The education, training and developmental support for employees with disabilities: A wellness perspective

by

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DECLARATION

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I declare that the above dissertation/thesis 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.

06 November 2017

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SIGNATURE DATE

(ZELNA VAN NIEKERK)

DEDICATION

I dedicate this to the person that made me who I am, “Ma Spook.” You raised me like your “normal” children; disability (yours and mine) was never allowed to be used as an excuse. You dutifully took care of me after each operation, accident, or “mishap,” many a time first fighting and then loving care. Dankie en tonne liefde, Ma Spook.

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SUMMARY

This study investigated the education, training, and developmental support offered to employees with disabilities, the contribution thereof to their wellness, and the support needed to further improve their wellness. The Bio-psycho-social Model of Disability and the Six-dimensional Model of Wellness were used as the theoretical lenses to better understand disability and wellness. The aim was to answer the research question, "What kind of education, training, and developmental support is offered to employees with disabilities in organisations?"

Within the interpretivist paradigm, the researcher used qualitative research to better understand the wellness experiences and developmental needs of employees with disabilities. Twelve participants were identified with the assistance of organisational representatives as part of snowball sampling, before the researcher conducted semi-structured interviews with each. The researcher and an independent co-coder then analysed the data, using content analysis.

The study revealed that participants described mostly positive experiences on all six wellness dimensions, but they considered the education, training, and developmental support provided insufficient on most of the dimensions. They indicated that, to improve their wellness, their employers need to offer disability-specific education, training, and developmental support to all stakeholders including colleagues, managers and community members. This stressed the need for a wellness framework that includes the education, training, and developmental needs unique to disability.

The Wellness Framework for Employees with Disabilities proposed as a result of this study indicates the participants' personal and work-related developmental needs, as well as the organisational and community development they feel will contribute to their wellness. This support should also empower employees with disabilities to become change champions for disability, to drive disability awareness, and, with organisational support, change and ensure the implementation of relevant public policies.

The study was limited by the availability of research on disability, and further research to evaluate the effectiveness of the proposed wellness framework and the disability-related public policy developed since 2014 is suggested. Future studies could also investigate other wellness variables, to holistically understand the wellness of persons, specifically those with disabilities.

KEY WORDS: Development; Disability; Education; Employment; Employees with Disabilities; Employers; Equality; Inclusive Education; Public Policy on Disability; Reasonable Accommodation; Training; Wellness.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
AfriNEAD	African Network for Evidence-to-Action on Disability
AU	African Union
CEE	Commission for Employment Equity
DEAFSA	Deaf Federation of South Africa
DBSA	Development Bank of Southern Africa
EEA	Employment Equity Act, Act 55 of 1998
ETD	Education, training, and development
ETA	eThekwini Transport Authority
HRD	Human resource development
ILO	International Labour Organization
LRA	Labour Relations Act, Act 66 of 1995
NCPHSBBR	National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research
NDP	National Development Plan
NSDS I	National Skills Development Strategy I
NSDS II	National Skills Development Strategy II
NSDS III	National Skills Development Strategy III
NCBDDD	National Center on Birth Defects and Developmental Disabilities (USA)
PSETA	Public Service Sector Education and Training Authority
RSA	Republic of South Africa
SAHRC	South African Human Rights Council
StatsSA	Statistics South Africa
SDGs	Sustainable Development Goals
UK	United Kingdom
UN	United Nations
USA	United States of America
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNCRC	United Nation Convention on the Rights of the Child
UNECA	United Nations Economic Commission for Africa

UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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AN OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The World Report on Disability in 2011 reported that:

> *Children with disabilities are less likely to attend school, thus experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood* (World Report on Disability, World Health Organisation, 2011, p. 10).

This study focused on how education, training, and developmental (ETD) support affect the wellness of employed persons with disabilities. How providing persons with disabilities with formal education up to tertiary level, with workplace training to improve their employability and with developmental opportunities integrating them into broader society and their own communities, would affect their quality of life.

A lack of education negatively influences the employability, employment levels, and the ease of access to future ETD of persons with disabilities (World Health Organization (WHO), 2011; Republic of South Africa (RSA), Presidency, 2014). A study undertaken in sub-Saharan Africa by the World Bank found that research on social issues, and especially on the alleviation of poverty among persons with disabilities, is very limited, and stated that future research and publications in the disability field are vital (World Bank, 2013). Both the World Health Organisation and the World Bank reported that persons with disabilities are not only disadvantaged in South Africa but in Africa and the whole world (WHO, 2011; World Bank, 2013; WHO, 2016). The impact of this becomes clear when considering that in 2013 15% of the world population older than 5 years were considered living with a disability. In their 2013 study mentioned above, the World Bank reported that

In 2001, the South African government introduced the National Skills Development Strategy I (NSDS I), which was aimed at developing a skilled and capable workforce, to counter unemployment (RSA, Department of Labour, 2001). With this Strategy Department of Labour and the South African government as a whole reiterated the importance of addressing the skills development inequalities of the past (prior to 1994) and showed intend to improve the development of persons with disabilities. However, in 2010, with the release of NSDS III, government acknowledged that the first two NSDS strategies, released in 2001 and 2005, had made little progress in addressing the skills development inequalities specifically in relation to persons with disabilities. In the third strategy, government undertook to "significantly open up opportunities for skills training for persons experiencing barriers to employment caused by various forms of physical and intellectual disability" (RSA, Department of Labour, 2010, p. 8).

1.2 RATIONALE FOR THE STUDY

As the study considered the wellness of employees with disabilities, it is important to note that wellness is not merely the absence of disease, but encompasses enjoying optimal quality of life (Corbin & Pangrazi, 2001), which includes a good quality of life at work and at home. As a person with a disability, this researcher was motivated to establish the current state of wellness of employees with disabilities, and how this could be improved through ETD support. Although various wellness theories exist, the unique needs of persons with disabilities are mostly not taken into consideration (Smeltzer, 2007), which urged the researcher to learn more about the wellness reality of employees with disabilities.

1.3 SIGNIFICANCE OF THE STUDY

The study makes a significant contribution to the body of knowledge on the wellness of employees with disabilities, which also affects their families and greater society (World Bank, 2013; RSA, Presidency, 2014). This contribution is made by providing more information for use by employers and employees with disabilities regarding what the wellness of employees with disabilities entails and how ETD support could enhance it.

Furthermore, the current study makes practical suggestions to South African organisations and the labour force.

1.4 PROBLEM STATEMENT

In 2015, the employment rate for persons with disabilities in South Africa was 1.2%, with only 39.8% of the 81 599 employees with disabilities employed at skilled, professional, or management levels, with the balance of 60.2% employed in semi-skilled or unskilled positions, earning the lowest incomes (Commission for Employment Equity (CEE), 2015). This highlights the problem of how the low levels of formal education (schooling) limit the career and developmental opportunities available to employees with disabilities, leading to poverty, unhealthy living conditions, and a low quality of life (WHO, 2011; RSA, Presidency, 2014).

This urged the researcher to conduct a study that addresses the following research problem:

The lack of relevant education, training and developmental support negatively influences the wellness of employees with disabilities.

1.4.1 THE RESEARCH QUESTIONS

Main research question:

What kind of education, training, and developmental support is offered to employees with disabilities in organisations?

Sub-questions:

1. What is the current state of wellness of employees with disabilities according to Hettler's six wellness dimensions?
2. How does support in terms of education, training, and development in organisations contribute to the wellness of employees with disabilities?
3. What kind of education, training, and developmental support is needed in organisations to improve the wellness of employees with disabilities?

4. What elements should be contained in a wellness framework for employees with disabilities?

1.4.2 THE AIMS AND OBJECTIVES OF THE STUDY

In order to address the research problem, the researcher identified the following aims for this study.

Main aim:

To identify the kind of education, training, and developmental support that is offered to employees with disabilities in organisations.

Sub-aims:

1. To identify the current state of wellness of employees with disabilities as per Hettler's six wellness dimensions.
2. To describe how the current educational, training, and developmental support in organisations contributes to the wellness of employees with disabilities.
3. To determine what types of education, training, and developmental support are needed in organisations to improve the wellness of employees with disabilities.
4. To develop a wellness framework that may be used to improve the wellness of employees with disabilities.

1.5 CONTRIBUTION TO THE BODY OF KNOWLEDGE

1.5.1 Contribution to Theory

The study focused on an area where limited research has been conducted (World Bank, 2013; RSA, Presidency, 2014), and subsequently contributes much-needed insight into a still unknown situation. Wiersema and Jurs (2009) noted that research studies must have outcomes that address gaps in the existing knowledge. A framework for employees with disabilities requires a paradigm shift by including the specific needs of employees with disabilities, and ensuring that the workplace is adjusted to provide reasonable accommodation of these employees (United Nations (UN), 2006; Jonas, 2014; Aseka & Kanter, 2014).

The study makes a significant contribution in that it suggests that employees with disabilities must be included as equal role-players in the workplace (RSA, Department of Labour, 1998c, 2000, 2014a).

1.5.2 Contribution to Policy

The study provides information on how effective current public policy is in addressing the development of this previously disadvantaged group, as required by the Employment Equity Act, Act 55 of 1998 (EEA) (RSA, Department of Labour, 1998a). This contribution to public policy focuses on the ETD needs of employees with disabilities, for which a 4% skills development target was set in 2001 (RSA, Department of Labour, 2001), which had not yet been met by 2014 (RSA, Department of Higher Education, 2014). The findings of this study highlight some of the reasons for the target not being met, as well as challenges faced in the process. This may inform amendment of current policies.

1.5.3 Contribution to Practice

The views of employees with disabilities are still widely ignored in society and the workplace (RSA, Presidency, 2014; CEE, 2015). The portrayal of real-life challenges and successes experienced by these employees may be used to design a workplace that acknowledges these employees in practice. Applying the recommendations of this study will not only contribute to a workplace that accommodates the ETD needs of employees with disabilities, but also positively influence their quality of work life and all the wellness dimensions contributing to their whole wellbeing in the workplace, at home, and in society.

The information on the unique disability needs identified in this study could, through policy and procedure development, make positive contributions to the way government and organisations interact with their employees, customers, and other persons living with disability. The experiences shared in this study could improve understanding of disability and ultimately contribute to government realising its intention to increase the independence and participation of persons with disabilities (RSA, Department of Labour, 2014a; CEE, 2016).

1.6 LITERATURE REVIEW

A brief overview on the education and employment of persons with disabilities and the influence on the wellness of persons with disabilities in terms of Hettler's (1976) Six-dimensional Model of Wellness (hereafter, for the sake of brevity, referred to as the *Model of Wellness*), is provided below.

1.6.1 An Overview of Disability and Wellness in South Africa

In 2006 the United Nations (UN) declared the Convention on the Rights of Persons with Disabilities (CRPD), which promotes the full integration of persons with disabilities into society (UN, 2006). South Africa signed this agreement in 2007 committing itself to uphold this Convention and its Optional Protocol (Grobbelaar-du Plessis & Grobler, 2013). However, persons with disabilities still constitute one of the most disadvantaged groups in society (World Health Organisation (WHO), 2011, WHO, 2014). They are less likely to obtain educational qualifications and to secure employment, and are likely to have a lower income than able-bodied persons, or no income at all, apart from a social grant (RSA, Department of Public Service and Administration, 2008; RSA, Presidency, 2014). The lack of skills of persons with disabilities was cited by O'Reilly (2003) as one of the main problems in the employment of persons with disabilities. This is a result of the limited education and job-related training and development opportunities offered to them (RSA, Department of Labour, 2010; WHO, 2011). This not only affects their intellectual development and wellness, but also their emotional and occupational wellness, as they will only enjoy limited career growth or none at all.

As mentioned above, government, in 2001 set a 4% skills development target to encourage training and development of employees with disabilities (RSA, Department of Labour, 2001). However, by 2013, only 0.88% of all employees who had received training were employees with disabilities (CEE, 2013). Public service employees participating in a study in 2011 revealed that they normally received only general, repetitive, low-skill training like basic computer literacy, which they believed was only done as part of 'window dressing' to meet the quota mentioned above, with little or no intention to increase their productivity or their career prospects (Van Niekerk, 2011). They only attended

specialised training as a result of their own determination or after continuous requests, or because of policy requirements like all employees having to receive performance management training (Van Niekerk, 2011). This is in direct contradiction to the 2030 Agenda for Sustainable Development Goals (SDGs) which clearly states that disability cannot be a reason or criteria for lack of access to development programmes nor the realisation of human rights. The 17 SDGs goals replacing the Millennium Development Goals (MDGs) set in 2000, aims at globally addressing issues like poverty, fighting inequalities and protecting the planet (United Nations Development Programme (UNDP), 2016).

Considering employment of South Africans with disabilities, the White Paper on the Transformation of the Public Service determined that, “within ten years, persons with disabilities should comprise two percent of public service personnel” (RSA, Department of Public Service and Administration, 1995, p. 3). Twenty years later, in 2015, the employment rate of persons with disabilities reported by the CEE stood at 1.2% (CEE, 2015) and consequently, the target was not met and was once again postponed, this time to 2018.

Employee wellness in South Africa is not yet considered a priority. In 2011, less than 50% of the top 100 South African organisations had employee wellness programmes (Sieberhagen, Pienaar, & Els, 2011). Organisations must realise that wellness does not only refer to the physical side of life (Goss, 2011) or to health (Corbin & Pangrazi, 2001), which is generally addressed in wellness programmes (Sieberhagen et al., 2011). According to Hettler (1976), wellness has social, intellectual, physical, spiritual, emotional, and occupational dimensions (Hettler, 1976), and employers should consider all these dimensions if they want to achieve high wellness levels in their organisations.

1.6.2 An Overview of Disability and Wellness in Africa

All children with a disability have the right to be included in education systems and to receive the individual support they might require in order to cope within these educational systems (UN, 2006). Although Africa have experienced some economic growth since

2003 (World Bank, 2013), in most countries, the majority of children are still living in poverty, with limited funds available to provide special education or assistive devices where needed (Tesemma, 2014).

In 2013, it was reported that various policies and legislation exist in African countries to regulate the rights, including education and employment, of persons with disabilities (Fembek, Butcher, Heindorf, & Wallner-Mikl, 2012). Countries like Burkina Faso, Burundi, Guinea, Kenya, and Malawi have legislated these rights with disability-specific legislation, but it was reported that, in most African countries, the legislation and policies have not been implemented (Fembek et al., 2012; Chilemba, 2013). The fact that 98% of Malawi's children with disabilities do not receive any schooling shows that, even though Malawi, like South Africa, is party to the UN Convention on the Rights of Persons with Disabilities (UN, 2006), accessible primary education has not been addressed (Chilemba, 2013). The UN Convention on the Rights of the Child (CRC) stress that all children, including children with disabilities, are entitled to live free from discrimination and enjoy development and education (UN, 1990). This correlate with the right of equal and free education for children /persons with disabilities included in the UNCRPD (UN, 2006).

The wellness of persons with disabilities in Africa is also still negatively affected by the living conditions and poverty found all over the continent (WHO, 2011). As mentioned above, the 2012–2013 African Development Indicators (World Bank, 2013) showed that Africa has been experiencing some economic growth since 2003, but it still reported the lowest human development indicators globally (World Bank, 2013, p. vii). The report indicated that, while fast-developing information and communication technology opened the door to economic growth, one in 16 African children still die before his or her fifth birthday, and these children's quality of life is still poor (World Bank, 2013). This correlates with the interdependency of different wellness indicators — growth in one area does not negate the needs and problems in other areas (Hettler, 1976, 2007).

1.6.3 An International Overview of Disability and Wellness

Internationally, the education and employment levels of persons with disabilities are still extremely low (UN, 2006) when compared to the levels of persons with no disabilities, leaving those with disabilities dependent and financially deprived. WHO (2011) concurred, stating that, in all categories of both low-income and high-income countries, the education levels of men and women with disabilities are at least 10% lower than that of their counterparts with no disabilities. This report also made it clear that the lack of school education then limits their employment opportunities as adults (WHO, 2011).

Regarding the exposure for persons with disabilities to education opportunities in the United States of America (USA), the US Census Bureau reported that, by 2007, persons with disabilities comprised 8% of the undergraduate population and 7.61% of graduates and professionals (for professions that require licensing or accreditation). Between 2010 and 2008, the employment rate of persons with disabilities dropped by 12.3%, due to the American recession, while the decrease in employment of those without disabilities was only 3.4% (Kaye, 2010). This inequality was still evident in 2012, when the US Bureau of Labor Statistics (2012) reported a 17.8% employment rate of persons with disabilities, and a 63.9% employment rate of those without a disability. In Australia, in 2012, 63% of visually impaired Australians who wanted to join the labour market were still unemployed (Kaine & Kent, 2013). Erin (2013) and Kaine and Kent (2013) stressed that, to counter this, persons with disabilities need to be exposed to education in work-related skills from a young age, in order for them to be employable when they reach school-leaving age.

The wellness of persons with disabilities in developed countries is also higher, due to the better healthcare services and the availability of resources in these countries (Smeltzer, 2007). However, the inequalities in education and employment discussed above, individually and in combination, serve as significant barriers to the wellness of persons with disabilities (WHO, 2011; Smeltzer, 2007). When considering this situation in terms of Hettler's Model of Wellness (1976, 2007), it subsequently affects more than just the intellectual and occupational dimension of employees with disabilities. It affects all their

wellness dimensions, as these dimensions are interrelated (Hettler, 1976; Smeltzer, 2007).

Again as mentioned above the lack of education, employment and development strengthen the hold of barriers like poverty and inequality on persons with disabilities all over the World (WHO, 2011; World Bank, 2013). The UN 2030 Agenda for Sustainable Development Goals (SDGs) shows a global, concerted effort to address the barriers persons with disabilities face (UNDP, 2016). Disability is mentioned 11 times in this resolution and specifically addressed in the targets of five of the goals, while six further targets focus on vulnerable groups including persons with disabilities (Richardson, 2017). This shows a real global commitment to "leave no person with disability behind" (UNDP, 2016; Richardson, 2017 p.1).

1.7 THEORETICAL FRAMEWORK

In terms of a theoretical framework, the study focused on the Bio-psycho-social Model of Disability of Waddell and Aylward (2010) and the Six-dimensional Model of Wellness of Hettler (1976). The first considers the person with the disability as being influenced medically through disability or a condition, and also by interaction with others and the environment (Waddell & Aylward, 2010). Hettler defined the wellness of persons holistically, thus including their social, intellectual, spiritual, physical, emotional, and occupational wellness dimensions (Hettler, 1976). In this study, the use of both the Bio-psycho-social Model of Disability and the Six-dimensional Model of Wellness ensured that cognisance was taken of all variables affecting the wellness of employees with disabilities. Background on the theories underpinning these models is provided below.

1.7.1 The Bio-psycho-social Model of Disability

The Bio-psycho-social Model of Disability (hereafter, for the sake of brevity, referred to as the *Model of Disability*) is a combination of the following two earlier models. The Medical Model, which held that disabilities was a medical problem, to be treated medically (RSA, Office of the Deputy President, 1997), and the Social Model, which held that disabilities was caused by social challenges and barriers, to be addressed by society (Gill & Schlund-

Vials, 2014). Although disabilities are caused by health challenges, social and psychological influences also play major roles in the wellness of persons with disabilities (Waddell & Aylward, 2010). This Model of Disability not only focuses on the emotions, feelings, and experiences of persons with disabilities (psycho), but also refers to their interaction with the biological (such as health and living conditions) and social surroundings (including their interaction with others, and their participation in and acceptance into society) (Waddell & Aylward, 2010). Therefore, the Model of Disability considers such employees, their work environment, and their interaction with colleagues and other stakeholders, ensuring a holistic approach to disability. This model was therefore considered suitable for the purposes of the study.

1.7.2 The Hettler's Model of Wellness

The researcher used Hettler's Model of Wellness (1976) as a lens to understand the wellness of employees with disabilities and the ETD support needed to positively contribute towards their wellness. As with the Model of Disability, this holistic approach considers all aspects of life of employees with disabilities (Hettler, 1976, 2007).

Considering the poor levels of the health dimensions of persons with disabilities, as mentioned by WHO (2011), Hettler's physical, emotional, and social dimensions can also negatively affect the occupational, intellectual, and spiritual dimensions of employees with disabilities if they and their families suffer emotionally and economically (Nel, Van der Westhuyzen, & Uys, 2007). This is in line with the World Bank (2013) and WHO (2016) indicating that economic and work-related stressors lead to depression in persons with disabilities, and thus affect all the interrelated wellness dimensions (Hettler, 1976).

1.8 RESEARCH DESIGN AND METHODOLOGY

1.8.1 Research Paradigm

This study was embedded in the interpretivist paradigm, where a researcher collects data in order to better understand the personal experiences of a sample group (Wiersema & Jurs, 2009). As the researcher considered the personal experiences of the persons with disabilities that she interviewed, the interpretivist paradigm is most suitable (Cohen

Manion, and Morrison, 2014). Employees with disabilities communicated their experiences and perceptions of employee wellness in their organisations. Thus, their own individual wellness experiences within their specific circumstances (Cohen et al., 2014).

1.8.1.1 Epistemology

Epistemology refers to the theory or core knowledge in a study (Creswell, 2013; Kun & Brenner, 2015). This researcher studied existing disability and wellness models to determine what is known and how this relates to employees with disabilities. Research on the role of ETD in the wellness of employees with disabilities is extremely limited, but during the review of current literature, it became clear that the majority of employees with disabilities are employed in lower-level positions, due to their lack of formal education. In 2015, only five percent of children with disabilities attended formal schooling, limiting their career opportunities later in live (Human Rights Watch, 2015). The researcher, through her study of international data sources, confirmed similar trends in Africa and worldwide (WHO, 2011; Chilemba, 2013; World Bank, 2013). This information provided a sound knowledge base for the rest of the study (Limberg, 2008; Kun & Brenner, 2015).

1.8.1.2 Ontology

In educational research, ontology refers to “how education actually works” (Biesta, 2016, p. 537). It is also seen as the assumptions made by researchers before the study commences (Creswell, 2013). In the study, based on previous research and a study of various literature sources, as well as her own experiences as a person with a disability, the researcher was aware that employees with disabilities are still being discriminated against in the workplace, leading her to assume that their wellness needs are also misunderstood or ignored. This urged the researcher to investigate deeper, by considering the experiences of employees with disabilities.

1.8.1.3 Axiology

Axiology refers to the “values of being” (Sandouk, 2015, p. 2). It encompasses the values and norms of all role players in a study, including those of the researcher, participants, and, in this study, also employers and wider society (Creswell, 2014). This was important in this study, as persons with disabilities still struggle to be accepted in the workplace and public (WHO, 2016; RSA, Presidency, 2014), and are also considered a vulnerable group (UN, 2006; RSA, Department of Labour, 2014a). Therefore, the researcher had to ensure that participants felt comfortable in sharing sensitive information and experiences. Permission to conduct the research in the respective organisations was obtained, which helped put the participants at ease, as they knew their employers supported the process. Ethical clearance to conduct the study was also obtained.

1.8.2 Research Method

Research methods are the methods used to collect, analyse, and interpret data in a research study. In the study, a qualitative method was used for exploratory research (Henning, Van Rensburg, & Smit, 2004; Creswell, 2014), where the researcher explored the feelings and experiences of employees with disabilities in terms of Hettler’s six wellness dimensions. As part of the data collection process, the researcher also noted the participants’ non-verbal communication during the one-on-one interviews that may contribute to understanding of the phenomenon (Creswell, 2014). Cohen et al., (2014) stressed that the research methodology does not refer to the outcome of the study, in this case a wellness framework for employees with disabilities, but also to the process followed.

A literature review of recent and relevant literary sources available on the researched topic was**.** The researcher considered reference sources, legislation, books, articles from scientific journals, research reports, conference papers, company policy documents and search engines including, but not limited to, Sage Publications, Ebscohost, Eric, Google Scholar and SAePublication. Some of the key words or concepts used during these searches were: development; disability; disability models; education; employment; employees with disabilities; employers; equality; inclusive education; public policy on

disability; reasonable accommodation; training; wellness; wellness models and human rights.

1.8.3 Research Approach

The study followed a phenomenological approach. The experiences of each participant were studied as a separate case study, to better understand the phenomenon (Creswell, 2014; Yin, 2015). This allowed the researcher to, first, study how each participant experienced the specific phenomenon, and then how the whole group experienced it (Constantinos-Vasilios, Vassiliadis, & Stylos, 2012).

Employees with disabilities have different needs, and may need specific accommodation and development in the workplace. Whether these needs are met influences their views and experiences regarding wellness (Henning et al., 2004; Smeltzer, 2007). Conducting case studies collectively supported the epistemology of qualitative research. The aim was to gain a better understanding of a real-life phenomenon by studying "multiple realities" — the different experiences of wellness of employees with disabilities (Wiersema & Jurs, 2009, p. 19; Visagie, 2014; Yin, 2015).

1.8.4 Location

The researcher identified organisations in different industries in South Africa, including the higher education and government sectors, to participate in the study. The researcher contacted organisations throughout South Africa in writing to obtain permission to conduct the research in those organisations. Studying cases in different industries ensured a diverse sample. After permission had been granted by the organisation, an introductory letter was sent to the relevant employee wellness- or diversity managers, to explain the details of the study and request assistance with the sampling of participants.

1.8.5 Sampling

The researcher used snowball sampling, whereby the researcher is referred to participants by an "informant" (Noy, 2008, p. 330), which yields a sample without direct intrusion by the researcher (Baltar & Brunet, 2012). Acting as the informant, the

organisational representative was requested to identify suitable participants, and requested to forward an introductory letter requesting participation in a one-on-one interview, as well as the Informed Consent Form, to these participants (Henning et al., 2004). This type of sampling is especially suitable for small groups of participants and in cases where the researcher investigates sensitive matters, like disability (Baltar & Brunet, 2012).

1.8.6 Instrument

1.8.6.1 Interviews

Semi-structured interviews form an important part of the collection of qualitative data. The method is flexible, enabling the researcher to obtain a bigger picture of what participant's experience. These interviews are also more conversant, enabling the researcher to put participants at ease and encourage them to discuss their true feelings and experiences, even on sensitive topics (Henning et al., 2004).

Interviews constitute verbal communication of the thoughts, feelings, emotions, and real-life experiences of participants regarding the phenomenon being investigated (Henning et al., 2004). Wiersema and Jurs (2009) explained that interviews conducted during phenomenological studies should be semi-structured and make use of open-ended questions, in order to provide participants the opportunity to relay their own experiences of the phenomenon under study. The interviews in this study were conducted using an interview guide containing 15 open-ended questions regarding the wellness experiences of employees with disabilities in the workplace, as well as the contribution of the offered ETD support to their wellness.

1.8.7 Data Collection

After receiving confirmation that the organisation was willing to participate in the study, this researcher initiated contact with the informant. Participants were required to sign the Informed Consent Form before interviews commenced. The researcher, with assistance of the informants, scheduled the interviews at suitable venues in the respective

organisations. The researcher travelled to these venues to minimize the demands on participants, after confirming that the venues were accessible to participants (Henning et al., 2004; Creswell, 2014). In cases where participants' locations were remote, interviews were conducted via telephone, at a time suitable to the participants.

During the one-on-one interviews, the researcher noted the participants' non-verbal behaviour in field notes, which are an important part of the discursive interview process (Henning et al., 2004). The researcher audio-recorded the interviews for transcription, which allowed her to freely interact with the participants (Cohen & Crabtree, 2006). In the telephonic interviews, hesitations and intonation were noted where relevant (Cohen et al., 2014).

The interview questions covered all six wellness dimensions discussed above. The researcher ensured that all aspects of the relevant phenomenon were discussed in as natural and relaxed a setting as possible. The researcher guarded against being influenced by her own opinions and feelings, with the help of the interview guide (Creswell, 2014).

The fact that all interviews were audio-recorded enabled the researcher to accurately transcribe the interviews (Lincoln & Guba, 1985). The interviews were transcribed verbatim, in preparation for the data analysis process.

1.8.8 Data Analysis

Data analysis in qualitative research is a continuous process, and commences during interviews, where the researcher, as interviewer, makes observations and takes field notes. These then assist the researcher to not look at the data simplistically (Creswell, 2014). In this study, the researcher used content analysis to analyse the data, in order to identify themes. This method ensured an in-depth understanding of the wellness experiences and needs of employees with disabilities (Henning et al., 2004; Cohen et al., 2014).

The researcher and an objective co-coder conducted independent data analyses, with the assistance of ATLAS.ti, a computer-assisted qualitative data analysis tool. The interview transcripts were coded (Cohen et al., 2014), and then interrogated further by the researcher and co-coder, to deduce meaning from the statements by participants (Henning et al., 2004; Potter & Hepburn, 2008). The researcher and co-coder each made deductions based on the data, and ensured that such deductions were substantiated by the data.

The deductions were then collated, which formed the basis for the findings and conclusions of the study, and were also used in the development of the Wellness Framework for Employees with Disabilities. The analysis also yielded a better understanding of how ETD support could contribute to the wellness of employees with disabilities (Creswell, 2013). This researcher substantiated the collated findings by linking these to academic sources confirming or contradicting the findings, which informed the conclusions and recommendations of the study (Creswell, 2013; Potter & Hepburn, 2008).

1.8.9 Trustworthiness

Data collected and findings as a result of qualitative research cannot be generalised as in quantitative research (Guba & Lincoln, 1985). Therefore, in qualitative studies, researchers are obligated to reflect on the credibility, transferability, dependability, and confirmability of the study, and not validity and reliability, as in quantitative studies (Guba & Lincoln, 1985, Creswell, 2014).

1.8.9.1 Credibility

Credibility refers to the internal validity of research results (Guba & Lincoln, 1985), which can be obtained in the following ways. The researcher should ensure that the research activities would lead to credible findings (Lincoln, 2009). This can be achieved by prolonging the time spent on a research project and with the participants (Guba & Lincoln, 1985; Denzin & Lincoln, 2005; Lincoln, 2009). In this study, the researcher clearly,

effectively, and regularly communicated with the employers, informants, and then the participants, focusing on building trust (Denzin & Lincoln, 2005; Noy, 2008).

The researcher should maintain an audit trail, to show honesty in reporting (Lincoln, 2009). This audit trail also establishes confirmability (discussed in more detail below), and should include all sources of data consulted during the research. In this study, the researcher's supervisor and co-supervisor were the auditors, and inspected all date collected, including the researcher's field notes.

To ensure credibility, Guba and Lincoln (1985, p. 302) referred to referential adequacy as "checking preliminary findings and interpretations against the archived 'raw data'", thus ensuring that data are available to be studied and critiqued by critics of the study. Credibility is established when different persons can identify the same trends or categories when working through the collected data and can concur with the findings (Lincoln, 2009). In this study, the researcher's supervisor, co-supervisor, and the co-coder, who was conversant in ETD studies, fulfilled this important role.

1.8.9.2 Transferability

Transferability refers to the extent to which the research findings can be generalised (Golafshani, 2003). Although qualitative studies cannot be generalised (Guba & Lincoln, 1985; Lincoln, 2009), to increase the value of the findings of a study, it is important that the researcher clearly defines and describes the context of the study. Therefore, if other researchers want to consider whether the results are applicable to another situation, they could compare the new situation to that of the original study (Wiersema & Jurs, 2009; Creswell, 2014).

As mentioned above, qualitative findings cannot be generalised, especially when one considers the broad spectrum of persons with disabilities employed in different organisations in South Africa (Golafshani, 2003; Lincoln, 2009, Creswell, 2014). Therefore, the transferability of this study refers to the extent to which the results of this

study could guide employers and future researchers to assist employees with disabilities in other organisations to reach higher levels of wellness through the needed ETD support. The Wellness Framework for Employees with Disabilities that was developed could serve as a tool to assist organisations to offer more focused ETD support to such employees in the wider labour market.

1.8.9.3 Dependability

Guba and Lincoln (1985) posited that the best technique to ensure dependability is an audit trail, which involves auditing the process of the study and then the product of the study, including the findings, interpretation of the data, and the recommendations made by the researcher. The auditor is therefore interested in whether the data support the findings (Lincoln, 2009; Creswell, 2014).

In this study, to ensure dependability, the research process was clearly documented, the research analysis and findings were supported by those of an objective co-coder, and the whole study was continuously monitored (audited) by two research supervisors, to ensure that it was fair and ethical (especially as it involved human participants). The researcher identified the ETD support measures needed to improve the social, intellectual, spiritual, physical, emotional, and occupational wellness of employees with disabilities and the new framework based on the data analysed.

1.8.9.4 Confirmability

As discussed above, to ensure confirmability, an audit trail must be available, to show how the researcher analysed the data and derived findings and conclusions (Guba & Lincoln, 1985; Lincoln, 2009; Cohen et al., 2014). Therefore, the audit trail (documents, raw data, notes, recordings, etc.) should indicate how and why certain deductions were made and confirm the findings. The use of an objective co-coder during the processes of analysis, coding, and deriving findings added to the audit trail and the confirmability of the study.

Pseudonyms were used for all participants in this study, to ensure the objectivity of the researcher or other evaluators, and to ensure confidentiality and anonymity for the participants (Lincoln, 2009; Creswell, 2014).

1.9 ETHICAL CONSIDERATIONS

Ethics refers to doing the right and acceptable thing when conducting research (Neuman, 2011). Christensen, Johnson, and Turner (2011, p. 97) described research misconduct as "Fabricating, falsifying or plagiarizing the proposing, performing, reviewing or reporting of research results." An overview of the ethical issues related to the current research is provided below.

1.9.1 Institutional Approval

The researcher applied for permission to conduct the research from the participating organisations. As the study involved employees in their workplace, it was important to adhere to organisational guidelines and to proceed with their consent. Creswell (2013) stated that obtaining the permission of organisations is not only procedurally sound, but also that knowing that the organisation supports the study puts the participants at ease (Henning et al., 2004; Creswell, 2013). Authorisation and the signed Informed Consent Forms will be kept safe for five years, together with all other records related to this study.

1.9.2 Voluntary Participation

The participation of organisations and employees in this study was voluntary. The aim, impact, duration, and any positive or negative considerations were communicated honestly to participating organisations and employees (Wiersema & Jurs, 2009), as this may have influenced their decision to participate in the study. This information, as well as the contact details for the researcher and her supervisors, were communicated in letters of introduction to the organisation and the relevant employees. Voluntary participation and the right to withdraw at any time, without any negative consequences, assisted in putting participants at ease in discussing personal feelings related to their wellness and disability (Lincoln, 2009).

1.9.3 Anonymity and Confidentiality

Anonymity requires steps taken to ensure that the identities of the participants are in no way made known (Cohen et al., 2014). This refers to more than just the name of a person and his or her personal information, but also to any identifying characteristics (Cohen et al., 2014; Lincoln, 2009). Therefore, the researcher took steps to ensure confidentiality, such as using pseudonyms, to avoid any link between responses and participants. Participants were informed of this when their participation and consent were requested, and they were assured that the data collected during the study would be stored on a password-protected computer for five years, in a locked office.

1.9.4 Respect for Human Dignity

The Belmont Report published in 1978 (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (NCPHSBBR), 1978) identified the following principles that should be upheld when conducting research on persons.

1.9.4.1 Respect for persons

Persons participating in research studies should be treated with "respect, dignity, courtesy, and agency" (Lincoln, 2009, p. 53). Horn, Sleem, and Ndebele (2014) stressed that, because of the sensitivity of the topic (disability) and the fact that persons with disabilities are considered a vulnerable group (Baltar & Brunet, 2012; WHO, 2011), special care must be taken not to exploit them.

To counter possible exploitation and increase the value of this study, the researcher conducted a qualitative study (Barnes, Mertens, & Ginsberg, 2009). The researcher considered the social, physical, and emotional circumstances of participants, rather than just their medical conditions, as is seen in past studies (Horn et al., 2014). Barnes et al. (2009) also noted that interviewers with disabilities, as in this study, put participants more at ease, encouraging valuable, honest, and open discussion.

1.9.4.2 Beneficence

This refers to benefits to the body of knowledge and those who participated in a study, and ensuring that participants in a study come to no harm (Lincoln, 2009). The researcher in this study intended to develop a wellness framework for employees with disabilities through ETD support and interventions, which would contribute to improving their productivity. The framework would also add new knowledge to a research area in need of development (World Bank, 2013; RSA, Presidency, 2014). Furthermore, the researcher interacted with the employee health and wellness departments at each organisation, to ensure that emotional and clinical support would be available if required, and that any special needs of particular participants would be accommodated during the interviews.

1.9.4.3 Justice

Lincoln (2009, p. 53) explained justice as "ensuring … those who bear the risk [research participants] are who benefit from it." Studies should be well planned and procedurally and administratively sound (Lincoln, 2009). This study was conducted under supervision, ethical clearance was obtained from the University of South Africa, and the researcher adhered to the ethical guidelines and policy of the University and procedures prescribed by participating organisations.

1.9.5 Informed Consent

In seeking participants, candidates for the study were fully informed on the research project. In the written request for consent, they were informed that permission was granted to the researcher to conduct the study in the organisation, assuring them of management's support for the project (Henning et al., 2004; Creswell, 2013). The introduction letter also included the contact details of the researcher and her supervisors (Denzin & Lincoln, 2005). The Informed Consent Form had to be signed and forwarded to the researcher if an employee had agreed to participate in the study.

1.9.6 Avoiding Deception

Researchers have an ethical duty not to deceive participants and to clearly stipulate the nature, purpose, and reporting of a study (Creswell, 2013). As discussed above, all participants were informed accordingly in the introduction letter, and it was made clear that permission to conduct the research had been obtained from management.

1.10 DEFINITION OF CONCEPTS

The following concepts formed an important part of this study and are defined below to ensure a common understanding. All the definitions except the definition are as per the South African context. More encompassing and international definition of main concepts will follow in Chapter 2.

Development in the South African context refer to "The on-going learning opportunities employees undergo in order to improve and maintain high performance levels in the workplace" (Meyer & Orpen, 2013, p. 5), as well as non-employee development offered to external role-players (Erasmus, Loedolff, Mda, & Nel, 2015). The researcher has realised through her work experience that development entails more than just work-related training. Employees and stakeholders should be developed holistically, including employee health and wellness interventions and disability sensitisation.

Designated groups

means "black people, women and people with disabilities who:

(a) are citizens of the Republic of South Africa by birth or descent;

or

(b) became citizens of the Republic of South Africa by naturalisation–

(i) before 27 April 1994;

(ii) after 26 April 1994 and who would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by apartheid policies" (CEE, 2015, p. vii).

In this study, it refers to previously disadvantaged groups that, before democracy, were excluded from full participation in society and the workplace.

Disability - Persons with disabilities refers to “persons who have long-term physical, mental, intellectual, or sensory impairment, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others” (RSA, Department of Labour, Employment Services Act, Act 4 of 2014a, p. 4). Persons with disabilities may need some adjustments or accommodation, as defined below.

Disability awareness or sensitisation encompasses “effective and appropriate measures that will raise awareness throughout society that will foster respect for the rights and dignity of persons with disabilities, and that will combat stereotypes, prejudices and harmful practices relating to persons with disabilities” (RSA, Department of Social Development, 2015, p. 71). Therefore, it needs to create a general understanding of disability and, to some extent, explain the reasons for some unique disability needs and rights, such as bigger parking spaces or how to assist people with different disabilities.

Education refers to “Activities directed at providing the knowledge, skills, moral values and understanding required in daily living” (Meyer & Orpen, 2013, p. 5). This again refers to education in South Africa where the study was conducted. In the workplace, the researcher has learned that education refers to formal qualifications, and not work-related training or personal development offered by employers.

Employee refers to

- any person, excluding an independent contractor, who works for another person or for the state, and who receives, or is entitled to receive, any remuneration; and
- any other person who in any manner assists in carrying on or conducting the business of an employer; “employed” and “employment” have corresponding meanings (Basic Conditions of Employment Act, Act 75 of 1997, RSA, Department of Labour, 1997, p. 3).

Employees further the business of the employer, and receive monetary remuneration or payment in kind, such as a place to stay or meals.

Inclusion refers to "A shared value which promotes a single system of education dedicated to ensuring that all learners are empowered to become caring, competent and contributing citizens in an inclusive, changing and diverse society" (Pillay & Terlizzi, 2009). As a person with a disability, the researcher understands the importance of incorporating persons with disabilities into society from as young as possible. Therefore, mainstream education is a good starting point. It will, in line with inclusive education, teach children with disabilities how to cope in the society where they will participate, live, and work as adults.

Inclusive education, according to White Paper 6: Special Needs Education refers to:

- "Acknowledging that all children and youth can learn and that all children and youth need support;
- Enabling education structures, systems and learning methodologies to meet the needs of all learners;
- Acknowledging and respecting differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV or other infectious diseases;
- Broader than formal schooling and acknowledging that learning also occurs in the home and community, and within formal and informal settings and structures;
- Changing attitudes, behaviour, teaching methods, curricula and environment to meet the needs of all learners; and
- Maximising the participation of all learners in the culture and the curriculum of educational institutions and uncovering and minimising barriers to learning" (RSA, Department of Education, 2001, p. 6).

Reasonable accommodation "means any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have access to or participate or advance in employment" (RSA, Department of Labour, 1998a, p. 5). Such reasonable accommodation allows persons with disabilities to fully participate in 'normal' society, and include, e.g., ramps, but also refers to the needs of those who have

‘invisible’ disabilities like learning or psychological challenges, which need less visible accommodation, e.g., like extra time to sit exams.

Training refers to transferring job-specific skills to employees, enabling them to perform their specific job or task in the workplace (Meyer & Orpen, 2013, p. 5). In the researcher’s experience, this empowers employees to do their job effectively, and is continuous, as performance evaluations identify areas where an employee needs more training, which could also be due changes in circumstances or technology.

Unjustifiable hardship is “an action that requires significant or considerable difficulty or expense,” which also applies to organisations in terms of reasonable accommodation (RSA, Department of Social Development, 2015). The aim with this term is to set parameters in establishing to what extent a person with a disability can expect the workplace/society to effect changes. However, the term is not definitive, and is open to different interpretations and, subsequently, abuse.

Universal access “means the removal of cultural, physical, social and other barriers that prevent persons with disabilities from entering, using or benefiting from the various systems of society that are available to other citizens and residents” (RSA, Department of Social Development, 2015, p. 15). Universal access will allow persons with disabilities to participate fully in society if the above-mentioned challenges are addressed. Public opinion must also change, showing acceptance of persons with disabilities as equals.

Universal design refers to “the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design” (RSA, Department of Social Development, 2015, p. 15). As a person with a disability, the researcher sees this as guidelines that form part of the United Nations Convention on the Rights of Persons with disabilities on standardising environments to, in general, accommodate persons with disabilities.

Wellness according to Hettler “is an active process through which people become aware of, and make choices toward, a more successful existence” (National Wellness Institute, 2014, p. 1), thus, what will contribute to a good holistic quality of life at home and at work.

1.11 THE DEMARCATION OF THE STUDY

The study focused on the wellness of employees with disabilities, and how their employers can make a positive contribution to their wellness through education, training, and developmental support.

The chapters of the thesis are demarcated as follows:

CHAPTER 1: THE OVERVIEW OF THE STUDY

This chapter explained the rationale for this study by referring to the background that motivated the study, and placing it in context through the orientation of the study. It gave an overview of the conceptual and theoretical frameworks, and also specified the research problem, the main research question, as well as the sub-questions and aims.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Chapter 2 specifies the conceptual framework for the study through an extensive literature review, defining and contextualising the main concepts: disability, wellness, education, training, and development.

CHAPTER 3: THEORETICAL FRAMEWORK

In Chapter 3, the theoretical framework of this study outlines the Model of Disability and the Model of Wellness used in this study, and how their application could link the wellness needs of employees with disabilities to ETD support in the workplace.

CHAPTER 4: RESEARCH DESIGN AND METHODS

Chapter 4 explicates the research paradigm, the design, and the method used in this study, substantiating the use of the qualitative approach, including the sampling, the research instrument, ethical considerations, and trustworthiness of this study.

CHAPTER 5: DATA ANALYSIS

This chapter discusses the analyses and interpretation of the data collected during the semi-structured interviews. The researcher and co-coder analysed and coded the collected data using ATLAS.ti, and the subsequent discussions included anonymous quotations from participants. Lastly, the chapter also refers to relevant information from the field notes recorded by the researcher during the interviews. This chapter also links the identified themes and findings to existing research and literature, contextualising the study in terms of the relevant knowledge available.

CHAPTER 6: CONCLUSIONS, RECOMMENDATIONS, AND LIMITATIONS OF THE STUDY

Chapter 6 provides a synopsis of the study, followed by the conclusion and recommendations to employers, government, and broader society. It also identifies the limitations of the study and possible areas for future research.

CHAPTER 7: FRAMEWORK DEVELOPMENT

Chapter 7 refers to the unique EDT support principles relating to the wellness in the form of a wellness framework specifically for employees with disabilities.

1.12 SUMMARY

This chapter gave the background and rationale for the study. The research problem, questions, and aims were followed by an overview of the conceptual and theoretical frameworks relevant to this study. The research paradigm and design, as well as the ethical considerations and trustworthiness, were specified, together with the demarcation of chapters to follow. Chapter 2 provides an in-depth discussion of the conceptual framework of this study investigating the meaning of disability, its legislative, educational, employment and wellness status of persons with disabilities in South Africa, Africa and internationally.

CHAPTER 2
CONCEPTUAL FRAMEWORK

2.1 INTRODUCTION

The chapter focuses on the conceptual framework of the study, ensuring a clear understanding of the concepts *disability*, *employment*, *education*, *training*, and *development*, as well as *wellness*. It also provides an overview of these concepts within the context of South Africa, Africa, and globally.

2.2 DISABILITY

2.2.1 Defining Disability

The UN Convention on the Rights of Persons with Disabilities (UN, 2006, p. 4) defines persons with disabilities as "those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on equal basis with others." WHO indicated that, according to the International Classification of Functioning, Disability and Health, disability can be seen as an overarching term referring to those suffering impairments or those with constraints that limit their full participation in day-to-day activities (WHO, 2011, p. 8).

In South Africa, the EEA of 1998 initially defined persons with disabilities by focusing on the medical limitations hindering progress in the workplace (RSA, Department of Labour, 1998a). However, the Employment Services Act, No. 4 of promulgated in 2014 gives the same definition used by the UN as it not only focus on the workplace, but also on participation in society (RSA, Department of Labour, 2014a, p. 4).

2.2.2 Causes of Disability

As mentioned before, WHO in 2011, indicated that 15% of the world's population have disabilities, compared to 10% in the 1970s. They stressed that a longer life expectation, due to advancements in the medical field, greatly contributed to this. However, they also acknowledged that conditions like the medical care offered, living conditions, conflict,

availability of food, and natural disasters in some countries, contribute to the rate of disability (WHO, 2011).

In South Africa, 4.9% of the population older than five years are living with a disability (Statistics South Africa (StatsSA), 2013). The US Council for Disability Awareness stressed that one in four Americans will suffer disability in their lifetime, and the majority of these disabilities will not be work-related. They indicated that, though accidents and environmental factors are also responsible for long-term disabilities, but the majority are caused by illnesses such cancer, as well as lifestyle choices, for example, obesity (Council for Disability Awareness, 2015). Some prevalent causes of disabilities will now be discussed.

2.2.2.1 Environmental causes

As demands on the environment increase, environmental factors like poisoned drinking water due to mining activities or inadequate purification methods are increasingly causing medical problems and even disability (Mail & Guardians, 2010; Taylor, 2014). The US Environmental Protection Agency (2015) stressed that lead in water can cause mental disabilities, and mothers exposed to lead poisoning can transfer the poison to their unborn babies, leading to mental disabilities at birth (US Environmental Protection Agency, 2015). The National Academy of Sciences supported this statement, and reported that "3% of all neuro-behavioural disorders in children, such as autism spectrum disorder and attention deficit hyperactivity disorder, are caused by toxic exposures in the environment and that another 25% are caused by interactions between environmental factors and genetics" (Disabled World, 2013).

2.2.2.2 Societal factors

In 2014, the South African Presidency stressed that crime and violence, especially violence against women and children were major causes of injury, disability, and death (RSA, Presidency, 2014). Parrotte stressed that 80 million Africans live with disabilities,

on a continent where simple activities like walking or playing can lead to physical disabilities due to landmines. The situation is worse for Africans in rural and poor areas, who do not have access to assistive devices (Parrotte, 2015).

Poverty causes and contributes towards disability in various ways. In 2013, the reported unemployment rate in South Africa was 25%, which shows that many societies are still impoverished, leading to low standards of living and increased health risks (RSA, Presidency, 2014). Poor families are unable to provide for the medical, developmental, and educational needs of persons with disabilities (WHO, 2011; RSA, Presidency, 2014). In 2014, the South African government reported that 5% of South Africans had a disability, and that the economically active population of South Africa consisted of only 1.2% persons with disabilities (StatsSA, 2015). Unemployment of persons with disabilities and their subsequent dependence on social grants (Who 2011, Presidency, 2014) does not break the cycle of poverty or improve their access to medical services or assistive devices (Presidency, 2014; World Bank,2013).

Illiteracy and a lack of knowledge regarding disability further limit the understanding and the treatment thereof (RSA, Presidency, 2008). StatsSA, in 2013, reported that the functional illiteracy of South Africans older than 20 decreased to 15.8%, compared to 27.3% in 2002, which showed an improvement, which will hopefully improve understanding of disability (StatsSA, 2013). Falvo (2014) stated that the limited extent to which persons with disabilities function is often not due to their condition, but rather due to a lack of understanding of disability, which marginalises persons with disabilities through stereotypes and societal beliefs (Falvo, 2014).

2.2.2.3 Lifestyle

The ‘diseases of civilization,’ including cardiovascular diseases, are becoming increasingly common, due to additives and chemicals found in food, as well as a lack of exercise, causing chronic medical conditions and even disability (Tomer, 2016). In South Africa, the term *non-communicable diseases* are used when referring to these diseases

related to lifestyle (RSA, Department of Social Development, RSA, Department of Women, Children and Persons with Disabilities & UNICEF, 2012, p. 74). This includes obesity, which causes chronic illnesses like heart diseases and diabetes, as well as an increase in musculoskeletal conditions due to physical strain on the body (WHO, 2015). WHO reported that "39% of adults aged 18 years were overweight in 2014, and 13% were obese" (WHO, 2016).

Furthermore, substance abuse also increases instances of illness and disability (RSA, Department of Social Development, RSA, Department of Women, Children and Persons with Disabilities & UNICEF, 2012). Boyce (2010) noted that substance abuse among expecting mothers causes foetal alcohol syndrome, which results in infants born with irreversible abnormalities and disabilities.

2.2.2.4 Chronic illness and hereditary causes

As mentioned above, certain lifestyles increase the occurrence of chronic illnesses. WHO, in the 2011 World Report on Disability, stated that different medical conditions affecting a person collectively often result in disabilities. The different conditions also complicate treatment and rehabilitation, increasing the impact on the person living with the disability (WHO, 2011). StatsSA (2013) found that women are more susceptible to chronic illnesses, and unhealthy living conditions or life choices increase the impact of these disabilities. The fact that woman also live longer than men further contributes to a higher number of women with disabilities, especially later in life (StatsSA, 2013).

Intellectual disabilities are mostly hereditary. However, these disabilities are also caused by diseases such as diabetes or environmental poisons, such as lead, to which an expecting mother has been exposed (Benjamin, 2015). Mental health conditions like depression have become one of the most common causes of disabilities. WHO reported that 350 million persons globally are affected by depression (WHO, 2016).

2.2.2.5 Accidents

One of the greatest causes of disabilities is accidents, such as work-related accidents and road accidents. The Council for Disability Awareness (2015) stated that, in the USA, disabilities caused by injuries at work and accidents are major contributors to long-term disabilities. In 2015, the South African Compensation Fund for Occupational Injuries and Diseases paid R2.5 billion in benefits, which included payments related to occupational injuries and diseases causing temporary and permanent disabilities. With reference to the prevalence of road accidents, it was reported in 2012 that, in South Africa, 11.6% of women's deaths and 52.2% of men's deaths resulted from road accidents where alcohol was involved (WHO, 2016).

2.2.3 Types of Disabilities

Disability is a broad concept encompassing various different conditions or impairments, and consequently it is important to look at the different types of disabilities. It is important to understand that disability does not only refer to a person in a wheelchair or a person who is blind. A broad classification of the different types of disabilities will now be discussed.

In 2006, the Services Sector Education and Training Authority (SETA) included the following figure of the main categories of disabilities in their Toolkit for employers who want to employ or are already employing persons with disabilities:

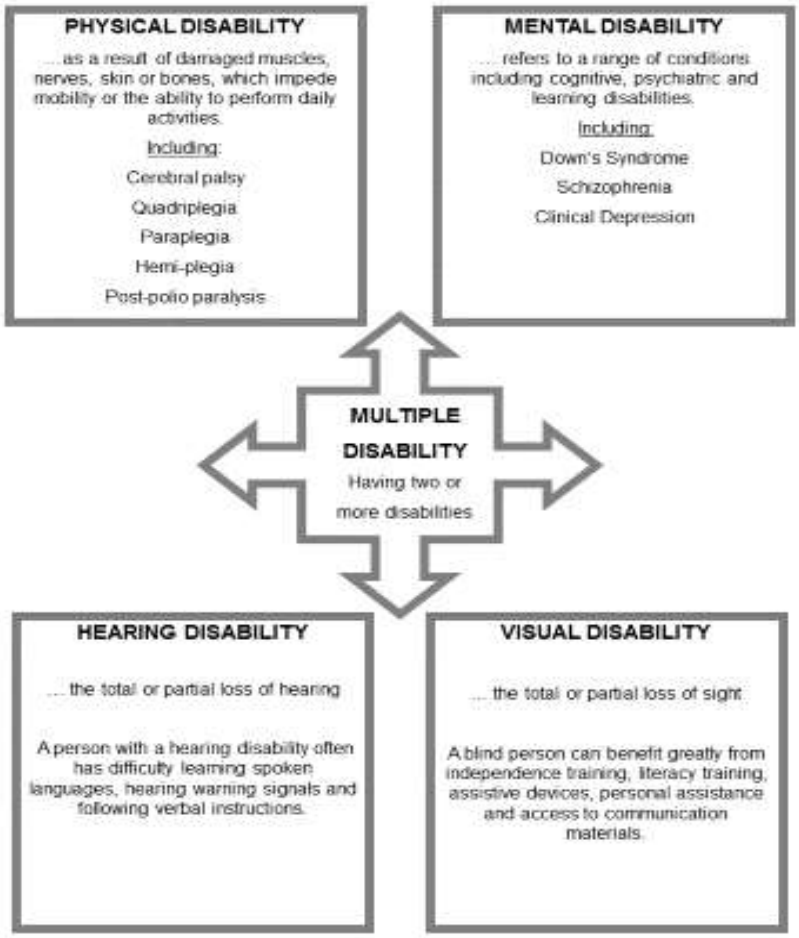

Figure 2.1. Categories of disabilities (Services SETA, 2006, p. 7)

This figure provides a general overview of the categories of disabilities; however, disability is a complex term, and the above categories subsequently require additional clarification and elaboration.

2.2.3.1 Physical disabilities

Physical disabilities include mobility impairments or any condition affecting a person's mobility, like spinal cord injuries (e.g., paraplegia) or spinal cord conditions, which includes multiple sclerosis and poliomyelitis. Head or brain injuries, including acquired brain injuries caused by external forces or accidents and traumatic brain injuries, affect

emotions and behaviour, and also cause physical or mental disabilities (Disabled World, 2012). According to Chien and Chen (2015, p. 225), physical disabilities can be defined as "the difficulty in performing activities necessary for independent living, and loss of independence." WHO (2016) noted that physical disabilities can also increase with age, due to fall injuries. These incidents can cause fractures that do not heal properly, due to a fragile bone structure and low bone density, associate with age, especially in elderly women (WHO, 2016).

2.2.3.2 Psychological/Mental disabilities

These disorders include affective disorders (feelings and emotions), as well as psychiatric impairments and personality disorders (Disabled World, 2012). As mentioned earlier, WHO (2016) stated that "Depression is the leading cause of [mental] disability worldwide," and can lead to an inability to function in the workplace or society (WHO, 2016, p. 1). These conditions negatively affect these persons' day-to-day living and their interaction with others. For instance, bipolar disorder leads to extreme mood swings, which is difficult to cope with for the persons experiencing it, and it also negatively affects their interaction with other people in society and the workplace (Disabled World, 2012). Psychologic illness or depression often develops as a secondary condition to other disabilities, as in the case of the stress, obstacles, and prejudices suffered by persons with disabilities (Favo, 2014).

2.2.3.3 Hearing disabilities

Hearing disabilities refers to a sensory impairment causing a person to be completely or partially deaf (where the latter can hear when wearing a hearing aid). Persons can be born deaf or become deaf later in life, due to biological causes such meningitis (WHO, 2011). Hearing disabilities are often also associated with other sensory conditions, such as speech impairments, which affect the individual's communication skills and ability to interact with other people (Disabled World, 2012).

In 2015, WHO reported that, in a study in middle- and high-income countries, they found that “among teenagers and young adults aged 12–35 years, nearly 50% are exposed to unsafe levels of sound from the use of personal audio devices and around 40% are exposed to potentially damaging levels of sound at entertainment venues” (WHO, 2015). This could cause permanent hearing loss, which again negatively influences their future participation in their community and the labour market (WHO, 2015).

2.2.3.4 Visual disabilities

Visual impairments are also classified as sensory disabilities, and can vary from total blindness to legal blindness, where a person has minimal or partial sight, referring to a person who cannot read regularly sized newsprint (Disabled World, 2012). According to the WHO, 90% of persons living with visual disabilities live in low-income countries and are over the age of 50. The majority have cataracts, and while this and 80% of all visual impairments can be prevented or cured, the medical services needed are not freely available in most of these countries (WHO, 2015).

2.2.3.5 Multiple disabilities

As mentioned above, a person suffering from a disability often also suffers from depression, due to the stress of having to cope with a disability (Disabled World, 2012; WHO, 2016). Furthermore, one sensory disability may cause another, such as deafness causing speech impairment (Disabled World, 2012; WHO, 2016). Mednick (2004) noted that persons with multiple disabilities could have any combination of multiple disabilities, where each disability in itself interferes with the children or person’s development and daily living. Human Rights Watch (2015) stressed that children with multiple disabilities are of the most disadvantaged when considering their educational opportunities, even in terms of basic education or any practical skills development that would empower them to become more independent and to gain employment.

There are also two other common types of disabilities not specified in the figure above, but which do need clarification. These are discussed below.

2.2.3.6 Cognitive/Learning disabilities

Although Figure 2.1 included these disabilities under mental disabilities, WHO stressed that the classification is based on a person's cognitive development, maturity, and intellectual capacity (WHO, 2016). Cognitive or learning disabilities include conditions like autism, which affect a person's communication and social interaction skills, as well as the way he or she responds to sensory stimuli (Favo, 2014). Historically, it was accepted that intellectual disabilities were often hereditary and emerged in very young children. However, more recent studies found that infants exposed to hypoxia (oxygen deficiency) or those who suffer 'maternal infection' during pregnancy, like rubella or environmental toxins (Benjamin, 2015), can also suffer cognitive disabilities.

2.2.3.7 Medical conditions and invisible disabilities

Health conditions can be apparent at first sight, as with persons who have suffered a stroke and have subsequent paralysis, or it can show no visible signs or symptoms (Disabled World, 2012). The latter would include chronic conditions impairing daily living, such as musculoskeletal conditions that cause severe, chronic pain, or conditions like renal failure, which influence the affected persons' daily living and subsequently their participation in society and the labour market (Disabled World, 2012). Medical conditions can also be recurring in nature, such as epilepsy, or temporary, such as a person using a wheelchair or crutches while recovering from a fracture (Disabled World, 2012; WHO, 2016).

2.3 DISABILITY LEGISLATION AND STATUS

This section provides an overview of the current status of persons with disabilities in South Africa, Africa, and internationally. It will refer to policies and legislation available and summarise the progress made. As this research study was conducted in South Africa the

South African latest public policy will be discussed in more detail. The sections to follow will then focus specifically on the employment, ETD and wellness of persons with disabilities in South Africa, Africa, and internationally.

2.3.1 Disability legislation and status in South Africa

Since democracy South Africa legislated issues related to disability in various pieces of legislation referring or impacting on disability issues. Some of the most relevant pieces of legislation include the *Constitution of the Republic of South Africa* (RSA, Department of Justice and Constitutional Development, 1996); the *Employment Equity Act* (RSA, Department of Labour, 1998a); the *Skills Development Act* (RSA, Department of Labour, 1998b); the *South African Equality Act* (RSA, Department of Labour, 2000); *Broad-Based Black Economic Empowerment Act* (RSA, The Presidency, 2003) and the *Employment Services Act* (RSA, Department of Labour, 2014). All of this legislation aimed to address the in equalities of the past and benefit the previously disadvantaged groups, which includes persons with disabilities (RSA, Department of Labour, 1998a, 1998b, 2014). Public policy were consequently developed in order to implement the relevant legislation. An overview of this policy and any progress made would now be discussed.

Table 2.1

South African Policies impacting on disability

Policies/ Legislation	**PROVISIONS ON DISABILITY AND PROGRESS MADE TOWARDS MEETING THESE PROVISIONS**
The White Paper on the Transformation of the Public Service (1995)	To address the inequalities and discrimination of the Apartheid era in the public service this White Paper was developed prior to the new Constitution only passed in 1996. All Public Service Departments had to develop Affirmative Action plans detailing their current demographics and the measures to address the needs of those previously disadvantaged on grounds of their race,

	gender or disability (RSA, Office of the Deputy President, 1995).
Integrated National Disability Strategies I-III (1997, 2001, 2010)	This white paper acknowledged inequalities in terms of politics and economic activities pre-1994 as well as social attitudes that persons with disabilities cannot exist independently or without constant help and care. The NSDS I clearly indicated that the legal framework did nothing to protect persons with disabilities or advance their equality rights. This led to the development of National Skills Development Strategies I to III spanning from 2001 to 2016 continuously aiming for the development of the South African Labour force. In 2010 the NSDS III stated that to ensure increased productivity and economic growth South Africa needed to address the 'the fundamental transformation of inequities linked to class, race, gender, age and disability in our society.' The NSDS III correlated with the UNCPRD (2006) in these instances as it also stressed the importance of integration into society and economy for all persons with disabilities around the globe. The lack of integration was, in South Africa and globally, reported to be as a result of their limited skills, due to not having attended formal schooling and the fact that little vocational rehabilitation and training is available to such persons (RSA, Office of the Deputy President, 1997; UN, 2006; RSA, Department of Labour, 2010; 2013). Some areas showed progress, in 1997, the Integrated National Disability Strategy I indicated that 99% of persons with disabilities were excluded from the labour force, and most of them were consequently left dependent on social grants (RSA, Office of the Deputy President, 1997). In 2015 it was reported that the number of South Africans receiving social

	grants grew from approximately 4-million in 1994 to 16.9 million in 2015 (Ferreira, 2015). However, the number of disability grants decreased from 20% of all grants in 2003 to 8% in 2011 (RSA, Department of Performance Monitoring and Evaluation, 2013), and to 6.5% in 2015 (Ferreira, 2015).
The White Paper on Affirmative Action (1998)	In order to ensure that the corrective measures as per the Employment Equity Act were addressed as a matter of extreme urgency this White Paper was developed and it clearly stated what was expected of Public Service Departments to ensure the advancement of previously disadvantaged groups including persons with disabilities. Barriers keeping people from full participation in a department had to be identified and eliminated. Further, this white paper officially set the 2% employment target for persons with disabilities in the Public Service to be met by 2001. Progress towards this target have been slow, in 2014 the private sector employed only 1.1% persons with disabilities (CEE, 2015), and only 0.92% public servants had disabilities (PSETA, 2014). There has been some successes in the employment of persons with disabilities and in 2015 the South African Broadcasting Corporation received the Employment Equity Award for the best growth in employing persons with disabilities (CEE, 2015; SANews, 2015).
National Development Plan (NDP) 2030 (2012)	In 2012 the National Development Plan 2030 was accepted in Parliament and in essence it aimed at ensuring economic and socio-economic advancement for South Africa and to eradicate poverty and inequality by 2030 (National Planning Commission, 2012; Zarenda, 2013). This plan stresses the importance of improved education, innovation and training

	in specific and scarce skills of previously disadvantaged South Africans (National Planning Commission, 2012). This plan will also help with broadening the ownership of companies and control over available capital in terms of Broad-Based Black Economic Empowerment (National Planning Commission, 2012). The plan states that this can be achieved by redistribution of capital and control and secondly by ensuring new developments favour black entrepreneurs (National Planning Commission, 2012; Zarenda, 2013).
Education White Paper 6 **Special Needs Education** **Building an Inclusive Education and Training System (2001)**	In 1995 the first white paper on Education stressed the problems and challenges children with special needs experienced. A commission was appointed to investigate the plight of learners with special needs and the inputs of that commission formed the basis for Education White Paper 6 released in 2001(RSA, Department of Education, 2001). This white paper not only stressed the need to stop the segregation of children with disabilities but also acknowledged that some learners with severe disabilities will need to receive education in special schools. However, it stressed that these schools should receive the resources and support it needs to serve the leaners best. Furthermore, it acknowledged the need for educator development in mainstream schools enabling them to accommodate learners with disabilities in their classes. Learning barriers limiting the education of learners with disabilities had to be addressed by flexible education, which accommodates the different needs and learning styles of learners (RSA, Department of Education, 2001). In 2015, South Africa's Human Right Watch reported that, while 98.8% of children

	without disabilities (between the ages of 5 and 17 years) attended school, less than 40% of children with disabilities were attending school (Human Rights Watch, 2015).
Policy on Transfer of Subsidies to Organisations Administrating Special Employment Programmes for People with Disabilities (2014)	This policy is to provide funds for the Department of Labour empowering it to, with the help of private and public organisations, offer employment schemes and support programmes to persons with disabilities. This will improve the socio-economic conditions of persons with disabilities, alleviating the poverty common under persons with disability and addressing their quality of life in general. The policy also sets out the reporting methods to ensure that the funding and resources distributed are used effectively while benefiting those intended for and that all funds are accounted for (RSA, Department of Labour, 2014).
White Paper on The Rights of Persons with Disabilities (National Disability Rights Policy) (2015)	The Department of Social Development published the National Disability Rights Policy after it was approved by Parliament in December 2015. Through this policy, the aim is to empower South Africans with disabilities to become active members of society with the same rights to 'equality, dignity and self-reliance' as any other South African. This document through a Disability Statistics Advisory Group on Disability will ensure that the needs of persons with disabilities are addressed more effectively as well as ensuring reliable data and statistics on persons with disabilities. In terms of accessibility, it will strive to ensure that South Africans can live 'life unhindered by man-made barriers'. It will also support the National Development Plan, which envisions that by 2030 poverty and inequality in South Africa would have been addressed completely leaving a South Africa 'wherein all citizens have the capabilities to

	grasp the ever-broadening opportunities available (National Planning Commission, 2012; Zarenda, 2013).
Code of Good Practice: Key Aspects on the Employment of People with Disabilities (2015)	This code was first published in 2008 to help employers create a work environment where persons with disabilities are treated fairly and equally (RSA, Department of Labour, 2008). After all the new developments and policies in terms of disability since 2014, the South African Human Rights Council (SAHRC) updated their Disability Toolkit: A Quick Reference Guide & Monitoring Framework For Employers and the Department of Labour updated this Code of Good Practice. The Toolkit and Code both assist employers to effectively employ and develop persons with disabilities while monitoring and evaluating their progress in this regard (South African Human Rights Council, 2015; RSA, Department of Labour, 2015).
Code of Good Practice on Equal Pay/ Remuneration for Work of Equal Value (2015)	This code was developed as a result of the Employment Services Act of 2014 and was aimed at addressing the unfair labour practices of people receiving less remuneration based on their race, gender, disability or any arbitrary grounds. Employers have to compare positions considered to be of equal value in the specific company and also those positions normally filled by females or males. The code stresses that a person should be remunerated for the job done and not based on personal attributes such as race, gender or disability.
Draft Policy Framework for Disability in the Post-School Education and Training System (2016)	This draft policy was released for comment in November 2016. The focus of this policy is to integrate disability into post-school education by removing barriers that keep students with disabilities from participating in mainstream education. The policy acknowledged that very little progress

	have been made in this regard and attributes this to a lack of monitoring and enforcement of national and global standards. Educational institutions, schools and governments are not held accountable for not adhering to the agreements they are party to such as the CPRD and the CRC, and this is why the discrimination and inequalities are not addressed (RSA, Department of Higher education, 2016). This policy aims to change this through standardising the terminology, policies, reporting and evaluation as well funding in terms of disability in the post-school education and training system (PSET).

Clearly from the above information the South African Government took extensive steps through legislation and public policy to address disability issues. In 2013 the Disabled People South Africa Chairperson, Ms J Moloi-Moropa remarked “South Africa had many good policies, but this did not automatically translate into providing food or access”.

2.3.2 Disability legislation and status in Africa

Various African countries have disability specific legislation and also ratified international conventions. Malawi are party to the UNCPRD, the CRC and the African Decade of Persons with Disabilities 2010–2019 committing themselves to protect the rights of persons with disabilities and children. Malawi also have a Disability Act, which provide for non-discrimination and equal rights to health care services, accessible buildings, transport, communication services as well as education and employment (Chilemba, 2013). Zimbabwe also are party to the UN conventions and African Union agreement mentioned above and has a Disabled Persons Act. The Act established a National Disability Board to manage and oversee the equal and non-discriminatory treatment for persons of disabilities (Mandipa, 2013).

The African Decade of Persons with Disabilities 2010 – 2019 and the subsequent Continental Plan of Action signed in 2012 extended the original African Decade of

Persons with Disabilities 1999 – 2009 (African Union, 2012). The Continental Plan of Action provides guidelines and implementation measures national governments in Africa to mainstream disability, specifically fighting poverty and aggravating circumstances affecting women, children and youth with disabilities.

The World Health Report of 2011 stated that Africans with disabilities were still trapped in poverty; it found that persons with disabilities in Malawi and Namibia had lower incomes than those living in Zambia and Zimbabwe (WHO, 2011). African countries also lack the provision of medical rehabilitation and assistive devices that can improve the living conditions of persons with disabilities. WHO reported that, in Malawi, such devices were available to 25.3% of men with disabilities, compared to only 14.1% of women with disabilities. In Zambia, 15.7% of men with disabilities received assistive devices, compared to 11.9% of women (WHO, 2011). According to Tesemma (2014), around 20% of the poorest people in Africa were persons with disabilities. Tesemma (2014) observed that this might be attributed to their low levels of education and employment while having to pay more for medical services, transport, and other services (Tesemma, 2014).

2.3.3 Disability legislation Internationally

As discussed above the United Nations developed Conventions for children (CRC) and persons with disabilities (CRPD) to address the inequalities and discrimination against these vulnerable groups (UN, 1990; UN, 2006). Only the United States and Somalia did not ratify the CRPD although the United States voluntary reports on this Convention (UN, In 2011, WHO reported that 15% (one billion) of the world's population were living with disabilities, of which ±785 million were of working age. The report further stated that the number of children with disabilities completing primary schooling was consistently lower than that of children without disabilities, in both low- and high-income countries (WHO, 2011).

The ILO concurred in 2016 that persons with disabilities are less exposed to education, training, and skills development interventions, and stressed that this limits their opportunities for employment (ILO, 2016). In the USA, where disability specific legislation

for employment and education exist, the Americans with Disabilities Act (1990) and the Individuals with Disabilities Education Improvement Act (2004), the employment rate of persons with disabilities is also considered to be directly linked to their qualification level. O'Neill (2015) reported that, for persons with disabilities who had not completed a high school education, the employment rate was 20%, while it increased to 33% for those with a high school qualification, and to 53% for those with a bachelor's degree. The same trend was visible in the income of persons with disabilities; those who only completed a high school education earned, on average, less than half as those with graduate degrees (O'Neill, 2015).

In considering the status of disability in South Africa, Africa and the world the researcher notice some common denominators. Poverty is high under persons with disabilities limiting their medical care or access to assistive devices, the prevalence of disability is much higher under children and women (UN, 2006; WHO, 2011; World Bank 2013; WHO, 2016). This also became apparent when looking at the UNCRPD and the African Decade of which both contains special goals for addressing poverty as a main source of disability. Both specify the needs of children with disabilities and to alleviate gender inequality when offering disability services or when educating and employing persons with disabilities (UN, 2006; African Union, 2012). In 2016 WHO reported that health services also discriminate on grounds of disability as women with disabilities receive less screening for breast and cervical cancer than women without disabilities do. Further, it states that "People with intellectual impairments and diabetes are less likely to have their weight checked. Adolescents and adults with disabilities are more likely to be excluded from sex education programmes" (WHO, 2016 p.2).

2.4 EMPLOYMENT

As this study focused specifically on persons with disabilities who were employed, it is important to understand the terms *employment* and *employability* of persons with disabilities locally, in Africa, and internationally.

2.4.1 Defining Employment

The ILO (2016, p. 13) defines persons in employment as “all those of working age who, during a short reference period, were engaged in any activity to produce goods or provide services for pay or profit.” The UN Statistical Commission formulated the following definition of employment in 1958: “a person who works for a public or private employer and receives remuneration in wages, salary, commission, tips, piece-rates or pay in kind” (UN Statistical Commission, 1958).

In South Africa, the EEA refers to an employee as a person who is employed by another person or government, advancing the business of this employer while receiving remuneration, monetary or in kind (RSA, Department of Labour, 1998a). This corresponds with the definitions found in the Basic Conditions of Employment Act of 1997 (RSA, Department of Labour, 1997) and the Employment Services Act 4 of 2014 (RSA, Department of Labour, 2014a).

From the above, it is clear that an employee stands in a relationship with an employer and receives compensation, be it monetary or another reward, such as accommodation.

2.4.2 Disability and Employability

Persons with disabilities have been found to be willing to work, and they can make a valuable contribution if given the opportunity to join the labour market (World Bank, 2013; ILO, 2016). However, persons with disabilities are not given these opportunities, which negatively influence their financial situation and that of the communities in which they live (ILO, 2016; WHO, 2016).

This relates to the definition of employability formulated by Yorke (2006), who also indicated that employability is not just the anticipated success and benefits for a person in a position due to their skills and attributes, but also for their community and their country’s economic growth. Therefore, it is important to develop persons with disabilities in order for them and their communities to benefit from their participation in the labour market. The ILO, after a pilot study conducted in ten low- and middle-income developing

countries, stressed that the global losses in this regard were estimated at between 3% and 7% of a country's GDP in 2012 (ILO, 2016).

2.4.2.1 Disability and employability in South Africa

The South African Equality Act, Act 4 of 2000 provides that "No person may unfairly discriminate, directly or indirectly, against an employee in any employment policy or practice, on one or more grounds including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language or birth" (RSA, Department of Labour, 2000, p. 4). Therefore, discrimination against employees with disabilities in terms of educational and employment opportunities is clearly in contravention of the abovementioned Act.

The Employment Services Act, Act 4 of 2014, includes a section focusing on the employment of persons with disabilities in Chapter 6. It regulates the establishment of Supported Employment Enterprises, which aim to provide employment opportunities for persons with disabilities, while also facilitating support needed by such persons, by providing developmental opportunities for them, in order to improve their chances of gaining employment (RSA, Department of Labour, 2014a). Consequently, the Policy on Transfer of Subsidies to Organisations Administering Special Employment Programmes for People with Disabilities (RSA, Department of Labour, 2014b) was developed.

According to this policy, persons with disabilities still have low skills levels and, due to discrimination, can often not even access transport and buildings, which further limits their chances of entering the labour market (RSA, Department of Labour, 2014b). The South African Department of Labour stressed that this lack of employment opportunities is often as a result of organisations not having the knowledge and resources to accommodate persons with disabilities (RSA, Department of Labour, 2014b). The aim of the Employment Services Act and the above-mentioned policy is to overcome these challenges and ensure an accessible labour market for persons with disabilities (RSA,

Department of Labour, 2014b). Especially as the employment rate for persons with disabilities in South Africa was only 0.9% in 2013 (CEE, 2014), which increased marginally to 1.2 % in 2014 (CEE, 2015).

2.4.2.2 Disability and employability in Africa

Tesemma (2014) explained that various factors, including low levels of education, are the cause of the low employment levels of persons with disabilities in Africa. He further stressed that, in instances where persons with disabilities gain employment, they receive very low salaries and little or no career advancement (Tesemma, 2014).

- Malawi

Malawi endorsed the African Charter on the Rights and Welfare of the Child (1990) and the Convention on the Rights of Persons with Disabilities (2006), which both guarantee equal rights for persons with disabilities, as also specified in Section 13 (g) of Malawi's Constitution (Chilemba, 2013). A lack of formal employment forces persons with disabilities to become more entrepreneurial and to explore self-employment (Chilemba, 2013). The government in Malawi supports these efforts, and offers vocational training programmes developed with the inputs of representatives with disabilities (Chilemba, 2013). According to the World Report on Disability (WHO, 2011), 42.3% of persons with disabilities in Malawi were employed in 2003, compared to the 46.2% of persons without disabilities. The same report stated that 45.5% of persons with disabilities in Zambia were employed in 2005, compared to 56.5% of persons without disabilities.

- Zimbabwe

Disability in Zimbabwe is managed according to the Medical Disability Model, which focuses on the medical cause of the disability and the required treatment (Mandipa, 2013). According to Mandipa (2013), this leads to continuous human rights violations against persons with disabilities and them not being considered productive members of the labour market and society. The economic challenges in Zimbabwe leave most Zimbabweans with disabilities begging in order to survive (Mandipa, 2013). Tesemma

(2014) concurred that the major economic problems in Zimbabwe leave social welfare institutions with limited resources to assist persons with disabilities (Tesemma, 2014).

- Other African countries

African countries do try and improve the employment levels and quality of life for persons with disabilities (Tesemma, 2014). Uganda's Persons with Disabilities Act of 2006 legislates tax deduction for employers who employ a minimum of ten persons with disabilities (Oyaro, 2014). Kenya's Persons with Disabilities Act of 2003 enacted a deduction of up to 50% of the costs of reasonable accommodation measures and changes to improve the accessibility of the employer's premises. It also exempts employees with disabilities from income tax (Kamundia, 2014). Ghana's Persons with Disability Act 715 of 2006 offers tax rebates or exemptions for both the employers of persons with disabilities and the manufacturers of assistive devices (African Disability Rights Yearbook, 2014). However, the employment of persons with disabilities in these countries, as in the rest of Africa, remains very low (Tesemma, 2014; WHO, 2016).

2.4.2.3 Disability and employability Internationally

WHO (2015) reported that the global employment rate for persons with disabilities was 53% for men and 20% for women while the rate for those without disabilities was 65% and 30% respectively. This does not only stress the inequalities in employing persons with disabilities compared to persons with no disabilities but also raise the gender inequality for persons with disabilities as the employment rate for men in this group is more than double as that for women with disabilities (WHO, 2015). The employment rate of specific countries will now be discussed.

- United States of America

Even in developed countries such as the USA, where disability issues are highly regulated through specific legislation such as the Americans with Disabilities Act (USA, Department of Labor, 1990), employment of persons with disabilities is low. In 2010, it was reported

that, in the period October 2008 and June 2010, when markets were volatile, 9% more persons with disabilities lost their jobs than employees with no disabilities (Kaye, 2010).

- Australia

In Australia, in 2015, it was reported that one in five Australians was living with disabilities. Of this group, 53.4% were employed, compared to the employment rate for persons with no disabilities standing at 83.2% (Australian Bureau of Statistics, 2015). It was also reported that one in every 12 persons with disabilities experienced and reported cases of unfair discrimination on grounds of their disabilities (Australian Bureau of Statistics, 2015).

- Other countries

In the UK, it was reported in 2012 that 46.3% of adults with disabilities were employed, compared to 76.4% of persons without disabilities (UK, Office of Disability Issues, 2012). The Public Service Commission of Canada reported in May 2011 that the employees with disabilities employed in the public service consisted mainly of older persons, and that this would negatively affect the representation of persons with disabilities in future as these employees retire (Canada, Public Service Commission, 2011). This situation is exacerbated by the appointment rate of persons with disabilities being lower than the exit rate (Canada, Public Service Commission, 2011, p. 15).

As mentioned in Chapter 1 in 2016 the 2030 Agenda for Sustainable Development Goals (SDGs) were accepted by countries from all over world as an “universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity” (UNDP, 2016 p.1). As part of these goals, target 8.5 aims specifically to ensure full and productive employment and decent work for all women and men, including for young people and persons with disabilities as well as equal pay for equal value (UNDP, 2016). Furthermore in strategic goal 4 target 4.5 aim to ensure gender equality in education as well as equal access to all levels of education and vocational training for vulnerable groups, including persons with disabilities, indigenous people and children in vulnerable situations, by 2030 (UNDP, 2016; Richardson, 2017).

2.5 EDUCATION, TRAINING, AND DEVELOPMENT

2.5.1 Defining Education, Training, and Development

These terms were defined in Chapter 1, and are discussed in greater detail below.

2.5.1.1 Education

According to Van Niekerk, Tshilongamulenzhe, Diedericks, and Rajaram (2014), education leads to knowledge and understanding, as well as life skills and morals. It is obtained through formal schooling or tertiary studies, supported by normal daily activities. Therefore, it entails the expansion of what a person knows, and normally leads to formal qualifications. For persons with disabilities, this can either be achieved by attending special schools or mainstream schooling and other educational institutions (Van Niekerk et al., 2014).

2.5.1.2 Training

Van Niekerk et al. (2014) explained that training is more concerned with the transfer of work-related skills. Training creates a person who is more employable or productive in the workplace (Erasmus et al., 2015), and, in the study, the skills that employees with disabilities gain to do a specific job. Onsomu, Ngware, and Manda (2010) posited that the aim of training is to achieve higher skills levels, resulting in higher productivity and better-quality products, as well as technological advances, enabling the organisation to compete nationally and internationally.

2.5.1.3 Development

Although persons with disabilities are a part of any community and have a lot to contribute to their specific communities, to their country, and to the economy, they are still excluded from the developmental programmes offered (Disabled World, 2013). This leaves them marginalised and excluded from the formal economy, and forces them to become entrepreneurs, as seen in Africa (Disabled World, 2013).

In the workplace, employee development is focused on those skills that an employee needs to perform on or above standard; these skills are not necessarily acquired through formal training (Van Niekerk et al., 2014). In the workplace, there is also non-employee development, which is aimed at developing other role players who influence the organisation, such as suppliers and customers (Van Niekerk et al., 2014). Colleagues, managers, and other stakeholders might also need further development on how to effectively interact and communicate with employees with disabilities (Van Niekerk, 2011).

2.5.2 Disability and ETD

In the development of minority groups in the workplace, the following of certain strategic factors are of utmost importance. First, the executive management of the organisation should be committed to ETD, and make sure that all the necessary policies and procedures are in place to ensure the equal development of all employees (Matherly & Sultan Al Nahyan, 2015). Then, the organisation should reward knowledge transfer, training, and development in the workplace, as these improve the productivity of the organisation.

The last strategic factor is ensuring that the organisation takes into account the different needs and characteristics of different groups in the organisation (Matherly & Sultan Al Nahyan, 2015). In the ETD of employees with disabilities, all these factors are essential, as they may need additional assistance and accommodation, not only when attending ETD interventions, but also when applying their skills and knowledge in the workplace (Van Niekerk, 2011).

2.5.2.1 Disability and ETD in South Africa

Although the study concentrated on ETD in employment, it was important to consider the status of the school education systems for children with disabilities. As mentioned before, the low levels of education negatively influence the employability of persons with disabilities (WHO, 2011; RSA, Presidency, 2014).

In South Africa, the number of special schools available to persons with disabilities increased from 375 in 2002 to 423 in 2011 (RSA, Presidency, 2014). However, insufficient progress was made in transforming 500 mainstream schools to “full-service schools” as set out in the Education White Paper 6 on Special Needs Education and Building an Inclusive Education and Training System (RSA, Department of Education, 2001, p. 8). Adult basic, further and higher education would follow suit in accommodating persons with disabilities, creating full-service educational institutions on all levels. This would provide equal opportunities to students with disabilities who have the mental and intellectual capacity to compete on the same educational and subsequent employment levels (RSA, Department of Education, 2001).

However, it was reported in 2015 that access to mainstream schools was very limited, as school administrators decided which disabilities they were willing to accommodate (Human Rights Watch, 2015). The potential or ability of the child is not taken into consideration by such administrators, despite the matric pass rate of children with disabilities being 83.7%, compared to a 70% overall pass rate in 2011, and 88.4% compared to 73.9% in 2013 (RSA, Department of Performance Monitoring and Evaluation, 2012, 2013). Therefore, while more than 80% of children with disabilities pass matric when given the opportunity, the exclusion from mainstream schooling, for many, limits their access to further education, including tertiary education, and employment (RSA, Department of Performance Monitoring and Evaluation, 2012, 2013).

As mentioned briefly in Chapter 1, the South African government included a 4% skills development target for the development of persons with disabilities in the NSDS I (RSA, Department of Labour, 2001). This target was set to assist in the development of persons with disabilities, to make them more employable (RSA, Department of Labour, 2001) and to ensure effective skills development. South Africa also promulgated the Skills Development Act No. 97 of 1998 and the Skills Development Levies Act No. 97 of 1999 (RSA, Department of Labour, 1998, 1999, 2008). However, according to a report released by the Development Bank of Southern Africa (2005), these frameworks, and

employment equity legislation (RSA, Department of Labour, 1998a), helped very little, as "99% of South Africans with disabilities were not meaningfully employed" (Development Bank of Southern Africa, 2005, p. 30). This has a clear effect on the social, emotional, and occupational wellness of persons with disabilities, as confirmed by said report and later reports stating that this leads to persons with disabilities suffering from depression (WHO, 2015, 2016). Furthermore, those who are employed receive no or very little support and assistance through reasonable accommodation (Development Bank of Southern Africa, 2005; WHO, 2016).

The Code of Good Practice on the Employment of Persons with Disabilities, first published in 2002, was reviewed in 2015 (RSA, Department of Labour, 2015a), in line with the UN Convention on the Rights of Persons with Disabilities (2006), which South Africa ratified in November 2007 (CEE, 2015). This Code and the Employment Services Act (RSA, Department of Labour, 2014a) specifically stress the importance of assisting persons with disabilities to find employment and to offer free ETD opportunities to all persons with disabilities, in order to increase their employability (RSA, Department of Labour, 2015a). Subsequently, at the end 2016, the Draft Policy Framework for Disability in the Post-school Education and Training System was published for public comment, noting that, while race and gender have received a lot of development focus, persons with disabilities did not receive the same opportunities (RSA, Department of Higher Education and Training, 2016). It is hence clear that, to ensure that more persons with disabilities enter post-school education institutions, and to ensure effective mainstreaming of disability in South Africa, enforcement of all the existing policies and regulations is essential (RSA, Department of Higher Education and Training, 2016).

In considering the appointment of persons with disabilities in line with their formal educational levels, Snyman (2009) conducted research using 44 participants with disabilities from different South African organisations. The study found that, even though 75% of the participants had qualifications higher than Grade 12, they were still not employed at professional levels, but only at administrative or clerical levels (Snyman, 2009).

However, South Africa's Department for Women, Children and Persons with Disabilities (2013) has reported some positive trends. Between 2008 and 2011, 129 121 adults with disabilities had enrolled in adult literacy programmes to improve their employability. In addition, 54% of young persons with disabilities who had enrolled in learnerships between 2008 and 2011 successfully completed these learnerships, and 46% successfully gained employment. The following table provides more information on the ETD progress made in South Africa towards achieving the targets per the NSDS I, II, and III.

Table 2.2

Progress Towards NSDS Targets Set in 2001

Reporting period	Previously disadvantaged groups	NSDS targets set in 2001	Training for unemployed South Africans	Workplace skills Development Support Programme	Participated in ABET Level 4 training
2006 to 2007	**Black**	85%	78%	71%	64%
	Female	54%	41%	39%	23%
	Persons with disabilities	4%	2.3%	2%	0.3%
2009 to 2010	**Black**	85%	98%	81%	100%
	Female	54%	54%	53%	61%
	Persons with disabilities	4%	2%	3%	0%

Adapted from Statistics provided in the National Skills Development Strategy Implementation Reports 2007 and 2010.

This data show that, although progress was made in all areas and for all groups, the progress towards the targets for persons with disabilities was the poorest.

2.5.2.2 Disability and ETD in Africa

The Secretariat of the African Decade of Persons with Disabilities called on Africa to "promote equal provision of services especially in the areas of health, education, employment, skills training and development, and access to justice for all persons with disabilities who suffer and are victims of exclusion and human rights violation" (African Union (AU), 2014).

- Malawi

Chilemba (2013, p. 6) referred to available, accessible, acceptable, and adaptable education for persons with disabilities in Malawi as a “pipedream.” He indicated that this was due to limited resources, insufficient funding, environmental barriers, and the fact that teachers were not trained to teach children with disabilities (Chilemba, 2013). As is the case in Zimbabwe, these factors then limit opportunities for these children, a situation that has a knock-on effect on their adult lives (Chilemba, 2013).

- Zimbabwe

Zimbabwe showed intent to ensure advancement by establishing the National Disability Board, tasked with formulating policies that will ensure equal opportunities for persons with disabilities through education and employment (Mandipa, 2013). However, Mandipa (2013) noted that very few children with disabilities attended formal schooling in Zimbabwe, which later limited their employment opportunities.

- Other African Countries

Mozambique developed the National Policy for Persons with Disabilities (2008) and the Strategy for Persons with Disabilities in Public Service (2009), both aimed at the advancement of persons with disabilities to ensure their independence and full inclusion in society (Lopes, 2013). In Botswana, steps were taken in developing inclusive education policies, with discussions between academics and government (Jonas, 2014). However, the Ministry of Education, Skills, and Development stated in 2013 that those stakeholders who would be directly impacted were not involved, which left the learners with special needs, their families, educators, and communities with little or no knowledge of the benefits that inclusive education would bring (Jonas, 2014).

The African Decade of Persons with Disabilities was initially declared from 1999 to 2009 but as very little progress was made, it was extended for another decade from 2010 to 2019. The Continental Plan of Action developed to support the focused attention given to disability issues during this period stated that the period was extended to integrate persons with disabilities into society by fighting inequality and empowering them to fully participate in their communities, their country and Africa as a whole (AU, 2014). Again as

discussed before, common barriers to this integration are poverty, gender discrimination, and the lack of medical and support services for women and children with disabilities (World Bank, 2013; AU, 2014; WHO, 2014). Although these challenges are more common in poor, third world countries and therefore the majority of Africa, it is also still prevalent globally(AU, 2014; WHO, 2016)

2.5.2.3 Disability and ETD Internationally

The UN Convention on the Rights of the Child (CRC) is one of the widest accepted conventions in the world and aim to protect all children from any form of discrimination or punishment also on basis of their disability. The United Nations and Somalia is the only two countries that did not ratify the Convention on the Rights of the Child (UN, 1990).

- United States of America

The USA has disability-specific legislation regulating the education and employment of Americans with disabilities. The Individuals with Disabilities Education Improvement Act of 2004 focuses on ensuring equal developmental opportunities for children with disabilities, empowering them to, later in life, secure employment and become independent (USA, 2004). Furthermore, the Americans with Disabilities Act of 1990 prohibits discrimination against persons with disabilities in the provision of ETD opportunities. It states that all relevant policies should be adjusted to accommodate employees with disabilities and their special needs, such as having training material modified in order to be accessible to employees with disabilities (USA, 1990).

In terms of the participation of persons with disabilities in educational opportunities, it was reported that, in 2000, 9.3% of undergraduates reported having a disability (US Census Bureau, 2006). By 2007, this changed to persons with disabilities comprising 10.8% of the undergraduate population and 7.61% of graduates or professionals (US Census Bureau, 2012). Erickson, von Schrader, Bruyère, and Van Looy (2013) noted that, in the past, employers stated that they did not employ persons with disabilities because qualified persons with disabilities were not available, and those who were available were not skilled

enough to perform effectively in the workplace. These authors found in their study that the culture in organisations and their policies and practices lead to inequities in terms of the employment of persons with disabilities. Inversely, some improvement was found in their study: in 1998, 40.7% of employers believed that a lack of ETD was a barrier to the appointment and promotion of persons with disabilities; and this figure decreased to 29.8% in 2011 (Erickson et al., 2013).

- Australia

In Australia, where education for children with disabilities was also formally legislated, it was reported that, in 2009, only 0.8% of these children did not attend schooling that 33% completed their schooling, and that 14.6% of persons with disabilities completed a bachelor's degree or higher (Australian Bureau of Statistics, 2009). Since then, Vocational Education and Training have been implemented in secondary schools; this option is less academic, and focuses more on preparing learners to join the workforce (Australian Bureau of Statistics, 2014).

The Australian government also made additional funds available in 2012–2014, through the More Support for Students with Disabilities project (Australia, Department of Education and Training, 2012), focusing on improved understanding of and sensitisation regarding the circumstances and needs of students with disabilities. In 2015, case studies and practical examples were added to this project, to improve understanding even further (Australia, Department of Education and Training, 2015).

- Other countries

In the UK, in 2014, it was reported that 19.2% of persons with disabilities held no qualifications, compared to 6.5% of persons without disabilities. Only 14.9% of employed persons with disabilities in the UK held degrees, compared to 28.1% of persons without disabilities (Office of Disability Issues & Department of Works and Pensions, 2014). Matherly and Sultan Al Nahyan (2015) found that the Gulf Cooperation Council states (Saudi Arabia, Kuwait, Bahrain, the United Arab Emirates, Qatar, and Oman) experienced challenges in developing a representative labour force. The authors stated that

executives must realise that, for their company and countries to grow, all employees should be developed continuously, including those with disabilities (Matherly & Sultan Al Nahyan, 2015).

2.6 WELLNESS

2.6.1 Defining Wellness

As with disability, it seems that wellness means different things to different people. However, wellness is not a legislated concept, and is not seen as a ground for discrimination or marginalisation according to South African legislation (RSA, Department of Justice and Constitutional Development, 1996; RSA, Department of Labour, 1998a). Engel and Kieffer (2008, p. 84) stated, “Wellness is truly in the eye of the beholder.” Oschwald and Powers (n.d.) found that persons with disabilities see wellness as being able to live independently while feeling physically and emotionally well, and with as little pain as possible. A short overview on wellness in South Africa, Africa, and internationally now follows. The theoretical framework of wellness will be discussed in more detail in Chapter 3.

2.6.1.1 Wellness in South Africa

In South Africa, wellness is considered in terms of health-related or physical issues, rather than the whole person (Jobson, 2003; Bonehill, 2012). Bonehill stressed that, for organisations to be successful, they need employees who are healthy on all levels, and should offer assistance for their physical, emotional, and financial needs (Bonehill, 2012). Stakeholders in the South African labour market do not have a common understanding of what wellness entails (Sieberhagen et al., 2011). This correlates with the lack of understanding of wellness globally, as there is no accepted definition of wellness (Goss, 2011).

In considering the health and physical wellness of South Africans, Porter, Johnson, and Petrillo (2009) reported that 44.9% of South Africans between the ages of 18 and 69 do not participate in physical activities, leading to high levels of obesity. Furthermore, 70.6%

of South Africans do not take in the nutrition they need daily, which further contributes to health problems (Porter et al., 2009).

Environmental problems like unhealthy and unsafe living conditions, air, and water, as well as land erosion and acid mine water, also impact the wellness of South Africans (StatsSA, 2014; RSA, Presidency, 2014). Porter et al. (2009) looked at the wellness of tertiary students, and found that tertiary institutions generally do not have a health and wellness office to help students to address health issues, and there is very little education available on wellness issues. According to Porter et al. (2009), such education can help address high-risk behaviours like alcohol- and drug abuse.

In the South African workplace, employee wellness programmes were introduced in the 1970s; however, there has been reluctance to use these programmes, due to a stigma that only alcoholics use it, and employees felt that confidentiality was not guaranteed (Sieberhagen et al., 2011). Sieberhagen et al. stated that, in 1992, 58% of employers offered such programmes, but that the number decreased to less than 50% by 2003 (Sieberhagen et al., 2011). The implementation of these programmes was also mainly seen as a measure to counter employees taking sick leave and to make organisations more attractive to work-seekers (Sieberhagen et al., 2011). Organisations see these programmes as a response to health issues of individuals, rather than investigating organisational issues that negatively affect employee wellness (Sieberhagen et al., 2011).

2.6.1.2 Wellness in Africa

In 2000, world leaders from all continents met and developed the Millennium Development Goals (MDG), pledging to fight poverty (UN, 2000); however, in 2014, the Millennium Development Goals Report stated that 34 of the 54 African countries are still low-income countries and are also seen as the least developed countries in the world (UN, 2014). On the positive side, since 2003, eight of the top ten achievers of increased progress towards the Millennium Development Goals were African countries (UN, 2014). The Millennium Development Goals where replaced by the Sustainable Development

Goals (SDGs), which came into effect in 2016 where countries worldwide continued their pledge to “poverty, protect the planet and ensure that all people enjoy peace and prosperity” (UNDP, 2016). The aim is to reach these goals by 2030 (UNDP, 2016) and if achieved it will make a positive impact on people’s wellness all over the world.

Various wellness theories hold that an improved quality of life is associated with a higher income and a more developed country (Richardson, 2017). These conditions contribute positively to improved whole person wellness if the progress rate is sustained (Hettler, 1976; Myers, Sweeney, & Witmer, 2000; Myers & Sweeney, 2005). Increased wellness will thus be supported by the anticipated financial growth in Africa, based on the demographic power of the continent, urbanisation that creates various areas for growth, and technological development (Goss, 2011; UN, 2014). This expected growth requires African governments to have economic policies that will support this growth, as well as increased skills levels and infrastructural development (UN, 2014; UNDP, 2016).

2.6.1.3 Wellness Internationally

In WHO’s Constitution of 1946 (p. 1), wellness is defined as “physical, mental, and social well-being, not merely the absence of disease.” The US-based National Wellness Institute views wellness as a process, where a person strives to achieve self-actualisation by enjoying a full life, including all the different dimensions of the person as a whole (Hettler, 1976, 2007; National Wellness Institute, 2014). Therefore, wellness requires focusing on not only one’s physical health, but also one’s mental and spiritual health, and how the environment influences this. The National Wellness Institute believes that wellness is achieved when individuals takes positive, focused steps to ensure their own wellbeing and success (National Wellness Institute, 2014).

The USA ranked 26th out of 29 countries in 2014 in terms of the wellness of the country’s children, while the Netherlands was the top country (UNICEF, 2015). Further, it was found that various tertiary educational programmes in the USA that included wellness in its study material did not only provide practical skills for learners to identify wellness

dimensions and issues in their own lives, but also to be sensitive to the wellness of their 'clients' when they enter the labour market (Goss, 2011). Australian universities, however, included very little wellness education in their curricula, and Hong Kong offered few or no wellness programmes in tertiary institutions, leaving students uninformed on what wellness and health entail, with few students pursuing active and healthy living (Goss, 2011).

2.6.2 Disability and Wellness

The researcher also considered literature available on the wellness of persons with disabilities. A study on the wellness of persons with disabilities found that they see wellness as their ability to cope with their circumstances, be independent, and have a choice in what they do (Oschwald & Powers, n.d.). Persons with disabilities would like to experience increased physical and emotional wellness, as well as effective pain management, as this would empower them to seize more of the opportunities available to them (Oschwald & Powers, n.d.).

The researcher will now first give a short overview of disability and wellness in South Africa, Africa, and internationally, before discussing disability linked to Hettler's Model of Wellness in more detail.

2.6.2.1 Disability and wellness in South Africa

As mentioned, in South Africa, persons with disabilities are theoretically not defined by their medical conditions, but rather by the social environment in which they live (RSA, Deputy President, 1997). However, when looking specifically at wellness research in South Africa, the state of the wellness of persons with disabilities remains unclear. A study of employees with disabilities in a Public Service department found that the policies and procedures of the department did nothing to advance the rights and working conditions of these employees (Van Niekerk & Van der Merwe, 2013), thereby neglecting their wellness in the workplace (Hettler, 1976, 2007).

In another South African study aimed at developing a wellness framework for managers, Botha and Brand (2009, p. 2) referred to disability as the lowest measurement of a person's wellness, with disability representing the opposite of optimum wellness on the continuum. The authors defined disability as "a state of poor physical health, poor self-esteem, pessimism, existential frustration, a lack of intellectual stimulation, a negative sense of meaning and purpose in life, unhappiness at work, unhealthy and conflicting relationships, an unsafe and unhealthy work environment, or any combination of these factors."

This is contrary to the legislated definitions of disability in South Africa discussed before. Please refer to section 2.2.1.

2.6.2.2 Disability and wellness in Africa

Persons with disabilities in Africa are still considered as having a low quality of life and little or no equal rights or opportunities to be actively involved in their communities (Kachaje, Dube, MacLachlan, & Mji, 2014). During the third AfriNEAD symposium, held in 2011, the 18 African countries and seven countries from other continents made recommendations to improve the quality of life for persons with disabilities in Africa (Kachaje et al., 2014). These recommendations focused on including persons with disabilities (children and adults) in decisions that affect them, increasing disability awareness, and sensitisation training for all educators, and including this training in tertiary qualifications (Kachaje et al., 2014).

It has been acknowledged that persons with disabilities need more than just physical wellness. They are whole persons who need to be educated, become economically active, and be included in their communities through spiritual and recreational activities (Kachaje et al., 2014).

2.6.2.3 Disability and wellness Internationally

The UN showed its support for the wellness of persons with disabilities by launching the World Programme of Action concerning Disabled Persons, which aims to address, not only the physical dimension of persons with disabilities by preventing disability or assisting in their rehabilitation, but also focusing on the social dimension and the full development of such persons (UN, 2015). The aim of the Programme is to ensure that persons with disabilities become active and equal citizens in their countries, and to acknowledge the challenge of improving the living conditions of persons with disabilities. The World Programme of Action aims to mobilise the human resources of all countries involved to address this issue. To ensure that the quality of life for persons with disabilities indeed improves, the implementation of the programme is assessed and reported on periodically at international, national, and regional levels, and progress is measured against assessment indicators set by the UN (UN, 2015).

The USA, offered positive psychological interventions to the elderly and those who are physically frail, like persons with disabilities to improve their emotional and physical health (Engel & Kieffer, 2008). These positive influences were found to slow their physical deterioration, improve their participation in exercise, and motivate them to take more responsibility for their own health through regular health checks and enlisting social support when needed. Engel and Kieffer (2008) indicated that the emotional and social wellbeing of elderly and frail individuals made the biggest impact on their total wellness (Engel & Kieffer, 2008).

In a study on children with Asperger's disorder, Moorhead, Green, McQuistion, and Ozimek (2008) stated that, by focusing on the strengths of these children, they can become adults who are adapted to successfully participate socially, in education, and as employees in the labour market. The authors indicated that a medical approach alone did not develop children with disabilities, and that a holistic wellness approach is required to develop, not just their bodies, but also their minds and spirits.

2.6.3 Wellness and ETD Support

Wellness in the workplace entails helping employees to prevent disabilities caused through physical conditions like high blood pressure and diabetes by providing information and monitoring mechanisms (Cook, 2013). Wellness awareness can also assist persons with newly acquired disabilities by helping them to cope with their new challenges and rehabilitation. Wellness initiatives can help employees with disabilities to stay productive for longer (Cook, 2013).

In 2003, the Technical Assistance Guide on the Employment of Persons with Disabilities was released by South Africa's Department of Labour. It states that "Creating opportunities for all employees to work to their full potential increases morale and develops an ethos of respect among all employees. The provision of reasonable accommodation for a particular employee not only ensures equitable treatment for employees with disabilities, but also contributes to improvements in morale and increased respect for diversity within the workplace" (RSA, Department of Labour, 2003, p. 3). Therefore, equitable ETD support for employees with disabilities clearly affects their wellness positively. Organisations that have successfully employed persons with disabilities were found to have proper recruitment, training, accommodation, and retraining practices in place (Cook, 2013).

Although employers tend to have lower expectations of the potential of employees with disabilities, appointing them in lower-level positions with simpler tasks, these employees were found to be higher performers with better attendance and safety records (Ju, Zhang, & Pacha, 2012). The negative perceptions of employers regarding employees with disabilities can be changed through ETD, to ensure that they are workplace ready, that they have the basic communication-, time-keeping-, office-, and computer skills, and that they are empowered to effectively communicate and market their skills and potential to employers during interviews and performance evaluations (Ju et al., 2012).

In South Africa, the Code of Good Practice: Key Aspects on the Employment of Persons with Disabilities (RSA, Department of Labour, 2015a) reiterates that persons with

disabilities are entitled to the same ETD opportunities as their colleagues with no disabilities. Employers need to take reasonable measures to accommodate the special needs of employees with disabilities in order for them to participate in ETD interventions and subsequently life-long learning (RSA, Department of Labour, 2015a). The only grounds on which an employee with a disability may be excluded from any ETD support and opportunities offered by an employer are “unjustifiable hardship” for the business due to “significant or considerable difficulty or expense” (RSA, Department of Labour, 2015a, p. 9). Therefore, employers need to ensure that employees with disabilities receive the same ETD as employees with no disabilities, coupled with any special additional support they need in order to experience wellbeing in the workplace, unless it is unreasonably expensive.

The terms *reasonable accommodation* and *unjustifiable hardship* are consequently of the utmost importance in defining ETD support in the workplace and for this research study. These terms are defined in the Code of Good Practice: Key Aspects on the Employment of Persons with Disabilities (RSA, Department of Labour, 2015a) and the Technical Assistance Guide on the Employment of Persons with Disabilities (RSA, Department of Labour, 2003). The mentioned Guide was developed to ensure the effective implementation of the employment equity determinations for persons with disabilities as a previously disadvantaged group (RSA, Department of Labour, 1998a).

Reasonable accommodation, according to the Technical Assistance Guide (2003), entails removing barriers that hinder the performance and full participation of qualified employees with disabilities, with no discrimination against such employees in terms of employment equity (including ETD support), benefits, and promotions (RSA, Department of Labour, 2003). Again, none of this must cause unjustifiable hardship to employers (RSA, Department of Labour, 2003). The guide also stresses that, if an employee with a disability cannot perform the essential tasks of a position, employers have no legal responsibility to employ this employee, but if the person cannot perform non-essential tasks, employers should re-allocate these tasks to other employees (RSA, Department of Labour, 2003).

Unjustifiable hardship, per Section 6.12 of the Code of Good Practice: Key Aspects on the Employment of Persons with Disabilities (RSA, Department of Labour, 2015a) is "action that requires significant or considerable difficulty or expense. This involves considering, amongst other things, the effectiveness of the accommodation and the extent to which it would seriously disrupt the operation of the business" (RSA, Department of Labour, 2015a, p. 12).

2.6.3.1 Possible ETD Interventions

The following discussion focuses on possible ETD interventions that employers could offer employees with disabilities to improve their integration into the workplace and subsequent performance, career development, and, ultimately, their wellness. This is not an all-inclusive list of interventions, but merely an indication that clarifies how ETD interventions can support employees with disabilities in the workplace.

New employees often undergo orientation or induction when they enter the workplace. According to the Code of Good Practice on the Employment of Persons with Disabilities, a form of induction or orientation support is of utmost importance to employees with disabilities (RSA, Department of Labour, 2015a). At the same time, it is also important to expose all employees in the organisation to disability sensitisation (Van Niekerk & Van der Merwe, 2013; RSA, Department of Social Development, 2015.

Employees with disabilities must always be consulted on their ETD needs, and should provide specific input in terms of their career development, accommodation, and the barriers they experience (RSA, Department of Labour, 2014a; RSA, Department of Social Development, 2015). A career development and advancement plan identifying the specific education or training needed will guide employees with disabilities regarding the opportunities available and how to utilise these (RSA, Department of Labour, 2014a; RSA, Department of Social Development, 2015).

Tesemma (2014) indicated that employees with disabilities perceiving unequal career development and advancement opportunities, or earning lower salaries than their peers with no disabilities, would negatively affect their wellness.

There should also be continuous performance evaluation processes in place, whereby employers and employees with disabilities identify developmental areas and how to address these through ETD interventions as soon as these issues become apparent. However, the performance standards for and evaluations of employees with disabilities should only focus on essential functions of the job and take cognisance of the disability needs of employees with disabilities (RSA, Department of Labour, 2003, 2015a). In this regard, the Technical Assistance Guide states, “Any performance processes involving interventions or reward or recognition, must not unfairly discriminate on the basis of disability. In many instances, employees are rewarded on criteria such as efficiency, which is often limited to perceptions of ‘getting a job done as quickly as possible.’ Efficiency and other criteria used to evaluate performance should be developed from a holistic perspective, where attention is given, among others, to objective performance standards, effectiveness and quality of output” (RSA, Department of Labour, 2003, p. 18).

Clear job descriptions are also essential to avoid role ambiguity, which not only affects the performance of employees negatively, but also their performance evaluations, as they are measured on ‘unknown’ tasks (Luthans, 2011). This leads to higher stress levels for employees, including those with disabilities, and results in anger, anxiety, and depression, and impacts relationships in the workplace (Luthans, 2011). Hergenrather, Rhodes, Turner, and Barlouw (2008) found that those who have a high level of self-efficacy in reaching their goals have a better chance of mastering new skills, and posited that employers should assist employees with disabilities to reach this point (Hergenrather et al., 2008).

Managers need to be trained to objectively and fairly manage and evaluate the performance of employees with disabilities (RSA, Department of Labour, 2003, 2015a). As employees with disabilities grow in their careers, they may also need the mentoring

and coaching of more senior employees and managers, and these mentors need mentoring skills in order to transfer their knowledge to these employees (Botha & Brand, 2009; Cook, 2013; Erasmus et al., 2015).

Another important developmental responsibility of employers is to offer ETD support to employees who acquire a disability while in the service of the employer or their condition deteriorates and they can no longer perform their duties (RSA, Department of Labour, 2003, 2015a). The Employment Services Act and the subsequent public policies make it clear that the employer has a responsibility to take all reasonable steps to retain and retrain employees, rather than dismiss them (RSA, Department of Labour, 2014a, 2015a). This Act also specifies that money will be made available by the Department of Labour to assist with the rehabilitation, including any relevant ETD support, of employees who acquire disabilities on duty or due to an occupational disease (RSA, Department of Labour, 2014a). It will also provide subsidies for the employment of "vulnerable work seekers," which include persons with disabilities (RSA, Department of Labour, 2014a, p. 4).

Only after the employer has considered all options to retain an employee with a disability by retraining him or her for alternative work and/or possible reasonable accommodation, including but not limited to flexible working schedules and assistive devices, without success, may an employer consider termination of the person's services (RSA, Department of Labour, 2014a, 2015a). If found that these measures will lead to unjustifiable hardship for the employer, as discussed above (RSA, Department of Labour, 2015a), the employer, employee, and, if needed, medical specialists may consider termination of employment (RSA, Department of Labour, 2014a, 2014b, 2015a). The employer should then consider training the employee in skills that will improve his or her chances of gaining employment elsewhere in the labour market, which may include vocational training (Cook, 2013; Hergenrather et al., 2008; Moorhead et al., 2008; Kachaje et al., 2014). All ETD support offered should empower employees with disabilities to manage their disabilities effectively, and should also include life skills, such as managing their financial status, including investments, and how to claim workmen's

compensation, unemployment benefits, and social grants (Moorhead et al., 2008; Kachaje et al., 2014; RSA, Department of Labour, 2015a).

Under the Skills Development Act (1998b), employers can also offer ETD support to unemployed persons with disabilities or lower-level employees with disabilities through learnerships and internships. This is not only a way to claim skills levies back (RSA, Department of Labour, 1999; Meyer & Orpen, 2013), but also shows the commitment of the organisation to developing the broader labour force, which will benefit the organisation and the country through economic growth (RSA, Department of Labour, 1998b; Thornton, 2004; RSA, Department of Labour, 2014a).

Offering learnerships and internships is in line with the Public Service Commission Report on Disability Equity in the Public Service (2008), which stresses the importance of accelerating the skills development of persons with disabilities through internships and learnership programmes, as this will counter their lack of formal education and improve their employability (Public Service Commission, 2008). It provides these persons the opportunity to gain new skills and work experience where they have the opportunity to apply these skills (Thornton, 2004; RSA, Department of Labour, 2014b). A study of employees with disabilities who were coached by experienced employees for a year as part of an organisational internship programme were, at the end of the programme, able to deliver presentations that were “powerful, professional and inspiring” (Chitondo, 2011, p. 2). Through such programmes, employees with disabilities not only develop work-related skills, influencing their occupational wellness, but also communication skills and they gain confidence, improving their intellectual, social, and spiritual wellness (Chitondo, 2011; Cook, 2013).

2.7 SUMMARY

This chapter provided an in-depth discussion of the concepts *disability*, *employment*, *ETD*, and *wellness*, which are at the centre of this study. Relevant concepts were considered in the South African, African, and international contexts, in order to establish a clear overview of each. It also looked at the causes of disabilities, the classification of

the different types of disabilities, and how all the relevant concepts link to disability. This conceptual understanding will, in the next chapter, form the basis for investigating the theoretical framework for this study through in-depth discussions of the Model of Disability and the Model of Wellness.

CHAPTER 3
THEORETICAL FRAMEWORK

3.1 INTRODUCTION

The chapter focuses on the theoretical framework for the current study. As theories are used in understanding phenomena, this theoretical framework supports the study of wellness of persons with disabilities. It provides an in-depth discussion of the Bio-psycho-social Model of Disability and Hettler's six-dimensional Model of Wellness. The theory is also linked to the wellness needs of employees with disabilities and how education, training and developmental support can improve wellness in the workplace.

3.2 MODELS AND THEORIES OF DISABILITY

Lederman & Lederman (2017) stress that all research studies must be built on a theoretical framework signifying that the study and the outcomes will be valuable. This theoretical framework or available literature studied must signify that there is a problem that needs to be addressed through research (Lederman & Lederman, 2017). In this research study the literature studied in chapter two clearly identified the poor quality of live still faced by persons with disabilities, especially in terms of education and employment. Chapter 3 will now review what current theory and models are available and determine why this problem still exist.

The researcher considered all the main disability models in identifying the one most suitable to this study. These models included the Medical Model, which focuses on the person's medical condition and the required treatment. This approach specifies that persons with disabilities need only medical attention (Gill & Schlund-Vials, 2014), and that the challenges they experience in society are the result of their medical condition (Van Niekerk, 2011).

The Social Model focuses on the barriers and restrictions placed on persons with disabilities by their environment (UN, 2006). It was seen as "a shift from a 'medical model'

to a ‘social model’ in which persons are viewed as being disabled by society rather than by their bodies” (RSA, Office of the Deputy President, 1997, p. 15). This model acknowledged the human rights of persons with disabilities as being the same as those without disabilities; thus, persons with disabilities are entitled to equal treatment and opportunities (South African Human Rights Commission, 2015). However, some activists felt that the model became a burden to society, and the focus was still on the disability. In the UK, this led to the development of the new Social Model of Disability by Mike Oliver, in 1983.

Oliver, in developing this model, considered the concept of disability as an academic with a disability: what disability entails (the ontology thereof), what can be seen as the causes thereof (the epistemology), and the effect of disability on a person — how they experience it (the experiential dimension) (Oliver, 1996; 2008). He stated that academics and professionals cannot understand disability and make decisions on behalf of persons with disabilities without experiencing or living with it themselves (Oliver, 1996). Persons with disabilities should be their own advocates on issues affecting them. Oliver’s model also stressed the importance of practical training for persons involved with disability issues, like social workers, and the inclusion of awareness training and equity considerations with regard to disability in all formal qualifications (Oliver, 2008). However, the researcher found the Bio-psycho-social Model most suitable to this study.

3.2.1 Bio-psycho-social Model of Disability

Through the Disability Rights Movement the United States became a melting pot for emerging new models referring to disability and these models began to move from a focus on individual impairment towards first an integrated model. This integrated model looked at disability as a relationship or interface between the person with the disability and the environment (Krahn, Drum, Putnam, & Powers, 2006). This model the evolved into the bio-psychosocial model in which the importance of the impact of biological, emotional, and environmental issues on health and well-being is acknowledged (Krahn, Drum, Putnam, & Powers, 2006). The authors linked this broader view of disability and the world around it as a result of the 2001 change in the disability classification system used by

WHO and which became the International Classification of Functioning (ICF) (Krahn et al., 2006). This system, which is still widely used, recognises the impact of external factors and personal circumstances on the health of a person. Therefore the classification changed to include classifications "from body, individual, and societal perspectives" (Corbin & Pangrazi, 2001; Krahn et al., 2006; WHO, 2011).

Waddell and Aylward indicated in 2010 that the bio-psycho-social model combines the Medical and Social Models, acknowledging that, although disabilities are caused by health challenges, certain environmental, social, and psychological influences also play major roles in the wellness of these persons (Waddell & Aylward, 2010). Figure 3.1 show how this model not only focuses on the person with the disability, but also refers to the interaction of the person with his or her biological and social circumstances (Waddell & Aylward, 2010).

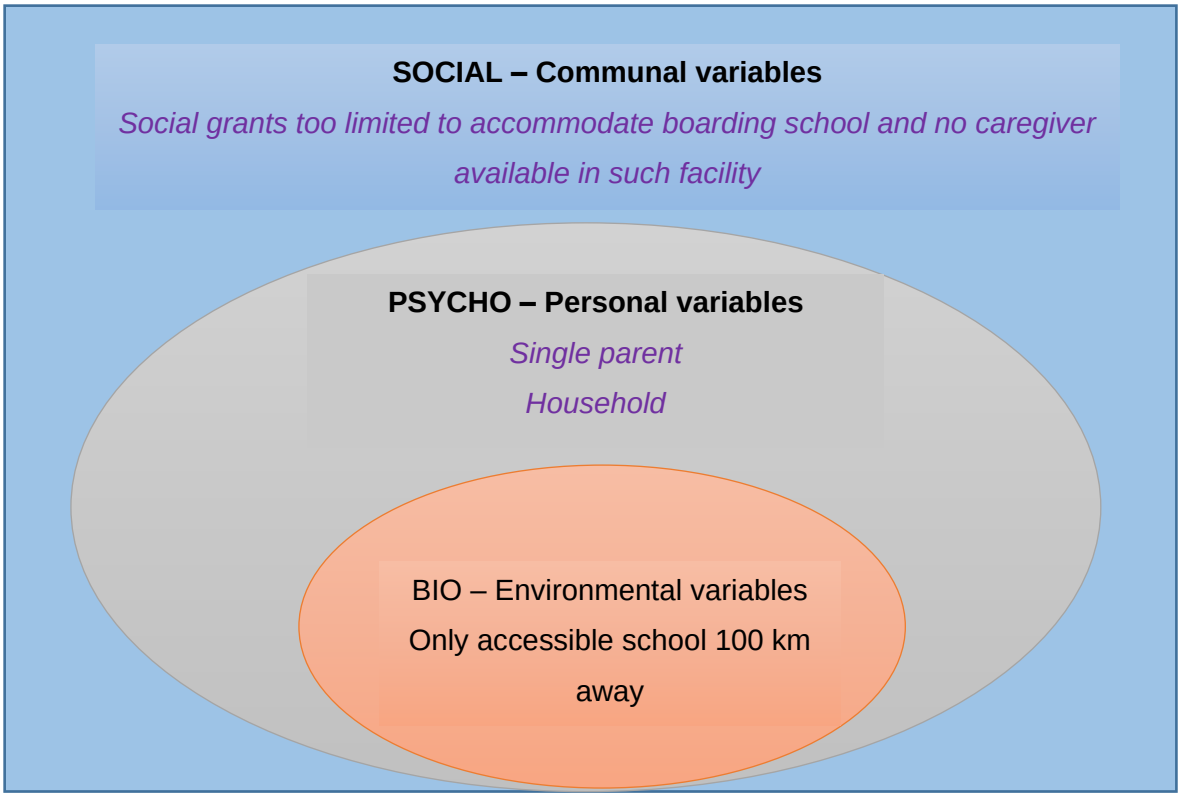

Figure 3.1. The Bio-psycho-social Model of Disability (Adapted from the Worklessness and Health: A Symposium presentation by Professor Sir Mansel Aylward, 2011).

Figure 3.1 also includes an example of the environmental (bio), the personal (psycho) and communal (social) influence on a ten-year-old child with a physical disability (wheelchair user) and his or her legal entitlement to education.

From the above figure, it is clear that the Model of Disability encompasses the physical or health limitations of persons with disabilities, and also the social and psychological challenges they experience in their interaction with their environment (Waddell & Aylward, 2010). The model acknowledges the impairments, activity limitations, and participation restrictions persons with disabilities experience, which should be addressed at the medical, personal, psychological, and social levels. In addressing all these challenges, multiple stakeholders, including experts in a variety of fields, are required, but the person with the disability remains the main stakeholder (Krahn et al., 2006; Aylward, 2011; Kraus de Camargo, 2011).

The study focused on the wellness of employees with disabilities by considering their physical (medical) condition, as well as their emotional, intellectual, spiritual, social, and occupational wellness (Hettler, 1976). This model was considered appropriate for the study, as it considers the whole person (Aylward, 2011), and correlates with the six-dimensional Model of Wellness of Hettler (1976).

3.3 MODELS AND THEORIES OF WELLNESS

The researcher considered various wellness theories to identify the one most suitable to persons with disabilities in the workplace. Some of these theories included the Wellness Continuum and the Wellness Energy System (Ryan & Travis, 1981; Travis & Ryan, 2004), which consider human beings as open systems, accepting energy from the environment, then changing and releasing it back into the environment. If there is a problem in this system in one of the 12 areas identified (e.g., relaxing, sensing, eating, moving, feeling, thinking), energy is not effectively absorbed, transformed, and released, which will have a negative impact on the wellness of the person, resulting in, e.g., illness or anger (Travis & Ryan, 2004; Goss, 2011). This approach considered a lack of health as a problem in the system, and was therefore not suitable for the study.

According to Antonovsky's Salutogenic Model (1987), "all human distress is always that of an integrated organism, always has a psychic (and a social, I might add) and a somatic aspect" (Antonovsky, 1996, p. 11). He developed a continuum ranging from healthy to unhealthy based on a medical foundation (Goss, 2011), which was not suitable for the study.

The Wheel of Wellness (Myers et al., 2000) and the Wellness Evaluation of Lifestyle tool are based on counselling theory more than a medical approach. Both hold that wellness interventions or programmes need to aid the prevention of more serious health concerns, assist in managing health care, and ensure that body, mind, and spirit work together to achieve "optimal health and wellbeing" (Myers et al., 2000). However, after intensive research by Myers and Sweeney (2005), it became clear that the model did not support the hypothesised interrelationships and the assumed circular order. This led to the development of the Indivisible Self Model of Wellness and the Five-factor Wellness Inventory (5F-Wel) by the authors.

The Indivisible Self Model of Wellness includes the characteristics found in the Wheel of Wellness, but focuses more on the relationships between these characteristics (Goss, 2011). With the individual at the centre of the model, the interrelated factors, the relationships at play, and the context (environment) in which the individual finds himself will all influence the behaviour and feeling of wellness experienced by the individual (Sweeney, Myers, & Witmer, 2000; Myers & Sweeney, 2007; Goss, 2011). However, the limited consideration of internal and personal influences made these models unsuitable for the study.

The researcher chose Hettler's (1976) Model of Wellness because it considers the wellness needs and dimensions of a person with a disability as a whole.

3.3.1 Hettler's Model of Wellness

This model was originally designed in 1976, and focuses on "the behavioural choices people could make to enhance their useful longevity" (Hettler, 1976, p. 78). Hettler's Model looks at an integrated approach to health at all levels: physical, emotional, intellectual, spiritual, social, and occupational (Hettler, 1976). To have optimum wellness, Hettler stressed that there must be a balance between the six dimensions, which are of equal importance. From the Model of Disability and WHO's approach in the International Classification of Functioning, Disability, and Health, it is clear that disability is more than just a medical problem to be cured, coupled with social barriers that needs to be removed (WHO, 2002). Persons with disabilities need to be seen as a whole person within their circumstances (Corbin & Pangrazi, 2001; WHO, 2011). This fits with the aim of this study, where the researcher looked at the wellness of an employee with a disability as a whole.

Hettler's Model is holistic, and considers a person's influence on the community and the environment they live in, including their social relationships (social dimension) (Hettler, 1976; National Wellness Institute, 2014). The Model acknowledges the fact that a work life adds value to a person's life (occupational dimension), while also considering the person's beliefs, values, and the way he or she sees the world (spiritual dimension). Further, it recognises that people needs physical activities, combined with healthy eating, to take care of themselves physically, and that they have a responsibility to seek medical help if the need arises (physical dimension) (Hettler, 1976; National Wellness Institute, 2014). Self-worth and -control are also important in considering a person's wellness, as these aspects influence their life goals and direction (emotional dimension). Lastly, a person needs mental alertness through creative projects and the sharing of skills and knowledge (intellectual dimension) (Hettler, 1976; National Wellness Institute, 2014).

The interdependence of these dimensions is clear (Hettler, 1976; Goss, 2011); for instance, if people have untreated medical conditions or does not take physical care of themselves, it negatively affects their mental alertness and to what extend they can apply their intellectual capabilities and knowledge, which again affect both their career and self-worth (Hettler, 1976; Hettler, 2007; Goss, 2011). Too much emphasis on one dimension

will influence all the dimensions and the overall wellness of an individual (Hettler, 1976). In this study, the physical dimension may seem more important, due to the research area focusing on participants with disabilities. However as mentioned before, this focus on the disability is what persons with disabilities want to move away from (UN, 2006; WHO, 2011) and consequently all dimensions were considered in this study.

The six dimensions of Hettler's model encompass all the areas of importance in the life of employees, including those with disabilities. It also provides for opportunities to regain equilibrium between the dimensions through, in this case, ETD support available in the workplace. Hettler is considered "the father of modern wellness movements" (Myers & Sweeney, 2005, p. 1). His Model of Wellness is considered a theoretical baseline in terms of wellness studies, and is taught to tertiary students globally (Sweeney & Myers, 2004; Goss, 2011). Therefore, this model was considered the most suitable to this study.

3.4 DISABILITY AND WELLNESS DIMENSIONS

For purposes of this study, it was important to link disability to the dimensions of the Model of Wellness (Hettler, 1976) in evaluating the wellness of employees with disabilities. The Bio-psycho-social Model as discussed above, view all variables including health, environmental, social and psychological influences affecting the person with the disability (Krahn et al., 2006; Waddell & Aylward, 2010). This approach correlates with the World Health Organisation's classification system launched in 2001, "Towards a Common Language for Functioning, Disability and Health: The International Classification of Functioning, Disability and Health" (ICF) (WHO, 2002 p.12). The ICF classifies health not only based on physical conditions but also considering the personal and societal influences (WHO, 2002; Krahn et al., 2006; WHO, 2011). This system thus also support optimal wellness that encompasses not only the physical health, but all areas of human functioning, including mental and emotional health, spirituality, meaningful activities, life purpose, personal development and decent work (Corbin & Pangrazi, 2001; Krahn et al., 2006; WHO, 2011).

Before considering the wellness dimensions for employees with disabilities reference will now be made to the impact of Maslow's motivational model. When considering satisfaction in the workplace Maslow's Theory of motivation are considered a benchmark theory (Hanif, Khalid & Khan, 2013). Although this hierarchy is not considered a wellness model a quick overview of the theory will help understand important variables needed for workplace satisfaction and subsequently wellness. Maslow's theory defines five levels of human needs and how people tend to prioritise the progress they make in their lives (Maslow, 1943; Maslow, 2013). Maslow found that people seek to satisfy needs on a higher level only when the needs on the underlying levels and foundation have been adequately fulfilled (Hersey, Blanchard & Johnson, 2007; Hanif, Khalid & Khan, 2013).

In this study employment of persons with disabilities relate to foundational needs and the wellness framework relates to structural determinants such as work and how workplace wellness programmes, through education and training, can integrate solutions to address social determinants of health and wellness. Hanif et al. (2013) stresses that training and development contributes to higher levels of work satisfaction, which benefit both the employees, and the employer. The wellness dimensions for employees will now be discussed in more detail.

3.4.1 Social Wellness of Employees with Disabilities

Social and emotional wellness are closely connected and highly interdependent, to the extent that emotional wellness cannot be achieved without social wellness, and vice versa (Hettler, 1976). Social wellness refers to one's interaction with others and a feeling of belonging (Hettler, 1976; Harris, 2004; Ndhlovu, 2010). It affects communities, families, workplace relationships, and how people treat each other (Harris, 2004; Ndhlovu, 2010; Cook, 2013). Botha and Brand (2009) indicated that social wellness includes environmental wellness and social awareness, and that these are areas in which persons with disabilities are still excluded and marginalised in their communities and in the workplace (WHO, 2011; RSA, Presidency, 2014).

As stated in Chapter 2, if given the opportunity, persons with disabilities are more than willing to fully participate in and contribute to their communities, to the benefit of all (UN, 2014; ILO, 2016). Removing both the attitudinal and environmental barriers will hence benefit persons with disabilities and communities, which was one of the aims in developing the UN Convention on the Rights of Persons with Disabilities (2006). If countries who are party to this agreement implement it, persons with disabilities will have the opportunity to live independently and to become full, active participants in their community, educational systems, and the labour market (UN, 2006; Chilemba, 2013; Tesemma, 2013).

Botha and Brand (2009, p. 3) stated that "the dimensions of social wellness include social integration, social acceptance, social contribution, social actualisation and social coherence." As mentioned above, the social integration of persons with disabilities is still problematic. In 2015, the UN launched the World Programme of Action Concerning Disabled Persons, which requires formal reporting on the progress made on the incorporation of persons with disabilities into society and the labour market. The programme also requires that the poor living conditions and poverty of especially persons with disabilities be addressed (UN, 2015). In South Africa, the White Paper on the Rights of Persons with Disabilities states that persons with disabilities are entitled to "equitable social rights" in their communities, including accessible transport and recreational facilities (RSA, Department of Social Development, 2015, p. 43).

Diversity management enables employers to create an organisation where employees with different characteristics, be these race or disability, can work together effectively to the benefit of the organisation and the employees (Esterhuizen, 2008). This implies a work milieu where everybody is accommodated and empowered, with the only distinctions being performance or productivity levels of 'equal' participants (Esterhuizen, 2008; Botha & Brand, 2009).

3.4.2 Intellectual Wellness of Employees with Disabilities

In defining intellectual wellness, Hettler (1976) indicated that this is reflected in people's self-directed behaviour when they engage their minds to think critically, analyse a situation to get to a satisfactory solution, to develop new skills and knowledge, or are creative. Intellectual wellness today is demonstrated in life-long learning, where challenges give people the opportunity to continuously use their minds to improve their life (Hettler, 1976; Reeve, 2006; Erasmus et al., 2015).

For persons with disabilities, developing their capacity and mastering certain activities improve their independence and contribute to their health and wellness (Oschwald & Powers, n.d.; Smeltzer, 2007). At the 2011 AfriNEAD symposium, it was stressed that persons with disabilities need life-long learning and development in order to become more economically independent and grow as people and as employees (Kachaje et al., 2014).

Intellectual development and entrepreneurial training can also help persons with disabilities to start their own businesses, especially when considering the high levels of unemployment of persons with disabilities globally, as discussed in Chapter 2. The UN indicated that persons with disabilities in Africa are increasingly developing themselves as entrepreneurs (Disabled World, 2013) in order to survive. Intellectual development and keeping the skills of persons with disabilities current through ETD interventions should not only improve their intellectual ability but what is needed is "development and evolution that enables that person to be what he or she wants to be, and do what he or she wants to do" (American Association of Health and Disability, 2011, p. 2).

3.4.3 Spiritual Wellness of Employees with Disabilities

Spirituality refers to the bigger view of life, the "meaning of life" (Hettler, 1976, p. 3). It does not refer to a religion per se, but to how people interpret and view the world around them and their life experiences (Hettler, 1976; Ndhlovu, 2010). According to Corbin and Pangrazi, spiritual wellness is "a sense of well-being," of having "a good quality of life" (Corbin & Pangrazi, 2001, p. 3).

Persons with disabilities could form a better understanding of their health and physical challenges if they successfully manage and bring order to their life (Fave, 2009). Understanding their disabilities and circumstances empowers persons with disabilities to organise their lives effectively and find ways to cope with their reality (Ndhlovu, 2010; Sage, 2013). Ndhlovu (2010, p. 64) stated that, "with meaning-making, suffering ceases to be suffering in some way as soon as one finds meaning." Employers can assist employees to experience spiritual wellness by providing personal ETD and support services like counselling (Sieberhagen et al., 2011; Smeltzer, 2007).

Spirituality is a human need that all people experience. However, this need and its contribution to the other dimensions of wellness are often overlooked in considering the needs of persons with disabilities (Hettler, 1976; Swinton, 2002; Cook, 2013). Spiritual communities can support persons with disabilities by accepting them and offering them friendship, which will positively influence their social and emotional wellness (Zullig, Ward, & Horn, 2006; Smeltzer, 2007; Cook, 2013). Spiritual persons perceive themselves as healthier and having a higher level of life satisfaction (Zullig et al., 2006; Cook, 2013).

The meaning of life in the workplace entails how people use their skills and abilities to attain organisational and personal goals, and subsequently experience self-worth and wellness (De Klerk, 2005). However, De Klerk (2005) warned that spiritual wellness is not just about the meaning of life, but also about the "meaning in life" (De Klerk, 2005, p. 69). In the workplace, this relates to whether a person experiences work as making a difference to his or her life (De Klerk, 2005; Cook, 2013). Employees need clarity on their role in the organisation and their personal contribution (De Klerk, 2005). Employers should also remember that individuals, including employees with disabilities, need constant development, and consequently need exposure to ETD interventions that add to their productivity and increase the value they add to the organisation, in order to experience increased spiritual wellness (De Klerk, 2005; Cook, 2013).

3.4.4 Physical Wellness of Employees with Disabilities

As discussed before, the main focus when looking at persons with disabilities is often on the physical inability or impairment (Aylward, 2011). However, their physical being entails more than this (Corbin & Pangrazi, 2001; WHO, 2011). Persons with disabilities also need exercise, good nutrition, and protection against the elements, just like any other person. Hettler stressed that all persons should understand how their bodies work (1976), in order to take better care of their physical dimension. To contribute to the physical wellness of all employees, employers should offer employee wellness services, such as medical and/or gym facilities and healthy meals in the cafeteria (Sieberhagen et al., 2011; Cook, 2013).

According to the Technical Assistance Guidelines on the Employment of People with Disabilities, employers should also make adjustments to the workplace to reasonably accommodate persons with disabilities (RSA, Department of Labour, 2003; RSA, Department of Labour, 2014a). This may include removing physical barriers, adjustments to office equipment, less traveling or flexible work hours, and ETD interventions to help employees with disabilities adjust to changes in their circumstances or the organisation (RSA, Department of Labour, 2003, 2015a).

The United States National Center on Birth Defects and Developmental Disabilities indicated that employers offering educational health programmes and wellness interventions (like health days with medical practitioners conducting health screenings) could reduce some medical cost for employees with disabilities and enable them, and other employees, to be more productive and reducing absenteeism (National Center on Birth Defects and Developmental Disabilities, 2014).

It is always important that any interventions or services offered by the employer should be accessible to employees with disabilities. Examples of inaccessible services include vending machines that employees with disabilities cannot reach and visually impaired employees cannot use, garden pathways that are too narrow for wheelchairs (RSA, Department of Labour, 2007; National Center on Birth Defects and Developmental

Disabilities, 2014). Ndhlovu (2010) stated that employers who invest in the health of their employees will not only increase their quality of life, but will also help employees with disabilities to manage their disabilities better, leading to higher performance levels, which will, in turn, improve the company's performance.

3.4.5 Emotional Wellness of Employees with Disabilities

Emotional wellness is experienced when people become aware of their different emotions and accept that they are allowed to have these emotions, but also know how to manage these emotions (Hettler, 1976; Goss, 2011). Emotionally well persons realise that their emotional wellbeing is not static, but changes constantly, and should be managed effectively (Hettler, 1976). Counsellors and wellness programmes in the workplace could contribute to emotional development through, e.g., focusing on issues like anger management and developing emotional intelligence (Siegerhagen et al., 2011; Barkhuizen, Jorgensen, & Brink, 2015).

Cook (2013) noted that workplace wellness programmes enhance the emotional and social wellness of employees with disabilities, and reduce their stress by assisting them to better manage the emotions related to their disabilities. The emotional wellness of persons with disabilities is directly linked to their physical wellness; high levels of pain negatively affect their emotions (Oschwald & Powers, n.d.; WHO, 2016). Therefore, physical wellness programmes will also improve their emotional wellbeing. However, employee wellness programmes should also provide psychological and relationship support to ensure better emotional wellness for all employees (Oschwald & Powers, n.d.; Sieberhagen et al., 2011; Cook, 2013). These programmes are often implemented as part of the social responsibility interventions of organisations to improve the morale of employees and enhance how communities view the organisation as an employer (Sieberhagen et al., 2011).

It is also important that employers educate all employees on disability and on how managers, supervisors, colleagues, or clients should interact with persons with disabilities, as this improves work relationships (Siegerhagen et al., 2011; Cook, 2013).

The prejudice and discrimination against persons with disabilities still causes their social oppression, precluding them from full participation, both socially and economically (Reeve, 2006; World Bank, 2013; WHO, 2016). Disability sensitisation programmes should address myths around disability, and create opportunities for employees to ask questions regarding disability, to help overcome negative attitudes and prejudice (RSA, Department of Labour, 2003, 2015a). Furthermore, managers and supervisors need specific development on how to manage and accommodate employees with disabilities effectively (Reeve, 2006; Sieberhagen et al., 2011).

3.4.6 Occupational Wellness of Employees with Disabilities

Occupational wellness relates to when people provide their skills and services to an employer as volunteers or in return for some form of remuneration (Hettler, 1976). These services benefit the customers and communities to whom these are rendered. For occupational wellness to be achieved, an employee must experience job satisfaction (Hettler, 1976, 2007). It is subsequently about more than earning a salary; it should also lead to feelings of personal accomplishment and happiness (Hettler, 1976; Cook, 2013).

As discussed in Chapter 2, the unemployment level of persons with disabilities is still very high in South Africa, Africa, and globally. Harris stated that “The decisive decision between hope and no hope among the disabled is between working and not working. Those who work by and large feel they are part of the human race. Those who do not work feel left out, alone, and largely useless” (Harris, 2004, p. 647). In South Africa, unemployment leaves the majority of persons with disabilities dependent on a disability grant, which, in 2015, stood at only R1 350.00 per month (StatsSA, 2014; RSA, Presidency, 2014; Ferreira, 2015).

In an effort to counter unemployment, including that of persons with disabilities, government launched programmes such as the Expanded Public Works Programme to provide short-term employment to unemployed and unskilled South Africans, and also teach them basic skills, to improve their employability (RSA, Presidency, 2014). South Africa’s Department of Labour offers Sheltered Employment Factories to persons with

disabilities (RSA, Department of Labour 2011, 2014b). In 2011, there were 12 such factories in seven provinces, employing 1 100 persons with disabilities who cannot participate in the open labour market (RSA, Department of Labour, 2011).

In reviewing the progress over the 20 years since democracy (1994–2014), it is clear that South Africa cannot yet accommodate persons with disabilities on an equal playing field — economically, in education, or socially (RSA, Presidency, 2014). A lack of enforcement of their rights has created a labour market where employers do not take steps to ensure accessible, equitable workplaces for employees with disabilities (RSA, Presidency, 2014; RSA, Department of Higher Education and Training, 2016). Employers in both the private and public sectors need to ensure that they are accessible and ready to employ persons with disabilities, while also continuously developing these employees through ETD interventions (RSA, Department of Higher Education, 2014) towards higher levels of occupational wellness.

A study on employees with disabilities in the public service in South Africa found that the training and development offered to them after appointment was a “numbers game” or “window-dressing,” and that the real needs of individuals were ignored (Van Niekerk & Van der Merwe, 2013, p. 8). The employees also indicated that, if they were given ETD opportunities, these were not at the same developmental level as that which their colleagues with no disabilities received, which limited their career advancement opportunities (Van Niekerk & Van der Merwe, 2013; Tesemma, 2014). The need for flexible working hours and because employees with disabilities may need additional time to prepare and travel to work, coupled with the need for time off work for medical treatment or appointments, also often force employees with disabilities to occupy part-time positions, which pay less (RSA, Department of Labour, 2014a; Tesemma, 2014). These factors hamper their occupational wellness and, ultimately, their overall wellness (Cook, 2013; Tesemma, 2014).

3.5 SUMMARY

The chapter explained the theoretical framework for the current study. The researcher scrutinized the models and theories on disability and wellness to identify why the problem of a low quality of life for persons with disabilities, identified in Chapter 2, still exist. After an in-depth study she identified relevant models that, through this study, can provide valuable information on the wellness of employees with disabilities, how to improve this and also subsequently improve their quality of life in general. These models are the Bio-psycho-social Model of Disability and the six-dimensional Model of Wellness, which was discussed in detail. Chapter 4 will discuss the research approach and methodology of this study that will guide the application of these two models and the collection of data to identify possible ways to improve the wellness of employees with disabilities.

CHAPTER 4
RESEARCH DESIGN AND METHODS

4.1 INTRODUCTION

The previous two chapters focused on disability and employee wellness, as well as what ETD support entails. It discussed the conceptual and theoretical frameworks positioning this study within current literature. This chapter clarifies the research paradigm and method used in this study. The chapter substantiates why a qualitative method was used, as well as the sampling, research instrument, and ethical considerations for this study.

4.2 RESEARCH PARADIGM

This research study was located in an interpretivist paradigm, which refers to a study that focuses on human experiences (Cohen et al., 2014). In an interpretivist paradigm, the researcher looks at the personal experiences of individuals under specific circumstances (Cohen et al., 2014). That was clearly the focus of this study, which considered individual employees with disabilities in their organisations, with specific reference to the wellness they experienced and how they make sense of it (Cohen et al., 2014). In line with this paradigm, the researcher compared the different accounts of the experiences in order to identify similarities or corresponding understandings between the different employees with disabilities and their wellness experiences (Cohen et al., 2014).

The research paradigm includes how the researcher sees a phenomenon or situation (Visagie, 2014). Lincoln and Guba observed in 1985, and their later work, that paradigms are the beliefs that form the basis of a study and the action taken in conducting the research. Other definitions of the research paradigm state that it is based on “a meaning pattern, model or example” (Groenewald, 2004, p. 6), or what a researcher sees as valuable research and how it will be conducted (Wiersema & Jurs, 2009). The researcher first identified the area of concern, what she knew about it, and why she felt it warranted further research. The research questions and aims were formulated, followed by the planning of all processes, such as the literature review, data collection, and analysis.

The philosophy, mind-set, and beliefs of researchers also influence their choice of research approach, and researchers must, from the inception of a study, determine what is known about the relevant reality and what the phenomenon entails (Creswell, 2013). Furthermore, it is important to know how this knowledge is known, which constitutes the epistemology (Creswell, 2013), described by Guba and Lincoln (1994, p. 171) as "to discover how things really are."

Researchers should also continuously acknowledge their own thoughts and values regarding the reality or phenomenon studied, as well as the intrinsic value of the study to society (axiology) (Creswell, 2013). This influences how the research develops and the methodology used in the study (Guba & Lincoln, 1994; Creswell, 2013). The concepts epistemology, axiology, and ontology will now be discussed in terms of this study.

4.2.1 Epistemology

Epistemology encompasses what researchers base their knowledge on (Creswell, 2013). In the SAGE Encyclopaedia of Qualitative Research Methods Creswell defines it as “The theory or science of the method and ground of knowledge. It is a core area of philosophical study that includes the sources and limits, rationality and justification of knowledge” (Creswell, 2008, p. 3). According to available literature persons with disabilities are still considered as having less potential in the workplace (Smeltzer, 2007; Snyman, 2009; WHO, 2016) which negatively affects their career opportunities and job levels. This is confirmed by the Commission on Employment Equity that indicated in 2015 only 1.2% of the South African labour force comprised employees with disabilities, of which 60.2% were employed as semi-skilled or unskilled employees (RSA, Department of Labour, 2016). This subsequently hinders the wellness of employees with disabilities as it negatively affects their spiritual, emotional and occupational wellness (Hettler, 2007; Smeltzer, 2007; Snyman, 2009).

4.2.2 Ontology

Ontology refers to how things work (Biesta, 2016). Noonan (2008) stated that, in the study of human experiences, the social ontology refers to a deeper investigation of reality (Mouton & Babbie, 2001). The researcher in this study studied available literature to establish what disability and wellness are, how the wellness of employees with disabilities differs from that of employees with no disabilities, and how employees with disabilities are developed in the workplace. Then, in line with the characteristics of ontology, the different circumstances and experiences of the participants were analysed, exploring different possibilities (Noonan, 2008; Kun & Brenner, 2015). This represented the reality of these employees (Schurink, 2003; Creswell, 2013), and informed the development of a wellness framework specifically for employees with disabilities.

4.2.3 Axiology

Axiology refers to the "value systems of the inquirer, the theory, the paradigm used and the social and cultural norms" (Creswell, 2014, p. 19). Thus, it encompasses more than just the values of researchers based on their own norms and experiences (Creswell, 2013; Sandouk, 2015); the views of other role players, such as research participants and society, also influence it. This was especially important in this study, as disability is still a very emotive social issue that raises concerns and fears in many people (WHO, 2011, World Bank, 2013). Snyman (2009) stressed that the prejudice of employers and society plays a big role in the way they accept and accommodate persons with disabilities.

Values and ethical considerations are also of great importance when conducting research with human participants (NCPHSBBR, 1978), and even more so when it involves vulnerable groups (Horn et al., 2014). Persons with disabilities are considered and were declared a vulnerable group both in South Africa and internationally (UN, 2006; WHO, 2011; RSA, Department of Labour, 2014a). To ensure sensitivity to the feelings and experiences of participants and to encourage the open discussions, the researcher obtained ethical clearance from the University of South Africa and conducted herself within the ethical parameters of relevant organisations (Horn et al., 2014). This is discussed in more detail later in this chapter.

4.3 RESEARCH METHOD

4.3.1 Qualitative Research

Qualitative research focuses on what constitutes reality for the participants in the study, and why they interpret the situation in a certain way. It is the study of the "thoughts, beliefs, actions and activities of informants" (Pugsley, 2010, p. 332). The in-depth study of literature sources and the data collected from participants enabled the researcher in this study to better understand the wellness of employees with disabilities and their unique ETD support needs (Creswell, 2012, 2014). This is in line with Henning et al. (2004, p. 3) stating that qualitative research involves "qualities of a phenomenon rather than the quantities"; not only what is happening, but also the *how* and the *why* (Henning et al., 2004; Terre Blanche, Durrheim, & Painter, 2010).

Qualitative research focuses on more than just numbers or words (Christensen et al., 2011). It also refers to, and reflects on, the behaviour of research participants observed by a researcher or in the details described by the participants (Mouton, 2003; Wiersema & Jurs, 2009). Qualitative research has been found to be the most suitable approach when collecting data on disability and wellness in order to successfully convey the detailed experiences and feelings of participants (Breen, Wildy, & Saggers, 2011; Morgan, 2012). In this study, the researcher personally collected qualitative data on disability and wellness experiences, as well as the ETD support offered and needed in organisations.

4.3.1.1 Characteristics of qualitative research

The Human Resource Development Research Handbook describes qualitative research as the study of "nuances, perceptions, viewpoints, meaning, relationships, stories and dynamic changing perspectives" (Swanson & Holton, 1997, p. 89). It also indicates that researchers in qualitative studies acknowledge that more than just one reality exists, and that their own experiences will influence their discussions (Swanson & Holton, 1997).

Therefore, such a study explores a phenomenon by considering, not only the mental processes, but also the experiences and behaviours of a specific group exposed to the relevant phenomenon (Christensen et al., 2011; Creswell, 2013). This is then analysed and reported on by the researcher, based on and supported by remarks and quotations of the participants (Christensen et al., 2011). Qualitative research is also considered to improve the understanding of, specifically, social phenomena within a specific context, thus limiting generalisability of the findings (Wiersma & Jurs, 2009). Lastly, in this research method, the researcher plays an active role, and the findings and recommendations are reported in a narrative style (Wiersma & Jurs, 2009; Creswell, 2013).

This study highlights the experiences of participants, not only as employees, but also specifically as employees with disabilities experiencing the workplace and ETD support. The researcher studied each participant in his or her own organisation as a phenomenological case study (Henning et al., 2004), to better understand the context, as well as the interpretation or meaning of the phenomenon investigated for each participant (De Vos et al., 2005; Creswell, 2013). Therefore, this study investigated the way each participant experienced his or her wellness in the workplace, and if and how ETD influenced his or her experiences (Christensen et al., 2011; Creswell, 2013).

4.4 RESEARCH APPROACH

4.4.1 Phenomenological Approach

Phenomenography is the study of how different people experience a specific phenomenon; it creates a better understanding of the phenomenon through different views and interpretations of aspects or facets thereof (Limberg, 2008; Creswell, 2013). It therefore produces various ‘small’ renditions of personal experiences of a phenomenon, which ultimately create a greater understanding of the phenomenon (Constantinos-Vasilios et al., 2012; Creswell, 2013). In this study, the researcher first focused on each participant and his or her experiences, which provided a broader, holistic insight into the wellness of the employees under study.

In a study on how special needs were included and accommodated in a large post-primary school sample, the phenomenological approach was found to be especially suitable for studies on the special needs of persons with disabilities and their inclusion (Henry, Casserly, Coady, & Marshall, 2008). The approach not only provides in-depth knowledge of the experiences of persons with disabilities, it also improves a greater understanding of what results in changes of perceptions about or actions towards persons with disabilities (Henry et al., 2008). This resonated well with this study, as the researcher not only explored the experiences of employees with disabilities, but also developed a framework to educate employers on the wellness needs of employees with disabilities and how employers can improve their wellness through ETD support.

Although the research approach centred on the research questions, the experience of the researcher and the interests of all relevant stakeholders, including the academic audience and the sample, were considered (Henning et al., 2004; Creswell, 2014), which is why the phenomenological approach was considered most suitable.

4.4.2 Transcendental Phenomenology

This researcher used transcendental phenomenology, as the aim was, first, to study the experiences of the interview participants, and then, based on analysis of the data collected, draw findings and conclusions, rather than just providing general interpretations by the researcher (Creswell, 2013; Yin, 2015). During the interviews, the researcher set her own views and experiences aside, and focused on the participants (Creswell, 2013), how they viewed their wellness, how they felt about the ETD support available, and if this contributed to their wellness according to their own opinions and experiences. This was in line with transcendental phenomenology, which focuses on the social reality and unique needs of each participant.

Phenomenology is suitable to studies aiming to “eliminate everything that represents a prejudgment, setting aside presuppositions and reaching a transcendental state of freshness and openness” (Papakyriakou, 2014, p. 76). Transcendental phenomenology consequently suited this research project, as it assist in gaining insight into the

experiences of employees with disabilities and also to address some prejudice regarding disability (Papakyriakou, 2014).

4.4.3 Case Studies

To ensure in-depth understanding, the researcher approached each interview participant as a case study, exploring each one's personal experiences and perceptions. Case studies are appropriate in research that aims to collect in-depth information, as it is exploratory, explanatory, and descriptive (Yin, 2003). Case studies clarify decisions taken, the reasons why these decisions were taken, what steps were taken in executing these decisions, and the results thereof (Yin, 2015). Visagie (2014) noted that case studies provide an in-depth understanding of a specific case or multiple cases, with the latter providing the opportunity to compare cases.

In studies aimed at understanding issues of diversity, that in South Africa includes disability (RSA, Department of Labour, 1998a), case studies and grounded theory approaches are considered most suitable (Creswell, 2012). Case studies provide a way to gain in-depth understanding of a phenomenon or issue in different cases (Creswell, 2012; Yin, 2015), using a bounded (specified) system to identify relationships and patterns (Henning et al., 2004, Creswell; 2014). In this study, the researcher studied multiple case studies (different participants in different organisations), but the system was clearly bounded, as the research unit entailed a very specific minority group — employees with disabilities, with a focus on their wellness and the ETD offered or needed (Henning et al., 2004; Creswell, 2014).

To ensure a wider view of how ETD influence the wellness of employees with disabilities the researcher studied a number of cases (12 separate "cases") over seven of the eight industries in South Africa. Studying each participant as a separate case also contributed to the scientific rigour of the study as it contained common "core properties" as per the research questionnaire but also gave the researcher the ability to adapt to each case (but include a wide range of variations and nuances (Lindlof & Taylor, 2011, Vosloo, 2014).

While case studies have certain boundaries, they provide researchers with the opportunity to collect data from participants in an open, free environment (Henning et al., 2004). In this study, each participant could convey his or her views in a manner in which he or she felt comfortable (Creswell, 2013). The researcher conducted the semi-structured interviews with each participant privately and anonymously, giving them the opportunity to describe and discuss their feelings and experiences openly.

4.5 LOCATION AND SAMPLING

4.5.1 Location

This researcher identified South African organisations in different industries, including higher education and government, and sent out more than 30 requests to conduct research in these organisations. The researcher therefore specified certain organisations according to their location and function within a specific industry, to ensure a more representative group of organisations and, subsequently, participants (Baltar & Brunet, 2012).

Seven national organisations in seven different industries responded positively, granting the researcher permission to interview employees with disabilities in their organisations. Each of these organisations then referred the researcher to a contact person to act as an informant (Noy, 2008) or intermediary during the research process (Denzin & Lincoln, 2005; Noy, 2008). The venue where the researcher interviewed participants differed in each organisation, as interviews were conducted at a venue and time suitable to the participants and their unique needs (Henning et al., 2004). The venues were also neutral as none of them, as per the researchers request was in the direct workspace or area of any employee being interviewed.

4.5.2 Snowball Sampling

As mentioned in Chapter 2, the employment rate of persons with disabilities is very low (CEE, 2015). Creswell (2013) stated that, in a qualitative study, a small sample is normally selected, as the researcher wants to nurture a close relationship with participants. This close relationship fosters trust, and assists the researcher to gain

insight into the phenomenon being investigated, especially when studying a vulnerable group (Baltar & Brunet, 2012; Creswell, 2013; Emerson, 2015). This was the case in this study; the researcher conducted interviews with a small number of participants who were considered vulnerable due to their disabilities (RSA, Department of Labour, 1998b, 2014a). The aim was to understand their wellness views, experiences, and behaviour in the workplace as employees with disabilities.

The researcher used snowball sampling that contributed to ensuring the confidentiality of the participants. Their personal details were not disclosed to any external party, including the researcher. The researcher only received the contact details of a participant after he or she had consented to participate in the study and had forwarded his or her details, together with the signed Informed Consent Form. The initial contact was done by referral from the organisations' employee wellness or diversity departments, who were the informants (Noy, 2008). These informants forwarded the introduction and invitation letter and Consent Form to all participants who met the criteria for this study (having a disability declared in terms of the EEA). In this study, the locality of the referral from the employee wellness or diversity department to suitable employees in the same organisation was appropriate as the researcher interviewed a limited number of employees with disabilities in each organisation (Baltar & Brunet, 2012). The letter of introduction gave an overview of the planned study, as well as the contact details of the researcher and her research supervisors, if participants needed more information or had any concerns.

Regarding criteria for participation the researcher selected participants from different organisations in seven of the eight different industries in South Africa as per the Stats SA classification used during the 2011 Census (Stats SA, 2011). Granting that the sample met the criteria for qualitative studies (Henning et al., 2004; Creswell, 2014), the sample did not represent the whole population of interest, and the findings cannot be generalised to all employees with disabilities. Nonetheless, readers should be able to deduce knowledge that can be applied or transferred to the rest of the population in other situations and organisations (Henning et al., 2004; Denzin & Lincoln, 2005; Creswell, 2014).

4.6 RESEARCH INSTRUMENT

4.6.1 Interviews

An interview is a discussion with a purpose, which, in this case, was to gain in-depth knowledge on the experiences and feelings of participants (Denzin & Lincoln, 2005). Henning et al. (2004, p. 70) described interviews with research participants in terms of the original Greek term 'method' that means "a route that leads to a goal", and the Latin term which refers to "conversation — wandering together." This clearly related to this study, in which the researcher aimed to reach her goal through a comfortable conversation, 'wandering' through the personal experiences of the participants.

The researcher used a semi-structured interview, as less structured interviews provide more opportunities to participants to, in a more open, relaxed setting, describe their views and experiences of the phenomenon under investigation (Neumann, 2011). Semi-structured interviews are also flexible, as additional information can be collected through probing or additional questions (Cohen & Crabtree, 2006). These interviews allow both parties to also communicate with sounds like "ahh" or "hmmm" that the interviewer could use to prompt the participant to say more (Henning et al., 2004; Cohen et al., 2014). Recording of interviews provides the interviewer with the opportunity to focus on active interaction with participants, rather than extensive note taking (Cohen & Crabtree, 2006; Neumann, 2011).

In this study, the questions used focused on how the participants experienced Hettler's (1976) six wellness dimensions in the workplace. Participants were also asked how the employer contributed to each of these dimensions, and what ETD interventions an employer could offer to improve the wellness of employees with disabilities. It was made clear to participants that they could stop the interview at any time or choose not to answer a specific question, with no prejudice or penalty. The researcher voice-recorded all interviews that were then transcribed verbatim, and only made field notes capturing her experiences and notable emotions or actions she noticed during the interviews.

Participants were allowed to communicate in a way in which they felt comfortable, even using disability-related terms and sayings. In this way, the researcher aimed to win the trust of participants and put them at ease. The researcher showed continuous interest through prompts or sounds, to encourage participants to openly share their experiences and feelings. These prompts and sounds were also captured in the transcripts. A copy of the semi-structured interview guide is attached as Appendix 2 and the transcripts of all interviews are available on request.

The researcher also used unstructured observations to collect information during the interviews. These observations were recorded in field notes and used during the data-analysis phase to report the non-verbal communication by participants.

4.7 DATA COLLECTION

4.7.1 Interviews

Researchers use research instruments like interviews to collect data because of their "indeterminate" state, where they do not know what is unknown (Lincoln & Guba, 1985, p. 240). This data are used to gain insight into an unknown phenomenon or situation, but researchers initially go in 'blind,' as they do not know what they will find (Lincoln & Guba, 1985; Creswell, 2014). As indicated before, the data in this study were collected through interactive, individual, semi-structured interviews that were voice-recorded and later transcribed.

The researcher personally conducted the interviews, which standardised the data collection, as different interviewers may have different levels of interview skills and knowledge on issues pertinent to a study (Wiersema & Jurs, 2009). Ten of the interviews were conducted face-to-face in conference- or meeting rooms in the relevant organisations, limiting traveling for participants, ensuring accessibility, familiarity, and the availability of counselling or support services. The other two interviews were conducted telephonically, as agreed with the two participants. Regarding telephonic interviews, Cohen et al. (2014) raised the concern of the participant receiving only voice cues. Furthermore, the short-term memory of participants is taxed when they are expected to

answer many questions in a short space of time. To counter these concerns, interviews were conducted at a scheduled time suitable to the participants, and each interview was conducted in two sessions and at a pace set by the participants. The same interview guide was used for each interview, and the telephonic interviews were also voice-recorded.

As mentioned before, the voice-recording of the interviews minimised note taking, leaving the researcher free to actively participate in the interviews (Cohen & Crabtree, 2006). Lincoln and Guba (1985, p. 41) indicated that, during data collection, researchers use voice recordings to ensure fidelity and structure. Fidelity refers to the fact that the researcher and co-coder could referred to the original voice recordings for analysis purposes. The field notes the researcher took also contributed to the fidelity of this study, as it supported the finding from the recordings.

The structure of the interviews grew as the research proceeded, and the researcher gained more insight, in order to make some adjustments (Denzin & Lincoln, 2005; Neumann, 2011), even though the interview schedule and questions remained the same. The approach was adjusted by the use of different terms, leaving more time for participants to share their views and experiences, or to accommodate the unique needs of each participant. This was in line with the suggestion of Hebe (2009), that effective data collection on sensitive topics sometimes needs flexibility.

4.8 DATA ANALYSIS

Henning et al. (2004) noted that interviews gather information through more than just language or spoken words. Sounds and intonation can also play a role, for example prompting or encouraging interviewees to provide more information (Henning et al., 2004; Potter & Hepburn, 2008). In this study, the recorded interviews, the transcripts, and the researcher's field notes were used during the data analysis.

4.8.1 Content Analysis

The researcher and an independent co-coder used content analysis to analyse the interview data, in order to gain in-depth insight into the wellness of employees with disabilities. During content analysis, the communication skills of participants as well as the use of jargon are important (Potter & Hepburn, 2008). Jargon contains hidden meaning in certain terms or phrases, applicable in certain situations or to certain groups (in this study, persons with disabilities) or a profession (Henning et al., 2004; Potter & Hepburn, 2008).

The participants also used disability jargon that refers to terms that have a certain meaning to them. The jargon added a deeper meaning than just the spoken words (Denzin, 1970; Henning et al., 2004; Christensen, 2011; Potter & Hepburn, 2008).

In this study, ATLAS.ti was used as the main data analysis tool. After the interviews had been transcribed, the researcher created a hermeneutic unit (project file) on ATLAS.ti, and added all the interview voice recordings, the transcripts, and various academic sources to this file. The project file was then made available to the co-coder, and the researcher and co-coder then independently analysed the data, using ATLAS.ti.

An overview of the data collected was made possible by inclusion of all the recordings and transcribed interviews (Hebe, 2009; Wiersema & Jurs, 2009) on ATLAS.ti. Recurring themes relevant to Hettler's six wellness dimensions (Hettler, 1976) were identified (Julien, 2008; Potter & Hepburn, 2008). The coding also established the intersubjectivity of the data, were the majority of participants raised the same point (Henning et al., 2004).

During the analysis, the feelings and experiences communicated by the participants, as well as their social relationships, became evident (Christensen et al., 2011), and were also noted, as recommended by Potter and Hepburn (2008). The researcher and co-coder conducted their analyses independently and ensured that all themes and deductions could be substantiated from the data (Denzin & Guba, 2005; Potter & Hepburn, 2008; Creswell, 2013). After completion of the analysis, the co-coder provided

the researcher with a research analyses report (attached as Appendix 7). Meaning and deductions from the data then informed the findings and conclusions for this study, as well as the proposed Wellness Framework for Employees with Disabilities. This information was then collated and linked to academic sources supporting or contradicting the findings (Creswell, 2013).

4.9 TRUSTWORTHINESS

The trustworthiness of a study lies in the extent to which the findings are true for the specific group in the specified circumstances (Lincoln & Guba, 1985; Denzin & Lincoln, 2005). For quantitative studies, the extent to which the findings apply in other circumstances or to another, similar sample can be 'calculated,' and the study can be replicated, showing validity and reliability of the findings (Lincoln & Guba, 1985; Creswell, 2014). However, reliability and validity cannot be blindly applied in qualitative studies (Denzin & Lincoln, 2005), as the results cannot be generalised. Qualitative studies are a study of a specific phenomenon within specific boundaries, and cannot be reproduced (Henning et al., 2004; Cohen et al., 2014). Therefore, the trustworthiness of a qualitative study is determined by its credibility, transferability, dependability, and confirmability (Neuman, 2011) that will now be discussed in more detail.

4.9.1 Credibility

Credibility is achieved through prolonged interaction with participants, persistent observation, and triangulation, and is seen as the truth value of a study (Denzin & Lincoln, 2005 p. 37). This definition shows the interdependence of the four trustworthiness characteristics. Credibility requires sufficient and in-depth (thick) data, confirmed and examined by others, leading to findings that are adequately unbiased and representative of the data (Denzin & Lincoln, 2005; Creswell, 2014).

Therefore, credibility is the congruence between the phenomenon investigated and the findings made — the extent to which the findings describe the phenomenon accurately (Shenton, 2004). Credibility is influenced by the researcher interpreting the data collected from participants, and the researcher should keep the research aims in mind during this

process (Golafshani, 2003; Creswell, 2014). Throughout this process, the researcher should ensure that any deductions and findings capture the views and experiences of the participants (Creswell, 2014). Credibility is also dependent on the researcher using the correct instrument to collect data (Cohen et al., 2014).

This researcher, as the only interviewer, made brief field notes (Cohen & Crabtree, 2006) during the interviews regarding actions by the participants that would add to the information gleaned from the interview data. These notes contributed to the credibility of the study by further substantiating the findings (Seidman, 2013; Creswell, 2014). Incidents where participants may have unknowingly tried to please the researcher with their answers were noted (Baltar & Brunet, 2012).

4.9.2 Transferability

Transferability depends on sufficient, in-depth, and thick data (Lincoln & Guba, 1985; Denzin & Lincoln, 2005). Henning et al. (2004) stressed the importance of in-depth, well-interrogated, and challenged data to ensure the most accurate findings possible.

This researcher collected as much data possible through the semi-structured interviews, and, with an independent co-coder, did an in-depth study thereof through content analysis, using ATLAS.ti (Cohen et al., 2014; Creswell, 2013). The clear boundaries set for this study, namely employees with disabilities, South African organisations, the application of Hettler's Model of Wellness, and the influence of ETD support offered, contribute to the transferability of this study. These boundaries provide sufficient information to make comparisons with other studies (Denzin & Lincoln, 2005; Cohen et al., 2014; Creswell, 2013).

The detailed data gathered during the interviews in each of the case studies in this research project, as well as the use of pseudonyms — not linking any response to a specific individual, also contributed to the transferability of this study (Cohen et al., 2014). The names of the participating organisations were also not specified. All these measures make it easier to link the study to any workplace with employees with disabilities, in line

with the definition of Baltar and Brunet (2012, p. 62) of transferability as “operative constructs applied among different samples”, and correlation subsequently contributes to the “theoretical validation of the result.”

4.9.3 Dependability

Even if replicating the study would be difficult, it is important to verify the consistency of the data and findings. The extent to which the findings still hold true in similar circumstances (Shenton, 2004) give other researchers the opportunity to replicate the context in their studies, but come to their own findings that may be similar to or different from those of this initial study (Shenton, 2004; Cohen et al., 2014).

Auditing of the research process and findings, done by the supervisor and co-supervisor in this study, increases the dependability of a study (Lincoln & Guba, 1985; Creswell, 2013). The data collected during the interviews were also checked against the field notes made by the researcher (Cohen et al., 2014). The findings were based on the data analyses of the researcher and co-coder, and supported by quotes from the interviews, adding to the audit trail.

The use of an independent co-coder, who did not participate in the literature review or the interview process, ensured a more objective opinion that increased the dependability of this study (Henry et al., 2008). Although both the researcher and the co-coder used the same tool, ATLAS.ti, the analyses were done independently, allowing the two coders to make their own findings, which were collated during the reporting process. This also contributed to the dependability and credibility of this study (Henry et al., 2008).

4.9.4 Confirmability

Confirmability of a study refers to the extent that the researcher remained objective and unbiased during the study (Lincoln & Guba, 1985). The findings of the study should be based on the data collected from the participants, and not the views of the interviewer or researcher (Shenton, 2004). As mentioned above, the analyses in this study were conducted separately by the researcher and an independent co-coder, who both

supported their findings with quotes, using pseudonyms, from the verbatim transcripts, thereby contributing to the confirmability of the study (Lincoln & Guba, 1985; Creswell, 2013). The use of pseudonyms for participants and the fact that the names of all organisations were omitted further contributed to the objectivity and confirmability of the study, as data were not personalised (Creswell, 2013; De Vries, 2014).

An audit of the whole research study asserts its confirmability (Denzin & Lincoln, 2005), and, as mentioned above, all documentation and records, including permission from the organisations, Informed Consent Forms, field notes, and recordings were endorsed by the researcher's supervisors, contributing to the confirmability of the study. The researcher will keep all the voice recordings of the interviews, the verbatim transcripts, and her field notes in a safe, locked storage space for five years for auditing and referral purposes (Denzin & Lincoln, 2005; Creswell, 2013).

4.10 ETHICAL MEASURES

Ethics encompasses being a moral person in one's conduct (Visagie, 2014). In research, ethical considerations mainly focus on the interaction between researcher and all stakeholders involved in the study, and includes issues such as plagiarism and misrepresenting data and research findings (Mack, Woodsong, Macqueen, Guest, & Namey, 2005; Christensen et al., 2011). Therefore, ethics does not only refer to legal actions. A researcher is expected to also conduct research in a morally acceptable way (Neuman, 2011). All ethical measures taken in this study are discussed in more detail below.

4.10.1 Institutional Approval

As mentioned, the researcher requested permission to conduct research from each identified organisation by forwarding a letter (Appendix 3) to the Chief Operating Officer or Director General. After written permission had been granted, the researcher proceeded to contact the informant (Noy, 2008) from the employee wellness- or diversity office of each organisation (Appendix 4), who acted as an intermediary between the researcher and the employees with disabilities. All potential participants were informed

of the permission obtained from management. Creswell (2013) and Henning et al. (2004) noted the importance of disclosing this to participants, as it shows them that the organisation supports the study. A request for participation in the study and the informed consent form (Appendix 5 and 6) were forwarded to possible participants via the organisational informants. The authorisation and consent forms received from the organisations and participants are part of the records that will be stored in safe-keeping for five years.

This researcher also adhered to the ethical guidelines and policy of the University of South Africa, and obtained ethical clearance to conduct the study from the College of Education Research Ethics Committee (Reference: 2015/09/16/8423369/21/MC) (Appendix 1A), as well as from the Research Permission Subcommittee of the University of South Africa Research and Innovation and Postgraduate Degrees Committee (SRIPGDC) (Reference: 2016_RPSC_003) (Appendix 1B).

4.10.2 Voluntary Participation

It was communicated to the organisations and the potential participants that participation was voluntary, and that they could withdraw at any time, without penalty. Participants were not remunerated for their participation (Wiersema & Jurs, 2009).

Especially when research is about sensitive issues, participants need to be assured that participation is voluntary and be given all information that may influence their decision to participate (Mouton, 2003; Seidman, 2013). This was adhered to in this study.

4.10.3 Anonymity and Confidentiality

Anonymity in cases where sensitive data form part of the study is difficult to guarantee. Just by agreeing to participate in such a study, the anonymity of participants may be jeopardised (Henning et al., 2004; Wiersema & Jurs, 2009). Cohen et al. (2014) stressed that this is also the case in studies using face-to-face interviews. Therefore, this researcher took all steps to ensure anonymity of the participants. The names of participants and their organisations were omitted from interview schedules, and

pseudonyms were used in the transcripts, research analysis, and the final report. Furthermore, participants were assured that their names would not appear in any publication resulting from this study, and that any identifying information would be omitted from any such publication. The researcher did obtain consent from participants to use quotations using pseudonyms in such publications (Creswell, 2013; De Vries, 2014).

The confidentiality offered to participants provided them protection from identification, which allowed them to be frank and honest in their responses that is especially important in studies on sensitive topics (Henning et al., 2004; Cohen et al., 2014). As few persons with disabilities are employed, it was of the utmost importance not to link participants directly to an organisation or even an industry, as this may expose the participants. All electronic records of data collected during this study are password-protected, and all hard copies will be kept in a locked facility for five years.

4.10.4 Respect for Human Dignity

In 1978, the Belmont report by the NCPHSBBR published basic principles for research ethics for studies that involve human participants (NCPHSBBR, 1978). This report is considered "to constitute the moral standards for research involving human subjects" (Perry, 2015, p. 138), and is discussed below.

4.10.4.1 Respect for persons

Persons have their own minds and have a say in the way they are treated, and any researcher (Creswell, 2013; Perry, 2015) should respect the choices they make. In cases where persons have medical conditions or disabilities (as in this study), they should be respected and in no way be misused or taken advantage of (Shore, 2006; Perry, 2015). As part of a researcher's ethical responsibilities, all information needed and requested should be provided to those involved in the study, and the researcher should also confirm that they understand it and know what is going to be expected from them if they participate (NCPHSBBR, 1978). Qualitative research is considered to be less exploitative than

quantitative research, as direct contact with the researcher creates opportunities for participants to raise any questions or concerns (Barnes et al., 2009).

In this study, the researcher provided an information letter, first, to organisations, requesting them to participate in the study, and then to all potential participants, in order for them to decide on their participation. As the participants were employees with disabilities; the researcher contacted them through the organisations' employee wellness- or diversity offices, who assisted in keeping their personal information confidential (Creswell, 2014; Perry, 2015). The contact details of the researcher and her research supervisors were included in all written communication, to ensure that participants who did not understand the aims or process of the study could easily gain more information. The researcher also enquired about any unique needs of participants prior to the interviews, in order to accommodate these. No such needs were disclosed.

4.10.4.2 Beneficence

Respecting people is not limited providing them with information and abiding by their decisions. It also includes making sure that they suffer no harm or injuries. Researchers should take all steps possible to ensure the safety of participants, and to ensure that they benefit from the study, rather than suffer any harm (NCPHSBBR, 1978, p. 6). In the case of vulnerable groups like persons with disabilities, the researcher must take all possible precautions to protect participants and to accommodate any unique needs (Barnes et al., 2009; Baltar & Brunet, 2012; WHO, 2011; Perry, 2015).

The anticipated benefits of this study is the addition of information to the body of knowledge in a field in dire need of research (World Bank, 2013). The developed framework could assist employers to better understand the wellness needs of persons with disabilities, and to address those needs through ETD support, which will improve their wellness. Furthermore, the report on the findings and recommendations resulting from the study are available to all employers and participants involved, in order to address any areas of concern.

In considering possible risks or harm to participants, this researcher paid specific attention to emotional discomfort as a potential risk (Ndhlovu, 2010; WHO, 2011). In order to minimise this risk, the researcher informed participants that they did not need to respond to any question that made them feel uncomfortable, and that they could withdraw at any time or obtain assistance from their employee health- or wellness department (Creswell, 2014). The researcher built a relationship with these departments in each organisation before conducting the interviews and established what physiological and psychological support were available in the organisation to assist participants if needed. None of the participants reported such harm or discomfort.

4.10.4.3 Justice

Researchers should ensure fair treatment of all stakeholders in a research study. No benefit should be denied, unless there is a very good reason (Lincoln, 2009; Creswell, 2014). All participants should be treated equally, and deviance must be justifiable (NCPHSBBR, 1978, p. 8). If any benefit results from a study, it must be received by those who deserve it (Lincoln, 2009), in this case, employees with disabilities.

As mentioned above, the researcher developed a wellness framework for employees living with disabilities. It indicates how employers can improve the wellness of these employees through ETD support. Improved wellness will benefit, not only the work- and home lives of these employees, but also their organisations and communities (Hettler, 1976, 2007; Goss, 2011; RSA, Department of Labour, 2014b). No payment was due as a result of this study nor were any financial benefits collected by the researcher.

4.10.5 Informed Consent

The first step in interaction with participants should be to obtain signed consent forms in which participants voluntary agree to participate in a study (Henning et al., 2004). This confirms that the participants were given all relevant information on the study, and had time to consider the information and ask any questions (Denzin & Lincoln, 2005). In this

study, the information letter and Informed Consent Form (attached as Appendix 5 and 6) were forwarded to participants via organisational informants, and participants then contacted the researcher with any questions or forwarded the signed forms to the researcher, before the researcher interacted with these participants directly.

The decision whether to participate consequently did not lie with the organisation or the researcher; participants had full control over whether they participated (Perry, 2015). Participants were provided with the details of the study, as well as the contact details of the researcher and her supervisors, which gave them the opportunity to ask questions before consenting to participate (Perry, 2015). The form also informed participants of their right to withdraw at any time, with no penalty.

4.10.6 Avoid Deception

The aims and process of the study were communicated to various organisations in seeking permission for their participation in the study (Creswell, 2013). Then all relevant information were clearly and unambiguously communicated to the organisational intermediaries and participants in order for them to make an informed decision to participate in the study or not (Henning et al., 2004; Creswell, 2013).

As mentioned before in order to further put them at ease during this decision-making process they were informed of the permission obtained from their organisations as well as the ethical clearance obtained for the study.

4.10.7 The Role of the Researcher

The researcher in this study was actively involved in all phases of the study. She conducted the interviews personally during the qualitative data collection exhausting the opportunity to interact directly and personally with the interviewees (Creswell, 2013). The researcher then analysed the verbatim typed records of the interviews and her field notes taken during these interviews to gain insight into their feelings and views. Then findings and recommendations were made and reported all while under supervision of two appointed supervisors.

4.11 SUMMARY

In this chapter, the research paradigm and methodology of this study were discussed in detail. The chapter substantiated why a qualitative study was conducted, and provided details on the sampling, research instrument, and ethical considerations. In Chapter 5, the data categorisation and analyses, based on themes and supported by quotes, are discussed. The findings resulting from the analysis are also discussed and linked to extant literature.

CHAPTER 5
ANALYSIS OF DATA

5.1 INTRODUCTION

The previous chapter discussed the research paradigm and methodology of this study in detail. This chapter discusses the analysis and interpretation of the data collected from the interviews and field notes recorded by the researcher during these interviews. ATLAS.ti was used by the researcher and a co-coder to identify emerging themes and categories in the interview transcripts. The discussions also link the findings of the study to existing literature.

5.2 BIOGRAPHICAL INFORMATION

The first section of the interviews with participants consisted of biographical questions to gain an overview of the composition of the group and to contextualise the study for similar studies in the future.

The details in Table 5.1 were recorded and are reported with no reference to original participants, in no particular order, to protect the identity of the participants. The researcher noted that, as discussed in chapter two, the participants in this study represented more than double the number of males than females. This is in line with the gender inequality in the employment of persons with disabilities raised by the United Nations (2006) and the African Union (2016). Further she also noticed that the two participants at managerial level were both male. As this study is qualitative and focus on the wellness experiences of participants, it would be ignorant if these two trends were not at least acknowledged. In Chapter 2 it became clear that inequalities do not only exist in employing persons with disabilities compared to persons with no disabilities but gender equality for persons with disabilities are also askew. Not only because the number of men with disabilities in employment is double that of women with disabilities, but also as the employed women earn less than their male counterparts (UN, 2006; WHO, 2015, AU, 2014).

Table 5.1

Biographical Data of Participants

Age (Years)	Gender	Job Level	Highest Qualification	Work Experience	Type of Disability
36–45	Male	Skilled/ Professional	Post-school or vocational education	3+ employers	Physical
26–35	Male	Semi-skilled	Post-school or vocational education	3+employers	Physical
56–65	Male	Semi-skilled	Secondary education	1 employer	Physical
56–65	Female	Semi-skilled	Secondary education	3+employers	Physical
46–55	Male	Skilled/ Professional	Post-school or vocational education	2 employers	Physical
56–65	Female	Skilled/ Professional	Post-school or vocational education	2 employers	Sensory
56–65	Male	Management	Post-school or vocational education	3+employers	Physical
36–45	Female	Semi-skilled	Secondary education	2 employers	Physical
26–35	Male	Skilled/ Professional	Post-school or vocational education	1 employer	Physical
36–45	Male	Semi-skilled	Post-school or vocational education	1 employer	Sensory
46–55	Male	Management	Secondary education	2 employers	Physical

Age (Years)	Gender	Job Level	Highest Qualification	Work Experience	Type of Disability
36–45	Male	Skilled/ Professional	Post-school or vocational education	3+ employers	Physical

5.3 INTERVIEW GUIDE

The following questions were included in the interview guide, but, as the researcher made use of semi-structured interviews, the questions were adapted as needed. It guided the discussions, to ensure that data were collected on the experiences of participants regarding the six dimensions of Hettler's Model of Wellness.

Social Wellness

Q1. How would you describe your general feeling of wellbeing? How does your work contribute to this?

Q2. Describe how you experience the social environment (relationships) in your organisation and how the ETD support offered influences it.

Intellectual Wellness

Q3. How did/does your employer contribute to your intellectual development and wellness?

Q4. To what extent do you believe you use your full potential, and how does or can ETD support contribute to this?

Spiritual Wellness

Q5. Describe how you find meaning in your work and how the employer and the ETD support offered does/can contribute to your spiritual wellbeing.

Q6. To what extent do you believe your employer offers equal ETD support to persons with disabilities and those without, and does this influence your feeling of self-worth?

Physical Wellness

Q7. How does your organisation accommodate your disability and empower you to be successful in your job?

Q8. What employee wellness programmes does your organisation offer, and how do these contribute to your physical and emotional wellness?

Q9. Describe how ETD support sensitises all members in your organisation on disability issues. What more could be done?

Emotional Wellness

Q10. Describe the level of emotional wellness you experience in the workplace during interaction with other employees and how ETD support can/does influence this.

Q11. To what extent do you experience personal growth in your organisation, and how can ETD support influence this?

Q12. How do you react to challenges and change in your workplace, and does your disability play a role in your behaviour? Does/can ETD support help you cope with it?

Occupational Wellness

Q13. Please explain in detail all the ETD support or opportunities offered to you in your career, and whether it contributed to your work performance.

Q14. Do you have a personal development and/or career plan? How will you fulfil this plan, and what ETD support does/can the employer offer to help you fulfil it?

Q15. Describe how your job provides you with work satisfaction and accomplishment, and how ETD support did/can contribute to this.

5.4 EMERGING THEMES

During the interviews, participants were given the opportunity to evaluate and convey their feelings and experiences in terms of social, intellectual, spiritual, physical, emotional, and occupational wellness. The themes that emerged from the collected data were:

- Theme 1: Participants exhibited mostly positive experiences on all six of Hettler's wellness dimensions.

- Theme 2: Participants considered the education, training and developmental support provided as insufficient on most of Hettler's wellness dimensions.
- Theme 3: To improve the wellness of employees with disabilities, employers need to offer disability-specific education, training and developmental support.
- Theme 4: A wellness framework for employees with disabilities must include the education, training and developmental needs unique to disability.

5.5 RESEARCH ANALYSIS, INTERPRETATION, AND FINDINGS

The abovementioned themes will now be discussed and substantiated with direct quotations from the 12 interviews. The quotations are verbatim, linked to pseudonyms and any identifying details were omitted. Where one quote substantiates more than one theme (overlap between themes), the relevant data for each specific theme are printed in **bold.** When it did not add direct value prompts and responses were omitted from quotes but full verbatim transcripts of interviews are available on request.

5.5.1 Theme 1: Participants exhibited mostly positive experiences on all six of Hettler's wellness dimensions.

Aligned with the first research sub-question specified in Chapter 1, participants were required to evaluate their own current state of wellness in terms of all six wellness dimensions identified by Hettler (1976). As a point of departure, they had to give an overview of how they experienced their holistic wellbeing. A few of these remarks will now be discussed, where after the categories of this theme are addressed in more detail.

Both coders agreed that the majority of the participants indicated that they were happy and well. However, the researcher found that their perceptions of their own wellbeing and happiness changed as the interviews progressed. It became clear that some of the initial positive responses referred more to an affinity for the job or gratitude for being gainfully employed. This clearly expresses the two different components of psychological well-being. First wellbeing from a hedonic perspective, therefore finding their work pleasing (Goss, 2011; Henderson, Knight, & Richardson, 2014). Then as the interviews

progressed, participants indicated that their employment were meaningful, and contributed to them reaching their full potential and work- and life goals, in line with the eudaimonic perspective (Goss, 2011; Henderson et al., 2014).

The co-coder concurred, stating that participants only acknowledged how disability influenced their work experiences later in the interviews.

Participant A conveyed mostly a positive feeling of wellbeing in his response to this question, but he also stressed that, in an organisation focused on service delivery, persons with disabilities are not treated well. Although he was happy in his job, he noted that it had a negative influence on his wellbeing knowing that other persons with disabilities are not accommodated by the organisation:
Okay, I will… say … I feel happy. Happy while working here.

However, he later commented:
When people are coming from outside that's disabled … we are not feeling not treated well. I mostly engage to that, and find out did they be treated well, were there any problems encountered … what can I help… The disabled are people too.

Participant F made it clear throughout the interview that she experienced high levels of wellbeing:
I am so happy to work for [Organisation], *because* [they] *didn't see us as … a disability people, they just take us as a normal people. I can't complain on everything… I love* [them] *so much,* [they] *changes our life completely. We are good mothers and fathers now because of* [them].

This was also the trend throughout the interview with Participant K:
I think I am one of the few fortunate people who is quite fond of my job, especially in the section where I work, you know, I am quite happy there.

Participant L responded as follows when asked to explain his general feeling of wellness:

I can say I am just satisfied.

The categories identified under this theme will now be discussed and substantiated in more detail.

5.5.1.1 Category 1: Participants experienced high levels of social acceptance and wellness

Participants did not only consider their role and relationships at work, but also their role and involvement at home and in their communities. Regarding the workplace, the majority of the participants indicated that their disabilities were almost of no consequence. They stressed that it had little or no influence on their interactions in the workplace, suggesting high levels of social wellness. In contrast with this, both coders found that all participants stressed, to a lesser or greater extent, that their colleagues and managers needed disability sensitisation to understand disability better.

Participant B commented as follows on the social relationships in his organisation:

At this moment, I'm feeling very happy, and I feel even I don't have a disability, well, because of the treatment I receive here at my organisation. ***Yes, they treat me like … a normal people, a person.*** *So, they don't treat me as I'm a unique figure, and I really appreciate that, and they also, eish, done a lot for me, they've also done a lot for me. Like, they also created a lift … to make it easier … to move.*

The above expression stresses the 'normal' treatment and gratitude Participant B experienced in this regard. Being treated as normal directly resulted in positive feelings, as persons with disabilities yearn to be treated as "normal" as found by Snyman (2009). However, being treated as or acting normal were also found to sometimes indirectly have negative influences on the total wellness of employees with disabilities, which will be discussed later.

Participant B indicated in the interview that his organisation moved from one location to another, and, though the employer and colleagues treated him as if he had no disability,

his special needs were still acknowledged and taken into consideration. Participant B also, later in the interview, indicated that the organisation also involved employees with disabilities in a community outreach programme where they met children with disabilities in order to motivate the children and show them that they can be successfully employed and live more independent lives. Almost half of the participants indicated that they played an active role in their communities, and that this interaction had a positive influence on the social and total wellness of these participants.

The positive wellness effect of persons with disabilities actively interacting with their broader community is supported by Myers and Sweeney (2005). They stated that optimal wellbeing is dependent on a person's ability to integrate his or her life into those of members of the community (Myers and Sweeney, 2005). In this study, the integration refer to the work community and the wider community in which these employees with disabilities live. Lund (2011) emphasised that interaction between persons with disabilities and their wider community is essential to their health and wellness.

As mentioned in Chapter 3 these positive feelings and experiences will not only result in higher levels of wellness but will also lead to higher levels of motivation as per Maslow's hierarchy (Maslow, 1943; Maslow, 2013). This positive social wellness can be understood as the participant's attainment of higher needs such as love/belonging, esteem, and self-actualisation. To support persons with disabilities in achieving love, esteem, and self-actualisation, employers and community members must be willing to engage in conversations and be willing to support wellness, meaningful employment as well as social integration advancement of persons with disabilities (Maslow, 2013; Hersey et al., 2007; Hanif et al., 2013). The higher order needs like higher self-esteem or self-actualisation resulting from positive social experiences and acceptance will then again influence the spiritual, emotional and occupational wellness of employees with disabilities(Meyers and Sweeney, 2005; Goss, 2011; Hersey et al., 2007; Hanif et al., 2013).

At supervisory and managerial level, participants also indicated that they were treated as normal employees. Participant E stated:

I think my colleagues regard me as an able-bodied person, because we do have fights, we tackle each other… In terms of, you know, there's no way that I …, they would say a soft landing, because … I'm the manager, there's … arguments, there's conflict, but they don't regard my simply, me, as a person [with a disability]*, as far as I know, because we go for each other.*

Participant J concurred with Participant E in the following statement describing her interactions as a manager with her colleagues:

We had our conflicts and stuff, but we sorted it out again. …or when they were upset, you know, they came to me, so if, they didn't … handle me differently from other staff. Some of them, I suppose, were more comfortable than others with it, but all over, I functioned very well there.

These comments show that supervisors and managers with disabilities, like all supervisors and managers, from time to time, are in conflict with the employees reporting to them, and need to manage this and the performance of these employees with no prejudice. The circumstances and conflict clearly stood out to both participants, as it was immediately recalled and shared when considering workplace relationships. This underlines the importance of management development in handling conflict and diversity. Botha and Brand (2009), in their study on the wellness of managers, stressed the need for employees and colleagues to support managers, as this counters negative emotions and feelings, and improves social wellness.

5.5.1.2 Category 2: Participants indicated that ETD opportunities contributed to their intellectual wellness and personal development

Regarding the intellectual development of employees with disabilities, the majority of the participants had completed or were busy with a post-school or vocational qualification (see Table 5.1), which contributed to their intellectual wellness.

Participant A indicated that he believed that further education and training helps a person to grow. This commitment to personal growth and development is not just clear in his willingness to study, but also in his willingness to mentor and help others:

My … institution assists me as my [Organisation] *to fund me to go for, to learn… Some of the computer things, I do them in the office. I also assist some of my colleagues who doesn't know how to go there… There is a course that I want to study. I am thinking of studying, not thinking… I need to go for…, if I can see myself having a degree in* [X] *…a little bit of knowledge in communication … something to do with local government and qualification there, because I am in a local. I am doing admin … you see, those skills things that can be able to assist me to go forward, … because, if a person, you need to see a growth in your life, you don't have to stand still in one and not having a movement.*

This response by Participant A correlates with a high level of intellectual wellness as defined by Hettler (1976, p. 2): "A well person expands his or her knowledge and skills while discovering the potential for sharing his or her gifts with others."

Participant H experienced intellectual development necessitated by continuous changes in his work environment:

I am a very adaptable person. I adapt very quickly to change. And, I think that ... makes a bit of a change in a person's day. I think, just to give you an example ... every 3 or 4 years ... we have a completely new system that you must learn. And that's enjoyable, it's a challenge. It gives you a challenge to learn something new, and I think that's what makes it enjoyable.

Participant H and most of the participants showed that, notwithstanding their disabilities, they had the intellectual ability and potential to develop. This contradicts the common misconception that persons with disabilities have limited potential to develop intellectually (Smeltzer, 2007; Van Niekerk, 2011).

Some participants had attended learnerships, doing practical training with their current employer. Participant C recalled:

Yes, short courses, because, after … I left school, I've got a job as a cashier during those times, and then … we were retrenched. And then, because I'm a person who does not like to sit down doing nothing, I went for these government courses… I'm not a business-minded somebody. What must I do? So …, after these learnerships, when I applied, and then they take me. …I still qualify, even, sometimes, I was on the classes with the small children sometimes. ... [Laughing] *They call me granny, but I adapt and then move on.*

Even though she was much older than the average student attending the learnerships, she focused on moving on and developing herself as much as possible. She did not complete her secondary education, but was able to gain permanent employment at her current employer after completing a learnership. She made it clear that, although she was told as a child that she would never complete school or be employed, she just kept on applying for and attending any short courses or learnership government offered where she lived. Participant C is representative of the biggest educational group in the South African labour force, the 11.75 million people who did not complete their formal schooling up to Grade 12 (Reddy, Bhorat, Powell, Visser, & Arends, 2016). According to Reddy et al. (2016), this represents 78% of the 15 million employed South Africans.

Brand and Botha (2009) found that skills development leads to higher levels of intellectual wellness, improving self-image. Therefore, learning material should accommodate the different educational levels of persons with disabilities, as in the case of Participant C, to ensure that they benefit from these interventions (Reddy et al., 2016).

A few participants had not attended any formal training or development. Participant D indicated that he had never received any training:

I cannot speak for all the disabled people, but…, I've been here for 13 years, and I'm disabled, I've never been on training.

Participant D felt he was discriminated against, as employees without disabilities in his section did attend training. In this regard, it has to be mentioned that the current economic circumstances in South Africa have had a negative effect on ETD interventions offered by organisations, such as organisations not offering new bursaries or external training and development opportunities. In this study, organisations in the mining, electricity, gas, and water supply industries were found to limit their training to essential in-house training like safety courses. Various participants indicated that the unavailability of ETD interventions was an organisation-wide trend, and in no way linked to their disabilities.

5.5.1.3 Category 3: Participants considered their spiritual wellness as a reflection of their personal spirituality

The co-coder of this study found that almost half of the participants were not at peace in their workplace. This is in line with the researcher establishing that half the participants raised spiritual concerns. The wellness and performance of employees in an organisation are not only linked to the visible or tangible variables like relationships, ETD, or the tasks being completed, but also to the way employees experience life (Hettler, 1976; Zullig, Ward, & Horn, 2006). This refers to the spiritual wellness of employees with disabilities, and is based on their perceptions and interpretations of how that which is happening to them is influencing their lives. It includes how they see themselves and their goals in life, and also how they are treated, which can build or erode their self-worth.

Regarding this theme, Participant A stated:

But even I am still need more training to go for, because I don't want to say my disability… Look, it doesn't mean that people on a wheelchair or people who are disabled, life is end, no. We have got life that goes through… We've got people who are professional in high level in, within the [Organisation] *and private sectors … our life doesn't end here. People should take us as like we are — human beings, yes. We are not like, when you see a person in a wheelchair, you don't take him like you are seeing something which is not alive… We … can make something different, we can make something better than people who are able… I have a purpose*.

Although the positive self-image of Participant A was clear throughout his interview, through his confidence and zest for life, he observed some negative influences on other persons with disabilities. His self-worth contributed positively to how he saw life and his spiritual and general wellness, but there was a negative undertone, because of what he observed regarding the treatment of other persons with disabilities.

Participant C also indicated high levels of spiritual wellness:
I just feel I've been blessed, and I've just been. I've been honoured, and because the company, even when I look at the company, its people with … diplomas, people with degrees, and I don't even have Grade 12. I feel great, and I feel, you know, I'm very much blessed.

Participant C, when comparing herself to others in her family and community, experienced pride, as she was permanently employed, despite having lived with a disability from a young age. Her family and community did not foresee that she would be employed, but she rose above this with perseverance and hard work, attending various short courses and learnerships, until she gained permanent employment.

All the participants, in some way or other, did express some negative feelings related to the workplace. Participant L experienced little spiritual wellness, due to personal experiences that had moulded him as a person and how he perceived himself and the world around him:
I feel so bad, because, if, maybe, ***some people don't recognize us, because of our … situation*** *… what if maybe … tomorrow, you're gone…,* ***then I mean nothing to them****.*

Participant H, who had had positive influences on his self-worth and the meaning he made of life stated:
I am very happy at the firm ... but not really all that happy with what I am doing… I have been doing the [job] *now for 12 years. ...****I just feel that I have more potential to go further. That is why I studied further,*** [management qualification]*, and then, also, I*

don't know if we will get to that, but I am going to say it now, ... unfortunately, I cannot continue … up to diploma level, ... because I haven't been working in a [relevant] *environment for 10 years.*

The trend of not doing what they were qualified for and the negative influence this had on their goals and self-worth in the workplace was also evident in the interviews with participants who were not employed in their field of specialisation and were stagnating in their current position. According to the eudaimonic perspective of wellbeing, this negatively influenced their "meaningfulness or optimal functioning" (Goss, 2011), and left them with no or few goals and career opportunities. According to Vila, Pallisera, and Fullana (2007), in order to integrate persons with disabilities into the workplace, they need developmental opportunities that could then lead to career advancement and growth. However, if employees with disabilities are not employed in their area of interest and specialisation, it will negatively affect their career advancement. Employing somebody as a switchboard operator while this person has shown commitment through tertiary studies will not provide the support needed to experience optimal career development and, consequently, wellness.

5.5.1.4 Category 4: Participants experienced physical accommodation of their disabilities, but limited ETD support

In line with the first research sub-question, the participants also reflected on their physical wellness. Physical wellness of employees with disabilities encompasses more than the physical environment (Hettler, 1976). This section of the interview addressed the disabilities with which participants lived. As discussed under Category 1 of this theme persons with disabilities prefer to be treated as 'normal' (Snyman, 2009, p. 102); conversely, in this study, it was clear that the physical wellness dimension brought forth the reality of disability and the related physical needs in all participants. Both coders agreed that half of the participants did indeed receive reasonable accommodation to meet their needs, be that at their own request or initiated by the employer. Participant H indicated the following:

My computer [was adjusted]*, I can use it, do everything that I can do ... to use all those programs, such as Word and Excel, your Internet, your emails. So, yes, I use it to do my work as far as I possibly can.*

Some organisations had been readily willing to make structural provisions or changes to accommodate the needs of employees with disabilities. One organisation had installed a lift only for employees with disabilities while Participant E stated:
*There's two offices**… They specially make them bigger…** The ramps were tested… I came out specially … for the ramps. So, they gave me an opportunity, asked me if the ramps were okay, and so forth.*

However, another participant had faced a struggle to obtain accommodation:
*I used to work on the first floor, so, after a while … it's not making sense. **Why can't I have a wheelchair bathroom on the first floor? I have to use the elevator to go up the floor, so, I was thinking, what happens … in load shedding?** … You have to use it…, so … then I tried; everyone turned me down. So … how I managed to sort that problem out … I sent a message to the CEO… I gave him my options of where, where you can put a … bathroom that's more … usable, and next thing I know … it's getting made. My problem was that, why does it even have to be a fight? Management should actually think for the employees as well.*

Participant A's organisation took extensive steps to accommodate employees with disabilities. It seems that, after he acquired a disability, the organisation went to great lengths to accommodate him:
When I came to the [Organisation] … *I could not see … the needs of the disabled, but when I became disabled … things started to change… **They made sure that the doors can be … easily accessed. Office space should be open, so that people should be able to come and work in the free**, yes, accessible way, and there were those lifts that they put on stairs that you have to climb on them and going up to auditoriums. Then ramps were created, lifts were starting to function, they made sure, I don't know how, I am not always down, when the lift is not working, I can't go to office.*

And further:

Look, look, in the, if you talk about the word boundary, something that obstructs you to go to other stage, in this floor, let me say the whole of the office … ***it's accessible easily to go there, you don't have to suffer by going there****… You see? Look there's a … … disabled toilet that I am taking a lift and going there. It is wide open, wheelchair, that you can see this toilet is meant for disabled people, you see? And it was done from long, it is there, while they constructed the whole building they put it in there, you see? …* ***I think everything is coming perfect.***

Effort had been made to accommodate employees with disabilities in Participant A's organisation leaving him with the feeling "*I think everything is coming perfect." However* the fact that the only disability bathroom could be accessed by *"…taking a lift and going there…"* left Participant A unable to reach an accessible bathroom when the lift is out of order, *"when the lift is not working I can't go to office."* For more than 10 years Participant A is still willingly adjusting and adapting to these circumstances, which, indirectly, can have a negative influence on his physical and, consequently, his overall wellness (Hettler, 1976; Goss, 2011).

The Technical Assistance Guide on employing persons with disabilities states that accessible toilet facilities should be closely located (RSA, Department of Labour, 2003). Equality also come into play if "normal restrooms" are available on each floor. The Handbook on Reasonable Accommodation for Persons with Disabilities in the Public Service, released by Government in 2007, contains detailed specifications to accommodate persons with disabilities, explicitly stating that "All floors/units should have a wheelchair accessible toilet" (RSA, Department of Public Service and Administration, 2007, p. 21).

In this study, one of the organisations had moved to a newly developed area, and all employees received extensive support, change management interventions, as well as a day to 'research' the area and its public transport arrangements. Participant C indicated

that public transport is available on the main roads, “walking distance” from the new offices but this raise physical challenges for employees with mobility impairments. As Participant A above, participants in this organisation adapted, with no indication of knowing or noticing that the situation lends itself to them requesting reasonable accommodation or the employer offering it. Participant C:

I’m not driving … but I find it easy to come to work. I’m on the taxis every time, and sometimes I just get off from the taxi and just stand at the corner, and I didn’t organise any transport with anyone. ***Everybody is just picking me up.***

Although this signify good interpersonal relationships between the participants and colleagues, it still leave employees with physical disabilities at the mercy of others to reach the office even when raining. According to the Toolkit for Employers in the Private Sector, employers are not expected to provide transport for employees with disabilities, unless it provides transport to all employees (South African Human Rights Commission, 2015). However, this document and government acknowledge that South Africa does not have a public transport system accessible to persons with disabilities that creates inequality and a barrier to employees with disabilities (RSA, Presidency, 2014; South African Human Rights Commission, 2015), which must be taken into account by employers.

In 2013, South Africa reported to the UN that, with regard to the implementation of the Convention on the Rights of Persons with Disabilities, the Department of Transport had introduced “an integrated and universally accessible transport network” in the bigger municipalities, with Cape Town and Johannesburg already “extending their transport services” (RSA, Department of Women, Children and Persons with Disabilities, 2013, p. 17). However, none of the participants in these areas made any reference to such services being available. In 2016, Durban and the eThekwini Municipality introduced a door-to-door public transport service for persons with disabilities, and by January 2017, reported providing 2 300 employees with disabilities with transport to work (eThekwini Municipality, 2017). A similar service has been active in Cape Town since 2002, monthly transporting 200 persons with disabilities to work and back (City of Cape Town, 2010,

2014). Again none of the participants in this study made reference to such a service or any other transport assistance by government or their employers, except for Participant L, who indicated the following:
I have my own car…[the employer] *financed me a car.*

In 2015, the White Paper on the Rights of Persons with Disabilities again raised the importance of safe and suitable transport for persons with disabilities (RSA, Department of Social Development, 2015).

When considering that between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties in functioning (WHO, 2016) the importance of services like transport cannot be ignored. The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Thus, disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social supports (WHO, 2016).

5.5.1.5 Category 5: Although the participants perceived their emotional wellness as being high, they questioned the influence thereon by ETD

Half of the participants exhibited positive feelings regarding their employment. They felt that they were able to work effectively and have positive relationships with their colleagues and managers. Participant E stated that, even though he physically needed rest, *I don't do it. I don't rest… I'm just too excited about life.*

Participant B expressed a similar sentiment:
At this moment, I'm feeling very happy, and I feel even I don't have a disability. Well, because of the treatment I receive here at my organisation. Yes, they treat me like a … normal person. So, they don't treat me as I'm a unique figure, and I really appreciate that, and they also, eish, done a lot for me….

Participant F also saw the effect of improved emotional wellness at home:
So, now, since I work, I have a full employed, it's better at my home. My children are so happy.

However, the emotional wellness of the other half of the participants was at a low level. Some participants felt that they lacked support from the employer, which, if provided, would help them achieve an acceptable wellness level.

Participant G experienced a very stressful period after his condition deteriorated to a level forcing him to adapt his life at home and at work. He stated that he did not receive support at work. Instead, he was exposed to a disheartening evaluation period:
No, I feel that the process I went through, I wouldn't want somebody else to go through the same process*. Emotionally, and there was a stage … when I went through this whole thing, I was battling to accept it. I actually went through depression, to be honest with you, and I was off work for three months, no, sorry I was off work for four months. And over the four months, I was actually on three months' unpaid leave. I was unpaid for three months, so I wouldn't want anybody to go through that, because, financially, it's difficult to survive. And, yes, there was no accommodation.*

The negative experiences this employee had experienced before still influence his current wellness, even though he now received some of the support he needed. The employee daily forces himself to come to work where, he believes, the needs of persons with disabilities are ignored. This negatively affects his view of the organisation but notwithstanding this, he still annually achieved the highest merits in his department, even though he admitted: *I'm at the stage of my career where, due to my illness, I'm no more … goal-orientated, career-orientated.*

The subsequent emotional consequences also influenced his home life:
"There is no real wellness when you go home."

For another participant, a lack of support from his family and community negatively affected his spiritual and emotional wellness. Due to operational reasons, he was forced to move to another province, away from his family:

*It was far from home, so there was no one I know that side**, and it became a problem for me to … engage with my family.** So, beside of all of those, I am still … staying alone, coping as I can, but, when it comes to those kind of stuff, emotional stuff, maybe I had a bad day at work or maybe something happened, **I don't have anyone to talk to**, **because I am going straight home, just close the door and sleep, and say, 'Hey, that day has passed. Just start a new day**. These things happen.'*

The emotional wellness and the ways in which persons with disabilities cope with stress are highly dependent on the community and social support they receive (Oschwald & Powers, n.d.). Persons with disabilities consider support from families, friends, and healthcare providers to be of extreme importance in their progress towards wellness (Oschwald & Powers, n.d.). McMahon and Fleury (2012) also stressed the importance of emotional support and participation in a community to a person's wellbeing, especially for older adults and persons experiencing change, health challenges, or illness. They need the opportunity to share their experiences and feelings, while receiving emotional support (McMahon & Fleury, 2012).

Although some participants experienced their workplace as conducive to their wellbeing, most focused on doing their jobs well and with as little reference to their disabilities as possible. They were treated as normal employees in most cases, and as long as they performed "normal," they could avoid negative feedback, even if it meant working harder or doing more. As mentioned above, one participant had to fight to have a basic need (a suitable restroom) addressed, and another, after requesting accommodation, was evaluated to determine his capacity to continue performing his duties, which forced him to work to the extent that physical exhaustion and stress negatively influenced his home life. This participant stated: *I go over and above what I need to do.*

The following remarks were made in this regard by other participants. Participant E noted:

I never miss a meeting… I go there just to show them, because they will quickly say 'Yes, you're disabled, that's why. You're [position], *but you can't attend a meeting.' So, I attend every, every meeting, very, very, punctually, to make sure that there's no finger pointing at me.*

Participant H supported the above sentiment, saying:
I try to do more than what I ... am paid to do, to put it like that. I want to mean more in the firm.

This correlates with the idea that if a person receives 'special treatment,' as in the case of employees with disabilities, colleagues and peers may question why this person needs such treatment, and this implies that the person is incapable of performing the required functions (Mellor & Webster, 2013). The feelings of anxiety and the subsequent over-exertion of the person with a disability negatively affect his or her emotional wellness, and often result in burnout (Botha & Brand, 2009).

5.5.1.6 Category 6: Participants conveyed that existing ETD support positively contributed to their levels of occupational wellness

Participants had to consider their attitude towards their work, and also how the activities and development or training offered in the workplace changed or improved their work experience and made it more meaningful (Hettler, 1976). Both the co-coder and the researcher found that all the participants indicated that their employers offered some form of employee wellness or health-related programmes or services, such as counselling or medical services, varying from a nurse on site to a hospital available to the employees of an organisation.

Participant E, contrariwise, raised a concern regarding trauma and family support for employees with disabilities or other employees suffering a traumatic experience:
They don't have something special for people with a disability, because we're so few, I think… What should the reason be? Look, they looked after me. Let's make it clear.

When I was injured, they visited me… Not in hospital… Now, my question is, never, nobody ever went out and see if my wife was okay… And my wife was also working for this organisation… that's much more serious. And I always thought, why did … such a big organisation … why don't they have a social welfare looking after people like that?

Some participants had been traumatised in the workplace through internal disability-related procedures, conflict, and inexperienced managers. Participant G went through an internal capacity assessment process that was initially not managed appropriately: *Currently, I basically force myself to come to work, but, obviously, I do give out my best. I don't look at this as a disability… I manage to work through it. So, prior to being in* [Department] *here, I was in another department, and, at the time when I got sick, there was no help from my … management. They just wanted to get me out. The manager said, 'Get him out of* [Organisation]*!' So, I went through hell, I would say, in the last… I'm in this [*new] *department from 2010, and I have been getting support from my management. So, that's what made me stronger, to stay at* [Organisation].

It is important that the disability policy and procedures in an organisation be developed and implemented in a way that involves employees with disabilities, and which will grow and support them. McNaughton (2006) noted the importance of ensuring that managers and supervisors are trained to provide suitable support and supervision, and to identify health-related and disability needs of employees (Mellor & Webster, 2013). Training on the implementation of these policies and procedures will also ensure that these are implemented consistently.

As mentioned before, all the participants, in some way or another, did express negative feelings towards the workplace. Although the majority of participants started off with a positive attitude, as the interviews progressed, this changed, and it became apparent that they were happy about being employed, rather than being in a specific situation, as indicated by Participant G:

I look at myself and I say, 'You know what? There are people worse off than me.' That's what I say. There are people worse off than me… I must just be happy with what I have got…

Participant L related that he had moved far away from his family, but that he had had no choice:
It was bad … because I was in need of this job, and I … wanted to see myself somewhere. I had no choice but to … be relocated to that place.

5.5.2 Theme 2: Participants considered the education, training and developmental support provided as insufficient on most of Hettler's wellness dimensions.

In line with the second research sub-question, specified in Chapter 1, participants assessed their ETD experiences and the value thereof in terms of all the wellness dimensions. All categories to be discussed in this section applies to research sub-question 2. While various participants had attended ETD interventions, the majority of the organisations' training had been limited due to financial constraints. Participant G noted: *Look, on whole they do … if you want to study, they do give you bursaries, but it must be within job-specific. Currently now, if you know the whole economic turmoil, people who are currently studying are only sponsored, and if you want to study, then [unclear] you must, they will not sponsor you because, you understand now …*

This is in line with the skills development trends reported to South Africa's Department of Labour as part of the annual Employment Equity Reporting. The CEE (2013) reported that, in 2012, 33.71% employees received skills development, which decreased to 31.51% in 2014 (CEE, 2015), and, again, to 29.05% in 2015 (CEE, 2016). The influence of the ETD support offered in organisations will now be discussed in respect of all the wellness dimensions.

5.5.2.1 Category 1: Participants felt that ETD in the workplace supported their social wellness

Employees with disabilities needs social skills to help them to, not only interact effectively with other employees, but also to understand and accept their conditions and limitations (Smeltzer, 2007). ETD will influence the social and emotional wellness of these employees, and even their interactions with stakeholders outside the organisation. Although the majority of the participants felt that they had received training and development of their skills, only those on managerial level had received development with regard to social skills. One such participant stated:

…they're doing a lot. I went on many workshops for conflict, for poor … performance, … I went on a three-weeks manage course that this organisation — a very, very high quality — gave to managers on my level.

Another managerial participant indicated that she had attended a training course that not only helped her to understand her disability better, but also taught her to interact more openly with others:

The first module was knowing your own disability, where they … actually made you think about yourself and where you struggle, what you think are your good points, … what are your rights, … where can you find help. Stuff like that… And how do you ask for help, because that's one of the things many people can't do. You are too scared to ask for help. You don't know you can ask for help.

This empowered her to effectively communicate her needs and requirements to both to colleagues and managers. Although effective communication skills and an understanding of the rights of persons with disabilities are essential to effectively manage employees with disabilities, many managers have little or no experience in working with and accommodating such employees. Participants at lower levels did not receive such training. Effective communication between employees with disabilities and their managers not only improves the psychosocial factors and interrelationships in organisations, but also encourages trust in departments, enhancing overall wellbeing (Mellor & Webster, 2013).

Some participants developed social skills through interventions presented to people outside the organisations, where employees with disabilities had opportunities to mentor or inspire others. Participant B indicated:

Yes, but they also used to organise some session for disabled people like me, and also organise … children or kids from … schools to come here and meet us. Then, we … negotiate about … what is expected from disabled people, how to treat disabled people.

Some of the training and development given to the participants had given them more self-confidence, encouraging them to take on responsibilities in their communities. Participant I stated:

Of course I have learnt a lot. They have taught me… I am … a chairperson on the community of certain organisations.

Employers should no longer see employees only as workers, but also consider their health and wellness needs and responsibilities outside of the organisation, in their families and communities (Sieberhagen et al., 2011). As can be seen from the quotes above, employers can help employees with disabilities address these needs as part of organisational social responsibility, which may include developmental opportunities like mentoring and empowering them to serve their communities (Sieberhagen et al., 2011).

5.5.2.2 Category 2: Limited ETD support that is conducive to intellectual wellness is currently available in organisations

As indicated above, most participants had had exposure to ETD interventions at their workplace to improve their skills and knowledge. However, the current financial climate has influenced the availability of these opportunities in organisations.

In this regard, Participant A indicated:

Okay, look [Organisation] *has got divisions, especially in the Human Resources. There's a learning and development in Resources, then you can point the faculty or work or …*

study that you want to do, as there is a finance that can be able to assist you to go for it. They can be able to assist you. They always go to check if there is that funded, but it doesn't mean if it is not they cannot help, they can be able to assist and give you money and take you to courses and enable you to achieve what you want. Like now, I need to look, I need to grow, I need to see myself somewhere, not in the same level.

Participant B indicated that the ETD opportunities he had received in the organisation had changed him:

Yes … I can, yes, yes, I've really … developed here at this organisation, because I know a lot of things now, and they just trained me with their favour. So, I've developed very, very well. I couldn't even use a computer, but now I'm mastering it, … I'm mastering … valuable systems, so I have developed in my life.

Participant I stated the following:

… They did give me a lot of support and training, because I started very, very down, and I moved up.

However, as mentioned above, the financial situation in South Africa has negatively influenced the availability of ETD opportunities. In Participant B's organisation, external training for learnership participants had been replaced with internal job rotation:

Yes, yes, there was a lot of training and development. … Now they only train us by… swopping our department*, like you move from correspondence to…*

This is in line with the country-wide decline in skills development of employees, due to the current economic climate. Participant' B's organisation saved costs by using on-the-job development methods. Erasmus et al. (2015) indicated that job rotation provides employees with a good overview of how the organisation works, which would support development of employees with disabilities to supervisory or management positions. Mentoring and coaching are other on-the-job methods that will prepare employees with disabilities for supervisory or managerial development, and also empower them to share their knowledge with other employees (Erasmus et al., 2015).

Participant D, though, indicated that he had never attended any training:
… Although I cannot speak for all the disabled people … I've been here for thirteen years and I'm disabled. I've never been on training…

He had mastered his job skills through "trial and error." Participant H also stressed the need to develop employees with disabilities after appointment, and not only employing them to achieve equity targets. Employees with disabilities must also receive opportunities for development:
Many people feel that if they know me, okay, all [sensory impaired] *people are like that. Or if they see, you know, the guys are at the workshops where they braid the baskets, you know, many of us do that, can only braid baskets, so it's about the opportunities that the guys don't want to give them, because they don't know, they aren't knowledgeable with everything that we can do. So, I would like companies to give people more opportunities, and more opportunities to go further… If you start working at an organisation, they mustn't let you sit on one spot for the following thirty years. They must give you the opportunity to develop yourself.*

Van Niekerk and Van der Merwe (2013) found that employees with disabilities are often only nominated for general or repetitive, basic training like in basic computer literacy, which offers little skills- or intellectual development and limits their career advancement opportunities.

5.5.2.3 Category 3: The spiritual wellness of the participants was not fully attributed to the ETD support available in their organisations

The majority of participants indicated that they had developed a deeper sense of being or achievement because of their employment, more than due to the formal ETD support they had received. Participant K acknowledged that he was proud of himself and what he had achieved thus far in his career:

…I am quite happy with where I am, especially if you look at my post at this stage, if you take my education into account, Standard [X]*, and I am where I am. So, I would say I have done quite well in that regard, and I am happy with that.*

Participant G felt that his employment and exposure to different tasks had helped him grow, not only intellectually and in terms of job skills, but also as a person:
Definitely, because I'm working eleven years. I have worked three different departments, so I have been exposed to the different departments… This is now the fourth department I'm going to… So, in that way, yes there is growth and whatever. The reason why I'm joining this new department is because it's something I haven't done at [Organisation]. *I've done, at the previous companies, so it's something new, it's a different challenge.*

Some participants experienced self-growth through informal mentoring or the input from managers and colleagues. Participant C indicated that a person from whom she had received training had made a considerable contribution to her life:
Yes, oh, that woman … she told me … when she trained me, she used to have a mirror and then she said, 'Come, look at yourself, speak to this person. I'm going out. Speak to that person.' Oh, I said this is me, I'm like this, I'm like that, and when I allow people to tell me what I am, that's where I started to …raise up my head, to put up my shoulders, then to walk.

Employees with high levels of self-worth and a positive self-image demonstrate a positive attitude towards their work and their organisation, and also encourage a strong value system, including ethical behaviour (Botha & Brand, 2009). Therefore, if these positive attitudes are achieved in employees with disabilities, it will benefit both the employee and the organisation. The opposite is also true. Discrimination against these employees and not employing them in positions they specialise in as discussed before, negatively affect their self-image and, as a result, their wellness (Snyman, 2009). Snyman (2009) found that 75% of employees with disabilities who had post-school qualifications were still employed in administrative jobs and not in professional positions.

A lack of career growth also negatively influences a person's spirit and outlook on life. Participant L when asked about equal developmental opportunities for employees with disabilities he indicated that this was not the case. From the following statement, it became apparent that he was negative towards his own growth and his career:

No. Not at all. *I've been sitting feeling ... in many companies. Not at all. It's not happening…* ***People are undermined****. I feel so bad, because if, maybe, some people don't recognize us because of our … situation that you are then, what if maybe some tomorrow you gone or anything, then I mean nothing to them.*

This point of view is supported by the fact that the 4% skills development target set in the first National Skills Development Strategy in 2001 had, by 2014, not yet been achieved, while both targets set for race and gender equity had been achieved (RSA, Department of Higher Education, 2016). Van Niekerk and Van der Merwe (2013) posited that organisations need to review their recruitment and skills development policies in order to actively address discrimination against employees with disabilities. This was reiterated by the South African Department of Labour, who announced the review of the Code of Good Practice on the Employment of People with Disabilities in 2016 (CEE, 2016), in accordance with the Employment Services Act (RSA, Department of Labour, 2014a) and the subsequent National Disability Policy (RSA, Department of Social Development, 2015), which set public policy to ensure the employment and advancement of persons with disabilities.

5.5.2.4 Category 4: Participants experienced positive physical wellness inputs that often did not result from organisational ETD support

As discussed above, the coders found that all participants referred to some heath- or wellness service offered in their organisations. However, as the participants considered the value of these services in terms of their disabilities, the majority found it lacking. These services play an important role in monitoring the physical wellness of employees. Positive and negative experiences will now be discussed and needs in this regard will be identified.

Participant I stated that this support service offered in his organisation covered all his needs in the workplace:
Yes, we do have one, we call them EAPs… I think they have covered that scope of our work.

Participant E shared the following sentiment with regard to reasonable accommodation measures:
Yes, I think so. No, really. This organisation … they help me… especially my caregiver … they accommodate me, you know, I must say they accommodate me. There's nothing physically...

Participant H indicated the availability of general medical treatment:
We have a kind of … Sister who comes in annually ... to do all our [employees]. *Look, the* [Law] *says that someone who comes into an organisation, who works in* [this type of organisation]*, he must be ... evaluated by a Sister to see how healthy he is, as you said, blood pressure, sugar, all those kinds of things. And then, when someone leaves our company too ... that person must go through the ... steps to see if there is anything that he is keeping back and so on.*

Although the health- and safety-related developmental activities or services were mostly undertaken in line with labour- or industry-specific safety legislation, it was also in line with Hettler's approach to physical wellness. Hettler (1976) indicated that basic health checks and safety provisions would help identify medical problems early and help people understand their bodies better.

Most of the organisations in this study offered special wellness days or services, but these were focused on basic medical services, and not the special needs of employees with disabilities. Also, when these events were arranged, no consideration was given to accommodating the needs of employees with disabilities.

In this regard, Participant D stated:

There's, always a wellness programme, every year. [Organisation] *has a wellness program, it's run by* [Service Provider] …but *now I've noticed that, unfortunately, they've never catered for disabled people.*

Participant B indicated:

Yes, so maybe three weeks back they did organize a medical session where we had to go to, to do blood test. Yes, so. It was very helpful for us… But they made a mistake of not considering us as disabled people because the truck was parked down there… Which was very distant for us, then there are also up, there are staircases there ***so I did participate, but I was not feel… welcomed, yes because if you, you will say I must jump on the truck while I'm using crutches.***

It is important that employers ensure that all employees will be accommodated during health and wellness interventions, as these programmes lead to improved health and performance of these employees, and it can also provide employees with disabilities the opportunity to access basic health services that may be inaccessible in their community. Therefore, employers must ensure that these services and potential benefits are available to all employees, including employees with disabilities (Marmot, 2010).

Mellor and Webster (2013) noted that periodic wellness days and interventions will not effectively manage the health of employees, as health and wellness must be managed continuously. Furthermore, various participants stressed the need for specialist interventions for employees with disabilities, as well as education of managers on conditions and disabilities, to ensure effective reasonable accommodation in organisations. This is in line with the White Paper on the Rights of Persons with Disabilities, which requires of all employers to offer training on disability (RSA, Department of Social Development, 2015).

It also became apparent that the full extent of the needs of employees with disabilities are not always recognised by either themselves or the employer. This is true for some general needs as well as more individualised needs. Two employees in different

organisations need to take a lift to the bathroom facilities adapted for their needs, and another had to rely on lifts from colleagues to the office, as public transport was not available all the way. Three other participants had provided their own accommodation measures. This means that half of the participants had, knowingly or unknowingly, not been accommodated by the employer or perhaps even been discriminated against if compared to employees without disabilities. From the interviews, it was clear that their managers knew about these challenges. One participant, using a lift to get to the disability bathroom, fought for a closer bathroom up to the office of the CEO:

I used to work on the first floor, so, after … a while … it's not making sense. Why can't I have a wheelchair bathroom on the first floor…? ***I sent a message to the CEO… I gave him my options of where*** *… you can put a wheelchair bathroom that's more … usable … My* ***problem was that, why does it even have to be a fight? Management should actually think for the employees as well****.*

Another stated:

When the lift is not working, I can't go to the office*.*

His manager or supervisor as part of general office administration (Erasmus et al., 2015) will know of such absenteeism and the reason for it.

Participants C's manager knew about the lack of public transport:

One day, I laugh at … because, when I was standing there, about four cars of my colleagues ... my manager just stood in front …

This crystallises the need for trained managers or disability specialists to ensure reasonable accommodation.

5.5.2.5 Category 5: ETD support to improve emotional wellness is available, but disability-related stressors are not addressed

The majority of participants indicated that personal development, like anger management courses and health- and wellness services, which in most cases include external counsellors, addressed their emotional needs well. Participant B stated:

Yes, they do, they do organise such … wellness, yes, they do organise such wellness courses… because they believe that, if you feel welcome and happy, definitely, … you are also more productive in the workplace, so they often ensure that everyone is happy … and feel welcomed, yes.

Botha and Brand (2009) stated that personal development improves feelings of fulfilment and quality of life for employees, which subsequently improve the value of work for these employees. It also correlates with previous deductions under Theme 1, that the participants valued their employment. However, annual surveys or interventions to determine the psychosocial wellbeing in organisations and focus on the interrelationships of employees in isolation will not guarantee healthy relationships or emotional wellness (Mellor & Webster, 2013). Action plans to address relationships and leadership challenges should be actively pursued by developing and implementing action plans based on the needs identified (Mellor & Webster, 2013).

Participant J had received emotional development, which assisted her in accepting her situation:

… in my job, at a stage when I was exposed to this sort of knowledge and training, and became happy with who I am and, you know, wasn't shamed by any, by all negative things that happened to me. …there are still days that, you know, when people are rude or there's something you can't do, and you really want to do it.

Sieberhagen et al. (2011) opined that, as part of wellness management, employers need to identify organisational and personal challenges and address these as soon as possible. Employers could improve the emotional wellness of employees by offering them personal

development opportunities not related to their work, to help them cope with life and, specifically, their disabilities and the related challenges.

Participant H indicated that, while he had not received such ETD support, the organisation did acknowledge the importance of personal development:
I haven't personally been involved in anything like that, but, I believe... that it will be looked at. We have a huge ... training environment, so I think they try to cover a bit of everything in the ... courses that they send people to. And not only for your working environment, but also in your humane environment. I am actually personally involved in sales ... training tomorrow, for the whole of Saturday, so I am ... looking forward to it. And I think it's not only going to be about sales, but I think it will also be about ... where we are now and where we are going to. So, yes, to answer your question, I think it's a bit of everything. Its work as well as ... developing you as a person in your environment.

Participant L indicated that, all the employees in the organisation had received some emotional intelligence- or relationship training, but a need still existed for skills to help them cope at work and at home:
… yes. So, beside of all of those, ***I am still … staying alone, coping as I can, but when it comes to those kind of stuff, emotional stuff, maybe I had a bad day at work or maybe something happened, I don't have anyone to talk to****, because I am going straight home, just close the door and sleep, and say, 'Hey, that day has passed. Just start a new day. These things happen.'*

Participant L is clearly experiencing a lack of family support and feelings of isolation which negatively impacts on his emotional wellness and subsequently other dimensions like social and spiritual dimensions. Franck, Molyneux & Parkinson (2015) stated that isolation exist when a person does not experience sufficient rewarding interaction with other people, the person lack a feeling of appreciation and fitting in. The fact that Participant L is still working and daily in contact with colleagues and other people does not mean that he cannot experience emotional stress or isolation as it is not the number of relationships that count but the emotional value and fulfillment thereof (Franck et al., 2015). The daily

barriers and challenges experienced by persons with disabilities also negatively impact oon their emotional wellness as it can put strain on relationships and interaction with others (Frank, 2015; WHO, 2015) this was also clear from interaction that Participant E experienced.

Participant E related that employees with disabilities face frustrations in society and in their personal lives, and need to develop ways to cope with it:
I'm organising a family holiday now. And, when I go through the possibilities, I do get sometimes that feeling that, hell, I won't reach that mountain, I won't visit that cathedral, because I'm in a [X]*. So, that, there is an element there, that makes me angry. Angry, feeling … inferior, or whatever… I become angry. I become fuming.*

From the above it is clear that employees with disabilities need to accept and understand their frustrations and realities. They need more information on how to cope with their emotions in the workplace, to keep stress from spilling over into their home and affecting their quality of work- and home life (Smeltzer, 2007). The emotional wellness of employees with disabilities is also negatively affected in the broader community, where a lack of information has left people ignorant regarding disability issues and even afraid to freely interact with persons with disabilities, leading to discrimination in society (RSA, Department of Public Service and Administration, 2008; RSA, Presidency, 2014). If employees with disabilities cannot handle the stress at work, home, or in society, it will negatively affect their emotional wellness and quality of life in all areas, as all the wellness dimensions are interrelated (Hettler, 1976; Sieberhagen et al., 2011).

5.5.2.6 Category 6: The ETD support offered positively influenced the current performance of the participants, but did not support career development

Participants reflected on all the ETD interventions, formal or informal, which they had received. The majority of participants indicated that work-related training was offered in their organisations.

The extent to which employees with disabilities feel that they receive equal ETD opportunities in the workplace, compared to employees with no disabilities, also influenced their attitude towards the workplace and their occupational wellness. Initially, most participants indicated that they had attended training in the past, and that they were treated like 'normal' employees. These participants also felt they received equal developmental opportunities. Participant C stated:

No, we get … equal opportunities… It's just up to somebody, whether you want, because, sometimes, Do you want to go to this … trainings? No, I don't want, okay?

Participant K agreed:

Yes. Look, in my case, I can only speak for myself, because … it depends on … a guy who is in a wheelchair, for example, won't be able to work in our [field]*, because it's just too dangerous for that. But for us … and other problems, and everyone … are given the same opportunities.*

However, as the interviews proceeded, some experiences of discrimination in this regard were shared. Participant D stated:

*Although I cannot speak for all the disabled people … I've been here for thirteen years, and I'm disabled**. I've never been on training**…*

He also noted that all 'normal' employees in his department did attend training.

Participant L, when asked whether the training opportunities or bursaries were offered equally to persons with disabilities and persons without disabilities, he responded as follows:

No. Not at all. …in many companies. ***Not at all. It's not happening… People are undermined.***

This is in line with the findings of Snyman (2009) and Van Niekerk and Van der Merwe (2013), that the majority of the employees with disabilities in their studies experienced discrimination in the workplace. Employers still question the capacity of employees with disabilities to develop, which is often exacerbated by these employees' low levels of

education (RSA, Department of Higher Education, 2014; RSA, Presidency, 2014). Employers mostly send employees with disabilities for generic, low-level training as part of equity compliance, to be able to report progress in advancing this previously disadvantaged group (Van Niekerk & Van der Merwe, 2013).

This trend is also evident when considering the skills development statistics for persons with disabilities compared to those without disabilities. In 2012, government awarded R3.3 billion's worth of bursaries and study loans, of which only 0.31% were awarded to persons with disabilities (RSA, Department of Performance Monitoring and Evaluation, 2012). As discussed before, the fact that the 2% employment target set in 1998 and the 4% skills development target for persons with disabilities set in 2001 had not yet been met in 2014, confirms that equal employment and developmental opportunities for persons with disabilities do not exist in the labour market (RSA, Department of Labour, 2014; CEE, 2015).

Although the majority of the participants in this study had completed post-school or vocational developmental programmes (refer to Table 5.1), only three were at managerial level and one was at supervisory level. This shows limited career advancement for employees with disabilities that, according to Frederick Herzberg (1968), negatively influences the feelings of employees towards their jobs and careers. Participant D indicated the following in this regard:

Out of the 13 years that I've been here right, I've only been promoted once. From … what I see, companies do, is that they use disabled people to fill their quota. Doesn't mean that it's benefiting the disabled person themselves, but at least in the eyes of the government we are benefiting, because we are bringing the quota.

Participant B responded as follows when asked about the availability of ETD support that could lead to career advancement:

No, they haven't addressed … any training regarding that, but, maybe, if I can ask for any training, maybe they can make a plan for me.

Participants indicated that, when they attended formal training interventions, they adapted to the circumstances, or found that their needs were met. When asked if their employers considered their special needs when planning ETD interventions, Participant F indicated that he adapts normally in these environments and those arranging these interventions does not even consider any special needs.

Participant L indicated that the organisation interacted with service providers of such interventions to ensure accessibility:

The places are more comfortable for us. You find ... others, maybe somewhere, maybe where they don't … maybe think I will be there or I can come there. There's some few of them, but most, yes, are accessible. Even if maybe we have meetings somewhere else, then we have that accessibility. Accessibility, I can say it's good... They make sure that, yes, we will be having this kind of people to attend, and they can be more welcome also.

Marmot (2010) stressed that employers have a responsibility to ensure equal access to developmental and health- and wellness interventions and the related benefits. Sadly, as discussed before, employee health- and wellness days and services are not always accessible, and, in the majority of cases in this study, the needs of employees with disabilities were ignored.

5.5.3 Theme 3: To improve the wellness of employees with disabilities, employers need to offer disability-specific education, training and developmental support.

In accordance with the third research sub-question for this study, specified in Chapter 1, the researcher aimed to determine the ETD needs of employees with disabilities. Three main developmental areas were identified by the participants. The first was their own developmental needs and, secondly, organisational developmental needs. Lastly, participants made reference to their developmental needs with regard to greater society.

5.5.3.1 Category 1: Personalised ETD is required for employees with disabilities

When considering the needs of employees with disabilities, both coders found that more than half of the participants indicated that they needed tertiary education or support to complete their current studies. As mentioned above, many participants also stressed a need for work-related and supervisory training that could lead to career advancement. Lastly, the need for coping skills related to their disabilities and the daily challenges they experience were also noted. These are discussed in more detail below.

- **Education, Training, and Development**

Although most participants in this study held a post-school education, less than half had completed formal tertiary qualifications at NQF Level 6 or higher. The majority of the other participants indicated a need for further education or support to complete their studies. Participant A stated the following:

Like now, I need to look, I need to grow, I need to see myself somewhere. Not in the same level… My … institution assists me as my [Organisation] *to fund me to go for, to learn… Then, yes, well, the* [Organisation] *is, I am sure, it can help to that part … there is a course that I want to study, I am thinking of studying, not thinking… I need to go for… if I can see myself having a degree in* [X]*, … a little bit of knowledge in communication, … something to do with local government and qualification there, because I am in a local, I am doing admin, … you see, those skills things that can be able to assist me to go forward, … because … you need to see a growth in your life. You don't have to stand still in one and not having a movement.*

This sentiment was echoed by Participant B:

No, I'm not the best I can be at the moment, yes. I just need that support…, the inspiration that I need, and motivation … for me to continue studying… Yes, to not stop studying. So, I need someone to motivate me, 'Do your studies, so that you're going to accomplish all your goals and, yes, all that stuff.

Participant F stated:

I need to be developed … because I don't have a full direction what to do… If, maybe, they can guide me what to do, then I will try to make a follow up on that, so that I can finish up my study. Yes, I did … have skills, but not much… I still need to … get more.

According to Kamal, Mat, Rahim, Husin, and Ismail (2012), the underutilisation of employees and their not being developed to reach full participation in organisations negatively affect their self-image. They feel inferior and struggle with stress and depression, which negatively affect their performance and productivity in the workplace (Kamal et al., 2012; Kwarbai & Akinpelu, 2016). Many participants felt that they needed to develop more and to be employed in their area of specialisation. This reiterates the need for capacity-building and education identified by persons with disabilities during community consultation with the South African Department of Social Development in the Northern Cape (SAGovNews, 2016).

Participants also identified a need for specific training and development related to their functioning in the workplace. This includes general orientation within the organisation and training related to specific tasks and responsibilities. Participant B raised the need for orientation, as his organisation was moving to new premises:

Yes, they have already gave us the training about that new building…, but I also think that, even when we get there, they should also organise some … orientation there, … to show us around, how that building operate… Where … our department are located, so that it's going to be easy if you want to visit that department or you want to get some certain information…

Participant D indicated that, as he had never attended training, he was not always sure whether he was doing his job efficiently. He had obtained his skills through trial and error, and he described his learning as follows:

I was always like taught, 'Watch and learn.' And then you get your catch on … or I'll find out what does this do, what the reason is … and information is like half floating around, and … trial and error, always have to assume, 'Is this the right thing to do? Is this right what I'm doing?'

The Department of Public Service and Administration (2008), the WHO (2011), and the CEE (2016) all stressed that persons with disabilities are still the most disadvantaged group in society. AfriNEAD, in 2011, stated that persons with disabilities and especially employees with disabilities, should also be exposed to the life-long learning that other employees receive, as this will also contribute to their economic empowerment (Kachaje et al., 2014).

The skills development of employees with disabilities will only be possible through focused, deliberate steps addressing the inequalities experienced by them (Van Niekerk & Van der Merwe, 2013; RSA, Department of Labour, 2014a, 2016). Companies need to change their recruitment and skills development policies to actively pursue the targets set by government (RSA, Department of Labour, 2014b). Ngwena (2004) stressed that, only through the attainment of equality for persons with disabilities will they become self-reliant and participate fully in their communities and the economy.

Although the current financial circumstances minimize the availability of skills development in most organisations in South Africa, the value of informal and on-the-job training like job rotation and effective mentoring and coaching cannot be denied (Erasmus et al., 2015). Globalisation and technological changes also force organisations to train employees to ensure their work efficiency and the success of the organisation (Onsumo et al., 2010), which will be optimised if employees with disabilities are included.

- **Career development**

The majority of participants did show an interest in career growth. Those who indicated the need to advance their education mentioned that they wanted to grow, both as people and in their careers.

Participant D mentioned a lack of career planning and performance management, which contributed to his lack of development:

Although employees are given a … career plan, but now … they're never told, 'If you do X, Y, Z, you will go here… You'll be able to do this. You look after your career…' And

then, unfortunately … the company assumes that … a semi-skilled employee has the guts to actually promote himself.

Effective career planning helps individuals identify what careers they are interested in, as well as their strengths and weaknesses (Erasmus et al., 2015). Thereafter, the planning process helps them identify possible career advancement opportunities in the organisation, and what they need to do to qualify for these opportunities (Erasmus et al., 2015). Therefore, it will focus the efforts of employees with disabilities, giving them a purpose and aims in their career advancement, which is especially important for their spiritual and intellectual wellness (Hettler, 1976).

Participant E indicated that, even though he has a personal development plan and a performance agreement, he felt that he had stagnated in his career, a feeling shared by the majority of participants:
I'm now nearly six years as [position]. *I shouldn't have* [inaudible] *this long. It's just too long, because I'm now at a plateau. It is too long. You can't be a* [position] *so long, because it is tough, and it's emotionally very, very tough…*

Participant E also raised the very important issue of 'window-dressing,' relating how he felt that he was invited for an interview because he had a disability, and not because he stood a chance of securing the position:
I applied and … I was invited for the interview. I think it could be that this organisation's realising that people with disabilities doesn't get senior management … opportunities… I think that's the only reason why they should, or they would, invite me. Why should I get the more senior position?

Participant J had had a similar experience in her career, where she missed an opportunity for promotion due to a limitation resulting from her disability:
I can perhaps say I did apply for the director's job … when our director went away. I didn't get it, and, afterwards, I was told that it was a very good interview, but the fact that I couldn't drive was one of the factors that … counted against me. I wasn't very impressed,

but, fortunately, at that stage, I was planning to leave … [City], *so I didn't follow it up. My life changed quite drastically at that stage, so I just left it there.*

From the above, it is clear that discrimination against these employees and not accommodating their needs in the workplace negatively influence their wellness and their feeling of belonging (Oschwald & Powers, n.d.).

- **Disability and Coping Skills**

Stress is caused by the demands on a person exceeding what he or she can cope with, but it can be managed and mitigated by removing certain environmental and psychosocial stressors (Jackson et al., 2012). Through reasonable accommodation, the employer can reduce the stressors in the work environment of employees with disabilities, enabling them to cope better (RSA, Department of Labour, 2008, 2014b). Better relationships and more support from society will also reduce the stress of employees with disabilities. Therefore, employers exposing these employees to personal development in, e.g., emotional intelligence or anger management, will improve the psychosocial health of employees with disabilities (Jackson et al., 2012).

Both Participant G and Participant L related how adverse work circumstances or a lack of support can cause excessive stress, depression, and an inability to cope. Participant G stated:

No, I feel that the process I went through, I wouldn't want somebody else to go through the same process. Emotionally, and there was a stage where, when I went through this whole thing, I was battling to accept it. I actually went through depression, to be honest with you.

Participant L noted:

It was far from home, so there was no one I know that side, and it became a problem for me to … engage with my family. Sometimes it come long, you know, that type of thing… So, beside of all of those, I am still … staying alone, coping as I can, but, when it comes to those kind of stuff, emotional stuff, maybe I had a bad day at work or maybe something

happened, I don't have anyone to talk to, because I am going straight home, just close the door, and sleep and say, 'Hey, that day has passed. Just start a new day. These things happen.'

From these responses and inputs from the majority of participants, it became clear that the participants needed skills development, physically and emotionally, to help them cope with their disabilities.

Employees with disabilities need, as part of ETD support, to know their rights and be informed regarding what reasonable accommodation measures entail. Some employees with disabilities do not realise they are being discriminated against when compared to employees with no disabilities, or that they can request certain reasonable accommodation measures from their employers. They consider the current state of affairs acceptable. This is illustrated by the case of one participant, who was dependent on a lift to reach an accessible bathroom on another floor, for which the participant was still grateful:

Look, there's a toilet for me, ***which is on the 27th floor, disabled toilet, not only for me per se, disabled toilet that I am taking a lift and going there****. It is wide open, wheelchair, that you can see this toilet is meant for disabled people, you see? And it was done from long, it is there, while they constructed the whole building they put it in there, you see? There's … no something that is needed to be shifted when I have to go in… Now they try to create more space, more environment to be easy to go to… I think everything is coming perfect.*

Another participant needed a daily lift from the taxi's drop-off point to the office, as it was too far for her to walk, and no public transport was available to the workplace. This cased showed acceptance and gratitude for the willingness of colleagues and even her manager to provide this service. The White Paper on the Rights of Persons with Disabilities stipulates that accessible transport and buildings need to be in place, and employers can benefit from ensuring such services in their organisations, not just for employees with

disabilities, but also clients with disabilities (RSA, Department of Social Development, 2015).

One participant had to “fight” for accommodation of a basic human need — unhindered access to a bathroom:

*I used to work on the first floor, so, … after a while…, it's not making sense. Why can’t I have a wheelchair bathroom on the first floor**? I have to use the elevator to go up the floor, so I was thinking, what happens if there's a fire or something, or what happens … in load shedding?** You have to use it, right? …then I tried, everyone turned me down. So, how I managed to sort that problem out … I sent a message to the CEO… I gave him my options of where … you can put a … bathroom that’s more … usable, and next thing… My problem was that, **why does it even have to be a fight**? Management should actually think for the employees as well.*

Another participant had had the same experience regarding sick leave due to his disability:

It happens that I fell down and then hurt my back. Then it was a problem… The person who was in charge by that time, he questioned me whether it was true or not. I felt like that, because he went through, ‘Why didn’t you do this at this time?’ I mean, I was hurt. Why could you ask me that kind of question? ‘Why did you inform me on this time?’ What if I was … maybe not able to touch the phone by that time, but you ask me those things… I felt that, because it seems like I was maybe telling lie, even though I came with the doctor’s thing. I even took the picture of my scans and send it to, which is not on and which is not allowed… Those things are private.

Participant J captured some emotional and psycho-social challenges faced by persons with disabilities:

There are people with disabilities who are really very, not nice to live with, because they are angry with themselves. They are not happy with themselves, and not happy in their own skin, and haven’t accepted their disability or come to terms with it. Also, I think, an important thing is how to do education or how to be assertive in a positive way, how to

ask for help … when needed, because we all need help. Even if you're not disabled, and … it's not a train smash, you still need help … about personal relationships. …I think some people with disabilities have a big problem with that.

Another coping mechanism is to improve the capacity of a person to handle challenges such as stress (Jackson et al., 2012). This can be done by medication or by counselling and spiritual guidance. This applies to the circumstances of employees with disabilities, as indicated by participants who stated that specialist medical treatment could help them and others understand their disabilities and learn to cope with it. This is in line with Oschwald and Powers (n.d.) indicating that one way to cope with the demands of disability is to build relationships with expert medical service providers. Participant D noted:
…if there was a proper medical done, not … like a normal medical where you go to a GP and get a medical. Disabled people don't go to GPs, they have specialists… People who understand your needs, therefore, like every disabled people, person has different.

Participant L stressed the importance of a representative in the organisation who has some understanding of disability issues:
…if, maybe, they can maybe employ someone who maybe … he or she can respond our same position ***… same as us, like disabled like us, yes… I think it will be much better****, because these people, they know how we feel about some other things. Rather than like take someone who doesn't know or who does not feel like us.*

Various participants indicated that counselling would help them cope with the trauma of becoming disabled and the inevitable changes to their lives. Participant E specified the value of counselling:
Such a big organisation like this should have something. You know, they do at the clinic and so on, the AIDS clinic … but they should have supporters though. But it's not so … specifically aimed at disability, but in general.

Oschwald and Powers (n.d.) stated that good relationships and the support from family or friends are also coping mechanisms. Participant L indicated that the fact that he was

moved to another province during restructuring of his organisation had placed additional stress on him, physically and emotionally:

I am staying alone, coping as I can, but, when it comes to those kind of stuff, emotional stuff, maybe I had a bad day at work, or maybe something happened, I don't have anyone to talk to, because I am going straight home, just close the door and sleep, and say, 'Hey, that day has passed. Just start a new day. These things happen…' It happens that I fell down and then hurt my back, then it was a problem.

If employees with disabilities cannot cope with their daily challenges, they will not reach self-actualisation as defined by Maslow (1943; 2013). This leaves these employees unfulfilled, affecting not only the wellness of the individual, but all those around the employee at home and at work (Maslow, 2013; Hersey et al., 2007; Goss, 2011; Hanif et al., 2013).

5.5.3.2 Category 2: ETD is also required for organisations

Participants referred to training for managers, wellness managers, and all employees. This is discussed and substantiated below.

- **Management Development**

The majority of participants noted that managers need to receive training on disability issues and reasonable accommodation. They stated that managers do not understand the stress and compound effects of decisions for an employee with a disability. Participant F raised the concern of her restrictions in case of a fire:

And I thought maybe the lift will never worked on that day, so, now to find someone who can just hold me and walk fast with me, so that I will be safe… …I did have a one guy, but now … he left the company… So, now, I just left alone.

She indicated that, if management understood her situation better, they would have appointed a staff member to assist her in case of an emergency. Participant G went through an incapacity process in his organisation, which negatively affected him, and

spilled over into his life at home. He spent four months at home, of which three were unpaid, and later received the following feedback as part of the incapacity procedure in his organisation:

No, I was told at the final hearing that, 'You know what? You have been dismissed on incapacity grounds.' Yes, that's what I was told: 'You have been dismissed in incapacity grounds.' I was working a notice period, and, at the hearing, they said, 'You can go now.' …my other presenters said, 'But how can he go now? It's not 24-hour notice. It's one month notice. He must work in his notice period. The man can't go now.' So, they said, 'Okay, he can serve his one-month notice.' And, in that period there, another manager … said, 'No, I will accommodate the person … but on probation.'

As mentioned before, Participant L was relocated away from his family due to restructuring in the organisation. He voiced his disappointment:

It happens that I fell down and then hurt my back. Then it was a problem. …it happened during the Easter period. …the person who was in charge by that time, he questioned me whether it was true or not. …because he went through, 'Why didn't you do this at this time?' I mean, I was hurt. Why could you ask me that kind of question? Why did you inform me on this time? What if I was … maybe not able to touch the phone by that time? But you ask me those things. I felt that, because it seems like I was maybe telling lie, even though I came with the doctor's thing. I even took the picture of my scans and send it to, which is not on, and which is not allowed. Those things are private… So, I end up sending it because of the noise that was coming and everything… Even now, you can hear [I] *have a flu. I am scared to say, 'Can I go and see a doctor? I am scared that it will be questioned.*

If the manager were better trained in disability management, he could have handled the situation better, made informed decisions, and communicated more effectively with the employee, not leaving the employee negative and unhappy (McNaughton, 2006; Mellor & Webster, 2013). Organisations should reconsider all their policies related in any way to disability in accordance with the Employment Services Act (2014a) and the National Disability Policy, and make the necessary changes, which must then be communicated to managers (RSA, Department of Social Development, 2015).

Another process which managers should be trained in is managing the performance of employees with disabilities. Steps should be taken to ensure that these employees know exactly what is expected of them in their positions, and they should be empowered to do their work effectively. They should receive performance management, which will also help managers to identify the developmental needs of these employees (Meyer & Orpen, 2013; Erasmus et al., 2015).

According to the Technical Assistance Guide on the employment of Persons with Disabilities (RSA, Department of Labour, 2003) and the Handbook on Reasonable Accommodation of Persons with Disabilities (RSA, Department of Public Service and Administration, 2007), reasonable accommodation may include using different performance evaluation standards when assessing the performance of employees with disabilities. The Technical Assistance Guide specifies that "Systems and practices to evaluate work performance should clearly identify, fairly measure and reward performance of the essential functions of the job" (RSA, Department of Labour, 2003, p. 18).

Mellor and Webster (2013) found that managers identified the following considerations regarding the effective management of employees with disabilities:

- the identification of employees with stress or disabilities;
- how to discuss sensitive matters with these employees, including their work performance and capabilities;
- how to treat the confidential information of employees with disabilities, but also answer any questions raised by colleagues; and
- how to accommodate the needs of employees with disabilities through reasonable accommodation measures, such as shorter work hours.

These considerations correlate with the needs identified by participants in this study, and affirm the importance of empowering managers. Sieberhagen et al. (2011) found that training of managers will result in more successful health- and wellness management in

organisations. Although all the participants in this study raised areas of concern, Participants L and G were the most negative regarding a lack of wellness. Relocation and the death of a family member in the case of Participant G, and, in Participant L's case, the loss of support by family members and fulfilling relationships, combined with health problems, severely affected all their dimensions of wellness, to the extent that total wellness was impossible (Engel & Kieffer, 2008; Franck, 2015).

- **Development for employees involved in health and wellness or diversity management**

As the intermediaries for employees with disabilities, these employees should be trained in disability management, and must be empowered to advise management on reasonable accommodation measures and performance management for employees with disabilities (RSA, Department of Labour, 2008, 2015a). They also need to offer support to all affected by a traumatic experience, not only persons suffering from a disability (Marx, 2015; Walsh, 2016). The White Paper on the Rights of Persons with Disabilities distinguishes between advocacy, which refers to an advisory function on what to do, and expertise, which is focused on how things should be achieved. Both these functions can be fulfilled by registered disability organisations who are compensated by organisations for their input (RSA, Department of Social Development, 2015).

Participant E indicated that, after the incident that left him with a disability, no support was available to him or his family:

Now, my question is, never, nobody ever went out and see if my wife was okay… I think the [Executive] *phoned her once, but nobody came out and said, 'Yes, are you alright?' And I always thought, 'Why did … such a big organisation, why don't they have a social welfare looking after people like that?'*

Marx (2015) stated that successful health- and wellness management also supports the families of employees. Employees who have family members who are gravely ill need a person specialising in health and wellness — a wellness champion. These experts not only co-ordinate health- and wellness days, but should also manage disability policy and

relevant procedures, building trust and strong relationships with employees with disabilities and management (Marx, 2015; Walsh, 2016).

Participant D stressed the importance of knowledgeable persons to identify the need for further assessment or interventions, which can be addressed by reasonable accommodation measures or by referring the employee with a disability for further assessment or counselling:

A proper specialist can say what … is wrong ... with you, right? And then your manager can say, 'Okay..., let me get more aware of my employee.'

Mellor and Webster (2013) indicated the need for a specialist in managing health- and disability issues to support the employee and manager during incapacity processes or reasonable accommodation measures. This could ensure well-managed processes, not like the above-mentioned process Participant G had to endure:

No, I feel that the process I went through, I wouldn't want somebody else to go through the same process. Emotionally, and there was a stage … when I went through this whole thing, I was battling to accept it. I actually went through depression, to be honest with you, and I was off work for three months, no, sorry I was off work for four months. And over the four months, ***I was actually on three months' unpaid leave. I was unpaid for three months, so I wouldn't want anybody to go through that, because, financially, it's difficult to survive. And, yes, there was no accommodation****.*

Participant G also noted:

…companies on a whole, they have to now try and accommodate people with disabilities with regards to work-wise and stuff like that, and there's got to be an improvement with that…

Participant L indicated that, while the organisation offered general wellness programmes, a need existed for a wellness champion:

…they can maybe employ someone who … can respond our same position … same as us … disabled like us … can do those things for us. I think it will be much better, because,

these people, they know how we feel about some other things. Rather than … take someone who doesn't know or who does not feel like us.

Organisations have a responsibility to respect the unique needs of employees with disabilities, and must ensure that employees involved in managing these needs, representing employees with disabilities and their needs, and advising management on disability issues receive specialised and continuous training to ensure they remain updated in this field (RSA, Department of Social Development, 2015).

- **Organisational development**

The majority of participants indicated the need for disability sensitisation for all employees (including employees with disabilities), not only to accommodate a specific employee, but to empower all employees to interact with all persons with disabilities. This is in line with the White Paper on the Rights of Persons with Disabilities, which stipulates that employers and employees need development on disability issues to ensure equal treatment of persons with disabilities, especially such customers (RSA, Department of Social Development, 2015).

Participant A indicated that the manager of the relevant department of that organisation had attended training, but that the learning had not been communicated to all managers and employees working with the public:

One thing remaining is the disability, but people should be taught how to treat people in a wheelchair. Let's say, how to treat people on disability, especially people who cannot be able to speak, able to see, how you know how to walk with a person who cannot be able to see, which side of walking — should it be left? Right? How to interact, how to speak to them. You see, those things are much needed. I can tell you, the whole [Organisation] *down there in reception, ground floor, if the person cannot be able to speak, now it must be an issue of … write and read, you understand? It becomes, it's a long process.*

This lack of knowledge concerning disability and accommodating clients with disabilities in organisations was also highlighted by Healey (2014), who interacted with support staff and academic employees at a South African university. When she enquired about the reasonable accommodation of students with disabilities, none of the employees had ever heard of the term *reasonable accommodation*.

Participant J discussed the correct approach to disability sensitisation:

Some persons make fun of it. Yes, you should use your humour, but it's not all humour. Some people … transmit the message that you need to feel sorry for the people. That doesn't work either. So, it's a very well-balanced programme, I think, and, if people could … be made aware of such programmes and then use it for their staff, because it really makes a difference in the organisations where it was done. So, yes, I think organisations can do a very big lot about it, because people do not know about disability. They are scared, and because they don't know how to do it, they do it wrong, and then they feel bad, and they sort of just ignore the person or belittle him… I think people should be aware that a person with a disability does need some support… but not in a patronizing way.

The involvement of persons with disabilities, including in the workplace, in developing policies and practices is essential to ensure the mainstreaming of persons with disabilities. Concerted efforts are required to eradicate discrimination against and exclusion of persons with disabilities (RSA, Department of Labour, 2015; RSA, Department of Social Development, 2015).

Participant K raised a concern regarding the perceptions of other employees when stressing the need for them to be sensitised about disability:

…especially… us, … who can still walk normally, or reasonably normally, … maybe that is a problem, where people think you are all right, you can walk. And like that for instance,

because then people will understand better. I know there are people who don't understand what my problem is, because that pain can cause you to be booked off work ... especially people with wheelchairs who can't walk at all… I was like that myself. I didn't know about how these things work… So, people can be taught a lot in connection with disabilities.

5.5.3.3 Category 3: ETD for external stakeholders

- **Society**

The participants raised concerns about challenges faced outside the organisations, in the broader community, such as attending organisational interventions arranged by external service providers.

Participant A raised the lack of accessible transport and suitable parking, as well as the inaccessibility of structures:

The municipality… Now what is their aim? What are they willing to help us? Look, you come to the [Organisation] *here. Inside the building, there are disabled parkings … this is meant for people who are disabled. They can be able to access and move it easy to them… But then why is this not being done outside? I have seen two parkings in town as the whole CBD since I have drove … They cannot construct for taxis that loads people, they cannot construct for buses that carry people... When they think and do a bus for municipality that can be able to carry people with disability…*

As already discussed, Participant C had transport challenges, and although these were not accessibility-related, the situation requires some intervention:

…I'm not driving … but I find it easy to come to work. I'm on the taxis every time, and sometimes I just get off from the taxi ***and just stand at the corner.*** *I … didn't organize any transport with anyone,* ***everybody is just picking me up.***

According to The White Paper on the Rights of Persons with Disabilities, the issue of inaccessible transport and buildings or services needs to be addressed as a matter of urgency, as inaccessibility represents discrimination against persons with disabilities by

infringing on their basic rights and equality (RSA, Department of Social Development, 2015). These rights are included in the Convention on the Rights of Persons with Disabilities (2006), to which South Africa is a party, and should be adhered to, subject to the measure of unjustified hardship (RSA, Department of Women, Children and Persons with Disabilities, 2013, p. 6; RSA, Department of Social Development, 2015).

Employers could interact with taxi drivers in the community, provide them with disability sensitisation, and encourage and even reward them for transporting their employees with disabilities and other persons with disabilities. Employers should also advocate the rights of such persons, and offer support for a service similar to the above-mentioned 'Dial-a-Ride' door-to-door public transport service for persons with disabilities in their community. The system has already been successfully implemented in Durban and Cape Town (City of Cape Town, 2014; eThekwini Municipality, 2017). As stated by Participant C, employers and stakeholders should consult with persons with disabilities on how best to address the problem (RSA, Department of Social Development, 2015; RSA, Department of Higher Education, 2016). Participant D addressed a problem in his workplace through suggestions:

How I managed to sort that problem out … I sent a message to the CEO… ***I gave him my options*** *of where, where you can put a wheelchair bathroom that's … more usable…*

These issues again raise the fact that persons are not informed on disability and the effect of certain decisions on the lives of persons with disabilities. Broader communities also need sensitisation regarding disability, and employers could assist in organising or sponsoring such interventions as part of their social responsibility. As raised by the majority of participants, it is important to involve employees with disabilities in all issues relating to disability. Some of the participants preferred to handle such issues themselves as needed, or that sensitisation be offered by a person with a disability (RSA, Department of Higher Education, 2016). Employees with disabilities become active in educating their colleagues and communities on disability, as indicated by Participant B, where the employer arranged sessions with persons outside of the organisation to interact with the employees with disabilities and learn more about disability:

Yes, but they also used to organise some session for disabled people like me, and also organize … children or kids from … schools to come here and meet us. ***Then we … negotiate about … what is expected from disabled people, how to treat disabled people****…*

This is also in line with the White Paper on the Rights of Persons with Disabilities (RSA, Department of Social Development, 2015) and the Employment Services Act (RSA, Department of Labour, 2014a).

- **Service providers**

Some of the participants mentioned developmental needs with regard to stakeholders outside of the organisation. Organisations use external service providers to offer some ETD interventions and services in organisations. Participant I had only positive experiences in this regard, but this was not the case for participant D. Participant I indicated:

Yes, I think the company did play its part by giving me the opportunity to … expand my knowledge then, yes, they did… I did attend a lot of training and a lot of courses. It is always accessible.

Participant D indicated that, during a wellness day offered by the employer, the facilities were not accessible to all employees with disabilities:

Yes, so, maybe three weeks back, they did organise a medical session … ***But, they made a mistake of not considering us as disabled people,*** *because the truck was parked down there, which was very distant for us. Then there are also, up there, are staircases there,* ***so … it was not accommodative that one.***

This situation left employees with disabilities unable to participate, excluding them from health services and check-ups that are of more value for those suffering from existing conditions, such as persons with disabilities, according to Mellor and Webster (2013). Such exclusion is also discriminatory, and employers have a responsibility to ensure the

inclusion of employees with disabilities in all activities (RSA, Department of Labour, 2014a; RSA, Department of Social Development, 2015).

5.5.4 Theme 4: A wellness framework for employees with disabilities must include the education, training and developmental needs unique to disability.

Theme 3 related to the ETD needs unique to employees with disabilities. This was elaborated on in Theme 4, which formed the basis of the Wellness Framework for Employees with Disabilities. These unique ETD needs, in answer to the fourth research sub-question, will now be discussed.

5.5.4.1 Category 1: Personal ETD for employees with disabilities

- **Education, Training, and Development**

As discussed under Theme 3, the first personal need to be considered as part of a wellness framework for employees with disabilities is further education. This need is confirmed when considering the educational statistics of employees with disabilities, which was discussed in detail in Chapters 2 and 3.

Equality can only become a reality for persons with disabilities if the ETD of the group is improved, and if employers offer reasonable accommodation for and management of employees with disabilities (Human Rights Watch, 2015; Malatji, 2015). Some participants indicated that they need motivation to continue their education. Participant B stated:

No, I'm not the best I can be at the moment... I just need that support … the inspiration that I need, and motivation … for me to continue studying.

Participant F stated:

At the moment, I am happy … to do things by myself … but I will be happy if I can further my studies. So, now, I don't have a way what to do. …if I can find someone who can maybe advise me to further my study.

As mentioned, most of the organisations participating in this study were not offering work-related training due to economic circumstances. In this regard, Participant G stated:
We do have; we call it a PDP — Personal Development Plan, and, on there, you basically list the courses that you want to attend and stuff like that. And, like I said, yes, it's for the past couple of years now, it's not possible.

According to Onsumo et al. (2010), a lack of ETD negatively affects the competitiveness of an organisation, especially in terms of adjusting to globalisation and new technology. Therefore, employers need to address, not only the low educational levels of employees, but also ensure they are well trained and empowered to adapt to changes. In-house training can be valuable in these instances, as mentioned by Participant C:
Yes, like we've got … in-house training, we've got an academy; like, I'm working at the academy… Yes … where we've been sponsored... With these courses … Microsoft Word, Excel, PowerPoint; there are those … courses.

Even when organisations are not offering diverse topics of training due to the economy, organisations need to ensure that employees with disabilities always know what is expected of them in their position. As indicated by some participants, orientation could assist these employees to adapt to their workplace or any changes that may occur. They should also be empowered to do their job effectively, keeping in mind their level of education and employment which influence their skills levels and work experience. In 2014, government acknowledged that less than 40% of children with disabilities attended school, which underscores the reality that more than half of persons with disabilities who want to or enter the labour market will have little formal schooling, and even less would have completed their schooling (RSA, Presidency, 2014).

- **Career Development**

Regarding their experience in the labour market, the majority of the participants had been employed by only one or two employers (refer to Table 5.1), which had limited their work experience and career advancement.

Employers could consider formalised on-the-job training like job rotation or mentoring and coaching (Erasmus et al., 2015) to ensure that employees with disabilities learn different jobs or gain experience from more experienced employees, who could act as mentors. Participant B referred to such development:

In the workplace, now, they only train us by … ***swopping our department … that's the rotation that they, they give us in order to have a clear understanding of what is happening.***

- **Disability and Coping Skills**

As discussed and substantiated under Theme 3, employees with disabilities need support in coping with their disabilities and all the challenges they experience. Cole-Hamilton (1994) stated that, to effectively manage the stressors in their lives, employees need to take responsibility for their health, and employers should provide them with the tools and skills needed. Employees who manage their challenges and stressors better will experience higher levels of wellness and be more productive (Jackson et al., 2012). As mentioned, persons with disabilities experience higher levels of stress due to daily challenges at work and in their communities, and depression is prevalent amongst them (WHO, 2016). Therefore, employers need to ensure that these employees have the skills to cope with these challenges, in order to subsequently reduce their stress levels (Smeltzer, 2007; RSA, Department of Social Development, 2016).

Participant E indicated the need for continuity of such support:

…that social support system … there should be something like that, yes… The disability and EE officer visited me. There was a few people who visited me. But there's no continued support… But I don't think they consider that their task. There should be support.

For Participant L, who lived alone due to organisational restructuring, there was little or no family support to help him cope, leading to increased stress, which affected his wellness on all dimensions:

My mother was having a stroke. It was last year, then he came back to me, because I was at work, and, by the time I got that message, then I couldn't even finish my day well.

Participant J concurred that employees with disabilities experience more emotional stressors, due to their disabilities, and indicated the importance of the organisation addressing this through the development of coping skills and support from colleagues and management:

So, I think that's important. …how to handle stress. Disability do present you with stressful situations, and, I think, if you don't have the right coping mechanisms, it can become very difficult emotionally. So, yes, I think there's a big lot that can be done in this area… I think that went along with my own personal growth. But they go together. If … you do not know yourself, and can't cope with yourself. It will also influence your career, how you handle yourself there. But, yes, I think I … can say I'm proud of my progress. As I remember, I started as a very shy, unsure person, not knowing where I ended up. I didn't even know the field where I landed in. But, though, yes, supervision, support from some of my colleagues, other resources, becoming an adult, becoming more mature, I ended up as a senior staff member. I took part in a lot of community activities. I could support, and I direct many other people, which was very nice. I was in a management position, and, in the process, you learn a lot of skills also. I mean, because you have a disability, your organisation, planning skills, sense of humour that stuff also develops.

Oschwald and Powers (n.d.) stated that participants with disabilities in their study identified "developing coping strategies" as essential for improved wellness (Oschwald & Powers, n.d., p. 3). Higher physical and emotional demands are experienced by employees with disabilities (World Bank, 2013; WHO, 2016), and acting 'normal,' as mentioned by various participants, consequently, ignoring these demands and stressors will lead to these issues not being addressed. Participant D made the following telling comment:

Take for example, like, let's say, if someone's using my bathroom upstairs, I wouldn't say anything or do anything, I'd rather just, although I know the need for it, I'll just go to another business unit that has a bathroom and use it.

The above confirms the inclusion of coping skills and psycho-social support in a wellness framework for employees with disabilities.

5.5.4.2 Category 2: ETD for organisations

Under Theme 3, the different types of training are needed throughout organisations to ensure the wellness of employees with disabilities were identified.

- **Management Development**

Managers should be trained on how to manage and accommodate persons with disabilities, both customers and employees. The Convention on the Rights of Persons with Disabilities (2006, p. 16), in Article 4, specifies that organisations must ensure that all "Appropriate legislative, administrative and other measures are taken to ensure implementation of the rights." Organisations should ensure that they take all necessary steps to adhere to the legislation and policies set to advance and protect the rights of employees with disabilities. Managers should be trained on all policies and procedures involving employees with disabilities, including incapacity procedures and reasonable accommodation measures. Mellor and Webster (2013) stress the importance of agreement between managers and employees with disabilities in terms of any procedures related to and affected by the disability of the employee, including performance. Managers should also be trained to effectively communicate with employees with disabilities, and to understand and respect the circumstances of the employee (Mellor &Webster, 2013; RSA, Department of Labour, 2015a).

As before, the organisational procedures related to the disabilities of Participants L and G took a toll on both employees.

Participant G stated:

Currently, I basically force myself to come to work.

Participant L noted:

It is just only, if, maybe … the company can care, care more. They can maybe show us they do care for us.

- **Development of employees involved in health and wellness or diversity management**

The Convention on the Rights of Persons with Disabilities (2006) further requires that employees working with and representing the rights of employees with disabilities in organisations receive training to uphold these rights. The White Paper on the Rights of Persons with Disabilities indicates annual special training for such employees, to ensure they continuously stay up to date regarding disability (RSA, Department of Social Development, 2015). As discussed under Theme 3, these employees must advise management on disability issues, and, as remarked by Participant G, need to learn from experience:

So, it was very badly handled, and I hope that mine was used. I think it was used as an example, because [Name] *and them, when she first started here, she did an interview with me, and she did have a recording, which she played at, there was a disability forum. And, yes, all that stuff was around there… I hope it was a learning curve.*

Mellor and Webster (2013) also stated that, while empowering managers with skills related to wellness and disability is important, it is also very important that they have access to employee health-and-wellness experts (in-house or external) who can advise them.

- **Organisational development**

The White Paper on the Rights of Persons with Disabilities (RSA, Department of Social Development, 2015), in line with the remarks by the majority of participants, states that all employees need disability sensitisation training. Participant A stated:

Mostly, people who are disabled who are coming to the [Organisation] *and coming in for service, look in any* [Organisation], *there are people on the ground who work with public… When people are coming from outside that's disabled, I, we are not feeling treated well…*

Participant A added the following:

We balaclava their eyes and let them walk into the [Organisation]*. It becomes difficult for them … close their ears, and then put them in a wheelchair, put them on crutches, so that they can feel what we feel. You see? Then, to walk a certain distance in a wheelchair, some couldn't maintain, some couldn't manage. They end up getting off and … pushing it self. Some, they just get pushed by people, trying to assist them, then feeling irritated again. Can you see what we are experiencing? You are experiencing now, because you are just practising it. We experience each and every day of each and every hour in the minute, on the seconds.*

Participant K stressed that all employees need some measure of disability sensitisation: *Well, I would say, the biggest thing is the disability, because people are genuinely not very educated in that. So, I would say, 'Look, we have a ... every year, when a guy gets back from leave, then he must go for an induction. Now, that's a few days of induction, and that is very wide, it covers everything, about the work and not-work-related gets discussed there, but disabilities don't really … get covered there.*

However, it is also essential to bear in mind that nobody knows better what employees with disabilities need than these employees. They would provide the best personalised advice and sensitisation to their colleagues and managers (RSA, Department of Labour, 2008; RSA, Department of Social Development, 2015). In this regard, Participant J said: *But, when it comes to the specific disability, I think it's very important … that the person himself does it.*

5.5.4.3 Category 3: ETD for external stakeholders

- **Society**

Societies are still unsure and even afraid of interacting with persons with disabilities, and hold preconceptions and stereotypes regarding such persons and their capabilities (RSA, Department of Social Development, 2015; WHO, 2016). Organisations need to work with other role players, like government and disability organisations, to create a society that acknowledges and accommodates persons with disabilities (Oschwald & Powers, n.d.;

WHO, 2011; RSA, Department of Labour, 2014b; RSA, Department of Social Development, 2015). Participant A stressed the need for such interventions:
Municipality will … I am sure they have a division of disability within their [Organisation]*, but … I feel like it's not working enough on doing things, especially for people who are disabled.*

Participant J offered a solution to sensitising the public and employees in organisations regarding disability:
…for the Chamber of Commerce, I can remember, their staff, we … did that programme there … and a person in a wheelchair and a deaf person did it, you know, co-presented a workshop. So, I did my part, but they did their part, and then we shared the … legal and the other parts of the workshop. That, I think, worked very well. So, if organisations can be made aware that there are programmes like that, and that they can use it, and also the National Council for the physical disabilities has a very, or had, I'm not sure if they still have it, a very good programme, where they train their staff and people with disabilities to do these sensitization workshops. So, they are trained to do that.

Employers or community leaders can contact government and disability organisations to establish if they can offer such a programme, or they can have community members trained to offer sensitisation in their communities, which is also in line with the White Paper on the Rights of Persons with Disabilities, but which also states that these organisations should be paid for such services (RSA, Department of Social Development, 2015). Kachaje et al. (2014) noted the importance of first doing ground work with traditional leaders in rural areas before attempting to offer these programmes. There is still a lot of prejudice and myths about persons with disabilities, and especially traditional leaders must first be sensitised, as their support for any programme is essential (Kachaje et al., 2014; RSA, Department of Social Development, 2015).

According to government, the biggest challenges facing persons with disabilities is transport and accessibility (RSA, Presidency, 2014). Government also acknowledged

that, in terms of the rights of persons with disabilities specified in the Convention on the Rights of Persons with Disabilities (2006), which include accessible transport and buildings, “there is a persistent disjuncture between the theoretical framework and the lack of effective implementation of such rights” (RSA, Department of Women, Children and Persons with Disabilities, 2013, p. 9). The White Paper on the Rights of Persons with Disabilities, in an effort to address these needs, specifies that all efforts should be made to ensure “adequate, efficient, safe and accessible transport” for persons with disabilities (RSA, Department of Social Development, 2015, p. 61).

It further states that “The creation of barrier-free environments requires collective and concurrent action by law and policy makers, service providers, regulatory bodies, the private sector as well as organisations of and for persons with disabilities” (RSA, Department of Social Development, 2015, p. 62). Therefore, taking the challenges highlighted by participants, as well as the insufficient services acknowledged by government, in to account, the development of society cannot be ignored, and must be included in the Wellness Framework for Employees with Disabilities.

- **Service providers**

As discussed under Theme 3, the need to train and develop stakeholders outside of the organisation also became apparent during the interviews. Organisations often use external service providers to present interventions or services to their employees, but it is essential to establish the ‘disability readiness’ of these service providers. Therefore, employers have a responsibility to determine whether the service provider is able to provide disability-friendly and accommodative services (RSA, Department of Labour, 2014b; RSA, Department of Social Development, 2015). In this regard, Participant D stated the following:

*But, **they made a mistake of not considering us as disabled people**, because the truck was parked down there.*

If an employer wishes to use a service provider, they could offer disability sensitisation to the provider and ensure that their resources are adjusted as part of their development support (Erasmus et al., 2015). This will avoid situations where activities are arranged for a whole organisation, but some employees with disabilities are excluded due to accessibility barriers, as was the case with Participant D (discussed under Theme 3).

An employer could also, through community engagement initiatives or social responsibility, offer disability sensitisation to the broader public and support community projects. As in the case of Participant B, engagement by the organisation with children with disabilities has a positive influence on the employees as well as the children involved:

Participant B:
Yes, but they also used to organise some session for disabled people like me, and also organise children or kids from … schools to come here and meet us. Then we … negotiate about … what is expected from disabled people, how to treat disabled people.

Participant J stated:
I took part in a lot of community activities. I could support and I direct many other people, which was very nice…

Therefore, ETD support related to disability for employees with disabilities, management, other employees in the organisations, wellness- and disability specialists, society, and service providers must be included in a wellness framework for employees with disabilities.

5.6 INTERPRETATIONS FROM FIELD NOTES

All participants were well presented and were effective communicators and as the interviews proceeded they became more relaxed and open. The majority of the participants initially exhibited wellness characteristics, such as being positive, relaxed, and motivated in the workplace, except for two, who were extremely negative from the start. However, the researcher also noticed that, as the interviews proceeded, all the

participants became more honest in their discussions, and they admitted experiencing positive and negative feelings. It did seem that many participants confused being well and enjoying a high level of wellness in the workplace with a feeling of gratitude just to be employed. Therefore, answers to Question 1 on general wellbeing in the workplace were often contradicted by the answers to Question 15 in the semi-structured interviews on work satisfaction.

The researcher also noticed that the majority of the participants tried to mitigate the role of their disabilities in the workplace when they reflected on their physical wellness, how it affected the workplace, and any special needs, even if these were only a special chair or computer mouse. Although they acknowledged the role of their disabilities in the workplace, certain participants conveyed their fears related to their disabilities and these needs also through non-verbal communication. They seemed more anxious during these discussions, especially those from organisations that were going through retrenchment processes. The participants also shared their personal feelings with increasing ease as the interviews went on, and many shared their personal and home circumstances with the researcher.

As was evident in the discussions above the researcher also experienced participant G and L as hopeless. Contrary to opinion that persons with disability tend to withdraw themselves especially in difficult circumstances, they were both talkative and open about their emotions much earlier than other participants (Hersey et al., 2007; WHO, 2015). In line with Franck et al. (2015), it was evident that they both hungered for understanding and an ear to listen to them. The researcher also experienced that her own disability encouraged them to relate their experiences to her.

The observations and field notes supported the objectivity of the researcher as it gave her the opportunity to “verify” some of the information collected during the interviews. Participants A and B both gave positive answers and reflecting on her field notes the researcher realised that the non-verbal communication captured confirmed this zest for live. While, as mentioned above, participant G and L conveyed negative experiences and

challenges in their interviews this was also supported by the field notes made by the researcher. The researcher's objectivity was further enhanced by the use of a co-coder who had access to all documentation and data collected during the interviews.

These remarks as well as the discussions above, correlate with the findings of the co-coder, Dr. Olakanmi (2017, p. 11), who concluded the following in her report (attached as Appendix 7):

"Generally, I will say all the participants stated that they are happy with their work at the beginning of the interview, and, as the session progresses, some of the participants suddenly changed their tunes by expressing dissatisfaction with one thing or the other. This might be partially due to the fact that the participants were not thinking or reflecting on what they are doing on a day-to-day basis at work before. This study clearly shows that employers of persons with disabilities should try as much as possible to talk and listen to their employee at all time."

5.7 SUMMARY

This chapter analysed the collected data from the interviews and field notes. Themes were identified and substantiated with quotes from the interviews. From the responses given by the participants, it became clear that, even though they were happy to be employed, they did experience some challenges in the workplace. The most apparent challenges were a need for general disability sensitisation for all employees and broader communities, and more encompassing management development on disability issues. The chapter also linked, discussed and substantiated all themes, categories, and deductions in terms of existing knowledge and academic sources. Chapter 6 provides an overview of the study, as well as the conclusion, recommendations and suggestions for future research to further improve the understanding of disability and wellness.

CHAPTER 6
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

6.1 INTRODUCTION

The findings discussed in the previous chapter demonstrated the education, training and developmental needs of employees with disabilities and how this influence their wellness experiences. This chapter provides an overview of the study and its strengths and limitations, before conclusions are drawn and recommendations are made.

6.2 OVERVIEW OF THE STUDY

The researcher identified the research problem: that a lack of relevant ETD support negatively influences the wellness of employees with disabilities.in chapter 1. This resulted in research questions and aims focusing on what ETD support is available in organisations, the extent of wellness currently experienced by employees with disabilities, and the ETD needs of employees with disabilities. The results were used to formulate the Wellness Framework for Employees with Disabilities.

The researcher used extant literature to clarify concepts such as disability, ETD, and wellness. Then the researcher evaluated the status of persons with disabilities in terms of ETD, employment, and wellness in South Africa, Africa, and internationally, according to existing academic sources. From this, it became apparent that persons with disabilities are still discriminated against in terms of equal ETD and employment opportunities, in South Africa and abroad, which negatively affects their quality of life and wellness.

Next, the researcher considered different theoretical frameworks for disability and wellness that could be used to enhance the lives of persons with disabilities and, specifically, employees with disabilities. Disability- and wellness models were considered in an effort to identify those that holistically address the needs of employees with disabilities. The researcher substantiated why the Bio-psycho-social Model of Disability and Hettler's six-dimensional Model of Wellness were selected as the theoretical

framework for this study. The Bio-psycho-social Model of Disability combines the Medical and Social Models, and acknowledges that, even though disabilities are caused by health challenges, certain social and psychological influences, such as relationships and the environment, also influence the lives of persons with disabilities. Addressing these challenges has to take place holistically — on a medical, personal, environmental, and psycho-social level.

The same holistic approach informed the selection of theoretical wellness framework for this study — Hettler's (1976) Six-dimensional Model of Wellness. This model follows an integrated approach to wellness, by including the physical, emotional, intellectual, spiritual, social, and occupational levels (Hettler, 1976). According to this Model, employees with disabilities need to experience a balance between these interactive dimensions to achieve optimum wellness.

To assess the wellness of employees with disabilities, the researcher obtained permission to conduct her qualitative research in seven organisations in different industries in South Africa. The researcher studied 12 cases, identified by using snowball sampling and organisational intermediaries. Semi-structured, one-on-one interviews were conducted to gain sufficient understanding of the phenomenon under study — the wellness of employees with disabilities, and how ETD could support or influence it. An in-depth data analysis of the transcribed interviews followed, which was conducted by the researcher and an independent co-coder, using ATLAS.ti.

The data analysis showed that participants initially indicated that they experienced wellness in the workplace, but, as the interviews proceeded, it became apparent that the participants were so thankful to be employed that they would make sacrifices or endure some level of discrimination to ensure their continued employment. This was found to be in line with the current employment and developmental status of South Africans with disabilities, Africans with disabilities, and persons with disabilities worldwide (Tesemma, 2014; WHO, 2014; CEE, 2015). Various sources were cited that confirm that persons with disabilities still suffer inequality, prejudice, and stereotyping, leaving them with low

or no education and limited employment opportunities (World Bank, 2013; CEE, 2015; WHO, 2016). The findings of this study will now be summarised in line with the research sub-questions listed in Chapter 1 and the themes identified and discussed in Chapter 5.

Sub-question 1 on the current state of wellness of employees with disabilities was addressed in Chapter 5, Section 5.5.1. The analysis of the collected data found that the majority of the participants experienced some wellness according to all six of Hettler's wellness dimensions. However, the initial evaluation was based on general workplace experiences, with little or no reference to their disabilities. The participants made great effort to be considered 'normal' employees, often adapting to the organisation and its activities with no mention of their disability needs. When individual disability needs were raised, these had not been handled well by employers and colleagues.

Section 5.5.2 of Chapter 5 discussed how ETD support in organisations could contribute to the wellness of employees with disabilities, addressing Research Sub-question 2. The participants felt that their employment and the ETD support offered facilitated their active contribution in their workplace, communities, and families, contributing to their overall wellness. However, the current economic challenges in South Africa negatively affect the quantity and quality of the ETD support available in most organisations, limiting bursaries and work-related ETD.

Research Sub-question 3 focused on the ETD support needed by employees with disabilities to improve their wellness. This was addressed in Section 5.5.3. Most of the participants indicated a need to improve their formal education, to develop on a personal level, and to better understand and cope with their disabilities. As part of their career planning and advancement, they expressed the need to be trained in their area of specialisation. Further consideration of all the data collected and existing literature showed that a lack of knowledge and understanding of disability and concepts like disability protocol, disability rights, reasonable accommodation or universal design were identified for employees with disabilities, colleagues, management and supervisors as

their behaviour at a deeper level negatively influenced all the wellness dimensions of the participants.

Addressing the last research sub-question formed the foundation of the Wellness Framework for Employees with Disabilities, incorporating their ETD needs. This was addressed in Section 5.5.4 of Chapter 5. From the data and existing literature, it was found that such a framework must address the unique ETD support needs of employees with disabilities, as well as the related organisational, external stakeholder, and broader community ETD needs, to improve the wellness of employees with disabilities holistically. Organisations that employ persons with disabilities, in meeting legislative and public policy requirements, need to play an active role in offering this ETD support to all parties involved.

6.3 STRENGTH OF THE STUDY

6.3.1 The theoretical lens used in this study

The study was based on an extensive theoretical framework for disability and wellness. Disability was defined, the types and causes thereof were considered and the holistic Bio-psycho-social Model applied. The plight of persons with disabilities was considered in South Africa, Africa, and internationally, and progress was reported in terms of South African legislation and public policy, as well as the United Nations Convention on the Rights of Persons with Disabilities. In the South African labour market, the corrective measures that were implemented to advance this previously disadvantaged group have failed dismally. This is evidenced by employment and developmental targets not yet met — decades after being set.

Hettler's Model of Wellness (1976) is one of the most respected wellness theories available, and using this Model in this study provided the researcher with a well-rounded picture of the total wellness of employees with disabilities, as well as specific details on each of the six dimensions.

6.3.2 Field of study

The study was executed in a field where research is scarce (UN, 2006; WHO, 2011; World Bank, 2013). According to Oliver (2008) and Al Zidjaly (2016, p. 1), disability is one of the "least academically studied concepts." This study consequently contributes new information to the relevant body of knowledge. As discussed in Chapter 1, this study provided employees with disabilities the opportunity to voice their wellness experiences and highlight areas of concern, which could inform employer strategies and public policy.

6.3.3 Addressing prejudice and stereotypes

Article 8 of the United Nations Convention on the Rights of Persons with Disabilities states that increased awareness of disability issues will reduce prejudice and stereotyping, and will enhance the dignity of persons with disabilities (UN, 2006; WHO, 2016). This study provides valuable information on disability issues, which could be used to address incorrect perceptions and stereotypes resulting from a lack of knowledge on disability. The findings showed that further ETD regarding disability is needed in organisations and communities, to ensure the inclusion of persons with disabilities. The proposed Wellness Framework for Employees with Disabilities (see Figure 7.1 in Chapter 7) could also assist public policy developers in making relevant adjustments to ensure progress. Improved monitoring and evaluation, could support progression towards the 2% employment target set in 1998 and the 4% skills development target set in 2001 (RSA, Department of Labour, 2001), which had still not been met in 2015 (RSA, Department of Higher Education, 2015).

6.3.4 Development of the Wellness Framework for Employees with Disabilities

The greatest contribution of this study is the proposed Wellness Framework for Employees with Disabilities, which is explained in chapter 7. Understanding the wellness experiences and needs of employees with disabilities improves understanding of how ETD support can improve their wellness. According to the CEE (2015), persons with disabilities are still the most disadvantaged group in the workplace in terms of employment and skills development. In practice, this study and the proposed framework could provide organisations with a tool to understand the needs of employees with disabilities and take focused steps to address this, adjusting their policies and physically

offering the relevant ETD support to these employees, as well as management and external stakeholders.

6.4 LIMITATIONS OF THE STUDY

6.4.1 Lack of existing research

As mentioned before, the World Bank (2013) and WHO (2016) have acknowledged the lack of research related to disability. This complicated the research process of linking this study's findings to existing research and to extensively substantiate some of the findings. In this regard, Trafford (2008, p. 2), citing Miles and Huberman (1984, p. 33), defined a researcher's conceptual framework as "the current version of the researcher's map of the territory being investigated." Therefore, the lack of disability-related research, specifically with regard to wellness, adversely affected the present researcher's 'map.'

6.4.2 Generalisation

The main limitation of all qualitative studies is that the findings cannot be generalised. This researcher endeavoured to mitigate this limitation by interviewing different participants from different organisations and industries in South Africa.

Conducting similar studies with a bigger sample from different industries, or focusing on a specific industry, could improve general or industry-specific understanding of the wellness of employees with disabilities and their unique needs.

6.5 CONCLUSIONS

The data analysis led to the following conclusions:

- On the surface, the participants reported high levels of wellness on all dimensions, but, upon further reflection on the disability related challenges they faced, lowered their wellness levels. The participants experienced limited wellness in a 'normal' workplace where only basic disability needs like suitable office furniture or disability facilities like parking were met.
- The participants felt that, in order to be accepted in the workplace, they had to act 'normal' and adapt to circumstances in the organisation.

- The participants were grateful to be gainfully employed, but needed opportunities to develop in all wellness areas and be empowered, especially as persons with disabilities who were previously disadvantaged in terms of ETD.
- A lack of knowledge by both employees with disabilities and their managers regarding disability rights and reasonable accommodation encumber the identification of discrimination, areas for reasonable accommodation, and solutions to challenges related to disability.
- The lack of understanding of concepts like reasonable accommodation and universal design, also outside the workplace, impede persons with disabilities' ability to become active and equal participants in society.
- Since the enactment of the Employment Services Act and the announcement of the National Disability Policy in 2015, various policies and white papers focusing on the upliftment of persons with disabilities have been developed, showing that government is willing to address the lack of progress in this regard.
- Gender inequality in the implementation of disability rights still exist especially when considering the access to employment and the levels at which employed.

6.5 RECOMMENDATIONS

From the findings of the study, the following recommendations are made:

- Employers should take focused steps to offer ETD support that will address the inequities of the past and empower employees with disabilities to grow in terms of all wellness dimensions, and should include their development as persons, community members, and employees (Smeltzer, 2007; Hettler, 1976; RSA, Department of Labour, 2014b; RSA, Department of Social Development, 2015).
- Employers should offer relevant ETD support that will ensure that employees with disabilities and managers have the skills to understand disability and disability rights, to identify the challenges related to disability, and collectively identify solutions and reasonable accommodation measures to address these challenges (RSA, Department of Labour, 2014b; RSA, Department of Social Development, 2015; RSA, Department of Higher Education, 2016).

- Employers, through ETD support, should take an active role in advocating disability awareness in the organisation, with stakeholders and in communities, to promote an understanding of disability and the related concepts (RSA, Department of Labour, 2014a; RSA, Department of Higher Education, 2016; WHO, 2016).
- Employers, community leaders, government, and persons with disabilities must play an active role in implementing and enforcing new public policy, focusing on disability issues and advancing corrective measures, to ensure equal rights and opportunities for persons with disabilities (RSA, Department of Labour, 2014a, 2014b, 2014b, 2015a; RSA, Department of Higher Education, 2016).
- Organisational policies must be amended, and disability and wellness issues must be mainstreamed. This could be incorporated into organisational planning, to monitor and evaluate the implementation thereof in organisations and adhered to by external stakeholders (RSA, Department of Labour, 2014a; RSA, Department of Social Development, 2015).
- Employers, community leaders and government need to give special attention to address gender inequalities when implementing disability rights especially when considering access to employment and the levels at which employed.
- More research on this topic should be conducted, to identify all variables influencing the wellness of employees with disabilities, and also to incorporate the input of employers into the findings (World Bank, 2013; WHO, 2016).
- Employees with disabilities must become change champions for disability, drive disability awareness, and, with organisational support, ensure implementation of effective public policy (Aylward, 2011; RSA, Department of Social Development, 2015; WHO, 2016).

6.6 RECOMMENDATIONS FOR FUTURE RESEARCH

The following areas for future research became clear during this study. Research on:

- employees with disabilities in more organisations, and what contributes to their wellness through ETD support;
- employees with disabilities in specific industries, and which industry-specific variables contribute to higher levels of wellness through ETD support;

- other wellness variables and wellness models to help understand the holistic wellness of persons with disabilities;
- the use of other/ combined research instruments like quantitative questionnaires or focus groups that could provide insight into general characteristics of employees with disabilities
- as acknowledged in this study wellness alone does not guarantee work success or high quality of work or home life. Studies on the effect of motivation using Maslow's theory can add valuable insight into these other variables affecting employees with disabilities
- evaluation of the proposed Wellness Framework for Employees with Disabilities in organisations; and
- the effective implementation and benefits of the various new disability public policies and white papers tabled between 2014 and 2016.

CHAPTER 7
THE PROPOSED WELLNESS FRAMEWORK FOR EMPLOYEES WITH DISABILITIES

7.1 INTRODUCTION

This chapter discusses the Wellness Framework for Employees with Disabilities developed as a result of this study. This framework was developed based on the data collected, analysed and discussed in previous chapters, as well as the Bio-psycho-social Model of Disability and Hettler's Model of Wellness. As employers, colleagues, family, and societies outside of organisations all influence the wellness of employees with disabilities, it is important that they understand the role they need to play.

7.2 FRAMEWORK DEVELOPMENT

Developing a framework creates something concrete from the theory or knowledge at hand (Hart, 1998). In developing a framework, it is important to know why there is a need for such a framework, and then use data collected from the main stakeholders relevant to such a framework (Hart, 1998; Botha & Brand, 2009). As discussed in Chapter 3, various wellness models and frameworks exist, but most do not consider the unique needs of persons with disabilities. Further, as the employment of persons with disabilities is still low, consideration of the wellness of employees with disabilities is an unchartered area in this research field (World Bank, 2013; RSA, Presidency, 2014).

A gap in wellness research, specific for employees with disabilities, was identified at the beginning of this study, and it is anticipated that this study makes both a theoretical and a practical contribution to narrowing this gap, especially through the proposed Framework and implementation model. Trafford (2008) stated that doctoral studies need to ensure a clear understanding of the concepts being studied, and that researchers must study the extant literature, then contemplate how they understand it from the perspective of their own experiences and beliefs, and, lastly, provide new or deeper insights as the culmination of this process. To understand the link between wellness and disability, there

had to be a conceptualisation of what is known, but also how persons with disabilities really experience wellness, the real victories and challenges they experience (Trafford, 2008).

As mentioned before, discrimination against persons with disabilities is still common. According to Oschwald and Powers (n.d.), persons with disabilities having to cope with daily challenges is not a new phenomenon, but research has encouraged awareness of the wellness needs of persons with disabilities. Botha and Brand (2009) incorporated the term *disability* into their wellness model for managers in tertiary institutions, but as the bottom of their wellness continuum. Although they did not define it as a health issue, most of the variables associated with this concept were negative issues that could result in "physical illness or disease" (Botha & Brand, 2009, p. 2).

This researcher reflected on the Hettlers Six-dimensional Model of Wellness and the Bio-psycho-social Model of Disability, discussed in Chapter 3. Because of the unique needs of persons with disabilities, it was important to relate the findings of the study to these models, with a focus that is wider than just disability, and includes the bearing thereof on the person and the ways in which persons with disabilities interact with their biological circumstances and social environments (Waddell & Aylward, 2010).

Employers and society are acknowledged as important influences on and in the lives of persons with disabilities (Smeltzer, 2007; Snyman, 2009). This correlates with the proposed Framework, which holds that optimal wellness depends on the employee with his or her unique disability needs and constructive interaction with family members, role-players in the workplace, society, and the environment, including challenges like accessibility and prejudice (Aylward, 2011; Kraus de Camargo, 2011, p. 14).

The wellness of a person with a disability entails much more than good health (Corbin & Pangrazi, 2001). In this study, the researcher specifically focused on the wellness needs of employees with disabilities and the role ETD can play in their wellness experiences.

7.3 A WELLNESS FRAMEWORK FOR EMPLOYEES WITH DISABILITIES

Total wellness is composed of interdependent dimensions. Workplace wellness affects the quality of life of persons in the workplace and at home. According to Goss (2011, p.37), wellness is commonly seen as an "incremental and dynamic phenomenon." Hettler's (1976) Model of Wellness, which formed an integral part of the conceptual framework for this study, is also based on this interdependence of the different dimensions that enhance total wellness.

The many daily challenges and struggles in living with a disability are often not revealed to persons other than family; disability is still cause for marginalisation, stereotyping, and prejudice (RSA, Department of Social Development, 2015; WHO, 2016). This influences the lives of employees with disabilities in the workplace, at home, in society, and, subsequently, their total wellness. Persons who do not have a disability generally do not understand disability, nor the needs of those living with disabilities, which influences their responses towards persons with disabilities.

The proposed Wellness Framework for Employees with Disabilities (called *EWDs* in the framework, for the sake of brevity) is presented below, and is discussed in detail.

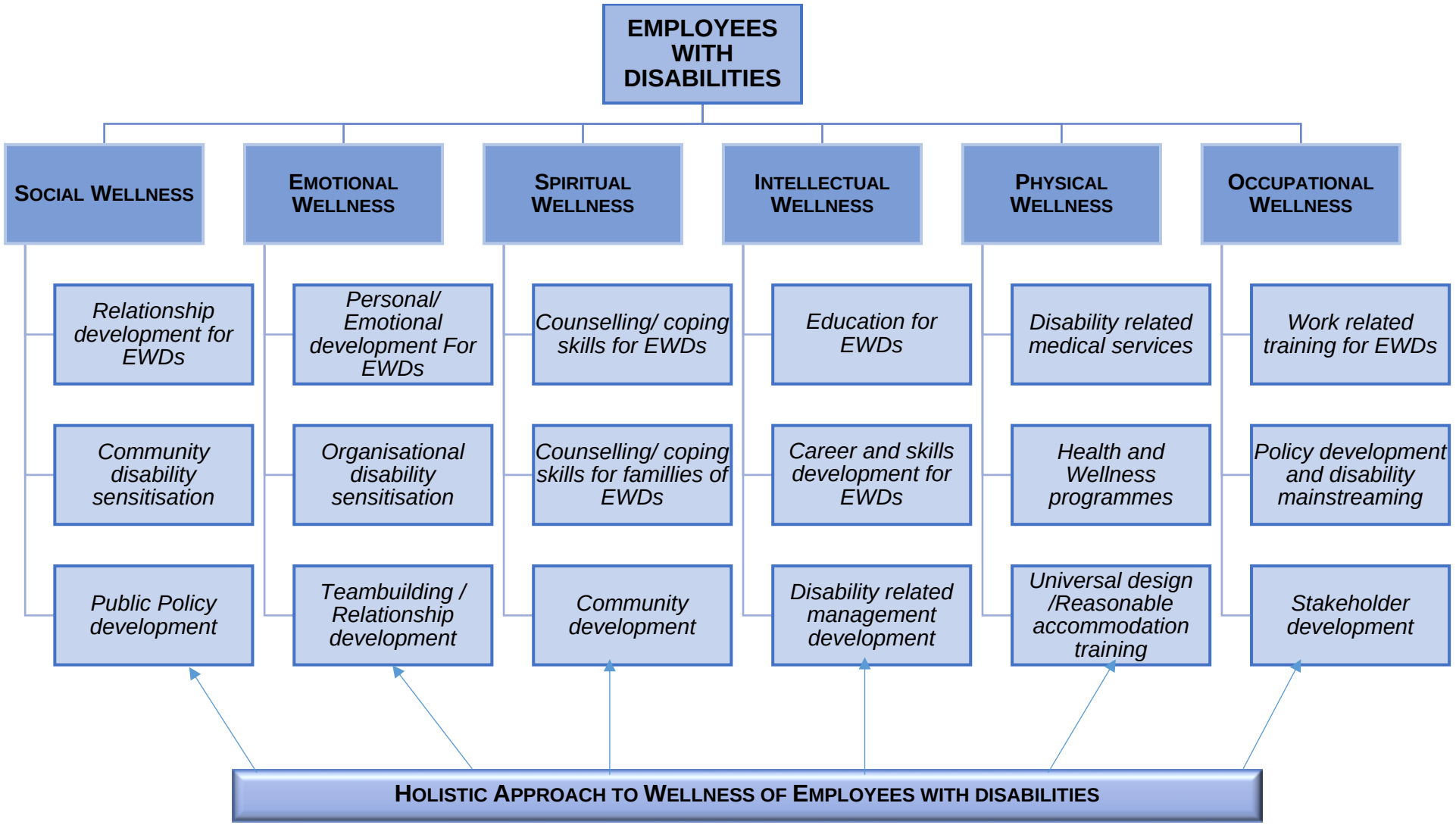

Figure 7.1. An ETD based Wellness Framework for Employees with Disabilities

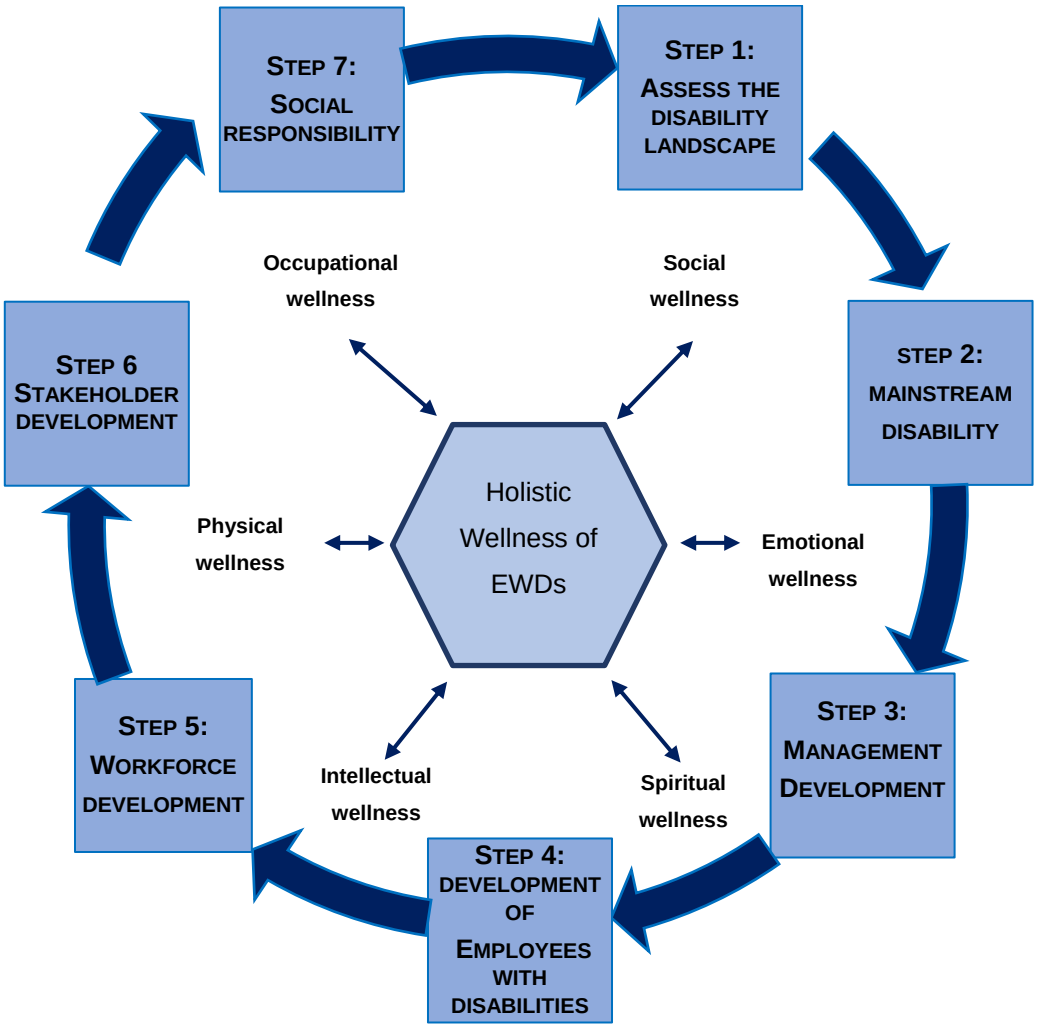

Figure 7.2. An ETD Implementation Model for the Wellness Framework for Employees with disabilities

The proposed framework focuses on how ETD support can assist employees with disabilities to grow in all wellness dimensions. From Figure 7.1, it is clear that employers and society also influence the wellness of employees with disabilities. Employees with disabilities can only achieve wellness if their unique needs are recognised and met, allowing them to fully participate in the workplace and society (RSA, Presidency, 2014; RSA, Department of Labour, 2015a; WHO, 2016). Furthermore, as mentioned before, the relationships exhibited in the framework, as well as growth towards wellness are not static; they are dynamic and interdependent, and, hence, the whole process is also dynamic, and continuous change requires continuous adaptation.

The practical application and implementation, as per Figure 7.2, of the proposed framework will now be discussed.

STEP 1: Assess the disability landscape

First, organisations need to collect information on the disability related legislation and public policy. Organisational representatives can attend training and development in this regard, or persons with formal qualifications in this field can be employed or sub-contracted. These representatives can then become disability champions in the next step, mainstreaming disability. Understanding disability at executive level is essential to ensure cognisance, planning and implementation of policies. Therefore, a champion with up-to-date knowledge needs to start the ETD process in organisations and impress the importance of disability issues on decision-makers.

STEP 2: Mainstream disability

Persons with disabilities are one of the three previously disadvantaged groups identified in the EEA and in the White paper on Affirmative Action (1998b), and mainstreaming disability issues in all aspects of the organisation is for that reason of great importance. Although equality targets for this group was identified in 1998 and 2001 (CEE, 2015), as discussed before, none of the targets set had been met by 2015.

Employees from Human resource departments and Diversity departments should be trained to actively monitor the implementation of all legislative measures and policies throughout the organisation (RSA, Department of Labour, 2015; RSA, Department of Social Development, 2015). They should also advise management on disability issues and help identify areas of concern.

STEP 3: Management development

Organisations need to empower managers and supervisors to effectively interact with employees with disabilities. Although employees specialising in disability issues were trained in Steps 1 and 2, managers and supervisors interact daily with employees with disabilities.

This developmental support must form part of all management development programmes, and not only those for managers in departments interacting with the public or to whom employees with disabilities report (RSA, Department of Labour, 2014a, 2015; RSA, Department of Social Development, 2015). The training should also be repeated with any changes in public or organisational policy, to ensure that managers treat employees with disabilities fairly and with inputs from the diversity specialist as well as employees with disabilities, in order to accommodate the individual needs of these employees.

STEP 4: Development of employees with disabilities

Employers need to offer ETD support to employees with disabilities. Many of these employees lack formal education, which negatively influences their career advancement. Bursaries and subsidised studies will enable employees with disabilities to further their formal education, and employers can also assist by employing these employees in their field of study/specialisation, to ensure they also gain suitable experience. This will enable them to plan for and attain career development in organisations, which will improve their earning power and quality of life.

Continuous developmental support and counselling need to be available, even later in the journey of living with a disability, as depression is one of the major secondary conditions suffered by persons with disabilities, and hinders their active participation in society, at work, and at home (Falvo, 2014; WHO, 2016). As mentioned before, employees with disabilities work very hard to be considered ‘normal’ in the workplace and not cause challenges or draw attention to their disabilities, which are still judged negatively by employers and society (RSA, Presidency, 2014; RSA, Department of Social Development, 2015). Employees with disabilities need to be trained on their rights and fair labour procedures for accommodating employees with disabilities, in order to empower them to identify situations where assistance by the employer could improve their quality of work life and wellness (Smeltzer, 2007; Cook, 2013; Meijer & Watkins, 2016). Employees with disabilities who do not understand their rights may accept a situation in the workplace that could be detrimental to them. In collaboration with management, they could develop more innovative and practical reasonable accommodation measures within the financial limitations of the organisation, thereby avoiding unjustifiable hardship (UN, 2006; Cook, 2013; RSA, Department of Labour, 2015a).

STEP 5: Workforce development

All employees in the organisation need to be trained and developed in terms of disability sensitisation. As mentioned before, the Employment Services Act, enacted in 2014, clearly stipulates that all employees should receive disability sensitisation. Employees with disabilities can offer personal disability awareness training to their direct colleagues, whether in a formal session or in day-to-day interaction. This is also in line with the new National Disability Rights Policy (RSA, Department of Social Development, 2015), which stipulates that all employers need to develop employees to effectively interact with all persons with disabilities, be they colleagues or customers.

STEP 6: Stakeholder development

Disability does not only affect employees with disabilities and their organisation, but has a ripple effect on various stakeholders, who also need developmental support. Mafumbate (2012) referred to such a situation as an iceberg. The main role player, the person with the disability, is visible above the waterline, but below are various other role-players who are indirectly affected, and who also affect each other. Families and caregivers of persons with disabilities will also face challenges, and health and wellness services made available in organisations should also support them.

Furthermore, it is important that organisations ensure full participation of employees with disabilities in all interventions offered by the organisation, especially when external service providers are contracted in to offer interventions. Organisations should assist in educating/ developing service providers on disability accommodation, and refrain from using the services of those who do not accommodate the rights and needs of employees with disabilities.

STEP 7: Social Responsibility

Organisations should also interact with government and society on behalf of their employees with disabilities, to the benefit of all persons with disabilities. The lack of knowledge and accommodation of disability in broader society, from government services to the taxi on the street, still marginalises such persons and negates their rights (RSA, Presidency, 2014; RSA, Department of Labour, 2015a; RSA, Department of Social Development, 2015; WHO, 2016).

As an example of such interaction, organisations could interact with local taxi organisations and offer them disability sensitisation and other support to ensure accessible public transport to and from the place of work for employees with disabilities. They can also become active in forums on disability issues in society. However, it is of utmost importance that employers obtain the input of employees with disabilities on these issues and actively involve them in all processes as per the Deaf Federation of South Africa (DEAFSA) slogan: “Nothing about us without us” (DEAFSA, 2017).

It is clear that, granting that excellent legislation and policies to protect the rights of persons with disabilities were developed, little progress has been made in implementing these (RSA, Presidency, 2014; RSA, Department of Labour, 2014a, RSA, Department of Social Development, 2015). The Disability Rights Policy (RSA, Department of Social Development, 2015, p. 18) states that “All policies, programmes and campaigns aimed at fostering social cohesion should prioritise educating the public about the rights of persons with disabilities and how these should be realised, with representative organisations of persons with disabilities playing a central role.” Society cannot implement what it does not know or understand, and employers and employees with disabilities need to be involved in society and government to educate and monitor the enforcement of such public policy.

From the above discussion and Figures 7.1 and 7.2, it is apparent that disability-related ETD support will benefit employers, employees with disabilities, their colleagues, and society through a better understanding of disability and how to interact with persons with disabilities. Improved understanding and enhanced relationships will also contribute to organisational and public policies that better accommodate persons with disabilities, empowering them to become active participants in the South African economy and in their societies. The freedom of full participation and social acceptance will positively influence the self-confidence of employees with disabilities (Smeltzer, 2007; Kachaje et al. 2014). Their economic and physical challenges will be addressed as communities learn more about disabilities (World Bank, 2013; Tesemma, 2014), and stronger relationships at home and in society will all positively contribute to the total wellness of employees and other persons with disabilities (Hettler, 2007; Sieberhagen et al., 2011; Mellor and Webster, 2013; Oschwald and Powers, n.d.).Training and development of all

employees in terms of disability issues in organisations will strengthen relationships between employees with disabilities, colleagues and management, and will improve their employability and career opportunities, while building their confidence and independence (Snyman, 2009; Sieberhagen et al., 2011; Kachaje, 2014). This will influence the wellness of employees with disabilities in terms of their social, intellectual, spiritual, physical, emotional, and occupational wellness (Smeltzer, 2007; Mellor & Webster, 2013; Oschwald and Powers, n.d.). However, as all six wellness dimensions influence one another all the time; the seven steps are also continuous and interdependent. For instance, changing organisational policies but not developing managers to implement them will be of no value to the employees with disabilities.

7.4 REFLECTION

At the end of the study, it was clear to me that the progress made in the lives of persons with disabilities was more due to the adaptations by them than society's accommodation of or affirmative action. There has been an endless stream of white papers and legislation promising the mainstreaming of the rights of persons with disabilities, with disappointing implementation and monitoring. It remains to be seen whether the latest, the White Paper on the Rights of Persons with Disabilities No. 39792 (Department of Social Development, 2016), which was gazetted after completion of this study and all the new policies and legislation since 2014 will make a difference to the plight of a great many South Africans living with disabilities. The promises made in these documents are, in essence, the same as those made in previous white papers and legislation. Sadly, without execution, promises remain just that.

Many of the frustrations I experienced as a person with disabilities and became aware of as a Disability Manager I considered as not being caused by malice, but rather by ignorance. However, we will, at some point, have to realize that so little progress has been made — this minority group's experiences are easily overlooked or wilfully ignored. It is a conscious decision by an able-bodied person to occupy a designated disability parking spot or to use a bathroom for persons with disabilities. The fact is that I cannot get out of my vehicle if I have to use an ordinary parking space; so, I have to go home or wait in my car until that space becomes available. I have to wait for the bathroom. It is difficult to accept that it is expected that persons with disabilities should be satisfied not to have access to public transport or

buildings, often having to enter hotels and restaurants through the kitchen or loading area, as it is the only entry with a ramp (for deliveries).

I am not bitter, and, no, we do not want sympathy, but the constant challenges and ignorance of the public erode our morale. It is therefore no surprise that persons with disabilities choose their battles and simply accept certain things. If you are dealing with great physical difficulty every day, such as acute muscle spasms and loss of bladder control, which give rise to emotional challenges, there is sometimes just not any fight left in you to do long battles for the greater good of others in your position. That is when you manage as best you can and hope that, one day, the world will realize that we would like to order our own food at a counter, that we are capable of doing more than operating a switchboard. My wish is for the world to come to understand that disability is not the joining of a secret society with special benefits, but a lifelong commitment to a choice you did not make.

7.5 SUMMARY

Disability and the related dimensions of wellness is an underdeveloped research field. The proposed Wellness Framework for Employees with Disabilities focuses on ETD support to create more awareness and understanding of disability in organisations and society. The subsequent ETD implementation process and discussion suggested captures practical implications and the steps needed to facilitate improved wellness for employees with disabilities.

> *"We will forever be reminded that, had we paid more attention to administrative justice and the credo of the 2030 Sustainable Development Agenda to "Leave No-One Behind," we could have avoided the Esidimeni tragedy, in which more than 100 persons with psychosocial and/or severe intellectual disabilities, passed away in 2016 as a result of poor implementation of a policy that complies with the Convention"*
>
> — Minister Hendrietta Ipeleng Bogopane-Zulu, Deputy Minister for Social Development at the 10th Session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, United Nations, New York, 13 June 2017).

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APPENDIX 1 ETHICAL APPROVALS (A)

UNISA

COLLEGE OF EDUCATION
university of south africa
2015 -09- 23
Office of the Executive Dean

COLLEGE OF EDUCATION RESEARCH ETHICS REVIEW COMMITTEE

16 September 2015

Ref # **2015/09/16/8423369/21/MC**
Staff#: Ms Z van Niekerk
Staff Number#:8423369

Dear Ms van Niekerk

Decision: Ethics Approval

Researcher
Ms Z van Niekerk
Tel: +2712 429 2260
vnlekz@unisa.ac.za

Supervisor
Prof MO Maguvhe
College of Education
Department of Inclusive Education
Tel: +2712 429 4300
maguvmo@unisa.ac.za

Co-Supervisor
Prof MD Magano
College of Education
Department of Inclusive Education
Tel: +2712 429 4115
maganmd@unisa.ac.za

Proposal: The education, training and developmental support for employees with disabilities: a wellness perspective

Qualification: D Ed in Inclusive Education

Thank you for the application for research ethics clearance by the College of Education Research Ethics Review Committee for the above mentioned research. Final approval is granted for 2 years.

For full approval: *The application was reviewed in compliance with the Unisa Policy on Research Ethics by the College of Education Research Ethics Review Committee on 16 September 2015.*

The proposed research may now commence with the proviso that:

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the College of Education Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*
3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

Note:

The reference number **2015/09/16/8423369/21/MC** *should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the College of Education RERC.*

Kind regards,

Dr M Claassens
CHAIRPERSON: CEDU RERC

Prof VI McKay
ACTING EXECUTIVE DEAN

APPENDIX 1 ETHICAL APPROVALS (B)

UNISA university of south africa

RESEARCH PERMISSION SUB-COMMITTEE OF SRIHDC

18 March 2016

Ref #: 2016_RPSC_003
Ms. Zelna van Niekerk
Student #: 8423369
Staff #: 90172523

Dear Ms. Zelna van Niekerk,

Decision: Research Permission Approval from March 2016 until 31 December 2017.

Principal Investigator:
Ms. Zelna van Niekerk
Department of Inclusive Education
School of Educational Studies
College of Education
vniekz@unisa.ac.za/ (012) 565-1006/ 079 254 5693

Unisa letterhead Feb 2012 BG

Supervisors: Prof M. O. Maguvhe
maguvmo@unisa.ac.za, (012) 429-4300

Prof M. D. Magano
maganmd@unisa.ac.za, (012) 429-4115

A study titled: "The Education, Training and Developmental support for Employees with disabilities: a Wellness Perspective."

Your application regarding permission to conduct research involving UNISA employees in respect of the above study has been received and was considered by the Research Permission Subcommittee (RPSC) of the UNISA Senate Research and Innovation and Postgraduate Degrees Committee (SRIPGDC) on 26 February 2016.

It is my pleasure to inform you that permission has been granted for the study. You may conduct one-on-one semi-structured interviews with Unisa employees living with disabilities. Request the Department of Employee Wellness and Diversity to provide you with the necessary gatekeeping assistance as set out in your application.

You are requested to submit a report of the study to the Research Permission Subcommittee (RPSC@unisa.ac.za) within 12 months of completion of the study.

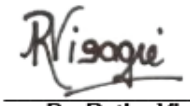
University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

The personal information made available to the researcher(s)/gatekeeper(s) will only be used for the advancement of this research project as indicated and for the purpose as described in this permission letter. The researcher(s)/gatekeeper(s) must take all appropriate precautionary measures to protect the personal information given to him/her/them in good faith and it must not be passed on to third parties.

Note:
The reference number ***2016_RPSC_003*** *should be clearly indicated on all forms of communication with the intended research participants and the Research Permission Subcommittee.*

We would like to wish you well in your research undertaking.

Kind regards,



pp. Dr. Retha Visagie: Deputy Chairperson RPSC
Tel: (012) 429-2478, Email: visagrg@unisa.ac.za

Prof L Labuschagne – Chairperson: RPSC
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APPENDIX 2 SEMI-STRUCTURED INTERVIEW GUIDE

Interview schedule/ guide

Interview guide for the following study:

The education, training and developmental support for employees with disabilities: A wellness perspective

Researcher: *Zelna van Niekerk*

Research Supervisors: *Prof MO Maguvhe*

Prof MD Magano

BIOGRAPHICAL SURVEY:

		X
1.	**AGE CATEGORY (IN YEARS)**	
	1.1 Below 25	
	1.2 Between 26 and 35	
	1.3 Between 36 and 45	
	1.4 Between 46 and 55	
	1.5 Between 56 and 65	
2.	**GENDER**	
	2.1 Male	
	2.2 Female	
3.	**JOB LEVEL**	
	3.1 Senior management	
	3.2 Middle management	
	3.3 Line management	
	3.4 Skilled/Professional	
	3.5 Semi-skilled	
	3.6 Unskilled	

4. HIGHEST QUALIFICATION	X	FIELD OF SPECIALISATION (MCom, B Ed, Plumbing)
4.1 Doctorate/Master's		
4.2 Honours degree/Postgraduate diploma/ BTech degree		
4.3 Three-year degree/diploma		
4.4 Trade certificate		
4.5 National Senior Certificate		
4.6 Grade 10		
4.7 Primary schooling		
4.8 No schooling		
4.9 Other (specify)		

5. Work experience

	Employer	Position held	Period (years)
5.1			
5.2			
5.3			
5.4			
5.5			

6. DISABILITY

Type of disability

Semi-structured Interview Schedule

Social wellness

1. How will you explain your general feeling of wellbeing and how your work contributed to this?

_____

_____

_____

2. Explain how you experience the social environment (relationships) in your organisation and how the ETD support offered influences it?

_____

_____

_____

Intellectual wellness

3. How did/does your employer contribute to your intellectual development and wellness?

_____

_____

_____

4. To what extent do you believe you use your full potential, and how does or can the ETD support/contribute to this?

_____

_____

_____

Spiritual wellness

5. Describe how you find meaning in your work and how the employer and the ETD support offered does/can contribute to your spiritual wellbeing?

_____

_____

_____

6. To what extent do you believe your employer offers equal ETD support to persons with disabilities and those without, and does this influence your feeling of self-worth?

_____

_____

_____

Physical wellness

7. How does your organisation accommodate your disability and empower you to be successful in your job?

_____

_____

_____

8. What employee wellness programmes does your organisation offer, and how does this contribute to your physical and emotional wellness?

_____

_____

_____

9. Describe how the ETD support sensitise all members in your organisation on disability issues, and what more could be done?

_____

_____

_____

Emotional wellness

10. Explain the level of emotional wellness you experience in the workplace during interaction with other staff, and how does/can ETD support influence this?

_____

_____

_____

11. To what extent do you experience personal growth in your organisation, and how can the ETD support influence this?

_____

_____

_____

12. How do you react to challenges and change in your workplace, and does your disability play a role in your behaviour? Does/can the ETD support help you cope with it?

_____

_____

_____

Occupational wellness

13. Please explain in detail all the ETD support or opportunities offered to you in your career, and whether it contributed to your work performance?

_____

_____

_____

14. Do you have a personal development and/ or career plan? How will you fulfil this plan and what ETD support does/can the employer offer to help you fulfil it?

_____

_____

_____

15. Describe how your job provides you with work satisfaction and accomplishment and how ETD support did/can contribute to this?

_____

_____

_____

Additional remarks

_____

_____

_____

College of Education RERC Ethical Clearance Reference number:
2015/09/16/8423369/21/MC
RESEARCH PERMISSION SUB-COMMITTEE OF SRIHDC Reference number:
#:2016_RPSC_003.

APPENDIX 3 REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Zelna van Niekerk
Cell phone number:
079 254 5693
Fax: 0865948336
E-mail address:
vniekz@unisa.ac.za

Organisation

_____

_____

Re: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT YOUR ORGANISATION

Dear _____,

I hereby request your organisation to avail one or two employees with disabilities to participate in a research study I am conducting with the following title: *"The education, training and developmental support for employees with disabilities: A wellness perspective."* I am conducting this research towards a D.Ed. degree under the supervision of Professor M O Maguvhe and Professor M D Magano from the Department of Inclusive Education at the University of South Africa.

The contact details for my supervisors are as follows:

Professor M O Maguvhe
Supervisor
Contact number: 012 429 4300
E-mail address: maguvmo@unisa.ac.za

Professor M D Magano
Co-supervisor
Contact number: 012 429 4115
E-mail address: maganmd@unisa.ac.za

The aim of the study is to determine the influence of education, training and developmental support on the wellness of employees with disabilities.

The study will entail a voluntary 60-minute interview with the relevant employee(s) in your organisation. The relevant employee will be identified and contacted with the assistance of your Employee Wellness and/or Diversity Department. This department will be kept up to date on the process and contacted if any further assistance is required.

The anticipated benefits of this study will be derived from a wellness framework that will be developed as a result of this study, and which will assist employers in understanding the wellness needs of persons with disabilities and how to address those needs through education, training, and developmental support.

After the study has been concluded, a report on the general findings and recommendations of the study will be presented to all organisations and individual participants involved.

Your positive response in this regard is eagerly awaited.

Sincerely yours

Zelna van Niekerk
Researcher
College of Education RERC Ethical Clearance Reference number: 2015/09/16/8423369/21/MC.

APPENDIX 4 REQUEST FOR ASSISTANCE DURING A RESEARCH STUDY

Date

Organisation

_____

_____

Re: REQUEST FOR ASSISTANCE DURING A RESEARCH STUDY ON THE WELLNESS OF EMPLOYEES WITH DISABILITIES IN YOUR ORGANISATION

Dear _____,

This letter provides background on and request assistance for a research study for which permission has been granted by the executive management in your organisation. This research study is being conducted as part of my doctoral thesis at the University of South Africa. The study is titled *"The education, training and developmental support for employees with disabilities: A wellness perspective."* The aim of this study is to determine the influence of education, training and developmental support on the wellness of employees with disabilities.

The study will be conducted under the supervision of Professor M O Maguvhe and Professor M D Magano from the Department of Inclusive Education at the University of South Africa, and their contact details are as follows:

Professor M O Maguvhe	Professor M D Magano
Supervisor	Co-supervisor
Contact number: 012 429 4300	Contact number: 012 429 4115
E-mail address: maguvmo@unisa.ac.za	E-mail address: maganmd@unisa.ac.za

It will entail a 60-minute interview that I will conduct with one/ two employees with disabilities in your organisation. Assistance from your department (the Employee Wellness and/or Diversity Department) in identifying potential participants, assisting with administrative

arrangements, and ensuring the availability of psychological and physiological services to all participants is hereby requested.

The importance of the wellness of persons and employees is well documented and relevant in the labour market. This study will provide the opportunity to look specifically at the wellness needs of persons with disabilities. Your department will be requested to forward information relating to this study to potential participants in your organisation for consideration in terms of consenting to participate in the study. During the research interview, my aim will be to collect information on the experiences, views, and opinions of participants in terms of the education, training, and developmental support offered in your organisation, and how it has contributed to their wellbeing.

All steps possible will be taken to avoid or minimize any discomfort or harm to participants in this study. Participation will be completely voluntary, and the interview will be conducted at a venue and time that will be suitable to participants. Participants may decline to answer any of the interview questions if they so wish, or withdraw from this study at any time, without any penalty. With the consent of participants, the interview will be audio-recorded, to facilitate the collection of accurate information, and later transcribed verbatim for analysis.

All information participants provide will be considered completely confidential. Their names will not appear in any publication resulting from this study, and any identifying information will be omitted from any such publication; nonetheless, anonymous quotations might be used. Data collected during this study will be retained on a password-protected computer for five years in a locked office. There are no known or anticipated risks to the participants in this study, and if at any stage they feel uncomfortable, the process can be terminated, and your offices will be contacted to assist in addressing such discomfort.

The anticipated benefits of this study will be a wellness framework for employees with disabilities, which will be developed as a result of this study. The framework will assist employers in understanding the wellness needs of persons with disabilities better and how to address those needs with education, training, and developmental support. After the study has

been concluded, a report on the general findings and recommendations of the study will be presented to all organisations and individual participants involved.

If you have any questions regarding this study, or would like additional information, please contact me on 079 254 5693 or by e-mail at vniekz@unisa.ac.za.

I thank you in advance for your assistance.

Sincerely yours

Zelna van Niekerk
Researcher
Cell: 079 254 5693
E-mail address: vniekz@unisa.ac.za
College of Education RERC Ethical Clearance Reference number: 2015/09/16/8423369/21/MC.
RESEARCH PERMISSION SUB-COMMITTEE OF SRIHDC Reference number: #:2016_RPSC_003.

APPENDIX 5 REQUEST FOR YOUR PARTICIPATION IN A RESEARCH STUDY

Zelna van Niekerk
Cell phone number:
079 254 5693
Fax: 0865948336
E-mail address:
vniekz@unisa.ac.za

08 February 2016

Re: REQUEST FOR YOUR PARTICIPATION IN A RESEARCH STUDY TO BE CONDUCTED IN YOUR ORGANISATION

Dear Participant,

This letter is an invitation to participate in a research study I am conducting as part of my doctoral thesis at the University of South Africa. The study is titled *"The education, training and developmental support for employees with disabilities: A wellness perspective."* The aim of this study is to determine the influence of education, training and developmental support on the wellness of employees with disabilities.

The study will be conducted under the supervision of Professor M O Maguvhe and Professor M D Magano from the Department of Inclusive Education at the University of South Africa, and their contact details are as follow:
Professor M O Maguvhe
Supervisor
Contact number: 012 429 4300
E-mail address: maguvmo@unisa.ac.za
and,
Professor M D Magano

Co-supervisor
Contact number: 012 429 4115
E-mail address: maganmd@unisa.ac.za

It will entail a 60-minute interview that I will conduct with one/ two employees with disabilities in your organisation, and permission for the study has been granted by your employer. With the assistance of the Employee Wellness and/or Diversity Department in your organisation, you and other possible participants with the correct experience and expertise needed in this research project have been identified.

I would like to provide you with more information about this project and what your involvement would entail if you should agree to participate in this study. The importance of the wellness of persons and employees is well documented and important in the labour market. This study will provide the opportunity to look specifically at the wellness needs of persons with disabilities. During the research interview, I would like to collect information on your experiences, views and opinions concerning the education, training and developmental support offered in your organisation and how it has contributed to your wellbeing.

Your participation in this study will be completely voluntary and the interview will be conducted at a venue and time that will be suitable to you. You may decline to answer any of the interview questions if you so wish, or withdraw from this study at any time without any penalty. With your consent, the interview will be audio-recorded to facilitate collection of accurate information and later transcribed verbatim for analysis.

All information you provide will be considered completely confidential. Your name will **not** appear in any publication resulting from this study, and **any** identifying information, including information linking a participant to a specific organisation, will be **omitted** from any such publication. However, anonymous quotations might be used. Data collected during this study will be retained on a password-protected computer for five years in a locked office. There are no known or anticipated risks to you as a participant in this study, but if at any stage you feel uncomfortable, the process can be terminated and steps taken to address your discomfort.

The anticipated benefits of this study will be a wellness framework for employees with disabilities that will be developed as a result of this study. The framework will assist employers in understanding the wellness needs of persons with disabilities better and how to address those needs with education, training and developmental support. After the study has been concluded, a report on the general findings and recommendations of the study will be presented to all organisations and individual participants involved.

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participating, please contact me at 079 254 5693 or by e-mail at vniekz@unisa.ac.za.

I look forward to meeting each participant in this project and thank you in advance for your assistance. If you accept my invitation to participate, please complete and sign the attached consent form, which can then be e-mailed back to me directly at vniekz@unisa.ac.za or faxed to 0865948336 by 22 February 2016.

Sincerely yours

Zelna van Niekerk
Researcher
College of Education RERC Ethical Clearance Reference number: 2015/09/16/8423369/21/MC.

APPENDIX 6 INFORMED CONSENT FORM

I have read the information presented in the information letter about the study on **"The education, training and developmental support for employees with disabilities: A wellness perspective."** I have had the opportunity to ask questions related to this study, to receive satisfactory answers to my questions, and to add any details I wanted. I am aware that my interview will be audio-recorded and afterwards transcribed verbatim, to ensure an accurate record of my responses. I am also aware that excerpts from the interview may be included as **anonymous** quotations in publications resulting from this research. I was informed that I may withdraw my consent at any time, without penalty, by advising the researcher.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Participant's name (please print): _____

Participant's signature: _____

Date: _____

Researcher's name:

Zelna van Niekerk

Researcher's signature: _____

Date: _____

College of Education RERC Ethical Clearance Reference number:
2015/09/16/8423369/21/MC
RESEARCH PERMISSION SUB-COMMITTEE OF SRIHDC Reference number:
#:2016_RPSC_003.

APPENDIX 7 CO-CODER RESEARCH ANALYSIS REPORT DR. E E OLAKANMI

Theme 1: Employees with disabilities assessed their state of wellness, and had mostly positive experiences in all of Hettler's dimensions.

1.1 Current social wellness of Employees with disabilities: All the participants (100%) indicated that being employed helped them to fulfil their responsibilities as spouses, parents, and member of their communities. Participants A's and F's responses, below, showed that being gainfully employed as persons with disabilities has a positive effect on their social wellness.

Participants A: *Like, as in, now, at the school, my child is at school, it is doing Grade, she is doing Grade 9. I am the Chairperson of the SGB in the school, which they elected me to become Chairperson. I am, I am running as appointed by the parents to stand for them in the school.*

Participants A: *You see, when myself waking up, coming to work, I feel much happy, even in the house, I am feeling much happy. You see, I am calling these things — the happiness grows there.*

Participants F: *So, now, since I work, I have a full employed, it's better at my home. My children are so happy.*

The responses above show that persons with disabilities are experiencing high level of social wellness; their disabilities do not affect their social interactions.

1.2 Current intellectual wellness of Employees with disabilities: Almost all the participants (91.66%) indicated that the nature or their work or the kind of training they received at work enables them to develop intellectually. This is evident in Participant B's response to the question whether he is already trained. Participants B and H responded as quoted below.

Participant B: *I've already done training, yes, to, to improve my performance, yes.*

Participant H's responses also showed that being employed as a person with disability does not mean you are not intelligent. To him, the workplace is helping him to develop intellectually.
Participant H: *I am a very adaptable person. I adapt very quickly to change. ... And, I think that ... makes a bit of a change in a person's day. I think, just to give you an example ... every three or four years our* [systems] *change, and then you have a ... completely new system that you must learn. And that's enjoyable; it's a challenge, it gives you a challenge to learn something new, and I think that's what makes it enjoyable.*

A contrary opinion was voiced by Participant D when asked about her thinking about intellectual wellness and what the company is doing to develop her intellectually.

Participant D: Good question, … development-wise …, I would say that my ... training for thirteen years of being here, I was, I was never like sent for a course, training course.
Participant D: *Not really, although I cannot speak for all the disabled persons, but like …, I've been here for thirteen years, and I'm disabled. I've never been on training…*

1.3 Current spiritual wellness of Employees with disabilities: Almost half of the participants felt that they were not satisfied with what was currently going on in their workplaces. Examples of this were seen in the responses of participants G and D to question regarding their spiritual wellness at work.

Participant G: *To be honest with you, currently …, I feel like I'm forced to be here, because of my condition. But, what I try to do is try to make the best of it, because, due to responsibilities. Unfortunately, this happened about, this happened about, my sickness happened about eight to nine years ago, that I have been at* [the organisation]. *So …currently, I basically force myself to come to work, but, obviously, I do give out my best. I don't look at this as a disability*.

Participant D: *Not really, … at times, right, you will feel left out because, like I said, disabled people in the workplace, or in South Africa, are not made aware, not brought, brought up to*

anyone. So, like I said, my company, they have a quota to have disabled people here, but maintaining, maintaining that quota is another thing.

Also, Participant L, for example, felt that the employers undermine persons with disabilities.
Participant L: *I can see there's a meaning on it, because I can see where I am going though, there is no changes happening, because I have been doing whatever that I do now for the past six years, which is, sometimes, it's … I started to get bored. Yes.*
Participant L: *People are undermined. Yes.*

The other half felt they were being supported and provided with what was needed for them to be happy as employees. Participant C, for example, felt blessed by working with her company:

Participant C: *I just feel I've been blessed, and I've just been, I've been honoured and, because the company, even when I look at the company, its people with … diplomas, people with degrees, and I don't even have Grade 12. I feel great, and I feel, you know, I'm very much blessed.*

1.4 Current physical wellness of Employees with disabilities: All the participants (100%) acknowledged some form of disability. A total of 60% of the participants expressed instances where their office had to be adapted to meet their specific needs. Participant H, for example, stated:
Participant H: *My computer* [was adjusted]*. I can use it to do everything that I can do ... to use all those programmes, such as Word and Excel, your Internet, your e-mails, so, yes, I use it to do my work as far as I possibly can.*

Participant H*: Yes, absolutely. We have a case at USB, they arrange that my... I used to have all my study materials* [accessible]*, but it became such a big thing, it's a lot of books, and, as you know,* [accessible material] *is a lot of stuff, and then, later, on it was all adapted to computer format, ... that your computer can take, and I have a little recorder as well, like you have, where I record everything, the classes, so that I can refer back to it if I do the case*

studies, ... so that I can refer back to it and listen to the recording again, so that, if there is anything that I am struggling with, so that I can understand it better. Yes.

1.5 Current emotional wellness of Employees with disabilities: Half of the participants (50%) expressed emotional wellness satisfaction at work places, while the remaining half expressed dissatisfaction. The participants that expressed dissatisfaction that their employers were not doing enough to support them at work and with personal problems. Participant B expressed emotional satisfaction, while participant L's responses showed emotional dissatisfaction.

Participant B: *At this moment, I'm feeling very happy, and I feel, even I don't have a disability, well because of the treatment I receive here at my organisation. Yes, they treat me like a normal people, a person. So, they don't treat me as I'm a unique figure, and I really appreciate that, and they also, eish, done a lot for me. They've also done a lot for me, like they also created a lift … to make it easier for, to move. …So, when we enter, and when we go out. On the workplace also, workplace is also suitable for … me as a disabled person. It's well organized, everything is there, it's close, and employees are very, very, very helpful, the employees, yes. So, if I need any help, they do help me, without even any queries.*

Participant L: *To be honest, as we speak, I am going through to such bad things that … I am experiencing now, as we speak, and I don't think the employer will do something about it.*
Participant L: *Yes. So, beside of all of those, I am still, I am staying alone, coping as I Can, but, when it comes to those kind of stuff, emotional stuff, maybe I had a bad day at work or maybe something happened, I don't have anyone to talk to, because I am going straight home, just close the door and sleep, and say, 'Hey, that day has passed. Just start a new day. These things happen.'*

1.6 Current occupational wellness of Employees with disabilities: All the participants in this study (100%) indicated that their employers offer them some form of employee wellness programme. Participant E, for example, stated:

Participant E: *Yes, okay, yes, the support I do have. I had training, various training on different issues about management... with regards to support. Yes, you must remember, I must also say … that I do have a P A from this organisation that was appointed. We're now together for* [X] *years already.*

Theme 2: The wellness value of the ETD support currently offered to Employees with disabilities must be assessed according to all six of Hettler's wellness dimensions.

2.1 Influence of ETD on the social wellness of Employees with disabilities: A total of 80% of the participants were satisfied with the support in terms of training to enable them to develop their skills at work. While some mentioned that, due to financial constraints, they were not getting enough from their employers, participant K stated that bursaries are even available to employees' children. Participant J mentioned that attending training helps employees to develop their social and interpersonal skills.

Participant K: *There are bursaries available, especially for ... employees' children who want to go, and then, ... even if you, while you are working at the organisation, if you want to attend a course, it must just be … how can I put it? … be related to the business. Then you can also do that, and they will pay for it or assist you with it. You must just make sure that you pass.*

Participant E: *… they're doing a lot. I went on many workshops for conflict, for poor … performance … I went on a three-weeks manage course that this organisation — a very, very high quality — gave to managers on my level.*

Participant J: *You will get stressed a bit, but you have the skills to handle it, and it's over very soon. But, when you're younger and not so … comfortable with who you are, it's really difficult. And, I think, the thing you mentioned … is anger management. I think that's very important. There are people with disabilities who are really very not nice to live with.*

2.2 Influence of ETD on the intellectual wellness of Employees with disabilities:

Similar to social wellness discussed above, almost (80%) of the participants were receiving training at their workplaces. While the financial situation of the country is affecting the quantity and quality of the training given, there are positive effects of such training on the intellectual wellness of Employees with disabilities. Participant B, for example, mentioned that the training he received had helped him to become better employee. Also, Participant L thought he is receiving sufficient training, but advised that mangers also need to be trained on how to relate to Employees with disabilities.

Participant B: *I really developed here at this organisation, because I know a lot of things now, and they just trained me with their favour, so I've developed very, very well. I couldn't even use a computer, but now I'm mastering it, … so, I have developed in my life.*

Participant L: *Yes, they did give me a lot of support and training, because I started very, very down and I move up… Yes, I, I think they should … should organise … sort of team building or training the managers to accommodate any person, yes.*

2.3 Influence of ETD on the spiritual wellness of Employees with disabilities: Most of the participants (80%) were receiving training from their workplaces, which they felt impacted, their spiritual wellness positively. Evidence of this was seen in participant K's responses to questions on spiritual wellness. The remaining 20% of the participants, like participant L, were facing challenges with their employers, which impacted their spiritual growth negatively.

Participant K: *Yes, I am sure of that, I mean, I am quite happy with where I am, especially if you look at my post at this stage, if you take my education into account, Standard* [X]*, and I am where I am. So, I would say I have done quite well in that regard, and I am happy with that.*

Participant L: *No. Not at all. I've been sitting feeling … It's not happening… People are undermined. Yes … I feel so bad, because, if maybe some people don't recognize us because of, our maybe situation that you are, then what if, maybe, some tomorrow you gone or anything, then, I mean nothing to them.*

2.4 Influence of ETD on the physical wellness of Employees with disabilities: Only 70% of the participants felt very positive about how their training impacted their physical wellness. Participant E expressed that his employers were really doing their best to make him very comfortable at work.

Participant E: *Yes, I think so. No, really. this organisation … Yes, they help me…, especially my caregiver. You know, the offices …they accommodate me, you know. I must say, they accommodate me. There's nothing physically...*

2.5 Influence of ETD on the emotional wellness of Employees with disabilities:
A total of 90% of the participants stated that they were receiving training in emotional wellness at work. This was evident in the responses of Participants G and B to the question on whether their companies offered them any training opportunities to improve their emotional wellness. For example, with regard to training in anger management, the following responses were given:

Participant G: *Yes, definitely. We have regular courses like that for management and so on. And then the management course that we do over two years is also about things like that.*

Participant B: *Yes, they do. They do organize such … wellness courses, …because they believe that, if you feel welcome and happy, definitely, … you are also more productive in the workplace, so they often ensure that everyone is happy… and feel welcomed, yes.*

Participant H, on the other hand, when asked about receiving training on relationship- and aggression management, expressed that he had not received any training, and that he would definitely look into it.

Participant H: *I haven't personally been involved in anything like that, but I believe ... that it will be looked at. We have a huge ... training environment, so, I think they try to cover a bit of everything in the ... courses that they send people to. And not only for your working environment, but also in your humane environment.*

2.6 Influence of ETD on the occupational wellness of Employees with disabilities: As with emotional wellness, 90% of the participants stated that they did receive training at their workplaces, which enabled them to be effective in their work. Most of the participants received in-house training in order to reduce the cost of training. Participant G, for example, noted the following:

Participant G: *When you say training, do you mean systems training or? ... No, we do. With regards to our system… If they attain any changes on to our systems, we do have training. Yes. In fact, we have got to run with any changes and stuff like that. So, in my department, any changes and stuff like that, I run with it to do the testing and stuff like that. Yes.*

Other participants expressed how their organisations have not been caring towards persons with disabilities. Participant D explained this when asked about the wellness programme within the organisation.

Participant D: *Aah, there's always a wellness programme, every year.* [Organisation] *has a wellness programme. It's run by* [Service Provider]*… But, now I've noticed that, unfortunately, they've never catered for disabled people.*

Theme 3: Employers need to offer ETD support in line with the ETD needs identified by Employees with disabilities in order to improve their wellness.

3.1 Personal ETD for Employees with disabilities: A total of 50% of the participants indicated that they would need some kind of support to further their tertiary education, while others showed interest in training towards their professional development. Some also referred to work-related training and management development needs, to ensure their career development. Participant B, in his response, indicated that he was in need of support from his employer in order to continue with his studies.

Participant B: *No, I'm not the best I can be at the moment, yes. I just need that support …yes I just need a support…, the inspiration that I need, and motivation to, for me to continue studying.*

Participant J also expressed that some training, even if it were distance learning, would help Employees with disabilities to be more effective at work.

Participant J: *I think* [Organisation] *might do a bit more, perhaps …I think yes, I think some development there could help. You know, the one thing, I think if they should at least give one a sort of … orientation in the beginning. We didn't have much of that. We received your job description …more or less what you are supposed to do… I think, a bit more about distance learning …about the subject, perhaps things like that, and perhaps also making one aware about opportunities. You know, we are not allowed to … access the staff intranet.*

3.2 ETD for organisations: All the participants (100%) indicated the need to train all staff on how to respond to disability needs. Some participants expressed how their employer discriminated against them because of their disabilities. This was evident in Participant J's responses when asked about his general wellbeing.

Participant J: *I can perhaps say I did apply for the director's job … when our director went away. I didn't get it, and, afterwards, I was told that it was a very good interview, but the fact that I couldn't drive was one of the factors that … counted against me. I wasn't very impressed, but, fortunately, at that stage, I was planning to leave* [City]*, so I didn't follow it up. My life changed quite drastically at that stage, so I just left it there.*

The experiences of Participants L and G show that mangers need to be trained on how to support Employees with disabilities.

Participant L: *If, maybe, they can … employ someone who maybe … he or she can respond our same position … same as us, like, disabled like us, yes … can do those things for us. I think it will be much better, because these people they know how do we feel about some other things. Rather than … take someone who doesn't know or who does not feel like us.*

Participant G: *Actually, something that just happened … not even far from now. I did mention I stay alone… It happens that I fell down and then hurt my back, then it was a problem. …it happened during the Easter period. So … the … person who was in charge by that time, he questioned me whether it was true or not. Whether I felt like that, because he went through, 'Why didn't you do this at this time.' I mean, I was hurt. Why could you ask me that kind of question? Why did you inform me on this time? What if I was … maybe not able to touch the phone by that time, but you ask me those things. I felt that, because it seems like I was maybe telling lie, even though I came with the doctor's thing. I even took the picture of my scans and send it to, which is not on and which is not allowed. Those things are private… So, I end up sending it, because of the noise that was coming and everything ... Even now, you can hear I have a flu. I am scared to say, 'Can I go and see a doctor?' I am scared that it will be questioned.*

Theme 4: A wellness framework for Employees with disabilities must include the ETD needs unique to disability.

A total of 80% of the participants expressed their needs for work-related training. While some of the organisations are struggling with training their employee at the moment due to the economic situation in the country, others are doing their best to provide in-house training to their employees, in order to improve employee performance at work. This was stated in participant C's responses to the interview question on the training needs of persons with disabilities.

Participant C: Yes, like we've got … in-house … training …we've got an academy, like, I'm working at the academy… Yes … where we've been sponsored about, we're sponsored with … these courses, Microsoft Word, Excel, PowerPoint, there are those … courses.

On the other hand, participant B expressed that he did not need any training, as he had received sufficient training.

Participant B: No, for now … I'm fine, because … they've already trained me… They said they're training me, so, by now, I'm very, very fine…. I've already done training, yes, to … improve my performance, yes.

Conclusion

Generally, I will say all the participants, at the beginning of the interviews, stated that they were satisfied with their work. However, as the interviews progressed, some of the participants started expressing dissatisfaction with certain aspects. This might be partially due to the fact that the participants had not reflected on their situations at work before. This study therefore makes it clear that employers of persons with disabilities should communicate with them and ascertain their needs.

Dr. E E Olakanmi

APPENDIX 8 CERTIFICATE OF EDITING

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This serves to certify that the document

THE EDUCATION, TRAINING AND DEVELOPMENTAL SUPPORT FOR EMPLOYEES WITH DISABILITIES: A WELLNESS PERSPECTIVE

by

ZELNA VAN NIEKERK

was duly edited by me.

I am an accredited editor with the University of Johannesburg, and my clients include Absa, FNB, Takealot, and many universities in South Africa and Namibia.

Please note that all editing is done in *Track Changes*, and I therefore have no control over what is accepted or rejected by the author. Furthermore, I have no control over text added at a later stage.

Should there be any queries, please contact me on the number provided above.

Teresa Kapp