

**DETERMINATION OF PERCEPTIONS OF SOCIAL WORKERS ABOUT THE
EMPLOYEE HEALTH AND WELLNESS PROGRAMME AT THE POLOKWANE
MUNICIPALITY OF LIMPOPO PROVINCE**

BY

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DEDICATION

This dissertation is dedicated to:

My mother Jerita Mothapo, siblings, and sisters in law, for their continued love and support throughout my studies.

A special dedication to my husband, Madimetja Sefala, my children, Kamela, Masebune, Machoshane and Madie for their patience, inspiration and support throughout my studies.

DECLARATION

I declare that **DETERMINATION OF PERCEPTIONS OF SOCIAL WORKERS ABOUT THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME AT THE POLOKWANE MUNICIPALITY, OF LIMPOPO PROVINCE**, is my own work and that all the sources that I have used and quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

.....
Mmatholo Constance Sefala

.....
Date

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ABSTRACT

Title: Determination of perceptions of social workers about the Employee Health and Wellness Programme at the Polokwane Municipality of Limpopo Province

Background: Employee Health and Wellness Programme is an intervention by government to build and maintain a health promoting workplace. The programme aims to address various health and wellness problems employees' face that may negatively impact their performance and productivity. The programme is available for social workers; however, their utilisation is low. It is important to understand how social workers perceive the programme, in order to enhance provision of this programme to them and to promote their general health and wellness.

Objectives: The study was aimed at exploring and describing the perceptions of social workers about the Employee Health and Wellness Programme.

Methods: A qualitative, exploratory descriptive study was conducted using semi-structured face-to-face interview. The study site was at the selected locations in the Polokwane Municipality. Purposive sampling was used and due to data saturation, 10 participants were interviewed. All the interview sessions were audio recorded, transcribed and analysed using content analysis.

Results: The results highlighted positive and negative perceptions about the Employee Health and Wellness Programme among social workers and the Department of Social Development. The positive perceptions include alleviating stress and burnout, reduced sick leaves and increased productivity. The negative perceptions include stigma and confidentiality issues. The results also revealed challenges of accessibility, awareness, promotion and marketing of the programme. These challenges make it difficult for social workers to utilise and benefit from the programme as expected.

Conclusions: The Employee Health and Wellness Programme should be well implemented, widely marketed and promoted to all employees within the Department of Social Development.

Keywords: Perceptions, Social workers, Employee Health and Wellness Programme, Content Analysis.

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DEFINITION OF CONCEPTS

Perception

According to Qiong (2017), perception is the process of attaining awareness or understanding of sensory information. In the context of this study, perception refers to the views and understanding of social workers about the Employee Health and Wellness Programme.

Employee Health and Wellness Programme

Employee Health and Wellness Programme is defined as an employment based activity of employer sponsored benefit aimed at promoting health related behaviours, the well-being and disease management of employees, and can include health screenings, nutrition, fitness and weight management (McIntyre, Bagley, Frakt & Carroll, 2017). In this study, Employee Health and Wellness Programme is referred to as an organised and employer sponsored programme that includes physical exercise, counselling and health and wellness screenings, aimed at enhancing and promoting the well-being of social workers working at the Polokwane Municipality so that they cope with work demands and improve their performance.

Social Worker

A social worker is a qualified and registered person with the South African Council for Social Service Professions in terms of chapter 2 section 17 of the Social Service Professions Act no 110 of 1978 as amended (Department of Social Development, 2012). In this study, a social worker is a registered person with the South African Council for Social Services Professions working for the Department of Social Development based at Polokwane Municipality who helps people resolve their psychosocial problems through applying different methods and approaches.

ABBREVIATIONS

DPSA: Department of Public Service and Administration

DSD: Department of Social Development

EHWP: Employee Health and Wellness Programme

EHWSF: Employee Health and Wellness Strategic Framework

HoD: Head of Department

TREC: Turfloop Research Ethics Committee

CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

According to Penceliah (2011), the rationale for organisations to offer Employee Health and Wellness Programme (EHWP) includes promoting health, reducing absenteeism, decreasing health care costs, retention of staff, improved morale and productivity. Lifestyle diseases are becoming prominent among the working population and EHWP have become more important than ever before. It is evident that employees are spending hours at their workplace, hence employers are trying to encourage them to participate in health and wellness activities at the workplace. Encouraging healthy behaviour within the organisation is also an investment in human capital and fiscal health directly associated with employee productivity (Kunte, 2016).

The Department of Public Service and Administration (DPSA) in South Africa developed the Employee Health and Wellness Strategic Framework (EHWSF) in 2008, which was reviewed in 2012. The mission of the EHWSF is to build and maintain a health promoting workplace to increase productivity and service excellence for employees and their families. The objective of the EHWSF is to facilitate development of strategies, mechanisms and interventions by government departments for employee health and wellness (Department of Public Service and Administration, 2012). The DPSA also developed Wellness Policy in 2011 with the objective of meeting the health and wellness needs of public servants through preventive and curative measures and to promote the physical, social, financial and emotional wellness of individuals (Department of Public Service and Administration, 2011).

A study conducted in the United States of America by Hill-Mey, Merrill, Kumpfer, Reel and Hyatt-Neville (2013) found that employees perceive EHWP as a low priority hence their participation was low. Similarly, Ndung'u (2015) in a study at Safaricom Limited employees in Kenya also found that employees perceived EHWP as time

consuming and being tailor made for the rich and the privileged in the society, hence they did not participate actively in it. Other studies conducted in South Africa found that participation of employees in EHWP was problematic because of confidentiality and stigmatisation issues around it, as such most employees viewed the programme as another demand rather than a resource (Sieberhagen, Els & Pienar, 2011; Abe, Fields & Abe, 2016). Another study by Pienaar and Rothmann (2014) within the South African Police Services concluded that stress levels are particularly high amongst social workers. Pienaar and Rothmann found that despite the availability of EHWP, there was still high level of stress experienced by employees. The challenge with the effectiveness of the EHWP is due to the way employees perceive its availability and design.

From the above studies, it is evident that there are generally different perceptions about EHWP among different employees. Most studies concentrated on the benefits of EHWP, however, a few explored the perceptions of employees about the programme. Therefore, this study focuses on exploring and describing the perceptions of social workers at the Polokwane Municipality about EHWP. This study was motivated by lack of qualitative research regarding the perceptions of social workers about EHWP as beneficiaries of the programmes, not EHWP practitioners.

1.2. PROBLEM STATEMENT

Based on the researcher's observation as a social worker, some social workers often complain of fatigue and stress emanating from work demands and working conditions. Most of them are currently confronted with backlog of lapsed foster care cases which is a national challenge in the Department of Social Development (DSD). Lack of working tools such as transport and computers to perform effectively, and poor working conditions such as overcrowding in offices due to lack of office space, add to the work stressors experienced by social workers at the Polokwane Municipality (Calitz, Roux & Strydom, 2014). Participation in EHWP such as counselling programmes, physical programmes such as sporting activities and health programmes which include screening services to identify health issues of social workers, could assist in alleviating the work stressors and help them cope with the work demands and improve their job performance. However, based on the

researcher's personal observation, social workers at the Polokwane Municipality are minimally participating in these programmes despite every Wednesday afternoon being allocated to them by the DSD in Limpopo province. In the researcher's view, the reason for low participation could be linked to how social workers perceive EHWP.

1.3. LITERATURE REVIEW

Literature review focuses on a critical analysis of published documents about a particular subject and provides an overview of how other studies were conducted. Literature review is crucial in assisting researchers to summarise the literature available on the area of study (Aveyard, 2014). This study reviewed literature on EHWP and covered the following topics which are discussed in detail in Chapter 2: history of EHWP, benefits of EHWP, the need for EHWP among social workers, participation rates of employees to EHWP and employees' perceptions of EHWP.

1.4. AIM OF THE STUDY

The aim of the study was to explore the perceptions of social workers at the Polokwane Municipality about the Employee Health and Wellness Programme.

1.5. OBJECTIVES OF THE STUDY

The objectives of the study were:

- To determine the demographic profiles of social workers at the Polokwane Municipality in the Limpopo province.
- To explore and describe the perceptions of social workers at the Polokwane Municipality in the Limpopo Province about Employee Health and Wellness Programme.

1.6. RESEARCH QUESTION

What are the perceptions of social workers at the Polokwane Municipality of Limpopo Province about the Employee Health and Wellness Programme?

1.7. RESEARCH METHODOLOGY

The study was about exploring and describing the perceptions of social workers at the Polokwane Municipality about EHWP. Thus, the study used a qualitative method which is mostly appropriate in understanding how people live, how they talk, behave and what captivates and distress them (Cresswell, 2013). The qualitative method has advantages which amongst others include being able to offer a detailed description and analysis of participants' responses and understanding their behaviours in their natural environments. Qualitative research approach is also described by Rubin and Babbie (2016) as a method that is concerned with getting meaning of human experiences and generates data that is theoretically rich and observations that cannot be easily quantified.

An exploratory descriptive design was adopted to answer the research question. The design assisted in exploring and describing the perceptions of social workers about EHWP. The data was collected using a semi-structured interview with an interview guide. An audio tape was used to capture the data from the participants together with field notes. An inclusion criterion was implemented to select the study participants. More information on research methodology is discussed in Chapter 3.

1.8. SIGNIFANCE OF THE STUDY

The study was exploratory as little was known about how social workers perceive EHWP, thus the study explored and described those perceptions and the findings of this study might be useful to other researchers interested in further research relating to EHWP. The findings of this study could also be significant to both the employer (DSD) and employees. They may assist DSD in understanding how social workers perceive EHWP as beneficiaries of the programme, not EHWP practitioners so that strategies to enhance provision of these programmes to them can be developed. The study might also improve participation of social workers to the EHWP and assist them to cope with their work demands and improve their performance. This study may be significant to public health because the EHWP is one example of the health promoting programmes in public health focusing on promoting the health and wellbeing of the working population. Social workers are therefore part of the workforce that could benefit from this health promoting programme.

1.9. CHAPTERS OUTLINE

Chapter 1 outlines the introduction and background of the study, the aim and objectives of the study, research problem, and significance of the study as well as a brief methodology of the study.

Chapter 2 reviews literature in the context of the research undertaken.

Chapter 3 outlines the method used to conduct the study. The chapter is discussed in terms of research design, population, sampling, data collection and data analysis.

Chapter 4 presents the findings of the study supported by literature.

Chapter 5 provides a summary of the study findings, strengths and limitations, recommendations and conclusion.

1.10. CONCLUSION

This chapter covered the overview of the study with the focus on the introduction and background, problem statement, the aim and objectives of the study, the research question, brief methodology and significance of the study. The next chapter reviews literature from other studies in relation to the perceptions of social workers about EHWP.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

In the previous chapter, the overview of the study was discussed with emphasis on the problem statement, a brief review of literature, aim and objectives of the study as well as significance of the study. This chapter presents a review of literature on the history of EHWP, benefits of EHWP, the need for EHWP among social workers, participation rates of employees to EHWP as well as employees' perceptions of EHWP. Literature review is the analysis, critical evaluation and synthesis of existing knowledge relevant to the research study (Hart, 2018).

2.2. HISTORY OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME

The EHWP concept in the USA developed as a result of employer initiatives to address alcoholism in the workplace, followed by the founding of Alcoholics Anonymous and the recognition of alcoholism in 1950 as a disease. The initiatives further recognised that alcoholism can be treated and that the majority of the alcoholics were not unemployed but were actually at work. Recently, EHWP have shifted focus from problem solving approach to preventive approach due to the need to create health promoting workplaces (Attridge, Herliny & Maiden, 2013).

In Canada, the development and implementation of EHWP emerged during the late 1970's and early 1980's which was followed by the creation of Canadian Fitness and Lifestyle Research Institute. The institute's role was to educate the Canadians about the importance of living healthy lifestyles to bridge the gap between research and practice (Pierre Després, Alméras & Gauvin, 2014). According to Ganedahl, Zsaludek Viklund, Carlen, Kylberg and Ekberg (2015), EHWP in Sweden are referred to as worksite health and wellness programmes and takes several forms, with the most common one involving reimbursement of the expenses for health promoting activities incurred by employees. Despite the availability of EHWP in Sweden, many employees do not participate in it. In African countries such as Ghana and Kenya, EHWP are implemented in various organisations. In Ghana, the programme is meant to improve the work life balance of the women workforce. In

Kenya, the tea processing companies have programmes aimed to help employees with the AIDS problems, which will ultimately help employees improve their health and well-being and productivity (Ndung'u, 2015).

The EHWP in South Africa started to emerge in the 1980's as programmes that were initiated by the Chamber of Mines. The aim of the initiative and implementation by the Chamber of Mines was one of internal social responsibility measures for challenged employees, whose community psychosocial resources were viewed not to be existing rather than being part of the core business and human resource strategy. This approach has contributed to the view by many companies that EHWP is a good programme as a core business tool (Sieberhagen et al., 2011).

2.3. BENEFITS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME

Employers can play a crucial role in promoting the health and wellness of their employees with a well-designed EHWP. The benefits of EHWP have been well documented such as health care cost containment, improved employee health and wellness status, reduced absenteeism, better management of and reduced work-related stress, reduced employee turnover and improved morale and productivity (Wein, 2015; Huang, Mattke, Batorsky, Miles, Liu & Taylor, 2016; Sabharwal, Douglas Kiel and Hijal-Morgharabi, 2019). If companies could invest their time and money to EHWP, they could enjoy the benefits of a healthier workforce as well as the cost savings associated with health and wellness initiatives (Wein, 2015).

Other studies conducted in USA among different companies having EHWP revealed significantly greater rates of positive self-reported health and wellness behaviours, lowering of stress and improved physical activity, absenteeism and presenteeism (Schwatka, Smith, Weitzenkamp, Atherly, Dally, Brockbank, Tenney, Goetzl, Jinnett, McMillen & Newman, 2018; Song & Baicker, 2019). Other potential benefits of EHWP for both employers and employees were reported by other researchers. These include job satisfaction, reduction of chronic and other diseases which may result in reduced health care costs and improved company performance (Conradie, Van Der Merwe Smit & Malan, 2016; Sabharwal, Douglas Kiel & Hijal-Morgharabi, 2019).

2.4. THE NEED FOR EMPLOYEE HEALTH AND WELLNESS PROGRAMME AMONG SOCIAL WORKERS

According to National Association of Social Workers in North Carolina (2016), social workers are at a higher risk of work related stress, burnout and a lower quality of life compared to other health professionals and the general population. This is mainly due to the profession's values and fundamental focus on casework which often exposes them to traumatic situations. Social workers were further regarded as having high caseloads. This eventually leads them to neglect of self-care interventions and ultimately, they become exposed to prolonged stress which increases susceptibility to chronic diseases, lead to job dissatisfaction, low morale and low motivation to work.

It is evident that when social workers attend to their own health and wellness through participation in EHWP, they will be productive. Furthermore, social work mission may be most actualised when social workers engage in EHWP, which can also help to increase self-efficacy and energy levels, enhance mood and stress management capabilities and may also help reduce the risk of burnout (National Association of Social Workers in North Carolina, 2016).

According to a study by Williams (2016), about police social work, South African Police Services saw a need to introduce EHWP to police officers. The need was prompted by the exposure of police officers to a lot of stress such as attending to shooting incidents, strikes, murder scenes and domestic violence. Social workers employed by the South African Police Services are therefore responsible for enhancing and maintaining the social well-being of police officers, their immediate family members and support personnel through the provision of EHWP. They are however the EHWP practitioners in this regard and not the beneficiaries of the programme, therefore they also need some debriefing in the form of EHWP to manage their well-being and become more productive.

2.5. PARTICIPATION RATES OF EMPLOYEES TO EMPLOYEE HEALTH AND WELLNESS PROGRAMME

Participation of employees to EHWP may be influenced by employee beliefs about their value and organisational support for health and wellness and that, EHWP may be associated with higher performance and lower turnover behaviour (Ott-Hollard, Shepherd & Ryan, 2017). Employers are increasingly turning to financial incentives to increase participation to EHWP. Such incentives can take the form of discounts on gym membership, cash payments for participation or for adopting a healthy behaviour. It was further noted that employers who offer incentives to encourage programme uptake, have reported significantly higher participation rates (Giles, Robalino, Sniehotta, Adams & McColl, 2015; Huang et al., 2016).

A study conducted at Bekerley in USA by Banks, Winslow and Thibau (2018) regarding participation rates of various small and medium organisations to the EHWP, reported three different calculated participation rates indices (those who intended to participate, those who completed the programme out of total intended and those who completed the programme out of all employees). For all organisations that reported participation rates, the average was 51, 4% counting employees who intended to participate, 74, 9% counting employees who completed the program out of those who intended to participate. A 36% was calculated counting employees who completed out of all employees. Small organisations in general reported three participation rates that were higher than medium organisations, 71,7% intended to participate, 77,2% completed the program out of total intended and 53,8% completed out of all employees. This means that employees in small organisations participate more to their organisations' EHWP compared to all organisations. This could further imply that employees in small organisations have the opportunity to engage in EHWP and could thus benefit from the programme.

Similarly, another study conducted in USA among small and large business employees participating in EHWP by Schwatka et al. (2018) revealed that small business employees achieve higher participation rates and more health and wellness improvements when compared to employees from large businesses. The findings of the above study suggested that small businesses may gain the most from EHWP.

According to the study conducted among 16 South African organisations by Sieberhagen et al, (2011) regarding management of employee health and wellness, 13 organisations reported their participation rates which were mostly low. Five of the organisations' participation rates were 20% and below, the other five organisations' participation rates were between 30% and 50% and three of the organisations' participation rates were 60% and higher. It can be concluded that not more than 50% of employees participated in EHWP and this can be attributed to a number of factors which could include the perceptions of employees relating to the programme.

2.6. EMPLOYEES' PERCEPTIONS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMME

According to Edwards and Marcus (2018), EHWP is perceived as a programme designed to teach employees ways in which they can increase their physical and mental health and wellness through different methods. Participation of employees to these programmes could contribute to lower absenteeism and higher job satisfaction. Furthermore, Edwards and Marcus (2018) in their study at a technology company in USA about attendance of employees to health and wellness classes reported positive perceptions of employees about EHWP classes. The employees reported feeling better emotionally, physically and mentally after engaging in these classes as part of EHWP.

Other studies are also in support of the above study by reporting positive perceptions of employees towards EHWP. The positive perceptions include employees feeling that the EHWP demonstrated that their employers care more about their health and wellness and working conditions more than productivity. Some employees also acknowledged that the use of EHWP improved their own awareness of activity levels and makes them feel much appreciated in their work environment (Chung, Gorm, Shklovski & Munson, 2017; Dawad, 2014). Based on this analysis among employees, it is evident that employees have shown positive perceptions towards EHWP.

It could also be evaluated that there are however different perceptions of employees about the EHWP. A study conducted in South Africa by Mphahlele (2019) among DSD employees in Lepelle Nkumpi Local Municipality differs from the work of other researchers and revealed a number of factors which negatively influence the

perceptions of employees regarding EHWP. The factors include perceived level of stigmatisation and support, quality of services, fear of disclosing distressing information to EHWP practitioners, fear of being stereotyped, mistrust in counselling professionals, embarrassment and fear of being perceived as weak. The study also revealed that 84% of social workers compared to other employees had a negative perception of EHWP.

2.7. CONCLUSION

This chapter discussed literature on EHWP. The focus was placed on the history of EHWP, benefits of EHWP, the need for EHWP among social workers, participating rates of employees to EHPW as well as the employees' perceptions of EHWP. The next chapter discusses methodology used to conduct the study as well as ethical measures considered.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The previous chapter reviewed literature on EHWP focusing on the history of EHWP, the need for the programme among social workers, the benefits of the programme, and participation rates of employees towards the programme as well as employees' perceptions of EHWP. This chapter provides details of the research methodology employed in executing the study.

3.2. RESEARCH DESIGN

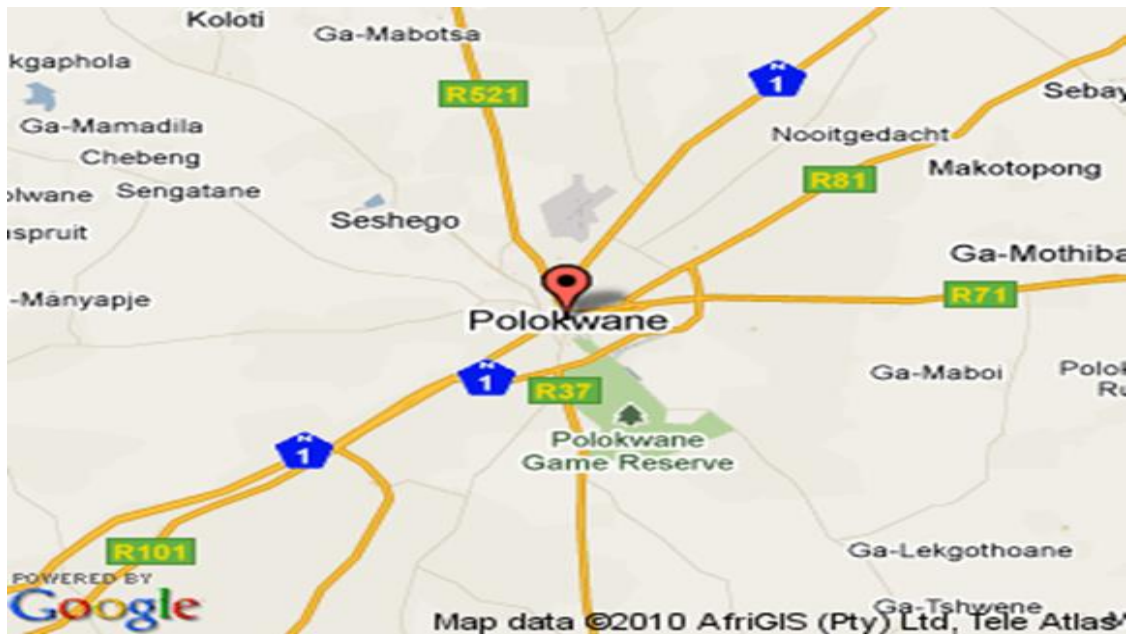
A research design is a master plan specifying the methods and procedures for collecting and analysing data (Akhtar, 2016). Since this study aimed at exploring the perceptions of social workers about EHWP, an exploratory descriptive research design was more suitable. According to Pelzang and Hutchinson (2018), exploratory descriptive research design assists researchers to gain an understanding of the real-world context as experienced by the participants. The design enabled the researcher to obtain a detailed description of the perceptions of social workers about EHWP.

A qualitative method was used as an approach that offers a detailed description and analysis of participants' responses, and understanding of behaviours in their natural environments (Cresswell, 2013). Qualitative research is also described by Rubin and Babbie (2016) as an approach that is concerned with getting meaning of human experiences and generating data that is theoretically rich and observations that cannot be easily quantified. The use of a qualitative research assisted in exploring and describing the subjective views of social workers regarding EHWP.

3.3. STUDY SITE

The study was conducted at the Polokwane municipality in the Limpopo province. Polokwane Municipality is a local municipality situated in the central part of Limpopo province under the Capricorn District Municipality. It is a major economic centre with 38 wards (Statistics South Africa, 2011). The study only covered a few areas of Polokwane Municipality, from Pietersburg hospital, Mankweng Township,

Mothiba, Mamabolo, Dikgale, Mothapo and Molepo villages. In selecting the study setting, the researcher must take note of issues such as the nature, environment, context, logistics and any other features of the study site that may influence how the research is going to be conducted (Majid, 2018). A map of the study location is shown as Figure 1 below.



Source: Map data (2010)

Figure1: Map of Polokwane Municipality

3.4. POPULATION

Majid (2018) describes population as the group of people with common characteristics the researcher has interest in studying about. As a result, the population of this study were social workers working for DSD at the Polokwane Municipality who are registered with the Social African Council for Social Service Professions. These social workers are placed at Primary Health Care (PHC) clinics, hospitals, magistrate offices and departmental buildings from the locations specified in the study site. There are 69 social workers in the selected study site above.

3.5. SAMPLING METHOD

Sampling is referred to as the process of selecting a subgroup from the entire population (Alvi, 2016). Purposive sampling was used to select participants of this

study. This method belongs to non-probability sampling technique, where participants are deliberately chosen by virtue of their knowledge and experience and referred to as judgement sampling (Etikan, Musa & Alkassim, 2016). In this study, the sampled participants were experienced enough to provide the researcher with the relevant information regarding their perceptions about EHWP. The sample size of this study was guided by the principle of data saturation. According to Boddy (2016), data saturation is the point at which no new information can be gathered during data collection or new themes are observed during data analysis that will enhance the findings of the study. This point was reached when 10 participants from the identified locations were interviewed and no new information was gathered, through interviews that produced repetition of information indicating the completeness of data gathered. A minimum of two participants were interviewed at each study location before data saturation was reached.

- Inclusion criteria

Inclusion criteria in this study was as follows: social workers working at the selected locations within Polokwane Municipality with three years and more working experience as the researcher believed they were having enough experience and knowledge about programmes in DSD including the subject being studied.

- Exclusion criteria

Exclusion in the study was based on the following criteria: any social worker with less than three years working experience was excluded from the study as the researcher believed that they would not provide sufficient information about the subject being studied.

3.6. DATA COLLECTION

Data was gathered using semi-structured face-to-face interview in a conducive environment that did not have any interruptions that could have jeopardised data collection. A semi-structured interview is a qualitative method of data collection that allows the researcher to explore subjective view points, and to gather in-depth account of people's experiences (Sekaran & Bougie, 2013). The interviews were conducted individually for 20 to 45 minutes using an interview guide attached as

Annexure A. The interview guide is a data collection tool with questions that allow the researcher to meet the objectives of the study (Sutton & Austin, 2015). The interview guide had a central question and possible probing questions. The central question in this study was: “*what is your perception of Employee Health and Wellness Programme?*”. Interviews were captured using an audiotape recorder and field notes were collected. Field notes allowed the researcher to record behaviours and non-verbal cues that could not be captured through the audio recordings (Sutton & Austin, 2015).

3.7. DATA ANALYSIS

The audiotaped interviews were transcribed verbatim and field notes were added to the transcripts as part of data analysis. Transcription is the process of reproducing spoken words such as those from an audiotaped interview into written text (Azevedo, Carvalho, Fernandez-Costa, Mesquita, Soares, Teixeira & Maia, 2017). Data was analysed and interpreted by using the three content analysis steps. According to Varsmoradi, Turunen and Bondas (2013), content analysis is a systematic coding and categorised approach used for exploring large amounts of textual information to determine trends and patterns of words used, their relationship, structures and discourse of communication. The aim of content analysis is to examine narrative materials by breaking the text into relatively small units and content and submitting them to descriptive treatment and was outlined as follows:

- Preparation phase: after transcription, the researcher obtained a sense of the whole by reading the transcripts several times and noting down the ideas in the margins.
- Organising: codes were opened and generated into categories; the categories were then grouped to identify those that are similar. The researcher then generated names for themes and sub-themes for each transcript which were organised and grouped to avoid long list and repetition.
- Reporting: the results were reported through themes and sub-themes with accompanying quotations from the actual responses of participants and supported by literature control.

An independent coder was used during data analysis and was given the transcripts together with field notes to code them independently. The field notes were added to the transcripts to get rich data. Coding of research findings in a qualitative research study includes early analysis of data, which allows the researcher to turn raw data into a communicative and trustworthy story. Once the researcher has coded the research findings, and has made sense of the raw data in the form of themes and sub-themes, the independent coder is used to improve the trustworthiness and the credibility of the research findings. The role of the independent coder is to determine the consistency of the data analysis process, as the independent coder sample raw data independently to create codes and themes (Elliot, 2018; Linneberg & Korsgaard, 2019). Subsequently, the independent coder sat with the researcher to compare and differentiate themes and sub-themes and a consensus was reached on the final themes and sub-themes. The coder had sufficient knowledge and expertise in qualitative research methodology. The independent coder certificate is attached as Annexure I.

3.8. MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is the degree of confidence in data, interpretation and methods used to ensure the quality of the study. In every study, the researcher should establish protocols and procedures necessary for a study to be considered worthy of consideration by readers (Connelly, 2016). Criteria for ensuring trustworthiness include credibility, transferability, dependability and conformability.

3.8.1. Credibility

This aspect refers to the degree to which the research represents the actual meanings of participants or the “truth value” (Moon, Brewer, Januchowski-Hartley, Adams & Blackman, 2016). Credibility was ensured by adopting strategies such as member checking, peer debriefing, triangulation and prolonged engagements with participants.

- Member checking

This aspect refers to the process of continuous, informal testing of information by solidifying reactions of respondents to the investigator’s reconstruction of

what he or she has been told (Candela, 2019). The researcher ensured that answers given during interviews by participants were rephrased as questions in order to ascertain accurate comprehension of what was said. Probing questions also assisted the researcher in understanding the participants' perceptions of EHWP.

- Peer debriefing

This is the method in which the researcher discusses the research methodology, data analysis, and interpretations continuously throughout the research project with a skilled qualitative researcher who is not directly involved with the research, who can meaningfully question the researcher's interpretations, provoke critical thinking and provide alternative/additional perspectives and explanations (Hadi & Closs, 2016). In this study, the researcher used experienced colleagues in qualitative research methodology for impartial inputs and guidance.

- Triangulation

According to Fusch, Fusch and Ness (2018), triangulation is the employment of multiple data collection methods to find meaning that participants use to frame their world. The researcher made use of triangulation methods such as face-to face interviews, audio tape recorder and field notes during data collection. The field notes recorded were also included in the transcripts during data analysis.

- Prolonged engagements

This aspect is referred to as the investment of sufficient time to become familiar with the setting and context, to test for misinformation, to build trust, and to get rich data (Korstjens & Moser, 2018). The researcher spent one month conducting the interviews with participants. In order to build rapport, the researcher spent some time with each participant during the interviews explaining the purpose of the study as well as the interview procedures. The interviews took 30 to 45 minutes to allow participants ample time to respond to

questions. The use of probing questions also allowed the researcher to engage more with participants in order to get rich data.

3.8.2. Transferability

Transferability refers to the degree to which results can be generalised, and whether conclusions drawn can be applicable to other context and people (Amankwaa, 2016). Transferability was obtained through outlining a dense description of all the research processes, from data collection, data analysis to reporting of the study findings. This was done to give other researchers an opportunity to decide whether to apply or use the processes in other settings. The findings of the study are also supported by the actual responses from participants in order to show authenticity of the findings (see chapter 4).

3.8.3. Dependability

Dependability refers to the consistency or similarity of the study findings if the study was to be conducted under similar conditions. The researcher must precisely outline how data was collected and analysed so that the results can be dependable (Korstjens & Moser, 2018). Moon et al. (2016) also define dependability as the reliability and consistency of data over time and the degree to which research procedures are documented, allowing someone outside the research to follow, audit and critique the research process. To ensure dependability, all materials used in the study will be kept for a period of five years to enable other researchers to audit and critique the research process.

3.8.4. Conformability

Conformability refers to the degree to which the findings of the inquiry are solely of participants, and conditions of the inquiry are not of the biases, motivations, interests and perspectives (Moon et al., 2016). The researcher ensured that the findings of this study are based on the collected data from participants, not on the researcher's preferences and viewpoints. An audit trail was maintained by keeping audio recordings, transcripts and field notes. Auditing was also done throughout the

process by the supervisor. An independent coder was also used to ascertain the codes and believability of findings during data analysis (see Annexure I).

3.9. ETHICAL CONSIDERATIONS

Researchers have the duty to protect the life, health, dignity, integrity, right to self-determination, privacy and confidentiality of personal information of research subjects. This can be done through adhering to the ethical principles of respect for persons, beneficence and justice (Yip, Han & Sing, 2016). This section focused on the ethical issues involved in conducting the study. It detailed the process followed in obtaining approval to conduct the study, both from the university and DSD in Limpopo province. Other ethical issues considered in this study include informed consent, protecting anonymity and confidentiality, voluntary participation and harm reduction.

3.9.1. Ethical Clearance

The researcher obtained ethical clearance from Turfloop Research Ethics Committee (TREC) of the University of Limpopo before commencing with data collection. The ethical clearance certificate is attached as Annexure C.

3.9.2. Permission from local authorities

A letter requesting permission to conduct the study from the Head of Department (HOD) of Social Development in Limpopo is attached as Annexure D. Permission to conduct the study was granted by DSD and it is attached as Annexure E. A request for permission to conduct the study from the Department of Health was done by uploading the proposal on the portal of the National Health Research Database. Approval letter for conducting the study was then granted by the Department of Health and it is attached as Annexure F.

3.9.3. Voluntary participation

In this study, participation was voluntary and participants were not coerced to participate. Voluntary participation in research implies that a person knowingly, voluntarily, intelligently and in a clear way gives his/her consent (Akaranga & Makau,

2016). Participants were invited to participate in the study through an invitation attached as Annexure G. Participants were informed of their rights to withdraw from participating in the study at any given time they deem it necessary.

3.9.4. Informed consent

Informed consent refers to the participant's right to autonomy or self-determination in action according to a personal plan (Akaranga & Makau, 2016). The researcher requested consent from participants before participating in the study by using a consent form attached as Annexure H. Participants were informed of their rights to participate or not participate in the study. Permission to record the interviews was also requested from participants.

3.9.5. Protecting anonymity and confidentiality

Anonymity refers to protecting the participants' personal information by not disclosing any identifying characteristics that would compromise anonymity, especially if the sample size is small (Clark-Cazak, 2017). Participants' names were not used in data collection, data analysis and data interpretation, however, numbers were used to protect anonymity of collected data. Participants were also advised not to mention names during interviews. The interviews were conducted in a private room. Confidentiality was maintained by ensuring that the collected data is not disclosed to anyone other than the supervisor and relevant stakeholders. According to Noroozi, Zahedi, Bathaei & Salari (2018), confidentiality is the respect for autonomy and self-control on information. The collected data was also kept by the researcher in a lockable cabinet and a password-protected computer.

3.9.6. Harm reduction

Harm reduction focuses on preventing any intentional harm or minimising any aspect of potential harm by refraining from injuring participants either physically or psychologically (Akaranga & Makau, 2016). The researcher ensured that no harm was caused by not asking sensitive questions that could result in fear and anxiety to participants. The interviews did not yield any emotional stress that could have harmed participants.

3.10. CONCLUSION

This chapter discussed the methodology used in conducting this study, research design, setting, population, sampling method, data collection, data analysis, measures to ensure trustworthiness of the study and the ethical considerations. Chapter 4 will discuss the findings and literature control.

CHAPTER 4

FINDINGS AND LITERATURE CONTROL

4.1. INTRODUCTION

The previous chapter outlined methodology used in this study. This chapter focuses on the findings of the study and literature to support the findings. The findings are presented according to themes and sub-themes, subsequently four themes and seven sub-themes emerged. The demographic profile of the participants is also discussed in this chapter.

4.2. DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

The sample consisted of 10 social workers stationed at the selected locations within the Polokwane Municipality. There were three males and seven female social workers. Social work is described as a female dominated profession, in which men disproportionately occupy senior roles, hence most of the participants were females (Alpaslan, 2019; Hicks, 2015). One of the participants was 34 years and nine were above 35 years. There were four social workers who had 10 years work experience; and six had above 10 years work experiences. In the meeting held by the portfolio committee of Social Development in October 2020, the national and provincial DSD reported to be still having challenges in absorbing social work graduates due to budget cuts, a lack of tools of trade such as shortage of vehicles to transport social workers to remote areas and office space. These challenges were the biggest factors that contributed to not absorbing a satisfactory number of social work graduates (Parliamentary Monitoring Group South Africa, 2020), hence most participants in this study were having an extensive work experience and older in terms of age.

All the participants had undergraduate degrees. According to Sithole (2017), social work profession in South Africa has reached its lowest level with social workers complaining of poor salaries and lack of upward mobility that may deter them from furthering their studies. A study conducted at the DSD in the Eastern Cape Province by Kheliswa (2019) also revealed that some social workers have feelings of regret

for pursuing the profession because there is no personal growth and recognition for their dedication. Two of the participants were stationed at the primary health care clinic; three were stationed at a hospital; two were stationed at the magistrate offices; and the last three were stationed at DSD building. According to the Department of Social Development (2011), developmental social welfare services are provided in diverse settings, which are defined and controlled areas that deal with specific target populations such as hospitals, or health settings, schools and correctional facilities. The performance of social workers in those settings is however guided by the social welfare policies and service standards as well as professional ethics and conduct as defined in the South African Council for Social Service Professions. Table 4.1 below summarises the demographic profile of the participants.

Table 4.1: Demographic profile

GENDER	AGE	EDUCATIONAL LEVEL	YEARS OF SERVICE	SERVICE POINT
Female	35 years	Undergraduate degree	10 years	DSD Building
Female	43 years	Undergraduate degree	11 years	DSD building
Female	37 years	Undergraduate degree	12 years	Hospital
Female	37 years	Undergraduate degree	11 years	Hospital
Female	37 years	Undergraduate degree	11 years	Clinic
Female	35 years	Undergraduate degree	10 years	DSD building
Female	37 years	Undergraduate degree	11 years	Hospital
Male	36 years	Undergraduate degree	12 years	Magistrate offices
Male	37 years	Undergraduate degree	10 years	Magistrate offices
Male	34 years	Undergraduate degree	10 years	Clinic

4.3. THEMES AND SUB-THEMES

During data analysis, four themes and seven sub-themes emerged and are summarised in Table 4.2 below and then discussed in detail.

Table 4.2: Themes and sub themes

Themes	Sub-themes
1. Employee Health and Wellness Programme is a beneficial programme to social workers and the Department of Social Development.	1.1. Nature of social work profession necessitates the importance of the programme to social workers. 1.2. Structured departmental programme to assist employees. 1.3. Well implemented employee health and wellness programme would improve the provision of social services delivery synergy.
2. Challenges relating to accessibility and awareness of Employee Health and Wellness Programme.	2.1. Proximity of the Employee Health and Wellness Office. 2.2. Lack of programme marketing and promotion.
3. Contributing factors to non-participation of social workers in the Employee Health and Wellness Programme.	3.1. Personal factors to non-participation of social workers to the Employee Health and Wellness Programme. 3.2. Organisational factors to non-participation of social workers to the Employee Health and Wellness Programme.
4. Negative perceptions of social workers about Employee Health and Wellness Programme.	

4.3.1 Theme 1: Employee Health and Wellness Programme is a beneficial programme to social workers and the Department of Social Development

The findings of this study revealed that social workers perceive EHWP as a programme within the department having great benefits for them and the DSD. The following three sub-themes emerged under this theme.

4.3.1.1 Sub-theme: 1.1 Nature of social work profession necessitates the importance of the programme to social workers.

The study revealed that social workers are among professionals who experience burnout due to the nature of cases they handle, their scope of practice and their work setting. According to Amiri, Khosravi, Eghtesadi, Sadeghi, Abedi, Ranjbar and Mehrabian (2016), burnout is a psychological syndrome, which involves a loss of enthusiasm for work (emotional exhaustion), a sense of pessimism

(depersonalisation) and a reduced sense of personal accomplishment. Burnout is also an increasing negative reaction to constant job stressors and is the result of inconsistency and mismatch between the job and the worker. It is also accompanied by effects such as low mood, decrease in the feelings of competence and low commitment to work, low productivity, high absenteeism and job turnover. In this study, some social workers also reported to be having high caseloads which makes it difficult for them to perform to their ultimate best. As a result, the EHWP becomes more important to assist them cope with work demands and perform as expected.

Participant 06 said: *“Um, first we deal with a lot of challenged clients who are facing challenges, as such we as social workers are victims of, eh, burnout in most cases because we deal with different cases like rape, sexual abuses tomorrow you deal with the issue of foster care and the issue of, eh, you support schools, as such you tend to have burnout. And as a result we are working, but we are not being productive”.*

Participant 07 added: *“I think it's a good programme because remember, we deal with different cases which might at the end of the day hamper the way you function. Whether we like it or not, you know, as social workers if you handle cases and when people are explaining, you know, you become part of the problem, whether you like it or not, sometimes you go home with them sometimes you handle cases which are traumatic. We do need it as social workers given the nature of cases that we are handling on a day to day basis”.*

Participant 04 also added: *“A huge one, um looking at the site where I'm working we are mostly confronted with burnout due to the circumstances or the environmental factors. Let me just say the environmental factors. Today you are seeing someone tomorrow they passed on, and then who do I cry to”.*

Social work is one of the leading profession in terms of experiencing poor physical health, poor job satisfaction and impaired well-being due to unbearable working conditions. Social workers are also at a higher risk of work related stress, burnout and a lower quality of life compared to other health professionals and the general population. This is mainly due to the profession's values and fundamental focus on

casework and the settings in which they provide health care which often exposes them to traumatic situations and work related stress (National Association of Social Workers North Carolina, 2016; Kheswa, 2019). Similarly, Wacet (2017) reported that the field of social work is vast and broadly done in a range of settings with a variety of client populations. Social workers engage with clients from different backgrounds such as clients who experienced trauma, mental health problems, with physical and developmental disabilities. They also work with clients who create stressors for the social workers due to problems interacting with clients, have frequent contact with clients with chronic illnesses, and exposure to death and dying. They are therefore impacted by a variety of environmental factors that makes EHWP more pivotal to their profession and their work.

In this study, social workers perceive the EHWP as an important and a beneficial programme that could assist with alleviation of burnout and other problems they encounter in their daily professional life. They have positive perceptions about the programme and viewed it as a programme that could also improve their work productivity and refreshes their soul and mind.

Participant 07 said: "So employee health and wellness can help us to deal with burnout. Employee health and wellness can assist social workers to, um to be productive".

Participant 03 added: "I think it will be of great benefit to them because social workers are demoralised and they deal with difficult cases, challenging clients, you know, just for them to take a break and time away to refresh and mingle and participate with other people and see, you know. Just refresh your mind and your soul, recharge and come back and I think they'll be more productive and they will serve clients better if they take a break and recharge and rest and they would feel rejuvenated I believe".

Burnout has been associated and shown to mediate between depression and stress both within the field of psychology and within other professions and it is regarded as the most frequent and imminent health problem with prevalence of 20%-60% among different professionals (Bikseg, Kenfe, Mawos & Eshetu, 2016; Mc Cormack,

McIntyre, O'Shear, Hearing & Campbell, 2018). There are many potential benefits of EHWP for both employers and employees. Studies have increasingly found that EHWP resulted in a reduction of risk factors for numerous diseases, including heart and lung conditions and directly associated with increased levels of productivity, increased job satisfaction, improved staff morale and lower absenteeism in the workforce (Conradie, Van Der Merwe Smit & Malan, 2016; Otenyo & Smith, 2017). Similarly, a study conducted among employees and wellness programme administrators in the North American companies, about health tracking in the workplace by Chung, Gorm, Shkolvski and Munson (2017) revealed positive perceptions, wherein many employees felt that the EHWP demonstrated that their employers care about their health and working conditions beyond mere measures of productivity.

4.3.1.2 Sub-theme: 1.2 Structured departmental programme to assist employees

In this study, EHWP was described as a structured departmental programme that runs during specific weekdays and hours for employees to focus on matters outside work. The programme was perceived to be able to assist employees with various problems affecting their work performance.

Participant 02 said: *“Um, I just did not find my way because remember, when I was doing supervision most of the time, they would say eh Wednesdays half past three, and by then I'm not in the office. Oh, generally, I would say it's a programme that has been put in place to assist us in dealing with eh stress related matters. In terms of, eh if we are given time off to do other things other than work related during working hours”.*

Participant 03 added: *“I used to attend aerobics, every Wednesdays but the demand of my work made me not to participate in it because I felt I was wasting time when I was taking part in the activity”.*

Participant 01 also added: *“Eeh, be it that they are experiencing personal problems more especially if those problems had to affect their job. Maybe in the sense that a person is grieving and cannot be able to do certain things at work, like seeing clients*

who are also grieving. Eeh, then the employee health and wellness should be able to assist their employee in grieving matters or even substance abuse matters”.

According to Kunte (2016), EHWP are various services, activities and resources offered by employers to their employees to support their health, well-being and disease management. They are also referred to as strategies, action plans and methods used to promote the physical, emotional and mental health of employees so that they become productive workforce. Furthermore Abe, Fields and Abe (2016) alluded that EHWP are designed to promote employees ‘awareness of their health and wellness needs as well as to facilitate personal psychological and physiological change towards promoting individual health and wellness and a supportive workplace. EHWP activities are particularly targeted towards providing relief to employees from stress emanating from substance/alcohol abuse, finance/debt issues, medical and chronic diseases, career crises and job demands. Other studies revealed that the high stress resulting from very high working demands motivate employers to find ways to help employees through health promotion activities conducted in a form of EHWP (Saliba & Barden, 2017; Sangachin & Cavuoto, 2018).

The health and wellness management policy by the DPSA emphasised that management of EHWP emerged as a priority due to the increasing recognition that the health and well-being of employees directly impacts the productivity of the organisation. This is because employees are the life blood of the organisation and it is vital to help them produce at their optimum levels. Furthermore, the principles underpinning EHWP include coherence model that states that service delivery models should offer the same package to all public servants in spite of it being outsourced from the Department of Health. The programme or protocols that are offered should not contradict each other in various departments (Department of Public Service and Administration, 2011).

4.3.1.3 Sub-theme 1.3 Well implemented employee health and wellness programme would improve the provision of social services delivery synergy

The study revealed that well implemented EHWP could yield a number of positive results in the provision of social welfare services within the DSD. There were a number of benefits social workers highlighted to the DSD which include amongst

others, improved organisational image and productivity, improved staff morale and reduced sick leaves.

Participant 08 said: *“The quality of the service will be good and they will render quality service and then we also have this principle of Batho Pele, a happy employee is a productive employee. So it will also project the good image of the organisation and of the government at large if we give out the best service that we can”*.

Participant 02 added: *“Eh that is the whole point, when staff morale has been lifted people will not find it, I mean it would take, think of number of days that we take off work when we are sick and not necessarily that we are sick, it is just that sometimes we're just too tired because of work related activities”*.

Participant 03 added: *“We will be more motivated, you know, to, you know, to come up with and to solve cases, to attend to issues. Well, you know, the mood will just improve in more positive, more lively. Personally we will also be more productive because others will say they don't even want to come to work. They don't feel like coming to work”*.

A study by Pescud, Teal, Shilton, Slevin, Ledger, Waterworth and Rosenberg (2015) carried out with stakeholders from various organisations in the USA revealed that there is perceived merit in the EHWP because they were able to improve employee morale, reduce health care costs, increase productivity, reduce absenteeism and contribute to the positive promotion of the company image.

4.3.2 Theme 2: Challenges relating to accessibility and awareness of the Employee Health and Wellness Programme

The findings of this study revealed that social workers have challenges with accessing the EHWP office which they highlighted centralisation of the programme at the district office. It was also reported in this study that the programme was not formally introduced to the social workers, hence they have little knowledge about the programme and its services. The following sub-themes emerged from this theme.

4.3.2.1 Theme 2.1 Proximity of the Employee Health and Wellness Office

In this study, some social workers highlighted the issue of office location as a challenge to have full access to the EHWP. They further described how difficult it is for them to actually move from their service point to reach the programme at the district office because the EHWP are only located at the district offices and provincial office within the DSD in the Limpopo Province.

Participant 06 said: *“Um, given the opportunity actually, I refer to the access of the programme, because if the programme is centralised at the district office, somebody who is at, eh, I’ll give example, somebody who is at Bochum will travel hundred kilometres to access the services. And for me, she doesn’t have that opportunity, we don’t have equal opportunity. Somebody who is based at Buite clinic can just walk to the district office and access the services. Myself, I have to book transport. I have to do a lot of things so that I can go to district to access the services”*.

Participant 08 added: *“So like the service is inaccessible and the office is only at district and we are like here at the clinics”*.

Participant 09 added: *“It is important, it is important for social workers to participate, however, with the setting that we have currently or we are working with, is more like this programme is something that is far at district, it’s a further programme and it’s sometimes hindered by the area in which we are operating”*.

Jørgensen, Villadsen, Burr, Punnett and Holtermann (2016) supported these findings by alluding that according to the settings approach suggested by the Ottawa Charter for Health Promotion Strategy, location and provider of the health promotion are regarded as important prerequisites for implementation of the EHWP.

4.3.2.2 Sub-theme 2.2 Lack of programme marketing and promotion

The findings of this study show that the EHWP was not well marketed and promoted to the social workers. Some social workers reported that they informally heard about the programme which they believe is not an effective way to communicate information. As such they have little knowledge of what the programme is all about and believe it is not effective, hence they do not participate in it.

Participant 05 said: *“However, at the moment it’s not effective on our side, because um, we haven’t heard of, we actually struggle to understand how to find the service from the office moreover that we only knew about it three, three or two years ago, but then it’s long that I’ve been in the department and I’ve never heard of it before. Um, it’s not clear cut as to how to get the, to get help or how to reach their services because the programme is not well marketed”.*

Participant 02 added: *“But then for us, it never really occurred. It’s like it was put in place, but we were never really brought into the whole programme to say this is a programme. We were just told we have ours but then there are no other programmes, there are no other activities that you can participate in or perhaps we don’t know. Let me not say there are not there. Let me say we don’t know which other activities we need to participate in or we can form our own activities”.*

Participant 03 also added: *“Yes, in my view like where I am, I just heard oh, we have employee wellness something. I don’t know what they do. I had to personally go and find out what they do. I think the department just started this programme. They are not, you know, reaching out, they are not you know marketing it, and they are not bringing it out to their people and to employees”.*

Employers are becoming aware that the physical, mental and social well-being of their employees impacts their company’s bottom line. This is likely the main reason over 85% of companies in USA with 1000 or more employees offer EHWP. Many of these well intended programmes however fall short of effectively promoting employee health and well-being, as a result only 60% of employees report being aware of the EHWP offered by their employer, and only 40% of those who are aware participate (Timm, Gray, Curtis & Chung, 2018).

4.3.3 Theme 3: Contributing factors to non-participation of social workers in the Employee Health and Wellness Programme

There were a number of factors that could deter social workers from participating in the EHWP highlighted in this study. The following two sub- themes emerged under this theme.

4.3.3.1 Sub-theme 3.1 Personal factors to non-participation of social workers to the Employee Health and Wellness Programme

The study revealed personal factors such as social workers' belief in their capacity to solve own problems due to their professional skills and expertise, as a deterrent to their participation in the EHWP. According to Willis and Molina (2019), the national association of social workers code of ethics states that social workers have the ethical responsibility to immediately seek consultation and take appropriate remedial action by seeking professional help when their personal problems interfere with their performance. The above authors further posit that professional self-care is crucial, and social workers need to actively engage in it as a professional strategy by engaging in activities that improve their health and wellness areas such as physical, psychological, social, spiritual and leisure that are part of the EHWP.

Participant 06 said: *"Because like I said, number one, we, eh, we feel we are social workers that is where the challenge is, we feel as much as we are able to assist clients to deal with their own daily life challenges, we feel maybe we can also do it on our own or we can render these services to ourselves"*.

Participant 07 added: *"Mm, it can be because we think or we believe that because we are social workers we can be able to solve our own problems, of which it doesn't necessarily work. We believe that we can be able to counsel ourselves. You know, we think we are the masters we can be able to solve our own problems"*.

A study conducted among employees at a public university in the western New York by Sangachin and Cavuoto (2018) reported that employees experience personal psychosocial factors such as self-efficacy and anxiety that may prohibit their participation to EHWP. The impact of individual level factors on participation to

EHWP has been widely researched and employers should consider those individual level factors in order to drive programme participation when designing the EHWP, but they have very limited room to exert influence (Lier, Breuer & Dallmeyer, 2019).

4.3.3.2 Sub-theme 3.2 Organisational factors to non-participation of social workers to the Employee Health and Wellness Programme

The study revealed that the DSD has placed the social worker who is also known to most of the social workers to run the EHWP. This was reported by some of the social workers as a contributing factor to their non-participation to the programme, as a result they may have difficulties in disclosing intimate information to a known colleague. According to the principles enshrined in the health and wellness management policy by DPSA, the therapeutic services offered within the EHWP can only be run by a registered professional with a relevant statutory body (Department of Public Service and Administration, 2011).

Participant 01 said: *“It's quite difficult. Let me give in our department for example, we've got a social worker who I personally worked with, the person who is actually running the programme, and it's quite a bit difficult to open up to that person because you personally know each other”*.

Participant 07 added: *I wouldn't feel comfortable sharing with the EAP practitioner on the reasons that, you know, I've been with her, I went to school with her, you know, so it's like that relationship we have I wouldn't feel comfortable, you know, sharing whatever problems I might be having. I would rather share with someone who I don't even know instead of sharing with someone I know and someone that you've been working with”*.

There are different social ecological models on health promotion that propose factors on multiple levels that influence an employee's decision to participate in the EHWP or not. These factors include intrapersonal, interpersonal and organisational factors that affect the outcome of the health promotion programmes. Intrapersonal factors focus on the single individual, interpersonal factors on interaction between small groups, and organisational factors relate to the social norms and the corporate climate prevalent at the workplace as a whole. Individual factors have been

thoroughly researched, organisational level factors on the other hand are in control, however, there is a lack of studies on organisational level variables as predictors to EHWP participation (Lier et al., 2019). According to the health and wellness management policy by DPSA, the management of EHWP is underpinned by the principles of respect for autonomy, non-maleficence, beneficence, and distributive justice. All these principles will guide the actions of all professionals working in the field of health and wellness management (Department of Public Service and Administration, 2011).

In this study, lack of support from supervisors was also mentioned as another factor that may deter participation of social workers to the EHWP.

Participant 05 said: *“And then so now that there have been challenges, but you know, it's not enough for the supervisors because even our supervisors are supervising people, they are having their own problems, and they also need the programme”*.

Participant 02 added: *“I'm not even sure if people feel they get support from their own supervisors to participate. But for now, I don't think so”*.

Managers are essential to the success of the EHWP because they provide support and encouragement to those that work for them. If managers do not support their employees to engage in EHWP activities, the health and wellness efforts in that department are likely to stop running (Amaya, Melnyk, Buffington & Battista, 2017). A study conducted by Lier et al. (2019) in the German firms offering EHWP, reported that the degree to which a leadership promotes and facilitates the participation of employees to the EHWP has an influence on its success.

4.3.4 Theme 4: Negative perceptions of social workers about the Employee Health and Wellness Programme

It was highlighted in this study that some social workers still have negative perceptions about the EHWP despite the reported benefits. The negative perceptions make it difficult for social workers to effectively utilise and benefit from

the programme. Some of the perceptions highlighted are stigma and confidentiality. Nyblade, Stockton, Giger, Bond, Ekstrand, Mc Lean, Mitchell, Nelson, Sapag, Siraprapasiri, Turan and Wouters (2019) define stigma as a powerful social process that is characterised by labelling, stereotyping, and separation leading to status loss and discrimination, and all occurring in the context of power.

Participant 03 said: *“However, I think there’s a stigma attached to the programme in a way I don’t know, Is it, I don’t know maybe it’s because it’s not as effective as it is perceived to be”*.

Participant 10 added: *“Maybe if they can just employ people, many people from far and then put them in different offices because some even worry about stigma. When you enter in that office like people will just say, this one has problems, even before you talk maybe you want something else but when people find you there, they would just say this one has problems”*.

The findings of this study revealed that some social workers do not have the trust and confidence in the practitioner to keep their intimate information confidential. According to Noroozi, Zahedi, Bathaei and Salari (2018), confidentiality is the respect for autonomy and self-control on information. The client’s concern about confidentiality has drastic impact on their trust because they share confidential information which may be stressful, embarrassing and harmful, as a result there should be mutual trust between the practitioner and the client.

Participant 08 said: *“The other thing when you go to the district where the person is located, the office must be, and must guarantee my confidentiality as an employee because whenever I go there, there is this what we call, you are branded as a troubled employee”*.

Participant 10 added: *“So you don’t even know that after sharing that, she is keeping quiet or she is sharing with other officers or not. So sometimes some feel like confidentiality is an issue”*.

The findings of this study concur with a study by Abe, Fields and Abe (2016) that reported negative perceptions about the EHWP, that may deter employees from participating in the programme due to factors such as stigmatisation as well as lack of trust and confidentiality related issues. Another study conducted by Perrault, Hildenbrand and Rnoh (2020) posits that employees do not participate in EHWP because of having negative perceptions of the programme or being concerned about privacy, sharing personal data or generally having less separation between one's job and personal life.

4.4 CONCLUSION

This chapter discussed the research findings and the literature control. The findings were presented according to the four main themes and seven sub-themes which are as follows: EHWP is a beneficial programme to social workers and the Department of Social Development; challenges relating to accessibility and awareness of EHWP; contributing factors to non-participation of social workers in the EHWP and negative perceptions of social workers about the EHWP. Chapter 5 will focus on the summary, strengths and limitations, conclusion and recommendations of the study.

CHAPTER 5

SUMMARY, RECOMMENDATIONS, STRENGTHS AND LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION

The previous chapter presented the research findings and literature control. In the findings, social workers described the EHWP as a programme that could benefit them and the DSD, and highlighted how the programme could also improve the provision of social welfare services if well implemented. In this chapter, the conclusion of the study, strengths and limitations of the study and the recommendations based on the study findings are made.

5.2 SUMMARY

The aim of the study was to explore the perceptions of social workers at the Polokwane Municipality about the EHWP. A qualitative research method employing the exploratory descriptive design was used.

The objectives of the study were as follows:

- To determine the demographic profiles of social workers at the Polokwane Municipality in the Limpopo province.
- To explore and describe the perceptions of social workers at the Polokwane Municipality in the Limpopo Province about the Employee Health and Wellness Programme.

The objectives of this study were achieved through asking participants during data collection the main question and probing questions. Social workers were able to answer both the main question and the probing questions. They were able to describe their perceptions in the findings, through the themes and sub-themes which were discussed in details in Chapter 4.

The findings emerged from four themes that were generated from the data because of recurring similarities from the transcripts. Literature control was used to discuss the themes. The first theme focused on EHWP as a beneficial programme to social

workers and DSD. Under this theme, the following sub- themes were discussed: nature of social work profession necessitates the importance of the programme to social workers; structured departmental programme to assist employees, and well implemented EHWP would improve the provision of social services delivery synergy. The second theme looked at the challenges relating to accessibility and awareness of EHWP. Under this theme, two sub-themes emerged: proximity of the employee health and wellness office and lack of programme marketing and promotion. The third theme discussed the contributing factors to non-participation of social workers in the EHWP. Under this theme, the following sub-themes emerged: personal factors to non-participation of social workers to the EHWP and organisational factors to non-participation of social workers to the EHWP. The last theme focused on the negative perceptions of social workers about the EHWP.

The perceptions of social workers about the EHWP reflected on the emerged themes. Social workers highlighted the EHWP as a beneficial programme to them and the DSD. They explained that this programme could assist them cope with various problems they experience when discharging their professional duties. They further reported that the nature of their profession necessitates the importance of this programme to them. The EHWP was also explained to improve the provision of social welfare services within the DSD if well implemented. Despite the positive perceptions displayed by social workers about the EHWP, various challenges were highlighted which include accessibility and awareness of the programme. Issues raised included the office location which is only centralised at the district office, and the fact that the programme was not properly promoted and marketed to them. Some social workers explained how difficult it is to move from their respective office location to go and access the service at the district, considering the challenges of lack of resources such as transport.

There were personal and organisational factors highlighted that contribute to non-participation of social workers to the EHWP. The factors included social workers' belief in their capacity to solve their own problems and the appointment of a known colleague to run the programme. Some social workers described how difficult it is to seek help from a known colleague which makes them to have negative perceptions about the programme and concerned about confidentiality and stigma.

5.3 RECOMMENDATIONS

The following recommendations are made:

Practice

- There is a need to employ more EHWP coordinators that may include other helping professionals such as nurses and psychologist at the district and local municipalities to enhance provision of this service to all employees within DSD. This was reported by some participants in the findings that centralisation of the EHWP at district and the programme being currently run by social workers only deters their full participation to the programme.
- The EHWP should be promoted and marketed extensively to all employees to enhance utilisation. The findings revealed that the EHWP was not promoted and marketed widely among participants, as such they have little knowledge about what the programme entails and ultimately they do not utilise it.
- The Department of Social Development should improve the provision of EHWP by benchmarking at other departments. The findings revealed that well implemented EHWP could produce a number of positive results not only to the participants but to most of the employees within the DSD and enhance provision of social welfare services.
- The findings of this study could be shared with health care professional for future utilisation and benefit from the EHWP.

Education

- There is a need for an extensive curriculum on EHWP at universities and other institutions of higher learning to the helping professionals who are involved in EHWP. This was reported in these findings that some participants question competency of the EHWP coordinators as they know that they have only acquired qualification in social work.
- The EHWP curriculum should include skills such as policy development, promotion and marketing of EHWP. Some participants reported programme marketing and promotion and resuscitation of the programme as elements that could improve the provision of the EHWP to employees within DSD.

Research

- A quantitative research is needed to determine the perceptions of more social workers within DSD about the EHWP, in order to enhance provision of the programme to this category of professionals who require the service due to the nature of their profession.
- A mixed method research is also needed to determine why social workers perceive the EHWP and the uptake of social workers to the programme to improve the provision of this programme to them.

5.4 STRENGTHS AND LIMITATIONS OF THE STUDY

• Strengths

The use of a qualitative method and exploratory descriptive design assisted the researcher to gather rich data from participants on their perceptions about the EHWP. The face-to-face interviews also enabled the researcher to probe more and describe the perceptions of the participants as outlined in the findings in Chapter 4 above.

• Limitations

The researcher had to interview participants wearing a face mask and maintain social distance due to Covid 19 regulations. It was thus difficult to spend much time with participants in a closed room and probe more. The use of English in the interview which is not the first language of the researcher and the participants, might have negatively deterred some participants to express themselves freely.

5.5 CONCLUSION

The study was about determining the perceptions of social workers at the Polokwane Municipality about the EHWP. The overview of the study was discussed with emphasis on the problem statement, a brief review of literature, aim and objectives of the study as well significance of the study in Chapter 1 above. Literature was also reviewed in Chapter 2 focussing on the history of EHWP, benefits of EHWP, the need for EHWP among social workers, participation rates of employees to EHWP as well as employees' perceptions of EHWP. The study employed a qualitative method

which assisted in gathering rich data about the perceptions of social workers about the EHPW. The data was collected using face-to-face semi-structured interviews. This data collection method assisted the researcher to probe more and collect field notes in order to get rich data. An exploratory descriptive design was employed, and assisted the researcher to explore and describe the perceptions in detail in Chapter 4. The findings were presented through four themes and seven sub-themes emerged from the study, supported by literature control. This final chapter outlined the summary, strengths and limitations, conclusion and recommendations of the study. Recommendations highlighted by the researcher need to be implemented in order to enhance provision of the EHWP and promote utilisation by all employees within the DSD.

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ANNEXURE A: Interview guide

SECTION A: Demographic information of participants

1. Gender

Male		Female	
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2. Age

18-34		35-54		55-65	
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3. Educational level

Undergraduate degree		Post graduate degree	
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4. Years of service in the Department of Social Development as a Social Worker

3-10		11-20		21-30		31-40	
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5. Service Point

Clinic	
Hospital	
Magistrate offices	
DSD building	

SECTION B

Central Question

What is your perception of Employee Health and Wellness Programme?

Probing questions

1. What do you think influences the way you perceive Employee Health and Wellness Programme?
2. Tell me your views about participation of social workers in Employee Health and Wellness Programme?
3. What would you say is the benefit /disadvantages of Employee Health and Wellness Programme to you?
4. What would you say is the benefit /disadvantages of your Department in embarking on Employee Health and Wellness Programme?
5. What suggestions do you have to improve Employee Health and Wellness Programme?

ANNEXURE B: Interview transcript

Transcript of Participant 03

	Questions and answers	Coding
Researcher	What is your perception of employee health and wellness programme?	
Participant	My perception of employee wellness programme is that employees should work in an environment that is supportive, that is understanding, that embraces all individuals despite their backgrounds and their cultural beliefs. And it should be the one that promotes and increases good working relationships. And it should also be based on the needs of the employees rather those of the employer.	
Researcher	So in your view, do think employee health and wellness programme is a good programme or is a bad programme?	
Participant	In a hospital setting employees view employee wellness programme as a good programme. However, I think there's a stigma attached to the programme in a way I don't know, Is it, I don't know maybe it's because it's not as effective as it is perceived to be. And in most cases, the officers who are rendering this programme are not that knowledgeable about the programme and they're not utilising it as it should be. They are not marketing	

	<p>it as it should be. They're not reaching out to the employees as it could be wished for them to do so. So to others I will say, personally to me I would say it's a good programme, but I've seen how others when you refer them to employee wellness officer they would say I would rather go to a private social worker or a private person. And I think it's just the attitudes they have towards the people who are rendering this programme.</p>	
Researcher	<p>Okay, but besides the attitudes, do you think there are other reasons for not using this programme?</p>	
Participant	<p>Yes, um I think the reason that can make us not participate in the programme, is the workload. We are so swamped in our work, we don't see life outside our work. There are deadlines and caseload it's just too much and because also we don't understand the value of this programme. We also don't know how it would benefit us if we take a break away from our work and participate in the activities of the programme. We feel the programme is not benefiting us in any way. I also feel the programme is just, there are a lot of activities that can be done in this programme, but I think we do not know about all those other activities because it's not only</p>	

	<p>about talking or sitting, there's a lot that can be done even outside the workplace, you know, physical activity, team building activities, any other thing that can be done outside that can enhance teamwork, working spirit and that can motivate the employees in the workplace. So I think our knowledge about this programme is limited. That is why we don't view it as important.</p>	
Researcher	<p>So, are you actually participating in this programme as a social worker?</p>	
Participant	<p>Yah, I'm going to be honest, I used to participate, but there was a point where I stopped participating. I used to attend aerobics, every Wednesdays but the demand of my work made me not to participate in it because I felt I was wasting time when I was taking part in the activity. I rather sit in the office and do whatever is needed for me by my employer. But when I attended the programme, when I had time to attend , it was really refreshing, I felt , I was a whole new person the following day. My energy level was up there. So to me, I loved it, it is just that the work demand is just too much.</p>	
Researcher	<p>Do you think it's important for social workers to actually participate in this programme?</p>	
Participant	<p>I think it will be of great benefit to them because social workers are</p>	

	<p>demoralised and they deal with difficult cases, challenging clients, you know, just for them to take a break and time away to refresh and mingle and participate with other people and see, you know. Just refresh your mind and your soul, recharge and come back and I think they'll be more productive and they will serve clients better if they take a break and recharge and rest and they would feel rejuvenated I believe. So I think social workers should consider participating in this programme. I think the department also should consider prioritising this programme and make it more fun, more interesting. They should reach out to employees and market it in a more fun way so that it can attract more people and they can understand why it's important to take a break come Wednesday lunch and go and participate. So I think the social workers definitely need this programme.</p>	
Researcher	<p>Mm, but I heard you to saying if the department could market it, are you actually saying the programme was not well marketed?</p>	
Participant	<p>Yes, in my view like where I am, I just heard oh, we have employee wellness something. I don't know what they do. I had to personally go and find out what</p>	

	<p>they do. I think the department just started this programme. They are not, you know, reaching out, they are not you know marketing it, and they are not bringing it out to their people and to employees. So I would wish if the department can also understand its importance. I think it should start with them if they can understand its importance, then they can be able to bring it down to their employees. It should actually start with them, so that they can even allow you know, there were cases where social workers were victimised in some instances and their supervisors did not allow them to take time off to participate in employee activities because they don't understand its importance, but if it can start with them, it will be easy for them to allow their subordinates to take part and participate in the programmes.</p>	
<p>Researcher</p>	<p>Okay, do you think there are benefits towards the department in terms of them embarking on this programme or there are disadvantages to the department?</p>	
<p>Participant</p>	<p>I think the benefits are greater than the disadvantages. The benefits according to me it will be, productivity will increase, we will be more effective, and we will be more innovative, more happier. We will be more positive. You</p>	

know, we will engage better, relationships will improve in the workplace. And I think that is one thing that the department does not realise. They don't realise that they need to invest on the well-being of the employees for them to perform better. So for me, I think if this programme is well implemented in the department, the advantages, advantages are far greater than the disadvantages. But the disadvantage to me would be it's not a disadvantage and to me I would say there is no disadvantage it's just advantages. We will be more motivated, you know, to, you know, to come up with and to solve cases, to attend to issues. Well, you know, the mood will just improve in more positive, more lively. Even the relationships with the supervisors will improve. Personally we will also be more productive because others will say they don't even want to come to work. They don't feel like coming to work. They don't meet deadlines, you know, because they have issues. Remember, they have issues from home some of them. Now they're bringing them to work that affects their productivity. But if they are well taken care of, even their mental health is taken care of and their mental health is prioritised and

	<p>someone is attending to their issues. The department will not benefit if they don't attend to their issues from home and they will forever be upset. They'll take leave, abscond and just vanish into thin air. The supervisor will not know where they are, but then if they know they are working in an environment that supports them, you know, they will see a reason for them to come to work and make and engage and make an impact and render services. So I think, yah the advantages are more. The disadvantage would be that for that afternoon, clients will come to the office and the social workers are not there but it's only one day in a week.</p>	
<p>Researcher</p>	<p>Okay, so what suggestions are you having for the department in terms of them improving on this employee health and wellness programme?</p>	
<p>Participant</p>	<p>I would I would suggest that the department, firstly the management be capacitated on employee wellness programme, so that they know what it is, what it entails, what its purpose is and how it will benefit the department. Then they can be able to take whatever knowledge they have down to the district, to the municipalities, to the clusters. Firstly they must be capacitated about the programme,</p>	

	<p>secondly they must give, and they must just know Wednesday afternoon is time off, they must allocate time for that time off. They must go and benchmark and see what other departments are doing in terms of employee wellness. Because I know other departments, its given come Wednesday they don't even compromise. So they must also go and benchmark and see how other departments are doing it so that they can come and implement it in their own department. And they must also research and there are departments that we know are doing that and they are excelling you know. Their employees 'morale is always up there and they will see how it would benefit their own department. And by so doing, I think a lot of issues, a lot of grievances will stop, a lot of complaints will stop, you know, a lot of, we will just see productivity increases. So I think they must be capacitated. They must benchmark and they must implement the programme.</p>	
<p>Researcher</p>	<p>Ok. Alright. Thank you very much for your time and thank you for participating in the interview.</p>	
<p>Participant</p>	<p>Oh, we are done, I was enjoying, thank you.</p>	

ANNEXURE C: Ethical Clearance Certificate



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 12 August 2020

PROJECT NUMBER: TREC/149/2020: PG

PROJECT:

Title: Determination of Perceptions of Social Workers About the Employee Health and Wellness Programme in The Polokwane Municipality of Limpopo Province

Researcher: MC Sefala

Supervisor: Prof SF Matlala

Co-Supervisor/s: N/A

School: Health Care Sciences

Degree: Master of Public Health

PROF P MASOKO

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) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

ANNEXURE D: Letter requesting permission from the Department of Social Development to conduct the study

Enq: Sefala M.C

BOX 4839

Cell: 0725934616

SOLOMONDALE

Email: smmatholo@gmail.com

0964

26 August 2020

Head of the Department
Department of Social Development
21 Biccard Street
Polokwane
0700

Dear Sir/ Madam

RE: REQUEST FOR PERMISSION TO CONDUCT THE STUDY.

My name is Mmatholo Constance Sefala, a Social worker working at Capricorn District at the Polokwane Municipality hereby wish to request permission to conduct a research study titled "Determination of perceptions of Social Workers about the Employee Health and Wellness programme at the Polokwane Municipality of Limpopo Province". The research study is conducted as part of the requirement for the acquisition of a Master of Public Health (MPH) at the University of Limpopo.

The aim of the study is to explore the perceptions of social workers at the Polokwane Municipality about Employee Health and Wellness programme. The objectives of the study include to:

- Determine the socio-demographic profiles of social workers at the Polokwane Municipality in the Limpopo Province.

- Explore and describe the perceptions of social workers at the Polokwane Municipality in the Limpopo Province about Employee Health and Wellness programme.

The study will take a form of face-to-face interviews with identified social workers who will be invited to participate voluntarily in the study. The Department may benefit from the study by enhancing the provision of EHWP and also encourage social workers to utilise this programme. The research will commence as soon as permission is granted. To assist you in reaching the conclusion, I have attached to this letter:

1. A copy of the Ethical Clearance certificate from Turfloop Research Ethics Committee.

Kindly be assured that the information obtained from the participants will be treated with the highest confidentiality and solely used for the purpose of the study. A copy of the study findings will be made available to you upon request.

Should you require any further information you are welcome to contact me on 0725934616 & smmatholo@gmail.com.

Your permission to conduct this study will be greatly appreciated.

Yours Sincerely

Sefala M.C

ANNEXURE E: Approval letter to conduct the study from the Department of Social Development



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

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

Ms Sefala MC
Box 4839
Solomondale
0964

Dear Madam

RE: REQUEST FOR PERMISSION TO CONDUCT THE STUDY

The above matter has reference.

This certifies that Ms MC Sefala has been granted permission to conduct a study titled: *"Determination of perceptions of Social Workers about the Employee Health and Wellness (EHW) programme in the Polokwane Municipality of Limpopo Province"*. Her research proposal was evaluated - granted full approval and ethical clearance by the Limpopo Provincial Research and Ethics committees which sit at the Office of the Premier.

The study is significant to the Department of Social Development to enhance provision of the departmental EHW programmes. The study will also improve participation of Social Workers in the programme and thus assist them to cope with their work demands and in the process improve their performance.

The study will be conducted at the departmental locations/sites in which the Social Workers are stationed which include amongst others; hospitals, clinics, Magistrate Offices and Stop Centres. A minimum of two participants per site/locations is envisaged.

In view of the above, this letter grants Ms MC Sefala permission to use the Department's facilities in Limpopo Province to conduct her research study.


Acting Head of Department
Limpopo of Department of Social Development

01/10/2020
Date

Olympic Towers, 21 Biccard Street, 0700, Private Bag X 9710, 0700
Tel: 015 230 4300, Fax: 015 291 2335 / 2185, Website: <http://www.dsd.limpopo.gov.za>

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ANNEXURE F: Approval letter to conduct the study from the Department of Health



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref : LP2020-08-054
Enquires : PF Mahlokwane
Tel : 015-293 6028
Email : Kurhula.Hlomane@dhsd.limpopo.gov.za

Mmatholo Sefala

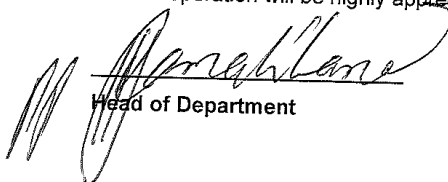
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Determination of perceptions of social workers about the employee health and wellness programme in the Polokwane municipality of Limpopo province

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
 - a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
 - b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
 - c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - e. The approval is only valid for a 1-year period.
 - f. If the proposal has been amended, a new approval should be sought from the Department of Health
 - g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated


Head of Department

14/09/2020
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – Development is about people!

ANNEXURE G: Invitation to participate in a research study

Enq: Sefala M.C

BOX 4839

Cell: 0725934616

SOLOMONDALE

Email: smmatholo@gmail.com

0964

03 October 2020

Social Workers of Department of Social Development

Polokwane Municipality

0700

RE: INVITATION TO PARTICIPATE IN A RESEARCH STUDY

I Mmatholo Constance Sefala, a social worker working at Capricorn District in Polokwane Municipality hereby invite you to participate in a research study titled “Determination of perceptions of Social Workers about the Employee Health and Wellness Programme at the Polokwane Municipality in the Limpopo province”. The research study is conducted as part of the requirement for the acquisition of a Master of Public Health (MPH) at the University of Limpopo.

The purpose of the study is to explore the perceptions of social workers at the Polokwane Municipality about Employee Health and Wellness Programme. This is believed to can improve EHWP in the Department of Social Development in Limpopo Province and assist you cope with work demands. Participation will be through interviews that will approximately take between 30 and 60 minutes each. Participation to the study is voluntary and participants have the right to refuse to participate in the study and the refusal will not in any way influence any future relationships with the researcher.

The information provided will be treated with the highest confidentiality. Your identity will not be disclosed during the interviews and during data analysis. There are also

no financial benefits that participants could benefit from the study and the researcher is also not going to receive any incentive for the study. If you are willing to participate you can sign a consent form attached. Your participation in the study will be much appreciated and hope you will find the invitation in order.

Thanking you in advance

Yours in Public Service

Sefala M.C

ANNEXURE H: University of Limpopo Consent Form

Statement concerning participation in a research project

Name of Project: Determination of perceptions of social workers about the Employee Health and Wellness Programme in the Polokwane Municipality of Limpopo Province.

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

I know that sound recordings will be taken of me. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name is not revealed.

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 have been approved by the Research, Ethics and Publications committee of the Faculty of Health Care Sciences, University of Limpopo. 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

.....

.....

Participant's Name

Participant's signature

.....

.....

.....

Place

Date

witness

Statement by the researcher

I, Mmatholo Constance Sefala herewith confirm that the above participant has been informed fully about the nature of the study. I agree to answer any future questions concerning the study/project to the best of my ability. I will agree to the approved protocol.

.....
Name of researcher	Signature	Date	Place

ANNEXURE I: Independent coder certificate

Coding Report for Mmatholo Constance Sefala

Research Topic: Determination of perceptions of social workers about the employee health and wellness programme at the Polokwane Municipality of the Limpopo Province

By: Dr. PM Mamogobo

This is to certify that I, Dr. PM Mamogobo has independently coded data based on the one-to-interview of the individual participant for the research study titled *Determination of perceptions of social workers about the employee health and wellness programme at the Polokwane Municipality of the Limpopo Province*. I, therefore, declare that the candidate and I reached a consensus on the major themes and sub-themes reflected by the research data. Furthermore, I declare that data saturation was achieved as evidenced by repeating common ideas reflected by verbatim data

Signature _____
11



_____ Date 2020/12/

ANNEXURE J: Editorial Certificate

P.O BOX 663
THOLONGWE
0734
23 February 2021

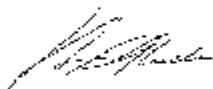
Dear Sir/Madam

This is to certify that mini-dissertation entitled "Determination of Perceptions of Social Workers About the Employee Health and Wellness Programme at the Polokwane Municipality of Limpopo Province" by Mmatholo Constance Sefala (student number 201927906) has been edited and proofread for grammar, spelling, punctuation, overall style and logical flow.

I have suggested few changes, provided the changes I recommended are effected to the text, the language is of an acceptable standard.

Please don't hesitate to contact me for any enquiry.

Kind regards



Dr. Hlavis Motlhaka (BEDSPF-UL, BA Hons-UL, MA-IUP: USA,
PhD-WITS, PGDiP-SUN)

Cell number: 079-721-0620/078-196-4459
Email address: hlavisomhlanga@yahoo.com