Cross tabulation of Utilisation and Perception of EHWP.....27

DEFINITION OF CONCEPTS

Awareness: According to the Oxford Advanced Learner's Dictionary (2015), awareness refers to knowing that something exists. In the context of this study, awareness refers to having knowledge of the Employee Health and Wellness Program and its importance.

Employee Assistance Program: According to the Employee Assistance Programs Association-South Africa standard (EAPA-SA, 2011), Employee Assistance Program is defined as a workplace tool that enhances employee and workplace the effectiveness through prevention, identification and resolution of personal and productivity issues. In this study, Employee Assistance Program refers to internal and external workplace resources such as finance and human-capital to promote work-effectiveness and productivity.

Employee Health and Wellness Program: As defined by the Department of Public Services and Administration (2012), Employee Health and Wellness Program refers to measures of public or governmental institution aimed at promoting productivity in the workplace by enhancing the health and family life of employees. In this context, Employee Health and Wellness Program refers to the coordinated use of the Department of Social Development resources as human-capital and finance to promote the effective work environment through the provision of psychosocial, physical and health related benefits to employees.

Fatigue: According to Davies and Davies (2013), fatigue refers to feeling tired, sleepy or exhausted. In this study, fatigue refers to a feeling of tiredness resulting from the demands of work and its inherent dangers.

One-stop centre: A one-stop centre is facility providing trauma counselling and psychosocial support, health care, police services, legal assistance and shelter services (Department of Social Development, 2011). In this study, a one-stop centre refers to a complex facility centre of the Department of Social Development offering

a range of services to communities such as social work services, community development services, community engagement and probation services.

Perception: Perception refers to an idea that people have about what they observe (Oxford Advanced Learner's Dictionary, 2015). Perception in this research refers to the views of employees about Employee Health and Wellness Program.

Social development employee: A social development employee refers to government employee providing welfare services in society (South Africa, 1997). In this study, a social development employee refers to registered and practising social worker, social auxiliary worker, community development worker as well as human resource official of the Department of Social Development.

ABBREVIATIONS

AIDS:	Acquired Immune Deficiency Syndrome
DD:	District Director
DPSA:	Department of Public Service and Administration
DSD:	Department of Social Development
EAP:	Employee Assistance Program
EAPA-SA:	Employee Assistance Programs Association-South Africa Standard
EHWP:	Employee Health and Wellness Program
HIV:	Human Immunodeficiency Virus
MPH:	Master of Public Health
PMDS:	Performance Management and Development System
TREC:	Turfloop Research and Ethics Committee
WHO:	World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

Healthy employees are an essential prerequisite for productivity and economic development (World Health Organization, 2013). As one of the building blocks of health systems, employees are central to the delivery of health services as well as the achievement of health goals and targets set by government and the international community. In a health system, employees are what World Health Organization (2010) defines as a range of clinical staff, management and support staff whose intent actions are to enhance health. Detrimental factors exist in a health system that threaten the achievement of health goals and targets as set by the national government or the international community. Lack of resources and poor working conditions are counted amongst the detrimental factors causing the migration of employees (Department of Health, 2011).

Employee Health and Wellness Program (EHWP) is one of the workplace resources aimed at enhancing the health of employees. The World Health Organization (2013) considers EHWP as one of the best tools for the prevention and control of non-communicable diseases and mental health of employees in the workplace. The Department of Public Services and Administration (2008) emphasises that EHWP emerged as an intervention to form a comprehensive health and productivity management program in the public service. The intervention was based on epidemiological analysis on the health of employees, which indicated trends of non-communicable diseases and psychosocial problems affecting employees.

In a survey conducted in South Korea to determine the effects of long working hours and low-salary on employees, Ryu (2016) acknowledges the presence of effective and efficient EHWP in institutions and organisations as an important tool of uncovering the causes of public employees' stressors to protect their well-being. Studies indicated that a number of organisations and institutions are initiating EHWP to identify employees who show lower levels of well-being and provide them with

effective psychological treatment to enhance their wellness, leading to high job performance (Roslender, Stevenson & Kahn, 2010; Hillier, Fewell, Cann & Shepard, 2012; Ryu, 2016).

Despite efforts by many organisations on the move to create a positive work environment through EHWP, some organisational programs are not well designed and as such, employees are not utilising the developed programs (Sieberhagen, Pienaar & Els, 2011). In a survey on organisational EHWP in South Africa, Sieberhagen et al. (2011) found that many organisations rated only EHWP design positively and not employee participation in the program. The survey further indicates that employee participation in the program is important as it is measurable, and as such determines the success of the program (Sieberhagen et al., 2011). According to the Employee Assistance Programs Association-South Africa standard (2011), there are various factors which may impede the effectiveness of a program such as non-confirmative to the program standards.

In South Africa, despite the presence of legislations and policies that promote the development and implementation of EHWP such as the Social Work Act 110 of 1978 and the Department of Public Services and Administration Employee Health and Wellness Strategic Framework 2008, employees are still unaware of the program and as such are not utilising it. Lack of knowledge and ineffective EHWP was also highlighted in an analysis on occupational stressors in 14 different occupations in South Africa (Pienaar & Rothmann, 2014). In the analysis, the above authors conclude that stress levels are particularly high in the health sector such as hospital pharmacists, nurses, social workers and emergency workers. Pienaar and Rothmann (2014) argue that in sectors where high levels of stress prevail, EHWP is available. Inhibitors to the effectiveness of the program often results from employees' perceptions of its availability and design.

The purpose of the study was therefore to assess awareness and perceptions by employees of the Department of Social Development (DSD) of EHWP at Lepelle-Nkumpi Local Municipality. The motive of the study was brought by a lack or little research concerning EHWP in DSD.

1.2. PROBLEM STATEMENT

Based on the researcher's observation as a social worker, some employees of DSD in Lepelle-Nkumpi Local Municipality often complain about fatigue resulting from the demands of their work and its inherent dangers. As part of their work, social workers intervene in situations such as domestic violence, pre-sentencing services, family and individual counselling, and intervention on clients involved in substance abuse. Community development workers on the other side intervene in community profiling as well as the provision of outreach programs for children in-conflict with the law. The intervention of human resource officials often includes the provision of tools of trade to encounter the demands of employees in the workplace. The work of all these employees is embedded with stress emanating from the demands of their work, personal finances as well as health problems. The above statement is supported by a case reported on a television channel in 2013 that a social worker was shot and killed in her office by a client who had lost custody of his child (eNCA, 2013).

The researcher has observed that, as a result of stress emanating from exposure to these life-threatening situations accompanied by other demands of their work, many social development employees at Lepelle-Nkumpi Local Municipality do not perform optimally as required by the Performance Management and Development System (PMDS). As indicated by some of the colleagues of the researcher at the municipality, external health and wellness practitioners are therefore consulted with regard to issues relating to family problems, fatigue and substance abuse.

In the researcher's view, the reason for external consultation can be linked to employee awareness and perception of EHWP at DSD. EAPA-SA (2011) and Sieberhagen et al. (2011) maintain that location and marketing of EHWP in the workplace influences employee awareness of EHWP which therefore affect utilisation of the program. A number of factors such as factors revealed in a number of studies affect employee awareness of EHWP. These factors include; marketing during orientation program, marketing via awareness workshops and posters, and word of mouth through colleagues, accessibility and responsiveness of EHWP (Grobler & Joubert, 2012; Kenny, 2014; Taute & Manzini, 2014).

Employee' perception of EHWP relates to subjective views regarding the program, which may be influenced by a number of factors such as confidentiality and trust (Milner, Greyling, Goetzal, Da Silva, Kolbe-Alexander, Patel, Nossel and Beckowski, 2015). A number of factors as indicated by literature have influence on the views of employees regarding EHWP at DSD. These factors include; perceived levels of stigmatisation and support, quality of services, fear of disclosing distressing information, fear of being stereotyped, mistrust in counselling professionals, embarrassment and fear of being perceived as weak (Dickinson & Mundy, 2010; Kenny, 2014; Yaacob & Sipon, 2014). The researcher has observed that employees often utilises EHWP offered by other departments such as Department of Health and others which may imply mistrust in the counselling professionals and also undermining the quality of service offered.

1.3. LITERATURE REVIEW

Literature review highlights how previous studies of a similar concern were conducted, the results of the studies and recommendations from findings (Serakan & Bougie, 2013). Chapter 2 provides a full review of literature on employee health and wellness.

According to Reese (2011), a well-designed EHWP brings about healthy organisations characterised by a low level of absenteeism, high productivity, high employee satisfaction, fewer health care claims and minimal union grievances. A study by Dickinson and Mundy (2010) indicates perceived levels of stigmatisation and support, and confidentiality and quality of services as factors determining the utilisation of different components of EHWP in the workplace. Pillay and Terblanche (2012) indicate that to increase the utilisation of the EHWP, employees need to be aware of the existence of the program in the workplace. Pillay and Terblanche (2012) further indicate that social media as emerging technologies should be used to promote the program in the workplace.

1.4. AIM OF THE STUDY

The aim of the study was to assess awareness and perceptions by social development employees of the Employee Health and Wellness Program at Lepelle-Nkumpi Local Municipality.

1.5. OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Determine awareness and perceptions by social development employees of Employee Health and Wellness Program at the Department of Social Development at Lepelle-Nkumpi Local Municipality.
- Determine the association between awareness, perception and utilisation of Employee Health and Wellness Program at the Department of Social Development at Lepelle-Nkumpi Local Municipality.
- Determine the association between demographic profiles of social development employees and perceptions and awareness of Employee Health and Wellness Program at the Department of Social Development at Lepelle-Nkumpi Local Municipality.

1.6. RESEARCH QUESTION

What is the level of awareness and perceptions of social development employees regarding Employee Health and Wellness Program at Lepelle-Nkumpi Local Municipality?

1.7. RESEARCH METHODOLOGY

The study was about assessing and determining awareness and perceptions by employees of EHWP at workplaces. Therefore, the study followed the quantitative approach which, according to DePoy and Gitlin (2011), is important when opinions, attitudes and behaviour are to be assessed; that is, when finding out how the whole population feels about a certain issue. A cross-sectional descriptive design was

adopted to answer the research question objectively and validly. The design assisted in describing perceptions by employees of EHWP.

Inclusion criteria was implemented to select study respondents and of the hundred and two (102) employees, sixty six (66) employees fulfilled the inclusion criteria and as such participated in the study. The study respondents were categorised into three divisions: social workers, community development workers and human resource officials. The research methodology is expounded fully in Chapter 3.

1.8. SIGNIFICANCE OF THE STUDY

The study may be significant to both employees and employers. The findings of the study may be helpful in assisting DSD specifically designated senior manager responsible for development of a holistic EHWP to enhance the program as to increase awareness of the program. The findings may also assist EHWP coordinators to enhance their promotion of the EHWP thereby imparting a positive perception of EHWP on employees.

1.9. CHAPTERS OUTLINE

Chapter 1

The chapter provides an introduction of the study, background as well as a brief methodology of the study.

Chapter 2

This chapter reviews literature on awareness and perceptions by employees of the Employee Health and Wellness program in the workplace.

Chapter 3

The chapter outlines the method used to conduct the study. The chapter is therefore discussed in terms of research design, population, sampling, data collection and data analysis.

Chapter 4

This chapter presents and interprets the results of the study.

Chapter 5

The chapter focuses on discussing the findings of the study, limitations, conclusions and recommendations.

1.10. CONCLUSION

This chapter provided, through the problem statement, and highlighted the results of not utilising or promoting EHWP in the workplace. Awareness and utilisation of EHWP is central in bringing about productivity and economic development as well as achieving targets set by employers. The benefits of having a well-designed EHWP are also highlighted. The next chapter reviews literature on EHWP.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The previous chapter highlighted the problem statement, the aims and objectives of the study, a brief review of literature as well as the significance of the study. In the discussion that follows, emphasis is provided on literature review on employee health and wellness. The researcher elaborated on employee wellness, employees' awareness of EHWP, employee's perceptions of EHWP, association between demographics, awareness and perceptions, as well as the role of social workers in public health. Literature review highlighted how previous studies of a similar concern were conducted, the results of the study and recommendations from findings. International literature was consulted on the similar concern regarding wellness program in the workplace. The rationale is therefore to offer a room for further studies (Serakan & Bougie, 2013).

2.2. EMPLOYEE HEALTH AND WELLNESS PROGRAM

Employee Health and Wellness Program (EHWP) as defined by the Department of Public Service and Administration (2012) refers to measures of public and private institution aimed at promoting productivity in the workplace by enhancing health and family life of employees. In many countries around the world, EHWP emerged as a strategy focusing on health and safety, and lifestyle and psychosocial factors in the workplace. An American study by Mujtaba and Cavico (2013) points out that wellness program in the workplace may consist of a health risk assessment such as annual medical exams and lifestyle audit. In South Africa, EHWP was initiated in the 1980s by the Chamber of Mines in mining industry with the aim of promoting the health of employees in order to increase production (Sieberhagen et al., 2011).

According to Milner et al. (2015), the growing worldwide chronic diseases of lifestyle which affect employees prompted the emergence of EHWP as a health promoting intervention in the workplace. Health and wellness activities are therefore curative and preventative in nature. These are activities that focus on relieving stress of employees caused by the demands of their job, personal finances, substance abuse and health problems (Sieberhagen et al., 2011).

An increasing body of research in the field of EHWP reveals the effectiveness of the program from both employee and employer perspectives (Hasijani & Sabale, 2018; Yaacob & Sipon, 2014). On the side of employees, researches have revealed that a well-designed EHWP brings about healthy employees characterised by a low level of absenteeism, high satisfaction, fewer health care claims and minimal union grievances (Abdullah & Lee, 2012; Reese, 2011). A well designed EHWP is argued to be one that is based on the needs of both the employer and the employees (Sieberhagen et al. 2011; Roslender et al. 2010). Grobler and Joubert (2012) substantiate by indicating that employees' view of EHWP is important in the choice of the EHWP to be implemented, and as such encourage employee participation in the program. On the employer perspective, EHWP is argued to bring about high productivity, which acts as motivation for other employers to offer the program in the workplace (Roslender et al. 2010).

2.3. EMPLOYEES' AWARENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

According to EAPA-SA (2011), there are a number of factors which determine employers and employees' awareness of EHWP in the workplace. Marketing is identified as one of the core technologies of EHWP which determines awareness of the program. Marketing as a core technology of EHWP, emphasises that outreach and promotion of the program should be done to management, supervisors, unions, employees and their family members. Taute and Manzini (2014) and Kenny (2014) are of the view that awareness of EHWP in the workplace is determined by a number of factors, including the following aspects: marketing during orientation program, marketing via awareness workshops and posters and word of mouth through colleagues. An organisational culture which supports wellness and psychosocial

needs of employees promotes awareness and employee utilisation of EHWP (Dickson-Swift, Fox, Marshall, Welch & Wills, 2014). A study by Grobler and Joubert (2012) determines awareness differently. In their study, employee awareness of EHWP was determined by the principles of EHWP, which are information, support and understanding, accessibility and responsiveness.

Pillay and Terblanche (2012) indicate that to increase the utilisation of the EHWP, employees need to be aware of the existence of the program in the workplace. Pillay and Terblanche (2012) further indicate that social media as emerging technologies should be used to promote the program in the workplace. Employee health and wellness strategic framework clearly indicates that the promotion of EHWP in public services is based on four Process Pillars of Action. One of these is capacity building initiative, which emphasises that there should be electronic health and wellness information system that promotes wellness in all spheres of government (Department of Public Services and Administration, 2008).

2.4. EMPLOYEES' PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

Similar to awareness, employees' perceptions of EHWP in the workplace is determined by a variety of factors. Yaacob and Sipon (2014) determine perceptions of employees towards the use of EHWP by means of four factors: self-stigma, social stigma, emotional openness and anticipated risk and utility. Stewart, Pulerwitz and Esu-Williams (2009) regard stigma as a social process which unintentionally leads to marginalisation and labelling of those who are different or who dare to be different. A study by Dickinson and Mundy (2010) determines perception by means of perceived levels of stigmatisation and support, trust, confidentiality and quality of services as factors determining the utilisation of different components of EHWP in the workplace.

Fear and perceived stigmatisation by co-workers is identified as a factor influencing the utilisation of EHWP. Co-workers are perceived to stigmatise employees who consult the services of EHWP as having family problems (United Nations Programme on HIV and AIDS, 2010). A study by Demerouti and Bakker (2011)

indicate that employees do not view participation in EHWP as an aid to their health, but as an unnecessary demand made on them by the organisation.

2.5. ASSOCIATION BETWEEN DEMOGRAPHICS, AWARENESS AND PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

The dynamics of gender in relation to EHWP often impact on employees' and employers' awareness, perceptions and the utilisation of the program (Duncan, Liechty, Miller, Chinoy & Ricciardi, 2011). Taute and Manzini (2014) maintain that the way men and women experience similar events differ, which then makes it difficult to design a program which is well-perceived and utilised by both genders.

A study by Milner et al. (2015) reveals that women's awareness and perceptions of EHWP is often negative when women's role such as responsibilities at home are not taken into consideration in the design of EHWP. Robroek, Lenthe, Empelen and Burdorf's (2009) study reveals a negative perception of EHWP by women and a positive perception by men. It was found that female employees regard participation in wellness activities as a choice offered by employers, and as such not compulsory.

A study by Robroek et al. (2009) reveals a positive perception and awareness by elderly employees. The study reveals that elderly employees prefer to participate more in EHWP, which offers curative health programs as well as multi-component programs dealing with chronic conditions. Mogotsi (2011) argues that owing to escalating health costs, compared to any age group, elderly employees prefer utilising workplace wellness services as it is free. On the other hand, Mogotsi (2011) reports that young and overweight employees are more aware and maintain a positive perception to EHWP, which offers fitness, exercise and physical activities.

The number of years in the workplace could expose employees to the existence and utilisation of the program (Taute & Manzini, 2014). Studies by Robroek et al. (2009) and Dlamini (2015) reveal more awareness and utilisation of EHWP by employees who are more experienced in the workplace.

2.6. ROLES OF SOCIAL WORKERS IN PUBLIC HEALTH

Ruth, Sisco, Wyatt, Bethke, Bachman and Piper (2008), define social work in public health as a practice that uses an epidemiological approach to prevent, address and solve social health problems. Existing and emerging health issues such as globalisation, health inequalities, racism, climate change, violence, mental illness, persistent infectious and chronic diseases and economic inequality are challenging the 21st century public health in complex ways (Ruth & Marshall, 2017; Ruth et al. (2008). The emergence of these challenges prompted a need for multidisciplinary interventions by a variety of health professionals. Social work in public health therefore emerged in 1930s and was integrated in public health service to address social determinants of health through direct clinical services, health education and promotion, crisis intervention, and research and prevention services (Waitzkin & John, 2016).

In the workplace, health and behavioural challenges are addressed by a number of professionals such as social workers, psychologists, chaplains and nurses through EHWP (Grobler & Joubert, 2012; Hasijani & Sabale, 2018). As identified in the *Oxford Textbook of Global Public Health*, some of the social health problems addressed by social workers through EHWP include substance use, and family and behaviour challenges (Detels, Gulliford, Karim & Tan, 2015). EHWP is implemented in the workplace to the benefit of both employers and employees. The program is used in the workplace to reduce sickness related absenteeism and reduce medical cover costs resulting in a more educated and healthy work force (Hasijani & Sabale, 2018).

2.7. CONCLUSION

This chapter discussed literature on EHWP. Elaboration was made on what employee health and wellness program entails, factors that influence the effectiveness of the program, employees' awareness and perceptions of the program as well as the roles of social workers in public health. The next chapter discusses the methodology used to conduct the study and ethical measures considered.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The previous chapter gave a detailed discussion of EHWP, employees' perceptions and awareness of EHWP, and the roles of social workers in public health. The discussions that follow provide the research methodology employed in executing the research study.

3.2. SETTING

The study took place at Lepelle-Nkumpi Local Municipality under Capricorn District Municipality in Limpopo Province, South Africa. Lepelle-Nkumpi Local Municipality is one of four local municipalities under Capricorn District Municipality. The local municipality is located south of the district municipality and covers an area of 3 463 square kilometres. Lepelle-Nkumpi Local Municipality is divided into the following main areas: Zebediela, Lebowakgomo, Mphahlele and Mafefe areas. DSD employees are spread within 14 facilities across the municipality. Facilities include ten (10) primary health care clinics, three (03) hospitals and one (01) one-stop centre (Yesmedia, 2012). A map of Capricorn District Municipality showing local municipalities can be seen below (Figure 1).



Source: Yesmedia (2012)

Figure 1. Map of Capricorn District Municipality showing local municipalities

3.3. RESEARCH DESIGN

According to Sekaran and Bougie (2013), a research design is a plan that is adopted by the researcher to answer research questions validly, objectively, accurately and economically. DePoy and Gitlin (2011) concurs by referring to a research design as a plan or a blueprint of how a researcher intends to conduct the research. The research design for the study was a cross-sectional descriptive design which, according to Seabi (2012), is a design that seeks to describe the proportion of people who hold various beliefs and opinions about a particular matter. The design was therefore implemented to determine the existing views of respondents regarding the program. The study employed a quantitative approach, which is important when opinions, attitudes and behaviours are to be examined in order to find out how the whole population feels about certain issues (DePoy & Gitlin, 2011). The use of a descriptive design was therefore helpful in assessing and describing awareness and perceptions of employees.

3.4. POPULATION

Sekaran and Bougie (2013) define population as the entire group of people, events, or things of interest that the researcher would like to investigate. The population for this study was all hundred and two (102) employees of DSD at Lepelle-Nkumpi Local

Municipality. However, only sixty six (66) employees participated in the study as they were found to fulfil the inclusion criteria.

- Inclusion criteria

Inclusion in the study was based on the following criteria: the employee had to be permanently employed by DSD for more than one year, and had to be willing to participate voluntarily in the study by signing a consent form.

- Exclusion criteria

Exclusion in the study was based on the following criteria: employee should have less than one year of service in DSD and employee with more than one year of service in DSD should not be willing to participate in the study.

3.5. SAMPLING

According to Serakan and Bougie (2013), sampling refers to a technique used to select representatives of the population from whom data will be collected, and a sample refers to the actual units selected from the population to participate in the study. In this study, all hundred and two (102) employees of DSD at Lepelle-Nkumpi Local Municipality participated in the study and of the 102 employees, sixty six (66) employees fulfilled the inclusion criteria.

Selected respondents consisted of fifty-one (51) social workers, twelve (12) community development workers and three (03) human resource officials. Social auxiliary workers were included in the category of social workers.

3.6. DATA COLLECTION

Data was collected using a questionnaire. Serakan and Bougie (2013) identify a questionnaire as a self-report instrument where the respondents write their responses to printed questions on a document. The questionnaire was constructed by reviewing literature by Makala (2011) and Dlamini (2015). It consisted of the following parts: Part A, which assessed demographic data, Part B assessed awareness of EHWP and Part C assessed the perceptions by employees of EHWP.

Part B and C of the questionnaire were arranged as rating scale where the respondents chose from given alternatives. DePoy and Gitlin (2011) relate that rating scale is more useful when behaviour, attitude or other phenomenon of interest need to be evaluated. The questionnaire is attached as Annexure 1.

In order to accommodate all 66 employees, data was collected on different dates and times to access those who were on leave or not available during data collection. Data was collected during working hours over a period of two months between November and December 2017. A boardroom as a common place was identified for data collection and respondents who were not available during data collection completed the questionnaire in their offices. The questionnaire was self-administered but the researcher was available to clarify questions which needed clarity. The study respondents were responsible for handing over questionnaire once it was completed in an open box at the venue where the study took place

3.7. DATA ANALYSIS

According to Serakan and Bougie (2013), the process of data analysis takes many different forms depending on the nature of the research question and design, and the nature of the data itself. DePoy and Gitlin (2011) describe the purpose of data analysis as to categorise, order, manipulate and organise raw data so that the information derived from such data can be described in meaningful terms. Data analysis of this study was done using International Business Machines Corporation and Statistical Package for the Social Sciences Version 24.0 (IBM SPSS Statistics, 24.0). Descriptive statistics, such as measures of frequencies was used to provide summaries of demographic profile of the respondents. Due to small sample size, Fisher Exact test, was used to assess the association between groups. A p-value of less than 0.05 was considered statistically significant.

Part B of the questionnaire, which assessed awareness, consisted of nine questions. Awareness was classified into three groups, 'not aware', 'less aware' and 'more aware'. A score of zero was set for 'not aware', a score between 1 and 5 was set for 'less aware', and a score of 6 and above was set for 'more aware'. Part C assessed perceptions of employees and consisted of nineteen questions. The classification of

perception was grouped as follows: a cut off score of 10 or more was set for 'positive perception' and any score less than 10 was set for 'negative perception'.

3.8. MEASURES TO ENSURE RELIABILITY AND VALIDITY

3.8.1. Reliability

Reliability is described as relating to the fact that if a measurement is consistent, it will supply the same answers at different times (Serakan & Bougie, 2013). In order to ensure consistency in measurement, measures that proved their reliability were used. The use of measures that proved their reliability means using established measures that have proven their reliability in previous research. In this study, a questionnaire was constructed after a review of studies by Makala (2011) and Dlamini (2015). In both studies by Makala and Dlamini, the questionnaires were designed by the researchers and pretested with different respondents to prove the consistency of the measure. Cronbach alpha was used in this study to provide internal consistency of the scale which was 0.84 for 'awareness' (9 items) and 0.82 for 'perception' (19 items). Lehman (2005) proposed the guideline of alpha coefficient (α) to be $\alpha > 0.70$ as a standards for strength. Based on the guideline of alpha coefficient, the internal consistency of the questionnaire is acceptable. Cronbach alpha is a measure of internal consistency of a test or scale developed by Lee Cronbach in 1951 (Tavakol & Dennick, 2011). The internal consistency of a test helps describes the extent to which all items in a test measure the same construct or concept.

3.8.2. Validity

Serakan and Bougie (2013) describe validity as referring to the degree to which an empirical measure sufficiently reflects the real meaning of the concept under investigation. The following describe how validity was ensured in this study:

- Content validity

Content validity relates to the estimate of how much a measure represents every element under investigation (DePoy & Gitlin, 2011). In order to ensure content validity of the research study, research supervisors were consulted as content

specialists. The questionnaire constructed was given to the supervisors to provide opinions on the relevance or irrelevance of each question in the questionnaire.

- Face validity

Face validity is a subjective assessment of whether a measurement procedure used in a study such as a questionnaire, appears to be a valid measure of a given variable (DePoy & Gitlin, 2011). The questionnaire used was constructed after reviewing literature by Makala (2011) and Dlamini (2015). The internal consistency of the questionnaire in the present study was found to be acceptable. This therefore ensured face validity of the measure used in the present study.

3.9. BIAS

According to De Vos, Strydom, Fouché and Delpont (2011), bias is a systematic error or deviation from true results, which occurs when there is an underlying factor that consistently distorts the results. In this study, the researcher took cognisance of the following bias in the study:

- Selection bias

Selection bias is a flaw in the selection of study respondents (De Vos et al. 2011). It relates to who is included in a study. In order to prevent selection bias, the researcher included all employees of DSD in the municipality and categorised them according to their designations being social workers, community development workers and human resource officials. Therefore, every employee had an equal opportunity to participate in the study.

- Language bias

Language is important as it enables respondents to respond appropriately to the questionnaire. In this study, English was the only language used in the questionnaire. English language was used in the questionnaire as the researcher found the respondents proficient in English.

3.10. ETHICAL CONSIDERATIONS

According to De Vos et al. (2011), research ethics places emphasis on the humane and sensitive treatment of research respondents who may be placed at varying degrees of risk by research procedures. In consideration of achieving humane and sensitive treatment of research respondents, the researcher put the following ethical principles into consideration: ethical clearance, protecting anonymity and confidentiality, protecting rights of institutions and respondents, and competence and actions of the researcher.

3.10.1. Ethical clearance

The researcher submitted the research proposal to the Senior Degrees Committee of the School of Health Care Sciences and Higher Degrees Committee of the Faculty of Health Sciences for approval. Once the research proposal was approved, the researcher applied for ethical clearance from Turfloop Research and Ethics Committee (TREC) of the University of Limpopo and ethical clearance was granted. Turfloop Research Ethics Committee Clearance Certificate is attached as annexure 2.

3.10.2. Protecting anonymity and confidentiality

According to DePoy and Gitlin (2011), confidentiality and anonymity are concerned with respect for and protection of research respondents. Anonymity is regarded as a secured means of protecting the rights of the respondents. It is a means by which the researcher cannot link respondents to their data (De Vos et al., 2011). In this study, no personal identification of the respondents was requested on the questionnaire. The study respondents were further encouraged to refrain from writing their names or signing the questionnaire.

Confidentiality is an assurance to study respondents that their information will not be made available to anyone who is not directly involved in the study (De Vos et al., 2011). In promoting confidentiality, the questionnaire was filled by respondents in their respective secured offices, and completed questionnaires are kept by the

researcher in a lockable cabinet. Captured data and findings are kept in password-locked computer.

3.10.3. Protecting rights of institutions

After obtaining ethical clearance from TREC, the researcher approached District Director (DD) at DSD to seek permission to access the respondents. The request was aimed at protecting the rights of DSD. One of the core standards of practice upheld by EAPA-SA is management and administration of service. This standard is aimed at promoting professionalism and confidentiality in the provision of service. The standard further emphasises that researches conducted on the program should be maintained with the highest professional standard and a proper record keeping to enhance service delivery. According to the Department of Public Service and Administration (2011), the role of DD is to ensure development and implementation of written policy in the management of EHWP. The DD is given the responsibility to coordinate researches conducted on EHWP and to ensure that professional service standards are maintained. A request letter (Annexure 3) seeking permission to access the respondents in order to collect data was submitted to DD at DSD. A permission to access respondents was granted and approval letter is attached as Annexure 4.

3.10.4. Voluntary participation

In every study that involves human participation, respondents have the right to know what the research is about, how it will affect them, the risks and benefits of participation, and the fact that they have the right to decline to participate if they choose to do so (Serakan & Bougie, 2013). In order to ensure the implementation of this ethical principle, participation in the study was voluntary and the respondents were informed of their rights to withdraw from participating in the study at any time they find necessary. Respondents were not coerced to participate in the study. The respondents signed a consent form (Annexure 6) and the purpose of the study was discussed with the respondents. Employees were informed of the study through an invitation (Annexure 5) which circulated in the entire municipality.

3.10.5. Competence and actions of the researcher

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation (Serakan & Bougie, 2013). The researcher is skilled and competent in undertaking the study due to knowledge gained in previous research at Honours Degree level as well as knowledge gained from completing a research module for a Master of Public Health (MPH) degree. The researcher was also under supervision of supervisors with extensive research experience.

3.11. CONCLUSION

This chapter discussed the research methodology employed in executing the research study. The emphasis was on research design, population, sampling, data collection, data analysis as well as ethical measures considered to enhance the effective execution of the study. The chapter that follows presents and interprets the results of the research study.

CHAPTER 4

PRESENTATION OF RESULTS

4.1. INTRODUCTION

The previous chapter outlined the research methodology used in the study. In this chapter, the results of the study are presented and interpreted. These results are based on the respondents' awareness and perceptions of EHWP.

4.2. SOCIO-DEMOGRAPHIC INFORMATION OF RESPONDENTS

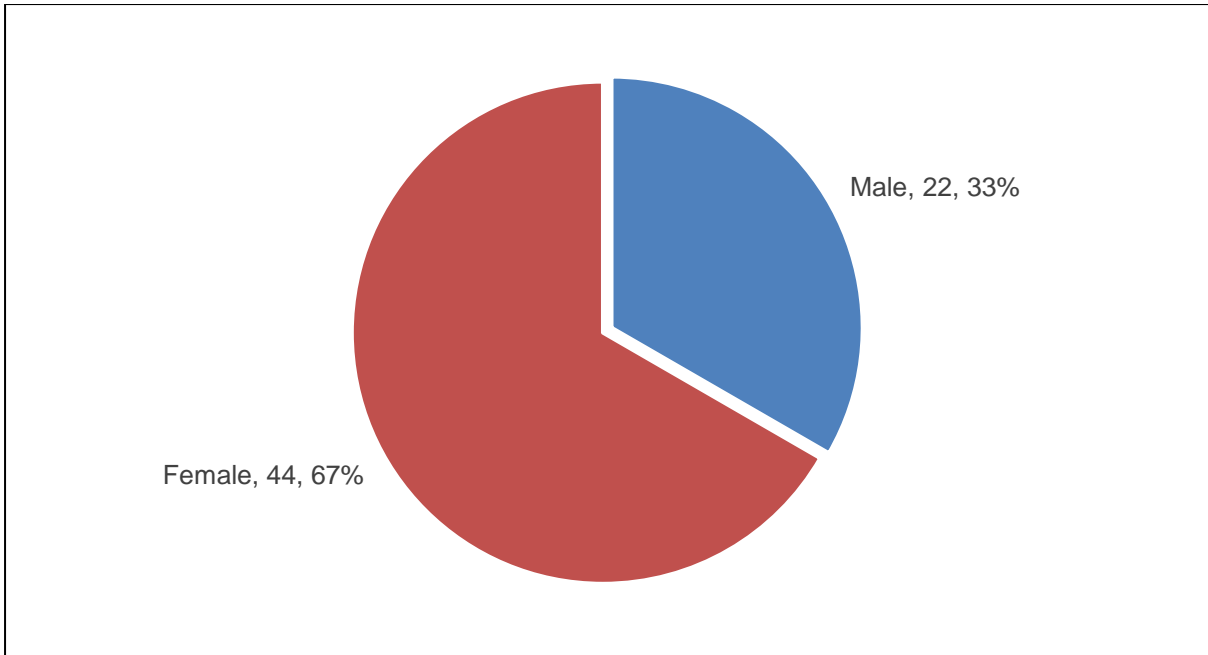


Figure 4.1: Gender of RESPONDENTS

Sixty-six employees participated in this study, of which 67% were females and 33% were males (Figure 4.1).

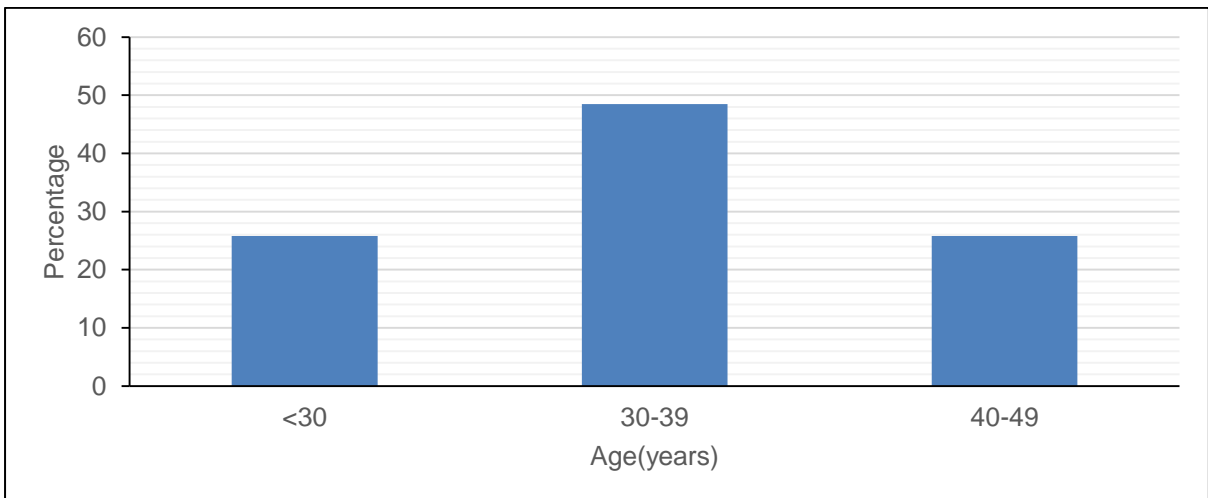


Figure 4.2: Age distribution

Figure 4.2 shows the age distribution of the respondents. Nearly half (49%) were in the age group 30-39 years, followed by those in the age group 40-49 years and those <30 years of age.

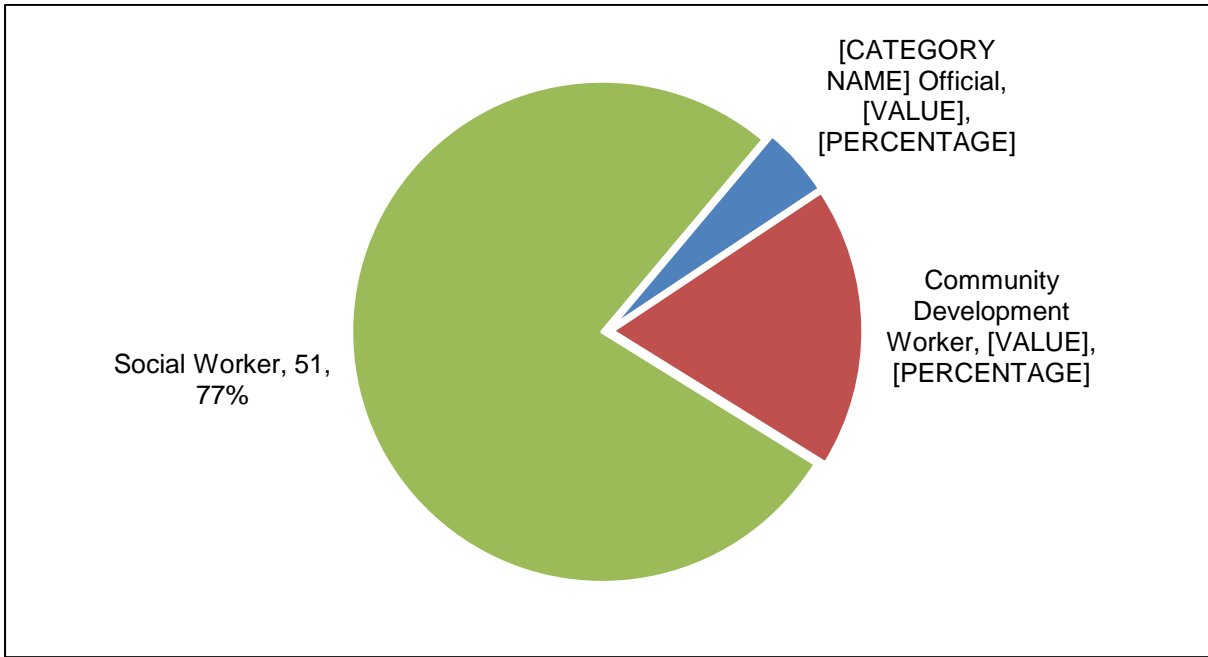


Figure 4.3: Designation of respondents

The majority (77%) of the respondents were social workers followed by community development workers (18%) and the least (5%) were human resource officials.

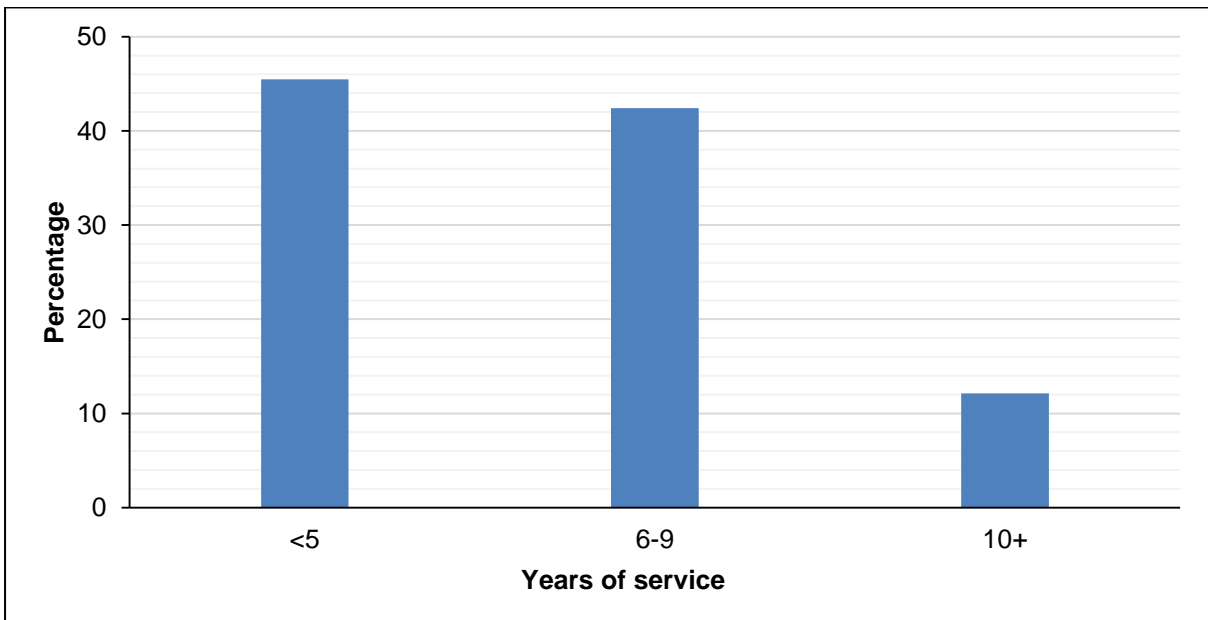


Figure 4.4: Years of service

Figure 4.4 shows that most (46%) of the respondents had less than 5 years of service at DSD. This was followed by 42% with 6-9 years of service. Few (12%) of the respondents had 10 or more years of service.

4.3. AWARENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

Table 4.1: Respondents' awareness of EHWP

Awareness	Frequency	Percent
More aware (score 6 and above)	13	19.7
Less aware (score 1 to 5)	48	72.7
Not aware (score = 0)	5	7.6
Total	66	100.0

Most (72.7%) of the respondents were less aware, and only 19.7% were aware of the EHWP (Table 4.1). There were few (7.6%) respondents who were not aware of the EHWP.

There was no significant association between those who said 'I have used EHWP' and awareness of EHWP (Table 4.2). Of the respondents who were less aware (72.7%) of the EHWP, 94% of them had not used the program. All (n=5) respondents who were not aware of the EHWP had not used it. The majority (83%) of those who indicated their intention to use the program were less aware of the program. The results showed a significant association between awareness and a willingness to use EHWP, ($p < 0.05$).

Table 4.2: Cross tabulation of Utilisation and Awareness of EHWP

Utilisation	N	Less aware (n=48)	More aware (n=13)	Not aware (n=5)	p-value
I have used EHWP					
Yes	6(9)	3(6)	3(23)	-	0.145
No	60(91)	45(94)	10(77)	5(100)	
I would use EHWP in DSD					
Yes	51(77)	40(83)	10(77)	1(20)	0.008
No	15(23)	8(17)	3(23)	4(80)	

Table 4.3: Cross tabulation of Demographics and Awareness of EHWP

	Less aware	More aware	Not aware	p-value
Gender				
Male	17(77)	3(14)	2(9)	0.671
Female	31(71)	10(22)	3(7)	
Age				
<30	13(77)	3(18)	1(6)	0.857
30-39	24(75)	6(19)	2(6)	
40-49	11(65)	5(24)	2(12)	
Designation				
Human Resource	2(67)	1(33)	-	0.476
Community Development Worker	7(58)	4(33)	1(8)	
Social Worker	39(77)	8(16)	4(8)	
Years of service				
≤5	25(83)	4(13)	1(3)	0.362
6-9	19(68)	6(21)	3(11)	
10+	4(50)	3(36)	1(13)	

Table 4.3 above shows the association between awareness of EHWP and selected demographics. A greater proportion of males compared to females were less aware of the EHWP. However, the results were not significant (77% versus 71%, $p > 0.05$). The majority of social workers and those less than 30 years old were less aware of the EHWP as compared to their counterparts ($p > 0.05$). A great proportion (83%) of respondents with less than 5 years of service was less aware of the EHWP as compared to those with more than 6 years of service. The results showed no significant association between awareness of EHWP and years of service.

4.4. PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

Table 4.4: Respondents' Perception of EHWP

Perception	Frequency	Percent

Positive (score 10 and above)	15	22.7
Negative (score ≤9)	51	77.3
Total	66	100.0

Seventy-seven per cent of the respondents had negative perception and only 22.7% had positive perception about EHWP in DSD (Table 4.4).

Table 4.5: Cross tabulation of Demographics and Perception of EHWP

	Positive perception	Negative perception	p-value
Gender			
Male	6(27)	16(73)	0.547
Female	9(20)	35(80)	
Age			
<30	3(18)	14(82)	0.386
30-39	6(19)	26(81)	
40-49	6(35)	11(65)	
Designation			
Human Resource	1(33)	2(67)	0.032
Community Development Worker	6(50)	6(50)	
Social Worker	8(16)	43(84)	
Years of service			
≤5	5(17)	25(83)	0.547
6-9	8(29)	20(71)	

10+	2(25)	6(75)	
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Table 4.5 above shows the association between perceptions of EHWP and selected demographics. A greater proportion of females compared to males had negative perceptions of EHWP. However, the results were not significant (73% versus 80%, $p>0.05$). There was also no significant association between age and perceptions of EHWP, ($p>0.05$). A great proportion (84%) of social workers compared to other designations had negative perceptions of EHWP. There was a significant association between perceptions of EHWP and designation ($p<0.05$). Most (83%) of the respondents with less than 5 years of service had negative perceptions of EHWP as compared to those with more than 6 years of service. The results showed no statistical significance ($p>0.05$).

Table 4.6: Cross tabulation of Utilisation and Perception of EHWP

Utilisation	Positive Perception (n=15)	Negative Perception (n=51)	p-value
I've used EHWP			
Yes	3(20)	3(6)	0.125
No	12(80)	48(94)	
I would use EHWP			
Yes	13(86)	38(74)	0.489
No	2(14)	13(26)	

There was no significant association between 'I have used EHWP' and perceptions of EHWP (Table 4.6). Most (94%) of the respondents who held negative perceptions of EHWP had not used the program. The majority of respondents with positive

perceptions indicated that they would use EHWP compared to those with negative perceptions (86% versus 74% $p>0.05$).

4.5. CONCLUSION

This chapter presented and interpreted the results of the research study. The results were presented based on the socio-demographic information of the respondents, awareness and perception of EHWP as well as association between selected demographics and awareness and perceptions of respondents. Fisher Exact tests were done to assess the association between groups. The chapter that follows provide discussions of the results, conclusion, recommendations and limitations of the study.

CHAPTER 5

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

The previous chapter presented and interpreted the results of the research study. In this chapter, the results of the study are discussed, conclusion, recommendations and limitations of the study are provided. The chapter looks at employees' awareness of EHWP, their perceptions of EHWP, association between awareness, perception and utilisation of EHWP, and association between demographics, perception and awareness of EHWP.

5.2. EMPLOYEES' AWARENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

In the present study, the majority (72.7%) of respondents were less aware of the presence of EHWP in the workplace. However, Taute and Manzini (2014) in the South African Labour Department, revealed that 86% of respondents were aware of EHWP. Similarly, studies by Grobler and Joubert (2012) at the South African Police Services and Kenny (2014) at the South African Financial Service Organisation in the Western Cape also revealed that a higher proportion of employees at 58% and 91% were aware of EHWP in the workplace, respectively. The study by Taute and Manzini (2014) as well as Kenny (2014) determined employee awareness of EHWP in a similar classification as the present study. The awareness was determined by the following aspects: marketing during orientation program, marketing via awareness workshops and posters, and word of mouth through colleagues. A study by Grobler and Joubert (2012) determined awareness differently to the present study. In their study, employee awareness of EHWP was determined using the principles of EHWP, which are information, support and understanding, accessibility and responsiveness.

The reason for lack of awareness in this study is unclear. However, it could relate to the location of EHWP at DSD as it is centralised at district offices, and the marketing of the program is also not ample and effective. Studies have shown that location and marketing of EHWP in the workplace influence awareness of EHWP (EAPA-SA, 2011; Sieberhagen et al., 2011).

With regard to the use of EHWP, an exploratory study of inclusive workplace health and wellness in New York and New Jersey found that 85% of public sector employees and more than 65% of those working in private and non-profit organisations had access to EHWP (Cook, Foley & Semeah, 2016). The findings of the present study revealed that 91% of the respondents did not use EHWP in the workplace, and more than two-third (77%) are willing to utilise the program. Similarly, negative utilisation of the EHWP was also found in a study conducted amongst South African Police Service officials wherein 54.8% of the respondents were revealed to have never used EHWP (Grobler & Joubert, 2012).

Although reasons for the minimal utilisation of EHWP in this study are not documented, studies have revealed that working overtime, responsibilities at home, distance from work, lack of EHWP promotion and awareness are barriers in the utilisation of wellness activities in the workplace (Milner et al. 2015). Mellor and Webster (2013) points out that employee awareness of EHWP in the workplace is improved by strong senior leadership support, dedicated resources, involvement of stakeholders and intensive communication. In addition, Duncan et al. (2011) indicated that managers are essential components in increasing awareness of EHWP as they are the first to notice changes in the work performance of employees.

According to DPSA (2012), success in the promotion of EHWP is achieved through monitoring and evaluation, which play a significant role in assessing whether the program is appropriate, cost effective and meeting the set goals. Therefore, there should be a timeous monitoring and evaluation to report on the progress in the implementation and success of the program at EHWP steering committee meetings.

5.3. EMPLOYEES' PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

Perceptions of EHWP relate to subjective views about the program, and may be influenced by factors such as confidentiality and trust (Milner et al., 2015). The results of the present study show that most 77% of the respondents had negative perceptions of EHWP. By contrast, a study amongst Information Technology employees in India found that 68% of employees enjoyed participating in the wellness program, thus indicating a positive perception of EHWP (Hasijani & Sabale, 2018). Yaacob and Sipon (2014) determined perceptions of employees which influence employees' view towards seeking services of EHWP by means of four factors: self-stigma, social stigma, emotional openness, and anticipated risk and

utility. The results also revealed that more than half (58%) of employees indicated positive perceptions towards EHWP (Yaacob & Sipon, 2014).

There are a number of factors that influence perceptions of EHWP, such as fear of being stereotyped, mistrust in counselling professionals, embarrassment and fear of being perceived as weak (Yaacob & Sipon, 2014). Moreover, fear of disclosing distressing information, anticipated risks and social stigma attached to mental health services, avoidance of painful emotions, religiosity as well as fear of embarrassment are also identified as inhibiting factors in use of EHWP (Kenny, 2014). In the present study, the reasons for high proportion in negative perceptions of EHWP are unclear. However, it could relate to lack of EHWP promotion in the municipality to impact on positive views of EHWP.

With regard to association of perception and utilisation of EHWP, Abdullah and Lee (2012) found that employees who have attended the wellness program have higher satisfaction and job satisfaction, and lower perceived stress than those who have not attended it. In this study, a greater proportion of employees with positive perceptions (20%) have used EHWP, compared to those with negative perceptions (6%). However, the results were not statistically significant. Mazur and Mazur-Matek (2016) suggest that to gain trust and confidence of employees to enhance participation in EHWP, employers need to base their marketing strategies on improvement in social support at work, employee relations, reduction in emotional exhaustion and stress.

5.4. ASSOCIATION BETWEEN AWARENESS, PERCEPTIONS AND UTILISATION OF EHWP

The results of the present study presented no significant association between awareness and utilisation of EHWP. Most of the respondents who were less aware (94%) or not aware (100%) were more likely not to use the program, compared to 77% of respondents who were more aware of EHWP. This finding is in agreement with a study conducted by the Department of Labour, wherein the majority (86%) of the employees were aware of EHWP in the workplace, but only few (14%) employees had actually utilised the program (Taute & Manzini, 2014).

Sieberhagen et al. (2011) in a study amongst organisations in South Africa, which contribute to EHWP in various sectors of South Africa, found that awareness of EHWP in the workplace is influenced by the actual provision of wellness programs. In the present study, a significant high proportion of respondents who were less aware (83%) and more aware (77%) of the EHWP were willing to utilise the program, compared to those who were not aware (20%). The reason for unwillingness to utilise EHWP by those who were not aware is not documented. However, DSD needs to conduct campaigns in the workplace to increase employee awareness of the program.

The results of the present study also showed no significant association between perceptions and utilisation of EHWP. Most (20%) of the respondents who have utilised EHWP were positive about the program, compared to those who were negative (6%) about it. In line with the results of this study, in eSwatini, one study found that respondents who have utilised (9.4%) the program were positive about it than those who were negative (3.4%) about the wellness program (Dlamini, 2015).

According to Duncan et al. (2011), organisations' investment in wellness initiatives impact on how employees view the initiatives, thereby impacting positively on employee utilisation of EHWP. Grobler and Joubert (2012) substantiated by revealing that employees indicate a significantly positive perceptions of the wellness program, where wellness practitioners work in their work environment than where there are no EHWP personnel. In a study conducted in the United Kingdom by Edmunds, Hurst and Harvey (2013), it is revealed that attitudes towards wellness program, lack of time and energy, facilities and physical environment are hinders towards participation in workplace wellness program.

The respondents' willingness to utilise the wellness program revealed that a great proportion of respondents who were positive (86%) about EHWP were willing to utilise it than respondents who held a negative view (74%). Grobler and Joubert (2012) are of the view that the more positive the respondents' perceptions and satisfaction, the more likely are they to utilise the program. It is therefore evident that

EHWP coordinators need to change how employees view the program to impact on utilisation through awareness campaigns.

5.5. ASSOCIATION BETWEEN PERCEPTIONS AND DEMOGRAPHICS

The workforce's perception of wellness in the workplace is influenced by various factors, such as individual views on promotion of confidentiality and trust by program personnel. The discussion that follows highlights demographic variables that influence employees' perceptions of EHWP.

5.5.1. Gender

Although few males participated in this study, a higher proportion (27%) indicated positive perceptions of EHWP compared to their female counterparts (20%). However, the results were not statistically significant. Perceptions by females and males of EHWP is not documented. However, the lower proportion of positive perception among females could relate to women's responsibilities at home as a barrier to participate in health and wellness activities (Milner et al., 2015). Moreover, Robroek et al. (2009) argued that female employees regard participation in wellness activities as a choice offered by employers and as such not compulsory.

5.5.2. Age

A great proportion (35%) of respondents who were above 40 years of age held positive perceptions of EHWP, compared to respondents who were below 40 years old (19%) as well as those below 30 years old (18%). The cause of positive perceptions of the program by older respondents in the study is unclear. However, it could relate to findings by Robroek and co-workers, who found that elderly employees participate more in curative health programs and multi-component programs dealing with chronic conditions (Robroek et al. 2009). Their participation impacts on a positive perception of the program.

Mogotsi (2011) argues that owing to escalating health costs, compared to any age group, elderly employees prefer utilising workplace health and wellness services as they are free. In agreement with previous studies, a great proportion of respondents

in the present study who were ≥ 40 years had positive perceptions of EHWP compared to those younger than 40 years.

5.5.3. Years of experience

The results of the present study showed no significant association between perception and years of experience. A great significant proportion (83%) of employees who had work experience of five years or younger held a negative perception of EHWP, compared to employees who had 6-9 (71%), 10 and above (75%) of work experience. Similarly, Dlamini (2015) found that the majority (56%) of employees between 1-5 years of experience showed negative perceptions of EHWP.

The reasons for negative perception by new employees is unclear. However, young and overweight employees prefer to participate in fitness, exercise and physical activities offered by EHWP (Mogotsi, 2011). In the researcher's view, physical or fitness activities offered by EHWP to impact on positive perception are inactive in the workplace.

5.5.4. Designation

In a study conducted among South African Police Service officials, it was found that police commissioners had a higher mean score (3.7) about EHWP, compared to (3.47) constables (Grobler & Joubert, 2012). Surprisingly, social workers are primary custodians of EHWP, but the results of the present study show that only 16% of social workers held positive perceptions of EHWP, compared to community development workers (50%) and human resource officials (33%). The reasons for this are unknown and need further investigation.

5.6. ASSOCIATION BETWEEN AWARENESS AND DEMOGRAPHICS

The discussions that follow highlight demographic variables that influence employees' awareness of EHWP.

5.6.1. Gender

The results of the present study revealed that 22% of females were more aware of the presence of EHWP in the workplace than (14%) males. This finding is similar to a study conducted in the ministry of health in eSwatini, whereby it was revealed that females (53%) were more aware of the wellness program compared to (38%) males (Dlamini, 2015).

The high percentage of female awareness of EHWP is attributed to the fact that they form a greater proportion of labour forces in many organisations, and as such, it is expected of them to be aware of initiatives in the workplace (Dlamini, 2015). This is supported by a higher percentage of females (67%) compared to males (33%) who participated in the study.

5.6.2. Age

With respect to the age, in the present study, the respondents in the age group (24%) 40 years and older were more aware of EHWP compared to those aged (19%) 30-39 and (18%) less than 30 years. Similarly, a study conducted in the United States of America revealed that adult employees who were (31%) 40 years old and above were more aware compared to employees who were (24%) 30-39 years and those who were (18%) 29 years old and younger (Isehunwa, Carlton, Wang, Jiang, Kedia, Chang, Fijabi & Bhuyan, 2017).

5.6.3. Years of experience

The respondents with service experience of 10 years and above showed to be more aware (36%) of EHWP in the workplace than those between 6-9 years (21%) and five years and younger (13%) of service experience. Taute and Manzini (2014) found that employees with service experience of (87%) ≥ 8 -years were more aware of the wellness program in the workplace than those with less than eight years of experience. The number of years in the workplace could expose the employees to the existence and utilisation of the program (Taute & Manzini, 2014).

5.6.4. Designation

The results of the study revealed that both human resource officials and community development workers were equally aware (36%) of the existence of EHWP in the workplace as compared to social workers (16%). This lack of awareness of the program in the workplace by social workers is unclear. However, studies and literature have identified social workers to be among few professionals responsible for coordination and management of wellness programs (EAPA-SA, 2011; Sieberhagen et al. 2011; DPSA, 2012).

Social workers' responsibilities of coordinating and managing wellness programs equally implies that they are knowledgeable about the components towards an effective EWHP. Department of Public Services and Administration (2012) identified role players such as steering committees and peer educators as important components in raising awareness of EHWP within the work environment.

5.7. LIMITATIONS OF THE STUDY

This study was limited by the small sample size, particularly with respect to a very small number of male respondents. A larger sample size would allow for more conclusive findings. Moreover, the study would have produced a more detailed picture on the views of the employees if the method used to conduct the study was both quantitative and qualitative. It is believed that employees would have elaborated more on their preferences of the design of EHWP and how to increase awareness and utilisation among employees. Due to limitations on resources and time, the study did not cover a larger area such as a district municipality to provide views of many employees. The questionnaire used to collect data in this study was not pretested which therefore add up to the limitations of the study.

5.8. CONCLUSIONS

The study was conducted with the aim of assessing awareness and perceptions of DSD employee regarding EHWP with a view of providing recommendations based on findings to enhance awareness and utilisation of the program in the department.

The results of the study clearly revealed that the majority (72.7%) of the respondents were less aware of EHWP in the department, and only few (9%) have utilised the services of EHWP. As indicated in the literature in chapter 2, DSD employees are

not immune to problems or challenges, and as such, need the services of EHWP for optimum functioning. Employees with less than 5 years of service and those younger than 30 years old were less aware of EHWP in the department. Furthermore, two-third (77.3%) of employees had negative perceptions of EHWP and a significantly high proportion (84%) of social workers had negative perceptions of EHWP.

5.9. RECOMMENDATIONS

The researcher recommends the following, aimed at imparting a positive perception and enhancing awareness and utilisation of EHWP.

5.9.1. Practice

Based on findings from the present study, only one EHWP coordinator is permanently employed based at the district municipality in Polokwane. The EHWP coordinator is responsible for coordinating all EHWP activities in all four local municipalities under Capricorn District Municipality. The number of EHWP coordinators at the district level should therefore be augmented to promote the effective and efficient implementation of wellness programs and interventions at all local municipalities. Peer educators are recommended at local municipality level to act as focal points for distribution of evidence-based and generic health and wellness promotional materials. EHWP committee at the district municipality level should be established to consider inputs of employees as well as oversee the implementation of the wellness policy.

5.9.2. Education

In consideration of study findings regarding employees' perceptions and awareness of EHWP, it is clear that the work of EHWP coordinators need to be effective and efficient to meet the needs of employees. The following recommendations regarding training of EHWP coordinators are recommended based on the study findings.

- University curriculum of social work, psychology and other professions involved in EHWP should include EHWP training at final year of study.
- A limited number of trainees should be allowed by means of selection provided by the university.
- EWHP training should provide trainees with skills such as establishment, development, promotion and marketing of EHWP

5.9.3. Research

The researcher recommends further research on factors that influence participation and nonparticipation in workplace health and wellness activities. The introduction of incentives such as Continuous Professional Development (CPD) points and social media as techniques in promoting utilisation of workplace wellness program could as well be researched.

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Annexure 1. Questionnaire

AWARENESS AND PERCEPTIONS OF SOCIAL DEVELOPMENT EMPLOYEES REGARDING EMPLOYEE HEALTH AND WELLNESS PROGRAM AT LEPELLE- NKUMPI MUNICIPALITY

The research is conducted to determine the level of awareness and perceptions by employees of Department of Social Development regarding Employee Health and Wellness program. Your contribution in the study is therefore important to enhance the effectiveness of the program.

NB: All the information gathered will be kept confidential.

INSTRUCTIONS

- Please do not write your name or any information pertaining to your identification on this questionnaire.
- Please answer the questions as honestly as possible.
- Please do not leave out any question.
- Use a pen to indicate your answer.
- Indicate your answer with an “X” where applicable.

PART A

DEMOGRAPHIC INFORMATION

1. Gender

Male	1
Female	2

2. Age category (in years)

24-29	1
30-39	2
40-49	3
50-59	4
60 and above	5

3. Designation

Human resource official	1
Community development worker	2
Social worker	3

4. Years of service at the Department of Social Development

1 to 5 years	1
--------------	---

6 to 9 years	2
10 years and above	3

PART B

AWARENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

INDICATORS

1= Agree
2= Disagree

NB: EHWP stand for Employee Health and Wellness Program

DSD stand for Department of Social Development

Indicate your answer with an "X" in an applicable box.

Awareness based

B1. Information with regard to the definition of EHWP is shared	1	2
B2. I have knowledge with regards to the EHWP in the DSD	1	2
B3. There is consultation and workshops on EHWP matters	1	2
B4. I am aware of the HIV & AIDS program in the workplace	1	2
B5. I am aware of stress management in the work place	1	2
B6. I am aware of Life skills in the work place	1	2
B7. The EHWP in DSD is promoted	1	2
B8. I know the location of EHWP offices	1	2
B9. Promotional material for services of EHWP can be seen in the workplace	1	2

PART C

PERCEPTION OF EMPLOYEE HEALTH AND WELLNESS PROGRAM

INDICATORS

1=Agree
2=Disagree

Perception based

C1. I have used EHWP in DSD	1	2
-----------------------------	---	---

C2. I would use EHWP in DSD	1	2
C3. EHWP in DSD is centralised	1	2
C4. I would advise a colleague or family to use EHWP	1	2
C5. Wellness service given is effective	1	2
C6. Promotion of EHWP in workplace would increase utilisation	1	2
C7. DSD has resources to facilitate EHWP	1	2
C8. I find EHWP easily accessible	1	2
C9. DSD should continue with EHWP	1	2
C10. EHWP caters for all levels of wellness needs in the workplace	1	2
C11. EHWP respond timeously to my wellness needs	1	2
C12. EHWP handle wellness issues professionally	1	2
C13. Problems are dealt with proactively	1	2
C14. My supervisor promotes utilisation of the EHWP	1	2
C15. My supervisor encourages supervisees to attend wellness workshops	1	2
C16. EHWP professionals are sensitive to my cultural needs	1	2
C17. The professionals are easy to relate to	1	2
C18. My supervisor identify employees with personal problems	1	2
C19. My supervisor consider referring employees with personal problems to EHWP	1	2

This mark the end of the questionnaire

Thank you

Annexure 2. Turfloop Research Ethics Committee Clearance Certificate



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

**TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE**

MEETING: 31 August 2017

PROJECT NUMBER: TREC/243/2017: PG

PROJECT:

Title: Awareness and perceptions of social development employees
Regarding Employee Health and Wellness Program at Lepelle Nkumpi
Municipality
Researcher: KM Mphahlele
Supervisor: Dr SF Matlala
Co-Supervisor: N/A
School: Health Care Sciences
Degree: Masters in Public Health


PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

Annexure 3. Letter requesting permission from Department of Social Development to access respondents

Enq : Mphahlele KM

Cell : 078 127 7860

Email : kgaladimaditsi25@gmail.com

P.O BOX 4799

Dithabaneng

0805

05 October 2016

District Director
Department of Social Development
Limpopo Province
Polokwane
0700

Dear Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY

I, Mphahlele Kamogelo Maditsi, Social worker at Lepelle-Nkumpi Local Municipality hereby wish to request permission to conduct a research study titled "Awareness and perceptions by Social Development employees of Employee Health and Wellness Program at Lepelle-Nkumpi Local Municipality". The research study is conducted as part of the requirements for the acquisition of a Master of Public Health (MPH) at the University of Limpopo. The study has received ethical clearance from the University of Limpopo research ethical committee. The study will be conducted under the supervision of Prof. Matlala SF and Dr. Ntuli TS from the Department of Public Health at the University of Limpopo.

The aim of this study is to establish the awareness and perceptions by employees of Employee Health and Wellness Program at Lepelle-Nkumpi Local Municipality and the objectives of the study include to:

- Evaluate employees' awareness of Employee Health and Wellness program at the Department of Social Development at Lepelle-Nkumpi Local Municipality.
- Assess employees' perceptions of Employee Health and Wellness Program at the Department of Social Development at Lepelle-Nkumpi Local Municipality.
- Determine the relationship between demographic factors and awareness and perception of Employee Health and Wellness Program at the Department of Social Development at Lepelle-Nkumpi Local Municipality.

For these aim and objectives to be realised, it is necessary to collect data through questionnaires from sampled employees of DSD which include social workers, community development workers and human resource officials.

The researcher will invite respondents to voluntarily participate in the study. After thorough explanation of the purpose, aim, and importance of the study, informed consent to participate in the study will be obtained from prospective respondents. Participation will purely be on voluntary basis.

There will be no coercion to participate in the study. Respondents will be informed of their rights to terminate their participation at any time in the study should they wish to do so without any penalty involved.

Anonymity and confidentiality will be ensured by providing neither the names nor the identities of the respondents in the research project. Confidentiality will be ensured during data collection sessions so that nobody will be able to associate the provided information with respondents.

The Department of Social Development may benefit from the study by improving their EHWP and also encourage employee utilisation of the program. The research will therefore commence as soon as permission is granted.

A summary of the research findings will be made available. Should you have any questions with regard to this research study, I will be pleased to answer them.

Thanking you in advance

Yours sincerely

Mr. Mphahlele K.M (Research student)

Annexure 4. Approval letter to access respondents at Department of Social Development facilities



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
SOCIAL DEVELOPMENT

TO: RESEARCH PARTICIPANTS

APPROVAL TO USE DEPARTMENT OF SOCIAL DEVELOPMENT'S FACILITIES

This certifies that Mr. Mphahlele Kamogelo Maditsi has presented the significance of his research study titled: 'Awareness and perception of Social Development employees regarding employee Health and Wellness Program at Lepelle Nkumpi Municipality'

Mr. Mphahlele Kamogelo Maditsi research study

1. **Significance of the study**


The results may assist in promoting awareness of the program in the department thereby encouraging participation in the program. The findings may also help DSD to make the program accessible to every employee. The department may as well benefit from the findings by identifying the needs of the employees regarding the program.

2. **Number of research participants and research area**

The study is quantitative in nature and will adopt a total population sampling technique meaning the entire employees at Lepelle-Nkumpi Municipality categorized into: 74 Social Workers, 18 Community Development Workers and 10 Human Resource Officials making a total of 102 employees.


In view of the above, this letter grants Mr. Mphahlele Kamogelo Maditsi permission to use the Department of Social Development facilities.

Recommended / ~~not recommended~~


Deputy Director: Population Development Unit

06/11/2017
Date

Approved / ~~Not Approved~~


Ms. Thabathi
Acting District Director:

06/11/2017
Date

Facility Letter Mphahlele KM November 2017

Annexure 5. Invitation to participate in a research study

Enq : Mphahlele K.M

Contact : 078 127 7860

PO BOX 4799

Dithabaneng

0805

26 November 2016

All employees of Department of Social Development

Lepelle-Nkumpi Local Municipality

0745

RE: INVITATION TO PARTICIPATE IN A RESEARCH STUDY

The above matter has reference.

I, Mphahlele Kamogelo Maditsi, Social worker at Lepelle-Nkumpi Local Municipality hereby wishes to invite all employees of DSD to participate in a research study titled "Awareness and perceptions of social development employees regarding Employee Health and Wellness Program at Lepelle-Nkumpi Municipality". The research study is conducted as part of the requirements for the acquisition of a Master of Public Health (MPH) at the University of Limpopo. The study has received ethical clearance from the University of Limpopo Turfloop Research Ethical Committee (TREC) as well as approval from provincial Department of Social Development.

Non-communicable diseases have taken a lead in the death of many people including employees in the workplace. Employee Health and Wellness Program as a workplace initiative is believed to be effective in the reduction of non-communicable diseases amongst employees. The study is therefore aimed at assessing employees' awareness and their perceptions of EHWP in their workplace. This is believed to improve EHWP in DSD and promote health of employees.

Participation in the research study is voluntary and employees wishing to participate in the research study should contact the study researcher on the above contact

number on the enquiry. Research respondents will be requested to fill a questionnaire which will take approximately 30 minutes to complete.

Your participation in the research study is well appreciated and hope you find the invitation in order.

Thanking you in advance

Yours in public services

Mphahlele K.M

Annexure 6. Consent Form

UNIVERSITY OF LIMPOPO CONSENT FORM

Statement concerning participation in a Research project

Name of Project: Awareness and perceptions of social development employees regarding Employee Health and Wellness Program at Lepelle-Nkumpi Municipality.

I have the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The objectives of the study are sufficiently clear to me. I have not been pressurised to participate in any way.

I understand that participation in this study/project is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition neither will it influence the care that I receive from my regular doctor.

I know that this study/project has been approved by the Research, Ethics and Publications Committee of faculty of Health Care Sciences, University of Limpopo (Turfloop Campus). I am fully aware that the results of this study/project will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study/project.

Name of Patient/volunteer

Signature of patient or volunteer

Place

Date

Witness

Statement by the Researcher

I provided verbal information regarding this study/project.

I agree to answer any future questions concerning the study/project as best as I am able. I will adhere to the approved protocol.

Name of researcher Signature Date Place

Annexure 7. Letter from the language editor



University of Limpopo
School of Languages and Communication Studies
Translation Studies and Linguistics
Private Bag x1106, Sovenga, 0727, South Africa
Tel: (015) 268 3707, Fax: (015) 268 2868, email: joe.kubayi@ul.ac.za

08 August 2018

Dear Sir/Madam

SUBJECT: EDITING OF MASTERS DISSERTATION

This is to certify that the masters dissertation entitled 'Awareness and perceptions of social development employees regarding Employee Health and Wellness Program at Lepelle-Nkumpi Municipality' by Mphahlele Kamogelo Maditsi (200903723) has been proofread and edited, and that unless further tampered with, I am content that all editorial issues have been dealt with.

Kind regards



Dr SJ Kubayi (DLitt et Phil - Unisa)
Senior Lecturer (Department of Translation Studies and Linguistics – UL)
SATI Membership No. 1002606

Finding solutions for Africa