

**EFFECTIVENESS OF THE EMPLOYEE WELLNESS PROGRAMME IN
SUPPORTING EMPLOYEES' PSYCHOSOCIAL WELL-BEING DURING
COVID-19**

**PANDEMIC AND BEYOND IN THE LIMPOPO DEPARTMENT OF
AGRICULTURE AND RURAL DEVELOPMENT**

by

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DECLARATION

I hereby make a declaration that mini dissertation titled “*Effectiveness of the Employee Wellness Programme in supporting employees’ psychosocial well-being during Covid-19 pandemic and beyond in the Limpopo Department of Agriculture and Rural Development*” submitted to the University of Limpopo for the master’s degree of Development in Planning and Management is my investigative work and has not been submitted to another academic institution. All the contents of this mini dissertation have been appropriately acknowledged.

DEDICATION

I would like to devote this piece of work to my late grandmother, N'waBokisi Gavaza, who taught me to be hardworking, and to my incredible mother, Tirhela Josephina Makhubele, who shaped me into the individual I am today. To my wonderful husband, Otto Molepo, for his unwavering comprehension and help throughout my academic journey; kea leboga Hlabirwa a Makganya; and to our lovely children, Neo and Lesego, who have been my source of inspiration to remain resilient in life.

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ABSTRACT

The study aimed to explore and describe employees' perceptions of whether the Employee Wellness Programme within the LDARD effectively supported their psychosocial well-being during the COVID-19 pandemic and beyond. The study adopted a mixed-methods research methodology where data were collected using both quantitative and qualitative data collection tools. A quantitative survey questionnaire was administered to 58 employees, while semi-structured interviews were conducted with 4 Assistant Directors who are supervisors. The study applied a census method of sampling, whereby the agricultural advisors within LDARD Capricorn district were part of the study. The study's findings indicated that employees at LDARD perceived the Employee Wellness Programme (EWP) as ineffective in supporting their psychosocial well-being when dealing with personal and work-related challenges during the COVID-19 era and beyond. This implies that some employees did not fully understand the significance of utilising the EWP to improve their well-being and overall job performance to enhance effective service delivery. The psychological dimension of the EWP wherein therapeutic counselling is offered is not being utilised optimally due to significant concerns over the guarantee of confidentiality over their problems. Although fewer employees shared a positive outlook on the EWP, more employees may benefit from attending awareness sessions regarding the program to encourage their health-seeking behaviour and take advantage of peer support from colleagues. Furthermore, outsourcing the psychosocial therapeutic counselling services of the EWP may provide an alternative for some employees and assure their total privacy off-site the workplace. In conclusion, this study has added to the body of knowledge for entities that provides internal EWP as well as for future research, particularly in the provincial department.

Keywords: COVID-19; Employee wellness programme; Psychosocial; Well-being; Service delivery; Wellness.

LIST OF ACRONYMS

- COVID-19 CoronaVirus Disease of 2019
- DPSA Department of Public Service Administration
- EAP Employee Assistance Programme
- EHW Employee Health and Wellness
- EWP Employee Wellness Programme
- HSRC Human Sciences Research Council
- LDARD Limpopo Department of Agriculture and Rural Development
- NDP National Development Plan
- SDG Sustainable Development Goal
- SPSS Statistical Package for Social Sciences
- TREC Turfloop Research Ethics Committee
- UN United Nations
- WHO World Health Organisation

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CHAPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

It is every organisation's aim to sustain productivity in rendering effective service delivery. For effective service delivery to be achieved, employees need to be healthy and well enough to be able to perform well. The capacity of a company to meet the emotional, psychological, and interpersonal needs of the human resources it employs has a significant impact on employee well-being and productivity (Lee, 2021). The possible negative effects of psychosocial problems on the individual's coping ability highlight the importance of supporting employees for them to be effective in performing at work and rendering services adequately.

In the public sector, the Employee Health and Wellness (EHW) Strategic Framework for Public Servants (2019) guides employee wellness programmes which seek to provide a holistic policy and integrated strategy for employee health and wellness (Kruger & Jacobs, 2019:190). The employee wellness programme is the third pillar of the EHW Strategic Framework, which focuses on the physical, psychosocial, organisational, and work-life balance of employees. A wellness-focused organisation promotes the employees' psychological, social, emotional, and physical well-being (Lee, 2021).

The LDARD has an internal employee wellness programme (EWP) within the Employee Health and Wellness (EHW) directorate. The LDARD Wellness Management Policy (2021) states that one of the Employee Wellness Programme's (EWP) goals is to create a conducive working environment through which the interaction of both individual life and work is integrated to enhance efficient and effective service delivery by the employee. LDARD has an EWP that aims to ensure that employees take on increased responsibility for their well-being and encourages them to pursue optimal well-being and a healthy lifestyle.

Benefits of a well-functioning Employee Wellness Programme include improved employees' personal well-being and efficiency, decreased risky health-related

behaviours decreasing, and reduced costs of accidents and illnesses (Kunte, 2016). The EHW Framework acknowledges the significance of employee wellness, health, and safety and its connections to excellence and productivity in the provision of public services.

A wellness-focused organisation promotes the employees' psychological, social, emotional, and physical well-being (Lee, 2021). The employer should ensure that the work environment promotes job satisfaction, reduces absenteeism, supports job performance, and provides initiative-taking wellness programmes that will maximise service delivery and the organisation's positive public image (Qaisar, Mariam and Ahmad 2018; Yu, Park, and Hyun, 2021). These objectives can be achieved if an employee wellness programme exists through which initiative-taking educational awareness sessions and reactive counselling services are rendered to enhance employees' psychosocial well-being.

“The COVID-19 pandemic first spread to the rest of the world in December 2019 from the Chinese city of Wuhan, when multiple cases of serious acute respiratory problems were documented” (Chang, Zhao, Xu, Xiao, Cai, Dong Wang, Xiao, Ren, & Wang, 2020). In South Africa, the government declared COVID-19 a national disaster on March 15, 2020, after a new case was detected in Kwa-Zulu Natal. The South African state president initiated a lockdown in line with Disaster Management Act No. 57 of 2002, as amended (Presidency, 2020). The COVID-19 pandemic has left significant catastrophic psychosocial consequences on the lives of numerous workers worldwide. Psychosocial problems arose because of the tight lockdown procedures and the quick propagation of COVID-19. These psychosocial problems have the potential to raise stress levels and cause issues with one's physical and mental health if they are not appropriately assessed and addressed. Psychological reactions might include depression, anxiety disorder, burnout, reduced motivation, a bad mood, and suicidal thoughts.

Similarly, in South Africa, the overwhelming and detrimental COVID-19 pandemic left a remarkable impact on employee well-being, which may result in a negative causal effect on organisational performance if not addressed (Lee, 2021). While the lockdown approach was instrumental in maintaining a responsive public

health system during the pandemic, it resulted in people being restricted from meeting others, leading to emotional loneliness and isolation. Post-COVID-19, majority of people still battle with the emotional wounds of loss, sickness, and the financial consequences of the pandemic (Pillay & Barnes, 2020).

The state declared a national lockdown to control the pandemic and limit the COVID-19 outbreak from spreading across the country (Hatefi, Smith, Abou-El-Hossein, & Alizargar, 2020; Mbunge, 2020). Despite the lockdown, subsequent isolation, and quarantine of employees, the Limpopo Department of Agriculture and Rural Development had a role in ensuring food security within the province in line with the National Development Plan Vision 2030, which calls for poverty eradication, inequality reduction, and the expansion of an inclusive economy by 2030.

Provincially, the Limpopo Development Plan 2020-2025 (2021) outlines some of its objectives as the promotion of vibrant and equitable sustainable rural communities and the improvement of quality of life for citizens to push back the extent of poverty. This further links with the United Nations Sustainable Development Goal (2015), with a specific focus on goal 1, which seeks to eradicate poverty in all its manifestations worldwide (Leal, 2021). One of the goal's targets is to eradicate extreme poverty, which is presently defined as people making less than one dollar and twenty-five cents a day by 2030 (United Nations, 2015).

To contribute properly to the achievement of SDG 1, it is important for employees rendering service delivery to possess intact psychosocial well-being. However, COVID-19 has negatively damaged the emotional well-being of most employees, which has affected their capacity to perform at their best. Likewise, LDARD employees also experienced the COVID-19 psychosocial impacts, which left some negative service delivery consequences, especially in food security through agricultural development.

1.2 PROBLEM STATEMENT

Organisations with employees whose psychosocial well-being is negatively impacted may experience low productivity, contributing to poor service delivery

(Lee, 2021). LDARD employees are an important human resource to fast-track rural community development in the agricultural sector.

The problem is that the COVID-19 pandemic affected LDARD employees' psychosocial well-being, resulting in the rise of cases of mental illness conditions, complicated grief, stress, drug, and alcohol abuse-related problems, and increased applications for ill health incapacity leave past the pandemic (EWP 2021/2022 statistical report). Prior research has shown that undetected psychosocial well-being problems consequently affect effective service delivery as well as employees' general wellness if left unattended, i.e. organisational performance may drop, compromising service standards. Empirical findings revealed that during the COVID-19 pandemic, in a survey study that was conducted in the United States of America, 58.2% of the 1393 agricultural extension professionals who participated in the study detailed elevated degrees of stress and trouble adjusting proficient and individual responsibilities, while 34.4% of them reported feeling nervous, anxious, or on edge, and 20.9% were incapable to stop or control stressing on a more regular basis (Israel, Diehl, Galindo, Ward, Ramos, Harrington & Kasner, 2020; Sampson, Mazur, Israel, Galindo, and Ward, 2020). Another study conducted in Zimbabwe indicated that even though the agricultural sector was declared an essential service, extension officers experienced constant fear for their lives, which hampered effective delivery (Muvhuringi, Nyamuiziwa, & Ngavaite, 2021).

In South Africa, public health was the most affected sector, as public healthcare workers were declared to be frontliners, with many suffering from psychological stress, developing mental illnesses, others getting infected by the virus, and some losing their lives (Reese, Dunlop, Patel-Abrahams, Struthers & McIntyre, 2021; Lee, Wilson, Bernstein, Naicker, Yassi & Spiegel, 2022). Therefore, the importance of a study of this nature cannot be overemphasized, such that if public employees' psychosocial effects of COVID-19 continue not to get the necessary professional attention, the state of poor service delivery may worsen post-COVID-19.

1.3 MOTIVATION OF THE STUDY

The agricultural and food sectors were declared essential services during the COVID-19 pandemic, and most LDARD employees continued working. The issue of social distancing meant that the LDARD employee wellness programme services had to be toned down.

This resulted in limited access to psychosocial well-being services, meaning a shift from a comprehensive employee wellness programme to COVID-19 psychosocially responsive services. Services such as contact tracing, isolation, and quarantine, as well as bereavement counselling and therapeutic support after the deaths of colleagues or family members, were prioritised.

Based on the Departmental Employee Assistance Programme Statistics Reports for 2021 and 2022, there has been a notable increase in formal referrals from supervisors regarding subordinates who presented with poor performance associated with psychosocial well-being problems and traumas of the COVID-19 pandemic.

Recently, post-COVID-19 pandemic, although proactive educational awareness sessions were resumed together with other multidimensional counselling services, new cases emanating from COVID-19-related psychosocial problems kept growing.

Daniel (2019) assumes that unresolved past experiences of psychosocial stressors have a substantial effect on employees' life satisfaction and the quality of their work performances, thus affecting their work-life balance. Given this context, the researcher was driven to conduct a study to determine how successfully the LDARD employee wellness programme supported employee psychosocial well-being both during and after the coronavirus pandemic and how it influenced delivery of public services.

1.4 PURPOSE OF THE STUDY

1.4.1 Aim of the Study

This study aimed to explore the perceptions of employees on whether the Employee Wellness Programme within the LDARD was effective in supporting their psychosocial well-being during the COVID-19 pandemic and beyond.

1.4.2. Research Objectives

The objectives of this study are:

- 1) To investigate the kind of psychosocial challenges the employees in the Department of Agriculture and Rural Development, in the Capricorn District of Limpopo Province, experienced or continue to experience due to the COVID-19 pandemic effects.
- 2) To explore the perceived support given by the Employee Wellness Programme to help employees of the department cope with those psychosocial challenges during the COVID-19 pandemic and beyond.
- 3) To examine the effects of the experienced psychosocial challenges of COVID-19 on service delivery rendered in the department.
- 4) To determine the kind of organisational support the employees need from the Employee Wellness Programme of LDARD to help them cope.

1.5 RESEARCH QUESTIONS

The study addressed the following research questions:

- 1) What kind of psychosocial challenges did the employees in the Department of Agriculture and Rural Development, in the Capricorn District of Limpopo Province, experience and continue to experience due to the COVID-19 pandemic effects?
- 2) What is the employees' perception of the support given by the Employee Wellness Programme to help them cope with those psychosocial challenges during the COVID-19 pandemic and beyond?
- 3) How do the experienced psychosocial challenges of COVID-19 affect service delivery rendered in the department?

- 4) What kind of organisational support do the employees need from the Employee Wellness Programme of LDARD to help them cope with their psychosocial challenges?

1.6. DEFINITION OF KEY CONCEPTS

- **Employee Wellness Programme:** As stated by Kanjere, Thaba, and Makgato (2014:1287), the Employee Health and Wellness Strategic Framework defines the employee wellness programme as one that addresses the conventional categories that deal with the full range of stressors that relate to psycho-social wellness in the workplace to improve productivity on an individual and organisational level. Sieberhagen, Pienaar & Els (2011) define an employee wellness programme (EWP) as a “human resource strategy designed to help line managers improve employee wellness and performance through health and wellness interventions”. Furthermore, Martínez-Lemos (2015) adds that EWP includes a range of organisational, educational, and environmental wellness programs that institutions employ to assist staff members and their close family members to achieve better health.
- **Wellness:** This is an integrated approach by individuals or groups for physical, mental, and spiritual health that nourishes the body, stimulates the intellect, and uplifts the spirit (Altwaijri Hyder, Bilal, Naseem, AlSaqabi, AlSuwailem, Aradati & DeVol, 2019; Stoewen, 2017).
- **Psychosocial well-being:** Psychosocial well-being, also called psychosocial wellness, entails behavioural, emotional, interpersonal relationships, and intrapersonal features of the psychological and social growth of individuals (Snowman & McCown, 2013). The EHW Strategic Framework (2019) adds that psychosocial wellness services seek to improve employees’ social, emotional, spiritual, and financial wellness through proactive educational awareness sessions and counselling services.
- **COVID-19 Pandemic:** According to the World Health Organization (2020), the COVID-19 pandemic is a global outbreak caused by a critical infectious disease called the acute respiratory syndrome coronavirus. This term was used to refer to coronavirus infections recorded between March 2020 and March 2022.

- **Service delivery:** Provan and Milward (2019:414) define “service delivery as the provision of basic public goods and services by the state to society.” Service delivery as a result, is concerned with how, when and where a service product is provided to the public, as well as whether such service is fair or unreasonable.

1.7. SIGNIFICANCE OF STUDY

Within Limpopo Province, limited studies were conducted to investigate the effectiveness of the employee wellness program during the COVID-19 pandemic and beyond in supporting the psychosocial well-being of employees within provincial departments. The researcher believed that the findings of this study would mostly contribute to the importance of an effective employee wellness programme in helping employees cope with the psychosocial effects of COVID-19 and speed up service delivery during the pandemic.

The researcher was of the view that other provincial departments could benefit from the results of the study by strengthening their employee wellness initiatives. Furthermore, the results may also influence the efficacy of employee wellness policies in LDARD and in other Limpopo provincial departments. The researcher also anticipated that the study may contribute to academic knowledge regarding the benefits of investing in a post-COVID-19 responsible employee wellness programme, to enhance effective service delivery by employees.

1.8. OUTLINE OF THE STUDY

The mini dissertation has five chapters structured as follows:

Chapter One: General Orientation of the Study

The chapter provides an introduction and background to the study and explains the underlying problem. This chapter also details the rationale, aim, objectives, and research questions, and key concepts and significance of the study are explained.

Chapter Two: Literature Review

The chapter provides a literature overview of previously researched work on employee wellness, service delivery, COVID-19, and the EWP functions in employee wellness promotion.

Chapter Three: Research Methodology

The chapter describes the research design, methodology, targeted population, and sampling method used in the study. A description of the data collection methods and their analysis will be given, including ethical matters taken into consideration when the study was conducted.

Chapter Four: Data Analysis and Interpretation

The chapter will provide a summarised presentation and interpretation of key findings drawn from the study.

Chapter Five: Summary, Recommendations and Conclusion

The chapter concludes the study and provides the recommendations for this study. This chapter gives the study's background, emphasising its aim, objectives, and research questions. It clarified important terms as key concepts and provided an explanation of the study's rationale.

1.9. CONCLUSION

This chapter gave the study's background, emphasising its aim, objectives, and research questions. It clarified important terms as key concepts and provided an explanation of the study's rationale. The following chapter provides a literature review on employee wellness programmes in promoting employees' psychosocial well-being during and after COVID-10 pandemic.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The background information and research problem were presented in the preceding chapter. This chapter presents an overview of the research on the nature, scope, and advantages of employee wellness programme, while reviewing the literature of former scholars. The review includes a discussion of the effect of COVID-19 on the psychosocial well-being of employees. The literature review will also focus on the possible link between the psychosocial well-being of employees and their performance, which impacts service delivery.

Literature review refers to the composition of prior sources that are applicable to the subject of interest, which includes a process of finding, perusing, understanding, and shaping conclusions drawn from preliminary empirical findings that are presented in a coordinated structure (Snyder, 2019).

2.2 UNDERSTANDING OF THE EMPLOYEE WELLNESS PROGRAMME

According to Kumar, De Bruyn and Bushney (2020), when people are evaluated on multiple fronts to enhance their quality of life and healthy lifestyle, they are said to be in a state of wellness. Botha and Coetzee (2022) concur that an essential aspect of wellness should be the person's significant steps to achieve a healthy goal.

In human resource management, well-being is the intricate and multifaceted relationship between an employee's ability, knowledge, and motivation to pursue well-being as well as their health and well-being on all levels: physical, mental, and emotional (Solnet, Subramony, Golubovskaya, Snyder, Gray, Liberman & Verma, 2020).

Wellness is a self-motivated process consisting of various dimensions of well-being (Martínez-Lemos, 2015). It is characterised as a comprehensive way of life picked by people to deal with their well-being and limit the possibilities of encountering diseases, as well as to upgrade the personal satisfaction of life (Altwaijri, Hyder, Bilal, Naseem, AlSaqabi, AlSuwaillem, Aradati & DeVol, 2019).

Martínez-Lemos (2015) defines an employer-sponsored employee wellness program as one in which the company introduces a range of organisational, educational, and environmental wellness efforts to help staff members and immediate family members enhance their personal health. EWP not only focuses on overseeing absenteeism in the working environment through sickness management, but also centres around carrying out proactive techniques that change wellness behaviour and attitudes (Weinhold, 2018).

It entails an organisation's well-being-related drives to decrease employees' health-risk ways of behaving and develop coping mechanisms that challenge and improve their wellness to achieve performance indicators associated with service delivery targets (Schneck, 2016). It intends to educate and capacitate employees on the right sound ways of behaving, for example, healthy diet preferences, survival strategies during stressful situations, and organisational policies, to improve their well-being and the execution of duties in the workplace.

According to Schneck (2016) and Halloran (2017), EWP refers to the responsibility shared by employers and employees in achieving worker well-being and task completion in the workplace. The overarching goal of EWP is to identify, stop, mitigate, and control hazards related to psychological and behavioural health before they result in irreversible disability or premature death (Csiernik, Cavell & Csiernik, 2021).

2.3 DIMENSIONS OF EMPLOYEE WELLNESS PROGRAMME

The study describes the six dimensions that EWP seeks to achieve, based on the National Wellness Institute Model (2018) and Oliver, Baldwin and Datta (2018). The National Wellness Institute Model is one of many wellness models that examines any industry's most important aspects of wellness. The National Wellness Institute Model (2018) describes the six dimensions of wellness, which are presented in Figure 2.1 below.

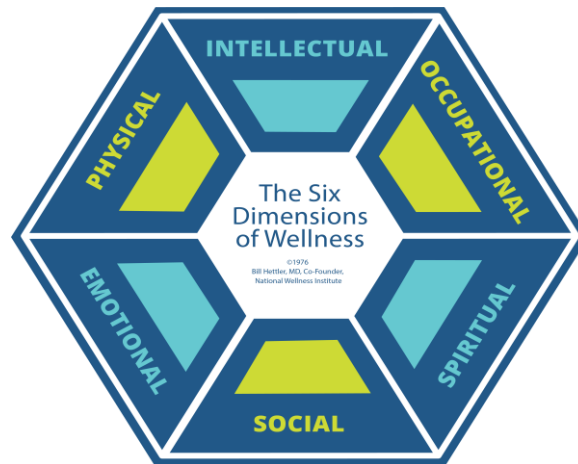


Figure 2.1: The Six Dimensions of Wellness Model (Source: *National Wellness Institute (2018)*).

The following are the six dimensions of the EWP:

- 1) **Social wellness** – This dimension relates to the interactions between employees. It means building and keeping healthy relationships with one's family, friends, coworkers, and community. Through this aspect, individuals can balance work, relaxation time, supporting significant connections, and achieving job satisfaction.
- 2) **Occupational wellness** – Instead of job preference based solely on pay, it motivates people to desire jobs that are consistent with their principles.
- 3) **Spiritual wellness** – It encourages people to seek purpose in their lives, including confidence and trust, as well as dedication to one's beliefs, which gives a sensation of significance and motivation.
- 4) **Intellectual wellness** – This component assists individuals with being imaginative and challenging their thinking to be more resourceful, such as thorough learning to think critically and creatively.
- 5) **Emotional wellness** – This is also called psychological wellness. It urges people to be mindful and appreciate their emotions and sentiments instead of disregarding them. An employee who has achieved emotional wellness balance is aware of their own thoughts, feelings, and behaviours and can maintain relationships with others based on mutual respect, trust, and commitment.

6) **Physical wellness** – It urges people to pick a healthy diet and exercising activities that boost wellness compared to being compromised.

The researcher chose this model as the most important and pertinent for describe the importance of the optimal comprehensive well-being of employees in an organisation. In this study, focus is on the significance of both the psychological and social well-being of employees and how the two aspects, when integrated, contributed to achieving holistic well-being during the COVID-19 era.

The model thus provides a guiding framework for wellness as a state of complete well-being that considers the psychological, social, physical, intellectual, spiritual, and emotional health of employees in the workplace, at home, and as community members.

2.4 BENEFITS OF PARTICIPATING IN EMPLOYEE WELLNESS PROGRAMME

Employee wellness programmes are designed to benefit both the employer and the employee. The benefits are discussed in this section.

2.4.1 Benefits for the Individual Employee

Employee wellness programmes are beneficial for the individual's social, emotional, physical, intellectual, spiritual, and occupational well-being (Wellness Management Policy, 2008). They are concerned with achieving most total the fullest capability of an individual employee's mental, social, and financial well-being (EHW Strategic Framework, 2019). Participation in EWP has proven to reward employees with increased job satisfaction, and when compared to those who are not exposed to EWP, a higher rate of engaging in positive health behaviours is achieved by employees (Gubler, Larkin, and Pierce, 2018; Song and Baicker, 2019).

2.4.2 Organisational Benefits

Organisations gain from the wellness program in a variety of ways, in particular: (1) lower absenteeism; (2) better labour relations; (3) fewer incidents involving health and safety; (4) cheaper health care expenditures; and (5) increased productivity and performance from employees (Madison, 2016). Therefore,

because EWP treatments aim to lower health care costs, boost employee performance, and create a healthy workplace culture, they are beneficial to organisations (Botha & Coetzee, 2022). The benefits of EWP for organisations also include increased employee performance, less absenteeism, and improved retention (Kruger & Jacobs, 2019).

Makhanya (2021) argues that, while many researchers support EWP, some are concerned about its efficacy and how it is implemented. When EWP is not carried out properly, it can bring complaints and judgments against other employees (Tang, Baker, & Meadows, 2016). Sometimes employees are worse off as due to the EWP's incentives and punishments, which also compel them to engage in the programme. Often, employers are condemned for compromising employees' anonymity by using their personal biographical information data to collect information regarding the organisation (Mogilner, Hershfield & Aaker, 2018).

Ensuring participation in the EWP should be on the performance agreement for everyone in a management position. For this study, supervisors were seen as a fundamental asset, and it was significant to get their perceptions of EWP during the COVID-19 pandemic and beyond as people carrying the management function of their subordinates.

2.5 EFFECTS OF COVID-19 ON EMPLOYEE PSYCHOSOCIAL WELL-BEING

Empirical evidence indicates that employees in better health tend to exhibit elevated levels of productivity, lowered stress, and more vitality. All factors that are critical for effective service delivery. Thus, if employees are unhealthy and unwell, this may contribute to poor service delivery and failure to achieve strategic goals in the department. The psychosocial effects are discussed in this section.

2.5.1 Psychological stress due to social distancing

In South Africa, social distancing was mandatory during the COVID-19 pandemic, and protocols were in place to implement social distancing in the workplace. This resulted in further loss of social connections amongst colleagues, subjecting individuals to loneliness even at work (Platts, Breckon & Marshall, 2022). Based on this notion, prior research has shown the significance of great social connections for both mental and physical well-being, including relaxed informal

discussions among co-workers (Oakman, Kinsman, Stuckey, Graham & Weale 2019; Xiao, Becerik-Gerber, Lucas & Roll, 2021).

Handshakes, which are also known to be beneficial for fostering social connections, were prohibited due to the COVID-19 pandemic, contributing to psychological stress (Kim, Sezer, Schroeder, Risen, Gino & Norton, 2020). It has been demonstrated that workplace loneliness negatively affects workers' affective commitment, affiliative behaviours, and performance. However, in a study conducted in Cape Town by Rich, Butler-Kruger, Sonn, Kader and Roman (2022), the time the participants enjoyed with their families permitted them to develop as people and as families, improving their communication skills, bonding, and familial resilience towards the pandemic. This was more valuable despite the negative consequences of the COVID-19 pandemic among colleagues.

2.5.2 Alcohol and substance use

Addiction-related behaviours, such as alcohol consumption, can be influenced by traumatic events. The COVID-19 pandemic was especially concerning due to widespread unemployment and legislated isolation and quarantine orders that heightened the susceptibilities of people and further triggered or exacerbated alcohol-use disorders. According to survey research done in the US, 13% of individuals reported using drugs more frequently or newly because of stress caused by the coronavirus as of June 2020. This is alarming considering the high prevalence of unemployment and the rise in drug overdose occurrences (Panchal, Kamal, Orgera, Cox, Garfield, Hamel & Chidambaram, 2020).

Another study findings showed that since the COVID-19 lockdown, the frequency of alcohol consumption among grown-ups in the United States of America increased by 14% from 2019 to 2020, while heavy-drinking episodes expanded by 41% in women (Pollard, Tucker & Green, 2020). It is known that frequent use of alcohol or any substance may lead to dependency, thus leading to other psychosocial consequences such as mental health related conditions.

In South Africa, a national Facebook online survey that was conducted between June and November 2020 revealed that 50% of the 789 participants were classified as excessive alcohol drinkers, which is a worrying factor (Theron, Swart, Londani, Parry, Williams & Harker, 2022). Alcohol abuse costs South Africa 12% of its annual gross domestic product (GDP) and is the fifth leading cause of lost years of life, with liquor-related diseases affecting people with low socio-economic status (Stats SA, 2021; WHO, 2018).

2.5.3 Mental health related conditions

According to the South African College of Applied Psychology (2018), over 60% of South Africans may be suffering from post-traumatic stress disorder, and one in six of them suffer from anxiety, depression, or a substance use disorder. A different survey conducted by the Human Sciences Research Council (2020) found that the pandemic's varying effects on people's life resulted in 33 percent of South Africans experiencing sadness, 45 percent feeling afraid, and 29 percent feeling lonely during the initial lockdown period. According to research by De Man, Smith, Schneider and Tabana (2022), during the level 5 lockdown, about 50% of South Africans reported having symptoms of sadness and anxiety.

A study conducted in South Africa within two district municipalities, namely the City of Johannesburg Metropolitan Municipality and Bushbuckridge Local Municipality, revealed that perceived fear of infection, the potential for getting seriously ill, financial insecurity, hospitalisation, and death were among the worries and fears associated with the pandemic affecting people's mental health (Rwafa-Ponela Price, Nyatela, Nqakala, Mosam, Erzse, Lalla-Edward, Hove, Kahn, Tollman & Hofman, 2022). High levels of uncertainty and negative media coverage were found to increase these fears (Rwafa-Ponela *et al.*, 2022).

For other individuals who had never experienced mental illness previously, fear of contracting COVID-19 infection contributed to the onset of psychiatric symptoms such worry, tension, bewilderment, and depression (Shigemura, Ursano, Morganstein, Kurosawa & Benedek, 2020). Furthermore, 41% of

individuals in a Panchal *et al.* (2020) research conducted in January 2021 showed signs of probable depressive disorder, which has been mostly consistent since spring 2020. They also discovered that 18,000 individuals (even those without a prior history of depression) who tested positive for COVID-19 went on to have a psychological problem, such as an anxiety or mood disorder.

In addition, the frightening number of cases of suicidal ideation, attempts, and suicide was caused by people's difficulties in dealing with the COVID-19 pandemic (De Man et al. 2022). Some research found that social and economic unrest, self-isolation, quarantine, unusual melancholy, anxiety, frustration, helplessness, loneliness, and uneasiness were made worse by disinformation (especially on social media), which in some cases led to mental illness (Ahorsu, Ahorsu, Lin, Imani, Saffari, Griffiths and Pakpour, 2020; Sakib, Akter, Zohra, Bhuiyan, Mamun, and Griffiths, 2020). Throughout the pandemic, older persons experienced higher levels of anxiety and despair and were more vulnerable to severe coronavirus disease (Nguse & Wassenaar, 2020).

Ornell, Schuch, Sordi, and Kessler (2020) argue that in times of pandemics, psychological well-being is frequently neglected, regardless of the way that the emotional well-being and financial repercussions of the pandemic might be more enduring than the physiological effect on the average citizen. In the workplace, mental health conditions contribute to significant absenteeism and presenteeism, which both influence productivity and effective service delivery.

2.5.4 Bereavement and prolonged grief disorder

Grief due to bereavement for people who have suffered a loss, it is unavoidable and multifaceted. The grieving process reflects a one-of-a-kind convergence of reactions such as adjustments in affect, cognition, behaviour, physicality, and spirituality. The absence of ritual practices, such as saying goodbye, viewing and burial of the body, holding night vigil ceremony, and after tears meetings restrictions mostly led to alienated grief, and a lack of social or cultural recognition impaired support resources that usually provide aid in the grieving process (Zhai & Du, 2020).

In South Africa, more people were at risk of prolonged grief disorder due to unusually prolonged and disabling grief intensified by having little time for mourning based on the situation, such as funeral ceremonies being restricted to a maximum of two hours. Generally, this led to psychosocial impacts of COVID-19, such as post-trauma stress disorder, for the surviving loved ones due to limited social support, especially during the mandatory lockdown period (Eisma, Boelen & Lenferink, 2020).

2.5.5 Prolonged absenteeism from work

The COVID-19 pandemic was declared a national catastrophe in South Africa under the Disaster Management Act, 2002 (Act No. 57 of 2002), which led to the establishment of rules aimed at controlling, containing, and halting the virus's spread there. Employees who tested positive for COVID-19 were obliged by regulation to isolate for ten days and place in quarantine for four days. Employees who were commonly recognized as close contacts of those who tested positive and those who suffered reinfections because of this took extended days off from work.

Subsequently, at LDARD, most employees who tested positive for COVID-19 and had severe symptoms suffered from long-term COVID, also known as post-COVID-19 syndrome. This is a term used to portray disease in individuals who have either recuperated from coronavirus infection yet report far longer enduring impacts of the contamination with symptoms such as chest and joint agonies, palpitations, myalgia, loss of smell and taste, influenza, migraine, and gastrointestinal and heart issues because of past infection of COVID-19 (Kim *et al.*, 2020).

The post-COVID-19 syndrome has contributed to some employees exhausting their normal sick leave days due to severe symptoms hindering their productivity at work. As a result, most employees were subjects of incapacity leave due to poor recovery from COVID-19 sicknesses (DPSA, 2022).

2.5.6 Loss of financial security

During the first four months of the COVID-19 lockdown, approximately 3 million South Africans lost their jobs (Posel, Oyenubi and Umakrishnan, 2021). StatsSA

(2020) reported that the unemployment rate rose to 30.1% for income loss in the family, either total or partial, and that unemployment and job-search stress following COVID-19 impacted family livelihoods. Because some families had little or no income, they were unable to afford basic necessities such as food, leading to psychosocial stress and vulnerability. In a study by October, Petersen, Adebisi, Rich and Roman (2021) revealed that for most families in South Africa, employment status has an influence on family health and happiness, which can significantly increase family resilience. Based on this notion, with the opinion of Adebisi, Roman, Chinyakata and Balogun (2021), it makes sense for this current research that an increased unemployment rate could have added more familial instability in most households.

2.6 IMPACT OF COVID-19 ON SERVICE DELIVERY

The COVID-19 lockdown regulations in numerous nations, including South Africa, led to major temporary food insecurity. The COVID-19 pandemic had a significant threat to food security internationally, especially to the developing countries, in which South Africa is classified (HSRC, 2020).

The Sustainable Development Goals were endorsed by South Africa and other UN member states in 2015 as a worldwide initiative to eradicate poverty, save the environment, and guarantee that by 2030 everyone lives in peace, security, and prosperity.

An estimated 135 million people in 55 countries experience acute food insecurity, with 73 million of those people coming from 36 African countries, according to the Food Security Information Network (Otekunrin, Otekunrin, Fasina, Omotayom & Akram, 2020). The goal of eradicating hunger and food insecurity by 2030 is moving slowly considering the circumstances, according to studies by Statistics South Africa (Stats SA), 2021; Hart, Davids, Rule, Tirivanhu & Mtyingizane (2022). A condition of food security is one in which every person has access to enough safe, wholesome food to meet their dietary needs and make consistent food choices throughout their lives, both financially and physically (Stats SA, 2021; Unicef, 2022).

The daily increase in confirmation of COVID-19 global cases affected all food security indicators, such as availability (adequate supply of food), access (people's ability to obtain the food they require), and usage (adequate nutrient consumption). Physical and economic dimensions of food access and the prevalence of undernourishment had increased in the Sub-Saharan African region from 20.2% in 2017–2019 to 21.8% in 2018–2020 (Onyeaka Tamasiga, Nkoutchou, & Guta, 2022).

Regardless of serious worries about family food access, South Africa is regarded as relatively food secure on a global scale; it was ranked 44th of 133 states in the Global Food Security Index, making it the most food-secure country in Africa (Mohamed, Abdallah, Ahmad & Lucero-Prisno, 2021). This rating considers quality, affordability, safety, and national food availability. With a score of 13.5, South Africa is ranked 60th of 107 states in the most recent Global Hunger Index Report, indicating that it only experienced moderate hunger (Mechiche-Alami & Abdi, 2020).

Unlike in other African states, only 15% of families in South Africa are involved in agriculture and food production, while most people buy their food from retailers (Stats SA, 2020; WHO, 2020; Hart, Davids, Rule, Tirivanhu & Mtyingizane, 2022). In South Africa, subsistence farmers are mostly rural residents, and 79% farm to supplement household food supplies. Nonetheless, at the start of the COVID-19 lockdown, 20% of the population and 18% of families were chronically food insecure (Hart *et al.*, 2022).

The COVID-19 lockdown regulations led to heightened levels of family hunger, which had an impact on household food nutrition due to declining incomes, fewer food options, and low food production (Stats SA, 2020; Wegerif, 2022). This circumstance was exacerbated by the expansion in the costs of essential groceries as food costs rose in April 2020. As indicated by Stats SA (2021), by January 2021, the expense of a fundamental food basket rose by 9.8% compared to January 2020. This outlines that all along, a few families battled to put food on their tables.

Food insecurity during the lockdown significantly increased levels of hunger, which were 10% for households and 11% for the general population (Stats SA, 2020). Hart *et al.* (2022) argue that the South African food system is underdeveloped in terms of the state's ability to combat food insecurity and is unprepared to provide food relief during severe shocks such as COVID-19.

The LDARD has a mandatory role to strengthen sustainable poverty alleviation, household food security, and nutrition strategies. The goal is to support farmers by offering professional agricultural advisory services. In relation to this study, this is a core service rendered by extension officers in the department who aim to ensure that every household has food secured in Limpopo, which is critical to achieving SDG 1: no poverty and SDG 2: zero hunger.

To address the above-discussed long-term food insecurity and hunger challenges, the state and its partners need to come up with creative ideas to achieve the SDGs. Therefore, one of the mechanisms would be for the LDARD Employee Wellness Programme to quickly aid the impact of the COVID-19 pandemic on employees. Also, the EWP offerings should be specific, relevant, and responsive to the psychosocial needs of the employees for them to be fit to deliver effective services necessary for the achievement of both the NDP Vision 2030 and SDG Vision 2030 targets.

2.7 CONCLUSION

Chapter two focused on the scope of the employee wellness programme, its benefits when implemented effectively. This chapter further explored the psychosocial effects of COVID-19 and its impacts on service delivery within the public sector. The third chapter will concentrate on the study's research methodology for collecting and interpreting empirical research findings.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The goal of this research was to find out how employees felt about the LDARD's Employee Wellness Program and whether it helped them maintain their psychological health both before and after the COVID-19 epidemic. The issue is that if COVID-19's psychosocial consequences persist in LDARD staff, the department runs the risk of being unable to fulfil one of its primary missions, which is to accelerate service delivery to rural and agricultural communities in the province.

The methods, strategies, and study design used to collect, analyse, and interpret data are the main topics of this chapter. The purpose of this study's research techniques was to find out how well LDARD's Employee Wellness Programme supported workers' emotional well-being both before and after the COVID-19 pandemic.

3.2 RESEARCH METHODS

The method of research is shaped by the goals the study seeks to achieve; thus, the researcher must select relevant methods aligned with the identified objectives of the study. The research paradigm and design of this study are discussed below.

3.2.1 Research paradigm

A research paradigm is a theoretical framework consisting of concepts and attitudes that direct research methodology and knowledge conceptualisation within the scientific domain (Allemang, Sitter, & Dimitropoulos, 2022). Because the pragmatic paradigm may address real-world practical issues, it was used in this study.

Based on the idea that real-world problems should be investigated using the most effective methods, the pragmatic paradigm permits the use of many data and knowledge sources to address research questions and is typically connected with

a mixed-methods research strategy (Maarouf, 2019; Mitchell & Education, 2018). To increase the study's validity, the researcher employed mixed-methods research in this one.

3.2.2 Research Design

Research design, according to Leedy and Ormrod (2015), is a thorough plan that researchers employ to carry out their study. Offering a range of systematic techniques for acquiring data on the development, modification, or extension of knowledge is the aim of research design (Kallio, Pietilä, Johnson, & Kangasniemi, 2016).

To collect more complementary data, a mixed-methods research technique was employed, utilising both quantitative and qualitative research approaches. This strategy allows for a more thorough and in-depth assessment and analysis of a complicated research subject by utilising both quantitative and qualitative methodologies in concert (Roestenburg, Strydom, & Fouché, 2021). The perspectives of LDARD personnel regarding the role the Employee Health and Wellness Directorate played in assisting staff members with their work performance and subsequent service delivery both during and after the COVID-19 epidemic were described and investigated using a mixed-methods design.

To fully address the research questions, a mixed-method research methodology was employed. When a study intends to concurrently gather both forms of data regarding a single event to compare the findings and draw a well-supported conclusion, then a mixed methods study is acceptable (Creswell & Creswell, 2017).

The study was predicated on a convergent parallel design, in which participant data is supported by the concurrent use of qualitative and quantitative data collecting and analysis techniques (Sahin & Öztürk, 2019). This type of mixed method design gathers both quantitative and qualitative data concurrently and analyses them independently, comparing and combining the findings to draw conclusions (Mitchell & Education, 2018). Using this methodology, the researcher was able to validate conclusions from both qualitative and quantitative data by comparing them.

3.3 RESEARCH AREA

The study was conducted in the Province of Limpopo's Capricorn District at the Department of Agriculture and Rural Development. One of the five districts in South Africa's Limpopo Province is called Capricorn District. With a combined population of 1,372,355, the four local municipalities in this district—Polokwane, Lepelle-Nkumpi, Blouberg, and Molemole—represent 25% of the province's total population and 2.3% of South Africa's total population (Capricorn DDM Document, 2021).

Agricultural Producer Support and Development, Sustainable Resource Use and Management, Research and Technology Development Services, Agricultural Economic Services, Administration, and Veterinary Services are the seven divisions that make up the LDARD. The study only focused on the Agricultural Producer Support and Development division, with specific attention on the Extension and Advisory Services sub-division in Capricorn district municipality. This sub-division focuses on knowledge sharing and the development of skills as the cornerstones of fair, successful, profitable, and long-lasting agricultural value chain businesses (Limpopo Department of Agriculture and Rural Development, 2018:3).

3.4 POPULATION AND SAMPLING

Babbie (2017) describes a population as a concentration of the subject matter on which the study focuses, and about which qualities are sought. Roestenburg et al. (2021) also concur that population is the abstract concept of a sizable collection of numerous examples from which the researcher selects a sample and applies the results of the sample. In this study, the population referred to all LDARD employees.

Sampling is a method used to choose a representative sample from a sizable population or intended demographic to further a certain research goal (Bhardwaj 2019). Etikan and Babatope (2019) also concur that sampling is the step used to choose a sample from the population. In this study, the sample consisted of all LDARD employees based in the Capricorn district area.

3.4.1 Target Population

The target population is comprised of agricultural advisors and their supervisors, who are junior managers in the Department of Agriculture and Rural Development, Capricorn district of Limpopo Province. Capricorn District had seventy-one agricultural advisors and six junior managers who are assistant directors. Therefore, the two categories of subjects constituted the target population for this study, which was 77 (N = 77).

3.4.2 Study sampling

For this study, both probability and non-probability sampling techniques were used. This was based on the use of a mixed-methods research design, which includes both quantitative and qualitative research designs. The researcher used both probability and non-probability sampling techniques to increase the accuracy and reliability of the results.

- **The quantitative part of the study:** The study adopted the census type of sampling, whereby the whole reference population was utilized (Martínez-Mesa, González-Chica, Duquia, Bonamigo & Bastos, 2016). This is the total targeted population, i.e., N = 77, which includes all the agricultural advisors and assistant directors who are the supervisors. Thus, the study
- **In the qualitative part of the study:** Non-probability purposive sampling was used. This sampling technique is called purposive sampling, also known as judgmental sampling. The researcher used judgemental sampling as it afforded the researcher to choose participants on purpose to collect necessary empirical information for the study's objectives (Bhardwaj, 2019; Etikan & Babatope, 2019). Therefore, all six junior managers within the Agricultural Producer Support and Development division in LDARD, Capricorn District, were selected to be part of the judgmental sample to collect data using a qualitative method.

3.5. DATA COLLECTION

Below the researcher discusses the data collection methods of used for the quantitative and qualitative data collection.

3.5.1 The quantitative part of the study and methods

The survey was used to collect data through the distribution of research questionnaires to participants both electronically and physically. For those participants who did not have emails, the questionnaire was distributed to them personally. Creswell and Creswell (2017) state that in survey research, questionnaires are used to analyse the circumstances, viewpoints, convictions, and attitudes of a recognised population. The researcher used a questionnaire to stimulate comparable responses from participants that were then categorised, arranged, and reported in a statistical order (Kallio *et al.*, 2016).

3.5.2 The qualitative part of the study and methods

To collect data, semi-structured face-to-face interviews were conducted. According to Adeoye-Olatunde and Olenik (2021), these are interviews organized around areas of particular interest but are significantly unfixed in breadth and length. To facilitate interviews, a semi-structured interview guide was utilized as a data collection instrument. The instrument consisted of a layout of open-ended questions that were prepared beforehand for the purpose of collecting extensive data regarding the research topic.

The researcher used semi-structured interviews to explore in-depth narratives from participants regarding the research topic (Roestenburg *et al.*, 2021). An audio recorder was also used to take notes during interviews after permission was granted by participants. Data collected from the semi-structured interviews was used to compare the findings collected from the research survey.

3.6 DATA ANALYSIS

Roestenburg *et al.* (2021) state that data analysis refers to a point where you start to withdraw from the field and focus on making sense of what has been learned in the project work. The data analysis process entailed giving the researcher a large amount of acquired data structure, order, and meaning. In this study, the analysis of data was conducted concurrently for both quantitative and qualitative parts.

3.6.1 Quantitative data analysis

Quantitative data was analysed using the IBM Statistical Package for Social Sciences (SPSS), aimed at identifying frequencies and correlations. A statistician was consulted for the purpose of analysing the data statistically. The inferential statistics were used to deduce generalised interpretations and conclusions about the population of the study from the selected sample (Marshall & Jonker, 2011).

3.6.2 Qualitative data analysis

The researcher used thematic analysis. The thematic analysis provided aid for the researcher to recognise categories, themes, and trends from the collected data as products of the coding process. Software technology, which is an electronic-based technique to analyse data, will be used. NVivo software was used to significantly improve the quality of the research study (Belotto, 2018). The researcher found NVivo software to be best suited for its advantages in managing raw data, ideas, query data, graphic interpretations, and its ability to report data by formulating transcript reports out of data (Belotto, 2018).

3.7 MEASURES OF TRUSTWORTHINESS

Trustworthiness in qualitative research alludes to the methodical thoroughness of the study design, the validity of the researcher and the results, as well as the appropriateness of the research techniques associated with the overall research study (Johnson & Parry, 2022). Trustworthiness was established by ensuring that research findings reflected meanings as described by the participants as intently as could be expected (Lietz, Langer & Furman, 2006). The following strategies were employed to increase the trustworthiness of the collected data:

- **Credibility:** The researcher guaranteed that participants, as well as techniques of data collection and analysis, were portrayed exhaustively (Niewenhuis, 2016; Schurink, Fouché & De Vos, 2011). Also, the researcher engaged in member checking, whereby participants were asked to verify the accuracy of the collected data to consider whether their statements matched what they intended to say (Creswell, 2014; Lietz, *Langer & Furman*, 2006). Moreover, the researcher engaged in peer debriefing endeavours with other colleagues who had professional expertise in the employee health and wellness field.

- **Transferability:** It was enhanced by giving a detailed description of the process followed in data collection and analysis (Schurink *et al.*, 2011). Also, the researcher used multiple methods of data collection, such as questionnaires, semi-structured interviews, the audio recorder, and field notes, to validate the correctness of the collected data.
- **Confirmability:** The researcher guaranteed that the results of the study were molded by the views of participants, not the personal biases of the researcher (Niewenhuis, 2016).
- **Dependability:** This strategy was useful in checking whether the research process was logical, irrefutable, and reviewed (Schurink et al, 2011). The process was validated with colleagues who were professional experts in employee wellness who were asked to review the data and give some input, i.e., by looking over the accuracy of the transcription and the standard of data analysis from raw data throughout to interpreting it (Adler, 2022; Creswell, 2014).

3.8 ETHICAL CONSIDERATIONS

According to Hasan, Rana, Chowdhury, Dola, and Rony (2021), ethics involves using a methodical approach to understanding, analysing, and distinguishing issues of good and bad, admirable, and abhorrent, and right and wrong in relation to the welfare of and the interaction of sentient beings. The ethical protocols taken into consideration in this study were:

- **Ethical Clearance**

The ethical clearance to conduct the research study was obtained from the University of Limpopo Turfloop Research Ethics Committee (TREC) prior to initiating the study.

- **Permission to Conduct the Study**

The researcher made a formal submission to the LDARD head of the department requesting permission to conduct the study within the department, and approval was granted before the process of data collection.

- **Informed Consent**

Arifin (2018) describes the concept of informed consent as when participants are sufficiently educated about the intended investigation and can practice decision-making that allows them to decide whether to reject or participate in an investigation. In this study, before collecting data from the participants, the researcher explained what the study entailed to obtain informed consent from participants.

- **Voluntary participation**

According to Babbie (2017), voluntary participation is described as the willingness of a subject to participate in the study, as nobody should be compelled. To ensure voluntary participation, all participants were made aware that taking part was entirely up to them on voluntary basis and that they could opt-out whenever they wished. Also, participants were informed that they no remuneration or incentives would be given for participating in the study.

- **Confidentiality**

According to Babbie (2017), confidentiality implies that the researcher must commit to maintaining secrecy during the investigation while keeping participants' identities in mind. The raw data collected from respondents was kept in a secure location, while the transcribed data was saved in a password-protected folder to optimise access to confidential information by the researcher only.

- **Anonymity**

In addition to keeping the collected data confidential, participants' names were not used on any records or mentioned in any stored data or reports. Anonymity was maintained by allocating unique codes when collecting and analysing data instead of using participants' names to identify them, and the research findings were presented anonymously.

- **Respect and no harm to the participants**

To avoid harm to the participants, the researcher was guided by the principle of non-maleficence, which refers to a researcher's moral obligation to keep risks to a minimum and avoid causing any trouble or injury to research participants or the

public (Pietilä, Nurmi, Halkoaho and Kyngäs, 2020). The true nature of the study was hidden from participants by the researcher, and respect was upheld by not asking questions that were deemed uncomfortable. The participants, especially during the interview process, were not deceived. By keeping participants' identities confidential, the researcher ensured that participants were not victimised because of what they said during the research process.

- **Aftercare of participants**

Considering the delicate nature of the research topic, participants were offered an opportunity for debriefing. Debriefing took place after data collection and analysis for the researcher to be clarified and corrected for any misunderstandings that occurred in the minds of the participants (Pietilä *et al.*, 2020). All participants were given the opportunity to be referred for professional counselling as an after-care procedure for participating in the study.

- **Dissemination of results**

The research findings of the study were presented formally to the LDARD research management sub-division manager, and the research report has been made available to the LDARD knowledge and information management sub-division.

3.9 CONCLUSION

This chapter explains and evaluates the research paradigm, design, and data collection methods to demonstrate their applicability to the study. A thorough discussion was held on selecting research designs and their suitability for the field of inquiry. The validity, reliability, and trustworthiness of the research were discussed.

This chapter also included a summary of the study's ethical issues. From the above information, the research approaches and methods were relevant and applied correctly. Thus, the methods and techniques covered in this chapter were applied to gather, examine, and evaluate the data in Chapter four.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Chapter four presents the results of the study. The study used mixed-method research design. The results presentation will start with the quantitative results, which will be followed by the qualitative results. For quantitative part, data were analysed using SPSS while thematic analysis was used to analyse qualitative data.

4.2 RESULTS FROM QUANTITATIVE DATA

This section provides a presentation of the quantitative data that were collected from employees of the Department of Agriculture and Rural Development within the Capricorn district. Data was gathered using a questionnaire. The study targeted the employees who are agricultural advisors and assistant directors within the Capricorn district, more men participated in the study at 33 (56.90%) as compared with females at 25 (43.10%), respectively. This participation is perhaps a representation of the overall demographics of the selected department, as there are more men in agriculture than women. Table 4.1 presents the gender composition of the participants. with the view that they were relevant and were classified as essential workers during the lockdown period of the COVID-19 pandemic. The presentation of the results is in line with the study objectives outlined in Chapter one. The outline starts with the demographic information of the participants.

4.2.1 Biographical information

Overall, of the 77 participants who constituted the total sample, a total of 58 responded. The response rate was thus 75%.

a) Gender of participants

More men participated in the study at 33 (56.90%) as compared with females as 25 (43.10%) respectively. This participation is perhaps a representation of the overall demographics of the selected department as there are more men in

agriculture than women. Table 4.1 presents the gender composition of the participants.

Table 4.1: Gender of the participants

Gender	N	%
Male	34	58.63%
Female	24	41.37%
TOTAL	58	100%

b) Age of the participants

Table 4.2 illustrates the age of the participants. The study had about 24 participants aged between 35 and 44 years old; 27 were 45 and 54 years old, and only 7 were over 55 years old. These age categories are presented in Table 4.2.

Table 4.2: Age of the participants

Value	Frequency	Percentage (%)
35-44 Years	24	41.38%
45-54 Years	27	46.55%
> 55 Years	7	12.07%
TOTAL	58	100%

c) Gender by age of participants

In all age categories indicated in the figure 1, male participants were found to be more than their female counterparts. On age between 35-44 years the study recorded 13 males to 11 females, on age between 45-54 years 15 males to 12 females were recorded and those above 55 years of age, 5 males to 2 females recorded.

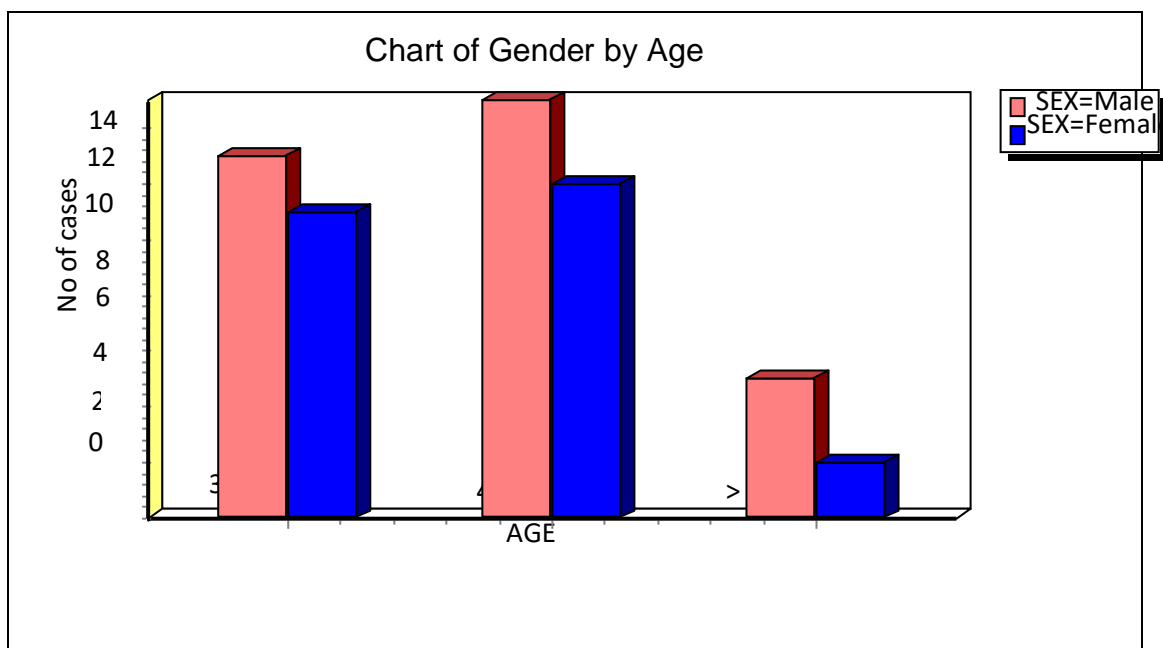


Figure 4.1 Gender by age of participants

d) Educational qualifications of the participants

Table 4.3 illustrates the educational qualifications of the participants. Most participants (29) have degree qualifications; 13 have a master’s degree; and 10 have a national diploma.

Table 4.3: Educational qualifications of the participants

Qualification	N	%
National Diploma	10	17.24%
Degree	29	50.00%
Post graduate diploma/Honours	5	8.62%
Master’s degree	13	22.41%
Doctorate	1	1.72%
TOTAL	58	100%

- **Current position of the participants**

Table 4.4 depicts the current positions of the participants. The study found that 52 (87.00%) of the participants were agricultural advisors, while 6 (12,07%) were assistant directors.

Table 4.4: Current position of the participants

Value	N	%
Agricultural advisor	52	89.66%
Assistant Director	6	10.34%
TOTAL	58	100%

- **Gender vs current position**

Table 4.5 illustrates a cross-tabulation between participants' gender and current position. The study revealed that 32 male participants in the study were agricultural advisors compared to 19 female counterparts, one (1) male and five (5) female assistant directors. This participation suggests that there are more women in junior management positions in this study than their male counterparts.

Table 4.5: Gender vs Current Position

POSITION	Male	Female	Total
Agricultural advisor	33	19	52
Assistant Director	1	5	6
Total	34	24	58

- **Age by current position**

Table 4.6 depicts a cross-tabulation of participants between age and current position. About 23 participants who were aged between 34 and 44 years were agricultural advisors; the same "values" were achieved in terms of those participants aged 45–54 years, while 5 had more than 55 years of age.

Table 4.6: Age by current position

POSITION	35-44	45-54	>55	Total
Agriculture advisor	23	23	5	51
Assistant Director	1	4	1	6
Total	24	27	6	58

4.2.2 Experiences of psychosocial challenges

About 77,59% of the participants indicated that they experienced psychosocial problems since COVID-19 was declared and lockdown was affected as a result, while 22,41% did not, and the findings represented 45 and 13 cases, respectively.

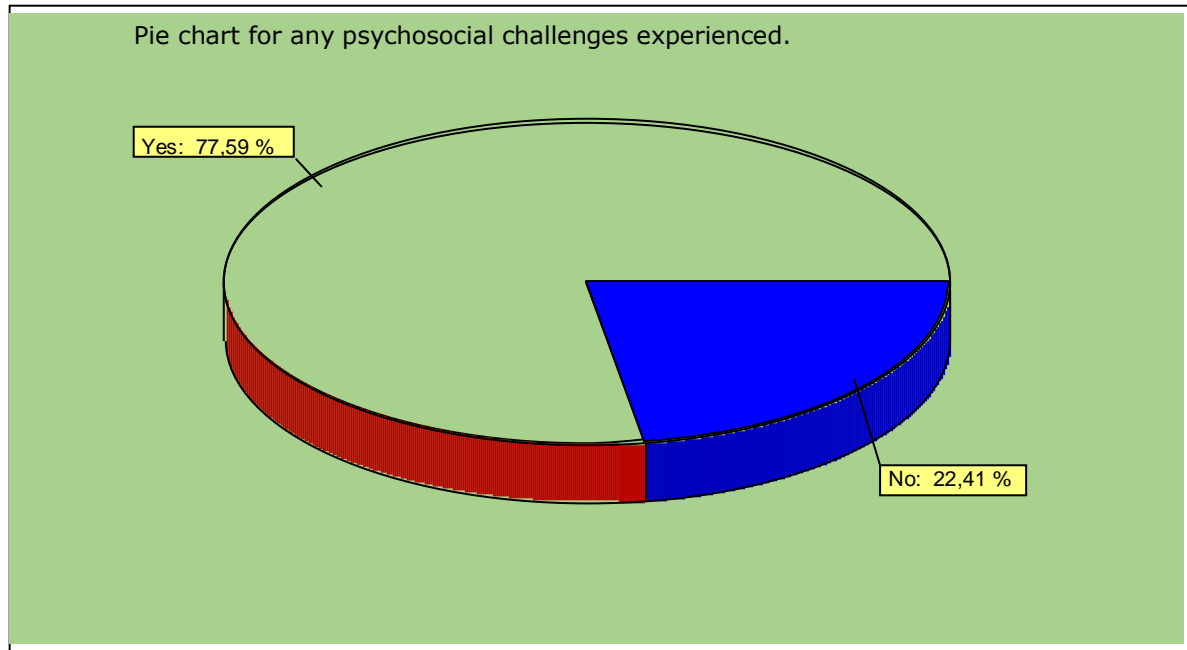


Figure 4.2 Experiences of psychosocial challenge

4.2.3 Source of the psychosocial problems

Table 4.7 illustrates the different sources of psychosocial problems. About 28 (48.28%) indicated that their psychosocial problems were brought about by issues from the personal environment; 10 (17.24%) indicated work-related as the main source; and 20 (34.48%) indicated both.

Table 4.7: Source of psychosocial problems

Value	N	%
Work related	10	17.24%
Personal	28	48.28%
Both	20	34.48%
TOTAL	58	100%

4.2.4 Type of psychosocial problems that affected participants

The first objective of the study, "to investigate the kind of psychosocial challenges the employees in the Department of Agriculture and Rural Development, in the Capricorn District of Limpopo Province, experienced or continue to experience due to the COVID-19 pandemic effects," is addressed in this section. Table 4.8 illustrates the various psychosocial problems that affected the participants. The questions that were asked of the participants were about challenges experienced starting from the COVID-19 lockdown to the present. The table reveals that most participants (21) indicated "all above" in terms of the type of psychosocial effects due to the impact of COVID-19 on employees, representing 36,21% of the cases from the study.

This was followed by 12 (20,69%) of the participants who indicated stress as the most impact felt because of it, and 8 (13,79%) indicated that in addition to the impact of COVID-19, they had other sources that left a mark on their livelihoods. Table 4.8 presents the findings of the study.

Table 4.8: Type of psychosocial problems that affected participants

Value	N	%
Stress	12	20.69%
Loss	3	5.17%
Excessive fatigue	5	8.62%
Financial constraints	3	5.17%
Drug and alcohol abuse	1	1.72%
Depression	1	1.72%
Poor concentration at work	3	5.17%
Lack of interest on duties	1	1.72%
Other	8	13.79%
All above	21	36.21%
TOTAL	58	100%

Table 4.8 shows the summarised version of the psychosocial challenges that the participants experienced. Furthermore, the specific details of these psychosocial challenges, for instance, stress and/or depressive symptoms, would be a result of factors such as the ones that are listed hereunder.

a) Conflicted relationships: In terms of the conflicted relationships, about 24 (41,38%) of the participants indicated that the pandemic affected their relationships negatively, while 18 (31,03%) strongly agreed, eleven participants (18,97%) disagreed, and five (8,62%) strongly disagreed.

Table 4.9: Conflicted relationships

Value	N	%
Strongly agree	18	31.03%
Agree	24	41.38%
Disagree	11	18.97%
Strongly disagree	5	8.625%
TOTAL	58	100%

b) Over-indebtedness of participants: About 20 (34,48%) of participants indicated that they strongly agree that they got over-indebted because of the impact of COVID-19, while 22 (37,93%) agree with the notion. Ten (17,24%) indicated that they disagree, and six (10,34%) strongly disagree.

Table 4.10: Over-indebtedness of participants

Value	N	%
Strongly agree	20	34.48%
Agree	22	37.93%
Disagree	10	17.24%
Strongly disagree	6	10.34%
TOTAL	58	100%

c) Ill health of participants as effect of covid-19: About 26 (44,83%) of the participants indicated that they agreed that they got ill because of the COVID-19 pandemic, and 19 (32,76%) strongly agreed. Nine (15,52%) disagree, while four (6,90%) strongly disagree.

Table 4.11: Ill health of participants as effect of covid-19

Value	N	%
Strongly agree	19	32.76%

Agree	22	44.83%
Disagree	9	15.52%
Strongly disagree	4	6.90%
TOTAL	58	100%

d) **Poor job performance:** The table below indicates that most respondents agreed that job performance was affected by COVID-19, subsequently affecting service delivery, whereas a minority of 5.17% disagreed with the statement.

Table 4.12: Poor job performance

Value	N	%
Strongly agree	22	37.93%
Agree	23	39.66%
Disagree	10	17.24%
Strongly disagree	3	5.17%
TOTAL	58	100%

e) **Absenteeism:** Eighteen (31,03%) of the participants indicated that they strongly agreed they were absent from work more due to the COVID-19 pandemic, and 17 (29,31%) agreed. About 15 of them disagreed, while 8 strongly disagreed and represented 25,86% and 13,79% of the cases, respectively.

Table 4.13: Absenteeism

Value	N	%
Strongly agree	28	31.03%
Agree	17	29.31%
Disagree	15	25.86%
Strongly disagree	8	13.79%
TOTAL	58	100%

f) **Transfer of employees:** In terms of transfers, 21 (36,21%) of the participants agree that as a result of the pandemic, there were a lot of movements for

people wanting to work closer to their loved ones, while 13 (22,41%) strongly agreed. About 13 (22,41%) of them disagreed, and 11 (18,97%) strongly disagreed.

Table 4.14: Transfer of employees

Value	N	%
Strongly agree	13	22.41%
Agree	21	36.21%
Disagree	13	22.41%
Strongly disagree	11	18.97%
TOTAL	58	100%

g) Mental health problems: Nineteen (32,76%) of the participants indicated that they strongly agreed that employees' mental health was affected because of the COVID-19 pandemic, while 26 (44,83%) agreed. Eleven (18,97%) disagreed, and two (3,45%) of them strongly disagreed with the notion.

Table 4.15: Mental health problems

Value	N	%
Strongly agree	19	32.76%
Agree	26	44.83%
Disagree	11	18.97%
Strongly disagree	2	3.45%
TOTAL	58	100%

h) Incapacity leave: Fifteen (25,86%) of the participants indicated that they agreed that more incapacity leave was taken during the pandemic period, while 17 (29,31%) agreed. Sixteen (27,59%) participants disagreed that actually happened, and 10 (17,24%) strongly disagree.

Table 4.16: Incapacity leave

Value	N	%
Strongly agree	15	25.86%

Agree	17	29.31%
Disagree	16	27.59%
Strongly disagree	10	17.24%
TOTAL	58	100%

i) **Injury on duty:** About 15 (25,86%) of the participants strongly agree that there were more injuries on duty during the pandemic, and 17 (29,31%) agree. Seventeen (29,31%) other participants disagree, and nine (15,52%) strongly disagree.

Table 4.17: Injury on duty

Value	N	%
Strongly agree	25	25.86%
Agree	17	29.31%
Disagree	17	29.31%
Strongly disagree	9	15.52%
TOTAL	58	100%

4.2.5 Extent of Perceived COVID-19 impact on Employee Performance

This section is concerned with "examining the effects of the experienced psychosocial challenges of COVID-19 on service delivery rendered in the department." About 15 (25,86%) of the participants indicated that their performance was highly affected by the COVID-19 pandemic, 17 (29,31%) were affected, and 16 (27,59%) were moderately affected. Only 10 (17.24%) indicated that COVID-19 did not affect their performance.

Table 4.18: Perceived extent of Covid-19 impacts on employee performance

Value	N	%
Highly	15	25.86%
Affected	17	29.31%
Moderate	16	27.59%
Not affected	10	17.24%
Total	58	100%

Majority of the participants, i.e., 50 (86,21%), indicated that the COVID-19 pandemic has affected employee performance and had a related negative impact on service delivery, while eight (8) (13,79%) do not believe it has. The responses are illustrated in Figure 4.3.

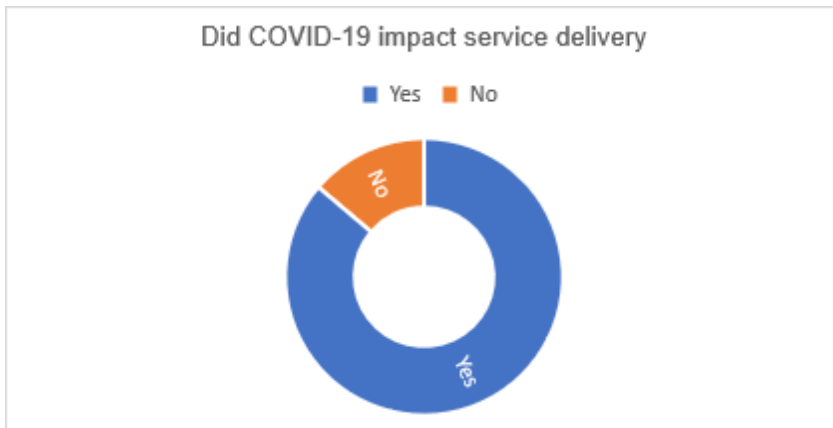


Figure 4.3 Impact of COVID-19 on service delivery

4.2.6 Perceived Support of the Employee Wellness Programme

Another study objective was “to explore the perceived support given by the Employee Health and Wellness Directorate to help department employees cope with those psychosocial challenges during the COVID-19 pandemic and beyond.” To address the objective, participants were asked whether they have used the employee wellness programme (EWP) of the department during the COVID-19 pandemic; under what circumstances they used the services of the programme, whether the preferred external or internal service providers of the EWP; and then finally, to determine the perceived support of employees by the department. Before presenting the results, figure 1 is an exhibit of the most frequently utilised services of the EWP.

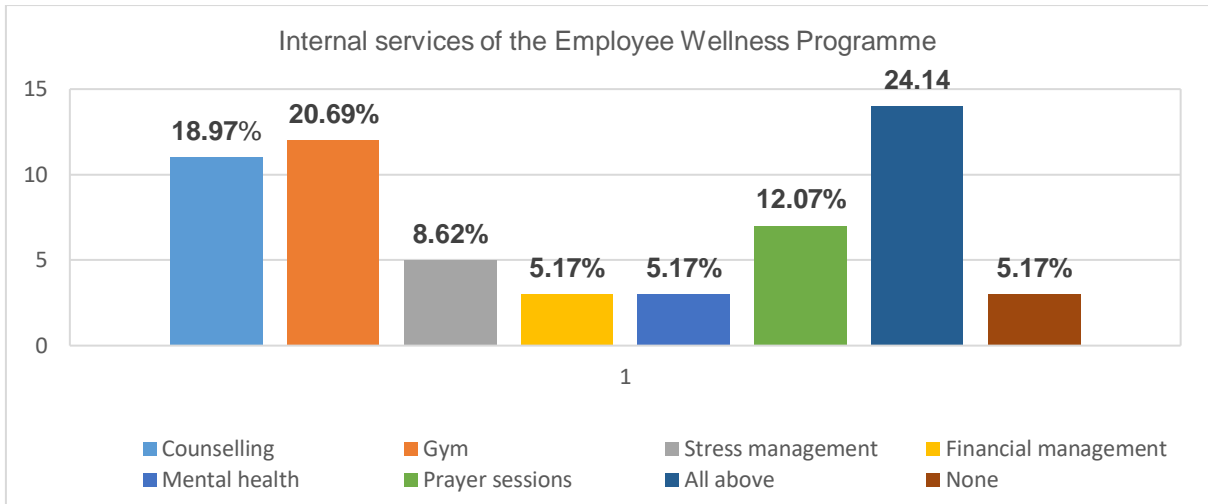


Figure 4.4 Services of the EWP within Employee Health and Wellness directorate

The department also has stress management and financial and mental health awareness sessions, which employees also find useful. Results of the current study show that only 3 (5.17%) of the participants know of any of the services rendered by the EWP.

4.2.7 Utilisation of employee wellness programme during the covid-19 pandemic

Most of the participants, i.e., 32 (55.17%), indicated that they had used the service of the EWP during the pandemic era, and 26 (44.83%) did not, as illustrated in figure 4.5.

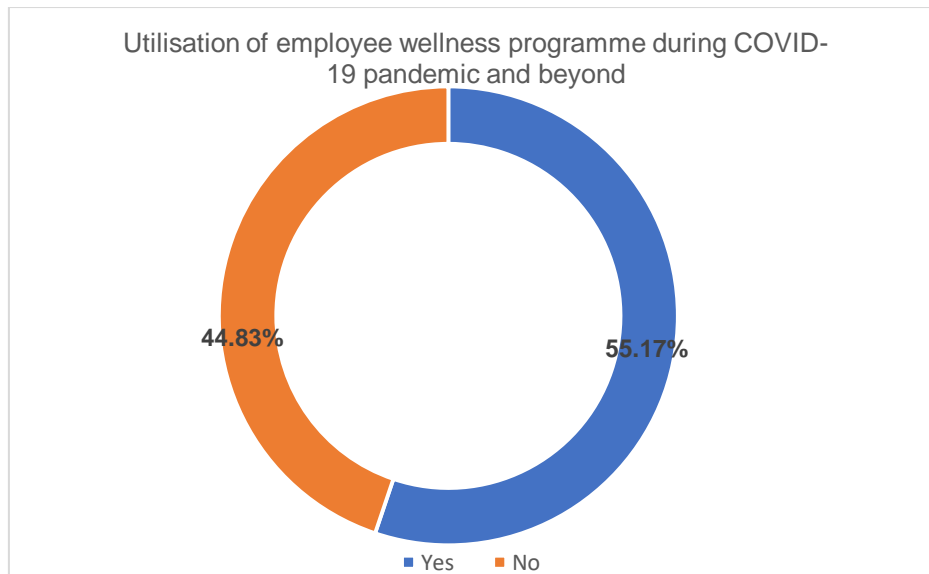


Figure 4.5 Utilisation of EWP during the Covid-19 pandemic

4.2.8 Factors Influencing Utilisation of the Employee Wellness Programme

Data from the various factors that influence the utilisation of internal EWP are presented below, with an analysis of each variable indicated.

a) Guarantee of confidentiality: As illustrated in table 4.19, about 32 (55.17%) of the participants disagreed that they are assured of confidentiality when they use the services of the EWP.

Table 4.19: Guarantee of confidentiality

Value	Frequency	Percentage (%)
Strongly agree	7	12.07
Agree	19	32.76
Disagree	22	37.93
Strongly disagree	10	17.24%
Total	58	100%

b) The attitude of wellness professionals: Nine (15,52%) of the participants strongly agreed that the attitude of the professional either repels affected individuals or encourages them; 20 (34,48%) agreed and disagreed, while 9 (15,52%) strongly disagreed.

Table 4.20: The attitude of wellness professionals

Value	Frequency	Percentage (%)
Strongly agree	9	15.52%
Agree	20	34.48%
Disagree	20	34.48%
Strongly disagree	9	15.52%
Total	58	100%

c) Relationship with supervisors: About 32 (55.17%) of the participants indicated that strained relationships with their supervisors are one of the factors that influence employees to utilise the internal services of employee wellness programmes. Table 4.21 has the results in more detail.

Table 4.21: Relationship with supervisors

Value	Frequency	Percentage (%)
Strongly agree	8	13.79%
Agree	24	41.38%
Disagree	20	34.48%
Strongly disagree	6	10.34%
Total	58	100%

d) Relationship with the colleagues: About 34 (58.62%) of the participants in the study indicated that strained relationships with colleagues were one of the reasons they consulted the EWP. Table 4.22 is an illustration of the results from this question.

Table 4.22: Relationship with the colleagues

Value	Frequency	Percentage (%)
Strongly agree	8	13.79%
Agree	26	44.83%
Disagree	17	29.31%
Strongly disagree	7	12.07%
Total	58	100%

e) **Opportunity for professional assistance:** One of the reasons for seeking the services of the EWP was so that the participants could be assisted with professional challenges. As illustrated in Table 4.23, 44 (75.86%) agreed that this is one of the reasons for utilising the services of the EWP.

Table 4.23: Opportunity for professional assistance

Value	Frequency	Percentage (%)
Strongly agree	15	25.86%
Agree	29	50.00%
Disagree	11	18.97%
Strongly disagree	3	5.17%
Total	58	100%

f) **Avoiding disciplinary action:** About 25 (43.11) indicated that they used the services of the EWP to avoid disciplinary action being instituted against them. The results of this question are illustrated in Table 4.24.

Table 4.24: Avoiding disciplinary action

Value	Frequency	Percentage (%)
Strongly agree	9	15.52%
Agree	16	27.59%
Disagree	16	27.59%
Strongly disagree	17	29.31%
Total	58	100%

g) **Safe and supportive environment to share problems:** As illustrated in Table 4.25, 43 (74.14%) of the participants indicated that they utilised the services of the EWP as they felt that the program offered a safe and supportive environment in which they could share any problems.

Table 4.25: Safe and supportive environment to share problems

Value	Frequency	Percentage (%)
Strongly agree	14	24.14%
Agree	29	50.00%

Disagree	12	20.69%
Strongly disagree	3	5.17%
Total	58	100%

h) Improved mental health: about 47 981.04%) of the participants indicated that sharing problems with professional service providers can improve their mental health (Figure 4.6).

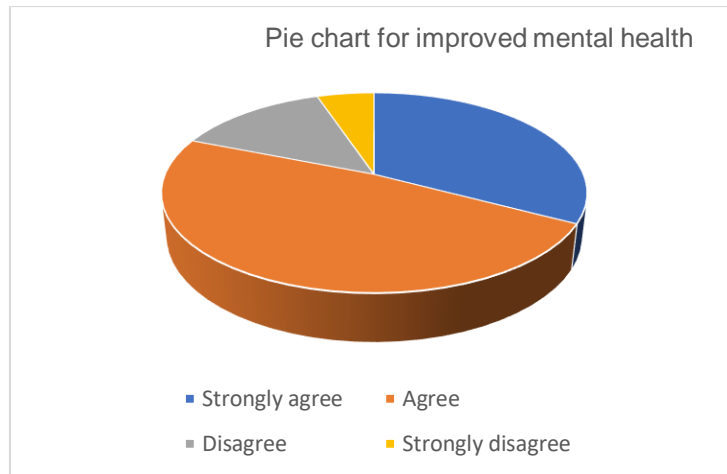


Figure 4.6 improved mental health

i) Manage home-related problems: The majority of participants, i.e., 49 (84.48%), indicated the belief that sharing problems with professionals can also help with managing home-related problems. The results are presented in table 4.26.

Table 4.26: Manage home related problems

Value	Frequency	Percentage (%)
Strongly agree	19	32.76%
Agree	30	51.72%
Disagree	6	10.34%
Strongly disagree	3	5.17%
Total	58	100%

4.3 PERCEPTIONS OF WHETHER EWP HAS BEEN SUPPORTIVE DURING THE COVID-19 PANDEMIC

Although some of the participants were pleased with the services and support rendered by the EWP, especially during the COVID-19 pandemic, the majority of

the participants indicated that the EWP was not supportive during the COVID-19 era, a perception shared by more than half of the participants, i.e., 38 (65.51%).

Reasons cited to support the statement were the inability of the EWP professionals to provide support during the sickness of the employee or their immediate family member and the lack of follow-up during isolation and quarantine periods, whereas others cited a lack of bereavement counselling after losing their loved ones.

However, only 20 participants (34.49%) believed that the EWP offered support during the COVID-19 era. Participants indicated that support was offered through motivation to apply for the working-from-home programme, information sharing regarding healthy lifestyles during the pandemic, debriefing counselling after losing a loved one, and administrative assistance with applications for incapacity leave due to COVID-19-related diseases. The responses are illustrated in Figure 4.7.

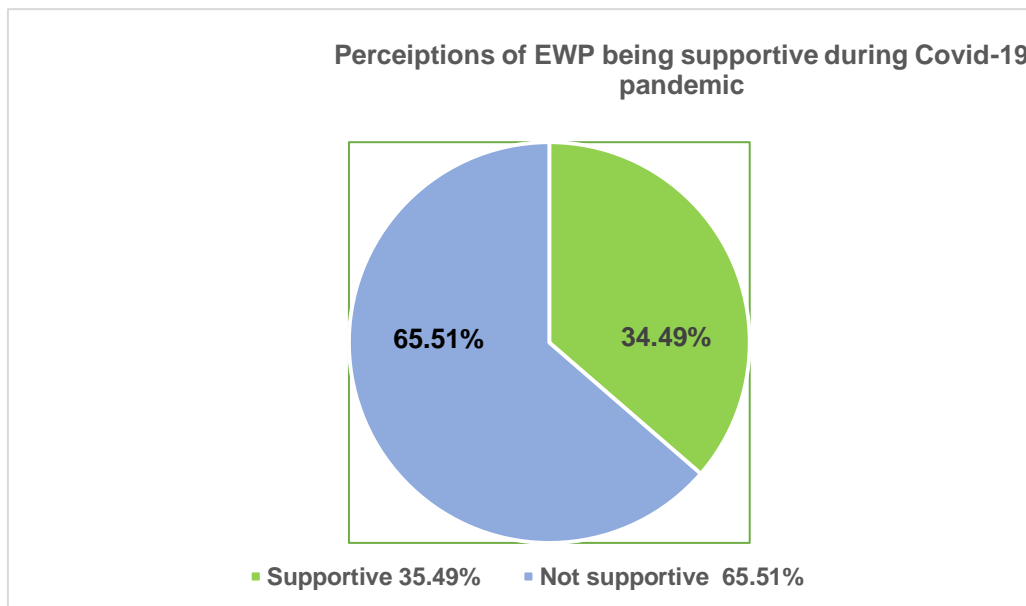


Figure 4.7 Perceptions of employees regarding EWP support during Covid-19 pandemic

4.4 RESULTS FROM QUALITATIVE DATA

This section provides a presentation of the qualitative data which was collected from sampled participants from the Department of Agriculture and Rural Development within the Capricorn district. who are.

Data were gathered from Assistant Directors within the Extension Services Unit through conducting interviews using a semi-structured interview guide. This section reports the results in line with the research objectives of the study.

4.4.1 Psychosocial Challenges faced by participants during and after Covid-19 Pandemic

This section reports results in line with the first objective of the study. The major themes that were identified from the results were that the participants experienced 1) stress and 2) loss.

Theme : Stress

The participants mentioned that they experienced stress due to fear, financial challenges, as well as stress due to ill-health. As a result of the stress, some of them experienced depressive symptoms.

- ***Sub-theme 1: Stress due to fear***

The participants expressed fear of contracting the disease and especially taking the infection back home to their families, i.e. their children and elderly parents. For instance, they stated that:

“I remember how stressful it was to leave my home not knowing if I will get exposed to the virus when I get to work, the fear really took a toll on me”.

[Participant 2]

“I had sleepless nights fearing and worried about infecting my elderly parents whom I used to stay with”. **[Participant 3]**

“I got very sick after Lancet confirmed that it was indeed COVID, I think my symptoms got worse because I feared losing my life, that was the worst stress ever”. **[Participant 1]**

- ***Sub-theme 2: Stress over finances***

The participants indicated their stress relating to financial security. They emphasised the financial strains that emanated from the COVID-19 pandemic. The participants explained their circumstances as follows:

“I had to trade in the Mercedes since we couldn’t afford the instalment anymore, remember there were restrictions in travelling, so scheme B subsidy could not give me extra cash”. **[Participant 1]**

Less travelling meant that the participants, and other employees, could not travel and claim travelling allowances as they would normally do when there are no travelling restrictions.

Another participant stated that:

“Finances are a problem sesi...when my husband lost his job in 2020, yoo he used to help me a lot financially”. **[Participant 2]**

“My sister passed away and I have been financially responsible for her two sons since 2021. “It is an added financial commitment, I guess I have no choice”.

[Participant4]

- **Sub-theme 3: Stress due to poor health**

The participants further indicated that COVID-19 had some negative health impact on them and some family members. The participants explained their circumstances as follows:

“Since I got the delta one, I still have short breath whenever I catch a flu, it’s so stressful because it seems I can’t fully recover from this”. **[Participant 1]**

“Yes, I worry about my health. The fatigue does not totally go away, it becomes very bad when I work under pressure”. **[Participant 2]**

Theme: Loss

The participants related sense of loss due to several factors that include the following identified sub-themes:

- **Sub-theme 1: Death of family members and significant others**

The participants stated that:

“I can never recover from losing my father just after 3 hours of being admitted to hospital. And there was no time to grieve, the funeral was a rush rush”.

[Participant 3]

“I lost some friends, relatives and colleagues that I could not bury, their passing affected me somehow”. **[Participant 2]**

- **Sub-theme 2: Lack of social contact**

Social distancing, which was part of the lockdown requirements, resulted in lack of social contact. The lack of social contact was construed as loss by some of the participants. For example, they stated that:

“I had to stop going home to protect my family. The pain of not being able to see my children felt like I was losing control altogether”. **[Participant 4]**

“I could not even go to my boss’s office for coffee, lunch was even worse because we could no longer go out as a team for lunch at Paledi”. **[Participant1]**

“We didn’t have a social life, only when I was with my wife and kids, I felt normal”. **[Participant 4]**

4.4.2 Perceived Support of the Employee Wellness Programme

This section answers the second research objective that sought to explore the perceived support given by the Employee Wellness Programme to help employees of the department cope with those psychosocial challenges during the COVID-19 pandemic and beyond. The main theme that the participants conversed about was support.

Theme: Support

There were some sub-themes that could be identified during the conversations with the participants. The sub-themes include:

- **Sub-theme 1: Counselling**

During COVID-19 pandemic, the LDARD Employee Assistance Professionals (EAP) shifted from traditional face-to-face counselling to tele-communication and virtual counselling to render psychosocial counselling services to employees and their significant others. Microsoft Teams, Zoom, Google Meet and WhatsApp video calls were used as tools to facilitate virtual counselling sessions. The participants expressed their views on support provided by EWP through counselling during and beyond COVID-19 pandemic as helpful. Their views can be illustrated by their conversations below:

“I remember getting a call immediately after it was reported to EAP that I tested positive for the virus. The lady kept on checking on me through WhatsApp and

we had a session on Teams once I was discharged from Mediclinic”. [Participant 3]

“...because of my chronic condition I applied to work from home, the EHW social worker helped me to apply. I think she came to see me twice since we returned to work after the pandemic”. [Participant 2]

“Now that COVID is over, I think she came to our office to check on me, otherwise when I was on quarantine, she would pray for me and encourage me via WhatsApp calls”. [Participant 1]

“Yeah, I lost a subordinate during the delta variant, eish it was a difficult time for all of us here, so EAP organised group bereavement counselling through Teams”. [Participant 4]

- **Sub-theme 2: Education**

Due to the corona virus being highly infectious, all Employee Wellness Programme awareness sessions for capacitation of employees on wellness were rendered through various virtual platforms and electronic tools such as emails, departmental website, internal digital newsletter, and departmental intercom WhatsApp group chat. The platforms were used to provide ongoing support to employees especially through provision of factual information around COVID-19 and wellness information relating to both work and life balance during the pandemic. The participants were pleased with the information dissemination. However, some of them encountered some issues due to internet connectivity. Participants expressed their views on support rendered through education by the EWP during COVID-19 pandemic as summed up below:

“There were pop up email messages from wellness on how to prevent getting infected in the office. But here at district we did not receive frequent information due to poor network reception”. [Participant4]

“The weekly newsletters covered COVID-19 information, and the building was full of COVID-19 posters, you know the 1.5 meters distance thing, handwash pictures, and some tips to avoid getting the virus”. [Participant 1]

“In one of the virtual meetings the wellness director taught us breathing techniques and also how steaming was good for the lungs. I still steam with lengana whenever I have flu”. **[Participant 3]**

4.4.3. The effect of the experienced psychosocial challenges on service delivery

This section addresses the research objective that sought to examine the effects of the experienced psychosocial challenges of COVID-19 on service delivery rendered in the department. Conversations with the participants elicited the main theme of job performance with some sub-themes, which are discussed underneath.

Theme: Job performance

Participants in the study indicated that the psychosocial challenges had a negative impact on service delivery. They indicated that because of the stress they experienced their job performance declined resulting in poor productivity, i.e. poor service delivery.

- ***Sub-theme 1: Poor productivity***

For instance, they expressed themselves as follows:

“Yes COVID-19 affected us mentally, it also affects service delivery”. **[Participant 1]**

“I have seen some of my best subordinates struggle to keep up with the excellent performance after getting the virus...one of them was due to poor health”.

[Participant 3]

“One of our zones lost the supervisor so performance declined, you can imagine how farmers are affected over that side”. **[Participant4]**

“Some colleagues would be on sick leave for over a week, there’s nothing you can do when someone is absent, and service delivery is delayed”. **[Participant2]**

The above statements suggest that service delivery suffered due to loss of employees through death and resultant gaps in personnel staffing, as well as absenteeism due to sick leave and ill-health.

4.4.4 Support needed from the Employee Wellness Programme

This section focusses on the research objective that wanted to determine the kind of organisational support the employees need from the Employee Wellness Programme of LDARD to help them cope. Conversations with the participants elicited two main themes of the need for support with both mental and physical health.

Theme: Mental health support

participant Participants indicated that they had the need to consult the EWP for counselling support for purposes of their mental health to help them cope beyond COVID-19. Below are the participants' expressions on the matter:

"I have been through a lot, maybe it's time I consider counselling". **[Participant 4]**

"I think COVID-19 messed with most of us mentally, actually we all need some kind of mental boost from EWP". **[Participant 1]**

"Like I said, I'm still struggling to deal with my father's death. Some days I cry alone, I won't say I am well mentally. Maybe counselling can give me closure". **[Participant 4]**

Theme: Physical wellness

Participants in the current study indicated that physical wellness was important to help them cope beyond COVID-19. Below are the participants' expressions on the subject:

"One sports day event in a year is not enough, they must consider making budget available so that we have the activity each quarter". **[Participant 3]**

"Exercising really works, every employee should be afforded some time off each week to participate in sports because some supervisors don't understand how it can improve our mood". **[Participant 1]**

"I think each workplace must have a gym to encourage stuff to take part in sports on Wednesdays". **[Participant 2]**

"Team building activities like sports day can work, COVID ruined our lives". **[Participant 3]**

4.5. CONCLUSION

The study aimed to explore the perceived effectiveness of the Employee Wellness Programme in supporting the psychosocial well-being of employees during the COVID-19 pandemic and beyond at the Limpopo Department of Agriculture and Rural Development. collected data from the respondents was presented by means of analysing the questionnaires and the interviews. Figures and tabular forms were used to present collated data, with data interpretation and discussion following. The conclusions based on the research findings and recommendations will be presented in the following chapter.

CHAPTER 5

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1. INTRODUCTION

This chapter provides a review of the research, which examined how successfully the Limpopo Department of Agriculture and Rural Development's employee wellness program was thought to promote workers' emotional well-being both before and during the COVID-19 epidemic. Before offering recommendations derived from the research process, the chapter ends by considering the study's limits as well as its key findings. offering suggestions that came about because of the investigation.

5.2 SUMMARY AND DISCUSSION OF RESULTS

The participants' biographical data was displayed, including their age, gender, educational background, and work situation at the time. According to the biographical data, the study's participants were twenty-four (24) women and thirty-four (35) men, with ages ranging from thirty-five (35) to over fifty-five (55). The individuals' educational backgrounds ranged from a national diploma to a doctorate, according to the findings. The four study objectives provide a summary of the study's findings.

5.2.1 Psychosocial challenges experienced by employees due to the COVID-19 pandemic effects

Regarding the study's first objective, which was to look at the psychosocial difficulties that workers encountered because of the COVID-19 epidemic, the findings showed that workers encountered psychosocial difficulties that were both personal and professional in nature. The findings indicated that personal psychosocial problems were the leading category, followed by those who experienced both personal and work-related challenges, with the work-related category being the least.

The findings revealed that stress and mental health-related problems were high amongst the participants, followed by health-related problems, and financial

problems. The stress resulted in anxiety and depressive symptoms that included poor concentration, as well as sleeping problems. Lee (2021), Pillay and Barnes (2020) also reported similar results: the COVID-19 pandemic left some notable negative effects on the psychological and social well-being of employees, resulting in difficulty achieving work-life balance and problems with productivity at work.

5.2.2 Support of EWP to help employees cope with psychosocial challenges during the COVID-19 pandemic and beyond

In addressing the study's second objective, which was to explore the EWP support offered by the department to help employees cope with psychosocial challenges during the COVID-19 pandemic and beyond, the study discovered that fewer employees perceived the departmental EWP to have provided them with psychosocial support during the pandemic.

The findings uncovered that the majority of employees had no will in using services offered by the internal EWP. The findings showed that employees were more concerned about the guarantee of confidentiality by EHW professionals. Likewise, findings by Malange (2019) also revealed that employees did not use the internally implemented EWP because they were afraid that their problems would be discovered and used against them by supervisors and coworkers, while findings of a study conducted by Thaba (2018) at the South African Police Service EWP revealed that lack of trust and respect by the police officers were the reasons given for not utilising the programme. Furthermore Perrault, Hildenbrand, and Rnoh (2020), reported comparable results that employees were concerned about their sense of privacy and fear of being subjected to office gossip.

5.2.3 Effects of experienced psychosocial challenges of COVID-19 on service delivery

Therefore, to address the study's third objective, which sought to investigate the experienced psychosocial effects of COVID-19 on service delivery, the study discovered that most employees shared a common perception that the pandemic

affected their performance adversely, while a minority disagreed. The findings have shown that problems that emanated from both occupational and personal life compromised employees' ability to perform their duties optimally. From the study results employees reported that there was poor job performance and resultant poor service delivery.

Kumar, Kumar, Aggarwal, and Yeap (2021) reported comparable results that distress was the most significant factor that lowered job performances among employees, which negatively affected how service was rendered. Also, a study by Erer (2020) reported that healthcare employees' fear and anxiety over COVID-19 became predictive of their performance level; thus, the receipt of more COVID-19 cases lowered the standard of service they delivered in the healthcare facility.

5.2.4 Organisational support needed by employees from EWP to help them cope

In addressing the study's fourth objective, which was to explore organisational support provided by employees to help them cope with COVID-19 psychosocial effects, the findings of the study revealed that employees needed intense physical wellness initiatives and psychological support from the EWP. Physical wellness initiatives such as the gym, exercising activities, and sports days were considered helpful to cope with the psychosocial challenges of COVID-19. This includes stress and mental illness-related problems experienced by employees during and beyond the COVID-19 pandemic.

Findings of the study revealed that employees needed psychological support to aid the emotional stress and mental problems associated with the pandemic. The findings revealed that psychological support meant access to therapeutic counselling. Similar research results uncovered that physical exercise activities demonstrated to be a powerful mediation technique in the recovery of coronavirus survivors who experienced post-COVID-19 disorder by positively influencing both the physical and psychological well-being (Hasenoehrl, Palma, Huber, Kastl, Steiner, Jordakieva & Crevenna, 2023; Toma, Rubie-Davies & Le Fevre, 2023). Research findings further revealed that employees who suffered from post-

COVID syndrome experienced improved occupational capacity from increased physical activity (Hasenoerhrl et al., 2023).

5.3 RECOMMENDATIONS

Healthy and psychologically well employees tend to be productive in their work, making service delivery effective. Below, the researcher provides recommendations from the study in accordance with the benefits for both the employee and employer.

5.3.1 The employee

- Health seeking behaviour

Employees should be encouraged to uphold a health-seeking behaviour that promotes taking responsibility for their health and wellness. This will see more employees taking an active role in participating in EWP endeavours. The psychosocial well-being self-evaluation checklist completed by employees can be used to encourage self-monitoring of their wellness and mental health in the workplace. This should be founded on the notion that a mentally healthy employee is critical for service delivery.

- Peer mentoring and coaching

Employees will benefit from peer support through mentoring and coaching. Peers will act as wellness ambassadors to motivate their colleagues to achieve total wellness. Employees can share wellness benefits through peer monitoring and coaching, while job performance is likely to be optimised.

- Utilisation of private EWP services

Employees should be encouraged to make use of other available services that are offered outside of the department. For instance, employees who are members of different medical schemes should be encouraged to utilise the employee wellness benefits offered by the schemes to their own advantage. This also includes the physical wellness benefits offered by

some other schemes, such as membership in gym facilities and fitness clubs.

5.3.3 The employer

- **Outsource services of EWP**

The employer should consider making provision for a budget to outsource contractual external professional psycho-emotional and social therapeutic counselling services. This collaborative partnership with a professional stakeholder will yield a positive image of the EWP while also enhancing the utilisation of psychosocial counselling services, especially by employees who have raised concerns regarding their privacy.

- **Education and training**

Education and capacity development activities should be ongoing to promote the visibility of the EWP in the department. The overall training sessions should be user-friendly to foster a supportive environment for employees to be motivated to utilise the EWP.

- **Workplace climate survey**

A periodic workplace climate survey should be conducted to seek service-user feedback from employees regarding the services offered by the EWP. This will assist the employer in evaluating the effectiveness of the EWP and its impact on the well-being of employees, which it intends to achieve. The workplace climate survey will help determine whether the EWP is responsive to the psychosocial needs of the employees and help explore the need to innovate the programme when necessary.

- **Mentoring and coaching**

The employer should encourage openness so that employees can come to terms with issues affecting them. A workplace incentive system for the utilisation of internal EWP should be in place to award and recognise employees who self-refer for the service.

- EWP educational workshops

The employer should conduct awareness workshops that educate employees about stress coping mechanisms and mental health education by inviting external professionals and subject experts. This will provide proactive psychosocial support for employees aimed at preventing psychosocial challenges from advancing into complicated mental problems and illnesses.

- Conducive, enabling atmosphere

The employer should promote an ongoing linkage between employees and the internal EHW programme that creates trust, respect, and a culture of good health because, based on the findings, the participants indicated concerns regarding confidentiality in handling their psychosocial problems by the EHW professional.

5.4 AREAS FOR FUTURE RESEARCH

Since job performance is an important developmental subject, more study may be necessary to fully comprehend the concept of job performance in the context of the COVID-19 pandemic. As a result, the study suggests conducting more research on the relationship between job performance and the effects of EWP on mental health in the post-COVID-19 period.

5.5 LIMITATIONS OF THE STUDY

The study was conducted in one department; thus, the study findings are not generalisable. However, the results of the study can provide objective guidance to other similar organisations or address similar challenges.

5.6 CONCLUSION

The purpose of the study was to explore and describe employees' perceptions of whether the Employee Wellness Program within the LDARD effectively supported their psychosocial well-being during the COVID-19 pandemic and beyond. The study adopted a mixed-methods research methodology where data was collected using both quantitative and qualitative data collection tools. A quantitative survey questionnaire was administered to 58 employees, while semi-

structured interviews were also conducted with 4 employees who are assistant directors.

The study applied a census method of sampling, whereby the whole agricultural advisors within LDARD Capricorn district were part of the study. On the basis of the findings of the study, it is apparent that the research questions that directed this study were answered and every one of the objectives was accomplished. The employees at LDARD perceived the Employee Wellness Program as ineffective in supporting their psychosocial well-being when dealing with personal and work-related challenges during the COVID-19 era and beyond. This implies that some employees did not fully understand the significance of utilising the EWP to improve their well-being and subsequently improve their overall job performance to enhance effective service delivery.

The psychological dimension of the EWP, wherein therapeutic counselling is offered, is not being utilised optimally due to major concerns over the guarantee of confidentiality regarding employees' problems. Although some fewer employees shared a positive outlook on the EWP, more employees may benefit from attending awareness sessions regarding the programme to encourage their health-seeking behaviour and the advantages of peer support from fellow colleagues.

Furthermore, outsourcing the psychosocial therapeutic counselling services of the EWP may provide an alternative for some employees and assure their total privacy off-site at the workplace. In conclusion, this study has added to the body of knowledge for entities that provide similar internal EWP and for future research, particularly in the provincial departments.

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APPENDICES

Appendix A: Ethical clearance certificate



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 4713, Fax: (015) 268 2306, Email: moore.hutamo@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 20 June 2023
PROJECT NUMBER: TREC/221/2023: PG
PROJECT:

Title: Effectiveness of the wellness programme in supporting employee psychosocial well-being during the Covid-19 pandemic and beyond in the Limpopo Department of Agriculture and Rural Development.
Researcher: RM Makhubele
Supervisor: Prof M.F Rachidi
Co-Supervisor/s: Mr M.B Njoko
School: Turfloop Graduate School of Leadership
Degree: Master of Development Planning and Management

PROF D MAPOSA
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.

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Appendix B: Faculty letter



UNIVERSITY OF LIMPOPO
Office of the Faculty Research Professor Prof TS Setati 10 May 2023
PRIVATE BAG X1106, SOVENGA, 0727 FACULTY OF MANAGEMENT AND LAW

**University of Limpopo
Faculty of Management and Law
OFFICE OF THE EXECUTIVE DEAN
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3947, Email: fml.postgradoffice@ul.ac.za**

10 May 2023

**MAKHUBELE RM (202176529)
TURFLOOP GRADUATE SCHOOL OF LEADERSHIP
MASTER OF DEVELOPMENT STUDIES**

Dear RM Makhubele

FACULTY RATIFICATION OF APPROVED PROPOSAL

I have pleasure in informing you that the Faculty of Management and Law has ratified the decision for the approval of Masters Research proposal. The research proposal has served at the School Higher Degrees Committee meeting on 23 March 2023, and it was approved as follows:

Title: "Effectiveness of the wellness programme supporting employee psychosocial well-being during the Covid-19 pandemic and beyond in the Limpopo Department of Agriculture and Rural Development, South Africa"

Note the following: The study

Ethical Clearance	Tick One
Requires no ethical clearance Proceed with the study	
Requires ethical clearance (Human) (TREC) (apply online) Proceed with the study only after receipt of ethical clearance certificate	✓
Requires ethical clearance (Animal) (AREC) Proceed with the study only after receipt of ethical clearance certificate	

Yours faithfully,

Prof TS Setati
Research Professor: Faculty Research Higher Degrees Committee
CC: Supervisor, Prof C Burman; Programme Manager, Mr MB Njoko; Director of School,
Prof SK Mokoena.

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Appendix C: LDARD Permission



DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

Ref: 12R

Enquiries: Dr T. Raphulu

28 August 2023

Rivonia Mixo Makhubele (202176529)
University of Limpopo

RE: APPLICATION TO CARRY OUT RESEARCH UNDER THE DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT

1. Kindly take note that your request to conduct research titled "EFFECTIVENESS OF THE EMPLOYEE WELLNESS PROGRAMME IN SUPPORTING EMPLOYEE PSYCHOSOCIAL WELL-BEING DURING COVID-19 PANDEMIC AND BEYOND IN THE LIMPOPO DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT" has been granted.
2. You are required to contact the office of the Director: Agricultural Advisory Services, Capricorn District to brief them on the study, to request their participation and assistance.
3. Kindly take note that you will be expected to hand over a copy of your final report to the Department for record purposes. You may also be invited to share your findings in the Departmental Research Forum.
4. Hoping that you will find this in order.

Kind regards

Dr. T. Raphulu
Chairperson: Research Committee

28/08/2023

Date

67/69 Biccard Street, POLOKWANE, 0700, Private Bag X9487, Polokwane, 0700

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Appendix D: Informed consent form



**University of Limpopo
Faculty of Management and Law
Turfloop Graduate School of Leadership**

REQUEST FOR CONSENT IN RESEARCH STUDY PARTICIPATION

Dear Participant

I, Mixo Makhubele, am a student registered at the University of Limpopo for the degree Master of Development (Planning and Management) (MDEV). In partial fulfilment of the degree, I am required to undertake a research project. The title of my research study is: **“Effectiveness of the employee wellness programme in supporting employees’ psychosocial well-being during COVID-19 Pandemic and Beyond in the Limpopo Department of Agriculture and Rural Development”**.

I hereby request that you participate in the study. The purpose of the study is to describe and explore the effectiveness of the employee wellness programme in supporting employees’ psychosocial well-being on the effects of COVID-19 effects during and beyond the pandemic. The information that will be provided will remain confidential and is sought exclusively for the completion of the MDEV research programme.

Your participation is completely voluntary, you will not be remunerated for participation, and you may choose to stop participating at any time. Your decision not to participate in this study will not influence the nature of your relationship with the researcher or the department either now or in the future. Your cooperation and participation in this research programme are appreciated and I would like to

thank you in advance for your honest responses to the questions thus adding value to the study.

By agreeing to complete the attached research questionnaire or agreeing to be interviewed for purposes of the research study you are giving consent, and you understand the purpose of the study as stated herein and agree to participate.

If you have questions or concerns about this research, please contact Ms Makhubele Rivonia Mixo 0784210 139 or at mixxo191@gmail.com

Participant's Signature: _____

Date:

Name of participants (Print): _____

Researcher's signature: _____

Date:

Name of researcher (Print): _____

Appendix E: Questionnaire

RESEARCH QUESTIONNAIRE

TITLE OF RESEARCH: Effectiveness of the employee wellness programme in supporting employee psychosocial well-being during covid-19 pandemic and beyond in the Limpopo Department of Agriculture and Rural Development.

You are requested to complete the attached research questionnaire. The questionnaire is divided into four sections. The process of completing the questionnaire might take you about 20 minutes. Please answer the questions as honestly as possible. There are no right or wrong answers. The information that you provide will remain confidential and is needed exclusively for the completion of the Master of Development in Planning and Management (MDEV) research module.

SECTION A: BIOGRAPHICAL INFORMATION

Please place a cross[x] in the relevant box in the space provided.

1. Gender.	1. Male	
	2. Female	
	3. Other: Specify	

2. Age group				
1. Below 25	2. 25-34	3. 35-44	4. 45-54	5. 55 and above

3. Workstation	
1. District	Capricorn District
2. Agric Ecological Zone	

4. Highest educational qualifications.	1. National Certificate	
	2. National Diploma	
	3. Degree	
	4. Postgrad Diploma	
	5. Honours	
	6. Masters	
	7. Doctorate	

5. Current work position	1. Agricultural Advisor/ Extension Officer	
	2. Assistant Director: Extension and Advisory Services	

6. Number of years of experience in the current position	1. 0 – 5 years	
	2. 6 – 9	
	3. 10 – 14	
	4. 15 and above	

SECTION B: EXPERIENCES OF PSYCHOSOCIAL PROBLEMS

7. Have you experienced any psychosocial problems since the COVID-19 pandemic was declared?

1. YES	2. NO
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8. What was the main source of your psychosocial problems?

1. Work-related	
2. Personal	
3. Both work-related and personal	

9. Which type of psychosocial problem(s) did you experience?

1. Stress	
2. Loss	
3. Excessive fatigue	
4. Financial constraints	
5. Poor health	
6. Drug and alcohol abuse	
7. Depression	
8. Poor concentration at work	
9. Lack of interest in performing work duties	
10. If other (specify)	

10. To what extent did psychosocial problem(s) related to COVID-19 pandemic affect your performance?

1. Highly affected	
2. Affected	
3. Moderately affected	
4. Not affected	
5. Not sure	

11. Do you think psychosocial problems have a negative impact on service delivery?

1. YES	2. NO
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SECTION C: RESULTS OF EXPERIENCED PSYCHOSOCIAL PROBLEMS

Please place a cross[x] on the relevant box in the space provided

Results of experienced psychosocial problems during and post COVID-19	Strongly agree	Agree	Disagree	Strongly disagree
1. Conflicted relationships				

2. Over-indebtedness				
3. Ill health				
4. Poor job performance				
5. Absenteeism				
6. Transfer				
7. Mental health problem				
8. Incapacity leave				
9. Injury on duty				

SECTION D: EFFECTIVENESS OF EMPLOYEE WELLNESS PROGRAMME

10. Have you ever utilised departmental employee wellness services during or post-COVID-19 pandemic?

1. YES	2. NO
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11. What is your preference between internal departmental employee wellness services and services rendered by external stakeholders?

1. Internal services	
2. External services	
3. Both	
4. None of them	

Please place a cross[x] on the relevant box on the space provided. Mark all that apply.

12. Factors that influence you to utilise the departmental employee wellness programme.	Strongly agree	Agree	Disagree	Strongly disagree
1. Guarantee of confidentiality				
2. The attitude of Wellness professional				
3. Relationship with supervisor				
4. Relationship with colleagues				
5. Opportunity for professional assistance				
6. Avoiding disciplinary action				
7. Boost individual performance				
8. Safe and supportive environment to share problems				
9. Improved mental health				
10. Manage home-related problems				

13. Which are the services that LDARD Employee Health and Wellness have that contribute towards supporting you to manage psychosocial problems? List as many as you can, as well as reasons why they contribute to you rendering effective service delivery.

14. What are the LDARD Employee Health and Wellness services that least contribute to you rendering effective service delivery? List as many as you can as well as reasons why they are not helpful to your performance in strengthening service delivery.

15. What recommendations can you give that would assist you to strengthen service delivery post-COVID-19?

THANK YOU SO MUCH FOR TAKING YOUR VALUABLE TIME TO COMPLETE THE SURVEY.

Appendix F: Interview guide

RESEARCH GUIDE

TITLE OF RESEARCH: Effectiveness of the employee wellness programme in supporting employee psychosocial well-being during covid-19 pandemic and beyond in the Limpopo Department of Agriculture and Rural Development.

SECTION A: BIOGRAPHICAL INFORMATION

1. Gender: _____
2. Age group: _____
3. Workstation: _____
4. Highest educational qualification _____
5. Current work position _____

SECTION B: EXPERIENCES OF PSYCHOSOCIAL PROBLEMS

6. Converse on any psychosocial problems experienced since the COVID-19 pandemic was declared as well as the main sources of those problems.

7. In what way did psychosocial problem(s) related to the COVID-19 pandemic affect you personally and your family?

8. To what extent did psychosocial problem(s) related to the COVID-19 pandemic affect your job attendance and performance?

9. In what way do psychosocial problems affect rendering of service delivery?

10. Did you use the services of the departmental wellness programme for the challenges that you experienced? If yes, how did you experience the services

If not, why not?

11. Which are the services that LDARD Employee Health and Wellness have that contribute towards supporting you to manage psychosocial problems? List as many as you can, as well as reasons why they contribute to you rendering effective service delivery.

12. What are the LDARD Employee Health and Wellness services that least contribute in you rendering effective service delivery?

13. How do you think the departmental wellness programme may assist you in coping with any psychosocial challenges?

14. What recommendations can you give that would assist you to strengthen service delivery post COVID-19?

Appendix G: Editorial letter



Editing Certification

14 December 2023

TO WHOM IT MAY CONCERN

This editing certificate verifies that this Research was professionally edited for Makhubele Rivonia Mixo

Thus, it is meant to acknowledge that I, DR E.J Malatji, a professional Editor under a registered company, RightMove Multimedia, have meticulously edited the manuscript from the University of Limpopo. Title: "EFFECTIVENESS OF THE EMPLOYEE WELLNESS PROGRAMME IN SUPPORTING EMPLOYEES PSYCHOSOCIAL WELL-BEING DURING COVID-19 PANDEMIC AND BEYOND IN THE LIMPOPO DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT".

Dr E.J Malatji

A handwritten signature in black ink, appearing to read 'E.J. Malatji', is written over a horizontal line.

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