

WORKPLACE SUPPORT GROUPS FOR PEOPLE LIVING WITH HIV AND AIDS:
CHALLENGES FACED BY SOCIAL WORKERS RENDERING OCCUPATIONAL
SOCIAL WORK SERVICES

by

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DECLARATION

Student number: **44174519**

I declare that

“Workplace support groups for people living with HIV and AIDS: Challenges faced by social workers rendering Occupational Social Work services”

is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE

(Mr)

DATE

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SUMMARY

The study aimed to develop an in-depth understanding of the challenges faced by social workers rendering Occupational Social Work (OSW) services, particularly in establishing and maintaining workplace support groups for employees living with HIV and AIDS. The study used a qualitative research approach, aided by exploratory, descriptive and contextual research design. Data was collected from eight participants with semi-structured interviews and was analyzed by applying eight steps for data analysis as proposed by Tesch, cited in Creswell (2003:191). Data verification was done by applying Guba's model (in Krefting, 1991). The themes, which emerged from the interviews, were: the recruitment of members in workplace support groups and the challenges faced by social workers rendering OSW services. The findings indicate that, critical as their roles may be, social workers experience numerous challenges when providing workplace HIV and AIDS support groups. These include HIV and AIDS disclosure, management, organisational and logistical challenges.

Key words

Occupational Social Work; social group work; workplace; social support; HIV and AIDS; support groups; challenges; social work; group establishment; group maintenance

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CHAPTER ONE

GENERAL INTRODUCTION, PROBLEM FORMULATION AND PLANNED APPLICATION OF THE QUALITATIVE RESEARCH PROCESS

1.1. General Introduction

In the workplace, social workers rendering Occupational Social Work services are tasked with the responsibility of establishing and maintaining support groups for employees living with HIV and AIDS. According to Department of Public Service and Administration (2002:87), the Minimum Standards specify the duties of Heads of Departments (HODs) in respect of HIV and AIDS treatment, care and support; namely that he/she shall create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV positive employees. Such mechanisms should preferably form part of a comprehensive employee assistance programme or health promotion programme. Support groups for employees living with HIV and AIDS are a key element of a workplace psychosocial support programme. The objective of psychosocial support is to provide employees with the mechanisms to cope with the psychological and emotional aspects of HIV infection (Department of Public Service and Administration 2002:90).

HIV and AIDS are serious public health problems, which have socio-economic, employment and human rights implications (Department of Labour 2000:01). It is believed that the HIV and AIDS epidemic will affect every workplace, with prolonged staff illnesses, absenteeism, and death impacting on productivity, employee benefits, occupational health and safety, escalation of costs and workplace morale. Furthermore, HIV and AIDS is still a disease surrounded by ignorance, prejudice, discrimination and stigma (Department of Labour 2000:01).

According to Department of Health (2011:56) the estimated National HIV-prevalence in 2011 was 29.5%, which shows a slight drop of 0.7% from the 2010 National HIV-prevalence. In 2011, an estimated 5,600 000 people living with HIV resided in South Africa. The UNAIDS Spectrum model cited in Department of Health (2011:56) estimated the National HIV-prevalence among the general adult population aged 15-49 years old has remained stable at around 17.3% since 2005. This is also the age group which is most likely to form part of the labour force. This means that individuals in this group will most likely find themselves in some form of employment. The estimated number of new infections was 1.43% in 2011 compared to 1.63% new infections in 2008. The number of newly infected children aged 0-14 years fell by 56.2%, from 66 000 in 2008 to an estimated 29 000 in 2011. More than 95% of women in need of PMTCT services were estimated to be covered in 2011. According to the UNAIDS estimates, between 2008 and 2011, the number of people dying from AIDS-related causes in South Africa declined by 28.7%, from 380 000 to 270 000. However, an estimated 2 100 000 children were AIDS orphans in 2011 compared to approximately 1 900 000 in 2008 representing a 9.5% increase (Department of Health, 2011:56).

Research from different countries supports the notion of providing workplace support groups to employees living with HIV and AIDS. According to the Thailand Business Coalition on AIDS (2003:01), providing workplace care and support helps to ensure that employees with HIV and AIDS remain healthy and productive at work. In addition, care and support programmes can boost workplace morale by showing that the company is truly concerned about the health and well-being of its employees. According to the Department of Public Service and Administration (2002:01), research indicates that workplaces which offer such support have: more productive employees, a greater sense of security amongst staff, and also have an environment in which people living with HIV and AIDS are able to be open as there is acceptance and support from management and peers.

Support groups are groups of people who are facing similar challenges and who have decided to meet regularly to share experiences and to help each other (Smart n.d:144). Support groups are organised, governed and led by professionals who provide supplementary expert knowledge or skills training (Gottlieb 2008:15285). According to Smart (n.d: 144), support groups require: privacy, so that members feel confident to share and disclose often intensely personal matters, a time to meet that suits the schedules of the members, carefully considered membership criteria and methods of operating as well as a skilled facilitator.

As far as the researcher was able to ascertain, social workers rendering Occupational Social Work services select people for inclusion in the support group for people living with HIV and AIDS from the known cases of employee clients living with HIV and AIDS. Also, support group members themselves may invite and sell or market the support group to fellow colleagues living with HIV and AIDS. Other strategies used by social workers rendering Occupational Social Work services include promoting support group through the company's newsletter and intranet facilities, printed materials which include posters and leaflets, as well as through annual HIV and AIDS events such as, for example, the AIDS candlelight memorial and World AIDS Day. However, as far as the researcher was able to establish, the fact that HIV and AIDS are shrouded in secrecy poses a challenge to the formation of workplace support groups for employees living with HIV and AIDS.

Therefore, in this study support groups are not only relatively inexpensive, but also highly accessible and helpful resources that promote health and well-being through many psychosocial processes (Gottlieb, 2008:15285). According to the Education Training Unit (n.d.), support groups are formed to achieve the following aims:

- To provide emotional support and coping mechanisms to those people who are undergoing a difficult time in their lives, and are willing to be part of a support group
- To provide information for its members so that they can understand the disease and be able to educate their family members, friends, colleagues, neighbours about the disease

- To draw strength from the experiences of other member
- To share information around treatment, care and healing
- To educate people about antiretroviral medication and to encourage people to keep taking their medication
- To build a social network of people with similar problems
- To improve the quality of life of people living with HIV and AIDS as well as that of their families
- To ensure that a person living with HIV and AIDS can live a positive and productive life
- To empower members with knowledge about HIV and AIDS and help them develop skills
- To create networking opportunities for those involved in the support group
- To reduce isolation and discrimination while encouraging acceptance around HIV and AIDS
- To demystify the disease and promote de-stigmatisation and community acceptance of people living with HIV and AIDS and their families

The workplace support groups for employees living with HIV and AIDS are formed with the intentions of achieving the aims indicated above.

The beneficial psychosocial dynamics that underlie support groups include emotional vetting along with the validation and normalisation of emotions that are gained from contact with similarly afflicted peers, the opportunity to enhance one's sense of worth and control by providing support to others as well as the opportunity for self enhancement and improvement that is derived from social comparisons made by members (Gottlieb, 2008:15286).

It is noted that in the workplace people may be in different stages of HIV and AIDS and that they can still be employed in some of these stages. Therefore, those incorporated in the workplace support groups may be in different stages of HIV and AIDS. According to Smith (n.d), the five stages of HIV infection and workplace impact are as follows:

- **Initial infection.** This stage begins when someone gets infected, and usually lasts between 4-12 weeks. They may experience flu-like symptoms like a sore throat, muscle and joint pains, and tiredness. This is called sero-conversion illness. The time between the moment someone gets infected with HIV and the time that an HIV test will actually detect antibodies to the virus in their blood is known as the "window period". This time period can last from about 3-6 months.
- **The asymptomatic phase.** During this stage, the HIV positive person remains clinically healthy and shows no symptoms of illness. This stage can last anything from 3-7 years. During this stage, the HIV positive employee can be fully productive at work.
- **Minor symptomatic phase.** Symptoms experienced during this stage can include: Lack of energy, weight loss, frequent fevers, mouth and throat infections etc. Costs incurred by the company include increased absenteeism, loss of productivity, management time, medical care etc.
- **Symptomatic HIV-disease.** Signs and symptoms of opportunistic infections start appearing because the immune system is deteriorating. Symptoms become more severe and may include: recurrent oral and vaginal thrush, herpes infections like shingles, chronic diarrhoea, and reactivation of TB etc. The same type of costs as listed in the minor symptomatic phase can be expected, but it is most likely that during the symptomatic stage these costs will rise.
- **Full-blown AIDS.** This is the final and most serious stage that, if left untreated, is followed by death. The infected person now becomes vulnerable to serious opportunistic infections and some cancers. Termination-related costs can be incurred by the company - death and disability benefits, low productivity as a result of loss of morale, turnover (staff replacement and training) costs and even the cost to company of staff members attending colleagues' funerals. People living with AIDS typically go through periods of being very sick with severe disease, alternating with periods of reasonable health.

Support groups are an important way of providing emotional support for HIV positive employees and their families. They provide affected persons with an opportunity of meeting people in similar circumstances, to share experiences and support one another (Department of Public Service and Administration 2002:91). People living with HIV and AIDS form support groups to give and receive emotional, social and spiritual support. They also form support groups to develop and sustain positive strategies for living with the virus and to strengthen their knowledge about HIV and AIDS so that they can be able to continue with their everyday responsibilities. The group is a place where people living with HIV and AIDS can share experiences confidentially, gain self-confidence, make friends and develop a public voice (Fanelli and Moyo 2008:01).

1.2. **Problem formulation**

Despite the benefits of support groups for employees living with HIV and AIDS, there are various challenges for establishing and maintaining support groups in the work place. According to Gottlieb (2001:15289), the challenges for providing support groups in the workplace occur when many people who might be attracted to a support group live in geographically remote areas and when they have difficulties that limit their mobility or prefer not to divulge their identity. A study conducted by Esu-Williams, Motsepe, Mngadi, Ndlhovu, Searle and Pulerwitz (2004) attests to the fact that workplace HIV and AIDS programs tend to lack a strong management structure or plan and adequate capacity, and rely on a small number of personnel for specialised services such as counselling, care and support. These factors limit program coverage and impact.

Studies of African countries reveal the challenges for providing workplace HIV and AIDS programmes. A study in Kenyan companies confirms that businesses may be reluctant to set up workplace HIV and AIDS programmes because they feel they lack the resources, because they do not have adequate in-house knowledge, or because they consider the matter too sensitive for open discussion. They may also lack links with the wider community (UNAIDS 1998). While support for once-off activities is usually

relatively easy to secure, obtaining commitment for an ongoing programme can be much more difficult. An additional problem is located in getting management to approve staff participation in AIDS activities during work hours which in the long run may be contentious. Also, due to problems relating to confidentiality and discrimination, employees are unlikely to participate in HIV and AIDS programmes if they are not assured of both confidentiality and protection from discrimination (UNAIDS 1998).

UNAIDS (1998) contends that the systems of some companies lack the flexibility to accommodate programmes for employees living with HIV, or that management fails to make sufficient efforts to support and accommodate employees living with HIV and AIDS. This reluctance opens up employees living with HIV to discrimination and stigmatization by other employees who are not infected or affected. UNAIDS (1998) further indicates that workplace programmes sometimes fail to maintain the interest of affected staff, resulting in boredom with over-familiar messages or activities.

In the South African context, the Department of Public Service and Administration (DPSA) Technical Assistant Report (n.d:01) reveals the following challenges faced by programme managers and practitioners in designing and implementing HIV and AIDS programmes:

- Inadequate human resources to effectively design and deliver HIV and AIDS workplace programmes
- Use of HIV and AIDS coordinators for responsibilities other than HIV and AIDS in their departments
- Lack of interest on the part of most of the senior managers, to facilitate and fund HIV programmes
- Reluctance and lack of enthusiasm among managers and supervisors to drive the process forward

The six-year period during which the researcher has been involved in rendering Occupational Social Work services has provided a platform to interact and exchange views with other social workers rendering Occupational Social Work services in different organisations. The challenges experienced by the researcher seemed to be shared by

other social workers in similar positions. This prompted the interest to undertake this research with a view to formally investigate the challenges faced by social workers rendering Occupational Social Work services with special emphasis on providing and maintaining support groups for employees living with HIV and AIDS.

1.3. Significance of the research

This research is important and relevant to the social work profession for several reasons, and contributed to the following:

- Firstly, the findings of this study would assist the social workers rendering Occupational Social Work services and policy makers in the formulation of suitable policies and strategies to address the phenomenon under investigation
- Secondly, the study contributed to the existing theory and generates a new body of knowledge.
- Finally, the knowledge obtained from this research has enhanced the effectiveness of the individual researcher in his role as a social worker rendering Occupational Social Work services, tasked with the responsibility of managing Workplace HIV and AIDS programme.

1.4. Research question, primary goal and objectives of the research

Under this heading the research questions, primary goal and objectives related to the research undertaking are presented.

1.4.1. Research question

According to Terre Blanche, Durrheim and Painter (2006:540), a research question refers to “the question that the study wants answered”. Lavrakas (2008:736) elaborates on the concept and asserts that research question(s) should state the research problem in a way that allows for appropriate research methods to be applied to gathering and analysing information to help answer the question(s). Creswell (1994:70) adds that

research questions in qualitative studies assume two forms: a grand tour question and sub-questions.

For the purpose of this study, the following grand-tour questions were used to guide this endeavour:

- What are the challenges experienced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV and AIDS?

1.4.2. Goal and objectives of the research

The “goal” is the “dream”, and the objective refers to the steps one has to take, one by one, realistically at grass roots level, within a certain time span, in order to attain the dream (De Vos, Strydom, Fouché, and Delport 2011:94). A research goal is “a statement of what you intend to achieve” by undertaking research while research objectives “are statements of what is intended to be achieved by the end of research” University of the West of England Research Observatory (2007). In order to answer the aforementioned research questions, the researcher has formulated the following goal and objectives.

The goal of the study

The goal of this study was to develop an in-depth understanding of the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV and AIDS.

The objectives of the study

In order to assist with meeting the abovementioned goal, the researcher has formulated the following research objectives:

- To explore the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS.
- To describe the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS.
- To draw conclusions and make recommendations based on the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS.

In executing the above mentioned research objectives, the following **task objectives** were formulated:

- To obtain a sample of social workers rendering Occupational Social Work services in the employ of state departments and state-owned companies in Gauteng Province who, as part of their job description, they are required to establish and maintain workplace support groups for employees living with HIV and AIDS.
- To conduct semi-structured interviews, aided by an interview-guide, with the sample of social workers rendering Occupational Social Work services, in order to explore challenges which experienced in establishing and maintaining workplace support groups for people living with HIV and AIDS.
- To sift, sort and analyse the data using Tesch's eight steps for qualitative data analysis as cited in Creswell (2009).
- To conduct a literature control to verify the data.
- To document findings by compiling a research report.

1.5. Research methodology

Under this heading the research approach, research design, research method and methods of data collection are presented.

1.5.1. Research approach

For the purpose of the research, the researcher used a **qualitative research approach** to make qualitative observations, analyses and interpretations of the issues under investigation. Qualitative research uses a naturalistic approach that seeks to understand phenomena in context-specific settings, such as "real world setting where the researcher does not attempt to manipulate the phenomenon of interest" (Patton, 2002: 39). Strauss and Corbin cited in Galafshani (2003:600) elaborate on the concept of qualitative research and assert that qualitative research means "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification. David and Sutton (2004:35) add that qualitative research usually emphasises words rather than quantification in the collection and analyses of data. The researcher has employed a qualitative approach because the phenomenon under investigation involves the participant's experiences, opinions and views that cannot be adequately quantified in numerical terms.

1.5.1.1. Characteristics of qualitative research

A number of the basic characteristics of qualitative research make it an appropriate method for this research. Creswell (2007:37) identifies the following characteristics of qualitative research:

- Qualitative research takes place in a natural setting where qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study. As qualitative research is conducted in the natural environment of the participants, the researcher conducted the research in the participant's workplace.

- The researcher is the “key instrument” in the process of data collection. Qualitative researchers collect data themselves through examining documents, observing behaviour and interviewing participants. As the key instrument in data collection, the researcher collected the data himself from the participants.
- Multiple sources of data are consulted during the process of data collection. Qualitative researchers gather multiple forms of data rather than rely on a single data source. The researcher used interviews as the main sources of data collection.
- In qualitative research the participants meaning attached to the phenomenon under investigation takes central stage. In the entire qualitative research process, the researcher’s aim was to keep focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researchers bring to the research or reads from the literature.
- Qualitative research entails an interpretive inquiry. Qualitative research is a form of enquiry in which researchers make an interpretation based on what they see, hear and understand. The researcher’s interpretation was not separated from his own background, history, context and prior understandings.
- In qualitative research, the design employed is emergent in nature. The research process for qualitative researcher is emergent. With this in mind, the researcher was flexible to make the necessary adjustments as the study unfold.
- Qualitative researchers strive towards providing a holistic account of the phenomenon under discussion. Qualitative researchers try to develop a complex and holistic view of social phenomena. The researcher developed a comprehensive understanding of the problem under examination.

1.5.1.2. Appropriateness of qualitative approach

In view of the fact that the topic under investigation has not been researched within the context of the aforementioned organisations, and the fact that the researcher seeks to advance a novel perspective of the phenomenon as well as his understanding of the topic, the qualitative research approach was identified as more suitable for the purposes

of this research. According to Goethals, Sorenson, and Macgregor (2004:09), a qualitative approach is appropriate when the researcher wants:

- To explore a phenomenon that has not been studied before. As far as the researcher was able to ascertain, the phenomenon under investigation has not been investigated in the context of state departments and state-owned companies.
- To add rich detail and nuances that illustrates or document existing knowledge of a phenomenon, generated quantitatively.
- To better understand a topic by studying it simultaneously (triangulation) or concurrently with both methods.
- To advance a novel perspective of a phenomenon this is well-studied quantitatively but not well-understood because of the narrow perspectives used before.
- To try to “understand” any social phenomenon from the perspective of the actors involved, rather than explaining it (unsuccessfully) from the outside. The phenomenon under study was studied from the perspective of social actors, i.e. from the perspectives of social workers rendering Occupational Social Work services.
- To understand complex phenomena difficult or impossible to approach or to capture quantitatively. The issue under investigation cannot be studied quantitatively because it involves the participant’s experiences, opinions and views that cannot be adequately quantified in numerical terms.
- To understand any phenomenon in its complexity, or one that has been dismissed by mainstream research because of the difficulties in studying it or that has been discarded as irrelevant, or that has been studied as if only one point of view about it was real.

1.5.2. **Research design**

A research design is defined as “the structure or the blueprint of research that guides the process of research from the formulation of the research questions to reporting the research findings” (Kalaian, 2008:724). According to David and Sutton (2004:369), a research design provides the framework for the research process involving the collection of analysis and data. For the purpose of this research, the researcher

employed an ***explorative, descriptive and contextual research design***. An explorative design was employed because the subject under investigation is a relatively unknown area of research in the context of this study. The descriptive design was employed as one of the researcher's objectives was to describe the challenges faced by the participants in establishing and maintaining workplace support groups for people living with HIV and AIDS. Contextual design was used because the researcher has intended to study the phenomenon from the context in which it occurs, i.e. the workplace of the participant.

1.5.3. Research method

According to David and Sutton (2004:369), research methods refer to “techniques employed to collect data”. Terre Blanche et al. (2006:2006) elaborated on the concept and assert that methodology specifies how researchers may go about practically studying whatever they believe can be known. In this section, the researcher defines the population of the study; outlines the criteria which were followed to select participants who were included in the study, and outlines sampling techniques that was employed in the study. Furthermore, the methods of data collection, analysis and verification are presented.

1.5.3.1. Research population

According to Jupp (2006:265), population refers to the group of people or the unit of analysis which is the focus of the study. Litt (2010:1053) further elaborates on the concept population and states that a population is the entire collection of entities one seeks to understand or, more formally, about which one seek to draw an inference. The population of this study was defined as all social workers rendering Occupational Social Work services at state departments and state-owned companies in the Gauteng Province whose responsibilities (as part of their job descriptions) require them to establish and maintain workplace support groups for people living with HIV and AIDS. Due to time and money constraints, the whole population of social workers rendering

Occupational Social Work services was not included in the study and the researcher has had to draw a sample.

1.5.3.2. Sample and sampling techniques

According to Shapiro (2008:776), a **sample** is a subset of elements drawn from a larger population. In addition to this, a sample is also defined as a “collection of actual data sources that are drawn from a larger population of potential data sources” (Ayres 2008:797). For the purpose of this endeavour, the researcher employed **purposive sampling** to draw a sample of social workers rendering Occupational Social Work services in order to identify participants who were interviewed. According to Jupp (2006:244), purposive sampling is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based on a variety of criteria which may include an individual’s specialist knowledge on the issue being researched, or capacity and willingness to participate in the research. The researcher in this study collected data by means of interviewing participants with the knowledge of the phenomenon under investigation and those who were willing and available to participate in the study.

The researcher used the following criteria to select participants for inclusion in the study:

- Social workers rendering Occupational Social Work services in the employment of the state and state-owned companies in the Gauteng Province.
- Social workers rendering Occupational Social Work services who, as part of their job description, have the responsibility to establish and maintain workplace support groups for people living with HIV and AIDS.
- Social workers who were willing and available to participate in the study.

In this study, a specific **sample size** was not determined at the beginning of the research. The researcher collected the data until it reached the point of saturation, where no new data surfaced. According to Terre Blanche et al. (2006:372), saturation

refers to the condition of an interpretive account where the account is richly fed by the material that has been collected, at least to the point where the researcher is able to declare “I have thoroughly explored the data and have acquired a satisfactory sense of what is going on”.

Identification of participants

As there was no complete list of all the social workers rendering Occupational Social Work services at the disposal of the researcher, the researcher had to select the participants for this study from:

- Colleagues known to be rendering Occupational Social Work services.
- Social workers currently working in the same organization as the researcher (i.e. SA Post Office).

1.6. Method of data collection

Under this heading the following aspects are discussed: semi-structured interviews as the chosen method of data collection, the preparation of the participants for data collection, the interviewing-skills as well as the pilot study.

1.6.1. Semi-structured interview as chosen method of data collection

The method of data collection employed in this research was that of **semi-structured interviews with the aid of an interview-guide**. According to Diccico – Bloom et al., cited in De Vos et al. (2011:348), **semi-structured interviews** are defined as “interviews organised around areas of particular interest, while still allowing considerable flexibility in scope and depth”. An **interview-guide** is a guide that summarizes the content that researchers cover during interviews (Morgan and Guevara 2008:469). Interview-guides involve a list of topics and aspects of these topics (not specific questions) which have a bearing on the given theme and which the interviewer should bring up during the course of the interview. Although all participants are asked

the same questions, the interviewer may adapt the formulation, including the terminology, to fit the background and educational level of the respondents (Huysamen 1994:145). All interviews were conducted in English because the researcher and the participants were able to converse well in English. The researcher used audio recording devices to capture all interviews, with the consent of social workers rendering Occupational Social Work services.

Research questions

In the process of collecting data, the researcher used the following questions as a guide to interviewing the social workers rendering Occupational Social Work services:

- In what sector are you employed?
- How many years of experience do you have in rendering Occupational Social Work services?
- What is the estimated number of employees living with HIV and AIDS in your organisation?
- How long have you been running workplace HIV and AIDS support groups?
- Were those groups open or closed groups?
- How many support groups for people living with HIV and AIDS do you run?
- What is the composition of your group/s?
- As a social worker, how do you recruit members to join the support groups?
- As a social worker, how does it feel to work in an environment that is not purely social work related?
- Does your employer understand what Occupational Social Work entails?
- From your social work perspective, what experiences do you face with running a workplace support group for employees living with HIV and AIDS?
- How confident are you in running these groups?
- Does your employer expose you to the workshops or courses that enhance your workshop and facilitation skills?
- What support and resources are made available to help you run these groups?

- What is your company policy about providing workplace support groups for employees living with HIV and AIDS?
- What services does your department offer employees living with HIV and AIDS in the workplace?
- What challenges did you experience as a social worker regarding establishing and maintaining workplace support groups for employees living with HIV and AIDS?
- What recommendations can you offer to address the challenges and problems that you have mentioned?
- What suggestions can you offer to improve the services of social workers involved in Occupational Social Work?

1.6.2. The preparation of participants for the process of data collection

In preparing participants for the process of data collection, the researcher applied the following steps for preparation as suggested by McNamara, cited in Turner (2010:757): choose a setting with as few distractions as possible, explain the purpose of the interview, address terms of confidentiality, explain the format of interview, indicate how long the interview usually takes and make contact details available to the participants should they require them later. In addition to these steps, the researcher also addressed the issue of informed consent and voluntary participation by inviting and motivating participants to take part in the study and requesting volunteers to sign informed consent forms.

1.6.3. Interviewing skills

For the purpose of this research undertaking, the researcher has used the interviewing skills as outlined by Sidman, cited in Terre Blanche et al. (2006:299): listen more and talk less, follow-up on what the participant says, ask questions when clarity is needed, ask to hear more about a subject, explore, avoid leading questions, ask open-ended questions which do not presume an answer, follow-up and do not interrupt, keep

participants focused and ask for concrete details, ask participants to rephrase or reconstruct responses, do not reinforce participant responses, tolerate silence and allow the interviewee to be thoughtful.

1.6.4. Pilot study

A pilot study is used to identify possible problems with proposed research, using a small sample of respondents before the main study is conducted. A pilot study is conducted with either a subsample of the proposed sample or a small sample representative of the proposed sample. The actual questionnaire, interview schedule or observation schedule is administered and the data analysed for inconsistencies, gaps, repetitions, or flaws in the data collection instrument (Terre Blanche et al., 2006:490). In this study, a pilot study was conducted with two social workers rendering Occupational Social Work services in order to identify areas needing improvement.

1.6.5. Method of data analysis

Data analysis forms a critical part of qualitative research. Babbie (2010:394) defines qualitative analysis as “the non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”. Data analysis is an integral part of qualitative research and constitutes an essential stepping-stone towards both gathering data and linking one’s findings with higher order concepts. There are many variants of qualitative research involving many forms of data analysis, including interview transcripts, field notes, conversational analysis and visual data, whether photographs, film, or observations of internet occurrences (Van Den Hoonaard and Van Den Hoonaard 2008:186).

Steps for data analysis

In this research endeavour, the data was analysed by applying eight steps for data analysis proposed by Tesch as set out in Creswell (2003:191). The eight steps involve the following actions:

- i. Get a sense of the whole. The researcher got a sense of the whole by reading all transcripts carefully, while jotting down some sense of ideas as they come to mind.
- ii. The researcher picked one document (one interview), the most interesting one, the shortest one, or the one on the top of the pile. The researcher went through it, asking himself/herself “what is this about”. The researcher did not think much about the “substance” of the information, but rather about its underlying meaning, writing down thoughts in the margin.
- iii. When the researcher has completed this task for several participants, he made a list of all the topics. The researcher clustered similar topics together. These topics were then formed into columns that we arranged as major topics, unique topics, and leftover topics.
- iv. In this step, the researcher took this list and go back to data. The researcher abbreviated the topic as codes and writes the codes next to the appropriate segments of the text. The researcher tried this preliminary organizing scheme to see if new categories and codes emerge.
- v. The researcher found the most descriptive phrasing for the topics and turn them into themes or categories
- vi. The researcher made a final decision regarding the abbreviation for each theme or category and alphabetizes these codes.
- vii. Using the cut and paste method, the researcher assembled the data material belonging to each theme or category in one place and conduct a preliminary analysis.
- viii. Where necessary, the researcher recoded the existing data. If not necessary, the researcher started reporting the research findings.

1.6.6. Method of data verification

In this research endeavour, the trustworthiness of the data was established by applying four verification criteria described in Guba's model, cited in Krefting (1991:213), with the aid of data verification strategies enlightened by Morse et al., (2002:11). The four criteria for establishing trustworthiness are as follows:

- **Truth-value**

Truth-value questions whether the researcher has established confidence in the truth of the finding for the subject or informants and the context in which the study was undertaken. It establishes how confident the researcher is with the truth of the findings based on the research design, informants and context. Truth-value is usually obtained from the discovery of human experience as they are lived and perceived by informants. Truth value is established by a strategy aimed at securing credibility (Krefting 1991:215).

The following strategies were employed to enhance the truth value of the qualitative research findings:

- *Interviewing techniques*: the researcher increased the credibility within the interviewing process by means of reframing or repeating some questions. According to May, as cited in Krefting (1991:220), the reframing of questions, repetition of questions, or expansion of questions on different occasions are ways in which to increase credibility. The researcher enhanced the credibility by ensuring that the interviews had logical rationale regarding the same topic in the same interview. In addition, the researcher also verified observations and meanings by asking indirect questions about the informants' experiences and structured hypothetical situations.
- *Triangulation*: According to Knafl and Breitmayer, as cited in Krefting (1991:219), triangulation is based on the idea of convergence of multiple perspectives for

mutual confirmation of data to ensure that all aspects of a phenomenon have been investigated. In this research endeavour, triangulation strategy was met by converging multiple perspectives from a number of social workers rendering Occupational Social Work services who are employed in different workplaces (i.e. triangulation of data sources).

- *Peer examination*: peer examination refers to the researcher discussing the research process and findings with impartial colleagues who have experience with qualitative methods (Krefting: 219). The peer reviewers used in the study were three social workers rendering Occupational Social Work services in the South African Post Office. The researcher guided peers to examine the process and findings in terms of credibility and honesty. Peers also helped to check against categories developed out of data and looked for discontinuing or negative cases.

In addition to data verification strategies described in Guga's model as cited in Krefting (1991:213), the researcher also applied the following data verification strategies, as explained by Morse, Barrett, Mayan, Olson and Spiers (2002:11):

- Methodological coherence: the aim of methodological coherence is to ensure congruence between the research question and the components of the method. The interdependence of qualitative research demands that the question match the method, which matches the data and the analytic procedures. As the research unfolds, the process may not be linear. Data may demand to be treated differently so that the question may have to be changed or methods modified.
- The sample must be appropriate: it must consist of participants who best represent or have knowledge of the research topic. This ensures efficient and effective saturation of categories, with optimal quality data and minimum dross. Sampling adequacy, evidenced by saturation and replication, means that sufficient data to account for all aspects of the phenomenon has been obtained.
- Collecting and analysing data concurrently: it forms a mutual interaction between what is known and what one needs to know. This pacing and the iterative

interaction between data and analysis is the essence of attaining reliability and validity.

- Thinking theoretically: Ideas emerging from data are reconfirmed in new data; this gives rise to new ideas that, in turn, must be verified in data already collected. Thinking theoretically requires macro-micro perspectives, inching forward without making cognitive leaps, constantly checking and rechecking, and building a solid foundation.

- **Applicability**

Applicability refers to the degree to which the findings can be applied to other contexts and settings or with other groups; it is the ability to generalize from the findings to larger populations (Krefting 1991:216). There are two perspectives of applicability applicable in qualitative research. The first perspective suggests that the ability to generalize is not relevant in many qualitative research projects. The second perspective involves fitting or transferability. Research meets this criterion when the findings fit into contexts outside of the study situation that are determined by the degree of similarity or goodness of the fit between the two contexts (Krefting 1991:216). To ensure transferability the researcher provided a detailed description of the research methodology employed.

- **Consistency**

Consistency of data involves establishing whether the findings would be consistent if the enquiry were replicated with the same subjects or similar context. Consistency is defined in terms of dependability. The concept of dependability involves variability that can be ascribed to identified sources (Krefting 1991:216). The strategy of dependability was used in this research to establish consistency, which was achieved by using an independent coder. The data was coded by the researcher with the assistance of the supervisor in order to establish themes, subthemes and categories that are presented in the research findings.

- **Neutrality**

Neutrality refers to the degree to which the findings are functions solely of the informants and conditions of the research and not of other biases, motivations and perspectives (Krefting 1991:217). In this study, the researcher adopted several strategies in order to maintain a neutral stance. The researcher adopted the position of a learner, or a layperson who wanted to learn more from the participant who was a key informant. The researcher also applied the strategy of objectivity which was achieved through rigor of methodology through which reliability and objectivity were established. Another strategy in which the researcher achieved neutrality was that of conformability, which was achieved by establishing truth value and applicability by means of employing the strategies referred to above.

1.6.7. **Ethical considerations**

According to Flew, as cited in Greenberg and Baron (2008:736), ethics are standards that guide people's decisions and behaviour. For the purpose of this research endeavour, the researcher was guided by the following ethical considerations:

1.6.7.1 **Informed consent**

Informed consent is the process of seeking the explicit and un-coerced agreement from subjects to participate in a research project, based on their full understanding of the procedures involved and their likely effects (Terre Blanche et al. 2006:560). To observe this ethical consideration, the researcher explained the aim, objectives and rationale of the research undertaking in detail to the participants. The potential volunteers were invited to sign an informed consent, which highlighted the issues of voluntary participation, confidentiality and autonomy. A preamble of the information and the informed consent document has been included as Annexure A.

1.6.7.2 **Autonomy**

According to Terre Blanche et al. (2006:557), autonomy is a philosophical principle that embodies respect for persons and emphasizes the right of individuals to make their own independent decisions without undue influence or coercion. To fulfil this ethical consideration in this research, the researcher respected and protected the rights and dignity of all research participants. Participation in the research was completely voluntary. Participants were not being obliged to take part in the research. Their decision to participate, or not to participate, did not affect them in any way then, nor will it in the future and they incurred no penalty and/or loss to which they would otherwise be entitled.

1.6.7.3 **Confidentiality**

In view of HIV and AIDS being the focus of the study, confidentiality was regarded in a very serious manner. According to Royce (2004:54), confidentiality means that the potentially sensitive or private information is being supplied with the understanding that the research participant's identity, although known to the researcher, will be protected. The researcher made assurances of confidentiality to the participants, and treated all information gathered from the interviews confidentially. The researcher protected the identity of the participants by applying the following suggestions, as offered by Holloway and Wheeler (1998:46-47): changing minor details so that informants cannot be recognised, and providing participants with pseudonyms. Only the researcher was able to link participant's pseudonyms with their real names and identities on the tape recordings and transcripts carrying their stories.

1.6.7.4 **Data management**

As the interviews were recorded, data management and storage were important ethical considerations in this research. The researcher stored the data from the interview in a safe place. The data was made accessible to the researcher and the researcher's

supervisor only. The audiotapes were coded to disguise any identifying information. The tapes were stored in a locked office at the researcher's workplace (SA Post Office) and only the researcher had access to them. The transcripts (without any identifying information) were made available to the researcher's supervisor(s) or promoter(s) and an independent coder with the sole purpose of assisting and guiding the researcher with this research undertaking. The audiotapes and the transcripts of the interviews were destroyed upon the completion of the study. Identifying information was deleted or disguised in any subsequent publication and or presentation of the research findings.

1.6.7.5 **Beneficence**

Beneficence is a philosophical ethical principle that underlines the ethical obligation to do good or generate benefits for the participants in research (Terre Blanche et al. 2006:557). This research undertaking made a positive contribution by bringing new insights and theories for potential use in the field of Occupational Social Work.

1.6.7.6 **Transparency**

According to Hiles (2008), the notion of transparency is the over-arching necessity in establishing the quality of qualitative research. To fulfil the requirement of transparency, the researcher complied with the need to be explicit, clear and open about the presentation and dissemination of research findings.

1.7. Clarification of key concepts

For the purpose of this research undertaking, the researcher clarified the following concepts so that readers are able to understand the context in which words are used in the research report:

1.7.1 **Support groups:** these are groups of people who are facing similar challenges and who have decided to meet regularly to share experiences and to help each other (Smart, n.d:144). Workplace support group was used in this research to refer to HIV and AIDS support groups provided to employees at the workplace.

1.7.2 **Occupational Social Work:** In order to provide a clear picture of what Occupational Social Work is, several definitions from social work literature are provided. According to Googins and Godfrey (1987:5), Occupational Social Work is a field of practice in which social workers attend to the human and social needs of the work community by designing and executing appropriate interventions to insure healthier individuals and environments". According to Akabas and Kurzman (1982:197), Occupational Social Work is a special area of practice where the focus is on the individual in the status of worker, the environment as defined by employing organizations and trade unions, work as the goal of functional performance among client populations, and social policy as a recognition of the interconnection between social welfare and the world of work. Terre Blanche (1989:241) defines Occupational Social Work as the rendering of social services to the employee within the context of his/her role as employee, individual, member of the community with the objective to improve his/her functioning as an employee. Occupational Social Work therefore, is a specialized field of practice addressing the human and social needs of the work community through a variety of interventions, which aim to foster optimal adaption between the individual and environment (Straussner 1990:21).

1.7.3 **Occupational Social Work services:** according to Department of Social Development (2010:03), Occupational Social Work services refers to services pertaining to:

- Work-focused assessment by assessing the needs or problems of various client systems in the workplace and the reciprocal relationship between them
- The assessment of the interface and impact of the employing organisation in the community in which the workplace functions
- work-focused interventions on individuals, groups, employing organisations and community levels
- employing organisation and community interventions to ensure a socially responsible employing organisation
- work-family interventions to promote family wellness in relation to the impact of employment
- the promotion of a culture in the work place which enhances human rights practice, social justice and productivity
- Work-focused policy and programme development

1.7.4 **Occupational Social Workers:** In this research, the word Occupational Social Workers was not used because Occupational Social Work has not has been promulgated in the South African context by the South African Council for Social Services. Instead, social workers' rendering Occupational Social Work services was used.

1.7.5 **AIDS:** AIDS is the acronym for "Acquired Immune Deficiency Syndrome". AIDS is the clinical definition given to the onset of certain life-threatening infections in persons whose immune systems have ceased to function properly as a result of infection with HIV (Department of Labour 2000:15).

1.7.6 **Employee:** employee refers to any person who is employed by or works for an employer and who receives or is entitled to receive any remuneration, or who

works under the direction or supervision of an employer or any other person (Department of Labour 1993:03).

- 1.7.7 **Employer:** refers to any person who employs or provides work for any person and remunerates that person or expressly or tacitly undertakes to remunerate him, but excludes a labour broker as defined in Section 1 of the Labour Relations Act (Department of Labour 1993:03).
- 1.7.8 **Establish:** involves setting up a firm or permanent basis; to initiate or bring about (South African Concise Oxford Dictionary 2002:395). The term establish was used in this research to refer to the process of setting-up, initiating or starting a workplace support group.
- 1.7.9 **Challenge:** The South African Concise Oxford Dictionary (2002:189) defines challenge as “a demanding task or situation”. The word “Challenges” was used in this research to refer to problems, difficulties and complications experienced by social workers rendering Occupational Social Work services.
- 1.7.10 **HIV:** HIV is the acronym for “Human-Immune Deficiency Virus”. HIV is a virus which attacks and may ultimately destroy the body’s natural immune system (Department of Labour 2000:15).
- 1.7.11 **Social Worker:** social worker refers to a person registered in terms of Section 17 of the Social Service Professions Act of 1978 (Department of Social Development 2010:04).
- 1.7.12 **Support:** support refers to the technique in social work to assist a client through, for example, encouragement, generalization and acceptance in order to reduce tension and promote self- confidence (Terminology Committee of Social Work 1995:64).

1.7.13 **Workplace:** refers to any premises or place where a person performs work in the course of his employment (Department of Labour 1993:06).

1.8 Limitations of the research

The following were observed as limitations by the researcher during the course of the research:

- The study was aimed at all social workers who, as part of their job description, have the responsibility of establishing and maintaining workplace support groups for people living with HIV and AIDS. The qualifying social workers who unsuccessfully attempted to establish workplace HIV and AIDS support groups were excluded from this research because certain items in the research instrument were not well-suited for them. Therefore, the results are only limited to the social workers who have had existing support groups at the time of the collection of data.

- Some participants might have withheld important information because they were not free to reveal sensitive information regarding their organisations during interviews, fearing that their names could be easily traced if the names of their organisations were disclosed since some organisations have very few social workers rendering Occupational Social Work services. The researcher alleviated this feeling of uneasiness by providing assurances that the names of their organisations will be kept confidential. This was also elaborated in the consent form.

1.9 Structure/ format of the report

The report consists of five chapters and the focus of each of the chapters is presented below:

Chapter One: General introduction, problem formulation and planned application of the qualitative research process

In this chapter a general introduction to the study and the planned application of qualitative research process for investigating the topic under discussion is provided.

Chapter Two: Literature review

In this chapter the literature reviewed, focussing in particular on the challenges faced by social workers rendering Occupational Social Work services in terms of providing workplace support groups for people living with HIV and AIDS is presented.

Chapter Three: The application of the research methodology

In this chapter an account is provided of the researcher's application of the qualitative research approach in respect of this research endeavour.

Chapter Four: Discussion of research findings and literature control

Chapter 4 is dedicated to a discussion of the research findings. It also compared and contrasted the research findings with existing literature related to the research topic.

Chapter Five : Summary, conclusion and recommendations

In this chapter the research report is summarised, the overall conclusion arrived at presented and recommendations forwarded.

1.10 Conclusion

In this chapter a general introduction to the study and the planned application of qualitative research process for investigating the topic under discussion is provided. In the next chapter the focus will be on providing a literature review specifically focusing on the nature and history of Occupational Social Work service rendering and its focus on HIV and AIDS support groups in the workplace.

CHAPTER TWO

THE NATURE AND HISTORY OF OCCUPATIONAL SOCIAL WORK SERVICE AND IT'S FOCUS ON HIV AND AIDS SUPPORT GROUPS IN THE WORKPLACE: A LITERATURE REVIEW

2.1. Introduction

Occupational Social Work is a branch of social work which is structured to uphold the mission of the profession of social work in the world of work. The purpose of this chapter is to review literature related to the topic and to assess what other researchers have said about the topic. The chapter focuses on the following:

- The relationship between social work and Occupational Social Work
- A historical overview of Occupational Social Work in South Africa
- Relevance of Occupational Social Work in the workplace
- The services, roles and skills of a social worker within the occupational environment
- Occupational Social Work and HIV and AIDS at the workplace
 - o Services offered to people living with HIV and AIDS at the workplace
 - o Challenges experienced by social workers rendering Occupational Social Work services in the form of support groups for people living with HIV and AIDS.

2.2. The relationship between social work and Occupational Social Work

In order to have a clear understanding of the relationship between social work and Occupational Social Work, it is important to start by focusing on the primary mission of the social work profession. According to National Association of Social Workers (NASW:2006), the primary mission of the social work profession is to enhance human well-being and help meet basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on

individual well-being in a social context as well as the well-being of society. Fundamental to social work is the attention to the environmental forces that create, contribute to, and address problems in living. Social workers promote social justice and social change with and on behalf of clients. "Clients" is a term used inclusively to refer to individuals, families, groups, organisations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organising, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organisations, communities, and other social institutions to the individual's needs and social problems (NASW: 2006).

Occupational Social Work is a branch of social work structured around upholding the mission of the social work profession. By elaborating on the link between social work and Occupational Social Work, Straussner (1990:03) noted that many of the occupational services provided by social workers fall within the domain of traditional social work functions, such as direct counselling to employees. The author indicates that in Occupational Social Work, the social worker applies social work methods, skills, and values to provide services, programs, and policy directions to the employees and the organisation.

In order to provide a clear picture of what Occupational Social Work is, several definitions from social work literature are provided. According to Googins and Godfrey (1987:5), Occupational Social Work is a field of practice in which social workers attend to the human and social needs of the work community by designing and executing appropriate interventions to insure healthier individuals and environments". According to Akabas and Kurzman (1982:197), Occupational Social Work is a special area of practice where the focus is on the individual in the status of worker, the environment as defined by employing organizations and trade unions, work as the goal of functional

performance among client populations, and social policy as a recognition of the interconnection between social welfare and the world of work. Terre Blanche (1989:241) defines Occupational Social Work as the rendering of social services to the employee within the context of his/her role as employee, individual, member of the community with the objective to improve his/her functioning as an employee. Occupational Social Work therefore, is a specialized field of practice addressing the human and social needs of the work community through a variety of interventions, which aim to foster optimal adaption between the individual and environment (Straussner 1990:21).

The NASW (1987) cited in Straussner, (1990:02) notes that the social worker rendering Occupational Social Work may address a wide range of individual and family needs, as well as the relationship within organisations and the broader issues of the relationship of the world of work to the community at large. As noted by Straussner (1990:03), one of the main activities of Occupational Social Work is that of employee assistance programmes. This is of particular relevance because most of the social workers rendering Occupational Social Work services in South Africa are employed in a variety of practice areas and organisational settings and under different job titles. Some are employed under the title of Occupational Social Worker and others under industrial social worker, employee assistance practitioner or employee wellness practitioner.

2.3. Historical overview of Occupational Social Work in South Africa

Occupational Social Work as a field of practice within social work practice, traces its roots back to the mid-1930 when the railways employed a social worker to provide social services to employees (Du Plessis (1994) cited in Van Breda (2010:285)). However, the historical development of Occupational Social Work in South Africa is not well recorded in literature. Du Plessis (1990:239) notes that there is no systematic record of the history and development of Occupational Social Work in South Africa. The author however notes that certain facts and trends can be gleaned from documentation, mostly in the form of dissertations undertaken by students since the 1960s. According to Du Plessis (1990:240) Dlamini undertook a study in 1963 under the support of the

University of Witwatersrand's School of Social Work, which was aimed at exploring the field of Occupational Social Work. The study found very few social workers employed to render Occupational Social Work services and identified some structural problems which limit the scope of social workers. The study concluded that the solution to handling employee's problems did not lie in the appointment of a management-sponsored social worker, since the structures of the workplace limited the scope of the social worker. It is worth noting that Dlamini found little literature on Occupational Social Work at the time, and thus received little guidance on the role and functioning of social workers in the workplace.

Another study was carried out by Martine (cited in Du Plessis 1990:241) in 1966 at the University of Natal's Department of Social Work, to ascertain potential employment opportunities for persons with social work training. The study reveals that there were few social workers rendering Occupational Social Work services and acknowledges that social workers had the potential to work preventively in the workplace as well as to make their services accessible in the workplace. The other study (cited in Du Plessis 1990:242) is located in a doctoral thesis completed in 1968 by Botha at the University of Port Elizabeth, Department of Social Work. Botha's main finding was that the social workers had external focus by tending largely to family problems outside the workplace.

Another study which has relevance to the historical overview of Occupational Social Work in South Africa was undertaken by Marcow (cited in Du Plessis 1990:241) and appeared in 1974. The study found that Occupational Social Work was poorly recognised in South Africa and that the field of Occupational Social Work lack homogeneity. Marcow offered three reasons for the above: the first pertained to the lack of sanction from government and welfare agencies for workplace social work, the second related to the fact that people were not aware of what social workers could offer industry, and the third indicated that universities were not teaching Occupational Social Work (Du Plessis 1990:242).

In 1983 Du Plessis undertook a study into the opportunities for practice within Industrial Social Work in South Africa. Du Plessis' study identified more social workers rendering Occupational Social Work services than any study which the researcher uncovered (Du Plessis 1990:242). In 1986, the School of Social Work at the University of Witwatersrand developed the first specialist post-graduate Occupational Social Work Programme, offered at fourth-year level. This has played a major role in marketing Occupational Social Work to companies and trade unions via student placements, seminars, publications and research (Du Plessis 1990:243). The studies mentioned above have relevance to the historical development of Occupational Social Work in South Africa and have contributed positively to the literature on Occupational Social Work. In 2010, Occupational Social Work was formally registered as a speciality with the South African Council for Social Service Professions (Social Development: 2010).

2.4. Relevance of Occupational Social Work in the workplace.

Occupational Social Work is important and relevant in the workplace for various reasons. According to Balgopal (1989:437), helping employees to maintain a high quality of life in the workplace and at home is increasingly accepted as a goal of management and trade unions. The author suggests that in this context the social work profession is being solicited to deliver various services.

Employee's personal problems are one of the areas in which social work interventions are of great relevance in the occupational environment. As noted by Reid and Malone (1983:37), employees often experience personal or work related stress in the workplace and very frequently the results can lead to such things as high absenteeism, poor work performance, an increase in industrial accidents or a poor company image, which can have effects in the market place. Occupational Social Work reduces and harmonizes these problems. This view is supported by Smith (1988), cited in Balgopal (1989:439), who indicates that Occupational Social Work offers practitioners the opportunity to rationalize and humanize contemporary society by increasing responsiveness of organisations to equality, opportunity and respect for their employees. Occupational

Social Work improves and humanises the quality of work life, by establishing cooperative relations with management and trade unions and simultaneously ensuring that the efforts of clinical social workers are not perceived as co-opting union responsibilities (Balgopal 1989:439).

Employee's injuries are another area in which social work is relevant in the occupational environment. Balgopal and Noft (1989), cited in Balgopal (1989:440), note that employees who sustain emotional and physical injuries because of on-the-job accidents receive little attention. The authors suggest that such workers can benefit from social work services: financial coverage for medical and rehabilitation services, counseling, referral, advocacy and accident prevention efforts.

Occupational health and safety is another area in which social work is relevant in the occupational environment. According to Balgopal (1989:441), Occupational Social Work should ameliorate hazardous environments through the monitoring of occupational health and safety act compliance, lobbying for safety legislation, and persuading management to change work procedures that threaten physical and emotional well-being. This is supported by Kurzman and Akabas (1981), who indicate that employee's problems should not be perceived solely as individual problems confined to isolated contexts, but that they should also be seen at the level of troubled organisations that tolerate the presence of workplace hazards, and various discriminatory practices in order to meet the goals of organisational maintenance.

Retirement issues highlight another area in which social work perspective is relevant in the occupational environment. There are several services which a social worker can provide to employees facing retirement in the world of work. Safford (cited in Balgopal 1898:441) notes that a systematic collection of data on current needs of older employees may lead to a greater range of retirement options such as partial retirement, re-entry to the work force through retraining for retirees who do not adjust to retirement or who need more income, continuing education in programmes matching past interests as well as developing new interests, as well as volunteer opportunities to provide

continuity to former roles as well as substitute for lost roles. The author suggests that social workers need not view this as simply a problem of individual adaptation to the inevitable, but should ask how the occupational environment can be changed to make such an experience more humanised.

Retrenchments and plant closures form another area in which social work is relevant in the occupational environment. Beckett (cited in Balgopal 1898:441) suggests specific roles for social workers rendering Occupational Social Work services to include advocacy for economic support for workers facing retrenchments, proactive economic support by the unions which should be encouraged to devote more attention to job security in their bargaining, company sponsored programmes to address issues such as job search skills and early retirement options as well as counselling services that are available to all employees.

2.5. Occupational Social Work services, roles and skills

Social workers render important services and have important roles to play within an occupational environment. According to Straussner (1990:08), one way of conceptualizing the services, roles and skills of a social worker in occupational environment is through a typology comprised of five models such as: the employee service model, the employer or work organisation service model, the consumer service model, the corporate social responsibility model, and work related public service model. The following is a description of these different models as described by Straussner (1990:08).

2.5.1. The employee service model

This model focuses on implementing programs and services that, while benefiting either management by increasing the worker productivity and commitment to the organisation, or unions by increasing or maintaining worker's allegiance to the union, are primarily aimed at the needs of individual employees. Within this model falls the variety of programmes and direct services aimed at helping workers cope with various physical, mental, familial, and social problems, which either directly or indirectly relate to their roles as workers. Included in this category is the variety of activities and services which fit into the domain of employee assistance programme, as well as a wide variety of occupational health prevention and wellness models such as stress management, smoking cessation, pre-retirement planning, amongst others. The employee service model is the most common model utilised by social workers rendering Occupational Social Work services and the one most likely to use the traditional social work roles such as counsellor, mediator, advocate and broker. The participants utilised in this research were involved in the employee service model.

2.5.2. The employer or work organisation service model

This model is aimed primarily at assisting the employer or work organisation to identify and develop policies and services in relation to the workforce. In this model, it is the organisation which is the primary client and not any individual or group of employees. Examples of Social Worker's role encompassed in this model include consultation on such issues as the establishment of a work-based day-care facility, provision of managed health care services, analysis of the impact of downsizing or reduction of the workforce on the organisation, consultation of the establishment of appropriate affirmative action plan for women or minorities, or the development of a customer service training programme. In this model, the social worker performing these tasks may be hired as an outside consultant or may be part of the in-house staff.

2.5.3. Consumer service model

This model focuses on the needs of the consumers of the workplace as opposed to employees or employers. The social worker may, for example, develop programmes to identify and service the needs of elderly consumers of public utilities cut off for lack of payment resulting from the physical or mental deterioration. Among the roles included in this model are counsellor, program planner and developer, consultant and advocate.

2.5.4. The corporate social responsibility model

This model focuses on identifying and assisting corporation to make a commitment to the social and economic well-being of the community in which they operate. The titles and responsibilities of social worker in this model vary greatly. Amongst the titles held by social workers in this model are: charitable allocations analyst, urban affair advisor, corporate social responsibility director, community relations consultant, or community services coordinator. Responsibilities may include identifying and linking organisation with community leaders, evaluating requests for contributions of community groups and charitable organisations, conducting community needs assessments, and consulting and or developing new services and programmes. The roles and skills included in this model are: community analyst and planner, budget allocator, program developer, broker, advocate, and negotiator.

2.5.5. Work related public policy model

This model includes the formation, identification, analysis and advocacy for those public or governmental policies, programmes and services which directly or indirectly affect the world of work. Examples of this include an analysis of various occupational health benefits and services preferred within a given community, or an analysis of the implications of the aging of the national workforce and the various public policy options which may impact on both the needs of older employees and of the workforce, and or advocacy of certain policies such as programmes for the retraining of retirees to re-

enter the workforce. The skills essential for this model include policy planning and analysis, program development, advocacy, coalition building and networking.

The Regulation relating to the registration of a specialty in Occupational Social Work (2010:03) specifies Occupational Social Work services as services pertaining to:

- a) work-focused assessment by assessing the needs or problems of various client systems in the workplace and the reciprocal relationship between them
- b) the assessment of the interface and impact of the employing organisation in the community in which the workplace functions
- c) work-focused interventions on individuals, groups, employing organisations and community levels
- d) employing organisation and community interventions to ensure a socially responsible employing organisation
- e) work-family interventions to promote family wellness in relation to the impact of employment
- f) the promotion of a culture in the work place which enhances human rights practice, social justice and productivity
- g) work-focused policy and programme development

2.6. Occupational Social Work and HIV and AIDS in the workplace

There is link between Occupational Social Work and HIV and AIDS in the workplace. HIV and AIDS is an issue of serious concern to organisations. As Rau (2002: 02) notes, HIV and AIDS is not just a public health issue, it is a workplace issue, a development challenge and the source of widespread insecurity. The author also notes that like other challenges in the contemporary business world, HIV and AIDS is a factor that a company must consider in its planning and operations. Occupational Social Work becomes more relevant in the planning and operations of workplace HIV and AIDS programmes. As noted by Du Plessis (2001:115), health issues such as HIV and AIDS and sexually transmitted infections are on the increase. The author also indicates that

due to these problems, financial problems also occur and the process of trauma debriefing is gaining more attention in such issues.

Given that Occupational Social Work is about confidentiality and professionally supporting employees impacted on by concerns in their personal and work lives, employees experiencing these problems can benefit from counselling and support services provided by social workers. Social workers in the workplace also provide HIV and AIDS training and education. As noted by Maiden (2001:132), social workers rendering Occupational Social Work services are charged with educating employees in areas such as workplace violence, HIV and AIDS, health and wellness, stress management, day-care, elder-care as well as single parent and dual career management.

According to Dickson (2003:05), a key concern for companies is that AIDS, because of its sexual transmission, affects those of a working age. The author notes that it is not clear what percentage of employees is living with HIV and AIDS. This is largely because of the limited number of surveys conducted by companies to date (SABCOHA (2002) cited in Dickson (2003:02), but also because of the reluctance of companies to release this data when it has been collected. Johnson and Budlender (2002) cited in Dickson (2003:02) use prevalence data from four surveys, including one in a 'large company,' to evaluate HIV risk factors. They conclude that skilled and managerial employees are at low or very low risk, depending on the socio-economic profile of their community, and that semi-skilled or unskilled employees are at medium or very high risk, again depending on the socio-economic profile of their communities.

According to UNAIDS (2002b) cited in Dickson (2003:02), HIV and AIDS impacts on companies in a number of ways and estimating the scale of these is complex. The primary impact is on the ability of employees to work effectively as they become ill. This lowers the productivity (of the individual and of co-workers) and raises absenteeism. Replacement of workers that die from AIDS involves recruitment and training costs, in addition to lower levels of productivity before the new employee gains experience.

Barnett and Whiteside (2002) cited in Dickson (2003:02) note that outside the workplace there are implications for markets as expenditure contracts and shifts in relation to the impact of AIDS on individuals, families, and communities. In elaborating further about the impact of HIV and AIDS in the workplace, Setswe (2009:01) indicates that when HIV and AIDS morbidity begins, sick leave and other forms of absenteeism increase. The overall productivity of the workforce declines due to employee illness, while the overall labour costs increase. In addition, overtime and contractors' wages increase to compensate for absenteeism and the increased use of medical aid benefits causes premiums to rise.

In south Africa, the Department of Labour obliges all employers to manage HIV and AIDS in their respective workplaces by ensuring that they develop and implement HIV and AIDS policies in order to ensure that employees affected by HIV and AIDS are not unfairly discriminated against in employment policies and practices for the workplace. The Department also obliges employers to develop and implement the HIV and AIDS programmes, which incorporate ongoing sustained prevention of the spread of HIV among employees and their communities, the management of employees with HIV so that they are able to work productively for as long as possible as well as strategies to deal with the direct and indirect costs of HIV and AIDS in the workplace (Department of Labour 2000:02).

In seeking to respond to challenges posed by HIV and AIDS in the workplace, the South African organisations draw on South African laws and policy frameworks (Department of Public Service and Administration 2002:21). The most significant of these are the following: the South African Constitution Act, No. 108 of 1996, the Employment Equity Act, No. 55 of 1998, the Labour Relations Act, No. 66 of 1995, the Occupational Health and Safety Act, No. 29 of 1996, the Compensation for Occupational Injuries Act, No. 130 of 1993, the Promotion of Equality and the Prevention of Unfair Discrimination Act, No. 4 of 2000, the Medical Schemes Act, No. 131 of 1998, the Code of Good Practice on Key Aspects of HIV and AIDS and Employment, the Code of Good Practice on Dismissal, and the Draft Code of Good Practice on Key Aspects of Disability and

Employment. Although South African organisations have sound legislative framework for responding to HIV and AIDS issues in the workplace, it is the researcher's view that providing support for all employees infected or affected by HIV and AIDS and creating mechanisms to promote acceptance and openness around HIV and AIDS in the workplace is still a challenge in most of the organisations.

2.6.1. Services offered to employees living with HIV and AIDS

The services offered to employees living with HIV and AIDS in the South African state departments and state-owned entities appear to be similar. This could be attributed to the fact that the responses to HIV and AIDS by South African organisations are shaped by the same labour legislations. The following is a description of the five main services offered to employees living with HIV and AIDS in organisations:

2.6.1.1. Individual counselling

Individual counselling is one of the services offered to employees living with HIV and AIDS in the workplace. Individual counselling is used here to refer to a form of one-on-one counselling, where a social worker interacts and helps clients confront problems which are personal and difficult to confront without the assistance of the social worker. According to Bettocchi (2009:34), counselling is face-to-face communication through a dynamic process of interaction between two or more people during which the counsellor helps the client make decisions. Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through feelings or inner conflict or improving relationships with others. The counsellor's role is to facilitate the client's work in ways that respect the client's values, personal resources and capacity for self-determination (Rowland 1993:18).

In organisations, individual counselling is provided by social workers rendering Occupational Social Work services at the request of the employee, or after the employee has been referred by his or supervisor or line manager. In the workplace,

employees can be formally referred to social workers when they are identified with personal or job related problems which affect their well-being and job performance. The counselling which is provided by social workers in the workplace is brief or short-term counselling. According to Andre (2006: 03), short-term counselling refers to time-limited therapy. It is regarded as limited therapy because the counselling sessions are limited to a certain number, depending on the organisation.

2.6.1.2. Support groups

The organisations offer support groups to employees living with HIV and AIDS. Support groups are groups of people who are facing similar challenges and who have decided to meet regularly to share experiences and to help each other (Smart, n.d:144). Support groups are relatively inexpensive and are highly accessible and helpful resources that promote health and well-being through many psychosocial processes (Gottlieb, 2008:15285). The beneficial psychosocial dynamics that underlie support groups include emotional vetting, along with the validation and normalisation of emotions that are gained from contact with similarly afflicted peers, the opportunity to enhance one's sense of worth and control by providing support to others and the opportunity for self-enhancement and improvement that is derived from the social comparisons made by members (Gottlieb, 2008:15286). This research views workplace HIV and AIDS support groups as a key strategy for social workers rendering Occupational Social Work services to deliver care and support services to employees to affected employees in a well-coordinated manner. For organisations, workplace HIV and AIDS support groups are a cornerstone strategy to show care and support to employees infected or affected by HIV and AIDS.

2.6.1.3. HIV and AIDS education and training

HIV and AIDS education and training is another service offered to all employees in the organisations, regardless of their HIV and AIDS status. According to the Department of Public Service and Administration (2001:80), the objective of an HIV and AIDS education programme is to build on the awareness of employees by developing their knowledge and skills to personally respond to the epidemic. Successful education programmes are structured around two key strategies: informal education through peer educators, and formal education through peer educators and trainers. Whilst there are some generic components of any HIV and AIDS education and training programme, experience has shown that programmes that are flexible and can be targeted to meet the specific needs and issues of different groups are more successful than those that are rigid, and non-responsive to specific needs and issues. One way of informing an HIV and AIDS education and training programme is to base it on knowledge, attitudes and practices (KAP) study. A KAP study, which is generally administered as a questionnaire, explores the knowledge, attitudes and practices of individuals in a group. This information can be used to highlight areas for special attention in subsequent education and training programmes. KAP studies repeated at intervals can also be used to track changes in knowledge, attitudes and practices over time (Department of Public Service and Administration 2001:80).

2.6.1.4. Voluntary counselling and testing (VCT)

The organisations provide voluntary counselling and testing (VCT) to all employees who voluntarily require it in the workplace. In South Africa, the organisations utilize the Department of Health, non-profit organisations and private health management companies to conduct VCT. According to the Department of Public Service and Administration (2001:84), the objective of a voluntary testing and counselling programme is to facilitate access for staff to HIV testing services so that they can establish their HIV status and receive support in dealing with the outcome of the test. Research shows that HIV testing and counselling form an important part of any HIV and

AIDS prevention programme because Individuals need to take responsibility for their own sexual health, and this requires knowledge of one's HIV status. Knowledge of one's HIV status enables one to make life-changing decisions such as starting a treatment programme, beginning to live a healthier lifestyle, protecting one's sexual partners and planning for the future. Counseling helps people to come to terms with their HIV status whether positive or negative; disclosure is encouraged and stigma and discrimination are reduced (Department of Public Service and Administration 2001:84).

2.6.1.5 **Condom promotion and distribution**

Condom promotion and distribution is another service offered to employees in organisations. The use of condoms during sex is understood worldwide as an important barrier method for preventing Sexually Transmitted Infections (STIs), unwanted pregnancies, and HIV infection. This method is especially important to people living with HIV and AIDS because it prevents possible re-infection. According to the Department of Public Service and Administration 2001:87), the objective of condom promotion is to promote and popularise the correct and consistent use of condoms and to prevent possible infection or re-infection. Research has shown that condoms are an efficient barrier method that can prevent the transmission of HIV. Successful condom distribution programmes are characterised by, amongst others, well known and diverse distribution points, linking condom distribution to education on condom use and joint decision making between partners on sexual health issues, promotion of both male and female condoms as well as regular monitoring of the uptake of condoms (Department of Public Service and Administration 2001:87).

2.6.2 Challenges experienced by social workers rendering Occupational Social Work services in the form of support groups for people living with HIV and AIDS

As mentioned in Chapter 1 of this report there are various challenges for establishing and maintaining support groups in the work place. Lack of mobility can prevent employees to utilise workplace support groups. Gottlieb (2001:15289) concurs that the challenges for providing support groups in the workplace occur when many people who might be attracted to a support group live in geographically remote areas and when they have difficulties that limit their mobility or prefer not to divulge their identity. A study conducted by Esu-Williams, Motsepe, Mngadi, Ndlhovu, Searle and Pulerwitz (2004) attests to the fact that workplace HIV and AIDS programs tend to lack a strong management structure or plan and adequate capacity, and rely on a small number of personnel for specialised services such as counselling, care and support. These factors limit program coverage and impact.

In a UNAIDS (1998) study focussing on the challenges for providing workplace HIV and AIDS programmes in African Countries it was found in a Kenyan focussed study, that companies and businesses may be reluctant to set up workplace HIV and AIDS programmes because they feel they lack the necessary resources, adequate in-house knowledge, or they consider the matter too sensitive to allow for open discussions. They may also lack links with the wider community (UNAIDS, 1998). While support for once-off activities is usually relatively easy to secure, obtaining commitment for an ongoing programme can be much more difficult. An additional problem is located in getting management to approve staff participation in AIDS activities during work hours which in the long run may be contentious. Also, due to problems relating to confidentiality and discrimination, employees are unlikely to participate in HIV and AIDS programmes if they are not assured of both confidentiality and protection from discrimination (UNAIDS 1998).

UNAIDS (1998) contends that the systems of some companies lack the flexibility to accommodate programmes for employees living with HIV, or that management fails to

make sufficient efforts to support and accommodate employees living with HIV and AIDS. This reluctance opens up employees living with HIV to discrimination and stigmatization by other employees who are not infected or affected. UNAIDS (1998) further indicates that workplace programmes sometimes fail to maintain the interest of affected staff, resulting in boredom with over-familiar messages or activities.

In the South African context, the Department of Public Service and Administration (DPSA) Technical Assistant Report (n.d:01) reveals the following challenges faced by programme managers and practitioners in designing and implementing HIV and AIDS programmes:

- Inadequate human resources to effectively design and deliver HIV and AIDS workplace programmes
- Use of HIV and AIDS coordinators for responsibilities other than HIV and AIDS in their departments
- Lack of interest on the part of most of the senior managers, to facilitate and fund HIV programmes
- Reluctance and lack of enthusiasm among managers and supervisors to drive the process forward

2.7. Conclusion

Social workers rendering Occupational Social Work services have a fundamental role to play in workplace HIV and AIDS management. This chapter has presented a literature review in respect of the study investigating the workplace support groups for people living with HIV and AIDS, as well as the challenges faced by social workers rendering Occupational Social Work services. The purpose of this chapter was to review literature related to the topic and to assess what other researchers have said about the topic. The chapter reviewed the following aspects which directly relate to the topic: the relationship between social work and Occupational Social Work, a historical overview of Occupational Social Work in South Africa, the relevance of Occupational Social Work in the workplace, the services, roles and skills of a social worker within the occupational

environment, Occupational Social Work and HIV and AIDS in the workplace as well as services offered to people living with HIV and AIDS in the workplace. In conclusion, the researcher is of the view that an Occupational Social Work service is one of the crucial support services in the organisations. A well structured Occupational Social Work service can therefore play a key role in helping the organisations to effectively reach their strategic objectives.

In the next chapter of this report an account will be provided on how the research methodology introduced in the first chapter of this report was applied during the execution of the field work and the analysis and verification of the collected data.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

This chapter presents the research methodology employed in conducting the research investigating the workplace support groups for people living with HIV and AIDS and the challenges faced by social workers rendering Occupational Social Work. The etymological meaning of the word methodology can be interpreted as the logic of implementing scientific methods in the study of reality (Monton and Marais 1994:14). In other words, how should the research be planned, structured and comply with the criteria of science? The methodology presented in this chapter is based on the plan outlined in chapter one. In presenting the methodology, the researcher discussed the following issues in logical order: research design, research methods, method of data analysis and verification and ethical considerations which were observed when conducting the research.

3.2. Research approach

As stated by way of introduction in Chapter 1 of the report the researcher employed a qualitative research approach to develop an in-depth understanding of the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV and AIDS.

In further elaborating on the definitions provided (in Chapter 1) for the concept “qualitative research, Hennink, Hutter and Bailey (2011:8), point out that the qualitative research approach, through the utilisation of research methods such as in-depth interviews, focus group discussions and observations, allows the researcher to examine people’s experiences in detail from the perspectives of these people. The qualitative

researcher tries to come to understand the meanings and interpretations the people under study give to behaviour, events, experiences and objects.

3.2.1 Characteristics of qualitative research

With reference to the characteristics of qualitative research and their application in this study, the reader is advised to section 1.5.1.1 (Page 12) for a discussion on the characteristics of qualitative research as espoused by Creswell (2007:37) which in a summarising manner boils down to the following:

Qualitative research (i.e. the fieldwork) takes place in a natural setting.

- In qualitative research the researcher is the “key instrument” in the process of data collection.
- Qualitative researchers collect data from multiple resources.
- The meaning attached to the phenomenon under discussion take central stage during an investigation from a qualitative approach.
- Qualitative research is an interpretative inquiry.
- Qualitative researchers opt for an evolving research design and a pre-fixed design is not part of their agenda.
- Qualitative researchers strive toward providing a holistic account of the phenomenon under discussion.

3.2.2 Appropriateness of qualitative approach

As mentioned in Chapter 1 qualitative approach was appropriate to investigate the issue under the investigation for several reasons. The reader is referred to section 1.5.1.2 (Page 13) for a comprehensive discussion on the appropriateness of qualitative research as espoused by Goethals et al., (2004:09) which in a summarising manner boils down to the following:

- To explore a phenomenon that has not been studied before.
- To add rich detail and nuances that illustrates existing knowledge of a phenomenon.

- To better understand a topic by studying it simultaneously (triangulation) or concurrently with both methods.
- To advance a novel perspective of a phenomenon this is well-studied quantitatively but not well-understood because of the narrow perspectives used before.
- To try to “understand” any social phenomenon from the perspective of the actors involved, rather than explaining it from the outside.
- To understand complex phenomena this was difficult or impossible to approach or to capture quantitatively.
- To understand any phenomenon in its complexity, or one that has been dismissed by mainstream research because of the difficulties in studying it or that has been discarded as irrelevant, or that has been studied as if only one point of view about it was real.

Considering the fact that the challenges faced by social workers rendering Occupational Social Work services in the form of workplace support groups has not been researched within the context of the aforementioned organisations, and the fact that the researcher seeks to advance a novel perspective of the phenomenon as well as his understanding of the topic, the qualitative research approach was identified as more suitable for the purposes of this research.

3.3 Research design

According to Creswell (2013:49), research design can be defined as a plan for conducting the study. As stated in Chapter 1, the researcher used an ***explorative, descriptive and contextual research design*** to explore and describe the challenges faced by social workers rendering Occupational Social Work services in their endeavour to establish and maintain support groups for people living with HIV and AIDS- these are discussed hereunder.

3.3.1 An explorative design

As stated in Chapter 1, explorative studies are used to make preliminary investigations into relatively unknown areas of research, and they employ an open, flexible, and inductive approach to research as they attempt to look for new insights into phenomena (Terre Blanche, Durrheim and Painter 2006:44). Neuman (2000:21) further articulates that exploratory researchers are creative, open-minded and flexible and that they adopt an investigative stance and explore all sources of information. Fouché and De Vos (in De Vos et al. 2007: 106) postulate that explorative research designs normally forms part of qualitative studies. In this study, an explorative design was employed in order to explore the participant's challenges in relation to establishing and maintaining workplace support groups for employees living with HIV and AIDS. Explorative design was suitable in this study because the subject under investigation is a relatively unknown area of research in the context of state departments and state-owned companies in Gauteng Province. Explorative design was also suitable because the researcher employed an open, flexible and inductive approach to research in an attempt to look for new insights into the phenomena under investigation.

3.3.2. A descriptive design

A descriptive design was employed in order to describe participant's challenges from the context in which they happen. Fouché and De Vos in De Vos et al (2007:106) cited Rubin and Babbie state that in qualitative research the descriptive research design is more likely to take on the form of a comprehensive description of the phenomenon being investigated. Neuman (2000:23) concurs and provides the following account of description studies, which further highlights its suitability for the purposes of this study: "descriptive research presents a picture of the specific details of a situation, social setting or relationships, descriptive research focuses on "how" and "who" questions, and descriptive researchers use most data-gathering techniques- surveys, field research, content analysis and historical- comparative research". Descriptive design was also

considered suitable for this research because the aim of the researcher was to describe phenomena under investigation without providing the causal explanations thereof.

3.3.3. A contextual design

The contextual design was employed in this study in order to understand the issue under investigation within the context in which it occurs. According to Neuman (2000:146), qualitative researchers emphasize the importance of social context for understanding the social world. This view is supported by Terre Blanche et al. (2006:275), who state that the meaning of human creations, words, actions and experiences can only be ascertained in relation to the contexts in which they occur. Creswell (1998:62) adds that the context involves situating the object of study or the phenomenon within its immediate setting. The researcher therefore investigated the challenges for establishing and maintaining workplace support groups for people living with HIV and AIDS in the participant's respective workplaces (the specific context). In other words, the actual interviews were conducted in the participant's workplaces.

3.4. Research methods

As stated in Chapter 1, research methods refer to "techniques employed to collect data" (David & Sutton, 2004:369). Terre Blanche et al. (2006:2006) elaborate on the concept and assert that methodology specifies how researchers may go about practically studying whatever they believe can be known. Grinnel (1988:439) elaborates on the issue of research method and indicates that research should provide a description of the population to whom the study findings will be generated; as well as the sampling strategy and the potential generalizability of the study's findings. In the next section of this chapter the population of the study, the criteria followed to select participants who were included in the study, the sampling techniques that were employed in this study to obtain a sample of participants and the methods of data collection, analysis and verification followed are presented.

3.4.1. Research population

According to Bryman (2012:187) the concept population refers to the universe of units from which the sample is to be selected. The population of this study was all social workers rendering Occupational Social Work services at state departments and state-owned companies in the Gauteng Province whose responsibility (as part of their job descriptions) require them to establish and maintain workplace support groups for people living with HIV and AIDS. Gauteng province was chosen as a focus point for the research because of its accessibility since it is the province in which the researcher is based and because the researcher is familiar with several social workers rendering Occupational Social Work in the province. Due to time and money constraints, the whole population of social workers rendering Occupational Social Work services was not included in the study and the researcher therefore had to draw a sample.

3.4.2. Sample and sampling techniques.

A sample, to quote Bryman (2012:187) refers to “the segment of a population that is selected for investigation”. For the purpose of selecting a sample from the population, the researcher employed **purposive sampling** to draw a sample of social workers rendering Occupational Social Work services who were then interviewed. A small number of participants are normally included in a qualitative study, as “the depth of information and variation in experiences are of interest” (Hennink et al., 2011:84). This reference to “depth of information” requires from the researcher to go and look for participants with specific characteristics enabling them to best inform the research topic under investigation. Based on this, qualitative researchers opt for “purposive recruitment” – This method of recruitment of participants from the population (as sample) to be included in the study, is according to Hennink et al. (2011:85) “both deliberate and flexible. It is deliberate, as the name suggests, by selecting ‘on purpose’ people who are ‘information-rich’ on the study topic ... Purposive recruitment is also

flexible, as researchers can refine the types of participants selected during data collection, rather than following a rigid recruitment procedure from the outset”.

The researcher used the following criteria to select participants for inclusion in the study:

- Social workers rendering Occupational Social Work services in the employ of the state departments and state-owned companies in the Gauteng Province.
- Social workers rendering Occupational Social Work services who as part of their job description have the responsibility to establish and maintain workplace support groups for people living with HIV and AIDS.
- Social workers who are willing and available to participate in the study.

In this study, a total number of **eight participants** were interviewed. This specific sample **size** was not determined at the beginning of the research. The researcher collected the data until it reached the point of saturation, where no new data surfaced. Saturation occurred from 5th participant, but the researcher continued with the interviews until 8th participant as a way of guarding against new information. According to Terre Blanche et al. (2006:372), saturation refers to the condition of an interpretive account where the account is richly fed by the material that has been collected, at least to the point where the researcher is able to say “I have thoroughly explored the data and have acquired a satisfactory sense of what is going on”. The data collection process took place over a period of one week, from 6 to 14 December 2011. As a way of keeping a focus in data the collection process, the researcher was on a vacation leave during the entire data collection period. All interviews were conducted in participant’s workplaces, and interviews lasted approximately 45 minutes each.

3.4.3. Identification and preparation of participants for data collection

As there was no complete list of all social workers rendering Occupational Social Work services for the target population at the disposal of the researcher, the researcher selected the participants from:

- Colleagues known to be rendering Occupational Social Work services.
- Social workers currently working in the same organization as the researcher (i.e. SA Post Office).

The process adopted to contact the participants was as follows:

- The researcher compiled the contact list of all potential research participants by means of consolidating the contacts from the researcher's own work and personal diaries as well as from cell phone contacts
- The researcher then made a phone call to each of the identified potential participants, inviting them to a contact meeting which was held in a place agreed upon by the researcher and the relevant participants, where participants were invited to participate in the study
- Participants who accepted the invitation to participate were then prepared for the data collection process as outlined hereunder:

The preparation of participants for the process of data collection

In preparing participants for the process of data collection, the researcher was guided by the following steps for preparation as suggested by McNamara, cited in Turner (2010:757):

- The researcher (with the assistance of the participants) chose a conducive venue within the participant's workplace for the purpose of preparing the participant for the data collection process.
- The researcher explained the purpose of the interview and addressed terms of confidentiality because confidentiality is an important ethical consideration and

component in social research which needs to be observed in all social work research.

- The researcher explained the format of interview and indicated how long the interview would last. It was explained that the interview would be semi-structured with the aid of interview guide and that with the consent of the participant, the researcher would use an audio-recorder to record the interview. It was also explained that the interview would last approximately 45 minutes.
- Participants were informed as to how to contact the researcher later, if necessary. The researcher's contacts (work telephone number, cell phone number and e-mail address) were all included in the invitation letters which were given to the participants.
- The researcher addressed the issue of informed consent and voluntary participation and invited participants to take part in the study. It was explained to the participants that their participation in the research was completely voluntary and that they would be required to sign the information and informed consent document if they chose to participate. It was also explained that they had the right to withdraw their participation at any stage if they wished to do so.
- The researcher requested the volunteers to sign informed consent declarations.

After signing the consent form, the details (date, venue and time) of the actual interview were identified and confirmed by the researcher, in collaboration with the participants.

3.5. Method of data collection

Under this heading the following aspects are discussed: semi-structured interviews as chosen method of data collection, the preparation of the participants for data collection, the interviewing-skills and the pilot study.

3.5.1. Semi- structured interview as chosen method of data collection

The method of data collection employed in this research was that of **semi-structured interviews with the aid of an interview-guide**. The concept semi-structured interview and interview-guide is explained by Bryman (2012:716) along the following lines: “[It is] a term that covers a wide range of types. It typically refers to a context in which the interviewer has a series of questions that are in the general form of an interview-guide but is able to vary the sequence of the questions. The questions are frequently somewhat more general in their frame of reference from that typically found in a structured interview-schedule. Also the interviewer has some latitude to ask further questions in response to what are seen as significant replies”. All interviews in this study were conducted in English because the researcher and the participants were comfortable with conversing in English. Moreover, the researcher used audio recording devices to capture all interviews, with the consent of the participants.

In the process of collecting data, the researcher used the following questions as a guide to interviewing the social workers rendering Occupational Social Work services:

- In what sector are you employed?
- How many years of experience do you have in rendering Occupational Social Work services?
- What is the estimated number of employees living with HIV and AIDS in your organisation?
- How long have you been running workplace HIV and AIDS support groups?
- Were those groups open or closed groups?
- How many support groups for people living with HIV and AIDS do you run?
- What is the composition of your group/s?
- As a social worker, how do you recruit members to join the support groups?
- As a social worker, how does it feel to work in an environment that is not purely social work related?
- Does your employer understand what Occupational Social Work entails?

- From your social work perspective, what experiences do you face with running a workplace support group for employees living with HIV and AIDS?
- How confident are you in running these groups?
- Does your employer expose you to the workshops or courses that enhance your workshop and facilitation skills?
- What support and resources are made available to help you run these groups?
- What is your company policy about providing workplace support groups for employees living with HIV and AIDS?
- What services does your department offer employees living with HIV and AIDS in the workplace?
- What challenges did you experience as a social worker regarding establishing and maintaining workplace support groups for employees living with HIV and AIDS?
- What recommendations can you offer to address the challenges and problems that you have mentioned?
- What suggestions can you offer to improve the services of social workers involved in Occupational Social Work?

3.5.2. Interviewing skills

The researcher as stipulated in Chapter 1 used the following interviewing skills as outlined by Sidman, cited in Terre Blanche et al. (2006:299): listen more and talk less, follow-up on what the participant says, ask questions when clarity is needed, ask to hear more about a subject, explore, avoid leading questions, ask open-ended questions which do not presume an answer, follow-up without interrupting, keep participants focused and ask for concrete details, ask participants to rephrase or reconstruct, do not reinforce participant responses, tolerate silence and allow the interviewee to be thoughtful. In addition to these, the following skills were used: observation, probing, clarification, focusing, empathy and encouragement (De Vos 2005:289-290, Egan 2002:95-148 and Du Toit, 1998:130-141). Each of these skills are discussed hereunder:

- Observation: Observation is the technique employed in the research process where the researcher identifies and interprets *inter alia* attitudes, feelings, impressions and circumstances (Terminology Committee of Social Work 1995:43). The researcher utilised the observation technique during interviewing process by means of identifying and interpreting the underlying attitudes, feelings, impressions and circumstances that were not communicated by words.
- Probing: Probing is a technique used to obtain a clearer understanding by completing the incomplete statements of the participant (Easterby-Smith, Thorpe and Lowe 1991:01). As supported by Egan (2010:202), the researcher used this technique to: help participants to engage as fully as possible in the interview process, to help non-assertive and reluctant participants to tell their stories, to help participants identify experiences, behaviours and feelings that give focus to their stories, to help participants open up new areas for discussion, to help participants explore and clarify stories, feelings and points of view and to help participants be as concrete and as specific as possible.
- Clarification: Clarification is the technique in social work interviewing whereby clients are helped to realise that their feelings and desires are not having the desired effect (Terminology Committee of Social Work, 1995:10). The researcher utilised this skill during the interviewing process by asking participants to elaborate on certain things that has been said and done during the interview. The application of the clarification technique was useful to generate more complete and comprehensible information about the phenomena under investigation.
- Focusing: Focusing is the technique in social work interviewing whereby social workers concentrate on a specific aspect of a problem situation (Terminology Committee of Social Work 1995:26). The researcher utilised this skill during the interviewing process by carefully reminding the participants to direct attention and discussion to issues that related to phenomena under investigation.
- Empathy: According to Trevithick (2011:195), empathy describes an attempt to put ourselves in another person's place, in the hope that we can feel and understand another person's emotions, thoughts, actions and motives. It involves trying to understand, as carefully and as sensitively as possible, the nature of another

person's experience, their own unique point of view, and what meaning this carries for that individual. Kadushin (1997:124) cited in Trevithick (2011:195) notes that being empathetic involves conveying interest, warmth, trust and respect. The researcher conveyed these attitudes throughout the interview process.

- Encouragement: Encouragement is the technique in social work whereby a client is motivated towards positive collaboration (Terminology Committee for Social Work 1995:43). Throughout the interview process, the researcher encouraged participants to share their thoughts, feelings, and experiences concerning the phenomena under investigation.

3.5.3. Pilot study

A pilot study is undertaken in qualitative research to ensure that information obtained is relevant to one's investigation (De Vos, Strydom, Fouché and Delport 2002:337; 2007: 206). The pilot study is defined as the "process whereby the research design for the prospective study is tested" (Terminology Committee for Social Work 1995:45). A pilot study is used to identify possible problems with the proposed research, using a small sample of respondents before the main study is conducted. A pilot study is conducted with either a subsample of the proposed sample or a small sample representative of the proposed sample. The actual questionnaire, interview schedule or observation schedule is administered and the data analysed for inconsistencies, gaps, repetitions, or flaws in the data collection instrument (Terre Blanche et al. 2006:490). In this study, a pilot study was conducted with two social workers rendering Occupational Social Work services in order to identify areas needing improvement. Following the pilot study, adjustments were made to the interview schedule. Pilot interviews were not included in the actual research interviews because some items in the pilot instrument were adjusted.

3.6. Method of data analysis

According to Babbie (2010:394), qualitative analysis is the “non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”. Data analysis is an integral part of qualitative research and constitutes an essential stepping-stone towards both gathering data and linking one’s findings with higher order concepts. There are many variants of qualitative research involving many forms of data analysis, including interview transcripts, field notes, conversational analysis and visual data, whether photographs, film, or observations of internet occurrences (Van Den Hoonaard and Van Den Hoonaard, 2008:186). In this research endeavour, the data was analysed by applying eight steps for data analysis proposed by Tesch as set out in Creswell (2003:191).

The eight steps involved the following actions:

- i. The researcher established a sense of the whole by reading all transcripts carefully while jotting down some ideas as they came to mind.
- ii. The researcher then picked one document (one interview transcript) the most interesting one, the shortest one, and the one which was on the top of the pile and went through it, asking “what is this about?” This was a transcript for a participant from the Department of Home Affairs. While doing this, the researcher was not thinking much about the “substance” of the information but rather about its underlying meaning, writing down thoughts in the margin.
- iii. When the researcher completed this task for several participants, a list was made of all the topics. Similar topics were clustered together and these topics were then formed into columns that were arranged as major topics, unique topics, and leftover topics.
- iv. In this step, the researcher went back to data and abbreviated the topic as codes and wrote the codes next to the appropriate segments of the text. The researcher tried this preliminary organizing scheme to see if new categories and codes would emerge.
- v. The researcher identified the most descriptive wording for the topics and turned them into themes.

- vi. The researcher made a final decision on the abbreviation for each theme and alphabetized the codes.
- vii. Using the cut and paste method, the researcher assembled the data material belonging to each theme in one place and conducted a preliminary analysis.
- viii. The researcher recoded the existing data and started reporting the research findings.

3.7. Method of data verification

Data verification is described as determining the accuracy and potential for the generalisation of the results of a particular study (Creswell 1994:157). In this research endeavour, data verification was achieved by applying four verification criteria described in Guba's model, as cited in Krefting (1991:113), and with the aid of data verification strategies enlightened by Morse et al. (2002:11). The four criteria for establishing trustworthiness are as follows:

- **Truth-value**

Truth-value determines whether the researcher has established confidence in the truth of the findings for the subject or informants and the context in which the study was undertaken. It establishes how confident the researcher is with the truth of the findings based on the research design, informants and context. Truth-value is usually obtained from the discovery of human experience as they are lived and perceived by informants. Truth value is determined by means of a strategy aimed at establishing credibility (Krefting 1991:215).

The following are data verification strategies adopted to increase the credibility of data:

- *Interviewing techniques*: the researcher increased the credibility of the interviewing process. According to May, as cited in Krefting (1991:220) the reframing of questions, repetition of questions, or expansion of questions on different occasions are ways in which to increase credibility. The researcher

enhanced the credibility by reframing, repeating, and expanding questions where appropriate and by ensuring that the interviews had a logical rationale concerning the same topic in the same interview. In addition, the researcher verified observations and meanings by asking indirect questions about the informants' experiences and structured hypothetical situations.

- *Triangulation*: According to Knafl and Breitmayer, as cited in Krefting (1991:219), triangulation is based on the idea of the convergence of multiple perspectives for the mutual confirmation of data to ensure that all aspects of a phenomenon have been investigated. In this research endeavour, triangulation strategy was observed by converging multiple perspectives from a number of social workers rendering Occupational Social Work services who are employed in different workplaces (i.e. triangulation of data sources).
- *Peer examination*: peer examination involves the researcher discussing the research process and findings with impartial colleagues who have experience with qualitative methods (Krefting 1991: 219). The researcher discussed the research process and findings with peers who have experience with qualitative methods. These peers were guided to examine the process and findings in terms of credibility and honesty. Peers also helped to check against categories developed out of data and looked for discontinuing or negative cases.

- **Applicability**

Applicability refers to the degree to which the findings can be applied to other contexts and settings or with other groups; it is the ability to generalize from the findings to larger populations (Krefting 1991:216). There are two perspectives of applicability applicable in qualitative research. The first perspective suggests that the ability to generalise is not relevant in many qualitative research projects. The second perspective involves fitting or transferability. Research meets this criteria when the findings fit into contexts outside of the study situation that are determined by the degree of similarity or goodness of fit between the two contexts (Krefting 1991:216). To ensure transferability the researcher provided a detailed description of the research methodology employed.

- **Consistency**

Consistency of data involves establishing whether the findings would be consistent if the enquiry were replicated with the same subjects or similar context. Consistency is defined in terms of dependability. The concept of dependability involves variability that can be ascribed to identified sources (Krefting 1991:216). The strategy of dependability was used in this research to establish consistency.

- **Neutrality**

Neutrality refers to the degree to which the findings are functions solely of the informants and conditions of the research and not of other biases, motivations and perspectives (Krefting 1991:217). In this study, the researcher adopted several strategies in order to maintain a neutral stance. The researcher adopted the position of a learner, or a lay person who wanted to learn more from the participants who were key informants. The researcher also applied the strategy of objectivity which was achieved through rigor of methodology through which reliability and objectivity are established. Another strategy in which the researcher achieved neutrality was the strategy of conformability which was achieved by establishing truth value and applicability through employing the strategies referred to above.

3.8. Ethical considerations

The following ethical guidelines were adhered to in conducting the study: providing interested individuals with comprehensive detail about the study, its goals and objectives, methods of data collection and analysis and the reporting of the research findings in order to assist them to decide whether or not to participate in this study by obtaining their informed consent. The researcher also explained the aspects of confidentiality and anonymity and how the qualitative generated data gathered will be managed in an ethical manner. For an elaborated discussion on the ethical issues

mentioned above as well as the aspects related to autonomy and beneficence, the reader is referred to Section 1.6.7. (Page 22).

3.9. Conclusion

This chapter presented the research methodology employed to carry out the research undertaking. The research design used to carry out the study was that of qualitative research, with the aid of an exploratory, descriptive and contextual design. The chapter defined the population of the study and outlined the criteria and sampling techniques followed to select participants who were included in the study. The chapter also described the methods of data collection, data analysis and verification which were employed. As ethical considerations forms a central part of social work research, the chapter also described the ethical considerations which were observed in the study.

In the next chapter of this report the research findings will be presented and subjected to a literature control.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND LITERATURE VERIFICATION

4.1. Introduction

In data analysis, accumulated or collected information is manipulated for the purpose of drawing up conclusions that reflect on ideas and interests that initiated the original research question. This chapter therefore presents the data analysis of the study investigating the workplace support groups for people living with HIV and AIDS, and the challenges faced by social workers rendering Occupational Social Work services. According to Straussner (1989: 21), Occupational Social Work is a specialised field of practice addressing the human and social needs of the work community through a variety of interventions, which aim to foster optimal adaptation between the individual and his/her environment. Occupational Social Work involves assisting employees, their families and management with challenges that relate to social functioning and human relationships in the workplace (Netting, Kettner and McMurtry 1998).

The study being qualitative in design focussed on a research question which the data analysis process, emerging themes and findings should answer (Tesch 1990). The author further elaborates that in many qualitative research processes data analysis is eclectic, meaning that there is no 'right way' of doing it and implying that that different methods or approaches could suffice. The study employed **exploratory, descriptive and contextual** research design to investigate the phenomena under investigation. The data was collected by means of semi-structured interviews and with the aid of an interview guide.

The **research question** which the study hopes to answer was: What are the challenges experienced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV

and AIDS? In order to assist with meeting the abovementioned research question, the researcher formulated the following **research objectives**:

- To explore the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS.
- To describe the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS.
- To draw conclusions and make recommendations on how to deal with challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS.

For the purposes of analysing data in this study, the researcher applied eight steps for data analysis proposed by Tesch as set out in Creswell (2003:191). This chapter also provided a detailed profile of the participants.

Table 1: Detailed profile of research participants

Research participants	Gender	Race	Organisation	Job placement/ work station	Years of experience in rendering Occupational Social Work services	Years of experience in running workplace HIV and AIDS support groups	Type of groups	Number of groups currently running	Group Size
Participant A	Female	African	Department of Justice and Constitutional Development	National Office Pretoria	9	5	Open	1	6
Participant B	Female	African	Department of Public Works	National Office Pretoria	5	3	Open	1	6
Participant C	Female	African	Department of Home Affairs	National Office Pretoria	8	6	Open	1	9
Participant D	Female	African	Department of Home Affairs	Provincial Office: Johannesburg	11	3	Open	1	5
Participant E	Male	African	South African Police Service	Provincial Office (Pretoria)	6	2	Open	1	8
Participant F	Male	African	South African Police Service	Provincial Pretoria	9	3	Open	1	7
Participant G	Female	African	Department of Social Development	National Office Pretoria	7	1	Open	1	8
Participant H	Female	African	SA Post Office	Northern Region: Pretoria	6	4	Open	1	13

As it can be deduced from Table 1, eight social workers rendering Occupational Social Work services participated in face-to-face interviews conducted by the researcher. The interviews were conducted in the participants' workplaces because the workplace is the context of the research. The majority of participants (six) were females whilst two participants were males. The gender disproportion is caused by a fact that the majority of social workers in South Africa are females. These figures complement statistics from the South African Council for Social Service Professions (SACSSP), cited in Earle (2008:30) which reveal a range of 86.7% to 89.3% for females and a range of 10.4% to 13.3% for males. In terms of race, all participants interviewed were Africans, mainly because the majority of social workers in government departments and state-owned entities are African. According to Earle (2008:30) the data from the SACSSP confirm that around half the social worker workforce is African, while around one third is white, one tenth coloured and the remainder Indian or Asian. This would however, be in line with government's employment equity policies that consider overall population demographics at the target rather than the demographics of the pool of supply for a particular skill (Earle 2007:31).

Having considered the information on the total number of participants, it is worth considering the distribution of these participants in different organisations. Seven of the participants were employed in different government departments whilst one participant was employed by government-owned entity (South African Post Office). All participants are based in Gauteng. Amongst these, seven participants are based in Pretoria whilst one participant is based in Johannesburg. The majority of participants (four) are based at the national offices, three participants are based at the provincial offices and one participant is based at the regional office of the South African Post Office. In terms of the number of HIV and AIDS support groups which are run by participants, all participants run one support group each in their respective organisations because the number of members who are willing to be part of workplace support groups is not sufficient to establish more groups. The size of the groups runs by participants ranges between five and thirteen members. These different sizes are normal for social work groups as they allow for reciprocal interaction. According to Toseland and Rivas

(2009:167), the group should be small enough to allow it to accomplish its purpose, yet large enough to permit members to have a satisfying experience. Bretcher and Maple (1985) cited in Toseland and Rivas (2009:166), suggest a range of more than three but less than 15 members as the normal size of social work group.

The years of experience of the participants in rendering Occupational Social Work services differ and ranges between five and eleven years, which means that they can be considered highly experienced and competent in their work. However, those that are involved in rendering HIV and AIDS workplace support groups have experience of one to six years which appears to suggest that the issue of providing workplace support groups for employees living with HIV and AIDS is a new phenomenon because it was not given prominence in Occupational Social Work services. All participants in this study run open groups for employees living with HIV and AIDS because people in the workplace come and go for different reasons, which may include transfers, retirement, resignation or long-term illness. According to Corey and Corey (2006:118), the advantage for open groups is that they incorporate new members as others leave, providing an increased opportunity for members to interact with a greater variety of people.

4.2. Discussion of emerging themes

In qualitative research, the findings are presented in the form of themes and sub-themes, hence the following themes and sub-themes emerged from the data, as indicated in Table 2.

Table 2: Themes and sub-themes

Themes	Sub-themes
4.2.1. Theme 1: Recruitment of members in workplace support groups	4.2.1.1. Personal invitations 4.2.1.2. General marketing 4.2.1.3. Referrals by fellow support group members
4.2.2. Theme 2: Challenges faced by social workers rendering Occupational Social Work services	4.2.2.1. HIV and AIDS disclosure at the workplace 4.2.2.3. Management related challenges 4.2.2.4. Organisational challenges 4.2.2.5. Logistical challenges

4.2.1. Theme 1: Recruitment of members in workplace support groups

The first theme that emerged from the data revolved around the recruitment of potential support group members to join the workplace support group for employees living with HIV and AIDS. Recruitment for workplace support group involves soliciting potential members to join the support group. According to Toseland and Rivas (2009:161), when the worker has identified recruitment sources, decisions must be made concerning how to reach them. The authors further explain that a variety of recruitment techniques will help potential members understand the purpose of the group and help them decide whether to join. In recruiting members to join workplace support groups for employees living with HIV and AIDS, participants revealed that they rely on three different methods,

which are: personal invitations, general marketing and referral by fellow support group members. These methods are discussed hereunder:

4.2.1.1. Personal invitations

Personal invitation is used here to refer to a direct, face-to-face meeting between a social worker and a potential group member. According to Henry, East and Schmitz (2002:154), support group members can be invited to a support group through face-to-face invitations which explain when and where the group should be held, what could happen in the group and that the group would include others who find themselves in similar situations. The authors suggest that personal contact helps shape workable groups and establish a positive rapport with facilitators. Toseland (1981) cited in Toseland and Rivas (2009:160), further maintains that some evidence suggests that direct contact with potential clients is the most effective recruitment method for support groups. When potential group members can be identified from agency records or from caseloads of colleagues, the worker may wish to set up initial appointments by letter or by telephone. The worker can then interview prospective members in the office (Toseland and Rivas 2009:160). This suggestion was supported by Henry, East and Schmidt (2002:255), who also indicate that interested members can be interviewed by phone.

Participants reported using personal invitations to employees living with HIV and AIDS as one of the methods of recruiting them to the workplace support group. In this method, participants identify employees living with HIV and AIDS from their caseload. They then contact the employees in a face-to-face meeting, or through telephone or e-mails, depending on the appropriateness of a means of contact. In these contact sessions, potential support group members are given all the necessary information concerning the group and are then invited to join. Corey and Corey (2006:114) suggest that members should be given enough information about the group so that they can make an informed decision about whether or not to join. The authors further suggest that the group leader should outline the reasons for the group and the topics that could

be explored. The employees are requested to make an informed decision, sign informed consent declarations and are therefore included or excluded from the support group based on their informed decision. Informed consent is the process of seeking the explicit and un-coerced agreement from people to participate in a project based on their full understanding of the procedures involved and their likely effects (Terre Blanche et al. 2006:560). This is important to mention this because informed consent is one of the ethics in social work profession which should be respected at all times.

Participants reported this method to be effective in recruiting new members to the group. The effectiveness of this method was expressed by participants as follows:

“In my organisation we use different methods to recruit members to the group, but the only way I get members is when I invite them personally in a face-to-face meeting or through a telephone. I identify these people from the caseload. Other methods are just not effective”.

“More than 90% of members in my group are from my caseload. When I started the group, I had four clients living with HIV and AIDS. Three accepted to be involved in a group whereas one declined. These were all recruited through personal invitations. Each time I get a new case of an employee living with HIV and AIDS, I personally recruit the person into the group. It works. I have a total of nine members to date. The group started small but it is growing”.

The researcher’s experiences regarding the use of personal invitation methods to recruit members in workplace support groups complement the experiences of the participants. As a social worker involved in groups, the researcher fully concurs with the participants in indicating that the personal invitation method is very effective in recruiting members in workplace HIV and AIDS support groups. The researcher has a support group in his organisation with a current group size of 14 members. The majority of members in his support group come from personal invitations which were made from individual cases of employees living with HIV and AIDS (which have been identified from the social

worker's case load). It has been the researcher's experience that employees living with HIV and AIDS in the workplace often come to the attention of the social worker when they enquire personally about medical aid benefits, sick leave days, exhaustion, extension of sick leave, incapacity leave applications, and ill-health retirement. As a social worker, the researcher helps these employees regarding their enquiries and then explores the issue of the support group with the employee. Most of the employees accept the invitation and commit themselves to be part of the support group after interacting with the social worker on this level. Considering the effectiveness of this method, it is the researcher's view that it does make good business sense for social workers to channel their efforts in this method in recruiting members to HIV and AIDS support groups.

4.2.1.2. General marketing

The other method used by participants to recruit the possible support group members into a workplace support group is that of general marketing. Toseland and Rivas (2009:161) propose the following general marketing strategies for recruiting members into the group: (1) brief, written announcements can be an effective recruitment tool – to be effective, the mail and posted announcement must be seen by potential members, (2) computerised record systems and internet lists-serves are becoming more widely available and can be useful in identifying and targeting individuals who may need a particular service, (3) posting announcements on bulletin boards and public gallery places, (4) the worker may also make information about the group available through public speaking – a presentation on the need for the group, its purpose and how it would operate can be an effective recruitment tool, (5) press releases and newsletter articles are another way to recruit members. The authors suggest that the announcement should include a clear statement of the group's purpose, the length and frequency of the meetings as well as the contact numbers for the contact person.

Participants confirmed using this method in recruiting members in their workplace support groups for employees living with HIV and AIDS. In this method they recruit

potential members through the use of support group posters, leaflets, newsletters, and internal e-mail systems. To protect the identity of members, the telephone number of a social worker is provided so that members are not required to write down their names on notice boards. This is in line with the principle of confidentiality. Confidentiality refers to the degree of control that people have over the release of information about themselves (Garvin, Gutierrez and Galinsky 2004:80). The Terminology Committee for Social Work (1995:13) defines confidentiality as “a principle in social work according to which particulars obtained from clients within the professional relationship will not be disclosed without their permission”. Confidentiality is especially important in social work groups because the group leader must not only keep the information of other members confidential, but members are also obliged to keep the information of fellow members confidential. Group counsellors have an ethical and legal responsibility to inform group members of the potential consequences of breaching confidentiality (Corey and Corey 2006:72).

In addition to support group posters, leaflets, newsletters, and internal e-mail systems used by participants to recruit members, participants also reported marketing their support groups through health promotion initiatives such as the Candlelight Memorial and World AIDS Day events. These events are used as platforms to market the support group whereby a support group member who openly disclosed his or her HIV status is included in a program to share his or her support group experiences and encourage people living with HIV and AIDS to join. In situations where a support group member is not available to perform this task, social workers take it upon themselves to market the support group during the events.

However, general marketing was reported by most of the participants to be ineffective, as it does not bring members to the support groups. Participants expressed the ineffectiveness of this method as follows:

“We disseminate posters and leaflets about our support group in my departments, but it is very quiet, we don’t get people through them. We even market the support group

during the Candlelight Memorial and World AIDS Day events, but we get nobody through this method”.

“The posters and e-mail systems are good at reaching targeted employees, but they are not helpful in support groups. We have used these in the past... we don't rely on them anymore”.

The researcher's experiences regarding general marketing methods used to market and subsequently recruit employees in workplace HIV and AIDS support groups are that these methods are not effective. In light of this, the researcher, like the participants, also employs different general marketing strategies to market HIV and AIDS support groups such as posters, leaflets, e-mails, newsletters and HIV and AIDS related events, but does not get members through these strategies. Over the period of five years in which the researcher has been involved in coordinating workplace HIV and AIDS support groups in two different organisations, it was observed that employees do not prefer to take HIV and AIDS support group leaflets compared to other available leaflets, and they do not take time to read HIV and AIDS support group posters, as opposed to other available posters. In addition, the researcher has never received a member in his support groups as a result of marketing the group through the e-mail system, newsletters, or through an AIDS event.

Considering the fact that participants (and the researcher as a social worker in his workplace) have used general marketing strategies and get nothing as a result, it is probable that employees living with HIV and AIDS receive information concerning support groups in various ways and ignore it. It is the researcher's view, therefore, that this ignorance could be caused by a lack of information as well as HIV and AIDS stigma and discrimination, which cause people to dissociate themselves from anything to do with HIV and AIDS in the workplace. Due to the ineffectiveness of this method, it is the researcher's observation that it does not make sound business sense for organisations to channel resources into general marketing strategies. It would make better business sense for social workers to channel their efforts in those methods which yield desirable

results in recruiting members in HIV and AIDS support groups, such as personal invitations and recruitment by fellow support group members as stated below.

4.2.1.3. Referrals by fellow support group members

In social work, referral is a very important method of linking clients with relevant resources. According to the Terminology Committee of Social Work (1995:52), referral is the process whereby clients or applicants requesting help are put in touch with other resources after their cooperation has been obtained. Referral is not just a method of linking clients with appropriate resources; it is also one of the most important standards of Employee Assistance Program Association (EAPA) and professional guidelines for Employee Assistance Programs. The EAPA referral standard states that “the employee assistance program shall identify and/or assess the problems of the client, develop an appropriate plan of action, and when necessary, recommend or refer the client to an appropriate resource for problem resolution” (EAPA 2010:23). The method of referral by fellow support group members is in line with a colleague or co-worker referral, which is one of the referral methods used in Occupational Social Work. Colleague referral is a type of referral in which supervisors, co-workers, or peers may support, encourage and consider recommending Occupational Social Work services to individuals who are struggling with a personal or work-related problem. In elaborating further on this method, Toseland and Rivas (2009:161) suggest that the worker, in some situations, may recruit potential group members by contacting key people in the informal networks of a particular population.

Participants reported using referrals by fellow support group members as another method of recruiting members to their workplace support groups. In this method, the current support group members are encouraged to invite and refer their fellow colleagues who confide their HIV positive status to them, to the social worker for screening and possible inclusion into the group. Participants could recall instances of this type of referral. This is demonstrated in one participant’s response:

“I always encourage my support group members to refer fellow employees who confide their status to them, to come and join the group. We do have a few employees in the support groups who were referred by support group members”.

Regarding the recruitment of potential support group members by fellow support group members, the researcher experiences this method to be relatively effective. In the researcher’s current workplace HIV and AIDS support group, some members have been recruited who had been referred by fellow support group members. Though not as effective as the personal invitation method, it should be regarded as one of the viable methods of recruiting members to support groups. With the continuous involvement of existing support group members in recruiting members, this method could eventually prove to be highly effective. It is the researcher’s view that the combination of this method together with that of personal invitations can yield highly positive results in recruiting support group members.

4.2.2. Theme 2: Challenges faced by social workers rendering Occupational Social Work services in the form of workplace HIV and AIDS support group

The study proves that social workers involved in rendering Occupational Social Work services experience numerous challenges in providing workplace support groups for employees living with HIV and AIDS. The following sub-themes detail the challenges identified by participants in rendering support groups to employees living with HIV and AIDS. These are: HIV and AIDS disclosure at the workplace, management related challenges, structural challenges and logistical challenges. A detailed discussion of each of the sub-themes is provided below:

4.2.2.1. HIV and AIDS disclosure related challenges

The first challenge that was identified was that of disclosure-related issues which discourage potential support group members from joining and utilising the services of workplace support groups for employees living with HIV and AIDS. This is particularly significant because it poses a direct challenge to social workers rendering Occupational

Social Work services. This is largely due to the fact that people still do not feel comfortable exposing their status in the work place for fear of losing their jobs. The Department of Health (n.d:25) note that people are often not ready to disclose their status and so will therefore not make use of any support or services that deal with HIV and AIDS. The guidelines also note that some people feel that attending a support group that deals with HIV and AIDS, makes them vulnerable to other people knowing their status. According to Jossel (2009:30), disclosure of a one's HIV positive status in the workplace is at present mostly a risky and potentially damaging act for the employee. To protect the employee, disclosure needs to be in a safe, confidential and supportive work environment. The author further elaborates that disclosure of one's HIV status could on the other hand, provide concrete benefits to employees, such as access to medical care and opportunity to participate in support groups.

Participants reported that most of the employees living with HIV and AIDS in their organisations are not acquiescent to utilising the services of workplace support groups. Stigma attached to HIV and AIDS, together with discrimination and confidentiality or secrecy regarding HIV and AIDS have been identified by participants as the factors which discourage the potential support group members to join and utilise the services of workplace support group for employees living with HIV and AIDS.

- **HIV and AIDS stigma and discrimination**

HIV and AIDS stigma and discrimination have long been recognised as crucial barriers to the prevention, care and treatment of HIV and AIDS. HIV and AIDS related stigma and discrimination is “a process of devaluation” of people either living with or associated with HIV and AIDS (www.unaids.org). Stigma is a social process or related personal experience characterised by exclusion, rejection, blame, or devaluation that results from an adverse social judgment about a person or group (Weiss and Ramakrishna 2003:03). According to UNAIDS (www.unaids.org), discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status. Jossel (2009:22) maintains that people living with HIV and AIDS suffer

unfair discrimination in the hands of private and public institutions, especially in the workplace.

According to McNeil and Anderson (1998), stigmatising social environments pose barriers at all stages of the prevention to treatment cycle by virtue of being, by definition, non-supportive. The authors explain that the fear of stigma and discrimination also discourages people living with HIV from disclosing their HIV infection, even to family members and sexual partners. The stigma and discrimination associated with HIV and AIDS also mean that people living with HIV and AIDS are much less likely to receive care and support. This stigma and discrimination needlessly increase the personal suffering associated with the disease. These patterns of non-disclosure and difficulty in seeking treatment, care and support themselves feed stigma and discrimination, reinforcing the cycle (McNeil and Anderson 1998).

HIV and AIDS-related stigma and discrimination were identified as the serious issues prohibiting potential support group members from utilising workplace support groups for employees living with HIV and AIDS. This is significant because it impacts on the provision of workplace support groups for employees living with HIV and AIDS. Problems regarding stigma and discrimination can be detected in the following storylines:

“HIV and AIDS stigma and discrimination is still a serious problem in the workplace, especially when it comes to support group for employees living with HIV and AIDS. People do not want to be associated any HIV and AIDS programme. They have fear of rejection and they fear to be discriminated on the basis of HIV and AIDS”.

“Most of the HIV positive employees in my organisation are not willing to meet and disclose their status to other people living with HIV and AIDS in a support group. They prefer individual meetings with a social worker, rather than meeting other people”.

“My experience is that it is not easy to run a support group in the workplace because of the issue of stigma. Normally when people come to the EAP section, other people who see them view them as people who are having problems, so people don’t want to be seen coming to the EAP section because of fear for other people stigmatising them. Even if they don’t know what is the problem with them, people have fears. Hence we run our support group in another boardroom far from EAP so that people can be protected”.

The researcher’s experiences regarding issues of HIV and AIDS disclosure at the workplace complement those of the participants. In the researcher’s workplace, interaction has taken place with numerous employees living with HIV and AIDS who do not want to be part of workplace support group. These employees made it clear after the researcher’s attempt to recruit them into the group that they cannot join the workplace HIV and AIDS support group because they do not wish to disclose their HIV and AIDS status to anyone at the workplace, other than to a social worker. The researcher’s observation concerning their reasons for not wanting to disclose their HIV and AIDS status to fellow employees living with HIV and AIDS in a support group environment highlights issues relating to ignorance as well as issues of fear of stigma and discrimination at the workplace, together with those of the fear of the breach of confidentiality regarding one’s HIV and AIDS status. The Department of Labour’s (2000:02) notes that HIV and AIDS is still a disease surrounded by ignorance, prejudice, discrimination and stigma. It is the researcher’s view therefore that for as long as misconceptions, ignorance, prejudice and stigma and discrimination regarding HIV and AIDS are still prevalent in the workplace, the environment of HIV and AIDS non-disclosure will continue to prevail, and the utilisation of the workplace support group will remain low.

- **Confidentiality**

Issues of confidentiality pose a direct challenge to social workers rendering Occupational Social Work services. Confidentiality is a principle in social work according to which specific information and details which have been obtained from clients within the professional relationship, will not be disclosed without their permission (Terminology Committee of Social Work 1995:13). Confidentiality is a principle in social work and people have a constitutional right to privacy. The right to privacy is entrenched in Chapter 2 of the Constitution of the Republic of South Africa. According to Jossel (2009:10), privacy is defined as the right of an individual to restrict availability by others to certain attributes of their personality. The author further elaborates that the right to privacy leads to the freedom to choose whether or not to disclose one's HIV and AIDS status and how to disclose it. The right to privacy also means that a person has the right to control information about them, such as one's HIV status, by keeping it confidential. In elaborating further on the problem of confidentiality, Jossel (2009:22) notes that where employees fear a breach of confidentiality, they may be reluctant to use HIV related on-site services. The uptake of medical and counselling services offered by employers at sites specifically designated for HIV may be low. Employees may also be reluctant to participate in once-off events, such as HIV voluntary counselling and testing days, where there is no assurance of confidentiality and support (Jossel 2009:22).

Participants reported that confidentiality and privacy regarding HIV and AIDS were issues which discourage disclosure in the workplace. Many infected employees are afraid of disclosing their HIV status to others within the workplace because they fear that the information will not be kept confidential. Due to this fear of the breach of confidentiality, most of the employees living with HIV and AIDS are not willing to utilise the services of workplace support groups. The fear of the breach of confidentiality is believed to make the potential members reluctant to join workplace support groups for employees living with HIV and AIDS. Problems regarding confidentiality were expressed by participants as follows:

“As social workers, we are guided by a professional code of ethics to maintain confidentiality of what we do with our clients, but there is nothing which binds support group members to keep the confidentiality of support group related issues”.

“Employees living with HIV and AIDS in my organisation are reluctant to be members of workplace support groups because of the fear of the breach of confidentiality by fellow support group members. They feel their circumstances can easily be exposed to the public through other members of the group”.

The researcher’s opinion regarding confidentiality in respect of workplace HIV and AIDS support groups is that it is one of the main barriers preventing employees from utilising workplace support groups. The researcher has observed that before individuals decide to join the groups, they pose certain questions regarding confidentiality, which need to be adequately answered. The questions which people often ask include: *“would my supervisor be told about my status”?*, *“would other employees in my section be told about my status”?*, *“how would you request permission for my release to attend the meetings without mentioning anything about my status to my supervisor”?*, *“would other members not disclose my sensitive information to my colleagues”?*, *“would the meetings be held in a confidential place”?*. It has been the researcher’s observation that most of the employees living with HIV and AIDS in the workplace ask themselves these kinds of questions when they receive or come across information about the workplace HIV and AIDS support groups.

It should be noted that while some employees get the motivation to consult the social worker and seek clarity regarding these questions, that the majority of employees do not consult the social worker, and as a result, remain ignorant, misinformed and subsequently find themselves excluded from the support groups. It is the researcher’s view that these issues present a gap and a challenge in workplace support groups for employees living with HIV and AIDS.

4.2.2.2. Management related-challenges

Participants revealed a number of management-related challenges which they faced in their attempts to provide workplace HIV and AIDS support groups. Management refers to certain functions carried out by a team leader for a specific purpose. These functions typically include planning, organising, leading and controlling (Pieters 1996:263). In the context of the study, management-related challenges are used to refer to the factors of management which pose a challenge to social workers rendering Occupational Social Work services. The management of different work organisations was identified by participants as a challenge they face when rendering Occupational Social Work services. The participants identified a lack of management support, a lack of understanding of the social worker's role on the part of the management (role ambiguity), and supervision by managers without a background in social work as examples of management-related challenges faced in providing workplace support groups for employees living with HIV and AIDS.

- **Lack of management support**

Participants also identified a lack of management support as an example of the management-related challenges. The Department of Public Service and Administration (DPSA) Technical Assistant Report (n.d:01) confirms the sentiments of the participants. The report reveals a lack of interest and management support in most departments as a major obstacle faced by programme managers and practitioners in designing and implementing HIV and AIDS programmes. Management support is imperative for the effective implementation of HIV and AIDS workplace programmes. In elaborating on the conditions for successful workplace health promotion initiatives, the Health Communication Unit (THCU) (2004:11) reports that evidence of enthusiastic commitment and involvement of senior management is imperative if employees are to understand their employers' serious commitment to creating a healthy workplace.

Support groups were cited as an example of programmes which do not receive management support. According to the participants, management is not committed to offering support and resources necessary for the successful implementation of Occupational Social Work. The following storylines attest to the above:

“Lack of support is a big challenge. Sometimes you feel like you are the step child of a family...your work is not regarded as a priority if I can put it that way. You don’t even enjoy support from managers even if maybe employees are keen to participate in the programmes. From managers you are seen as hampering services...so it is very difficult if you are not part of a core business of the organisation”.

“The working environment in my department is very unsupportive. I don’t get supported by management.....and my clients complain about the very same thing..... When they have to approve things for use in the group, they will send us from pillar to post, and at the end of the day, we get nothing”.

Regarding the researcher’s experiences of management support of workplace support groups, the support from the management in the researcher’s organisation differs according to the understanding of the manager in question, and his or her interest in the well-being of his or her employee. It has been researcher’s observation that managers who have an active interest in the well-being of the employees generally support the employees. In instances where decisions need to be made, such as releasing the employee for the purpose of attending the support group, they are happy to do so. It has been the researcher’s observation that managers who are mainly concerned about the employee’s performance and the operations of their sections generally lack interest in the well-being of the employees. They view social work services as a non-essential part of the organisation. One manager in the researcher’s workplace indicated this in the following statement: *“what you want to do is not a priority and can wait. I can’t allow my operations to suffer because of your things”.* It is the researcher’s view that management support is one of the crucial conditions required for the effective implementation of Occupational Social Work services. Without management support in

social work programmes, social workers cannot effectively function, and as a result, organisations can not see a return on their investment.

- **Lack of understanding of the social worker's role (role ambiguity)**

Participants reported a distinct lack of understanding of the role of social workers rendering Occupational Social Work services as an additional example of a challenge they face in running workplace support groups. Role ambiguity refers to the confusion arising from not knowing what one is expected to do as the holder of the job (Green and Baron 2008). Role ambiguity was found to be an important source of dissatisfaction for social workers in research carried out by Balloch, Pahl, and McLean (1998). They find that the most frequently mentioned sources of subjective stress include being exposed to conflicting demands, being expected to do things which were not part of the job, being unable to do things which should be part of the job, and being unclear about what was expected.

Participants reported role ambiguity as a challenge they face in providing Occupational Social Work services. Role ambiguity poses a direct challenge to social workers rendering Occupational Social Work because most of them are hired in secondary social work settings. Participants cited that most of the senior managers appear to lack an understanding of the social worker's role in their organisations. They mentioned that there exists a great deal of uncertainty regarding the scope of their job as social workers rendering Occupational Social Work services and about the expectations of management. This lack of understanding of the role of social workers on the part of the management appears to be a source of job stress for other participants. Concerns regarding the lack of understanding of the social worker's role are demonstrated in the following statements:

"Managers do not understand our role in the organisation and they don't know why we are here. It is like we are just thrown into them. They expect us to do things which have

nothing to do with social work. It's stressful. They create the impression that support group is not their baby to carry".

"It is very frustrating.....very frustrating and at times it lowers the morale in the sense that people don't understand what do we do as social workers and they do undermine the profession. What we do is regarded as non-essential by managers and you expect them to be more enlightened. That undermines the profession and it makes one's work very difficult in dealing with cases. It is very difficult.....it is extremely frustrating. Despite educating them on our role, people just don't understand anything".

To understand the context in which role ambiguity is reported to take place, it is important to understand the nature of the organisations in which the participants are employed. Participants are employed in organisations which are not directly involved in rendering social welfare services, as opposed to the Department of Social Development whose core business is to deliver social welfare services to the communities. In light of this, the organisations of the participants are regarded as secondary settings because social work services are not the core function of these organisations. Social workers are hired in these organisations to provide Occupational Social Work services as a support function to the organisations. The fact that social workers are hired to provide their services as a support service to business operations creates a misconception to others, particularly managers that what social workers do in the organisation is non-essential because it is not directly in line with core business of the organisation. This is a challenge on its own because it creates an environment marked by lack of support and recognition.

A systems perspective would help understand the challenges faced by social workers providing workplace support groups for employees living with HIV and AIDS. Systems theory focuses on the arrangement of and relations between the parts of an organisation, for example, and how they work together as a whole. The way the parts are organised and how they interact with each other determines the properties of that system (Ansari, 2004:01). An organisation is a system with various subsystems. Social

work is part of the business system. As part of the organisational system, social work supports the operations of the systems by addressing social factors of the workforce which can otherwise adversely affect the performance of the organisation if not addressed. This means that in order for equilibrium to occur, there must be continuous interaction between the system and the sub-systems. The boundaries must be flexible enough to allow the in-flow and out-flow of information. Roles must be clearly defined, and the system must at all times support the survival of the sub-systems because they provide structure and balance to the larger system. With this in mind, the communication and roles are not clearly defined between the larger system and social workers as sub-systems. This therefore affects the balance, and creates instability within the entire system. This has been demonstrated in this study in the form of managers who perpetuate a tendency to maintain internal stability by resisting change brought about by social workers. Moreover, the failure of systems designers to appreciate the linkages between social work and other sub-systems of organisation also contributes to the challenges faced by social workers. It is the researcher's view therefore that in order for organisations to function properly, there must be clear communication regarding roles, feedback, rules and boundaries between the system and sub-systems. The absence of these results in a situation in which role ambiguity and role conflict prevails in the organisation.

- **Supervision by non-social workers**

The previous sub-theme related to the lack of understanding of the social worker's role must be read in conjunction with this sub-theme on supervision by non-social workers in the sense that the participants identified supervision by managers from other disciplines as a further challenge impacting on their effectiveness in their work. A qualitative study conducted by Reid, Johnson, Morant, Kuipers, Szmukler, Thorncroft, Bebbington and Prosser (1999) found that social workers in mental health environments reported that they felt frustrated because their role was misunderstood by others and that their range of skills was neither adequately understood nor adequately valued by other health service staff. Likewise, Kadushin and Kulys (1995) find that social workers experience

conflicting role expectations, that other members of the team do not understand the role of social work and do not appreciate what they have accomplished. McLean and Andrew (2000) find that stress results from role conflict, disagreement about good practice, and a lack of recognition. Reid *et al.* (1999) note that there may be conflict between social work ideals (for example, advocacy, social justice, client self-determination, and empowerment) and expected role performance. The authors also note that social workers have experienced conflict between acting as advocates for clients and representing their interests, and the responsibility to ensure clients and others are safe. Competing values demonstrated between administrators and social workers have been identified as a source of stress (McLean and Andrew, 2000). This is particularly evident in health care settings, where the opinion sometimes exists that social work values are not always cost effective. The work carried out by social workers is problem-centred and often involves choosing between unsatisfactory alternatives (Rushton, 1987).

In addition, participants reported on the supervision of social workers rendering Occupational Social Work services by supervisors with medical backgrounds. These include medical doctors and psychologists. This is particularly problematic as it compromises the value of the social work profession, as well as the competencies of the social workers involved. Participants cited experiencing a great deal of frustration because supervisors who do not have backgrounds in social work interfere in their work and undermine them as professionals. The issues of disrespect and in-fighting amongst the professionals were reported as the order of the day in environments where supervisors do not have backgrounds in social work. This was demonstrated in the following statement:

“The main frustration is that we have a senior manager with a medical background. She interferes a lot and she does not understand what Occupational Social Work entails. She interferes a lot, even in individual cases she interferes. She always wants to push her own agenda on everything and she always instructs you on what to do. Similarly we have the psychologists who have been appointed as wellness managers whom we

report to. It seems like it is a battle of the professionals because the psychologists think they are superior and they don't respect our profession. They see social work as charity work. And our senior manager keeps on saying we are not a charity organisation when addressing issues...she tends to tell us "we are not doing charity work here". She talks to us like we don't understand anything".

It is the researcher's view that working in an environment in which supervisors do not have backgrounds in social work is a challenge to social workers because people often bring different ideologies to their respective work spaces, based on their training and work backgrounds. In cases in which a social worker's supervisor has a different training background, it is likely for different ideologies to emerge between a social worker and the supervisor, thus creating an environment characterised by interference, conflicts, disrespect, misunderstandings, disagreements, competition, a disregard of profession, demoralisation and a lack of recognition and appreciation. These issues compromise the value of the social work profession, as well as the effectiveness of the individual social worker.

4.2.2.3. Organisational challenges

Participants identified a number of organisational challenges which affect the provision of workplace support groups for employees living with HIV and AIDS. These include organisational structure, limited human resources to implement care and support programmes and Inflexible organisational systems and processes.

The challenges faced by social workers rendering workplace support groups for employees living with HIV and AIDS can be understood from the lens of structural theory. According to Weinberg (2008:74), structural theory focuses on the interplay between the agency of individuals and structures, particularly the broad structural barriers which influence and limit the material circumstances of service users. The author suggests that our institutions are structured in such a way as to discriminate against some people on the basis of class, race, gender, ability, sexual orientation, age,

religion, amongst others, and that a function of the profession of social work should be that of eliminating these disparities. Structural theory argues that these arrangements serve those in power, allowing them to maintain their power and privilege at the expense of others (Weinberg (2008:74). The theory regards society as composed of groups with conflicting interests who compete for resources, power, and the imposition of their own ideological views of the world. In this perspective, social problems are more the result of “defective rules” which anthologise those who are marginalised (Mullaly 200:120), and the consequence of institutional arrangements which maintain social hierarchies, rather than the faulty socialisation of individuals.

Although organisations have policies aimed at eliminating or reducing the discrimination of people on the basis of HIV and AIDS, the manner in which the organisations are structured ultimately allows discrimination against the same people who should be protected from discrimination. This discrimination is made easy by structural arrangements which influence and limit the material provision of workplace support groups for employees living with HIV and AIDS. The conflict of interest between management and social workers regarding the provision of workplace support groups is a structural barrier which inevitably affects the provision of workplace support groups for employees living with HIV and AIDS. Competition for resources, power, and different ideological views on the part of management pose structural barriers which make it difficult for workplace support groups to thrive. In addition, some of the rules of the organisations are dysfunctional and disadvantage those who need to benefit from workplace support groups for people living with HIV and AIDS.

The following are structural challenges which were identified by participants:

- **Limited human resources to implement care and support programmes**

Participants identified human resources as a challenge they face in their organisations. Human resources is a process consisting of the dimensions of inception (getting individuals into the organisation), development (preparing employees to work effectively

and efficiently), motivation (stimulating employees by caring for their needs) and maintenance (keeping employees in the organisation by providing suitable working conditions (Pieters, 1996:04). In the context of the study, human resource is used to refer to social workers required to render Occupational Social Work services. According to the Department of Public Service and Administration (DPSA) Technical Assistant Report (n.d:01), the human resources for most departments are inadequate to effectively design and deliver an HIV and AIDS workplace programme. The report also notes that many HIV and AIDS coordinators are holding other responsibilities in their respective departments.

Participants revealed that employee wellness sections in their departments rely on a very limited team of professionals to implement a comprehensive wellness programme. They maintained that this affects the implementation of care and support programmes, including workplace support groups for employees living with HIV and AIDS, as professionals are often overloaded.

Participants expressed the following:

“Social workers rendering Occupational Social Work services are not enough in my department. We are only three including my deputy director. The deputy director wrote several submissions to motivate for more social workers, but they don’t take it seriously. They don’t hire more staff and we are often overworked. We are really not enough and they can’t see the impact because the organisation is huge”.

It is not clear, however, if the limited human resource reported by participants is caused by the resistance of organisations to hire more staff, or if it is caused by a shortage of social workers in the country. The research conducted by Earle (2007: 05) notes that there is a shortage of social workers in South Africa. The author notes that references to social worker shortages are multi-faceted and are documented in various forms in the media, in journal articles related to the practice of the profession in South Africa, and in strategies and policies recently released by the Department of Social Development.

Numerous articles provide direct references to shortages of social workers, focusing instead on factors such as their poor pay, poor working conditions and the consequences of their low numbers in relation to the escalating need for the services they provide Earle (2007: 05).

“My department is becoming complex...it is getting bigger in terms of the number of employees, but my unit remains the same. The caseload is increasingly getting higher every single day...social workers are often stressed here, and they don't stay longer in my department...but I am stressed better than my colleague who often receive treatments for stress-related conditions. This environment is just not healthy for us, but it will be better if they hire more social workers”.

Social workers have previously been identified as being at risk of experiencing stress and burnout (Acker, 1999, Egan, 1993, Gilbar, 1998, Sze and Ivker 1986, Um and Harrison 1998) cited in Lloyd (2002:256). Social work is strongly client-based, with workers being involved in complex social situations. As such they can experience many of the conflicts that are evident in human service work (Cournoyer 1988, Pines and Kafry 1978, Soderfeldt *et al.* 1995) cited in Lloyd (2002:256). In addition, the last decade has seen a transformation in the nature and practice of social work, as a result of administrative, societal, and political change (Jones and Novak 1993, Kurland and Salmon 1992). A number of writers have commented that much of what is known about stress and burnout among social workers is anecdotal and there is a lack of systematic research findings on this subject (Collings and Murray 1996, Gibson *et al.* 1989, Soderfeldt *et al.* 1995, Taylor-Brown *et al.* 1981, Thompson *et al.* 1996) cited in Lloyd (2002:256).

- **Inflexible organisational systems and processes**

The systems and processes of the organisations under investigation were reported by participants as a challenge they face in running workplace support groups for employees living with HIV and AIDS. The participants maintained that the systems and

processes of their respective organisations are not flexible enough to allow the running of workplace support group meetings during working hours. This was said to be particularly frequent for employees who are on the front line servicing the public.

The challenges relating to inflexible organisational systems and processes are highlighted in the following participant's response:

"It is not easy to run the workplace support group during working hours in my department. Employees are expected to be servicing the public the whole day long. Our system is not flexible and managers are not willing to compromise disrupting the operations by releasing frontline employees".

"Most of the organisational units in my department are short-staffed, and if one employee leaves the counter, managers will tell you it will adversely disrupt the service delivery, and the public will complain to the minister".

The issue of inflexible organisational systems and processes is confirmed by various authors. According to UNAIDS (2008), the systems of some companies are not flexible enough, and management does not make sufficient efforts to support and accommodate employees living with HIV and AIDS. In elaborating further on the issue of organisational systems, Hartley and Kennard (2009:35) argue that participating in support groups in a busy service is difficult. The authors further suggest that it may not be possible to run the group away from the unit, or to guarantee that there will be no interruptions, but in order for the group to feel sufficiently safe, privacy and regular attendance are essential.

Section 6.2 of the Department of Labour Code of good practice on key aspects of HIV and AIDS and employment (2000:06) states that the employer and trade unions have a responsibility to promote a non-discriminatory work environment by adopting appropriate measures to ensure that employees with HIV and AIDS are not unfairly

discriminated against and are protected from victimisation through positive measures such as:

- (i) Preventing unfair discrimination and stigmatisation of people living with HIV or AIDS through the development of HIV and AIDS policies and programmes for the workplace
- (ii) Awareness, education and training on the rights of all persons with regard to HIV and AIDS
- (iii) Mechanisms to promote acceptance and openness around HIV and AIDS in the workplace
- (iv) Providing support for all employees infected or affected by HIV and AIDS
- (v) Grievance procedures and disciplinary measures to deal with HIV-related complaints in the workplace

In view of the employers' responsibilities regarding employees living with HIV and AIDS as outlined above, participants have confirmed that employers have taken drastic steps to carry out their responsibility. This is demonstrated in the fact that most of the organisations have, amongst others, HIV and AIDS policies and programmes for the workplace, HIV and AIDS awareness programmes, education and training programmes, as well as grievance procedures and disciplinary measures to deal with HIV-related complaints in the workplace. However, providing support for all employees infected or affected by HIV and AIDS and creating mechanisms to promote acceptance and openness around HIV and AIDS in the workplace is still a challenge in most of the organisations.

4.2.2.4. Logistical challenges

The participants in this study identified a number of logistical challenges which impact negatively on the running of workplace support groups. It is necessary and important to discuss these challenges because they impact on the services of social workers rendering Occupational Social Work services. The challenges identified are as follows:

- **Physical proximity/ distance between the offices**

Participants identified physical proximity as one of the logistical challenges affecting the provision of workplace HIV and AIDS support groups for employees living with HIV and AIDS. Physical proximity is used here to refer to the travel distance between the offices where potential group members are stationed. According to Gottlieb (2001:15289), the challenges for providing support groups occurs when many people who might be attracted to a support group live in geographically remote areas and when they have difficulties that limit their mobility or prefer not to divulge their identity. Physical proximity affects group development. Weinberg and Gould (2010:167) maintain that people are more likely to bond when they are near each other. Although physical proximity alone does not actually develop a team concept, close contact with members promotes interaction, which in turn hastens the group's development. Having individuals in close proximity to each other with opportunities for interaction and communication fosters group development (Weinberg and Gould 2010:167).

Physical proximity affects group cohesion. Group cohesion is the sum of all variables influencing members to stay in a group. It occurs when the positive attractions to the group outweigh any negative implications a member might encounter (Zastrow 2009:20). A member's level of cohesion is constantly changing as events alter each member's feeling and attitudes about the group. The extent of a member's attraction to and involvement in a group can be measured by his or her perceptions of the payoffs and costs; the higher the level of attraction, the greater the attractive qualities of cohesion. Highly cohesive groups have low levels of absenteeism and a low turnover in membership. In addition, members are willing to listen, accept suggestions, and defend the group against external criticism. Group cohesion and collectivity lead to the empowerment of group members. Zastrow (2009:21) maintains that because a group provides a source of security, it often rewards members by becoming a support system that reduces anxiety, heightens self esteem, adds meaning to living, and often helps

members resolve personal problems. This is more important for workplace HIV and AIDS support groups.

The problems with proximity appear to lie in the way in which government departments and the parastatal structure their work and appoint social workers to render Occupational Social Work services. In government departments, all national departments and most of the provinces have their own social workers servicing the different offices. However, not all areas within the government structures have social workers. This means that people who need to participate in support groups have to travel long distances to attend support groups in other areas serviced by the department. Due to the distance, absenteeism is rife, resulting in a loss of interest and affecting a sense of belonging.

The challenge regarding physical proximity could also be understood within the context of the researcher's work organisation, SA Post Office-Government Parastatal. The company has structured work in terms of regions, not provinces. Nationally, there are six regions: Northern Region, Wits Region (Johannesburg), Central Region, KwaZulu-Natal, Eastern Cape, and Western Cape Region. All regions overlap and are made up of parts from different provinces. A typical example of this is the Northern Region, which is made up of (the whole of) Pretoria, Limpopo Province, Mpumalanga Province, and part of the North West Province. This region is under the service of two practitioners who are stationed in Pretoria. The majority of employees living with HIV and AIDS in this region are scattered in Post Office outlets and Mail Delivery Depots throughout the region. To understand this better, the following table provides a picture of the situation. There are six potential support group members who are dispersed in six different post offices in the Lowveld Area of Northern Region.

Table 3: Travel distances of potential support group members to the central place for a possible meeting

Potential Members	Group	From	To	KM (Single)	Return KM
Member A		Arcornhoek	Nelspruit	134	268
Member B		Hazyview	Nelspruit	64	128
Member C		Barberton	Nelspruit	45	90
Member D		Lydenburg	Nelspruit	100	200
Member E		Graskop	Nelspruit	135	270
Member F		Malelane	Nelspruit	133	266

The central place for the meeting in this case would be Nelspruit, but the distance between Nelspruit and these post offices is huge, and it makes it unfeasible to establish a group for these potential members. The operational requirements of their jobs also make it difficult for these employees to be out of their workstations for extended hours because most of them are expected to be servicing the public all day long. A participant expressed the challenge regarding physical proximity in the following statement:

“The challenge is that it is very difficult to get people together as employees are scattered all over the offices and the long distance between the offices complicates it further. In the organisation we have a problem of a shortage of vehicles to transport people around so getting people to move from their offices to a central place is often a challenge. The organisation does not have cars, or at times a car is organised but people who need to come to the meeting do not have driver’s licenses, so how would they get to the meeting venue! Even with the Candlelight Memorial or World AIDS Day, it is a serious challenge to get people to attend the event. What I do nowadays is organise small events at the local offices because it does not have problems of getting people outside the work. But still the managers complain about time and disruption of service delivery. With HIV and AIDS support groups, possible support group members are scattered all over. I can’t have a support group meeting with one client in a

particular office and then move on to the other office. It is just not feasible and it cannot be called a support group since there will be no group involved”.

“We even tried to arrange transport at some stage but it does not work due to logistical reasons and operational requirements of their work. It just does not work”.

- **Poor attendance of support group meetings**

Poor attendance of group meetings by members was cited as a challenge for a workplace support groups for employees living with HIV and AIDS. This is also indicated and supported by various authors. Department of Health (n.d:25) note that support groups do not work because members stop attending or their attendance is not very regular. The guide also notes that sometimes people also lose interest or they lose their commitment to the group and stop attending. According to Hartley and Kennard (2009:60), group members will always have conflicting demands on their time that can make punctual and reliable attendance problematic. Meissen and Volk (1995) cited in Kurtz (1997:30), explain that irregular attendance of support groups by members has been cited as a problem by both professionals and peer leaders. Kurtz (1997:105) explains that support group members typically drop in and out and many are often absent. This is typical of open groups.

Open membership allows new ideas and new resources to be brought to the group through new members. Hartford (1971), cited in Toseland and Rivas (2009:169) notes that the influx of new ideas, beliefs and values can make open groups more creative than closed groups. New members can change the entire character of the group. The difficulties involved in adding new members to an already functioning group are not, however, insurmountable. Yalom (1995) cited in Toseland and Rivas (2009:169) notes that members can join a group, learn the group norms and participate in meaningful ways without requiring the group to regress to an earlier stage of its development. However, there are also disadvantages of open membership. Hartford (1971) cited in Toseland and Rivas (2009:169) suggests that “instability is the basic shortcoming of the

open group, resulting from loss of leadership, turnover in personnel, exodus of members, loss of group identity". Kurtz (1997:105) suggests that the group must have enough members to compensate for this attendance pattern.

Participants were quick to cite the problems relating to unreliable and or sporadic attendance of support group meetings on the part of group members. Issues relating to the ill-health of members, leave of absence, drop-outs, work pressure, personal problems, and reduced enthusiasm and commitment for attending support group meetings were cited by participants as reasons behind the poor attendance of workplace support group meetings.

This was expressed in the following sentiments:

"The attendance for the support group is very unreliable. As a practitioner, I always prepare myself well in advance, or invite an outside guest to engage the group on a particular topic in advance, but when I get to the group, I find four people out of eighteen. It is very discouraging".

"I always receive the same apologies every time when I have a meeting. Members are often off sick due to ill-health, family responsibilities, and vacation leave. Drop-out makes the matter worse".

The researcher views the issue of irregular attendance of group meetings by members as an issue of concern in social work groups because of its potential to affect group cohesion. It should be noted that attendance problems is a common characteristic for open groups. There is, however, something that social workers can do to deal with this problem, though there is not much they are able to do with problems of proximity. Meissen and Volk (1995) cited in Kurtz (1997:30) suggest that to some extent, attendance problems must be accepted and dealt with by continuing to recruit newer members and by maintaining a welcoming and comfortable group climate.

- **Time for support group meetings**

Finding appropriate time for the group meetings was a challenge experienced by participants with regard to providing workplace support group for employees living with HIV and AIDS. Department of Public Service and Administration (2002:91) notes that finding an appropriate time for the group to meet that fits in with busy and demanding schedules is one of the key challenges in forming workplace support groups. Corey and Corey (2006:117) suggest that group leaders should choose any frequency and duration that suit his or her leadership style and the type of people in the group. In workplace HIV and AIDS support groups, deciding on the duration and suitable time for the group to meet is a challenge for social workers because the group members are often stationed in different work stations and offices and their work requirements are different. In one participant's organisation, for example, some sections are often busy in the early hours of the day while other sections become very busy late in the day. This often presents a challenge in terms of finding a suitable time for the group to meet.

Participants reported finding an appropriate time for the group to meet that fits in with busy, demanding and conflicting schedules as one of the key challenges they face in their workplaces. This was particularly the case for those employees who directly service the public in their respective departments. It was also revealed that the time allocated for the meetings in most departments was insufficient. Management in most government departments usually allocates two hours to the employees, which include an hour for the actual support group meeting, the time taken to travel to and from the meeting, as well as the time to attend any unfinished business or a follow-up session which happens after the meeting. Participants maintained that this time is unrealistic and that it does not create a sufficiently conducive atmosphere, which allows members to freely share their feelings and thoughts.

Participants expressed the following concerns regarding time allocation:

“It is very difficult for management to allocate enough time for members. They only allow members two hours per meeting, so everything must happen in two hours. They expect members to be back in the operations at the end of two hours, and they don’t take exception on this. This affects the group processes because members have insufficient time to discuss their issues”.

“Some important issues are not discussed in great detail because members are often chasing time”.

“If the meeting is prolonged beyond allocated time due to specific issues under discussion, members sometimes ask to be excused”.

- **Meeting places/ venues**

The meeting venues for workplace HIV and AIDS support groups present an additional challenge faced by participants. The venues for workplace HIV and AIDS support groups pose an issue of serious concern to social workers because HIV and AIDS is a sensitive issue. Kurtz (1997:96) suggests that if the group is established for persons who feel stigmatised by their condition, the meeting should probably not be held in a public place. The meeting place should be accessible to potential members and offer them safety and convenience. It should be a comfortable and inviting place where those assembled will not be disturbed by other events. Once established, the meeting place should not change, particularly if the group is to be of the long-term open-ended variety. Members will drop in and out and must be able to count on the permanence of time and location (Kurtz 1997:96).

The participants admitted to utilising the venues within their respective workplaces to run their support group meetings, which are ultimately not conducive enough for successful group sessions. The workplace venues reportedly expose support group

members to public scrutiny by fellow colleagues. Participants also reported that the workplace venues are not reliable and that they can change at anytime, especially when there are some other meetings or courses taking place in the organisations, which are regarded as being more important than support group meetings.

Participants expressed the challenges regarding workplace venues in the following statements:

“The venue within the workplace is a serious challenge for my group. It does not guarantee the protection of information and people’s identity. People in my organisation have a tendency of becoming very curious and interrogative when they see people going to attend the meetings they do not know anything about”.

“Most of the venues that we are allocated in my workplace are not stable and reliable at all, and sometimes we are asked to abandon the venues while the meeting is proceeding because of some other meetings which are regarded to be more important by management. It happened twice. We were asked to conduct our meetings elsewhere because management wants to utilise the same venue”.

- **Member’s transportation to the meetings**

The transportation of group members to and from the meetings was mentioned as another challenge of a workplace support group. The Department of Health guidelines in establishing and maintaining support groups for employees living with HIV and AIDS (n.d:25) notes that basic resources such as access to consistent, safe and reliable venue and transport, amongst others, have been regarded as hindering the development of the on-going sustainability of groups. In workplace support groups, the transportation of members is especially important for those members who are stationed in offices which are far away from the scheduled meeting place.

Most of the participants in this study maintained that their organisations often make it difficult to approve transportation for these group members, even where members need to be transported from local offices. Most of the members are said to transport themselves, despite the fact that workplace support group is meant to be the employer's initiative. The participants relate transportation problems in their respective organisations to the lack of support from management and the diminished interest in the well-being of the employees.

Challenges regarding member's transportation to the meeting are evident in the following participant's response:

"In my department, management does not want to entertain the issue of member's transportation. The only answer I get when I try to arrange transportation is 'we don't have transport; your people must transport themselves to the meeting. It is their meeting after all'".

It is the researcher's view that sufficient resources are important for the establishment and maintenance of workplace HIV and AIDS programmes such as support groups. Insufficient resources present challenges for the social workers responsible for coordinating workplace support groups.

- **Lack of budget for the support group**

Various authors confirm the problematic issue of the lack of budget. The Centre for Health Policy (2001:19) argues that some companies are not prepared to allocate funds to HIV and AIDS issues, and as a result, they run HIV and AIDS programmes without a budget. It further states that "some businesses do not want to pay for AIDS; they are not looking at the cost benefit issues". According to the Department of Public Service and Administration (2001:79), the lack of a budget for HIV and AIDS plans has frequently been identified as a barrier to implementation. The guide also notes that this needs to be proactively addressed, but that it should be borne in mind that many activities may

be “low-cost or no-cost”, and that there are many potentially creative ways of accessing resources for workplace programmes.

The lack of financial resources to run the workplace support groups is another challenge reported by participants. The participants reported that they do not possess the necessary budget to run their support groups. They maintained that they require a budget in their HIV and AIDS workplace programmes, including support groups. A suitable budget for support groups is understandably required for procuring refreshments for the group meetings, procuring venues outside the workplace (where necessary), procuring special guests, purchasing audio-visual materials, procuring transportation as well as funding for any emerging need of the support group.

The following storylines depict these emotions:

“In my organisation, we are running HIV and AIDS workplace programmes from “zero budget”. I cannot organise anything which requires money because I know there is nothing allocated for HIV and AIDS programmes”.

4.3. Conclusion

This chapter presented the findings of the study investigating the workplace support groups for people living with HIV and AIDS and the challenges faced by social workers rendering Occupational Social Work services. The findings were discussed according to the three themes which emerged during the process of data analysis. The researcher analysed data by applying the eight steps for data analysis as proposed by Tesch, set out in Creswell (2003:191). The three themes that were identified from the data were the recruitment of employees in workplace support groups, the challenges faced by social workers rendering Occupational Social Work services, and services offered to employees living with HIV and AIDS at the workplace. Each of the themes was supported by sub-themes and relevant participant quotation. Each theme and sub-theme was verified by comparing the findings to available literature.

In the next chapter, the last of this report, a summary will be provided as well as the conclusions arrived at as result of this study. Furthermore, the conclusion will be complemented with recommendations.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter presents the findings and espouses the overall conclusions and recommendations of the research investigating the challenges faced by social workers rendering Occupational Social Work services with specific reference to providing workplace HIV and AIDS support groups. The findings are based on data collected through semi-structured individual interviews with social workers rendering Occupational Social Work services. Non-probability sampling was used to select participants following a specified set of criteria. The recommendations are subsequently based on the findings of the study.

This chapter will be structured under the following sub-headings:

- Summary and conclusions on the research methodology employed
- Summary of and conclusions on the research findings
- Recommendations
- Concluding remarks

5.2. Summary and conclusions on the research methodology employed

In order to understand if the research methodology employed in the research was able to achieve the purpose in which it was intended, the researcher re-examined various aspects of the research methodology upon the completion of the study and was able to formulate the following conclusions:

- **Conclusions about the research question**

As indicated in Chapter 1, the research question was: What are the challenges experienced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV and AIDS?. After revisiting the afore-mentioned research question in relation to the findings, the researcher came to the conclusion that this research question was adequately answered as the research was able to reveal several challenges experienced by social workers rendering Occupational Social Work services with regard to the issue of establishing and maintaining workplace support groups for employees living with HIV and AIDS. These challenges were discussed in chapter 4 of this research report.

- **Conclusions about the goal and the objectives**

As stated in Chapter 1, the goal of this study was to develop an in-depth understanding of the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV and AIDS. After the re-examination of the afore-mentioned goal, the researcher came to the conclusion that the goal of the research was achieved as the researcher was able to develop and present an in-depth understanding of the challenges faced by participants with regard to the phenomenon which was under discussion. This understanding was presented in Chapter 4 of this research report.

The research objectives were:

- To explore the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS. This objective was achieved as the researcher was able to explore the participants' experiences with regard

- to the issue establishing and maintaining workplace support groups for people living with HIV and AIDS.
- To describe the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS. This objective was achieved as the researcher was able to describe the explored participants' experiences in relation to the issue pertaining to establishing and maintaining workplace support groups for people living with HIV and AIDS.
 - To draw conclusions and make recommendations based on the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for people living with HIV and AIDS. This objective was achieved as the researcher was able to draw conclusions and make recommendations with regard to the phenomenon which was under investigation. These are presented in Chapter 5 of this research report.

- **Conclusions about the qualitative research approach**

Subsequent to reflecting on the qualitative research approach employed (as indicated in Chapter 1) the researcher came to the conclusion that the qualitative approach was a well-suited approach of investigating the topic which was under discussion because the qualitative approach was able to make qualitative examinations, analyses and interpretations of the participants experiences regarding the issue of establishing and maintaining workplace support groups for employees living with HIV and AIDS.

- **Conclusions about the research design used**

In reflecting on the research design employed in the research, the researcher came to the conclusion that the explorative, descriptive and contextual research designs employed aided the researcher in his quest to realise the objectives of

exploring and describing the phenomenon which was under investigation within the context in which it occur.

- **Conclusions about the method of data collection**

As stated in Chapter 1 the method of data collection employed in this research was semi-structured interviews with the aid of an interview-guide. Consequent to reflecting on this method of data collection employed, the researcher came to the conclusion that this method was well-suited to collect detailed information about the topic which was under investigation. The researcher, after revisiting the questions contained in the interview guide, also came to the conclusion that these questions were able to cover all the aspects related to the topic and that they were pitched at the participant's level of understanding.

- **Conclusions about the process of data analyses**

The research arrived at the conclusion that the eight steps proposed by Tesch (in Creswell, 2003:191) of analysing qualitative generated data were easy to apply, and that they were able to facilitate the process of data analyses.

5.3 Summary and conclusions based on research findings

Through the qualitative nature of the study only eight participants were interviewed. The number of participants was determined by the saturation of data which is explained by Terre Blanche, Durrheim and Painter (2006:372) as the condition of an interpretive account in which the account is richly fed by the material that has been collected, at least to the point where the researcher is able to say "I have thoroughly explored the data and have acquired a satisfactory sense of what is going on". The researcher interviewed participants until the information was repeating itself, which was a sign of saturation of data. Following this, the data were analysed and the research findings were presented thematically in Chapter 4 of this report. The themes identified were

underscored with the participants' own words presented as direct quotations and where possible subjected to a literature control. In the next section of this chapter the research findings is presented by way of summarising and as conclusions.

5.3.1. Recruitment of members in workplace support groups

In summarizing, the researcher came to the conclusion that that membership of support groups for people living with HIV and AIDS is affected by the strategy used by the social workers in recruiting members. The study confirmed that the personal invitation method proved to be the most effective strategy in recruiting members to the workplace HIV and AIDS support groups and that general marketing and referral by fellow support group members proved to be ineffective methods of recruiting members to workplace support groups. The reason for the ineffectiveness of these two methods was found to be the fact that people living with HIV and AIDS do not prefer to be associated with workplace HIV and AIDS support groups because HIV and AIDS is still a disease surrounded by ignorance, stigma and discrimination in the workplace.

5.3.2. Challenges faced by social workers rendering Occupational Social Work services

The researcher in summary came to the conclusion that social workers rendering Occupational Social Work services to people living with HIV and AIDS by means of support groups were facing the challenges identified hereunder:

- HIV and AIDS disclosure at the work place
- Management-related challenges
- Organisational challenges
- Logistical challenges

Each of these challenges is discussed hereunder:

5.3.2.1. Workplace HIV and AIDS disclosure related challenges

The findings revealed a number of HIV and AIDS disclosure-related issues, which discourage potential support group members from joining and utilising the services of workplace HIV and AIDS support groups. HIV and AIDS stigma and discrimination and confidentiality or secrecy regarding HIV and AIDS were identified by participants as the factors which discourage the potential support group members from joining and utilising the services of workplace HIV and AIDS support groups. The study proved that there is still resistance from the employees to opening up and revealing one's status. This contributes to the weakening membership of support groups.

5.3.2.2. Management-related challenges

The results revealed a number of management-related challenges which social workers face when rendering Occupational Social Work services. These challenges were noted as impacting on the delivery of services because they frustrate the social workers and adversely affect their capacity to effectively discharge their duties. In addition to this was a lack of management support, a lack of understanding of the social workers' role on the part of management (role-ambiguity) and poor supervision by managers who do not have social work backgrounds. A lack of management support impacts on the delivery of Occupational Social Work services because it exacerbates a situation in which workplace support groups lack adequate funds, resources and equipment required to effectively run the groups. Role ambiguity was found to impact on Occupational Social Work services because social workers are exposed to conflicting demands, in addition to being expected to do things which are not part of their job, while being unable to do things which should be part of their job. Supervision of social workers by non-social workers is another management-related challenge which impacts on the delivery of Occupational Social Work services, including workplace support groups. This kind of supervision results in a supervisor-supervisee relationship characterised by interference, conflicts of interests, competition and a disregard for the profession. These issues compromise the value of the social work profession, as well as the effectiveness of the individual social worker.

5.3.2.3. Organisational challenges

The findings revealed a number of organisational challenges which social workers face when rendering Occupational Social Work services. Workplace HIV and AIDS is an example for such services affected by organisational challenges. The organisational challenges include limited human resource to implement care and support programmes and Inflexible organisational systems and processes. Human resource is used here to refer to the staff complement required to successfully implement Occupational Social Work services in a given organisation. The study proved that limited human resource impacts on the ability of the individual social worker in providing comprehensive services and limits his or her effectiveness in providing quality services to the employees and the organisation. This is aggravated by high levels of stress and burnout experienced by social workers, which result from high caseload caused by limited staff. Another organisational challenge experienced by social workers rendering Occupational Social Work services is that of organisational inflexibility. Organisational inflexibility is used here to refer to the inability of organisations to effectively integrate Occupational Social Work services and programmes into their operations. Added to the inflexible organisational systems was the unwillingness of the management to reasonably accommodate employees living with HIV and AIDS in the workplace which inevitably aggravates a situation in which employees living with HIV and AIDS are discouraged from attending support groups.

5.3.2.4. Logistical related challenges

The results also revealed a number of logistical challenges which social workers face when rendering Occupational Social Work services. These challenges include physical proximity or distance between the offices, poor attendance of support group meetings, time for support group meetings, meeting places or venues, member's transportation to the meetings, and lack of budget for the support group. These challenges were found to directly affect the provision of workplace HIV and AIDS support groups because social workers are not able to function effectively. For example, a failure to provide financial

resources for the maintenance of groups, a resistance to allocating reasonable and appropriate time for members to attend group sessions and a failure to provide official transport to convey members to the central venue where support groups are held directly affect the provision of workplace HIV and AIDS support groups.

It became clear that social workers providing Occupational Social Work services to people living with HIV and AIDS are exposed to challenges that negatively impact on the delivery of services and that they therefore do not feel supported by the employing agency. This indirectly contributes to low morale and burnt-out syndrome for social workers.

From the findings of the study, it can be concluded that social workers offering Occupational Social Work services face a number of challenges that directly or indirectly impact on their service delivery. The challenges can basically be classified into four categories namely: Ignorance and stigma attached to HIV and AIDS, a lack of understanding of the role of social work in a secondary setting, management-related challenges and logistical problems as discussed below:

- HIV and AIDS in the workplace is still a disease surrounded by ignorance, prejudice, discrimination and stigma. These factors discourage the potential support group members from joining and utilising the services of workplace HIV and AIDS support groups. It is the researcher's view therefore, that for as long as ignorance, prejudice, discrimination and stigma regarding HIV and AIDS are still prevalent in the workplace, the environment of HIV and AIDS non-disclosure would continue to prevail, and the utilisation of workplace support groups will remain low.
- Management support is one of the crucial conditions required for the effective provision Occupational Social Work services. Without management support in what social workers do, social workers cannot effectively function, and as a result, organisations will struggle to reap the benefits of Occupational Social Work.

- In some organisations, Occupational Social Work is still regarded as a profession surrounded by uncertainties related to the role of social workers. It is the researcher's view therefore, that organisations are not functioning properly regarding the provision of workplace HIV and AIDS support groups because there is no clear communication, or roles, feedback, rules and boundaries within the systems. These issues create and perpetuate a situation in which role ambiguity causes confusion, misunderstanding and a breakdown in communication.
- Occupational Social Work services are provided in secondary settings where the core business of the organisations is not to deliver social work services but rather to complement services offered in the organisation. This means that social workers are hired in these organisations to provide Occupational Social Work services as a support function to organisations. As a result, some managers largely regard social work services as a non-essential part of the business operation. This appears to be a serious challenge in some organisations because it creates an environment characterised by a lack of managerial support and acknowledgement of social work services. This environment extends to the provision of workplace HIV and AIDS support groups.
- Working in an environment in which supervisors do not have backgrounds in social work is a challenge to social workers because people often bring different ideologies at work, based on their training and work backgrounds. Instances in which a social worker's supervisor has a different training background, result in the emergence of different ideologies between the social worker and the supervisor, thus creating an environment characterised by interference, conflicts, disrespect, misunderstandings, disagreements, competition, disregard of profession, demoralisation and a lack of recognition and appreciation. These issues therefore compromise the value of the social work profession, as well as the effectiveness of the individual social worker.
- Inflexible organisational systems and processes also pose a challenge for social workers rendering Occupational Social Work services. If the organisational systems

continue to be inflexible, and management does not show any signs of making sufficient effort to accommodate employees living with HIV and AIDS and to support them in as far as workplace HIV and AIDS support groups are concerned, the provision of workplace support groups will continue to face numerous challenges.

- The logistical challenges identified in this research directly affect the provision of workplace HIV and AIDS support groups. Social workers alone cannot be able to effectively resolve these challenges without support from management. It therefore follows that without support from management in the resolution of challenges relating to physical proximity, poor attendance of support group meetings, time for support group meetings, meeting venues, member's transportation to the meetings, and the inadequate budget for the support group, the provision of workplace HIV and AIDS support groups will continue to face enormous challenges.

5.4. Recommendations

In view of the findings that emerged from the data, the researcher forwards the following recommendations:

5.4.1. Recommendations for organisations /management

In order to improve the services of social workers rendering Occupational Social Work services, and the subsequent provision of workplace HIV and AIDS support groups, the following recommendations require the actions of management:

- Organisations should employ a multi-pronged approach to dealing with stigma and discrimination and sustain these over time. The Joint United Nations Programme on HIV and AIDS, UNAIDS (2005:16) has proposed several strategies which could be used to tackle stigma and discrimination in institutional settings. These strategies include mobilising the organisations to implement non-discriminatory policies, promoting understanding about AIDS through the education of managers and

employees, improving the quality of life of employees living with HIV through access to integrated care and the implementation of non-discriminatory workplace policies, ensuring redress where cases of discrimination occur, and improving the quality of care in health services for patients living with HIV through participatory work with health-care managers and providers (UNAIDS, 2005:16). The implementation of these strategies would create an environment, which is conducive for the potential members to join and utilise the services of workplace HIV and AIDS support groups.

- To address the problem of inadequate resources which hinder the provision of workplace HIV and AIDS support groups, management should allocate sufficient resources to their workplace HIV and AIDS programmes. These should include human and financial resources, and should also address transportation, equipment and adequate meeting facilities.

- Senior management should demonstrate enthusiastic commitment and involvement in workplace HIV and AIDS programmes, including workplace HIV and AIDS support groups. The Health Communication Unit (2004:11) supports this recommendation and notes that evidence of enthusiastic commitment and the involvement of senior management is imperative if employees are to understand their employers' serious commitment to creating a healthy workplace.

- As far as reasonably practical, management should make sufficient efforts available to accommodate employees living with HIV and AIDS and support them in as far as workplace HIV and AIDS support groups are concerned. The government requires of every organisation to have an HIV and AIDS policy. These policies must be implemented at all cost to accommodate people living with HIV and AIDS.

5.4.2. Recommendations for social work profession

In order to improve the provision of Occupational Social Work services, and the subsequent provision of workplace HIV and AIDS support groups, the following recommendations are made to social workers rendering Occupational Social Work services:

- To address the problem of role ambiguity and uncertainties regarding what social workers do in organisations, social workers need to educate the organisation regarding what they do and why they are to be found in the organisations. They need to clarify their roles and responsibilities and have their strategies and workplans in place and in order. The strategies for social workers rendering Occupational Social Work services need to be communicated to the relevant stakeholders in order that they may know what the social workers aim to achieve at any given time.

- In instances in which it is not feasible for a social worker to establish and maintain the workplace HIV and AIDS support groups due to logistical challenges which cannot be resolved, the social worker should establish a partnership and referral system to community-based support groups. This recommendation is supported by Galinsky and Schopler (1994), as cited in Kurtz (1997:30), who states that the practitioner's obligation is to help people find a suitable group, to assure safety in groups they facilitate, to structure groups in ways that offer suitable procedures and expectations, and to cultivate norms that assure positive discussion.

- In addressing the problem of the low utilisation and poor attendance of workplace support groups by employees living with HIV and AIDS, social workers must devise effective strategies to recruit and retain members. Meissen and Volk (1995) cited in Kurtz (1997:30) confirm this recommendation in their suggestion that, to some extent, the problem of irregular attendance must be accepted and dealt with by continuing to recruit newer members and by maintaining a welcoming, comfortable group climate.

- Social workers must be creative in making their workplace support groups for employees living with HIV and AIDS more interesting to potential members. Kurtz (1997:57) substantiates this recommendation by indicating that group attractiveness is of immense importance to everyone as it facilitates the establishment of a link between the clients and the groups which they need. The author further states that without some attractive elements, recruits will depart, never to return, and that the group will die.
- Since this study has excluded social workers who have attempted and failed to establish workplace HIV and AIDS support groups in their respective organisations, further studies should be conducted to explore the challenges faced by social workers rendering Occupational Social Work services with regard to the particular issue of establishing workplace HIV and AIDS support groups.

5.5. Concluding remarks

As stated in chapter one, the goal of this research project was to develop an in-depth understanding of the challenges faced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV and AIDS. The research project made a significant contribution in exploring and describing the phenomena under investigation. The research project has also made a significant contribution in drawing conclusions and making recommendations based on the challenges faced by social workers rendering Occupational Social Work services in providing workplace HIV and AIDS support groups. It is the researcher's conviction therefore; that with the appropriate resources and enthusiastic management support and involvement, the challenges faced by social workers rendering workplace HIV and AIDS support groups could be adequately dealt with. The information revealed in this research report provides an opportunity for social workers and management to understand the challenges faced by social workers from a fresh perspective, as well as to provide a path to move towards a resolution of these challenges.

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APPENDIX A

LETTER REQUESTING INDIVIDUALS TO PARTICIPATE ON A RESEARCH PROJECT ON THE TOPIC OF:

Workplace support groups for people living with HIV and AIDS: challenges faced by social workers rendering Occupational Social Work services

Dear.....

I Mukondeleli Isaac Khubana, the undersigned, am a social worker in service of the South African Post Office Ltd in Pretoria, and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the master's degree, I have to undertake a research project and have consequently decided to focus on the research topic indicated above.

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will

entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of the researcher's interest and passion in helping employees living with HIV and AIDS, as well as from his experience in coordinating the activities of workplace support group in his current place of employment and the many challenges experienced in this regard.

The aim of this research undertaking is to develop an in-depth understanding of the challenges experienced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV.

The information gathered from this study will:

- Assist the social workers rendering Occupational Social Work services and policy makers in the formulation of suitable policies and strategies to address the phenomenon under investigation;
- Add to the existing theory and generate the new theory of potential use by social workers rendering Occupational Social Work services and;
- Enhance the effectiveness of the individual researcher on his role as the social workers rendering Occupational Social Work services, tasked with the responsibility of managing Workplace HIV and AIDS programme.

Should you agree to participate, you would be requested to participate in one face-to-face interview that will be conducted at a convenient place from at the suitable date and time. It is estimated that the interview will last approximately 45. During the interview the following questions will be directed to you:

- In what sector are you employed?
- How many years do you have in rendering Occupational Social Work services?
- What is the estimated number of employees living with HIV and AIDS in your organization?

- How long have you been running workplace HIV and AIDS support groups?
- Were those groups open or close groups?
- How many support groups for people living with HIV and AIDS do you run?
- What is the composition of your group/s?
- As a social worker, how do you recruit members to join the support groups?
- As a social worker, how does it feel to work in an environment that is not purely social work related?
- Does your employer understand what Occupational Social Work entails?
- From your social work perspective, what experiences do you face with running a workplace support group for employees living with HIV and AIDS?
- How confident are you in running these groups?
- Does your employer expose you to the workshops or courses that enhance your workshop and facilitation skills?
- What support and resources are made available to help you run these groups?
- What is your company policy about providing workplace support groups for employees living with HIV and AIDS?
- What services does your department offer employees living with HIV and AIDS at the workplace?
- What challenges did you experience as a social worker regarding establishing and maintaining workplace support groups for employees living with HIV and AIDS?
- What recommendations can you offer to address the challenges and problems that you have mentioned?
- What suggestions can you offer to improve the services of social workers involved in Occupational Social Work?

With your permission, the interview will be tape-recorded. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape(s) will be coded to disguise any identifying information. The tapes will be stored in a locked office at the SA Post Office and only I will have access to them. The transcripts (without any

identifying information) will be made available to my research supervisor(s) or promoter(s), a translator (if they need to be translated into English), and an independent coder with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor(s) or promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact me at the contact numbers indicated below.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Isaac Khubana

Signature of researcher

Contact details: 012 339 7496 (work telephone number)
 072 986 8466 (cell phone number)
 086 566 7000 (fax number)
 Isaac.khubana@postoffice.co.za (e-mail address)

APPENDIX B
INFORMATION AND INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT:

**WORKPLACE SUPPORT GROUPS FOR PEOPLE LIVING WITH HIV AND AIDS:
CHALLENGES FACED BY SOCIAL WORKERS RENDERING OCCUPATIONAL
SOCIAL WORK SERVICES**

REFERENCE NUMBER: _____

PRINCIPAL INVESTIGATOR/RESEARCHER: MUKONDELELI ISAAC KHUBANA

ADDRESS

PO BOX 9457

PRETORIA

0001

CONTACT TELEPHONE NUMBER:

Work telephone number: 012 339 7496

Cell phone number: 072 986 8466

Fax number: 086 566 7000

e-mail address: Isaac.khubana@postoffice.co.za

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:	<u>Initial</u>
I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant or in my capacity as _____ of the participant [ID No _____] of _____	

<p>_____ (address)</p> <p>A. HEREBY CONFIRM AS FOLLOWS:</p> <p>1. I/the participant was invited to participate in the above research project which is being undertaken by Mukondeleli Isaac Khubana of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	
<p>2. The following aspects have been explained to me/the participant:</p> <p>2.1 Aim: The investigator(s)/researcher(s) are studying</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>The information will be used to/for</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Initial</u></p>
<p>2.2 I understand that</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Initial</u></p>

<p>2.3 Risks:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Initial</u></p>
<p>Possible benefits: As a result of my participation in this study</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Initial</u></p>
<p>Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.</p>	<p><u>Initial</u></p>
<p>Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.</p>	<p><u>Initial</u></p>
<p>Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.</p>	<p><u>Initial</u></p>
<p>3. The information above was explained to me/the participant by _____ (name of _____ relevant _____ person) in Tshivenda/English/Sotho/Tsonga/Tshwana/other _____ (indicate other language) and I am in command of this language/it was translated to me satisfactorily by _____ (name of the translator). I was given the opportunity to ask questions and all these questions were answered satisfactorily.</p>	<p><u>Initial</u></p>
<p>4. No pressure was exerted on me to consent to participate and I</p>	<p><u>Initial</u></p>

understand that I may withdraw at any stage from the study without any penalty.	
5. Participation in this study will not result in any additional cost to me.	<u>Initial</u>
<p>B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.</p> <p>Signed/confirmed at _____ on _____ 20__</p> <p>_____</p> <p>Signature or right thumbprint of participant Signature of witness</p>	

APPENDIX C

Dear Mr/s
(name and address of the organization)

LETTER TO PARTICIPANTS WORK ORGANIZATIONS

Dear sir/ madam

I Mukondeleli Isaac Khubana, the undersigned, am a Social Worker rendering Occupational Social Work services in service of the South African Post Office Ltd in Pretoria, and also a part-time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the master's degree, I have to undertake a research project and have consequently decided to focus on the research topic: Workplace support groups for people living with HIV and AIDS: challenges faced by social workers rendering Occupational Social Work services

The aim of this research undertaking is to develop an in-depth understanding of the challenges experienced by social workers rendering Occupational Social Work services in establishing and maintaining workplace support groups for employees living with HIV.

This research project originated as a result of the researcher's interest and passion in helping employees living with HIV and AIDS, as well as from his experience in

coordinating the activities of workplace support groups in his current place of employment and the many challenges experienced in this regard.

In view of the fact that your employee (s) (name of employee) is well-informed about the topic, he/ she has been approached regarding participation in the research and he/ she indicated willingness to participate in the intended research project.

Please note that your employee(s) participation in the research is completely voluntary. His/ her decision to participate, or not to participate, will not affect them in any way now or in the future and they will incur no penalty and or loss to which you may otherwise be entitled.

All ethical considerations applicable to Social Science Research will be adhered to in the course of the research. Your employee(s) would be requested to participate in a face-to-face interview that will be conducted at a workplace at the suitable date and time. It is estimated that the interview will last between 45 and 60 minutes. All necessary information will be explained and or given to the employee before the interview.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you consent your employee(s)

participating in this research study by signing and dating the information and consent form provided herewith.

Thank you for your understanding

Kind regards

Isaac Khubana

Signature of researcher.....

Contact details: 012 339 7496 (work telephone number)
 072 986 8466 (cell phone number)
 086 566 7000 (fax number)
 Isaac.khubana@postoffice.co.za (e-mail address)